NHS

Derbyshire Healthcare
NHS Foundation Trust

Derbyshire Healthcare NHS Foundation Trust
Council of Governors' meeting

virtual MS Teams meeting

1 November 2022 14:00 - 1 November 2022 17:00

INDEX

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Derbyshire Healthcare
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COUNCIL OF GOVERNORS' MEETING – TUESDAY 1 NOVEMBER 2022
FROM 2.00-5.00PM

This will be a virtual meeting conducted digitally - Click here to join the meeting.

AGENDA		LED BY	TIME
1.	Welcome, introductions and Chair's opening remarks Apologies and Declaration of Interests	Selina Ullah	2.00
2.	Submitted questions from members of the public	Selina Ullah	2.05
3.	Minutes of the previous meetings held on 6 September 2022	Selina Ullah	2.10
4.	Matters arising and actions matrix	Selina Ullah	2.15
5.	Chief Executive's update (verbal)	Ifti Majid	2.20
6.	Derby and Derbyshire Emotional Health and Wellbeing Website (presentation)	Marina Fournier	2.35
STATUTORY ROLE			
7.	Update Care Quality Commission Well Led (presentation)	Selina Ullah	2.50
8.	Report from the Governors Nominations and Remuneration Committee held on 21 October 2022 - Non-Executive Director (NED) remuneration - NED re-appointment	Selina Ullah	3.15
9.	Council of Governors Annual Effectiveness Survey	Denise Baxendale	3.35
10.	Lead Governor/Deputy Lead Governor roles (verbal)	Selina Ullah	3.40
COMFORT BREAK			3.45
HOLDING TO ACCOUNT			
11.	Non-Executive Directors Deep Dive (including an update on staff retention as requested by governors)	Ralph Knibbs	3.55
12.	Escalation items to the Council of Governors from the Governance Committee (verbal)	Selina Ullah	4.10
13.	Verbal summary of Integrated Performance Report (full report provided for information)	Non-Executive Directors	4.20
OTHER MATTERS			
14.	Feedback from Annual Members Meeting	Denise Baxendale	4.35
15.	Forthcoming elections (verbal)	Denise Baxendale	4.40
16.	Governance Committee Report	Ruth Grice	4.45
17.	Any Other Business	Selina Ullah	4.50
18.	Review of meeting effectiveness and following the principles of the Code of Conduct	Selina Ullah	4.55
19.	Close of meeting	Selina Ullah	5.00
FOR INFORMATION			
20.	Minutes of the Public Board meetings held on 6.9.22*		
21.	Chair's Report as presented to Public Trust Board on 1.11.22*		
22.	Chief Executive's Report as presented to Public Trust Board on 1.11.22*		
23.	Governor meeting timetable 2022/2023		
24.	Glossary of NHS terms		
Next Meeting: Tuesday 7 March 2023 from 2.00pm			

* These minutes and reports will be available to view on the Trust's website. Click on the 2022 drop down menus and select the relevant agenda and papers.

Our vision

To make a positive difference in people's lives by improving health and wellbeing.

Our values

As a Trust, we can only provide good quality services through our dedicated staff, working together with a common purpose. Our values reflect the reasons why our staff choose to work for the NHS and Derbyshire Healthcare. Our Trust values are:

People first – we work compassionately and supportively with each other and those who use our services. We recognise a well-supported, engaged and empowered workforce is vital to good patient care.

Respect – we respect and value the diversity of our patients, colleagues and partners and for them to feel they belong within our respectful and inclusive environment.
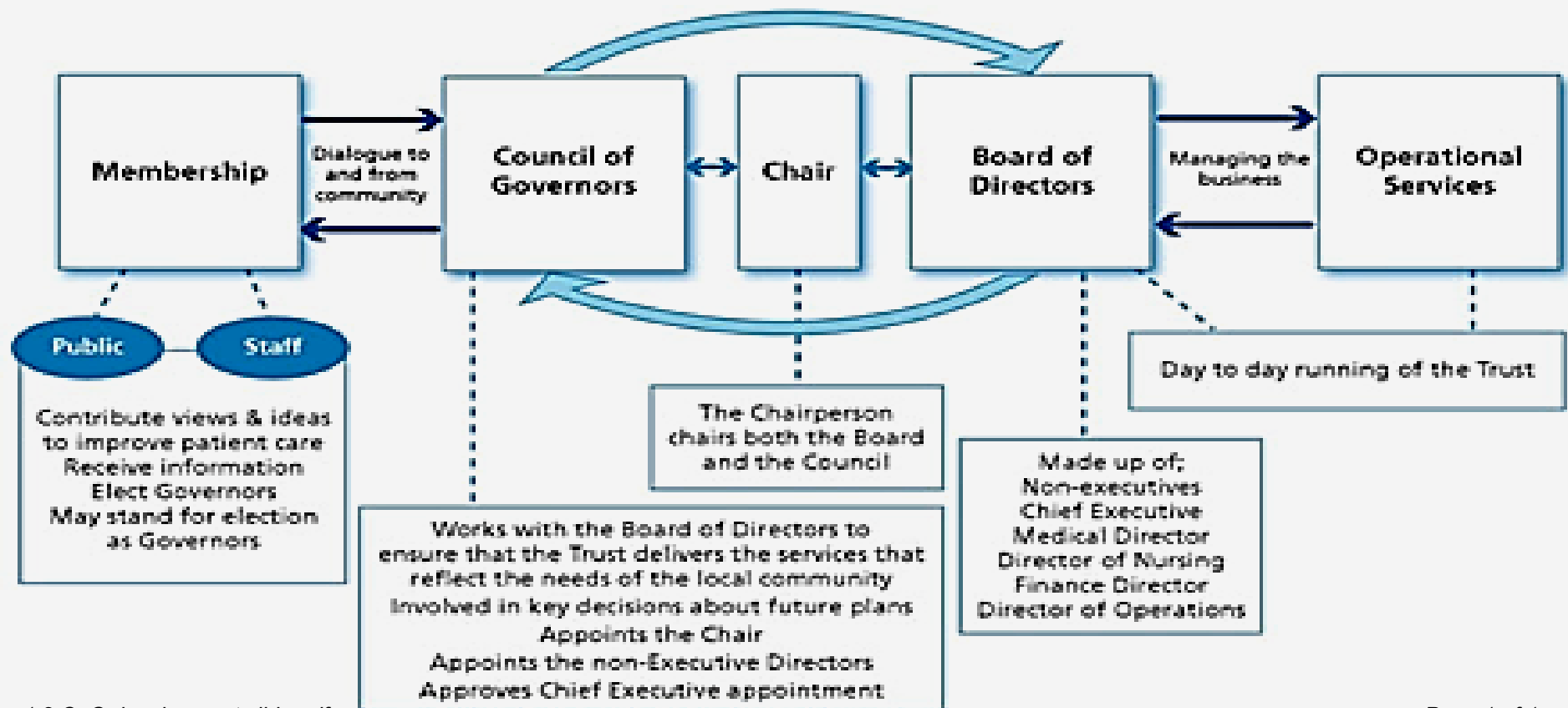
Honesty – we are open and transparent in all we do.

Do your best – we recognise how hard colleagues work and together we want to work smarter, striving to support continuous improvement in all aspects of our work.

1.1 Trust Vision and Values.pdf

Getting the balance right

FT Governance Arrangements

CHARIS consultants ltd

The implications for governors and 'holding to account'

- How are the Board complying with best practice – and obligations ?
- How are the Board reaching the right decisions ?
- How are the Board assuring themselves that the trust is delivering safe and effective care ?
- ❖ The performance of the Trust is the Board's concern;
- ❖ The performance of the Board is the Governors' concern !

CHARIS consultants ltd

how do we ask effective questions?

Good questions

- Help us clarify, explore, open things up, see the whole picture
- Help us identify underlying causes, impacts and patterns
- Help us understand and empathise
- Help us gain fresh perspectives and new ways of seeing
- Help us get to the crux of an issue or problem and reframe it

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CHARIS consultants ltd

how do we ask effective questions?

Good questions

- Allow us to diverge and examine issues before we converge on an answer or solution
- Encourage us to listen and reflect
- Help us offer and get ideas and insights
- Help us learn and be more creative
- Help us hold to account
- Help us gain assurance
- Help us make a difference

**MINUTES OF COUNCIL OF GOVERNORS MEETING
HELD ON TUESDAY 6 SEPTEMBER 2022, FROM 14:00-17:10 HOURS
MEETING HELD DIGITALLY VIA MICROSOFT TEAMS**

PRESENT	Selina Ullah	Trust Chair and Chair of Council of Governors
	Angela Kerry	Public Governor, Amber Valley
	Susan Ryan	Public Governor, Amber Valley
	Ivan Munkley	Public Governor, Bolsover and North East Derbyshire
	Ruth Grice	Public Governor, Chesterfield
	Graeme Blair	Public Governor, Derby City East
	Ogechi Eze	Public Governor, Derby City West
	Orla Smith	Public Governor, Derby City West
	Andrew Beaumont	Public Governor, Erewash
	Julie Boardman	Public Governor, High Peak and Derbyshire Dales
	Kel Sims	Staff Governor, Admin and Allied Support
	Jan Nicholson	Staff Governor, Allied Professions
	Jo Foster	Staff Governor, Nursing
	David Charnock	Appointed Governor, University of Nottingham
	Jodie Cook	Appointed Governor, Derbyshire Mental Health Forum
	Martyn Ford	Appointed Governor, Derbyshire County Council
	Stephen Wordsworth	Appointed Governor, University of Derby
IN ATTENDANCE For item DHCFT/ GOV/2022/053	Denise Baxendale	Membership and Involvement Manager
	Mark Surridge	External Auditor, Mazars
	John Pressley	External Auditor, Mazars
	Carolyn Green	Deputy Chief Executive and Chief Nurse
	Ifti Majid	Chief Executive
	Rachel Leyland	Deputy Director of Finance
	Becki Priest	Interim Director of Quality and Therapies (Chief AHP)
	Claire Wright	Executive Director of Finance
	Ashiedu Joel	Non-Executive Director
	Tony Edwards	Non-Executive Director
	Deborah Good	Non-Executive Director
	Ralph Knibbs	Non-Executive Director
	Geoff Lewins	Non-Executive Director
	Sheila Newport	Non-Executive Director
	Jas Khatkar	NExT Director
APOLOGIES	Jill Ryalls	Public Governor, Chesterfield
	Rob Poole	Public Governor, Bolsover and North East Derbyshire
	Chris Mitchell	Public Governor, High Peak and Derbyshire Dales
	Annette Gilliland	Public Governor, Rest of England
	Hazel Parkyn	Public Governor, South Derbyshire
	Marie Hickman	Staff Governor, Admin and Allied Support Staff
	Laurie Durrant	Staff Governor, Medical
	Roy Webb	Appointed Governor, Derby City Council

Rachel Bounds   Appointed Governor, Derbyshire Voluntary Association

Justine Fitzjohn   Trust Secretary

ITEM	ITEM
DHCFT/GOV/2022/048	**WELCOME, INTRODUCTIONS, APOLOGIES FOR ABSENCE & DECLARATION OF INTERESTS** Selina Ullah, Trust Chair welcomed all to the meeting and in particular to Ralph Knibbs and Tony Edwards, newly appointed Non-Executive Directors. She reminded everyone that the meeting was being held via a public link. The apologies were noted. There were no declarations of interest.
DHCFT/GOV/2022/049	**SUBMITTED QUESTIONS FROM MEMBERS OF THE PUBLIC** It was noted that no questions from members of the public have been received.
DHCFT/GOV/2022/050	**MINUTES OF THE MEETING HELD ON 10 MAY, 5 JULY AND 26 JULY 2022** The minutes of the meetings held on 10 May, 5 July and 26 July 2022 were accepted as correct records.
DHCFT/GOV/2022/051	**MATTERS ARISING AND ACTIONS MATRIX** There were no matters arising from the minutes, and no actions outstanding. It was noted that there were no ongoing actions listed on the Actions Matrix. **RESOLVED: The Council of Governors noted that all actions on the Actions Matrix had been completed.**
DHCFT/GOV/2022/052	**CHIEF EXECUTIVE'S UPDATE INCLUDING CARE QUALITY COMMISSION UPDATE** Ifti Majid, Chief Executive provided the meeting with an update which included: • The impact of COVID-19 – there is a decrease in cases nationally and within our organisation. Currently 21 colleagues are absent with COVID-19 and a few are off with long Covid. It was noted that colleagues are not passing on the virus to patients but that patients are being admitted with COVID-19. Currently colleagues are not required to wear PPE and masks, unless a patient they are caring for has COVID-19. Colleagues have fed back positively on not having to wear PPE or masks, and the situation is being kept under review by the Trust. The Trust is in the process of preparing to administer autumn boosters for COVID-19. It was noted that the Trust will be offering COVID-19 and flu vaccines to all colleagues across sites and in the Health Protection Unit at Kingsway Hospital Site in Derby. Governors were encouraged to get the COVID-19 booster when it is offered. • Performance improvement – as an organisation the Trust has accepted that it is not performing as well as expected due to the increase in demand for our services during the COVID-19 pandemic. However, the

	focus is now on setting high quality targets and collaborative working to increase treating people within their communities.
	• Financial sustainability – the focus is on giving assurance that partnership working across Derby and Derbyshire will be financially sustainable. For example reducing spend on locum consultants, bank staff and the legacy impact of COVID-19 and how cost efficiencies can be delivered.
	• Care Quality Commissions (CQC) forthcoming Inspection – the Trust is preparing colleagues and putting robust interim arrangements in place for the leadership changes.
	• System working – including the Integrated Care Board (ICB) which is the operating model with NHS England; Integrated Care Partnership, development of the Provider Collaborative at Scale in Derbyshire; the Derbyshire Integration Place Executive, our local Place Alliances; and the East Midland Mental Health and Learning Disability Alliance.
	• Winter pressure expectations include:
	- Staff recruitment and retention, staff exhaustion and sickness, the cost of living pressures.
	- Increase in Trade Union discontent and potential industrial action impacting health care.
	- Expectation that COVID-19 and flu cases will increase as people start to spend more time indoors.
	- Increasing demand for NHS services – the Trust needs to ensure that it is keeping people safe whilst they wait to access our services.
	Ruth Grice, Public Governor referred to the fact that many medicines are being taking off prescription and people will be expected to pay for them. She urged people to go to their GPs who may be able to prescribe an alternative.
	It was noted that governors were reassured about the leadership succession planning and the preparation of CQC's inspection.
	RESOLVED: The Council of Governors noted the Chief Executive's update.
DHCFT/GOV/2022/053	**<u>PRESENTATION OF THE ANNUAL REPORT AND ACCOUNTS 2021/22 AND REPORT FROM THE EXTERNAL AUDITORS</u>** Claire Wright, Executive Director of Finance, reminded governors of their statutory role i.e., governors must be presented with the NHS Foundation Trust's annual report and accounts and any report from the auditor on them. Claire explained that an overview of the Annual Report and Accounts for 2021/22 will also be presented, consistent with financial reporting, at the Annual Members Meeting on 21 September 2022. Claire introduced Mark Surridge and John Pressley of external auditors, Mazars, who provided a summary of the Annual Audit letter for the Trust. Mark explained that Mazars key responsibilities are to: • Give an opinion on the Trust's financial statements • Assess the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources (the value for money conclusion).

	Mark explained that the audit was completed by the deadline, which was testament to the work of the Finance Team and other Trust staff who worked together to present the annual report and accounts. Mark presented a positive annual report letter and confirmed that they had not identified any significant weaknesses which would require further work or wider reporting. Graeme Blair, Public Governor asked what 'unqualified opinion' means. Mark explained that this means the Trust has been given a clean bill of health on financial statements and the work carried out by the Finance Team. Sue Ryan, Lead Governor asked to what extent does the wider Derbyshire financial situation affect the Trust. Mark explained that this will be included in the report for next year. Tony Edwards, Non-Executive Director (NED) assured governors that NEDs are aware of the amount of change and implications that come with partnership working and they are ensuring that the interests of the Trust are being looked after. Martyn Ford, Appointed Governor asked what the fees were for carrying out the external audit. John Pressley confirmed that the fee was £70, 640 plus vat as included in the contract. Geoff Lewins also assured governors that Mazars were providing value for money and that the Audit and Risk Committee received information on contract performance. Sue Ryan conveyed her appreciation to Mark Surridge and John Pressley for the positive report. **RESOLVED: The Council of Governors noted the report.**
DHCFT/GO V/2022/054	**NON-EXECUTIVE DIRECTORS DEEP DIVE (INCLUDING ANNUAL REPORT OF THE AUDIT AND RISK COMMITTEE)** Geoff Lewins, as Chair of the Audit and Risk Committee, presented the Deep Dive, which included the annual report of the Audit and Risk Committee, to governors. Geoff explained that the Committee oversees the production of the Annual Report and Accounts which included liaising with the external auditors Mazars. It was noted that the Audit and Risk Committee carries out a significant amount of other work during the year reviewing the Trust's system of risk management. Geoff is also a member of the Finance and Performance Committee. He is also involved in the OnEPR project which is migrating the Trust from the electronic patient record PARIS to SystmOne. Geoff also confirmed that he is involved in the Derbyshire System in the implementation of 'shared care records' a linked IT system. He has also recently taken up the role of Freedom To Speak Up (FTSU) NED and meets with the FTSU Guardian Tam Howard to ensure that she is supported by the Board and wider management of the Trust and to provide an escalation route if necessary. Geoff has also taken on the NED role supporting the development of the East Midlands Perinatal Mental Health Provider Collaborative (where the Trust will take on the Lead Provider role).

	Geoff confirmed that he is a member of the System Transition Assurance Sub-Committee which provided assurance on the transition activities to move towards Integrated Care System (ICS) status.
	Sheila Newport, clinical NED, Chair of the Quality and Safeguarding Assurance Committee (since February 2022) and Deputy Trust Chair (since July 2022) presented her Deep Dive to governors.
	Sheila explained that the Quality and Safeguarding Committee has an extensive agenda covering all aspects of safety, effectiveness and patient experience using the quality dashboard. She also explained that the Committee reviews the Board Assurance Framework (BAF) to consider the current status of risks for which it holds responsibility and whether any new risks have been identified through assurance processes.
	Sheila is also a member of the People and Culture Committee and has continued her participation in the development of Medical Leadership within the Trust. Prior to February 2022 Sheila was Chair of the Mental Health Act Committee. Sheila explained that this Committee's main purpose is to obtain assurance that the safeguards and provisions of the Mental Health Act are appropriately applied, taking account of the provisions of related statute and guidance, for example Mental Capacity Act, Deprivation of Liberty Safeguards and Human Rights Act.
	Shelia confirmed that the Trust face to face Quality Visits which had been paused during the COVID-19 pandemic are in the process of being stood back up this year. During the pandemic NEDs were involved in virtual visits.
	Jan Nicholson, Staff Governor asked why the majority of Trust reports focus on adults mental health and Child and Adolescent Mental Health Services (CAHMS) and not the extensive children services we provide. Shelia assured Jan that the Quality and Safeguarding Assurance Committee reports look at all services. Carolyn Green also assured governors that the Trust receives high level summaries of children services, and that child health is really important to the Trust. Carolyn suggested that children services will be amplified in future reports.
	Angela Kerry thanked Geoff and Shelia for their Deep Dives. She found the information about their roles really helpful, which gave a clear insight into the breadth of work NEDs undertake.
	Selina Ullah conveyed her appreciation to the NEDs who often do more that their allotted time.
	RESOLVED: The Council of Governors received the Deep Dive Reports from Geoff Lewins and Sheila Newport.
DHCFT/GOV/2022/055	**ESCALATION ITEMS TO THE COUNCIL OF GOVERNORS FROM THE GOVERNANCE COMMITTEE**
	One item of escalation was received from the Governance Committee meeting held on 9 August 2022:
	Governors want to seek assurance around the implications of leadership changes and any potential impact these changes will have on the impending Care Quality Commission Inspection.

	The response to the question attached as Appendix 1 to these minutes, was read out at the meeting.

Kel Sims, Staff Governor referred to issues raised by colleagues around changes happening in operational structures, and the possible financial issue as there are more senior manager posts in the new structure. Ifti Majid explained that the changes are necessary in that the Trust is growing as an organisation with increased funding to increase our services and therefore management costs have to increase to lead these services. He confirmed that the structure includes support costs. He also explained that the operational restructure was necessary to support the interim stability of the Trust. He confirmed that the organisation has reallocated finances at no additional cost.

Ifti also explained that the Trust is listening to feedback from staff on the changes to the operational structure and were responding to concerns. |
| **DHCFT/GO V/2022/056** | **VERBAL SUMMARY OF INTEGRATED PERFORMANCE REPORT**

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

Geoff as Chair of the as Chair of the Audit and Risk Committee updated the meeting on the following:

- There have been a number of glitches in reporting on SystmOne when data was migrated from PARIS. The glitches are being addressed and improvements made.
- Wait lists continue to be challenging in many areas some of which are due to an increase in referrals, workload and staff vacancies. He assured governors that people on wait lists are contacted to check that they are waiting well.

Tony Edwards as Chair of the Finance and Performance Committee and member of People and Culture Committee referred to:

- Financial performance – the deficit is increasing more quickly than anticipated. This is due to the cost of agency staff, bank locums and COVID-19 costs. Further information on this is detailed in the report. The Committee is looking at how this can be turned around with cost efficiencies.
- Wait lists – initiatives have been put in place to decrease the wait times, but wait times for community paediatrics, autism and CAMHS remain high. Tony explained that since the last report to governors in September 2021 there have been some improvements, but improvements still need to be made. The Trust has prioritised urgent cases and is currently looking at underlying causes of wait times in order to attempt to fix the root cause. The demand for Trust services continues to grow and the short term issues around sickness absence and staff shortages are exasperating the situation and putting pressure on staff. Staff shortages is a national problem but with the senior leadership's creative thinking and additional funding from Joined Up Care Derbyshire wait times are expected to improve. The situation will be monitored to see if the actions being taking are having a positive impact on the wait times. A Waiting Time Improvement Board will be |

established to monitor the situation. This will be chaired by Faye Rice, Managing Director of Delivery, Performance and Transformation.

Andrew Beaumont, Public Governor mentioned that he had attended a Mentell meeting which is a virtual voluntary support group run nationally. A criticism of this organisation is that the facilitator could be in a different part of the country and Andrew expressed concern about using bank locums virtually to carry out assessments. He suggested that using bank locums need to be carried out in a clinically effective way if virtual.

Jodie Cook suggested that she meet with the new NEDs to give an overview of the voluntary sector and Selina supported this

Susan Ryan suggested that governors should have sight of how the Trust intends to improve its performance against the statutory performance indicators and other measures within the IPR i.e. what the milestones are. Tony agreed to look into this.

Martyn Ford suggested that the Assurance Summary could be simplified by using the RAG rating system as the control charts are difficult to read. Geoff explained that RAG ratings do not show the journey for improvement which is important to illustrate (this is shown by dots on the statistical process control charts which plot the progress made). Denise Baxendale reminded governors that a training session on interpreting the charts had been held when they were first introduced in the IPR so she agreed to look for information that was available at that time and send round.

Ralph Knibbs as Chair of the People and Culture Committee referred to:

- The Trust's workforce plan has been produced from a people perspective and includes the Equality, Diversity and Inclusion (EDI) process, operating model and environment, training and development. He explained that the Trust buys the service as part of the joint venture arrangements with another organisation and it is important that our Trust ensures they are delivering the service we need.
- Living by the Trust's People First value. The Trust is trying to ensure that people are supported when they return to work after an absence. The back to work process is being simplified to support colleagues returning to work. Return to work (RTW) interviews need to be increased; and colleagues need to be offered a phased return to work if appropriate. New staff need to be made to feel comfortable and valued; and candidates for vacancies need to be supported through the interview process to ensure we are encouraging the right people.

Sheila Newport as Chair of the Quality and Safeguarding Committee referred to:

- Holding performance review summits when the Trust is not meeting national standards. For example the service has exceeded the early intervention 14-day referral to treatment standard of 60% or more people on the waiting list to have been waiting no more that two weeks to be seen in all but one month. This means that 40% of people are not getting the timely treatment they need.
- Waiting lists have been thoroughly covered by other NEDs during the meeting. Sheila explained that this is a national issue.

	• Future and social detriment that will affect a lot people for example the cost of living crisis; and the impact this will have on peoples mental health. The Trust will be monitoring the impact of this over the coming months. • There is a potential rise in restraint and exclusion which is being monitored by the Trust. Selina Ullah thanked the NEDs for their feedback which demonstrated assurance that they are holding the Executives to account and ensuring that a focus on delivery, strategy and performance is in place. **RESOLVED:** 1) **The Council of Governors noted the information provided in the IPR** 2) **Agreed that the NEDs have held the Executive Directors to account.** **ACTIONS:** • **Denise Baxendale will arrange a meeting for Jodie Cook to give an overview of the voluntary sector to the NEDs** • **Tony Edwards will investigate how best to provide assurance on the performance trajectories/ milestones the Trust has in place achieved the targets and what the Trust is working towards** • **Denise Baxendale will circulate further information on the control charts.**
DHCFT/GO V/2022/057	**ANNUAL MEMBERS MEETING UPDATE** Denise Baxendale gave an update on the Annual Members Meeting (AMM) which included: • The AMM is being held as a virtual meeting using MS Teams • Presentations have been confirmed. One will focus on the new builds under construction and the therapeutic benefits they will provide. The other will showcase the Trust's 'Work your way' employment service which support people who have or are using our services into work • The winners of the Trust's 'looking forwards' arts and crafts competition will be announced. The nine finalists have been invited to the AMM, and all finalists will receive a certificate and prize. There were lots of entries which can be viewed on the Trust website, along with a separate gallery for the finalists. • The AMM has been widely promoted across Derbyshire, and governors are also promoting within their communities. **RESOLVED: The Council of Governors noted the information provided on the Annual Members Meeting.**
DHCFT/GO V/2022/058	**GOVERNANCE COMMITTEE REPORT – 8 JUNE AND 9 AUGUST 2022** The Council of Governors received the report from the Governance Committee meetings which took place on 8 June and 9 August 2022. Ruth Grice, Chair of the Committee referred to the following: • The Committee's Terms of Reference were reviewed, and no changes were made

	• The process for the Governors Annual Effectiveness Survey was agreed • Governors have been invited to participate in the Trust's Quality Visits. These are an opportunity for governors to visit and find out more about the Trust's services. Governors need to have a DBS check in place to participate in these visits • Discussed the Strategy refresh. **RESOLVED: The Council of Governors received and noted the contents of the report.**
DHCFT/GOV/2022/059	**REVIEW OF THE GOVERNORS' MEMBERSHIP ENGAGEMENT ACTION PLAN** Denise Baxendale provided an update on the Governors' Membership Engagement Action Plan (the Action Plan). She reminded governors that they are elected to represent their local communities and the Action Plan has been developed to increase engagement with members and to promote the governor role. It is aligned to the key objectives for members' engagement in the Membership Strategy 2021-2024 as follows: • Increase membership engagement with the Trust and its governors • Provide mechanisms for members to provide feedback to the Trust • Increase awareness of governors and the role they play • Further develop and enhance member focused communications through the membership magazine and e-bulletin • Include the role and promotion of staff governors in the Trust's wider focus on staff engagement. The Action Plan was last reviewed by the Governance Committee on 9 August 2022 and the updated version was presented to the Council. **RESOLVED: The Council of Governors** 1) **Received the Governors' Membership Engagement Action Plan and noted the progress made** 2) **Encouraged governors to carry out the actions listed** 3) **Inform Denise Baxendale of any updates to record on the Action Plan.** **ACTION: governors are encouraged to feedback to Denise Baxendale on any actions completed so that Denise can update the Action Plan.**
DHCFT/GOV/2022/060	**ANY OTHER BUSINESS** **Claire Wright** Denise Baxendale explained that this was Claire's last Council of Governors meeting before she retires in October. Denise conveyed her appreciation to Claire for always making time for governors, providing training on finance that is meaningful and easy to understand, encouraging governors to ask questions and for being inclusive. **Governors and meeting dates** Denise Baxendale reminded governors to confirm attendance or register apologies as this really helps with planning.

	Mental Health Neurodiversity and Learning Disability Alliance festival Jodie Cook reminded governors that the event is taking place on 23 September from 10am-4pm at the Post Mill Centre in South Normanton; and encouraged governors to attend. The festival celebrates the launch of the alliance and celebrates joint working with partners across Derby and Derbyshire, including the NHS, Local Authorities and the Voluntary, Community and Social Enterprise (VCSE) sector **World Suicide Prevention Day – 10 September** Jodie Cook referred to the recent call for support at football matches that are taking place, to raise awareness with fans on suicide prevention, tackling the stigma that prevents people from seeking help when in distress, and supporting and signposting people in need to sources of support. She confirmed that to date the support has been very well received. **Last Photo exhibition** Rachel Bounds referred to the Last Photo exhibition which will be displayed in the Hub, Low Pavements, Chesterfield for World Suicide Prevention Day. The exhibition is on for a week and all artwork on display is produced by people with mental health issues. There is also a section curtained off which displays the last photo of people who have taken their own lives.
DHCFT/GOV/2022/061	**REVIEW OF MEETING EFFECTIVENESS AND FOLLOWING THE PRINCIPLES OF THE CODE OF CONDUCT** The Council of Governors agreed that: • The meeting was effectively chaired • The meeting overran but the quality and depth of discussion has been good • Covered all agenda items with enough time for discussion. Kel Sims suggested that the meeting could be recorded so that governors unable to attend can watch it. Selina Ullah agreed to discuss this with Justine Fitzjohn and Denise Baxendale. **ACTION: Selina to discuss the recording of the next meeting with Justine Fitzjohn and Denise Baxendale.**
DHCFT/GOV/2022/062	**CLOSE OF MEETING** The meeting closed at 17:10 hours. The next Council of Governors meeting will be held on Tuesday 1 November 2022 from 14.00 hours.

Appendix 1

Escalated items from the Governance Committee held on 5 April 2022

<u>Question:</u>

Governors want to seek assurance around the implications of leadership changes and any potential impact these changes will have on the impending Care Quality Commission Inspection.

<u>Response</u>

Some changes have taken place since the Board last met in July. Three of our executive directors will be saying farewell in the coming months: Ifti Majid, Dr John Sykes and Claire Wright. We are very grateful for their service and welcome the opportunity to have new Board members joining us and colleagues developing.

In terms of recruiting Ifti Majid's successor as Chief Executive, we have agreed an outline recruitment strategy that will enable a lot of engagement with Trust colleagues for each of the potential candidates. We will soon be in a position to launch a process which will secure the appointment of an outstanding Chief Executive.

The recruitment strategy will also ensure that new people recruited to the Board have been appointed on their commitment to the Trust's people first and inclusive values in line with approach we took with the appointment of John's successor as Medical Director, and we are looking forward to welcoming Dr Arun Chidambaram into this post in October and am very pleased that Arun has been able to join us at today's meeting.

Claire Wright recently took the decision to step away from the Deputy Chief Executive part of her role to concentrate on the Director of Finance role. The recommendation to appoint Carolyn Green as Deputy Chief Executive was agreed and enacted with immediate effect. Since then, Claire has considered her home/work life commitments and has taken the decision to retire from her role as Director of Finance and will depart the organisation on 31 October.

To ensure the Trust's Finance function continues to run smoothly during the transition it has been agreed to appoint Deputy Director of Finance, Rachel Leyland as Acting Director of Finance from 1 November to 30 April 2023. Rachel is an experienced leader within the Trust with strong financial stewardship. Claire will continue to hold full Director of Finance statutory accountability and operate as a voting member of the Board until she departs at the end of October. Rachel will take on some additional responsibilities and undertake a comprehensive handover process.

Carolyn Green has very quickly moved to close the clinical gaps that will arise when she moves into her role of Interim Chief Executive when Ifti says farewell at the end of November. Carolyn has a wide portfolio in her substantive role as Director of Nursing and Patient Experience. When looking at arrangements to backfill her role when she takes up the role of Interim Chief Executive it will not be possible to align her duties to one person. Therefore it was decided to appoint an Interim Director of Nursing and Patient Experience that will also include Infection Prevention and Control responsibilities and an Interim Director of Quality and Allied Health Professionals (AHPs).

Becki Priest has been appointed as Interim Director of Quality and AHPs. Becki has started in her new interim role and has joined us at today's meeting.

Tumi Banda who is currently the Deputy Director of Nursing and Practice at Kent and Medway NHS and Social Care Partnership Trust has been selected as the Interim Director of Nursing and Patient Experience. Selina Ullah, Trust Chair said: "I look forward to welcoming Tumi and Becki to the Trust Board during their six months in these roles, where I am sure they will make a valuable contribution. I am sure Board colleagues will also appreciate the added value that will be achieved through the appointment of these two posts."

The Trust Chair, Selina Ullah gave assurance that the Trust has a strong team in place for Care Quality Commission preparations.

COUNCIL OF GOVERNORS ACTION MATRIX - AS AT 24/10/2022							
Date of Minutes	**Minute Reference**	**Item**	**Lead**	**Action**	**Completion by**	**Current Position**	
06/09/2022	DHCFT/GOV/2022/056	Verbal summary of Integrated Performance Report	Denise Baxendale	Denise Baxendale will arrange a meeting for Jodie Cook to give an overview of the voluntary sector to the NEDs	31/01/2023	Emailed Jodie Cook and Leida Roome for availability. 21.10.22	Amber
06/09/2022	DHCFT/GOV/2022/056	Verbal summary of Integrated Performance Report	Tony Edwards	Tony Edwards will investigate how best to provide assurance on the performance trajectories/ milestones the Trust has in place /achieved the targets and what the Trust is working towards.	01/11/2022	Denise Baxendale emailed Tony Edwards on 21.10.22. Tony will provide an update at the next meeting.	Amber
06/09/2022	DHCFT/GOV/2022/056	Verbal summary of Integrated Performance Report	Denise Baxendale	Denise Baxendale will circulate further information on the control charts	31/12/2022	Emailed governors the guidance on how to read the statistical control charts in the Integrated Performance Report 21.10.22. COMPLETE	Green
06/09/2022	DHCFT/GOV/2022/059	Review of the Governors' Membership Engagement Action Plan	All governors	Governors are encouraged to feedback to Denise Baxendale on any actions completed so that Denise can update the Action Plan	01/12/2022	None received to date. Denise Baxendale will send a prompt in the next edition of Governor Connect.	Amber
06/09/2022	DHCFT/GOV/2022/061	Review of meeting effectiveness and following the principles of the Code of Conduct	Selina Ullah	Selina to discuss the recording of the next meeting with Justine Fitzjohn and Denise Baxendale	01/11/2022	A discusison has taken place - as comprehensive minutes are released after meetings and there is always the opportunity to raise issues/questions/comments prior to the meeting, we are keen to encourage governors to attend the meetings(this is a statutory requirement). COMPLETE	Green

Key	Agenda item for future meeting		YELLOW		
				0	0%
	Action Ongoing/Update Required		AMBER		
				3	60%
	Resolved		GREEN		
				2	40%
	Action Overdue		RED		
				0	0%
				5	100%

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 1 November 2022

Late report connected to item 7 – Well Led presentation

Purpose of Report
To provide an update on the Chief Executive recruitment and re-outline the continuity plans we have in place to ensure stability in the interim period.

Executive Summary
This brief complements the Well Led presentation on the agenda at item 7. One of the eight key lines of enquiry for the well led inspection is around leadership. A discussion will be invited at the end of the slide-set.

Strategic Considerations	
1) We will deliver **great care** by delivering compassionate, person-centred innovative and safe care.	
2) We will ensure that the Trust is a **great place to work** by creating a compassionate, skilled and empowered leadership, creating a vibrant culture where colleagues feel they belong, thrive and are valued.	X
3) The Trust is a **great partner** and actively embraces collaboration as our way of working.	
4) We will make the **best use of resources** by making financially wise decisions and avoiding wasting resources to ensure financial recovery and long term sustainability.	

Assurances
The Trust has robust plans in place around its leadership.

Consultation
A number of staff engagement sessions have been held and regular briefings communicated around the interim arrangements. Staff and governors helped shape the person specification for the Chief Executive role and will be involved in the selection process.

Governance or Legal Issues
The Trust Board composition is prescribed by statute as set out in the Trust Constitution. Executive Director appointments to the Board are carried out in line with the Trust's recruitment policies, which also cover interim appointments. The Council of Governors approves the appointment (by the Remuneration and Appointments Committee) of the substantive Chief Executive.

Public Sector Equality Duty & Equality Impact Risk Analysis
In compliance with the Equality Delivery System (EDS2), reports must identify equality-related impacts on the nine protected characteristics age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity (REGARDS people (Race, Economic disadvantage, Gender, Age, Religion or belief, Disability and Sexual orientation)) including risks, and say how these risks are to be managed.

Below is a summary of the equality-related impacts of the report:

- There is a requirement for the Board to represent the ethnicity profile of the population and DHCFT is one of the most diverse boards in the country
- There is a requirement to encourage widest diversity in the board
- Over the last 16 months we have developed an inclusive approach to recruitment, taking positive action to ensure that we have diverse shortlists. These approaches will be at the centre of this recruitment process
- The values of the Trust will be tested in the recruitment process.

Recommendations

The Council of Governors is asked to:

1) Receive the brief and discuss any issues at the end of the Well Led presentation.

Report presented by: **Selina Ullah, Trust Chair**

Derbyshire Healthcare NHS Foundation Trust
Council of Governors – 1 November 2022

Since the announcements were made in the Summer that three of our experienced Executive Directors, Ifti Majid, Dr John Sykes and Claire Wright would be leaving us, we have recognised the real concerns our staff and governors have about the impact of these leadership changes.

Arun Chidambaram seamlessly took over from John Sykes at the beginning of October and for the other posts we have acted swiftly to provide interim arrangements to give confidence about how we are building resilience and a consistency of purpose and values into our Board at a time of change.

This started with a three-step plan proposed by Ifti to support his handover and seamless exit from the organisation. Carolyn Green was appointed as Interim Deputy Chief Executive and the detail on the backfill for Carolyn and interim arrangements for the Director of Finance post was set out in the brief that is included within the minutes of the September Council of Governors meeting. Becki Priest, Tumi Banda and Rachel Leyland are all now delivering the priorities in their interim roles.

In order to provide that key stability, the Trust's Remuneration and Appointments Committee have appointed Carolyn as Interim Chief Executive for the period between Ifti leaving the Trust on 30 November and the new substantive Chief Executive commencing in post.

We have been keeping everyone updated on the Chief Executive recruitment. The advert is live and we are receiving a good level of interest from appropriate candidates. The role will remain open until 9 November and we have scheduled the process to complete just before Christmas.

We are holding a number of dates in governors diaries around this time for the Council of Governors to formally approve the appointment (by the Remuneration and Appointments Committee) of the substantive Chief Executive. Included in this brief is an extract from the guide 'Your statutory duties: A reference guide for NHS foundation trust governors'. We will only need the one extraordinary meeting but are holding a few dates for contingency.

The Staff Governors have had a number of queries from staff around the above processes. These will be added to the engagement log for fuller discussion at the December Governance Committee but I thought it would be helpful to explain some of the governance aspects.

Board composition and appointments

It is the role of the Remuneration and Appointments Committee (a Committee of the Board consisting of the Chair and all Non-Executive Directors) to regularly review the structure, size and composition (including the skills, knowledge, experience and diversity) of the Board. This Committee is also responsible for identifying and appointing candidates to fill Director positions on the Board of Directors including the

Chief Executive, voting and non-voting Executive Directors.

Legally the Trust Board has to have a number of statutory Executive Directors. This includes the Chief Executive who is also the 'Accounting Officer' and a statutory nursing director. It is vital that we allocate the appropriate resources for these roles to enable them to discharge their respective duties and responsibilities effectively.

The duties of the Accounting Officer are set out in the NHS foundation trust accounting officer memorandum but the general responsibility is for the overall organisation, management and staffing of the NHS foundation trust and for its procedures in financial and other matters.

The Committee also considers succession planning for the Chief Executive and other Executive Board Director roles taking into account the challenges and opportunities facing the Trust and the skills and expertise needed on the Board in the future.

At its meetings in July, August and October the Committee supported and/or approved all of the transitional arrangements and future recruitment plans for the substantive Chief Executive and Director of Finance posts. It took advice from the Chief Executive and Director of People and Inclusion and received assurance that the appointment process for the interim roles had been carried out in line with the section of the Trust's recruitment policies which deals with interim appointments.

