

Derbyshire Healthcare NHS Foundation Trust

Council of Governors' Meeting

Virtual meeting via Teams

1 September 2020 14:00 - 1 September 2020 15:35

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**COUNCIL OF GOVERNORS' MEETING – TUESDAY 1 SEPTEMBER 2020
FROM 2.00-3.35PM**

Following national guidance on keeping people safe during COVID-19 all face to face meetings have been cancelled. This will be a virtual meeting conducted digitally.

AGENDA		LED BY	TIME
1.	Welcome, introductions and Chair’s opening remarks Apologies and Declaration of Interests	Caroline Maley	2.00
2.	Submitted questions from members of the public	Caroline Maley	2.05
3.	Minutes of the previous meetings held on 3 March and 7 July 2020	Caroline Maley	2.10
4.	Matters arising and actions matrix	Caroline Maley	2.15
5.	Chief Executive’s update (verbal)	Ifti Majid	2.20
STATUTORY ROLE			
6.	Presentation of the Annual Report and Accounts 2019/20 and report from the external auditors, Grant Thornton (Mark Stocks)	Claire Wright/Geoff Lewins/Mark Stocks	2.35
7.	Governors Annual Effectiveness Survey (verbal)	Denise Baxendale	2.45
HOLDING TO ACCOUNT			
8.	Non-Executive Directors Deep Dive (including Annual Report of Audit and Risk Committee)	Geoff Lewins	2.50
9.	Escalation items to the Council of Governors from the Governance Committee (verbal)	Caroline Maley	3.00
10.	Verbal summary of Integrated Performance Report (full report provided for information)	Non-Executive Directors	3.05
OTHER MATTERS			
11.	Governance Committee Report	Kel Sims	3.15
12.	Governor elections update	Denise Baxendale	3.20
13.	Any Other Business	Caroline Maley	3.25
14.	Review of meeting effectiveness and following the principles of the Code of Conduct	Caroline Maley	3.30
15.	Close of meeting	Caroline Maley	3.35
FOR INFORMATION			
16.	Ratified minutes of the Public Board meetings held in March 2020 and May 2020		
17.	* Chair’s Reports as presented to Public Trust Board in March 2020 and July 2020		
18.	* Chief Executive’s Reports as presented to Public Trust Board March 2020 and July 2020		
19.	Governor meeting timetable 2020/21		
20.	Glossary of NHS terms		
Next Meeting: Tuesday 3 November 2020, from 2.00pm. This will be a virtual meeting.			

* Please click on the links for items 17 and 18 to view the reports. These are available on the [Trust's website](#).

Please note that the Annual Members' Meeting will take place, virtually, after the Council of Governors meeting at 4pm

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 focus on our colleagues, in the knowledge that a well-supported, engaged and empowered workforce results in good patient care.

Respect – We respect and value the diversity of our patients, colleagues and partners and support a respectful and inclusive environment.

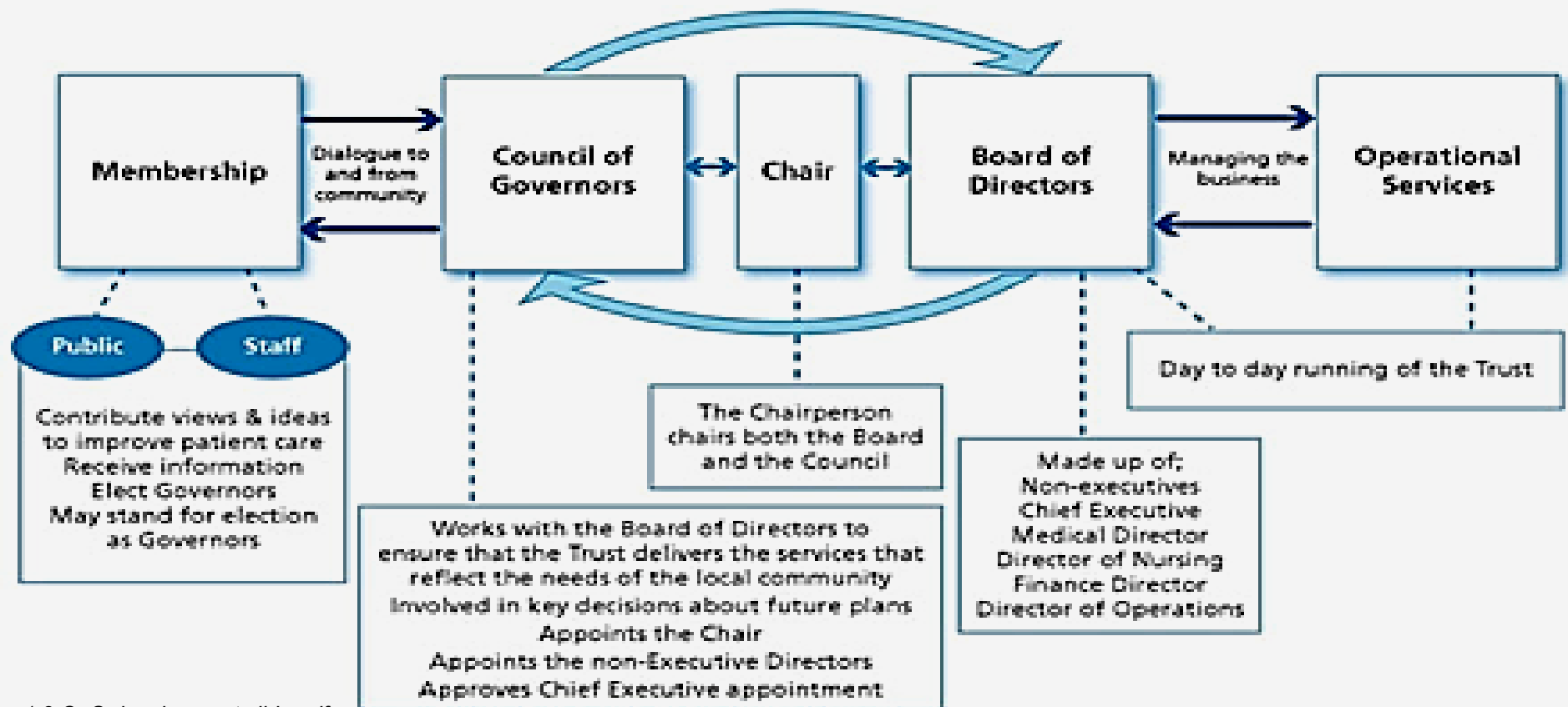
Honesty – We are open and transparent in all we do.

Do your best – We work closely with our partners to achieve the best possible outcomes for people.



Getting the balance right

FT Governance Arrangements



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 !

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

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

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

ITEM	<u>ITEM</u>
DHCFT/GOV/2020/015	<u>WELCOME, INTRODUCTIONS, CHAIR'S OPENING REMARKS, APOLOGIES FOR ABSENCE & DECLARATION OF INTERESTS</u>
	Caroline Maley welcomed all to the meeting and was pleased to see so many

	<p>governors present.</p> <p>Apologies were noted as above. No declarations of interest were received.</p>
DHCFT/GOV /2020/016	<p><u>SUBMITTED QUESTIONS FROM MEMBERS OF THE PUBLIC</u></p> <p>No questions from members of the public had been received.</p>
DHCFT/GOV /2020/017	<p><u>MINUTES OF THE PREVIOUS MEETING</u></p> <p>The minutes of the previous meeting held on 7 January 2020 were accepted as a correct record.</p>
DHCFT/GOV /2020/018	<p><u>MATTERS ARISING & ACTION MATRIX</u></p> <p>All completed 'green' actions were scrutinised to ensure that they were fully complete. The Council of Governors agreed to close completed actions. Comments were made as follows:</p> <p><i>Item DHCFT/GOV/2020/0075 – Waiting lists</i> – Margaret Gildea, Non-Executive Director, referred to the detailed information in the Integrated Performance Report (IPR) regarding waiting lists; and reported that a lot of investment has taken place over time to reduce waiting lists. However the level of funding and timescales are out of the Trust's control and lay with the commissioners who commission the services. The waiting list and capacity to meet demand continues to be a challenge for Child and Adolescent Mental Health Services (CAMHS). Last month the Clinical Commissioning Group (CCG) released agreed additional investment into CAMHS for this financial year, in advance of the CCG planning for the next financial year. This should enable provision of some additional capacity and positively impact on the waiting list. Margaret also reported that the full commissioned capacity is not enough to meet the perennial and increasing levels of demand for referrals for the autistic spectrum disorder (ASD) assessment. Margaret assured governors the Trust is not complacent about waiting lists; which are a regular item on the Quality Committee and Trust Board agendas.</p> <p>Andrew Beaumont referred to out of area placements and asked if the Trust accepts other patients from around the country. Ifti Majid explained that the Trust does not have the capacity to offer this service.</p> <p>Susan Ryan referred to the IPR and waiting times for memory assessment services. Ifti explained that the Trust is in the middle of a contracting round and difficult decisions have to be made; there is not the funding to bring the waiting times forward and the Trust is waiting to hear if commissioners will tolerate longer waits. Susan asked how the Trust is supporting people on waiting lists and Ifti explained that the Trust supports people through the Waiting Well Procedure and assured governors that people whose needs significantly change are given priority on the on the waiting lists.</p> <p>Matters Arising:</p> <p>There were no matters arising.</p> <p>RESOLVED: The Council of Governors</p> <p>1) Noted the comments and the actions agreed on the Actions Matrix</p>
DHCFT/GOV /2020/019	<p><u>VERBAL UPDATE ON JOINED UP CARE DERBYSHIRE – INCLUDING THE IMPACT OF THE LONG TERM NHS PLAN</u></p> <p>Ifti Majid, Chief Executive, gave a verbal update on Joined Up Care Derbyshire (JUCD). He referred to the slides he had recently circulated to governors following a recent Chief Executive Officers briefing which includes information on:</p> <ul style="list-style-type: none"> • The Role of the Component Parts of the New System Architecture • Strategic Commissioner • Place

	<ul style="list-style-type: none"> • Primary Care Networks • Clinical Work-streams • Joined Up Care Derbyshire (JUCD) Integrated Care System (ICS) <p>Ifti explained that health and social care organisations in Derbyshire have been working closely together for some time, to improve care and services for people and make them as efficient and effective as possible. The system which is in a difficult financial position is looking at five years hence to balance the figures; it also needs to focus on improving the health of people in Derbyshire over a number of years. Managing these pressures has put the system into a difficult position and the financial position is overshadowing what will make a difference to people's lives (e.g. Integrated Care Partnerships, clean air strategy). It was important to protect the principle of parity of esteem between physical and mental health; but the pressures by default were leading to physical health problems being dealt with across the county before people with mental health issues.</p> <p>Ifti also referred to the protected investment for mental health and emphasised that this new money is for specific things and will not alleviate the day to day pressures.</p> <p>He also referred to Derbyshire County Council's Director of Public Health Report 'Stronger for Longer' which talks about the important issue of ageing well and suggested that this is circulated to governors for information.</p> <p>Roy Webb referred to the JUCD deficit of £51 million and his understanding that the deficit will be written off after 12 months if the financial targets have been met. Ifti explained that this will not apply to JUCD's deficit because the system has not met the statutory requirements. Claire Wright reiterated that if all the plans had been met this year the system would be starting with balanced position next year. The system is in the process of looking at the complete picture for next year, taking into account waiting lists and operational issues.</p> <p>Roy also referred to the NHS Long Term plan which mentions a renewed commitment to increase investment in mental health services faster than the NHS budget overall for each of the next five years; and asked if this money can be used to offset the deficit. Ifti explained that the additional investment mentioned in the Long Term Plan is new money to meet long term requirements and cannot be used to reduce the deficit.</p> <p>Roy asked if the plans being referred to from the Derbyshire Health and Wellbeing Board also applied to Derby City. Ifti explained that they were consistent and referred to a proposal for one Health and Wellbeing Board covering the whole of Derbyshire including Derby City.</p> <p>Andrew Beaumont referred to the finance report in the papers in particular to efficiency factors and asked how the Trust knows that these have been achieved. Ifti explained that each year efficiency factors are applied as a percentage to the amount the Trust gets for its income from contracts (as with all other organisations providing NHS services) and the Trust has to find ways of saving money. This is called the cost improvement programme (CIP).</p> <p>ACTION:</p> <ul style="list-style-type: none"> • Denise Baxendale will circulate the 'Stronger for Longer' document to all governors via Governor Connect. <p>RESOLVED:</p> <ol style="list-style-type: none"> 1) The Council of Governors noted the update provided on the JUCD and the Long Term NHS Plan.
DHCFT/GOV /2020/020	<p><u>GOVERNORS NOMINATIONS AND REMUNERATION COMMITTEE 11 FEBRUARY 2020</u></p> <p>The paper presented by Caroline Maley contained an update from the Governors</p>

	<p>Nominations and Remuneration Committee meeting on 11 February as follows:</p> <ul style="list-style-type: none"> • The appraisals for two Non-Executive Directors (NEDs), feedback from a NED exit interview and initial objectives for two new NEDs. • Time commitment, balance of skills, Committee membership and succession planning • A review of remuneration and appraisal process in light of NHS guidance • Compliance with the Fit and Proper Persons Test requirement for the recent NED recruitment. <p>It was noted that all NED appraisals are up to date.</p> <p>RESOLVED: The Council of Governors</p> <ol style="list-style-type: none"> 1) Noted the summary report 2) Noted that satisfactory appraisals have taken place for two Non-Executive Directors.
<p>DHCFT/GOV /2020/021</p>	<p><u>SELECTION OF QUALITY INDICATORS FOR THE QUALITY REPORT</u></p> <p>Darryl Thompson, Deputy Director of Nursing and Quality Governance, referred to the paper provided; the purpose of the report is to outline the requirement for the Council of Governors to select a local quality indicator for 2019/20 for inclusion in the annual Quality Report.</p> <p>Each year the Trust's external auditor has to audit mandated indicators and a local indicator. The mandated indicators for this year are:</p> <ol style="list-style-type: none"> 1) Inappropriate out-of-area placements for adult mental health services 2) Early intervention in psychosis (EIP); people experiencing a first episode of psychosis treated with a National Institute for Health and Care Excellence (NICE) approved package within two weeks of referral. <p>The Trust's governors have to choose one local indicator, against which an audit will be conducted to assure data accuracy.</p> <p>There are seven options available for the local indicator as defined by NHS Improvement (NHSI), which are:</p> <ol style="list-style-type: none"> 1) Option 1: improving access to psychological therapies (IAPT) 2) Option 2: the percentage of patients on Care Programme Approach who were followed up within seven days after discharge from psychiatric inpatient care during the reporting period 3) Option 3: the percentage of patients aged 16 or over who are readmitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust during the reporting period. 4) Option 4: the number and where available, rate of patient safety incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death. 5) Option 5: the percentage of admissions to acute wards for which the crisis resolution home treatment team acted as a gatekeeper during the reporting period. 6) Option 6: Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas: <ol style="list-style-type: none"> a) inpatient wards b) EIP services c) community mental health services (people on Care Programme Approach). 7) Option 7: admission to adult facilities for patients under 16 years old. <p>The majority of governors had already discussed the options in a pre-meeting and focused on option 3 and option 4. Darryl explained that the majority of governors who had attended the pre-meeting recommend that the Council of Governors agree to select the option 4 quality indicator to include in the Quality Report. Lorraine Noak commented that she had been very impressed by the way governors had engaged</p>

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

	<p>He suggested that the Trust links in with the Derby and Nottingham universities to carry out some development work around this issue. The Trust Secretary reported that the FTSU Guardian has made links with the University of Derby; and that the NED Inclusion Lead, Ashiedu Joel will also be involved in progressing this.</p> <p>RESOLVED: The Council of Governors received the Deep Dive report from Julia Tabreham.</p>
DHCFT/GOV /2020/022	<p><u>ESCALATION OF ITEMS TO THE COUNCIL OF GOVERNORS</u></p> <p>One item of escalation was received from the Governance Committee, which was held on 11 February 2020:</p> <ul style="list-style-type: none"> How do Non-Executive Directors (NEDs) get assurance that transition from Child and Adolescent Mental Health Services (CAMHS) at the age of 18 to adult services is being managed in a way that is safe, sufficient and caring? What assurance do NEDs have that plans are being prepared to meet the long term plan requirement for a comprehensive offer for 0-25 year olds that reaches across mental health services for children and young people (CYP) and adults? <p>The answer, attached as Appendix 1 to these minutes, was read out at the meeting and governors were satisfied with the response.</p> <p>Roy Webb explained that one of the issues that the Local Authority (LA) has is how mental health and transitioning from childrens to adult services sits in the education, health and care (EHC) plan. He asked how the Trust is working with the LA on EHC plans so that the transition works in mental health. Margaret reported that the Childrens' workstream under JUCD includes this issue.</p> <p>Richard Wright, Non-Executive Director, reported that along with Jo Foster he had participated in a quality visit to children services and evidenced how staff are preparing for transition including working with partner organisations to ease transition for children who will find it extremely difficult moving into adult support services.</p> <p>RESOLVED: The Council of Governors noted the question, and the response provided for information.</p>
DHCFT/GOV /2020/023	<p><u>FINANCE UPDATE</u></p> <p>Claire Wright, Deputy Chief Executive and Director of Finance, presented the paper on the Trust's financial position. It was noted that the Governance Committee had raised issues regarding finance, particularly the CIP savings, at their meeting in February and requested an update to be presented to the Council. The paper summarises the content of the Trust's financial plan for 2020/21, plans and progress to date on gathering cost reduction schemes and reminds governors of previous information shared with them through meetings and reports. Reference was made to the following:</p> <ul style="list-style-type: none"> The Trust has been developing the financial plan for 2020/21 which has determined that the required cost improvement plan (CIP) need for 2020/21 is now £7.1m. Some of the cost pressures Trust has next year also appears in 2019/20; and the Trust has had to use all its reserve up in order to still deliver its financial plan by the end of March 2020. The Trust has discussed the financial situation in every public board meeting both with regard to this current year and also recent meetings have also looked ahead to next year. The draft operational plan is due for submission to regulators on 5 March and final plan on 29 April. The Trust had met its CIP targets in previous years via non-recurrent items which then get added to the next year's cost improvement requirements, hence the large target for 2020/21. The Trust was looking for more recurrent savings to

ease the pressures for future years.

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

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

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

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

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

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

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

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

Roy Webb asked whether the Trust is able to roll over a programme year on year to hit the target and then adjust the budget accordingly. Claire explained that in the new year the out of area budget has been reduced and the new budgets for Personality Disorder (PD) and pharmacy services for example have been increased.

Carol Sherriff sought clarification on whether the financial issues that the Trust is facing are national or local issues for example regarding out of area placements is an issue across the NHS. Claire explained that there is a mixture. Some issues are common nationally but, for example, not having a local PICU is specific to Derbyshire.

	<p>Kel Sims asked if there is an established communications plan for staff. Claire confirmed that there is a communication plan so that staff will be kept informed of the financial situation.</p> <p>RESOLVED: The Council of Governors received the Finance update report from Claire Wright.</p>
DHCFT/GOV /2020/024	<p><u>STAFF SURVEY RESULTS</u></p> <p>Celestine Stafford, Assistant Director People and Culture Transformation, provided some background information to the paper, which shows the current position of the Trust for the 2019 NHS staff survey.</p> <p>She reported that NHS England had changed the way they reported the data and the key findings had been replaced by 11 themes which are listed below:</p> <ol style="list-style-type: none"> 1. Equality, diversity and inclusion 2. Health and Wellbeing 3. Immediate managers 4. Morale 5. Quality of appraisals 6. Quality of care 7. Safe environment – bullying and harassment 8. Safe environment – violence 9. Safety culture 10. Staff engagement 11. Team working <p>Celestine was pleased to report that more staff have taken part in this survey (60%); five hotspots have been identified and there is focus on these. The Trust falls within the Combined Mental Health/Learning Disability and Community Trusts benchmarking group, which is a total of 32 organisations.</p> <p>It was noted that the Trust's key staff Friends and Family Test (FFT) measures have both improved significantly:</p> <ul style="list-style-type: none"> • Q21c: I would recommend my organisation as a place to work (increase from 56% in 2018 to 65% in 2019 – up 9%). • Q21d: If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation (increase from 61% in 2018 to 66% in 2019 – up 5%). <p>Celestine outlined some of the next steps including:</p> <ul style="list-style-type: none"> • Analysis of all 280 free text comments • Further work and analysis on protected characteristics • Individual locality results and comments shared with General Managers etc. • Wider engagement with colleagues (Staff Forum etc.) • Identifying why staff did not complete the survey – this year Estates were provided with paper copies and this will be rolled out to other services next year. <p>Kel Sims referred to the two key questions and noted that the results for Q21c means that 35% of staff who completed the survey would not recommend the Trust as a place to work; and for Q21d 34% of staff who completed the survey would not be happy for family or friends to use the Trust's services. Kel asked if there is any qualitative feedback around this. Celestine confirmed that the analysis of the free text comments will help the Trust understand why it isn't performing so well in these two key areas.</p> <p>With regards the worse than average results for safety and culture, Susan Ryan asked if we know specifically what the reasons are for this and whether it equates to the issues identified by the Freedom to Speak Up Guardian (i.e. bullying and harassment). Celestine reported that there is a mix of different elements in this headline, violence and aggression in dealing with patients and bullying and harassment. The Trust will</p>

	<p>know more once the free text comments have been analysed. Susan suggested that with the work of the Freedom to Speak Up Guardian and the champions an improvement should be seen next year. Justine Fitzjohn suggested that Celestine could meet with staff governors to go through the themes from the Staff Survey.</p> <p>ACTION:</p> <ul style="list-style-type: none"> • Celestine to meet with staff governors on the staff survey. <p>RESOLVED: The Council of Governors</p> <p>1) Noted the outcome of the Staff Survey 2019.</p>
DHCFT/GOV /20209/025	<p><u>INTEGRATED PERFORMANCE REPORT</u></p> <p>The Integrated Performance Report (IPR) was presented to the Council of Governors by the Non-Executive Directors. The focus of the report was on workforce, finance, operational delivery and quality performance.</p> <p>Richard Wright as Chair of the Finance and Performance Committee wished to express his appreciation to the Trust which looks as if it will hit its financial target for this year. As the NED Estates Lead Richard referred to out of area placements and that it was exceptional for a mental health trust not to have a Psychiatric Intensive Care Unit (PICU). Richard explained that from 2021, the government will not allow patients to moved out of area and the Trust is in the process of outlining a business case for PICU and envisages that a temporary PICU will be up and running in 2021.</p> <p>Geoff Lewins as Chair of the Audit and Risk Committee referred to the operational indicators in the IPR in particular seven day follow up interventions with IAPT which are generally better than target. He also referred to below average targets for patients placed out of area (PICU) and patents placed out of area (adult care). The Trust is working hard in improving the waiting lists. The Committee will look at the metrics underneath and seek assurance from the Executives on what is and is not working.</p> <p>It was noted that feedback on the workforce was covered by Julia Tabreham in the Deep Dive.</p> <p>Margaret Gildea as Chair of the Quality Committee had covered waiting lists under item DHCFT/GOV/2020/018 – Matters Arising and Actions Matrix. Margaret also referred to the increase in the number of falls in inpatient areas. She explained that the falls relate predominantly to patients with dementia as falling is a consequence of this condition.</p> <p>Andrew Beaumont asked why the cost increases when patients are placed out of area. Ifti Majid explained that the Trust has to pay an in-house charge for the service provided by other mental health providers.</p> <p>RESOLVED: The Council of Governors noted</p> <p>1) The information provided in the Integrated Performance Report</p> <p>2) Agreed that the Non-Executive Directors have held the Executive Directors to account.</p>
DHCFT/GOV /2020/026	<p><u>REPORT FROM THE GOVERNANCE COMMITTEE</u></p> <p>The Council of Governors (CoG) received the report from the Governance Committee meeting which took place on 11 February 2020. Of note were the following items:</p> <ul style="list-style-type: none"> - The Committee recommends that the subjects listed in the report are included in the training and development programme for 2020/21 - The Committee discussed the proposal to streamline CoG meetings and recommend that they are reduced to four a year; and joint Board and CoG sessions are increased to two a year as outlined in option one included in the report. It was agreed that governor attendance at meetings and joint sessions will be formally monitored. - Chair of the Governance Committee Kel Sims tenure has ended and expressions

	<p>of interest from governors was promoted via <i>Governor Connect</i>. No expressions of interest have been received – Kel offered to continue in the role for a further tenure.</p> <p>ACTION:</p> <ul style="list-style-type: none"> • Denise Baxendale will update the schedule of meetings and circulate to all governors via Governor Connect • Denise Baxendale will formalise the governor training and development sessions. <p>RESOLVED: The Council of Governors:</p> <ol style="list-style-type: none"> 1) Noted the information provided in the Governance Committee Report 2) Approved the subjects for the governor training and development plan for 2020/21 3) Approved option one as outlined in the report for the rescheduling of meetings 4) Approved Kel Sims as Chair of the Governance Committee for a further tenure. <p><i>(Ashiedu Joel left the meeting.)</i></p>
<p>DHCFT/GOV /2020/027</p>	<p><u>UPDATE ON THE RECENT STAFF AND PUBLIC GOVERNOR ELECTIONS</u></p> <p>Denise Baxendale provided the Council of Governors with an update on the recent public and staff governor elections and gave assurance that the election process is undertaken in line with the model election rules as laid out in the Trust's Constitution. The elections were undertaken by Civica an organisation who carries out many Foundation Trust elections.</p> <p>The report included the range of activities that took place to promote the vacancies and identify individuals interested in the governor vacancies.</p> <p>This year the following were elected with the majority of seats being contested:</p> <ul style="list-style-type: none"> • Admin and Allied Support Staff – Marie Hickman (contested) • Amber Valley – Valerie Broom and Susan Ryan (contested) • Derby City West – Orla Smith (contested) • High Peak and Derbyshire Dales – Julie Boardman (contested) • South Derbyshire – Kevin Richards (re-elected, un-contested) <p>No nominations were received for Bolsover and North East Derbyshire and this vacancy will be included in the September 2020 elections.</p> <p>The turnout rates for the contested seats are as follows:</p> <ul style="list-style-type: none"> • Amber Valley – 17.1% • Derby City West – 11.5% • High Peak and Derbyshire Dales – 19.1% • Admin and Allied Support Staff – 21% <p>This compares favourably to Civica's average turnout rate in 2019 trust elections (excluding Acute Trusts) 8.5% for public governors; and 14.3% for staff governors.</p> <p>The newly elected governors have attended an induction session and have taken advantage of the "buddy up" system that is provided by more experienced governors to help them in their role.</p> <p>Denise Baxendale expressed her appreciation to the Trust's Communications team who support her in promoting the elections within the Trust and Derbyshire wide.</p> <p>RESOLVED: The Council of Governors</p> <ol style="list-style-type: none"> 1) Received the update on the governor elections 2) Received assurance on the process for the elections taken.

