

MEETING OF COUNCIL OF GOVERNORS

Tuesday 6 September 2016, commencing at 1pm

St Thomas Centre, Chatsworth Road, Brampton, Derbyshire S40 3AW

The meeting opened at 1pm and closed at 4.20pm

PRESENT:	Richard Gregory	Interim Chairman
GOVERNORS PRESENT:	Shelley Comery Dr Paula Crick Rob Davison Rosemary Farkas Sarah Gray Gillian Hough Alexandra Hurst Moira Kerr Lynda Langley John Morrissey Nitesh Painuly Kelly Sims	Public Governor Erewash North Appointed Governor, University of Derby Appointed Governor, Derbyshire County Council Public Governor Surrounding Areas Staff Governor (Nursing and Allied Professions) Public Governor Derby City East Public Governor High Peak Public Governor Derby City West Public Governor Chesterfield North Public Governor Amber Valley South and Lead Governor Staff Governor (Medical and Dental) Staff Governor (Admin and Allied Support)
IN ATTENDANCE:	Caroline Maley Maura Teager Margaret Gildea Julia Tabreham Ifti Majid Samantha Harrison Amanda Rawlings Carolyn Gilby Carolyn Green Mark Powell Anna Shaw Sue Walters Gareth Harry Rehana Shaheen Sue Turner	Senior Independent Director and Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Acting Chief Executive Director of Corporate Affairs and Trust Secretary Interim Director of Workforce, Organisational Development and Culture Acting Director of Operations Director of Nursing and Patient Experience Director of Strategic Development Deputy Director of Communications and Involvement Senior Staff Engagement Project Lead Chief Commissioning Officer, Hardwick Clinical Commissioning Group Carer to Moira Kerr Board Secretary
	For item DHCFT/Gov/2016/056	
APOLOGIES:	Barry Appleby Paul Crawford Jim Dixon Diane Froggatt Ruth Greaves John Jeffrey Carole Riley April Saunders Claire Wright	Public Governor, South Derbyshire Appointed Governor, University of Nottingham Non-Executive Director Appointed Governor, Derby City Council Public Governor Derbyshire Dales Public Governor Bolsover Public Governor Derby City East Staff Governor (Nursing and Allied Professions) Director of Finance
VISITORS:	Josie Rogers Carol Sayers Peter Purnell	Carers Forum Member of public Member of public

<p>DHCFT/Gov/ 2016/050</p>	<p><u>INTERIM CHAIRMAN'S WELCOME</u></p> <p>Richard Gregory, Interim Chairman, opened the meeting and welcomed everyone. Apologies were duly noted and listed as above.</p> <p>Richard Gregory was delighted to welcome and introduce the two new Non-Executive Directors, Margaret Gildea and Julia Tabreham. He also introduced Amanda Rawlings who has commenced her post as Interim Director of Workforce, Organisational Development and Culture. Amanda joins Derbyshire Healthcare while retaining her substantive role of Director of People and Organisational Effectiveness at DCHSFT.</p> <p>Richard Gregory also introduced Gareth Harry, Chief Commissioning Officer from Hardwick Clinical Commissioning Group who would present the 21C proposal on providing better care closer to home.</p>
<p>DHCFT/Gov/ 2016/051</p>	<p><u>MINUTES OF THE MEETING OF THE COUNCIL OF GOVERNORS HELD ON 21 JULY 2016</u></p> <p>The minutes of the meeting held on 21 July were accepted and agreed subject to the list of attendees being amended to show that Alexandra Hurst and Lynda Langley were in attendance and apologies were received from Phil Harris, Non-Executive Director.</p>
<p>DHCFT/Gov/ 2016/052</p>	<p><u>MINUTES OF THE MEETING OF THE COUNCIL OF GOVERNORS HELD ON 12 JULY 2016</u></p> <p>The minutes of the meeting held on 12 July were accepted and agreed subject to the list of attendees being amended to show Gareth Harry, Chief Commissioning Officer from the Hardwick CCG in attendance for item 3. when he talked to governors about the advantages of integrating mental health services and physical health services as part of the 21C Joined Up Care proposals and consultations with the Derbyshire Sustainability and Transformation Plan (STP).</p>
<p>DHCFT/Gov/ 2016/053</p>	<p><u>REVIEW OF ACTIONS MATRIX</u></p> <p>Updates on progress with actions were noted directly to the matrix and actions agreed as completed were archived.</p>
<p>DHCFT/Gov/ 2016/054</p>	<p><u>MATTERS ARISING</u></p> <p>DHCFT/Gov/2016/039 The Code of Conduct: Moira Kerr expressed her disappointment in the guidance relating to communication with the media contained in the Code of Conduct. She did not believe it was good policy that governors be prevented from speaking to the media without prior approval from the Trust. Richard Gregory pointed out that the Code of Conduct had been drawn up based on best practice and reiterated that its purpose was to protect both the Trust and governors. He stressed that the Trust was not trying to silence governors and was committed to open and transparent communication. He reminded Moira that the revised version had been approved by governors at the previous meeting.</p> <p>DHCFT/Gov/2016/040 Engagement Agenda: The Trust's engagement agenda will be presented at the next meeting of the Council of Governors in November by Amanda Rawlings and the Engagement Lead, Sue Walters. Amanda Rawlings described the work taking place to introduce quarterly Pulse Checks to assess how staff feel about matters such as leadership and support in developing their skills. Richard Gregory commented that he was impressed with the work carried out so far by Amanda Rawlings and Sue Walters. He was also pleased with the alliance formed with Staff Side (trades unions) and the work being overseen by the People & Culture Committee which was critical in taking engagement forward. Kelly Sims, staff governor for admin and allied support was reassured by the work undertaken so far by</p>

