

**MINUTES OF THE COUNCIL OF GOVERNORS MEETING
HELD ON TUESDAY 3 MARCH 2020, FROM 2.00 – 4.33PM
CONFERENCE ROOMS A & B, RESEARCH & DEVELOPMENT CENTRE,
KINGSWAY HOSPITAL SITE, DERBY, DE22 3LZ**

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| PRESENT | <p>Caroline Maley Valerie Broom Susan Ryan Rob Poole Lynda Langley Julie Lowe Carole Riley Orla Smith Andrew Beaumont Christopher Williams Julie Boardman Carol Sherriff Kevin Richards Rosemary Farkas Marie Hickman Kel Sims April Saunders Farina Tahira Jo Foster Al Munnien David Charnock Angela Kerry Roger Kerry Roy Webb</p> | <p>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, Erewash Public Governor, Erewash Public Governor, High Peak and Derbyshire Dales Public Governor, High Peak and Derbyshire Dales Public Governor, South Derbyshire Public Governor, Surrounding Areas Staff Governor, Admin and Allied Support Staff Staff Governor, Admin and Allied Support Staff Staff Governor, Allied Professions Staff Governor, Medical Staff Governor, Nursing Staff Governor, Nursing Appointed Governor, Nottingham University Appointed Governor, Derbyshire Mental Health Forum Appointed Governor, Derbyshire Voluntary Association Appointed Governor, Derby City Council</p> |
| IN ATTENDANCE | <p>Ifti Majid Claire Wright Margaret Gildea Ashiedu Joel Geoff Lewins Dr Sheila Newport Dr Julia Tabreham Richard Wright Perminder Heer Justine Fitzjohn Denise Baxendale Jas Banga Jo Broome Lorraine Noak</p> | <p>Chief Executive Deputy Chief Executive and Director of Finance Non-Executive Director and Senior Independent Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Deputy Chair, Non-Executive Director NeXT Director Placement Trust Secretary Membership and Involvement Manager Reverse Mentoring Scheme (shadowing April Saunders) Lead Nurse (shadowing the Trust Chair) Grant Thornton</p> |
| <p>(for item DHCFT/GOV/ 2020/021) (for item DHCFT/GOV/ 2020/024) (for item DHCFT/GOV/ 2020/021)</p> | <p>Celestine Stafford Darryl Thompson</p> | <p>Assistant Director of People and Culture Transformation Deputy Director of Nursing and Quality Governance</p> |
| APOLOGIES | <p>Adrian Rimington Stuart Mourton Cllr Jim Perkins Wendy Wesson</p> | <p>Public Governor, Chesterfield Public Governor, Derby City West Appointed Governor, Derbyshire County Council University of Derby</p> |

| ITEM | <u>ITEM</u> |
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| DHCFT/GOV /2020/015 | <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.</p> <p>Apologies were noted as above. No declarations of interest were received.</p> |
| DHCFT/GOV /2020/016 | <p><u>SUBMITTED QUESTIONS FROM MEMBERS OF THE PUBLIC</u></p> <p>No questions from members of the public had been received.</p> |
| DHCFT/GOV /2020/017 | <p><u>MINUTES OF THE PREVIOUS MEETING</u></p> <p>The minutes of the previous meeting held on 7 January 2020 were accepted as a correct record.</p> |
| DHCFT/GOV /2020/018 | <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/2020/0075 – Waiting lists</i> – Margaret Gildea, Non-Executive Director, referred to the detailed information in the Integrated Performance Report (IPR) regarding waiting lists; and reported that a lot of investment has taken place over time to reduce waiting lists. However the level of funding and timescales are out of the Trust’s control and lay with the commissioners who commission the services. The waiting list and capacity to meet demand continues to be a challenge for Child and Adolescent Mental Health Services (CAMHS). Last month the Clinical Commissioning Group (CCG) released agreed additional investment into CAMHS for this financial year, in advance of the CCG planning for the next financial year. This should enable provision of some additional capacity and positively impact on the waiting list. Margaret also reported that the full commissioned capacity is not enough to meet the perennial and increasing levels of demand for referrals for the autistic spectrum disorder (ASD) assessment. Margaret assured governors the Trust is not complacent about waiting lists; which are a regular item on the Quality Committee and Trust Board agendas.</p> <p>Andrew Beaumont referred to out of area placements and asked if the Trust accepts other patients from around the country. Ifti Majid explained that the Trust does not have the capacity to offer this service.</p> <p>Susan Ryan referred to the IPR and waiting times for memory assessment services. Ifti explained that the Trust is in the middle of a contracting round and difficult decisions have to be made; there is not the funding to bring the waiting times forward and the Trust is waiting to hear if commissioners will tolerate longer waits. Susan asked how the Trust is supporting people on waiting lists and Ifti explained that the Trust supports people through the Waiting Well Procedure and assured governors that people whose needs significantly change are given priority on the on the waiting lists.</p> <p>Matters Arising:</p> <p>There were no matters arising.</p> <p>RESOLVED: The Council of Governors</p> <p>1) Noted the comments and the actions agreed on the Actions Matrix</p> |
| DHCFT/GOV /2020/019 | <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 Joined Up Care Derbyshire</p> |

