

**RATIFIED MINUTES OF THE COUNCIL OF GOVERNORS MEETING
HELD ON TUESDAY 5 NOVEMBER, FROM 2.00 – 4.30
CONFERENCE ROOMS A & B, RESEARCH & DEVELOPMENT CENTRE,
KINGSWAY HOSPITAL SITE, DERBY, DE22 3LZ**

PRESENT	Caroline Maley John Morrissey Rob Poole Lynda Langley Adrian Rimington Julie Lowe Carole Riley Moira Kerr Andrew Beaumont Christopher Williams Kevin Richards Rosemary Farkas Kelly Sims Jo Foster Roy Webb Roger Kerry Wendy Wesson David Charnock	Trust Chair and Chair of Council of Governors Public Governor, Amber Valley Public Governor, Bolsover & North East Derbyshire Public Governor, Chesterfield Public Governor, Chesterfield Public Governor, Derby City East Public Governor, Derby City East Public Governor, Derby City West Public Governor, Erewash Public Governor, Erewash Public Governor, South Derbyshire Public Governor, Surrounding Areas Staff Governor, Admin and Allied Support Staff Staff Governor, Nursing Appointed Governor, Derby City Council Appointed Governor, Derbyshire Voluntary Action Appointed Governor, University of Derby Representing Gemma Stacey, Appointed Governor University of Nottingham
IN ATTENDANCE	Ifti Majid Margaret Gildea Anne Wright Richard Wright Suzanne Overton - Edwards Perminder Heer Amanda Rawlings Justine Fitzjohn Leida Roome Denise Baxendale Jamie Broadley Peter Henson Elaine Jackson John Travers Sarah Bennett Marie Parsons	Chief Executive Non-Executive Director & Senior Independent Director Non-Executive Director Non-Executive Director Non-Executive Director NeXT Director Placement Director of People & Organisational Effectiveness Trust Secretary Personal Assistant – note taker Membership and Involvement Manager Staff Wellbeing Lead Head of Performance, Delivery and Clustering Trust Member Trust Member and Non-Clinical Staff Governor for Birmingham and Solihull Mental Health NHS Foundation Trust Care Quality Commission Inspector Assistant to Moira Kerr
APOLOGIES	Angela Kerry Stuart Mourton Al Munnien Jim Perkins April Saunders Carol Sheriff Gemma Stacey Farina Tahira	Appointed Governor, Derbyshire Mental Health Forum Public Governor, Derby City West Staff Governor, Nursing Appointed Governor, Derbyshire County Council Staff Governor, Allied Professions Public Governor, High Peak and Derbyshire Dales Appointed Governor, University of Nottingham Staff Governor, Medical

(for item 092)
(for item 090)