Sue Walters. Governors were urged to join Sue Walters in talking to staff in the ambition to achieve 100% participation in the forthcoming staff survey.

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2016/055**

ACTING CHIEF EXECUTIVE'S REPORT

Ifti Majid delivered his report which provided the Council of Governors with feedback on changes within the national health and social care sector as well as providing local updates within the health and social care community. The report is aimed to support the Council in its duty of holding the Board to account by way of informing governors of feedback from external stakeholders such as our commissioners and feedback from Trust staff.

Ifti Majid hoped his report would clarify the ongoing streams of work around the Sustainability and Transformation Plan (STP) to improve joined up care. He drew attention to the work taking place to explore collaboration with DCHS (Derbyshire Community Health Services Foundation Trust) and NHS Improvement's (NHSI) requirement for back office collaboration within Finance, Human Resources (HR), IM&T (Information Management and Technology), Procurement, Payroll, Governance and Risk, Estates and Facilities and Legal Services functions. He confirmed that the Trust is working in line with NHSI guidance and focussing on HR, Organisational Development and Leadership functions, supported by Amanda Rawlings, and was also focussing on IM&T, Procurement, Estates and Facilities.

Ifti Majid reminded governors that they had received the slides and update from last Wednesday's Stakeholder Engagement Session and emphasised that he would be happy to answer any questions governors might have outside of the meeting.

He was pleased to inform governors that next week's strike by junior doctors had been called off and assured governors that a strong contingency plan is in place for future strike action.

John Morrissey (lead governor and public governor for Amber Valley South) asked if the Trust had any dealings with the general practices associated with Chesterfield Royal Hospital and whether the Trust would be developing new ways of working with these practices. Ifti Majid advised that the Trust was working with six secondary care organisations involved in direct care access supporting people in getting access to mental health practitioners and physiotherapy by shifting the focus out into the communities.

Rosemary Farkas (public governor for surrounding areas) asked if this would take the pressure off acute services. Ifti Majid informed her that it is hoped that this will relieve some of the pressure from GPs. This is a way to offer alternative treatment and solutions and working with intervention as a new model of care.

Moira Kerr was of the opinion that care in the community was not effective. It was her view that patients end up on the streets through lack of beds rather than having care provided in the community, and she felt this programme of work should have increased resource so that it does not put additional pressure on carers. Ifti Majid reiterated the section of his report which set out how clinical teams were working with acute trusts and with NHS England to improve care in the community.

