

**MINUTES OF THE COUNCIL OF GOVERNORS MEETING
HELD ON TUESDAY 6 NOVEMBER 2018
2.00 – 4.30 PM
TRAINING ROOMS 1 & 2, RESEARCH & DEVELOPMENT CENTRE,
KINGSWAY, DERBY, DE22 3LZ**

PRESENT	<p>Caroline Maley Rosemary Farkas Jo Foster Ann Grange Gillian Hough Moirra Kerr Angela Kerry Roger Kerry Lynda Langley John Morrissey Al Munnien Shirish Patel Kevin Richards Carole Riley April Saunders Karen Smith Roy Webb Wendy Wesson Christine Williamson</p>	<p>Trust Chair and Chair of Council of Governors Public Governor, Surrounding Areas Staff Governor, Nursing Public Governor, High Peak & Derbyshire Dales Public Governor, Derby City East Public Governor, Derby City West Appointed Governor, Derbyshire Mental Health Forum Appointed Governor, Derbyshire Voluntary Action Public Governor, Chesterfield Public Governor, Amber Valley Staff Governor, Nursing Public Governor, Erewash Public Governor, South Derbyshire Public Governor, Derby City East Staff Governor, Allied Professions Public Governor, Amber Valley Appointed Governor, Derby City Council Appointed Governor, University of Derby Public Governor, Derby City West</p>
IN ATTENDANCE	<p>Denise Baxendale Margaret Gildea Sam Harrison Geoff Lewins Ifti Majid Denise Robson Leida Roome Joy Sawyn Anne Wright Claire Wright Richard Wright Martyn Bell</p>	<p>Membership and Involvement Manager Non-Executive Director Director of Corporate Affairs Non-Executive Director Chief Executive Support Worker to Moira Kerr Personal Assistant – note taker Finance Trainee – shadowing Claire Wright Non-Executive Director Deputy Chief Executive & Director of Finance Non-Executive Director Trust member</p>
APOLOGIES	<p>Shelly Comery Jason Holdcroft-Long Tony Longbone Jim Perkins Rob Poole Adrian Rimington Martin Rose Kelly Sims Gemma Stacey Marie Varney</p>	<p>Public Governor, Erewash Staff Governor, Medical and Dental Staff Governor, Admin & Allied Support Staff Appointed Governor, Derbyshire County Council Public Governor, Bolsover and NE Derbyshire Public Governor, Chesterfield Public Governor, Bolsover & NE Derbyshire Staff Governor, Admin & Allied Support Staff Appointed Governor, University of Nottingham Public Governor, High Peak & Derbyshire Dales</p>

ITEM	<u>ITEM</u>
DHCFT/G OV/086	<p><u>WELCOME, INTRODUCTIONS, CHAIR’S OPENING REMARKS, APOLOGIES FOR ABSENCE & DECLARATION OF INTERESTS</u></p> <p>The Trust Chair, Caroline Maley, welcomed all present to the meeting. She was pleased to see a large number of Governors in attendance and drew attention to the fact that nine Governors also attended the Board meeting today. Feedback from Governors indicated that they had enjoyed the informative Board session and felt assured that the Non-Executive Directors are holding the Executive Directors to account.</p> <p>Apologies were noted as above.</p> <p>No declarations of interest were received.</p>
DHCFT/G OV/087	<p><u>SUBMITTED QUESTIONS FROM MEMBERS OF THE PUBLIC</u></p> <p>No questions had been submitted by members of the public.</p>
DHCFT/G OV/088	<p><u>MINUTES OF THE PREVIOUS MEETING</u></p> <p>The minutes of the previous meeting held on Tuesday 4 September 2018 were accepted as a correct record, with the following amendment:</p> <p style="text-align: center;">Page 12: first word on the page to read “deaf”.</p>
DHCFT/G OV/089	<p><u>MATTERS ARISING & ACTION MATRIX</u></p> <p>The Council of Governors agreed to close all completed actions. Updates were provided and noted on the actions matrix. All completed ‘green’ actions were scrutinised to ensure that they were fully complete and actions that were not completed were challenged. Comments were made as follows:</p> <p>Item DHCFT/GOV/063 – Membership of the Nominations and Remuneration Committee: it was noted that expressions of interest are still being sought for the second appointed governor. The action, to promote the vacancy via Governor Connect, had been completed.</p> <p>With reference to item DHCFT/GOV/077, Psychodynamic Psychotherapy consultation, it was confirmed that the link has been sent out via Governors Connect.</p> <p>Item DHCFT/GOV/079, Review of Governor Engagement Action Plan, will be on the agenda for February 2019.</p>
DHCFT/G OV/090	<p><u>REPORT FROM GOVERNORS NOMINATIONS & REMUNERATION COMMITTEE</u></p> <p>A verbal report was received from Caroline Maley concerning the Nominations and Remuneration Committee meeting, which took place on 1 November 2018. During this meeting the appraisal outcomes were discussed for Caroline Maley, Chair of the Trust and Margaret Gildea, Senior Independent Director and Non-Executive Director (NED). Unfortunately due to unforeseen circumstances the planned appraisal meeting for Julia Tabreham, Non-Executive Director, did not take place with the Trust Chair and this will therefore be discussed at the next Committee meeting.</p> <p>The meeting reflected on the input from governors for the appraisals. Governors felt that it had been a challenge to complete the appraisal form; Caroline Maley therefore advised that the form would be simplified to contain only four questions. It was also suggested to hold a focus group on 11 December, after the Governance Committee in order to obtain feedback from Governors on NED performance to inform the appraisals of Richard Wright, Anne Wright and Geoff Lewins.</p>