DHCFT/GOV /2020/028	<p><u>ANY OTHER BUSINESS</u></p> <p>Deputy Lead Governor role Denise Baxendale confirmed that Carole Riley has been elected as Deputy Lead Governor.</p> <p>Information for governor engagement activities Denise Baxendale referred to the supply of information used for engagement activities and encouraged all governors to replenish their stocks. The information is available to collect after the meeting.</p> <p>Action:</p> <ul style="list-style-type: none"> • Governors are encouraged to replenish their stock of information for engagement activities after the meeting.
DHCFT/GOV /2020/029	<p><u>REVIEW OF THE MEETING EFFECTIVENESS AND FOLLOWING THE PRINCIPLES OF THE CODE OF CONDUCT</u></p> <p>The following comments were made:</p> <ul style="list-style-type: none"> - Covered all agenda items with enough time for discussion - All governors abided by the Governor Code of Conduct.
DHCFT/GOV /2020/030	<p><u>CLOSE OF MEETING</u></p> <p>Caroline Maley thanked all those present for their input and attendance and closed the meeting at 4.33pm hours.</p>

Question escalated to Council of Governors – 3 March 2020

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

RESPONSE:

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

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

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

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

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

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

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

**MINUTES OF THE EXTRAORDINARY COUNCIL OF GOVERNORS MEETING
HELD ON TUESDAY 7 JULY 2020, FROM 3.45 – 4.40PM
THIS MEETING WAS A VIRTUAL TEAMS MEETING**

PRESENT	Caroline Maley	Trust Chair and Chair of Council of Governors
	Valerie Broom	Public Governor, Amber Valley
	Susan Ryan	Public Governor, Amber Valley
	Lynda Langley	Public Governor, Chesterfield and Lead Governor
	Julie Lowe	Public Governor, Derby City East
	Carole Riley	Public Governor, Derby City East
	Orla Smith	Public Governor, Derby City West
	Andrew Beaumont	Public Governor, Erewash <i>(via telephone)</i>
	Julie Boardman	Public Governor, High Peak and Derbyshire Dales
	Carol Sherriff	Public Governor, High Peak and Derbyshire Dales
	Kevin Richards	Public Governor, South Derbyshire
	Rosemary Farkas	Public Governor, Surrounding Areas
	Marie Hickman	Staff Governor, Admin and Allied Support Staff
	Kel Sims	Staff Governor, Admin and Allied Support Staff
	April Saunders	Staff Governor, Allied Professions
	Farina Tahira	Staff Governor, Medical
	Jo Foster	Staff Governor, Nursing
	Al Munnien	Staff Governor, Nursing
	David Charnock	Appointed Governor, University of Nottingham
	Angela Kerry	Appointed Governor, Derbyshire Mental Health Forum
	Rachel Bounds	Appointed Governor, Derbyshire Voluntary Action
	Roy Webb	Appointed Governor, Derby City Council
IN ATTENDANCE	Margaret Gildea	Non-Executive Director and Senior Independent Director
	Geoff Lewins	Non-Executive Director
	Justine Fitzjohn	Trust Secretary
	Leida Roome	Personal Secretary (note taker)
APOLOGIES	Adrian Rimington	Public Governor, Chesterfield
	Stuart Mourtou	Public Governor, Derby City West
	Cllr Jim Perkins	Appointed Governor, Derbyshire County Council
	Rob Poole	Public Governor, Bolsover and North East Derbyshire
	Christopher Williams	Public Governor, Erewash
	Denise Baxendale	Membership and Involvement Manager

ITEM	ITEM
DHCFT/EGOV /2020/001	<p><u>WELCOME, INTRODUCTIONS, CHAIR'S OPENING REMARKS, APOLOGIES FOR ABSENCE & DECLARATION OF INTERESTS</u></p> <p>Caroline Maley welcomed all to the meeting. She was pleased to note that a number of governors had attended the first live stream of the Board meeting that morning as observers.</p> <p>This extraordinary Council of Governors meeting was convened in order to discuss and agree the appointment of the new Trust's External Auditors, the re-appointment of Geoff Lewins as a Non-Executive Director and the re-appointment of Caroline herself, as Chair.</p> <p>Apologies were noted as above.</p> <p>The following declarations of interest were made:</p> <ul style="list-style-type: none"> Geoff Lewins declared an interest in item three of the agenda and agreed to leave the meeting at that point.

	<ul style="list-style-type: none"> Caroline Maley declared an interest in item four of the agenda and agreed to leave the meeting at that point and hand over to Margaret Gildea, Senior Independent Director to chair the rest of the meeting.
DHCFT/EGOV /2020/002	<p><u>APPOINTMENT OF THE TRUST'S EXTERNAL AUDITORS</u></p> <p>Geoff Lewins, Chair of the Trust's Audit and Risk Committee, explained the background to the proposal to directly award the contract for the provision of external audit services to Mazars LLP.</p> <p>The Council of Governors noted that Grant Thornton has been the Trust's External Auditor since 2012 and earlier this year they served notice of their intention to end the contract early for commercial reasons; the contract had been due to run until October 2021. They have agreed to continue to provide an external audit service to the Trust until September and will present their final report on the 2019/20 audit to the Council of Governors on 1 September. Governors were reminded that it is a statutory requirement to have an External Auditor and also a statutory duty of the Council of Governors to appoint the Trust's External Auditor.</p> <p>Geoff explained that the professional advice from the Trust's procurement lead was to pursue a direct award of the contract to Mazars LLP, the only other company that had bid for the contract in 2018. The recommendation was primarily based on market conditions but also due to timescales which would have been impacted by COVID-19. It was noted that the compliant Official Journal of the European Union (OJEU) framework allows for direct award and therefore the contract would be fully compliant with all legal requirements.</p> <p>A working group had been set up involving the Chair of the Audit and Risk Committee, the Deputy Chief Executive and Director of Finance, the Trust Secretary and five governors. Mazars presented its detailed proposal to this group and the group was able to ask questions and received assurance around the company's capacity and capability as well as value for money.</p> <p>Based on the recommendation of the above group, the Audit and Risk Committee supported the proposal to directly award the contract for the provision of external audit services to Mazars LLP at its meeting on 2 July.</p> <p>Lynda Langley, as a member of the working group, added that she had undertaken some research which also showed that several audit firms are not taking on external audit work. She felt that the presentation from Mazars was clear and concise and Mazars had a number of NHS clients which were listed in the proposal. Kevin Richards, also a member of the working group, said he was impressed by the presentation from Mazars, noting that indicative pricing from other audit firms was higher than Mazars bid. He also reported that Derbyshire County Council had just appointed Mazars to be their external auditor.</p> <p>Kelly Sims, who had been on the working group during the 2018 bid stated that the proposal from Mazars was much improved from last time and any concerns that she had at the time have been alleviated.</p> <p>Geoff thanked Lynda, Kevin and Kelly for their comments and noted that other group members felt that Mazars provided a professional clear and succinct proposal.</p> <p>Roy Webb commented that some bad advice had been given by auditors recently but he had not heard anything detrimental about Mazars but raised slight concerns about this. Justine Fitzjohn, in response, gave some reassurance around the strict regulatory regime that controlled the profession and also that Mazars is currently working with neighbouring trusts such as United Hospitals of Derby and Burton, Birmingham Specialist Mental Health Trust, Nottinghamshire Healthcare as well as Walsall Trust. Mark Surridge, who is the responsible director at Mazars, has worked for other auditors and has a lot of NHS experience. Performance indicators and</p>

	<p>restrictive practices were also shared.</p> <p>Susan Ryan queried whether, if Mazars performed poorly, there would be a financial penalty and/or a get out clause. Justine responded that as well as appointing the external auditor, the Council of Governors also has the power to remove them. This would be done on referral of the Audit and Risk Committee which monitors the contract performance.</p> <p>Geoff put forward the joint recommendation from the Audit and Risk Committee the working group to appoint Mazars LLP as the Trust's external auditor via the direct award of the contract for the provision of external audit services to the Trust.</p> <p>RESOLVED: The Council of Governors</p> <p>1. Approved the direct award of the contract for the provision of external audit services to Mazars LLP for an initial term of three years commencing on 1 September 2020, with an option to extend for one year plus one year.</p> <p><i>Geoff Lewins declared an interest in the next agenda item and left the meeting at this point at 16.07 hours.</i></p>
DHCFT/EGOV /2020/003	<p><u>RE-APPOINTMENT OF NON-EXECUTIVE DIRECTOR</u></p> <p>Caroline Maley put forward a recommendation from the Nominations and Remuneration Committee to re-appoint Geoff Lewins for a second term of office.</p> <p>Caroline confirmed her full support for his re-appointment, noting the benefit of continuity and stability to the Board and that Geoff continues to make a significant contribution, particularly in his role as Chair of the Trust's Audit and Risk Committee.</p> <p>Kevin Richards moved the recommendation, which was seconded by Roy Webb. The Council of Governors unanimously supported his re-appointment. The Council of Governors noted the Committee's deliberations on remuneration against the new structure issued by NHS Improvement (NHSI) and agreed that his current remuneration should be carried over.</p> <p>RESOLVED: The Council of Governors</p> <p>1. Approved the re-appointment of the Geoff Lewins, as Non-Executive Director and Chair of the Audit and Risk Committee, for a second three year term of office commencing on 1 December 2020 with an annual remuneration of £15,138.</p> <p><i>Caroline Maley declared an interest in the next agenda item and left the meeting at this point at 16.11.</i></p> <p><i>Margaret Gildea took over chairing the meeting at this point.</i></p>
DHCFT/EGOV /2020/004	<p><u>RE-APPOINTMENT OF TRUST CHAIR</u></p> <p>Margaret Gildea, Senior Independent Director, put forward a recommendation from the Nominations and Remuneration Committee to re-appoint Caroline Maley as Trust Chair for a further 12 month term, on expiry of her current term on 13 September 2020.</p> <p>The Council of Governors noted the Chief Executive's and wider Board's support for Caroline's re-appointment, noting the benefit of continuity and stability particularly during the current circumstances.</p> <p>Margaret reported that, through the appraisal process the governors have confirmed that Caroline continues to make a significant contribution to the Trust in leading the Board and the Council of Governors.</p> <p>Lynda Langley added that Caroline has made a very positive difference to the Trust; staff know her and the Trust is well led and she supported the re-appointment.</p>

	<p>Again, the Council of Governors noted the Committee's deliberations on remuneration against the new structure issued by NHSI and agreed that her current remuneration should be carried over on re-appointment but the situation would be reviewed for the recruitment of a new Trust Chair.</p> <p>Julie Lowe moved the recommendation which was seconded by Roy Web and the proposal was unanimously supported.</p> <p>Kel Sims commented that a year will soon fly by and it is always a time consuming process and difficult decision to appoint a new chair and governors need to therefore start to think about this. Justine Fitzjohn, in response, suggested that Caroline be asked to notify the Trust of her intentions no less than six months before her new term ends and agreed to schedule a Nominations and Remuneration Committee meeting in March 2021 to agree on a process.</p> <p>RESOLVED: The Council of Governors</p> <p>1. Approved the re-appointment of Caroline Maley as Trust Chair for a 12 month term of office commencing on 14 September 2020 with an annual remuneration of £50,000 inclusive of mileage.</p>
DHCFT/EGOV /2020/005	<p><u>ANY OTHER BUSINESS</u></p> <p>No other business was raised.</p>
DHCFT/EGOV /2020/006	<p><u>REVIEW OF THE MEETING EFFECTIVENESS AND FOLLOWING THE PRINCIPLES OF THE CODE OF CONDUCT</u></p> <p>The Council of Governors agreed that the meeting was effective.</p>
DHCFT/EGOV /2020/007	<p><u>CLOSE OF MEETING</u></p> <p>Margaret Gildea thanked all those present for their input and attendance and closed the meeting at 4.40pm.</p> <p>Date and time of next meeting: Tuesday 1 September 2020, from 2pm – this is likely to be a virtual meeting.</p>

COUNCIL OF GOVERNORS ACTION MATRIX - AS AT 24 AUGUST 2020						
Date of Minutes	Minute Reference	Item	Lead	Action	Completion by	Current Position
03/03/2020	DHCFT/GOV/20/019	Verbal update on Joined Up Care Derbyshire	Denise Baxendale	Circulated the 'Stronger for Longer' document to all governors via Governor Connect	05/05/2020	The document was circulated to all other governor via Governor Connect on 13 March 2020. COMPLETE
03/03/2020	DHCFT/GOV/20/024	Staff Survey Results	Celestine Stafford	To meet with staff governors on staff survey	05/05/2020	Due to the COVID-19 pandemic this item has been deferred.
03/03/2020	DHCFT/GOV/20/026	Report from the Governance Committee	Denise Baxendale	Update the schedule of meetings and circulate to all governors via Governor Connect	05/05/2020	The document was circulated to all other governor via Governor Connect on 13 March 2020. COMPLETE
03/03/2020	DHCFT/GOV/20/026	Report from the Governance Committee	Denise Baxendale	Plan the governor training and development programme	05/05/2020	Deferred due to COVID-19 and Denise Baxendale's re-deployment during the pandemic. Finance training arranged for 11 August and a bite size session on mental health conditions focusing on depression and anxiety has been arranged for 8 October. COMPLETE
03/03/2020	DHCFT/GOV/20/028	Any other business	All governors	Governors are encouraged to replenish their stock of information for engagement activities after the meeting	05/05/2020	Due to the COVID-19 pandemic this item has been deferred.

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

The Annual Audit Letter for Derbyshire Healthcare NHS Foundation Trust

Year ended 31 March 2020

02 July 2020



Contents



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Appendices

- A Reports issued and fees

Executive Summary

Purpose

Our Annual Audit Letter (Letter) summarises the key findings arising from the work that we have carried out at Derbyshire Healthcare NHS Foundation Trust (the Trust) for the year ended 31 March 2020.

This Letter is intended to provide a commentary on the results of our work to the Trust and external stakeholders, and to highlight issues that we wish to draw to the attention of the public. In preparing this Letter, we have followed the National Audit Office (NAO)'s Code of Audit Practice and Auditor Guidance Note (AGN) 07 – 'Auditor Reporting'. We reported the detailed findings from our audit work to the Trust's Audit and Risk Committee as those charged with governance in our Audit Findings Report on 24 June 2020.

Our work

Materiality

We determined materiality for the audit of the Trust's financial statements to be £2,800,000, which is 2% of the Trust's gross revenue expenditure.

Financial Statements opinion

We gave an unqualified opinion on the Trust's financial statements on 24 June 2020.

We included a Key Audit Matter paragraph in our report on the uncertainty over asset valuations as at 31 March 2020 given the pandemic. This does not affect our opinion that the statements give a true and fair view of the Trust's financial position and its income and expenditure for the year.

Due to the outbreak of Covid-19 market activity is being impacted in many sectors. The Trusts valuers have considered that less weight can be attached to previous market evidence to inform their opinions of property value. They have therefore reported to the Trust a 'material valuation uncertainty' in their valuations. The Trust have included relevant wording within the Financial Statements in relation to this material uncertainty and we have included this within our Key Audit Matters in our opinion.

The Trust has deferred income of £3m. We have examined evidence to support the deferral of income. We consider that the Trust should not have deferred at least some of this balance. We estimate the misstatement is £1.66 million.

Respective responsibilities

We have carried out our audit in accordance with the NAO's Code of Audit Practice, which reflects the requirements of the National Health Service Act 2006 (the Act). Our key responsibilities are to:

- give an opinion on the Trust's financial statements (section two)
- assess the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources (the value for money conclusion) (section three).

In our audit of the Trust's financial statements, we comply with International Standards on Auditing (UK) (ISAs) and other guidance issued by the NAO.

Executive Summary

Our work continued

NHS Group consolidation template (WGA)	We also reported on the consistency of the financial statements consolidation template provided to the National Audit Office with the audited financial statements. We concluded that these were consistent.
Use of statutory powers	We did not identify any matters which required us to exercise our additional statutory powers.
Value for Money arrangements	We were satisfied that the Trust put in place proper arrangements to ensure economy, efficiency and effectiveness in its use of resources. We reflected this in our audit report to the Directors of the Trust on 24 June 2020.
Quality Report	Due to the Covid-19 pandemic, the Department of Health and Social Care suspended the requirement for the Trust's Quality Report to be certified.
Certificate	We certified that we have completed the audit of the financial statements of Derbyshire Healthcare NHS Foundation Trust in accordance with the requirements of the Code of Audit Practice on 24 June 2020.

Working with the Trust

The outbreak of the Covid-19 coronavirus pandemic has had a significant impact on the normal operations of the Trust.

Re-organisation of wards, increased demand for mental health services, and the safety and well being of staff and patients have all contributed to increased operational changes.

Restrictions for non-essential travel has meant both Trust and audit teams have had to work remotely including, remote accessing financial systems, video calling with both finance staff and TCWG, alternative procedures for the physical verification of assets and completeness and accuracy of information produced by the entity.

We would like to record our appreciation for the assistance and co-operation provided to us during our audit by the Trust's staff during these extraordinary times.

Grant Thornton UK LLP
July 2020

Audit of the Financial Statements

Our audit approach

Materiality

In our audit of the Trust's financial statements, we use the concept of materiality to determine the nature, timing and extent of our work, and in evaluating the results of our work. We define materiality as the size of the misstatement in the financial statements that would lead a reasonably knowledgeable person to change or influence their economic decisions.

We determined materiality for the audit of the Trust's financial statements to be £2,800,000, which is 2% of the Trust's gross revenue expenditure. We used this benchmark as, in our view, users of the Trust's financial statements are most interested in where the Trust has spent its revenue in the year.

We also set a lower level of specific materiality for senior officer remuneration - £100,000 and CETV pensions - £250,000

We set a lower threshold of £140,000, above which we reported errors to the Audit and Risk Committee in our Audit Findings Report.

The scope of our audit

Our audit involves obtaining sufficient evidence about the amounts and disclosures in the financial statements to give reasonable assurance that they are free from material misstatement, whether caused by fraud or error. This includes assessing whether:

- the accounting policies are appropriate, have been consistently applied and adequately disclosed;
- the significant accounting estimates made by management are reasonable; and
- the overall presentation of the financial statements gives a true and fair view.

We also read the remainder of the Annual Report to check it is consistent with our understanding of the Trust and with the financial statements included in the Annual Report on which we gave our opinion.

We carry out our audit in accordance with ISAs (UK) and the NAO Code of Audit Practice. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Our audit approach was based on a thorough understanding of the Trust's business and is risk based.

We identified key risks and set out overleaf the work we performed in response to these risks and the results of this work.

Audit of the Financial Statements

Key Audit Matters

These are the risks which had the greatest impact on our overall strategy and where we focused more of our work.

Risks identified in our audit plan	How we responded to the risk	Findings and conclusions
<p>Covid - 19 The global outbreak of the Covid-19 virus pandemic has led to unprecedented uncertainty for all organisations, requiring urgent business continuity arrangements to be implemented. We expect current circumstances will have an impact on the production and audit of the financial statements for the year ended 31 March 2020, including and not limited to;</p> <ul style="list-style-type: none"> • Remote working arrangements and redeployment of staff to critical front line duties may impact on the quality and timing of the production of the financial statements, and the evidence we can obtain through physical observation • Volatility of financial and property markets will increase the uncertainty of assumptions applied by management to asset valuation and receivable recovery estimates, and the reliability of evidence we can obtain to corroborate management estimates • Financial uncertainty will require management to reconsider financial forecasts supporting their going concern assessment and whether material uncertainties have arisen; and • Disclosures within the financial statements will require significant revision to reflect the unprecedented situation and its impact on the preparation of the financial statements as at 31 March 2020 in accordance with IAS1 	<p>We worked with management to understand the implications the response to the Covid-19 pandemic has on the organisation's ability to prepare the financial statements and update financial forecasts and assessed the implications for our materiality calculations</p> <p>We liaised with other audit suppliers, regulators and government departments to co-ordinate practical cross sector responses to issues as and when they arose</p> <p>Evaluated the adequacy of the disclosures in the financial statements that arose in light of the Covid-19 pandemic.</p> <p>Evaluated whether sufficient audit evidence could be obtained in the absence of physical verification of assets through remote technology</p> <p>Evaluated whether sufficient audit evidence could be obtained to corroborate significant management estimates such as asset valuations and recovery of receivable balances</p> <p>Evaluated management's assumptions that underpinned the revised financial forecasts and the impact on management's going concern assessment</p> <p>Discussed with management any potential implications for our audit report if we had been unable to obtain sufficient audit evidence</p>	<p>The Trust responded positively to the pandemic and has worked cooperatively with us throughout the audit.</p> <p>The only significant impact relates to the valuation of property. We discuss this in detail on page 8.</p>

Audit of the Financial Statements

Key Audit Matters - continued

These are the risks which had the greatest impact on our overall strategy and where we focused more of our work..

Risks identified in our audit plan	How we responded to the risk	Findings and conclusions
<p>Revenue recognition</p> <p>Trusts are facing significant external pressure to restrain budget overspends and meet externally set financial targets, coupled with increasing patient demand and cost pressures. In this environment, we have considered the rebuttable presumed risk under ISA (UK) 240 that revenue may be misstated due to the improper recognition of revenue.</p> <p>We have rebutted this presumed risk for the revenue stream of the Trust that are practically derived from contracts that are agreed in advance at a fixed price. We have determined these to be income from block contract income element of patient care revenues.</p> <p>We have not deemed it appropriate to rebut this presumed risk for all other material streams of patient care income (including contract variations) and other operating revenue.</p> <p>We have therefore identified the occurrence and accuracy of these income streams of the Trust and the existence of associated receivable balances as a significant risk. These are one of the most significant assessed risks of material misstatement.</p>	<p>We:</p> <p><u>Accounting policies and systems</u></p> <ul style="list-style-type: none"> evaluated the Trust's accounting policy for recognition of income from patient care activities and other operating revenue for appropriateness and compliance with the DHSC Group Accounting Manual 2019/20 ; updated our understanding of the Trust's system for accounting for income from patient care activities and other operating revenue, and evaluated the design of the associated controls; <p><u>Patient Care Income</u></p> <ul style="list-style-type: none"> Used the DHSC mismatch report to investigate unmatched revenue and receivable balances over the NAO £0.3m threshold, corroborating the unmatched balances used by the Trust to supporting evidence; Agreed, on a sample basis, income from contract variations and year end receivables to signed contract variations, invoices or other supporting evidence such as correspondence from the Trust's commissioners Evaluated the Trust's estimates and the judgements made by management with regard to corroborating evidence in order to arrive at the total income from contract variations recorded in the financial statements. <p><u>Other Operating Revenue</u></p> <ul style="list-style-type: none"> Agreed, on a sample basis, income and year end receivables from other operating revenue to invoices and cash payment or other supporting evidence Agreed income recognised on relation to the Provider Sustainability Fund (PSF) to NHS Improvements notifications. 	<p>Our review of the DH Mismatch Report identified that the Trust was reporting 3 mismatches each exceeding the NAO reporting threshold of £300k. In total these mismatches indicate the Trust reporting £1.9m less income than the counterparties are reporting expenditure.</p> <p>We reviewed this further. The Trust has deferred income of £3m. We have examined evidence to support the deferral of income. We consider that the Trust should not have deferred at least some of this balance. We estimate the misstatement is £1.66 million.</p> <p>We are required to report these mismatches to the National Audit Office as part of our work on the Whole of Government Accounts consolidation.</p>

Audit of the Financial Statements

Key Audit Matters - continued

These are the risks which had the greatest impact on our overall strategy and where we focused more of our work.