ITEM	<u>ITEM</u>
DHCFT/GOV /2019/083	<p><u>WELCOME, INTRODUCTIONS, CHAIR'S OPENING REMARKS, APOLOGIES FOR ABSENCE & DECLARATION OF INTERESTS</u></p> <p>Caroline Maley welcomed all to the meeting and was pleased to see so many governors present for both the Board meeting earlier today and the Council of Governors meeting.</p> <p>Apologies were noted as above. No declarations of interest were received.</p>
DHCFT/GOV /2019/084	<p><u>SUBMITTED QUESTIONS FROM MEMBERS OF THE PUBLIC</u></p> <p>Two questions from the public have been received. The relevant questions and the answers provided are included in Appendix 1 to these minutes.</p>
DHCFT/GOV /2019/085	<p><u>MINUTES OF THE PREVIOUS MEETINGS</u></p> <p>The minutes of the previous meeting held on 3 September 2019 were accepted as a correct record.</p>
DHCFT/GOV /2019/086	<p><u>MATTERS ARISING & ACTION MATRIX</u></p> <p>All completed 'green' actions were scrutinised to ensure that they were fully complete. The Council of Governors agreed to close completed actions. Comments were made as follows:</p> <p><i>Item DHCFT/GOV/2019/065 – County Mental Health Forum</i> - in the absence of Angela Kerry, Roy Webb advised that no further progress has been made. An update will be given at the next meeting.</p> <p><i>DHCFT/GOV/2019/065 – City Development Group</i> – it was noted that Angela Kerry, and not Ifti Majid, is the lead for this action. Due to Angela's absence an update will be given at the next meeting.</p> <p><i>Matters arising:</i></p> <p><i>DHCFT/GOV/2019/061: South Liaison Team</i> – In respect of the queried response time of one hour, Caroline Maley confirmed that she had written to Moira Kerr concerning this.</p> <p>RESOLVED: The Council of Governors</p> <p>1) Noted the comments and the actions agreed on the Actions Matrix</p> <p>2) Noted the matters arising and the updates.</p>
DHCFT/GOV /2019/087	<p><u>VERBAL UPDATE ON JOINED UP CARE DERBYSHIRE – INCLUDING THE IMPACT OF THE LONG TERM NHS PLAN</u></p> <p>Ifti Majid, Chief Executive, gave a verbal update on the Joined Up Care Derbyshire Strategy, which was presented at the Board meeting this morning by John McDonald (JUCD Chair) and Vikki Taylor (JUCD Director). Ifti referred to the full strategy which was published in the Board Papers, available on the Trust website. During the pre-election period, starting 6 November, other JUCD partners would not be discussing the strategy but this would resume after the election.</p> <p>With reference to the strategy a number of points were highlighted:</p> <ul style="list-style-type: none"> • The strategy provides clarification on the service development and focuses on four key elements: <ol style="list-style-type: none"> 1) Best start 2) Staying well 3) Ageing Well 4) Dying well <p>The document aims to engage all Health and Social Services in Derbyshire –</p>

the Strategy is for the whole of the county and far more inclusive than previous plans. The language used is about people and communities and not patients.

- An Integrated Care System, which overarches integrated care partnerships, is being developed. The integrated care partnerships include cohorts of providers, who deliver streams of work in an integrated way. Primary Care Networks (PCNs) are also involved and should help to integrate primary care with secondary and community services and bridge a gap between general practice and emerging Integrated Care Systems. A Strategic Commissioner will also be established.

Ifti advised that at a future Council of Governors meeting an update will be given on what the role of governors and non-executive directors will look like in system working.

In response to a query from Andrew Beaumont, whether the “man in the street” will have a better or worse service, Ifti replied that it should be a better service as this is why the new strategy is coming into place. Evidence exists that an integrated service provides better care.

Roy Webb queried whether this system is already being modelled and Ifti confirmed that some Trusts have adopted this system. However, detailed data is not available but the Trust can learn from Nottinghamshire, an “accelerator” site.

Ifti Majid asked for any further questions to be forwarded to him by email.

RESOLVED: The Council of Governors noted the update provided on the JUCD and the Long Term NHS Plan.

**DHCFT/GOV
/2019/088**

COUNCIL OF GOVERNORS ANNUAL EFFECTIVENESS SURVEY

Justine Fitzjohn, Trust Secretary, presented the results of the fourth Annual Effectiveness Survey of the Council of Governors. This survey is carried out yearly in line with best practice. Initially the results were presented to the Governance Committee on 10 October 2019.

A total of 24 governors responded – this equated to 96 % (the current complement of governors at the time of the survey was 25). Justine was pleased to note that the response rate has significantly increased compared to last year.

A number of proposed actions in order to continue to enhance the effectiveness of the Council of Governors are listed in the paper and Justine confirmed that these will be followed through.

Kelly Sims queried whether the survey responses should remain anonymous as a discussion took place on this at the Governance Committee. Governors agreed that future surveys will not be anonymised. This will make it easier to discuss any issues that may arise with governors who have made particular comments.

Justine reminded governors that she has an open door policy and would be happy to discuss issues relating to the survey.