	<p>The Fit and Proper Test Requirements for Board Members were also discussed by the Committee and assurance received that the Trust had a robust review process in place. The Chair had confirmed that she had formally signed off the 2017/18 annual declaration that full checks and reviews were in place for all Board members. The potential for changing requirements for DBS (Disclosure and Barring Service) checks was also discussed.</p> <p>RESOLVED: The Council of Governors noted the information provided concerning the recent Nominations and Remuneration Meeting and noted that a written record would be submitted to the January Council of Governors meeting.</p>
<p>DHCFT/G OV/091</p>	<p><u>COUNCIL OF GOVERNORS ANNUAL EFFECTIVENESS SURVEY</u></p> <p>Sam Harrison presented the report on the Council of Governors Annual Effectiveness Survey. This survey was developed in response to the Governance Improvement Action Plan (GIAP), which required the Trust to develop and implement a process for the self-assessment of the effectiveness of the Council of Governors. The results of this year's survey were presented to the Governance Committee on 17 October 2018. A total of 17 governors responded, which equates to 60.71% of the current complement of 28 governors at the time the survey was open.</p> <p>A number of issues, rated by 100% of the respondents, were noted in the report:</p> <ul style="list-style-type: none"> - Sufficient opportunity and good communication with the Board of Directors - Council of Governors carries out its work in an open, transparent manner - The role of the Council of Governors is clearly defined - Council of Governors meets at appropriate and regular intervals - The Council have sufficient opportunity to contact and there is good communication with the Non-Executive and Executive Directors - Governors can ask questions regarding performance reports - Governors feel supported by the Trust to carry out their responsibilities as a governor including the fulfilment of their statutory duties <p>Governors also agreed that the Council of Governors committees are effective and provide quality update reports to the Council. Adequate training and development opportunities are also available to governors to support them in their role. A free text box had been included in the form to enable governors to make suggestions and comments and these were reviewed.</p> <p>A number of proposed actions were also suggested within the report and these were agreed.</p> <p>Governors are reminded that if there are any issues or concerns, that these can be discussed with Caroline Maley, John Morrissey, Carole Riley, Sam Harrison or Denise Baxendale to allow these to be addressed.</p> <p>Sam Harrison requested the Council of Governors to note the content of the presented report as a positive assessment by governors of their effectiveness.</p> <p>RESOLVED: The Council of Governors:</p> <ol style="list-style-type: none"> 1. Noted the outcome of the Council of Governors annual effectiveness survey 2018 2. Agreed the survey should be repeated in September 2019, subject to review at meeting July 2019 3. Noted the proposed additional actions developed in response to the survey feedback to further enhance the effectiveness of the Council of Governors.