(JUCD). He referred to the slides he had recently circulated to governors following a recent Chief Executive Officers briefing which includes information on:

- The Role of the Component Parts of the New System Architecture
- Strategic Commissioner
- Place
- Primary Care Networks
- Clinical Work-streams
- Joined Up Care Derbyshire (JUCD) Integrated Care System (ICS)

Ifti explained that health and social care organisations in Derbyshire have been working closely together for some time, to improve care and services for people and make them as efficient and effective as possible. The system which is in a difficult financial position is looking at five years hence to balance the figures; it also needs to focus on improving the health of people in Derbyshire over a number of years. Managing these pressures has put the system into a difficult position and the financial position is overshadowing what will make a difference to people's lives (e.g. Integrated Care Partnerships, clean air strategy). It was important to protect the principle of parity of esteem between physical and mental health; but the pressures by default were leading to physical health problems being dealt with across the county before people with mental health issues.

Ifti also referred to the protected investment for mental health and emphasised that this new money is for specific things and will not alleviate the day to day pressures.

He also referred to Derbyshire County Council's Director of Public Health Report 'Stronger for Longer' which talks about the important issue of ageing well and suggested that this is circulated to governors for information.

Roy Webb referred to the JUCD deficit of £51 million and his understanding that the deficit will be written off after 12 months if the financial targets have been met. Ifti explained that this will not apply to JUCD's deficit because the system has not met the statutory requirements. Claire Wright reiterated that if all the plans had been met this year the system would be starting with balanced position next year. The system is in the process of looking at the complete picture for next year, taking into account waiting lists and operational issues.

Roy also referred to the NHS Long Term plan which mentions a renewed commitment to increase investment in mental health services faster than the NHS budget overall for each of the next five years; and asked if this money can be used to offset the deficit. Ifti explained that the additional investment mentioned in the Long Term Plan is new money to meet long term requirements and cannot be used to reduce the deficit.

Roy asked if the plans being referred to from the Derbyshire Health and Wellbeing Board also applied to Derby City. Ifti explained that they were consistent and referred to a proposal for one Health and Wellbeing Board covering the whole of Derbyshire including Derby City.

Andrew Beaumont referred to the finance report in the papers in particular to efficiency factors and asked how the Trust knows that these have been achieved. Ifti explained that each year efficiency factors are applied as a percentage to the amount the Trust gets for its income from contracts (as with all other organisations providing NHS services) and the Trust has to find ways of saving money. This is called the cost improvement programme (CIP).

