

**MINUTES OF THE COUNCIL OF GOVERNORS MEETING
HELD ON TUESDAY 3 JULY 2018
2.00 – 4.30 PM
CONFERENCE ROOMS A/B, RESEARCH & DEVELOPMENT CENTRE,
KINGSWAY, DERBY, DE22 3LZ**

PRESENT	Caroline Maley	Trust Chair and Chair of Council of Governors
	Rosemary Farkas	Public Governor, Surrounding Areas
	Jo Foster	Staff Governor, Nursing
	Jason Holdcroft	Staff Governor, Medical Staff
<i>Items 058 to 070</i>	Paula Holt	Appointed Governor, University of Derby
	Gillian Hough	Public Governor, Derby City East
	Angela Kerry	Appointed Governor, Derbyshire Mental Health Forum
	Lynda Langley	Public Governor, Chesterfield
	Nicki Morley	Public Governor, Bolsover and NE Derbyshire
	John Morrissey	Public Governor, Amber Valley
	Al Munnien	Staff Governor, Nursing
	Shirish Patel	Public Governor, Erewash
	Jim Perkins	Appointed Governor, Derbyshire County Council
	Kevin Richards	Public Governor, South Derbyshire
	Carole Riley	Public Governor, Derby City East
	April Saunders	Staff Governor, Allied Professions
	Kelly Sims	Staff Governor, Admin & Allied Support Staff
	Karen Smith	Public Governor, Amber Valley
	Gemma Stacey	Appointed Governor, University of Nottingham
	Marie Varney	Public Governor, High Peak & Derbyshire Dales
	Roy Webb	Appointed Governor, Derby City Council
	Christine Williamson	Public Governor, Derby City West
IN ATTENDANCE	Joan Barnett	Grant Thornton UK LLP, External Auditor
	Denise Baxendale	Communications & Involvement Manager
	Andrew Beaumont	Member of the Trust
	Donna Cameron	Assistant Trust Secretary
	Sam Harrison	Director of Corporate Affairs
	Geoff Lewins	Non-Executive Director
	Ifti Majid	Chief Executive
	Amanda Rawlings	Director of People and Organisational Effectiveness
	Anne Wright	Non-Executive Director
	Claire Wright	Deputy Chief Executive & Finance Director
	Richard Wright	Non-Executive Director
		One member of the public
APOLOGIES	Margaret Gildea	Non-Executive Director
	Ann Grange	Public Governor, High Peak & Derbyshire Dales
	Moira Kerr	Public Governor, Derby City West
	Roger Kerry	Appointed Governor, Derbyshire Voluntary Action
	Martin Rose	Public Governor, Bolsover & NE Derbyshire
	Julia Tabreham	Deputy Trust Chair & Non-Executive Director

ITEM	<u>ITEM</u>
DHCFT/GOV/053	<p data-bbox="456 300 1337 367"><u>WELCOME, INTRODUCTIONS, CHAIR'S OPENING REMARKS, APOLOGIES FOR ABSENCE & DECLARATION OF INTERESTS</u></p> <p data-bbox="456 398 1401 499">The Trust Chair, Caroline Maley, welcomed all present to the meeting. Introductions were made and new governors welcomed to the Trust and to their first Council of Governors (COG) meeting.</p> <p data-bbox="456 533 1313 600">Apologies were noted as above. No declarations of interest were received.</p>
DHCFT/GOV/054	<p data-bbox="456 636 1305 669"><u>SUBMITTED QUESTIONS FROM MEMBERS OF THE PUBLIC</u></p> <p data-bbox="456 701 1350 801">Caroline Maley reported that two questions had been received. The questions and responses as read out in the meeting are attached at Appendix 1.</p>
DHCFT/GOV/055	<p data-bbox="456 837 1011 871"><u>MINUTES OF THE PREVIOUS MEETING</u></p> <p data-bbox="456 902 1337 969">The minutes of the previous meeting, held on Tuesday 1 May 2018 were accepted as a correct record.</p>
DHCFT/GOV/056	<p data-bbox="456 1010 1026 1043"><u>MATTERS ARISING & ACTIONS MATRIX</u></p> <p data-bbox="456 1075 675 1108"><u>Matters Arising</u></p> <p data-bbox="456 1140 887 1173">Selection of Quality Indicators</p> <p data-bbox="456 1178 1393 1547">Caroline Maley reported that due to a delay with national benchmarking data, it had not been possible to complete the audit of the governors' first choice of quality indicator. As a result, the governors' second choice had been audited. The Trust had asked its Internal Auditors if the preferred indicator could be audited when the data became available; the cost of this to the Trust would be £2,500. As an alternative to this, it is suggested that governors receive a presentation on the subject of the preferred quality indicator, which was physical healthcare, and update on the Trust's progress towards achieving the Physical Healthcare Commissioning for Quality and Innovation National goal (CQUIN).</p> <p data-bbox="456 1579 1401 1783">ACTION: This proposal was accepted and governors will be invited to submit requests for information/outline areas of interest in physical healthcare for inclusion in the future presentation. The invitation will be extended via Governor Connect. The presentation will be received by the September or November Council of Governors meeting (TBC).</p> <p data-bbox="456 1814 1190 1848">Issue raised with governors from Trust complainant</p> <p data-bbox="456 1852 1377 2009">John Morrissey, Lead Governor, reminded governors that, as reported at the May Council of Governors' meeting, a complaint had been received by governors. With the support of the Complaints Team and Trust senior managers, the complaint was reviewed by the Lead and Deputy Lead Governor who were content that the Trust had provided a</p>

