

**COUNCIL OF GOVERNORS' MEETING – TUESDAY 7 MARCH 2023  
FROM 14.00 - 17.00 HOURS**

This meeting will be conducted digitally – [Click here to join the meeting](#)

AGENDA		LED BY	TIME
1.	Welcome, introductions and Chair’s opening remarks Apologies and Declaration of Interests	Selina Ullah	14.00
2.	Submitted questions from members of the public	Selina Ullah	14.05
3.	Minutes of the previous meeting, held on the 1 November 2022 and minutes of the extra-ordinary meetings held 22 December 2022 and 17 January 2023	Selina Ullah	14.10
4.	Matters arising and actions matrix (verbal update on Care Plans from Tumi Banda)	Selina Ullah/Tumi Banda	14.15
5.	Chief Executive’s update (verbal)	Carolyn Green	14.20
STATUTORY ROLE			
6.	Overview of Forward/Annual Planning	Vikki Taylor and Rachel Leyland	14.50
COMFORT BREAK			15.20
HOLDING TO ACCOUNT			
7.	Non-Executive Directors Report	Tony Edwards and Deborah Good	15.30
8.	Escalation items to the Council of Governors from the Governance Committee (verbal)	Selina Ullah	16.05
9.	Verbal summary of Integrated Performance Report (full report provided for information)	Non-Executive Directors	16.15
OTHER MATTERS			
10.	Governance Committee Report	Ruth Grice	16.30
11.	Election update	Justine Fitzjohn	16.40
12.	Any Other Business	Selina Ullah	16.50
13.	Review of meeting effectiveness and following the principles of the Code of Conduct	Selina Ullah	16.55
14.	Close of meeting	Selina Ullah	17.00
FOR INFORMATION			
15.	* Public Board agenda and papers for 7 March 2023, including <ul style="list-style-type: none"><li>Minutes of the Public Board meeting held on 17January 2023</li><li>Chair’s Report</li><li>Chief Executive’s Report</li></ul>		
16.	Governor meeting timetable 2022/2023		
17.	Glossary of NHS terms		
Next Meeting: 9 May 2023 – 14.00 – 17.00 – this will be a virtual meeting.			

\* Public Board papers will be available to view on the [Trust's website](#). Click on the 2022/23 drop down menus and select the relevant agenda and papers

**MINUTES OF COUNCIL OF GOVERNORS MEETING  
HELD ON TUESDAY 1 NOVEMBER 2022, FROM 14:00-17:10 HOURS  
MEETING HELD DIGITALLY VIA MICROSOFT TEAMS**

<b>PRESENT</b>	Selina Ullah	Trust Chair and Chair of Council of Governors
	Jill Ryalls	Public Governor, Chesterfield
	Rob Poole	Public Governor, Bolsover and North East Derbyshire
	Graeme Blair	Public Governor, Derby City East
	Orla Smith	Public Governor, Derby City West
	Andrew Beaumont	Public Governor, Erewash
	Chris Mitchell	Public Governor, High Peak and Derbyshire Dales
	Hazel Parkyn	Public Governor, South Derbyshire
	Marie Hickman	Staff Governor, Admin and Allied Support Staff
	Jan Nicholson	Staff Governor, Allied Professions
	Jo Foster	Staff Governor, Nursing
	David Charnock	Appointed Governor, University of Nottingham
	Jodie Cook	Appointed Governor, Derbyshire Mental Health Forum
	Rachel Bounds	Appointed Governor, Derbyshire Voluntary Association
	Martyn Ford	Appointed Governor, Derbyshire County Council
<b>IN ATTENDANCE</b>	Denise Baxendale	Membership and Involvement Manager
	Carolyn Green	Interim Deputy Chief Executive and Chief Nurse
	Justine Fitzjohn	Trust Secretary
	Ifti Majid	Chief Executive
	Arun Chidambaram	Medical Director
	Jaki Lowe	Director of People and Inclusion
	Becki Priest	Interim Director of Quality and Therapies (Chief AHP)
	Marina Fournier-Farmer	Website and Information Coordinator, Public Health Department, Derbyshire County Council
	Lynn Andrews	Non-Executive Director Designate
	Ashiedu Joel	Non-Executive Director
	Tony Edwards	Non-Executive Director
	Deborah Good	Non-Executive Director
	Ralph Knibbs	Non-Executive Director
	Geoff Lewins	Non-Executive Director
<b>APOLOGIES</b>	Angela Kerry	Public Governor, Amber Valley
	Susan Ryan	Public Governor, Amber Valley
	Ivan Munkley	Public Governor, Bolsover and North East Derbyshire
	Ruth Grice	Public Governor, Chesterfield
	Ogechi Eze	Derby City West
	Julie Boardman	Public Governor, High Peak and Derbyshire Dales
	Annette Gilliland	Public Governor, Rest of England
	Kel Sims	Staff Governor, Admin and Allied Support

For item  
DHCFT/GOV/2022/068

Laurie Durand	Staff Governor, Medical
Varria Russell-White	Staff Governor, Nursing
Roy Webb	Appointed Governor, Derby City Council
Stephen Wordsworth	Appointed Governor, University of Derby

ITEM	<u>ITEM</u>
DHCFT/GO V/2022/063	<p><b><u>WELCOME, INTRODUCTIONS, APOLOGIES FOR ABSENCE &amp; DECLARATION OF INTERESTS</u></b></p> <p>Selina Ullah, Trust Chair welcomed all to the meeting and in particular to Dr Arun Chidambaram newly appointed Medical Director and Lynn Andrews, Non-Executive Director Designate who will be replacing Sheila Newport Non-Executive Director. She also confirmed that this will be Ifti Majid's last meeting before he leaves the Trust to take on the role of Chief Executive at Nottinghamshire Healthcare NHS Foundation Trust.</p> <p>Selina reminded everyone that the meeting was being held via a public link.</p> <p>The apologies were noted.</p> <p>Declarations were declared from the Non-Executive Directors (NEDs) for minute number DHCFT/GOV/2022/070 which reports on remuneration and appointments of NEDs.</p>
DHCFT/GO V/2022/064	<p><b><u>SUBMITTED QUESTIONS FROM MEMBERS OF THE PUBLIC</u></b></p> <p>It was noted that no questions from members of the public have been received.</p>
DHCFT/GO V/2022/065	<p><b><u>MINUTES OF THE MEETING HELD ON 6 SEPTEMBER 2022</u></b></p> <p>The minutes of the meeting held on 6 September 2022 were accepted as a correct record.</p>
DHCFT/GO V/2022/066	<p><b><u>MATTERS ARISING AND ACTIONS MATRIX</u></b></p> <p>There were no matters arising from the minutes, and no actions outstanding. It was noted that there were no ongoing actions listed on the Actions Matrix.</p> <p><b>RESOLVED: The Council of Governors noted that all actions on the Actions Matrix had been completed.</b></p>
DHCFT/GO V/2022/067	<p><b><u>CHIEF EXECUTIVE'S UPDATE</u></b></p> <p>Ifti Majid, Chief Executive explained that he had been working side by side with Carolyn Green, Interim Deputy Chief Executive and Chief Nurse, co-attending a number of improvement meetings, to ensure a smooth handover for when he leaves the Trust on 30 November. Ifti also provided the meeting with an update which included:</p> <ul style="list-style-type: none"> <li>• Concerns relating to workforce availability</li> <li>• Few patients have COVID-19. People are being encouraged to be vaccinated against flu, which is a particularly nasty strain this year.</li> <li>• Recovering waiting times and services – the Trust is now beginning to focus on performance to ensure they are running effectively and sustainably.</li> </ul>

	<ul style="list-style-type: none"> <li>• A reduction in complaints – this is equated to more access to services including virtual appointments</li> <li>• Finance – the operation framework means the Trust has to be efficient throughout all its services. The Trust needs to reduce the cost of agency staff</li> <li>• Regulatory oversight – it is important that regulators are confident in how the Trust runs its services</li> <li>• System working – there is a focus on how collaborative working (i.e. Perinatal services) will work together.</li> <li>• Finance – the government has announced there will be public spending cuts, but it is unclear if this will have an impact on mental health funding.</li> </ul> <p>Ifti also referred to the recent Panorama and Dispatches documentaries which focused on concerns relating to the treatment of service users in some mental health trusts, and the lessons being learnt. He assured governors that the case studies in the documentary did not reflect how the Trust treats its patients and service users.</p> <p>David Charnock, Appointed Governor referred to the issue of workforce availability and asked if there is an opportunity for the Trust to work with Nottinghamshire Healthcare NHS Foundation Trust, the East Midlands Alliance and education providers to find a solution. Carolyn Green explained that the Trust is working with Nottinghamshire Healthcare, East Midlands Alliance to look at how we can grow and develop the workforce. She also explained that removal of Learning Disability nursing from the curriculum is concerning.</p> <p><b>RESOLVED: The Council of Governors noted the Chief Executive's update.</b></p>
<p><b>DHCFT/GO V/2022/068</b></p>	<p><b><u>PRESENTATION ON DERBY AND DERBYSHIRE EMOTIONAL HEALTH AND WELLBEING WEBSITE</u></b></p> <p>Marina Fournier, Website and Information Coordinator, Mental Health and Suicide Prevention Team, Public Health Department, Derbyshire County Council gave a presentation on the <a href="#">Derby and Derbyshire Emotional Health and Wellbeing Website</a> which has been developing since April 2020. Marina gave a summary of the website which included:</p> <ul style="list-style-type: none"> <li>• How the website is set up</li> <li>• What it is about – it is centralised signposting website with information on mental health and wellbeing.</li> <li>• Who it is for – it is for everyone in Derby City and Derbyshire County</li> <li>• Key dates</li> <li>• Content process</li> <li>• Accessibility</li> </ul> <p>It was noted that since the website was launched the top five pages reviewed have remained the same throughout the life of the website: Home page, Child and Young Person, Neurodiversity, Adult, and Child and Young Person – Emotion Wellbeing Support.</p> <p>Arun Chidambaram commented that the website was a great resource and had emailed information on long Covid to be included on the website.</p>

	<p>Jodie Cook, Appointed Governor reiterated the importance of the website as a resource and explained that the content has rapidly grown within the last few months. It now includes access to a lot of free training courses for volunteers (which includes governors) and encouraged governors to visit the website.</p> <p>Selina conveyed her appreciation to Marina for her presentation.</p> <p><i>(Marina left the meeting.)</i></p> <p><b>RESOLVED: The Council of Governors noted the report.</b></p>
<b>DHCFT/GO V/2022/070</b>	<p><b><u>REPORT FROM THE GOVERNORS' NOMINATIONS AND REMUNERATION COMMITTEE HELD ON 21 OCTOBER 2022</u></b></p> <p>The Non-Executive Directors (NEDs) declared an interest in this item which refers to their remuneration and left the meeting for the duration of the discussion of the item.</p> <p>Selina Ullah presented the Governors Nominations and Remuneration Report and referred to the following:</p> <ul style="list-style-type: none"> <li>• The Committee is recommending an increase to the annual baseline remuneration levels paid to our NEDs from £12,638 to £13,000. This is to bring the levels in line with the £13,000 per annum set out in the national guidance and is in line with provider Trusts in the Derbyshire system. It was noted that the current rates have not been increased since 2013</li> <li>• The national guidance also allows local discretion to award supplementary payments of up to £2,000 per annum to two NEDs. The Committee recommends that the Trust retains the supplementary payments for three roles which are held by three separate individuals recognising the extra responsibilities of the Deputy Trust Chair, Senior Independent Director (SID) and the specialist knowledge qualification required for the Audit and Risk Committee. These roles currently attract a £1,250 (per role) and £2,500 respectively. To align with the financial limits in the guidance the Committee recommends that the Deputy Chair and SID receive an allowance of £1,000 per annum, and the Chair of the Audit and Risk Committee receives £2,000 per annum. It was agreed that this will be transacted for all new appointments to these roles, not during the terms of office of the current postholders.</li> <li>• Ashiedu Joel's term of office is due to expire on 22 January 2023, having been appointed to her first three year term on 23 January 2020. She has expressed an interest in being re-appointed for a second term. It was confirmed that Selina is in full support of Ashiedu's re-appointment. The benefit of continuity and stability to the Board and confirmation that Ashiedu continues to make a significant contribution, particularly in her role as NED lead for equality, diversity and inclusion and more recently as Chair of the Trust's Mental Health Act Committee was noted. The Committee also noted the positive appraisal out-turn for Ashiedu and is recommending that Ashiedu is re-appointed for a further three year term of office from 23 December 2023.</li> <li>• Assurance was received by the Committee that all the Fit and Proper Persons checks have been completed for Tony Edwards and Lynn Andrews the latest NED appointments</li> </ul>

	<ul style="list-style-type: none"> <li>It was noted that for the Chair's appraisal last year the Trust used both the NHS competency based assessment and the Lumus 360 values based assessment. The feedback was then combined in the appraisal report. This proved to be unwieldy and the Committee proposes that this year the Trust adapts the national template in consultation with the Senior Independent Director (SID) and Lead Governor.</li> </ul> <p><b>RESOLVED:</b></p> <ol style="list-style-type: none"> <li><b>1) Received the update on the business undertaken by the Committee.</b></li> <li><b>2) Approved the increase in the basic annual remuneration for Non-Executive Directors to £13,000 per annum with immediate effect</b></li> <li><b>3) Agreed the proposal for the supplementary payments for the Deputy Chair, Senior Independent Director and Chair of Audit and Risk Committee roles</b></li> <li><b>4) Approved the appointment of Ashiedu Joel for a second term of office from 23 January 2023</b></li> <li><b>5) Noted that Trust's Fit and Proper Persons Test Policy has been complied with in relation to the recruitment of Tony Edwards and Lynn Andrews</b></li> <li><b>6) Agreed the adjustments to the Chair appraisal process for 2022/23.</b></li> </ol>
<p><b>DHCFT/GO V/2022/069</b></p>	<p><b><u>UPDATE CARE QUALITY COMMISSION WELL LED</u></b></p> <p>Selina Ullah, Trust Chair gave an update on the matters discussed at the first CQC Well Led governor task and finish group. The meeting had started with a refresh of the presentation given at the Joint Board and Council of Governors session in July which covered the Trust's preparation for a future Care Quality Commission (CQC) Core Services Inspection, which will then have a follow up 'Board' Well Led inspection.</p> <p>The aim of the group is to help governors understand the framework and prepare them for the role they play in the Well Led Inspection.</p> <p>It was noted that as the Trust is not on the high risk register it is unlikely that an Inspection will take place this year.</p> <p>Justine Fitzjohn reminded governors that they are provided with a lot of information at Council of Governors meeting including summaries from NEDs on the Integration Performance Report.</p> <p>Selina presented a late report that followed on from the presentation which updated governors on the Chief Executive recruitment and re-outlined the continuity plans the Trust has in place to ensure stability in the interim period. She explained that one of the eight lines of enquiry for the Well Led inspection is around leadership and the Trust will need to give assurance on stability and continuity in light of the Board turnover, referring to the departure of three of the Trust's experienced Executive Directors; Ifti Majid, Chief Executive, John Sykes, Medical Director and Claire Wright, Executive Finance Director.</p> <p>Selina reported that Arun Chidambaram seamlessly took over from John Sykes at the beginning of October, and for the other posts the Trust has acted swiftly to provide interim arrangements to give confidence about how we are building resilience and a consistency of purpose and values into our Board at a time of change.</p>

This included Carolyn being recently appointed as Interim Chief Executive for the period between Ifiti leaving the Trust on 30 November and the new substantive Chief Executive commencing in post.

Selina had ensured that regular updates have been given to colleagues and governors on the above arrangements and she reported we have had a good level of interest from appropriate candidates. The closing date is 9 November and stakeholder groups and the panel interviews would be held in December. Dates were being held for Council of Governors meetings to approve the appointment (by the Remuneration and Appointments Committee) of the new Chief Executive.

Selina had included an extract from the guide 'Your statutory duties: A reference guide for NHS foundation trust governors' which set out the process involved in appointing a substantive Chief Executive and the role of the Appointments and Remuneration Committee in reviewing the Board composition and Executive Director appointments. She added that we will only need the one extraordinary meeting of both the Remuneration and Appointments Committee and the Council of Governors but are holding a few dates for contingency.

The Staff Governors have had a number of queries from staff around the above processes and these will be added to the engagement log for fuller discussion at the December Governance Committee but Selina added that her brief did cover most of their queries.

Jaki Lowe, Director of People and Inclusion referred to the engagement events that had been held at the beginning of the process so that the job description and person specification could be adapted to include the priorities and attributes that are important to colleagues, governors and partners. She confirmed that the Trust has received some really constructive feedback particularly on how colleagues want to be involved in the selection of the new Chief Executive.

Selina gave assurance that the Trust has continuity plans in place across the Executive team to ensure that priorities continue to progress. It was noted that this includes preparations for the development of the Trust's new acute inpatient services and for the forthcoming CQC inspection, which the Trust continues to plan for whilst awaiting an official inspection date.

Ifiti explained that when a substantive post leaves there is usually a dip in performance, and the interim posts will help to reduce this. He assured governors that the right people are stepping into the roles for continuity.

Selina confirmed that the Governors Nominations and Remuneration Committee has supported the recruitment process and interim measures in place.

Martyn Ford referred to the process and felt that it was bulky compared to his experience of recruitment in local government and industry, and questioned value for money. Selina assured Martyn that the Trust was following due diligence regarding the process and reiterated the importance of appointing the right person for the Chief Executive role. She explained that the same process has been used to recruit Board members to ensure that we appoint the right people for the Trust.