ACTION:

- **Denise Baxendale will circulate the 'Stronger for Longer' document to all governors via *Governor Connect*.**

RESOLVED:

- 1) **The Council of Governors noted the update provided on the JUCD and the**

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| | Long Term NHS Plan. |
| DHCFT/GOV /2020/020 | <p><u>GOVERNORS NOMINATIONS AND REMUNERATION COMMITTEE 11 FEBRUARY 2020</u></p> <p>The paper presented by Caroline Maley contained an update from the Governors Nominations and Remuneration Committee meeting on 11 February as follows:</p> <ul style="list-style-type: none"> • The appraisals for two Non-Executive Directors (NEDs), feedback from a NED exit interview and initial objectives for two new NEDs. • Time commitment, balance of skills, Committee membership and succession planning • A review of remuneration and appraisal process in light of NHS guidance • Compliance with the Fit and Proper Persons Test requirement for the recent NED recruitment. <p>It was noted that all NED appraisals are up to date.</p> <p>RESOLVED: The Council of Governors</p> <ol style="list-style-type: none"> 1) Noted the summary report 2) Noted that satisfactory appraisals have taken place for two Non-Executive Directors. |
| DHCFT/GOV /2020/021 | <p><u>SELECTION OF QUALITY INDICATORS FOR THE QUALITY REPORT</u></p> <p>Darryl Thompson, Deputy Director of Nursing and Quality Governance, referred to the paper provided; the purpose of the report is to outline the requirement for the Council of Governors to select a local quality indicator for 2019/20 for inclusion in the annual Quality Report.</p> <p>Each year the Trust's external auditor has to audit mandated indicators and a local indicator. The mandated indicators for this year are:</p> <ol style="list-style-type: none"> 1) Inappropriate out-of-area placements for adult mental health services 2) Early intervention in psychosis (EIP); people experiencing a first episode of psychosis treated with a National Institute for Health and Care Excellence (NICE) approved package within two weeks of referral. <p>The Trust's governors have to choose one local indicator, against which an audit will be conducted to assure data accuracy.</p> <p>There are seven options available for the local indicator as defined by NHS Improvement (NHSI), which are:</p> <ol style="list-style-type: none"> 1) Option 1: improving access to psychological therapies (IAPT) 2) Option 2: the percentage of patients on Care Programme Approach who were followed up within seven days after discharge from psychiatric inpatient care during the reporting period 3) Option 3: the percentage of patients aged 16 or over who are readmitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust during the reporting period. 4) Option 4: the number and where available, rate of patient safety incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death. 5) Option 5: the percentage of admissions to acute wards for which the crisis resolution home treatment team acted as a gatekeeper during the reporting period. 6) Option 6: Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas: <ol style="list-style-type: none"> a) inpatient wards b) EIP services c) community mental health services (people on Care Programme Approach). |

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| | <p>7) Option 7: admission to adult facilities for patients under 16 years old.</p> <p>The majority of governors had already discussed the options in a pre-meeting and focused on option 3 and option 4. Darryl explained that the majority of governors who had attended the pre-meeting recommend that the Council of Governors agree to select the option 4 quality indicator to include in the Quality Report. Lorraine Noak commented that she had been very impressed by the way governors had engaged with the issues in the pre-meeting.</p> <p>RESOLVED: The Council of Governors 1) Accepted option 4 as the local indicator for the 2019/20 Quality Report. <i>(Darryl Thompson and Lorraine Noak left the meeting.)</i></p> |
| | <p><u>NON-EXECUTIVE DIRECTOR – DEEP DIVE – JULIA TABREHAM</u></p> <p>Julia Tabreham provided the Deep Dive Report with information to governors on the various activities that she carries as out at the Trust including Chair, People and Culture Committee (PCC) and NED lead for Freedom to Speak up (FTSU). Previously Julia had chaired the Quality Committee. Julia conveyed her appreciation to governors for re-appointing her into her second term of office and for the support she was given during her long term period of ill health and the welcome back she had received.</p> <p>Julia referred to the following:</p> <ul style="list-style-type: none"> • Committee chairs meet to share cross cutting issues and the spread of NEDs across Committees and their shared portfolios are working well • Julia is keen to support the FTSU Guardian and has recently met with Tam Howard and Trust Secretary to discuss issues and concerns. As governors would have heard from the public board meeting, 2% of staff are speaking up and the FTSU Guardian has recruited the largest cohort of FTSU Champions across the country. The key issue is around supporting administrative staff who are the first point of contact for patients who are severely distressed. Julia indicated that she is surprised that few issues relate to patient safety. Julia will shadow the FTSU Guardian at future meetings including a forum for doctors. • The Trust is continuing to record experience of people with protected characteristics and emphasis is now being given on this i.e. bullying and harassment and discrimination. Data is being collected and analysed to gain a better understanding of the reasons for this so they can be taken forward. The PCC is reviewing its reporting mechanism in order to focus on key strategic issues i.e. best place to work: with effective leadership and managers and opportunities for personal growth; and inclusion to remove barriers in recruitment and remove bullying and harassment from the Trust's culture • Other priorities for PCC include: <ul style="list-style-type: none"> ○ Ensuring that appropriately qualified people are on shift continues to be addressed with hot spots in some areas ○ Sickness absence continues to be monitored are the Trust is addressing inconsistencies in the management of people returning to work. There is an understanding of long-term sickness. ○ Work is also ongoing concerning pensions; immigration and how the new points system implemented by the governor will work. ○ 72.4% of frontline staff have had the flu jab which will help to protect staff and patients going forward. <p>April Saunders referred to the figures in the FTSU Report at Board this morning and asked how the Trust will encourage BAME staff to speak up. Julia explained that data of who is speaking up and the issues will be reported through the PCC. The Committee needs to challenge and understand what is stopping staff from speaking up. The FTSU Guardian will continue to work with staff networks to gain further understanding of why staff are not speaking up. April suggested that managers need</p> |