	<p>correct response and had fed this back to the complainant. No response has been received. The matter is considered to be closed.</p> <p><u>Actions Matrix</u> 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 complete were challenged with action owners.</p>
<p>DHCFT/GOV/057</p>	<p><u>ANNUAL ACCOUNTS 2017/18</u></p> <p>Claire Wright, Deputy Chief Executive & Finance Director, presented a summary of the Accounts for 2017/18. The accounts had been approved by the Audit & Risk Committee in May, in the presence of the Lead Governor.</p> <p>Overall, the Trust's performance exceeded plan by £663,000 mainly as a result of income relating to the historic disposal of land. The final position has been further improved by incentive funding, which is yet to be received, and which may be spend on capital projects. The improved cash position enables the Trust to review the future size and breadth of its capital programme. In direct support of its people, quality and operational delivery objectives, the Trust will utilise the bonus funding to make asset investments for the benefit of staff and patients.</p> <p>The annual report and accounts document will be made available after they have been laid before Parliament and, as usual, will form part of the Annual Members Meeting.</p> <p>Roy Webb, Appointed Governor from Derby City Council sought clarification on the deficit related to Out of Area (OOA) patients. Claire Wright clarified that at the outset of the 2017/18 financial year the Trust expected to the costs of OOA patients to be greater than they actually were, but these costs still led to a deficit, albeit a smaller deficit than expected.</p> <p>RESOLVED: The Council of Governors received and noted the summary of the annual accounts for 2017/18.</p>
<p>DHCFT/GOV/058</p>	<p><u>EXTERNAL AUDITOR OPINION ON THE ANNUAL REPORT AND ACCOUNTS 2017/18</u></p> <p>Joan Barnett, Manager with the Trust's External Auditors, Grant Thornton, delivered the Annual Audit Letter Presentation to the Council of Governors. The letter summarises the key findings arising from the auditing of the 2017/18 accounts, assessment the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources and a review of the Trust's Quality Report.</p> <p>An unmodified opinion was issued on the accounts on 25 May (ahead of the national deadline) and a group assurance certificate was issued to the National Audit Office in respect of the Whole of Government Account. The External Auditors were satisfied that the Trust's Annual Report, which includes the Annual Governance Statement, met the requirements set out in the NHS Foundation Trust Annual Reporting</p>

