

**MINUTES OF THE COUNCIL OF GOVERNORS MEETING
HELD ON WEDNESDAY 21 MARCH 2018
FROM 1.00 PM – 4.00 PM
CONFERENCE ROOMS A/B, RESEARCH & DEVELOPMENT CENTRE, KINGSWAY,
DERBY, DE23 4EF**

PRESENT	Caroline Maley	Trust Chair & Chair of Council of Governors
GOVERNORS PRESENT	Rosemary Farkas	Public Governor, Surrounding Areas
	Ruth Greaves	Public Governor, Derbyshire Dales
	Jason Holdcroft	Staff Governor, Medical & Dental
	Moira Kerr	Public Governor, Derby City West
	Lynda Langley	Public Governor, Chesterfield
	John Morrissey	Public Governor, Amber Valley
Items 20 - 27	Jim Perkins	Appointed Governor, Derbyshire County Council
	Kevin Richards	Public Governor, South Derbyshire
	Martin Rose	Public Governor, Bolsover
	Gemma Stacey	Appointed Governor, University of Nottingham
	Robin Turner	Appointed Governor, Derby City Council
	Carole Riley	Public Governor, Derby City East
	April Saunders	Staff Governor, Nursing & Allied Professions
	Christine Williamson	Public Governor, Derby City West
IN ATTENDANCE	Joan Barnett	Grant Thornton
	Andrew Beaumont	Member, Erewash
	Donna Cameron	Assistant Trust Secretary
	Stephen Clark	Member, Derbyshire Dales
	Margaret Gildea	Non-Executive Director
	Carolyn Green	Director of Nursing & Patient Experience
	Kully Hans	Freedom to Speak Up Guardian
	Sam Harrison	Director of Corporate Affairs & Trust Secretary
	Geoff Lewins	Non-Executive Director
	Avtar Johal	NExT Director Scheme
	Ifti Majid	Chief Executive
	Denise Robson	Support Worker for Moira Kerr
	Anna Shaw	Deputy Director of Communications & Involvement
Items 20 - 26	Julia Tabreham	Deputy Trust Chair & Non-Executive Director
	Anne Wright	Non-Executive Director
	Richard Wright	Non-Executive Director
APOLOGIES	Denise Baxendale	Communications & Involvement Manager
	Rick Cox	Public Governor, High Peak
	Sarah Gray	Staff Governor, Nursing & Allied Professions
	Paula Holt	Appointed Governor, University of Derby
	Gillian Hough	Public Governor, Derby City East
	Angela Kerry	Appointed Governor, Derbyshire Mental Health Forum
	Roger Kerry	Appointed Governor, Derbyshire Voluntary Action
	Shirish Patel	Public Governor, Erewash South
	Anna Shaw	Deputy Director of Communications & Engagement
	Kelly Sims	Staff Governor, Admin & Allied Support Staff