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| | <p>to encourage staff to speak up; Julia assured the Council of Governors that as the NED Freedom to Speak Up Lead she will challenge the Executive Directors regarding these issues.</p> <p>David Charnock who lectures at the University of Nottingham explained that there is an academic attainment gap between BAME and white British students; BAME students are reluctant to speak up on issues relating to practical and academic work. He suggested that the Trust links in with the Derby and Nottingham universities to carry out some development work around this issue. The Trust Secretary reported that the FTSU Guardian has made links with the University of Derby; and that the NED Inclusion Lead, Ashiedu Joel will also be involved in progressing this.</p> <p>RESOLVED: The Council of Governors received the Deep Dive report from Julia Tabreham.</p> |
| <p>DHCFT/GOV /2020/022</p> | <p><u>ESCALATION OF ITEMS TO THE COUNCIL OF GOVERNORS</u></p> <p>One item of escalation was received from the Governance Committee, which was held on 11 February 2020:</p> <ul style="list-style-type: none"> • How do Non-Executive Directors (NEDs) get assurance that transition from Child and Adolescent Mental Health Services (CAMHS) at the age of 18 to adult services is being managed in a way that is safe, sufficient and caring? What assurance do NEDs have that plans are being prepared to meet the long term plan requirement for a comprehensive offer for 0-25 year olds that reaches across mental health services for children and young people (CYP) and adults? <p>The answer, attached as Appendix 1 to these minutes, was read out at the meeting and governors were satisfied with the response.</p> <p>Roy Webb explained that one of the issues that the Local Authority (LA) has is how mental health and transitioning from childrens to adult services sits in the education, health and care (EHC) plan. He asked how the Trust is working with the LA on EHC plans so that the transition works in mental health. Margaret reported that the Childrens' workstream under JUCD includes this issue.</p> <p>Richard Wright, Non-Executive Director, reported that along with Jo Foster he had participated in a quality visit to children services and evidenced how staff are preparing for transition including working with partner organisations to ease transition for children who will find it extremely difficult moving into adult support services.</p> <p>RESOLVED: The Council of Governors noted the question, and the response provided for information.</p> |
| <p>DHCFT/GOV /2020/023</p> | <p><u>FINANCE UPDATE</u></p> <p>Claire Wright, Deputy Chief Executive and Director of Finance, presented the paper on the Trust's financial position. It was noted that the Governance Committee had raised issues regarding finance, particularly the CIP savings, at their meeting in February and requested an update to be presented to the Council. The paper summarises the content of the Trust's financial plan for 2020/21, plans and progress to date on gathering cost reduction schemes and reminds governors of previous information shared with them through meetings and reports. Reference was made to the following:</p> <ul style="list-style-type: none"> • The Trust has been developing the financial plan for 2020/21 which has determined that the required cost improvement plan (CIP) need for 2020/21 is now £7.1m. • Some of the cost pressures Trust has next year also appears in 2019/20; and the Trust has had to use all its reserve up in order to still deliver its financial plan by the end of March 2020. • The Trust has discussed the financial situation in every public board meeting both |

with regard to this current year and also recent meetings have also looked ahead to next year.