We have continued to update our staff and governors and shared our plans at engagement events, we have had some really constructive feedback particularly on how staff want to be involved in the selection of our new Chief Executive. I have given my personal reassurance that we have continuity plans in place across the Executive Team to ensure our priorities continue to progress. This includes preparations for the development of our new acute inpatient services and for our forthcoming CQC inspection, which we continue to plan for whilst we await an official inspection date.

The Council of Governors is asked to:

1) Receive the brief and discuss any issues at the end of the Well Led presentation.

Appendix 1 – extract – Your statutory duties A reference guide for NHS foundation trust governors.

[Governors_guide_August_2013_UPDATED_NOV_13.pdf (publishing.service.gov.uk)](https://publishing.service.gov.uk)

Chapter 6: Approving the appointment of the chief executive

This chapter looks at the role of governors in appointing the chief executive of an NHS foundation trust. It covers:

- *factors to consider when deciding whether to approve an appointment; and*
- *what to do if you decide not to approve an appointment.*

What are the legal requirements?
The 2006 Act says: "The appointment of a chief executive requires the approval of the council of governors".

What does "approval" mean?
The non-executive directors, including the chair, are responsible for appointing or removing the chief executive. The council of governors has to approve that decision and can veto the appointment of a particular chief executive if there are legally sound reasons, including on the role scope or description. Note that this does not mean that the council of governors **appoints** the chief executive.

The *Code of Governance* states that governors should decide whether to approve a candidate put forward for appointment by a committee of the chair and non-executive directors at the next scheduled general meeting of the council of governors. If a majority of governors attending the meeting approves the appointment, it can go ahead. In rare cases, the council of governors may decide not to approve the candidate but must give legitimate, factual and legally sound reasons for withholding its approval.

Timing
Typically the council of governors meets as a full council only four or five times a year. This may mean a delay of two to three months between the board's decision to appoint and the general meeting of the governors where approval is discussed. Boards can reduce or eliminate such delays by carefully managing the appointment process and keeping governors informed of the timetable, or by holding an additional meeting of the council of governors. An offer made by the board of directors to a potential chief executive in the interim should be stated as being subject to the approval of the council of governors, as required by law.

What should the governors consider before making a decision?
Table 4 (see following page) sets out the three main areas for a council of governors to consider.

Table 4: Main areas for governors to consider before approving the appointment of a chief executive

Law and guidance	Process	Proposed candidate
Before the process of approving the appointment of a chief executive starts: • inform governors of constitutional requirements; and • inform governors of skills requirements and best practice advice such as the *Code of Governance*.	Consult the governors on the appointment process and give them the opportunity to endorse this before it starts. Involve governors in the appointment process so they can give their perspective to the council of governors when it considers approving the final candidate. It will also help to give the council of governors a clear understanding of how the process worked. Ensure the governors are satisfied that the various stages of the appointment process followed by non-executive directors meet the required standard. For example, they should consider the use of advertisements, the criteria for selection and how selection was carried out.	Demonstrate fully how the proposed candidate's skills and experience meet the agreed role and person specification in the report to the governors from the selectors. Involve governors in the selection process so they can give their first hand opinions of the final candidate to the council of governors.

The council of governors should expect a full report from the chair, non-executive directors or appropriate committee regarding the three points above. However, recognising that the legal responsibility to make an appointment rests with the non-executive directors, the council of governors should not withhold its approval lightly.

What if the council of governors does not give approval?
If the council of governors does withhold approval, it must justify its reasons to the chair and the other non-executive directors, bearing in mind that its decision is likely to have a range of consequences for the NHS foundation trust. The council should take care to ensure that reasons are legitimate, factual and legally sound.

The non-executive directors and council of governors must work together to avoid a deadlock by sharing concerns as early as possible. Trust boards can make it less likely that governors will withhold approval by communicating with them and involving them throughout the appointment process.

If the council of governors rejects a candidate, the non-executive directors may put forward the same candidate for approval if they can assure the council of governors that its concerns have been addressed. Alternatively, the non-executive directors may decide to seek a new candidate. In either case, the process, the decision and the reasons for that decision should be set out in the NHS foundation trust's annual report.

Aims of the group

- To receive updates on our preparations for a 'core services' CQC inspection

- Primary focus is to receive updates on our preparation for the 'Board' Well Led Inspection. **Note:** No confirmed timing of inspection we will have notice to prepare for well led as it follows the services inspection

- Consider what support governors may need to prepare for their focus group with the CQC

- Discuss ways the Board and Council of Governors (CoG) can work together to prepare for this Well Led inspection

8 Key lines of Enquiry (KLOEs)

1 Is there the **leadership capacity and capability** to deliver high quality, sustainable care?	**2** Is there a clear **vision** and credible **strategy** to deliver high quality, sustainable care to people, and robust plans to deliver?	**3** Is there a **culture** of high quality, sustainable care?
4 Are there clear responsibilities, **roles** and systems of accountability to support good governance and management?	**Are services well led?**	**5** Are there clear and effective processes for managing **risks**, issues and **performance**?
6 Is appropriate and accurate **information** being effectively processed, challenged and acted on?	**7** Are the **people** who use services, the public, **staff** and **external partners engaged** and involved to support high quality sustainable services?	**8** Are there robust systems and processes for **learning**, continuous **improvement** and **innovation**?

7. 1 Presentation CQC and Board Well Led - CoG 2022.pptx

Making a positive difference

Membership

- 7 Public Governors inc Lead Governor (group chair), 3 Staff Governors – new members welcome

Supported by:

Trust Chair, NED, Trust Secretary, Deputy Director, Regulated Practice and Special Projects and Membership and Involvement Manager

Making a positive difference

Summary of discussion at first meeting

1. **Refresher of slides for Joint Board/CoG 5 July**

❖ What does the CQC do?

❖ Current CQC ratings

❖ Latest CQC methodology

❖ 5 CQC Quality Domains – Safe, Caring, Effective, Responsive and Well Led

❖ Overview of inspection regime

❖ Specific role of the Governors in 'Board' Well Led – CoG is a key component of the Trust's leadership

❖ What to expect/ CQC Likely Areas of Focus

Making a positive difference

2. Focus on 'Safety' domain and what the actions were from the last inspection. The CQC action plan is monitored by the Quality and Safeguarding Committee.

Overall trust quality rating	Good 🟢
Are services safe?	**Requires improvement** 🟠
Are services effective?	**Good** 🟢
Are services caring?	**Good** 🟢
Are services responsive?	**Good** 🟢
Are services well-led?	**Good** 🟢

Making a positive difference

3. Assurance on latest performance – focus on the Integrated Performance Report (IPR) –this could be built into NED summary of IPR at CoG meetings

4. Update on recent meeting with CQC Team. Change of methodology based on continual assessment and dialogue. CQC top priority is keeping people safe.

Making a positive difference

5. Check-in how staff are feeling about CQC coming, how are they being supported. 'Always ready' approach.

6. Overview of Well Led = Assessment of Board leadership and governance, vision and strategy; management, improvement; culture and engagement. 8 key lines of enquiry (KLOEs)

7. Well Led looks at many indicators and the Trust will need to give assurance on stability and continuity in light of the Board turnover (briefing sent out)

8. Conversation on next steps – what information do governors need to build up confidence for CQC interview. List formed.

9. Suggested 'mock CQC interview' for Governors, supported by NED.

Making a positive difference

Our Aim – to be as prepared as possible

- We want to focus on **showcasing** what we do well and re-enforcing our vision and values

- We want to **demonstrate awareness** of risks and mitigations and our **focus on quality**

- We want to make it clear that the **safety of our patients** is at the forefront of all we do

- We want all **staff and governors to have the confidence** to be honest and open in their responses through a culture of openness and transparency.

- Update on CEO recruitment and interim arrangements - Briefing sent out yesterday

- Any questions on this or other aspects of Well Led?

Making a positive difference

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 1 November 2022

Report from the Nominations and Remuneration Committee

Purpose of Report
To provide an update on the issues discussed at the Nominations and Remuneration Committee (the Committee) meeting held on 21 October 2022 and to put forward the Committee's recommendations for approval by the Council of Governors.

Executive Summary
A summary of the business conducted on 21 October is as follows: • Consideration and support of the review of Non-Executive Director (NED) remuneration. • Support for a NED re-appointment. • Assurance of compliance with the Fit and Proper Persons Test Regulations for the latest NED appointments. • Support for adjustments to the Chair appraisal process for 2022/23. The Committee's recommendations are listed in the body of the report.

Strategic Considerations	
1) We will deliver **great care** by delivering compassionate, person-centred innovative and safe care.	
2) We will ensure that the Trust is a **great place to work** by creating a compassionate, skilled and empowered leadership, creating a vibrant culture where colleagues feel they belong, thrive and are valued.	X
3) The Trust is a **great partner** and actively embraces collaboration as our way of working.	
4) We will make the **best use of resources** by making financially wise decisions and avoiding wasting resources to ensure financial recovery and long term sustainability.	

Assurances
The Council of Governors can be assured that the Committee is conducting its business in compliance with its Terms of Reference. The remuneration review has been conducted against the national framework. The Trust's Chair and NED appraisal processes are compliant with the principles of NHS England guidance.

Consultation
The Committee has previously committed to a full review of NED remuneration.

Governance or Legal Issues

It is the statutory role of the Council of Governors to appoint the Chair and NEDs and determine their remuneration, allowances and other terms and conditions.

For re-appointment of NEDs, the Trust Chair should confirm to the governors that following formal performance evaluation, the performance of the individual proposed for re-appointment continues to be effective and to demonstrate commitment to the role.

A NEDs term of office should be for no longer than three years. A NED may then seek a further term of office. The Foundation Trust Code of Governance states that NEDs may serve more than six years (i.e. equivalent to two terms) but makes clear that any term beyond six years should be subject to particularly rigorous review and should take into account the need for progressive refreshing of the Board. NEDs may, in exceptional circumstances, serve longer than six years but this should be subject to annual re-appointment.

In determining NED remuneration, the national framework acknowledges that within Foundation Trusts it is for the Council of Governors to determine the remuneration of the Chair and NEDs and they retain the prerogative to operate outside of the framework on a 'comply or explain' basis. However, the implementation process of the structure also states that in the interests of promoting and maintaining consistency and fairness across the provider sector, it is reasonable to expect that Foundation Trusts will work within the ranges.

The NHS Foundation Trust Code of Governance (the Code) outlines the requirements for the annual performance evaluation of NEDs. The Trust has a Fit and Proper Persons Test Policy which meets the requirements of statutory guidance and its licence conditions in ensuring no unfit person is appointed as a Director.

Public Sector Equality Duty & Equality Impact Risk Analysis

In compliance with the Equality Delivery System (EDS2), reports must identify equality-related impacts on the nine protected characteristics age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity (REGARDS people (Race, Economic disadvantage, Gender, Age, Religion or belief, Disability and Sexual orientation)) including risks, and say how these risks are to be managed.

Below is a summary of the equality-related impacts of the report:

Stakeholder feedback on the Trust Chair/NEDs appraisals will be reasonably adjusted to ensure participation across REGARDS characteristics.

Recommendations

The Council of Governors is asked to:

1) Receive the update on the business undertaken by the Committee.

2) Approve the increase in the basic annual remuneration for Non-Executive Directors to 13kpa and agree the proposal for the supplementary payments for the Deputy Chair, Senior Independent Director and Chair of Audit and Risk

Committee roles.

3) Approve the appointment of Ashiedu Joel for a second term of office from 23 January 2023.

4) Note that Trust's Fit and Proper Persons Test Policy has been complied with in relation to the recruitment of Tony Edwards and Lynn Andrews.

5) Agree the adjustments to the Chair appraisal process for 2022/23

Report presented by   **Selina Ullah, Trust Chair**

Report prepared by: **Justine Fitzjohn, Trust Secretary**

Derbyshire Healthcare NHS Foundation Trust
Council of Governors – 1 November 2022

Report from the Nominations and Remuneration Committee

<u>Introduction</u>

Since the last report to the Extra-ordinary Council of Governors on 26 July 2022, the Committee has met once on 21 October 2022. This report provides an outline of the business discussed at the meeting and the Committee's recommendations:

1) NON-EXECUTIVE DIRECTOR (NED) REMUNERATION REVIEW

In 2020, national guidance[1] was issued on Chair/NED remuneration across NHS Trusts and Foundation Trusts. The Council of Governors aligned the Chair's remuneration with the national structure as part of the Chair recruitment in 2021 but deferred the wider review of NED remuneration until all of the new NEDs were appointed.

The Committee is recommending an increase to the annual baseline remuneration levels paid to our NEDs from £12,638 to £13,000. This is to bring the levels in line with the 13k pa set out in the national guidance and is in line with provider Trusts in the Derbyshire system. The current rates have not been increased since 2013.

The national guidance also allows local discretion to award supplementary payments of up to £2k pa (to a maximum of two individuals). The Committee is recommending that the Trust retains the supplementary payments for three roles which are held by three separate individuals.   These payments recognise the extra responsibilities of the Deputy Chair, the Senior Independent Director (SID) and the specialist knowledge and qualifications required for the Audit and Risk Committee Chair.

The intention is to adjust the future value of the supplementary payments for any new appointments to better align with the financial limits set out in the guidance. Moving to:

- Deputy Chair and SID - £1,000 pa per role
- Chair of Audit and Risk Committee – £2,000 pa

2) RE-APPOINTMENT OF NED

Ashiedu Joel's term of office is due to expire on 22 January 2023, having been appointed to her first three year term on 23 January 2020. She has indicated her wish to be re-appointed for a second term. At the meeting on 21 October the Trust Chair confirmed her full support for Ashiedu's re-appointment, noting the benefit of continuity and stability to the Board and confirmation that she continues to make a significant contribution, particularly in her role as NED lead for equality, diversity and inclusion and more recently as Chair of the Trust's Mental Health Act Committee. The Committee noted the positive appraisal out-turn for Ashiedu and is

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[1] https://www.england.nhs.uk/non-executive-opportunities/about-the-team/remuneration-structure-nhs-provider-chairs-and-non-executive-directors/

recommending that Ashiedu is re-appointed for a further three year term of office from 23 December 2023. Her Trust biography is included at Appendix A.

3) FIT AND PROPER PERSON TEST COMPLIANCE

Also at the Committee meeting on 21 October, assurance was received that all of the Fit and Proper Persons checks have been completed for the latest Non-Executive Director appointments, Tony Edwards and Lynn Andrews.

4) CHAIR APPRAISAL PROCESS FOR 2022/23

The NHS Foundation Trust Code of Governance (the Code) states that the Board of Directors should undertake a formal, rigorous annual evaluation of individual directors. In practical terms the Governors' Nominations and Remuneration Committee oversees the appraisal process and gives assurance to the Council of Governors that satisfactory appraisals for the Chair and the NEDs have taken place.

For the Chair's appraisal last year we used both the NHS competency based assessment [2] and the Lumus 360 values based assessment. The feedback was then combined in the appraisal report. This proved to be unwieldy and therefore it is proposed we adapt the national template this year in consultation with the SID and Lead Governor.

The Committee is recommending this change.

Recommendations:

The Council of Governors is asked to:

1) Receive the update on the business undertaken by the Committee.

2) Approve the increase in the basic annual remuneration for NEDs to 13kpa and agree the proposal for the supplementary payments for the Deputy Chair, Senior Independent Director and Chair of Audit and Risk Committee roles

3) Approve the re-appointment of Ashiedu Joel for a second term of office as a NED from 23 January 2023.

4) Note that Trust's Fit and Proper Persons Test Policy has been complied with in relation to the recruitment Tony Edwards and Lynn Andrews.

5) Agree the adjustments to the Chair appraisal process for 2022/23.

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[2] [Non-executive opportunities in the NHS » A framework for conducting annual appraisals of NHS provider chairs (england.nhs.uk)](https://england.nhs.uk)

Appendix A – Trust biography – Ashiedu Joel

Ashiedu Joel is an engineering graduate who runs her own business consultancy and training firm across the East Midlands. Before joining the Trust she participated in the NExT Director Programme with Leicestershire Partnership Trust and is also a Justice of the Peace.

Ashiedu is an elected member of Leicester City Council and has experience of supporting organisations, groups and individuals to engage constructively across racial, cultural and socio-environmental boundaries, while promoting opportunities for shared learning and collaboration.

Ashiedu has also held a number of Non-Executive posts and continues to be Executive of Clarion Voice, a charity working with young disadvantaged African heritage children through education, and a Trustee of The Bridge, which provides sustainable housing support, advice and solutions for homeless and vulnerable people in Loughborough and Leicester.

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 1 November 2022

Annual Effectiveness Survey Council of Governors

Purpose of Report
To present the results of the Governors Annual Effectiveness Survey of the Council of Governors (attached as appendix i).

Executive Summary
The Council of Governors carries out its annual effectiveness survey in line with best practice. The results are presented to the Governance Committee and then on to the Council of Governors. Each year the Governance Committee reviews the content of the questionnaire to ensure it is still fit for purpose. In December 2021, the Committee agreed to include the text in bold to question five 'Please indicate in the box below any training or development needs that you would like the Trust to support you **within your governor role**' The questionnaire is not anonymised so that any issues or concerns raised can be discussed with individuals who have raised the issues/concerns if further information is required. The survey was undertaken in September 2022 and a total of 23 governors responded, this equates to 85.18%, (compared to 100% last year). The survey was promoted in *Governor Connect*, via governor meetings, and further emails encouraging governors to complete the survey were sent by the Membership and Involvement Manager. The deadline was extended to encourage governors who had not completed the survey to participate. These governors were contacted individually electronically, with follow up telephone calls. All governors were offered additional support if they had difficulty in completing the online form. The following is worth noting: - Positive response rate of strongly agree/agree was recorded for question 7 'The Trust's values, mission and priorities have been adequately explained to the Council'   - The positive response rates for the rest of the questions remains high   - Some questions include responses of 'Don't know' – some of these are from new governors not being able to fully answer the questions/for others it could identify a training need   - Those governors who have responded with 'Disagree' have been contacted by Denise Baxendale requesting further information   - The survey included sections for free text to enable governors to make suggestions and comments regarding governor training and development needs; suggestions for improvement or to raise specific issues; and comments on the effectiveness of the Council of Governors. These comments were discussed at the Governance Committee who agreed that further discussion on some of the topics should be shared with Non-Executive Directors at their joint meeting on 7 November.

It is worth noting that the Council of Governors has a regular turnover, meaning that the survey has been completed by both new and experienced governors.

Proposed Actions to continue to enhance the effectiveness of the Council of Governors are:
- Continue to develop and evolve the governor-led training and development programme
- Continue to support governors with engagement with constituents

Governors are reminded that if there are any issues or concerns, that these can be discussed with Denise Baxendale, Membership and Involvement Manager; Susan Ryan, Lead Governor; Justine Fitzjohn, Trust Secretary; and Selina Ullah, Trust Chair to allow these to be addressed.

Strategic Considerations	
1) We will deliver **great care** by delivering compassionate, person-centred innovative and safe care.	X
2) We will ensure that the Trust is a **great place to work** by creating a compassionate, skilled and empowered leadership, creating a vibrant culture where colleagues feel they belong, thrive and are valued.	X
3) The Trust is a **great partner** and actively embraces collaboration as our way of working.	X
4) We will make the **best use of resources** by making financially wise decisions and avoiding wasting resources to ensure financial recovery and long term sustainability.	x

Assurances

The results give good feedback from governors on their effectiveness and support identifying further focus for debate and training/development.

Consultation

The Governance Committee reviewed the results of the survey on 12 October 2022.

Governance or Legal Issues

It is good governance practice to reflect on effectiveness of the Council of Governors to inform future action by the Trust in supporting governors in their role.

Equality Impact Risk Analysis

In compliance with the Equality Delivery System (EDS2), reports must identify equality-related impacts on the nine protected characteristics age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity (REGARDS people (Race,

Economic disadvantage, Gender, Age, Religion or belief, Disability and Sexual orientation) including risks, and say how these risks are to be managed.

Below is a summary of the equality-related impacts of the report:

All governors were given the opportunity to complete the survey and support was offered to individuals who may need additional help. Any training sessions and training materials will be designed in an accessible format and additional support given where required.

Recommendations

The Council of Governors is requested to:

1) Note the outcome of the Council of Governors annual effectiveness survey 2022 as a positive assessment by governors of their effectiveness.
2) Agree the survey should be repeated in September 2023.

Report prepared and presented by: Denise Baxendale, Membership and Involvement Manager

Council of Governors - annual effectiveness survey 2022
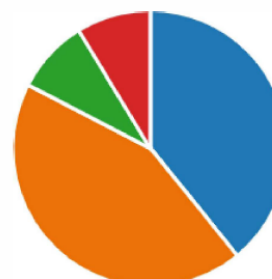
1. Name   **23** Responses

2. I feel that I am able to contribute positively to the work of the Council of Governors

🔵	Strongly agree	8
🟠	Agree	13
🟢	Don't know	1
🔴	Disagree	1
🟣	Strongly disagree	0

3. I have received adequate training and development opportunities to support me in my role as governor

🔵	Strongly agree	9
🟠	Agree	10
🟢	Don't know	2
🔴	Disagree	2
🟣	Strongly disagree	0

4. I feel supported by the Trust to carry out my responsibilities as a governor including the fulfilment of my statutory duties The statutory duties of governors are: To appoint and, if appropriate, remove the chair (Nominations and Remuneration Committee) To appoint and, if appropriate, remove the other non-executive directors (Nominations and Remuneration Committee) To decide the remuneration and allowances and other terms and conditions of office of the chairman and the other non-executive directors (Nominations and Remuneration Committee) To approve (or not) any new appointment of a chief executive (Nominations and Remuneration Committee) To appoint and, if appropriate, remove the NHS Foundation Trust's auditor To receive the NHS Foundation Trust's annual accounts, any report of the auditor on them, and the annual report at a general meeting of the Council of Governors To hold the non-executive directors, individually and collectively to account for the performance of the Board of Directors To represent the interests of the member of the Trust as a whole and the interests of the public To approve "significant transactions" To approve an application by the Trust to enter into a merger, acquisition, separation or dissolution. To decide whether the Trust's non-NHS work would significantly interfere with its principal purpose, which is to provide goods and services for the health service in England, or performing its other functions To approve amendments to the Trust's Constitution (joint responsibility with the Board).

🔵	Strongly agree	11
🟠	Agree	11
🟢	Don't know	1
🔴	Disagree	0
🟣	Strongly disagree	0

5. Please indicate in the box below any training or development needs that you would like the Trust to support you within your governor role - 15 responses

6. Please use this box to list suggestions for improvement or to raise specific issues regarding your governor role   - 12 responses

7. The Trust's values, mission and priorities have been adequately explained to the Council

🔵	Strongly agree	11
🟠	Agree	12
🟢	Don't know	0
🔴	Disagree	0
🟣	Strongly disagree	0

8. The Council is appropriately consulted and engaged in the Trust's strategy and development

🔵	Strongly agree	10
🟠	Agree	8
🟢	Don't know	3
🔴	Disagree	2
🟣	Strongly disagree	0

9. The Trust's strategy is informed by the input of governors

🔵	Strongly agree	5
🟠	Agree	13
🟢	Don't know	3
🔴	Disagree	2
🟣	Strongly disagree	0
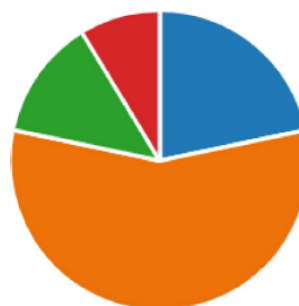
10. Governors are aware of risks to the quality, sustainability and delivery of current and future services

🔵	Strongly agree	5
🟠	Agree	16
🟢	Don't know	2
🔴	Disagree	0
🟣	Strongly disagree	0

11. The Council of Governors uses the individual skills, experience, knowledge and diversity of its members to its best advantage in Council meetings

🔵	Strongly agree	7
🟠	Agree	10
🟢	Don't know	6
🔴	Disagree	0
🟣	Strongly disagree	0

12. The Council of Governors uses the individual skills, experience, knowledge and diversity of its members to its best advantage in sub-committees (Governance Committee and Nominations and Remuneration Committee)

🔵	Strongly agree	7
🟠	Agree	10
🟢	Don't know	6
🔴	Disagree	0
🟣	Strongly disagree	0

13. The Council of Governors carries out its work in an open, transparent manner

🔵	Strongly agree	10
🟠	Agree	11
🟢	Don't know	2
🔴	Disagree	0
🟣	Strongly disagree	0

14. The Council of Governors carries out its work with quality as its focus

🔵	Strongly agree	11
🟠	Agree	10
🟢	Don't know	2
🔴	Disagree	0
🟣	Strongly disagree	0

15. The relationship between the Governors and Trust Chair works well

🔵	Strongly agree	10
🟠	Agree	12
🟢	Don't know	1
🔴	Disagree	0
🟣	Strongly disagree	0

16. The Council communicates with, listens and responds to members and other stakeholders effectively

🔵	Strongly agree	7
🟠	Agree	13
🟢	Don't know	3
🔴	Disagree	0
🟣	Strongly disagree	0

17. The role of the Council of Governors is clearly defined

🔵	Strongly agree	6
🟠	Agree	16
🟢	Don't know	0
🔴	Disagree	1
🟣	Strongly disagree	0

18. The Council of Governors meets at appropriate and regular intervals and receives adequate time and support to function well

🔵	Strongly agree	10
🟠	Agree	10
🟢	Don't know	1
🔴	Disagree	2
🟣	Strongly disagree	0
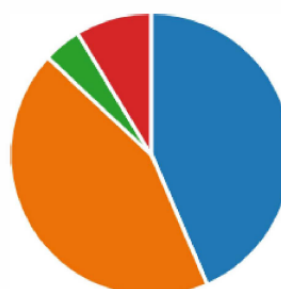
19. Governors' views are taken into account as members of the Council of Governors

🔵	Strongly agree	10
🟠	Agree	12
🟢	Don't know	1
🔴	Disagree	0
🟣	Strongly disagree	0

20. The Council of Governors have sufficient opportunity for contact, and good communication, with the Board of Directors - Executive Directors

🔵	Strongly agree	4
🟠	Agree	13
🟢	Don't know	4
🔴	Disagree	2
🟣	Strongly disagree	0

21. The Council of Governors have sufficient opportunity for contact, and good communication, with the Board of Directors - Non-Executive Directors

🔵	Strongly agree	3
🟠	Agree	13
🟢	Don't know	7
🔴	Disagree	0
🟣	Strongly disagree	0

22. The Council of Governors has sufficient communication with the members of the Trust, either via the Trust or independently

🔵	Strongly agree	5
🟠	Agree	13
🟢	Don't know	5
🔴	Disagree	0
🟣	Strongly disagree	0

23. The Council of Governors has a strong voice

🔵	Strongly agree	4
🟠	Agree	15
🟢	Don't know	4
🔴	Disagree	0
🟣	Strongly disagree	0

24. The Council of Governors is able to influence change

🔵	Strongly agree	3
🟠	Agree	16
🟢	Don't know	4
🔴	Disagree	0
🟣	Strongly disagree	0

25. Council of Governor sub-committees (Nominations and Remuneration Committee and Governance Committee) are effective and provide quality update reports to the council

🔵	Strongly agree	7
🟠	Agree	14
🟢	Don't know	2
🔴	Disagree	0
🟣	Strongly disagree	0

26. The Council of Governors receives sufficient information to hold the Board of Directors to account

🔵	Strongly agree	6
🟠	Agree	15
🟢	Don't know	1
🔴	Disagree	1
🟣	Strongly disagree	0

27. Governors can identify the key performance issues facing the Trust

🔵	Strongly agree	7
🟠	Agree	14
🟢	Don't know	2
🔴	Disagree	0
🟣	Strongly disagree	0

28. Governors can ask questions regarding performance reports

🔵	Strongly agree	10
🟠	Agree	11
🟢	Don't know	1
🔴	Disagree	1
🟣	Strongly disagree	0

29. The Council has agreed a process of dialogue with the Non-Executive Directors and the Trust to enable it to carry out its general duty to hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors

🔵	Strongly agree	6
🟠	Agree	14
🟢	Don't know	3
🔴	Disagree	0
🟣	Strongly disagree	0
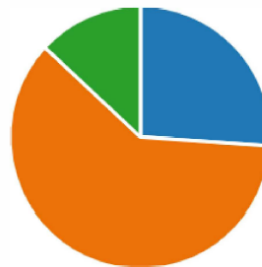
30. Governors ask relevant questions of the non-executive directors about challenge at Board meetings

🔵	Strongly agree	8
🟠	Agree	12
🟢	Don't know	3
🔴	Disagree	0
🟣	Strongly disagree	0

31. Governor comments on the effectiveness of the Council of Governors - 15 responses

Derbyshire Healthcare NHS Foundation Trust

Report to the Council of Governors – 1 November 2022

Staff Retention Deep Dive Report

Purpose of Report
This report provides a deep dive into staff retention activities of the Trust.

Executive Summary

The staff retentions plans are included in the overall workforce planning process. To support the closing of a long term skills gap that enables strategic and tactical resource planning to take place.
 	
The main focus areas of staff retention activity are:
  • Managers getting the basics right.
  • The new 'stay' process.
  • New exit questionnaire and process.
  • Introduction of hybrid and flexible working and initiatives.
  • Staff wellbeing.
  • Upskilling staff and expanding capabilities.
  • Succession planning and talent management approaches.
  • Belonging in the NHS.

Strategic Considerations (All applicable strategic considerations to be marked with X in end column)	
1) We will deliver **great care** by delivering compassionate, person-centred innovative and safe care.	x
2) We will ensure that the Trust is a **great place to work** by creating a compassionate, skilled and empowered leadership, creating a vibrant culture where colleagues feel they belong, thrive and are valued.	x
3) The Trust is a **great partner** and actively embraces collaboration as our way of working.	x
4) We will make the **best use of resources** by making financially wise decisions and avoiding wasting resources to ensure financial recovery and long term sustainability.	x

Risks and Assurances
N/A

Consultation
N/A

Governance or Legal Issues

N/A

Public Sector Equality Duty & Equality Impact Risk Analysis

In compliance with the Equality Delivery System (EDS2), reports must identify equality-related impacts on the nine protected characteristics age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity (REGARDS people (Race, Economic disadvantage, Gender, Age, Religion or belief, Disability and Sexual orientation)) including risks, and say how these risks are to be managed.

Below is a summary of the equality-related impacts of the report:

Our vision is to be an exemplar of good equalities practice. We are committed to advancing equality of opportunity and working productively with key stakeholders across the protected characteristics. We plan to retain a wide range of staff from all sections of society to work in a positive, inclusive and nurturing environment.

We also want to deliver, with dignity and respect, inclusive and accessible services that meet our patients' individual needs. We want to be the employer of choice for people living in the region, attracting and retaining local talent to work with us and for us, by recruiting a diverse, innovative, flexible and creative workforce.

The Trust has a legal requirement under the Equality Act (2010) to analyse and include equality considerations into day to day Trust business, including the design of policies, the delivery of services and employment. The law requires that we specifically respond to the three aims of the general equality duty. It is about identifying barriers and removing them before they create a problem, increasing the opportunities for positive outcomes for all groups, and using and making opportunities to bring different communities and groups together in positive ways. This is reflected throughout the workforce plan's delivery, which includes staff retention.

Recommendations

The Council of Governors are requested to note the staff retention activities currently undertaken by the Trust.

Report presented by: **Ralph Knibbs**
                                               Chair of People and Culture Committee

Report prepared by: **Ralph Knibbs**
                                               Chair of People and Culture Committee

Report title

Staff Retention Deep Dive Report.

Purpose of the report

This report provides a deep dive into staff retention activities of the Trust.

Analysis of the issue

Staff retention is embedded in our workforce plan, which has been developed with input from all services and supports the delivery of our overall organisational operational plan. The Workforce Plan establishes how we will provide the right workforce, in the right place, delivering the right care for the population of Derbyshire. It also outlines how we will deliver the objectives of the NHS Long Term Plan (LTP), and the People Plan, to ensure that we can achieve the ambitious improvements we want to see for our patients.

The plan establishes how we will overcome the challenges we face in terms of our workforce, including staff shortages against a backdrop of a growing demand for our services. The workforce plan supports innovative system-wide workforce transformation projects that are changing the way our services are delivered for the patients of Derbyshire. This work aims to radically transform healthcare services, making best use of our assets, our workforce, breaking down silos between services and reducing fragmentation in service delivery. For our workforce it means working in different ways, role transformation and improvements in quality of care and outcomes.

Work also continues to review future service developments for 2023/24 which indicates the Trust will require an additional 60.29 WTE for the new Making Room for Dignity project and an additional 47.40 WTE for the Living Well project.

Existing turnover and vacancies remain a challenge with an overall vacancy rate of 9.95% currently in the Trust.

Retention of specialist skills and knowledge within key staff groups will be a priority moving forwards as well as attracting, developing, and retaining the workforce of the future. Workforce development strategies including role redesign, development of new roles and apprenticeships will be key for workforce supply to meet demand now and in the future.

The Trust continues to work towards its three key workforce priorities:
- **Improve Retention.**
- Increase in Contracted Staff in Post.
- Reduction in Bank and Agency usage.

Trust wide workforce planning and development capability is improving, and workforce development initiatives are responsive to key workforce needs.

The Trust's Strategic Recruitment Priorities are:
- Develop a Trust Workforce Plan linking demand and capacity, workforce redesign to ensure a fully funded workforce.
- Introduce systematic workforce planning processes.

- Increase efficiency and effectiveness of processes.
- Increase compliance with processes.
- Improve the multi-disciplinary working (HR, communications and recruiting managers) to enable better planned and executed campaigns.
- **Identify and implement innovations that will increase attraction and improve retention.**
- Introduce recruitment incentives in areas of acute workforce supply issues.
- Increase the proportion of applications from ethnic minority groups, increase likelihood of shortlisting and reduce disparity in all areas.
- Establish approaches and support to enable international recruitment.

During 2021/22 we welcomed 430 new starters into the Trust through external recruitment and we saw 405 staff leave the Trust, of which 29.38% retired. Analysis of leaver data shows that 19% of staff leave within their first year of employment with DHCFT, 16% between 1 and 2 years, 12% between 2 to 3 years, 7% between 3 to 4 years.

Staff retentions activities

- Managers have a large impact on how our staff feel and their retention. Therefore, the People Services has a programme called 'getting the basics right'. This provides support and key people processes for managers to create the right dialogue with staff regarding their performance, development, and wellbeing etc.
- The Trust has one of the highest staff stability indexes in the country, but we have almost a 50% turnover of those under 2 years' service. Therefore, the Trust have devised the 'stay' process that is being rolled. Where all staff under 2 years' service will be contacted to obtain information, to support their retention and future career aspirations.
- The Trust is rolling out a new exit questionnaire and process, as there was a gap in our process for those staff who have handed in their resignation.
- Introduction of hybrid and flexible working and initiatives.
- Staff wellbeing:
  - Additional wellbeing support introduced at the onset of the pandemic has continued throughout the year, this included bookable coaching calls with a member of the staff wellbeing team, access to peer support groups, wobble rooms and spaces, traumatic incident support, access to a 24/7 counselling helpline and numerous bespoke training sessions offered to staff. Monthly wellbeing activity programmes direct staff to live events and resources. Integral to nurturing and embedding a culture of wellbeing and a vital part of our COVID recovery our staff wellbeing champions network, which to date includes approximately 35 champions, continues to grow.
  - Emotional and psychological support continues to be offered by the Resolve service on an individual basis and with a referral rate of 9% this year. We have also been able to continue with the system wide offer for staff to access the Thrive app which provides a programme of wellbeing activity and Cognitive Behavioural Therapy (CBT) approaches. Thrive have also enhanced the wellbeing activity calendar via access to various webinars and recently supported the winter wellbeing programme by delivering bespoke sessions.
  - The Wellbeing team were able to launch and promote access to physical activity platforms, Fit4theFight and Be Military Fit. The recruitment of six

Health Improvement Advisors (HIAs) across Joined up Care Derbyshire JUCD has increased the opportunity for access to shared physical activity sessions, amongst other wellbeing initiatives and will be promoted widely in the near future.

- o The reproductive and hormone health project has now concluded and has provided a valuable insight into the health needs of the workforce population. The project has helped to raise awareness and provided an extensive range of resources for staff. The established peer support group continues to be delivered on a monthly basis.
- o There is a current need and focus for staff around their financial wellbeing and we have had sessions provided by Marches Energy Charity to offer money saving advice and we continue with our financial wellbeing peer support group. The team has launched a financial wellbeing package which includes our offer from Salary Finance offering financial education and low-cost loans.
- o We also continue to receive requests for bespoke team support. This can be for teams who have experienced a difficult incident, for teams who are feeling exhausted and for those teams where morale is low. We have been responding to requests for team support either by coaching team leads or providing team sessions which are delivered by the Wellbeing team or if appropriate by the team at Resolve counselling service.
- New ways of working enable Trusts to make the most of the skills within teams, with a key focus on upskilling staff and expanding capabilities. The principle behind this is that this creates a more flexible workforce, boosts morale, supports career progression and attracts new staff to the organisation:
  - o Peer support workers (PSW) in DHCFT and other organisations. These support our Living Well teams. We have funding from HEE to train PSW and we coordinate this across the system. There is also supervision training and team preparation for teams and supervisors to ensure that PSW are given the support.
  - o PSW apprenticeships we are currently exploring apprenticeships for PSW but also for other roles.
  - o Advanced Clinical Practitioners) in mental health are being trained to support out workforce in different ways.
  - o MST- the use of technology has enabled staff to work more effectively. Look towards additional digital technologies for the future.
  - o Trust - DHCFT are scoping out using Princes Trust to obtain some short-term placement to provide an opportunity for experience work. This may help to recruit some staff into roles.
  - o Retain and attract more Volunteers who play a vital support role in the Trust.
- The Trust's ageing workforce continues to be a risk in terms of retaining specialist skills and knowledge, however this is in line with the regional trend. Succession planning and talent management approaches, along with attraction strategies to increase representation of staff across all age groups will be key to addressing this:
  - o Apprenticeships Level 2 and Level 3 for clinical support staff.
  - o Clinical apprenticeships Trainee Nurse Apprenticeships / Nurse degree / AHP registered roles / Top Up's.
  - o Linking in with colleges for future recruitment.
  - o HCSW Development Lead post providing support and development for getting staff ready for academic study where appropriate, offering opportunities for development.
  - o ACP trainees to augment out medical workforce.
  - o Non-clinical apprenticeships for Administration and for other Support Staff.

- o Local and System wide recruitment campaigns.
- Belonging in the NHS:
    - o Address disparities highlighted in the Workforce Race Equality Standard (WRES) 2020/21 analysis and in line with the Midlands Workforce Race Equality and Inclusion (WREI) Strategy, the National WRES Strategy aspirations/Long Term Plan and NHS People Plan. This includes improving BAME workforce diversity composition and representation to 20% in all AfC bands to reflect the local community we serve.
    - o Address disparities highlighted in the Workforce Disability Equality Standard (WDES) 2020/21 in line with national good practice, including increasing the declaration rate of staff with disabilities or long-term conditions.
    - o Address disability declaration rates in the trust with the aim to increase declaration rates.
    - o Address high rates of bullying and harassment against staff with protected characteristics as highlighted on the NHS Staff Survey 2019 and 2020.
    - o Develop more diversity in talent plans.

Recommendations

The Council of Governors are requested to note the staff retention activities currently undertaken by the Trust.

Report presented by: **Ralph Knibbs**
                          Chair of People and Culture Committee

Report prepared by: **Ralph Knibbs**
                          Chair of People and Culture Committee

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Govern – 1 November 2022

Performance Report

Purpose of Report

This paper provides Council of Governors with an integrated overview of performance at the end of September 2022. The focus of the report is on key finance, performance and workforce measures.

The purpose of the report is to provide information to governors – a verbal summary of the Boards performance presented by the Non-Executive Directors. This provides governors with details of how the Non-Executive Directors seek assurance from the Board on strategy issues including holding Executive Directors to account through Board Committees.

Executive Summary

The report provides the Board of Directors with information that demonstrates how the Trust is performing against a suite of key targets and measures. Performance is summarised in an assurance summary dashboard with targets identified, where a specific target has been agreed. Where a specific target has not been agreed or specifically commissioned, colleagues will be able to track performance over time and discuss/challenge any specific variation that may be of concern or unusual. The charts have been generated using an adaptation of a tool created by Karen Hayllar, NHS England and NHS Improvement (NHSEI), which enables much easier interpretation of how each process is performing. The main areas to draw the Board's attention to are as follows:

Operations

The transition to SystmOne in May 2022 resulted in a large number of recording errors which have affected some of the performance measures. The SystmOne project team are making good progress working to address these issues. Two performance summits have been held and a third is due in November with an overall project plan with aim to deliver and coordinate across four workstreams: data optimisation, quality improvement, review of metrics and engagement. A survey on current ways of working for performance reporting and improvement was shared with staff and is being analysed for learning and themes.