ITEM NUMBER	<u>ITEM</u>
DHCFT/GOV/020	<p data-bbox="459 300 1321 367"><u>WELCOME, INTRODUCTIONS, APOLOGIES FOR ABSENCE & DECLARATION OF INTERESTS</u></p> <p data-bbox="459 398 1399 465">The Chair welcomed all to the meeting and thanked the members of the public for attending to observe the meeting.</p> <p data-bbox="459 497 1310 564">Joan Barnett of Grant Thornton, the Trust’s External Auditor, was welcomed to the meeting.</p> <p data-bbox="459 595 1374 698">Avtar Johal was introduced to the meeting; Avtar is participating in the NExT Director Scheme and is shadowing members of the Non-Executive Director (NED) team over the coming months.</p> <p data-bbox="459 730 871 766">Apologies were noted as above</p> <p data-bbox="459 797 1002 833">No declarations of interest were received.</p> <p data-bbox="459 864 1399 1034">The Chair reported that resignations had been received from two governors; Ruth Greaves, Public Governor for Derbyshire Dales is resigning after four years. Also Sarah Gray, Staff Governor for Nursing & Allied Professions, has resigned following her appointment into a new role. The Trust will be arranging elections in due course.</p> <p data-bbox="459 1066 1374 1133">Thanks were expressed to both Ruth and Sarah for their commitment, dedication and support of the governor role.</p>
DHCFT/GOV/021	<p data-bbox="459 1173 1305 1205"><u>SUBMITTED QUESTIONS FROM MEMBERS OF THE PUBLIC</u></p> <p data-bbox="459 1236 1342 1339">A question had been received from Mr Andrew Beaumont, member, Erewash. The question was read out in full in the meeting and responded to by Richard Wright, Non-Executive Director:</p> <p data-bbox="459 1370 1129 1406">‘Statistics in the Integrated Performance Report</p> <p data-bbox="459 1415 1399 1742">I have read "Derbyshire Healthcare NHS Foundation Trust Summary from Joint away day", which I was given at the meeting at Kingsway on 22/11/2017. As a Statistician the widespread use of percentages over 100 made me smile wryly (pages 67 & 87 of 138). In particular the 'average full rate male percentage for Cubley Court' of 172.2%, seemed curious? Do patients sleep two to a bed, in the corridors, in tents? Or does it just imply constant full 100% occupancy, with a considerable waiting list in the community? Surely, all statistics involving percentages in excess of 100% need a meaningful, easy to understand, written explanation?’</p> <p data-bbox="459 1774 603 1809">Response</p> <p data-bbox="459 1818 1399 2040">The explanation is that the “average fill rate column” relates to staffing levels. If it is over 100% it means there were more staff on duty than had been planned. The reason for that would normally be for increased levels of patient observation to ensure patient safety. The “occupancy % rate” column (column 2) relates to bed occupancy. In cases where this is more than 100% it means that there were patients on trial home leave in addition to all beds being occupied. There would never be a</p>

	<p>waiting list for admission; if no beds were available in the Trust, patients would need to be admitted to an out of area bed to ensure their safety.</p>
DHCFT/GOV/022	<p><u>MINUTES OF THE PREVIOUS MEETING</u></p> <p>Minutes of the previous meeting, held on 24 January 2018, were accepted as a correct record.</p>
DHCFT/GOV/023	<p><u>MATTERS ARISING & ACTIONS MATRIX</u></p> <p>Matters Arising At the January meeting Angela Kerry, Appointed Governor, had enquired how frequently the framework is reviewed that the Trust is using for the appointment of external auditors. The Trust's Head of Strategic Procurement advised that with regards to this particular framework it has been let for an initial period of three years (2016-2019) with an option to extend for a further period of one year.</p> <p>Actions Matrix Completed actions were closed. Updates were provided and noted on the actions matrix. All completed 'green' actions were scrutinised to ensure that they were fully complete. Governors were encouraged to complete and submit the revised Code of Conduct (DHCFT/GOV/007).</p>
DHCFT/GOV/024	<p><u>SELECTION OF QUALITY INDICATORS FOR THE QUALITY ACCOUNT</u></p> <p>As part of the Quality Account process, the Council of Governors (CoG) is requested to select a quality indicator for external review. Governors are invited to choose an indicator each year as part of the Trust's internal and external audit of data quality checks to measure data completeness and accuracy. Joan Barnett of Grant Thornton, the Trust's External Auditor, was welcomed to the meeting to guide governors through the choice available to them in line with NHS Improvement's requirements.</p> <p>In advance of this meeting, governors had received a briefing on their role in the selection of quality indicators and information on the eight core options in Governance Committee on 27 February 2018. They had also held an informal meeting to discuss each of the eight options.</p> <p>The governors considered the eight core options available to them, along with the context provided in the report which explained the number of patients the indicators would apply to, the clinical implications and where else the indicator is reported.</p> <p>Following debate, governors narrowed their preference down to two indicators. A vote followed resulting in the selection of</p> <p>Option 1 Ensure that cardio metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas.</p> <ol style="list-style-type: none"> a) Inpatient wards b) Early intervention in psychosis services