- The draft operational plan is due for submission to regulators on 5 March and final plan on 29 April.
- The Trust had met its CIP targets in previous years via non-recurrent items which then get added to the next year's cost improvement requirements, hence the large target for 2020/21. The Trust was looking for more recurrent savings to ease the pressures for future years.

Susan Ryan asked in the event of making savings would the Trust be expected to offset other partners' deficits if they are unable to meet their targets. Claire explained that partners have very different sizes of turnover and the system is working together to find solutions in doing things differently to make efficiencies across the system. The total gap next year for the whole system is very large and not deliverable in all one year. Ongoing conversations are taking place with regulators.

April Saunders referred to non-recurrent funding and specialist services which are not being re-commissioned next year; and asked what assurance does the Trust have in place for staff that will be affected by this. Claire explained that the paper referred to non-recurrent cost reductions and not a non-recurrent investment. Ifti assured the Council that if services are decommissioned by commissioners the Trust has a duty to staff members who it employs. Staff will be supported through the staff change process; this recently took place successfully in Child and Adolescent Mental Health Services (CAMHS).

Andrew Beaumont asked if any money not spent in a department is passed on to other departments. Claire explained how the budgets were managed and that under- and over-spends are put together and reported in total as the Derbyshire Healthcare position. Andrew also asked if the budget decreases if not all money is spent and Claire explained that in effect the Trust undertakes zero-based budgeting each year which takes into account all the expected costs for the coming year in detail.

Kel Sims commented that Claire's email to staff has been well received. Claire assured the governors that the Trust's primary value remains people first, this is fundamental as part of the improvement and there is hard evidence to link between high staff morale and good patient care.

Kel referred to the £2 million savings already identified and asked about the rest that is needed and asked if there would be for example 10% savings from everywhere. Claire explained the Trust does not want to top slice and is asking services to find ways to make the savings. Ifti reiterated that the savings need to be recurrent so that next year's CIP value should not be as high as this year.

(David Charnock left the meeting at left at 4pm.)

Susan Ryan asked if there are any challenges or tensions between the Trust's CIP Quality Improvement (QI) schemes and commissioner led QI schemes. Claire explained that there are processes in place so that it would be clear if a saving idea in one organisation creates a problem in another. She also explained that there is a system savings group which means that there is transparency on where partners in the system are planning to make savings.

Roy Webb asked if the Trust has a plan to invest to save perhaps to reduce the high cost of out of area placements or other higher cost services. Ifti explained that there are not many areas where the Trust can spend capital to save revenue. At the Trust Board this morning the Medical Director discussed how out of area placements can be reduced e.g. the Trust has invested in community pharmacy (to help keep people well for longer), and plans to build a Psychiatric Intensive Care Unit (PICU).

Roy Webb asked whether the Trust is able to roll over a programme year on year to hit the target and then adjust the budget accordingly. Claire explained that in the new