	<p>Jaki Lowe also assured governors that the Trust follows the latest advice and research on inclusive recruitment and is a values based approach to success. She confirmed that the Chief Executive appointment will need the backing of the whole organisation and colleagues across the Trust are involved in the recruitment process i.e. focus groups providing feedback on the candidates.</p> <p>Orla Smith, Public Governor informed governors that she had been involved as a stakeholder in the Non-Executive Director appointments where the process was valued led.</p> <p><b>RESOLVED: The Council of Governors:</b></p> <ol style="list-style-type: none"> <li><b>1. Noted the Trust's plans for preparing for a CQC inspection and supported the work of the Well Led task and finish group</b></li> <li><b>2. Noted the update on the Chief Executive recruitment and supported the continuity plans the Trust has in place to ensure stability in the interim period.</b></li> </ol>
<b>DHCFT/GO V/2022/071</b>	<p><b><u>COUNCIL OF GOVERNORS ANNUAL EFFECTIVENESS SURVEY</u></b></p> <p>Denise Baxendale, Membership and Involvement Manager, presented the results of the Annual Effectiveness Survey of the Council of Governors. It was noted that the survey is carried out yearly in line with best practice. Initially the results were presented and discussed in full at the Governance Committee on 12 October 2022.</p> <p>A total of 23 governors responded, this equated to 85.18% (compared to 100% last year).</p> <p>The positive response rate remains high</p> <p>All governors who responded with 'Disagree' have been contacted to provide further information.</p> <p>Some questions included responses of 'Don't know' some of these are from new governors, for others it could identify a training need.</p> <p><b>RESOLVED:</b></p> <ol style="list-style-type: none"> <li><b>1) Noted the outcome of the Council of Governors annual effectiveness survey 2022</b></li> <li><b>2) Agreed that the survey should be repeated in September 2023</b></li> <li><b>3) Noted the proposed additional actions developed in response to the survey feedback to further enhance the effectiveness of the Council of Governors.</b></li> </ol>
<b>DHCFT/GO V/2022/072</b>	<p><b><u>LEAD GOVERNOR/DEPUTY LEAD GOVERNOR ROLES</u></b></p> <p>Selina explained that the current Lead Governor, Susan Ryan and Deputy Lead Governor, Julie Boardman terms of office end in January and asked governors to consider expressing an interest in the roles.</p> <p>It was noted that if Susan and Julie stand for re-election they can also express an interest. Selina conveyed her appreciation to Susan and Julie for their continued support.</p> <p><b>RESOLVED: The Council of Governors</b></p> <ol style="list-style-type: none"> <li><b>1) Noted the information provided on the Lead Governor and Deputy Lead Governor roles</b></li> </ol>



	<b>2) Governors are encouraged to express an interest in the roles.</b>
<b>DHCFT/GO V/2022/073</b>	<p><b><u>NON-EXECUTIVE DIRECTORS DEEP DIVE (INCLUDING AN UPDATE ON STAFF RETENTION AS REQUESTED BY GOVERNORS)</u></b></p> <p>Selina referred to the title of this item and proposed that it be changed on future agendas to Non-Executive Director portfolio update and this was agreed.</p> <p>Ralph Knibbs as Chair of People and Culture and at the request of governors, gave an update on staff retention which focused on staff retention activity. This included an overview of:</p> <ul style="list-style-type: none"> <li>• How managers are encouraged to support staff</li> <li>• The new 'stay' process</li> <li>• The new exit questionnaire and process</li> <li>• The introduction of hybrid and flexible working initiatives</li> <li>• Staff wellbeing</li> <li>• Upskilling staff and expanding capabilities</li> <li>• Succession planning and talent management approaches</li> </ul> <p>He explained that staff retention is included in the Trust's Workforce Plan which has been developed from all services and supports the delivery of the Trust's overall operation plan. It was noted that the plan included requirements for the workforce that will be needed for the new builds that are under construction. The plan also establishes how the Trust will overcome the challenges faced in terms of workforce, including staff shortages against a back drop of an increasing demand for the services the Trust provides.</p> <p>Jodie Cook referred to staff retention activities and asked if the Trust has an idea of why staff are leaving within two years of appointment. Ralph explained that new staff need to feel involved and part of Team Derbyshire. He also explained that the Trust is reviewing the induction process and encouraging all managers to carry out timely appraisals. The Trust is also trying to understand more about why staff are leaving.</p> <p>Graeme asked if there was a trend developing regarding the employees who were leaving the Trust within two years and stressed the importance of minimising the turnover of staff. Selina agreed and suggested that the People and Culture Committee look at the leavers data to get granularity on which people, level of pay, and from which services people are leaving the Trust. Ralph reiterated that the Trust needs to understand why people are leaving and what it can do to alleviate the issues as some teams are very unstable.</p> <p>David Charnock, Appointed Governor, Nottingham University referred to the ambition to create a workforce from the local community and how universities can help to do this. It is an opportunity for the Trust to develop links with educational establishments.</p> <p><b>RESOLVED: The Council of Governors received and noted the contents of the report.</b></p>
<b>DHCFT/GO V/2022/074</b>	<b><u>ESCALATION ITEMS TO THE COUNCIL OF GOVERNORS FROM THE GOVERNANCE COMMITTEE</u></b>

	<p>One item of escalation was received from the Governance Committee meeting held on 12 October 2022:</p> <p><i>Regarding Care Plans governors seek assurance that:</i></p> <ol style="list-style-type: none"> <li><i>1. All service users receive a copy of their care plan</i></li> <li><i>2. The technical side of the migration from Paris to SystmOne is robust and a process is in place for support</i></li> </ol> <p>The response to the question attached as Appendix 1 to the minutes was read out at the meeting.</p>
<p><b>DHCFT/GO V/2022/075</b></p>	<p><b><u>VERBAL SUMMARY OF INTEGRATED PERFORMANCE REPORT</u></b></p> <p>The Integrated Performance Report (IPR) was presented to the Council of Governors by the Non-Executive Directors (NEDs). The focus of the report was on workforce, finance, operational delivery and quality performance.</p> <p>Tony Edwards, Chair of the Finance and Performance Committee referred to the following:</p> <ul style="list-style-type: none"> <li>• Following on from the last meeting in September, he was aware that some governors appeared to have difficulty in understanding the IPR particularly the graphs and was aware they had received guidance on how to read the control charts in the IPR. He was keen to know if there was anything else that would help governors and was keen to gather further views from governors on what they would like to see improved. It was noted that the IPR is also presented to the Trust Board</li> <li>• The Trust has received national approval for the construction of the two new builds in Derby and Chesterfield for acute facilities. It was noted that there had been a delay on the programme and costs have increased due to inflation. Discussion is taking place to deliver quality builds at a lower cost</li> <li>• Work on the new Psychiatric Intensive Care Unit (PICU) has not progressed – the Trust is waiting for written confirmation that this will be approved.</li> <li>• The IPR includes a lot of data on waiting lists and recruitment should help to reduce these. Actions plans are in place to address the issues and Tony was confident that the wait times will improve.</li> </ul> <p>Geoff Lewins, Chair of the Audit and Risk Committee updated governors on the following:</p> <ul style="list-style-type: none"> <li>• The Trust is £1m in deficit compared to the planned deficit of £0.8m, an adverse variance of £0.2m. A lot of this is due to agency spend which will decrease as the Trust recruits and retains more staff.</li> <li>• The financial plan assumes no expenditure for COVID-19 expenses after the end of May 2023, and Geoff confirmed that there has been a significant reduction in COVID-19 related expenditure during August and September</li> <li>• The Cost Improvement Programme (CIP) has a plan to deliver a level of efficiencies but a lot of this is non-recurring meaning that the cost efficiency is required for next year</li> </ul>

	<ul style="list-style-type: none"> <li>The Trust is continuing to build on the efficiencies plan and quality programme so that it is more sustainable with recurring cost improvements.</li> </ul> <p>Ralph Knibbs as Chair of the People and Culture Committee referred to the Deep Dive he presented earlier.</p> <p>Lynn Andrews as Chair of the Quality and Safeguarding Committee referred to:</p> <ul style="list-style-type: none"> <li>Previous discussions around the CQC safety domain in the Chief Executive's update</li> <li>The data migration challenges for care planning and the number of patients who have had a plan review continues to challenge the organisation. However Clinical Leads and Heads of Nursing are undertaking clinical audits on a regular basis to ensure that those who need plan reviews are receiving them</li> <li>There are data challenges with the 'patients in settled accommodation' measure as a result of the migration from PARIS to SystemOne. However the Board have requested that this does not mask the need to ensure priority is given to patients and a solution to support progress in this area. Work is underway and improvement is expected to be seen in Quarter 4.</li> </ul> <p><b>RESOLVED:</b></p> <ol style="list-style-type: none"> <li><b>1) The Council of Governors noted the information provided in the IPR</b></li> <li><b>2) Agreed that the NEDs have held the Executive Directors to account.</b></li> </ol> <p><b>ACTIONS: Tony Edwards will liaise with Denise Baxendale to circulate a survey to governors on the IPR.</b></p>
<b>DHCFT/GO V/2022/076</b>	<p><b><u>FEEDBACK FROM ANNUAL MEMBERS MEETING</u></b></p> <p>Due to the meeting overrunning feedback on this item was not presented. However it was noted that a Governor Task and Finish Group will be established to plan next year's Annual Members Meeting and governor volunteers are required.</p> <p><b>ACTION: Denise Baxendale will seek volunteers via the governors e-newsletter.</b></p>
<b>DHCFT/GO V/2022/077</b>	<p><b><u>FORTHCOMING ELECTIONS</u></b></p> <p>Due to the meeting overrunning it was agreed to circulate information on the forthcoming elections to governors outside the meeting.</p> <p><b>ACTION: Denise Baxendale will circulate information about the forthcoming elections after the meeting.</b></p>
<b>DHCFT/GO V/2022/078</b>	<p><b><u>GOVERNANCE COMMITTEE REPORT</u></b></p> <p>The Council of Governors received the report from the Governance Committee meeting held on 10 October 2022.</p>

	<b>RESOLVED: The Council of Governors received and noted the contents of the report.</b>
<b>DHCFT/GO V/2022/079</b>	<p><b><u>ANY OTHER BUSINESS</u></b></p> <p><b>Ifti Majid</b> Governors conveyed their appreciation to Ifti and wished him well in his future endeavours. It was noted that Ifti had enjoyed working with the Board and governors and he explained leaving the Trust was one of the hardest decisions he had to make in the last seven years.</p> <p><b>Derbyshire Mental Health Forum</b> Jodie Cook, Appointed Governor reminded governors that the next meeting is being held face to face on 29 November from 1.30-3.30 in Long Eaton. It is an opportunity for governors to meet voluntary groups and engage with them.</p>
<b>DHCFT/GO V/2022/080</b>	<p><b><u>REVIEW OF MEETING EFFECTIVENESS AND FOLLOWING THE PRINCIPLES OF THE CODE OF CONDUCT</u></b></p> <p>The Council of Governors agreed that although the meeting overran the quality and depth of discussion has been good.</p> <p>Selina thanked Denise Baxendale for curtailing some of the items. She also thanked everyone for attending the meeting and also those who had organised and coordinated the meeting.</p>
<b>DHCFT/GO V/2022/081</b>	<p><b><u>CLOSE OF MEETING</u></b></p> <p>The meeting closed at 17.10 hours.</p> <p>The next Council of Governors meeting will be held on Tuesday 7 March 2023 from 14.00 hours. There will be a private joint Board and Council of Governors session on 17 January.</p>

## Escalation Items to the Council of Governors from the Governance Committee – 12 October 2022

### Question:

Regarding Care Plans governors seek assurance that:

3. All service users receive a copy of their care plan
4. The technical side of the migration from Paris to SystmOne is robust and a process is in place for support

### Response to part one: All service users receive a copy of their care plan

All service users should be offered a copy of their Care Plan. The only exception to teams with a warranted variation including the Memory Assessment (MAS) and Outpatient (OP) services. However, the outcome of a MAS or OP clinic appointment letter includes a plan of care. The Liaison services who may only see a Service User once, provide a individualised Safety Plan for those who have been seen but this is not documented on the Trust Electronic Patient Record. The Trust 0-19 services do not use a care plan but have individual plans of care in the form of workbooks and “red books” for babies. The Heads of Nursing and Practice are currently implementing a system of continuous quality monitoring which includes the auditing of care plans as part of ongoing assurance work. In Inpatient areas these audits take place weekly and are monitored by the Clinical Matron.

It is possible to see if service users have received copies of their Care Plans on SystmOne and this can be reviewed as a compliance report. If Care Plans have not been reviewed within the allocated timeframe, they go red to alert a clinician that they require updating. This system is also able to differentiate patients who are on Care Programme Approach or not. Following the migration from PARIS to SystmOne, Community Mental Health Teams agreed to a goal of ensuring all Service Users who require a Care Plan, have one on SystmOne by the 31 September 2022. As of October 2022, 63% of services users have care plans. The Heads of Nursing and Practice are currently implementing a system of continuous quality monitoring which includes the auditing of Care Plans. In working Age Adult and Older Peoples, Community services, the audits are done monthly and are monitored by the Heads of Nursing. In Inpatient areas these audits take place weekly and are monitored by the Clinical Matron and Head of Nursing. Where it is identified that care plans are not in place, the Heads of Nursing/Matrons feedback to the lead for the clinical area and support to improve compliance.

### Response to part two: The technical side of the migration from Paris to SystmOne is robust and a process is in place for support

During the project rollout, the project team, in agreement with the Trust’s decision makers, agreed that no clinical information would be migrated from PARIS to SystmOne initially. Only a minimum data set that was migrated to SystmOne. Therefore, patient records started again on SystmOne go live date. The Trust IMT team built a solution ‘in house’ to store historical clinical information on an archive database accessible through SystmOne.

A clinical safety case and risk hazard was compiled and is monitored though the process. The Trust has robust governance processes and a Clinical Digital Board that oversees and manages project delivery, in line with Trust and National standards.

**MINUTES OF COUNCIL OF GOVERNORS EXTRAORDINARY MEETING  
HELD ON 22 DECEMBER 2022, FROM 10:20-10.50 HOURS  
MEETING HELD DIGITALLY VIA MICROSOFT TEAMS**

**Note - attendance to be confirmed – the meeting was quorate**

<b>PRESENT</b>	Selina Ullah	Trust Chair and Chair of Council of Governors
	Angela Kerry	Public Governor, Amber Valley
	Susan Ryan	Public Governor, Amber Valley
	Ivan Munkley	Public Governor, Bolsover and North East Derbyshire
	Jill Ryalls	Public Governor, Chesterfield
	Graeme Blair	Public Governor, Derby City East
	Orla Smith	Public Governor, Derby City West
	Andrew Beaumont	Public Governor, Erewash
	Chris Mitchell	Public Governor, High Peak and Derbyshire Dales
	Hazel Parkyn	Public Governor, South Derbyshire
	Marie Hickman	Staff Governor, Admin and Allied Support Staff
	Kel Sims	Staff Governor, Admin and Allied Support
	Jan Nicholson	Staff Governor, Allied Professions
	Laurie Durand	Staff Governor, Medical
	David Charnock	Appointed Governor, University of Nottingham
	Jodie Cook	Appointed Governor, Derbyshire Mental Health Forum
	Rachel Bounds	Appointed Governor, Derbyshire Voluntary Association
	Martyn Ford	Appointed Governor, Derbyshire County Council
	Stephen Wordsworth	Appointed Governor, University of Derby
<b>IN ATTENDANCE</b>	Denise Baxendale	Membership and Involvement Manager
	Justine Fitzjohn	Trust Secretary
	Jaki Lowe	Director of People and Inclusion
	Tony Edwards	Non-Executive Director
	Deborah Good	Non-Executive Director
	Ralph Knibbs	Non-Executive Director
	Geoff Lewins	Non-Executive Director
<b>APOLOGIES</b>	Rob Poole	Public Governor, Bolsover and North East Derbyshire
	Ruth Grice	Public Governor, Chesterfield
	Ogechi Eze	Derby City West
	Julie Boardman	Public Governor, High Peak and Derbyshire Dales
	Annette Gilliland	Public Governor, Rest of England
	Jo Foster	Staff Governor, Nursing
	Varria Russell-White	Staff Governor, Nursing
	Roy Webb	Appointed Governor, Derby City Council

ITEM	<u>ITEM</u>
<b>DHCFT/GOV/ 2022/082</b>	<p><b><u>WELCOME, INTRODUCTIONS, APOLOGIES FOR ABSENCE &amp; DECLARATION OF INTERESTS</u></b></p> <p>Selina Ullah, Trust Chair welcomed all to the meeting. The apologies were noted.</p>
<b>DHCFT/GOV/ 2022/083</b>	<p><b><u>APPOINTMENT OF THE CHIEF EXECUTIVE</u></b></p> <p>The Council of Governors was taken through a report that had been tabled by Selina that sought approval of the decision taken by the Remuneration and Appointments Committee to appoint Mark Powell as Derbyshire Healthcare NHS Foundation Trust's Chief Executive.</p> <p>The report summarised the recruitment process which had provided the Committee with the assurance that this has been in line with the Trust's processes. It was noted that confirmation of the appointment will be pending all employment and Fit and Proper Person Test checks.</p> <p>Selina added that the Trust's recruitment partner GatenbySanderson understood the Trust's values and processes and that three strong candidates were put through to the final rigorous process which included five stakeholder panels and a final interview panel which included an experienced CEO. Selina conveyed her appreciation to Rachel Keys, Recruitment Inclusion Guardian (RIG), this had been an invaluable part of process with the insight RIGs bring.</p> <p>At the end of the stakeholder meetings and the final panel, there were 2 applicants who were deemed to be 'appointable' and the panel put forward Mark Powell as the preferred candidate which was approved by the Remuneration and Appointments Committee.</p> <p>Selina outlined Mark's strengths and explained the rationale for Mark being the preferred candidate which included the length and breadth of his experience. A copy of Mark's profile had been included in the agenda pack. Mark is currently Managing Director and Deputy Chief Executive in a larger Trust and has a very strong system presence.</p> <p>Susan Ryan, Lead Governor shared her perspective of the process and being a member of the final panel interview, she agreed that it had been a very through robust process with three very different candidates.</p> <p>She added that there were lot of views around the room and panel members were keen to triangulate all the information including psychometric testing and feedback from the stakeholder groups. Sue felt that Mark stood out in terms of values and breadth of experience and was happy to support the recommendation from the governors' perspective.</p> <p>Jaki Lowe, Director of People and Inclusion stated that the Trust would have to manage communication of the appointment and asked Governors to keep the decision confidential at this stage. It was hoped that an internal announcement would be issued the next day. Governors were thanked for their support in the process.</p>

	<p><b>RESOLVED: The Council of Governors:</b></p> <ol style="list-style-type: none"> <li><b>1) Noted the robust and inclusive nature of the recruitment process followed</b></li> <li><b>2) Approved the decision taken by the Remuneration and Appointments Committee to appoint Mark Powell to the role of Chief Executive.</b></li> </ol>
<b>DHCFT/GOV/2022/081</b>	<p><b><u>CLOSE OF MEETING</u></b></p> <p>The meeting closed at 10.50 hours.</p> <p>The next Council of Governors meeting will be held on Tuesday 7 March 2023 from 14.00 hours. There will be a short extra-ordinary Council of Governors followed by a private joint Board and Council of Governors session on 17 January 2023.</p>



**MINUTES OF COUNCIL OF GOVERNORS EXTRAORDINARY MEETING  
HELD ON TUESDAY 17 JANUARY 2023, FROM 14:00-14.20 HOURS  
MEETING HELD DIGITALLY VIA MICROSOFT TEAMS**

**PRESENT**

Selina Ullah	Trust Chair and Chair of Council of Governors
Angela Kerry	Public Governor, Amber Valley
Susan Ryan	Public Governor, Amber Valley
Ivan Munkley	Public Governor, Bolsover and North East Derbyshire
Jill Ryalls	Public Governor, Chesterfield
Graeme Blair	Public Governor, Derby City East
Andrew Beaumont	Public Governor, Erewash
Chris Mitchell	Public Governor, High Peak and Derbyshire Dales
Hazel Parkyn	Public Governor, South Derbyshire
Marie Hickman	Staff Governor, Admin and Allied Support Staff
Jan Nicholson	Staff Governor, Allied Professions
Varria Russell-White	Staff Governor, Nursing
David Charnock	Appointed Governor, University of Nottingham
Rachel Bounds	Appointed Governor, Derbyshire Voluntary Association
Martyn Ford	Appointed Governor, Derbyshire County Council
Stephen Wordsworth	Appointed Governor, University of Derby
Roy Webb	Appointed Governor, Derby City Council

**IN  
ATTENDANCE**

Justine Fitzjohn	Trust Secretary
Carolyn Green	Interim Chief Executive
Arun Chidambaram	Medical Director
Tony Edwards	Non-Executive Director
Lynn Andrews	Non-Executive Director
Deborah Good	Non-Executive Director
Ashiedu Joel	Non-Executive Director
Ralph Knibbs	Non-Executive Director
Geoff Lewins	Non-Executive Director

**APOLOGIES**

Rob Poole	Public Governor, Bolsover and North East Derbyshire
Ruth Grice	Public Governor, Chesterfield
Orla Smith	Public Governor, Derby City West
Ogechi Eze	Derby City West
Julie Boardman	Public Governor, High Peak and Derbyshire Dales
Annette Gilliland	Public Governor, Rest of England
Jo Foster	Staff Governor, Nursing
Laurie Durand	Staff Governor, Medical
Kel Sims	Staff Governor, Admin and Allied Support
Jodie Cook	Appointed Governor, Derbyshire Mental Health Forum

