

**MINUTES OF COUNCIL OF GOVERNORS MEETING  
HELD ON TUESDAY 3 NOVEMBER 2020, FROM 14.00-16.30 HOURS  
MEETING HELD DIGITALLY VIA MICROSOFT TEAMS**

**THE MEETING WAS ALSO BROADCAST TO THE PUBIC VIA MS TEAMS LIVE EVENT**

<b>PRESENT</b>	Caroline Maley Valerie Broom Susan Ryan Rob Poole Lynda Langley Julie Lowe Carole Riley Stuart Mourton Orla Smith Andrew Beaumont Christopher Williams Julie Boardman Rosemary Farkas Marie Hickman Kel Sims Jodie Cook David Charnock Cllr Jim Perkins Cllr Roy Webb	Trust Chair and Chair of Council of Governors Public Governor, Amber Valley Public Governor, Amber Valley Public Governor, Bolsover and North East Derbyshire Public Governor, Chesterfield and Lead Governor Public Governor, Derby City East Public Governor, Derby City East Public Governor, Derby City West Public Governor, Derby City West Public Governor, Erewash Public Governor, Erewash Public Governor, High Peak and Derbyshire Dales Public Governor, Surrounding Areas Staff Governor, Admin and Allied Support Staff Staff Governor, Admin and Allied Support Staff Appointed Governor, Derbyshire Mental Health Forum Appointed Governor, University of Nottingham Appointed Governor, Derbyshire County Council Appointed Governor, Derby City Council
<b>IN ATTENDANCE</b>	Margaret Gildea Ashiedu Joel Geoff Lewins Sheila Newport Julia Tabreham Richard Wright Ifti Majid Justine Fitzjohn Carolyn Green Jaki Lowe Denise Baxendale	Non-Executive Director and Senior Independent Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Chief Executive Trust Secretary Director of Nursing and Patient and Learning Experience Director of People and Inclusion Membership and Involvement Manager
<b>APOLOGIES</b>	Rachel Bounds Jo Foster Al Munnien Kevin Richards Carol Sherriff Farina Tahira	Appointed Governor, Derbyshire Voluntary Association Staff Governor, Nursing Staff Governor, Nursing Public Governor, South Derbyshire Public Governor, High Peak and Derbyshire Dales Staff Governor, Medical

<b>ITEM</b>	<b><u>ITEM</u></b>
<b>DHCFT/GOV /2020/016</b>	<p><b><u>WELCOME, INTRODUCTIONS, CHAIR’S OPENING REMARKS, APOLOGIES FOR ABSENCE &amp; DECLARATION OF INTERESTS</u></b></p> <p>Caroline Maley welcomed all to the meeting. She reminded everyone that the meeting was being streamed for public viewing. Caroline also referred to the Public Trust Board held in the morning and apologised for the technical difficulties which meant that governors could not access the meeting. Caroline gave a warm welcome to Jaki Lowe, Director of People and Inclusion, who was attending the Council of Governors for the first time.</p>