FOR INFORMATION

In a change to the tabled agenda, Caroline Maley asked governors to note the minutes and the reports which were presented for information:

- Ratified minutes of the Public Board meeting held on 4 September 2018
- Chair's report as presented to the Public Trust Board on 6 November 2018
- Chief Executive's report as presented to the Public Trust Board on 6 November 2018

Caroline Maley invited governors to comment on these reports. The following questions were raised:

Chair's report:

- Item 5: Anne Grange queried the Quality Visits process. It was confirmed that after the presentations a discussion takes place between the facilitator and attending directors/staff/governors in order to agree initial feedback, which are then reported on. All attendees should receive a copy of this report. Darryl Thompson is the responsible manager for this process and any query can be discussed with him. A new programme for visits in 2019 is currently being set up.
- Placement of Mr Avtar Johal – item 14 - in response to a query from Moira Kerr Caroline Maley confirmed that this was the end of the agree placement duration.
- Item 17 - the comment made here – *a good reminder of how far we have come but also how much more we still can do* – refers to the changes which have happened since the inception of the NHS 70 years ago. Moira Kerr commented on this statement and Ifti Majid noted that there was much potential learning by Acute Trusts from Mental Health Trusts. He also noted that further monies are required in order to do all the items that currently cannot be serviced and that this also leads to longer waiting times. However, he felt that staff deserve praise for working in difficult conditions with limited budgets.

Chief Executive's report:

- With reference to the CQC's comments, which are noted on page 2 of Ifti Majid's report, Moira Kerr felt that the 78% of Mental Health Trusts rated as good or outstanding quoted gave a false presentation to the public. In response Caroline Maley noted that these were national figures representing CQC ratings of Trusts against what they are commissioned to do. It is not a reflection on the gaps in commissioning which are still keenly felt.
- In relation to the new national goal to be announced for Black, Asian and Minority Ethnic (BAME) representation in senior leadership, set out on page 3 of the report, Moira Kerr queried whether we have similar goals for those with other protected characteristics. Ifti Majid responded that we are undertaking a range of actions, including our work related to the Covenant signed with the Armed Forces and the Dying to Work Charter.
- Performance Perspective – page 4 – Moira Kerr queried the support measures that the Trust has in place for staff during illness and to alleviate stress. Ifti Majid advised that there are a number of elements in place to support our staff. The People and Culture Committee (PCC) receives reports on this and Margaret Gildea commented that wellbeing of our staff is very important. Jamie Broadley is our Health and Wellbeing manager; we also have a Freedom to Speak Up Guardian in place. However, it is recognised that there are staff shortages and a Deep Dive will be held in December at the PCC meeting in order to discuss this in detail. It has been found that sometimes mental health issues are not work related.

	<p>Action: Caroline Maley asked for the Chair and Chief Executive’s report from the October Public Board meeting to be circulated for information to all governors.</p> <p>RESOLVED: The Council of Governors noted the documents provided for information.</p>
<p>DHCFT/G OV/093</p>	<p><u>CARE QUALITY COMMISSION (CQC) UPDATE</u></p> <p>Darryl Thompson attended the meeting at 14.45 hours. A summary briefing of the Care Quality Commission report, provided by Darryl Thompson, was presented by Margaret Gildea.</p> <p>It was disappointing for all at the Trust to receive a rating of “Requires Improvement” as good progress had been made since the last inspection.</p> <p>The Care Quality Commission only has four options to rate organisations – this means that there is a continuum within each individual rating. The feeling is that the Trust is now much further along the spectrum towards “Good”, than at the same rating in 2016.</p> <p>Margaret mentioned the issue of the enforcement notice, which may potentially have impacted on our overall rating, and re-assured the meeting that immediate steps were taken in order to address this.</p> <p>On a positive note it was noted that the overall leadership of the Trust was strong and that most staff felt respected, supported and valued. There is a clear difference between the 2018 and the 2016 report in the number of actions and the overall messages of concern versus confidence.</p> <p>The current response plan has a clear sense of ownership within divisions, where responses are identified by clinicians and operational managers. Evidence is logged via an on-line portal and Margaret was pleased to report that some issues have already been addressed. Governors were asked to note that action responses are addressed by sustainable improvements rather than short term fixes.</p> <p>Margaret confirmed that the Non-Executive Directors will continue to challenge the Executive Team in order to provide assurance that an improvement focussed approach is undertaken and that the right balance of staff engagement, developed responses and pace is managed.</p> <p>John Morrissey felt that the tone of the Care Quality Commission report was negative. Caroline Maley confirmed that the Trust had pushed back on facts but cannot do this on the tone.</p> <p>Linked to this April Saunders raised that as an Allied Health Professional she is not able to apply for nursing jobs, although the qualifications for Allied Health professionals are on a par with nursing qualifications.</p> <p>Wendy Wesson, appointed governor from the University of Derby noted that the certification for nursing and AHPs are now virtually the same and supported April Saunders in her comment.</p> <p>In response it was noted that since the Care Quality Commission report has been published, things have already been changed and a new leadership structure for nursing is in the process of being developed, where Allied Health Professionals will also be considered. Richard Wright also asked for it be noted that as a younger generation comes into the NHS we need to consider different job pathways.</p> <p>The consistency and quality of Care Plans was also raised. Roy Webb suggested contacting other organisations in order to get a view on how they organise their Care Plans and to look at best practice. In response to a query from Moira Kerr whether</p>