RESOLVED: The Council of Governors:

- 1) Noted the outcome of the Council of Governors annual effectiveness survey 2019**
- 2) Agreed that the survey should be repeated in September 2020**
- 3) Noted the proposed additional actions developed in response to the survey feedback to further enhance the effectiveness of the Council of Governors**
- 4) Agreed that future surveys will not be anonymised.**

<p>DHCFT/GOV /2019/089</p>	<p><u>NON-EXECUTIVE DIRECTOR – DEEP DIVE – QUALITY COMMITTEE</u></p> <p>Margaret Gildea, Chair for the Quality Committee, presented the Deep Dive for this committee.</p> <p>Margaret first of all thanked all those present for the positive comments which she received for her recent appraisal.</p> <p>She explained that she has been involved in the clinically led Strategy Development Group. During the first stage of this process the Group discussed integrating the nine different pathways – of which stakeholders were consulted. A Programme Transformation Board will be convened shortly for which Margaret will be the Chair.</p> <p>Ifti Majid commented that it was really important for all stakeholders including staff to be involved in this to agree a pathway template. A stakeholders’ events programme is also being planned.</p> <p>Margaret referred to the Quality Committee priorities, it was noted that Acute Care has been a specific focus and will continue to be monitored. She was pleased to note that the statistics for Acute Care are now more positive and wished to express her thanks for the work carried out. The Board Assurance Framework risk 1A which includes Acute Care has now been reduced by the Board, from extreme to high. Another focus has been Mortality Reports; a review is undertaken every six months on issues raised.</p> <p>Board visits have been arranged for the Hartington Unit and the Radbourne Unit. Margaret explained that she had recently participated in a Quality Visit to Morton Ward (Hartington Unit) and she was really impressed with the way the staff provided person centred care and lived the Trust values.</p> <p>As part of her role as Senior Independent Director, Margaret gave an overview of the appraisal for Caroline Maley adding that the results, which are very positive will be discussed at the Governors’ Nominations and Remuneration Committee meeting on 12 November and reported by to the Council of Governors in January.</p> <p>Roy Webb queried whether the Acute Care workforce performance is an outlier to the rest of the Trust. Margaret explained that the vacancy rate is 8% currently; the sickness rate at the Hartington Unit is 11.8% and 11.3% at the Radbourne Unit. Work is continually taking place to improve the figures and to ensure that staff are supported.</p> <p>Concerning the flu jab, Adrian Rimington asked whether it is compulsory for staff to receive it. Margaret advised that the flu jab is a CQUIN target but is not compulsory but staff are encouraged to have it. It was noted that a presentation on flu jabs took place this morning at the Board meeting.</p> <p>Caroline Maley thanked Margaret for her work on the Clinical Strategies and her committee involvement and the comprehensive summary provided.</p> <p>RESOLVED: The Council of Governors noted the information provided by the Non-Executive Director in the Deep Dive.</p>
<p>DHCFT/GOV /2019/090</p>	<p><u>ESCALATION OF ITEMS TO THE COUNCIL OF GOVERNORS</u></p> <p>Two items of escalation were received from the Governance Committee, which was held on 10 October 2019:</p> <ul style="list-style-type: none"> • Question 1: Governors seek assurance from the Non-Executive Directors on whether the Trust is participating in Derbyshire wide substance misuse delivery. • Question 2: How is the Trust participating more widely in Joined Up Care Derbyshire, can Anne Wright explain the perspective of how the mental health work stream is engaging with other providers trusts?