ITEM	<u>ITEM</u>
DHCFT/GO V/2023/001	<p><b><u>WELCOME, INTRODUCTIONS, APOLOGIES FOR ABSENCE &amp; DECLARATION OF INTERESTS</u></b></p> <p>Selina Ullah, chair of the meeting, welcomed all to this extraordinary Council of Governors meeting. Introductions were made and the apologies are listed above.</p> <p>A declarations of interest was noted for Tony Edwards in relation to the Deputy Chair role.</p>
DHCFT/GO V/2023/002	<p><b><u>APPROVAL OF THE DEPUTY TRUST CHAIR</u></b></p> <p>Selina presented a paper seeking approval of Tony Edwards as Deputy Trust Chair. Tony would take over this role from Dr Sheila Newport who had been previously appointed as Interim Deputy Chair but had now retired from her Non-Executive Director (NED) post.</p> <p>In proposing Tony for the role, Selina added that she had taken a number of factors into consideration including recruitment criteria and the key areas of focus for the Board in the next couple of years. Ordinarily the position would align to the NED's term of office but a two year term was proposed to give the opportunity for other eligible members of the NED cohort to gain experience in a Deputy Chair role.</p> <p>In terms of remuneration, the Council of Governors had recently agreed a supplementary payment for this role of £1,000 pa in addition to the annual NED remuneration.</p> <p>The Governors fully supported the proposal and Tony responded that he would try his best to support Selina and some of the challenges facing the Trust such as transformation and finance.</p> <p><b>RESOLVED: The Council of Governors</b></p> <p><b>1. Approved Tony Edwards as Deputy Trust Chair for a two year term, backdated to 11 January 2023.</b></p>
DHCFT/GO V/2023/003	<p><b><u>DECISION ON FORMAT OF FUTURE MEETINGS</u></b></p> <p>A discussion took place on the format of future meetings. The Council of Governors meetings had been held virtually since the start of the pandemic and views were canvassed as to whether this should continue or whether to bring back more face to face meetings. Justine Fitzjohn explained some of the current barriers for holding face to face meetings such as parking issues at Kingsway and on-going infection rates for COVID-19 and seasonal illnesses such as Flu. She also explained the limitations of the facilities for hybrid meetings. Roy Webb, Appointed Governor, Derby City Council suggested other venues in the community, including those managed by system partners such as the Council House in Derby which had just had hybrid meeting technology installed.</p> <p>It was noted that there had been a number of informal governor get togethers recently hosted by Jodie and Rachel and it was agreed that these had been really positive in terms of getting to know each other. Others agreed that the</p>

	<p>virtual meetings had been effective and had benefits such as being more environmentally friendly as travel is reduced.</p> <p>The general support was to keep the formal Council of Governors meetings virtual for now but look to arrange the more informal catch ups face to face. This would be reviewed in the future and also options for hybrid working would be further explored.</p> <p><b>RESOLVED: The Council of Governors agreed the position on meetings, noting that this would be reviewed.</b></p>
<b>DHCFT/GO V/2023/004</b>	<p><b><u>CLOSE OF MEETING</u></b></p> <p>Selina Ullah thanked all for their attendance and input and closed the meeting at 14.20 hours.</p>

DRAFT

COUNCIL OF GOVERNORS ACTION MATRIX - AS AT 06/02/2023							
Date of Minutes	Minute Reference	Item	Lead	Action	Completion by	Current Position	
06/09/2022	DHCFT/GOV/2022/056	Verbal summary of Integrated Performance Report	Denise Baxendale	Denise Baxendale will arrange a meeting for Jodie Cook to give an overview of the voluntary sector to the NEDs	31/01/2023	Completed - meetings have taken place	Green
06/09/2022	DHCFT/GOV/2022/056	Verbal summary of Integrated Performance Report	Tony Edwards	Tony Edwards will investigate how best to provide assurance on the performance trajectories/ milestones the Trust has in place /achieved the targets and what the Trust is working towards.	01/11/2022	Completed - gave overview at November meeting	Green
06/09/2022	DHCFT/GOV/2022/059	Review of the Governors' Membership Engagement Action Plan	All governors	Governors are encouraged to feedback to Denise Baxendale on any actions completed so that Denise can update the Action Plan	01/12/2022	Completed - prompted in 22 December Governor Connect	Green
01/11/2022	DHCFT/GOV/2022/075	Integrated Performance Report	Tony Edwards	Tony Edwards will liaise with Denise Baxendale to circulate a survey to governors on the IPR.	07/03/2023	Completed survey issued	Green
	DHCFT/GOV/2022/076	Feedback from AMM	Denise Baxendale	Denise to seek volunteers for AMM task and finish group	07/03/2023	To be followed up	Amber
	DHCFT/GOV/2022/075	Elections	Denise Baxendale	Denise to send out election information.	07/03/2023	Completed - information sent out	Green

Key	Agenda item for future meeting				
			YELLOW	0	0%
	Action Ongoing/Update Required		AMBER	1	17%
	Resolved		GREEN	5	83%
	Action Overdue		RED		0%
				6	100%

## Non-Executive Director (NED) Report – Tony Edwards

### Purpose of Report

This paper provides both a description of my activities since being appointed a Non-Executive Director on 1 August 2022 and information covering the activities of the Finance & Performance Committee, of which I am the Chair.

### Executive Summary

As Chair of the F&PC this paper is principally concerned with my activities in that role and the assurances gained through that Committee. In broad terms F&PC oversees:

- Financial performance and plans
- Operational Performance
- Continuous improvement & transformational change programmes
- Estates strategy & delivery, including the Making Room 4 Dignity Programme
- Information technology & systems strategy & execution
- Contract delivery & system working (including collaborations & partnerships)
- Health & safety
- Oversight of key risks relating to the above

The paper gives further detail with regard to F&PC's key areas of activity since August 2022. It also summarises my key personal activity in addition to regular Board membership.

**Note:** in view of the number of new governors I have included a short personal profile at the end of the document.

### Strategic Considerations

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

**Assurances**

- F&PC has gained assurance across a range of areas as detailed in the report.
- F&PC has used and, where relevant, helped with the continued development of the Board Assurance Framework.

**Consultation**

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

**Governance or Legal Issues**

- Nothing additional

**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 F&PC are included within its terms of reference.

**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: Tony Edwards**  
**Non-Executive Director**

## **Council of Governors – 7 March 2023**

### **NED Report – Tony Edwards**

#### **Purpose of Report**

This paper provides both a description of my activities since being appointed a Non-Executive Director on 1 August 2022 and information covering the activities of the Finance & Performance Committee (F&PC), of which I am the Chair.

#### **Finance & Performance Committee**

As Chair of the F&PC this paper is principally concerned with my activities in that role and the assurances gained through that Committee. In broad terms F&PC oversees:

- Financial performance and plans
- Operational Performance
- Continuous improvement & transformational change programmes
- Estates strategy & delivery, including the Making Room 4 Dignity Programme
- Information technology & systems strategy & execution
- Contract delivery & system working (including collaborations & partnerships)
- Health & safety
- Oversight of key risks relating to the above

#### **Membership:**

In addition to myself as Chair, F&PC has two other NED members, Deborah Good and Geoff Lewins. Other NED's are permitted to observe and since August 2022 this has included Selina Ullah and Lynn Andrews. The Lead Executive Director on F&PC is the Director of Finance, initially Claire Wright and more latterly Rachel Leyland. The other Executive Directors on F&PC are the Chief Operating Officer, Ade Odunlade, and the Director of Strategy, Partnerships & Transformation, Vikki Ashton Taylor. Other senior managers attend all or part of the meeting where it is appropriate to the agenda.

#### **Meetings held:**

Since I joined the Trust on 1 August 2022 there have been three F&PC Meetings in September 2022, November 2022, and December 2022. The next meeting will be held on 21 March 2023 and there is likely to be one or more ad hoc meeting as part of the development of the 2023/24 financial plan.

#### **Specific points of note & assurance from my perspective as Chair:**

- We have monitored both the actual and forecast financial performance of the Trust. The quality of the underlying data has been robust in this regard which has enabled us to satisfactorily scrutinise the information provided. The Executive have so far demonstrated that they can manage the finances of the Trust in line with system expectations, despite the significant cost pressures that exist, for example from the additional costs arising from a shortage of permanent staff. Planning for 2023/24 is underway and F&PC has oversight of this currently live process. The financial environment remains extremely

challenging for the Trust and F&PC will be carefully considering the choices made to manage within the money available, alongside the wider Board.

- We monitor in some detail the operational performance of the Trust, including what conclusions can be drawn from the NHS-wide Statistical Process Control based reporting. As has been raised by the Council of Governors, waiting times have been a particular concern in certain areas. Focussed Rapid Action Plans are in place to deliver improvement, alongside some more strategic changes of approach, and we continue to monitor progress. Rising demand and a shortage of staff in some areas make this a significant area of challenge with no “quick fixes” but the Executive are working hard and creatively. Improving productivity as the Trust continues to emerge from COVID will be a key contributor in this area.
- We have carefully monitored progress of the Making Room 4 Dignity Programme. The construction cost environment, allied to general financial pressures in the NHS, have made this a challenging programme to manage. However, we have been satisfied that the programme has been managed extremely well to date and we are confident that the steps taken so far give the Trust every chance of a successful delivery of this transformational investment.
- We have monitored progress with the implementation of significant new systems across the Trust. Whilst we have successfully gone live with some important new systems & processes, this has not been without challenges, and some of these continue and are being monitored.
- The most recent NHS reorganisation requires that individual Trusts play a fuller and more collaborative role as part of the wider NHS system. In our case this means both within Derbyshire and also in partnership with other Trusts with similar responsibilities on a regional and national basis. F&PC monitors this work and has been reported to in a number of specific areas, for example the development of an East Midlands Perinatal Collaborative where we have been selected as Lead Provider and the work being undertaken in conjunction with Derbyshire Community Healthcare Trust in the area of Learning Difficulties & Autism. This is a significant culture change for the NHS and therefore for our Trust, and the quality and transparency of reporting to F&PC has given assurance that we are demonstrating leadership and engaging positively in this work, even where it comes with challenge.
- As the Trust emerges from COVID the Board are seeking to reinvigorate our Continuous Improvement Programmes with a fresh, broad and inclusive approach. This impacts not only operational and financial performance but also quality performance and hence the monitoring is shared between F&PC and the Quality & Safeguarding Committee (of which I am also a member). We have made a positive start but there remains much to do if we are to deliver the meaningful change required in performance going forward.
- We have received annual reports from a number of areas that fall within our responsibility. This has included the management of the current estate, of Health & Safety and of Information & Management Technology. In all cases we have received transparent reporting that has demonstrated that we have made progress and have plans in place to drive further improvement in pursuit of the Trust Strategy.
- We have received reports on a number of tenders and contracts for key services.
- We have played our part in the Board Assurance Framework process.
- We have continually sought to improve the quality of papers and reporting to F&PC with the primary aim of enhancing the focus on key issues, evidence,



action to improve performance & delivery of important change for the better and the celebration of success.

- We also monitor constitutional standards and I am pleased to report a positive performance.

### **Other responsibilities & activities**

In addition to participating in the wider activities of the Board I have personally:

- Attended the monthly programme review meetings with respect to the Making Room 4 Dignity Programme.
- Been a member of the Remuneration and Quality & Safeguarding Committees.
- Been a member of the long listing, short listing, and selection panel for the new CEO.
- Attended a number of informal meetings with other F&PC Chairs across the Derbyshire NHS.
- Undertaken the NHS Providers two-day induction event.
- Been appointed Deputy Chair of the Trust in January 2023.

### **Personal Background**

- I have a degree in Accounting & Finance from Nottingham Trent University and am a Chartered Accountant, qualifying with what was then Price Waterhouse in 1985.
- I spent the first half of my career in manufacturing finance, including for a packaging business in the East Midlands.
- I spent the second half of my career as a Managing Director of manufacturing businesses which operated internationally but were headquartered in the East Midlands. The first was a packaging business, the second a manufacturer of high-pressure gas cylinders, for example for medical oxygen and environmentally friendly alternative fuel systems.
- I spent 11 years as a Governor of Nottingham Trent University and have been a Governor of University of Derby since 2019.
- I volunteer for the Derbyshire Historic Buildings Trust.
- Although born & raised in West London, I studied in Nottingham, lived near Newark for 4 years and have lived in Derbyshire since 2005.
- I am married with three children in their 20's.

**Non-Executive Director (NED) Report - Deborah Good**

**Purpose of Report**

This paper describes the Board and Sub-Committee and wider activities I have undertaken during my first year since joining the Trust in March 2022.

**Executive Summary**

During my first year with the Trust there have been a number of changes in committee activity and leadership within my role.

In July I became the DHCFT Chair and Meeting Lead for the newly established Neuro Developmental Services Committee in Common. For a short while I was also Chair of the Reset, Recovery and Sustainability Board initially reflecting my priority focus on the Green Agenda for the Trust.

The following describes current responsibilities:

- Chair and Meeting Lead Neuro Developmental Services Committee in Common from July 2022
- Audit and Risk Committee Member from March 2022
- Finance and Performance Committee Member from March 2022
- Member of Remuneration Committee from March 2022

I attend Board Meetings and Board Development Sessions and have been involved in the recruitment of new Non- Executive Directors and Senior Leaders.

I also act as the NED lead for Carers attending relevant Forums and events where possible to develop positive relationships and outcomes.

Note: in view of the number of new governors I have included a short personal profile at the end of the document.

**Strategic Considerations**

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

## **Assurances**

- The Committee in Common (CiC) was established to provide assurance to both boards as the work progresses to develop an integrated, clinically led model of care for Neuro Developmental services.
- The Audit and Risk Committee has regularly reviewed and used the Board Assurance Framework and has carried out a significant amount of other work during the year reviewing the Trust's system of risk management
- Finance and Performance Committee has gained assurance across a range of areas including financial performance and plans, operational performance and health and safety

## **Consultation**

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

## **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 Finance and Performance Committee and the Audit and Risk Committee are required within its terms of reference to ensure that consideration has been given to equality impact related risks. The development of the service model for Neuro Developmental Services, reporting to Committee in Common has a specific focus on reducing health inequalities

## **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: Deborah Good**  
**Non-Executive Director**

**Derbyshire Healthcare NHS Foundation Trust**  
**Council of Governors – March 2023**  
**NED Report – Deborah Good**

**Purpose of Report**

This paper provides a description of my activities in the Trust over the last year. In addition to Board meetings, Council of Governors, Board Development days and Remuneration Committee I attend the following meetings.

**Neuro Developmental Committee in Common (NDCiC) Chair from July 2022**

Derbyshire Healthcare NHS Foundation Trust (DHCFT) and Derbyshire Community Health Services NHS Foundation Trust (DCHS) have been working together to develop an integrated, clinically led model of care that is able to support the people of Derbyshire who access Neurodevelopmental (ND) Services. The ambition for ND services aims to move away from reactive and intensive interventions to preventative and flexible support provided in local communities.

As part of this work a Committee in Common (CiC) was established to provide assurance to both boards as the work progresses. I act as the DHCFT Chair and overall Meeting Lead supported by Non-Executive Director, Geoff Lewins. The CiC approach is where two organisations agree to work in common with each other, holding meetings at the same time with agreed agenda items but formally taking decisions separately on behalf of its own Trust. Meetings are held monthly with the first meeting taking place in July 2022.

There have been some considerable challenges for staff working to deliver improved and integrated Neuro Developmental Services within the context of different organisational policies and procedures. However, both Trusts have now agreed to adopt an alliance/collaboration model for ND Services with each organisation taking responsibility for different elements of the service and DHcFT acting as the clinical lead. Importantly agreement has been reached to develop a single set of policies and a single clinical patient record system. Formalising the alliance between the two Trusts will enable both organisations to find new ways to connect, communicate and collaborate so that the local care needs of local people are optimised.

Whilst there is much work to be done to deliver and implement the Integrated Service Plan for Neuro Developmental Services there are some good examples of positive outcomes to date. For example, DCHS and DHcFT have been reviewing their respective single point of access pathway and making changes to both processes to improve flow and clinical safety. As a result, both Trusts now have the same single point of access process from point of referral to allocation to a clinician in community.

The next meeting of the CiC is taking place on 27<sup>th</sup> February where we will be seeking assurance of the pace and progress with the Alliance model of working to deliver the new model of care.

**Reset, Recovery and Sustainability Board**

For a short while (July to October 2022) I was also Chair of the newly established Reset, Recovery and Sustainability Board initially reflecting my priority focus on the Green Agenda and the delivery of the Trust's Green Plan. However, as it became clear that the agenda was significantly wider than this with crossover to the work of

other committees (especially F&P) it was agreed that the meetings would be more appropriately led by an Executive Director. Delivery of the Green Plan is delivered through a programme of work identified by nine programme streams each with an identified lead officer. The overall programme is led by Ade Odunlade. Progress against the plan is reported quarterly to NHSEI and the ICS and Trust Board annually.

### **Finance and Performance Committee**

I am a member of the Finance and Performance Committee and acted as Interim Chair during the short period between the former Chair leaving the Trust and Tony Edwards taking up the Chair role. The Committee monitors and gains assurance on all aspects of financial management and operational performance. The Committee oversees emergency planning and Health and Safety

### **Audit and Risk Committee Member**

This is the principal committee for seeking independent assurance on the general effectiveness of the Trust's internal control and risk management systems. My membership of the Committee work has enabled me to triangulate the work of the other committees and to gain a greater insight into how risk is effectively handled in the Trust.

### **Other activities**

In addition to formal committee work I also act as the NED lead for Carers attending relevant Forums and events where possible to develop positive relationships and outcomes. I have attended a Carers' Forum in Chesterfield and attended online Carer Engagement meetings. I am also attending a face-to-face carers engagement meeting at Kingsway on 6<sup>th</sup> March. In a recent Quality Visit to the Dementia Rapid Response Team in Chesterfield I was impressed by the dedicated Team support and care given to the Carer of a patient in the community. I was also pleased to see that the Trust was successful in retaining its two- gold star 'Triangle of Care' Accreditation from the Carers Trust. The Triangle of Care is a therapeutic alliance between service user, staff member and carer that promotes safety, supports recovery, and sustains wellbeing.

In addition to my Quality Visit to the Dementia Rapid Response Team I have visits planned to Cubley Court on 28<sup>th</sup> February and Tissington on 21<sup>st</sup> April. Quality Visits are an important and useful forum for Non- Executive Directors, to visit services and hear from staff about the challenges they are facing and have overcome and how they are improving the quality of services for patients and service users.

In other Trust activity I have been involved in several recruitment panels for other Non- Executives and Senior Leaders. I chaired the Board Stakeholder Panel for the recruitment of the new Chief Executive.

### **Personal Profile – Deborah Good (NED since March 2022)**

Deborah, a former Housing Director, has spent most of her career in the social housing sector, working to improve the quality of services for local communities including as Head of Housing Inspection for the Audit Commission. Deborah has experience of serving on various multi-agency boards, including in her role as Executive Director of Customer Experience and Business Support at Solihull Community Housing and as Non-Executive Director at Derwent Living and Berneslai Homes. Deborah is a current Trustee of Artcore, a centre for contemporary art and

creativity based in Derby and offering opportunities to diverse communities across Derbyshire to engage directly with its creative practices.

## **Integrated Performance Report**

### **Purpose of Report**

The purpose of this report is to provide the Board of Directors with an update of how the Trust was performing at the end of January 2023. The report focuses on key finance, performance and workforce measures.

### **Executive Summary**

The report provides information that demonstrates how the Trust is performing against a suite of key operational targets and measures. The aim of which is to provide the Board a greater level of assurance on actions being taken to address areas of underperformance. Recovery action plans have been devised and are summarised in the main body of this report. Performance against the relevant NHS national long term plan priority areas is also included.

### **Operational Performance**

This chapter has been developed to provide a greater level of assurance to the Board on actions being taken to address areas of underperformance. The chapter now also includes performance against the relevant NHS national long term plan priority areas.

Most challenged areas:

- Waiting times for adult Autistic Spectrum Disorder assessment
- Child and Adolescent Mental Health Services.
- Paediatric outpatients
- Improving Access to Psychological Therapies (IAPT) 6-week referral to treatment.

Most improvements:

- Waits reducing month on month for the last 10 months.
- Target achieved for Community mental health access 2 plus contacts.
- IAPT patients completing treatment who move to recovery.