Risks identified in our audit plan	How we responded to the risk	Findings and conclusions
<p>Valuation of land and buildings</p> <p>The Trust revalues its land and buildings on a five-yearly basis to ensure the carrying value in the Trust financial statements is not materially different from the current value at the financial statements date. In the intervening years, the Trust requests a desktop valuation from its valuation expert.</p> <p>The last full valuation undertaken by the Trust had a valuation date of 31 March 2015 with desktop reviews being undertaken since this date. A full valuation has been undertaken in 2019/20.</p> <p>This valuation represents a significant estimate by management in the financial statements.</p> <p>We therefore identified valuation of land and buildings as a significant risk, which was one of the most significant assessed risks of material misstatement.</p> <p>As a result of Covid-19 and advice from RICS valuers have stated in their reports that there is a material uncertainty in relation to PPE valuation.</p>	<p>We:</p> <ul style="list-style-type: none">• Evaluated management's processes and assumptions for the calculation of the estimate, the instructions issued to valuation experts and the scope of their work• Evaluated the competence, capabilities and objectivity of the valuation expert• Wrote to the valuer to confirm the basis on which the valuation was carried out• Challenged the information and assumptions used by the valuer to assess completeness and consistency with our understanding• Tested the full valuation at 31 March 2020 to understand the information and assumptions used in arriving at any revised valuations• Tested revaluations made during the year to see if they had been input correctly into the Trust's asset register	<p>Due to the outbreak of Covid-19 market activity is being impacted in many sectors. The Trusts valuers have considered that less weight can be attached to previous market evidence to inform their opinions of property value. They have therefore reported to the Trust a 'material valuation uncertainty' in their valuations. The Trust have included relevant wording within the Financial Statements in relation to this material uncertainty and we have included this within our Key Audit Matters in our opinion.</p>

Audit of the Financial Statements

Audit opinion

We gave an unqualified opinion on the Trust's financial statements on 24 June 2020.

Preparation of the financial statements

The Trust presented us with draft financial statements in accordance with the national deadline and pandemic lockdown restrictions that existed at the time, and provided a good set of working papers to support them. The finance team responded promptly and efficiently to our queries remotely during the course of the audit.

Issues arising from the audit of the financial statements

We reported the key issues from our audit to the Trust's Audit and Risk Committee on 24 June 2020.

In addition to the key audit risks reported above, we identified the following issues throughout our audit that we have asked the Trust's management to address for the next financial year:

- Our audit testing identified a number of balances that should not be deferred and which we consider should be recognised as income. We estimate that £1.66 million of this income should be recognised as income.
- Misclassification of £0.28m deferred income when acting as an agent for the STP. Cash held at year end as a host should be shown as a payable. Also when acting as an agent Income and Expenditure from the pool should not be shown in the Trusts accounts

The Trust have agreed to review the deferred income balance going forward.

Annual Report, including the Annual Governance Statement

We are also required to review the Trust's Annual Report, including the Annual Governance Statement. It provided these on a timely basis with the draft financial statements with supporting evidence.

6. 2019-20 Derbyshire NHS FT Annual Audit Letter Final.pdf

Whole of Government Accounts (WGA)

We issued a group return to the National Audit Office in respect of Whole of Government Accounts, which highlighted any issues for the group auditor to consider, the following exceptions in relation to the Agreement of Balances process were reported:

- NHS England– Trust reporting £883k less income than counterparty reporting expenditure .
- NHS Derby and Derbyshire CCG– Trust reporting £723k less income than counterparty reporting expenditure
- University Hospital of Leicester NHS Trust– Trust reporting £324k less income than the counterparty reporting expenditure
- NHS Derby and Derbyshire CCG –Trust reporting a payable £968k higher than the counterparty is recording receivable.
- Health Education England – Trust reporting a payable £826k higher than the counterparty is recording receivable.
- NHS England - Trust reporting a payable of £481k higher than the counterparty is recording receivable

Certificate of closure of the audit

We certified that we have completed the audit of the financial statements of Derbyshire Healthcare NHS Foundation Trust in accordance with the requirements of the Code of Audit Practice on 24 June 2020.

Value for Money conclusion

Background

We carried out our review in accordance with the NAO Code of Audit Practice, following the guidance issued by the NAO in April 2020 which specified the criterion for auditors to evaluate:

In all significant respects, the audited body takes properly informed decisions and deploys resources to achieve planned and sustainable outcomes for taxpayers and local people.

Key findings

Our first step in carrying out our work was to perform a risk assessment and identify the risks where we concentrated our work.

The risk we identified and the work we performed are set out overleaf.

As part of our Audit Findings report agreed with the Trust in June 2020, we agreed recommendations to address our findings.

Overall Value for Money conclusion

We are satisfied that in all significant respects the Trust put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ending 31 March 2020.

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Value for Money conclusion

Value for Money Risks

Risks identified in our audit plan	How we responded to the risk	Findings and conclusions
<p>Long term financial sustainability and the impact of the wider health economy</p> <p>The financial health of the wider Derbyshire Health Economy is poor with significant deficits at Derby and Burton Hospitals NHS Foundation Trust and within the Derbyshire Clinical Commissioning Groups. These deficits continue to impact on the health economy and the funding available to the Trust.</p> <p>The Trust have delivered historically and have planned to address the CIP requirements going forward. This does require working across the health economy to deliver efficiencies. The Trust's finances are strong in comparison to other Derbyshire Health bodies, the health of the wider Derbyshire Health economy could make it difficult to develop sustainable schemes going forward,</p> <p>There is a risk that the inadequate financial health of the wider Derbyshire Health Economy could impact on the Trusts future financial sustainability.</p> <p>We have identified the inadequate financial health of the wider Derbyshire Health Economy as a significant risk to the Trust's future financial sustainability.</p>	<p>The financial outturn for 2019/20 was an in-year surplus of £2.3m. The Trust also delivered 94% of its planned CIP savings. Despite the positive out turn the 2019/20 delivery of CIP was a challenge and much was non recurrent. The 20/21 efficiency requirements are paused at the moment due to the pandemic, but will return as a focus for the Trust going forward.</p> <p>The wider health economy remains in significant cumulative deficit. The impact of the system wide deficit means that achieving system based solutions is difficult.</p> <p>The Trust has recognised the need for urgent action in relation to future system wide CIPs and has worked closely with Joined Up Care Derbyshire (JUCD) the Derby and Derbyshire Sustainability and Transformation Partnership (STP) to identify savings which could be implemented by the partners which may support long-term financial sustainability of the Trust . While the Trust is working closely with partners to develop more recurrent CIP schemes going forward this will have to be reviewed once the normal financial regime resumes.</p>	<p>Overall, we consider that the Trust's own long term financial sustainability is good but note the increasing level of risk due to wider health system deficits.</p> <p>On the basis of our findings we are satisfied the risk is sufficiently mitigated and the Trust has adequate plans to secure its long term financial sustainability including development of the 'Joined Up Derbyshire' working group and the move towards an Integrated Health System.</p>

A. Reports issued and fees

We confirm below our final reports issued and fees charged for the audit and confirm there were no fees for the provision of non audit services.

Reports issued

Report	Date issued
Audit Plan	January 2020
Audit Plan addendum	March 2020
Audit Findings Report	June 2020
Annual Audit Letter	July 2020

Fees

	Planned £	Actual fees £	2018/19 fees £
Statutory audit	43,790	48,790	40,290
Total fees	43,790	48,790	40,290

Quality Accounts

As a result of Covid-19, no external assurance on the Quality Report was required. The fee for the Quality Report was included within the set audit fee. Initial work had been carried out prior to the changes relating to the pandemic coming into force, including selection of quality indicators and attendance at the Council of Governors. The statutory audit fee reflects the increased time and complexity resulting from remote working. We have also had to undertake additional audit work in relation to PPE and deferred income.

Fees for non-audit services

Service	Fees £
Audit related services - None	Nil
Non-Audit related services - None	Nil

Non- audit services

- For the purposes of our audit we have made enquiries of all Grant Thornton UK LLP teams providing services to the Trust. The table above summarises all non-audit services which were identified.



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Non-Executive Director (NED) Deep Dive – Geoff Lewins

Purpose of Report

This paper provides both a description of my activities during the year and information covering the Annual Report of the Audit and Risk Committee. The paper primarily covers the year from April 2019 to March 2020 but will also include activities since March where relevant.

Executive Summary

As Chair of the Audit and Risk Committee this paper is principally concerned with my activities in that role and the assurances gained through that Committee. This broadly falls into two parts:

- 1) The Audit and Risk Committee's work to oversee the production of the Annual Report and Accounts. Since this Committee will already have had a presentation from the External Auditors and the Director of Finance will be giving an overview of finances in 2019/20 at the Annual Members Meeting that follows, I have focused on the process undertaken and the assurances gained rather than the financial results themselves. In summary the process of preparing and auditing the report and accounts was made considerably more difficult by the COVID-19 emergency but all involved in the process performed admirably and the Audit and Risk Committee gained significant assurance in the end result.
- 2) The Audit and Risk Committee also carried out a significant amount of other work during the year reviewing the Trust's system of risk management. This included regular reviews of the Board Assurance Framework, specific areas within its own remit and annual reports on the activities of other board committees. Our Internal Auditors, 360 assurance, attended all meetings and provided assurance on Internal Audit and Counter Fraud.

Additionally as a NED I attend Board meetings, Board Development meetings and am a member of the Remuneration Committee and the Finance and Performance Committee. During the year I ceased membership of the People and Culture Committee in order to spend more time supporting Trust projects on developing a single Electronic Patient Record and implementing a Clinical Strategies Programme (in conjunction with Margaret Gildea, NED).

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 attracting colleagues to work with us who we develop, retain and support by excellent management and leadership	X
3) We will make the best use of our money by making financially wise decisions and will always strive for best value to make money go further	X

Assurances

- The Trust's system of Risk Management is adequate in identifying risks and allowing the Board to understand the appropriate management of those risks
- The Audit and Committee has reviewed and used the Board Assurance Framework and believes that it is fit for purpose.
- There are no outstanding areas of significant duplication or omission in the Trust's system of governance that have come to our attention.

Consultation

- This report was prepared specifically for the Council of Governors and has not been to other groups or committees.

Governance or Legal Issues

- Every NHS organisation is required to have an Audit Committee.

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:

The EDI objectives of the Audit and Risk Committee are included within its terms of reference. The Committee explicitly reviewed how well these objectives had been met both at mid-year and year-end. The mid-year review was found to be particularly useful as it enabled gaps or opportunities for improvement to be analysed and addressed whilst confirming that papers considered by the Committee had, in large part, made relevant reference to equality, diversity and inclusion matters.

Recommendations

The Council of Governors is requested to consider the content of this report and to ask for any clarification or further information.

Report prepared and presented by: Geoff Lewins – Non-Executive Director

Derbyshire Healthcare NHS Foundation Trust
Council of Governors – 1 September 2020
NED Deep Dive – Geoff Lewins

Purpose of Report

This paper provides both a description of my activities during the year and information covering the Annual Report of the Audit and Risk Committee. The paper primarily covers the year from April 2019 to March 2020 but will also include activities since March where relevant.

Audit and Risk Committee (ARC)

As Chair of the ARC this paper is principally concerned with my activities in that role and the assurances gained through that Committee. This broadly falls into two parts.

- 1) The ARC's work to oversee the production of the Annual Report and Accounts. Since the Council of Governors will already have had a presentation from the External Auditors and the Director of Finance will be outlining the 2019/20 financial performance at the Annual Members Meeting that follows. I have focused on the process undertaken and the assurances gained rather than the financial results themselves.
- 2) The ARC also carried out significant amount of other work during the year reviewing the Trust's system of risk management.

Audit Committee Work to oversee the Production of the Annual Accounts

From December 2019 onwards the Trust Secretary and the Director of Finance maintained a plan of activities necessary for production of the Annual Report and Accounts which was regularly reviewed by the ARC. This plan was informed by a review of the prior year process to identify opportunities for improvement and a review of accounting policies and new technical requirements prepared by the Finance team.

During the year the External Auditors, Grant Thornton, attended all meetings of the ARC with the exception of confidential ARC meetings which were held to discuss their replacement (see below). They kept the Committee apprised of their audit plans and provided assurance that they were liaising with the Trust's Finance team to ensure a smooth process.

The actual year end process had to be carried out at the height of the COVID-19 pandemic requiring both Trust staff and Grant Thornton to work remotely thus significantly increasing the difficulty of the process. It is a tribute to their hard work and the quality of the planning that the year-end activity went so well.

During this time the ARC continued to meet virtually and due to the extended timetable for submission (due to COVID-19) 2 additional meetings were held. At the first meeting Grant Thornton advised that they were unable to sign off the Accounts as they needed further information from the external valuer to support the property valuation in the accounts. A further meeting was scheduled for the following week by which time the information was available and the Accounts were signed and submitted within timescales. In accordance with good practice the Lead Governor attended the meeting scheduled to sign off the accounts.

In addition, as outlined in the External Auditors report they had raised concern over the validity of the deferred income figures within the Accounts and recommended an adjustment to the accounts to increase the profit for 2019/20. The Finance team were able to reduce the amount under query below the level requiring adjustment but due to the tight timescales it was not possible to fully resolve the query hence, as recommended by Grant Thornton, a paper will be presented to the ARC considering the deferred income balances in detail.

Once again I would like to express my thanks for the exceptional work carried out by the Finance Team during this process.

Internal Audit

Our Internal Auditors, 360 Assurance, attend all Audit Committee meetings and, in addition to the Head of Internal Audit opinion in the Report and Accounts, provide regular reports on the Internal Control framework and on their Counter Fraud activity. The Audit Committee approves an Internal Audit plan and during the year a number of Internal audit reports are produced in accordance with the plan. The Audit Committee reviews the reports and also monitors the action plan of agreed management actions arising from the Internal audit reports.

Board Assurance Framework (BAF)

The ARC reviews the quarterly iterations of the BAF prior to its formal approval by the Board. Each of the items on the BAF is the responsibility of one of the Board Committees which will carry out a deep dive to confirm risk assessment and assess adequacy of mitigating actions. In addition, risks rated as extreme are subject to a deep dive at the ARC.

Year-End Effectiveness Reports from Board Committees

Board Committees represent key parts of the overall risk management framework of the Trust. At the end of the year each Committee prepares a report on its activities and how it has met its objectives. The ARC reviews these reports as part of its overview of the risk management framework.

Other areas of ARC responsibility

The ARC has responsibility, within its objectives, for a number of important areas of activity within the Trust. Reports on the following areas are scrutinised during the year.

Data Security and Protection – this is an area of strength for the Trust where the team has performed well in benchmarking against other Trusts and when reviewed by Internal Audit. We cannot be complacent however as the risk of Cyber attacks remain high across the NHS.

Standing Financial Instructions (SFIs) – an important part of the Trust's control framework is a set of SFIs which govern how the Trust enters into financial commitments. Occasionally it is not possible to follow these, in which case there is a formal process of management review to waive them culminating in an ARC review of the appropriateness of those waivers.

Freedom to Speak Up (FTSU) – enabling colleagues to speak up without fear if they feel the need is very important and responsibility for ensuring this process is working satisfactory is shared between the ARC, which oversees the process in place and the People and Culture Committee, which focuses on the issues surfacing through the FTSU process.

Clinical Audit – similarly to FTSU responsibility is shared between the Quality Committee which reviews the findings of Clinical Audit work and the ARC which looks as the process including resourcing and effectiveness.

Data Quality – it is important that the Trust retains a high level of data quality to ensure that its decision making and reporting to regulatory authorities remains sound. This is a challenge facing all organisations and the ARC receives reports from Management and Internal audit in this area.

Conflicts of Interest – the ARC receives reports on gifts and hospitality and secondary employment which could potentially lead to conflicts of interest. In addition there are exercises focused on Board members and Decision Making Staff to ensure comprehensive coverage.

Other Activities Outside of the ARC

In addition to attendance at Board meetings, Council of Governors and Board Development days, I am a member of the Finance and Performance Committee which I find very interesting as I can draw on my previous experience in Finance, Process Improvement and IT.

During last year it became clear that there was opportunity to use the experience of myself and other NEDs to support projects, both within the Trust and within the Derbyshire system.

I have become involved with the OneEPR project which will migrate the Trust from PARIS to SystmOne. This will bring significant patient and efficiency benefits by, amongst other things, enabling much improved data sharing with primary care. This project has been challenged by the COVID-19 pandemic but the team has done really well to maintain progress through virtual meetings.

During 2019 the Trust launched a programme to identify opportunities to transform its Clinical Strategies and Margaret Gildea and I are providing NED support for ongoing governance. This activity was slowed due to the COVID-19 pandemic but is shortly to be re-launched incorporating some additional opportunities highlighted as part of the response to COVID-19.

Additionally during the pandemic I and other NEDs took the opportunity to join national peer to peer WebEx's hosted by the Good Governance Institute which provided the opportunity to see how other Trusts were managing the response to the pandemic crisis and what we could learn. I was gratified to see how well this reflected on the Trust's emergency management, particularly as regards communication with and care and concern for staff.

Performance Report

Purpose of Report

This paper provides the Council of Governors with an integrated overview of performance at the end of May 2020 during this extremely challenging period. The focus of the report is on workforce, finance, operational delivery and quality performance.

Executive Summary

The report provides the Board of Directors with information that shows how the Trust is performing against a set of key targets and measures. In line with recent instruction from NHS England and NHS Improvement¹ (NHSEI), the standard report has been streamlined in order to reduce the burden on the regular contributors and release capacity to manage the COVID-19 pandemic.

Performance is summarised in an assurance summary dashboard with targets identified where a specific target has been agreed. Where a specific target hasn't 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. Further detailed charts for the measures are included in appendix 2.

The main areas to draw the Board's attention to are as follows:

Finance

Revenue: in order to 'true-up to breakeven we accrued top up income amounting to £564k for May 2020. The overall costs in the month included £657k of Covid specific costs. Agency costs continue to exceed the ceiling value, by 3% year to date. We have responded to a request from NHSIE to articulate the changes we believe are required to our block income in order to address such things as investments agreed but not yet transacted contractually for which we are, or will be, incurring costs.

Capital: We have complied with requests for several capital submissions recently. As reported last month we submitted a one-year plan, subsequently there was a request for a five year plan. In addition we have been asked for a 20/21 capacity plan submission (revenue and capital) and a mental health capital requirements submission (that incorporated estimates for permanent dormitory eradication and a local Psychiatric Intensive Care Unit (PICU) facility).

With regard to NHS Financial arrangements beyond month 4: We await guidance on how the payment arrangements will operate for month 5 (August) onwards.

The financial position, financial governance along with the revenue and capital submissions and their assumptions and latest intelligence on financial arrangements have been reported in detail to the Finance and Performance Committee on 25 June 2020.

A verbal update will be provided to Board on any further feedback or progress on these matters.

Operations

¹ <https://www.england.nhs.uk/coronavirus/publication/reducing-burden-and-releasing-capacity-at-nhs-providers-and-commissioners-to-manage-the-covid-19-pandemic/>

IAPT 6 week referral to treatment

Talking Mental Health Derbyshire (TMHD) continues to exceed the national standard for referral to treatment, however the rate achieved in the last 3 months has been lower than normal. This is a result of referrals to the the Trust's element of the service being on hold.

Patients placed out of area – adult acute

The number of out of area acute placements has reduced for the 4th month in a row and the reduction is statistically significant.

Patients placed out of area – Psychiatric Intensive Care Unit (PICU)

There is currently no local PICU provision, however this is being considered as part of the estate transformation project.

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

The transition from face-to-face contacts to the use of telephone and video resulted in a much higher volume of contacts being completed for several weeks. There has also been a drop in referrals.

Waiting list for community paediatrics

Further significant progress has been made to reduce waits and at the end of May the number of children on the waiting list was at the lowest level achieved to date.

Waiting list for autistic spectrum disorder (ASD) assessment

The service is currently on hold to enable redeployment of staff to support our most vulnerable and high risk patients. As a result, the waiting list has been temporarily closed to new referrals. This is likely to result in an initial large increase in referrals received once the service is resumed in a few months' time.

Waiting times for psychology

Following 6 months of sustained improvement to the average wait to be seen, in April there was some increase to waiting times and then a further increase in May.

Admissions

In adult acute inpatients we have seen a significant increase in admissions under the Mental Health Act in May.

Workforce

Annual appraisals

Appraisals remain on hold. Once the suspension is lifted it will be a significant challenge to recover the position.

Compulsory training

The position has been very gradually reducing and has fallen below target for the first time in 16 months.

Staff absence

COVID-19 remains the most common reason for absence in Operational Services, closely followed by anxiety, stress, depression or other psychiatric illness.

Supervision

The level of compliance with the clinical and managerial supervision targets has continued to fall.

Quality

Incidents

The number of incidents of moderate to catastrophic harm remained above average but has reduced for the second month running. This is to be expected as we are seeing a continuing reduction in number of patients with COVID-19.

Seclusion and prone restraint

The increase in the use of seclusion and prone restraint is above normal levels.

Patients in settled accommodation and patients in employment

The proportion of patients living in settled accommodation and of those in employment is higher than expected.

Care plan reviews

The proportion of patients whose care plan has been reviewed has fallen again and is now much lower than normal.

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 attracting colleagues to work with us who we develop, retain and support by excellent management and leadership	X
3)	We will make the best use of our money by making financially wise decisions and will always strive for best value to make money go further	X

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 normal and special cause variation.

Consultation

Versions of this new style 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:	Margaret Gildea, Non-Executive Director Ashiedu Joel, Non-Executive Director Geoff Lewins, Non-Executive Director Caroline Maley, Non-Executive Director Sheila Newport, Non-Executive Director Julia Tabreham, Non-Executive Director Richard Wright, Non-Executive Director
Report prepared by:	Peter Henson, Head of Performance, Delivery & Clustering Claire Wright, Director of Finance/Deputy CEO

1. Assurance Summary

Indicator	Rating ¹	Data Quality	Indicator	Rating ¹
Operational				
CPA 7 day follow-up to Mar 20, then 3 day follow-up all patients			Waiting list for care coordination – number waiting	See chart
Data Quality Maturity Index (DQMI) - MHSDS data score			Waiting list for care coordination – average wait	See chart
Early Intervention (EIP) RTT within 14 days - complete			Waiting list for ASD assessment – number waiting	See chart
EIP RTT within 14 Days - incomplete			Waiting list for ASD assessment – average wait	See chart
IAPT referral to treatment (RTT) within 18 weeks			Waiting list for psychology – number waiting	See chart
IAPT referral to treatment within 6 weeks			Waiting list for psychology – average wait	See chart
IAPT people completing treatment who move to recovery			Waiting list for CAMHS – number waiting	See chart
Patients placed out of area - PICU	See chart		Waiting list for CAMHS – average wait	See chart
Patients placed out of area - adult acute	See chart		Waiting list for community paediatrics – number waiting	See chart
			Waiting list for community paediatrics – average wait	See chart
Workforce				
Annual appraisals			Clinical supervision	
Annual turnover			Management supervision	
Compulsory training			Vacancies	
Sickness absence			Bank staff use	

¹The rating symbols were designed by NHS Improvement

Key:

	The system is expected to consistently pass the target
	The system may achieve or fail the target subject to random variation
	The system is expected to consistently fail the target

2. Detailed Narrative

Operations

A. 7 day follow-up of patients on CPA, up to Mar 2020, then 3 day follow-up of all patients, from April 2020

In line with the recommendations of the annual National Confidential Inquiries², which have consistently found that people are at most risk of self-harm or suicide in the first 2-3 days following discharge, from April 2020 the national standard for follow-up post discharge from inpatient wards was reduced from 7 days to 72 hours. In both April and May this revised standard has been achieved.

B. Data quality maturity index

The high level of data quality has been maintained to date. It is possible that the postponement of certain non-critical mental health services during the COVID-19 pandemic has resulted in record administrators having more capacity to update their records.

C. IAPT 6 week referral to treatment

Talking Mental Health Derbyshire (TMHD) continues to exceed the national standard for referral to treatment, however the rate achieved in the last 3 months has been lower than normal. This is a result of referrals to the Trust's element of the service being on hold owing to the pandemic, with the Trust's IAPT clinicians currently staffing the mental health helpline. In the meantime the Trust's sub-contractors are providing the IAPT service.