Moira Kerr was concerned that in the context of the closer working with DCHS, as Ifti Majid, Acting Chief Executive was moving to another role within the STP and that Carolyn Gilby, Acting Director of Operations was retiring, the Trust was losing two of its most significant roles. She was concerned that the Trust could be open to a 'take over' by DCHS and that mental health services may not be sufficiently prioritised. Richard Gregory intervened and assured governors that he and the wider Board were working to ensure that in the collaborative work with DCHS, specialist services for mental health patients are prioritised and protected going forwards. Before he leaves his position at the end of the year he will work to ensure that, should the SOC recommend a merger, the right Board will be in place to run a service with the relevant

mental health expertise and skills and the appropriate governor council also to represent community and mental health services. These were fundamental principles.

Richard Gregory explained that the substantive Chief Operating Officer post would be recruited to. The Board would also make sure its Non-Executive Director complement is in place and that he had no reason to doubt the integrity of the approach of the DCHS Board. Amanda Rawlings wanted to assure governors that the clinical case for change would need to be strong and that DCHS governors also have a commitment to deliver this change properly to serve the people in our population. Patient care is at the centre of future decisions and the two Boards will work together to get the right outcome. Richard Gregory emphasised his belief in putting the interests of patients, service users, and staff above organisational interests and that he had always been an advocate of integrated health structures to enable patient centred decision making across teams.

Governors raised concern that Derbyshire Voice had ceased to operate and were informed that the Derbyshire Mental Health Alliance had since been formed and was working closely with the Trust. Representatives from this organisation regularly attended the Trust's Board meetings and were also represented on the Quality Committee.

RESOLVED: The Council of Governors noted the contents of the Acting Chief Executive's update

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21C PROPOSALS – BETTER CARE CLOSER TO HOME

Ifti Majid introduced Gareth Harry, Chief Commissioning Officer from Hardwick Clinical Commissioning Group who set the context and detail of the current public consultation process underway which focusses on better care closer to home. The presentation set out how older people currently receive inpatient care in a community hospital usually after a spell of care at an acute hospital following an illness or accident, and the care of older people with dementia who presently receive services from community hospitals.

Gareth Harry explained how the 21C partnership has been working closely with patients and the public to establish a new model of care built around the needs of individuals to improve care for people in north Derbyshire that is cost effective, with care being provided in people's own homes rather than in hospital.

Questions were raised by governors and the responses from Gareth Harry are shown in italics as follows:

Shelly Comery (public governor for Erewash North): Community teams are under tremendous stress. This is adding more work for them. How will this new model help? *More resource will be provided to community teams, staffing resource will transfer into community teams and investment in staffing will be made to take the pressure off existing staff.*

Kelly Simms (staff governor, admin and allied support): Feedback from focus groups has not been very positive – how is this being responded to? *There has been a lot of concern about proposed closure of inpatient facilities at Whitworth Hospital. However, people have said they don't want to be admitted to hospitals. They want services co-ordinated and integrated around their needs and treated in their own homes, but also don't like the proposal to close current services.*

Shelly Comery (public governor for Erewash North): How are carers of people being cared for in their homes going to cope? *A lot of response has been received from carers. Existing day hospital services for people with dementia mean that part of their day has been spent in hospital care and this has provided a form of respite for the carer. We recognise that when assessment takes place in people's homes there needs to be an element of respite. We do not want to lose the respite element for*

carers.

John Morrissey (lead governor and public governor for Amber Valley South): How would you work out how much time will be taken up for staff travel to people's homes? *We already provide services where people get out and about to people in their homes? There is a business case behind the consultation document that goes into detail of costs in the proposed and future model. There is also a workforce element in the business case that addresses training for staff in the community. People working in community hospitals will receive training in the community setting. We want people to recognise the capacity associated with residential care. There will be facilities we can invest in and secure longer term diagnosis in appropriate settings where we can provide care. This is not about changing residential care it is about providing other care settings.*

Josie Rogers of the Carers Forum who attended as a visitor at the meeting voiced her concern about the type of care described in the proposed model. She said that carers play a vital role in supporting current services and that the new proposals would increase reliance on the voluntary sector.