	<p>The answers, attached as Appendix 2 to these minutes, were read out at the meeting and Governors were satisfied with the responses.</p> <p>RESOLVED: The Council of Governors noted the two questions and the responses provided for information.</p>
<p>DHCFT/GOV /2019/091</p>	<p><u>PRESENTATION ON HOW TO INTERPRET A RUN CHART</u></p> <p>Peter Henson, Head of Performance, Delivery and Clustering explained how to interpret a run chart, an example of which was included in the documentation.</p> <p>Peter explained that a run chart plots data over time and enables the Trust to understand variation and in so doing guides the Trust to take the most appropriate action. He also explained that the two dotted lines on the run chart are the control limits and any performance between these two lines is normal for the current system and is known as normal variation.</p> <p>Rob Poole asked how the process limits are calculated – Peter explained that these are calculated by multiplying the “mean” by plus or minus (2.66 x the average of the moving range).</p> <p>Andrew Beaumont suggested that it would be useful to have an explanation of what is being measured in the charts in the Integrated Performance Report; the possibility of including titles to the axes will be investigated.</p> <p>Kelly Sims commented that the run charts are very useful, regularly updated and provide an insight into the Trust’s performance.</p> <p>It was noted that NHS Improvement has produced guidance on run charts which governors may find useful. The link will be shared with governors after the meeting.</p> <p>Action: The link to NHS Improvement’s guide to run charts will be circulated to governors after the meeting.</p> <p><i>Moira Kerr left the meeting at 3.15.</i></p>
<p>DHCFT/GOV /2019/092</p>	<p><u>INTEGRATED PERFORMANCE REPORT</u></p> <p>The Integrated Performance Report 2019/20 was presented to the Council of Governors. The focus of the report was on workforce, finance, operational delivery and quality performance.</p> <p>Overall the Trust is performing well against its targets; meeting the finance control total will be a challenge but this is being monitored closely.</p> <p>Richard Wright, as Chair of Finance and Performance Committee, explained that the Trust’s liquidity is looking healthy; however monies will need to be allocated to capital issues, such as the provision of single rooms in the Trust’s acute units. It was noted that Non-Executive Directors are visiting various departments and reporting that many staff are were positive about the changes.</p> <p>Richard noted the following:</p> <ul style="list-style-type: none"> - The increase in referrals to the Trust’s Child and Adolescent Mental Health Services (CAMHS) have doubled and have impacted on the wait times. It was noted that the Trust has not been commissioned to provide for the additional referrals – the Trust has raised this as a concern with Commissioners and additional funding has been allocated - The workload in the Autistic Spectrum Disorder service has increased – assessments are taking place and the Trust is discussing additional funding with Commissioners. <p>Roy Webb asked whether the CAMHS/Autistic Spectrum Educational Healthcare</p>

	<p>Plan, which was referred to last year and completed, has been taken into account. Ifti Majid is aware of this plan but the Trust has no involvement in this.</p> <p>Adrian Rimington asked when the work on providing single rooms in the acute units will be completed, Richard explained that the plans have been drawn up and work will begin on the Morton Ward, in the Hartington Unit in Chesterfield in December. It was stressed that whilst the work is being carried out, the beds will be provided in other wards. It was noted that work in the Radbourne Unit in Derby will commence in January 2020.</p> <p>Kelly Sims referred to the waiting list for psychology – it was confirmed that there has been a change in the clinical model; this is now nurse led and should lead to improvements.</p> <p>RESOLVED: The Council of Governors noted the information provided in the Integrated Performance Report.</p>
<p>DHCFT/GOV /2019/093</p>	<p><u>WELLBEING AND IMPROVING ATTENDANCE – DEVELOPING THE STAFF WELLBEING STRATEGY</u></p> <p>Jamie Broadley, Wellbeing Lead, gave an update on the progress made on the Trust’s support to staff and the next steps for implementing the Trust’s Wellbeing Strategy.</p> <p>Jamie explained that after a review in July 2018, a significant recurrent investment was approved for additional staff wellbeing support. Since then, project work streams have been implemented.</p> <p>Reference was made to some of the initiatives taken including:</p> <ul style="list-style-type: none"> - Re-tendering of the Occupational Health contract, which now includes physiotherapy treatment and return to work assessments - Staff now have access to Resolve, an onsite counselling service - The Trust’s Employee Assistance Programme (EAP) is now provided by Vivup as part of the new staff benefits service - A flexible budget has been created for the Staff Wellbeing Team, which allows them to effectively target absence hotspots and implement new initiatives for reducing absence and increasing engagement. <p>Jamie referred to the diagram included in the paper, which shows a tiered approach:</p> <ol style="list-style-type: none"> 1. Prevention 2. Resilience 3. Support <p>He outlined the details of the services provided under these key items.</p> <p>Rosemary Farkas asked whether the improved offer has been reflected in staff sickness rates. Jamie explained that it is too soon to analyse the impact but it is anticipated that the new services will show a positive impact next year.</p> <p>Jamie also referred to the free Thrive App, available to staff, which is already showing active users. Conversations with Occupational Health are ongoing in order to provide an improved pathway. Kelly Sims queried at which stage physiotherapy for musculoskeletal (MSK) will be offered – Jamie confirmed that physiotherapy is provided by Occupational Health with the same therapist seeing a member of staff throughout the treatment.</p> <p>Andrew Beaumont asked whether the Trust offers meditation courses; Jamie confirmed that these are provided through the Trust’s counselling service.</p> <p>In response to a question from Rosemary Farkas whether staff will have to pay for these services, Jamie confirmed that this is a free service and that a significant</p>