D. IAPT – people completing treatment who move to recovery

Despite the fact that statistically it is entirely random as to whether or not this target is achieved, TMHD have achieved the target this month and throughout the previous financial year. This is a result of the Area Service Manager tightly monitoring the position on a daily basis and reacting to address any deterioration. Performance has also been monitored at regular contractual and operational meetings.

E. Patients placed out of area – adult acute

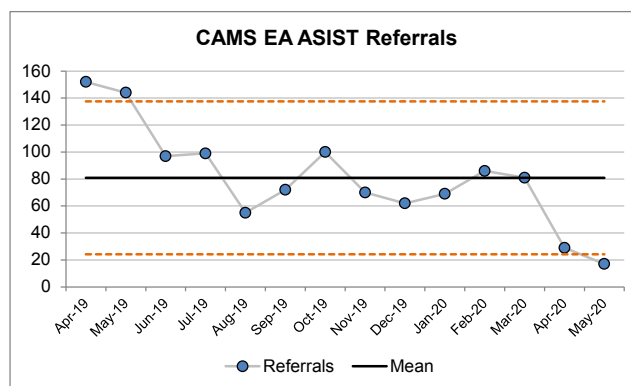
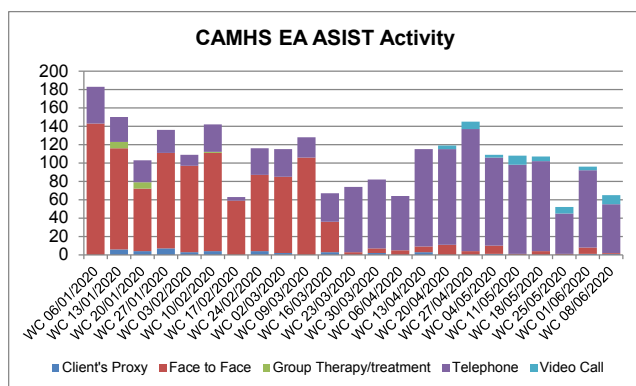
The number of out of area acute placements has reduced for the 4th month in a row and the reduction is statistically significant. Additional bed capacity was created as a result of the discharge initiative for COVID-19 response, however out of area placements are still expected to be required in order to maximise and appropriately prioritise Trust staffing resources.

F. Patients placed out of area – Psychiatric Intensive Care Unit (PICU)

There is currently no local PICU provision, however this is being considered as part of the estate transformation project.

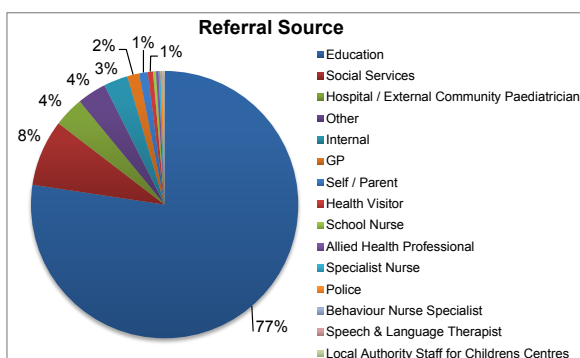
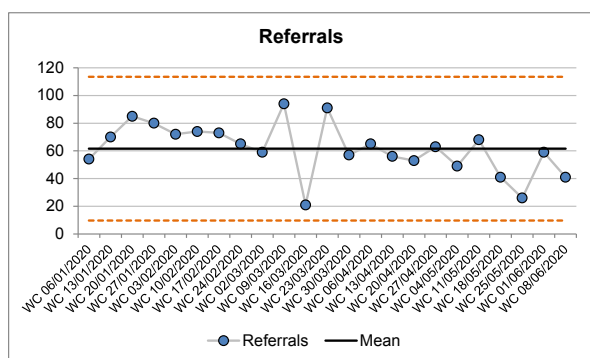
G. Waiting list - Child & Adolescent Mental Health Services (CAMHS)

The transition from face-to-face contacts to the use of telephone and video resulted in a much higher volume of contacts being completed for several weeks in CAMHS EA ASIST. There has also been a drop in referrals. These factors are producing a gradually improving position.



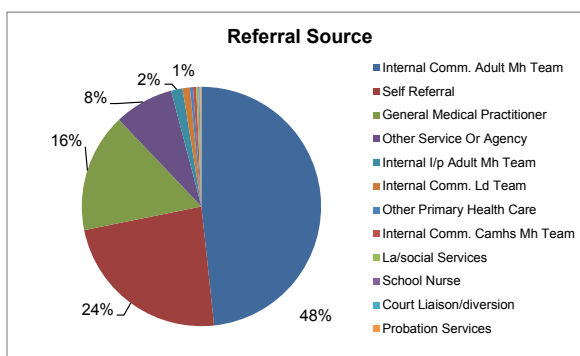
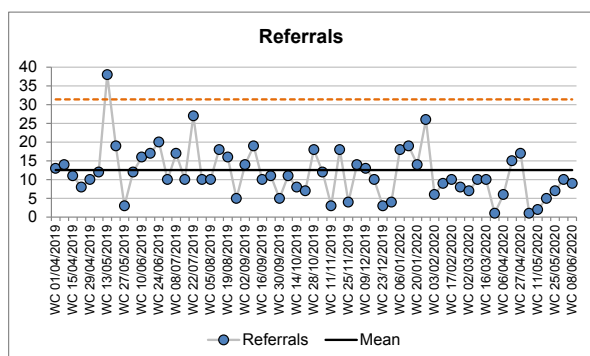
H. Waiting list for community paediatrics

Further significant progress has been made to reduce waits and at the end of May the number of children on the waiting list was at the lowest level achieved to date. The number of referrals received each week during the pandemic is lower than normal. This is to be expected in light of the current school closures as the majority of referrals come from education.



I. Waiting list for autistic spectrum disorder (ASD) assessment

The service is currently on hold to enable redeployment of staff to support our most vulnerable and high risk patients. As a result, the waiting list has been temporarily closed to new referrals. This is likely to result in an initial large increase in referrals received once the service is resumed in a few months' time. Before the pandemic there was an average of 13 referrals per week to the service. Around half of all referrals are made by our own services.

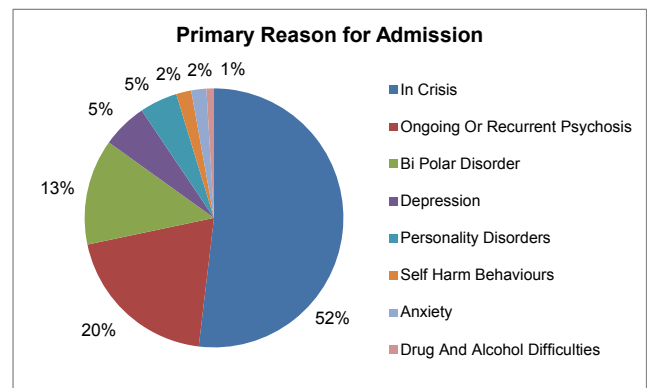
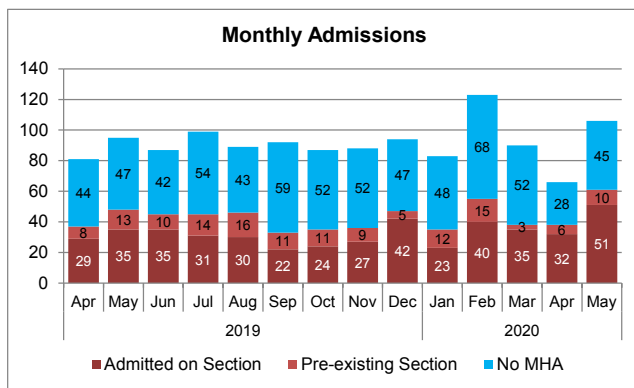


J. Waiting times for psychology

Following 6 months of sustained improvement to the average wait to be seen, in April there was some increase to waiting times and then a further increase in May.

K. Admissions

In adult acute inpatients we have seen a significant increase in admissions under the Mental Health Act in May. The main reasons people were referred for admission were people in crisis, ongoing or recurrent psychosis and bipolar disorder.



Workforce

In order to reduce the burden and release capacity to manage the COVID-19 pandemic, all NHS organisations were instructed by Amanda Pritchard, Chief Operating Officer, NHS England & NHS Improvement³, to suspend appraisals and revalidation and to reduce the volume of mandatory training as appropriate.

A. Annual appraisals

Appraisals remain on hold. The table below gives a cumulative picture of how many appraisals will become overdue each month if appraisals remain on hold. Once the suspension is lifted it will be a significant challenge to recover the position.

Division & Service Line	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Corporate Services	107	133	156	229	290	373	394	401	415	426
Business Improvement + Transformation	6	9	10	10	10	10	10	11	11	11
Procurement + Contracting	6	9	10	10	10	10	10	11	11	11
Corporate Central	18	22	24	25	27	28	29	31	37	37
Communications + Involvement	2	2	2	3	3	4	4	5	7	7
Corporate & Legal Affairs	10	11	13	13	15	15	16	17	20	20
STP Hosts	6	9	9	9	9	9	9	9	10	10
Estates + Facilities	23	25	29	78	119	181	184	187	188	190
Capital Projects (E+F)	1	1	1	6	6	6	6	6	6	6
Estates (E+F)	1	1	4	7	10	24	25	27	27	29
Facilities Group (E+F)	20	22	23	64	102	150	152	153	154	154
FM Group (E+F)	1	1	1	1	1	1	1	1	1	1
Finance Services	2	8	10	11	16	17	18	18	19	21
Finance Services (L4)	2	8	10	11	16	17	18	18	19	21
Med Education & CRD	20	20	20	20	21	24	26	27	28	29
Centre for Research + Development (L4)	13	13	13	13	13	14	16	17	17	18
Medical (L4)	7	7	7	7	8	10	10	10	11	11
Nursing + Quality	20	24	28	31	34	39	45	45	47	50
Governance (N+Q)	10	10	10	10	13	14	18	18	20	23
Nursing (N+Q)	4	5	6	6	6	7	9	9	9	9
Nursing Management (N+Q)	5	6	9	10	10	11	11	11	11	11
Safeguarding (N+Q)	1	3	3	5	5	7	7	7	7	7
Ops Support	14	21	31	49	58	69	77	77	80	83
IT, Information Management + Patient Records	6	9	11	14	19	27	33	33	35	38
Ops Management	2	2	3	3	3	3	3	3	3	3
Pharmacy	6	10	17	32	36	39	41	41	42	42
People Services	4	4	4	5	5	5	5	5	5	5
Human Resources (L4)	2	2	2	2	2	2	2	2	2	2
Workforce OD (L4)	2	2	2	3	3	3	3	3	3	3
Operational Services	641	777	891	1014	1176	1431	1606	1727	1902	2030
Adult Care Acute	121	149	175	204	240	284	311	339	378	408
Acute Inpatient North	46	50	58	70	75	92	98	101	108	115
Acute Inpatient South	43	54	67	76	100	113	125	136	153	162
Adult Care Acute Mgt	4	4	4	4	4	6	7	7	7	7
Adult Urgent Assessment	28	41	46	54	61	73	81	95	110	124
Adult Care Community	108	121	132	149	167	230	257	274	310	326
Adult Care Community Mgt	1	1	1	1	1	3	4	4	7	8
County North	35	40	46	59	64	80	93	95	109	113
County South	40	44	46	47	56	76	85	92	106	113
Derby City	32	36	39	42	46	71	75	83	88	92
Children's Services	172	202	226	258	287	324	371	384	416	448
CAMHS	61	67	71	75	78	81	84	84	87	92
Children's Care Mgt	5	5	5	5	6	6	6	6	6	6
CIC Therapy+Complex Needs	46	61	74	87	105	126	155	164	177	186
Universal 0-19	60	69	76	91	98	111	126	130	146	164
Clinical Serv Management	8	8	9	9	9	10	10	11	11	16
Clinical Management	8	8	9	9	9	10	10	11	11	16
Forensic + MH Rehab	22	35	46	50	60	74	87	90	104	112
Complex Care	18	31	42	46	56	70	83	86	100	108
Complex Care Mgt	4	4	4	4	4	4	4	4	4	4
Older Peoples Care	77	99	121	141	185	234	273	313	338	360
Older Peoples Acute Care	37	51	66	74	95	115	139	162	175	191
Older Peoples Care Mgt	1	1	1	1	2	3	3	3	3	4
Older Peoples Comity Care	39	47	54	66	88	116	131	148	160	165
Performance Delivery Clustering	0	1	1	2	2	2	2	2	3	4
Perf. Delivery Clustering	0	1	1	2	2	2	2	2	3	4
Psychology	45	53	57	60	69	85	91	93	97	100
Heads of Psyg X	35	39	40	40	41	52	53	54	55	57
Heads of Psyg Y	10	14	17	20	28	33	38	39	42	43
Specialist Care Services	88	109	124	141	157	188	204	221	245	256
Adult IAPT Service	27	35	39	42	48	50	53	61	71	76
Learning Disabilities	30	33	37	48	56	71	75	77	81	82
Perinatal	10	17	18	18	18	21	24	26	28	33
Specialist Care Medical	3	3	3	3	3	3	3	3	3	3
Specialist Care Mgt	3	5	8	9	10	12	13	13	13	13
SubsMis	15	16	19	21	22	31	36	41	49	49
Operations Support	0	0	0	0	0	1	1	1	1	1
IT, Information Management & Patient Records	0	0	0	0	0	1	1	1	1	1
Pseudonymisation Project (OPR) (G62038)	0	0	0	0	0	1	1	1	1	1
Grand Total	748	910	1047	1243	1466	1805	2001	2129	2318	2457
Proportion of the 2,702 total staff in post	28%	34%	39%	46%	54%	67%	74%	79%	86%	91%

B. Turnover

³ <https://www.england.nhs.uk/coronavirus/publication/reducing-burden-and-releasing-capacity-at-nhs-providers-and-commissioners-to-manage-the-covid-19-pandemic/>

Although turnover has reduced slightly in each of the last 3 months, it remains within normal variation and over the last 2 years turnover has consistently remained within the Trust target range of 8-12%.

C. Compulsory training

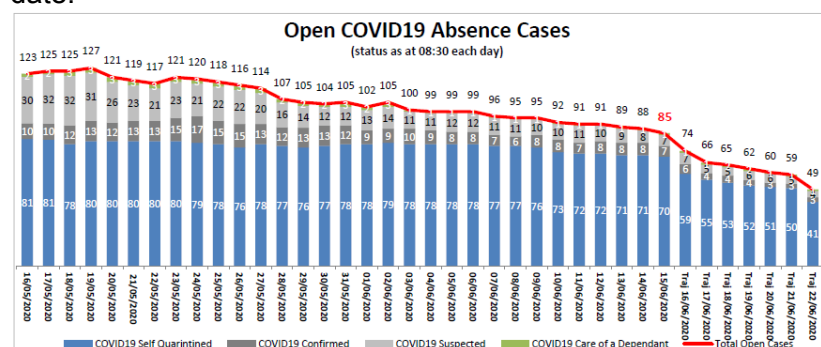
The position has been very gradually reducing and has fallen below target for the first time in 16 months. Training classes have been significantly reduced to enable the training team to deliver clinically essential training. As a result it is likely that the position will continue to deteriorate where training is delivered face-to-face.

D. Staff absence

COVID-19 remains the most common reason for absence in Operational Services, closely followed by anxiety, stress, depression or other psychiatric illness:

Reason	n
Coronavirus	58
Coronavirus: COVID19 (Self-Quarantined)	43
Coronavirus: COVID19 (Confirmed)	7
Coronavirus: COVID19 (Suspected)	7
Coronavirus: COVID19 Care of a Dependant	1
S10 Anxiety/stress/depression/other psychiatric illnesses	49
S12 Other musculoskeletal problems	7
S28 Injury, fracture	6
Consent withheld	5
S16 Headache / migraine	5
Not Assigned	4
S25 Gastrointestinal problems	4
Surgery	4
S29 Nervous system disorders	3
Care of a dependant	3
S15 Chest & respiratory problems	3
Bereavement	3
S21 Ear, nose, throat (ENT)	3
S17 Benign and malignant tumours, cancers	2
S98 Other known causes - not elsewhere classified	2
S27 Infectious diseases	2
S19 Heart, cardiac & circulatory problems	2
Special Leave	1
S26 Genitourinary & gynaecological disorders	1
S13 Cold, Cough, Flu - Influenza	1
S31 Skin disorders	1
S23 Eye problems	1
Grand Total	170

The spread of COVID-19 within our workforce remains fairly stable, with no spike experienced to date:



E. Supervision

The level of compliance with the clinical and managerial supervision targets has continued to fall.

F. Vacancies

In May the proportion of posts filled was within normal variation.

G. Bank staff use

In May the proportion of temporary staffing was within normal variation.

Quality

A. Incidents

The number of incidents of moderate to catastrophic harm remained above average but has reduced for the second month running. This is to be expected as we are seeing a continuing reduction in number of patients with COVID-19.

B. Seclusion and prone restraint

The increase in the use of seclusion and prone restraint is above normal levels and is indicative of the high levels of acuity being managed on the wards.

C. Patients in settled accommodation and patients in employment

The proportion of patients living in settled accommodation and of those in employment is higher than expected. This might be an indicator of increasing mental health issues resulting from the impact of the pandemic on working lives.

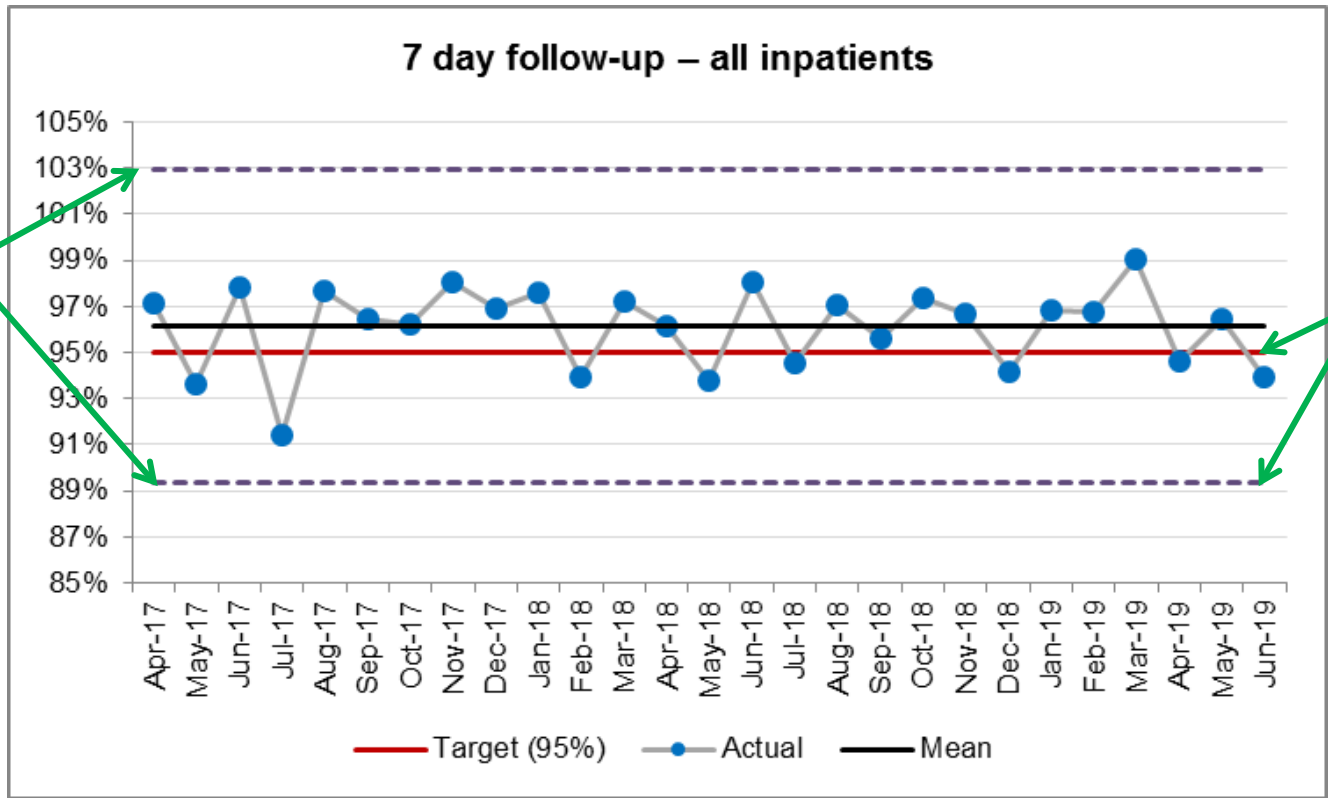
D. Care plan reviews

The proportion of patients whose care plan has been reviewed has fallen again and is now much lower than normal. This is to be expected as teams are currently prioritising essential tasks.

Appendix 1

How to Interpret a Statistical Process Control Chart (SPC)

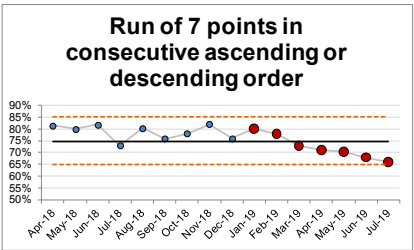
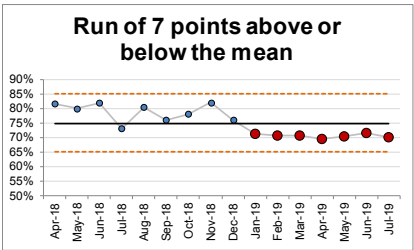
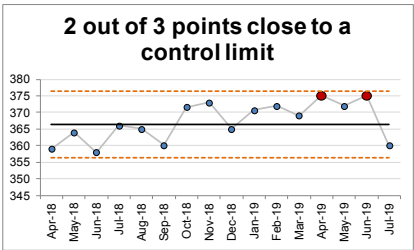
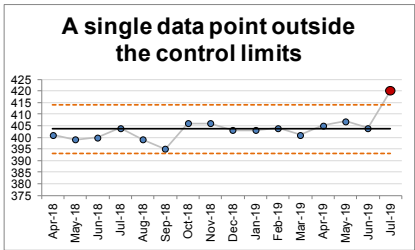
The dotted lines are the “control limits”. Any performance between these 2 lines is normal for the current system. This is known as “normal variation”



If the system is effective, the **lower** control limit will be above the target line (for targets where higher is better) or the **upper** control limit will be below the target line (for targets where lower is better). In that scenario we have nothing to worry about and can be assured our system is performing well.