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| | <p>year the out of area budget has been reduced and the new budgets for Personality Disorder (PD) and pharmacy services for example have been increased.</p> <p>Carol Sherriff sought clarification on whether the financial issues that the Trust is facing are national or local issues for example regarding out of area placements is an issue across the NHS. Claire explained that there is a mixture. Some issues are common nationally but, for example, not having a local PICU is specific to Derbyshire.</p> <p>Kel Sims asked if there is an established communications plan for staff. Claire confirmed that there is a communication plan so that staff will be kept informed of the financial situation.</p> <p>RESOLVED: The Council of Governors received the Finance update report from Claire Wright.</p> |
| <p>DHCFT/GOV /2020/024</p> | <p><u>STAFF SURVEY RESULTS</u></p> <p>Celestine Stafford, Assistant Director People and Culture Transformation, provided some background information to the paper, which shows the current position of the Trust for the 2019 NHS staff survey.</p> <p>She reported that NHS England had changed the way they reported the data and the key findings had been replaced by 11 themes which are listed below:</p> <ol style="list-style-type: none"> 1. Equality, diversity and inclusion 2. Health and Wellbeing 3. Immediate managers 4. Morale 5. Quality of appraisals 6. Quality of care 7. Safe environment – bullying and harassment 8. Safe environment – violence 9. Safety culture 10. Staff engagement 11. Team working <p>Celestine was pleased to report that more staff have taken part in this survey (60%); five hotspots have been identified and there is focus on these. The Trust falls within the Combined Mental Health/Learning Disability and Community Trusts benchmarking group, which is a total of 32 organisations.</p> <p>It was noted that the Trust’s key staff Friends and Family Test (FFT) measures have both improved significantly:</p> <ul style="list-style-type: none"> • Q21c: I would recommend my organisation as a place to work (increase from 56% in 2018 to 65% in 2019 – up 9%). • Q21d: If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation (increase from 61% in 2018 to 66% in 2019 – up 5%). <p>Celestine outlined some of the next steps including:</p> <ul style="list-style-type: none"> • Analysis of all 280 free text comments • Further work and analysis on protected characteristics • Individual locality results and comments shared with General Managers etc. • Wider engagement with colleagues (Staff Forum etc.) • Identifying why staff did not complete the survey – this year Estates were provided with paper copies and this will be rolled out to other services next year. <p>Kel Sims referred to the two key questions and noted that the results for Q21c means that 35% of staff who completed the survey would not recommend the Trust as a place to work; and for Q21d 34% of staff who completed the survey would not be happy for family or friends to use the Trust’s services. Kel asked if there is any qualitative</p> |

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| | <p>feedback around this. Celestine confirmed that the analysis of the free text comments will help the Trust understand why it isn't performing so well in these two key areas.</p> <p>With regards the worse than average results for safety and culture, Susan Ryan asked if we know specifically what the reasons are for this and whether it equates to the issues identified by the Freedom to Speak Up Guardian (i.e. bullying and harassment). Celestine reported that there is a mix of different elements in this headline, violence and aggression in dealing with patients and bullying and harassment. The Trust will know more once the free text comments have been analysed. Susan suggested that with the work of the Freedom to Speak Up Guardian and the champions an improvement should be seen next year. Justine Fitzjohn suggested that Celestine could meet with staff governors to go through the themes from the Staff Survey.</p> <p>ACTION:</p> <ul style="list-style-type: none"> • Celestine to meet with staff governors on the staff survey. <p>RESOLVED: The Council of Governors</p> <p>1) Noted the outcome of the Staff Survey 2019.</p> |
| <p>DHCFT/GOV /20209/025</p> | <p><u>INTEGRATED PERFORMANCE REPORT</u></p> <p>The Integrated Performance Report (IPR) was presented to the Council of Governors by the Non-Executive Directors. The focus of the report was on workforce, finance, operational delivery and quality performance.</p> <p>Richard Wright as Chair of the Finance and Performance Committee wished to express his appreciation to the Trust which looks as if it will hit its financial target for this year. As the NED Estates Lead Richard referred to out of area placements and that it was exceptional for a mental health trust not to have a Psychiatric Intensive Care Unit (PICU). Richard explained that from 2021, the government will not allow patients to moved out of area and the Trust is in the process of outlining a business case for PICU and envisages that a temporary PICU will be up and running in 2021.</p> <p>Geoff Lewins as Chair of the Audit and Risk Committee referred to the operational indicators in the IPR in particular seven day follow up interventions with IAPT which are generally better than target. He also referred to below average targets for patients placed out of area (PICU) and patents placed out of area (adult care). The Trust is working hard in improving the waiting lists. The Committee will look at the metrics underneath and seek assurance from the Executives on what is and is not working.</p> <p>It was noted that feedback on the workforce was covered by Julia Tabreham in the Deep Dive.</p> <p>Margaret Gildea as Chair of the Quality Committee had covered waiting lists under item DHCFT/GOV/2020/018 – Matters Arising and Actions Matrix. Margaret also referred to the increase in the number of falls in inpatient areas. She explained that the falls relate predominantly to patients with dementia as falling is a consequence of this condition.</p> <p>Andrew Beaumont asked why the cost increases when patients are placed out of area. Ifti Majid explained that the Trust has to pay an in-house charge for the service provided by other mental health providers.</p> <p>RESOLVED: The Council of Governors noted</p> <p>1) The information provided in the Integrated Performance Report</p> <p>2) Agreed that the Non-Executive Directors have held the Executive Directors to account.</p> |
| <p>DHCFT/GOV /2020/026</p> | <p><u>REPORT FROM THE GOVERNANCE COMMITTEE</u></p> <p>The Council of Governors (CoG) received the report from the Governance Committee meeting which took place on 11 February 2020. Of note were the following items:</p> |