	<p>investment has been made by the Trust to provide the services. It was noted that approximately 60% of referrals are not work-related but can affect staff performance and that Trust is keen to support staff. It was also noted that staff can self-refer into the services.</p> <p>Adrian Rimington asked whether austerity has played a part in staff issues. Jamie advised that there has been a small rise in issues relating to finance, however, Neyber which offers support and advice to help to improve financial wellbeing is now available to staff. It was noted that Unison has reported an increase in applications from members for emergency loans and are lobbying nationally on this.</p> <p>Joined up working with other Trusts on the Occupational Health contract is also being explored, which was well received by the Council. Amanda Rawlings, the executive lead for wellbeing, advised that Sheffield Hallam University has been commissioned to look at best practice in staff wellbeing across Derbyshire Trusts – the findings of which will be shared. Amanda confirmed that interest has been shown in the Trust’s staff wellbeing model by Clinical Commissioning Groups and private businesses.</p> <p>The next step is to provide an overarching staff Wellbeing Strategy; this will not only aim to support staff but will also place a key focus on preventing staff wellbeing challenges in the first place. Stakeholders, the Staff Forum, Clinical Operational Assurance Team (COAT) meetings have been consulted. The Council of Governors was asked to provide feedback on this approach and were asked to forward suggestions and comments to Jamie Broadley or Amanda Rawlings.</p> <p>Caroline Maley thanked Jamie Broadley for the update on staff wellbeing.</p> <p>RESOLVED: The Council of Governors</p> <ol style="list-style-type: none"> 1) Noted the development and implementation of a new offer for staff support services at the Trust following investment approved by the Executive Leadership Team 2) Supported the initial outline of the Wellbeing Strategy and the consultation process in shaping a final version for implementation.
<p>DHCFT/GOV 2019/094</p>	<p><u>REPORT FROM THE GOVERNANCE COMMITTEE</u></p> <p>The Council of Governors received the report from the Governance Committee meeting which took place on 10 October 2019. Of note were the following items:</p> <ul style="list-style-type: none"> - Implementation of the Membership Strategy 2018 – 2021 – this was reviewed and approved. - Governor Membership Engagement Action Plan – this was reviewed. - Feedback from Governor Engagement Activities – governors are reminded to complete the governor engagement template. - Annual Members’ Meeting will take place on 10 September 2020. - The role of Deputy Chair for the Governance Committee was promoted in Governor Connect and Kelly encouraged governors to consider taking on the role. <p>RESOLVED: The Council of Governors noted the information provided in the Governance Committee Report.</p>
<p>DHCFT/GOV 2019/095</p>	<p><u>FEEDBACK ANNUAL MEMBERS’ MEETING</u></p> <p>Denise Baxendale fed back on the Trust’s Annual Members’ Meeting (AMM), which took place on 11 September 2019.</p> <p>Overall the feedback was very positive with attendees commenting that this was the best ever AMM with a mix of staff presentations, formal meeting and announcement of the winning entries from the Trust’s writing competition. There had been an excellent focus on Equality, Diversity and Inclusion. The venue was good and</p>