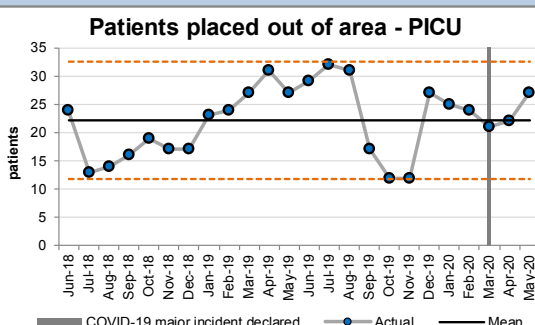
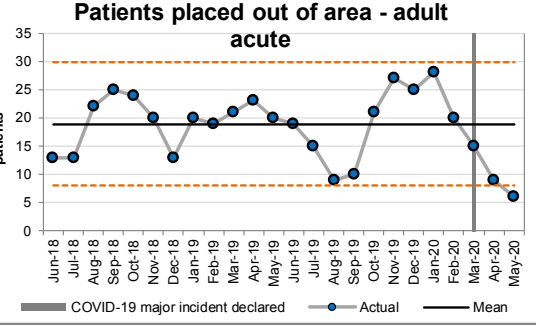
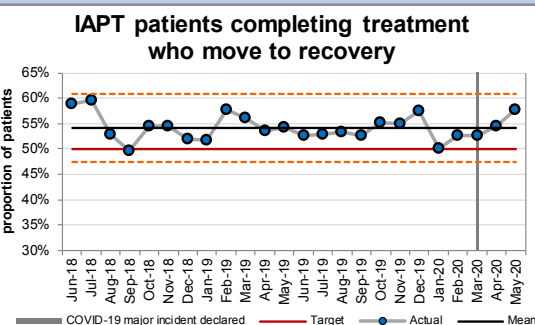
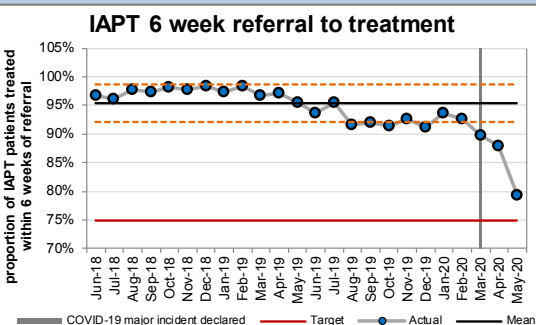
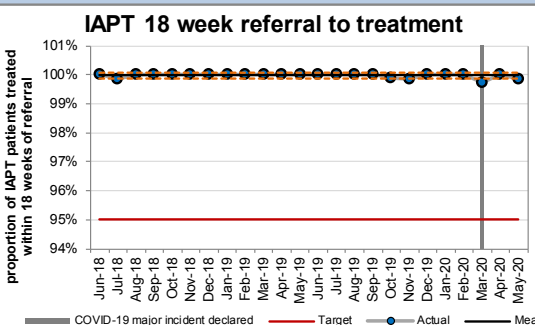
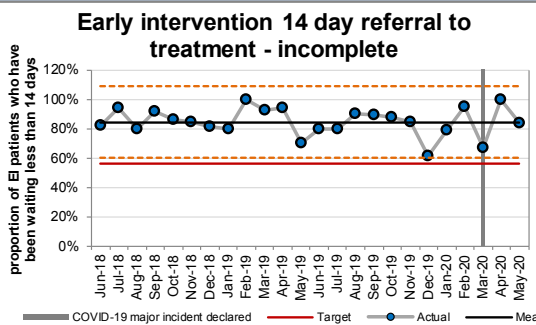
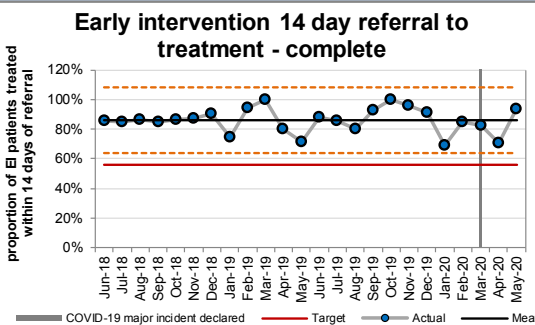
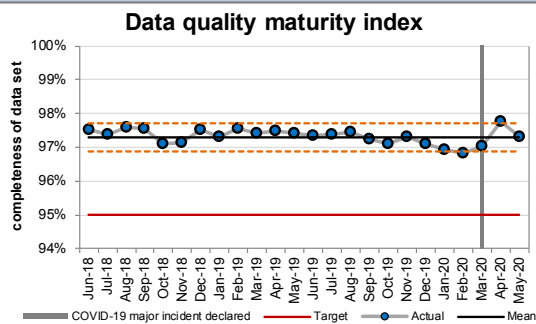
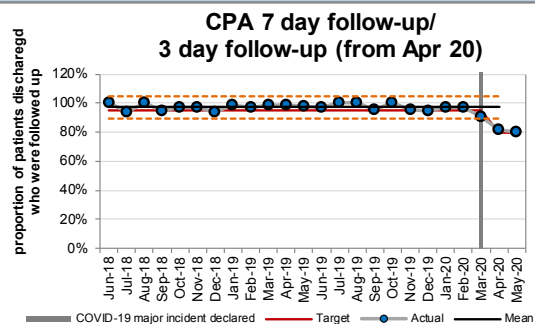
In this case the target line is above the lower control limit which indicates that the system is ineffective.

A run chart also enables us to see when something unusual has happened in the system. This is known as “special cause variation”. This can be seen in 4 ways:



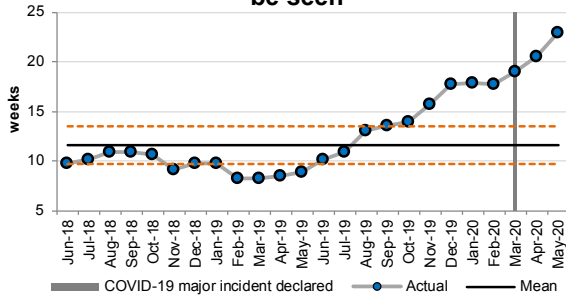
Appendix 2 – Charts⁴

Operational indicators

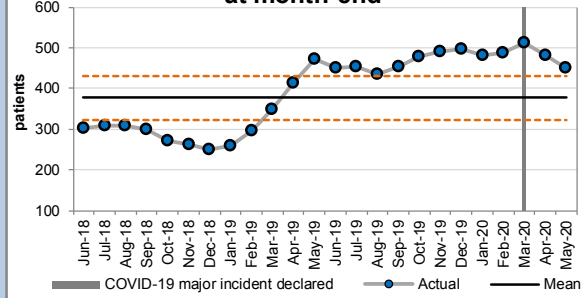


Operational indicators

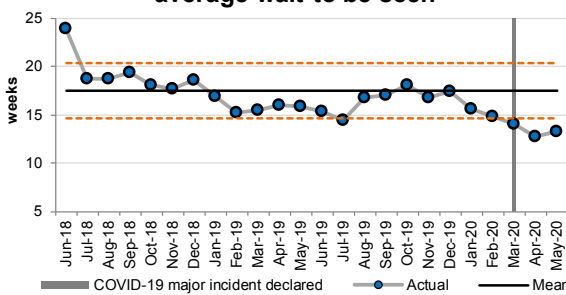
Waiting list - CAMHS - average wait to be seen



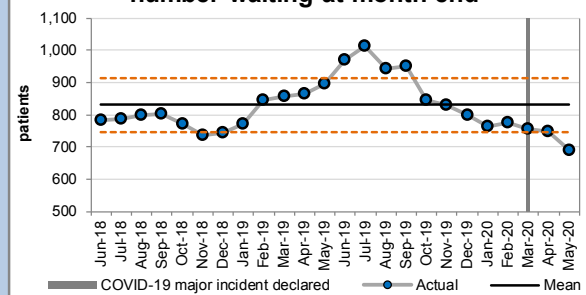
Waiting list - CAMHS - number waiting at month end



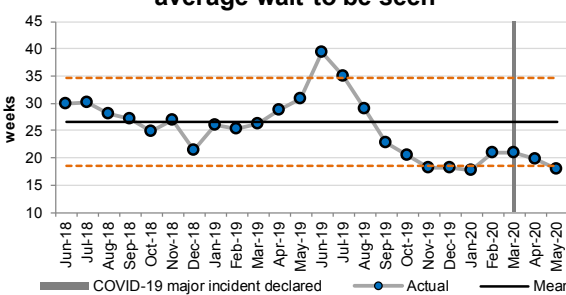
Waiting list - community paediatrics - average wait to be seen



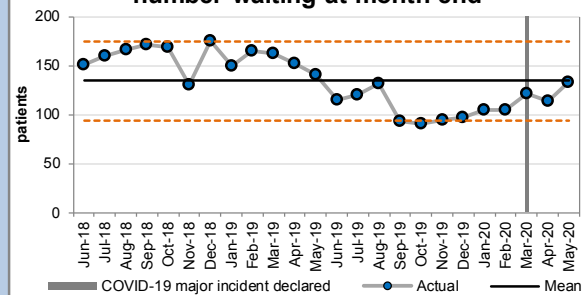
Waiting list - community paediatrics - number waiting at month end



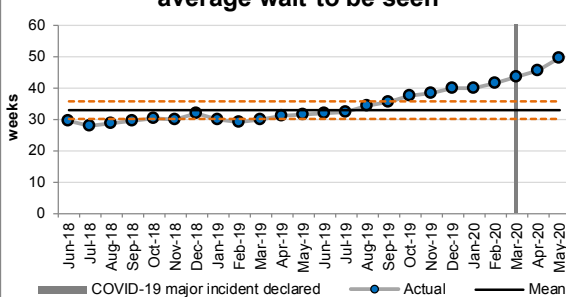
Waiting list - care coordination - average wait to be seen



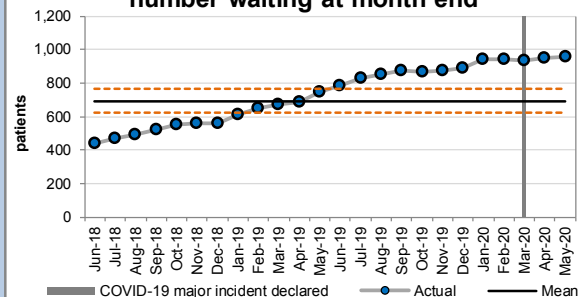
Waiting list - care coordination - number waiting at month end



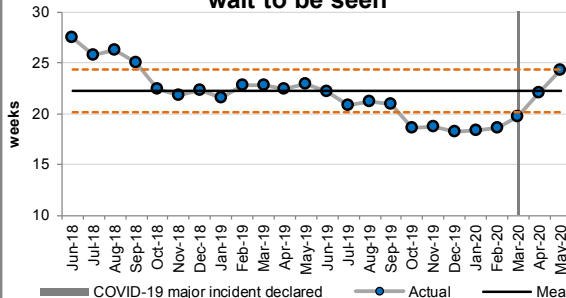
Waiting list - ASD assessment - average wait to be seen



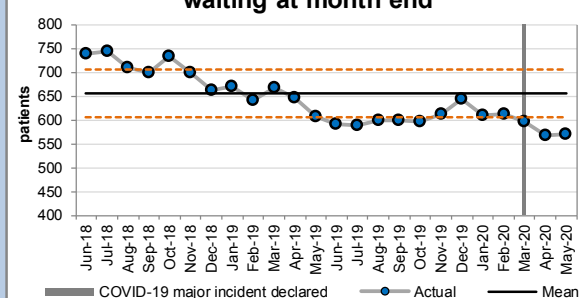
Waiting list - ASD assessment - number waiting at month end



Waiting list - psychology - average wait to be seen

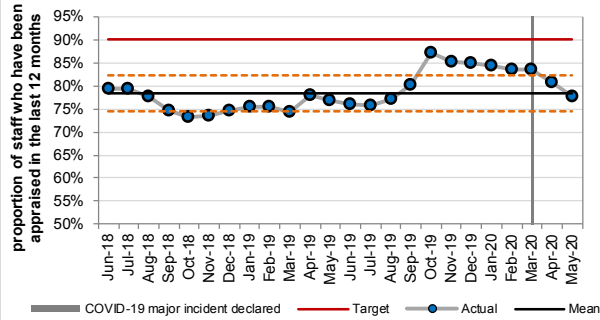


Waiting list - psychology - number waiting at month end

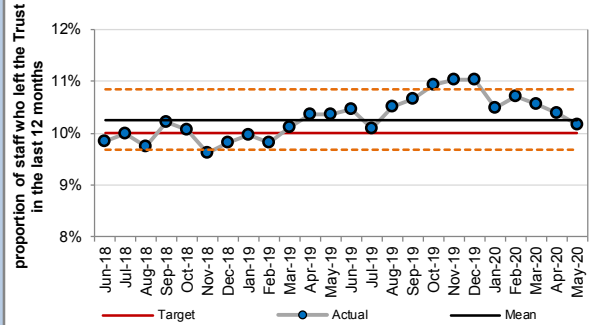


Workforce indicators

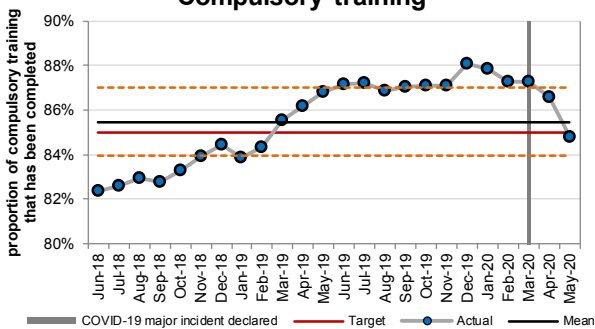
Annual appraisals



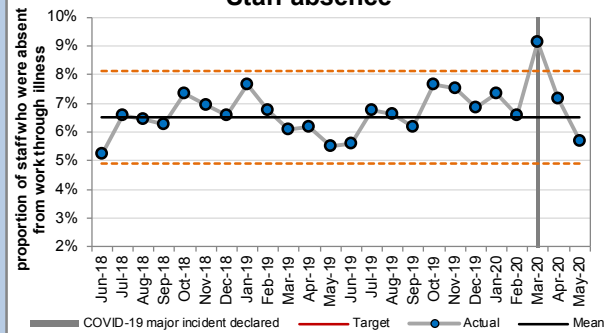
Annual turnover



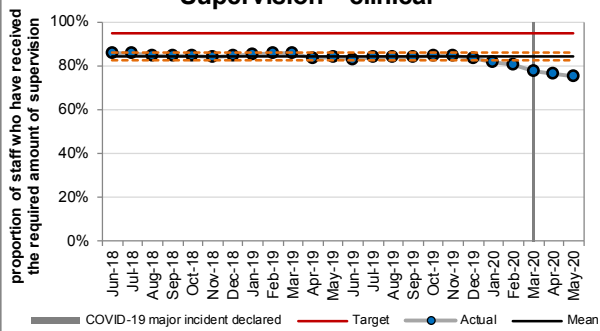
Compulsory training



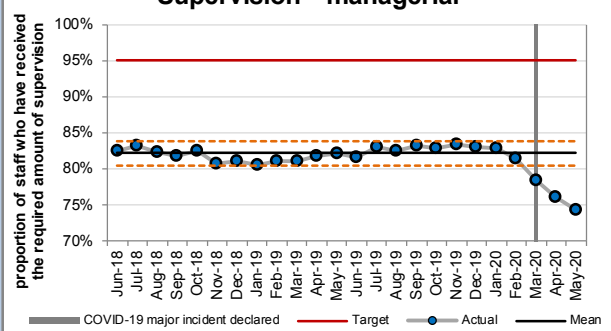
Staff absence



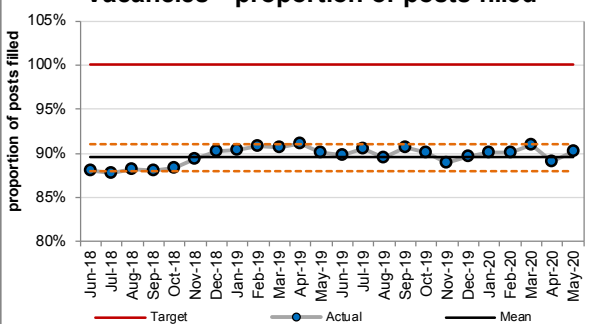
Supervision - clinical



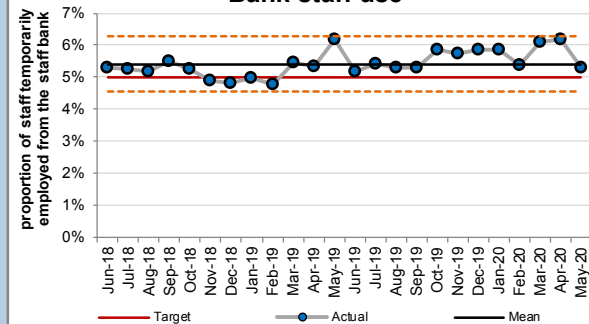
Supervision - managerial



Vacancies - proportion of posts filled



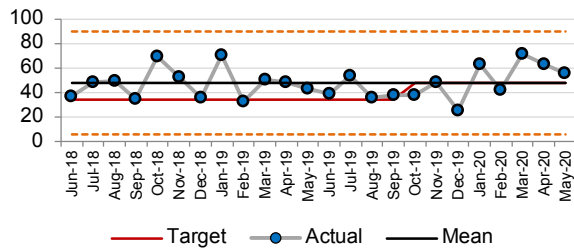
Bank staff use



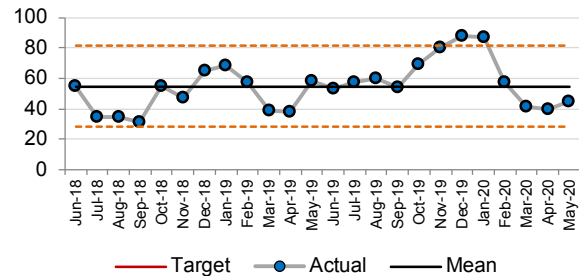
Quality Indicators

Safe

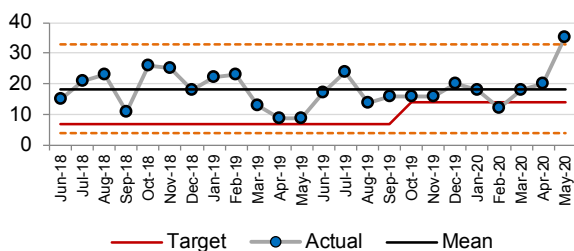
No of incidents of moderate to catastrophic actual harm



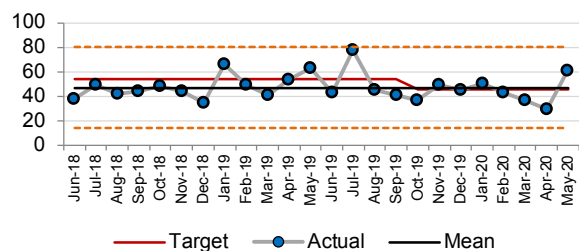
Number of medication incidents



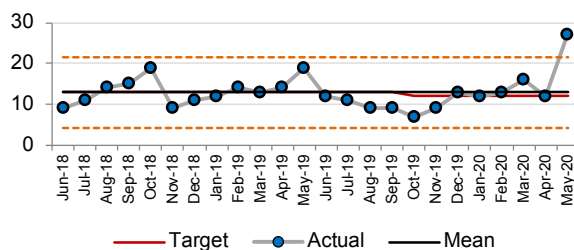
No of new episodes of patients held in seclusion



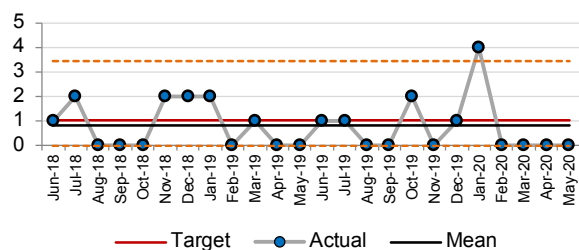
No of incidents involving physical restraint



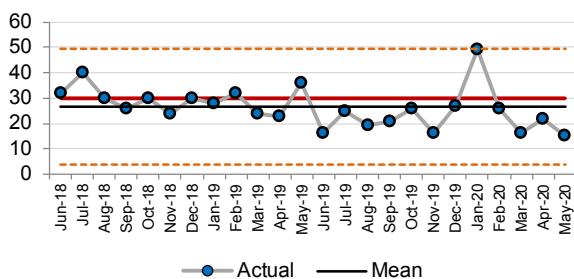
No of incidents involving prone restraint



No of incidents requiring Duty of Candour



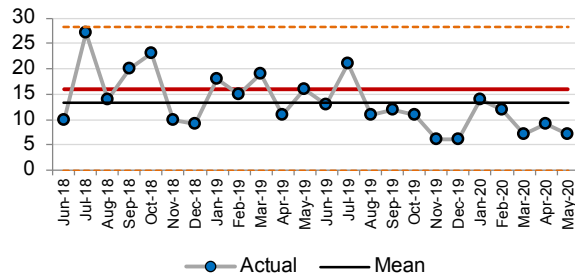
No of falls on in-patient wards



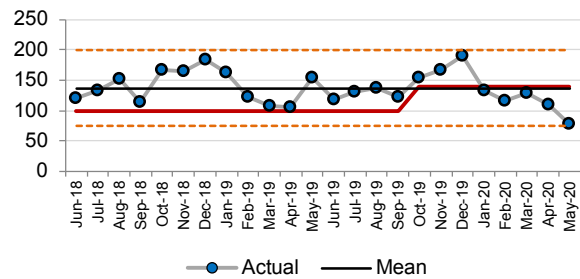
Quality Indicators

Caring

No of formal complaints received

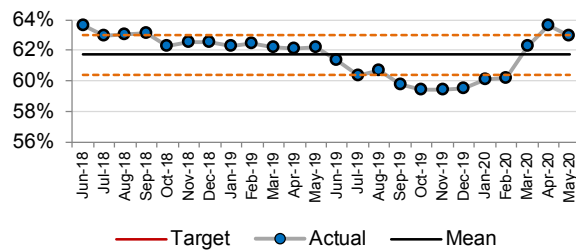


No of compliments received

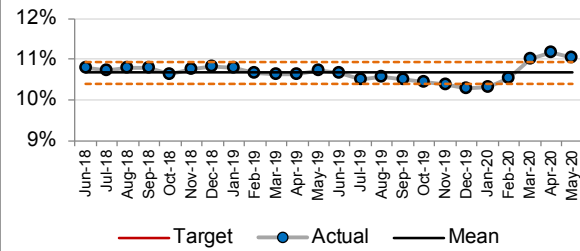


Effective

Patients Open to Trust In Settled Accommodation (M)

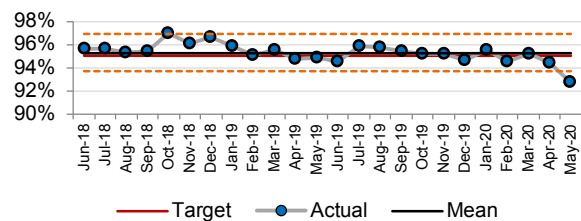


Patients Open to Trust In Employment (M)

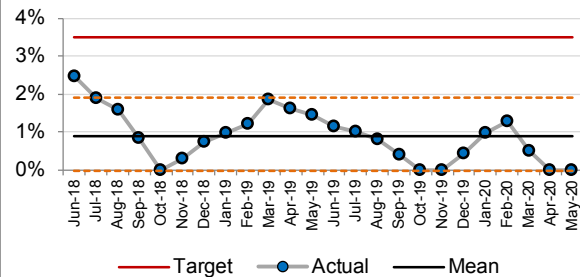


Responsive

% of patients who have had their care plan reviewed and have been on CPA > 12months



Delayed Transfers of Care (%)



Appendix 3 – Data Quality Kite Mark

Background

A number of Trusts prepare data quality kite marks to support members' review and assessment of performance indicator information reported in performance reports. Alternative methods include a simpler data quality scoring in a range, such as 1-5 which are more reliant on judgement. The kite mark is used to assess the system against six domains: timeliness, audit, source, validation, completeness and granularity to provide assurance on the underlying data quality.

Approach



Assessment of each domain will be based on the following criteria:

Data Quality Indicator	Definition	Not yet assessed	Sufficient	Insufficient
Timeliness	Is the data the most up to date and validated available from the system?	Not yet assessed	The data is the most up to date available.	Data is not available for the current month due to the time taken to extract / prepare from the system.
Audit	Has the system or processes used to collect the data been subject to audit (Internal Audit/ External Audit / self-audit) in the last 12 months?	Not yet assessed	The system and processes involved in the collection, extraction and analysis of the data have been audited and presented to the oversight committee.	No formal audit has taken place in the last 12 months. Exceptions have been identified and corrective action has not yet been implemented.
Source	Is the source of the data fully documented and understood?	Not yet assessed	All users understand how to extract the data in line with the indicator definition. The data source is well documented in the event that there is a change in personnel producing the indicator.	The data source is poorly documented and could be inconsistently extracted.

Data Quality Indicator	Definition	Not yet assessed	Sufficient	Insufficient
Validation	Prior to publication, is the data subject to validation, e.g. spot checks, random sample checks, involvement of a clinician, the associated service or approval by Executive Director?	Not yet assessed	The data is validated against a secondary source. The indicator owner can assure the data is a true reflection of performance, supported by a sign off process and underlying information.	No validation has taken place. The information owner cannot assure that the data truly reflects performance. A random sample may reveal errors.
Completeness	Is the indicator a reflection of the complete performance of the Trust	Not yet assessed	All the appropriate activity has been included within the indicator	A material amount of activity has not been included within the indicator that may alter the Trust level performance.
Granularity	Can the data be disaggregated into smaller parts? E.g. evaluated at a division or ward level as well as a Trust level.	Not yet assessed	Data can be drilled down to a division or ward level in order to understand and drive performance improvement.	Data is only available at a Trust level.

KPI Data Quality Reviews

A review will be undertaken every 6 months of 5 to 10 indicators to review their compliance with the defined indicators of quality. This will complement any reviews undertaken by internal or external audit. The results will be shared with the Finance and Performance Committee together with any remedial action necessary.

Report from Governance Committee

Purpose of Report

The Governance Committee of the Council of Governors (CoG) has met once three times since its last report to the Council of Governors in March. This report provides a summary of the meetings including actions and recommendations made.

Executive Summary

Since the last summary was provided in March the Governance Committee has met three times on 2 April, 9 June and 11 August 2020. Following national guidance on keeping people safe during the COVID-19 pandemic, all three face-to-face meetings were cancelled and the meetings were conducted digitally using Microsoft Teams. A dialling in function was available for those governors unable to access 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 attracting colleagues to work with us who we develop, retain and support by excellent management and leadership	x
3) We will make the best use of our money by making financially wise decisions and will always strive for best value to make money go further	x

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:

- 1) Note the report made at the Governance Committee meetings on 2 April, 9 June and 11 August 2020
- 2) Approve the revised terms of reference for the Governance Committee.

Report presented by: Kel Sims,
Chair of the Governance Committee

Report prepared by: Denise Baxendale
Membership and Involvement Manager

Report from the Governance Committee – 2 April 2020

Thirteen governors attended this meeting held on 2 April.