	<p>Manual and was consistent with the audited financial statements.</p> <p>The External Auditors did focus on the development of recurrent CIP schemes and the impact of NHS Improvement guidance on the submission of the refreshed financial plan for 2018/19 and were satisfied that the Trust had proper arrangements in place to secure economy, efficiency and effectiveness in its use of resources, with nothing to report in respect of these matters. An unqualified limited assurance opinion was provided on the Trust's Quality Report.</p> <p>The detailed Annual Audit Letter will be presented to the Audit & Risk Committee on 17 July 2018.</p> <p>Joan Barnett complimented the Trust on the work to bring together the Annual Report and Accounts and Quality Account in a timely, efficient and supportive manner.</p> <p>RESOLVED: The Council of Governors received and noted the Annual Audit Letter presentation from Grant Thornton.</p>
DHCFT/GOV/059	<p><u>NON-EXECUTIVE DIRECTOR DEEP DIVE</u></p> <p>Geoff Lewins, Non-Executive Director (NED) and Chair of the Audit & Risk Committee presented a deep dive on the work he had undertaken since joining the Trust in December 2017. Geoff Lewins' background is as a qualified accountant and auditor in the private sector, mainly Rolls-Royce. He outlined his activities in the Trust in the following areas:</p> <ul style="list-style-type: none"> • Chair of Audit & Risk Committee • As Chair of Audit & Risk Committee, oversight of the Board Assurance Framework with receipt of deep dives on extreme risks • Member of People & Culture Committee and Finance & Performance Committee • Triangulation and scrutiny of information across all three of these Board Committees • Visits to Information Management & Technology and Information Governance Teams • Involvement in the Annual Report and Accounts • The External Auditor Bid Board appointment process • Review and approval of a variety of policies and procedures and audit arrangements (counter fraud, internal and external audit) • Quality visits <p>Gillian Hough, Public Governor for Derby City West, enquired how malpractice or fraud, if detected, would be handled. Geoff Lewins responded that for the Auditors or any other person the first point of contact is generally to alert the Executive, specifically Claire Wright, if related to staff prior to escalation to Human Resources. In addition, Geoff Lewins advised that prior to meetings of the Audit & Risk Committee; the NED members meet privately with Internal and External Auditors which provides an opportunity for free and frank discussion and mutual feedback on any concerns. If there were issues identified these would be immediately raised to the Trust Chair and Chief Executive as necessary.</p>

	<p>Geoff Lewins acknowledged the contribution and support received from Trust staff in welcoming him to the organisation and the quality of information and development provided for him in his role.</p> <p>RESOLVED: The Council of Governors confirmed they had received a deep dive on the work of Geoff Lewins, NED, since his appointment to the Trust.</p>
DHCFT/GOV/060	<p><u>INTEGRATED PERFORMANCE REPORT SUMMARY</u></p> <p>Caroline Maley invited the NED Committee Chairs to illustrate the use of the information in the Integrated Performance Report (IPR) in relation to NED duties. The IPR had been discussed at length in the Public Trust Board meeting earlier in the day.</p> <p>Finance & Performance Committee and People & Culture Committee</p> <p>Richard Wright fed back as Chair of Finance & Performance Committee and as member of People & Culture Committee, which is chaired by Margaret Gildea. Executive Directors are challenged on financial performance in Finance & Performance Committee; the year had started well and is slightly ahead of plan. Agency costs continue to be scrutinised and are improving. NEDs seek assurance from Executive Directors on the ability to mitigate known issues and escalate to the Board if necessary. The IPR reflects the challenges related to appraisals and sickness/absence; these are areas of high priority for the People & Culture Committee and are triangulated with challenges in agency spend and hotspots with staff engagement.</p> <p>Audit & Risk Committee</p> <p>Nothing further to add, following the receipt of the NED Deep Dive by the Chair of the Audit & Risk Committee, Geoff Lewins.</p> <p>Safeguarding Committee and Mental Health Act Committee</p> <p>Anne Wright, NED Chair of both Committees advised she will be presenting the Deep Dive to the September Council of Governors, which will incorporate feedback on the use of the IPR.</p> <p>April Saunders, Staff Governor for Allied Professions, sought further information on the focussed work within the Radbourne Unit, which appears as a hot spot for a number of indicators within the IPR (sickness absence, vacancies and appraisals). Ifti Majid responded that in the Trust Board earlier in the day the connection between sickness, vacancies and levels of acuity had been discussed. The Board had reviewed a 100 day quality improvement plan for the Radbourne Unit and other urgent care pathways to cover areas such as provision of appraisals, leadership, care planning and compliance. A number of actions are already in train to improve performance overall. In addition, Amanda Rawlings, Director of People & Organisation Effectiveness, reported that there is a pipeline of new staff but the Trust acknowledges it has challenges in retention of staff in its urgent care pathways so is identifying options to rotate and retain, rather than lose staff. Kelly Sims, Staff Governor for Admin & Allied Staff, followed up with a question on the Trust's ability to maintain safer staffing levels in this</p>

