

**MINUTES OF THE COUNCIL OF GOVERNORS MEETING
HELD ON TUESDAY 2 JULY 2019, 2.00 – 4.35 PM
CONFERENCE ROOMS A & B, RESEARCH & DEVELOPMENT CENTRE,
KINGSWAY HOSPITAL SITE, DERBY, DE22 3LZ**

PRESENT	Caroline Maley John Morrissey Karen Smith Rob Poole Martin Rose Lynda Langley Julie Lowe Moira Kerr Christine Williamson Christopher Williams Carol Sheriff Marie Varney Kelly Sims Jo Foster Al Munnien Roy Webb Angela Kerry Roger Kerry Gemma Stacey	Trust Chair and Chair of Council of Governors Public Governor, Amber Valley Public Governor, Amber Valley Public Governor, Bolsover & North East Derbyshire Public Governor, Bolsover & North East Derbyshire Public Governor, Chesterfield Public Governor, Derby City East Public Governor, Derby City West Public Governor, Derby City West Public Governor, Erewash Public Governor, High Peak & Derbyshire Dales Public Governor, High Peak & Derbyshire Dales Staff Governor, Admin & Allied Support Staff Staff Governor, Nursing Staff Governor, Nursing Appointed Governor, Derby City Council Appointed Governor, Derbyshire Mental Health Forum Appointed Governor, Derbyshire Voluntary Action Appointed Governor, University of Nottingham
IN ATTENDANCE	Ifti Majid Carolyn Green Claire Wright Margaret Gildea Geoff Lewins Julia Tabreham Anne Wright Richard Wright Justine Fitzjohn Denise Robson Leida Roome Lorraine Noak Andrew Beaumont Dave Waldron	Chief Executive Director of Nursing and Patient Experience Deputy Chief Executive & Director of Finance Non-Executive Director & Senior Independent Director Non-Executive Director Deputy Chair & Non-Executive Director Non-Executive Director Non-Executive Director Trust Secretary Assistant to Moira Kerr Personal Assistant – note taker Grant Thornton Auditors Trust Member Trust Member
APOLOGIES	Adrian Rimington Bob MacDonald Shirish Patel Kevin Richards Rosemary Farkas Tony Longbone April Saunders Farina Tahira Jim Perkins Wendy Wesson Gareth Harry Mark Powell Amanda Rawlings John Sykes Denise Baxendale	Public Governor, Chesterfield Public Governor, Derby City East Public Governor, Erewash Public Governor, South Derbyshire Public Governor, Surrounding Areas Staff Governor, Admin & Allied Support Staff Staff Governor, Allied Professions Staff Governor, Medical and Dental Appointed Governor, Derbyshire County Council Appointed Governor, University of Derby Director of Business Improvement and Transformation Chief Operating Officer Director of People Services and Organisational Effectiveness Medical Director Membership and Involvement Manager

ITEM	<u>ITEM</u>
DHCFT/GOV /2019/052	<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 asked governors to confirm attendance for future meetings. This would prevent having to contact governors to ensure that the meeting would be quorate.</p> <p>Apologies were noted as above. No declarations of interest were received.</p>
DHCFT/GOV /2019/053	<p><u>SUBMITTED QUESTIONS FROM MEMBERS OF THE PUBLIC</u></p> <p>One question relating to the long term effect of prescription drugs had been submitted by a member of the public. Caroline Maley noted that a comprehensive answer had been provided by the Trust's Chief Pharmacist. The member of the public, who was in attendance, confirmed they were very satisfied with the response. The meeting noted that the answer will be available with the Council of Governors' papers on the website or could be obtained from Denise Baxendale.</p> <p>ACTION: Response to be added to the website.</p> <p>RESOLVED: The Council of Governors noted the information provided in response to the question posed on prescription drugs would be posted on the website.</p>
DHCFT/GOV /2019/054	<p><u>MINUTES OF THE PREVIOUS MEETING</u></p> <p>The minutes of the previous meeting held on 7 May 2019 were accepted as a correct record with the following amendments:</p> <p>Item DHCFT/GOV/2019/041: Page 3: the word "Psychotherapy" in the paragraph about long term monies to be changed to "Psychiatric".</p> <p>Item DHCFT/GOV/2019/044: Page 6: in the last paragraph of this item re apprenticeships, the word "completed" to be changed to "completing".</p>
DHCFT/GOV /2019/055	<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 all completed actions.</p> <p>Matters arising:</p> <p>Item DHCFT/GOV/2019/041- page 3: second paragraph – in relation to the question by Roy Webb about a public engagement process being in place to avoid further animosity from the public. Ifti Majid, Chief Executive, responded that an Engagement Officer has been employed to engage with the public on system-wide issues.</p> <p>Item DHCFT/GOV/2019/041- page 3 – Moira Kerr reported that, unfortunately, she had been unable to attend the meeting at St Peters Church on 14 May.</p>
DHCFT/GOV /2019/056	<p><u>VERBAL UPDATE ON JOINED UP CARE DERBYSHIRE – INCLUDING THE IMPACT OF THE LONG TERM NHS PLAN</u></p> <p>Ifti Majid gave a verbal update on the latest activities within Joined Up Care Derbyshire (JUCD).</p> <p>A better understanding of the tiers in the system had now been arrived at and strategic planning for PLACE pathways and flow in Derbyshire was ongoing. The development of the new groups in Primary Care, i.e. the Primary Care Network</p>