Development of Annual Plan

- Gareth Harry, Director of Business Improvement and Transformation, gave a verbal update on the current situation relating to the development of the Annual Plan. He explained that NHS England (NHSE) and NHS Improvement (NHSI) had notified foundation trusts that the Annual Plan process has been suspended; and outlined a temporary process in order to deal with COVID-19.

Governor and Membership Section of the Annual Report

- Governors approved the content of the governor and membership section of the Annual Report.

Membership and Engagement

- Governors scrutinised the Governor Engagement log for recurring themes and issues relating to the Trust and agreed there were no issues to escalate to the Council of Governors.

Review Governors' Membership Engagement Action Plan

- Governors were requested to review the Governors' Membership Engagement Action Plan.

Governor attendance at the Council of Governors

- The Lead Governor has contacted the governor who has missed the last three successive normal Council of Governors meetings to discuss the reasons for absence. The Lead Governor was satisfied with the reasons given for absence.

Declarations of interest – annual update

- Governors reviewed their declaration of interests and amendments were made.

Governor training and development

- It was agreed to postpone the programme due to the COVID-19 pandemic.

Report from the Governance Committee – 9 June 2020

Fourteen governors attended the meeting held on 9 June.

Update on the Annual Members Meeting (AMM)

- Due to national guidance from NHSE and NHSI it was noted that the AMM would need to be held digitally this year. Governors agreed that it should be held after a Council of Governors meeting (September or November) depending on when the Annual Report and Accounts 2019/20 are laid before Parliament.

Update on engagement activities

- Due to the COVID-19 pandemic – all engagement activities that the Trust was attending have been cancelled. Governors were encouraged to engage virtually with voluntary groups.

Update on the joint Trust Board and Council of Governors Session – 7 July 2020

- Due to the COVID-19 pandemic governors were made aware that this session would be held digitally.
- The Trust Chair informed governors that an extraordinary Council of Governors meeting would be scheduled after the joint session to discuss decisions that need to be taken in line with governors' statutory duties: re-appointment of the Trust Chair and a Non-Executive Director and the appointment of the Trust's external auditors.

Governor training and development update

- A finance training and development session will be arranged for 11 August after the Governance Committee meeting. This will be delivered by the Deputy Chief Executive/Director of finance.

Report from the Governance Committee – 11 August 2020

Seventeen governors attended this meeting held on 11 August.

Terms of Reference Annual Review

- Governors agreed that the Terms of Reference remained fit for purpose and agreed amends regarding membership.
- **Council of Governors are requested to ratify the revised terms of reference.** The terms of reference are attached to this report as Appendix A and the amends are highlighted in yellow for ease of reference.

Annual Members Meeting update

- The Annual Report and Account 2019/20 was laid before Parliament in July and with support of governors will be held after the Council of Governors on 1 September as a virtual meeting.

Process for Governors' Annual Effectiveness Survey

- The survey will be promoted in Governor Connect
- All governors are encouraged to complete the survey
- The results of the survey will be presented to a future Governance Committee meeting and Council of Governors meeting.

Feedback from Governor Engagement Activities

- Governors are encouraged to attend the virtual Joint Countywide Mental Health Forum meetings on 29 September
- Rachel Bounds will email Denise Baxendale the list of active voluntary groups to share with governors
- The Governor Engagement Log will be recirculated in Governor Connect for governors to complete.

Governor attendance at the Council of Governors

- The Lead Governor will contact the governors who have not attended the last two Council of Governors meetings to explain the formal process if the governors concerned are unable to attend the third consecutive Council of Governors meeting

Governor training and development update

- Governors requested a session on mental health conditions focusing on depression and anxiety.
- Rosemary Farkas will facilitate the half hour session which will take place after the Governance Committee on 8 October 2020.

Governor Wellbeing

- Julie Lowe, Deputy Chair, Governance Committee will arrange an informal catch-up with governors. This will be a digital meeting using Microsoft Teams.

Governors' Nominations and Remuneration Committee membership

- Kel Sims has agreed to represent staff governors on the Committee when April Saunders, who is currently the staff member for the Committee, term of office ends on 25 September.

Governor Code of Conduct

- A governor task and finish group has been established to review the Governor Code of Conduct.
- The review will be presented to the Governance Committee in October.

Terms of Reference of the Governance Committee

Authority

The Council of Governors Governance Committee is constituted as a Committee of the Council of Governors. The Governance Committee 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.

1. Role

The Council of Governors Governance Committee shall be responsible for advice and support on:

1.1 Code of Conduct

1.1.1 Maintaining an overview of governor attendance and contribution in line with the Governors' Code of Conduct and best practice, ensuring effective processes are in place to deal with any non-compliance, behaviour or conduct issues.

1.1.2 Annual review of the Governors' Code of Conduct.

1.2 Membership and Engagement

1.2.1 Ensure governors have an agreed approach to member engagement and recruitment and that the Council of Governors' responsibilities are met in this respect.

1.2.2 To assist in creating opportunities to engage with governors constituents and to create new members and engage with existing members.

1.2.3 To assist in the recruitment of governors and in preparing them to fulfil their responsibilities.

1.2.4 Regularly review the Trust's membership data.

1.2.5 Maintain an oversight of governor involvement in Trust activities, ensure that those activities are coordinated and reported back to the Council of Governors.

1.2.6 Advise on arrangements for the Annual Members' Meeting.

1.3 Quality

1.3.1 To consider the Trust's Quality Account and support the coordination of the governors' statement.

1.4 Holding to Account

1.4.1 Oversee engagement activities with Non-Executive Directors.

1.4.2 Make proposals for the Council's forward work programme, including items related to holding the board to account.

1.5 Training and Development

1.5.1 To consider the learning and development needs of the Council of Governors required to enable governors to undertake their role and responsibilities efficiently and effectively.

1.5.2 To reflect upon the training and development undertaken and review feedback received from governor development sessions.

1.6 Governance

1.6.1 Give due consideration to laws and regulations and the provisions of the NHS Foundation Trust Code of Governance.

1.6.2 Ensure the Council of Governors' annual effectiveness review is undertaken and outcomes presented to the Council of Governors with any required recommendations to discharge its role.

1.6.3 Review of any proposed changes to the Trust's constitution, making recommendations as required.

2. The Council of Governors shall not delegate any of its powers to the Governance Committee and the Governance Committee shall not exercise any of the powers of the Council of Governors.

3. Membership of the Committee

3.1 The Governance Committee shall comprise of elected Public Governors, Staff Governors and Appointed Governors.

3.2 The following are also invited to attend:

- ~~Chair of~~ Deputy ~~Trust~~ Chair in the absence of the ~~Trust~~ Chair
- ~~Director of Corporate Affairs &~~ Trust Secretary
- ~~Deputy Director of Communications and Involvement~~
- ~~Communications~~ Membership and Involvement Manager
- ~~Nominated Membership Champion~~
- ~~Assistant Trust Secretary~~

4. Quorum

A Quorum shall comprise:

- a) Six governors
- b) One member of Trust staff, aside from Staff Governors

5. Frequency of Meetings

5.1 The Committee shall meet bi-monthly and report regularly to the Council of Governors.

6. Planning and Administration of Meetings

6.1 Yearly the Committee shall elect from its membership, a governor to serve as Chair of the Committee who will be eligible for re-election after the term has expired.

6.2 The Committee shall elect from its membership, a governor to serve as a Deputy Chair.

6.3 The Membership and Involvement Manager will support the planning and administration of the Committee.

6.4 A suitably qualified member of staff should attend each meeting.

7. Review

7.1 The terms of reference of the Committee shall be reviewed by the Governance Committee annually and changes submitted to the Council of Governors for approval.

Governor elections update

Purpose of Report

To update governors on the 2020 elections for public and staff governors to provide assurance on the process taken.

Executive Summary

Two governors terms of office end on 25 September and this will mean there will be two vacancies in the following constituencies:

- Chesterfield – one public governor vacancy
- Allied Professions – one staff governor vacancy

The process to begin the elections for the two vacancies above was planned to begin in June 2020; but upon receipt of the 'Reducing burden and releasing capacity at NHS providers and commissioners to manage the COVID-19 pandemic' national guidance from NHS England and NHS Improvement, dated 28 March, foundation trusts were advised to delay governor elections.

The Trust Chair conveyed the contents of the national guidance to the Governance Committee on 2 April where it was noted that governor elections would be delayed.

As reported to the Council of Governors on 3 March 2020, during the winter 2019 when the results were announced in January 2020 the seat for Bolsover and North East Derbyshire remained vacant due to no nominations being received.

All three vacancies will be included in the 2021 elections by which time we will have also have a further five vacancies:

- Bolsover and North East Derbyshire – one public governor vacancy (this means there will be two vacancies for this area)
- High Peak and Derbyshire Dales – one public governor vacancy
- Administration and Allied Support Staff – one staff governor vacancy
- Nursing – two staff governor vacancies

The process for all seven public and staff governor elections will begin in the spring.

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 attracting colleagues to work with us who we develop, retain and support by excellent management and leadership | |

3) We will make the best use of our money by making financially wise decisions and will always strive for best value to make money go further	x
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Assurances

- Governors can be assured that the 2021 elections will run independently of the Trust
- Governors can be assured that the vacancies will be included in the next round of elections in 2021 and these elections will be run in line with the guidance included in the Constitution.

Consultation

- This paper has not been considered at any other Trust meeting to date.

Governance or Legal Issues

- As laid out in the Trust Constitution 'Elections for the elected members of the Council of Governors shall be conducted in accordance with the Model Election Rules.'
- The election process has previously been undertaken by Civica (formerly Electoral Reform Services) an independent company used by the majority of foundation trusts to run their elections. In line with our strategic consideration 'best use of our money' the Trust will be putting out the election process to tender.

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 will proactively seek to promote governor vacancies to all members of the community. We will also provide support to any current or prospective governors to enable them to carry out their role to address any specific needs they may have. This includes providing transport for those who may not be able to access public transport due to physical needs, accommodating communication requirements and providing support workers at meetings.

Recommendations

The Council of Governors is requested to:

- 1) Receive the report.

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

MINUTES OF A MEETING OF THE BOARD OF DIRECTORS

Held in Conference Rooms A and B
Research and Development Centre, Kingsway, Derby DE22 3LZ

Tuesday 3 March 2020

MEETING HELD IN PUBLIC

Commenced: 9.30am

Closed: 12.15pm

PRESENT

Caroline Maley	Trust Chair
Margaret Gildea	Senior Independent Director and Non-Executive Director
Ashiedu Joel	Non-Executive Director
Geoff Lewins	Non-Executive Director
Dr Sheila Newport	Non-Executive Director
Dr Julia Tabreham	Non-Executive Director
Richard Wright	Deputy Trust Chair and Non-Executive Director
Ifti Majid	Chief Executive
Claire Wright	Deputy Chief Executive & Director of Finance
Carolyn Green	Director of Nursing & Patient Experience
Dr John Sykes	Medical Director
Mark Powell	Chief Operating Officer
Justine Fitzjohn	Trust Secretary

From DHCFT2020/026

IN ATTENDANCE

Perminder Heer	NExT Director
Anna Shaw	Deputy Director of Communications & Involvement
Celestine Stafford	Assistant Director, People and Culture Transformation
Sue Turner	Board Secretary
Charlotte Kawalek	Lead Nurse, Dementia Rapid Response Team South
Melissa Edwards	Cognitive Behavioural Therapist
Susan Krause	Children's Occupational Therapist
Emily	Service User
Kyri Gregoriou	Interim Assistant Director for Clinical and Professional Practice
Tamera Howard	Freedom to Speak Up Guardian

For DHCFT2020/019

For DHCFT2020/019

For DHCFT2020/027

VISITORS

Lynda Langley	Lead Governor and Public Governor, Chesterfield
Andrew Beaumont	Public Governor, Erewash
Valerie Broom	Public Governor, Amber Valley
Susan Ryan	Public Governor, Amber Valley
Jo Foster	Staff Governor, Nursing
April Saunders	Staff Governor, Allied Professions
Orla Smith	Public Governor, Derby
Christopher Williams	Public Governor, Erewash
Jaswinder Banya	Catering Assistant and Reverse Mentor
Wayne Swan	Finance Assistant
Kay Jones	Finance Manager
Carl Jones	Senior Systems Analyst, Information Management and Technology (IM&T)
Sandra Austin	Derby City and South Derbyshire Mental Health Carers Forum and Trust volunteer
Sue Elson	Member of the public
Matthew Holton	Visconn Clinic
Eddie Staally	Visconn Clinic

APOLOGIES

Gareth Harry	Director of Business Improvement and Transformation
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DHCFT 2020/018	<u>CHAIR'S WELCOME, OPENING REMARKS, APOLOGIES FOR ABSENCE AND DECLARATION OF INTERESTS</u>
	<p>The Trust Chair, Caroline Maley, welcomed everyone to the meeting. Introductions were made to Charlotte Kawalek, Lead Nurse, Dementia Rapid Response Team who shadowed Caroline, Melissa Edwards, Cognitive Behavioural Therapist who was shadowing Chief Operating Officer, Mark Powell and Susan Kraus, Children's Occupational Therapist shadowing Director of Nursing and Patient Experience Carolyn Green. Assistant Director, People and Culture Transformation, Celestine Stafford was thanked for attending in her acting post whilst the Trust looks to appoint a new Director of People and Inclusion following the departure of Amanda Rawlings.</p> <p>Apologies for absence were noted from Director of Business Improvement and Transformation, Gareth Harry who was representing the Trust at a national workshop on out of area placement reduction. Caroline informed the Board that the Deputy Chief Executive and Director of Finance, Claire Wright would join the meeting following her attendance at an operational plan submission meeting.</p> <p>No declarations of interest were made with regard to the agenda items and no adjustments were made to the register.</p> <p>Caroline highlighted that following the positive feedback received from the CQC Well Led inspection the Trust Board has taken the decision to revise its schedule of meetings from the new financial year to reduce public board meetings to six times a year from the current ten times a year. The rationale behind this decision is to provide greater time for the Board to hold additional strategy and planning sessions, including system working. This frequency would also put us in line with other Foundation Trusts who meet in public every other month, including University Hospitals of Derby and Burton (UHDB) and Derbyshire Community Health Services (DCHS). The next meeting will be held on 5 May 2020. Meetings will then be scheduled on a bi-monthly basis in July, September, November, January and March and dates are now displayed on the Trust's website.</p>
DHCFT 2020/019	<u>PATIENT STORY</u>
	<p>Interim Assistant Director for Clinical and Professional Practice, Kyri Gregoriou introduced Emily who talked about her experience of Derbyshire Healthcare over the last fifteen years. Emily focussed mainly on her last two admissions to the Radbourne Unit and some of the challenges she faced with her diagnosis of Premenstrual Dysphoric Disorder (PMDD) of which the cause is still unknown but is thought to be caused by a genetic sensitivity to hormone fluctuations. She also described the challenges in accessing services and getting the appropriate treatment due to the rarity of her diagnosis that affects one in twenty menstruating individuals (it is not that it is rare, but more that the awareness is not there so people do not get the correct diagnosis). Emily also talked about her experience of raising a concern and how well she was responded to by Chief Operating Officer, Mark Powell which led to a meeting between Emily, Kyri and Area Service Manager, Hannah Burton which resulted in her being involved in service development forums which has helped resolve some of her concerns.</p> <p>Emily shared a key example of some of the challenges she experienced in hospital to give the Board an understanding of where her concerns came from. There were times when she felt that patients' visual checks were not carried out thoroughly enough by bank staff, mainly because they were not familiar enough with the patients to know their true needs. Towards the end of her admission Emily decided to write a letter which she addressed to Mark Powell and gave him an insight into her personal experience of her time on the ward as she wanted her voice to be heard and to gain the reassurance that things were going to be put in place to make changes to try and prevent the same happening again. Following receipt of the letter a meeting was arranged that enabled Emily to talk through her concerns with Kyri and Hannah when she was invited to work with them in a collaborative</p>

	<p>and lessons to be learned manner. Through her letter and during the discussion Emily highlighted five key areas that were the focus of a CQC visit and subsequent report on the Radbourne Unit concerning staffing levels, recreational and meaningful activity, safety and the basic need to feel safe, the importance of good communication between mental health and physical health teams and looking beyond the obvious when assessing patients' needs. Emily also talked about the importance of continuity of care and for patients getting to know the staff and for them to get to know their patients which allows for good person centred care.</p> <p>Emily feels very passionate about patient engagement and has actively raised the profile of recreational and meaningful activity for patients for the purpose of distraction. The Board recalled that she ran a project at the end of the year putting together hampers containing games, books, puzzles writing and colouring materials and toiletries to entertain and keep patients positively occupied on the wards. Emily's involvement in reducing restrictive practice has also been very well received by trainee doctors on the expert patient programme and through her attendance at the monthly involvement meetings a number of Emily's concerns have now been addressed.</p> <p>Chief Executive, Ifti Majid referred to Emily's suggestion that clinical staff should look beyond the obvious and urged her to give examples of how this can be done. Emily's recommendation was that clinicians should think and ask about women's menstrual cycles as many women suffer from various forms of PMDD. Service users should also be encouraged more to help understand what works best for them. Research can provide the knowledge and expertise but patients are experts at telling you what their needs are. Emily also stressed the importance of providing continuity of care and having therapeutic relationships with clinical staff who can also advocate for you.</p> <p>Director of Nursing and Patient Experience, Carolyn Green thanked Emily for sharing her story and assured her that she and her Board colleagues will work to resolve her concerns. She described how she and the Medical Director, John Sykes have carried out some work on PMDD which enabled them to discover some emerging themes. They are in the process of arranging a conference on PMDD and would like to involve Emily and work with gynaecology colleagues to develop integrated pathways on PMDD.</p> <p>Caroline Maley thanked Emily for engaging with Kyri and the team to help the Trust improve the communication and transitions that are helping psychiatrists and nurses think about the menstrual health of women and for giving the Board an insight into PMDD.</p>
DHCFT 2020/020	<p><u>MINUTES OF THE BOARD OF DIRECTORS MEETING HELD ON 4 FEBRUARY 2020</u></p> <p>The minutes of the previous meeting, held on 4 February 2020, were accepted as a correct record of the meeting.</p>
DHCFT 2020/021	<p><u>ACTIONS MATRIX</u></p> <p>The Board agreed to close all completed actions. Updates were provided by members of the Board and noted on the actions matrix. All completed 'green' actions were scrutinised to ensure that they were fully complete.</p> <p><u>MATTERS ARISING</u></p> <p>Richard Wright referred to a discussion at the previous meeting that clean air is one of the wider determinations of good health and asked what the Trust would be doing to improve air quality and reducing waste. Ifti outlined that there is a stream of work that the Trust is involved in both internally via the estates strategy and our health and wellbeing strategy and in partnership within the JUCD which will drive forward improvements.</p>
DHCFT 2020/022	<p><u>QUESTIONS FROM GOVERNORS OR MEMBERS OF THE PUBLIC</u></p> <p>None received.</p>

<p>DHCFT 2020/023</p>	<p><u>CHAIR'S UPDATE</u></p> <p>Caroline Maley's report provided the Board with a summary of her activity and visits to the Trust's services undertaken since the previous Board meeting in February.</p> <p>Caroline reported on the quality visit she chaired at the Memory Assessment Service (MAS) that highlighted the important work that admin colleagues undertake. Caroline highlighted that the admin team had mentioned that they would like to be trained in conducting difficult conversations with patients and was pleased to hear from Carolyn Green that work is taking place with the People Services team to initiate a training programme specifically designed to cover this area of an administrator's work.</p> <p>Another visit took place at the Chesterfield Dementia Rapid Response team (DRRT) when Caroline and attended the team's Multi-Disciplinary Team (MDT) meeting where all patients on the list were reviewed. Caroline was impressed with the review of patients within their care and saw that the meeting reflected the culture of the Trust by recognising people's different contributions to discussions.</p> <p>Caroline welcomed new members of the Council of Governors following recent elections and requested that interested Trust members living in Bolsover consider standing in future elections.</p> <p>Key messages from the Joined Up Care Derbyshire (JUCD) Board meeting held in February were appended to Caroline's report. These meetings now take place in public session and governors and members of the public were urged to attend so they can see how the Trust is working in a more integrated way.</p> <p>RESOLVED: The Board of Directors noted the activities of the Trust Chair since the last meeting held on 4 February 2020.</p>
<p>DHCFT 2020/024</p>	<p><u>CHIEF EXECUTIVE'S UPDATE</u></p> <p>Ifti Majid's report gave a summary of the changes within the national health and social care sector, as well as an update on developments within the local Derbyshire health and social care community. The report also included feedback from external stakeholders, such as commissioners, and feedback from staff. The following issues were highlighted:</p> <p>National context</p> <p>The 2019 Workforce Race Equality Standard (WRES) has been released by the WRES Implementation Team. Ifti discussed how national issues are reflected locally, up to April 2019 and outlined how improvements and initiatives arising from the NHS Long Term Plan will improve representation at senior levels in the NHS and the experience of BME colleagues. Overall Ifti remains disappointed that a steeper trajectory of improvements has not been seen within our own organisation and highlighted that there is still a considerable amount of work to do to improve representation and experience of BME colleagues within the Trust. However, he was pleased to see that a review that took place at the People and Culture Committee had showed that the likelihood of BME staff entering a formal disciplinary process compared to white staff has reduced.</p> <p>Local Context</p> <p>Ifti's report detailed key items discussed by the JUCD Board which focused on prevention and the wider determinants of ill health, He was pleased to report that the JUCD Board had signed off the leadership model for Integrated Care Systems (ICS) following collaboration with key stakeholders.</p> <p>Within our Trust</p> <p>The draft CQC inspection report has now been received and has been returned ahead of schedule following factual accuracy checks. Ifti looked forward to being able to announce the results of the inspection in the public domain once the period of embargo has been</p>

	<p>lifted.</p> <p>Ifti was delighted that the staff survey produced the highest ever response rate and the feedback received from staff is very positive. The results showed an improvement in a third of all areas and deterioration in none and gave a positive reflection on the organisation's culture and put the Trust above average when compared with the results received by other trusts that provide similar services. Particular highlights included positive feedback about staff morale, quality of care and equality, diversity and inclusion.</p> <p>Ifti referred to the financial challenges being felt by the Trust and highlighted how all colleagues within the organisation have been updated about the financial requirements for next year 2020/21. In line with Trust values this information has also been shared with the Trades Unions and has been discussed within the Staff Forum so that colleagues are aware of these pressures and all staff will continue to be updated with progress.</p> <p>Non-Executive Director, Julia Tabreham challenged the Trust's preparedness to maintain effective service delivery in the event of an outbreak of Novel Coronavirus (Covid-19). Mark Powell as Emergency Prevention, Preparedness and Response (EPPR) lead assured her that the Trust is working in line with the guidance that is being issued by NHS England and Improvement and Public Health England to ensure we are prepared and compliant with the latest national guidance. Mark and his team are fully engaged in ensuring that services are prepared especially due to the case reported in Buxton last week. Regular briefings are being communicated to all colleagues across the Trust. The Trust has set up its own Management Response Team and will not deviate from the guidance being issued by Public Health England.</p> <p>Mark referred the Derbyshire County Council Director of Public Health's annual independent report 'Stronger for Longer' concerning the health and wellbeing of the local population and challenged if the differences between the wellbeing of people in the county of Derbyshire and the city of Derby are being factored into to JUCD working. Ifti advised that the work of the Health and Wellbeing Boards for the county and the city will be brought to the JUDC Board to understand how health and wellbeing differs across the city and the county which will outline individual local needs. This work will sit with the integrated care partnerships that will look at related themes with public health and will implement local actions to drive forward the priorities in local areas. This work will also be part of the Trust's investment in cost interventions.</p> <p>Deputy Trust Chair, Richard Wright referred to the CQC's recent mandate on how the Mental Health Act (MHA) is to be applied and monitored by services in England and asked if this will mean that complying with the MHA will be less complex. John Sykes advised that a recommendation from the review of the MHA has shown that the Code of Practice is to be revised and that this is an action for the Secretary of State. The MHA is to include a greater emphasis on advocacy which will become increasingly important when developing patient care plans.</p> <p>RESOLVED: The Board of Directors scrutinised the Chief Executive's update, noting the risks and actions being taken.</p>
DHCFT 2020/025	<p><u>INTEGRATED PERFORMANCE AND ACTIVITY REPORT</u></p> <p>The Integrated Performance Report (IPR) provided the Board of Directors with an overview of Trust performance at the end of January.</p> <p>The report set out how the Trust is performing well against a set of key national and local targets and measures. Main areas of performance referred to by Mark Powell highlighted the following:</p> <p>Finance</p> <p>The Trust is still planning to achieve the year-end control total. The key financial risk is being driven by the number of patients placed out of area in adult acute beds although a</p>

reduction has been seen in out of area placements in the last six weeks. Other financial challenges are due to the Sustainability Transformation Programme (STP) position which is currently off plan by £36.3m due mainly to Chesterfield Royal being £9.7m off plan because of tariff changes and University Hospitals of Derby and Burton (UHDB) being off plan by £26.1m due to the impact of undelivered savings.