Various Recovery Action Plans (RAP) across metrics are in development/have been drafted and will be monitored via TOOL, as well as being reported to external boards. These are:

- Learning Disability and Autism (LDA) patients admission avoidance, inpatient performance and care and accommodation (x3 individual RAPs)
- Psychiatric Intensive Care Unit (PICU) spend RAP
- LDA Inpatients RAP including expected discharge date/plan by patient
- Adult Community Mental Health Team (CMHT) Access RAP progress against actions and activity trajectory, and risks to delivery
- Children and Young People (CYP) Eating Disorder Access RAP progress against actions and activity trajectory, and risks to delivery

- Perinatal Community Access RAP progress against actions and activity trajectory, and risks to delivery
- Adult Autistic Spectrum Disorder (ASD) and Attention Deficit Hyperactive Disorder (ADHD) waiting list RAP
- CYP waiting list RAP

A revised approach to waiting list management is being mobilised and should start to have an impact from quarter 4.

Three-day follow-up of all discharged inpatients
The national standard for follow-up has been exceeded throughout the 24-month period. The position in May to September 2022 has been manually calculated by auditing all of the reported breaches. It was found that patients are being followed up, but SystmOne is not being used correctly which impacts on reporting. Educative and corrective action is in progress.

Data quality maturity index
The level of data quality has been significantly better than expected for the last 5 months. It is expected that the national target will be consistently exceed.

Early intervention 14-day referral to treatment
Patients with early onset psychosis are continuing to receive very timely access to the treatment they need.

Early intervention 14-day referral to treatment – incomplete (people currently waiting to be seen)
The service has exceeded the national 14-day referral to treatment standard of 60% or more people on the waiting list to have been waiting no more than 2 weeks to be seen in all but one month. Occasional delays are a result of difficulties contacting patients to arrange appointments, or patients not attending their planned appointments.

IAPT 18-week referral to treatment
This continues to be an example of a very tightly controlled process, and it is expected that the 95% standard will be consistently.

IAPT 6-week referral to treatment
There has been a significant increase in waits over the last few months. This was as result of a combination of annual leave, plus an unprecedented number of Psychological Wellbeing Practitioners (PWPs) leaving over the past 6 months. Currently there are 7 whole time equivalent PWP posts vacant. Actions are underway to fill these posts. In addition, IAPT has been identified in the Trust to pilot an elective recovery module from NHS England and NHS Improvement to support waiting list improvements and will also undertake a Recovery Action Plan monitored via TOOL.

IAPT patients completing treatment who move to recovery
This is an annual target and year to date we are exceeding target and for the past 24 months the national standard has been achieved.

Patients placed out of area – adult acute
Currently we have 1 patient in an inappropriate out of area acute bed. The inappropriate out of area patient is on a pathway to repatriate them to a Derbyshire bed, however at the moment repatriation is not possible owing to pressures elsewhere: University Hospitals of Derby and Burton and Chesterfield Royal Hospital

are both declaring critical incidents and struggling to cope. Therefore, any requests received from these organisations for beds are our highest priority to ensure system flow. There has been an increase in patients with Covid-19 recently. This is likely to have an impact on bed capacity. Further work on flow is required, including supporting the reduction of people clinically ready for discharge who remain on wards for extended periods of time, including some delayed in the LDA cohort. A new internal acute transformational delivery board will be established (terms of reference in draft) which will aim to bring together improvement and transformation workstreams to enable further improvements in flow.

Patients placed out of area – Psychiatric Intensive Care Units (PICU)
There is no local PICU provision, so anyone needing psychiatric intensive care needs to be placed out of area, however, work continues on the provision of a new build PICU in Derbyshire. NHS Improvement continuity of care principles have been established with two PICU providers – Northamptonshire Healthcare NHS Foundation Trust and Elysium – as agreed in partnership with Derbyshire Urgent Care Steering Board. A Recovery Action Plan has been developed specifically regarding PICU spend for the Joined Up Care Derbyshire Finance subgroup and includes actions to support flow to enable a reduction in use of PICU where there are delays with step down into acute beds.

Waiting list for care coordination
The significant increase in waiting times coincides with the transition to SystmOne. A large piece of work is in progress to improve people's understanding of how to use the new system properly and update and correct records in line with the numerous standard operating procedures, which should result in an improvement to data quality and enable data optimisation.

Waiting list for adult autistic spectrum disorder (ASD) assessment
Demand for the service continues to outstrip capacity (commissioned to undertake 26 per month but currently receiving referrals 86 per month this financial year to date). However, in September for the first time in three years the number of assessments completed exceeded the commissioned number at 28. At the end of September 2022 there were 1,970 adults waiting for adult ASD assessment, which is an increase of 32 on the previous month.

Improvements in performance have been due to action plans to bring together two specialist teams into one (Specialist Autism Team and ASD assessment), providing a more flexible team to take on the range of tasks. To continue to support improvements, the service is undertaking a recruitment drive for the nine vacant posts currently out to advert and are increasing the number of people able to diagnose through ASD assessment training to up to 25 trust staff (mainly psychologists and nurses) across all CMHTs. Further funding to support attention deficit hyperactivity disorder (ADHD) assessment model will be used flexibly to support across neurodevelopmental diagnostic needs and includes Voluntary Community and Social Enterprise (VCSE) posts to go out shortly to ensure waiting well and post-diagnostic aftercare. A Recovery Action Plan is being developed and will be monitored via a waitlist improvement function at the Trust Operational Oversight Leadership (TOOL).

Waiting lists for psychological services
At the end of last month, 565 people were waiting to be seen by psychological services with an average wait of 325 days. The waiting list is hugely variable according to team and service. The areas with the greatest wait time are Amber Valley, Bolsover, Killamarsh, South Dales and the City adult services, where the wait

is up to three years (Amber Valley). This is largely due to vacancies, and we are therefore focusing recruitment and other efforts on the hard to fill vacancies across these areas, as well as asking others to input into these areas where they can. Over the last 12 months, the number of people waiting has continued to gradually reduce. The recruitment drive has led to some positive results. Working to Place will in the longer term alleviate some of these waiting times as population health statistics will be used to guide needs and therefore required responses and resources. There remains a national shortage of qualified psychologists, with all Trusts struggling to recruit. We currently have less vacancies in psychological services than our regional colleagues. This position is unlikely to change until 2025 when those new places commissioned by Health Education England (HEE) for training output qualified staff. In the meantime, we are utilising other roles to try and plug our gap in delivery of psychological care. We continue to build some psychological knowledge and capacity in our nursing, occupational therapy and medical colleagues through use of HEE monies for training, as well as development and delivery of a range of inhouse training. Longer term it is hoped this will reduce the referrals to specialist psychological services. We continue to review the waiting lists in line with trauma sensitive working in considering how we manage people on a waiting list, and we are developing a new waiting well guide for those service users.

Waiting list for Child and Adolescent Mental Health Services (CAMHS)
CAMHS continue to receive a high volume of referrals through the routine and urgent care pathways. The decision was made in August to focus on urgent/priority assessments, and all internal unallocated cases, with staff moving temporarily for three months into locality teams. This provides assurance that all children requiring an urgent assessment are being prioritised, in addition to those children accessing Children's Emergency Department. We are also continuing to prioritise cases open to the service with no allocated worker. Processes continue to be in place to manage the waiting list in accordance with the waiting well policy. This issue of high demand for the service has been raised via Joined Up Care Derbyshire and is on the Integrated Care Board (ICB) risk register. A system meeting is to be held shortly, specifically around support for waiting lists, county wide (so including Chesterfield Royal Hospital CAMHS). CAMHS has also been identified in the Trust to pilot an elective recovery module from NHS England and NHS Improvement to support waiting list improvements and will also undertake a Recovery Action Plan monitored via TOOL.

Waiting list for community paediatrics
We continue to see a steady rise in waiting times for referral to treatment in community paediatrics with over 1,600 children now waiting. The longest wait time is now in excess of 62 weeks and currently sits on the risk register as a high risk. Capacity is being impacted upon by ongoing very high levels of sickness absence. We have a regular locum in post and a further locum request to support the Neuro-disability pathway is also approved, but not yet filled. We have successfully appointed to the substantive Specialty Doctor post. The neuro-developmental pathway development is ongoing. The business case includes a second fixed term Speciality Doctor to focus on the autistic spectrum disorder pathway. Securing these posts will have an impact on the waiting list. This is a really positive development for the service line. We await final Integrated Care Board approval for the investment requested this month.

Outpatient appointments cancelled by the Trust
The level of cancellations has remained within common cause variation for most of the time.

Outpatient appointment did not attends
The level of defaulted appointments has remained within common cause variation for the majority of the time and in the current process the trust target of 15% or lower is likely to be consistently achieved.

Finance

At the end of September, the overall year to date (YTD) position is a deficit of £1.0m compared to the plan deficit of £0.8m, an adverse variance to plan of £0.2m. The main driver for the YTD adverse variance to plan is related to the undelivered CIP which is being slightly offset by some additional income. The forecast remains a breakeven position as per the plan.

However, there are significant areas of risk in and outside of that plan driven by the planning assumptions that have been followed, such as the delivery of the required 3% efficiencies, Agency expenditure and the containment of Covid costs.

Efficiencies
The full year plan includes an efficiency requirement of £6.0m phased equally across the financial year. There has been a particular focus on actions required to close the remaining efficiency gap which is required to achieve the overall breakeven plan. This has now been achieved and full plans have been developed. However, a significant proportion of the efficiencies are non-recurrent in nature 70%.

Whilst the full requirement for efficiencies has now been identified the majority of the schemes are non-recurrent and there is need to take action to ensure the costs are reduced to match the planned delivery.

Agency
Agency expenditure YTD totals £3.7m against a plan of £1.3m, an adverse variance to plan of £2.4m. The two highest areas of agency usage relate to Consultants mainly in CAMHS and Nursing staff. NHS England (NHSE) have confirmed that tighter agency controls will be introduced from September.

Covid costs
The financial plan assumes no expenditure for Covid after the end of May as per the planning guidance. There has been a significant reduction in covid related expenditure in August and September.

Out of Area Placements
Expenditure for adult acute out of area placements totals £1.8m to date. The forecast assumes a reduction in expenditure in the second half of the financial year.

Capital Expenditure
Following the resubmission of the capital plan in June expenditure has slightly below plan at the end of September. The forecast assumes full spend to plan by the end of the financial year.

Better Payment Practice Code (BPPC)
In September the target of 95% was missed on both value and volume mainly due to some outstanding Pharmacy invoices which have now been paid.

Cash and Liquidity
Cash remains high at £40m at the end of September however this is expected to reduce in line with capital expenditure. The liquidity ratio has reduced in 2022/23 mainly driven by the timing of cash receipts related to the centrally funded Making Room for Dignity capital scheme.

People

Annual appraisals
Appraisal levels continue to be below our expectations with Operational Services currently at 82% and Corporate Services at 49%. There is however a significant improvement over the last 9 months.

Annual turnover
Turnover remains high and above the Trust target range of 8-12%. There has been a small improvement from the previous month with a 0.6% reduction. We have now launched the new exit interview process to ensure we capture a higher percentage of interviews from leavers and learn more about why colleagues are leaving the organisation. Nationally, we are achieving the lowest leaver rate for any mental health and learning disability trust.

Compulsory training
Compulsory training continues to be a key focus and an ongoing recovery position for the Trust. Overall, the 85% target level has been achieved for the last seven months. Operational Services are currently 89% compliant and Corporate Services slightly lower at 77%.

Staff absence
Sickness absence remains high and above the 5% target threshold. September sickness was 7.4%. We have been working closely with divisions to understand the challenges in managing absence and identified key areas that need some focused improvement work.

Supervision
The levels of compliance with the clinical and management supervision targets have remained low since the start of the pandemic. As seen with compulsory training and appraisals, Operational Services continue to perform at a considerably higher level than Corporate Services for both types of supervision (management: 73% versus 58% and clinical: 70% versus 19%).

Proportion of posts filled
Staffing levels continue to improve and gradual reductions in vacancy rate have continued over the last quarter. Time to hire is now standing at 57.1 days. There are still improvements be made, with a focus now on pre-employment checks stage and further streamlining to take pressure off front-line managers. We are participating in a national programme 'Good Recruitment for Older Workers' (GROW) which aims to minimise age bias in the recruitment process.

Bank staff
Bank listening event themes are being collated and will be reviewed and actioned within the Temporary Workforce Strategy Group. The listening events will now take place monthly, as requested by bank colleagues to ensure we can respond in a timely way to concerns and make improvements to colleagues' working lives. Capacity and demand remain misaligned and fill performance is below

benchmark at 68%. Within the Integrated Care system (ICS), an analysis of temporary workforce capacity within Derbyshire is underway.

Quality

Compliments
The number of compliments continues to remain below the expected level. With an increase in accessibility, it is expected that a natural increase in compliments, complaints and concerns will occur over the next 6 months.

Complaints
The number of formal complaints received continues to be within common cause variation in relation to the mean with a decline in the number recorded between August and September 2022. The number of formal complaints is now below the Trust target. This could be due to the number of face-to-face contacts increasing as services stand back up.

Delayed transfers of care (DTOC)
Although the number of DTOC has increased between August and September, the number is still low when compared with the national picture and continues to be below the Trust target of 3.5%. Work continues within the rapid review processes and clinical meetings and a Housing Officer was recruited in May 2022.

Care plan reviews
The proportion of patients whose care plans have been reviewed continues to be recorded as lower than expected and is currently on a downward trajectory. This is likely due to care plans that have not yet been migrated over to SystmOne and data quality issues with how this information is being captured.

Patients in employment
Around one third of patients have no employment status recorded at present and the decline in patients recorded as being in employment coincides with the data migration to SystmOne. Therefore, this may be a data quality issue. This will be investigated and reviewed during the next quarter. The Individual Placement Support (IPS) Service continues to have success in supporting people into employment even during the pandemic and the service is currently expanding.

Patients in settled accommodation
Around one third of patients have no accommodation status recorded and the decline in patients with a recorded settled accommodation status again coincides with the data migration to SystmOne. Issues around imputing data have been identified and an improvement plan has was implemented in the Older Adult Division in October including regular audit. The other Trust Divisions will be asked to review their own data, and this will be monitored over the next Quarter.

Medication incidents
Although there is fluctuation with the number of medication incidents recorded, they are within the common cause variation in relation to the mean. In October 2022 the Children's Division have started electronic prescribing and medicines administration (EPMA), a solution which digitises the process of prescribing and recording medication administered to patients within the Division. This will be rolled out across the trust and should help reduce the number of medication incidents over the next six months.

Incidents of moderate to catastrophic actual harm
The number of reported incidents of moderate to catastrophic harm increased from April 2022 with a spike between June and July. This increase appears to be related to repeated incidents involving a small number of patients. The number of incidents has reduced over August and September, but it will continue to be monitored by the Head of Nursing team on a Quarterly basis and will be fed into the relevant Clinical Operational Assurance Team (COAT) meetings.

Duty of Candour
The increase in Duty of Candour (DOC) reported incidents as anticipated in the previous report is due to a change in how DOC incidents are reported on the DATIX reporting system and a greater awareness around reporting in clinical teams.

Prone restraint
There are ongoing workstreams to support the continuing need to reduce restrictive practice, including the work around introducing body worn cameras. The monitoring of restrictive practice takes place within specific forums and data analysis and review has shown that incidents involving prone restraint have increased between June and July 22 related to repeated incidents involving a small number of patients. This will continue to be monitored.

Physical restraint
The number of reported incidents involving restraint have remained within common cause variation throughout the reporting period. The changes in numbers are linked to the data above relating to prone restraint and below relating to seclusion. It is important to highlight that a common impacting factor to restrictive practice is increased use of bank staff, vacancies, increased sickness, staffing challenges and concerns relating to closed culture. Over the last quarter the Positive and Safe team have increased their presence on inpatient wards to offer advice following incidents which will help staff to identify alternative ways of managing situations that could potentially involve physical restraint.

Seclusion
The use of seclusion has been above the mean due to a small number of patients who had been placed in seclusion on more than one occasion on an acute ward and then the Enhanced Care ward. From July 2022 the number of seclusions is on a downward trajectory and is now below the Trust target. Further auditing will be carried out by the Head of Nursing for Acute and Assessment Services and they are currently leading on a thematic review of seclusions to identify further learning.

Falls on inpatient wards
After an abnormal spike of incidents in March 2022, a review of falls was commissioned and identified that a high number of falls were related to the same small number of patients. From this review a bi-weekly falls review meeting, chaired by the Matron for older adult services, has been established to identify any specific needs for those patients falling regularly. This appears to have had a positive impact with incidents related to falls reducing and continuing a downward trajectory.

Care hours per patient day (CHPPD)
CHPPD is rolling data updated monthly, to show staffing levels in relation to patient numbers on an inpatient ward. In the latest published national data when benchmarked against other mental health trusts, our staffing levels were below average.

Strategic Considerations	
1) We will deliver **great care** by delivering compassionate, person-centred innovative and safe care.	X
2) We will ensure that the Trust is a **great place to work** by creating a compassionate, skilled and empowered leadership, creating a vibrant culture where colleagues feel they belong, thrive and are valued.	X
3) The Trust is a **great partner** and actively embraces collaboration as our way of working.	X
4) We will make the **best use of resources** by making financially wise decisions and avoiding wasting resources to ensure financial recovery and long-term sustainability.	X

Risks and Assurances

This report should be considered in relation to the relevant risks in the Board Assurance Framework (BAF). The content provides assurance across several BAF risks related to workforce, operational performance and regulatory compliance. The use of run charts provides the Board with a more detailed view of performance over time as it enables the differentiation between common cause and special cause variation.

Consultation

- Versions of this report have been considered in various other forums, such as Board development and Executive Leadership Team.

Governance or Legal Issues

- Information supplied in this paper is consistent with the Trust's responsibility to deliver all parts of the Oversight Framework and the provision of regulatory compliance returns.

Public Sector Equality Duty & Equality Impact Risk Analysis

In compliance with the Equality Delivery System (EDS2), reports must identify equality-related impacts on the nine protected characteristics age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity (REGARDS people (Race, Economic disadvantage, Gender, Age, Religion or belief, Disability and Sexual orientation)) including risks, and say how these risks are to be managed.

Below is a summary of the equality-related impacts of the report:

- This report reflects performance related to all of the Trust's service portfolio and therefore any decisions that are taken as a result of the information provided in this report is likely to affect members of those populations with protected characteristics in the REGARDS groups.
- Any specific action will need to be relevant to each service and considered accordingly, so for example, as parts of the report relate specifically to access to

Trust services; we will need to ensure that any changes or agreed improvements take account of the evidence that shows variable access to services from different population groups.

Recommendations

The Council of Governors is requested to:

1) Consider the content of the paper as presented from the perspective of the Non-Executive Directors on how they have held the Executive Directors to account through their role.

Report presented by: **Tony Edwards, Non-Executive Director**
Deborah Good, Non-Executive Director
Ashiedu Joel, Non-Executive Director
Ralph Knibbs, Non-Executive Director
Geoff Lewins, Non-Executive Director
Shelia Newport, Non-Executive Director

Report prepared by: **Ade Odunlade, Chief Operating Officer**
Claire Wright, Director of Finance
Carolyn Green, Interim Deputy Chief Executive and Chief Nurse

Assurance Summary

#	Metric Name	Variation	Assurance	Latest Value	Target	Lower process limit	Upper Process limit	Mean
1	3 day follow-up			96%	80%	78%	102%	90%
2	Data quality maturity index			98%	95%	97%	98%	98%
3	Early intervention 14 day referral to treatment - complete			83%	60%	67%	106%	86%
4	Early intervention 14 day referral to treatment - incomplete			90%	60%	55%	113%	84%
5	IAPT 18 week referral to treatment			100%	95%	100%	100%	100%
6	IAPT 6 week referral to treatment			67%	75%	82%	95%	89%
7	IAPT patients completing treatment who move to recovery			53%	50%	47%	62%	54%
8a	Average patients out of area per day - adult acute			5	0.0	-2	11	5
8b	Patients placed out of area - adult acute			5	0.0	-2	19	9
9a	Average patients out of area per day - PICU			14		7	20	13
9b	Patients placed out of area - PICU			20		13	33	23
10a	Waiting list - care coordination - average wait to be seen			42		13	31	22
10b	Waiting list - care coordination - number waiting at month end			100		29	67	48
11a	Waiting list - ASD assessment - average wait to be seen			72		63	68	66
11b	Waiting list - ASD assessment - number waiting at month end			1,978		1357	1582	1470
11c	ASD assessments			94	26	4	52	28
12a	Waiting list - psychology - average wait to be seen			51		36	49	42
12b	Waiting list - psychology - number waiting at month end			515		688	909	799
13a	Waiting list - CAMHS - average wait to be seen			25		12	21	16
13b	Waiting list - CAMHS - number waiting at month end			519		356	522	439
14a	Waiting list - community paediatrics - average wait to be seen			25		12	17	14
14b	Waiting list - community paediatrics - number waiting at month end			1,662		822	1147	984
15	Outpatient appointments cancelled by the Trust			9%	5%	4%	11%	8%
16	Outpatient appointment "did not attends"			12%	15%	10%	14%	12%
17	Annual appraisals			76%	85%	71%	75%	73%
18	Annual turnover			13%	8-12%	12%	13%	12%
19	Compulsory training			87%	85%	83%	87%	85%
20	Staff absence			6%	5%	5%	8%	7%
21	Clinical supervision			70%	95%	69%	77%	73%
22	Management supervision			73%	95%	72%	78%	75%
23	Filled posts			93%	100%	87%	92%	90%
24	Bank staff use			6%	5%	5%	7%	6%
25	Compliments received			107	119	58	132	95
26	Formal complaints received			7	13	6	28	17
27	Delayed transfers of care			2%	3.5%	-0.6%	2.0%	0.7%
28	CPA reviews			76%	95%	86%	94%	90%
29	Patients in employment			7%		10%	14%	12%
30	Patients in settled accommodation			35%		51%	59%	55%

Key to symbols[1]:
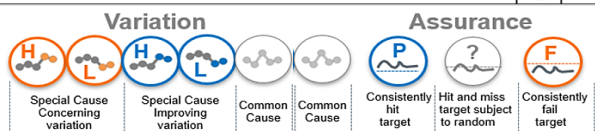
Variation: Special Cause Concerning variation / Special Cause Improving variation / Common Cause / Common Cause

Assurance: Consistently hit target (P) / Hit and miss target subject to random (?) / Consistently fail target (F)

Blue dots indicate special cause variation, better than expected.

Orange dots indicate special cause variation, worse than expected.

Metric Name	Variance	Assurance	Latest Value	Target	Lower process limit	Upper process limit	Mean
31 Number of medication incidents	〰		72		27	86	57
32 No. of incidents of moderate to catastrophic actual harm	〰	P	37	48	18	85	51
33 No. of incidents requiring Duty of Candour	〰	?	3	1	-3	12	5
34 No. of incidents involving prone restraint	〰	?	12	12	-2	19	8
35 No. of incidents involving physical restraint	〰	?	36	46	-2	95	47
36 No. of new episodes of patients held in seclusion	〰	?	8	14	-1	32	15
37 No. of falls on inpatient wards	H〰	?	39	30	18	46	32

Key to symbols¹:
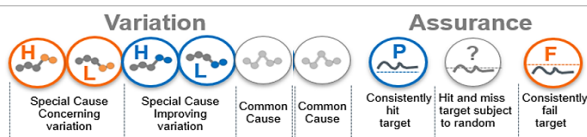
Variation

H/L Special Cause Concerning variation   H/L Special Cause Improving variation   Common Cause   Common Cause

Assurance

P Consistently hit target   ? Hit and miss target subject to random   F Consistently fail target

Blue dots indicate special cause variation, better than expected.

Orange dots indicate special cause variation, worse than expected.

Operational Services Performance Summary

Indicator	Target	Position Sep 2022	National benchmark	Divisional Breakdown[1]							Run Chart
				AA	AC	Ch	F&R	OP	Psy	SC	
● 3-day follow-up	80%	96%	75%								
● Data quality maturity index	95%	97%	75%	90%	98%	85%	92%	98%	99%	98%	
● Early intervention 2-week referral to treatment	60%	83%	68%		83%						
● Early intervention current waits under 2 weeks	60%	90%	28%		90%						
● IAPT 18-week referral to treatment	95%	99.6%	98%							99.6%	
● IAPT 6-week referral to treatment	75%	67%	89%							67%	
● IAPT recovery rate	50%	53%	50%							53%	
● Adult acute out of area placements – daily average	0	5	7	5							
● PICU out of area placements – daily average	0	14	3	14							
● Adult ASD assessment average wait (weeks)	n/a	72	n/a						72		
● Adult ASD assessments	26	28	n/a						28		
● Psychological services average wait to be seen (weeks)	n/a	51	n/a						51		
● CAMHS average wait to be seen (weeks)	4[2]	25	n/a			25					
● Paediatrics average wait to be seen (weeks)	18	25	17			25					
● Outpatient appointment Trust cancellations	5%	9%	n/a		9%	6%		15%		21%	
● Outpatient appointments not attended (DNAs)	15%	12%	n/a	19%	4%			6%		11%	

[1] Key: AA Adult Acute Care, AC Adult Community Care, Ch Children's Services, F&R Forensic & Mental Health Rehabilitation, Psy Psychology and SC Specialist Care Services
[2] Proposed access standard (NHSE)

Performance Summary

3-day follow up of all discharged inpatients
The national standard for follow-up has been manually audited and exceeded the national average by 22% at Trust level in September. This process is tightly monitored by Samantha Shaw, the Trust's Performance Analyst, who routinely chases up the relevant teams prior to any potential breaches to ensure patients get timely support post discharge. Educative and corrective action is in progress which should result in improvement in recording accuracy over time as people get used to using the new system and the change to how things need to be recorded.

Data quality maturity index
The level of data quality has been significantly better than expected for the last 5 months. It is expected that the national target will be consistently exceed overall. Some services experience difficulty in collecting data owing to the nature of presentation, for example where people are presenting in crisis and their mental state makes it inappropriate at that time.

Early intervention 14-day referral to treatment
Patients with early onset psychosis are continuing to receive very timely access to the treatment they need. The service has also exceeded the national 14-day referral to treatment standard of 60% or more people on the waiting list to have been waiting no more than 2 weeks to be seen in all but one month. Occasional delays are a result of difficulties contacting patients to arrange appointments, or patients not attending their planned appointments.

IAPT 18-week referral to treatment
This continues to be an example of a very tightly controlled process, and it is expected that the 95% standard will be consistently.

IAPT 6-week referral to treatment
There has been a significant increase in waits over the last few months. This was as result of a combination of annual leave, plus an unprecedented number of Psychological Wellbeing Practitioners (PWPs) leaving over the past 6 months. Currently there are 7 whole time equivalent PWP posts vacant. Actions are underway to fill these posts.

IAPT patients completing treatment who move to recovery
This is an annual target and year to date we are exceeding target and for the past 24 months the national standard has been achieved.

Patients placed out of area – adult acute
Currently we have 1 patient in an inappropriate out of area acute bed. The patient is on a pathway to repatriate them to a Derbyshire bed, however at the moment repatriation is not possible owing to pressures elsewhere. There has been an increase in patients with Covid-19 recently. This is likely to have an impact on bed capacity.

Patients placed out of area – Psychiatric Intensive Care Units
There is no local PICU provision, so anyone needing psychiatric intensive care needs to be placed out of area, however, work continues on the provision of a new build PICU in Derbyshire.

14

Waiting list for adult autistic spectrum disorder (ASD) assessment

In September, for the first time in 3 years, the number of assessments completed by the team and psychology staff exceeded the 26 required. At the end of September 2022 there were 1,970 adults waiting for adult ASD assessment, which is an increase of 32 on the previous month. Last month we reported that we have pulled the two specialist teams into one (SAT and ASD assessment), providing a more flexible team to take on the range of tasks. This is supporting more team members and making recruitment for this service more attractive. There are 9 vacant posts currently out to advert. To support the development of psychological skills, and increase the number of people able to diagnose, ASD assessment training will be delivered to up to 25 trust staff (mainly psychologists & nurses) across all CMHTs.

Waiting lists for psychological services

At the end of last month, 565 people were waiting to be seen by psychological services with an average wait of 325 days. The waiting list is hugely variable according to team and service. The areas with the greatest wait time are Amber Valley, Bolsover, Killamarsh, South Dales and the City adult services, where the wait is up to 3 years (Amber Valley). This is largely due to vacancies, and we are therefore focusing recruitment and other efforts on the hard to fill vacancies across these areas, as well as asking others to input into these areas where they can.   Over the last 12 months, the number of people waiting has continued to gradually reduce. The recruitment drive has led to some positive results. Working to Place will in the longer term alleviate some of these waiting times as population health statistics will be used to guide needs and therefore required responses and resources. There remains a national shortage of qualified psychologists, with all Trusts struggling to recruit. We currently have less vacancies in psychological services than our regional colleagues. This position is unlikely to change until 2025 when those new places commissioned by Health Education England (HEE) for training output qualified staff. In the meantime, we are utilising other roles to try and plug our gap in delivery of psychological care. We continue to build some psychological knowledge and capacity in our nursing, occupational therapy, and medical colleagues through use of HEE monies for training, as well as development and delivery of a range of inhouse training. Longer term it is hoped this will reduce the referrals to specialist psychological services. We continue to review the waiting lists in line with trauma sensitive working in considering how we manage people on a waiting list, and we are developing a new waiting well guide for those service users.

Waiting list for Child and Adolescent Mental Health Services (CAMHS)

CAMHS continue to receive a high volume of referrals through the routine and urgent care pathways. The decision was made in August to focus on urgent/priority assessments, and all internal unallocated cases, with staff moving temporarily for 3 months into locality teams. This provides assurance that all children requiring an urgent assessment are being prioritised, in addition to those children accessing Children's Emergency Department. We are also continuing to prioritise cases open to the service with no allocated worker. Processes continue to be in place to manage the waiting list in accordance with the waiting well policy. This issue of high demand for the service has been raised via Joined Up Care Derbyshire and is on the Integrated Care Board (ICB) risk register. A system meeting is to be held shortly, specifically around support for waiting lists, county wide (so including Chesterfield Royal Hospital CAMHS).

Waiting list for community paediatrics

We continue to see a steady rise in waiting times for referral to treatment in community paediatrics with over 1,600 children now waiting. The longest wait time is now in excess of 62 weeks and currently sits on the risk register as a high risk. Capacity is being impacted upon by ongoing very high levels of sickness absence. We have a regular locum in post and a further locum request to support the Neuro-disability pathway is also approved, but not yet filled. We have successfully appointed to the substantive Specialty Doctor post. The neuro-developmental pathway development is ongoing. The business case includes a second fixed term Speciality Doctor to focus on the autistic spectrum disorder pathway. Securing these posts will have an impact on the waiting list. This is a really positive development for the service line. We await final Integrated Care Board approval for the investment requested this month.

15

Outpatient appointments cancelled by the Trust
The level of cancellations has remained within common cause variation for most of the time.

Outpatient appointment did not attends
The level of defaulted appointments has remained within common cause variation for the majority of the time and in the current process the trust target of 15% or lower is likely to be consistently achieved.

Benchmarking Sources

Measure	Data source	Date
3-day follow-up	Mental Health Statistics	June 22
Data quality maturity index	Data quality - NHS Digital	June 22
Early intervention 2-week referral to treatment	MHSDS Monthly Statistics	June 22
Early intervention current waits under 2 weeks	MHSDS Monthly Statistics	June 22
IAPT 18-week referral to treatment	Psychological Therapies: reports	June 22
IAPT 6-week referral to treatment	Psychological Therapies: reports	June 22
IAPT recovery rate	Psychological Therapies: reports	June 22
Adult acute out of area placements – daily average	Out of Area Placements	June 22
PICU out of area placements – daily average	Out of Area Placements	June 22
Paediatrics average wait to be seen (weeks)	Referral to Treatment Waiting	July 22

Detailed Narrative

<u>**Operations**</u>

1. <u>Three-day follow-up of all discharged inpatients</u>
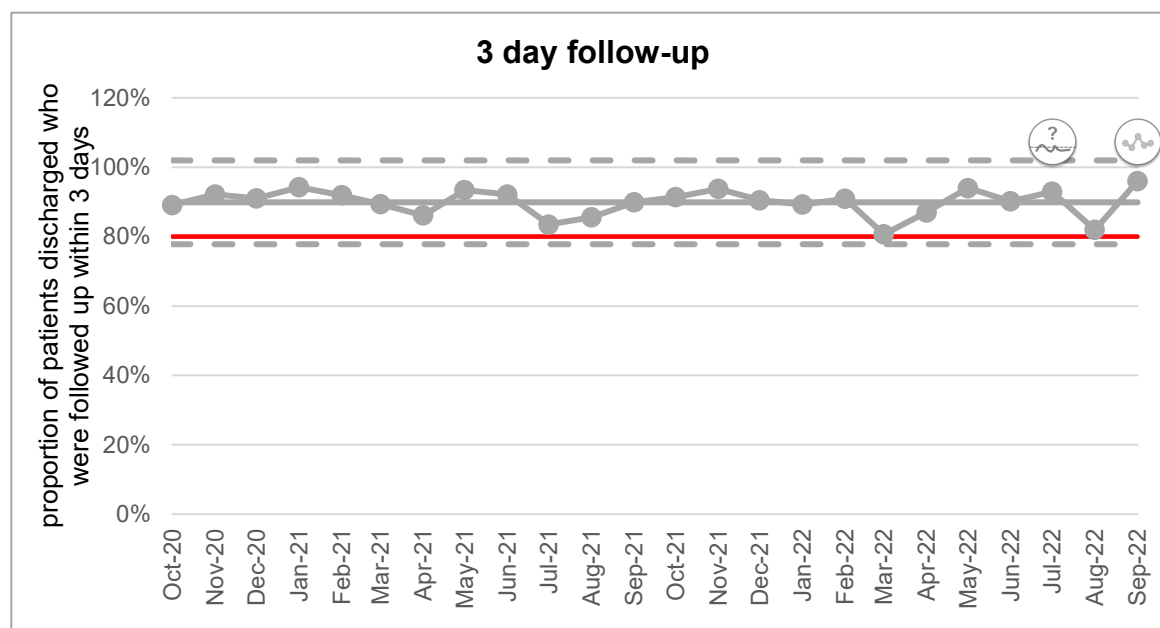
Patients are followed up in the days following discharge from mental health inpatient wards to provide support and ensure their wellbeing during the period when they are potentially at their most vulnerable. The national standard for follow-up has been exceeded throughout the 24-month period. The position in May to September 2022 has been manually calculated by auditing all of the reported breaches. It was found that patients are being followed up, but SystmOne is not being used correctly which impacts on reporting. Educative and corrective action is in progress.

2. <u>Data quality maturity index</u>
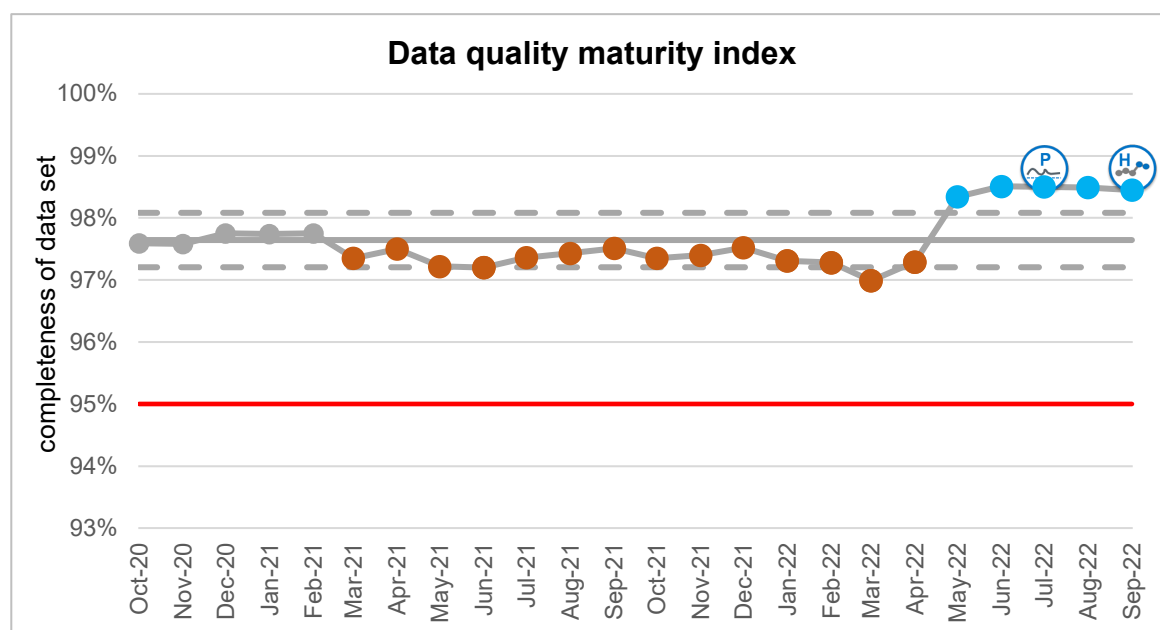
The level of data quality has been significantly better than expected for the last 5 months. It is expected that the national target will be consistently exceed.

3. Early intervention 14-day referral to treatment
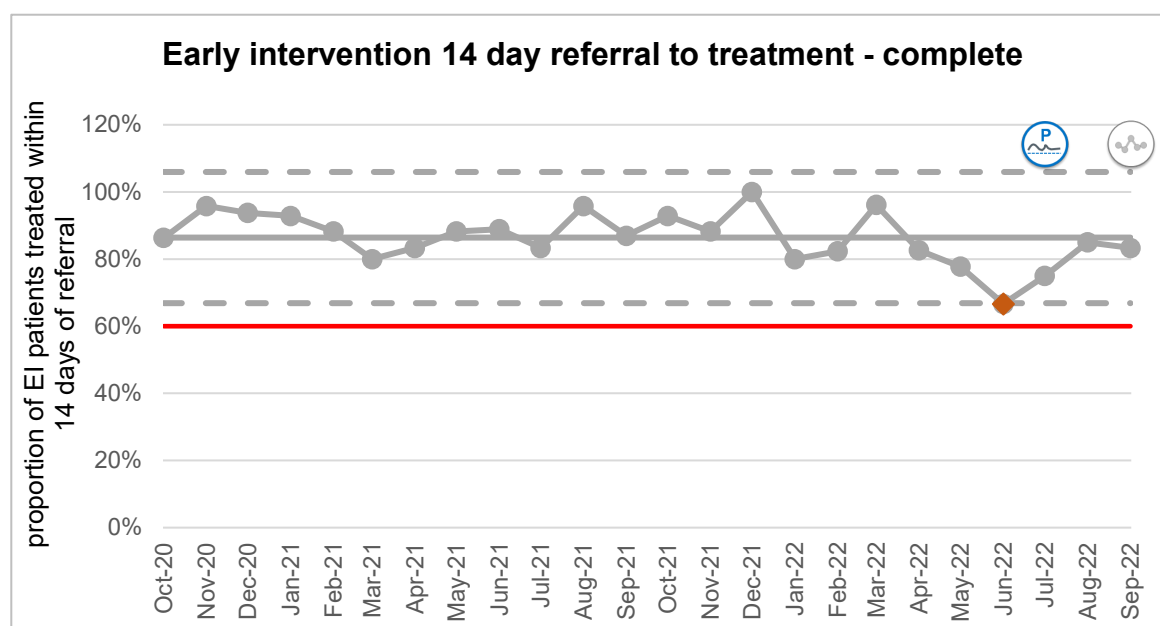
Early intervention 14 day referral to treatment - complete

Patients with early onset psychosis are continuing to receive very timely access to the treatment they need.