Key next steps:

1. Evolving the Performance report to incorporate the following metrics to help improve wait times, patient flow, timely discharge and patient outcomes:
  - **Re-admitters acute bed occupancy** – fill by inpatients who have already had one or more admission in last 6 months. DHCFT has c40 beds filled

by these re-admitters at any one time and this occupancy can be compared by weighted population with peers

- **Crisis presentation rates – on and off caseload.** DHCFT has >300 on-caseload crisis presentations monthly and c150 off-caseload beds. Again, can be compared by weighted pop with peers
  - **CMHT case length on discharge (average)** – this is going up and up, well beyond 500 days and is much higher than peers
2. All metrics will be framed within a regional and national context going forward to ensure we are working as an organisation to aspire to achieve the best outcomes for our patients in a data driven way ensuring we are continually striving to improve our wait times, service provision and patient experience.
  3. The Health Inequality Programme Board is currently being established so we will be regularly reporting on key actions and metrics associated with reducing health inequalities for our patients.
  4. The Productivity Programme board is currently being established with a view to establish a Trust wide programme dedicated to improving how productive we are as an organisation the metrics for which will be reported on a regular basis to ensure we are continually striving to achieve the best productivity both efficiently and beneficially for our patients.

## Finance

At the end of January, the overall year to date (YTD) position is a surplus of £1.6m compared to the plan deficit of £1.3m, a favourable variance to plan of £2.9m. The forecast is now a surplus of £2.8m against the plan of breakeven. Therefore along with the reduction in the identified financial risks within the Board Assurance Framework (BAF) the **risk has been reduced from Extreme to Moderate.**

## Efficiencies

The full year plan includes an efficiency requirement of £6.0m phased equally across the financial year. **All plans are on track to deliver in full by the end of the financial year.**

Whilst the full requirement for efficiencies has been identified the majority of the schemes are non-recurrent (68%) which is adversely impacting on 2023/24 financial plans.

## Agency

Agency expenditure YTD totals £5.9m against a plan of £2.0m, an adverse variance to plan of £3.9m. The two highest areas of agency usage continue to be driven by Consultants mainly in CAMHS and Nursing staff.

- Key next steps: **Proactive recruitment and review of skill mix, creating new roles and development opportunities to bring a different skill set to facilitate multidisciplinary team working and address the nursing shortage by 30 June 2023.**



### Covid costs

The financial plan assumes no expenditure for Covid after the end of May as per the planning guidance for 2022/23. There has been a significant reduction in covid related expenditure since August and January levels remains low.

### Out of Area Placements

Expenditure for adult acute out of area placements totals £2.4m to date. The forecast assumes ten placements a month for the remainder of the financial year.

- Key next steps: ***A review is underway of out of area patients using insightful business intelligence, as we have seen a significant rise in recent weeks to allow for a root cause analysis to further understand the cause and help form a targeted action plan.***

### Capital Expenditure

Following the resubmission of the capital plan in June expenditure is slightly below plan at the end of January. In October NHSE/I requested that the forecast expenditure across the system was reduced to remove the 5% planning assumption that had been built into the plan therefore the forecast reflects this underspend of £0.3m.

### Better Payment Practice Code (BPPC)

In January the target of 95% was achieved by value but the volume was slightly below the target at 94.3%.

### Cash and Liquidity

Cash remains high at £50m at the end of January however this is expected to reduce in line with capital expenditure to £32m by the end of the financial year. The changes in the liquidity ratio in 2022/23 has been driven by the timing of cash receipts related to the centrally funded Making Room for Dignity capital scheme.

### 2023/24 financial plan

Currently financial plans for 2023/24 both for revenue and capital expenditure are being developed as a system in readiness for a draft submission on 23 February 2023 and final submission at the end of March 2023.

Due to the timing of submission it is requested that the Finance and Performance Committee have delegated authority to sign off the final plan on behalf of the Trust Board.

## **CQUIN**

### **CCG1 - Flu vaccinations for frontline healthcare workers**

The vaccination uptake for health care workers was at 52% by end of December 2022 this has increased to 59% in January. However, It is anticipated that the set target of 90% will not be reached by the end of the flu campaign 2022/23.

Key next steps: ***To increase uptake of flu vaccinations, the Health Protection Unit (HPU) have engaged with providers to disseminate the benefits of flu***

***vaccination to their team. Additional targeted communications are being used to increase uptake.***

#### **CCG9: Cirrhosis and fibrosis tests for alcohol dependent patients**

The set targets are being met in this CQUIN. There have been various initiatives implemented in the Q1 and Q2 which saw improvement in testing. The working group continues to monitor the initiatives and share learning.

#### **CCG10a: Routine outcome monitoring in Children and Young People (CYP) and perinatal mental health services**

The set targets for this CQUIN have not been met in Q1, Q2 or Q3. It is however unlikely that the target of 40% compliance will be reached by the end of the 2022/23 campaign

- **Key next steps:** There has been increased training offered to Routine Outcome Monitoring (ROM), on Microsoft Teams. Divisional CQUIN lead attended managers meeting, encouraged discussion around their use within staff supervision. YouTube video created for staff re: The Revised Child Anxiety and Depression Scale (RCADS). Within the CYP Division, CQUIN meetings take place once per month along with discussion in operational meetings and team meetings. Information is also shared with staff via email.

It should however be noted that when looked at individually, the Perinatal Community teams are achieving the 40% target.

#### **CCG10b: Routine outcome monitoring in community mental health services**

To date the paired outcome target for Community is being achieved, currently 48%. It is likely that the CMHT's will continue to surpass their target of 40% at the end of the 2022/23 campaign.

#### **CCG11: Use of anxiety disorder specific measures in IAPT**

There has been improvement in the CQUIN between Q1, Q2 and Q3. Changes have been made to coding by the Information Management and Technology (IM&T) team so that scores on the Health Anxiety short form measures (ADSM) now flow into the IAPT data set. If improvements continue the service may meet their compliance target of 65% by the end of the 2022/23 campaign.

- Key next steps: ***Work is ongoing to understand discrepancies between reported figures on NHS Futures and standard reports within IAPTUS. Data flows are now consistently appearing on NHS Futures, however data is 2 quarters behind.***
  - ***Clinician level data on ADSM completion rates are being used in management supervision monthly.***
  - ***ADSM compliance is monitored at the monthly management team meeting as a standing agenda item and at IAPT Board.***

- ***ADSMs are also discussed at patch meetings with clinicians in their geographical areas***

### **CCG12: Biopsychosocial assessments by MH liaison services**

The liaison service has achieved the CQUIN target of 80% in Q2 as the data for December is not yet available, it is likely that the current figure will change, and the service will meet their 80% target for Q3. Of those service users who did not receive an assessment, the main reasons were the patient absconding for refusing an assessment after being referred (60%).

### **PSS8: Outcome measurement in perinatal inpatient services**

From November 2022, outcome measures are being embedded into routine practice to ensure consistent monitoring of outcomes for patients and a monthly audit is in place to monitor progress against the CQUIN. The team have made changes to ensure the PROM is completed prior to leave if completing on discharge might become a challenge. This appears to have had a positive impact as the team have achieved their PROM target in Q3. they are also meeting the lower threshold for the CROM target and are confident they will meet this and achieve both targets by the end of the 2022/23 campaign.

### **CQUIN 2023/24 - Update**

The CQUINs for 2023/24 will be reported to the Trust Quality and Safeguarding Committee and submitted to TOOL for assurance quarterly outlining how the trust is performing against the specific Threshold measures. An action plan will also be submitted identifying any barriers or areas that require improvement with a goal-based plan identifying both what being done and what is required to achieve the upper threshold. There will be a monthly meeting for CQUIN leads to report on their progress and request support or escalation.

### **People**

#### Annual appraisals

Appraisal levels continue to be below our expectations.

- Key next steps: ***We are working closely with Divisions to ensure ESR records are fully up to date and reflective of actual compliance. Divisional People Leads are working proactively with their team to combat areas of low compliance.***

#### Annual turnover

Turnover remains high.

- Key next steps: ***The new exit interview process is now fully implemented. A triangulation of key people metric data and intelligence from key leads is now in place to ensure teams needing support takes place promptly to minimise staff leaving the teams.***

### Compulsory training

Overall, the 85% target level has been achieved for the last 10 months.

### Staff absence

January 2023 sickness was 6.2% which is the lowest we have recorded for over a year. The main reason for absence continues to be stress and anxiety and 2023 will see further investment in resources to support colleagues who are struggling at work and home.

### Proportion of posts filled

Staffing levels continue to improve with January seeing another increase. A targeted recruitment campaign and face to face event took place for trainee healthcare support workers and Occupational Therapists (OTs). Work continues on implementing learning from the cultural intelligence recruitment programme.

### Bank staff

January saw a small increase in agency spend, mainly due to the industrial action and an increase in the acuity of patients on a number of wards. Overall bank fill rates remained high.

- Key Next steps: ***Agency spend is high across the system and a system plan is being developed to aid reduction.***

### Supervision

The overall level of compliance with the clinical and management supervision targets has remained low since the start of the pandemic. Improvements can be seen at a team level, with 103 teams now 100% compliant with management supervision and 70 teams now 100% compliant with management supervision.

## **Quality**

### Compliments

The number of Trust compliments dropped by 30 between December. A project to implement an automated electronic patient survey will provide a further method of receiving compliments and concerns. It is expected that an increase in compliments, and concerns will occur over the next 6 months.

### Complaints

The number of formal complaints received has increased between November 2022 and January 2023 from 10 to 15 per month. This is above the Trust target of 12 per month. The complaints team are monitoring this, but no specific theme has been identified.

### Delayed transfers of care (DTC)

The number of DTC has decreased by 2.5% to 0% between November 2022 and January 2023. DCHFT numbers are consistently low when compared with the national picture and continue to record results below the Trust threshold of 3.5%. From November 2022 the Trust Flow Team have introduced a weekly,

multi-agency discharge planning meeting that reviews and identifies any potential barriers for discharge and from this develops an action plan to prevent delay in discharges. The current indication is that these interventions are having a positive impact.

#### Care plan reviews

The proportion of patients whose care plans have been reviewed continues to be recorded as lower than expected and is currently on a downward trajectory.

- Key Next Steps: ***The Assistant Director of Clinical Professional Practice attended the Divisional operation meeting in February 2023 and the Head of Nursing is supporting services to develop team-based care plan compliance plans including identifying and protecting staff time for administration. This will be monitored through the divisional monthly Clinical Operational Assurance Team (COAT) and the monthly operational meeting. The older adult team has also identified an action plan to improve care plan compliance.***

#### Patients in employment and in settled accommodation

Around one third of patients have no employment status or accommodation status recorded at present.

- Key Next steps: ***Business intelligence is being used to identify Data Quality Maturity Index information recorded on referral which from February 23 will be reviewed regularly by Ward and Service Managers in order to develop targeted actions and plans. This will be monitored via monthly service specific operational meetings with a view to improve on this.***

#### Medication incidents

Work continues to be underway to reduce numbers of medication incidents. Common variation continues to be within expected thresholds.

- Key next steps: ***The number of medication incidents is reviewed via the monthly medication management subgroup and is reported on within the quarterly thematic "Feedback Intelligence Group" (FIG) report by the Heads of Nursing and is included in the Serious Incidents bi-monthly report. Any actions identified are reviewed via the medicines management subgroup and the Serious Incidents bi-monthly report is taken to the Quality and Safeguarding Committee for assurance.***

#### Incidents of moderate to catastrophic actual harm

This data demonstrates the number of DATIX incidents occurring of moderate at catastrophic harm. There was an increase in incidents in November but from December these are on a downward trajectory.

- Key next steps: **The patient safety team and Head of Nursing team are reviewing this data to understand the variation.**

#### Duty of Candour

Duty of Candour reported incidents have been on a downward trajectory since April which coincides with the Patient Safety Team undertaking training with Service Managers and Heads of Nursing to support them in understanding and interpreting new national guidance.

#### Prone restraint

Prone restraint has increased since November 2022.

- Key next steps: ***A review of the data is underway as the Head of Nursing for Acute and Assessment services is completing an in-depth qualitative audit and thematic review of seclusion and restraint. This is due to be completed by the end of March 2023.***

#### Physical restraint

Physical restraints have increased between November 2022 and January 2023.

- Key next steps: ***This is being reviewed and monitored within the Reducing Restrictive Practice Group and the Trust Positive and Safe Support Team are placing extra training sessions to improve training availability for staff.***

#### Seclusion

Seclusions have increased between November 2022 and January 2023 from 14 to 17.

- Key next steps: ***Where there have been increased incidents of seclusion, reviews have been completed and This is monitored through the monthly PSST DATIX meeting and the Reducing Restrictive Practice group. The increase in Seclusion is in line with the increase in physical and prone restraint over the same period.***

#### Falls on inpatient wards

Between November and December 2022 falls fell from 38 to 28 but they have increased to 37 in January 2023.

- Key next steps: ***A review of falls was undertaken, identifying the patients affected allowing for a bespoke personal patient by patient review and intervention to be implemented which fed into the bi-weekly falls review meeting, chaired by the Matron for Older Adult Services which continued to identify any specific needs for those patients falling regularly. The impact and actions from this meeting are reported to the Divisional Clinical Reference Group for assurance. This will continue to be monitored over the next quarter.***

#### Care hours per patient day (CHPPD)

CHPPD is rolling data updated monthly, to show staffing levels in relation to patient numbers on an inpatient ward. In the latest published national data when benchmarked against other mental health trusts, our staffing levels continue to be below average.

#### Strategic Considerations

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

#### Risks and Assurances

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

#### Consultation

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

#### Governance or Legal Issues

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

## **Public Sector Equality Duty and 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 Board of Directors is requested to:

- 1) Delegate authority to the Finance and Performance Committee to sign off the operational financial plan for the final submission at the end of March.
- 2) Confirm the level of assurance obtained on current performance across the areas presented. The proposed level is limited assurance.
- 3) Formally agree that this report incorporates the key elements of assurance to the Trust Board that would otherwise have come from Finance and Performance Committee and People and Culture Committee reporting.
- 4) Determine whether further assurance is required.

**Report presented by:**      **Ade Odunlade**  
   **Chief Operating Officer**

**Report prepared by:**      **Peter Henson**  
   **Head of Performance**  
  
   **Sabia Hussain**  
   **Deputy Managing Director**  
  
   **Rachel Leyland**  
   **Director of Finance**  
  
   **Rebecca Oakley**  
   **Acting Deputy Director, People & Inclusion**  
  
   **Joseph Thompson**  
   **Assistant Director of Clinical Professional Practice**

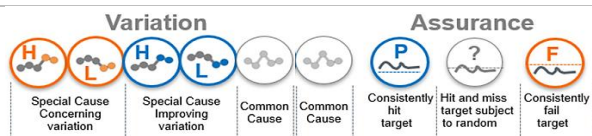


## Assurance Summary

### A. Operations

Metric Name		Performance	Assurance	Latest Value	Target	Lower process limit	Upper process limit	Mean
1a	Waiting list - care coordination - average wait to be seen			45		18	33	26
1b	Waiting list - care coordination - number waiting at month end			113		43	80	62
2a	Waiting list - ASD assessment - average wait to be seen			75		65	70	68
2b	Waiting list - ASD assessment - number waiting at month end			2,038		1495	1716	1606
2c	ASD assessments			22	26	4	31	17
3a	Waiting list - psychology - average wait to be seen			47		38	51	44
3b	Waiting list - psychology - number waiting at month end			460		641	814	727
4a	Waiting list - CAMHS - average wait to be seen			32		14	23	18
4b	Waiting list - CAMHS - number waiting at month end			575		381	545	463
5a	Waiting list - community paediatrics - average wait to be seen			29		15	20	17
5b	Waiting list - community paediatrics - number waiting at month end			1,877		1023	1353	1188
6	Outpatient appointments cancelled by the Trust			5%	5%	4%	11%	8%
7	Outpatient appointment "did not attends"			11%	15%	9%	14%	12%
B1	3 day follow-up			86%	80%	78%	98%	88%
D1	Community Mental Health Access (2 plus contacts)			8,780	10,044.0	8710	8992	8851
E1	Children & Young People Mental Health Access (1 plus contact)			2,960		2821	2998	2910
E4	Children & Young People Eating Disorder Waiting Time - Routine				95%			82%
E5	Children & Young People Eating Disorder Waiting Time - Urgent				95%			63%
G3	Early intervention 14 day referral to treatment - complete			80%	60%	64%	107%	86%
G3	Early intervention 14 day referral to treatment - incomplete			100%	60%	55%	116%	86%
H0	IAPT 6 week referral to treatment			55%	75%	76%	90%	83%
H1	IAPT 18 week referral to treatment			100%	95%	100%	100%	100%
H2	IAPT 1st to 2nd Treatment over 90 Days			22%	10%	2%	10%	6%
H7	IAPT patients completing treatment who move to recovery			50%	50%	45%	61%	53%
I1	Individual Placement and Support Access			260	343.0	107	323	215
K2	Total inappropriate out of area bed days			1,215		1312	1950	1631
K2	Average patients out of area per day - adult acute			4	0	-3	8	3
K2	Patients placed out of area - adult acute			7	0	-3	15	6
K2	Average patients out of area per day - PICU			16		6	19	13
K2	Patients placed out of area - PICU			23		12	30	21
L1	Perinatal Rolling 12 Months Access			5%	10%	3%	4%	4%
L2	Perinatal Access Year to Date			360	1,070.0	126	386	256
N4	Data quality maturity index			98%	95%	98%	98%	98%

Key to symbols<sup>1</sup>:



















Blue dots indicate special cause variation, better than expected.
























Orange dots indicate special cause variation, worse than expected.

<sup>1</sup>The rating symbols were designed by NHS Improvement

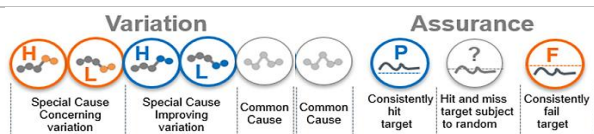
## B. People

		Variation	Assurance	Latest Value	Target	Lower process limit	Upper process limit	Mean
Metric Name								
1 Annual appraisals				77%	85%	72%	77%	75%
2 Annual turnover				13%	8-12%	12%	14%	13%
3 Compulsory training				88%	85%	83%	87%	85%
4 Staff absence				6%	5%	5%	8%	7%
5 Clinical supervision				72%	95%	69%	76%	72%
6 Management supervision				75%	95%	72%	77%	75%
7 Filled posts				96%	100%	87%	93%	90%
8 Bank staff use				5%	5%	5%	7%	6%

## C. Quality

		Performance	Assurance	Latest Value	Target	Lower process limit	Upper process limit	Mean
Metric Name								
1 Compliments received				98	119	63	136	100
2 Formal complaints received				16	13	5	30	18
3 Delayed transfers of care				0%	3.5%	-0.5%	2.2%	0.9%
4 CPA reviews				61%	95%	80%	91%	86%
5 Patients in employment				12%		10%	15%	12%
6 Patients in settled accommodation				40%		46%	57%	52%
7 Number of medication incidents				67		30	94	62
8 No. of incidents of moderate to catastrophic actual harm				53	48	14	78	46
9 No. of incidents requiring Duty of Candour				2	1	-5	12	4
10 No. of incidents involving prone restraint				21	12	0	18	9
11 No. of incidents involving physical restraint				87	46	17	88	53
12 No. of new episodes of patients held in seclusion				18	14	1	31	16
13 No. of falls on inpatient wards				35	30	19	48	33

Key to symbols<sup>1</sup>:



Blue dots indicate special cause variation, better than expected.