	<p>environment and was assured that People & Culture Committee retains a significant focus on this. Ifti Majid added that any operational issues are escalated and support implemented.</p> <p>Carole Riley, Public Governor for Derby City East, requested information on the role of Clinical Practice Facilitators. Amanda Rawlings advised that the role is to induct, supervise and support newly qualified and appointed staff. Gemma Stacey, Appointed Governor from the University of Nottingham reported to fellow governors that positive feedback had been received from graduates regarding the effectiveness and impact of this role within the Trust. However, continued support and innovation to improve retention is required, particularly in the urgent care pathway. Investment is ongoing; improvements are already being seen in terms of applications for posts being received and feedback on staff experience.</p> <p>Roy Webb requested information on the issues relating to waiting times in Child & Adolescent Mental Health Services (CAMHS), increases to delayed transfers of care (DTC) and increases in demand for neighbourhood waits in Derby City during May. Caroline Maley responded that CAMHS average waiting times are in fact reducing as demonstrated in the 12 month trend line in the IPR. Geoff Lewins advised that DTC are not necessarily related to shortage of hospital beds but can be related to lack of availability of support or accommodation in the community. Ifti Majid advised that no trigger had been identified in the City for the increase in neighbourhoods. It is possible this may be related to the development of Place but there is no feedback or data to support that at this time.</p> <p>RESOLVED: The Council of Governors received the update from the NEDs on how they have used the IPR to hold the Executive Directors to account through their role using the IPR.</p>
DHCFT/GOV/061	<p><u>ESCALATION ITEMS TO THE COUNCIL OF GOVERNORS</u></p> <p>Caroline Maley reported that three questions had been escalated from the Governance Committee to the Council of Governors. Responses to the questions were read out in the meeting and are attached in full to these minutes at Appendix 2.</p>
DHCFT/GOV/062	<p><u>STAFF ENGAGEMENT UPDATE</u></p> <p>Richard Wright presented the update on behalf of Margaret Gildea. The following points were highlighted:</p> <ul style="list-style-type: none"> • The People & Culture Committee retains oversight and scrutiny for staff engagement • Key themes arising from the staff survey reflect known areas of challenge and dedicated focus is beginning to produce improvements • Visibility of the Board has been raised, particularly in clinical areas • Fair and equal opportunities for development remains an area of high priority

	<p>RESOLVED: The Council of Governors</p> <ol style="list-style-type: none"> 1. Noted the Trust’s position in relation to the staff feedback received over the past six months, including the NHS Staff Survey and Pulse Check results, where key themes have been identified and the suggestions in terms of the local engagement pilot across services 2. Took assurance from the next steps outlined in the report. 3. Noted the ongoing internal communications programme for staff engagement.
DHCFT/GOV/063	<p><u>MEMBERSHIP OF THE GOVERNORS’ NOMINATIONS & REMUNERATION COMMITTEE</u></p> <p>Sam Harrison presented the report to seek approval for invitations of expressions of interest for membership of the Governors’ Nominations & Remuneration Committee.</p> <p>In line with its terms of reference, membership is for term of appointment. Two staff governors have recently been re-elected and therefore their membership has expired. The Committee has carried a vacancy for an Appointed Governor and expressions of interest are sought for this.</p> <p>ACTION It was agreed that expressions of interest for the two staff governor roles and one appointed governor role will be sought via Governor Connect. If expressions of interest exceed the number of vacancies, a ballot will take place via email.</p> <p>RESOLVED: The Council of Governors</p> <ol style="list-style-type: none"> 1. Confirmed agreement with the process proposed. 2. Agreed that expressions of interest would be sought, via Governors’ Connect, during July/August with results presented to the next Council of Governors meeting on 4 September.
DHCFT/GOV/064	<p><u>GOVERNANCE COMMITTEE REPORT</u></p> <p>Gillian Hough, Chair of the Governance Committee presented a summary of the meeting of the Committee held on 12 June 2019, highlighting:</p> <ul style="list-style-type: none"> • Innovations and success from an increased focus on member engagement by governors • Task and finish groups for Engagement and Website Development • Upcoming elections for the Chair and Deputy Chair of the Committee <p>RESOLVED: The Council of Governors noted the report of the meeting of Governance Committee held on 12 June 2018.</p>
DHCFT/GOV/065	<p><u>STAFF GOVERNOR JOB DESCRIPTION</u></p>