4. Early intervention 14-day referral to treatment – incomplete (people currently waiting to be seen)

Early intervention 14 day referral to treatment - incomplete
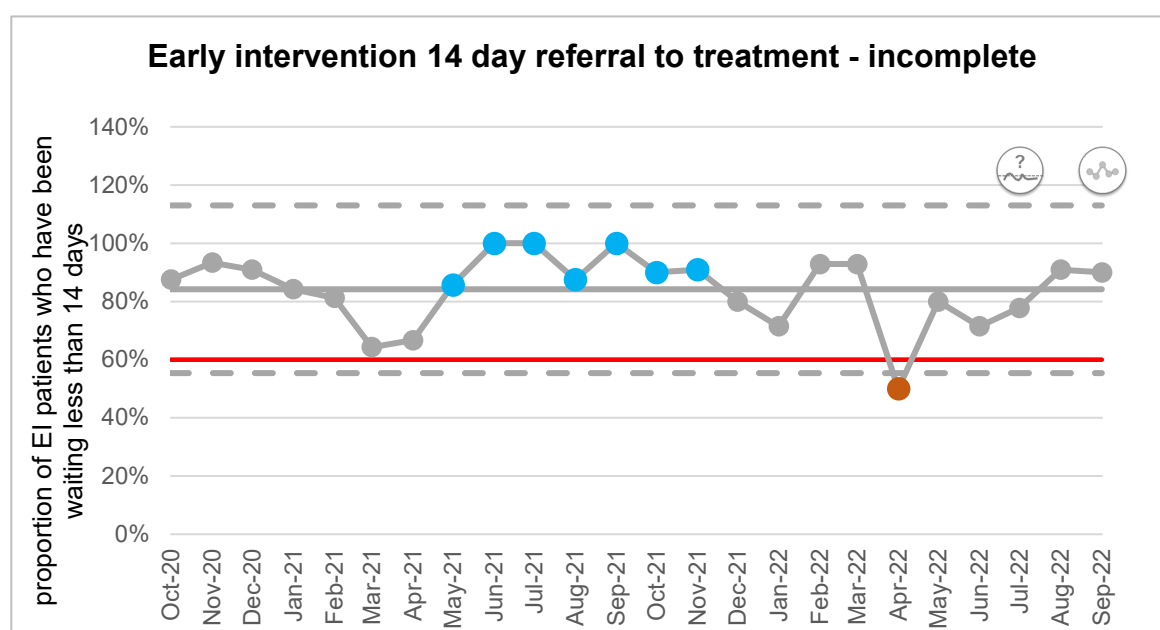
The service has exceeded the national 14-day referral to treatment standard of 60% or more people on the waiting list to have been waiting no more than 2 weeks to be seen in all but one month. The service has capacity to see everyone in a timely manner. Occasional delays are a result of difficulties contacting patients to arrange appointments, or patients not attending their planned appointments.

5. IAPT 18-week referral to treatment
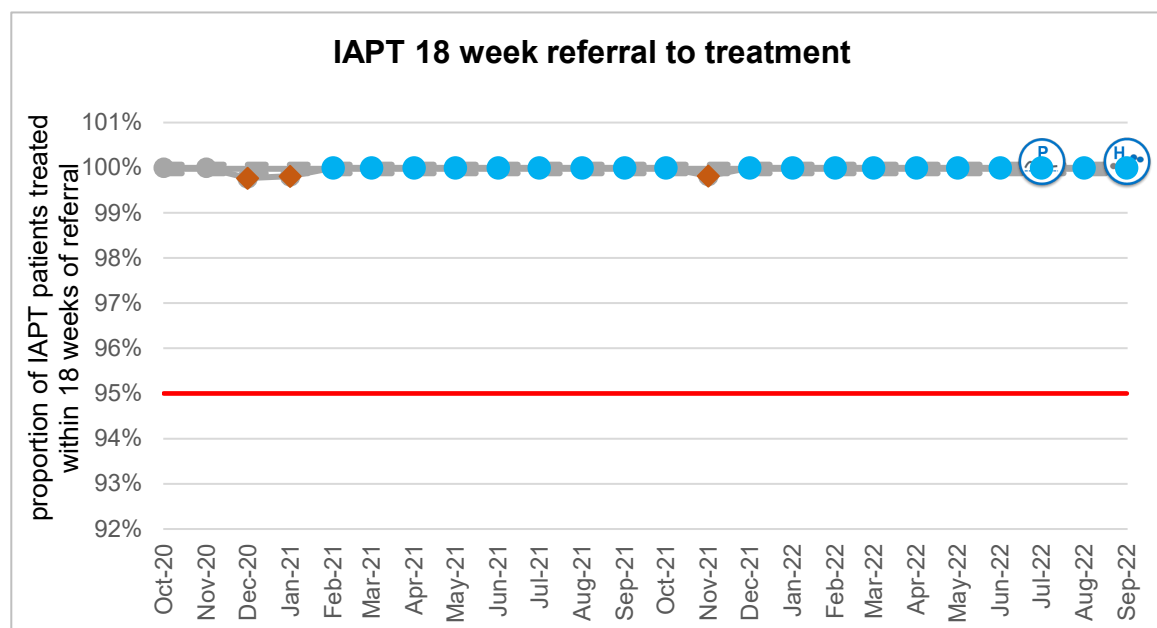
IAPT 18 week referral to treatment

This continues to be an example of a very tightly controlled process, and it is expected that the 95% standard will be consistently.

6. IAPT 6-week referral to treatment

IAPT 6 week referral to treatment
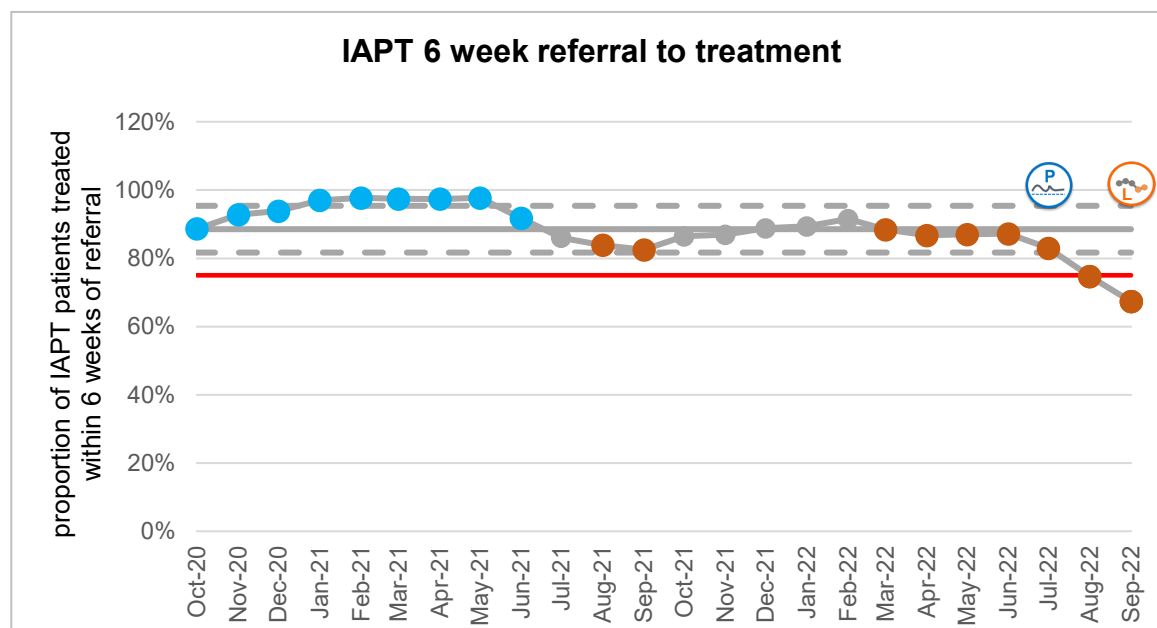
There has been a significant increase in waits over the last few months. The reasons for this are as follows. Firstly, the impact of annual leave being taken over the summer holidays and the impact of bank holidays (including the additional bank holiday, which resulted in us having to reschedule a significant number of appointments). Secondly, we lost a considerable number of Psychological Wellbeing Practitioners (PWPs) over the past 6 months: 9 members of staff in total due to them getting onto high intensity training and/or moving into other roles). This is somewhat unprecedented for the service given that there is usually a high level of staff retention. Currently there are 7.02 wte PWP posts vacant.

Actions taken to recover the position:

- Actively recruiting to the qualified PWP posts –1 WTE has been successfully recruited to date, who should be starting in service at the start of next month. A further round of recruitment is underway, with posts open to advert currently.
- 3 new PWP trainees have been taken on. It will take a little while for them to be in a position to provide assessments and treatments, but they will begin their clinical activity as soon as appropriate to do so.
- Recruitment of an agency staff member proved successful, however they discontinued after being offered a longer contract elsewhere. The use of agency staff will be revisited if wait times from referral to treatment do not improve.
- A booking clerk is in post to book short notice appointments into cancelled slots, so as to improve efficiency and reduce wait times.

In addition, IAPT has been identified in the Trust to pilot an elective recovery module from NHS England and NHS Improvement to support waiting list improvements and will also undertake a Recovery Action Plan monitored via TOOL.

7. IAPT patients completing treatment who move to recovery
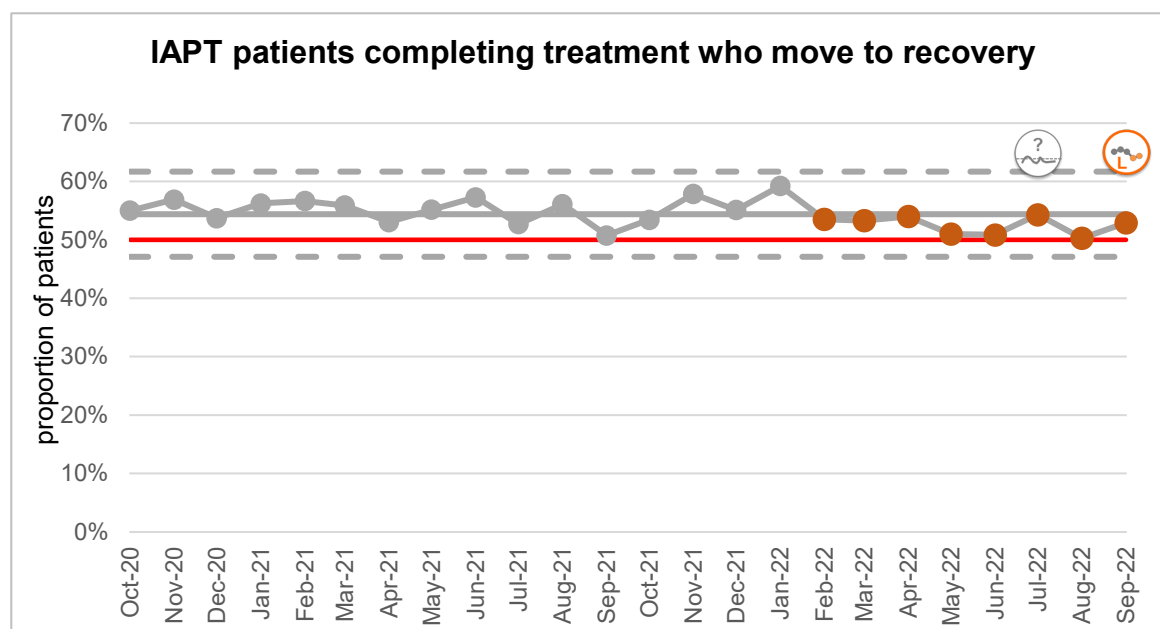
This is an annual target and year to date we are exceeding target and for the past 24 months the national standard has been achieved.

8a. Average number of patients placed out of area per day – adult acute

Average patients out of area per day - adult acute
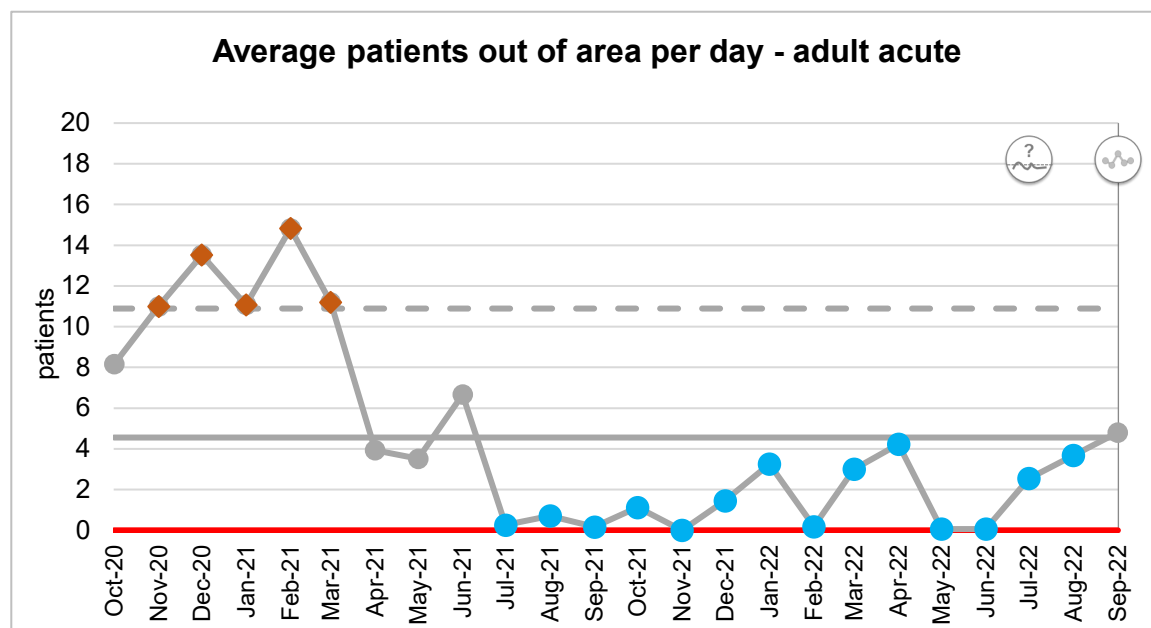
Currently we have one patient in an inappropriate out of area acute bed. During September the exit strategy from the Mill Lodge contract has been worked on. This has been successful, and the 11 block contract beds will be exited from 1st October. There is one remaining patient at Mill Lodge. The placement is being funded on a spot purchase basis and the patient is expected to be discharged on 7 October 2022.

The inappropriate out of area adult acute patient is on a pathway to repatriate them to a Derbyshire bed, however at the moment repatriation is not possible owing to pressures elsewhere. University Hospitals of Derby & Burton and Chesterfield Royal Hospital are both declaring critical incidents and struggling to cope. Therefore, any requests received from these organisations for beds are our highest priority to ensure system flow.

There has been an increase in patients with Covid-19, rising to 14 today. This is likely to have an impact on capacity, as in the past an increase in COVID-19 has resulted in beds being closed owing to our reliance on dormitory accommodation.

Further work on flow is required, including supporting the reduction of people clinically ready for discharge who remain on wards for extended periods of time, including some delayed in the LDA cohort. A new internal acute transformational delivery board will be established (terms of reference in draft) which will aim to bring together improvement and transformation workstreams to enable further improvements in flow.

Patients placed out of area - adult acute

Triangulation
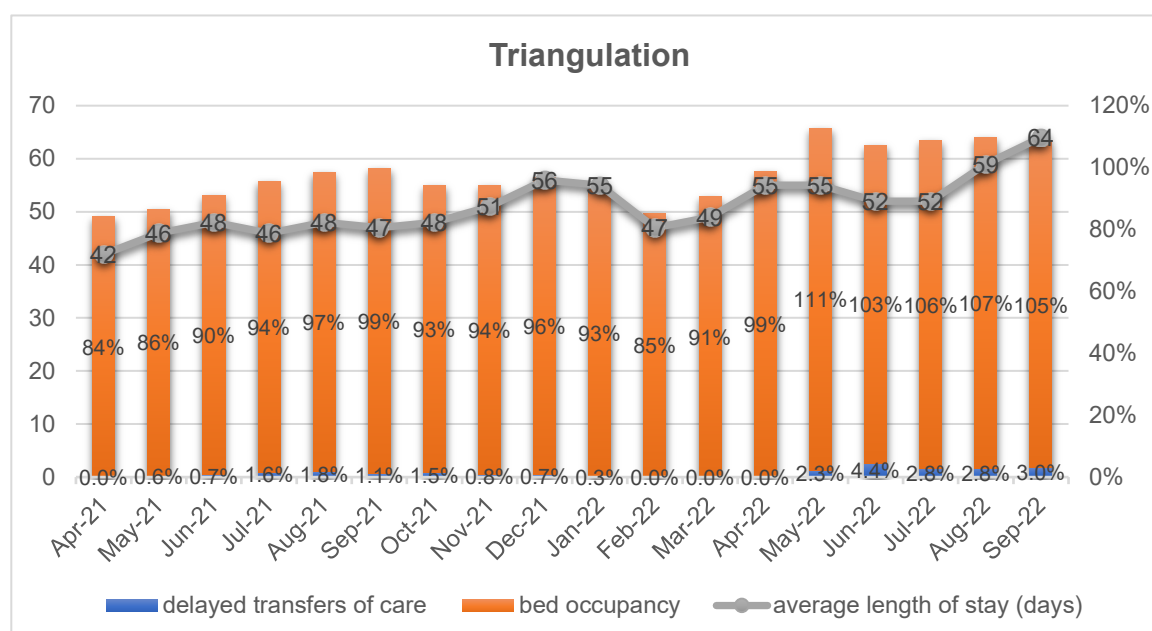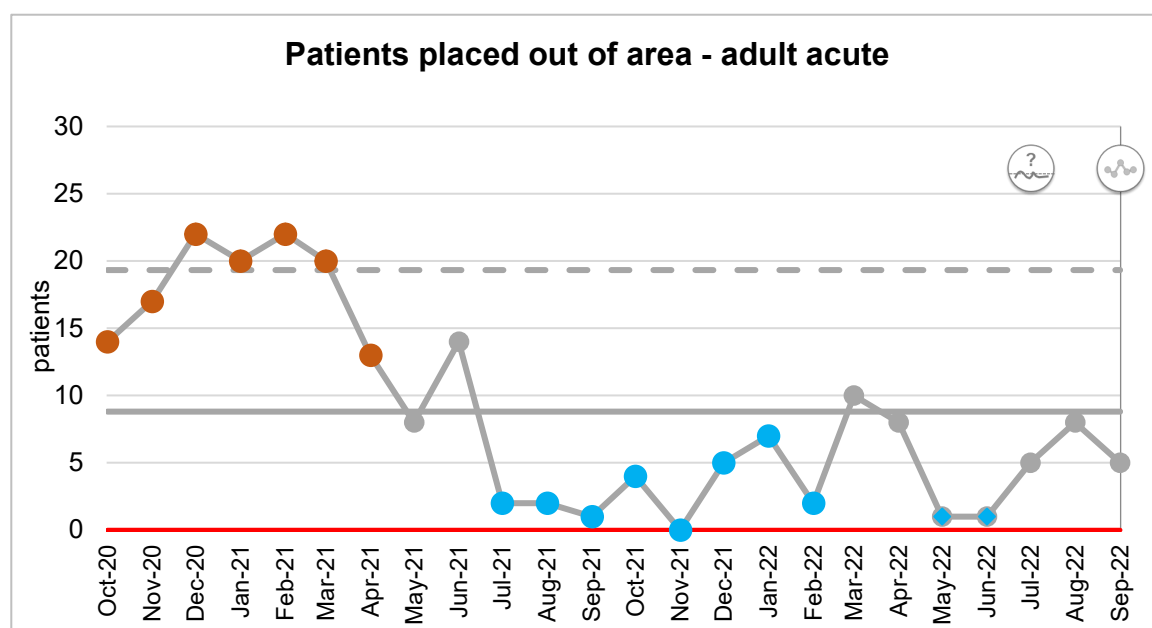
The level of inappropriate out of area acute placements is also being impacted upon by high levels of bed occupancy, delayed transfers of care and above average length of stay. In recent months there has been an increase in delayed transfers of care, and bed occupancy has exceeded 100%. This is where patients have returned home for a period of trial home leave and their beds have been occupied by new admissions. From queueing theory, to enable flow of patients through the system the Trust's adult acute bed occupancy level should not exceed 85% (the Erlang equation)[1].

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[1] Jones R (2013) Optimum bed occupancy in psychiatric hospitals. Psychiatry On-line
http://www.priory.com/psychiatry/psychiatric_beds.htm

9a. <u>Average number of patients placed out of area per day– Psychiatric Intensive Care Units</u>
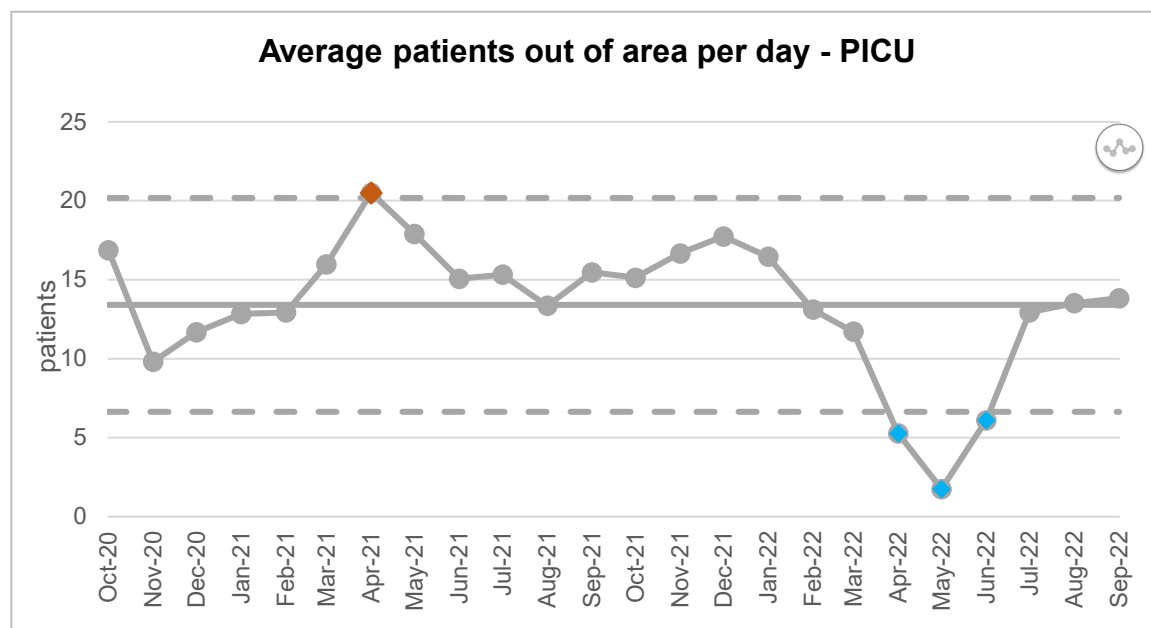
Average patients out of area per day - PICU

There is no local PICU provision, so anyone needing psychiatric intensive care needs to be placed out of area, however, work continues on the provision of a new build PICU in Derbyshire. NHS Improvement continuity of care principles have been established with 2 PICU providers - Northamptonshire Healthcare NHS Foundation Trust and Elysium - as agreed in partnership with Derbyshire Urgent Care Steering Board. Trusts are required to submit a snapshot every month of the number of patients placed out of area at month end. The Trust's position for inappropriate out of area PICU placements at month end over the last few months was as follows: May 23, June 25, July 7, August 14, and September 6.

9b. <u>Patients placed out of area per month – Psychiatric Intensive Care Units (PICU)</u>
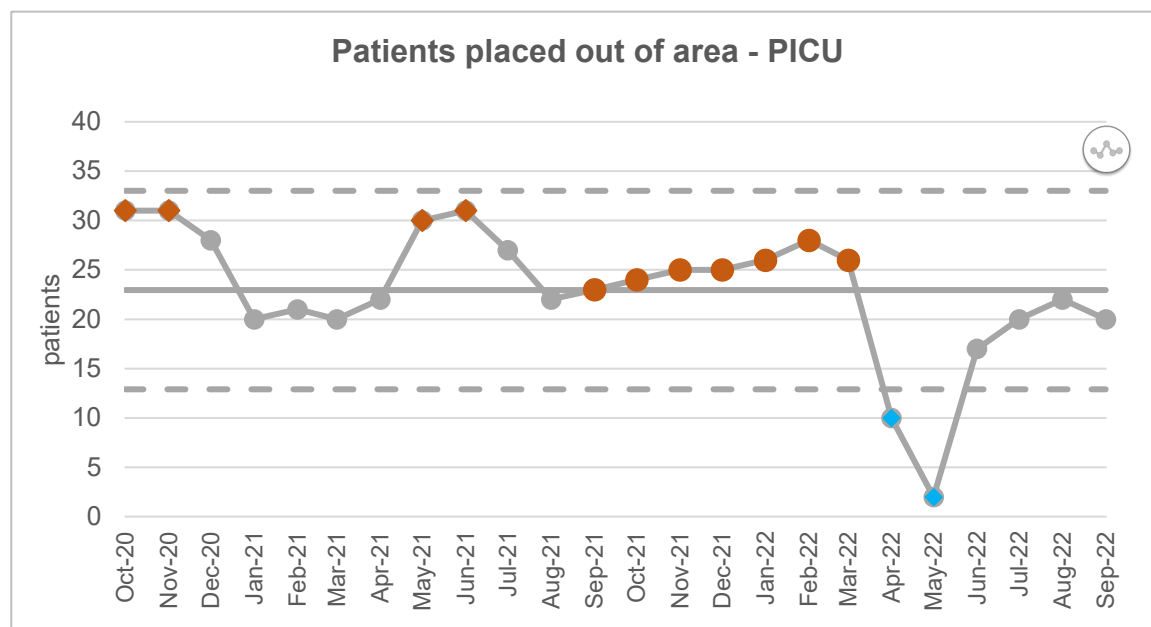
Patients placed out of area - PICU

10a. Waiting list for care coordination – average wait
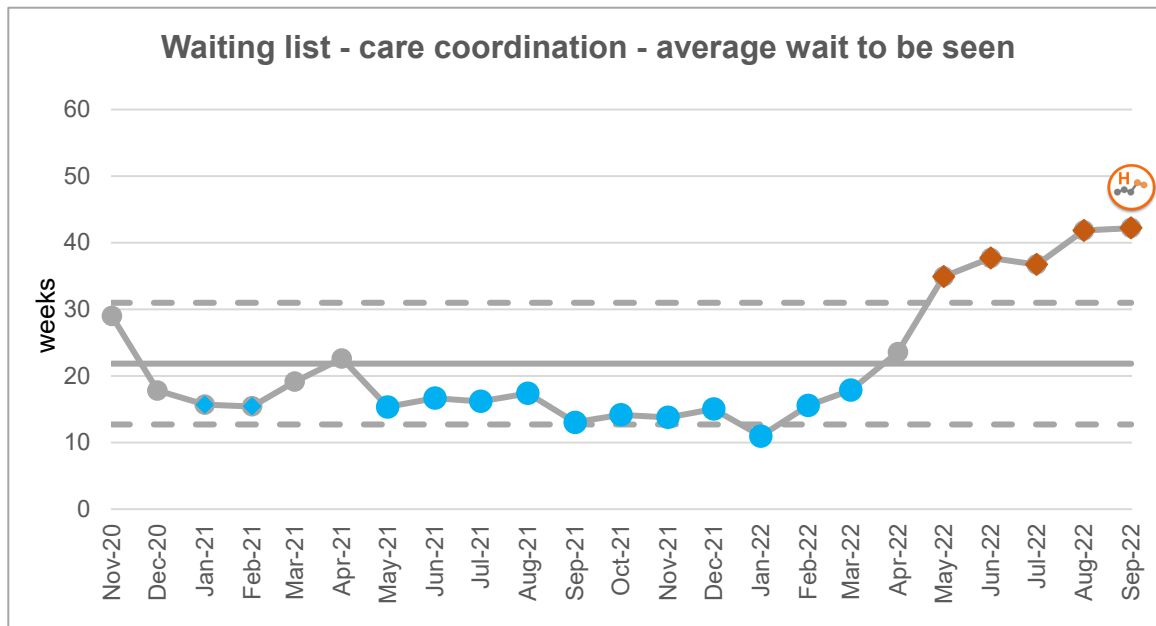
Waiting list - care coordination - average wait to be seen

The significant increase in waiting times coincides with the transition to SystmOne. A large piece of work is in progress to improve people's understanding of how to use the new system properly and update and correct records in line with the numerous standard operating procedures, which should result in an improvement to data quality and enable data optimisation.

10b. Waiting list for care coordination – number waiting

Waiting list - care coordination - number waiting at month end
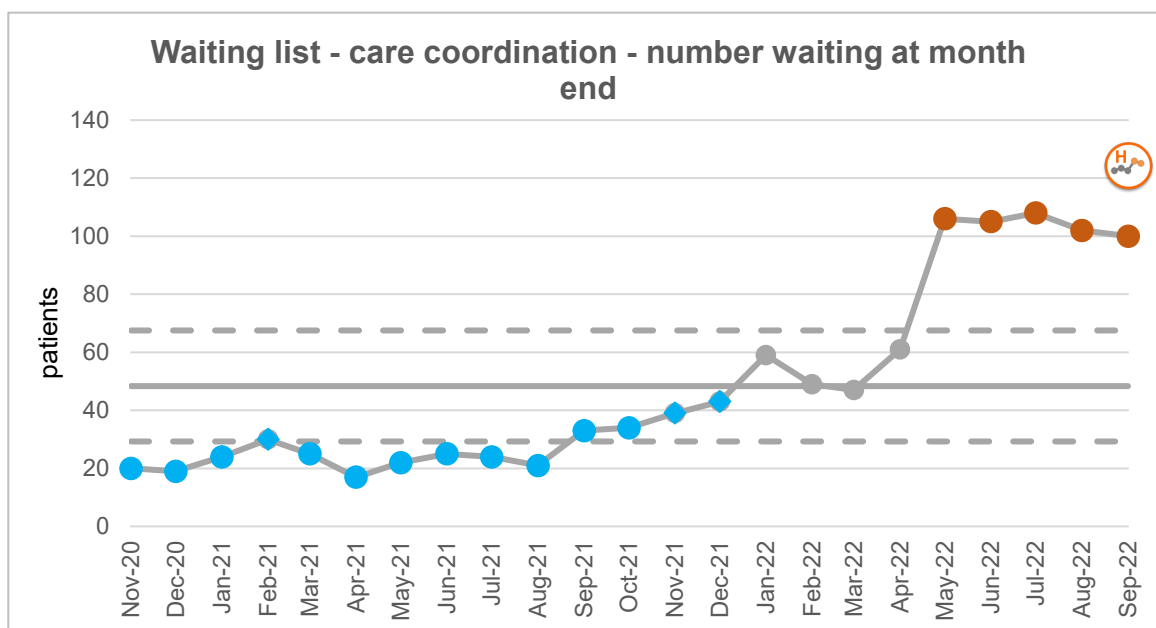
The significant increase in numbers waiting coincides with the transition to SystmOne. A large piece of work is in progress to improve people's understanding of how to use the new system properly and update and correct records in line with the numerous standard operating procedures, which should result in an improvement to data quality and enable data optimisation.

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11a. Waiting list for adult autistic spectrum disorder (ASD) assessment – average wait
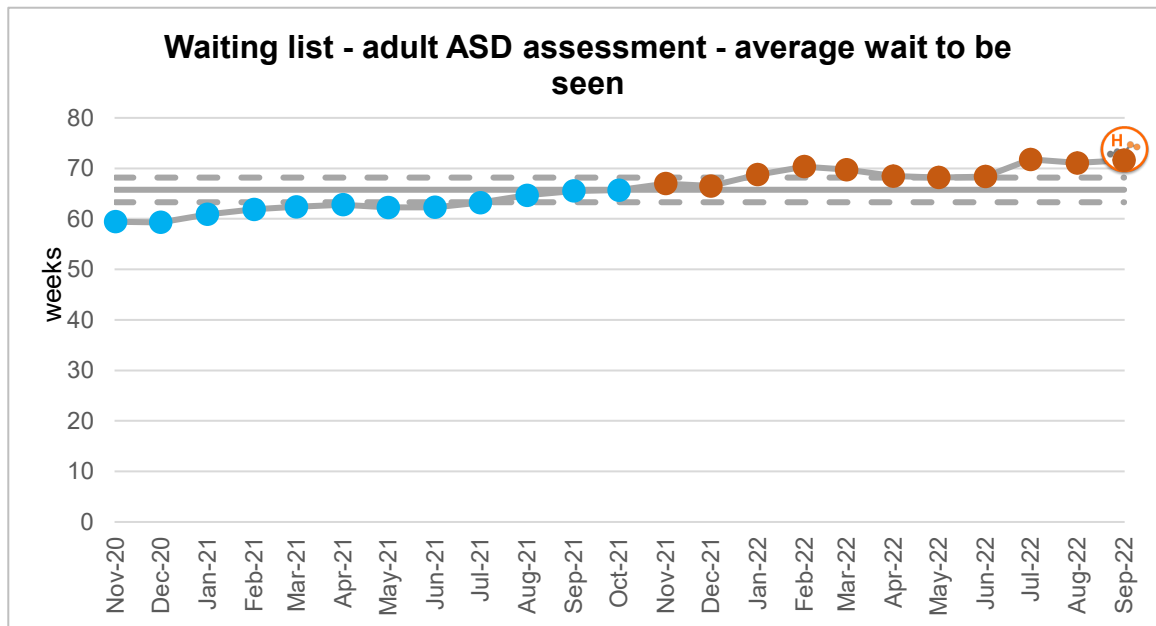
Waiting list - adult ASD assessment - average wait to be seen

Demand for the service continues to outstrip capacity (commissioned to undertake 26 per month but currently receiving referrals 86 per month this financial year to date). However, in September for the first time in 3 years the number of assessments completed exceeded the commissioned number at 28. At the end of September 2022 there were 1,970 adults waiting for adult ASD assessment, which is an increase of 32 on the previous month. A revised approach to waiting list management is being mobilised and should start to have an impact from quarter 4.

11b. Waiting list for adult autistic spectrum disorder assessment – number waiting

Waiting list - adult ASD assessment - number waiting at month end

25
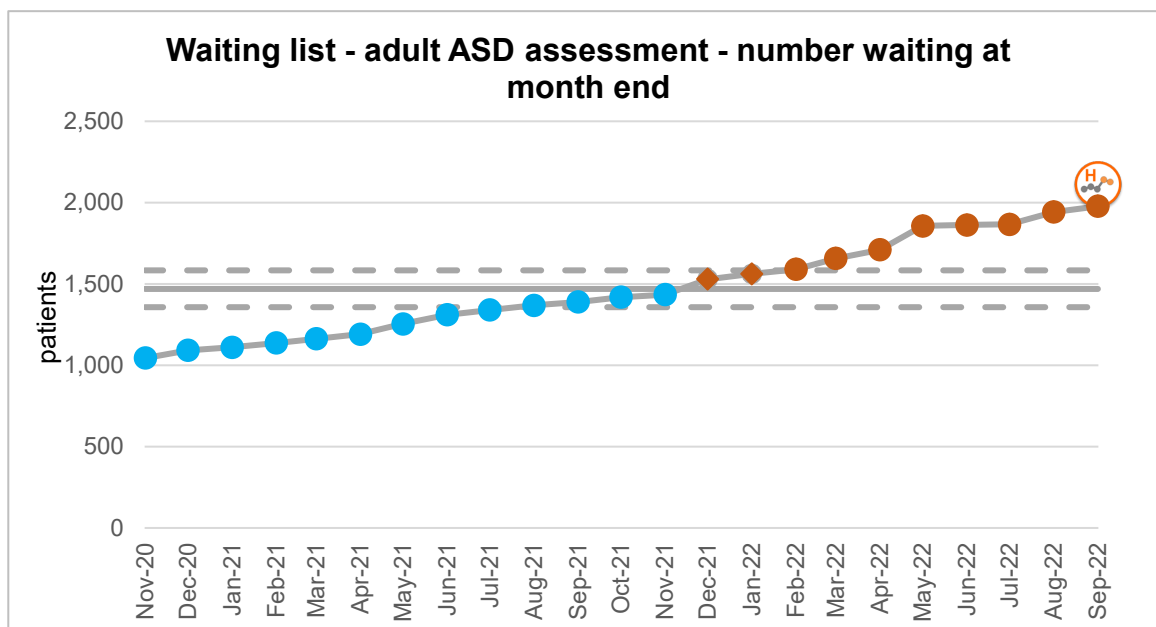
11c. Adult autistic spectrum disorder assessments per month

Adult ASD assessments
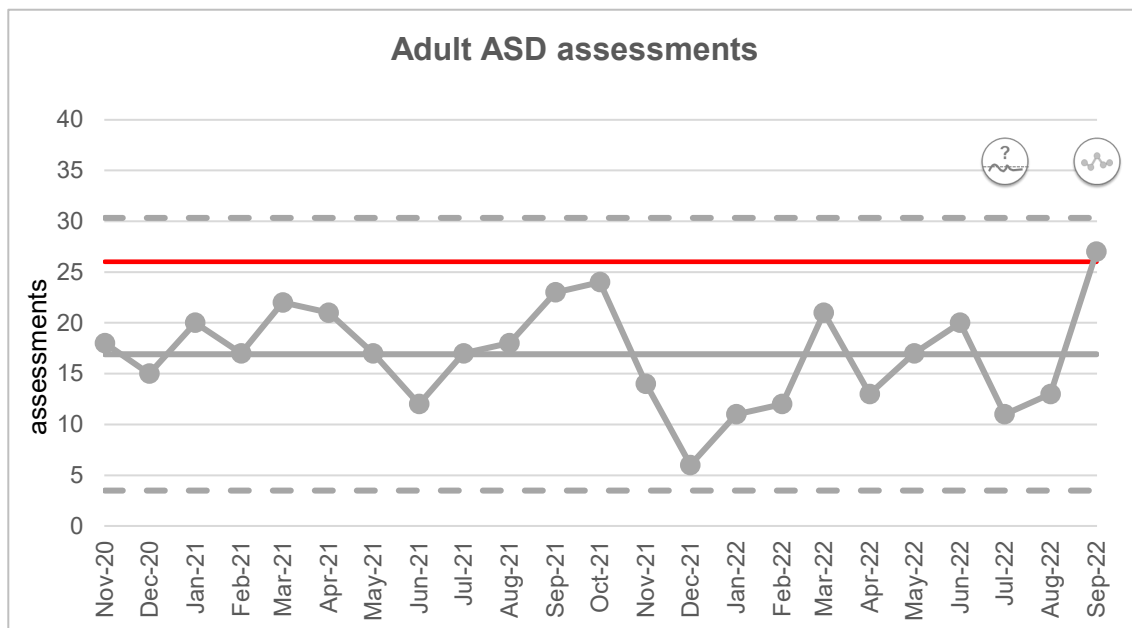
Improvements in performances have been due to action plans to bring together two specialist teams into one (SAT and ASD assessment), providing a more flexible team to take on the range of tasks. To continue to support improvements, the services is undertaking a recruitment drive for the 9 vacant posts currently out to advert, and are increasing the number of people able to diagnose through ASD assessment training to up to 25 trust staff (mainly psychologists & nurses) across all CMHTs. Further funding to support ADHD assessment model will be used flexibly to support across neurodevelopmental diagnostic needs and includes VCSE posts to go out shortly to ensure waiting well and post-diagnostic aftercare. A Recovery Action Plan is being developed and will be monitored via a waitlist improvement function at TOOL.

12a. Waiting list for psychological services – average wait

Waiting list - psychological services - average wait to be seen
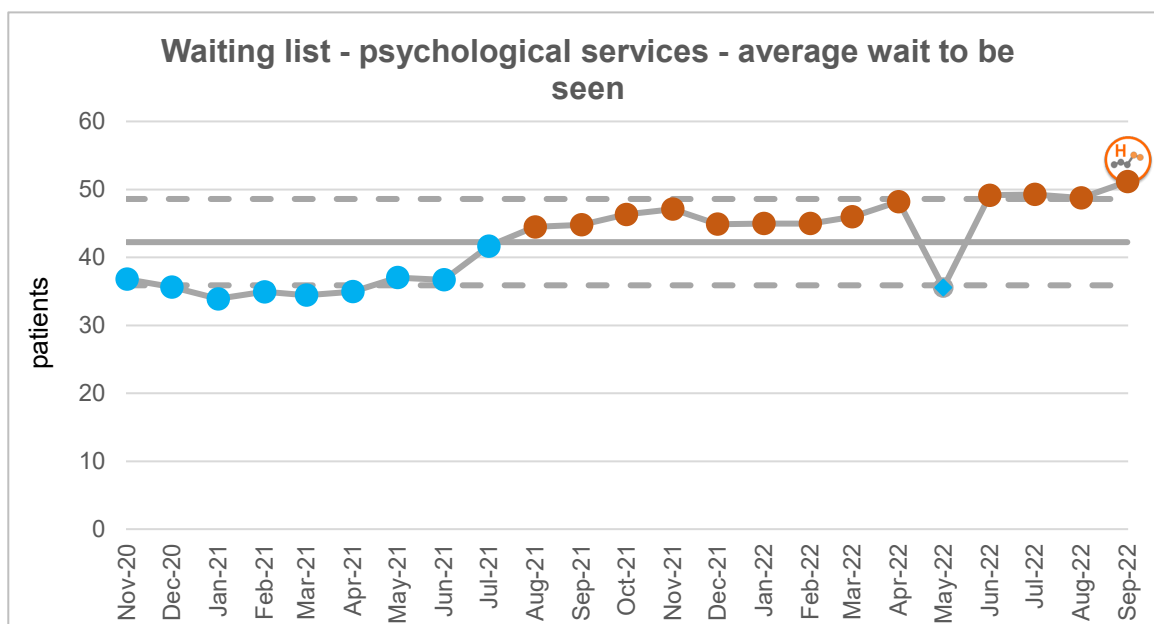
At the end of last month, 565 people across Derbyshire were waiting to be seen by psychological services with an average wait time of 325 days. Many patients are still waiting owing to the pandemic and a personal preference to be seen face to face as opposed to by video call. There is a further impact due to vacant posts as we continue to struggle to recruit qualified staff.