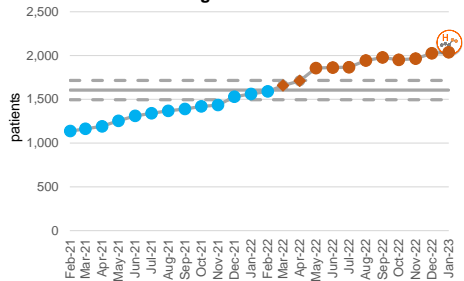
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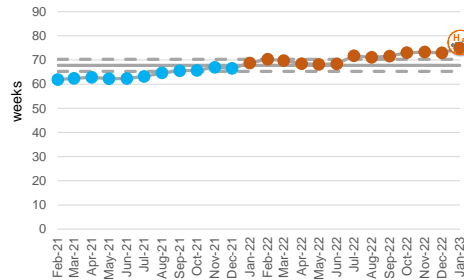
# Operational Performance Summary

## Most Challenged Areas

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



**Waiting list - adult ASD assessment - average wait to be seen**



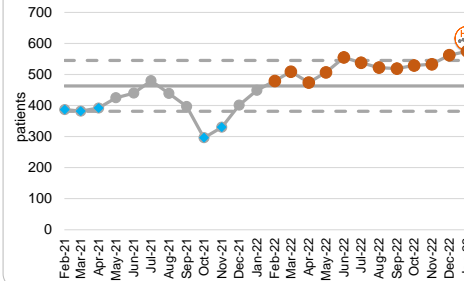
### Summary

Demand for the service continues to outstrip capacity (commissioned to undertake 26 per month but currently receiving referrals 76 per month this financial year to date). At the end of January 2023 there were 2,038 adults waiting for adult ASD assessment, which is an increase of 74 since the last report. A revised approach to waiting list management is being mobilised and should start to have an impact from quarter 4.

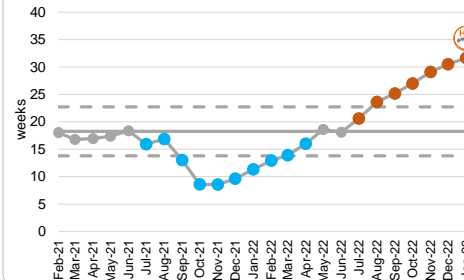
### Actions

- Increase workforce capable of assessment: 20 newly trained staff (pending ADOS licensing), by Feb 2024.
- Introduce robust flagging system on EPR, accurate reporting data and consistency to operational processes, by Qtr2 2023.
- Review clinical processes to increase screening success and increase the number of ASD assessments completed, in order to meet target for assessments by Qtr1 2023.

**Waiting list - CAMHS - number waiting at month end**



**Waiting list - CAMHS - average wait to be seen**



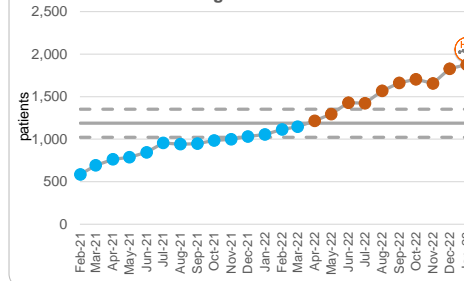
### Summary

At the end of January 2023, 575 children were waiting to be seen with an average wait time of 32 weeks.

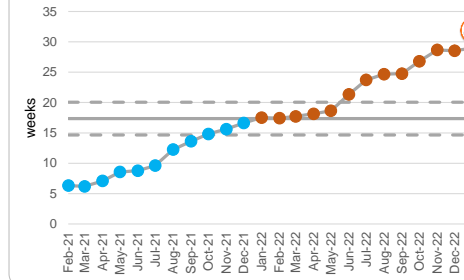
### Actions

- Prioritise the waiting list and ensure available assessment slots for the priority cases – ongoing.
- Redesign the Assessment Team Model and reduce wait times, start to mobilise mid-January 2023
- Launch a Core CAMHS Team to alleviate saturation across core teams and increase flow and specialist support/ intervention for those that require it: start to mobilise mid-January 2023.

**Waiting list - community paediatrics - number waiting at month end**



**Waiting list - community paediatrics - average wait to be seen**



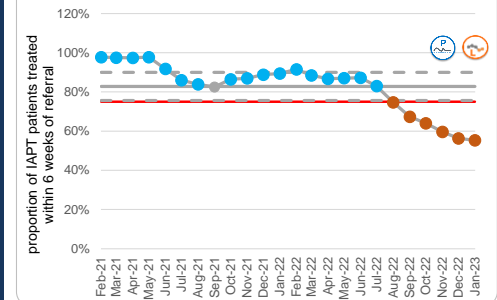
### Summary

At the end of January 2023 there were 1,877 children waiting to be seen which is an increase of 221 since the last report. The average wait time was 29 weeks.

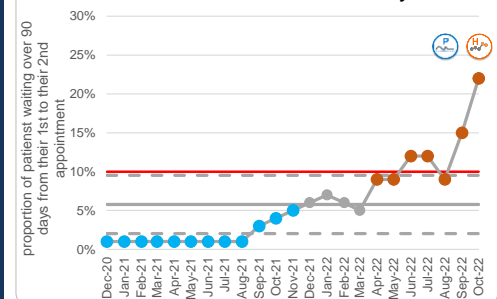
### Actions

- Increased number of clinical slots enabling more children to be seen and a reduction in waits
- Neurodevelopmental business case has now been approved which will increase clinical time by appointment of Specialty Dr for ASD, also included in funds is a non-medical prescriber/ triage nurse, which will support earlier point on skill mix
- To ensure the wellbeing of people on the waiting list while they are waiting

**IAPT 6 week referral to treatment**



**IAPT 1st to 2nd Treatment over 90 Days**



### Summary

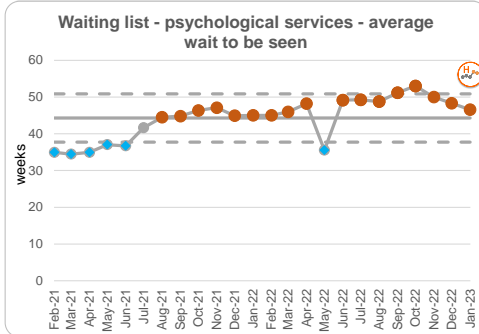
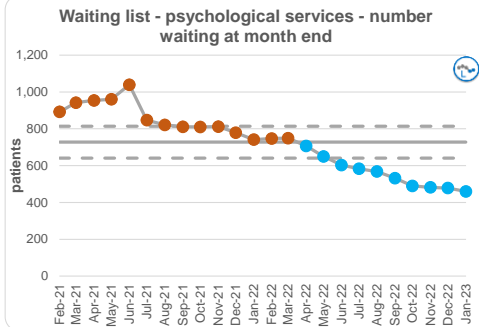
Wait times have been lengthening owing to returns to near pre-pandemic levels of referral, difficulty in recruiting to Psychological Wellbeing Practitioner qualified roles, some long-term sickness and increases in complexity and treatment contacts. Additionally attended appointments for assessments are lower than we would like and improving this should achieve some wait time gains.

### Actions

- Recruitment to the qualified PWP posts, complete the training of the 3 new PWP trainees, and revisit the use of agency staff as an interim measure.
- A booking clerk is in post to book short notice appointments into cancelled slots
- NHSE are funding bookable appointments which we will adopt via IAPTus for assessment slots.

# Operational Performance Summary

## Most Improved Areas

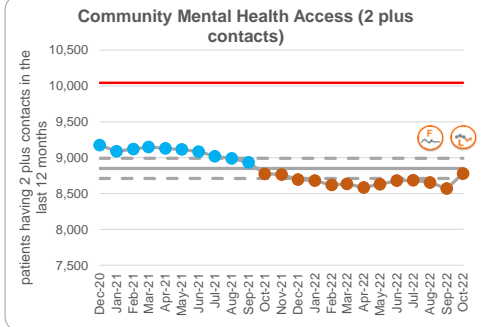


### Summary

At the end of January 2023, 460 people across Derbyshire were waiting to be seen by psychological services with an average wait time of 47 weeks. The number of people waiting has continued to gradually reduce and the reduction is statistically significant. The trend is continuing.

### Actions

- Recruitment drive
- Upskilling of current workforce to deliver moderate intensity psychological interventions (e.g., EMDR delivery; skills groups, trauma stabilisation groups); increase group work offers
- Creation of Division of Psychological Therapies to improve efficiency of delivery.



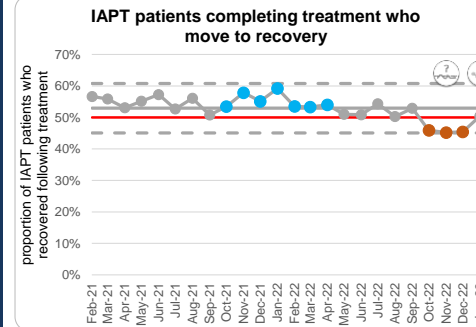
### Summary

The Trust was set a very challenging target to increase the number of adults and older adults receiving 2 or more contacts in a year from community mental health services to 10,044 by the end of March 2023, which was an increase of 14% on current performance.

A recovery action plan was put in place and analysis of internal data would indicate that the target level of activity is now being achieved:

ReportingPeriod	Attended
Apr-22	11,939
May-22	12,076
Jun-22	12,894
Jul-22	12,349
Aug-22	12,114
Sep-22	11,824
Oct-22	11,327
Nov-22	10,975
Dec-22	10,284
Jan-23	10,364

As the national data is a few months in arrears and the target is a rolling twelve months' target, this achievement will take some time to be reflected in the national data.



### Summary

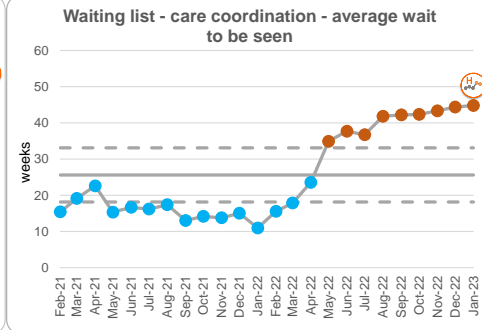
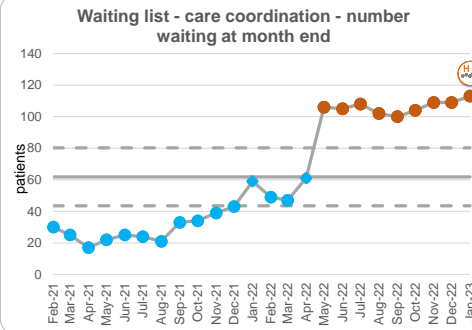
This is an annual target and year to date the target is being exceeded. The drop in performance from October to December 2022 is likely to have been an unintended consequence of implementing waiting list waiting well checks, which included taking measures. This has been amended and the positive effects of this action have now started to be reflected in the data.



Derbyshire Healthcare  
NHS Foundation Trust

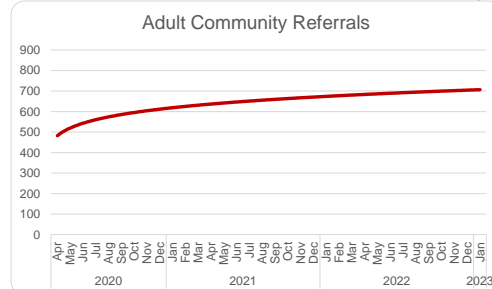
# Operations

## Operational Performance



### Summary

There are a number of key factors impacting on waits. As we came out of the pandemic, the number of referrals increased but there was no additional capacity created for Care Coordinators to take new cases:



Staff are experiencing fatigue (ongoing issue raised during and post pandemic). Some teams are in distress owing to staffing challenges:

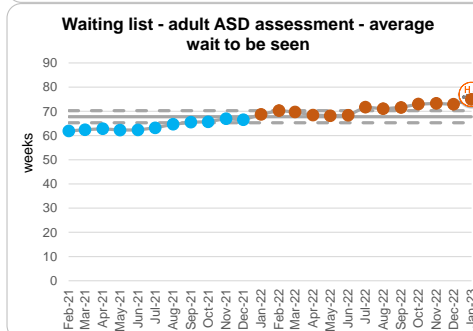
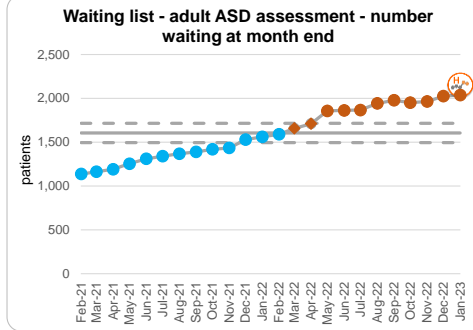
Adult Community	Turnover	Sickness	Vacancies
Bols + C C Adult CMHT	15%	3%	16%
Chesterfield C Adult CMHT	12%	5%	6%
High Peak Adult CMHT	43%	28%	19%
Killmsh + N C Adult CMHT	27%	5%	22%
North Dales Adult CMHT	0%	0%	11%
Amber Valley Adult CMHT	4%	1%	-9%
El Sth + City	13%	17%	-9%
Erewash Adult CMHT	5%	10%	10%
South + Dales Adult CMHT	21%	0%	5%
Derby City B Adult CMHT	7%	2%	13%
Derby City C Adult CMHT	0%	12%	3%

Older People Community	Turnover	Sickness	Vacancies
Amber Valley OA CMHT	17%	6%	14%
Bols + CC OA CMHT	0%	6%	7%
Chesterfield C OA CMHT	8%	1%	1%
Derby City OA CMHT	4%	3%	15%
Erewash OA CMHT	10%	0%	11%
H P + N Dales OA CMHT	0%	19%	-7%
Killmsh + N C OA CMHT	23%	10%	16%
OA Day Services	23%	8%	19%
South + Dales OA CMHT	20%	9%	3%

Migration to SystmOne has also presented an ongoing challenge for staff, with some staff still struggling to use SystmOne, which is impacting on data quality.

### Actions

- Roll out of Living Well to improve flow of patients and reduce waits, by 31/3/2024
- Review of the CPA policy to Care Principles & CPA to reduce admin time and release more time to care, by 30/6/2023
- Proactive recruitment and review of skill mix, creating new roles and development opportunities to bring a different skill set to facilitate multidisciplinary team working and address the nursing shortage by 30/6/2023

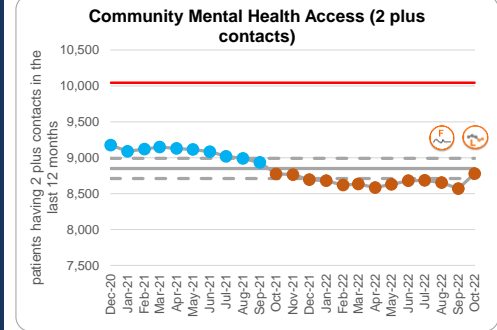


### Summary

Demand for the service continues to outstrip capacity (commissioned to undertake 26 per month but currently receiving referrals 76 per month this financial year to date). At the end of January 2023 there were 2,038 adults waiting for adult ASD assessment, which is an increase of 74 since the last report. A revised approach to waiting list management is being mobilised and should start to have an impact from quarter 4.

### Actions

- Increase workforce capable of assessment: 20 newly trained staff (pending ADOS licensing), by Feb 2024.
- Introduce robust flagging system on EPR, accurate reporting data and consistency to operational processes, by Qtr2 2023.
- Clinical efficacies: Review clinical processes to increase screening success and increase the number of ASD assessments completed, in order to meet target for assessments by Qtr1 2023.



### Summary

The Trust was set a very challenging target to increase the number of adults and older adults receiving 2 or more contacts in a year from community mental health services to 10,044 by the end of March 2023, which was an increase of 14% on current performance.

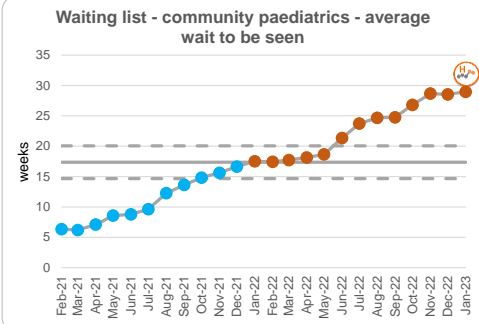
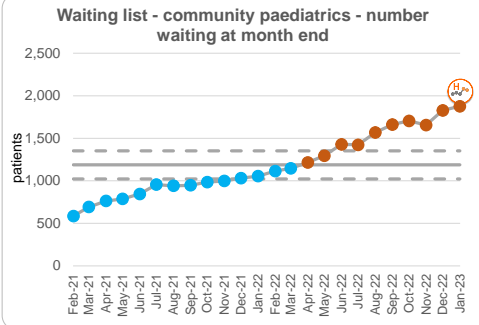
A recovery action plan was put in place and analysis of internal data would indicate that the target level of activity is now being achieved:

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## Operational Performance

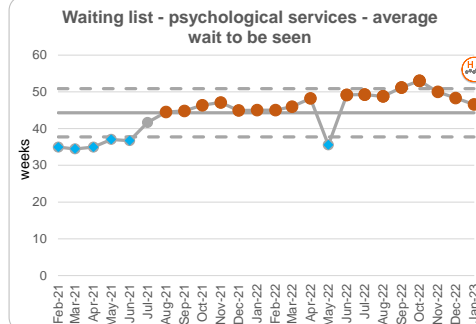
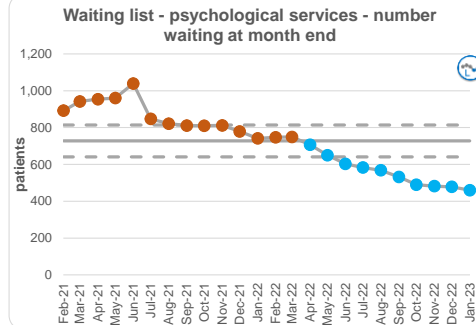


### Summary

At the end of January 2023 there were 1,877 children waiting to be seen which is an increase of 221 since the last report. The average wait time was 29 weeks.

### Actions

- Available slots were increased in November 2022 which made a slight impact on the waiting list, however with the loss of the regular Locum in December and ongoing vacancies the waiting list continues to rise. To mitigate we continue to search for appropriate Locum Doctors to cover Swadlincote and City
- Saturday and additional clinics have been proposed and some extra clinics by non-medical prescribers in the Attention Deficit Hyperactive Disorder (ADHD) team have helped manage the follow-up appointments. Suitable accommodation has been problematic
- Recruitment to the neurodevelopmental business case is underway.
- A review of the Single Point of Access and the multidisciplinary meeting (MDM) pathways is also a priority

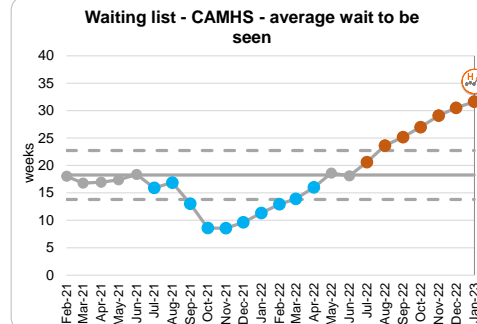
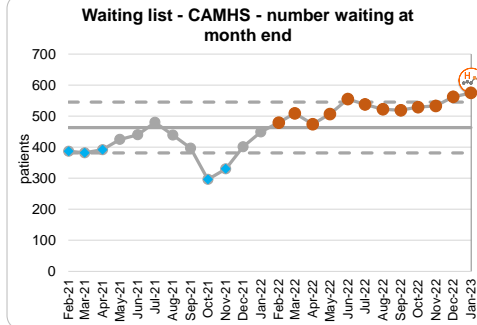


### Summary

At the end of January 2023, 460 people across Derbyshire were waiting to be seen by psychological services with an average wait time of 47 weeks. The number of people waiting has continued to gradually reduce and the reduction is statistically significant. The trend is continuing.

### Actions

- Recruitment drive in order to be 85% recruited & reduce the vacancy factor - immediate.
- Upskilling of current workforce to deliver moderate intensity psychological interventions, by 31/3/2024
- Creation of Division of Psychological Therapies to improve efficiency of delivery. Look to pool resources across the county to smooth out peaks and troughs and work with other teams; utilise population health data to understand needs in specific areas; make sure data is accurate, by 31/3/2023

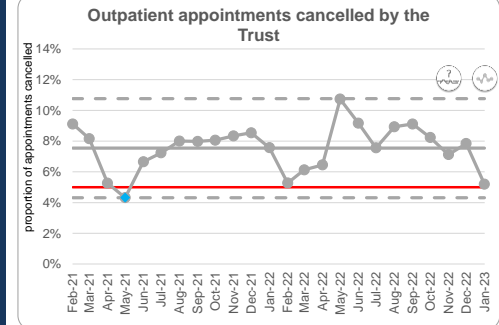


### Summary

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### Actions

- Prioritise the waiting list and ensure available assessment slots for the priority cases – ongoing.
- Redesign the Assessment Team Model and reduce wait times, start to mobilise mid-January 2023
- Launch a Core CAMHS Team to alleviate saturation across core teams and increase flow and specialist support/ intervention for those that require it: start to mobilise mid-January 2023.