	<p>c) Community mental health services (people on care programme approach).</p> <p>RESOLVED: The Council of Governors selected option 1 as outlined above.</p>
<p>DHCFT/GOV/025</p>	<p><u>ESCLATION ITEMS TO THE COUNCIL OF GOVERNORS FROM THE GOVERNANCE COMMITTEE</u></p> <p>The following questions were raised for escalation to CoG:</p> <p>Personal Health Budgets ‘What training do our staff (especially CPNs) get in filling out Personal Health Budgets for our patients? What authorisation is required before a CPN can submit a Personal Health Budget?’</p> <p>Response from Julia Tabreham, Non-Executive Director Personal health budgets are not always straightforward and have a level of complexity that does require streamlining. This has been recognised by the Clinical Commissioning Groups (CCGs). The four CCGs are revising this policy and redesigning how this works. On completion of the policy the commissioners have agreed to share this with the Trust. Training sessions are being planned for Trust staff on how to complete a personal health budget. This is expected by end of Quarter 2.</p> <p>Community Engagement with Joined Up Care Derbyshire (JUCD) ‘Joined Up Care Derbyshire (JUCD) – formerly the Sustainability Transformation Partnership (STP) - has a vision to deliver more integrated services across Derbyshire. How is the JUCD proposing to engage with the public i.e. the mental health work stream? Governors are aware that other trusts are making decisions to close hospitals – how does this fit in with the ethos of JUCD?’</p> <p>Response from Ifti Majid, Chief Executive In JUCD regular quarterly briefings are attended by service users and stakeholders in the communities. Secondly, the senior leaders of the mental health work stream, along with Health Watch Derbyshire, have received training on community engagement; this is the only work stream to have received such training. At the last CoG meeting in January governors were updated on the JUCD engagement programme. Since then there have been a number of engagement events and JUCD had also met with interest groups. There will be a broader discussion as part of the overall consultation. A community engagement group sits below the JUCD and regularly meets with local communities. Ifti Majid noted that when formal consultation is required, it will be undertaken.</p>
<p>DHCFT/GOV/026</p>	<p><u>INTEGRATED PERFORMANCE REPORT SUMMARY</u></p> <p>Caroline Maley invited the NED Committee Chairs to illustrate the use of the information in the Integrated Performance Report (IPR) in relation to NED duties. The information provided in the IPR summary was previously presented to the Public Trust Board in February.</p>

Quality Committee

Julia Tabreham, NED Chair of the Quality Committee described a continuing theme at Quality Committee; rising acuity across all service users and pressure on services but, despite this, the Trust is 'holding well'. The Quality Committee has particularly focussed on receiving assurance in regard to the Community Neighbourhood Teams which are under severe pressure. An emergent risk was raised at Trust Board of assaults on staff by service users. The Quality Committee has focussed on receiving assurance that there is no underlying pattern in rising number of unexpected patient deaths. CQC actions continue to be addressed and closed down. The Trust will not achieve the standards required for the flu or physical healthcare CQUINs (Commissioning for Quality & Innovation), both of which have been extremely challenging. The Committee had received a report on Clinical Audit which raised concerns regarding overdue clinical audit actions. The Quality Improvement Strategy & Policy had been received. The Committee continues to seek assurance that transgender service users are not discriminated against. The Quality Account is in its first draft and was received by Audit & Risk Committee on 20 March.

Julia Tabreham left the meeting at this time.

Safeguarding Committee

Anne Wright, NED Chair of the Safeguarding Committee, reported that all NEDs will be continuing to receive Safeguarding Children and Safeguarding Adults training level one on an annual basis but those NEDs who are members of Safeguarding Committee will be trained to Safeguarding Level 3 or equivalent. Of great concern is the continued increase in the numbers of children on child protection plans, which was discussed with Derby City's Director of Public Health at the February Trust Board Meeting. There are major implications for staff as well as communities, including how new and emerging communities are supported. In Adult Safeguarding, Prevent referrals (to stop people becoming terrorists or supporting terrorism) remain high, as do multiagency referrals. Board Assurance Framework (BAF) Risks are reviewed at each meeting with a focus on the lack of a community forensic team, low levels of training and capacity in the children's pathway.