Linda Langley (public governor Chesterfield North): What would happen to the hospital buildings when the hospitals close? *There are no plans yet for Newholme or Bolsover. Discussion has taken place about potential use of the sites, but there are no plans at the moment.*

Alexandra Hurst (public governor High Peak): Do workers who provide respite care provide care for the patient until the regular carer or family member returns to the home? *The person's needs would be assessed. If there is a need for respite in someone's home the person's needs and level of function would be assessed. It would be significant part of how care is provided in the future.*

Rosemary Farkas (public governor, Surrounding Areas) providing respite in people's homes would be very inefficient. It would mean carers would not get any respite if people are being treated in their own home. *It is not just about services provided in people's homes; day hospitals have assessment services provided by an integrated team working with people in their own homes. The rest of the services are based on people coming together in a local centre.*

Gillian Hough (public governor Erewash north): Where does the funding come from and what percentage of saving would this scheme achieve? What form will a report take when the consultation ends on 5 October and what is the next step? *There is a funding programme that will take its course over the next five years. There will be no savings as such. Funding will be reinvested in the new model of care. With demand increasing at the current rate there will be a significant financial gap in five years' time. If we continue to invest in the traditional model we will not be able to build on the increase in demand for people's needs in five years' time. This is how we break out of this cycle. The consultation ends on 5 October and an independent evaluation will be made of all the responses by academics from the University of East Anglia. This analysis will form a final proposal that will go to each governing body of the Clinical Commissioning Groups involved for final decision.*

RESOLVED: The Council of Governors received the Better Care Closer to Home Consultation

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STRATEGY IMPLEMENTATION

The Board of Directors approved the Trust Strategy 2016/21 in May of this year and an outline of the strategy implementation process was presented to governors at the June meeting. Today's report, delivered by Mark Powell, provided governors with assurance of the timeframes in respect of delivery and implementation of the Trust strategy.

	<p>Mark Powell advised governors of the next stage of the process and how this would be developed in terms of care pathways. He pointed out that whilst good headway had been made in engaging more widely with other organisations and with bidding priorities, this had proved quite challenging due to the pressure the teams were under to deliver the Governance Improvement Action Plan (GIAP) and respond to actions arising from the recent CQC inspection. Although he felt this was a key risk in delivering the strategy he wished to assure governors that good progress had been achieved.</p> <p>RESOLVED: The Council of Governors</p> <ol style="list-style-type: none"> 1. Noted the contents of this report 2. Received assurance that the strategy implementation process is progressing and that appropriate measures are in place to ensure that it is in-line with the system wide STP process
<p>DHCFT/Gov/ 2016/058</p>	<p>Integrated Performance Report – Month 4</p> <p>Carolyn Gilby highlighted key areas contained in the report which gave governors an overview of performance as at the end of July 2016 with regard to workforce, finance and operational delivery and quality performance.</p> <p>The main financial challenge was the focus on the Cost Improvement Programme (CIP) which was now focussing on cost reduction and cost avoidance. Richard Gregory pointed out that it would be a challenge to achieve the forecast set by the Trust. The quality of the organisation’s services remained at the forefront of everyone’s priorities but recruitment was proving difficult. Although the Trust had received funding for recruitment it was proving difficult to recruit to posts due to a national shortage of nurses. The Trust was addressing this by skill mixing and looking at ways to retain staff and trying to establish stability on the wards.</p> <p>Governors were informed that there had recently been a number of cases of violence and aggression towards members of staff. It was pointed out that these incidents of violence were not related to nicotine withdrawal since the Trust had become a smoke free environment. Governors were assured that the effect of smoking cessation was being closely monitored by the Quality Committee. Carolyn Green proposed to provide additional information to NEDs so they can report back to governors on the effects of nicotine withdrawal and incidents of violence on staff.</p> <p>ACTION: Carolyn Green to advise NEDs on effects of nicotine withdrawal and incidents on violence on staff.</p> <p>ACTION: NEDs to report back to governors on effects of nicotine withdrawal and incidents of violence on staff.</p> <p>RESOLVED: The Council of Governors considered the Integrated Performance Report for month 4 and received assurance on the current performance across the areas presented.</p>
<p>DHCFT/Gov/ 2016/059</p>	<p><u>NON-EXECUTIVE DIRECTOR UPDATES</u></p> <p>This was the second Council of Governors meeting where NEDs have given verbal updates on their activities. Verbal reports were received from Caroline Maley and Maura Teager as follows:</p> <p>Caroline Maley informed Governors that there had not been a meeting of the Audit & Risk Committee since governors last met in July, the next meeting of the Committee is not due to take place until October. The Audit and Risk Committee is overseeing the appointment of internal auditors and counter fraud services and Caroline Maley looked forward to having new contracts in place for these functions with effect from November 2016.</p>