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| | <ul style="list-style-type: none"> - The Committee recommends that the subjects listed in the report are included in the training and development programme for 2020/21 - The Committee discussed the proposal to streamline CoG meetings and recommend that they are reduced to four a year; and joint Board and CoG sessions are increased to two a year as outlined in option one included in the report. It was agreed that governor attendance at meetings and joint sessions will be formally monitored. - Chair of the Governance Committee Kel Sims tenure has ended and expressions of interest from governors was promoted via <i>Governor Connect</i>. No expressions of interest have been received – Kel offered to continue in the role for a further tenure. <p>ACTION:</p> <ul style="list-style-type: none"> • Denise Baxendale will update the schedule of meetings and circulate to all governors via Governor Connect • Denise Baxendale will formalise the governor training and development sessions. <p>RESOLVED: The Council of Governors:</p> <ol style="list-style-type: none"> 1) Noted the information provided in the Governance Committee Report 2) Approved the subjects for the governor training and development plan for 2020/21 3) Approved option one as outlined in the report for the rescheduling of meetings 4) Approved Kel Sims as Chair of the Governance Committee for a further tenure. <p><i>(Ashiedu Joel left the meeting.)</i></p> |
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| <p>DHCFT/GOV /2020/027</p> | <p><u>UPDATE ON THE RECENT STAFF AND PUBLIC GOVERNOR ELECTIONS</u></p> <p>Denise Baxendale provided the Council of Governors with an update on the recent public and staff governor elections and gave assurance that the election process is undertaken in line with the model election rules as laid out in the Trust’s Constitution. The elections were undertaken by Civica an organisation who carries out many Foundation Trust elections.</p> <p>The report included the range of activities that took place to promote the vacancies and identify individuals interested in the governor vacancies.</p> <p>This year the following were elected with the majority of seats being contested:</p> <ul style="list-style-type: none"> • Admin and Allied Support Staff – Marie Hickman (contested) • Amber Valley – Valerie Broom and Susan Ryan (contested) • Derby City West – Orla Smith (contested) • High Peak and Derbyshire Dales – Julie Boardman (contested) • South Derbyshire – Kevin Richards (re-elected, un-contested) <p>No nominations were received for Bolsover and North East Derbyshire and this vacancy will be included in the September 2020 elections.</p> <p>The turnout rates for the contested seats are as follows:</p> <ul style="list-style-type: none"> • Amber Valley – 17.1% • Derby City West – 11.5% • High Peak and Derbyshire Dales – 19.1% • Admin and Allied Support Staff – 21% <p>This compares favourably to Civica’s average turnout rate in 2019 trust elections (excluding Acute Trusts) 8.5% for public governors; and 14.3% for staff governors.</p> <p>The newly elected governors have attended an induction session and have taken advantage of the “buddy up” system that is provided by more experienced governors</p> |
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| | <p>to help them in their role.</p> <p>Denise Baxendale expressed her appreciation to the Trust's Communications team who support her in promoting the elections within the Trust and Derbyshire wide.</p> <p>RESOLVED: The Council of Governors</p> <ol style="list-style-type: none"> 1) Received the update on the governor elections 2) Received assurance on the process for the elections taken. |
| DHCFT/GOV /2020/028 | <p><u>ANY OTHER BUSINESS</u></p> <p>Deputy Lead Governor role Denise Baxendale confirmed that Carole Riley has been elected as Deputy Lead Governor.</p> <p>Information for governor engagement activities Denise Baxendale referred to the supply of information used for engagement activities and encouraged all governors to replenish their stocks. The information is available to collect after the meeting.</p> <p>Action:</p> <ul style="list-style-type: none"> • Governors are encouraged to replenish their stock of information for engagement activities after the meeting. |
| DHCFT/GOV /2020/029 | <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"> - Covered all agenda items with enough time for discussion - All governors abided by the Governor Code of Conduct. |
| DHCFT/GOV /2020/030 | <p><u>CLOSE OF MEETING</u></p> <p>Caroline Maley thanked all those present for their input and attendance and closed the meeting at 4.33pm hours.</p> |