Mental Health Act Committee

Anne Wright, NED Chair of the Mental Health Act Committee reported that the Committee had recently received training, along with the Associate Hospital Managers, as part of the March Board Development Session.

Learning from Deaths & Mortality

Anne Wright reminded CoG that she also has a role as the NED for Mortality and Learning from Deaths. In line with the CQC's recommendations in its review of how the NHS investigates patient deaths, the National Quality Board published a new national framework for NHS trusts - 'National Guidance on Learning from Deaths'. The purpose of the new framework is to introduce a more standardised approach to the way NHS trusts report, investigate and learn from patient deaths, which should lead to better quality investigations and improved embedded learning. The policy states that trusts should look

into the death of all people who have come into contact with it. However, the Trust is not currently doing this due to resource issues. Currently random cases are being reviewed. Secondly, the Trust is not, as yet, involving family in these reviews. This reflects a larger national picture as it is very difficult to know when a grieving family should be contacted. The Trust is contacting national colleagues to discuss this more widely. In the meantime, we continue to be respectful to families, carers and loved ones.

Moira Kerr, Public Governor, asked if all deaths are reported through the Coroner's Office. Anne Wright confirmed that the policy includes review of all deaths, including those that are referred to the coroner (all deaths are referred to the coroner's office but through a variety of agencies/organisations depending on the nature and type of care and treatment received). Carolyn Green added that for all Serious Incidents the family is involved from beginning to end and this will continue. Kevin Richards, Public Governor asked if information regarding the peaks seen in suicide in the County is available to governors. Carolyn Green confirmed the information is received by Quality Committee every two months and it will be available in the Quality Account.

Finance & Performance Committee

Richard Wright, NED Chair of the Finance & Performance (F&P) Committee, summarised that operationally the Trust has demonstrated good progress in the last year. All NHS Improvement standards are being achieved. The reduction in use of out of area beds is being sustained. The internal target for clustering has not yet been achieved but will continue to be focussed upon; further feedback on this will be received in the July meeting of F&P. Cancellations or Did Not Attend (DNAs) are still a problem for which results continue to be triangulated. Financially, the surplus is ahead of plan for year to date. If the Trust exceeds its control total, NHS Improvement will award matched funding of this figure for the Trust to invest in continuous improvements. The agency ceiling has improved but mandated levels have not been met; these levels are extremely challenging but the Trust continues to try to achieve them through a broad range of approaches.

Moira Kerr, Public Governor enquired as to what actions are taken to remind service users of appointments in an effort to reduce cancellations and DNAs. Richard Wright confirmed that text and letter reminders are used. However, Moira's personal experience does not reflect this and further checks on these processes will be made.

Audit & Risk Committee

Geoff Lewins, NED Chair of the Committee, reported on the Audit & Risk Committee meeting of 20 March. As expected, year-end activity is high but assurance had been received that activities are on track for achievement including preparation of the Annual Report, Annual Accounts and Quality Account. A number of internal audit reports had been received; all with significant assurance with minor improvement opportunities, which is very positive. A performance and finance benchmarking report had been received from External Audit which shows where the Trust sits amongst other trusts and which reflected well on the Trust's position.