As outlined by Ifti earlier the financial position for next year has determined that the required cost improvement plan (CIP) needed for 2020/21 is £6.8m (4.2%). Director of Business Improvement and Transformation, Gareth Harry is leading this cost reduction work and we expect to be in a position from 1 April to have a scheme that will deliver this £6.8m shortfall which stands at £4.5m at the moment. Ifti added that there is a real risk that this could increase by over £0.3m due to International Financial Reporting Standards (IFRS) changes. Claire Wright is working to understand the impact this will have on the Trust as well as ensuring the Trust is in the best place possible.

Quality and Operations

From an operational point of view the Trust is performing well against national standards. Although there are a number of patients placed out of area the Acute Services Management Team are working ensure the flow of patients is planned in such a way to reduce the amount of time patients are out of area. Mark was pleased to report that the Trust is in the final stages of producing a business case for the development of a Psychiatric Intensive Care Unit (PICU) in Derbyshire which is being taken through the Mental Health Systems Delivery Board. A full outline business case for consideration with the CCG and system partners is due to be completed in the next four to six weeks. In the meantime the Trust is looking at developing an interim service for individuals who require this level of care which will negate the need to place patients out of area.

Non-Executive Director, Geoff Lewins acknowledged that activity is improving the position on out of area placements and requested that reporting shows the numerate position of individuals placed out of area and for how long. Mark added that a number of projects are ongoing to offer a personality disorder service within the Trust rather than out of area. People who require this service will have their needs cared for in a way that Emily described earlier by understanding what works best for them. There are also a number of patients admitted to inpatient wards that no longer require inpatient care but have significant housing needs. The Trust is seeking to improve the needs of these individuals so they are not unnecessarily in the wrong place. The number of individuals involved will be reported to the Finance and Performance Committee and their care will be personalised through the staff recruitment work being done in these service areas.

With regard to an Autism Spectrum Disorder (ASD) assessment service and the number of people waiting to access the service, the Trust is working on developing a future service model that will care for people with ASD within core services.

Julia Tabreham challenged if anything more can be done to improve the waiting list for Child and Adolescent Mental Health services (CAMHS). Mark reported that investment is being made in the service so that young people can access this service quicker and improvements are expected to be seen in this service line in the coming months. The Trust is also working with partners in the STP to make strategic improvements to how children's services operate. Carolyn Green gave further context to the CAMHS team capacity and explained that the Trust has invested in primary care mental health workers and aligned support and investment in mental health in schools. These are all interventions that have increased referrals to CAMHS and have increased the demand on our service. The CAMHS team have done well not to make the waiting list worse.

Mark updated the Board of discussions that have taken place within the Quality and Safeguarding Committee about the increase in the number of medication incidents. It is believed that the number of incidences have increased due to better recording of incidents. The Board was assured that medication incidents are all reviewed quarterly by the Heads of Nursing and as a trend, this looks to be currently stabilising.

	<p>Workforce</p> <p>Attention was drawn to hotspots in current vacancy rates. These include inpatient areas at the Radbourne Unit and in Children's services. The People and Culture Committee is closely monitoring turnover and is expecting to see developments due to improvements being seen in the recruitment processes that will fill vacancies at a faster rate. Supervision levels have increased due to improvements having been made in the appraisal process and the push to ensure colleagues are correctly supervised.</p> <p>Richard Wright sought assurance on the management of sickness absence. He was advised that sickness absence is discussed regularly at performance review meetings and by the Executive Leadership Team as well as the People and Culture Committee. Discussion took place on the main cause of sickness absence being due to anxiety/stress/depression although most long term absences are non-work related. The Employee Relations team are providing advice and guidance to managers for managing long term sickness cases that is supportive of people with long term conditions. Carolyn Green outlined how the Trust is retaining staff in their sixties and sometimes seventies through the retire and return scheme. Some of these colleagues have some have long term conditions and the Trust is working to support colleagues with these conditions in a positive way. Work is also taking place to understand if we are generating stressful conditions for staff and are supporting colleagues through difficult stages in both their personal lives and professional roles. Ifti was aware of regulatory interest in how the Trust supports staff on all aspects of occupational health and suggested that this is reported through the IPR to prompt further discussions in this area by the Board.</p> <p>Ifti raised concern with the recent increase in falls on inpatient wards. Carolyn Green explained that there are some patients with complex conditions on wards. The Trust has a falls reduction Commissioning for Quality and Innovation (CQUIN) in place. Although the number of falls is low, improved reporting mechanisms have highlighted these complex conditions. Carolyn was not unduly concerned and assured the Board that we are comparing a particularly low rate with a moderate rate and the Quality and Safeguarding Committee is maintaining a monitoring brief to look at the harm caused by falls.</p> <p>Caroline Maley queried the number of incidents requiring Duty of Candour. She was advised by Carolyn Green that over the last three months the Quality and Safeguarding Committee and Serious Incident Group (SIG) have reviewed a number of inpatient deaths within the acute care service that have not been straight forward and the Trust has worked closely with families and carers to explore any issues.</p> <p>Caroline concluded the lengthy discussion on the Trust's performance. She proposed that that limited assurance be taken from the report but noted the significant improvement being made in out of area placements and the positive progression in recruiting to vacant roles and with staff retention.</p> <p>ACTION: Numerate data on out of area placements to be included in the IPR</p> <p>ACTION: Staff occupational health data to be included in the IPR</p> <p><i>Claire Wright joined the meeting at this point (11am)</i></p> <p>RESOLVED: The Board of Directors received limited assurance on current performance across the areas presented.</p>
<p>DHCFT 2020/026</p>	<p><u>QUALITY REPORT - CARING</u></p> <p>Carolyn Green provided the Board with a focussed report on 'Caring' as one of the CQC's domains that summarised the Trust's current level of performance and future direction. The report also evidenced that the Trust has achieved strong compliance and internal and external assurance as demonstrated by the retention of the Trust's wide overall 'good' rating in this area.</p>

	<p>Carolyn gave a live interactive demonstration of the new text message system that showed how immediate patient feedback can be enabled across the Trust's services. This system is due to go live in April and will provide greater opportunity to analyse patient experience of over 20,000 patients within the Trust's care and will be incorporated within patient experience reporting to the Quality and Safeguarding Committee. Thanks were made to Carl Jones, Senior Systems Analyst within Information Management and Technology (IM&T) who designed the system to ensure that it complied with General Data Protection Regulation rules.</p> <p>Caroline questioned why the response to the Trust's community health survey was so low. Carolyn outlined that responses were received from 289 people and demonstrated improved practice in all areas bar one. This is significantly different to a number of higher performing mental health trusts and sometimes the Trust does not score highly on this type of feedback. She anticipates that a text messaging model will demonstrably improve the Trust's position over the next twelve months.</p> <p>Senior Independent Director, Margaret Gildea could not see how the focus on caring could be triangulated with Emily's patient story and proposed that the Quality and Safeguarding Committee ensures that the learning from Emily's story is taken forward within the Trust's services. Carolyn assured the Board that themes arising around staffing will be worked through the Crisis Team and will be reported to the Quality and Safeguarding Committee to do justice to Emily's story.</p> <p>The Board welcomed the use of the interactive data system and received significant assurance from the quality improvement achieved within the domain of caring.</p> <p>RESOLVED: The Board of Directors considered the current priorities for quality improvement in the domain of 'Caring' and received significant assurance with the areas presented.</p>
<p>DHCFT 2020/027</p>	<p><u>FREEDOM TO SPEAK UP GUARDIAN REPORT</u></p> <p>Freedom to Speak Up Guardian (FTSUG), Tam Howard joined the meeting and presented the Board with her second six-monthly update report.</p> <p>The Board was pleased to note the increasing number of people who are coming forward to speak up and that key themes had been identified over the last six months. It was noted that some concerns have been raised by admin staff who feel their skills are not being effectively utilised and have limited opportunities to progress. The Board was assured that the Executive Leadership Team is establishing solutions to support admin colleagues with their development to ensure they feel valued in the organisation.</p> <p>Positive indications show that bullying and harassment had reduced in Q3. Tam highlighted that some BME colleagues felt treated differently and some people with protected characteristics are not feeling as included as they should be and were concerned about how inclusivity featured in the recruitment process.</p> <p>Geoff Lewins acknowledged the positive aspects of the speaking up process and referred to the table that implied that 97 cases were reported to the FTSUG and 54 were dealt with and asked if 46 remain outstanding. Tam responded that these were cases that had been escalated and might be being dealt with by senior leaders within the Trust. She does not always see the outcome of all cases and confirmed that she was closing out these cases within the remit of her role. Assistant Director, People and Culture Transformation, Celestine Stafford echoed Tam's comment and added that it would not be appropriate for actions arising from investigations to be included in reporting or for them to be relayed to FTSUG. Margaret Gildea agreed that confidentiality cannot be breached but requested that future reports show when cases are closed to give assurance to the Board.</p> <p>FTSU champions will help to support Tam in her role in widening access across the Trust. The Board acknowledged that one of main purposes of FTSU is concerned with patient</p>

	<p>safety and that demand for support from the FTSUG will grow. It was noted that appropriate systems and support is in place thorough the use of FTSU Champions to increase FTSU capacity and help colleagues feel safe raising concerns.</p> <p>The Board noted the emerging themes and actions that are being taken in response to colleagues raising concerns and supported the mechanisms and activities that are in place to encourage colleagues to speak up. Thanks were extended to Tam for the work she undertakes in raising awareness of speaking up and ensuring that staff felt more confident in raising concerns.</p> <p>ACTION: FTSUG reports to indicate when cases are closed</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Supported the current mechanisms and activities in place for raising awareness of the FTSU agenda. 2) Supported the use of a rolling improvement / action plan for Speaking Up which feeds into Trust's wider improvement strategy 3) Supported the development of a Speaking Up Strategy during 2020/21 which will be shared with key stakeholders, discussed and agreed by the Board, and is linked to or embedded within other relevant strategies.
DHCFT 2020/028	<p><u>PUBLIC SECTOR EQUALITY DUTY, GENDER PAY GAP AND INCLUSION STRATEGY FOR 2020</u></p> <p>Claire Wright's report outlined compliance with mandatory reporting requirements for Public Sector Equality Duty requirements, Gender Pay Gap (GDP) and included a new action plan to close the gap. It also included the Inclusion Strategy that incorporates some of the Trust's Equality objectives.</p> <p>Public Sector Equality Duty (PSED)</p> <p>The Board noted the excellent inclusion practice work that is evident from the Board Committees' business in considering inclusion by driving improvements in staff and patient experience which is evident through the publication of information that has demonstrated compliance through report cover sheets.</p> <p>Gender Pay Gap</p> <p>Claire's report showed an overall improvement in comparator areas for March 2019 compared to March 2018. Whilst this showed some improvement it was not considered enough. After discussion with the Gender Network a Gender Pay Gap Action Plan was developed that will cover six action areas:</p> <ol style="list-style-type: none"> 1. Data Analysis 2. Branding communication and transparency 3. Recruitment and promotion processes 4. Policy review including maternity, paternity and parental leave 5. Wellbeing and retention 6. Supporting female staff <p>Julia Tabreham challenged whether the action plan will adequately address gender pay gaps associated with clinical excellence awards. John Sykes commented that having an integrated workforce and effective job planning will help provide good work life balance. It was also thought that new consultant training will deliver a fairer delivery of the Gender Pay Gap especially as the Trust is working to support staff needs for flexible working.</p> <p>Inclusion Strategy</p> <p>It was noted that the objectives contained in the Inclusion Strategy are featured during the Trust's corporate induction process to demonstrate how inclusion is at the heart of Derbyshire Healthcare and is supported by a short film of our colleagues talking about what inclusion means to them.</p>

	<p>Having agreed the Trust's compliance with PSED, the Board supported the actions that have been put in place to close the Gender Pay Gap and approved the new Inclusion Strategy. It was noted that the Inclusion Strategy will be refreshed in twelve months' time to include additional learning. It is intended that the strategy will increase in visibility to escalate oversight of progress and will celebrate inclusive actions through regular reporting.</p> <p>Caroline concluded that it was good to see inclusion being incorporated within the Trust and reported to the Board in this way and hoped that Ashiedu Joel will help shape inclusivity within the Trust in her role as NED lead for inclusion.</p> <p>The Trust is required by the Government Equalities Office to publish its Gender Pay Gap report by the deadline of 30 March 2020 using data taken from 31 March 2019 and will post the Public Sector Equality Duty, Gender Pay Gap And Inclusion Strategy report on the Trust's website.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Discussed and agreed compliance with the Public Sector Equality Duty 2) Noted the gender pay gap information including its movement from prior year 3) Endorsed the GPG action plan and committed to receive regular updates 4) Formally approved the Inclusion Strategy and committed to receive regular updates.
DHCFT 2020/029	<p><u>WORKFORCE STANDARDS FORMAL SUBMISSION</u></p> <p>In October 2019, NHS Improvement (NHSI) wrote to all trusts asking them to review their workforce safeguards and implement some formal recommendations. This report outlined how the Trust is formally assessing its compliance and is a self-assessment of the workforce safeguards. This is the Trust's 2020 formal submission.</p> <p>The Board reviewed the self-assessment and was assured that the People and Culture Committee scrutinises and reviews all workforce information, systems and process of staff deployment, rostering and skill mix of the Trust's services at each meeting. Through the report the Director of Nursing and Medical Director confirmed to the Board that they are satisfied with the outcome of any assessment that staffing is safe, effective and sustainable.</p> <p>RESOLVED: The Board of Directors reviewed the self-assessment and the briefing contained in the report and was appraised of the compliance areas and the key areas of significant assurance and safer staffing.</p>
DHCFT 2020/030	<p><u>FIT AND PROPER PERSON TEST POLICY RENEWAL</u></p> <p>The Trust's Fit and Proper Persons Policy and Procedures document is due for renewal. Justine Fitzjohn, Trust Secretary confirmed that it is still compliant with the guidance and regulations and has been corrected to replace references throughout the document made to Director of Corporate Affairs with Trust Secretary. A correction has also been made to the name of a linked policy.</p> <p>The Board was satisfied with the minor amendments that have been made and approved the renewal of the policy for three years. It was noted that the Trust Chair will make the annual declaration and assurance that Fit and Proper Persons requirements (FPPR) are being met by the Trust's Executive Directors and Non-Executive Directors at the July meeting.</p> <p>RESOLVED: The Board of Directors ratified the renewal of the Trust's fit and proper person's policy and procedures and approved the renewal of the policy for three years.</p>
DHCFT	<u>BOARD COMMITTEE ASSURANCE SUMMARIES AND ESCALATIONS</u>

2020/031	<p>The Board received assurance summary updates from recent meetings of the following Board Committees. Caroline noted that verbal updates were made in respect of the Audit and Risk Committee held on 16 January and People and Culture Committee on 28 January at the previous meeting and were extensively included in the minutes and is repeated below for reference. The assurance summaries were correctly presented to the Board at today's meeting.</p> <p>Audit and Risk Committee</p> <p>The Committee discussed how the impact that proposed changes in Accounting Standards will involve a significant amount of work for the Finance team and External Auditors, particularly for IFRS16 which is being planned for. A Deep Dive report on BAF 3a (financial plans) outlined the key controls and mitigating action that is in place, The Committee received significant assurance regarding the range of focus being applied to mitigate risk 3a. The Committee carried out its first review of its Equality Diversity and Inclusion objectives and found this to be a useful exercise. The Internal Audit report provided a good level of assurance on the way Datix is being used as an operational risk system. A review of JUCD Planning Process was seen as a useful piece of work.</p> <p>People and Culture Committee</p> <p>A watching brief is being kept on sickness absence management. The building blocks are in place to deliver a more person centred approach in managing attendance. The Committee is expecting to see progress over the next three to six months and will receive a further report in order to obtain further assurance. A first look at the results of the staff survey showed positive engagement scores. The Committee took the opportunity to congratulate Amanda Rawlings on the work that has focussed on producing better data and reducing timescales to bring resolutions and outcomes to employee relations cases.</p> <p>Quality and Safeguarding Committee</p> <p>Margaret Gildea reported that at the inaugural meeting of the newly combined Quality and Safeguarding Committee held on 11 February significant assurance had been received with safeguarding children activity but limited assurance with safeguarding adults due to the low compliance in safeguarding adults level 3 training. A report on the independent investigation into the care and treatment of a mental health service user in Derbyshire which highlighted the need for Derbyshire PICU was received and discussed. Two specific risk changes to the Board Assurance Framework were escalated to the Board. These were gaps in control in the management of patients with eating disorders and safety issues arising from the investigation and treatment of a mental health service user in Derbyshire and the action plan for improvement.</p> <p>RESOLVED: The Board of Directors received and noted the Board Committee Assurance Summaries.</p>
DHCFT 2020/032	<p><u>ANY OTHER BUSINESS</u></p> <p>Mark Powell gave the Board a further update on plans that are continuing to develop at a national level in response to the increasing number of confirmed cases of Coronavirus (Covid-19). He assured the Board that the Trust will comply with the guidance that is being issued by NHS England/Improvement and Public Health England to ensure the Trust is prepared and compliant with the latest national guidance. The Trust has established an incident management response team to ensure we have local plans in place that are in line with the guidance being shared with the NHS nationally. A communication will be issued to all staff outlining the measures being to be put in place so the Trust can be vigilant.</p>
DHCFT 2020/033	<p><u>IDENTIFICATION OF ANY ISSUES ARISING FROM THE MEETING FOR INCLUSION OR UPDATING IN THE BOARD ASSURANCE FRAMEWORK (BAF)</u></p> <p>There were no additional items for inclusion or updating within the BAF.</p>
DHCFT	<p><u>2019/20 BOARD FORWARD PLAN</u></p>

2020/034	The 2020/21 forward plan outlining the programme for bi-monthly meetings was noted and will continue to be reviewed further by all Board members.
DHCFT 2020/035	<p><u>MEETING EFFECTIVENESS</u></p> <p>Colleagues shadowing Board members at today's meeting were invited to offer their comments.</p> <p>Susan Krause shadowing Carolyn Green committed to cascade discussions held during today's meeting to the Children's Occupational Therapist (OT) team. Themes arising from Emily's story had resonated with her particularly regarding the significant role that OTs on the Radbourne Unit perform in engaging patients in meaningful activity. She thought it was interesting to hear that admin staff will receive training in holding difficult conversations as she was aware that members of the admin team work well calming patients on the ward. Responses to the staff survey indicating that people want to work at the Trust was particularly relevant as her team had found it difficult to recruit to Band 6 OTs and have since had nine applications for a band 6 role.</p> <p>Melissa Edwards shadowing Mark Powell thought that Board discussions gave a positive insight into how reactive the Board is to matters concerning patients. She echoed Susan's comments about concerns mentioned in Emily's story as they were especially relevant to her as she had cared for a lady with the same condition. Melissa was also interested to see how the text messaging system would work in her area.</p> <p>Charlotte Kawalek shadowing Caroline Maley was pleased to hear that concerns raised by front line staff are being addressed by the Board. She was interested to hear Emily's story and felt that her feedback about listening to patient needs was extremely important in understanding what works best for them.</p>
The Board will meet in public every two months from April 2020. The next meeting to be held in public session will take place at 9.30am on Tuesday 5 May 2020 in Conference Rooms A and B, Centre for Research and Development, Kingsway Hospital, Derby DE22 3LZ	

MINUTES OF A VIRTUAL MEETING OF THE BOARD OF DIRECTORS

Tuesday 5 May 2020

MEETING HELD DIGITALLY VIA MS TEAMS

Commenced: 10.30am

Closed: 12 noon

PRESENT	<p>Caroline Maley Margaret Gildea Ashiedu Joel Geoff Lewins Dr Sheila Newport Dr Julia Tabreham Richard Wright Ifti Majid Claire Wright Mark Powell Carolyn Green Dr John Sykes Gareth Harry Justine Fitzjohn</p>	<p>Trust Chair Senior Independent Director and Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Deputy Trust Chair and Non-Executive Director Chief Executive Deputy Chief Executive & Director of Finance Chief Operating Officer Director of Nursing & Patient Experience Medical Director Director of Business Improvement and Transformation Trust Secretary</p>
IN ATTENDANCE	<p>Perminder Heer Celestine Stafford Richard Eaton Sue Turner</p>	<p>NEXt Director Assistant Director, People and Culture Transformation Communications Manager Board Secretary</p>
VISITORS	<p>Lynda Langley Susan Ryan Cllr Jim Perkins Marie Hickman</p>	<p>Lead Governor and Public Governor, Chesterfield Public Governor, Amber Valley Appointed Governor, Derbyshire County Council Staff Governor, Admin and Allied Support Staff</p>

DHCFT 2020/036	<p><u>CHAIR'S WELCOME, OPENING REMARKS, APOLOGIES FOR ABSENCE AND DECLARATION OF INTERESTS</u></p> <p>The Trust Chair, Caroline Maley, welcomed everyone to the meeting. No declarations of interest were made with regard to the agenda items.</p> <p>As all face to face meetings have been cancelled due to the need for social distancing to help limit the spread of COVID-19, this was a virtual meeting conducted digitally via Microsoft Teams to enable continuity of essential business assurance and decisions. A representative group of governors had been invited to observe today's meeting. Any questions they wished to raise relating to today's meeting would be addressed during a Governor Briefing to be hosted by the Trust Chair and Chief Executive in the afternoon.</p> <p>All reports had been pre-read in advance which eliminated the need for them to be presented. Participants were all able to hear each other and were present throughout the meeting with the exception of Mark Powell who left the meeting at 11.30am.</p> <p>A formal tribute was paid to Trust colleagues Gladys Mujajati and Ann Shepherd who both sadly passed away from COVID-19 related complications with the Board offering sincere condolences to their families and friends.</p>
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	<p>Caroline also took the opportunity to thank the Incident Management Team (IMT) headed by Chief Operating Officer, Mark Powell for enacting full emergency planning in line with national mental health emergency guidelines in response to the pandemic to ensure business continuity since the team was stood up on Monday, 16 March.</p>
DHCFT 2020/037	<p><u>CORPORATE GOVERNANCE - REGISTER OF DIRECTORS' INTERESTS 2019/20</u></p> <p>The Declaration of Interests Register annual report provided the Board with an account of Directors' interests during 2019/20.</p> <p>The Board acknowledged that it is a requirement that the Chair and Board members declare any conflict of interest that may arise in the course of conducting NHS business and approved the Declaration of Interests Register that will be listed in the Trust's Annual Report and Accounts for 2019/20.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Approved the declarations of interest as disclosed 2) Acknowledged that the Register of Interests is accessible to the public at the Trust Head Office and will be listed in the Trust's Annual Report and Accounts for 2019/20.
DHCFT 2020/038	<p><u>MINUTES OF THE BOARD OF DIRECTORS MEETING HELD ON 3 MARCH 2020</u></p> <p>The minutes of the previous meeting, held on 3 March 2020, were accepted as a correct record of the meeting.</p>
DHCFT 2020/039	<p><u>ACTIONS MATRIX</u></p> <p>To allow greater focus on the critical issues related to COVID-19 the report on wider staffing and what the future will look like will brought to the Board when normal business is resumed.</p> <p><u>MATTERS ARISING</u></p> <p>Referring to the Freedom to Speak Up Guardian (FTSUG) report received at the March meeting, Non-Executive Director, Ashiedu Joel advised that she is following up concerns raised by BME colleagues who felt they were treated differently in the recruitment process.</p>
DHCFT 2020/039	<p><u>QUESTIONS FROM GOVERNORS OR MEMBERS OF THE PUBLIC</u></p> <p>A question had been received from one of the public governors, Andrew Beaumont with regard to the Learning from Deaths Mortality Report concerning the number of deaths of patients who have been within the Trust's services during the previous six months. Medical Director, John Sykes undertook to respond to this concern when presenting the report under agenda item 7.</p>
DHCFT 2020/040	<p><u>GENERAL UPDATE ON THE IMPACT OF COVID-19 FROM THE INCIDENT MANAGEMENT TEAM</u></p> <p>Following the NHS declaration of a Level 4 National Incident due to the COVID-19 pandemic on 30 January Chief Executive, Ifti Majid verbally briefed the Board on the current number of cases, other key metrics and details of operational challenges and responses being made by the Trust and the Sustainability and Transformation Partnership (STP). He also updated the Board on the latest national, local and Trust cases as of yesterday 4 May:</p> <p>International context</p> <p>According to the World Health Organisation (WHO) there are now 13.435m confirmed cases and 240,604 deaths. 1.54m cases have been confirmed in Europe. The UK is the third worst affected country.</p>

National context

There have been 186,603 confirmed cases in the UK and 28,734 people have sadly lost their lives. This had grown by 288 from the previous day. However, the number of people who have been admitted to hospital with the virus and the number of deaths has started to reduce. There are 385 individuals in acute mental health beds with confirmed COVID-19 across the country. This has gone up by 15 in the last 24 hours. This information has been taken from 31 mental health trusts across the country.