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The waiting list is, however, hugely variable according to team and service. The areas with the greatest wait time are Amber Valley, Bolsover, Killamarsh, South Dales and the City adult services, where the wait is up to 3 years (Amber Valley). This is largely due to vacancies, and we are therefore focusing recruitment and other efforts on the hard to fill vacancies across these areas, as well as asking others to input into these areas where they can.

A revised approach to waiting list management is being mobilised and should start to have an impact from quarter 4.

12b. Waiting list for psychological services – number waiting

Waiting list - psychological services - number waiting at month end
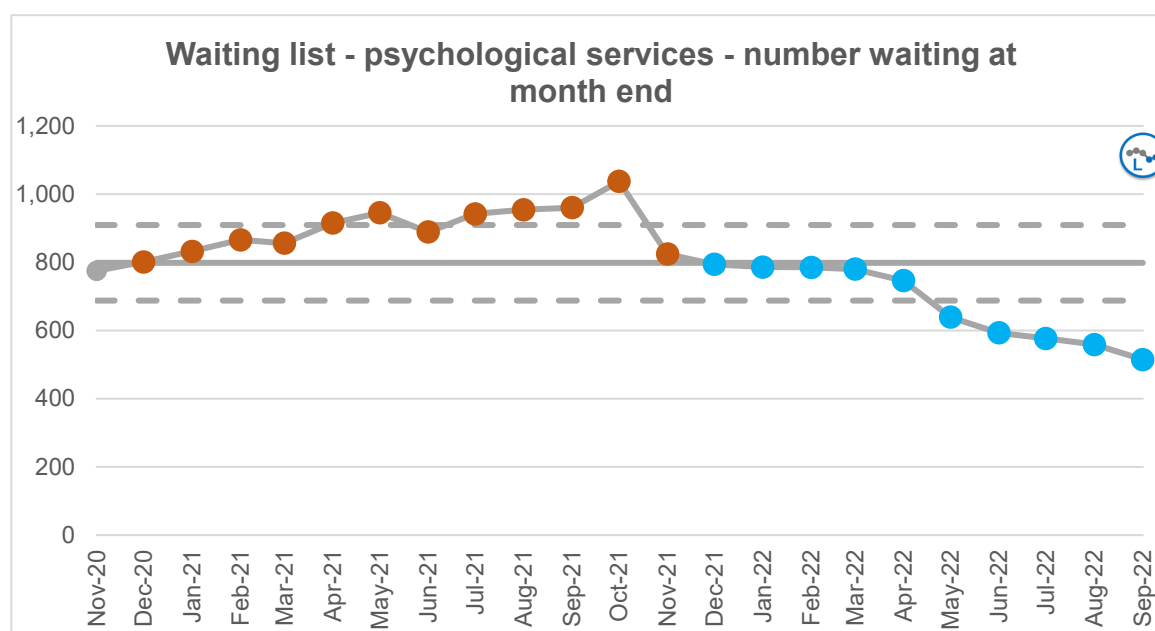
Over the last 12 months, the number of people waiting has continued to gradually reduce and the reduction is statistically significant. Although this is the correct trajectory, there is clearly more to be done. As mentioned above, one of the pockets of challenge where the waiting times are above the average are the city teams. The new psychological therapies website and recruitment drive has indeed led to some positive results in recruitment and at least 4 staff over the last 6 weeks have been recruited through this drive. However, none are for the city teams.

Working to Place will in the longer term alleviate some of these waiting times as population health statistics will be used to guide needs and therefore required responses and resources.

We have recruited assistant psychologists to deliver some of the more general psychological components and we have expanded the roles to include counselling psychologists and cognitive behavioural therapy (CBT) therapists within working age adult teams. Those adverts are currently live and aim to fill the gap.

There remains a national shortage of qualified psychologists, with all Trusts struggling to recruit. We currently have less vacancies in psychological services than our regional colleagues. This position is unlikely to change until 2025 when those new places commissioned by Health Education England (HEE) for training output qualified staff. In the meantime, we are utilising other roles (as above) to try and plug our gap in delivery of psychological care.

We continue to build some psychological knowledge and capacity in our nursing, occupational therapy, and medical colleagues through use of HEE monies for training, as well as development and delivery of a range of inhouse training. Longer term it is hoped this will reduce the referrals to specialist psychological services.

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We continue to review the waiting lists in line with trauma sensitive working in considering how we manage people on a waiting list, and we are developing a new waiting well guide for those service users. Barriers of movement between services remain high priority to remove. This work continues to develop as the Living Well transformation takes place.

As previously reported, we are reviewing the structure of psychological service to create a division to try and better utilise the skills we have in supporting people across the Derbyshire landscape and making sure it is sustainable for the future. We are waiting for guidance as to when we can progress this. Having a division will also mean that data can be more accurately analysed.

13a. Waiting list for Child and Adolescent Mental Health Services (CAMHS) – average wait

Waiting list - CAMHS - average wait to be seen
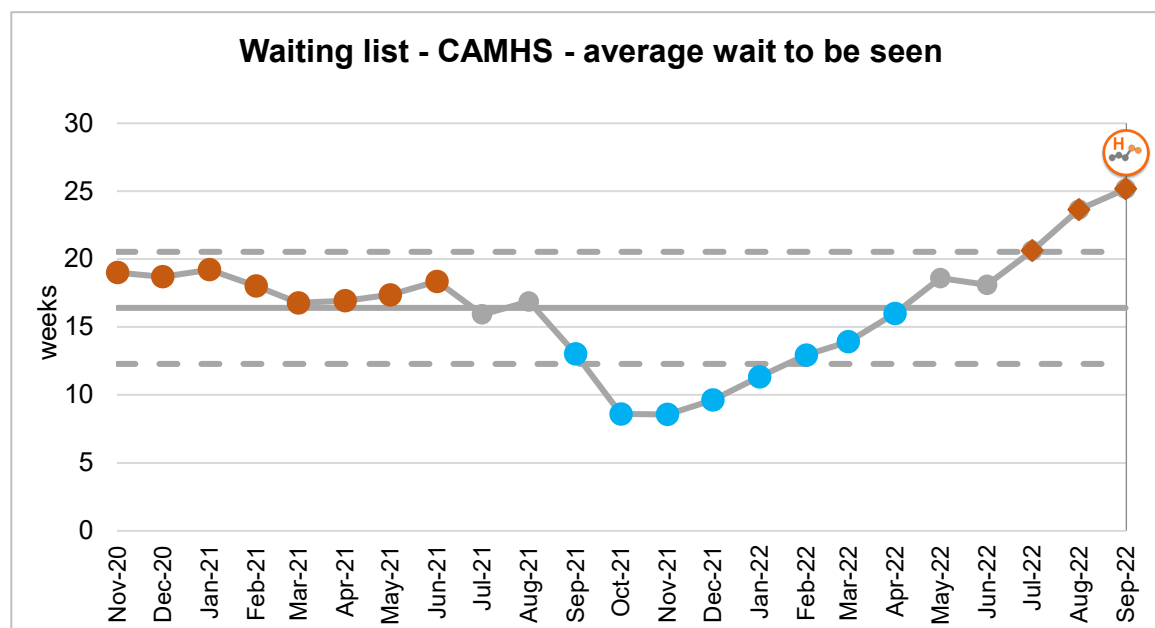
13b. Waiting list for Child and Adolescent Mental Health Services – number waiting
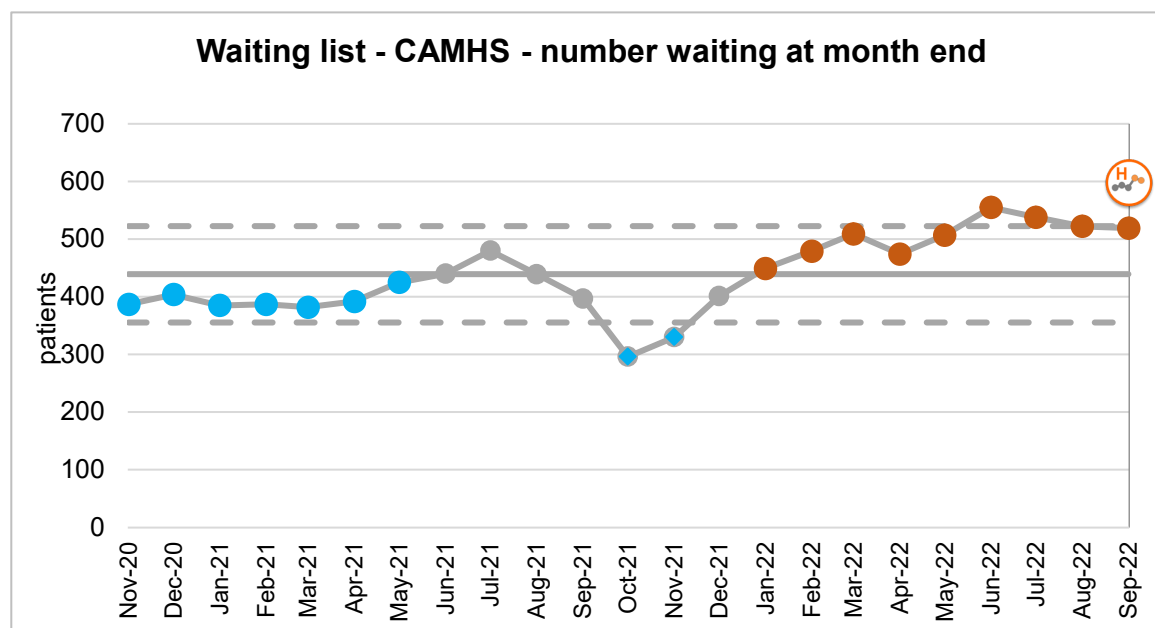
Waiting list - CAMHS - number waiting at month end

CAMHS continue to receive a high volume of referrals through the routine and urgent care pathways. As previously stated, workforce challenges, increased complexity of presentations and reduced community services for additional support have resulted in the CAMHS external waiting list increasing by 10% per quarter. The decision was made in August to focus on urgent/priority

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assessments, and all internal unallocated cases, with staff moving temporarily for 3 months into locality teams where they have a team manager, senior colleagues and a consultant to provide operational and clinical oversight of all patients waiting and open for the allocated geographical patch. This provides assurance that all children requiring an urgent assessment are being prioritised, in addition to those children accessing Children's Emergency Department. We are also continuing to prioritise cases open to the service with no allocated worker. Processes continue to be in place to manage the waiting list in accordance with the waiting well policy.

The Area Service Manager will be submitting a paper to the Clinical and Operational Oversight Team Meeting (COAT) in November around the CAMHS waiting list and proposed models for the future, to the Trust Operational Oversight Leadership Team (TOOL).

This issue of high demand for the service has been raised via Joined Up Care Derbyshire and is on the Integrated Care Board (ICB) risk register, and a system meeting is to be held in the next week or so, specifically around support for waiting lists, county wide (so including Chesterfield Royal Hospital CAMHS).

A revised approach to waiting list management is being mobilised and should start to have an impact from quarter 4.

14a. Waiting list for community paediatrics – average wait
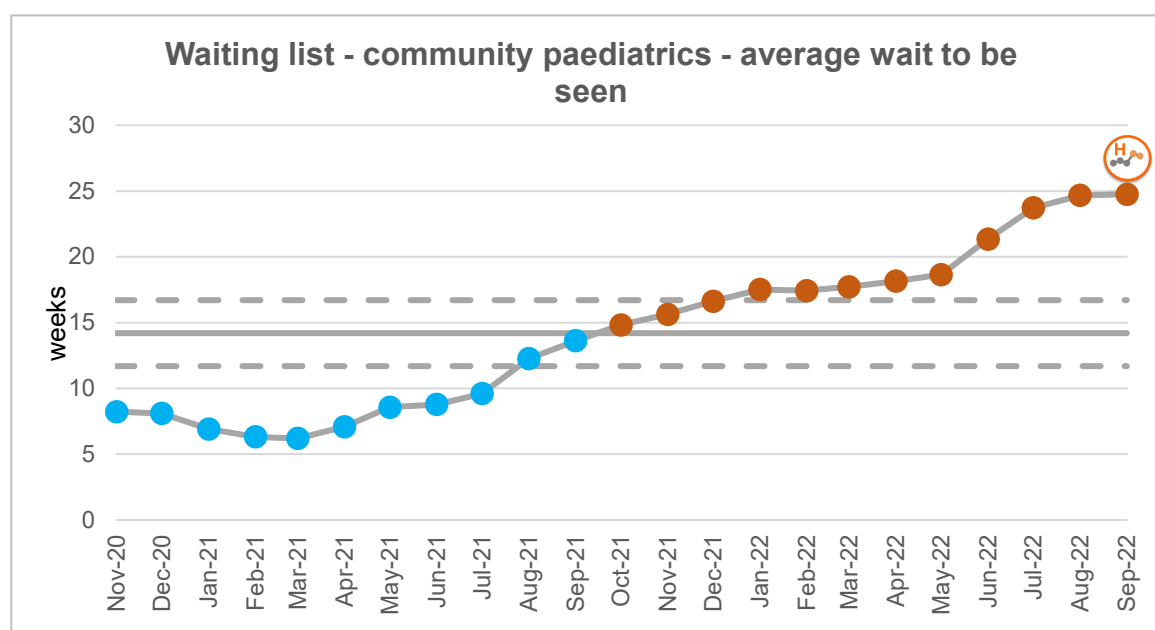
We continue to see a steady rise in waiting times for referral to treatment in community paediatrics with over 1,600 children now waiting. The longest wait time is now in excess of 62 weeks and currently sits on the risk register as a high risk. We are still carrying a vacancy: although we successfully recruited in the summer, we also lost one of our experienced Paediatricians to another trust citing work/life balance as a reason. We also have another Paediatrician retiring in March 2023 who is returning on 4 PA's which is a reduction of her current substantive post and on call requirements.

Sickness absences are now sitting at 30% which continues to have an impact on clinics and overall wellbeing. Health issues will continue to impact on the availability of new appointment and follow-up clinic slots. Sickness is a combination of long-term and short-term absences. We hope that some of the long-term absences will end over the coming months and before the end of the year. We have a regular locum in post and a further locum request to support the Neuro-disability pathway is also approved, but not yet filled.

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We have successfully appointed to the substantive Specialty Doctor post, with a proposal to increase Specialty Doctors further both as a development opportunity and to support the Adoption being considered.

A revised approach to waiting list management is being mobilised and should start to have an impact from quarter 4.

14b. Waiting list for community paediatrics – number waiting
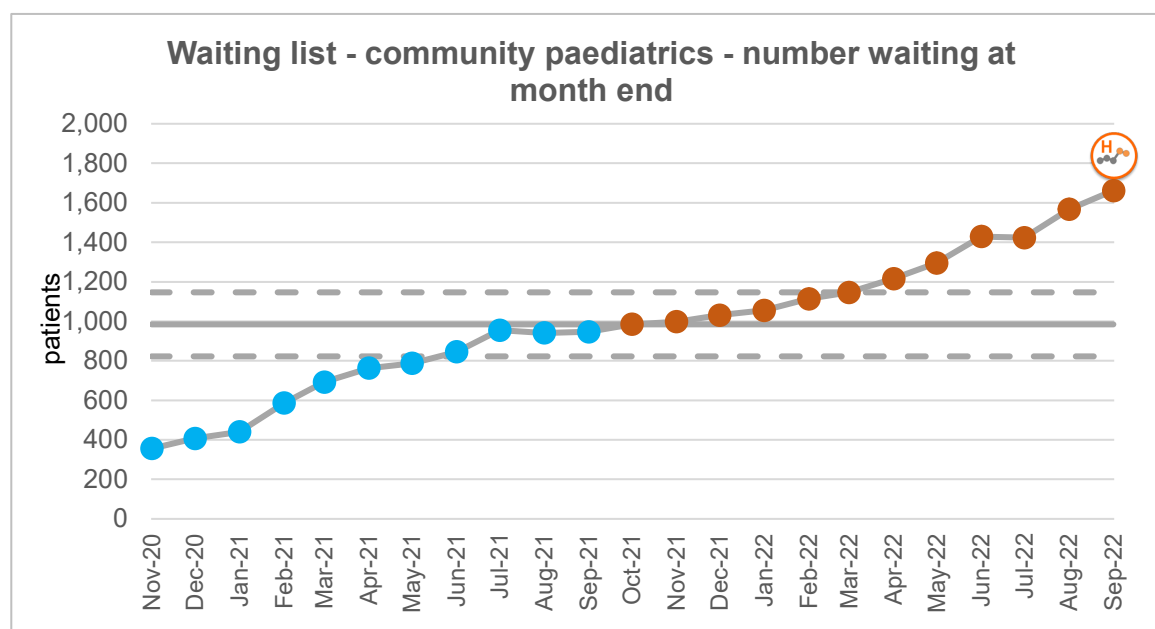
The neuro-developmental pathway development is ongoing. The business case includes a second fixed term Speciality Doctor to focus on the autistic spectrum disorder pathway. Securing these posts will have an impact on the waiting list. This is a really positive development for the service line. We await final Integrated Care Board approval for the investment requested this month.

We recognise that flow is an issue for the service and are working to review the Core offer and what we could do differently to help manage the increasing waiting list, with an initial review of the single point of access and a working group being set up to look at this. Plans to further review the whole medical structure continue: what is working well, where the gaps are and where we need more support. Review of the referral pathways and website is ongoing. We hope to improve the experience for children, families, carers, and professionals who access our services.

15. Outpatient appointments cancelled by the Trust

Outpatient appointments cancelled by the Trust
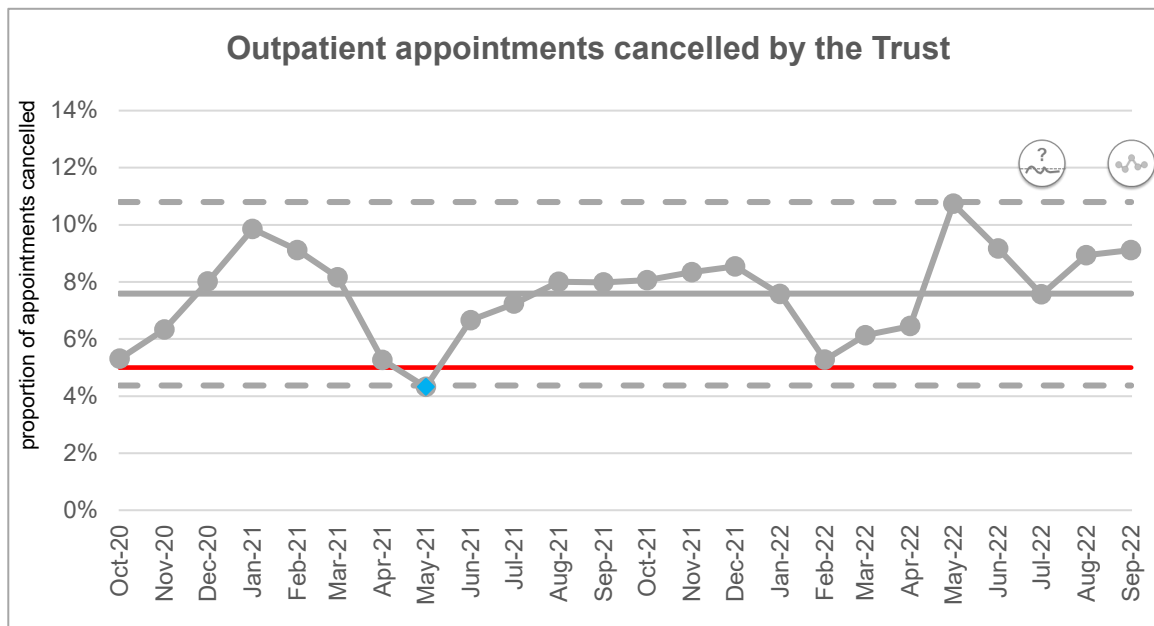
The level of cancellations has been within common cause variation for most of the time.

16. Outpatient appointment did not attends
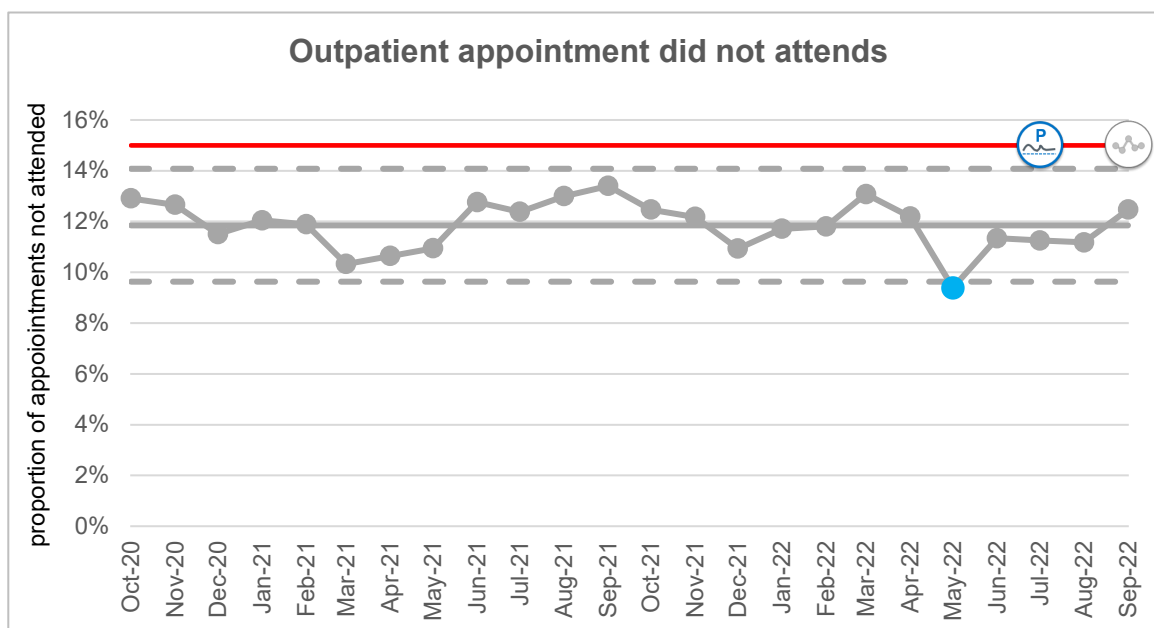
Outpatient appointment did not attends

The level of defaulted appointments has remained within common cause variation for the majority of the time and in the current process the trust target of 15% or lower is likely to be consistently achieved.
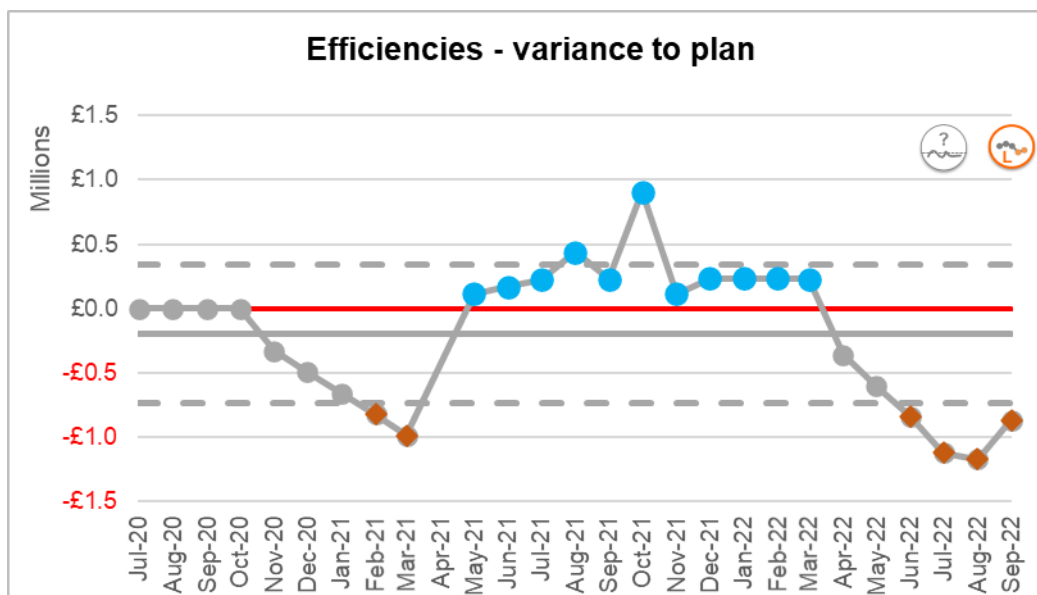
Finance

Overall Financial Position
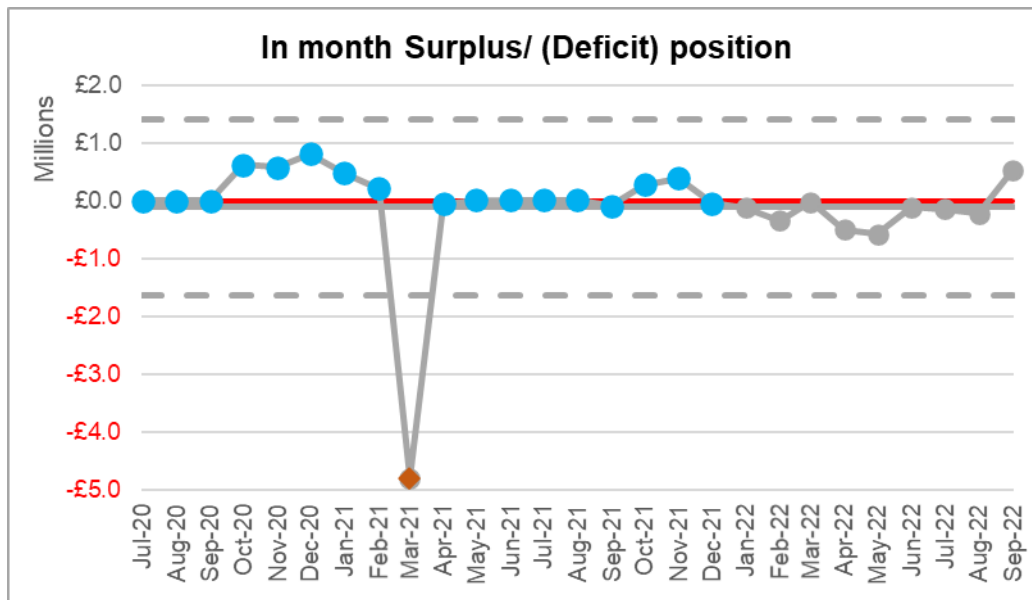
In month Surplus/ (Deficit) position

At the end of September, the overall year to date (YTD) position is a deficit of £1.0m compared to the plan deficit of £0.8m, an adverse variance to plan of £0.2m. The main driver for the YTD adverse variance to plan is related to the undelivered CIP which is being slightly offset by some additional income. The forecast remains a breakeven position as per the plan.

However, there are significant areas of risk in and outside of that plan driven by the planning assumptions that have been followed, such as the delivery of the required 3% efficiencies, Agency expenditure and reducing the risk around the containment of Covid costs, which are all shown below. Whilst the full requirement for efficiencies has now been identified the majority of the schemes are non-recurrent and there is need to take action to ensure the costs are reduced to match the planned delivery.

Efficiencies

Efficiencies - variance to plan

The full year plan includes an efficiency requirement of £6.0m phased equally across the financial year. At the end of September £2.1m had been transacted in the ledger leaving a gap to delivery of £0.9m YTD. This has been an improvement in month with the new schemes being transacted with a catch up. There has been a particular focus on actions

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required to close the remaining efficiency gap which is required to achieve the overall breakeven plan. This has now been achieved and full plans have been developed. However, a significant proportion of the efficiencies are non-recurrent in nature 70%.

The table below shows that the new schemes that have been identified will be transacted in the second half of the financial year.
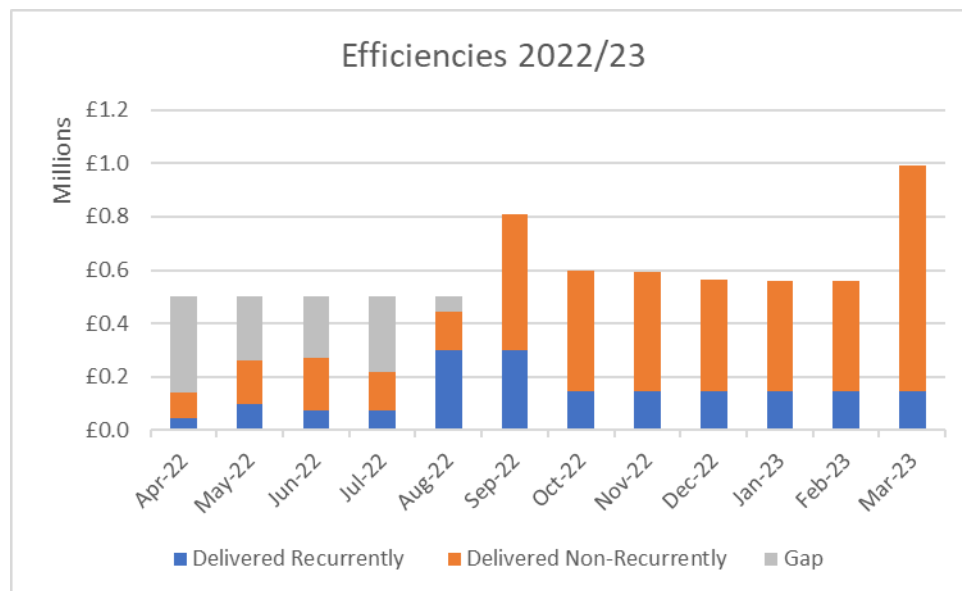

Temporary Staffing
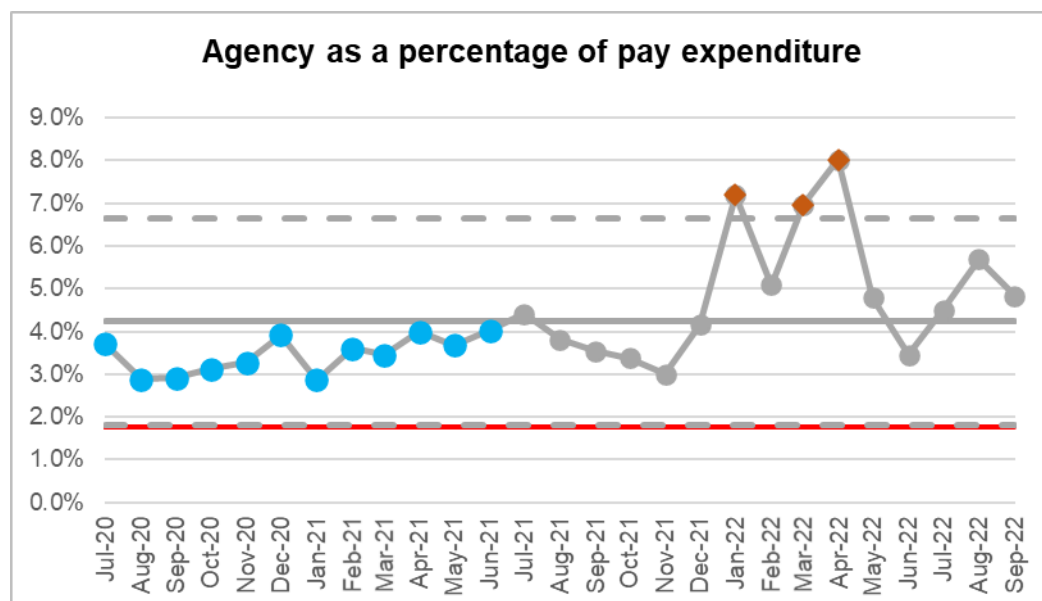
Agency expenditure year to date (YTD) totals £3.7m against a plan of £1.3m, an adverse variance to plan of £2.4m. The two highest areas of agency usage relate to Consultants mainly in CAMHS and Nursing staff on the wards. Agency expenditure did reduce significantly in June to £0.4m but increased in July to £0.5m and increased again in August and September to £0.6m.

Agency expenditure as a percentage of pay did reduce in September but that is driven by the increase in pay expenditure related to the backdated pay award being paid in September.

NHSE have confirmed that tighter agency controls will be introduced from September covering the following:
- establishing agency expenditure limits at system level with the JUCD limit confirmed at £22.462m
- reintroducing agency staffing performance and monitoring within the NHS Oversight Framework
- monitoring performance against existing requirements on agency shifts through on-framework providers and within national capped rates, allowing for existing 'break glass' rules
- implementing toolkits and resources to help systems and providers to better utilise substantive and bank staff.
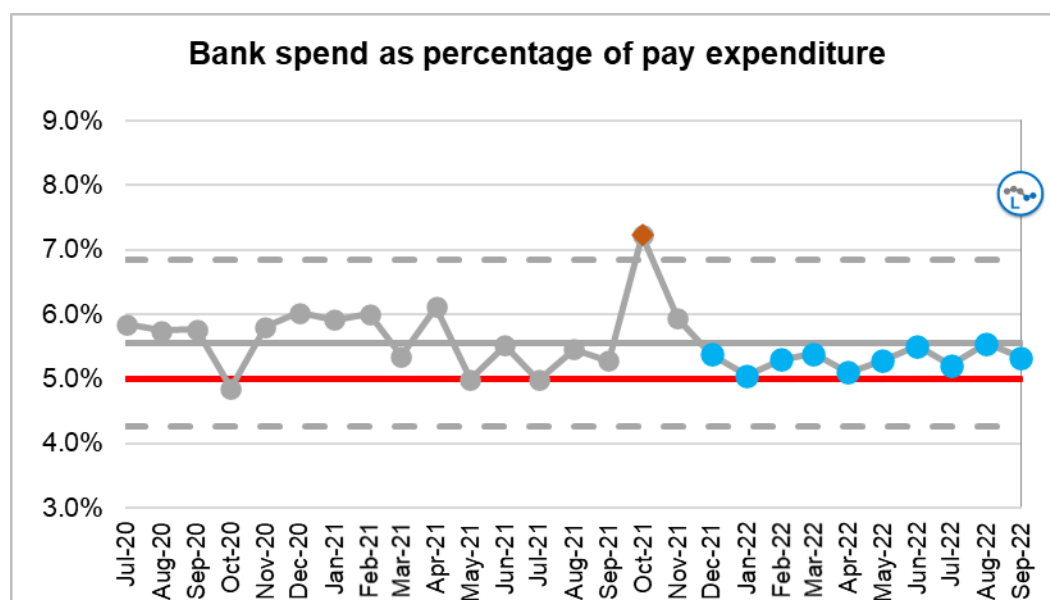
Bank staff expenditure YTD totals £3.8m against a plan of £3.5m with average spend of £0.6 per month, except for October 2021 where that increased to £0.8m. The main areas of bank spend relates to Nursing on the wards along with Domestics.

Covid costs

Covid expenditure (£'000s)
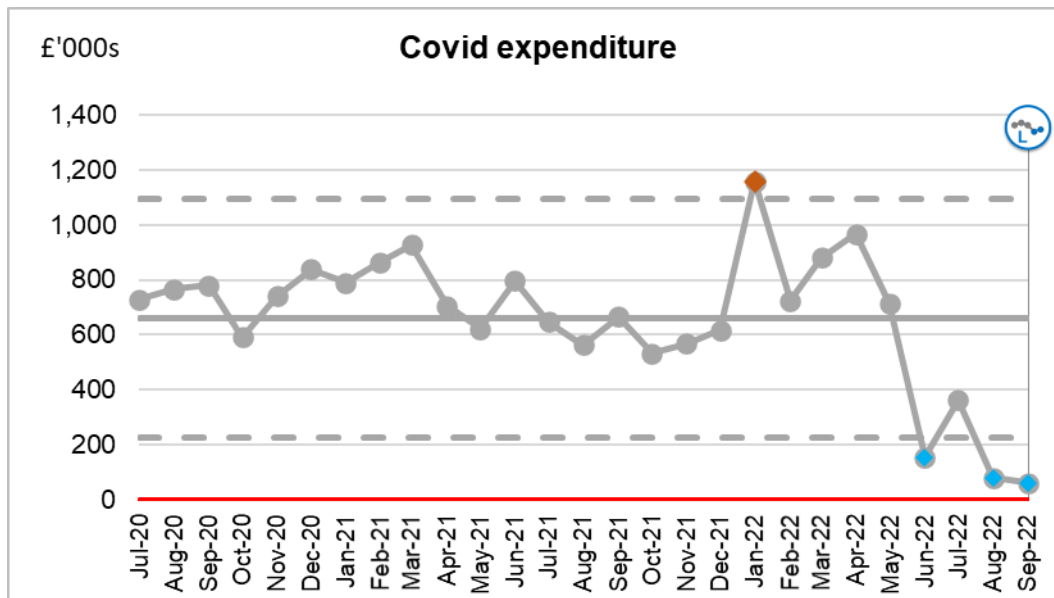
The Trust has an income allocation of £0.3m a month for the financial year for Covid-related expenditure. The financial plan assumes no expenditure after the end of May as per the planning guidance.

The above chart shows that expenditure has been reducing throughout this financial year with expenditure in August and September significantly lower than in previous months.

Out of Area Placements

Adult Acute out of area expenditure (£'000s)
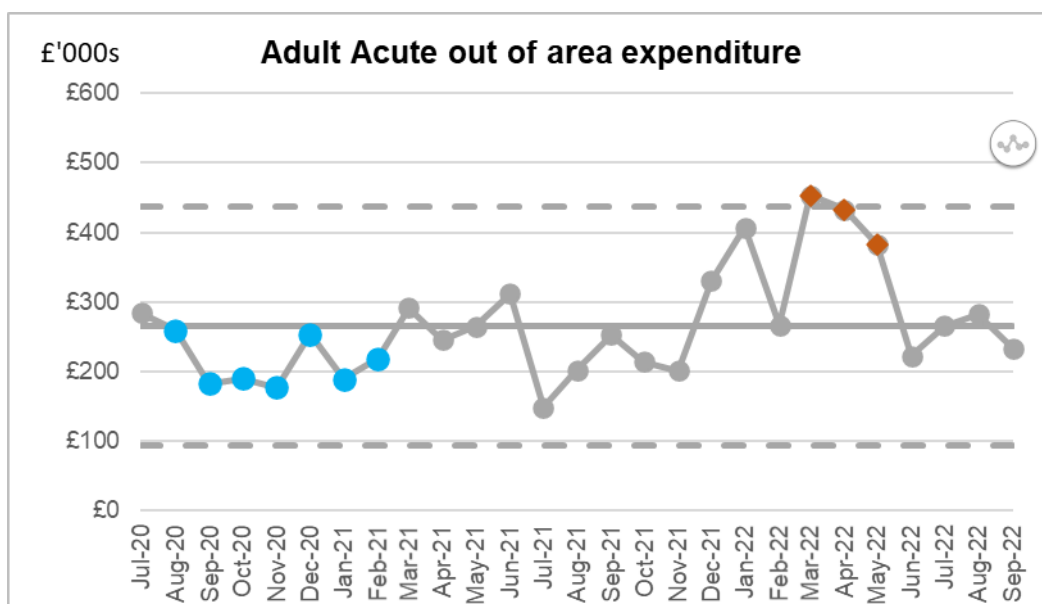
Expenditure for adult acute out of area placements including block purchased beds and cost per case beds has started to reduce compared to previous levels. YTD £1.8m has been spent on placements. The forecast assumes that expenditure levels will continue to reduce following the end of the block contract for 11 beds at the end of September.