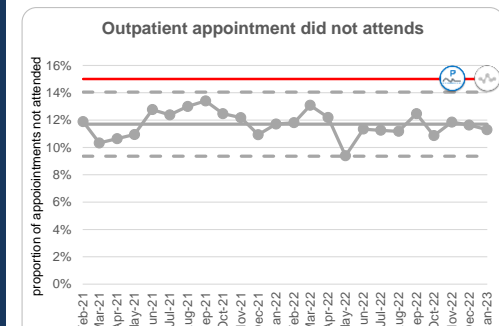


### Summary

This indicator was introduced as a measure of patient inconvenience some years ago and when cancelling appointments, the administrators should identify whether or not the patient was aware of the appointment in order to enable differentiation between cancellation of virtual and actual appointments. Recording accuracy needs to improve and so further training in the use of SystmOne has been arranged for those concerned.

### Actions

- Refresher training for admin staff
- Discussion in supervision with admin staff
- Professional Heads of Admin to distribute instructions regularly on how to cancel clinics correctly.

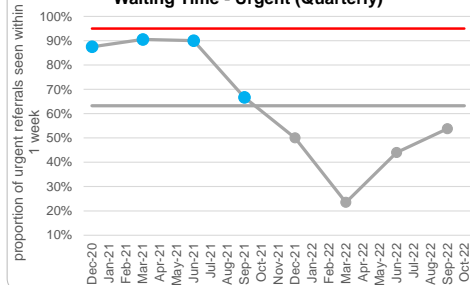


### Summary

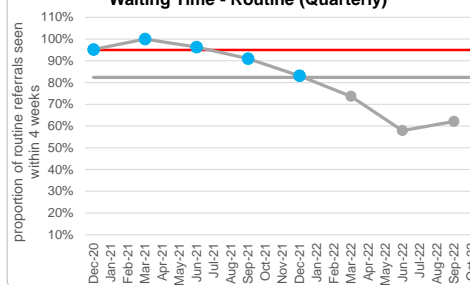
The level of defaulted appointments has remained within common cause variation and in the current process the trust target of 15% or lower is likely to be consistently achieved.

## Operational Performance

**Children & Young People Eating Disorder  
Waiting Time - Urgent (Quarterly)**



**Children & Young People Eating Disorder  
Waiting Time - Routine (Quarterly)**



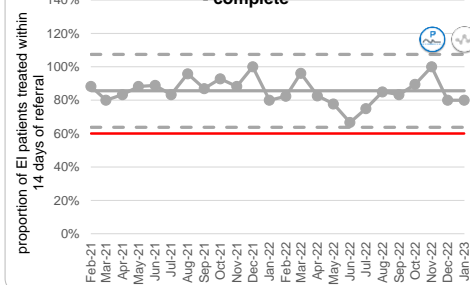
### Summary

These standards focus on effective treatment at the earliest opportunity in order to improve outcomes, reduce rates of relapse and need for admission. The two waiting time standards are that children and young people (up to the age of 19), referred for assessment or treatment for an eating disorder, should receive NICE-approved treatment with a designated healthcare professional within one week for urgent cases, and four weeks for every other case (target 95%). A recovery action plan is in place which is being led by the Integrated Care System, as this service is delivered by two providers within the system who are experiencing similar issues. The key actions within the plan that are being taken, with an aim to achieving the objective by the end of March 2023, are summarised below.

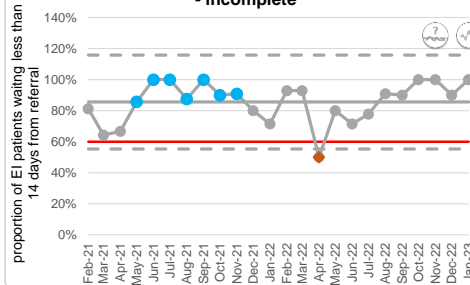
### Actions

- Development and implementation of recruitment strategy
- Improved accuracy of recording
- Design and delivery of Derbyshire Avoidant Restrictive Food Intake Disorder pathway

**Early intervention 14 day referral to treatment  
- complete**



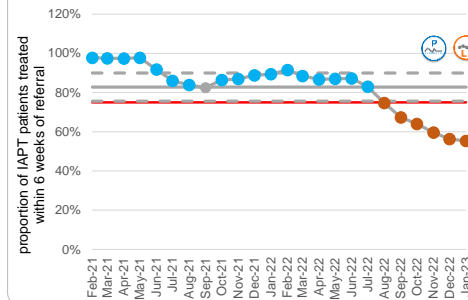
**Early intervention 14 day referral to treatment  
- incomplete**



### Summary

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

**IAPT 6 week referral to treatment**



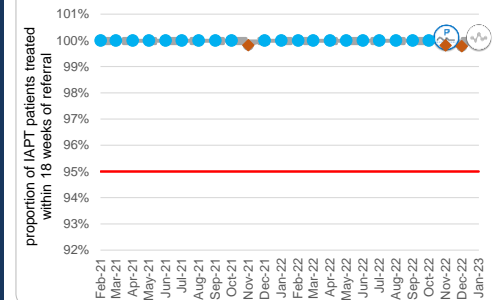
### Summary

Wait times from referral to assessment/ treatment and 1st to 2nd treatment have been lengthening due to returns to near pre-pandemic levels of referral, difficulty in recruiting to Psychological Wellbeing Practitioner qualified roles, some long-term sickness and increases in complexity and treatment contacts. This has seen a decline in the achievement of the 6-week referral to treatment up to January 2023, although this decline has slowed in the last month. Additionally, attended appointments for assessments are lower than we would like and improving this should achieve some wait time gains. 27% did not attend and gave no notice Jan-Dec 2022, and 20% were cancelled by, or on behalf of, patients at step 2.

### Actions

- Recruitment to the qualified PWP posts, complete the training of the 3 new PWP trainees, and revisit the use of agency staff as an interim measure.
- A booking clerk is in post to book short notice appointments into cancelled slots
- NHSE are funding bookable appointments which we will adopt via IAPTUS for assessment slots.

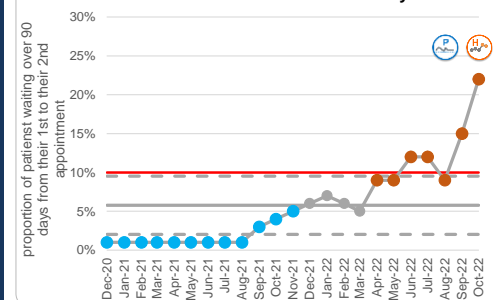
**IAPT 18 week referral to treatment**



### Summary

The 95% standard for 18-week waits from referral to treatment has consistently been exceeded.

**IAPT 1st to 2nd Treatment over 90 Days**



### Summary

Waits have been significantly high for the last 7 months and above target for the last 2 months.

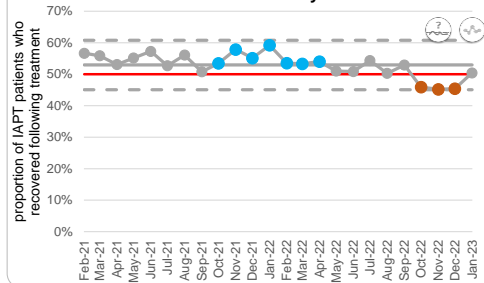
### Actions

- Consolidate the waiting lists.
- Service Manager discussion over longest waiters monthly to reduce outliers.
- Review productivity and average contacts to increase treatments and reduce wait times.
- Review acceptance criteria to achieve more appropriate referrals.
- Introduction of supportive technology either at referral or to support treatment.
- Introduce bookable appointments increasing available treatment slots.



## Operational Performance

**IAPT patients completing treatment who move to recovery**



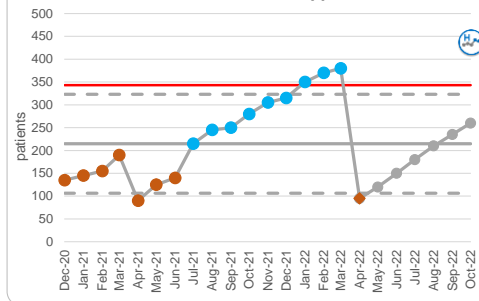
### Summary

This is an annual target and year to date we are exceeding target. The dip in performance was likely to have been an unintended consequence of implementing waiting list waiting well checks, which included taking measures. This has been amended and the positive effects have now started to be reflected in the data.

### Actions

- Clarification and communication of referral criteria, for clinicians/ referrers and service users.
- Focus on productivity to reduce wait times and inform clinicians clearly of their own performance.
- Removal of outcome measures as part of waiting well appointments

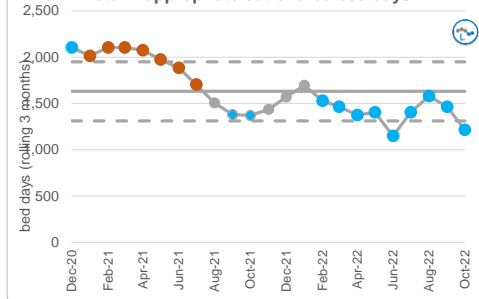
**Individual Placement and Support Access**



### Summary

This is a year-end target for the number of new people accessing the individual placement and support services within the financial year. The target was achieved in 2021/22 and is currently on target to be achieved this financial year also.

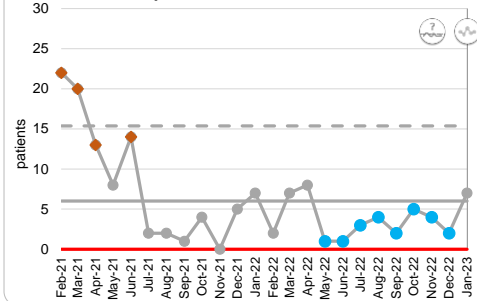
**Total inappropriate out of area bed days**



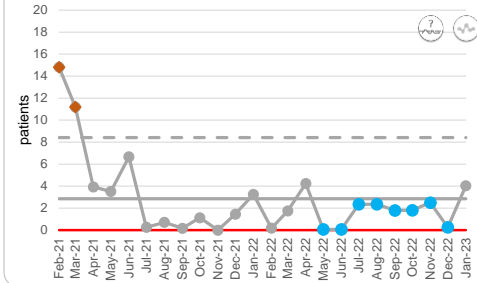
### Summary

This is a combination of inappropriate out of area adult acute placements and inappropriate out of area psychiatric intensive care unit placements, calculated on a rolling 3 months' basis. The actions being taking to improve the position of each placement type are detailed in the next 2 columns.

**Patients placed out of area - adult acute**



**Average patients out of area per day - adult acute**



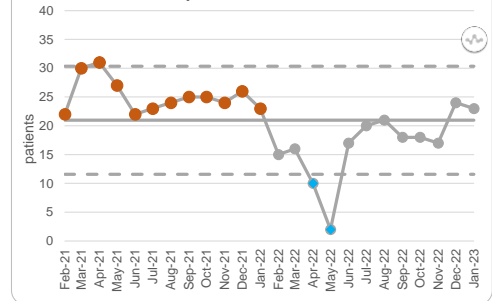
### Summary

This continues to be impacted upon by persistently high levels of bed occupancy 100% plus, delayed transfers of care and above average length of stay. In recent months there has been an increase in delayed transfers of care with access to ongoing residential care often delayed. We are also experiencing increase acuity regarding patients admitted to hospital. The overall system remains under pressure with University Hospitals of Derby currently declaring a critical incident because of flow challenges and Chesterfield Royal Hospital likely to be in a similar situation very shortly.

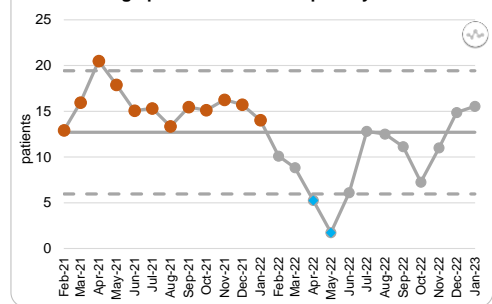
### Actions

- To establish an internal acute transformational delivery board to bring together improvement and transformation workstreams to enable further improvements in flow
- Reduction in people clinically ready for discharge to generate improved flow and admission capacity
- Reduction in length of stay to generate improved flow and admission capacity

**Patients placed out of area - PICU**



**Average patients out of area per day - PICU**



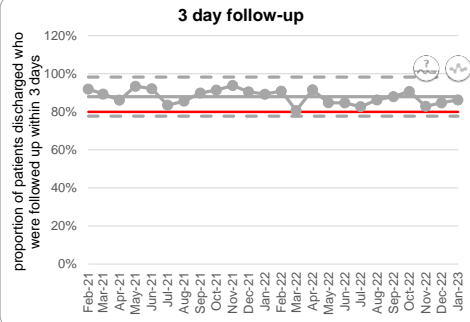
### Summary

There is no local PICU provision, so anyone needing psychiatric intensive care must be placed out of area, however, work continues on the provision of a new build PICU in Derbyshire.

### Actions

- Provision of a PICU in Derbyshire in order to be able to admit to a unit that forms part of a patient's usual local network of services in a location which helps the patient to retain the contact they want to maintain with family, carers and friends, and to feel as familiar as possible with the local environment
- To generate improved flow and admission capacity in adult acute inpatients, working closely with community teams, creating capacity to repatriate PICU patients when appropriate to do so and a reduction in requirement for psychiatric intensive care.

## Operational Performance

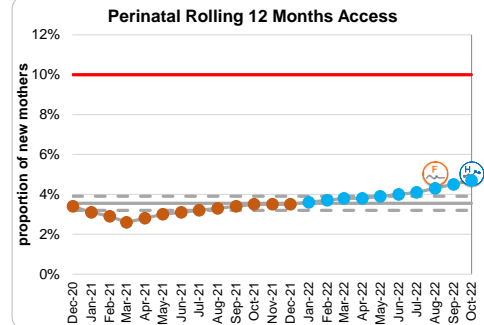
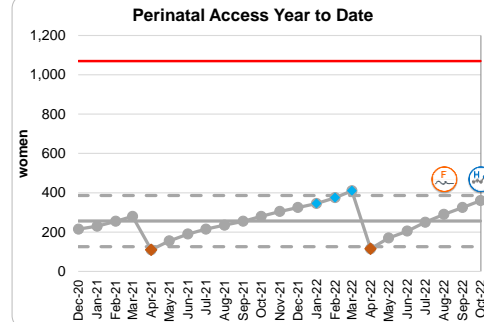


### Summary

Patients are followed up in the days following discharge from mental health inpatient wards to provide support and ensure their wellbeing during the period when they are potentially at their most vulnerable. The national standard for follow-up has been exceeded throughout the 24-month period. Some ongoing recording issues have been experienced following the move to SystmOne, however these have now largely been addressed as people have become used to how to record on the new system.

### Actions

- Regular audit of follow-ups to ensure improved accuracy of reporting
- Completion of breach reports for any follow-ups that were not achieved



### Summary

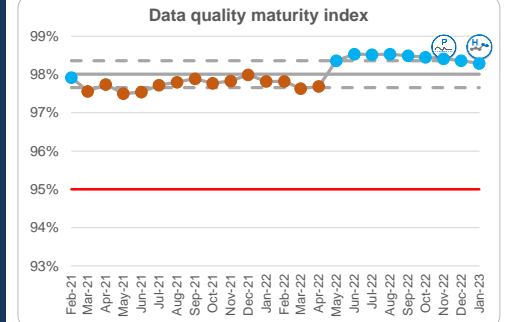
This is the number of women accessing services in the 12-month period as a percentage of Office for National Statistics (ONS) 2016 births (target 10%).

The number of live births in Derby & Derbyshire has been lower each subsequent year than when the target was set, which makes it more challenging to achieve as there are fewer mothers who potentially need support:

Live Births	Derby	Derbyshire	Total	Difference v 2016
2021	2896	7366	10262	-852
2020	2908	7002	9910	-1204
2019	3009	7336	10345	-769
2018	3174	7416	10590	-524
2017	3184	7563	10747	-367
2016	3294	7820	11114	

### Actions

- Data quality checks to verify recording of assessments working with Information Management Team, to aid monitoring of performance against target
- Increase capacity in teams to enable further assessments to be undertaken. Utilise focused assessments, joint antenatal clinics, workforce/recruitment planning. To result in reduced waits and increased access to the service
- Increase referrals: increase in assessments from maternal mental health service
- Target areas of low referrals, bespoke training to GP's and Health Visitors; increase communications regarding the advice line.
- Development of birth trauma and tokophobia pathways.
- Record assessments from the specialist midwives.
- Improved awareness of referral pathways
- The Trust Quality Improvement team have been engaged to monitor progress against trajectories and revise the step changes that were expected in quarter 4 of 2022/23
- Bespoke offer of support from the Perinatal Clinical Network
- Monthly operational meetings to discuss progress amongst Perinatal Teams, and to consider further actions, local targets set and monitored within teams/roles
- Quarterly updates shared by Managing Director to Delivery board, Targeted delivery from 31st March 2023

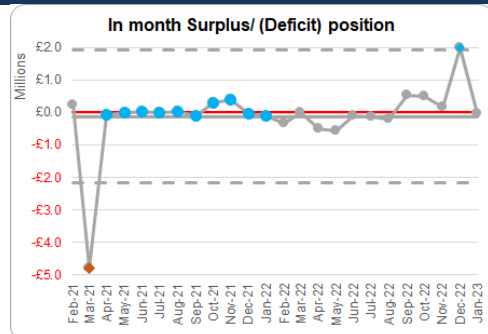


### Summary

The level of data quality has been significantly better than expected for the last 9 months. It is expected that the national target will be consistently exceeded.

# Finance

## Financial Performance

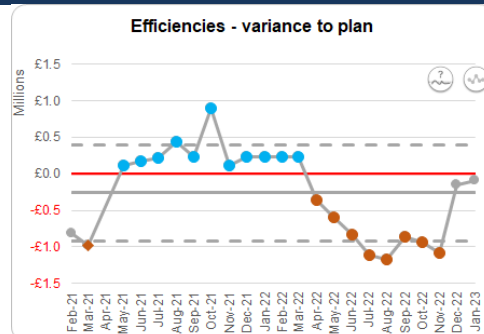


### Summary

At the end of January, the overall year to date (YTD) position is a surplus of £1.6m compared to the plan deficit of £1.3m, a favourable variance to plan of £2.9m. At month 9 the forecast changed from a breakeven position to a surplus of £2.8m against the plan of breakeven. The forecast at month 10 remains on track to deliver the forecast surplus of £2.8m. The surplus position has been driven by additional non recurrent income and one off pay and non-pay benefits.

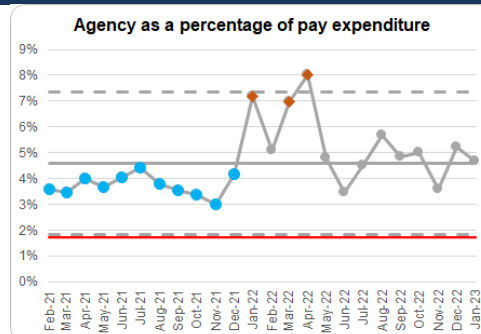
There are still some risks to delivering the £2.8m surplus that continue to be monitored however most of these risks are now reducing.

Therefore, due to the change in the 2022/23 revenue forecast position from breakeven to a £2.8m surplus, along with the reduction in some of the identified financial risks within the Board Assurance Framework (BAF) both from a revenue and capital point of view, the BAF risk *that the Trust fails to deliver its revenue and capital financial plans* has been reduced from Extreme to Moderate.