	<p>ACTION: Review of communications to maximise attendance at appointments to be reviewed. Carolyn Green to investigate further liaise with Mark Powell.</p> <p>RESOLVED: The Council of Governors received the update from the perspective of the NEDs on how they have held the Executive Directors to account through their role.</p>
DHCFT/GOV/027	<p><u>NON-EXECUTIVE DIRECTOR DEEP DIVE – MARGARET GILDEA</u></p> <p>Margaret Gildea, Senior Independent Director and NED Chair of People & Culture Committee presented her Deep Dive.</p> <p>Staff Survey Results An improvement was seen in the two key areas of the survey:</p> <ul style="list-style-type: none"> • I would recommend my organisation as a place to work • If a friend or relative needed treatment, I would be happy to recommend the standard of care and treatment provided by this organisation. <p>The overall engagement score is up to 3.74 from 3.69 from 2016. The National average is 3.79 for similar trusts. The response rate to the survey was 44.8%, up by 5.8% on last year.</p> <p>The responses to five areas chosen by the Trust as priorities were:</p> <ul style="list-style-type: none"> • Safe to raise concerns about unsafe clinical practice (improved 2.9%) • That career progression is fair (improved 2.4%) • The quality of appraisals is good (4 of the 5 areas had improved, 1 had reduced slightly) • The Trust is interested in the well-being of staff (had reduced by 0.4%) • Valued by managers had increased by 5.4%) <p>Two further key areas where staff experience has improved:</p> <ul style="list-style-type: none"> • Percentage of staff reporting good communication between senior management and staff up 6% to 30%. • Staff recommendation of the organisation as a place to work or receive treatment up 1.1% to 5.58%. <p>The key areas for focus in 2018, as proposed by the Staff Forum and the Engagement Group are:</p> <ul style="list-style-type: none"> • Recruitment, selection and retention • Staff wellbeing • Leadership and management • Stamp out Bullying and harassment • Opportunities for development (including succession planning). <p>People & Culture Committee Margaret Gildea reported that Geoff Lewins has now joined the People & Culture Committee. The Committee has focussed on seven main areas; workforce planning, processes and grievances, appraisals, engagement, wellbeing, leadership and equality and diversity. Improvements continue across the board with a focus on hotspots in</p>

	<p>each area when required. In addition, the Committee has continued to embed and review Governance Improvement Action Plan work. Deep dives continue to be received by the Committee and BAF risks are reviewed at each meeting.</p> <p>Freedom to Speak Up Guardian Report Kully Hans, the Trust’s Freedom to Speak Up Guardian (FTSUG) outlined the work she had undertaken since taking on the Guardian role on 1 December 2017. The role has been promoted across the Trust to enable and engage staff to speak up about concerns. At the moment the role is growing, based on concerns staff have raised in three months; 13 have been raised, nine of which were directly to the FTSUG. Of those, four were deemed reportable to the National Guardian’s Office, which is the national lead organisation to support work on Raising Concerns (Whistleblowing) in the NHS. Kully outlined the work she has done and plans to undertake relating to further developing the role and working with groups of staff who may have barriers to raising concerns to ensure they are supported and encouraged to come forward.</p> <p>RESOLVED: The Council of Governors</p> <ol style="list-style-type: none"> 1. Noted the work of the People & Culture Committee. 2. Received and reviewed the results of the Staff Survey, noting the areas of focus for 2018/19. 3. Noted the role of the FTSUG and future work. 4. Agreed to receive annual reporting on FTSUG activity and implementation of the policy. 5. Agreed to discuss at Governance Committee how to deliver further information or training to governors on FTSU. <p>Jim Perkins, Public Governor, left the meeting at this time.</p>
DHCFT/GOV/028	<p><u>CHIEF EXECUTIVE’S REPORT</u></p> <p>Ifti Majid, Chief Executive, presented his report to provide CoG with feedback on changes within the national health and social care sector as well as providing an update on developments occurring within our local Derbyshire health and social care community. The report also updates governors on feedback from external stakeholders, such as commissioners, and feedback from Trust staff. The report should be used to support the Council understanding key risks and opportunities facing the Trust and to aid holding the Board to account for the delivery of the Trust strategy.</p> <p>Highlighted by the Chief Executive were his concerns over the impact of Brexit on the Trust’s workforce (10% are EU nationals) and the potential reduction in mental health research. The other point highlighted was the agreement of local service geography for JUCD. ‘Places’ have been agreed that are recognisable to all and link to borough council boundaries. Included with the report is a copy of NHS England’s Mental Health Delivery Plan for 2018-2019. The document provides a welcome clarity of intent for investment in services.</p> <p>Martin Rose, Public Governor enquired if the Chief Executive had any</p>