	<p>Sam Harrison presented the Staff Governor job description which had been developed in consultation with the staff governors in order to provide clarity on the remit and limitations of the role to aid new and existing staff governors.</p> <p>Gillian Hough sought clarification on the raising of complaints on behalf of individuals. Sam Harrison advised that the role of the governor is to signpost individuals in these circumstances. Signposting of patient experience concerns is detailed in the recently developed governor engagement leaflet.</p> <p>RESOLVED: The Council of Governors approved the staff governor job description for circulation to staff governors.</p>
DHCFT/GOV/066	<p><u>ANY OTHER BUSINESS</u></p> <p>CQC Feedback Ifti Majid reported that the CQC inspection visits in patient related areas had concluded and commended colleagues for their performance during this time. Informal feedback has been received with a lot of positive feedback regarding performance and innovative practice. However, one formal request to improve had been received regarding older peoples services relating to updates to the Electronic Patient Record after observations. A plan has been put in place in order to rectify this concern. The inspection will conclude on 13 July with the completion of the Well-Led element. The results will be made available during August before being published in September.</p> <p>Historical abuse at Aston Hall Ifti Majid advised governors that the NHS England report into historical abuse at Aston Hall will be published shortly. The Trust is not the legacy organisation for Aston Hall, but can expect to be involved in anticipated media coverage. A briefing will be issued to governors prior to the publication of the report.</p>
DHCFT/GOV/067	<p><u>FOR INFORMATION</u></p> <p>Governors received the following items for information:</p> <ul style="list-style-type: none"> • Ratified minutes of the Public Board meeting held on 28 March 2018 • Chair’s Report as presented to Public Trust Board on 3 July 2018 • Chief Executive’s Report as presented to Public Trust Board on 3 July 2018 • Governor meeting timetable • Glossary of NHS terms
DHCFT/GOV/068	<p><u>REVIEW OF MEETING EFFECTIVENESS AND FOLLOWING THE PRINCIPLES OF THE CODE OF CONDUCT</u></p> <p>Caroline Maley sought views on the effectiveness of the meeting. Governors agreed that holding the meeting after the Trust Board is very helpful and commented that it was good to see the NEDs holding the Executives to account in the Board meeting.</p>

	<p>The Chair reminded governors that if they had any concerns regarding today's meeting to raise them directly with individuals concerned where possible. It is also possible to discuss concerns with herself, Sam Harrison, Denise Baxendale, John Morrissey or Carole Riley.</p>
DHCFT/GOV/069	<p><u>DATE AND TIME OF NEXT MEETING</u></p> <p>Date: Tuesday 4 September 2018 Time: 2.00 – 4.30 pm Venue: Conference Rooms A/B, Research & Development Centre, Kingsway, Derby, DE22 3LZ</p>
DHCFT/GOV/070	<p><u>CLOSE OF MEETING</u></p> <p>With no further business the meeting closed at 4.25 pm.</p>

APPENDIX 1

COUNCIL OF GOVERNORS MEETING TUESDAY 3 JULY 2018

SUBMITTED QUESTIONS FROM MEMBERS OF THE PUBLIC

QUESTION ONE

It relates to Page 6 of the minutes, overall page 11 of the Board papers, DHCFT2018/062 in which Claire Wright speaks about the financial performance and over achievement of the control surplus by £663k. I am not sure what this means the total surplus is. As a non-finance person, I believe that these surpluses are essentially savings we make annually out of revenue spending allocations which can then trigger additional funding being received the following year when both the savings and the additional funding can be used on capital spending. If I am correct in this it appears to mean to me that patients, such as myself, are not receiving the care and treatment we require, which should be paid for out of revenue spending, in order for the Trust to receive additional capital expenditure.

How can non-executives allow the Trust to justify taking monies from patient services and leaving patients untreated in order to receive capital expenditure? Surely, with the independence we have as FTs, we could be looking to get sponsorship for capital projects and provide patients with the services they need and deserve.