	The apologies were noted. Caroline Maley declared an interest in item 'Report from Governors' Nominations and Remuneration Committee held on 21 October 2021' in which the Trust Chair's appraisal is mentioned.
<b>DHCFT/GOV /2020/017</b>	<p><b><u>SUBMITTED QUESTIONS FROM MEMBERS OF THE PUBLIC</u></b></p> <p>No questions from members of the public had been received.</p>
<b>DHCFT/GOV /2020/018</b>	<p><b><u>MINUTES OF THE COUNCIL OF GOVERNORS' MEETING ON THE 1 SEPTEMBER 2020</u></b></p> <p>The minutes of the meeting held on 1 September 2020 were accepted as a correct record.</p>
<b>DHCFT/GOV /2020/019</b>	<p><b><u>MATTERS ARISING AND ACTIONS MATRIX</u></b></p> <p>All completed 'green' actions were scrutinised to ensure that they were fully completed. The Council of Governors agreed to close completed actions. Comments were made as follows:</p> <p><b><i>Item DHCFT/2020/024 – staff survey results</i></b> – the Chair has discussed this action with Jaki Lowe. The action relates to the last survey and as the new staff survey has been launched it was agreed to close this item. Jaki will arrange to meet staff governors when the results are published in the spring.</p> <p><b>RESOLVED: The Council of Governors noted the completed actions and comments on the Action Matrix.</b></p>
<b>DHCFT/GOV /2020/020</b>	<p><b><u>CHIEF EXECUTIVE UPDATE</u></b></p> <p>Ifti Majid provided the meeting with an update on the current situation regarding the COVID-19 pandemic which included:</p> <ul style="list-style-type: none"> <li>• The world-wide, national and local figures</li> <li>• Infection is rising in the UK and across the globe</li> <li>• Since March the experts are learning more about the virus including average disease deaths per day worldwide; incubation period; and how contagious and deadly the virus is, which shows how easy it is to catch and the fatality rate. The UK has recently surpassed a million cases and this figure is rising steeply.</li> <li>• From last week the highest density significant cases are expanding in areas including Scotland, West Midlands, London and the South West with rates increasing across country.</li> <li>• The number of people admitted into hospital is not at the levels experienced at the end of March and during April. However admissions are increasing and the most vulnerable of society are being admitted; sadly there is a correlation with vulnerable people and the death rate.</li> <li>• The R number across the Midlands is above 1; therefore the virus is a positive growth rate and has doubled. 217 per 100,000 population across the Midlands have the virus.</li> <li>• The number of positive COVID-19 patients in Derbyshire beds has doubled in a week (from 76 to 42).</li> <li>• As of yesterday the Trust has four confirmed cases. This is the biggest number that Trust has had and all four patients have been isolated to be swabbed. Outbreaks are managed by the Trust in a robust way. All patients admitted are deemed positive until they have had the test. Ifti explained that the Trust has a formal outbreak where one person has the virus and one person is linked to this person who is suspected of having symptoms. The Trust has a number of these outbreaks a number of which are involving more people. This is to be expected as patients are being admitted from the community. There is evidence across the Midlands from the outbreak management team that more staff than patients are contracting the virus, despite abiding by the robust infection, prevention and</li> </ul>

control measures. Ifti assured the meeting that the outbreaks within the Trust are not increasing beyond our control.

- The number of staff with COVID-19 related absence has doubled since last week equating to 2½% of the workforce which compares favourably to other Trusts.
- The Trust's workforce is exhausted due to working in an environment which is hitherto unheard of. There is a positive desire of people in the Trust to help support service users, each other and services. Ifti referred to COVID-19 fatigue and the Trust is developing ways of supporting staff. Capacity to meet demand is difficult as the Trust still has to change the estate, roll out the new electronic records system and implement the NHS Long Term Plan.
- The Trust is aware of what is happening in the wider community and is in the process of responding to the current crisis including:
  - essential services have been identified
  - looking at staff capacity i.e. redeployment/pool and ensure people discharged early with support in the community.
  - ensuring that colleagues who are deemed 'extremely clinically vulnerable' are working from home
  - ensuring that risk factors (i.e. ethnicity) are identified
  - wellbeing offers to support colleagues are being developed.
- A lot of work has been carried on learning lessons from wave one of the pandemic.

It was noted that the figures shared in the report can be downloaded from the Government's website [www.gov.uk](http://www.gov.uk).

Rob Poole, governor, conveyed his appreciation to Ifti for his update and his human touch.

Valerie Broom, governor, referred to the increase in demand for adult and childrens' mental health services during the pandemic and asked how the Trust will manage this increase. Ifti explained that if services process and accept referrals at the same rate as usual, then service users will not be able to be discharged because the capacity within the community services will not be able to support them and beds will not be released. Clinical experts, led by Dr John Sykes, Medical Director, are trying to understand what can be put in place between these two levels so people can be discharged when it is safe to do so and not increasing waiting lists in community. The Trust may need to elongate waiting times from one to two months and screen referrals so that there is the capacity to discharge patients. It was noted that funding from NHS Charities is being used to support people in the community.