	<p>easily accessible with plenty of free parking. As mentioned in the Governance Committee report, the date for next year's meeting has been arranged for 10 September 2020 on Suicide Prevention Day. It was proposed that the theme for the AMM should reflect this. Rooms in the Centre for Research and Development on the Kingsway Site have been provisionally booked.</p> <p>As for the last AMM, governors agreed to set up a Governor Task and Finish Group. Rob Poole, Julie Lowe, Rosemary Farkas, Jo Foster and David Charnock expressed an interest in being involved.</p> <p>RESOLVED: The Council of Governors</p> <ol style="list-style-type: none"> 1) Noted the feedback on the Annual Members' Meeting 2) Noted the date for next year's Annual Members' Meeting 3) Agreed to form a Task and Finish Group.
<p>DHCFT/GOV /2019/096</p>	<p><u>GOVERNOR ELECTIONS UPDATE</u></p> <p>Denise Baxendale gave an update on the recent governor elections and the preparations for the forthcoming public governor elections. Denise gave assurance that due process was being followed.</p> <p>Recent governor elections and vacancies:</p> <p>Andrew Beaumont and Dr Stuart Mourtou were welcomed as the newly elected public governors for Erewash and Derby City West.</p> <p>Following Bob MacDonald's resignation, Carole Riley, the next highest polling candidate for Derby City East has accepted the vacancy; a warm welcome was extended to her.</p> <p>The following vacancies now exist:</p> <ul style="list-style-type: none"> • Amber Valley – two vacancies • Bolsover and North East Derbyshire – one vacancy • Derby City West – one vacancy • High Peak and Derbyshire Dales – one vacancy • South Derbyshire – one vacancy • Admin and Allied Support Staff – one vacancy <p>Denise confirmed that the election process for the above vacancies is now underway; nominations will open on 13 November and close on 11 December. Ballot papers will be despatched on 7 January and the elections will close on 30 January. The results will be declared on 31 January 2020.</p> <p>Justine Fitzjohn asked the Council of Governors to support a proposal to reduce the number of elections run in one year. Annual elections represent the best value for money in terms of reducing election costs and staff time in promoting elections and the induction and training of new governors. In line with the Trust Constitution which allows for terms of up to three years; annual elections would be achievable by phasing terms of office for future elections or with the agreement of some current governors to finish their terms slightly earlier.</p> <p>Kelly Sims supported this proposal as she noted that there would be a financial savings benefits and the induction/training would be more streamlined.</p> <p>Roger Kerry gave advance notice that he will be retiring from his job at Derbyshire Voluntary Action in June 2020.</p> <p>RESOLVED: The Council of Governors</p> <ol style="list-style-type: none"> 1) Received the report 2) Noted the timescale of the forthcoming elections and agreed to promote these

	3) Agreed to support the proposal to achieve annual elections.
DHCFT/GOV /2019/097	<p><u>ANY OTHER BUSINESS</u></p> <p>The following was raised:</p> <ul style="list-style-type: none"> • <i>Governor information packs</i> – Lynda Langley, Lead Governor referred to the information packs compiled by Denise Baxendale for governors to use on their engagement activities. Governors were requested to collect and sign for a pack from Denise after the meeting. Packs will be posted to those governors who were unable to attend the meeting. • <i>“It’s not OK to feel blue (and other lies)” by Scarlett Curtis</i> – Adrian Rimington referred to this book, which features contributions from inspirational people about what mental health means to them, along with a foreword by Stephen Fry. • <i>Governors Nominations and Remuneration Committee</i> – Justine Fitzjohn proposed that Carole Riley, Public Governor, and David Charnock, Appointed Governor be included in the membership cohort for the Committee. <p>RESOLVED: The Council of Governors agreed to include Carole Riley and David Charnock as members for the Nominations and Remuneration meetings.</p>
DHCFT/GOV /2019/098	<p><u>REVIEW OF THE MEETING EFFECTIVENESS AND FOLLOWING THE PRINCIPLES OF THE CODE OF CONDUCT</u></p> <p>The following comments were made:</p> <ul style="list-style-type: none"> - Agenda items were adhered to - The meeting finished half an hour early - There was really good discussion time - The Code of Conduct was adhered to during the meeting.
DHCFT/GOV /2019/099	<p><u>CLOSE OF MEETING</u></p> <p>Caroline Maley thanked all those present for their input and attendance and closed the meeting at 16.30 hours.</p>

Appendix 1

Submitted questions from a Trust member

Question 1: Why do more men than women commit suicide?