(PCN), should be finished at the end of July.

Governors noted that an Independent Chair will be appointed for the JUCD and a recommendation had been sent to Simon Stevens, Chief Executive of NHS England.

Ifti Majid highlighted that the system continued to experience significant financial pressures; including on delivery of CIP (cost improvement) schemes. JUCD partners had been asked to sign up to a risk share agreement towards a system control total.

Additional funding of £1 million had been received. In response to a query from Rob Poole, Ifti confirmed that this was new money associated with the Long Term NHS Plan.

John Morrissey raised the point that due to all these changes the statutory body rules are now out of date and queried how the system governance would work in terms of holding to account.

Ifti Majid confirmed that the legislation needs to be changed but in the meantime the Trust would have to comply with its own governance but work within the system guidance issued by the Regulators. Roy Webb, in his Local Authority Commissioner role, offered his support in case intervention was required.

CARE QUALITY COMMISSION REPORT (CQC)

Although this item would be covered in detail later on the agenda, Ifti Majid mentioned that the recent CQC report into the acute inpatient wards was disappointing. He added that whilst the CQC had acknowledged that a significant amount of improvement had taken place, they still had concerns about some organisational wide issues, such as recruitment and training.

Trust colleagues have been empowered to make changes and the Trust was confident that further improvements will continue to happen and that the next report will be see improvements.

RESOLVED: The Council of Governors Noted the updates provided on the JUCD and the CQC Report.

**DHCFT/GOV
/2019/057**

REFRESH OF TRUST STRATEGY

Ifti Majid updated the Council of Governors on the changes that have been made to the Trust Strategy, which was also discussed and signed off in the Board meeting, which took place earlier in the day. Significant engagement with colleagues and groups across the Trust had been undertaken and positive feedback had been received.

The update achieves its two key aims:

- 1) To make sure that the Trust Strategy is relevant to addressing local/national challenges of the day
- 2) To be simpler and easily accessible to staff, who can relate the strategy to their areas of work.

The update also included clarification of the Trust's "people first" value and how this applies to colleagues.

Governors noted that the Trust Strategy now outlines refreshed strategic objectives, alongside a set of detailed building blocks setting out how these priorities are to be achieved.

Lynda Langley queried whether the refresh was relevant to all staff such as Estates and Administrative Staff as well as Clinical Staff and Ifti Majid confirmed that this is