### Summary

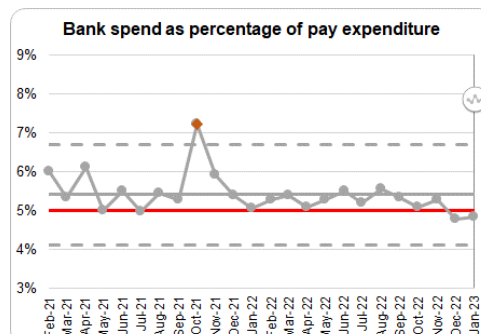
The full year plan includes an efficiency requirement of £6.0m phased equally across the financial year. As at the end of January, the full £6.0m has been transacted in the ledger and all schemes are on track to deliver in full. However, a considerable proportion of the efficiencies are non-recurrent in nature 68% which drives the underlying position and will have an adverse impact on 2023/24 financial plans.



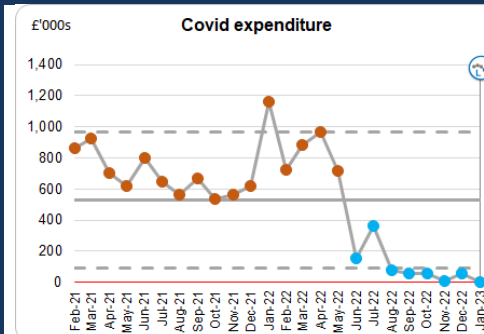
### Summary

Agency expenditure year to date (YTD) totals £5.9m against a plan of £2.0m, an adverse variance to plan of £3.9m. The two highest areas of agency usage relate to Consultants mainly in CAMHS and Nursing staff on the wards. Agency expenditure for January was £0.6m, a small reduction from the previous month and is in line with the average over the last two years but remains significantly above the target.

The planning guidance for 2023/24 states that agency expenditure should not exceed 3.7% of the total pay expenditure, whereas January's expenditure equates to 4.7% of the total pay expenditure.



Bank staff expenditure YTD totals £6.2m against a plan of £5.7m with average spend of £0.6 per month, except for October 2021 where that increased to £0.8m. For the last two months bank expenditure as a percentage of total pay expenditure has been below the target of 5%. The main areas of bank spend continue to relate to Nursing on the wards along with Domestics.

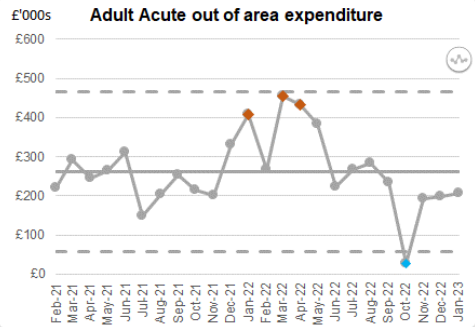


### Summary

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

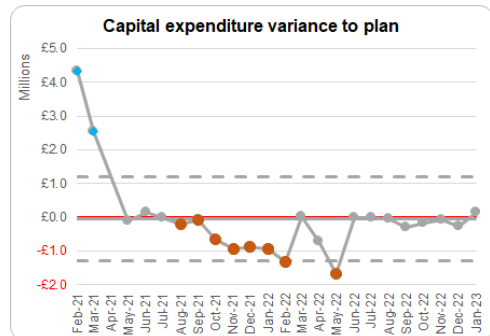
The above chart shows that expenditure has been reducing throughout this financial year with expenditure since August significantly lower than in previous months.

## Financial Performance



### Summary

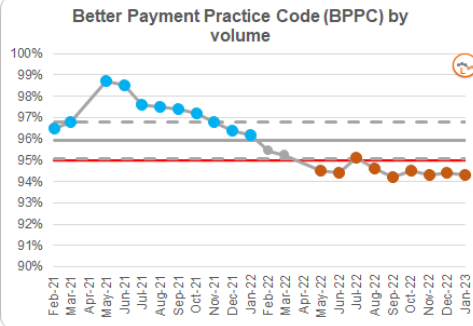
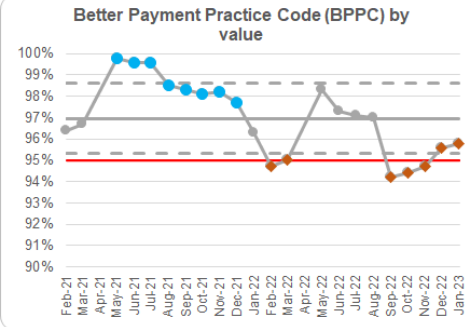
Expenditure for adult acute out of area placements including block purchased beds and cost per case beds has reduced compared to previous levels. YTD £2.4m has been spent on out of area adult acute placements. The forecast assumes that there will be ten out of area placements in February and March.



### Summary

Capital expenditure was reporting behind plan in April and May, however that was against the April plan submission. The capital plan was resubmitted in June 2022 which changed the capital system allocation to reflect the requirement of the self-funded elements of the Making Room for Dignity project.

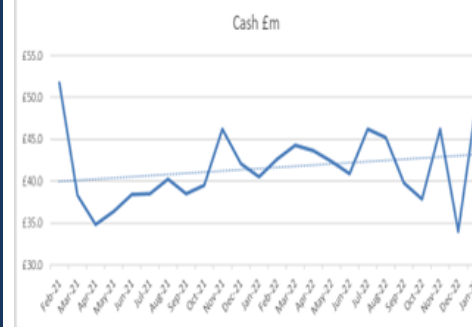
Capital expenditure is slightly behind plan year to date but is forecast to achieve the 5% planning reduction by the end of the financial year.



### Summary

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

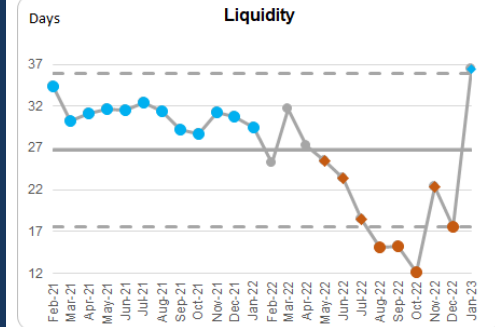
At the end of January, the value of invoices achieved the target at 95.8%, however the volume of 94.3% was both slightly below target.



### Summary

The chart above shows the levels of cash over the last two years. It is important to remember that in 2020/21 CCGs paid the block contract amounts in advance, so 2 months were received in April 2020 and then no payment in March 2021 which brought the cash back down to the same level in March 2020.

At the end of January cash is currently at £49.7m and is forecast to be £31.7m at the end of the financial year. The forecast reduction in cash reflects the use of cash reserves for the self-funded elements of the capital plan.



### Summary

The chart above shows the liquidity levels over the last two years. Liquidity levels were high in 2020/21 and reduce during 2021/22, which is due to two main factors, not making a surplus and the level of capital expenditure being above depreciation levels.

The reason for the downturn in 2022/23 is due to the timing of cash receipts related to the centrally funded capital schemes for the eradication of dorms. The PDC drawdown requests have caught up which has driven the increased level in January.

### Planning 2023/24

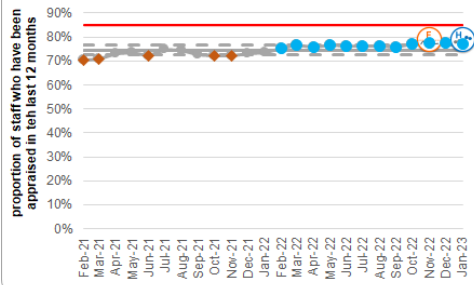
Currently financial plans for 2023/24 both for revenue and capital expenditure are being developed as a Derbyshire system in readiness for a draft submission on 23 February 2023 and final submission on 30 March 2023.

Due to the timing of the submission, it is being requested that the Finance and Performance Committee have delegated authority to sign off the final plan submission on behalf of the Trust Board.

# People

## People Performance

### Annual appraisals



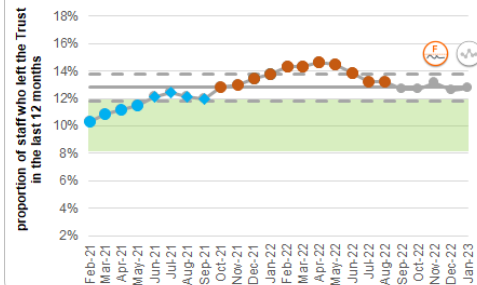
#### Summary

Appraisal levels continue to be below our expectations with Operational Services currently at 80% and Corporate Services at 62%.

#### Actions

- Work has continued with increased support on using the Electronic Staff Record (ESR) to record an appraisal and the Divisional People Lead for each division is working with leaders to look at reasons for low compliance.
- The RCN industrial action in January will have resulted in some appraisals being cancelled and a delay in the recording of some.
- Compliance also continues to be monitored at Divisional Achievement Reviews and via the Trust Operational Oversight Leadership Team (TOOL).

### Annual turnover (target 8-12%)



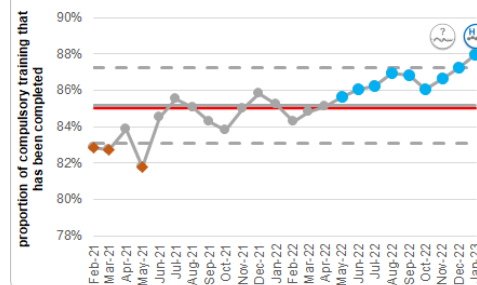
#### Summary

Turnover remains high and above the Trust target range of 8-12%.

#### Actions

- The new exit interview process is now fully implemented and in January compliance was 59.7%. This is a significant improvement from previous months where compliance was below 10% on the old process.
- A triangulation of key people metric data and intelligence from key leads is now in place to ensure teams needing support takes place promptly to minimise staff leaving the teams.
- STAY surveys are being run with these teams and also teams requesting the survey to support the team to develop bespoke retention initiatives.

### Compulsory training



#### Summary

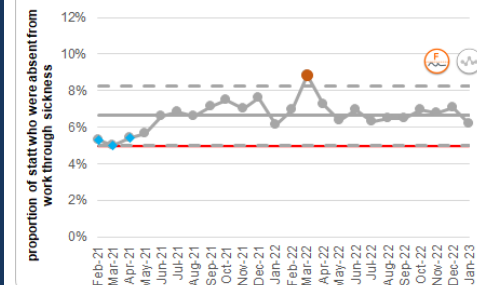
Overall, the 85% target level has been achieved for the last 10 months. Operational Services are currently 89% compliant and Corporate Services slightly lower at 83%.

Immediate Life Support (ILS) and Positive and Safe training compliance continue to remain in a stable position. ILS is currently 86% compliant and positive and safe at 73%.

#### Actions

A training summit is planned for March to focus on the long-term training plan – including mode and model of delivery for the current elements that are face to face delivery.

### Staff absence



#### Summary

January 2023 sickness was 6.2% which is the lowest we have recorded for over a year. Despite the RCN industrial action over 2 days in January, recorded absence improved during the week of the action with more colleagues returning to work who had previously been off sick.

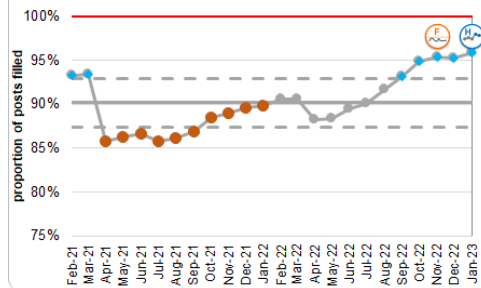
#### Actions

The main reason for absence continues to be stress and anxiety and 2023 will see further investment in resources to support colleagues who are struggling at work and home. This includes a staff support clinical psychologist and additional health and wellbeing resources.



## People Performance

Filled posts



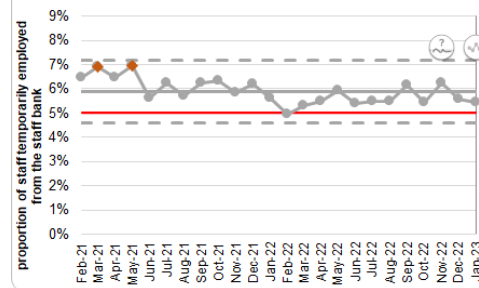
### Summary

Staffing levels continue to improve with January seeing another increase and overall position of 91.07% and another reduction in vacancy rate which is now at 4.07%.

### Actions

- A targeted recruitment campaign and face to face event took place for trainee healthcare support workers and OTs. Both were very successful and again used innovation ways to target the audience, outside of the routine TRAC recruitment system.
- Work continues on implementing learning from the cultural intelligence recruitment programme and the first one-page job description will go live next month.

Bank staff use



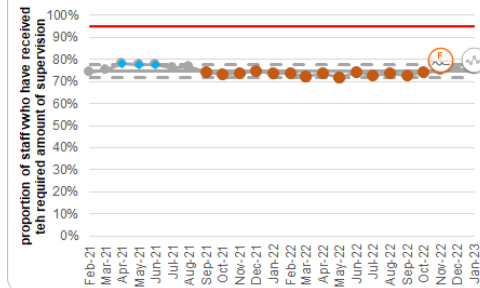
### Summary

January saw a small increase in agency spend, mainly due to the industrial action and an increase in the acuity of patients on a number of wards. Overall bank fill rates remained high with a small increase since December from 61% to 63%. In total 5,809 shifts were requested in January and an overall fill rate of 77.3% was achieved – this is the highest since January 2022.

### Actions

Agency spend is high across the system and a system plan is being developed to aid reduction.

Management supervision



### Summary

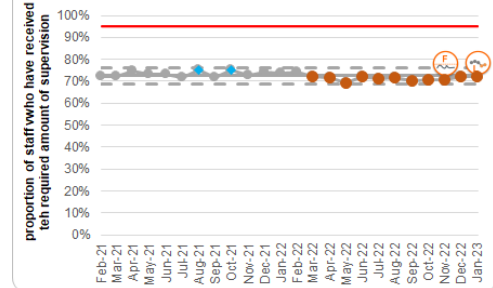
As seen with compulsory training and appraisals, Operational Services continue to perform at a considerably higher level than Corporate Services for both types of supervision (management: 76% versus 61% and clinical: 74% versus 20%).

The overall level of compliance with the clinical and management supervision targets has remained low since the start of the pandemic, however improvements can be seen at a team level, with 103 teams now 100% compliant with management supervision and 70 teams now 100% compliant with management supervision.

The staffing challenges that are impacting on waiting lists will also be impacting on capacity to undertake supervision:

Adult Community	Turnover	Sickness	Vacancies
Bols + C C Adult CMHT	15%	3%	16%
Chesterfield C Adult CMHT	12%	5%	6%
High Peak Adult CMHT	43%	28%	19%
Killmsh + N C Adult CMHT	27%	5%	22%
North Dales Adult CMHT	0%	0%	11%
Amber Valley Adult CMHT	4%	1%	-9%
El Sth + City	13%	17%	-9%
Erewash Adult CMHT	5%	10%	10%
South + Dales Adult CMHT	21%	0%	5%
Derby City B Adult CMHT	7%	2%	13%
Derby City C Adult CMHT	0%	12%	3%

Clinical supervision



### Summary

Older People Community	Turnover	Sickness	Vacancies
Amber Valley OA CMHT	17%	6%	14%
Bols + CC OA CMHT	0%	6%	7%
Chesterfield C OA CMHT	8%	1%	1%
Derby City OA CMHT	4%	3%	15%
Erewash OA CMHT	10%	0%	11%
H P + NDales OA CMHT	0%	19%	-7%
Killmsh + N C OA CMHT	23%	10%	16%
OA Day Services	23%	8%	19%
South + Dales OA CMHT	20%	9%	3%

### Actions

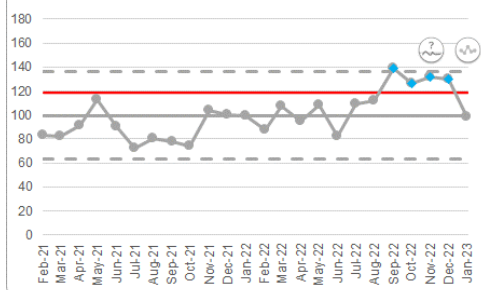
- In operational services, the position is monitored regularly at Operational Management Meetings, Clinical & Operational Oversight Team meetings, and at divisional achievement reviews.
- An in-depth report into supervision rates has been commissioned by the Executive Leadership Team



# Quality

## Quality Performance

No. of compliments received



### Summary

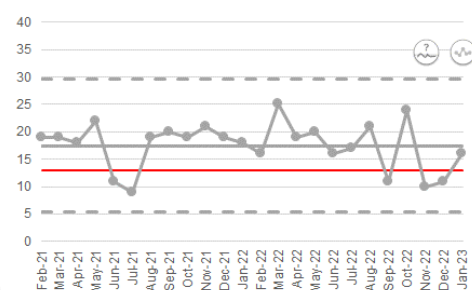
The number of trust compliments dropped by 30 between December and January following an increasing trend between September and December.

It is not possible to identify a specific reason for the fluctuation in compliments recorded as compliments are mostly received verbally and staff do not always accurately record them and there is no consistent process of recording them across the trust.

### Actions

- The Heads of Nursing (HoN) have been asked to provide assurance that compliments are being accurately recorded and that a clear process is identified. This has been raised within the divisional Clinical reference groups to encourage staff to record compliments and for teams to consider the method of compliment recording. This is monitored through the quarterly Patient Experience Committee report.
- A project to implement an automated electronic patient survey will provide a further method of receiving compliments and concerns. With an increase in accessibility, it is expected that an increase in compliments, and concerns will occur over the next 6 months as the electronic patient survey is expected to go live across the Substance Misuse, Older Adult, Working Age Adult and Childrens divisions in April 2023 and then in the Neurodevelopmental Division by May 2023.

No. of formal complaints received



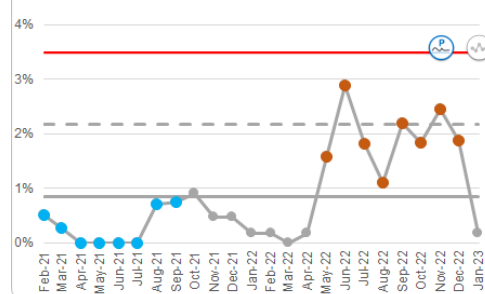
### Summary

The number of formal complaints received has increased between November 2022 and January 2023 from 10 to 15 per month. This is above the Trust target of 12 per month.

### Actions

The complaints team are monitoring this, but no specific theme has been identified.

Proportion of delayed transfers of care



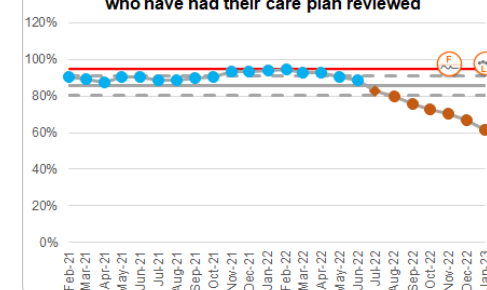
### Summary

Although the number of DTOC has decreased by 2.5% to 0% current DTOC between November 2022 and January 2023, DCHFT numbers are consistently low when compared with the national picture and continue to record results below the Trust target of 3.5%.

### Actions

- The Trust has a twice weekly "clinically ready for discharge" meeting where patients identified as DTOC are reviewed and any barriers to discharge are identified and discussed.
- From November 2022 the Trust Flow Team have introduced a weekly, multi-agency discharge planning meeting that reviews and identifies any potential barriers for discharge and from this develops an action plan to prevent delay in discharges. The current indication is that these interventions are having a positive impact.

Proportion of patients on CPA >12 months who have had their care plan reviewed



### Summary

The proportion of patients whose care plans have been reviewed continues to be recorded as lower than expected and is currently on a downward trajectory. In the Working Age Adult Community Mental Health teams, data has been affected by the migration from PARIS to SystmOne as some of the service users who had care plans in place on Paris have not yet had them migrated to the new EPR. Community Mental Health Teams were given a goal of ensuring all Service Users who require a care plan, have one on by the 31 December 2022. Due to staff vacancies, sickness and patient acuity this was not achieved. The current percentage of patients who have had their care plan reviewed and have been on CPA for over 12 months is 61%, a reduction of 10% between December and January.