Response provided by Samantha Kelly, Consultant Nurse, Accredited Suicide Awareness & Response Trainer CwP, Chair of Suicide Prevention Strategy Group

The relationship between gender and suicide is multifaceted. I have attached a really useful document 'Suicide and Men' produced by the Samaritans in partnership with Network Rail, each of which is prolific in their work surrounding understanding suicide and suicide prevention. It's seven years old but is still highly relevant today and explains a lot of these factors.

The National Confidential Inquiry into Suicides and Homicides by People with Mental Illness is a document that is produced annually and provides us with the data for suicides. Amongst many other things we use this to inform our suicide prevention strategy. Because the risk of suicide is influenced by so many different factors, we ensure, through our training that staff recognise the various social and demographic factors (which of course change over time) that indicate that a certain population or group may be a higher risk of dying by suicide collectively, but we also ensure that they are equipped with the tools, skills and knowledge to elicit, understand, interpret and respond the risks relative to the person in front of them. This is the most effective and safest way to approach suicide risk assessment and mitigation.

Some of the factors that are important to the higher risk in men relate to how 'being a man' is socially constructed. Men live within a society that attributes them with specific gender and role expectations, being powerful, strong, the provider and so on. Older generations particularly, sometimes find it difficult to talk about how they are feeling because it conflicts with these social expectations, so they feel shame, or they stay quiet, or they more often use risky behaviours such as alcohol or drugs to manage their emotions. Conversely, women tend to talk about their feelings within their friendship groups and are more inclined to ask for help, and with less social stigma attached to it. Living with a woman is a mitigating factor for men and suicide, because women tend to notice that a man is struggling, and encourage him to go to the doctor, or talk about how he feels etc.

Knowing the gender specific risk factors also helps us respond, so we can use the data and evidence to inform how we construct our training and deliver services. Derbyshire is very proactive as a county in a collective approach to suicide prevention and are regarded as 'trailblazers' nationally in this regard. We work very closely with agencies in various initiatives that enter 'men's spaces' to engage them. One example is the great work, led by public health, but with huge support and involvement from DHCFT on World Suicide Prevention Day. An initiative that has grown considerably since it first started about five years ago, this year, we attended, with other agencies, five football matches across the county, handing out over 20,000 suicide prevention 'z-cards' to men and their families. Staff are available to talk to if needed (and they have been), the football teams make promotional videos which are shown at half-time on the TV Screen and donate football items for lottery. These events are a tremendous success and reach out to men across the county.

Question 2: As a technique to uncover repressed memories, examine them coolly and reflectively, and move on with your life in a positive, constructive manner – does regression analysis work? Or are its side effects (false memories, just unnecessarily upsetting patients, possible suicidal ideation) – worse than its benefits?"

Response provided by Petrina Brown, Consultant Clinical Psychologist

Within the Trust in adult services as far as I am aware there are no psychological practitioners who are deliberately working to induce a state of regression in patients. Whilst it is not uncommon for patients to spontaneously experience a dissociative state whilst talking about particularly traumatic incidents, the therapists will be working to support the person towards integration of these states, and to become grounded in the 'here and now'. Also, as far as I am aware the practice of deliberately working to provoke a state of regression in mental health practice is not supported within NICE guidelines.

Appendix 2

Escalation items to the Council of Governors from the Governance Committee

Question 1: Governors seek assurance from the Non-Executive Directors on whether the Trust is participating in Derbyshire wide substance misuse delivery.

Response: Derbyshire Healthcare NHS Foundation Trust is commissioned by Public Health Derby and Derbyshire within the two local authorities (overseen nationally by Public Health England) to provide drug and alcohol treatment services in both Derby City in Derbyshire for residents of 18 years and over.

Derby Drug and Alcohol Recovery Service, commissioned by Derby City Council, is a partnership consisting of the Trust, Phoenix Futures and Aquarius, providing drug and alcohol treatment services to those who live in Derby City. The service offers a drop in referral system at our bases at St Andrews House and Victoria House at St Peters Churchyard, Derby City. Services users are seen for appointments at either base or at a range of community venues including probation and hostels.