	<p>the case.</p> <p>Rob Poole asked how the targets will be measured. In response Ifti Majid advised that Gareth Harry, Director Business Improvement and Transformation, will be procuring a Framework, which is based on SMART (Specific, Measurable, Achievable, Relevant and Timed) objectives. This Framework will be consulted on widely; Communications will roll this out via a planned cascade and individual teams will make their own links to this. It is also envisaged that an artist will design a plan on a page, with a provisional title of Stepping Stones. However, it was commented that the title of Stepping Stones might be confusing with the building blocks.</p> <p>Governors overall found the refreshed Trust Strategy simpler to use, the right way to move forward, memorable and positive that it can be linked to appraisals and performance.</p> <p>Moira Kerr queried whether “people first” also referred to service users, as she felt that these were not included. Ifti Majid responded that Trust colleagues are the focus in this refreshed strategy and that by focusing on looking after staff, supporting them, and empowering them, great care for service users can be delivered. There is research that underpins this approach, demonstrating that better outcomes for all, i.e. service users and colleagues, can be achieved. This view was also affirmed by Al Munnien, who works in Acute Services; he agreed that if the focus is on colleagues, they will be able to provide better care for service users.</p> <p>Moira Kerr stated that, in her opinion, not mentioning service users in the Trust values specifically was a key omission and added that negative comments had also been passed on to her by service users. Julie Lowe pointed out that the clinical ambition pages, which are in the strategy, strongly links to service users.</p> <p>Gemma Stacey queried the link to appraisals and felt that the stretch objectives in the strategy should not be set as objectives for colleagues as they have a different function. Ifti Majid stressed that the objectives covered 2019 – 2022 so it was important to have the longer term stretch targets; however, annual targets should be used for appraisals within the three core objectives.</p> <p>Angela Kerry stated that it was an aspirational journey that the Trust was undertaking, linked to the three key objectives, Great care, Great place to work and Best use of money.</p> <p>Caroline Maley summarised the rationale around Great place to work within the strategy but stressed that equally important are Great Care and Best use of money. The Council of Governors, with the exception of Moira Kerr, agreed to support the refreshed strategy.</p> <p>RESOLVED: The Council of Governors:</p> <ol style="list-style-type: none"> 1) Noted progress and changes following engagement on the Trust Strategy 2) Provided feedback on and agreed the updated Trust Strategy. <p><i>Moira Kerr and Denise Robson left the meeting at 15.05 hours.</i></p>
<p>DHCFT/GOV /2019/058</p>	<p><u>PRESENTATION OF THE ANNUAL REPORT AND ACCOUNTS 2018/2019</u></p> <p>Claire Wright, Deputy Chief Executive/Director of Finance, reminded the governors of their statutory role i.e. <i>Governors must be presented with the NHS Foundation Trust’s annual accounts, any report from the auditor on them and the annual report at a general meeting of the Council.</i></p> <p>Claire was pleased to announce that despite continuing pressures, both locally and nationally, the Trust met the control total of £2.3 million. As a result of this the Trust received additional Provider Sustainability Fund (PSF) income from NHS</p>

	<p>Improvement, which further increased the surplus to £3.8 million. Cost improvement savings of £4.5 million were also achieved. Over the past years the Trust had continued to build strong cash reserves, which is important for financial resilience against unexpected events requiring cash reserves. However, Claire added that this must be balanced with ensuring cash is appropriately utilised on capital programme requirements. A summary of the 2018/19 financial performance was included in the papers.</p> <p>The governors noted that it was a significant task to achieve the control total and the Trust was now focusing on more recurrent savings in the future rather than one-off savings, i.e. non-recurrent.</p> <p>Christopher Williams asked whether monies had been made available for defibrillators; Claire Wright asked for the specific details to be passed on to her.</p> <p>Rob Poole queried whether there would be any sanctions against the Trust if the reserves get too high; Claire Wright confirmed that this could be the case but it was unlikely that the reserves would be too high and that the minimum is to have cash reserves equivalent to one month's expenditure.</p> <p>Claire introduced Lorraine Noak of external auditors, Grant Thornton, who provided a summary of the Annual Audit letter for the Trust. It was noted that the audit was completed five days before the deadline, which was testament to the work of the Finance Team and other Trust staff who worked together to present the annual report and accounts and quality report. As requested by governors, an audit was undertaken in respect of patient outcomes. For the Quality Report mandated indicators were tested and one local indicator was reviewed.</p> <p>John Morrissey extended thanks to Lorraine Noak for the information given and for a good report. However, with a view to the collapse of Carillion, he sought assurance as to how the Council of Governors can know that the Trust will continue to be a going concern.</p> <p>In response Lorraine Noak advised on the scrutiny and safeguards that are in place. Caroline Maley also reminded all of the processes internal and external to ensure that that the Trust is operating effectively and as a going concern.</p> <p>RESOLVED: The Council of Governors</p> <ol style="list-style-type: none"> 1) Received the summary of the Annual Report and Accounts 2018/19, given by Claire Wright, as well as the Annual Audit Letter summary and the assurance from Lorraine Noak, Grant Thornton Auditors 2) Noted the Annual Report and the Accounts for 2018/2019 would be presented to governors at the Annual Members Meeting but copies would be circulated as soon as they had been laid before Parliament. <p><i>Lorraine Noak and Ifti Majid left the meeting at 15.35 hours.</i></p> <p><i>A refreshment break was taken at this point.</i></p> <p><i>Item 9 on the agenda was discussed after item 12 on the agenda.</i></p>
<p>DHCFT/GOV /2019/059</p>	<p><u>NON-EXECUTIVE DIRECTOR – DEEP DIVE – INCLUDING THE ANNUAL REPORT OF THE AUDIT AND RISK COMMITTEE</u></p> <p>Geoff Lewins provided some information on his background, he is a Chartered Accountant; he has been with the Trust for 18 months now and is Chair of the Audit and Risk Committee (ARC).</p> <p>Geoff confirmed that the ARC had delivered what was required under its terms of reference and confirmed that for 2018/19 it had been a good year for the Trust, bearing in mind the financial and operational pressures. A review of the Board Assurance Framework (BAF) had taken place as well as a number of Deep Dives</p>