David Charnock, governor, commented on the complexity of the situation; and referred to the resilience of staff and asked what support staff are receiving. Ifti explained that the Trust is supporting staff by encouraging one-to-one supervision, coaching, team meetings, team supervision to give clinical resilience to support people in frontline work; and keeping staff informed. It was noted that staff receive a lot of communication on the current situation from Ifti Majid and Mark Powell, Chief Operation Officer e.g. emails, podcasts and engagement sessions.

Jaki Lowe also explained that the Trust has a people first approach which has been at the centre of the COVID-19 response. Putting people first is also being embedded in policies, process and communications. A staff side representative sits on the Incident Management Team so staff have a voice in decision making; this is being extended to include BME colleagues and those with disabilities and long term conditions. The Trust is keen to ensure people are aware they are valued. Wellbeing offers are being put in place to support staff through the winter months including hints and tips to help with resilience, motivation and wellbeing.

Following on from this Kel Sims, governor, commented that the people first message is apparent in how the Trust is supporting its workforce and conveyed her

	<p>appreciation for the stance taken. She added that staff feel cared for and valued and it is evident that the Incident Management Team are making decisions with people in mind. Future improvements to build on physical and social wellbeing will be welcomed.</p> <p><b>RESOLVED: The Council of Governors noted the helpful information and explanations provided by Ifti Majid.</b></p>
<p><b>DHCFT/GOV /2020/021</b></p>	<p><b><u>GOVERNORS ANNUAL EFFECTIVENESS SURVEY</u></b></p> <p>Denise Baxendale, Membership and Involvement Manger, presented the results of the fifth 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 8 October 2020.</p> <p>A total of 24 governors responded; this equated to 92.30 % (the current complement of governors at the time of the survey was 26). Denise was pleased to note that the response rate is significantly high.</p> <p>A number of proposed actions in order to continue to enhance the effectiveness of the Council of Governors were listed in the paper. Denise confirmed that the actions include a task and finish group which has been established to review the responses; identify any areas for future governor training and development; discuss any issues raised; and to review the questions for next year.</p> <p>Governors are reminded that if there are any issues or concerns, that these can be discussed with Caroline Maley, Trust Chair; Lynda Langley, Lead Governor; Justine Fitzjohn, Trust Secretary; or Denise Baxendale, Membership and Involvement Manager to allow these to be addressed.</p> <p>Denise Baxendale requested the Council of Governors to note the content of the presented report as a positive assessment by governors of their effectiveness.</p> <p>The Trust Chair thanked all governors who completed the survey and expressed her appreciation to Denise. She also looked forward to receiving at update from the task and finish group.</p> <p><i>(Stuart Mourton left the meeting at 3pm.)</i></p> <p><b>RESOLVED: The Council of Governors:</b></p> <ol style="list-style-type: none"> <li><b>1) Noted the outcome of the Council of Governors annual effectiveness survey 2020</b></li> <li><b>2) Agreed that the survey should be repeated in September 2021</b></li> <li><b>3) Noted the proposed additional actions developed in response to the survey feedback to further enhance the effectiveness of the Council of Governors.</b></li> </ol>
<p><b>DHCFT/GOV /2020/022</b></p>	<p><b><u>REPORT FROM GOVERNORS' NOMINATIONS AND REMUNERATION COMMITTEE HELD ON 21 OCTOBER 2020</u></b></p> <p>The Trust Chair declared an interest in this item as it includes proposals to revise the Trust Chair appraisal process. Therefore Margaret Gildea, Non-Executive Director and Senior Independent Director presented the report and went through the key points in the paper which outlined revisions to the Trust Chair/NED appraisal process in light of the NHS Improvement (NHSI) guidance.</p> <p>The Trust Chair conveyed her appreciation to Justine Fitzjohn, Lynda Langley and Margaret for their involvement in this important work.</p> <p><b>RESOLVED: The Council of Governors:</b></p> <ol style="list-style-type: none"> <li><b>1) Approved the revised appraisal process for the Trust Chair and NEDs as set out in the report.</b></li> </ol>
<p><b>DHCFT/GOV /2020/023</b></p>	<p><b><u>NON-EXECUTIVE DIRECTORS (NED) DEEP DIVE</u></b></p>

Sheila Newport, clinical NED and Chair of the Mental Health Act Committee presented the Deep Dive to governors.