Capital Expenditure

Capital expenditure variance to plan
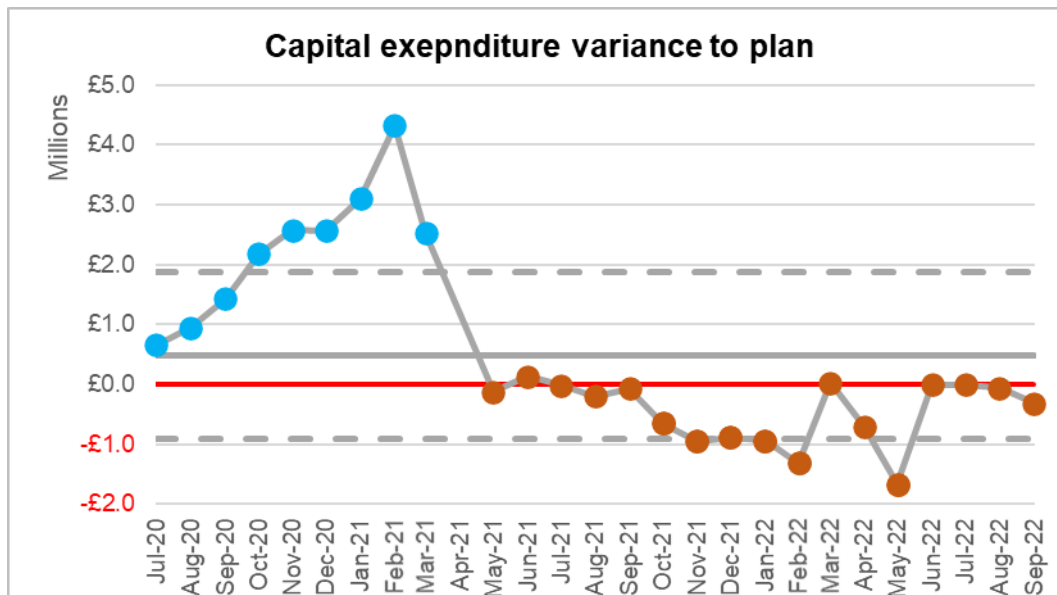
Capital expenditure was showing behind plan in April and May, however that was against the April plan submission. The capital plan was resubmitted in June which changed the capital system allocation to reflect the requirement of the self-funded elements of the Making Room for Dignity project.

Capital expenditure is slightly behind plan YTD but is forecast to achieve full planned spend by the end of the financial year.

Better Payment Practice Code (BPPC)

Better Payment Practice Code (BPPC) by value

Better Payment Practice Code (BPPC) by volume
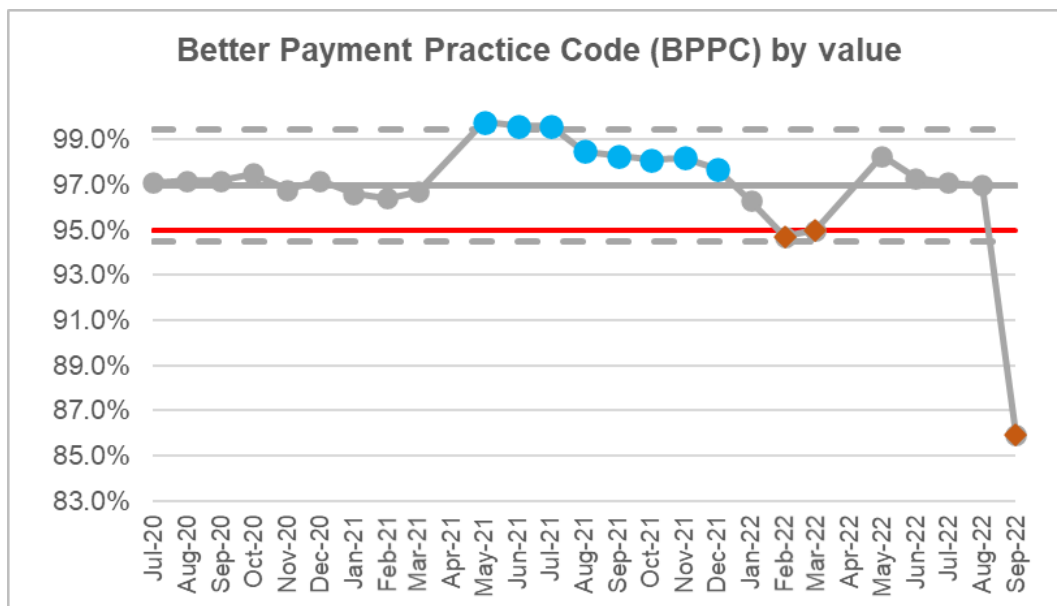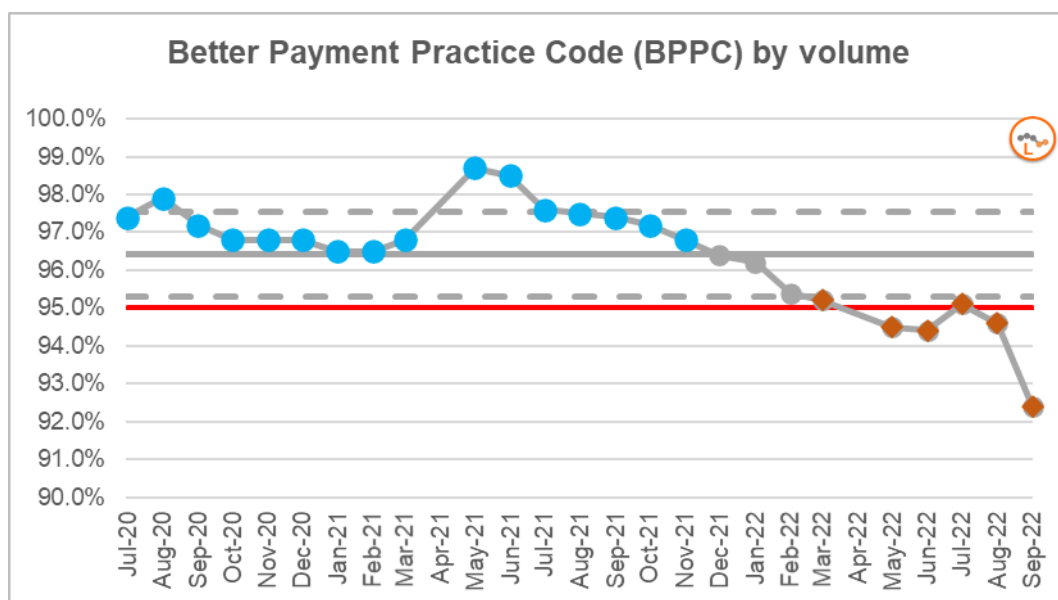
The Better Payment Practice Code sets a target for 95% of all invoices to be paid within 30 days. BPPC is measured across both invoice value and volume of invoices.

At the end of September Non-NHS invoices were slightly below target for volume at 93.0% and exceeded the target by value at 97.4%. However, NHS invoices were below target for volume at 79.7% and below the target by value at 69.2%. This has been driven by 3 months of Pharmacy related invoices which were being accrued and have now been paid.
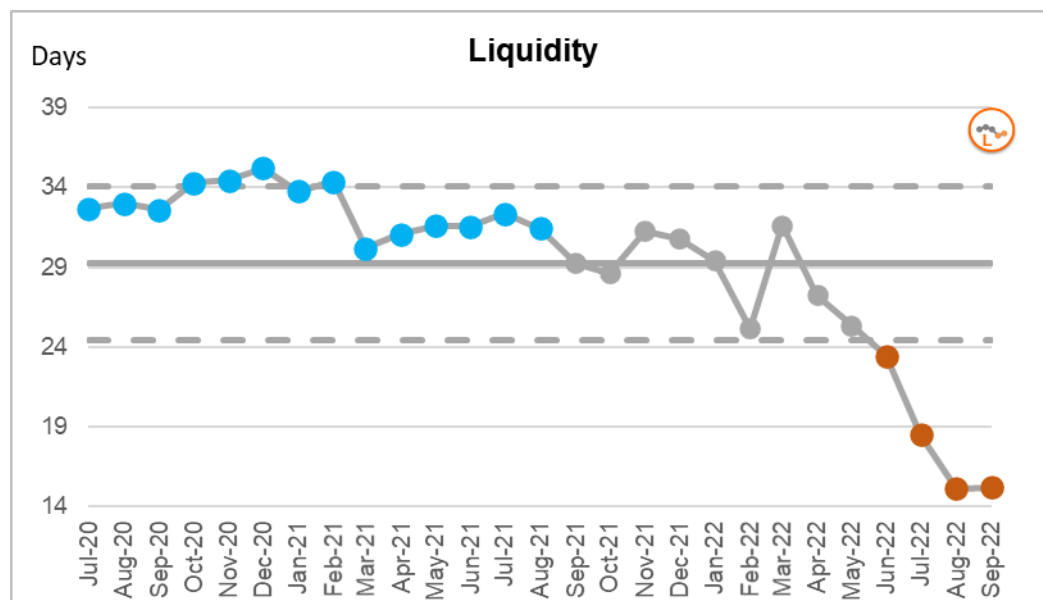
Cash

The chart below shows the levels of cash over the last two years. It is important to remember that in April 2020 CCGs paid the block contract amounts in advance, so 2 months were received in April 2020 and then no payment in March 2021 which brought the cash back down to the same level in March 2020. During 2021/22 cash slowly increased, however due to the deficits in each month since April 2022 this has driven the reduction in cash.

At the end of September cash is currently at £40m which is above plan by £13m. September's levels reduced as expected due to some high payment runs due to catch up payments related to Pharmacy invoices and SLA invoices following agreement of inflationary increases, along with the usual Public Dividend Capital (PDC) half year payment.
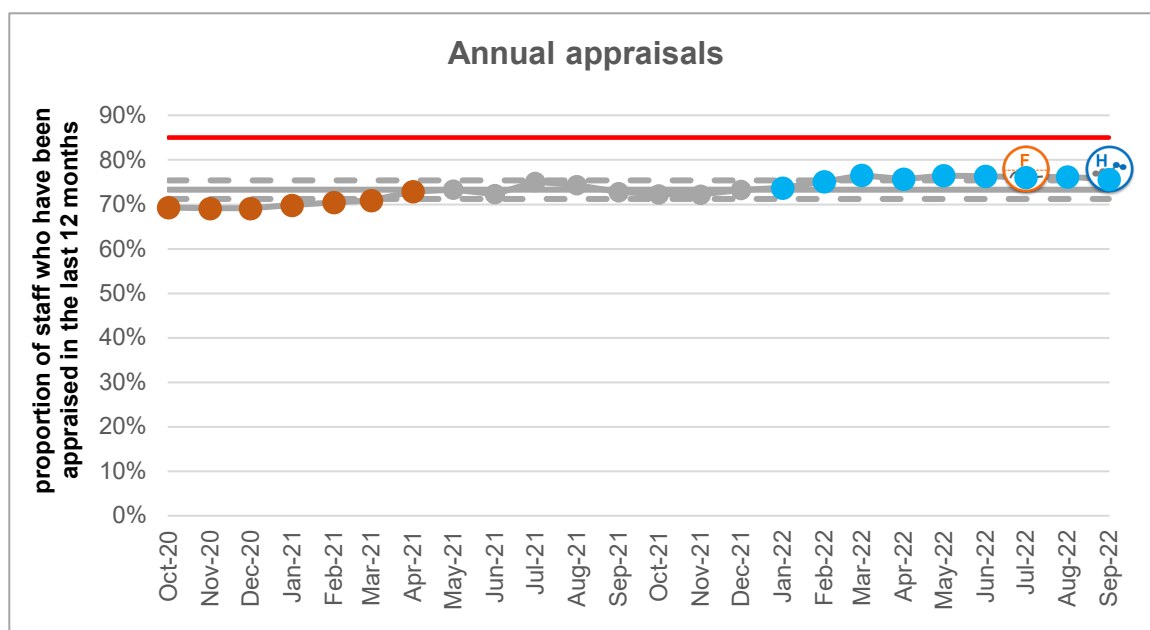

Cash £m
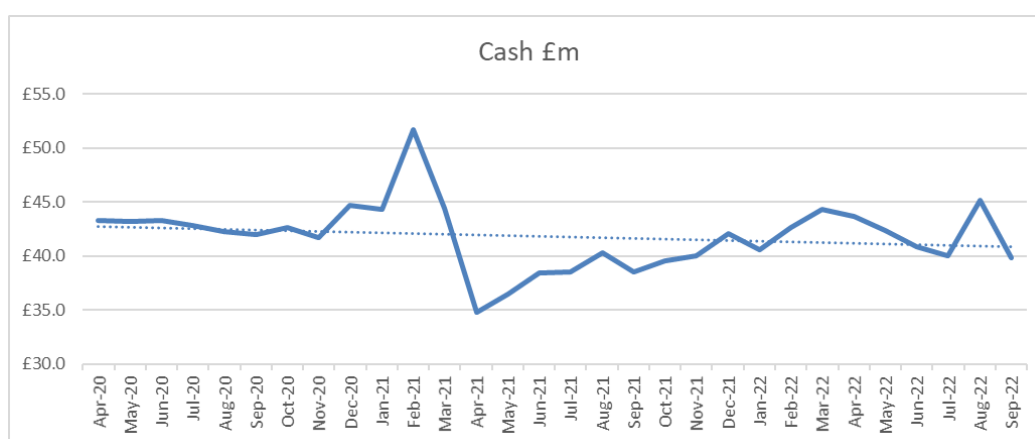
Liquidity

The chart below shows the liquidity levels over the last two years. Liquidity levels were high in 2020/21 and have started to reduce during 2021/22, which is due to two main factors, not making a surplus and the level of capital expenditure being above depreciation levels. The reason for the downturn in 2022/23 is due to deficit position each month and the timing of cash receipts related to the centrally funded capital schemes for the eradication of dorms. The PDC forms are due to be completed at the end of quarter 2. If the cash had been received, then the position would be around 30 days. Moving forward as construction costs increase the drawdown of funding will need to be completed on a monthly basis
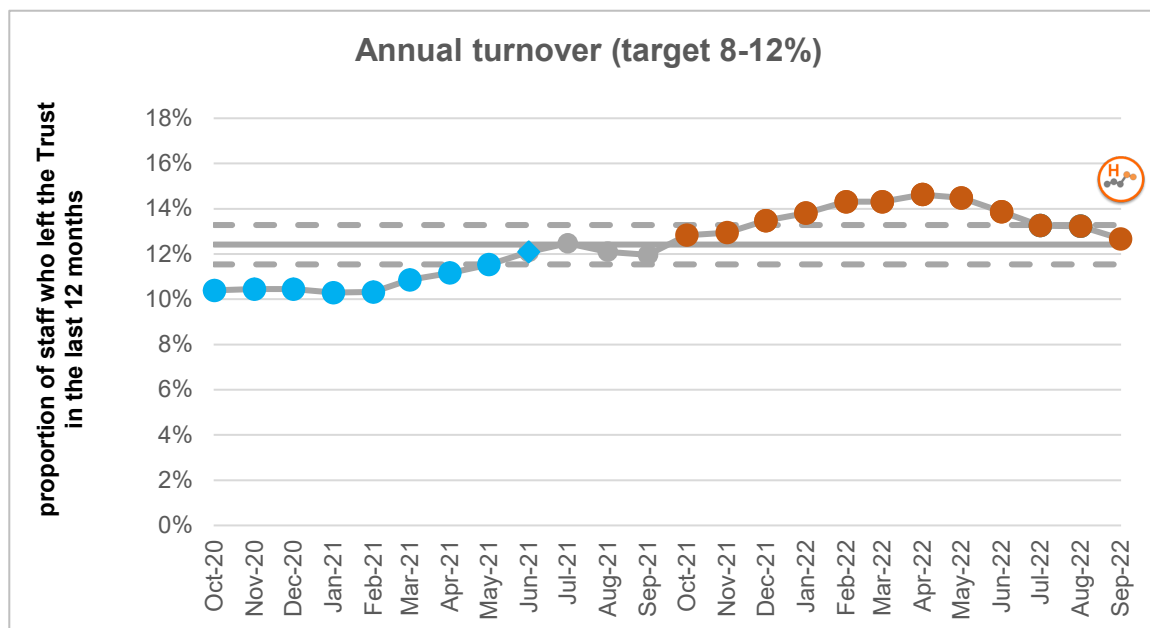
People

17. Annual appraisals

Annual appraisals

proportion of staff who have been appraised in the last 12 months

(Chart showing monthly data from Oct-20 to Sep-22, with a red target line at approximately 85%. Values rise from around 70% in Oct-20 to approximately 78% by Sep-22.)

Appraisal levels continue to be below our expectations with Operational Services currently at 82% and Corporate Services at 49%. There is however a significant improvement over the last 9 months. Focused work on understanding why appraisals remain low has been taking place through September at divisional and team level. As a result, there has been feedback that more appraisals have been completed than recorded due to challenges with inputting on the ESR system. In response to this, there has been increased communication, including how to videos and guides. Compliance continues to be monitored at Divisional Achievement Reviews and via TOOL.

18. Annual turnover

Annual turnover (target 8-12%)

proportion of staff who left the Trust in the last 12 months

(Chart showing monthly data from Oct-20 to Sep-22. Values rise from around 10% in Oct-20 to a peak of approximately 14.5% in Apr-22/May-22, then decline to around 12.6% by Sep-22.)

Turnover remains high and above the Trust target range of 8-12%. There has been a small improvement from the previous month with a 0.6% reduction. We have now launched the new exit interview process to ensure we capture a higher percentage of interviews from leavers and learn more about why colleagues are leaving the organisation. The STAY survey has now been rolled out

wider to support actions to take place before colleagues leave the Trust. Nationally, we are achieving some of the highest retention rates. Data released this month, highlight Derbyshire Healthcare NHS Foundation Trust as achieving the lowest leaver rate for any mental health and learning disability trust and in the bottom percentile across all NHS Trusts.

| Ranking	Trust code	Trust name	Type	Region	June 22 Leaver Rate
	RY4	Hertfordshire Community NHS Trust	Community	East of England	18.1%
	RTF	Northumbria Healthcare NHS Foundation Trust	Acute - Large	North East and Yorkshire	13.4%
	RWX	Berkshire Healthcare NHS Foundation Trust	Mental Health and Learning Disability	South East	11.7%
	RHW	Royal Berkshire NHS Foundation Trust	Acute - Large	South East	11.6%
	RJR	Countess of Chester Hospital NHS Foundation Trust	Acute - Small	North West	11.4%
	RA2	Royal Surrey County Hospital NHS Foundation Trust	Acute - Medium	South East	11.1%
	RNU	Oxford Health NHS Foundation Trust	Mental Health and Learning Disability	South East	11.0%
	RVN	Avon and Wiltshire Mental Health Partnership NHS Trust	Mental Health and Learning Disability	South West	11.0%
Highest leaver rates (Top 10th Percentile)	RJ8	Cornwall Partnership NHS Foundation Trust	Mental Health and Learning Disability	South West	10.9%
	RVJ	North Bristol NHS Trust	Acute - Large	South West	10.9%
	RPY	The Royal Marsden NHS Foundation Trust	Acute - Specialist	London	10.8%
	RNZ	Salisbury NHS Foundation Trust	Acute - Small	South West	10.6%
	RLQ	Wye Valley NHS Trust	Acute - Small	Midlands	10.4%
	RGM	Royal Papworth Hospital NHS Foundation Trust	Acute - Specialist	East of England	10.2%
	RNS	Northampton General Hospital NHS Trust	Acute - Medium	Midlands	10.0%
	RA7	University Hospitals Bristol and Weston NHS Foundation Trust	Acute - Teaching	South West	9.9%
	RTD	The Newcastle Upon Tyne Hospitals NHS Foundation Trust	Acute - Teaching	North East and Yorkshire	9.7%
	RYJ	Imperial College Healthcare NHS Trust	Acute - Teaching	London	9.7%
	RXE	Rotherham Doncaster and South Humber NHS Foundation Trust	Mental Health and Learning Disability	North East and Yorkshire	7.7%
	RRE	Midlands Partnership NHS Foundation Trust	Mental Health and Learning Disability	Midlands	7.6%
	RXT	Birmingham and Solihull Mental Health NHS Foundation Trust	Mental Health and Learning Disability	Midlands	7.5%
	RX1	Nottingham University Hospitals NHS Trust	Acute - Teaching	Midlands	7.3%
	RHQ	Sheffield Teaching Hospitals NHS Foundation Trust	Acute - Teaching	North East and Yorkshire	7.2%
	RLY	North Staffordshire Combined Healthcare NHS Trust	Mental Health and Learning Disability	Midlands	7.2%
	RWA	Hull University Teaching Hospitals NHS Trust	Acute - Teaching	North East and Yorkshire	7.2%
	RXL	Blackpool Teaching Hospitals NHS Foundation Trust	Acute - Teaching	North West	7.2%
	R0B	South Tyneside and Sunderland NHS Foundation Trust	Acute - Medium	North East and Yorkshire	7.2%
Lowest leaver rates (Bottom 10th percentile)	RX4	Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust	Mental Health and Learning Disability	North East and Yorkshire	7.1%
	RVW	North Tees and Hartlepool NHS Foundation Trust	Acute - Medium	North East and Yorkshire	6.9%
	RXM	Derbyshire Healthcare NHS Foundation Trust	Mental Health and Learning Disability	Midlands	6.8%
	RRF	Wrightington, Wigan and Leigh NHS Foundation Trust	Acute - Large	North West	6.7%
	RFS	Chesterfield Royal Hospital NHS Foundation Trust	Acute - Small	Midlands	6.7%
	RK5	Sherwood Forest Hospitals NHS Foundation Trust	Acute - Medium	Midlands	6.7%
	RL4	The Royal Wolverhampton NHS Trust	Acute - Large	Midlands	6.3%
	RGP	James Paget University Hospitals NHS Foundation Trust	Acute - Small	East of England	6.3%
	RCU	Sheffield Children's NHS Foundation Trust	Acute - Specialist	North East and Yorkshire	5.4%

19. Compulsory training
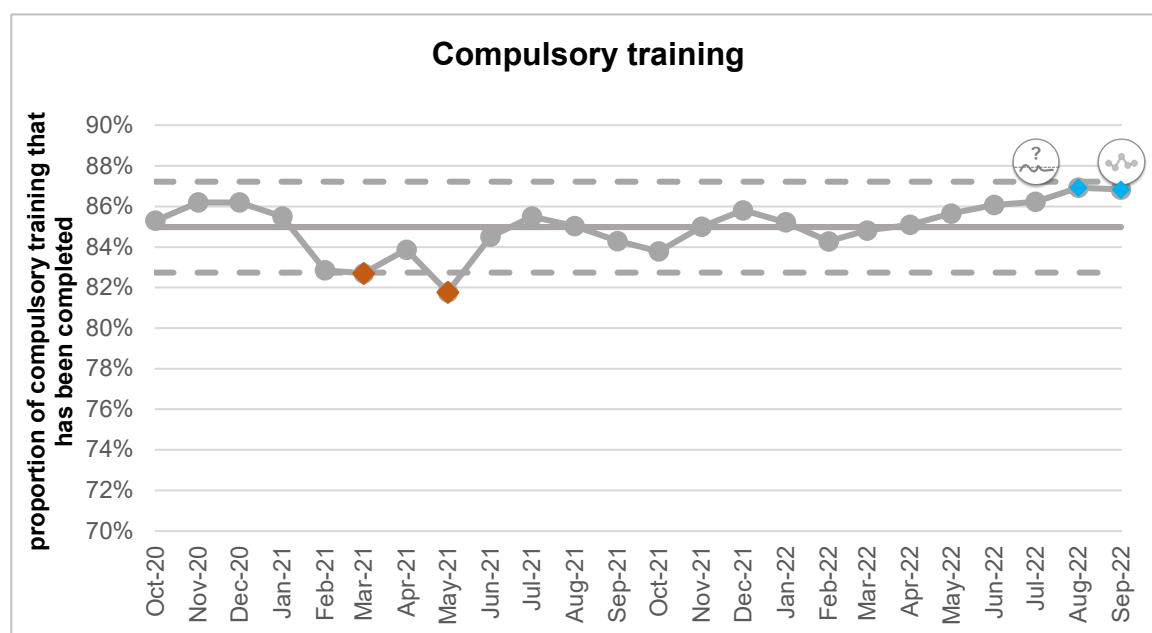
Compulsory training continues to be a key focus and an ongoing recovery position for the Trust. Overall, the 85% target level has been achieved for the last 7 months. Operational Services are currently 89% compliant and Corporate Services slightly lower at 77%.

Immediate Life Support and Positive and Safe training continue to improve, however remain below compliance at 71% and 68% (data as at 10th October). All inpatient colleagues have been allocated to a block training session which aligns to the rostering system, ensuring capacity to release for training. The block sessions cover all training requirements – both elearning and face to face sessions – ensuring every colleague has completed all elements of their training passport within the allocated sessions. We are confident that all appropriate actions are in place to enable people to attend the training. The training team have worked closely with operational managers to understand the challenges in releasing colleagues. We are starting to see that we are overcoming some of the
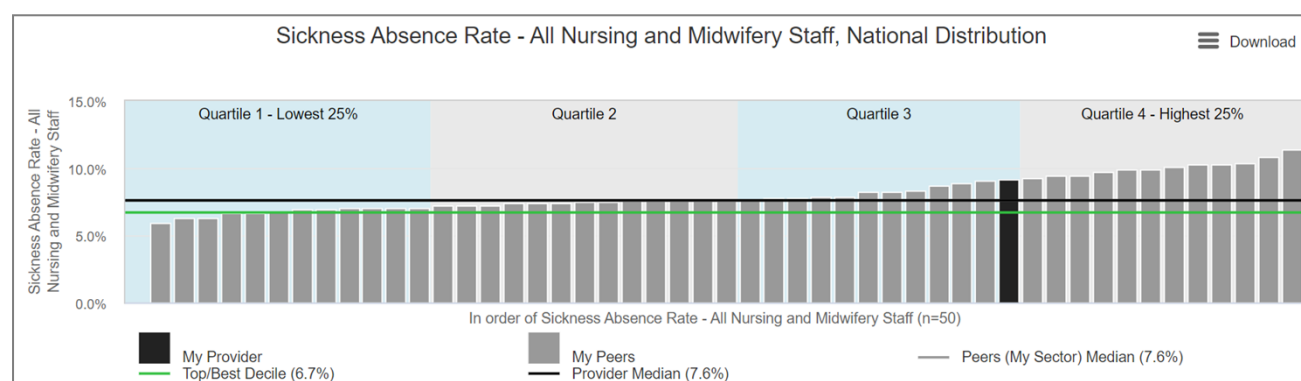
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long-standing performance challenges, however we recognise that there are still design challenges that will need a deep dive in the next quarter to ensure we have the most efficient and effective training.
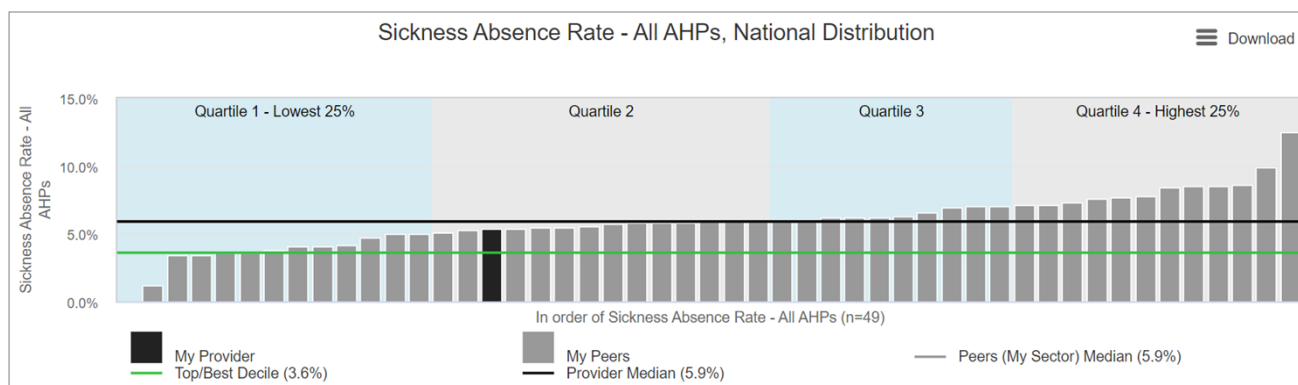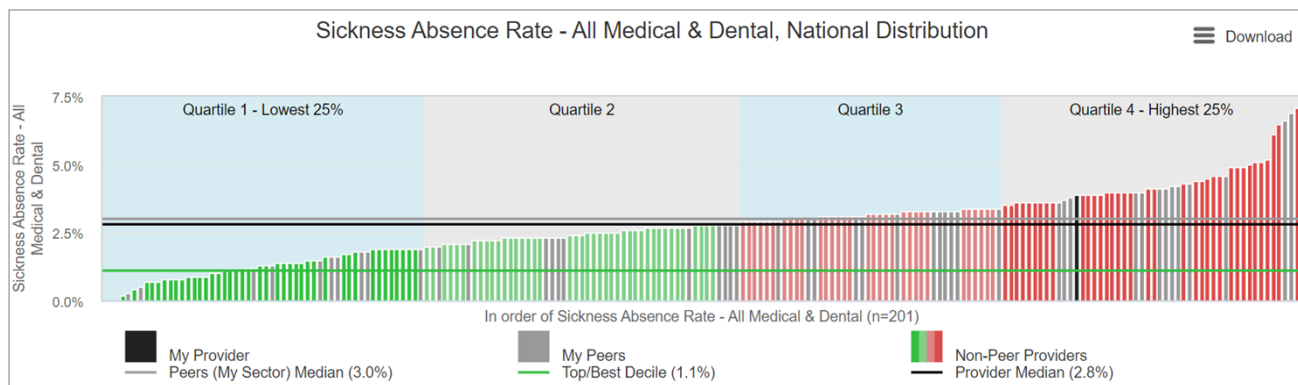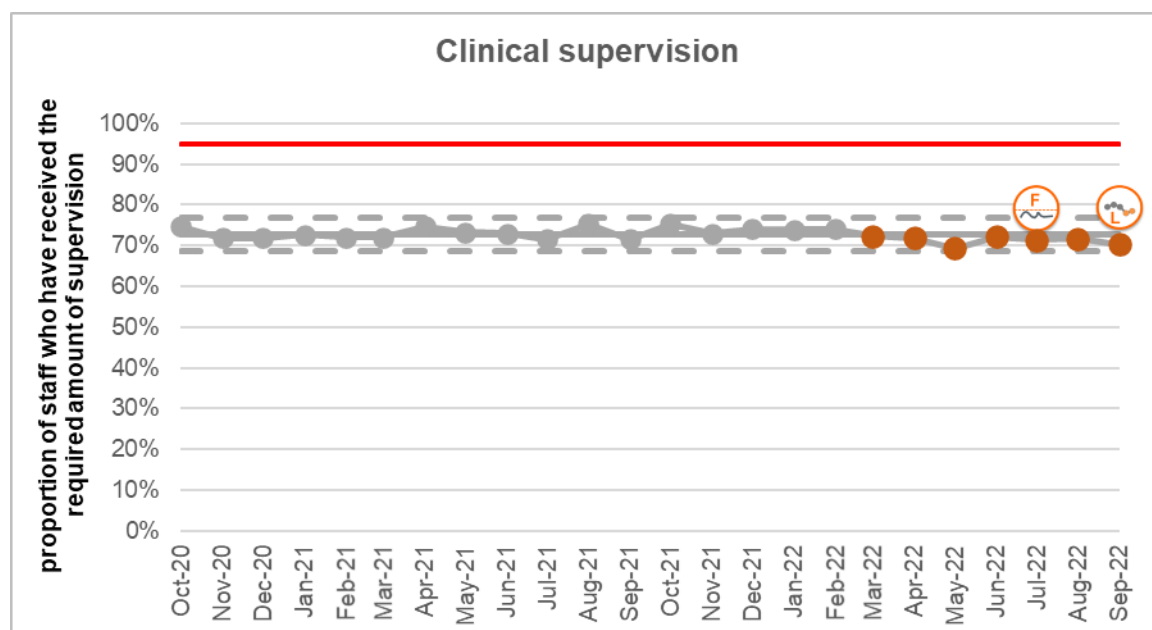
20. Staff absence
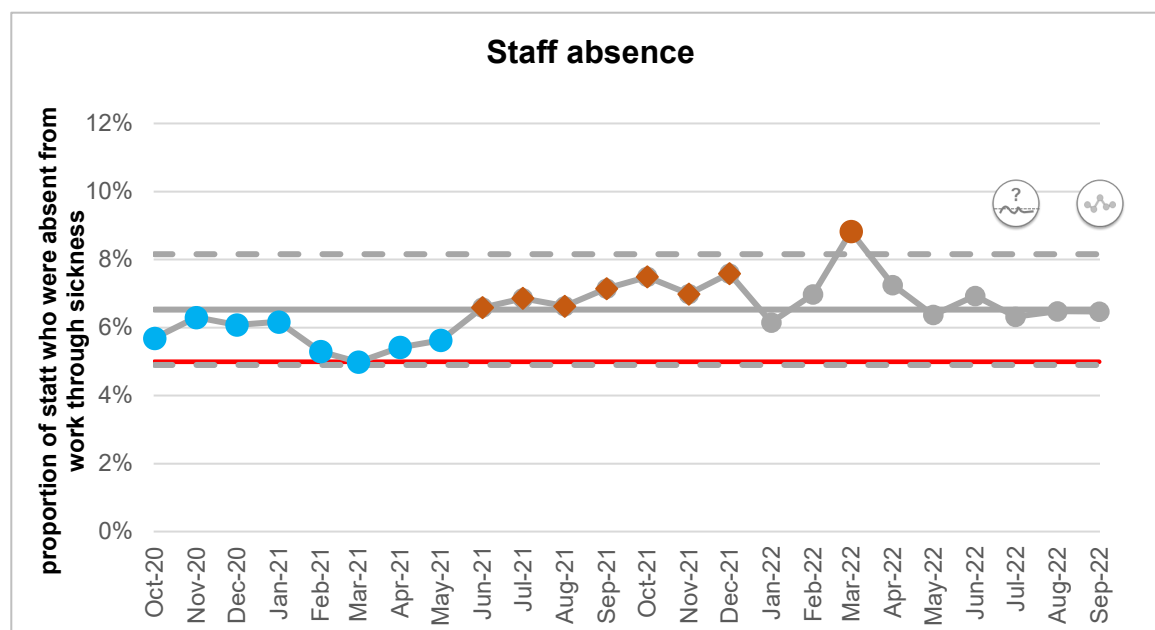
Sickness absence remains high and above the 5% target threshold. September sickness was 7.4%, an increase of 0.44% since last month. We have been working closely with divisions to understand the challenges in managing absence and identified key areas that need some focused improvement work. These include leaders understanding of the policy and how to apply, awareness of the full potential of GoodShape, absence and return to work recording challenges and data accuracy between Goodshape and ESR. A 360 audit took place in August and September on absence and findings from the audit aligned to the areas already identified as needing focused attention. The People and Inclusion team and Operational leads are now working together on an action plan that will address all of these areas.

The benchmarking data below compare the sickness absence levels of the Trust by different staff groups, with the absence levels of other organisations. The Trust is denoted by the black columns. (Data source: https://model.nhs.uk/).

Sickness Absence Rate - All Medical & Dental, National Distribution

Sickness Absence Rate - All AHPs, National Distribution

21. Clinical supervision
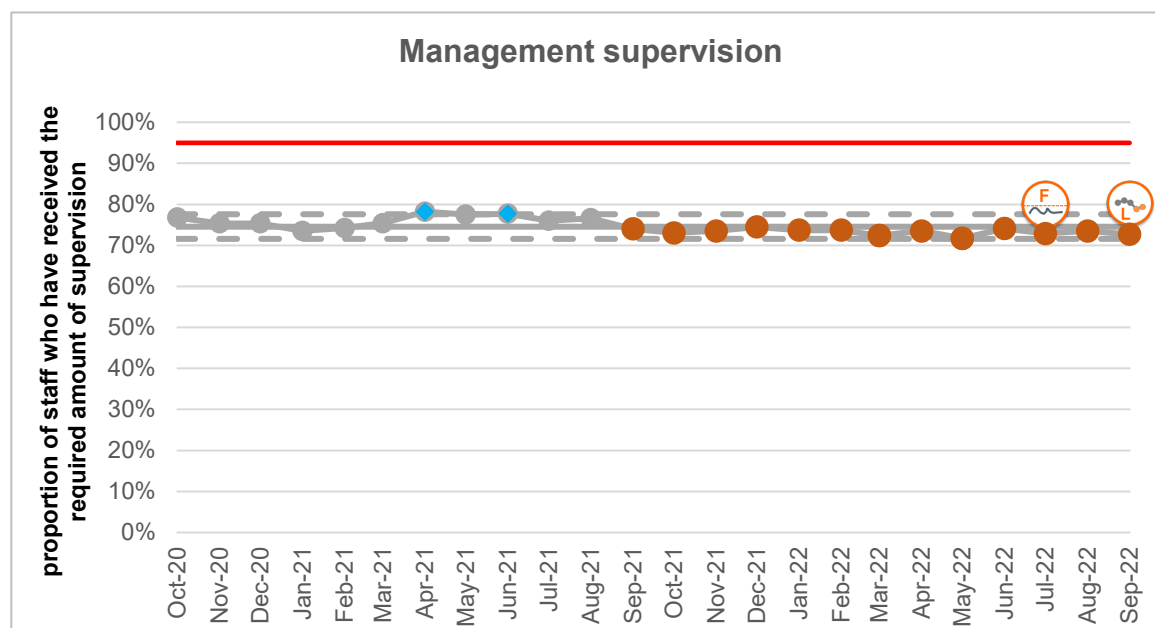

Clinical supervision

The required amounts of supervision per 12 months - in line with the Trust's Supervision Policy - are as follows:
- Management supervision – a minimum of 5 hours per 12 months, adjusted for part-time staff
- Clinical supervision – a minimum of 6 hours per 12 months, adjusted for part-time staff

Compliance is the percentage of staff who have completed the amount of supervision required over the 12-month period. Data is adjusted to allow for staff who are not at work and the appropriate levels of supervision required are also flexed if returning to work following a period of absence. Staff who are unable to be supervised based on their assignment status or owing to long term sickness are excluded.

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22. Management supervision

The levels of compliance with the clinical and management supervision targets have remained low since the start of the pandemic. As seen with compulsory training and appraisals, Operational Services continue to perform at a considerably higher level than Corporate Services for both types of supervision (management: 73% versus 58% and clinical: 70% versus 19%). As with the appraisal data, intelligence from divisional and team level indicates that management supervision is taking place, however recording it not always happening. Communications on how to record is now being shared wider and leadership induction is being updated to include information on expectations on management supervision.

Compliance with the 12-month supervision targets by Division:

| Division	Service Line	Staff	Management	Clinical
Corporate Services	Business Improvement + Transformation	11	82%	0%
	Corporate Central	57	70%	0%
	Estates + Facilities	175	65%	N/A
	Finance Services	22	95%	N/A
	Med Education & CRD	127	27%	22%
	Nursing + Quality	58	57%	31%
	Ops Support	57	93%	0%
	People + Inclusion	44	32%	9%
	Total	**551**	**58%**	**19%**
Operational Services	Adult Care Acute	479	66%	63%
	Adult Care Community	366	74%	82%
	Children's Services	498	79%	68%
	Clinical Serv Management	15	60%	0%
	Forensic + MH Rehab	128	80%	80%
	Neuro Developmental	125	70%	70%
	Older Peoples Care	421	90%	87%
	Performance Delivery Clustering	4	100%	N/A
	Psychology	119	71%	79%
	Specialist Care Services	232	74%	70%
	Total	**2387**	**76%**	**74%**
Total		**2938**	**73%**	**70%**

23. Proportion of posts filled
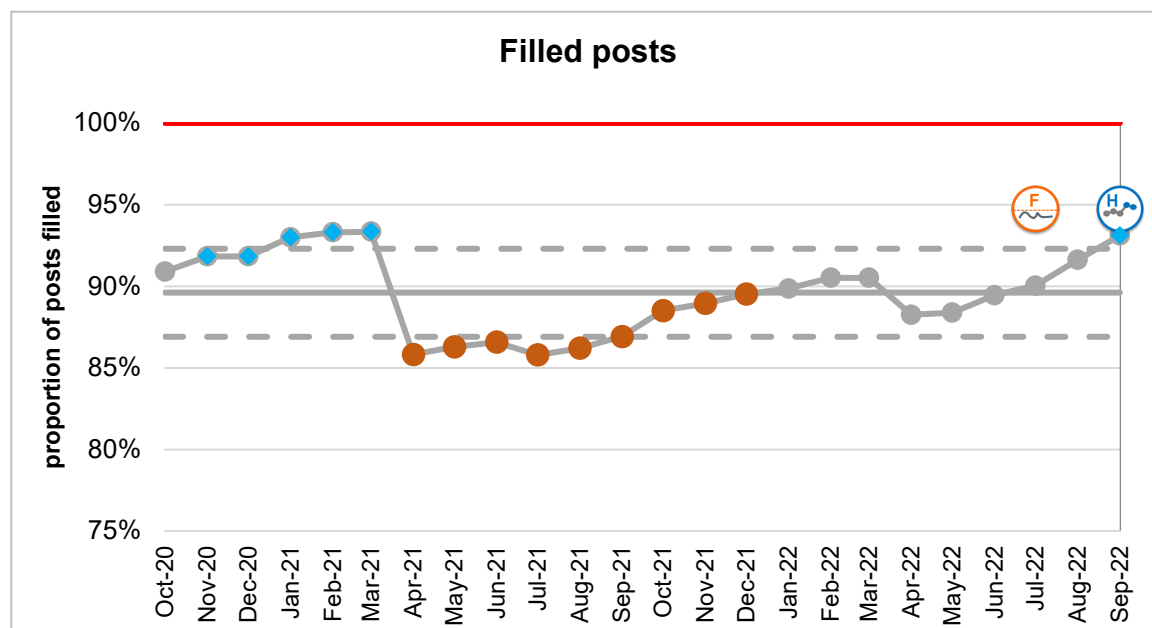
Filled posts

Staffing levels continue to improve and gradual reductions in vacancy rate have continued over the last quarter. The impact of looking at different ways to recruit including cohort recruitment and utilising different platforms for advertising and job application processes has demonstrated significant impact, particularly for Health Care Support Workers, where recently 14 people were appointed from one campaign. This approach is now being rolled out to other Support roles. Time to hire is now standing at 57.1 days (significant improvement decrease of 9 days from 12 months ago despite volume increase). There are still improvements be made, with a focus now on pre-employment checks stage and further streamlining to take pressure off front-line managers.