Derbyshire Recovery Partnership (DRP) is commissioned by Derbyshire County Council and is a partnership consisting of DHCFT, Phoenix Futures, Derbyshire Alcohol Advice Service (DAAS) and intuitive Thinking Skills (ITS). The DRP provides drug and alcohol services to residents of Derbyshire (including Glossop). Referrals, including self and professional referrals, are made to via a single access telephone hub. The DRP operates via four main bases – Chesterfield, Swadlincote, Ripley and Ilkeston as well as providing a range of satellite clinics in the community including Buxton, Glossop and Clay Cross.

Both Derby City and Derbyshire offer a range of treatment interventions including substitute prescribing, psychosocial interventions, harm minimisation interventions (including a specialist needle exchange) and recovery based activities including referral into residential rehabilitation.

It was confirmed that the under 18's drug and alcohol treatment is provided by Breakout in Derby (run as part of the Trust's Children's Services) and by a non-NHS separate third sector organisation, Derbyshire T3.

Performance of substance misuse services is monitored at Public Health Derby and Derbyshire via commissioner led quarterly performance meetings. Performance data is provided by treatment services to National Drug Treatment Monitoring Service (NDTMS) which provides national comparative data and additionally the services are required to provide specific local data on a quarterly basis.

Quality assurance is managed through the Trust's governance systems including clinical reference groups, DATIX incident reporting system, serious incident group (SIG) and mandatory training requirements.

Numbers in treatment 2018-2019

Derbyshire Recovery Partnership

Substance Group	No. In Treatment
Alcohol Only	1291
Non-Opiate and Alcohol	243
Non-Opiate Only	289
Opiate	1865
Total Clients	3688

Derby Drug and Alcohol Recovery Service

Substance Group	No. In Treatment
Alcohol Only	619
No Substances	4
Non-Opiate and Alcohol	77
Non-Opiate Only	176
Opiate	1066
Total Clients	1942

Question 2: How is the Trust participating more widely in Joined Up Care Derbyshire, can Anne Wright explain the perspective of how the mental health work stream is engaging with other providers trusts?

Response: There are several Derbyshire organisations involved in the Mental Health Strategy Delivery Board (MHSDB). It is chaired by the Trust's Chief Executive, Ifti Majid and a Deputy Chair, Claire Wright the Trust's Deputy Chief Executive. There are both commissioners and providers involved. Public Health from both councils are involved both as commissioners of services but also active contributors in discussions about Assessment of the Needs of the population as well as working with others to ensure that we increase services that promote prevention (primary and secondary), early identification and intervention. Derbyshire Community Health Services NHS Foundation Trust and Primary Care together with Social Care and Housing are also very involved in both the discussions and in the projects that are being worked on. The Acute Trusts attend when topics to be discussed are of more relevance to them as they are involved in other Work stream meetings.

As well as working on some existing projects that form part of the overall plan, the Board looks outside of Derbyshire to identify good practice elsewhere such as Tameside and Glossop (part of Tameside and Glossop Integrated Care NHS Foundation Trust) and Lambeth (part of South London and Maudsley NHS Foundation Trust). The information is being used to help plan two pilot projects for Primary Care Wellbeing Systems.

An example of the new ways of working collaboratively is when the MHSDB was discussing how to make the best use of the new funds allocated to Mental Health Services at the beginning of the year. There was a very good discussion with effective challenge about the proposed use of the funds. Also, the projects are monitored for progress and reaching milestones and examining the expected outcomes are in process of being achieved.

Other projects include Suicide Prevention, Dementia and Delirium Services, Perinatal services, Improving Access to Psychological Therapies and Crisis Services. The Trust has agreed a joint Implementation Plan for Dementia Services and this includes not only the statutory organisations but also the charity sector, carers and the hospice service.

The Trust is also starting to work differently with the MHSDB acting as the interface with strategic commissioner for performance, investment and regulatory conversations rather than having bilateral meetings with each organisation and commissioner. This is a real step forward and was agreed due to the strength and partnership working of the group – it is envisaged that different ways of working may emerge.