RESPONSE

It is correct to say that the Trust did make a surplus and it is correct to say we overachieved the control total by £663k. The control total is the amount set by our regulators NHS Improvement at the beginning of the financial year, and is the surplus amount that we are required to achieve. The control total for 2017/18 was £2.765m. At the end of the year the total surplus was £3.428m against the agreed surplus required by our regulator.

Because we overachieved our agreed surplus we then were allocated some 'incentive' funding from the regulator of £2.329m after year end finances were sent in to them.

This means that overall the total surplus was £5.757m, before technical adjustments. After these adjustments the remaining surplus reported in 17/18 accounts and presented to the Council of Governors on 3 July was £5.072m.

It is important to note that we did not reduce services in order to generate the additional surplus reported at 17/18 year end. We are commissioned by the CCGs to deliver specific services and monitoring against delivery of these. Where we know that there is a shortfall or gap in service provision we raise this in our contract meetings with commissioners to work to seek additional funding and/or mitigate service user risk. Where this cannot be immediately resolved it is noted on a joint risk register maintained with the CCGs.

There are occasions when risk is high that we do invest in our services and some examples when we have done this during the year include additional recruitment to:

1. Community mental health teams, to provide additional CPNs
2. The crisis team for crisis workers
3. In-patient units to pay for additional staff to teach and retain staff

4. Older Adult Psychology posts
5. Additional posts for Learning Disability services to reduce waiting time

The £663k initial extra surplus was made possible because of a one-off historical land sale proceeds of £950k. This helped us partly offset some of the additional patient-care related costs that we had been managing during the year (particularly relating to the placement of adult service users in out of area specialist beds).

You are right that when we receive the additional 'incentive' funding we can only spend it on capital, not running costs. However it is important to remember that these capital projects create assets that support our delivery of patient care and treatment. For example it is invested in providing buildings, equipment and technology. We are currently working with our staff to identify where this funding may be used to benefit most effectively patient care and to support our staff.

Scheduled Governor training on NHS and Trust Finances covers the understanding of the reported position and wider NHS finances along with regulator requirements for providers, and all governors are encouraged to attend this session.

QUESTION TWO – Universal Credit – Coercion of Mental Health Claimants

As part of the Health and Work Programme Disabled People Against Cuts (DPAC) we are seeing the use of DWP nudge unit and psycho compulsion. This effectively means the introduction of forced treatment through the use of IAPT Therapists based in job centres. If claimants don't take the treatment they face being sanctioned. The required outcome is that I want the Trust to take up cudgels against the DWP on this one?

Response

To note that the Trust will not enter into anything which is political in terms of taking up a cause for another organisation, or "taking up the cudgels" against another public sector body.

Lynne Wilmott-Shepherd asked the Commissioners to provide clarification. She spoke with the Commissioner who is leading this project to get an idea of exactly what is happening and she has sent the following:

"Employment Advisors (EA) in IAPT (Improving Access to Psychological Therapy) is a project run by the Department for Work and Pensions (DWP) and Department of Health (DH). It has been set up to increase the availability of employment support within IAPT services for people who are employed, those off sick from work and those who are unemployed and looking to find work. The employment support is *purely voluntary* and does not impact on people's benefit status. EAs will be embedded into IAPT services and will not be based within Job Centres.

The intention of this work is to ensure that IAPT services are able to offer an integrated package of psychological therapy and employment support. Therapists and EAs will be expected to work together to ensure that a personalised integrated package of care is available to all clients who choose to be supported in this way to remain in, get back to and find work. Both the EA and IAPT Practitioner will agree with the client shared goals and identify psychological support that could contribute to achieving employment goals.

The EA will work with Jobcentre Plus, employers, trade unions and employment agencies along with other partner organisations to keep people in employment and secure employment opportunities. The EA will provide advice about the use of reasonable adjustments, graduated return to work, access to work and other mechanisms to support individuals and employers to support people in work. This joint working is done on a clear basis of appropriate and proportionate information sharing and client consent, in line with data protection and confidentiality legislation."

APPENDIX 2

QUESTIONS ESCALATED FROM THE GOVERNANCE COMMITTEE MEETING HELD ON 12 JUNE 2018

QUESTION ONE – People Services and Organisational Effectiveness

A staff governor had received a lot of feedback from staff regarding the new Peoples Services which was established as an enhanced service with Derbyshire Community Health Services NHS Foundation Trust. The new structure was set up to improve and enhance recruitment, training, retention and staff support.