on BAF risks. The Trust had engaged a new Freedom to Speak Up Guardian and ARC would be overseeing the process and the People and Culture Committee would be receiving the trends and learning. KPMG had been replaced with new internal auditors, 360 Assurance whilst Grant Thornton had been retained as external auditor. Further work had also been undertaken on the Electronic Patient Record. Geoff also reflected on his membership of the People and Culture Committee and the Finance and Performance Committee.

RESOLVED: The Council of Governors

- 1) Noted the information provided by the Non-Executive Director in the Deep Dive as well as a summary of the work undertaken by the Audit and Risk Committee in 2018/19.**

**DHCFT/GOV
/2019/060**

INTEGRATED PERFORMANCE REPORT SUMMARY

The Integrated Performance Report 2019/20 – Month 2, was presented to the Council of Governors. The focus of the report was on workforce, finance, operational delivery and quality performance.

Caroline Maley added that it was pleasing to see that the Trust continues to perform favourably against many of its key indicators, with maintenance or improvement ongoing across many of the services. A number of challenging areas where performance is persistently low remain and the Trust remains focused on these.

Finance and Performance Committee

Richard Wright, Chair of the Finance and Performance Committee, added that Agency spend is now better under control but there is increasing demand in many areas, which leads to increased waiting times but work was ongoing to look at this.

He was pleased to note that after two months into the new financial year the Trust is still on schedule to meet its control total. A special meeting of the Finance and Performance Committee is due to take place after the first full quarter where additional spending requirements will also be discussed. To achieve the Cost Improvement Programme (CIP) this year will be difficult and Richard advised that the focus will be on recurrent versus non-recurrent savings.

People and Culture Committee

Margaret Gildea, Chair of the People and Culture Committee, advised that annual appraisals as well as sickness and absence are still the main points of concerns. Acute care has pressures in recruitment. She was pleased to note that the NHS People Plan, which was recently published, is very much in line with the Trust's own plan. Amanda Rawlings has offered to be part of the national work stream.

Safeguarding and Mental Health Act Committee

Anne Wright, Chair of the Safeguarding Committee and Mental Health Act Committee, offered some brief comments, as she will be undertaking a full Deep Dive at the next meeting. She specifically mentioned the Associate Hospital Managers; the Trust has engaged seven new Managers, which now brings us to a total of 12 Managers. Appraisals have been undertaken with three Managers, who have all been offered a three year contract. The Mental Health Act review will be discussed at the next meeting.

Quality Committee

Julia Tabreham, Chair of the Quality Committee, reported that the Committee was focusing on acute services at the moment. She added that the quality of reporting to the Committee has been improved. To avoid "spuddling", data will be presented in a new format at the next Quality Committee meeting and then cascaded out.