We are participating in a national programme 'Good Recruitment for Older Workers' (GROW) which aims to minimise age bias in the recruitment process. Working with the Behavioural Insights Team Grow will work with employers and recruiters to collaboratively design and user-test solutions to reduce age bias against older workers in recruitment.

24. Bank staff
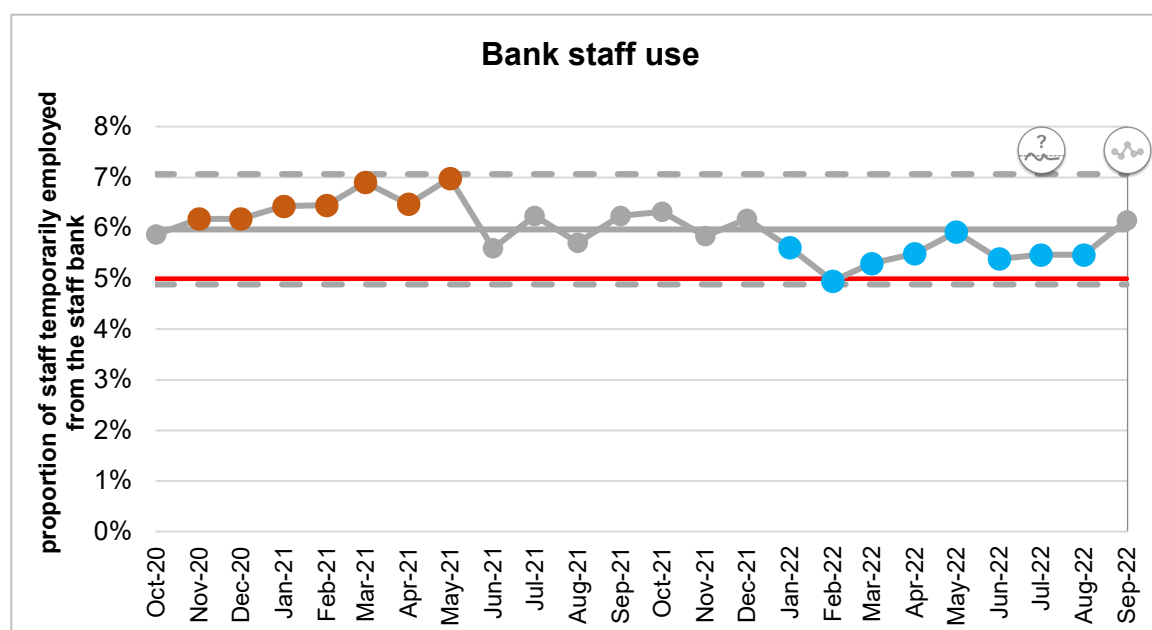
Bank staff use

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Bank listening event themes are being collated and will be reviewed and actioned within the Temporary Workforce Strategy Group. The listening events will now take place monthly, as requested by bank colleagues to ensure we can respond in a timely way to concerns and make improvements to colleagues' working lives. Capacity and demand remain misaligned and fill performance below benchmark at 68% - this is in a context of increased shift requests. Agency use has increased; the proportion of high-cost agency is still less but not at its lowest, however there has been no ancillary agency activity.

Within the contingent workforce strand of the resourcing and recruitment hub within the ICS, an analysis of temporary workforce capacity within Derbyshire is underway. Alongside supporting work to create incentive options and wider contingent workforce mechanisms such as the reservist workforce, which will create capacity that will protect the bank workforce from being diverted to surge response requirements from core service delivery.

Quality

25. Compliments
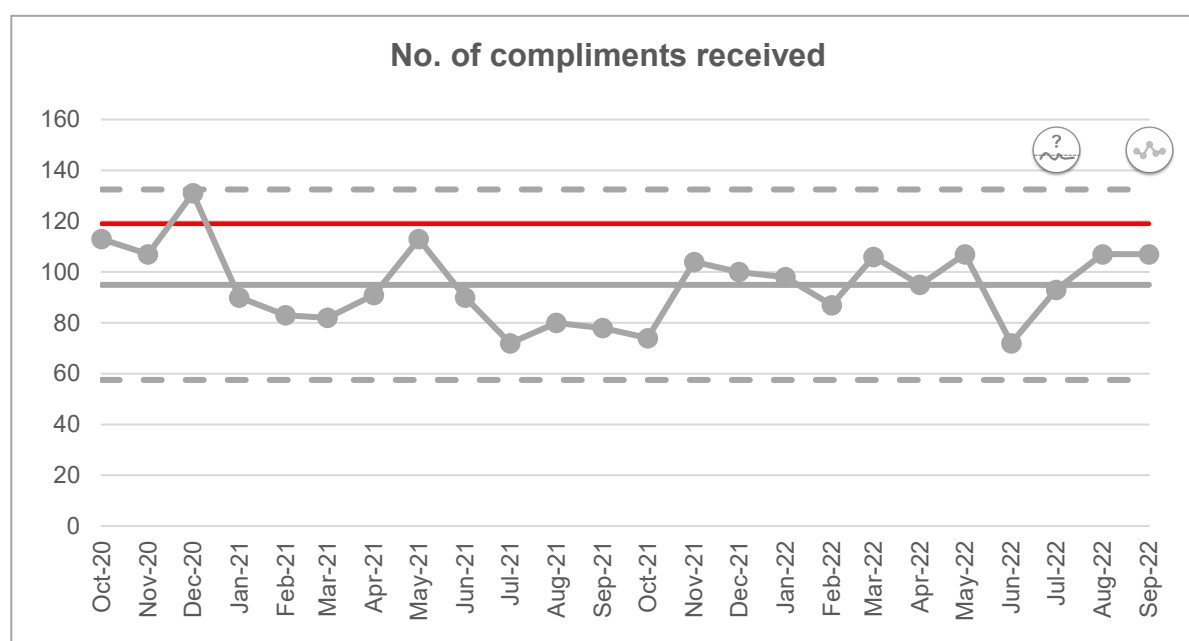
The number of compliments continues to remain below the expected level. This is due to compliments mostly being received verbally and staff not accurately recording them. The Heads of Nursing have been asked provide assurance that compliments are accurately recorded and a project supporting the electronic patient survey will provide a further method of receiving compliments, complaints, and concerns. With an increase in accessibility, it is expected that a natural increase in compliments, complaints and concerns will occur over the next 6 months.

26. Complaints
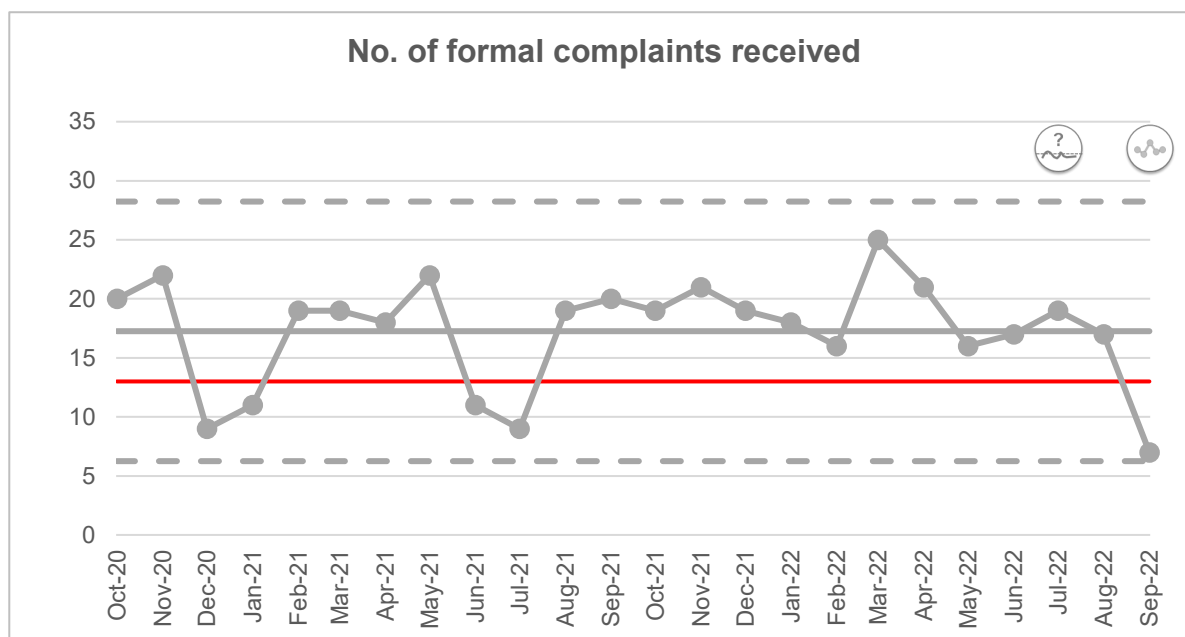
No. of formal complaints received

The number of formal complaints received continues to be within common cause variation in relation to the mean with a decline in the number recorded between August and September 2022. The number of formal complaints is now below the Trust target. This could be due to the number of face-to-face contacts increasing as services stand back up and a previous theme identified as patients having difficulty in accessing services. The implementation of the electronic patient survey should also give patients another way of feeding back without having to make a formal complaint. The number complaints recorded will continue to be monitored.

27. Delayed transfers of care (DTOC)
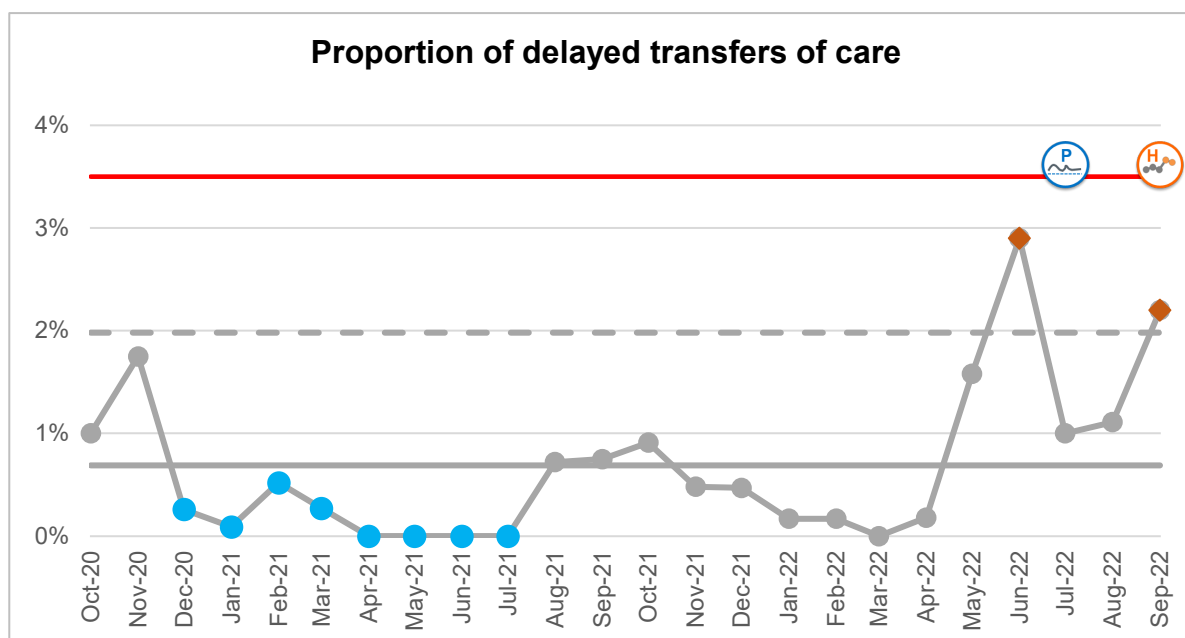
Proportion of delayed transfers of care

Although the number of DTOC has increased between August and September, the number is still low when compared with the national picture and continues to be below the Trust target of 3.5%. Work continues within the rapid review processes and clinical meetings and a Housing Officer was recruited in May 22 and they will support the identification of placements for patients who do not need to be on a hospital ward. The Trust has also has a "medically fit for discharge" meeting where any barriers to discharge are identified and discussed. The way DTOC is reported has also recently changed so this could account for the sudden increase recorded from April 2022. It is expected that this will reduce over the next Quarter.

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28. Care plan reviews
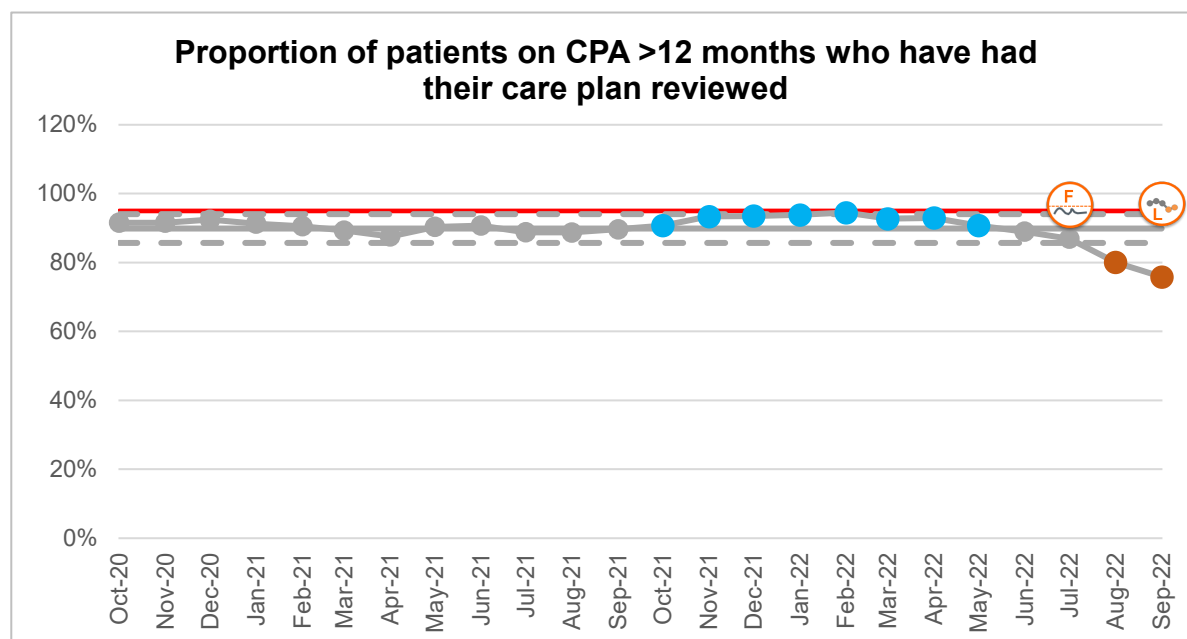
Proportion of patients on CPA >12 months who have had their care plan reviewed

The proportion of patients whose care plans have been reviewed continues to be recorded as lower than expected and is currently on a downward trajectory. This is likely due to care plans that have not yet been migrated over to SystmOne and data quality issues with how this information is being captured. A programme of clinical quality audit is being implemented across the trust divisions, led by the Heads of Nursing, which will help to identify those patients whose care plans require review. This will be monitored over the next six months, and we expect the trajectory to improve.

29. Patients in employment
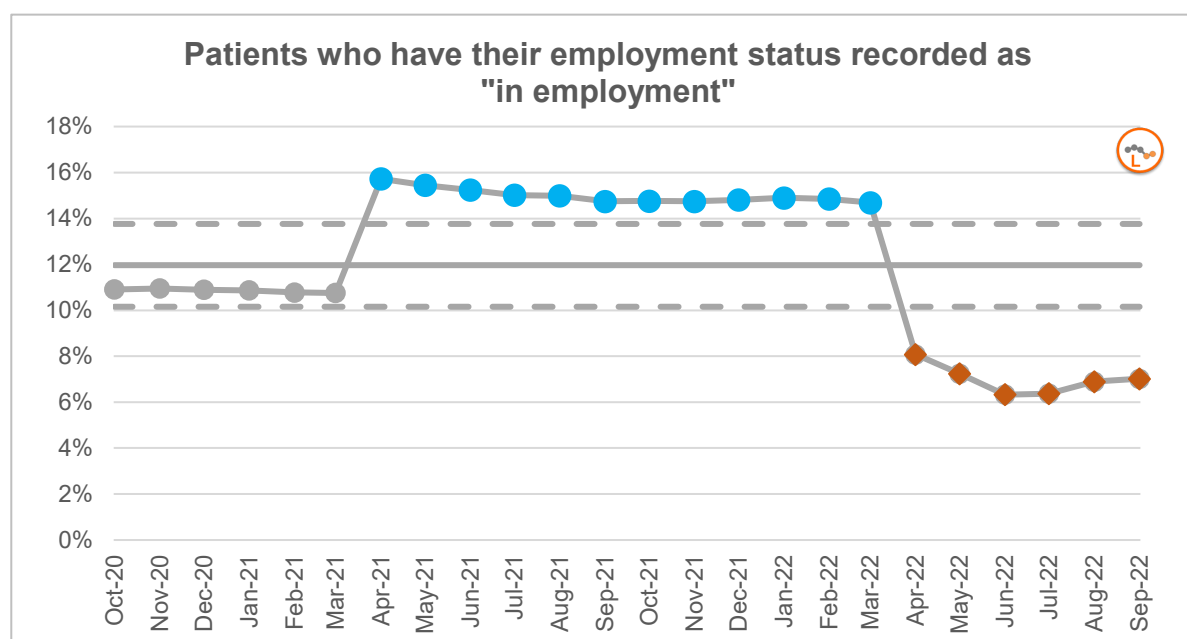
Patients who have their employment status recorded as "in employment"

Around one third of patients have no employment status recorded at present and the decline in patients recorded as being in employment coincides with the data migration to SystmOne. Therefore, this may be a data quality issue. This will be investigated and reviewed during the next quarter. The Individual Placement Support (IPS) Service continues to have success in supporting people into employment even during the pandemic and the service is currently expanding. They currently have 11 employment support workers, and this is planned to expand to 18 by March 2023

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and to 23 by March 2024. The IPS Service has employed 2 peer support workers to support service users back into work and to help them manage worries and anxieties and two team leaders have now been appointed. The Trust has also employed two experts by experience to focus on the implementation and management of Health Education England training in relation to Peer Support working and Apprentices. As a result, the number of patients in employment is expected to improve over the six months.

30. Patients in settled accommodation
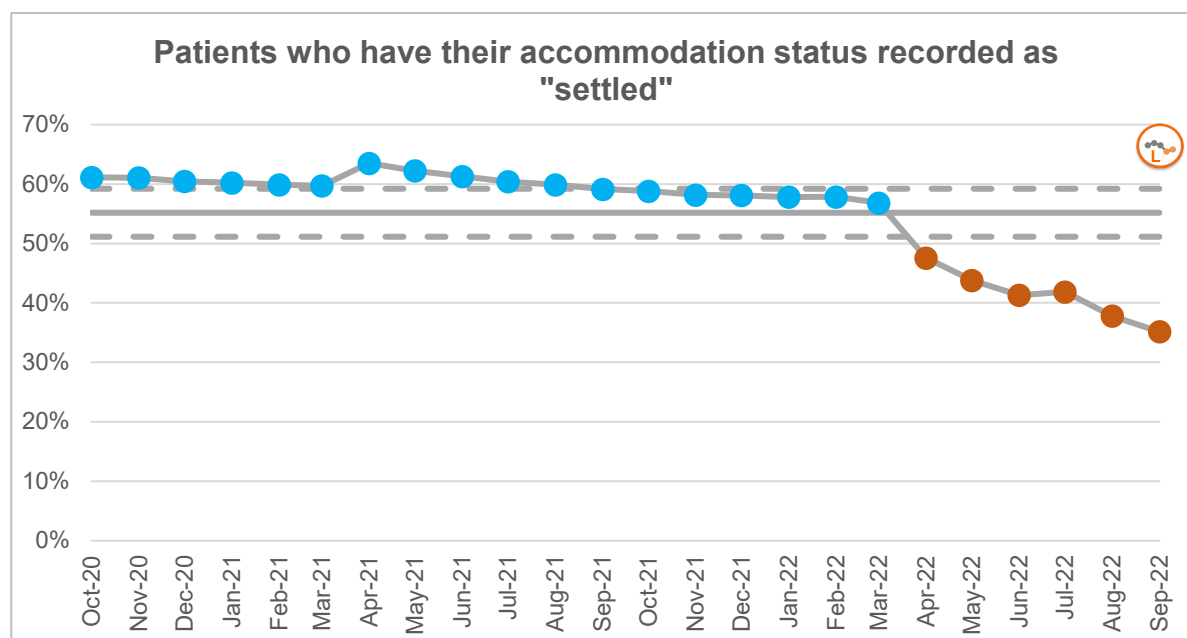
Patients who have their accommodation status recorded as "settled"

Around one third of patients have no accommodation status recorded and the decline in patients with a recorded settled accommodation status again coincides with the data migration to SystmOne. Issues around inputting data have been identified and an improvement plan was implemented in the Older Adult Division in October including regular audit. The other Trust Divisions will be asked to review their own data, and this will be monitored over the next Quarter, and we expect to see an increase in accurate recording.

31. Medication incidents
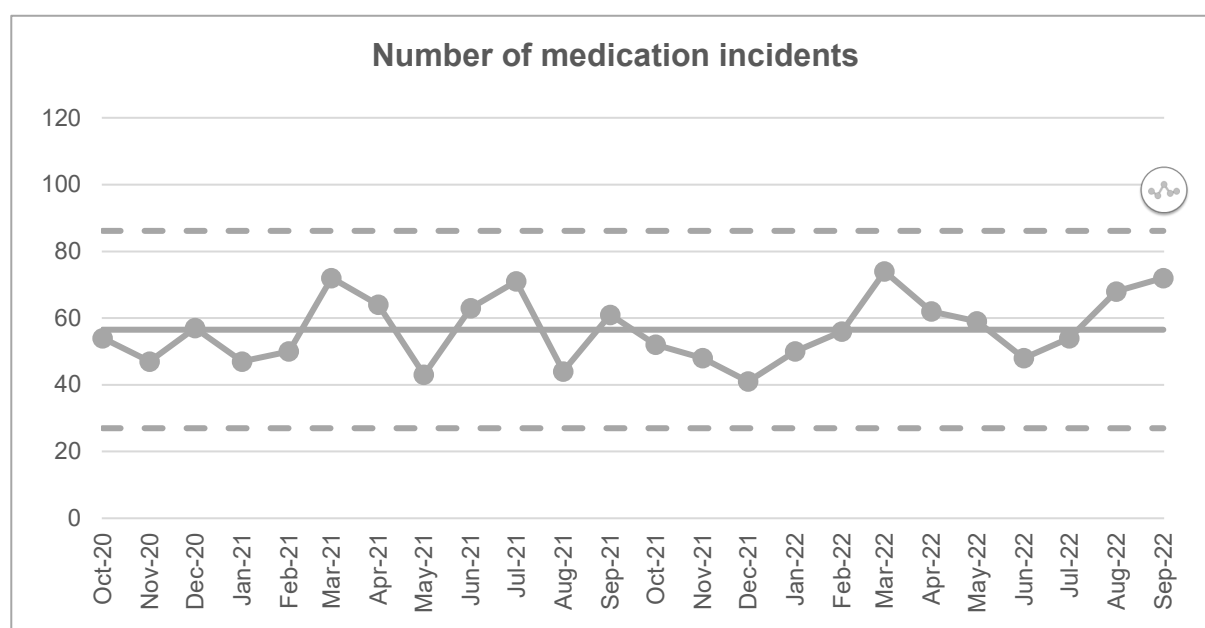
Number of medication incidents

Although there is fluctuation with the number of medication incidents recorded, they are within the common cause variation in relation to the mean. When looking into medication incidents, they take a variety of forms, from missed doses, wrong medication administration, missed fridge temperature recording, prescription error and documenting errors. The Medicines Management Operational Subgroup is currently revising the medications error procedure, considering Trust values, and the Acute Inpatient Matrons and Head of Nursing are in the process of updating the relevant policies which will reduce the number of insignificant incidents. In October 2022 the Children's Division have started electronic prescribing and medicines administration (EPMA) a solution which digitises the process of prescribing and recording medication administered to patients within the Division. This will be rolled out across the trust and should also help reduce the number of medication incidents over the next six months. A report on incidents is also reviewed within the Monthly COAT meeting for each division.

32. Incidents of moderate to catastrophic actual harm
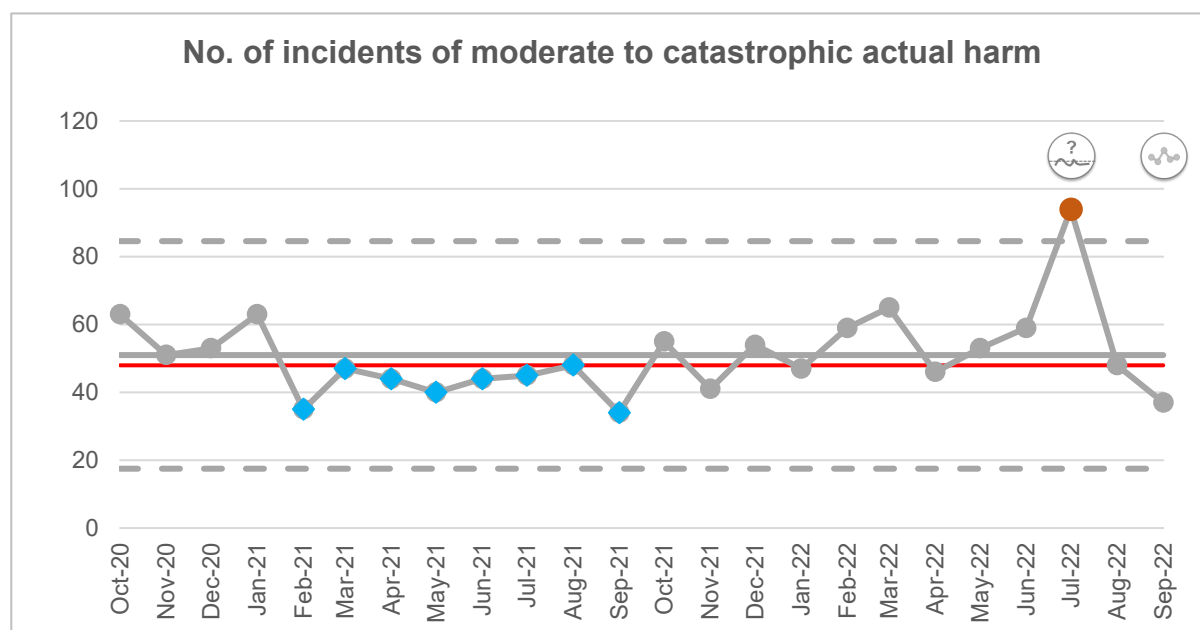
The number of reported incidents of moderate to catastrophic harm increased from April 22 with a spike between June and July. This increase appears to be related to repeated incidents involving a small number of patients. The number of incidents has reduced over August and September, but it will continue to be monitored by the Head of Nursing team on a Quarterly basis and will be fed into the relevant COAT meetings.

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33. Duty of Candour

No. of incidents requiring Duty of Candour
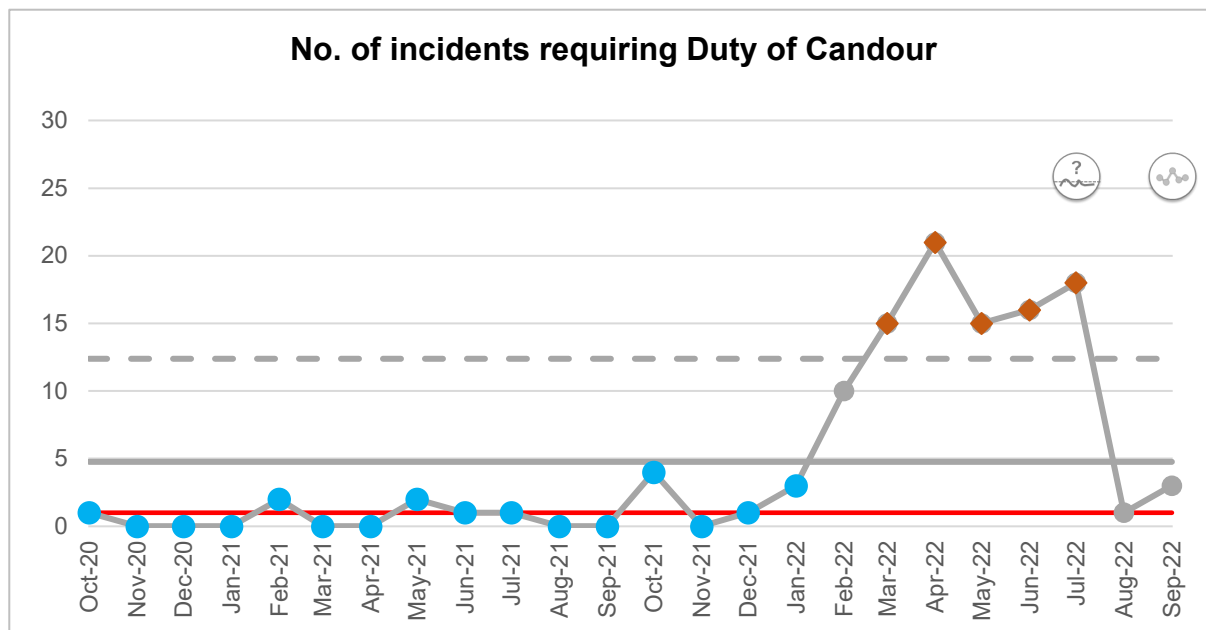
The increase in Duty of Candour reported incidents as anticipated in the previous report is due to a change in how DOC incidents are reported on the DATIX reporting system and a greater awareness around reporting in clinical teams. This commenced in February 2022. From May 2022, the Patient Safety Team have undertaken training with Service Managers and Heads of Nursing to support them in understanding and interpreting new national guidance related to DOC which has allowed for a more accurate and consistent approach to DOC and better adherence to policy. Training around accurately reporting DOC continues within clinical teams and a new Family Liaison Officer has now commenced in post and a review into the current process of quality assurance, auditing and reviewing of incidents is underway. Due to these developments, as expected the number of incidents reported requiring DOC has stabilised and it is likely that a more accurate mean will be established.
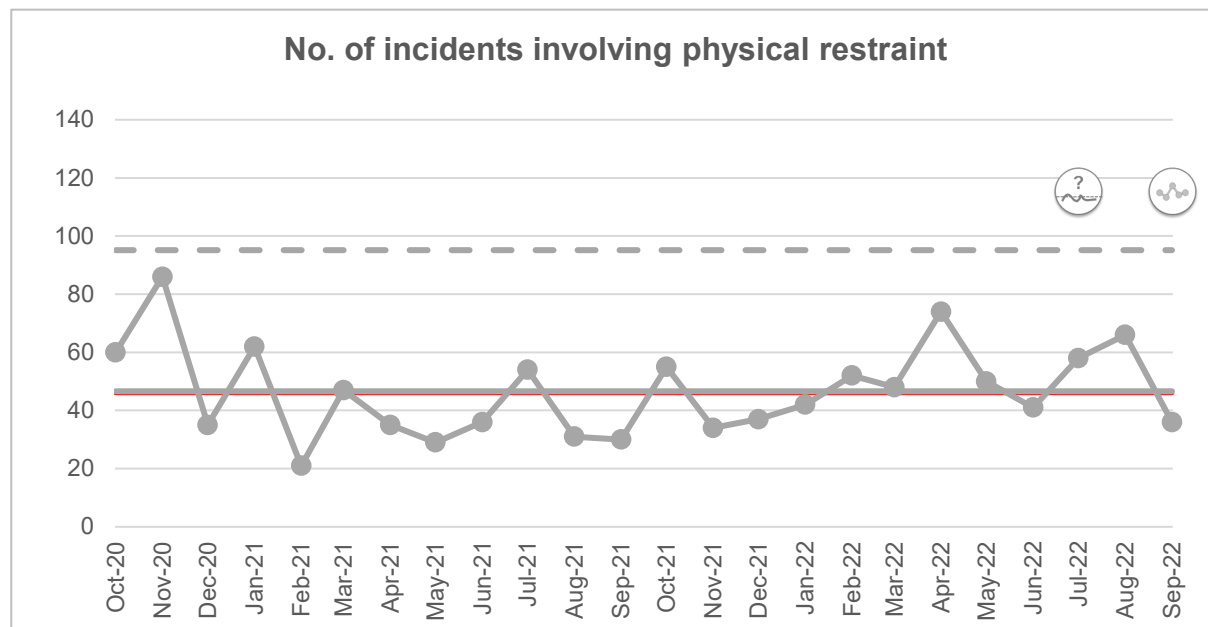
34. Prone restraint
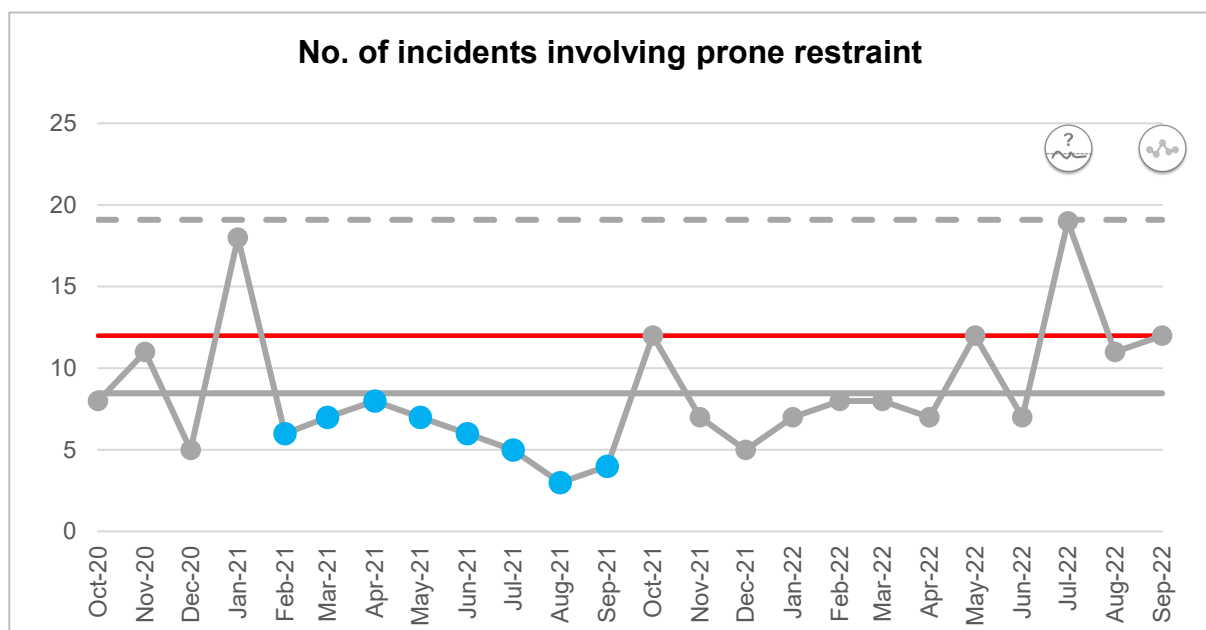
No. of incidents involving prone restraint

There are ongoing workstreams to support the continuing need to reduce restrictive practice, including the work around introducing body worn cameras. The monitoring of restrictive practice is

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done within specific forums and data analysis and review has shown that incidents involving prone restraint have increased between June and July 22 related to repeated incidents involving a small number of patients. This will continue to be monitored. The Positive and Safe team have also changed the way staff are taught to support service users into seclusion. This means that prone restraint in these circumstances will no longer be necessary in all situations. The overall numbers of prone restraint are lower than the regional average per bed numbers and it is expected that incidents related to prone restraint will continue to reduce on average over the next six months.

35. Physical restraint

The number of reported incidents involving restraint have remained within common cause variation throughout the reporting period. The changes in numbers are linked to the data above relating to prone restraint and below relating to seclusion. It is important to highlight that a common impacting factor to restrictive practice is increased use of bank staff, vacancies, increased sickness, staffing challenges and concerns relating to closed culture. A working group has been created to put together a working procedure for assessing closed cultures and what needs to be done where closed cultures are identified. This work aims to improve patient feedback along with reducing restrictive practice both in Inpatient and Community Services. Over the last quarter the Positive and Safe team have also increased their presence on inpatient wards to offer advice following incidents which will help staff to identify alternative ways of managing situations that could potentially involve physical restraint.

36. Seclusion

No. of new episodes of patients held in seclusion
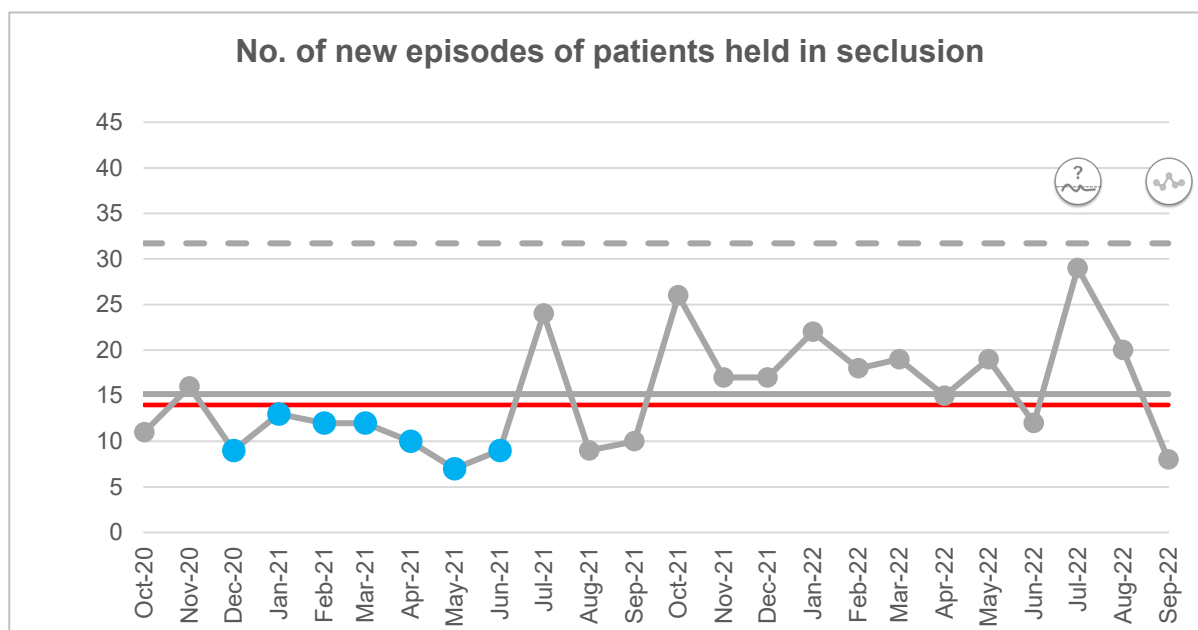
The use of seclusion has been above the mean common cause variation from October 2021 due to a small number of patients who had been placed in seclusion on more than one occasion on an acute ward and then the Enhanced Care ward. From July 2022 the number of seclusions is on a downward trajectory and is now below the Trust target. Further auditing will be carried out by the Head of Nursing for Acute and Assessment Services and they are currently leading on a thematic review of seclusions to identify further learning.