	<p>service users have been involved in the planning of revised policy for care planning, Ifti Majid confirmed that this was the case. He suggested that a report on care planning be presented to the next meeting.</p> <p>Action: Agenda item for next meeting – Care Planning.</p> <p>RESOLVED: The Council of Governors noted the information provided on the Care Quality Commission update.</p>
<p>DHCFT/G OV/094</p>	<p><u>PHYSICAL HEALTHCARE PRESENTATION</u></p> <p>Darryl Thompson had prepared a presentation on Physical Healthcare and asked for the meeting to note the information contained within.</p> <p>This concerns people with severe mental ill-health. Two thirds of deaths are from physical illnesses, including heart disease and cancer, which are mainly caused by smoking with obesity is increasingly noted as a major factor.</p> <p>Based on the Lester Tool, the parameters for the Trust’s quality target (CQUIN) are as follows:</p> <ul style="list-style-type: none"> - Smoking status - Lifestyle i.e. diet, alcohol, drugs and exercise - Body Mass Index (BMI) - Blood pressure - Glucose regulation - Blood lipids <p>A 2017/18 audit involving all English Mental Health Trusts and Welsh Health Boards had shown disappointing results for the Trust, along with many other trusts. Steps are however in place for the following:</p> <ul style="list-style-type: none"> - Continuing to develop the electronic patient record to facilitate both recording and reporting - Quality Improvement work in specific teams - EIP (Early Intervention) Teams are now part of a pilot to improve performance - Recruitment options are being explored for Physical Healthcare focussed workers in Neighbourhood Teams. <p>Roy Webb asked if there are specific areas in Derby City where there are health inequalities. Darryl responded that we can assume that some people are living in areas where choice can be restricted, not only due to the area but also due to lifestyle.</p> <p>Roy Webb also queried whether referrals are made to lifestyle programmes such as Live Well and Live Life better. Darryl confirmed that information is provided to service users, such as the two above mentioned programmes and also highlighted the Trust’s links to the Spireites Football Team, Chesterfield and The Rams Football Club, Derby.</p> <p>John Morrissey commented that he felt that we have missed opportunities as a country with regard to public health – he asked if we could influence through the Joined Up Care Board to get a better programme, which can lead to better health.</p> <p>Ifti Majid responded by noting that the Joined Up Care Board were looking into setting up Health and Wellbeing Hubs and also links to Community activities.</p> <p>Responding to a query from Roger Kerry, on whether mental health patients struggle to get the same service as other patients from GPs, April Saunders confirmed that she is working with GPs. and rolling out training in line with the Lester tool and linking the pathways together. She is only commissioned to do this work in the north of the county.</p>