	<p>Roy Webb asked about the waiting times for CAMHS, i.e. are waiting times for now longer or are we awaiting the CCG review?</p> <p>Carolyn Green noted that the CAMHS service continues to be delivered in its current form, pending the CCG review. The Safeguarding Board remains assured with the data that the Trust has provided. Governors noted that access to CAMHS was actually better but the service is seeing more people and there is more demand. On-line psychological access is to be improved and a different service model is due to come on line.</p> <p>In response to a query from Angela Kerry on the rates of non-attenders at the outpatients departments, Richard Wright advised that patients, who receive a text message, are actually attending less. However, the Trust continues to try different ways of contacting patients in order to reduce the non-attendance figures.</p> <p>RESOLVED: The Council of Governors</p> <ol style="list-style-type: none"> 1) Noted the information contained in the Integrated Performance Report – Month 2 2) Agreed that the Non-Executive Directors have held the Executive Directors to account through their role.
<p>DHCFT/GOV /2019/061</p>	<p><u>SOUTH LIAISON TEAM – PRESENTATION</u></p> <p>Lesley Fitzpatrick and Fiona White from the Liaison Team Service attended the meeting for this item. Governors had asked for information in order to gain a better understanding on how this service works.</p> <p>A summary was tabled including:</p> <ul style="list-style-type: none"> • The Liaison Service was commissioned in 2013 and is based on the Rapid Assessment and Discharge model. The mental health liaison team provides diagnosis, support and information to people who are in a general hospital (in accident and emergency or as an inpatient) and experiencing problems with their mental health. The team aims to reduce mental health distress as quickly as possible, so provides a rapid assessment. • The number of people identified as having a psychological need possibly alongside a physical health condition admitted to the Royal Derby Hospital (not the Emergency Department) in the last year is just under 17,000. • The team covers the whole hospital and receive referrals from all wards. • The team provide a specialist service for all 18+ mental health problems and drug/alcohol issues. The response time to the Emergency Department is one hour. • The Team also provides training and information to staff at the Royal Derby Hospital. • Average patient contacts per month 2018/19: 563 • Average over the last three years, per year – 6582 contacts • A bid has been put into NHS England to increase the staffing capacity within the Liaison Team in order to become Core 24 compliant, meeting the requirements for the number of beds at the Royal Derby Hospital. <p>It was noted that there is also a Liaison Team operating from the Hartington Unit, Chesterfield, which works on the same model and not all hospitals in the UK have access to Liaison Teams.</p> <p>Following a governor question from a previous meeting, it was noted that not all patients who are referred to the Liaison Team are seen as sometimes Liaison Team staff provide information to Royal Derby staff remotely and do not need to see the patient face to face. For example, some patients constantly call for ambulances or already have a drug/alcohol care plan that is followed and therefore the team does not need to intervene as there is a pre-agreed process to follow.</p>

It was noted that the Liaison Team works with the Joint Engagement Team, which consists of a nurse and a police officer, who offer daily positive contact with patients, who in the past, have been habitual attendees at Accident and Emergency to avoid them presenting there unnecessarily.

Rob Poole asked whether there is a transition plan for young people of 17/18 years into Adult Services. Carolyn Green confirmed that a six month plan through CAMHS services is available for all under 18's.

In response to a query from Roy Webb, Carolyn Green confirmed that the figures for schools were based on national figures on the Joined Strategy Lead assessments.

Roger Kerry queried whether work is also undertaken for Learning Disability and Autism Service Users. Carolyn Green confirmed that this is the case and a Learning Disability Specialist is included in the bid to NHS England.

Gemma Stacey asked whether the upskilling of Royal Derby staff has made a difference. Lesley Fitzpatrick confirmed that regular training is undertaken and positive feedback has been received and the quality of the questions posed had improved. The Liaison Team was chosen as part of the winning Team of the Year in the Royal Derby Hospital in 2016.

Fiona White advised the meeting that the Team had links to:

- The Mental Health Triage Unit, who work within the main Police Control Room
- Crisis Team
- East Midlands Ambulance Team
- Joint Engagement Team
- Mental Health Crisis Line – they are developing a 24 hour service, which is an alternative to Accident and Emergency

RESOLVED: The Council of Governors

- 1) **Noted the information provided in the paper on the Liaison Team service and**
- 2) **Received assurance about this service, thanking Lesley and Fiona for their attendance.**

**DHCFT/GOV
2019/062**

REPORT FROM THE GOVERNORS NOMINATIONS AND REMUNERATION COMMITTEE AND COUNCIL OF GOVERNORS APPROVALS

This item was number 6 on the agenda but was moved to this slot in the meeting in order to allow the presentation of the Liaison Team.