Sheila gave an overview of her role within the Trust which includes:

- Chairing the Mental Health Act Committee
- Holding a lead role for both Safeguarding and Learning from Deaths
- Being a member of the Quality and Safeguarding Committee, the Audit and Risk Committee and the Remuneration Committee
- Representing the NEDs (within the wider Derbyshire System) on the Joint Mental Health, Learning Disability and Autism Delivery Board.

Sheila explained that she joined the Trust in January and due to the COVID-19 pandemic and the national requirement to socially distance, she has been unable to meet with clinicians and operational staff. She also outlined the importance of the Mental Health Act Committee; its main purpose being to obtain assurance that the safeguards and provisions of the Mental Health Act are appropriately applied, taking account of the provisions of related statute and guidance such as Mental Capacity Act, Deprivation of Liberty Safeguards and the Human Rights Act.

Andrew Beaumont, governor, asked if the Mental Health Act has changed and evolved over the last 50 year. Sheila explained that the Mental Health Act was updated in 1983 and there are plans to amend and make considerable changes to it; this also applies to the Mental Capacity Act.

Christopher Williams, governor, asked when Trust Quality Visits will be able to be re-introduced to ensure that things are progressing. Caroline Maley explained that Quality Visits are unable to take place during the pandemic due to the national requirement for social distancing.

Lynda Langley, governor, asked if the increase in Sections 135 and 136 detentions were increasing on a local or national level. Sheila explained that she did not have the national figures but there had been an increase in people experiencing mental health issues during the pandemic. Ifti Majid explained that prior to the pandemic the local figures had decreased when the Trust was able to implement street triage which involved mental health practitioners and the police. The Trust's new mental health support line has had an impact on helping people but Sections 136 detentions have increased.

**RESOLVED: The Council of Governors received the Deep Dive.**

**DHCFT/GOV  
/2020/024**

### **SUMMARY OF INTEGRATED PERFORMANCE REPORT**

The Integrated Performance Report (IPR) was presented to the Council of Governors by the Non-Executive Directors (NEDs). The focus of the report was on workforce, finance, operational delivery and quality performance.

Ashiedu Joel, NED Inclusion lead gave an overview of the discussions from the Trust Public Board that had taken place that morning which included:

- An update on the employment specialists who have successfully placed 12 service users in employment.
- Reference to the People Strategy and the need for inclusion not to be tokenistic.
- Impact of the COVID-19 pandemic on the workforce; as of yesterday 65 staff were absent from work due to the virus and COVID-19 related issues.
- Compared to last year uptake for the Flu vaccine has increased with 800 staff so far vaccinated.
- Consultation around professional opportunities for BME staff, the results of which will be fed back to the Trust Board.
- Ongoing investment for welfare of staff and retention and recruitment of staff.
- Plans to restore services pre-COVID-19 whilst responding to the pandemic.

Richard Wright as Chair of the Finance and Performance Committee updated the meeting on the following:

- The first six months the Trust showed a break even balance which was due to a £2 million pound top up received from the government.
- The Trust was required to submit a forecast; and as Chair of the Joined Up Care Derbyshire (JUCD) Finance Group Richard explained that it will be the first time where the Derbyshire System should achieve a break even position.
- The Trust has submitted numbers which show a slight deficit, this is changing rapidly due to the pandemic.
- The Trust has submitted applications for large amounts of money to rebuild the acute units in Derby and Chesterfield. It was noted that ligature points etc. will not be built into the design.
- Ongoing debate on how the Trust can tackle conflicts (e.g. acute and discharging service users).

Margaret Gildea as Chair of the Quality Committee referred to:

- Wait times which have increased due to the Trust being in response mode to the pandemic.
- Autistic spectrum disorder wait times can be up to 2½ years with the current funding. Inroads cannot be made until 2023 unless additional funding is made available.

Julia Tabreham as Chair of People and Culture Committee and NED Lead for Freedom to Speak Up (FTSU) referred to:

- Staff sickness is now increasing as the county goes into the second wave of the pandemic.
- The Trust is looking at improving supervision and appraisal levels and focusing on compulsory training but is aware that capacity of staff is stretched.
- Working with Tam Howard, FTSU Guardian to revise the FTSU report which is presented to Trust Board to enable the Trust to focus on key areas of improvement i.e. workforce and disability.
- The People and Culture Committee are discussing the development of a new dashboard and framework to better hear the voice of service users and carers and focus on key areas for improvement i.e. quality standards.
- Key indicators will be chosen to drive improvements through i.e. freedom to speak up experience and exit interview data.