	<p>Moira Kerr raised that certain anti-psychotic medications can cause service users to put on weight. Darryl confirmed that this is likely to happen in the first six months of treatment and therefore a weekly weigh-in is carried out to monitor this. There is also a link to diabetes.</p> <p>With reference to the query from Roy Webb on Live Well, Carole Riley advised that during a Quality Visit to St Andrew’s House, a service user had commented on the helpfulness of this programme and the positive impact this had had on their weight.</p> <p>RESOLVED: The Council of Governors noted the information provided in the Physical Healthcare presentation given by Darryl Thompson.</p>
<p>DHCFT/G OV/095</p>	<p><u>NON-EXECUTIVE DIRECTOR – DEEP DIVE – FINANCE AND PERFORMANCE COMMITTEE</u></p> <p>Richard Wright, Non-Executive Director, who chairs the Finance and Performance Committee, provided a Deep Dive to governors on his role.</p> <p>The Finance and Performance Committee has restructured during the year and finance is now discussed at the end of the meeting, with performance driving committee debate. Richard works in a triangular way with Geoff Lewins (Audit and Risk Committee chair) and Julia Tabreham (Quality Committee chair) in order to get a rounded overview.</p> <p>New contract negotiations have started with our commissioners, as we are coming to the end of the old contracts. Richard attended a Carter Review (an initiative where efficiency across trusts is benchmarked) meeting, together with Geoff Lewins, and was pleased to report that our Trust is doing well compared to others. Flu injections and “did not attend” appointments are still proving to be an area where further work is required. Out of Area Placements also remain a challenge.</p> <p>Agency expenditure has been reduced from £5 million three years ago to an expected £3 million this year. The control total is still on plan but challenging. Delayed transfer of care is showing as red rated in terms of Trust performance, but is mitigated by the fact that we are the third best in the country – the reason for the red rating is the low limit set for our Trust. Meetings have taken place with Estates and IM & T managers in the Trust in order to plan strategies, which will be aligned to and enablers for the Clinical Strategy. Rosemary Farkas asked if “did not attends” are related to clinical performance. Richard confirmed that these do have an impact on waiting times but there are no specific departments.</p> <p>Responding to a query from Gillian Hough about the monies held in charitable funds, Claire Wright confirmed that some funds have now been merged and that active promotion is taking place. Information can be obtained via Claire Wright on how to access these.</p> <p>With reference to the reduction in agency costs, Moira Kerr asked how this had been achieved. Richard confirmed that over 100 new members of staff have been employed on a substantive basis since last year. Rates that are being paid to agency staff are now also lower. The Trust also has their own bank agency rather than sharing with the University Hospitals of Derby and Burton NHS Foundation Trust.</p> <p>RESOLVED: The Council of Governors noted the Deep Dive report provided by Richard Wright, Non-Executive Director on his role.</p>
<p>DHCFT/G OV/096</p>	<p><u>INTEGRATED PERFORMANCE REPORT SUMMARY</u></p> <p>The paper provides the Council of Governors with an integrated overview of performance at the end of September 2018. The focus of the report is on workforce, finance, operational delivery and quality performance.</p>

	<p>It was noted that the Trust continues to perform well against many of its key indicators, with maintenance or improvements continuing across many of the Trust's services. Details are contained within the report.</p> <p>Comments were made by the individual Non-Executive Directors as follows:</p> <p><i>Margaret Gildea – People and Culture Committee:</i> an extended People and Culture Committee meeting was held on 23 October 2018, to which wider staff representatives were invited. It was noted that the Staff Forum is an important vehicle for feedback from staff and that the Staff Engagement Forum is now ending. The People Services Team are now bedded in. A Deep Dive will be held in December 2018 on sickness absence. The appraisal forms are being re-designed to come in line with the Trust Strategy and to amend the language used, but managers are encouraged to continue with appraisals.</p> <p><i>Anne Wright – Quality Committee:</i> discussions in the Quality Committee have centred on finding ways to get more resource into community services. Out of area placements are very expensive and the Committee is looking at ways to reduce these, perhaps by having more patients in the community, use of the Crisis Team and Early Intervention Team. This is monitored closely by the Committee.</p> <p>Moira Kerr noted the media reports about organisations that charge high prices to trusts in order to provide an out of area bed. Caroline Maley confirmed that we have to find a bed for patients, even if this is out of area. Anne Wright added that these placements are very expensive and not the best use of our resources but if our beds are full then we have to provide these out of area.</p> <p>Carole Riley queried why we do not use Tissington House as this is a closed ward. Ifti Majid confirmed that the crucial limiting factor is the shortage of staff to run the unit. Executive Directors are closely monitoring the use of out of area placements and working to actively reduce these.</p> <p>RESOLVED: The Council of Governors noted the content of the presented paper, from the perspective of the Non-Executive Directors, and agreed that the Non-Executive Directors have held the Executive Directors to account through their role.</p>
<p>DHCFT/G OV/097</p>	<p><u>ESCALATION ITEMS TO THE COUNCIL OF GOVERNORS</u></p> <p>The following two questions were escalated from the Governance Committee:</p> <p>Question 1: <i>What assurance can the Board give that their response to the CCG's open consultation on the Trust's Psychodynamic Psychotherapy service will take into account the needs of the existing service users, provision for those on the waiting list and future people who may need a similar service? Why has the service been cut from 14 to six therapists without a public consultation?</i></p> <p>Richard Wright, Non-Executive Director, provided the response, which had been prepared by Gareth Harry. This response is outlined in full appended to and forming part of these minutes.</p> <p>Moira Kerr asked whether the Trust had checked the evidence used by the CCG to come to this decision and whether research had been carried out by the Trust separately. It was noted that the evidence cited was from the National Institute for Health and Care Excellence (NICE).</p> <p>Ifti Majid confirmed that views will be obtained from a number of Trust stakeholders, which will be collated and written by clinicians as a response to Commissioners. The Trust has already written to Commissioners to state that it is unacceptable to de-</p>