Question escalated to Council of Governors – 3 March 2020

Question: How do Non-Executive Directors (NEDs) get assurance that transition from Child and Adolescent Mental Health Services (CAMHS) at the age of 18 to adult services is being managed in a way that is safe, sufficient and caring? What assurance do NEDs have that plans are being prepared to meet the long term plan requirement for a comprehensive offer for 0-25 year olds that reaches across mental health services for children and young people (CYP) and adults?

RESPONSE:

Quality standards relating to young people moving on from (CAMHS) to Adult Mental Health Services (AMHS) was a Commissioning for Quality and Innovation (CQUIN) between 2017-2019. Derbyshire Healthcare successfully managed to achieve all the milestones and outcomes identified in the CQUIN. The Quality Committee have maintained transition as a quality indicator for safe and responsive services, therefore six monthly reports are provided to the Quality Committee for assurance that transition processes are meeting the needs of young people.

The commissioner's feedback on the completion of the CQUIN highlighted that our success was down to our collaborative approach with young people in the development of feedback forms, information about moving on, having processes that enable young people to report on their experience when they get to adult services and that there was evidence that we were working towards a cultural change rather than being purely process driven.

CAMHS continues to invest into a specific transition post which has helped to maintain some of the momentum of change that has been achieved. There has been a recent pilot project in one of the adult services localities who have identified a named transition champion who meets with the CAMHS transition worker, which has improved the transfer of care and communication between the two services. It is our aim that other adult localities follow this model of good practice.

The feedback we have had from young people evidences improvement however there remains key areas in relation to the joint working arrangements between the two services which will be a key area of work between CAMHS and AMHS over the next six months.

Transition has been identified as one of our top priorities within the clinically led strategy paper and is supported by a transition strategy paper signed off by the Childrens Divisional Clinical Operational Assurance Team (COAT). In this document the proposed long term vision of 0-25 services has been put on the Childrens Sustainability and Transformation Partnership (CSTP) agenda and is likely to form part of the outcomes associated with Joined Up Care Derbyshire (JUCD) focus on Integrated Care Systems (ICS) and Integrated Care Partnerships (ICP) for Childrens Services and the Mental Health ICP.

Children and Young People Eating Disorder Services and Crisis Provision are two areas of current investment and will be the first wave of drawing up a 0-25 pathway. Childrens Senior Leads are members of the appropriate groups and boards that will be looking at the 0-25 care pathway for mental health, and are also members of the CSTP commissioned Derbyshire wide CAMHS review and will feed this back through Childrens COAT and escalate any concerns to the Trust Management Team (TMT) and Executive leadership Team (ELT) in relation to any significant system changes. Regular meetings have started to take place between members of the ELT and Senior Leads in Childrens services to maintain a focus on this area of work.

(Response provided by Scott Lunn, Childrens Services Divisional Clinical Lead.)