Local context

In Derbyshire the cases have not reduced at same rate as other parts of the country. Derby City had 134 confirmed cases and Derbyshire 131.

Within our Trust

In recent weeks since the start of the pandemic the Trust has seen a 53% drop in Improving Access to Psychological Therapies (IAPT), 47% in children's services, 36% in community services and 17% drop overall in adult mental health services. The reduction in demand is being managed through the emergency mental health support line for people who are experiencing increased mental health needs.

Mark Powell updated the Board on operational activity in respect of confirmed cases, the availability of PPE, swab testing and workforce capacity. The Trust has three confirmed COVID-19 cases. These patients have been confined to the Cubley Court wards. All patients have been swab tested and here have been no other confirmed or suspected cases. The Trust currently has 102 empty beds. This is predominantly made up from closed wards on the Radbourne Unit and Audrey House which have been temporarily closed to allow adult acute inpatient and other rehabilitation wards to be more effectively staffed.

The Trust currently has 133 staff absent and diagnosed with COVID-19 or they are self-isolating due to underlying health conditions. This number had peaked at 195 and has now reduced to 133 which is a significant and much welcome improvement.

Staff are continuing to be swab tested through the standard testing programme. Asymptomatic testing took place last week which provided a better understanding of how the virus is affecting the workforce. Out of 490 colleagues who were tested only three have been confirmed as COVID-19 positive. Although there is reduced capacity across services a good level of contact is being maintained for our most vulnerable patients. The Trust is positively engaging with colleagues who are self-isolating or working from home. The number of confirmed staff cases are low compared to other trusts which is a testament to decisions made early on.

Stocks of PPE have remained manageable. There is accessible stock for all staff that require it. There has been some difficulty in obtaining fluid resistant face masks and gloves but this is a national issue and is not just confined to our Trust.

NExT Director, Perminder Heer asked if staff are regularly swab tested and was advised that staff are only tested if they are asymptomatic or if someone in their household is symptomatic.

Non-Executive Director, Geoff Lewins observed that asymptomatic testing had shown a surprisingly low number of positive results and asked if this figure was a national reflection. Ifti Majid responded that these were overall results from mental health trusts that tested 500 staff.

Non-Executive Director, Julia Tabreham asked if there was any evidence that people with mental ill health may be coping better in these anxious times Mark Powell explained that colleagues across the organisation have anecdotally revealed that some individuals are coping better than expected. There are a number of individuals who are being supported but overall there are some positive indications that people are being resilient. Director of

	<p>Nursing and Patient Experience, Carolyn Green echoed these comments and reported that trusts in the Midlands and London have seen an increase in activity. North Staffordshire has also seen an increase in activity and she expects this trend to be seen within our Trust.</p> <p>The Board noted the verbal update and received significant assurance with the Trust's recent activities in response to COVID-19. Caroline Maley declared that during the confidential Board meeting held on 7 April Board members had confirmed they were satisfied that the Trust is following all of the national directives and instruction that is relevant to the mental health sector as the Trust works to encounter the effects of COVID-19.</p> <p>RESOLVED: The Board of Directors noted the verbal and received significant assurance with the Trust's recent activities in response to COVID-19.</p>
<p>DHCFT 2020/041</p>	<p><u>RESTORATION AND RECOVERY</u></p> <p>Ifti Majid verbally updated the Board on the second phase of the NHS response to COVID-19 that will focus on restoration and recovery. This second phase commenced on 29 April and is expected to progress through to the end of the financial year 2020/21. Reference was also made to letter that all trusts have received from Sir Simon Stevens outlining the expectations for trusts to manage services where they have had to reduce activity to cope with essential services. These are measures that the Trust has already been implementing for a number of weeks.</p> <p>Whilst the reduction of admissions to hospital and the number of deaths is being seen as a positive indication the Trust remains in level 4 of national emergency preparedness. The Incident Management Team (IMT) is continuing to operate in command and control from 8am – 8pm, seven days a week and have defined essential and non-essential services (in line with national mental health emergency guidelines). As the Trust moves through phase 2 to phase 3 lessons learned through our response to the pandemic will be taken forward.</p> <p>Phase 2 will focus on standing up all services and making sure that all patients with urgent and present health conditions that are non-COVID related are able to receive care, support and treatment during this period. The Trust will also continue to support colleagues who are at increased risk of COVID-19 complications. This includes colleagues who are pregnant and people with underlying health conditions and BME colleagues who may be at a greater risk of developing severe symptoms if they were to catch COVID-19. Sir Simon Steven's letter stipulates that all BME staff must receive an individual risk assessment. Although this has not been detailed nationally the Trust has already developed a detailed risk assessment process with its BME network.</p> <p>Sir Simon Steven's letter also detailed a number of aspects that impact the mental health sector that the Trust will have to respond to within ten days. It was noted that one of the reasons why the Trust is in such a good position currently is because capacity was created through the redeployment of staff to specific essential services. Another was because the surge in demand that was expected did not occur. In terms of the organisation's services the Trust will also give details on the response it has made to essential community health services, health visitors, school nurses and services that specifically rely on child safeguarding concerns. The Trust's crisis services and the mental health helplines are making sure that patients are continually engaged with. The Trust is also providing support and working with communities to ensure that people and children are able to access services. Plans are in place to make sure that antenatal and new born screening services are restarted. The health of people with learning disabilities will continue to be checked and all NHS staff will be supported in terms of their mental health and wellbeing as we move forward throughout phase 2. These are all matters that the Trust is addressing and these plans have now been in place for a number of weeks.</p> <p>Mark Powell updated the Board on the Trust's decision making in response to phase 2 restoration work and described how the development of a patient risk stratification framework will enable services to be restored based on the priority needs of patients to</p>

ensure that the most vulnerable patients are supported. It is clear that the Trust will not be returning to previous ways of working for some time and the improvements and innovations seen over recent weeks will be taken through into the next phase. Work is also taking place to assess all Trust facilities and estate to understand how to maintain social distancing, the level of PPE that will be required and how to ensure adequate staffing across all services.

Mark also spoke of the need to support staff to ensure they stay as safe as possible. He was pleased to report that risk assessments for BME colleagues have started in earnest that will assess which colleagues will need to be redeployed in other roles. Thanks were extended to the BME Staff Network and Staff Side colleagues for their involvement in this process. The Trust could expect to have some 300 – 500 colleagues who are not able to deliver care for patients because they are affected by COVID-19 and the remaining depleted workforce will have to work in potentially different ways.

In response to Ashiedu Joel questioning what the anticipated negative impact will be on service delivery as a result of the targeted risk assessment of BME staff, Ifti Majid said it is not yet known what the impact will be but some BME staff will certainly need to be redeployed or will need to work from home.

Julia Tabreham asked what Trust data was being used to support the BME risk assessments as she was aware that some trusts were facing legal challenge from BME staff who feel their employers have expected them to continue working without acknowledging the increased risk they are being exposed to. Ifti Majid responded that it is to our advantage that the Trust has created its own risk assessment in collaboration with its BME Network. Ifti was pleased to report that his letter countersigned by the BME Network leader and Staff Side chair was issued to all BME staff yesterday. He was very proud of the Trust's approach in supporting BME staff and of the response received from the BME Network.

Caroline Maley asked what type of demand for psychological support for staff was being seen from other NHS trusts in the system. Mark explained that all trusts have put support in place for their staff. Our Trust is building on its capacity to meet this demand and has a psychology leadership team scoping this demand and working across other trusts. There is a good structure set up for staff wellbeing which is focussing on providing enough support to staff being led by Assistant Director, People and Culture Transformation Celestine Stafford. There is a very well received staff briefing structure in place and the staff FaceBook page has also proved popular with staff.

Director of Business Improvement and Transformation, Gareth Harry briefed the Board on wider system level activity. He reported that a recovery cell has been established across the system working in partnership with colleagues from children's and adult services, commissioners, Chesterfield Royal and Derbyshire Community Health Services Foundation Trust (DCHS) that will cover key areas of work as well as a system wide autism spectrum disorder treatment service, learning disabilities service and other areas of the long term plan. The Trust has a mental health helpline in place and will be also be looking at what the future demand might be for services and how demand can be modelled from what is happening nationally as well as in other countries.

Gareth also added that the Trust is looking at the resilience of the voluntary sector and care home sector to see how this might impact wider planning of our restoration phase. We will be looking at changes that we have had to make to our working in response to the pandemic and will be retrospectively looking at patient engagement to establish practices that we want to retain and make more permanent.

The Board noted the work that is being carried out to capitalise on and restore the Trust's services that will be outlined in the Trust's formal response to Sir Simon Steven's letter. It was agreed that limited assurance had been obtained on the preparedness of the restoration and recovery work. All Non-Executive Directors confirmed they were satisfied with the progress that has been taking the Trust forward within the restoration and recovery

	<p>phase.</p> <p>Mark Powell left the meeting at this point 11.30am.</p> <p>RESOLVED: The Board of Directors took limited assurance on the preparedness of the restoration and recovery work that the Trust will be taking forward.</p>
DHCFT 2020/042	<p><u>QUALITY REPORT POSITION STATEMENT</u></p> <p>Carolyn Green presented her report that focussed on providing assurance on core quality and safety issues including infection control and the safety standards in managing mixed sex accommodation in a pandemic situation.</p> <p>The Board noted that that the Trust is compliant with NHS England's checklist of infection control measures. The Trust has a strong history of solid infection control, low levels of outbreaks and has a strong performance in cleanliness standards and the checklist contained in the report demonstrated solid performance. Carolyn was pleased to report that the Trust has had low instances of COVID-19 in inpatient and community settings and good standards of infection control.</p> <p>Margaret Gildea gave an overview of matters addressed at the meeting of the Quality and Safeguarding Committee held on 14 April. The Committee noted that due to COVID-19, NHSI have confirmed that there is no requirement for a Quality Report in 2019/20. As work was well underway for the 2019/20 Quality Report, it is proposed that this document will continue to be updated for the purposes of the Quality Accounts and a final version will be produced at a future date for approval, once the new deadlines are known. The Committee reviewed the management of all Serious Incidents (SIs) and was satisfied that a much improved and positive approach was being taken for managing SIs in response to the current pandemic incident management. The Committee ratified a revised Privacy and Dignity Policy and Procedures and was content that the policy has been appropriately adapted to reflect COVID 19 safety changes. The Committee took overall assurance from the work being undertaken by IMT.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Accepted this focused Quality Position Statement of the Trust's approach and agreed for the report to be published on the Trust's website as per national guidance. 2) Noted the matters addressed by the Quality and Safeguarding Committee on 14 April 2020.
DHCFT 2020/043	<p><u>LEARNING FROM DEATHS MORTALITY REPORT</u></p> <p>The report presented by John Sykes included the 'National Guidance on Learning from Deaths' that requires each Trust to collect and publish specified information on a quarterly basis. The report covers the period 1 December 2019 to 25 February 2020 and pre-dates the period for including COVID-19 related deaths.</p> <p>In response to the question raised by public governor, Andrew Beaumont, concerning the number of deaths of patients who have been within the Trust's services during the previous six months, John Sykes clarified that the report showed that nearly 500 deaths of patients who have been in contact with the Trust are mostly due to natural causes rather than suicide. The review of all cases did not identify any problems with the care that patients received. John assured the Board that the purpose of the Serious Incident Group's review of deaths is to learn lessons which are applicable to the Trust's services and gave assurance that any deaths by suicide are thoroughly investigated. He confirmed that all deaths have been scrutinised and reviewed and added that as a result of their inspection in January the CQC had commended the Trust's approach to reviewing deaths.</p> <p>Geoff Lewins made reference to the Trust's application for access to a national database for the cause of death and asked what added value this information would provide if the</p>

	<p>Serious Incident Group reviews were already effective. John Sykes clarified that information on the causes of deaths is not directly received on all patients. Although we know how many people have died we do not always know the cause of death. John intends to meet with regional medical examiners to ensure this information is directly received once the COVID-19 situation has passed and when normal business is resumed.</p> <p>The Board took significant assurance from the approach being taken to reviewing learning from deaths particularly due to the scrutiny applied to this procedure and agreed for the report to be published on the Trust's website in line with national guidance. (A typographical error was noted within the Executive Summary and this would be corrected prior to the report being published on the Trust's website.)</p> <p>RESOLVED: The Board of Directors accepted this Mortality Report as assurance of the Trust's approach and agreed for the report to be published on the Trust's website as per national guidance.</p>
DHCFT 2020/044	<p><u>BOARD ASSURANCE FRAMEWORK UPDATE</u></p> <p>Trust Secretary, Justine Fitzjohn presented the Board with the first issue of the Board Assurance Framework (BAF) for 2020/21.</p> <p>It was noted that this first issue of the BAF for 2020/21 was received by the Audit & Risk Committee on 30 April and was a COVID-19 specific response BAF, outlining the key risks to achieving the Trust's Strategic Objectives in this phase of emergency response to the pandemic. Chair of the Audit and Risk Committee, Geoff Lewins confirmed that the Committee was satisfied that the BAF reflected the key current risks. It was also noted that the Trust is in discussion with its BME network to fully understand any disproportionate risks to BME colleagues and is undertaking individual risk assessments. This will inform an addition to the people risk on the BAF going forward.</p> <p>Justine Fitzjohn assured the Board that reporting of the BAF and COVID-19 related risks will be reported through the Trust's governance structure and will progress as Trust moves through into the restoration phase. The Executive Leadership Team (ELT), Audit and Risk Committee and the Board will continue to review the BAF on a regular basis.</p> <p>The Board was satisfied with the key risks contained in this version of the BAF and approved the first issue of the BAF for 2020/21. It was also agreed that the BAF will be developed to implement learning from new ways of operating in response to COVID-19 and will be developed further during a Board Development session to be held in June.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Approved this initial issue of the BAF for 2020/21 and received significant assurance of the process of the review, scrutiny and update of the BAF in seeking to identify and mitigate risks to achieving the Trust's strategic objectives, during this phase of response to the COVID-19 pandemic 2) Agreed to continue to receive updates in line with the 2020/21 forward plan for the Board.
DHCFT 2020/045	<p><u>INTEGRATED PERFORMANCE AND ACTIVITY REPORT</u></p> <p>The Integrated Performance Report (IPR) provided the Board of Directors with an overview of Trust performance at the end of March 2020. In line with national guidance this report reflects the temporary streamlined Board Committee approach and replaces separate reporting from the Finance and Performance Committee and the People and Culture Committee.</p> <p>The report set out how the Trust is performing against a set of key national and local targets and measures.</p> <p>Finance</p>

	<p>As areas of performance had already been referred to by Mark Powell, Director of Finance and Deputy Chief Executive, Claire Wright provided an overview of the Trust's financial position. The overall financial position was confirmed as having a net surplus of £2.5m against £1.8m plan. This position included £220k of COVID-19 revenue costs that were reimbursed. The Trust achieved its control total and adjusted financial performance requirement.</p> <p>Claire recorded her thanks to the Finance Team for producing the draft annual accounts for 2019/20 within the regional deadline under extremely difficult circumstances which were scrutinised by the Audit and Risk Committee on behalf of the Trust Board on 30 April. The Audit and Risk Committee on 17 June will sign off the final audited accounts for the year, along with the annual report.</p> <p>Reference was made to the temporary changes to the Standing Financial Instructions regarding the Incident Management Teams' decision-making authority during this period. The financial impact of IMT decisions will be regularly reported to the Executive Leadership Team and assurance on financial governance will be taken through the Audit and Risk Committee.</p> <p>Workforce</p> <p>Celestine Stafford outlined how COVID-19 poses enormous challenges for the workforce. As a result of this the Social Partnership Forum (SPF) made recommendations at the beginning of the crisis that disciplinary and grievance investigations will be put on hold unless they concern risks to patients or staff. The Employee Relations Team will continue to provide advice on employee relations matters where they have arisen.</p> <p>The Recruitment Team is working to recruit to essential services and the proportion of posts filled has been gradually increased over the last five months.</p> <p>In order to reduce the burden and release capacity to manage the COVID-19 pandemic, all appraisals and revalidation have been suspended and the volume of mandatory training has been reduced as appropriate.</p> <p>Julia Tabreham asked what type of concerns had been raised with the Freedom to Speak Up Guardian. Celestine reported that the FTSUG has received a low level of concerns. Julia also asked if the work that the Trust was doing to address BME concerns is lessening people's anxieties. Justine Fitzjohn felt it was too early to determine this but the FTSUG will monitor this going forward. In response to Julia then asking if any concerns regarding cross site infection were emerging, Carolyn Green fed back that movement is being restricted to COVID positive areas but we are not restricting further movement to other areas and good hand washing and PPE use mitigates this risk. Outbreaks are so low this shows self-management of the situation and is shown through our low number of staff cases.</p> <p>Deputy Trust Chair, Richard Wright asked how many people were in the recruitment pipeline. Celestine reported that current activity is starting to focus on redeploying people back to their respective roles. Work is also taking place to identify three key managers across inpatient areas with a plan to fast track recruitment to these roles. There will also be an assessment of the vacancies we had prior to redeployment.</p> <p>Having reviewed the report, Caroline Maley acknowledged that the Trust's FaceBook page has provided mutual encouragement and support to staff. She also formally thanked the finance team for their herculean effort in producing the 2019/20 accounts to the required deadline. She proposed that limited assurance be taken from current performance within the Trust and that the Board acknowledge the strong financial end of year position.</p> <p>RESOLVED: The Board of Directors received limited assurance on current performance across the areas presented.</p>
DHCFT	<u>YEAR-END GOVERNANCE REPORTING FROM BOARD COMMITTEES</u>

2020/046	<p>Justine Fitzjohn presented a summary of the year end reports from the Board Committees and advised that on 30 April the Audit and Risk Committee had received assurance from the full year-end reports that the Committees have effectively carried out their role and responsibilities as defined by their Terms of Reference (TOR) during 2019/20. She thanked Sue Turner, Board Secretary for all the work she did to prepare the year-end reports.</p> <p>The Board noted that the use of emergency powers by the Chair and CEO have been put in place for the delegation and purpose of carrying out the functions of the Trust. Board Committee meetings have been suspended as of 20 March 2020, with the exception of the Audit and Risk Committee and the Quality and Safeguarding Committee and quorum arrangements have been adjusted within their TOR. Performance that would be reviewed by the Finance and Performance Committee and People and Culture Committee is being reported through the IPR.</p> <p>Caroline Maley thanked the Audit and Risk Committee for providing assurance that a robust process had been carried out in line with good governance practice on year-end effectiveness reporting from Board Committees.</p> <p>RESOLVED: The Board of Directors noted the assurance received by the Audit and Risk Committee that all Board Committees have effectively carried out their role and responsibilities as defined by their TOR during 2019/20.</p>
DHCFT 2020/047	<p><u>IDENTIFICATION OF ANY ISSUES ARISING FROM THE MEETING FOR INCLUSION OR UPDATING IN THE BOARD ASSURANCE FRAMEWORK (BAF)</u></p> <p>There were no additional items for inclusion or updating within the BAF apart from the need to ensure that lessons learned through the Trust's response to COVID-19 are carried forward. Risks linked to BME colleagues who may be at a greater risk of developing severe symptoms if they were to catch COVID-19 will also be taken forward in the BAF for 2020/21.</p>
DHCFT 2020/048	<p><u>2020/21 BOARD FORWARD PLAN</u></p> <p>The 2020/21 forward plan outlining the programme for bi-monthly meetings was noted and will be reviewed further by all Board members throughout the financial year.</p>
DHCFT 2020/049	<p><u>MEETING EFFECTIVENESS</u></p> <p>All Board members agreed that the meeting had been successfully conducted via MS Teams.</p>
<p>The next meeting to be held in public session will take place at 9.30am on Tuesday 7 July 2020 Please note that due to the current coronavirus pandemic this meeting will be held digitally via MS Team, and as such the time is subject to change.</p>	

Governor Meeting Timetable 2020/2021

DATE	TIME	EVENT	LOCATION/COMMENTS
1/9/20	9.30am onwards	Trust Board Meeting	This will be a virtual meeting
1/9/20	2.00-3.35pm	Council of Governors meeting	This will be a virtual meeting
1/9/20	4.00-5.00pm	Annual Members' Meeting	This will be a virtual meeting
8/10/20	10.00am-11.30pm	Governance Committee	This will be a virtual meeting
11/8/20	11.30am-12.00pm	Governor training and development session – mental health conditions – Rosemary Farkas	This will be a virtual training session
3/11/20	9.30am onwards	Trust Board Meeting	This will be a virtual meeting
3/11/20	2.00pm onwards	Council of Governors meeting	This will be a virtual meeting
10/12/20	10.00am-12.30pm	Governance Committee	This will be a virtual meeting
13/1/21	9.30am onwards	Trust Board Meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
13/1/21	2.00pm onwards	Council of Governors and Trust Board joint session	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
9/2/21	10.00am-12.30pm	Governance Committee	Meeting Room 1, Albany House, Kingsway Site, Derby DE22 3LZ
2/3/21	9.30am onwards	Trust Board Meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
2/3/21	2.00pm onwards	Council of Governors meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ

Please note: due to the COVID-19 pandemic some or all of the meetings scheduled from January to March 2021 may be held digitally.

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
ACP	Accountable Care Partnership
ACS	Accountable Care System (now known as ICS)
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
BAME	Black, Asian & Minority Ethnic group
BoD	Board of Directors
C	
CAMHS	Child and Adolescent Mental Health Services
CASSH	Care & Support Specialised Housing
CBT	Cognitive Behavioural Therapy
CCG	Clinical Commissioning Group
CCT	Community Care Team
CDMI	Clinical Digital Maturity Index
CE	Chief Executive
CEO	Chief Executive Officer
CGA	Comprehensive Geriatric Assessment
CIP	Cost Improvement Programme
CMDG	Contract Management Delivery Group
CMHT	Community Mental Health Team
CNST	Clinical Negligence Scheme for Trusts
COAT	Clinical Operational Assurance Team
COF	Commissioning Outcomes Framework
CoG	Council of Governors
CPA	Care Programme Approach
CPD	Continuing Professional Development
CPN	Community Psychiatric Nurse
CPR	Child Protection Register
CQC	Care Quality Commission
CQI	Clinical Quality Indicator
CQUIN	Commissioning for Quality and Innovation
CRB	Criminal Records Bureau

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS

NHS Term / Abbreviation	Terms in Full
CRG	Clinical Reference Group
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
DBS	Disclosure and Barring Service
DBT	Dialectical Behavioural Therapy
DfE	Department for Education
DCHS	Derbyshire Community Health Services NHS Foundation Trust
DHCFT	Derbyshire Healthcare NHS Foundation Trust
DIT	Dynamic Interpersonal Therapy
DNA	Did Not Attend
DH	Department of Health
DoLS	Deprivation of Liberty Safeguards
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
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

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS

NHS Term / Abbreviation	Terms in Full
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
GMC	General Medical Council
GP	General Practitioner
GPFV	General Practice Forward View
H	
HCA	Healthcare Assistant
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
ICM	Insertable Cardiac Monitor
ICS	Integrated Care System (formerly ACS)
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)
IM&T	Information Management and Technology
OOA	Outside of Area
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	
KPI	Key Performance Indicator
KSF	Knowledge and Skills Framework
L	
LA	Local Authority
LCFS	Local Counter Fraud Specialist
LD	Learning Disabilities
LHP	Local Health Plan
LHWB	Local Health and Wellbeing Board
LOS	Length of Stay
M	
MARS	Mutually Agreed Resignation Scheme
MAU	Medical Assessment Unit

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS

NHS Term / Abbreviation	Terms in Full
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
MDA	Medical Device Alert
MDM	Multi-Disciplinary Meeting
MDT	Multi-Disciplinary Team
MFF	Market Forces Factor
MHA	Mental Health Act
MHIN	Mental Health Intelligence Network
MHIS	Mental Health Investment Standard
MHRT	Mental Health Review Tribunal
MSC	Medical Staff Committee
MSK	Musculoskeletal (conditions)
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
NIHR	National Institute for Health Research
O	
OBC	Outline Business Case
ODG	Operational Delivery Group
OP	Out Patient
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
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
PPI	Patient and Public Involvement

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS

NHS Term / Abbreviation	Terms in Full
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
QC	Quality Committee
QIA	Quality Impact Assessment
QIPP	Quality, Innovation, Productivity Programme
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
SI	Serious Incidents
SID	Senior Independent Director
SIRI	Serious Incident Requiring Investigation
SLA	Service Level Agreement
SLR	Service Line Reporting
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
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
U	
UDBH	University Hospitals of Derby and Burton
V	
VO	Vertical Observatory

**GLOSSARY OF NHS AND
DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS**

NHS Term / Abbreviation	Terms in Full
W	
WDES	Workforce Disability Equality Standard
WRES	Workforce Race Equality Standard
WTE	Whole Time Equivalent
Y	
YTD	Year to Date