	<p>concerns over legislative impacts of Brexit. Ifti Majid responded that workforce, workforce legislation, research and access/availability of new products (medication) are currently his biggest concerns. Each EU national employed by the Trust has received a letter from the Chief Executive to say they are valued, supported and the Trust wishes to keep them.</p> <p>Update on the Development of Trust Strategy Ifti Majid presented the latest draft in the refresh of the Trust's Strategy. It outlines the Trust's vision, values and strategic objectives aligned to reflect our redefined priorities and invited governor comment. Details on how the draft had been developed and what it is hoped to achieve were outlined.</p> <p>The Trust's vision is '<i>to make a positive difference in people's lives through improving health and wellbeing</i>'; this requires colleagues at all levels in the Trust to work with a range of partners. Delivery of the Joined up Care Derbyshire plan (STP) centres on delivering care as close to people's homes as possible within Place Alliance Groups. The strategy outlines what the Trust needs to do to achieve this and how those achievements will be measured.</p> <p>Ruth Greaves asked how the increased dependence on voluntary sector and self-help groups is linked to the strategy. Ifti Majid responded that it fits in with continued quality improvement, gaining contribution and learning from voluntary and independent sectors. Partnership work is an important element of the strategy and the JUCD mental health work stream.</p> <p>ACTION: The draft strategy will be issued to all governors via email.</p> <p>RESOLVED: The Council of Governors</p> <ol style="list-style-type: none"> 1. Scrutinised the report, noting the risks and actions being taken and linked the topics in the report to feedback from NEDs relating to Board Committee activity. 2. Received the draft strategy and were advised to feed in any comments as part of the development of the strategy directly to the Chief Executive.
DHCFT/GOV/029	<p><u>RESULTS OF THE ANNUAL COUNCIL OF GOVERNORS EFFECTIVENESS SURVEY</u></p> <p>Sam Harrison presented the results and analysis of the second annual CoG effectiveness survey. The results had previously been discussed at the Governance Committee.</p> <p>There is a correlation between the Board and CoG effectiveness surveys in that they have demonstrated helpful triangulation on how mutual engagement is working. 100% of the Board agree and a high percentage of governors are happy with the opportunity for contact.</p> <p>At Governance Committee a request was made to ensure that the relationship between CoG and Board is sustained. A programme of rotational Executive Director attendance at CoG has been established</p>

	<p>when the Lead Executive Director will link in with respective NEDs for their deep dive. NEDs are strongly encouraged to attend CoG and their attendance is very good. Similarly all governors are encouraged to attend Public Board Meetings which provides an opportunity to see the Board in action.</p> <p>Actions agreed to continue to enhance the effectiveness of CoG picks up on feedback received and includes repeating the Holding To Account development session in 2018/19, the refresh of the governor-led training programme,, governor involvement in in the annual planning process and the Chief Executive’s update in today’s meeting on the Trust Strategy as an important link to future planning. The Trust continues to listen to governors to refine reporting to CoG (for example, the streamlined reporting of the integrated Performance Report). A key focus of future CoG activity and effectiveness will be supporting governor engagement with constituencies.</p> <p>Feedback was also received on how the survey is collected. A comment box and free text box is to be added next year for governors to feedback on miscellaneous areas.</p> <p>John Morrissey requested that consideration be given to staff governors and the time required to conduct their governor role. Assurance was given this this is a matter that is considered by the Chair and discussed with staff governors.</p> <p>It is good practice to conduct the survey and it will continue in 2017/18 to help build on increasing CoG effectiveness.</p> <p>RESOLVED: The Council of Governors</p> <ol style="list-style-type: none"> 1. Noted the outcome of the Council of Governors annual effectiveness survey 2017. 2. Agreed the survey should be repeated in September 2018. 3. Noted the proposed additional actions developed in response to survey feedback to further enhance the effectiveness of the Council of Governors.
DHCFT/GOV/030	<p><u>GOVERNORS NOMINATIONS & REMUNERATION COMMITTEE REPORT</u></p> <p>Caroline Maley advised that the Governors Nominations & Remuneration Committee had been scheduled to meet on 1 March but unfortunately the meeting had been postponed due to the bad weather. The meeting had been held yesterday, 20 March. Items of business had included the appraisal of the Interim Chair, objectives for the Trust Chair, remuneration benchmarking and appraisals for the Non-Executive Directors. A full written report will be presented to the next Council of Governors Meeting in May.</p>
DHCFT/GOV/030	<p><u>NHS PROVIDERS – ELECTIONS TO THE GOVERNOR ADVISORY COMMITTEE</u></p> <p>Carole Riley presented the paper which provided a summary regarding NHS Providers’ forthcoming elections of eight governors to their Governor Advisory Committee (GAC).</p>