At this point in the meeting the governors noted the interests of Julia Tabreham, Margaret Gildea and Richard Wright regarding their proposed re-appointments but the Council of Governors confirmed that they were happy for these Non-Executive Directors to stay for the duration of the item.

In relation to the revised Terms of Reference, governors noted that a working group had been set up to review them and the revised Terms of Reference were presented to the Council of Governors for approval.

The main changes related to the membership (composition) and quoracy. The proposal was for an additional Public Governor and it was suggested that this was allocated to Lynda Langley, who will be the Lead Governor as from September 2019 and John Morrissey would stay on the Committee. Kelly Sims and Roy Webb were proposed as the nominated stand in Governors for the Committee.

Caroline Maley mentioned that work was ongoing to align Board Committees to the new strategy and that an additional Non-Executive Director was needed to support the increased work around JUCD, high level projects and additional Board

	<p>Committee commitments.</p> <p>Kelly Sims asked whether candidates from the NeXT Director Scheme could be considered for this post. It was noted that Suzanne Overton-Edwards will be invited to apply for this post, as her placement has now ended. Perminder Heer would be coming into post as the new placement with the Trust from the NeXT Director Scheme.</p> <p>The proposal for the new Non-Executive Director would be referred to the Governors' Nominations and Remuneration Committee and then on to the Council of Governors and it was hoped to move at pace.</p> <p>Caroline Maley advised that Julia Tabreham will be leaving her post as Deputy Chair and therefore there is a vacancy for a Deputy Chair. This would come back to the Council of Governors in due course.</p> <p>RESOLVED: The Council of Governors</p> <ol style="list-style-type: none"> 1) Received an update on the work undertaken by the Committee 2) Approved the Non-Executive Director appointments for Margaret Gildea, Julia Tabreham and Richard Wright for a second three year term 3) Approved the revised Terms of Reference and the required changes to the Trust Constitution, as outlined in Appendix 1 and 3 of the report.
<p>DHCFT/GOV 2019/063</p>	<p><u>ANNUAL MEMBERS' MEETING – UPDATE</u></p> <p>Roger Kerry updated the meeting on the progress of the Annual Members' Meeting (AMM) preparations. A writing competition has been advertised, prizes were being determined and a bestselling author has accepted the Trust's invitation to be on the judging panel.</p> <p>Roger asked for thanks to be recorded to Denise Baxendale for all of her work involved in the AMM preparations.</p> <p>All were asked to note that this event will take place in the evening of 11 September and attendance is encouraged from all governors.</p> <p>RESOLVED: The Council of Governors</p> <ol style="list-style-type: none"> 1) Noted the progress made on the preparations for the Annual Members' meeting 2) Noted the date of the 11 September for diaries.
<p>DHCFT/GOV /2019/064</p>	<p><u>GOVERNANCE COMMITTEE REPORT</u></p> <p>The Council of Governors received the report from the Governance Committee.</p> <p>Of note were the following items:</p> <ul style="list-style-type: none"> • Membership and Engagement – governors were encouraged to complete the governor engagement template • Governor elections – two public governors' terms of office end on 30 September and therefore elections will be held in Derby City West and Erewash – nominations run from 12 July and close on 9 August. Three Public Governors' terms of office end on 31 January 2020; elections will be held in Amber Valley, Derby City West and South Derbyshire. • Lynda Langley has been appointed as Lead Governor – thanks were extended to John Morrissey who will be standing down as Lead Governor in September, when Lynda Langley will take up the post. <p>RESOLVED: The Council of Governors</p> <ol style="list-style-type: none"> 1) Noted the information contained in the report of the Governance Committee 2) Ratified the appointment of Lynda Langley as Lead Governor.