Geoff Lewins, as Chair of the Audit and Risk Committee had given a deep dive on the work of the Committee at the previous meeting and explained that he had nothing further to add from the issues already highlighted.

Kel Sims referred to the increase in Flu vaccinations compared to this time last year and asked how the Trust will be targeting staff working from home and those that are clinically vulnerable. She asked if the Trust is assured that a robust process is in place for these two very different groups of staff. Jaki Lowe explained that she is looking into this and plans are ongoing. She also explained that staff can request their preferred place for vaccination along with a choice to attend a clinic or pop up clinic. The Trust is currently looking into how it can help staff who have difficulties attending a clinic.

**RESOLVED: The Council of Governors**

- 1) **Noted the information provided in the IPR**
- 2) **Agreed that the NEDs have held the Executive Directors to account.**

DHCFT/GOV  
/2020/025

**ESCALATION ITEMS TO THE COUNCIL OF GOVERNORS FROM THE GOVERNANCE COMMITTEE**

Two items of escalation were received from the Governance Committee, which was held on 10 October 2020:

Question 1:

How are Non-Executive Directors assured that the Trust:

- a. Monitors:
  - i. the number of service users who return for treatment,
  - ii. the frequency of returning; and
- b. then puts in place actions to provide permanent resolutions for service users?

Question 2:

How are Non-Executive Directors assured that staff feedback from exit interviews is addressed properly and that there are effective processes in place to ensure that it is used to address any issues raised and to make improvements in working environments and service provision?

We request that an example of how this has been undertaken practically is included in the response which will help provide assurance that the processes are effective.

The answers, attached as Appendix 1 to these minutes, were read out at the meeting and governors were satisfied with the responses.

With reference to question one the numbers of service users returning to services, Roy Webb referred to a model used by Derby City Council that can offer support to frequent service users giving them guidance and support to keep them out of services and wondered if this model could be used by the Trust. Caroline Maley explained that the model used by Derby City Council is not replicable with the Trust and due to the nature of service users' illness (i.e. mental health issues) it is very difficult to eradicate.

With reference to question two regarding staff exit interviews Jaki Lowe explained that the Trust is looking at building staff feedback from exit interviews into a dashboard for reporting to the People and Culture Committee so other staff can benefit from the feedback and lessons are learnt. Caroline Maley explained that the People and Culture Committee are looking at doing a Deep Dive on exit interviews.

**DHCFT/GOV  
/2020/026**

**GOVERNANCE COMMITTEE REPORT**

The Council of Governors received the report from the Governance Committee meeting which took place on 8 October 2020. Julie Lowe, Deputy Chair of the Committee referred to the following:

- The meeting was attended by 80% of the Council of Governors
- Three task and finish groups are in the process of being established focusing on the results of this year's Governors Effectiveness Survey; next year's Annual Members' Meeting and governor engagement.

Richard Wright, Deputy Trust Chair attended the meeting on behalf of the Trust Chair and commented that it had been a really positive meeting, and the enthusiasm and commitment from governors was evident.

Kel Sims, Chair of the Committee conveyed her appreciation to Julie Lowe who had chaired the meeting due her re-deployment.

*(Ashiedu Joel and Jaki Lowe left the meeting.)*

Caroline Maley conveyed her appreciation to Richard Wright for representing her at the meeting. Caroline referred to the Governor Engagement Task and Finish group and requested that at least one governor from each constituency join the group.