	<p>As an NHS Providers member trust, the Trust's Council of Governors is entitled to vote in the forthcoming election of eight governors to the Governor Advisory Committee (GAC). 59 nominations had been received (including a nomination for the Trust's Lead Governor, John Morrissey). In order to vote a collective view from the Trust's Council of Governors is required. The Council of Governors had ranked the list of candidates in order of preference, via Carole Riley. The outcome is that John Morrissey had been selected and that the vote will be submitted.</p> <p>RESOLVED: The Council of Governors confirmed its preferred candidate for the Trust's vote for the GAC election.</p>
DHCFT/GOV/031	<p><u>GOVERNANCE COMMITTEE REPORT</u></p> <p>Carole Riley presented the summary report of the Governance Committee meeting held on 27 February 2018. The report was taken as read and no questions were raised.</p> <p>Caroline Maley reported that Gillian Hough, Chair of Governance Committee, has advised she wishes to step down from the Chair role at the end of her term in September. If any governors are interested in taking over this role please contact Gillian Hough.</p> <p>RESOLVED: The Council of Governors noted the actions and recommendations made at the Governance Committee Meeting on 27 February.</p>
DHCFT/GOV/032	<p><u>ANY OTHER BUSINESS</u></p> <p>On behalf of his fellow governors, John Morrissey thanked Ruth Greaves for her contribution to the Trust and acknowledged her hard work, assiduousness, intelligence, ideas and support of other governors; and thanked Ruth for being a good colleague.</p> <p>Caroline Maley reported that Robin Turner, Appointed Governor, Derby City Council has advised he will not be standing in the May elections and therefore he will be standing down from his position after the May meeting.</p> <p>Caroline Maley confirmed that an appointment has been made to the role of Director of Business Improvement & Transformation. Gareth Harry from Hardwick CCG will be joining the Trust in June if not sooner. The Trust will be saying goodbye to Lynn Wilmott-Shepherd who had decided not to apply for the role.</p> <p>Sam Harrison advised that the CQC will require a focus group with governors; more information will follow when available.</p> <p>Caroline Maley reminded governors to think about how they act with one another. If governors are not comfortable with raising how they feel about a situation they can contact herself, Sam Harrison, John Morrissey or Denise Baxendale.</p> <p>Governors were reminded that from May CoG meetings will take place</p>

	on Tuesday, after Public Board, and commence at 2.00 pm – 4.30 pm.
DHCFT/GOV/033	<p><u>REVIEW OF MEETING EFFECTIVENESS AND FOLLOWING THE PRINCIPLES OF THE CODE OF CONDUCT</u></p> <p>The agenda and supporting papers were felt to be appropriate. Using the Integrated Performance Report for an opportunity to hold NEDs to account was agreed to be working well. Christine Williams commented that this had been her first CoG meeting in seven years and she had really enjoyed it and had learned a lot.</p> <p>John Morrissey advised that governors had held an informal meeting prior to the Council of Governors meeting, which had proved very helpful and it had been a good opportunity to get to know new governors. It is hoped to continue this practice.</p>
DHCFT/GOV/034	<p><u>CLOSE OF MEETING</u></p> <p>With no further business the meeting closed at 3.55 pm.</p>
DHCFT/GOV/035	<p><u>FOR INFORMATION ITEMS</u></p> <p>Governors received the following items for information:</p> <ul style="list-style-type: none"> • Ratified minutes of the Public Board Meetings held on 29 November 2017 and 31 January 2018 • Governor meeting timetable • Glossary of NHS terms
DHCFT/GOV/036	<p><u>DATE AND TIME OF NEXT MEETING</u></p> <p>Date: Tuesday 1 May 2018 Time: 2.00 pm – 4.30 pm Venue: Conference Rooms A/B, Research & Development Centre, Kingsway, Derby, DE22 3LZ</p>