DHCFT/GOV /2019/065	<p><u>ANY OTHER BUSINESS</u></p> <p>The following was raised:</p> <ul style="list-style-type: none"> • Summer Fayre League of Friends – this will take place at the Kingsway Hospital Site on Saturday 6 July, starting at 13.00 hours. Governors are encouraged to attend if possible. • Roy Webb offered apologies for the Annual Members’ meeting on the 11 September. • Roy Webb reported that he had attended a meeting at Derby University where civic partners and groups were present. He has discussed getting a Mental Health Forum together with Ifti Majid in order to ensure that all are aware of the groups and to aid services to be delivered throughout the County. Angela Kerry felt that the forum was a splendid idea and drew attention to an event, organised by First Steps, for Eating Disorders on the 4 September. It was agreed that Angela, Roy Webb and Roger Kerry would discuss further outside the meeting. <p>Action: Ideas around a County Mental Health Forum to be discussed further outside the meeting.</p> <ul style="list-style-type: none"> • Gemma Stacey advised that she will be rotating out of the role as Appointed Governor in November 2019; David Charnock will be her successor and would like to start to attend meetings to shadow whilst Gemma is still in post. The Council of Governors agreed to this suggestion. <p>Action: David Charnock to be added to the invites and signature listing.</p> <ul style="list-style-type: none"> • Justine Fitzjohn asked for volunteers to attend the focus groups for the clinical Non-Executive Director on the 8 August 2019.
DHCFT/GOV /2019/066	<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 slipped during the meeting but was back on time - response to incident during the meeting was dealt with in line with the Code of Conduct behaviours.
DHCFT/GOV /2019/067	<p><u>CLOSE OF MEETING</u></p> <p>Caroline Maley thanked all those present for their input and attendance and closed the meeting at 16.40 hours.</p>

Questions from members to Council of Governors – 2 July 2019

Question 1:

"How do prescription drugs work in the long term? Whether for mental or physical health (say, 5 mg, Amlodipine daily), surely the patient develops a tolerance, like the alcoholic needing ever more gin to achieve the same 'hit'? And if the doctor resorts to ever higher dosage levels - does this not affect the liver?"

(Andrew Beaumont, Trust Member, Erewash)

Response from Stephen Jones, Chief Pharmacist

This is a really good question and shows how important it is for healthcare professionals to discuss medicines with patients, including how they work and how this might change over time. Open discussion helps the patient to make informed choices about how their symptoms should be treated to achieve the best possible outcome. All medicines can be helpful or problematic and the experience of different patients taking the same medicine for the same reason can be very different.

The good news is that most medicines we use do not “wear off” over time and will continue to work effectively. This does not mean that there won’t be changes in the person’s body or illness that will require a change in medicine or dose. An illness can progress so we might need more medication. We become more sensitive to side effects as we age or if we develop other illnesses, meaning we need less medication. It can be a delicate balancing act to get the best, and safest results, which requires effective and honest two-way communication between the person and their healthcare professionals.

There are a small number of medicines where there can be problems with diminishing effectiveness over time. Our awareness of these problems has improved hugely in recent years and prescribing guidelines have evolved to support patients and prescribers to avoid the pitfalls of the past. Medicines of these types are now only used for short-term treatment and this avoids the problem of doses creeping up-and-up until we can go no further. Sometimes this does require frank conversations with patients who want to continue with a particular treatment when our professional opinion is that this will do more harm than good.

There are also a few medicines that some patients find it hard to stop taking because their body has become used to the medicine being there. Again this is something that we now understand much better than in the past and that we continue to learn about. This has recently been highlighted in the media as an issue for some people who take antidepressant medicines. In these cases the medicine’s dose can be slowly and gradually reduced over a period of weeks or months.

Medicines of any type cannot be prescribed at any dose the prescriber or the patient wishes. One of the values of separating prescribing of medicines from their dispensing and supply is that multiple professionals are involved and can work together with the patient to ensure safe and effective treatment. Our trust has a dedicated team of specialist mental health pharmacists, pharmacy technicians and support staff who support other

healthcare professions within the Trust and across Derbyshire to use medicines in the most effective and safe way to help people maintain good mental health.

As part of the recent changes to the Trust's website we now have a page dedicated to advising people who would like to understand more about medicines for mental health and how they are used. This can be found at:

<https://www.derbyshirehealthcareft.nhs.uk/getting-help/understanding-your-medication>.

We are very interested in any feedback provided by users of the page so we can continue to develop and improve it.