- **Staff groups across the Trust are concerned about a reduction in service that they have received to date and request assurance on how services are being delivered and measured and how they are being met.**

Response

The new service commenced on the 1/4/18 with a soft launch as some posts were still to be filled at the time. Most staff are now in post and have been inducted into both trusts working practises and the service model.

31 staff from the DHCT workforce and OD team joined together with 69 DCHS staff to create the People Services Team owned and governed by both trusts via a joint venture arrangement and a Joint Venture Committee. Staff do not belong to one trust or the other; they provide a service to both. There are now more staff and a wider range of services available and the service offer is building as we get the service fully up and running and listen to feedback.

Each team has a service specification agreed by both trusts and a set of KPI's, some are being refined and enhanced as we become clearer about what we wish to measure and what both trusts see as their key requirements. Each month the Executive Directors from both Trusts meet at a Joint Venture Committee to review the service progress and delivery.

- **Assurance is sought from the NEDs that service delivery is being measured and that standards are being met so that there is no detriment to the service that our Trust staff receive.**

Response

The joint venture arrangement is governed by a Joint Venture Committee made up of Executive Directors from both Trusts and performance reports are presented to the Executive Leadership Team (ELT) and we have an escalation process to Trust Board should there be any performance issues arise.

- **Additional assurance is sought specifically on HR support, training, recruitment, retention and staff support.**

Response

The trust has developed a People Strategy that has five focus areas; retain, develop, attract supported by leadership and management and inclusion. The People Services team play a role in the development, delivery, the people policies and practices to deliver the strategy but it is important to note that leaders across the trust have a significant role to play in all areas especially staff support and retention.

- **How are NEDs holding the Executive's to account to ensure that we are receiving an effective service for our staff and that proper governance arrangements are in place?**

Response

The NED's are holding the Joint Venture Committee to account for the oversight, performance and delivery of the standards we require from the People Services Team. The People and Culture Committee primary responsibility is to hold the executives to account for the delivery and performance of the People Strategy and the Workforce Plan for DHCT.

QUESTION TWO – Crisis information on the Trust Website

How can we be assured that the website information offered to people in a crisis is robust enough and mirrors best practice nationally?

RESPONSE

We can confirm that the information on our website has been reviewed by our Service Manager and Consultant Nurse, both of whom have confirmed that it is correct and is representative of our current service provision. Nationally some Crisis resolution and Home Treatment services have a specific phone number that anyone can contact at times of Crisis, including self-referrals. We are unable at this time to offer this option because we do not have the appropriate level of resource to enable us to do this. Commissioners have agreed to continue to invest in the CRHT over the next three years and therefore we would expect to reach a level of resource that will allow us to offer this service.

QUESTION THREE – Joined Up Care Derbyshire (JUCD)

Question to Ifti Majid, Chief Executive – as the lead for the JUCD mental health work stream: Can you help us to clarify and explore how the mental health voice and work stream is being heard and addressed within the Joined up Care and CCG involvement?

RESPONSE

There are a number of ways in which we are ensuring engagement of people who use our services:

1. The Joined up Care Derbyshire Board has just agreed an engagement strategy to ensure all workstreams and the wider STP mechanisms engage and consult with our communities and people who use services. This strategy includes the Engagement Forum (I understand we have a Governor rep on this) as well as an Engagement conference and Engagement working group. Whilst focussing on general more strategic Joined up Care Derbyshire issues it is expected workstreams such as the Mental Health one share information and major transformational plans.
2. Members of the Mental Health workstream board (including myself) have had joint training with members of HealthWatch Derbyshire and Mental Health Together about co-production and consultation ensuring we have a common understanding of both expectations and methodology
3. The quarterly extended Board meetings include representatives from Mental Health Together (Service Receiver and Carer Engagement Group) and mental Health Action Group and copies of all minutes are shared with HealthWatch City and County

4. Individual programme groups such as Forensic and Rehabilitation are tasked with engaging people who use services and carers relating to specific proposed changes and this is one of the tests applied when any proposals are brought to the Board for approval.
5. Quarterly newsletters are circulated widely including to mental Health Together and MHAG. We also factor in complaints and compliments when we are looking to develop a transformation plan – not just from DHCFT but all Organisations providing mental health interventions.