	<p>commission mental health services, without reinvesting in mental health services, as set out in line with national guidelines.</p> <p>Rosemary Farkas asked for it to be noted that the Psychodynamic Psychotherapy Service provides what no other service does.</p> <p>Question 2: <i>What assurances can the Board give that support is being given to bereaved families of service users who had death from suicide?</i></p> <p>Anne Wright, Non-Executive Director, provided the response, which had been prepared by Amy Johnson, Darryl Thompson and Carolyn Green. This response is outlined in full appended to and forming part of these minutes.</p> <p>Any deaths are all logged on the Trust's DATIX risk management system and sensitive contact is made with families. She felt that staff members should be thanked for making contact in difficult circumstances. Moira Kerr also remarked that the assumption of suicide sometimes does not turn out to be the correct cause of death and people have passed away from different physical health conditions.</p> <p>In a recent publication by NHS Resolution, the Derbyshire model was noted as a model of best practice and leading the way in this area.</p> <p>Gillian Hough noted that questions in the meeting are mainly asked by the same governors and would like to encourage others to speak up as well. Caroline reiterated that governors should raise their yellow cards to identify that they would wish to raise a question or otherwise contribute at any point and she would ensure they were given opportunity to speak.</p> <p>RESOLVED: The Council of Governors noted and agreed the information provided in response to the two escalated questions.</p>
<p>DHCFT/G OV/098</p>	<p><u>GOVERNANCE COMMITTEE REPORT</u></p> <p>Carole Riley presented an update to Governors on the meeting of the Governance Committee held on 17 October 2018.</p> <p>It was agreed at that meeting that two questions would be escalated to the Council of Governors, which have been noted under item 097 above.</p> <p>At the Governance Committee meeting in August job descriptions for the Chair, the Deputy Chair of the Governance Committee, the Lead Governor and the Deputy Lead Governor were discussed and are presented to the Council of Governors for approval.</p> <p>Carole asked for suggestions/comments relating to the Training Programme for 2019/20 to be sent to Denise Baxendale so that these can be discussed in the forthcoming meeting to set this programme. Any suggestions that have already been made have been noted.</p> <p>RESOLVED: The Council of Governors:</p> <ol style="list-style-type: none"> 1. Noted the report made at the Governance Committee meeting on 6 November 2018 2. Approved the job descriptions for: <ul style="list-style-type: none"> • Chair and Deputy Chair of the Governance Committee • Lead Governor and Deputy Lead Governor
<p>DHCFT/G OV/099</p>	<p><u>ANY OTHER BUSINESS</u></p> <p><i>Governor Update:</i> Denise Baxendale advised the meeting that Nikki Morley has resigned due to a</p>