**RESOLVED: The Council of Governors**

- 1) Noted the information provided in the Governance Committee Report**

<p><b>DHCFT/GOV /2020/027</b></p>	<p><b><u>ANY OTHER BUSINESS</u></b></p> <p><b>Governors informal sessions</b>  Caroline Maley referred to the informal coffee and chat sessions organised by Lynda Langley and Julie Lowe to help governors missing social contact with each other. She is keen to encourage this and explained that the meeting today was opened up half an hour beforehand for social interactions and encouraged governors to speak to their peers. Governors who had attended the informal sessions had found them beneficial and would like them to continue.</p> <p><b>Recognition to staff</b>  Caroline Maley expressed her appreciation to Denise Baxendale for her work in supporting governors.</p> <p>Governors requested that their appreciation to staff working during the pandemic is noted.</p>
<p><b>DHCFT/GOV /2020/028</b></p>	<p><b><u>REVIEW OF THE MEETING EFFECTIVENESS AND FOLLOWING THE PRINCIPLES OF THE CODE OF CONDUCT</u></b></p> <p>The Council of Governors agreed that the meeting:</p> <ul style="list-style-type: none"> <li>- Was efficiently chaired</li> <li>- Covered all agenda items with enough time for discussion.</li> </ul>
<p><b>DHCFT/GOV /2020/029</b></p>	<p><b><u>CLOSE OF MEETING</u></b></p> <p>Caroline Maley thanked all for their attendance and input. She reminded governors that a Board and Council of Governors session has been arranged on <b>13 January 2021</b>. This will include a refresher session on the role of governors and NEDs; she is currently working on the programme with Justine Fitzjohn. All governors and Trust Board are encouraged to attend.</p> <p>The next Council of Governors meeting will be on <b>Tuesday 2 March 2021, from 2.00pm</b>. This will be a virtual meeting.</p> <p>The meeting closed at 16:30 hours.</p>

## Appendix 1

### Escalation items to the Council of Governors from the Governance Committee

Question 1:

How are Non-Executive Directors assured that the Trust:

- a. Monitors:
  - i. the number of service users who return for treatment,
  - ii. the frequency of returning; and
- b. then puts in place actions to provide permanent resolutions for service users?

#### Response

The very nature of mental ill health and often alcohol or substance use is a journey. Many people who use our services access for on episode of care and then we do not see them for a years, often many years and a life event occurs that knocks a person of their life trajectory and if it is a distressing or trauma event back into active services.

The old mental health service model would have been that you enter into service and stay with the service for many years and this created a level of dependency and was disempowering to individuals.

There is no national measure for the number of times you access service. We do measure re-admission rates into hospital. Which are figures are low. We measure readmission rates post rehabilitation and our rates are excellent.

We do measure the number of repeat presentations at A&E for some people who use our services. The vast majority of people who attend, do not require a hospital admission and are often signposted into a range of services to help manage their mental health problem, or at this time their social or financial breakdown in life. We set up a special support team to support some of these people which is called high intensity management. This model was exemplary and really supported our high intensity users to seek proactive support rather than re-attendance in urgent care settings.

We are always willing to learn and we would happily explore any patterns or individual cases so we can reflect on our service and learn.

Our Non-Executive Directors (NEDs) will soon be connecting to specific clinical areas to understand those services and spend time with the Clinical directors learning and thinking about our clinical outcomes and as NEDs we will be looking out for this issue as we spend time in these services.

## Question 2:

How are Non-Executive Directors assured that staff feedback from exit interviews is addressed properly and that there are effective processes in place to ensure that it is used to address any issues raised and to make improvements in working environments and service provision?

We request that an example of how this has been undertaken practically is included in the response which will help provide assurance that the processes are effective.

### Response

The exit interview process is an important part of the leavers' process, capturing meaningful feedback on the employment experience feeds into reviews of the employment offer. The exit questionnaire is conducted in a confidential manner and is a voluntary process whereby the employee is able to give this feedback not just to the line manager but to an alternative line manager or a member of the People Services Employee Relations team if they wish.

The process signposts the employee to contact the Freedom to Speak up Guardian if required and to ask for support from their Union rep or professional organisation as well. Feedback from our exit interview process is used for workforce reporting to help identify patterns of turnover and assist with equality monitoring. It is also important in assisting the Trust to make improvements to the employment experience for current and future employees and for mechanisms to be put in place to reduce turnover levels.

Where specific issues are raised these are followed through with appropriate line managers. Jaki Lowe, Director of People and Inclusion in the short time that she has been in post has seen this in action.