She had attended the meeting of the Finance & Performance Committee chaired by Jim Dixon when the Committee discussed the challenges of recruiting to the medical workforce and how this could be managed in order to reduce agency staff costs. The Committee also discussed CIP (Cost Improvement Programme) challenges and requirements to deliver the control total.

Caroline Maley took part in a quality visit on 25 August with the Engagement and Organisational Development team.

Although two new NEDs have recently been appointed Caroline Maley added that further NED capacity was still required.

She pointed out that the Governance Committee's task and finish report was still outstanding and John Morrissey replied that he hoped this report would be received at the next Governance Committee meeting.

Maura Teager informed governors that she continues to chair the monthly meetings of the Quality Committee and was pleased to invite Julia Tabreham, the newly appointed NED, to the last meeting who will eventually take over the role of Chair. The Committee discussed how to take forward the results of the CQC inspection and the additional areas of work that will need to be covered. Maura Teager echoed Caroline Maley's concerns regarding the capacity of the NEDs as well as the capacity of Executive Directors.

Maura Teager wished to take the opportunity to thank Clare Grainger, Head of Quality, for her contribution to the Trust and to the Quality Committee as she would be retiring at the end of the month. She also wanted to acknowledge the work of Jose Rogers of the Carers Forum.

Maura Teager is also the Chair of the Safeguarding Committee. The August meeting of the Committee was recently postponed and will now take place on 7 October.

Maura Teager continued to carry out quality visits throughout July and August and wished to point out that these visits are not just intended to provide assurance as to the quality of care and patient experience, but that they are an important showcase of good practice.

RESOLVED: The Council of Governors noted the verbal updates provided by Caroline Maley and Maura Teager on their activities in their NED role

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GOVERNANCE IMPROVEMENT ACTION PLAN (GIAP)

Mark Powell presented his paper which provided a brief update on the delivery of the GIAP and an overview of the actions that the Council of Governors is responsible for seeking assurance on delivery.

Mark Powell informed governors that good progress continues to be made to deliver the plan. He also explained that he, Richard Gregory and Ifti Majid had met with the enforcement team from NHSI where progress against the GIAP was discussed in detail. NHSI confirmed that the Trust had made good progress across the plan and was satisfied with the underpinning process we have adopted which supports delivery of the planned actions.

It was agreed with NHSI that as part of the next phase of delivery, the Trust would seek peer support in two specific areas of the plan, these being Culture and Engagement and Committee Effectiveness. Two Trusts have been approached who are deemed to be delivering best practice to ascertain how the Trust could be supported and learn in these specific areas. Dudley and Walsall Mental Health Trust have been approached for Culture and Engagement and Hertfordshire Partnership Trust for Committee Effectiveness.