	<p>personal change of circumstances. Rob Poole, who was the second candidate for this post, has been approached and has accepted. A number of Public Governor terms are coming to an end soon. Denise has asked for an Electoral Reform Society timeline and will advise accordingly via Governor Connect and report in to the Governance Committee in December. Staff Governor, Jason Holdcroft-Long, will be leaving the Trust and therefore there will be a vacancy for a medical/dental staff governor.</p> <p><i>Governance Committee – 11 December meeting</i> Caroline Maley advised that Gemma Stacey, from the University of Nottingham, has kindly invited Governors for a tour of the Medical School, based at the Royal Derby Hospital site, Derby. There will also be a lunch followed by a Focus Group for Governors on appraisals for Non-Executive Directors that day. Governors are asked to note this extended session – further details on times/location etc. will be provided soonest.</p> <p><i>Sam Harrison:</i> Caroline Maley announced that sadly Sam Harrison will be leaving the Trust at the end of March 2019. Governors have appreciated her input and consistent help and would like to wish her well.</p> <p><i>PARIS system access:</i> Jason Holdcroft-Long had emailed a query on the access of the PARIS system, which has been disrupted for the past day. Ifti Majid responded to state that the Trust had been made aware of the access difficulties, by Civica, provider of the system. Not only was the Trust affected, other users of this system also had the same issue, which was due to problems with BT. Ifti was pleased to advise that the contingency plan of the IM & T department had come into action and that access, albeit slower than usual, had been restored. </p> <p><i>Attendance to the meeting:</i> John Morrissey was pleased to see so many Governors at this meeting.</p> <p><i>Regional Conference:</i> John Morrissey also drew attention to the NHS Providers Regional Governors' Conference, which will be organised for the 26 February 2019 at our Trust and asked governors to keep this date free in their diary. Further details will be publicised via Governor Connect.</p>
<p>DHCFT/ GOV/100</p>	<p><u>REVIEW OF MEETING EFFECTIVENESS</u></p> <p>Governors felt that the meeting went well and was effective. Caroline Maley encouraged all governors to speak up during meetings so that views, comments and suggestions can be obtained from all.</p> <p>Caroline offered her apologies for the next Council of Governors meeting, which is due to take place on 9 January – Julia Tabreham will be chairing this meeting. Moira Kerr has also offered apologies.</p>
<p>DHCFT/G OV/101</p>	<p><u>DATE AND TIME OF NEXT MEETING</u></p> <p>Date: Wednesday 9 January 2018 Time: 2.00 – 4.30 pm Venue: Conference Rooms A/B, Research & Development Centre, Kingsway, Derby, DE22 3LZ</p>
<p>DHCFT/G OV/102</p>	<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>

Council of Governors meeting

Questions posed at the meeting of Council of Governors

6 November 2018

Governors What assurance can the Board give that their response to the CCG's open consultation on the Trust's Psychodynamic Psychotherapy service will take into account the needs of the existing service users, provision for those on the waiting list and future people who may need a similar service? Why has the service been cut from 14 to six therapists without a public consultation?

Derbyshire Healthcare NHS Foundation Trust is currently commissioned to provide psychodynamic psychotherapy services for residents of Derby and Southern Derbyshire. We are aware that our commissioners are currently holding a public consultation regarding the future of this specialist service, with the preferred option being the service is decommissioned.

The Trust is disappointed by the proposals to decommission the service and welcomes the opportunity to work with the CCG on developing alternative care models to support the individuals who will be affected, should the service cease in the future.

The Trust will be providing a formal response to the consultation. This response will be developed directly with the clinicians working in the services that would be affected if the proposal goes ahead. This clinical response will highlight any risks to current, waiting and future patients.

The team currently has a number of vacancies (approximately three WTE therapists). Unfortunately previous recruitment attempts were unsuccessful and the team are now looking to recruit on a fixed term or secondment basis. The Trust does not recognise the figure of eight vacancies within the team.

What assurances can the Board give that support is being given to bereaved families of service users who had death from suicide?

The Family Liaison Team commenced in March 2015 with the remit of supporting patients and family where as a Trust we have a Duty of Candour. The role has developed over time and consistently offers support to families where a loved one is thought to have died by suicide. Their loved one must have been a patient in our care.

When a patient in our care sadly dies there is an expectation that the clinical team reports their death as an incident on Datix (the Trust's risk management system). Details regarding this approach are outlined in our [Untoward Incident Reporting and Investigation Policy and Procedure](#).

Following notification Family Liaison will seek to understand family relationships, whether the deceased had any children and establish who may be the best person to contact in the first instance.

Contact is initiated either by telephone (preferred method) or letter to offer condolences and to explain who Family Liaison are and our role. We would also include information which may support the person affected. It is important to note that the perspective of the family member is paramount therefore we would only share information regarding suicide if family are open to this or it is evident that this maybe the case. Family Liaison ensures that the family has a single point of contact for the Trust.

As part of our contact we would ask family whether they have any questions or concerns regarding the care of their loved one. If concerns are identified then we would ensure that this is formally addressed through the serious incident process or the complaints process. We would ensure that the family are notified of any serious incident investigations that are commissioned and offer then the opportunity to be involved.

Family Liaison can refer into more specialist services if required such as bereavement counselling, Child and Adolescent Mental Health Services and a senior clinician who can offer therapeutic family work. We would also routinely signpost to specialist advocacy services for impartial advice.

In a recent publication by NHS Resolution, the Derbyshire model was noted as a model of best practice and leading the way in this area.