37. Falls on inpatient wards

Number of falls on inpatient wards
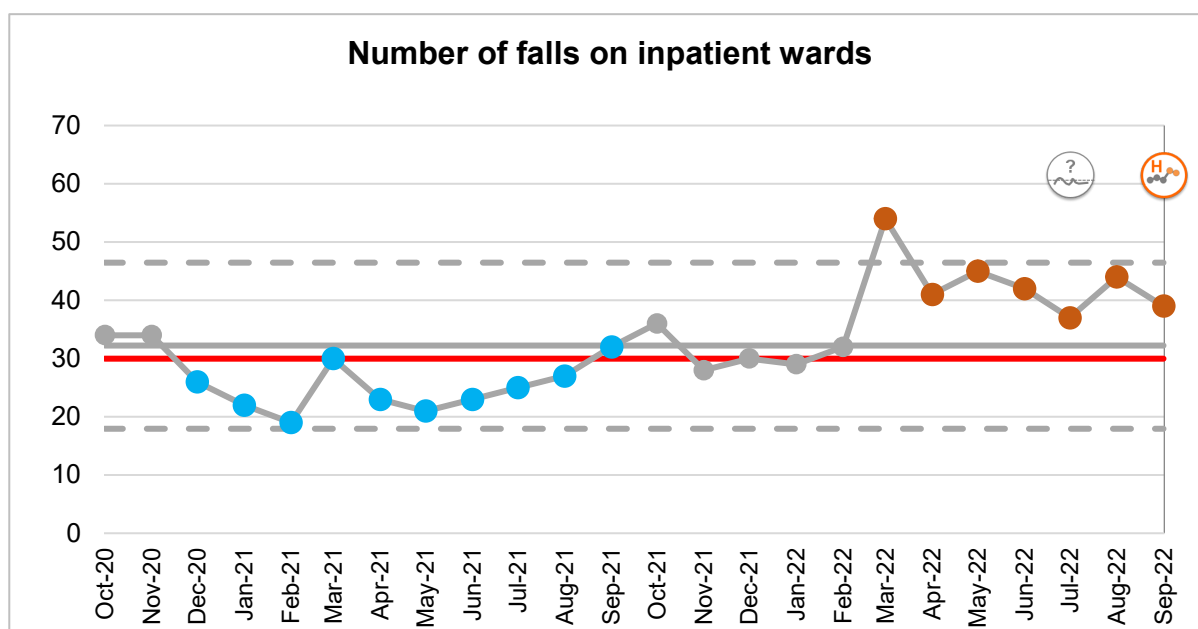
After an abnormal spike of incident in March 2022, A review of falls was commissioned and identified that a high number of falls were related to the same small number of patients. From this review a bi-weekly falls review meeting, chaired by the Matron for older adult services, has been established to identify any specific needs for those patients falling regularly. This appears to have had a positive impact with incidents related to falls reducing and continuing a downward trajectory between April and July 22. This will continue to be monitored over the next quarter. It was also

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identified that a Physiotherapist had been recruited to support the inpatient wards in managing falls risks but that they had been off sick for the last 12 months. A new Physiotherapist has now been allocated to this role from October 2022.

Care Hours Per Patient Day (CHPPD)

CHPPD is rolling data updated monthly, to show staffing levels in relation to patient numbers on an inpatient ward. Every month, the hours worked during day shifts and night shifts by registered nurses and midwives and by healthcare assistants are added together. Each day, the number of patients occupying beds at midnight is recorded. These figures are added up for the whole month and divided by the number of days in the month to calculate a daily average. Then the figure for total hours worked is divided by the daily average number of patients to produce the rate of care hours per patient day. Work is underway to implement processes relating to staffing levels and how they are recorded in line with CHPPD and patient acuity. This will be in the form of the MHOST reporting system and SafeCare module within E-Roster. The Trust have MHOST training organised for October with participants identified from all inpatient areas. The Trust has also employed a new e-roster manager who came into post in July.

The charts below show how we compared in the latest published national data when benchmarked against other mental health trusts. We were below average overall:
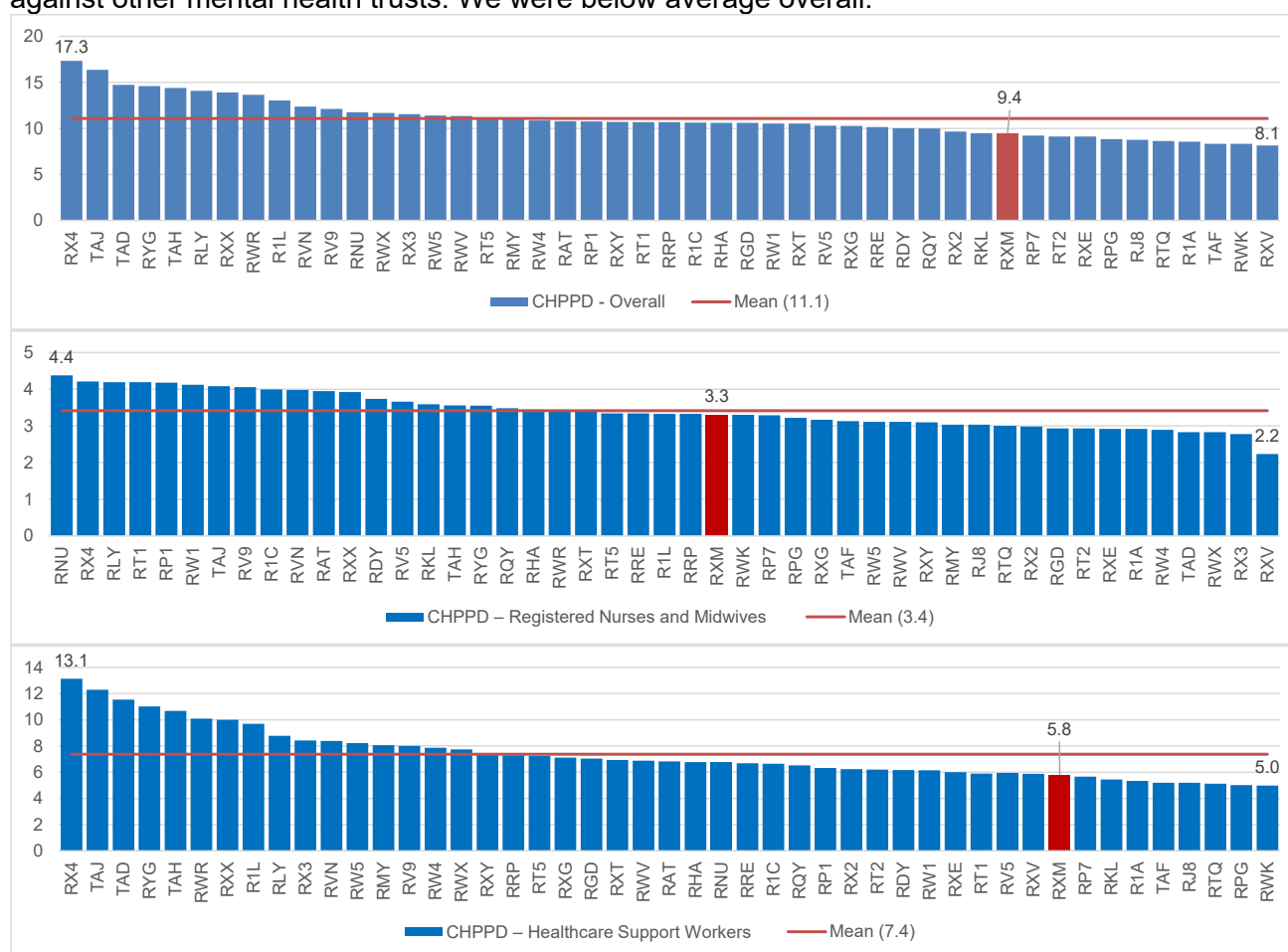
Data source: NHS England » Care hours per patient day (CHPPD) data

Appendix 1

Statistical Process Control Chart (SPC) Guidance

Example SPC chart:

3 day follow-up
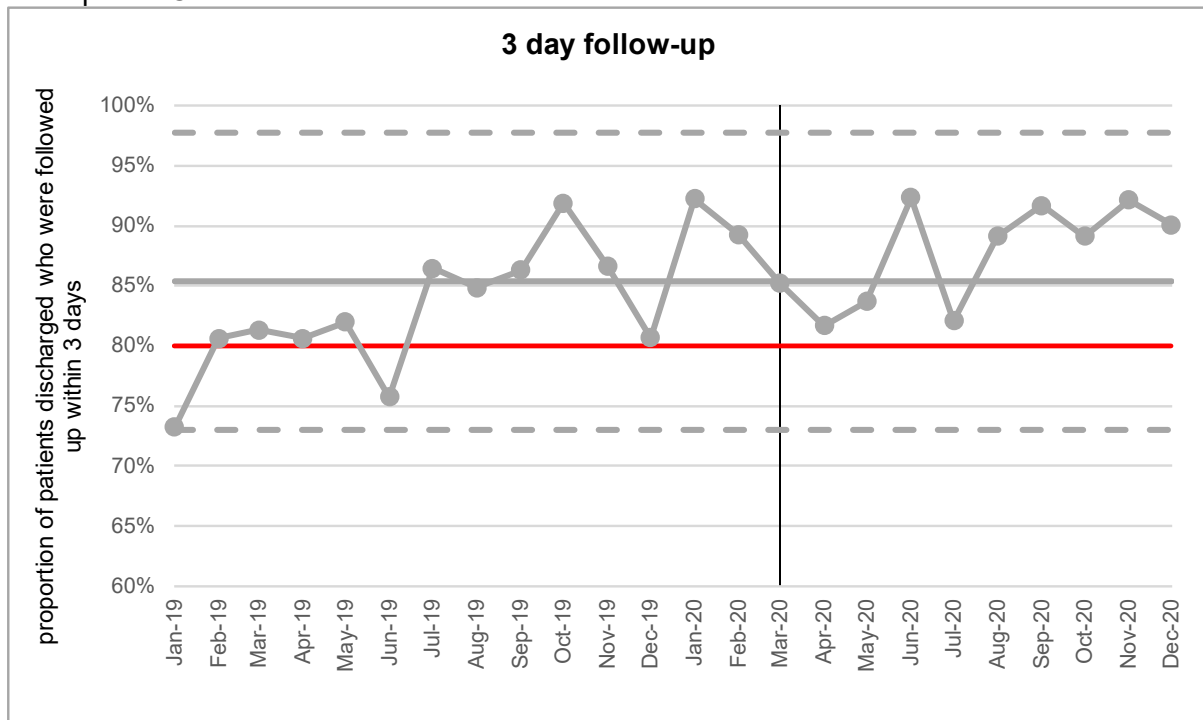
- The red line is the target.
- The grey dots are the actual performance each month. They are coloured grey as performance each month is normal in this example.
- The solid grey line is the average (mean) of all the grey dots.
- The grey dotted lines are called process limits, or control limits.

Very simply, any grey dots sitting between the upper and lower grey dotted lines is normal performance for the process and is known as "common cause variation".

The closer the two grey dotted lines are together, the less variation there is and therefore the more tightly controlled is the process.

Things to look out for:

1. A process that is not working

Target (to be greater than)

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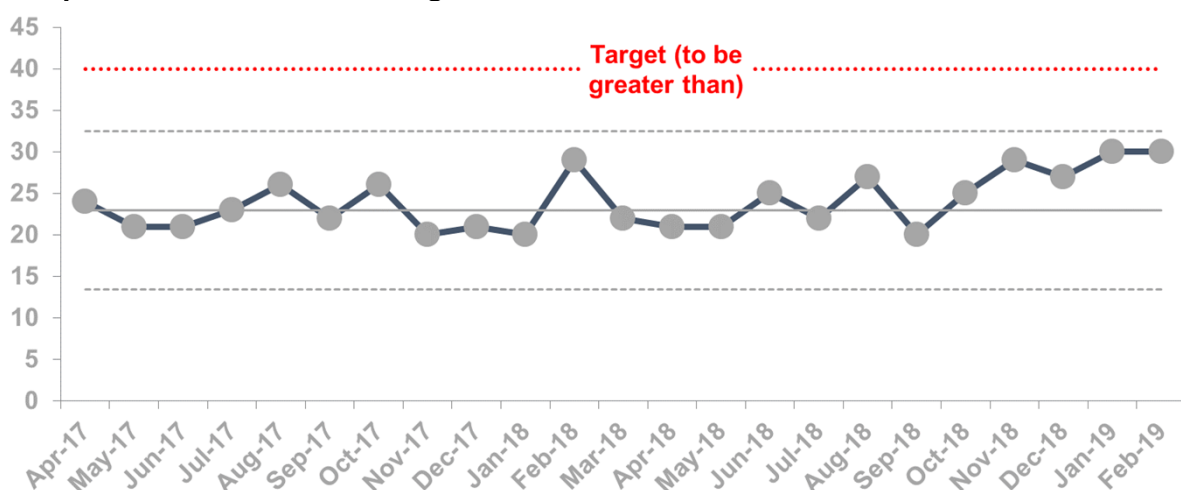
In this example the target is higher than the upper dotted grey line. This means that the target will never be achieved. To achieve the target, we need to change how we do things.

2. A capable process
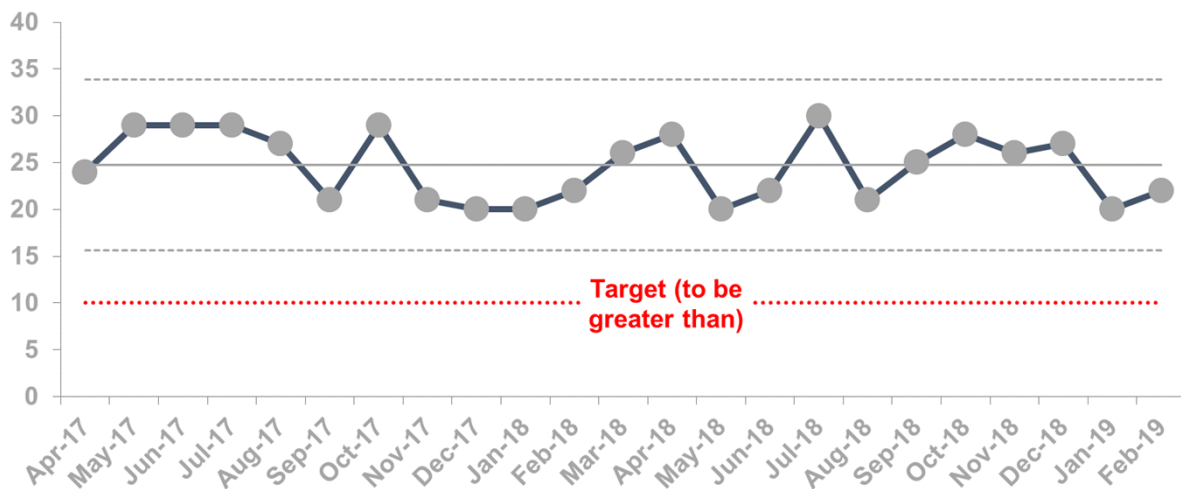
The lower grey dotted line is above the target line. This gives assurance that the target will consistently be achieved, and that the system is effective.

3. An unreliable system
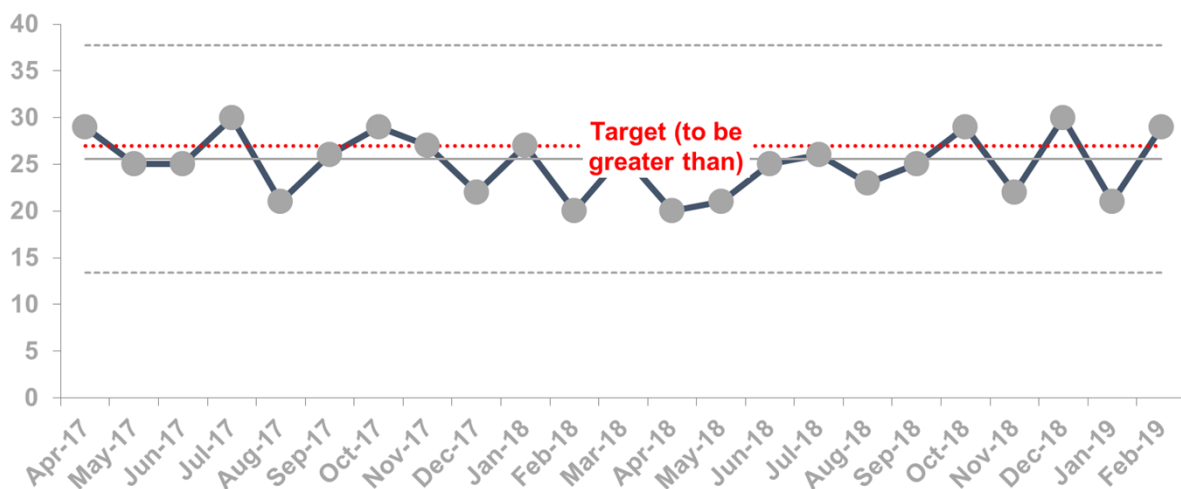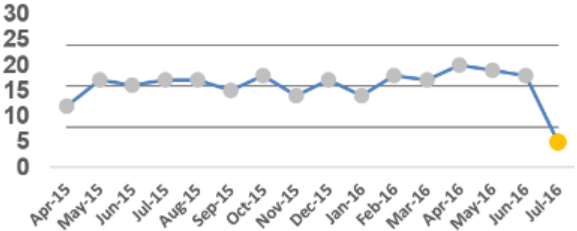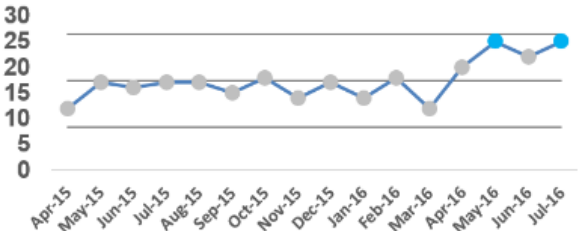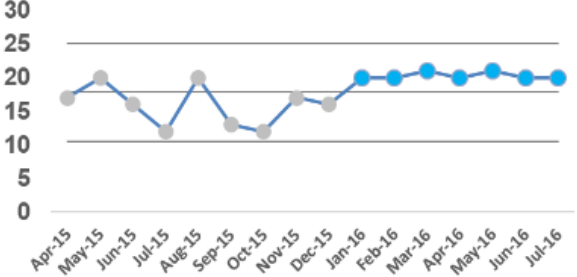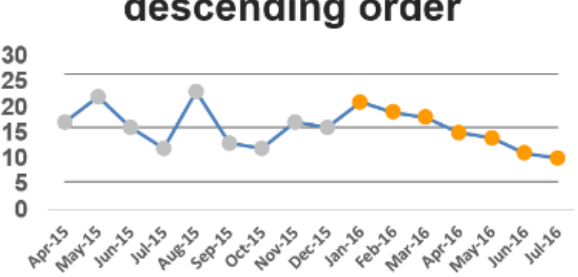
In this example the target line sits between the 2 grey dotted lines. As it is normal for the grey dots to fall anywhere between the 2 dotted grey lines, this means that it is entirely random as to whether or not the target will be achieved. So, this system is unreliable and needs to be redesigned if the target is to be consistently achieved.

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4. Unusual patterns in the data

If there is anything unusual in the data, the grey dots will change colour. Orange means it is unusually worse than expected and blue means it is unusually better than expected. These unusual patterns should be looked into to establish why it is happening.

There are four scenarios where this can happen:

A single data point outside the process limits 	**Two out of three points close to the process limits**
In this example the July 16 perfomance is significantly lower than expected and falls beneath the lower grey dotted line.	2 out of 3 points close to one of the grey dotted lines is statistically significant, in this case they are blue, indicating better than expected performance.
Shift of points above / below mean line 	**Run of points in consecutive ascending / descending order**
A run of 7 points above or below the average line is significant. In this example it might indicate that an improvement was made to the process in Jan 16 that has proven to be effective.	A run of 7 points in consecutive ascending or descending order is significant. In this example things are getting worse over time.

(Adapted from guidance kindly provided by Karen Hayllar, NHS England & NHS Improvement)

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 1 November 2022

Feedback from the Annual Members Meeting

Purpose of Report
To provide feedback on the Trust's Annual Members Meeting which took place on 21 September 2022.

Executive Summary
This year the Annual Members Meeting (AMM) took place on 21 September. Due to the success of our previous virtual AMM and the uncertainty around COVID-19, this year's AMM was held virtually using Microsoft Teams.

79 people attended which included Trust members, the public, staff members, Trust Board, governors and those shortlisted for the Trust's arts and crafts competition.

The AMM had been promoted widely including:

- Press releases to local papers/local radio stations
- Posted on the Trust website in latest news and the members section
- Posted on social media (Twitter, Facebook)
- To all staff via the staff e-newsletter and intranet
- To all members via the members' e-newsletter and magazine with reminders leading up to the event
- To all stakeholders and services
- Within the voluntary sector (including Derbyshire Voluntary Association, Derbyshire Carers Association; Derbyshire Mental Health Forum, Derby City and Southern Derbyshire Mental Health Carers Forum; Healthwatch, Derbyshire Chinese Welfare Association; Erewash Voluntary Action, P3, Derby West Indian Community Association)

Governors were also encouraged to promote the AMM within their communities. We were unable to promote the AMM 10 days prior to the event due the 10 days national mourning for the late Queen Elizabeth II.

Positive feedback was received that the AMM was a good mix of showcasing services and formal business. Feedback on the new builds which are under construction and the Trust's 'Work Your Way' employment service was particularly positive especially with the involvement of service users and experts by experience. The meeting ending with the announcement of the arts and crafts 'looking forwards' competition which was also positively received. The finalists from the arts and crafts competition fed back to the Trust that they had appreciated the support they were given prior to the event and that they enjoyed the afternoon. Some of the finalists have agreed for their work to be displayed within the Trust.

The AMM for 2023 will be organised September. It is hoped that this will be a face to face event in the Centre for Research and Development, Kingsway Hospital Site, Derby.

Proposed Actions for the Council of Governors:

Establish a Task and Finish Group to plan next year's AMM.

Strategic Considerations

1) We will deliver **great care** by delivering compassionate, person-centred innovative and safe care.	x
2) We will ensure that the Trust is a **great place to work** by creating a compassionate, skilled and empowered leadership, creating a vibrant culture where colleagues feel they belong, thrive and are valued.	x
3) The Trust is a **great partner** and actively embraces collaboration as our way of working.	x
4) We will make the **best use of resources** by making financially wise decisions and avoiding wasting resources to ensure financial recovery and long term sustainability.	x

Risks and Assurances
The Annual Members Meeting was held in accordance with the guidance included in the Trust's Constitution.

Consultation
Feedback on the Annual Members Meeting was discussed in detail by the Governance Committee on 10 October 2022.

Governance or Legal Issues
In accordance with additional responsibilities for NHS foundation trusts following the amendment of the 2006 Act by the 2012 Act the Trust must hold an Annual Members' Meeting.

Public Sector Equality Duty & Equality Impact Risk Analysis
In compliance with the Equality Delivery System (EDS2), reports must identify equality-related impacts on the nine protected characteristics age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity (REGARDS people (Race, Economic disadvantage, Gender, Age, Religion or belief, Disability and Sexual orientation)) including risks, and say how these risks are to be managed.

Below is a summary of the equality-related impacts of the report:

We proactively sought to promote the Annual Members Meeting to all members of the community.

Recommendations
The Council of Governors is requested to:

1) Receive the report
2) Establish a Task and Finish group to discuss the Annual Members' Meeting for 2023.

Report presented and prepared by: Denise Baxendale, Membership and Involvement

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 1 November 2022

Report from the Governance Committee

Purpose of Report
The Governance Committee of the Council of Governors (CoG) has met once since its last report to the Council of Governors in September. This report provides a summary of the meeting including actions and recommendations made.

Executive Summary
Since the last summary was provided in September, the Governance Committee has met once on 12 October 2022. The meeting was conducted digitally using Microsoft Teams.

Strategic Considerations	
1) We will deliver **great care** by delivering compassionate, person-centred innovative and safe care.	
2) We will ensure that the Trust is a **great place to work** by creating a compassionate, skilled and empowered leadership, creating a vibrant culture where colleagues feel they belong, thrive and are valued.	x
3) The Trust is a **great partner** and actively embraces collaboration as our way of working.	x
4) We will make the **best use of resources** by making financially wise decisions and avoiding wasting resources to ensure financial recovery and long term sustainability.	x

Risks and Assurances
- The Council of Governors can receive assurance that the Committee is well established and discussing key areas of governor business   - Items for decision or approval will be brought to the full Council of Governors as appropriate   - An update of discussions at each meeting is regularly reported to the Council of Governors   - Effectiveness of the meeting is discussed regularly   - The work plan is reviewed at each meeting and changes made as and when required   - The Governance Committee escalates items to the Council of Governors as and when required.

Consultation

No formal consultation is required for this update, although the Governance Committee has been established with a consultative approach and this continues to be reflected through the items discussed.

Governance or Legal Issues

The Governance Committee, as part of its work, will review key governance documents including the governors' Code of Conduct and will oversee Trust Constitution amendments prior to presenting to the Council of Governors.

Public Sector Equality Duty & Equality Impact Risk Analysis

In compliance with the Equality Delivery System (EDS2), reports must identify equality-related impacts on the nine protected characteristics age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity (REGARDS people (Race, Economic disadvantage, Gender, Age, Religion or belief, Disability and Sexual orientation)) including risks, and say how these risks are to be managed.

Below is a summary of the equality-related impacts of the report:

Although there are no specific issues raised in the report which impact on individuals with protected characteristics, the Governance Committee is committed to ensure that governors who may require additional support and/or adjustments are provided with this to ensure that they can carry out their role. This includes provision of support workers where required and working with individual governors to ensure they have access to information in a preferred format (for example, in hard copy rather than email). Governors are also supported to attend meetings where they have disability and/or access issues.

Recommendations

The Council of Governors is requested to note the report made of the Governance Committee meetings held on 12 October 2022.

Report presented by:	**Ruth Grice** **Public Governor, Chesterfield and Chair of the Governance Committee**
Report prepared by:	**Denise Baxendale** **Membership and Involvement Manager**

Report from the Governance Committee meeting – 12 October 2022

16 governors (59.25% of the Council of Governors) attended the meeting on 12 October 2022.

Trust Quality Visits

- Kyri Gregoriou, Deputy Director of Nursing and Quality Governance presented an overview of the process for Quality Visits. Governors are encouraged to participate in the visits.

Update on the Annual Members Meeting – 21 September 2022

- The feedback received on the Annual Members Meeting was positive.

Feedback from Governor Engagement Activities

- Governors agreed to re-visit waiting times in March 2023.

Review Policy for Engagement with The Board of Directors and Council Of Governors

- Governors agreed that the policy was fit for purpose for another year. It was noted that the Policy would be presented to the Trust Board in November for approval.

Governors Annual Effectiveness Survey

- Governors agreed that further discussion on the topics should take place at the governors and Non-Executive Directors informal session on 7 November.
- Governors who responded with 'disagree' have been contacted to provide further information.

Well Led and Care Quality Commission Update

- Susan Ryan gave an update from the recent meeting with governors.
- A further meeting is to be arranged.

Consideration of Holding to Account Questions to Council of Governors

- One item was escalated to the Council of Governors regarding Care Plans.

Attendance at Council of Governors Meetings

- Susan Ryan will contact the governor who has not attended governor meetings since May 2022.

Governor Training and Development

- A session on governor engagement has been arranged on 12 October from 1-2pm. Feedback will be provided to the next Committee meeting in December.

Any Other Business

- Elections – governors were notified that the process for elections will begin in November.

Governor Meeting Timetable October 2022 – March 2023

DATE	TIME	EVENT	LOCATION/COMMENTS
1/11/22	9.30am onwards	Public Trust Board	Virtual
1/11/22	2.00pm onwards	Council of Governors meeting	Virtual
7/11/22	10am-12pm	Governor and Non-Executive Directors	Virtual
13/12/22	10.00am-12.30pm	Governance Committee	Virtual
22/12/22	10.30-11.30am	**HOLD**: Extraordinary Council of Governors meeting	Virtual
29/12/22	10.30-11.30am	**HOLD**: Extraordinary Council of Governors meeting	Virtual
5/1/23	10.30-11.30am	**HOLD**: Extraordinary Council of Governors meeting	Virtual
17/1/23	9.30am onwards	Public Trust Board	TBC – virtual or Conference Room A&B, Kingsway Hospital, Derby
17/1/23	2pm onwards	Council of Governors and Trust Board development session	TBC – virtual or A&B, Kingsway Hospital, Derby
7/2/23	12.30-1.30pm	Governor focus group – NED appraisals	TBC – virtual or Rooms 1&2, Kingsway Hospital, Derby
7/2/23	2.00-4.30pm	Governance Committee	TBC – virtual or Rooms 1&2, Kingsway Hospital, Derby
7/3/23	9.30am onwards	Public Trust Board	TBC – virtual or Conference Room A&B, Kingsway Hospital, Derby
7/3/23	2.00pm onwards	Council of Governors meeting	TBC – virtual or Conference Room A&B, Kingsway Hospital, Derby

NB

- The Governor and Non-Executive Directors session has been arranged as requested by governors.
- Extraordinary Council of Governors meetings – please keep these on **hold**. We will be able to confirm the date/time on 21 December 2023. This meeting has been arranged to agree the appointment of the Chief Executive.

Updated 10 October 2022

GLOSSARY OF NHS AND
DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS

NHS Term / Abbreviation	Terms in Full
A	
A&E	Accident & Emergency
ACCT	Assessment, Care in Custody & Teamwork
ACE	Adverse Childhood Experiences
ADHD	Attention Deficit Hyperactivity Disorder
AfC	Agenda for Change
AHP	Allied Health Professional
AIMS	Royal College of Psychiatrists Accreditation for Inpatient Mental Health Services Standards
ALB	Arms-length body such as NHS Improvement (NHSI) and NHS England (NHSE)
AMM	Annual Members' Meeting
AMHP	Approved Mental Health Professional
ANP	Advanced Nurse Practitioner
AO	Accountable Officer
ASD	Autism Spectrum Disorder
ASM	Area Service Manager
B	
BAF	Board Assurance Framework
BLS	Basic Life Support (ILS Immediate Life Support)
BMA	British Medical Association
BME	Black,& Minority Ethnic group
BoD	Board of Directors
C	
CAMHS	Child and Adolescent Mental Health Services
CASSH	Care and Support Specialised Housing
CBT	Cognitive Behavioural Therapy
CCG	Clinical Commissioning Group (defunct from 1 July 2022)
CCT	Community Care Team
CDMI	Clinical Digital Maturity Index
CE	Chief Executive
CEO	Chief Executive Officer
CGA	Comprehensive Geriatric Assessment
CHPPD	Care Hours Per Patient Day
CIP	Cost Improvement Programme
CMDG	Contract Management Delivery Group
CMHF	Community Mental Health Framework
CMHT	Community Mental Health Team
CNST	Clinical Negligence Scheme for Trusts
COAT	Clinical Operational Assurance Team
COF	Commissioning Outcomes Framework
CoG	Council of Governors
COO	Chief Operating Officer
CPA	Care Programme Approach
CPD	Continuing Professional Development
CPN	Community Psychiatric Nurse
CPR	Child Protection Register

GLOSSARY OF NHS AND
DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS

NHS Term / Abbreviation	Terms in Full
CQC	Care Quality Commission
CQI	Clinical Quality Indicator
CQUIN	Commissioning for Quality and Innovation
CRG	Clinical Reference Group
CRH	Chesterfield Royal Hospital
CRHT	Crisis resolution and home treatment
CRS	(NHS) Care Records Service
CRS	Commissioner Requested Services
CSF	Commissioner Sustainability Fund
CTO	Community Treatment Order
CTR	Care and Treatment Review
D	
DAT	Drug Action Team
Datix	Trust's electronic incident reporting system of an event that causes a loss, injury or a near miss to a patient, staff or others
DBS	Disclosure and Barring Service
DBT	Dialectical Behavioural Therapy
DfE	Department for Education
DCHS	Derbyshire Community Health Services NHS Foundation Trust
DDCCG	Derby and Derbyshire Clinical Commissioning Group
DHCFT	Derbyshire Healthcare NHS Foundation Trust
DIT	Dynamic Interpersonal Therapy
DNA	Did Not Attend
DoH	Department of Health
DoLS	Deprivation of Liberty Safeguards
DSPT	Director of Strategy, Partnerships and Transformation
DOF	Director of Finance
DON	Director of Nursing
DPI	Director of People and Inclusion
DPS	Date Protection and Security
DNA	Did not attend
DPA	Data Protection Act
DRRT	Dementia Rapid Response Team
DTOC	Delayed Transfer of Care
DVA	Derbyshire Voluntary Action (formerly North Derbyshire Voluntary Action)
DWP	Department for Work and Pensions
E	
ECT	Enhanced Care Team
ECW	Enhanced Care Ward
ED	Emergency Department
EDS2	Equality Delivery System 2
EHIC	European Health Insurance Card
EHR	Electronic Health Record
EI	Early Intervention
EIA	Equality Impact Assessment
EIP	Early Intervention In Psychosis
ELT	Executive Leadership Team
EMDR	Eye Movement Desensitising & Reprocessing Therapy

GLOSSARY OF NHS AND
DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS

NHS Term / Abbreviation	Terms in Full
EMR	Electronic Medical Record
EPR	Electronic Patient Record
ERIC	Estates Return Information Collection
ESR	Electronic Staff Record
EUPD	Emotionally Unstable Personality Disorder
EWTD	European Working Time Directive
F	
FBC	Full Business Case
FFT	Friends and Family Test
FOI	Freedom of Information
FSR	Full Service Record
FT	Foundation Trust
FTE	Full-time Equivalent
FTN	Foundation Trust Network
FTSU	Freedom to Speak Up
FTSUG	Freedom to Speak Up Guardian
F&P	Finance and Performance
5YFV	Five Year Forward View
G	
GDPR	General Data Protection Regulation
GGI	Good Governance Institute
GIRFT	Getting it Right First Time
GMC	General Medical Council
GP	General Practitioner
GPFV	General Practice Forward View
H	
HCA	Healthcare Assistant
H1	First half of a fiscal year (April through September)
H2	Second half of a fiscal year (October through the following March)
HEE	Health Education England
HES	Hospital Episode Statistics
HoNOS	Health of the Nation Outcome Scores
HSCIC	Health and Social Care Information Centre
HSE	Health and Safety Executive
HWB	Health and Wellbeing Board
I	
IAPT	Improving Access to Psychological Therapies
ICB	Integrated Care Board
ICM	Insertable Cardiac Monitor
ICS	Integrated Care System
ICT	Information and Communication Technology
ICU	Intensive Care Unit
IDVAs	Independent Domestic Violence Advisors
IG	Information Governance
ILS	Immediate Life Support (BLS – Basic Life Support)
IMT	Incident Management Team
IM&T	Information Management and Technology
OOA	Outside of Area

GLOSSARY OF NHS AND
DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS

NHS Term / Abbreviation	Terms in Full
IPP	Imprisonment for Public Protection
IPR	Integrated Performance Report
IPT	Interpersonal Psychotherapy
J	
JNCC	Joint Negotiating Consultative Committee
JTAI	Joint Targeted Area Inspections
JUCB	Joined Up Care Board
JUCD	Joined Up Care Derbyshire
K	
KLOE	Key Lines of Enquiry (CQC)
KPI	Key Performance Indicator
KSF	Knowledge and Skills Framework
L	
LA	Local Authority
LCFS	Local Counter Fraud Specialist
LD	Learning Disabilities
LD/A	Learning Disability and Autism
LHP	Local Health Plan
LHWB	Local Health and Wellbeing Board
LOS	Length of Stay
LPS	Liberty Protection Safeguards
LTP	Long Term Plan
M	
MADE	Multi-agency Discharge Event
MARS	Mutually Agreed Resignation Scheme
MAU	Medical Assessment Unit
MAS	Memory Assessment Service
MAPPA	Multi-agency Public Protection Arrangements
MARAC	Multi-agency Risk Assessment Conference (meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, probation, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs) and other specialists from the statutory and voluntary sectors.
MASH	Multi-Agency Safeguarding Hub
MCA	Mental Capacity Act
MD	Medical Director
MDA	Medical Device Alert
MDM	Multi-Disciplinary Meeting
MDT	Multi-Disciplinary Team
MFF	Market Forces Factor
MHA	Mental Health Act
MHAC	Mental Health Act Committee
MHIN	Mental Health Intelligence Network
MHIS	Mental Health Investment Standard
MHLT	Mental Health Liaison Team
MHRT	Mental Health Review Tribunal
MSC	Medical Staff Committee

GLOSSARY OF NHS AND
DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS

NHS Term / Abbreviation	Terms in Full
MSK	Musculoskeletal (conditions)
MSU	Medium secure unit
N	
NCRS	National Cancer Registration Service
NED	Non-Executive Director
NICE	National Institute for Health and Care Excellence
NHS	National Health Service
NHSE	National Health Service England
NHSI	National Health Service Improvement
NHSEI	NHS England and NHS Improvement
NIHR	National Institute for Health Research
O	
OBC	Outline Business Case
ODG	Operational Delivery Group
OPMO	Older People's Mental Health Services
OP	Outpatient
OSC	Overview and Scrutiny Committee
OT	Occupational therapy
P	
PAB	Programme Assurance Board
PAG	Programme Advisory Group
PALS	Patient Advice and Liaison Service
PAM	Payment Activity Matrix
PARC	Psychosis and the reduction of cannabis (and other drugs)
PARIS	This is an electronic patient record system
PbR	Payment by Results
PCC	Police & Crime Commissioner
PCC	People and Culture Committee
PCN	Primary Care Networks
PDSA	Plan, Do, Study, Act
PHE	Public Health England
PICU	Psychiatric Intensive Care Unit
PID	Project Initiation Document
PiPoT	People in Positions of Trust
PLIC	Patient Level Information Costs
PMLD	Profound and Multiple Disability
PPE	Personal Protection Equipment
PPI	Patient and Public Involvement
PPT	Partnership and Pathway Team
PREM	Patient Reported Experience Measure
PROMS	Patient Reported Outcome Measure
PSF	Provider Sustainability Fund
PSIRF	Patient Safety Incident Review Framework
Q	
QAG	Quality Assurance Group
Q&SC	Quality and Safeguarding Committee
QIA	Quality Impact Assessment
QIPP	Quality, Innovation, Productivity Programme

GLOSSARY OF NHS AND
DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS

NHS Term / Abbreviation	Terms in Full
R	
RAID	Rapid Assessment, Interface and Discharge
RCGP	Royal College of General Practitioners
RCI	Reference Cost Index
REGARDS	Race, Economic disadvantage, Gender, Age, Religion or belief, Disability and Sexual orientation
RTT	Referral to Treatment
S	
SAAF	Safeguarding Adults Assurance Framework
SBARD	Situation, Background, Assessment, Recommendation and Decision (SBARD) tool
SBS	Shared Business Services
SEND	Special Educational Needs and Disabilities
SFI	Standing Financial Instructions
SI	Serious Incidents
SID	Senior Independent Director
SIRI	Serious Incident Requiring Investigation
SLA	Service Level Agreement
SLR	Service Line Reporting
SMI	Severe Mental Illness
SOC	Strategic Options Case
SOF	Single Operating Framework
SPOA	Single Point of Access
SPOE	Single Point of Entry
SPOR	Single Point of Referral
STEIS	Strategic Executive Information System
STF	Sustainability and Transformation Fund
STP	Sustainability and Transformation Partnership
SUI	Serious (Untoward) Incident
SystmOne	Electronic patient record system
T	
TARN	Trauma Audit and Research Network
TCP	Transforming Care Partnerships
TCS	Transforming Community Services
TDA	Trust Development Authority
TMT	Trust Management Team
TUPE	Transfer of Undertakings (Protection of Employment) Regulations 1981
TMAC	Trust Medical Advisory Committee
TOOL	Trust Operational Oversight Leadership (replaced IMT)
U	
UDBH	University Hospitals of Derby and Burton
UEC	Urgent and emergency care
V	
VARM)	Vulnerable Adult Risk Management
VO	Vertical Observatory
W	

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS	
NHS Term / Abbreviation	**Terms in Full**
WDES	Workforce Disability Equality Standard
WRES	Workforce Race Equality Standard
WTE	Whole Time Equivalent
Y	
YTD	Year to Date

(updated 14 June 2022)