	<p>Mark Powell assured governors that progress in these areas will be reported through future reports to the Board of Directors and Council of Governors.</p> <p><u>TASKS RELATING TO THE COUNCIL OF GOVERNORS</u></p> <p>Sam Harrison's report provided governors with a detailed update on those tasks within the Governance Improvement Action Plan which are assigned to the Council of Governors for oversight. Governors understood that the progress against these actions was reported to the last Council of Governors meeting on 21 July, and this latest update showed progress on specific tasks as relevant.</p> <p>Sam Harrison referred to CG2 and informed governors that the Governance Committee was taking ownership of the formal training programme and development plan which was seen as an extremely positive step and was providing value to governors.</p> <p>RESOLVED: The Council of Governors reviewed and received the Governance Improvement Action Plan, alongside the Director of Corporate Affairs' paper covering tasks relating to the Council of Governors</p>
<p>DHCFT/Gov/ 2016/061</p>	<p><u>ACTIONS AND LEARNINGS FROM PATIENT STORIES</u></p> <p>Carolyn Green explained to governors that she was in the process of preparing a booklet to be circulated to governors that will list the outcomes of the patient stories received at Board meetings over the last two years. She described the positive impact of these stories and how they had influenced the services within the Trust.</p> <p>ACTION: Outcomes of patient stories to be circulated to governors.</p> <p>RESOLVED: The Council of Governors noted the verbal update on actions and learnings from patient stories.</p>
<p>DHCFT/Gov/ 2016/062</p>	<p><u>RATIFIED MINUTES OF THE BOARD MEETINGS HELD ON 30 JUNE 2016</u></p> <p>The ratified minutes of the Board meetings held on 30 June were received and noted.</p> <p>RESOLVED: The Council of Governors received the minutes of the Trust's Public Board meeting held on 30 June 2016</p>
<p>DHCFT/Gov/ 2016/063</p>	<p><u>UPDATED TERMS OF REFERENCE AND REPORT OF NOMINATIONS AND REMUNERATIONS COMMITTEE</u></p> <p>Sam Harrison presented her report which updated governors on the meeting of the Nominations and Remuneration Committee held on 3 August.</p> <p>RESOLVED: The Council of Governors</p> <ol style="list-style-type: none"> 1) Received the report of the Nominations and Remunerations Committee meeting held on 3 August. 2) Ratified the Terms of Reference 3) Noted the approach taken for the recruitment of the 'clinical' Non-Executive Director
<p>DHCFT/Gov/ 2016/064</p>	<p><u>REVISION OF ENGAGEMENT WITH THE BOARD OF DIRECTORS AND COUNCIL OF GOVERNORS POLICY</u></p> <p>This report was presented by Sam Harrison and set out a revised draft policy that has been developed from reviewing best practice and incorporated comments arising from discussion at the Governance Committee at its 6 June and 7 July meeting.</p> <p>Governors agreed to approve the policy which outlined the commitment by the Board of Directors and governors to develop engagement and two-way communication to</p>

	<p>carry out their respective roles effectively. The policy would also be approved by the Trust's Board of Directors at the October Board meeting.</p> <p>ACTION: Engagement with the Board of Directors and Council of Governors Policy to go to October Board.</p> <p>RESOLVED: The Council of Governors received and approved the revised Engagement with the Board of Directors and Council of Governors Policy</p>
<p>DHCFT/Gov/ 2016/065</p>	<p><u>ANY OTHER BUSINESS</u></p> <p>Kelly Simms commented that she felt the governor training and development was an excellent programme and commended the finance training delivered by Claire Wright and Rachel Leyland. She urged all governors to carry out finance training to enable them to effectively evaluate finance reports. Richard Gregory noted her comments and suggested that a formal letter of thanks be made to Claire Wright and Rachel Leyland on behalf of the governors.</p> <p>Richard Gregory pointed out to governors that Carolyn Gilby, Acting Director of Operations was retiring at the end of September and thanked her for her tremendous contribution to the Trust over the years.</p>
<p>DHCFT/Gov/ 2016/066</p>	<p><u>MEETING CLOSE</u></p> <p>Richard Gregory was disappointed that not many members of staff had attended today's meeting and asked that when future meetings are organised an email should be circulated to all staff setting out arrangements for staff to meet with governors. Local advertising to encourage members of the public to attend should also be considered.</p> <p>There being no other matters to discuss, Richard Gregory thanked governors for attending and closed the meeting at 4:20pm.</p>
<p>DHCFT/Gov/ 2016/067</p>	<p><u>DATE OF NEXT MEETING</u></p> <p>Thursday, 24 November 2016 at 1pm, Conference Rooms A&B, Centre for Research and Development, Kingsway site.</p>