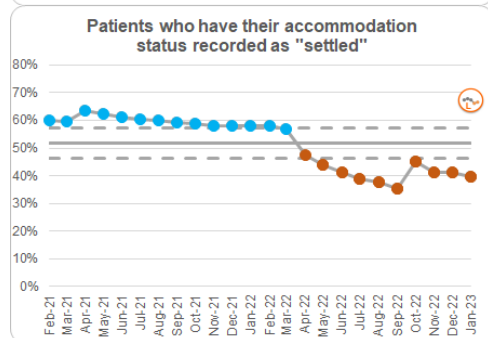
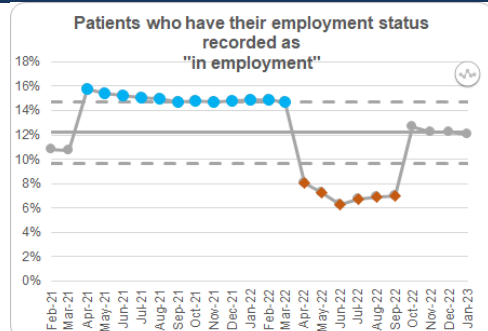
### Actions

The Assistant Director of Clinical Professional Practice attended the Divisional operation meeting in February 2023 and the Head of Nursing (HoN) is supporting services to develop team-based care plan compliance plans including identifying and protecting staff time for administration. This will be monitored through the divisional monthly COAT and the Monthly operational meeting.

The older adult team has also identified an action plan to improve care plan compliance including:

- Services to complete 3 case note audits per month and feedback to HoN who will interpret and produce a quarterly summary which will be shared with the GM and ASM.
- Training will be identified for those staff who require support with care plan quality.
- The clinical leads complete 5 mini audits per week for each team and send these to HoN to address any issues or themes quickly.
- HoN will ensure the improvement plan is updated weekly with the audit results and electronic reporting, including any themes emerging or barriers and will report this via the monthly divisional COAT meeting for monitoring and assurance.

## Quality Performance

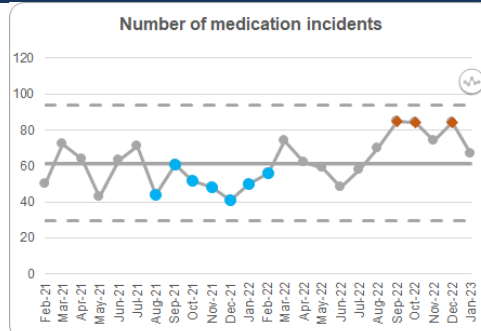


### Summary

Around one third of patients have no employment status or accommodation status recorded at present and the decline in patients recorded as being in employment coincides with the data migration to SystmOne. There has been no change in the number of patients recorded as in employment between November and January.

### Actions

- A report has been developed which informs teams if there are gaps in the current Data Quality Maturity Index information recorded on referral and from February 2023, Ward and Service Managers will be asked to review this report weekly and action any gaps identified. This will be monitored via monthly service specific operational meetings.
- Issues around inputting data have been identified and an improvement plan was implemented in the Older Adult Division in October including regular audit



### Summary

Work continues to be underway to reduce numbers of medication incidents. Common variation continues to be within expected thresholds.

### Actions

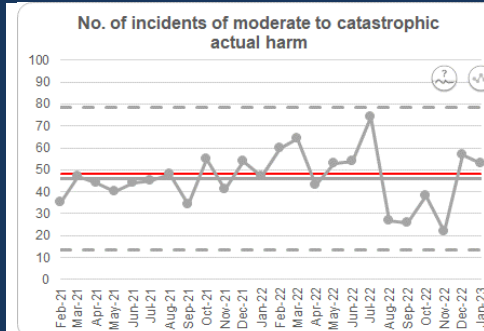
The number of medication incidents is reviewed via the monthly medication management subgroup and is reported on within the quarterly thematic "Feedback Intelligence Group" (FIG) report by the Heads of Nursing and is included in the Serious Incidents Bi-monthly report. Any actions identified are reviewed via the medicines management sub group and the Serious Incidents Bi-monthly report is taken to Quality & Safety Committee (QSC) for assurance.

When looking into medication incidents, they take a variety of forms, from missed doses, wrong medication administration, missed fridge temperature recording, prescription error and documenting errors. This is monitored through both the feedback intelligence group report and the Medicines Management Operational Subgroup (MMOS) and the majority of these incidents are categorised as minor or insignificant.

The pharmacy team identified some learning points which they introduced in December 2022 and January 2023:

- Development of an agency ward folder where the medicine management e-learning is printed out as PDFs for reference. This is currently being trialled in the North with a plan to roll out in the South inpatient wards if it is ratified in April.
- DHCFT Pharmacy are feeding back to ward managers on a quarterly basis about shared learning from meetings with Chesterfield Royal Hospital pharmacy.
- From January 2023 nursing staff have an open medicine Q&A with Medicine Safety Officer when required.
- The Pharmacy provide routine medicine updates to all staff via a medicine newsletter from January 2023

In October 2022 the Children's Division started electronic prescribing and medicines administration (EPMA) a solution which digitises the process of prescribing and recording medication administered to patients within the Division. This will be rolled out across the trust and should also help reduce the number of medication incidents over the next six months. It is too early to see the impact of EPMA on medication incidents, but this will be monitored and reported upon in subsequent reports. A report on incidents is also reviewed within the Monthly COAT meeting for each division.



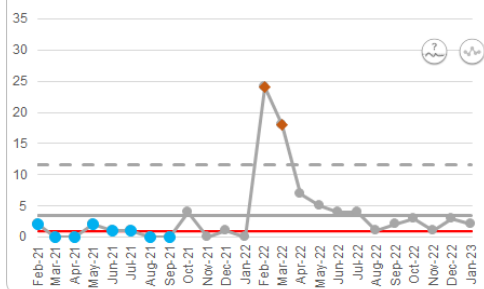
### Summary

This data demonstrates the number of DATIX incidents occurring of moderate to catastrophic harm. There was an increase in incidents in November but from December these are on a downward trajectory. The patient safety team and Head of Nursing team are reviewing this data for any patterns.

From April 2023, this data will be split into physical harm and psychological harm-based incidents.

## Quality Performance

No. of incidents requiring Duty of Candour



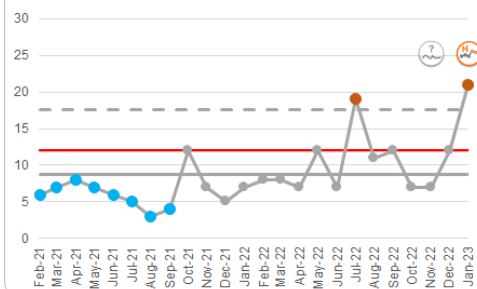
### Summary

Duty of Candour reported incidents have been on a downward trajectory since April which coincides with the Patient Safety Team undertaking training with Service Managers and Heads of Nursing to support them in understanding and interpreting new national guidance related to DOC which has allowed for a more accurate and consistent approach to DOC and better adherence to policy.

### Actions

Training around accurately reporting DOC continues within clinical teams and the Family Liaison Officer with support from the patient safety team review each DOC incident as they occur and request support from the HoN team as required.

No. of incidents involving prone restraint



### Summary

Prone restraint has increased since November 2022. From December 2022 the Trust Positive and Safe Support Team (PSST) implemented a change in the way staff are taught to support service users into seclusion, including:

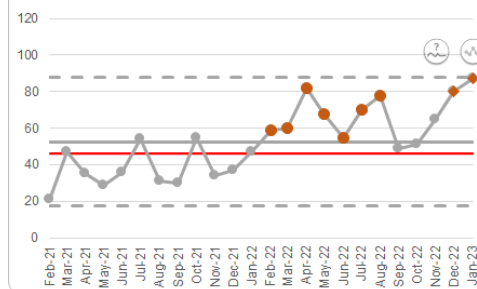
- Seclusion Simulation Training
- Self-harm and Ligature Simulation Training
- Restraint Training Updates
- Alternate Injection site training
- Safety Pods

This means that prone restraint in these circumstances will no longer be necessary in all situations and there is evidence via DATIX that safety pods are being used to exit seclusion in a seated position. It should be noted that the overall numbers of prone restraint are lower than the regional average per bed number and with the interventions outlined above it is expected incidents of prone restraint will reduce over the next quarter.

### Actions

A review of the data is underway as the Head of Nursing for Acute and Assessment services is completing an in-depth qualitative audit and thematic review of seclusion and restraint and with the PSST. This is due to be completed by the end of March 2023. Following a review of data, the increase of prone restraint is linked to a small number of service users being restrained on multiple occasions.

No. of incidents involving physical restraint



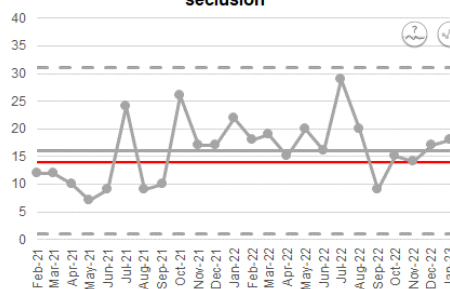
### Summary

Physical restraints have increased between November 2022 and January 2023. This is being reviewed and monitored within the Reducing Restrictive Practice Group. These increases appear to be related to the increased acuity of patients in inpatient settings and a high number of repeated incidents attributed to a small group of patients.

### Actions

- The Trust Positive and Safe Support Team are placing extra training sessions to improve training availability for staff. Compliance with positive and safe training is increasing and is currently at 71% for teamwork and 81% for breakaway training.
- Furthermore, the PSST are spending more time in clinical areas to support and train clinical staff, live during practice.

No. of new episodes of patients held in seclusion



### Summary

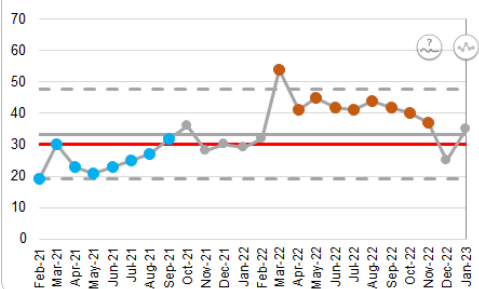
Seclusions have increased between November 2022 and January 2023 from 14 to 17. The increase in Seclusion is in line with the increase in physical and prone restraint over the same period.

### Actions

- Where there have been increased incidents of seclusion, reviews have been completed and This is monitored through the monthly PSST DATIX meeting and the Reducing Restrictive Practice group.
- The Head of Nursing for Adult Acute and Assessment Services is also leading a task and finish group doing a qualitative audit and thematic review of seclusion and restraint supported by the PSST and inpatient clinical leads. Actions for this review will be presented and monitored through the Reducing Restrictive Practice Group.

## Quality Performance

Number of falls on inpatient wards



### Summary

Between November and December 2022 falls fell from 38 to 28 but they have increased to 37 in January 2023. A review of falls identified that a high number of falls were related to the same small number of patients.

### Actions

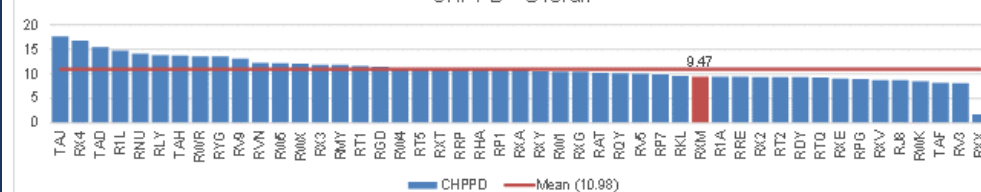
The bi-weekly falls review meeting, chaired by the Matron for Older Adult Services, continues to identify any specific needs for those patients falling regularly. The impact and actions from this meeting are reported to the Divisional Clinical Reference Group for assurance. This will continue to be monitored over the next quarter.

### Care Hours per Patient Day (CHPPD)

CHPPD is rolling data updated monthly, to show staffing levels in relation to patient numbers on an inpatient ward. Every month, the hours worked during day shifts and night shifts by registered nurses and midwives and by healthcare assistants are added together. Each day, the number of patients occupying beds at midnight is recorded. These figures are added up for the whole month and divided by the number of days in the month to calculate a daily average. Then the figure for total hours worked is divided by the daily average number of patients to produce the rate of care hours per patient day.

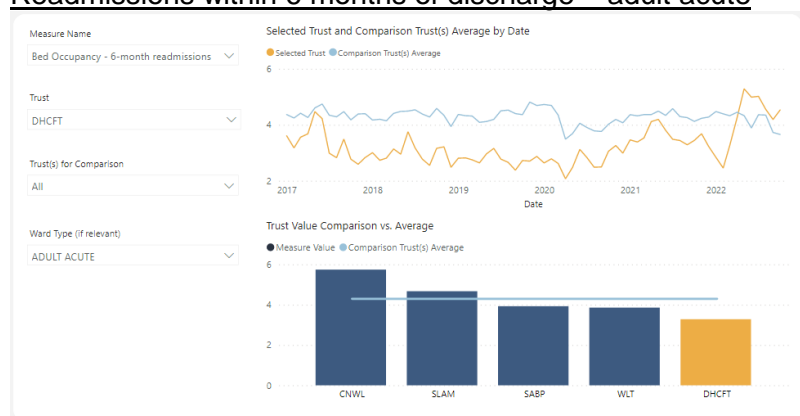
The charts below show how we compared in the latest published national data when benchmarked against other mental health trusts. We were below average overall:

CHPPD - Overall



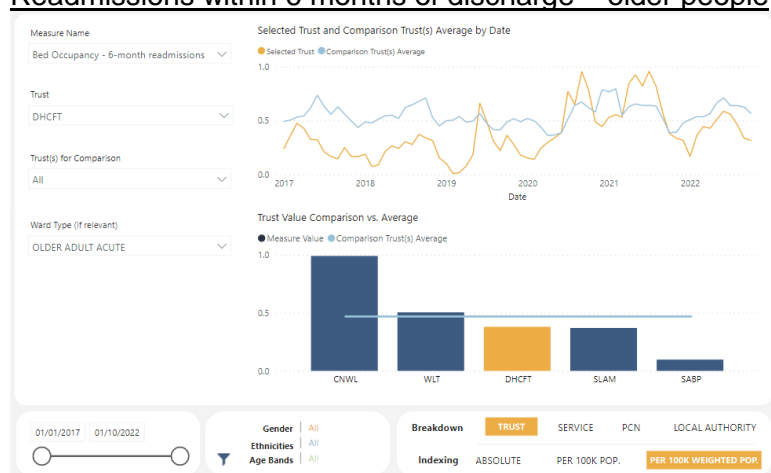
## Performance Insights: Readmissions within 6 months of Discharge Real World Health Benchmarking Data

### Readmissions within 6 months of discharge – adult acute



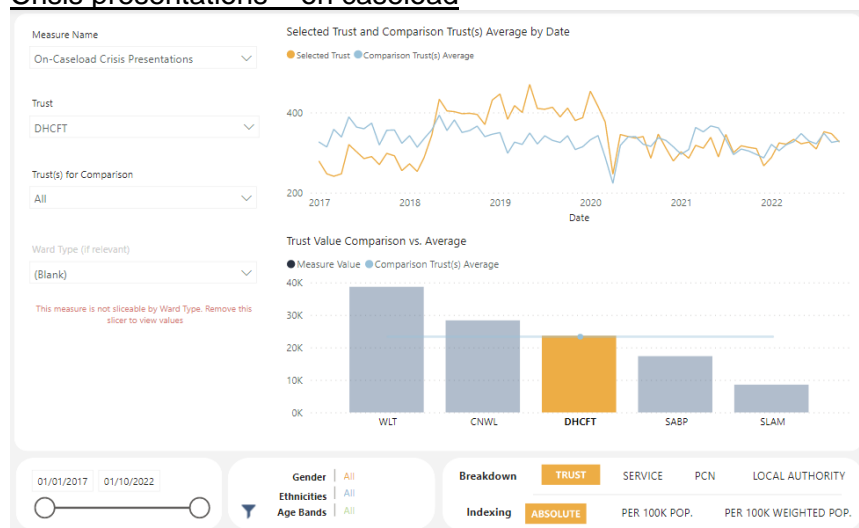
***The Trust has had an average of 3.3 readmissions within 6 months per 100k weighted population of people previously admitted to adult acute inpatient beds. This is well below average and the lowest rate in comparison with the other trusts in the sample.***

### Readmissions within 6 months of discharge – older people



***The Trust has had an average of 0.4 readmissions within 6 months per 100k weighted population of people previously admitted to older adult inpatient beds. This is below average in comparison with the other trusts in the sample.***

### Crisis presentations – on caseload



Please note the data for Quarter 3 is due for submission in February 2023 so some data may change when final numbers are confirmed.

## CQUIN 2022/23

2022/23 summary table CCG CQUINs							
CQUIN	Topic	Lower Threshold	Upper Threshold	Q1	Q2	Q3	Q4
CCG1	Staff flu vaccinations	70%	90%	n/a	n/a	52%	
CCG9	Cirrhosis and fibrosis tests for alcohol dependent patients	20%	30%	33%	84.6%	66.7%	
CCG10a	Routine outcome monitoring in Children and Young People (CYP) mental health services and perinatal mental health services	10%	40%	18%	7%	*6% (data only available up to end of November as not yet available on NHS futures)	
CCG10b	Routine outcome monitoring in community mental health services	10%	40%	49%	48%	52% (data only available up to end of November)	
CCG11	Use of anxiety disorder specific measures in Improving Access to Psychological Therapies (IAPT). (This CQUIN applies to the Talking Mental Health Contract)	55%	65%	57%	61%	62%	
CCG12	Biopsychosocial assessments by mental health liaison services	60%	80%	67%	80%	74% (December data to be added)	
PSS8	Outcome measurement in perinatal inpatient services	75% Clinician Reported Outcome Measures (CROM)	95% CROM	88%	56%	65%	
		35% Patient Reported Outcome Measures (PROM)	55% PROM	25%	33%	55%	

\* Although the overall number on NHS futures is 6%, the individual number for perinatal services is 40% and the individual number for CYP is 4%. this would indicate that the average should be 22% which would be below the lower threshold.

## Progress Update

### CCG1 - Flu vaccinations for frontline healthcare workers

The vaccination uptake for health care workers was at 52% by end of December 2022 this has increased to 59% in January. 52% is a reduction from the same period last year. DHCFT is in the mid-range and there is reduced uptake in the region and the country. There has been increased vaccination fatigue, hesitance and it may be that staff are concerned about other issues such as cost of living. To increase uptake of flu vaccinations, the Health Protection Unit (HPU) have engaged with Trust managers / Matrons / ASM to disseminate the benefits of flu vaccination to their team. they have also worked closely with Comms to get a positive message out and have worked closely with Derbyshire Community Health Services (DCHS) to enable each other's staff to access flu vaccine easily.

The HPU have roved around the County taking the flu vaccine to all DHCFT bases which didn't have a flu vaccine offering from DCHS. They also produced banners which are dropped off at locations several days before the clinic and have a weekly vaccination cell meeting with HPU, Pharmacy and Assistant Director of Public and Physical Health to discuss governance, mobilisation and targets.

However, It is anticipated that the set target of 90% will not be reached by the end of the flu campaign 2022/23. These difficulties are not isolated to Derbyshire as vaccine fatigue is a regional trend and there has been a national reduction in flu vaccine uptake.



### **CCG9: Cirrhosis and fibrosis tests for alcohol dependent patients**

The set targets are being met in this CQUIN. There have been various initiatives implemented in the Q1 and Q2 which saw improvement in testing. The working group continues to monitor the initiatives and share learning.

Some of the challenges to compliance have been that the Digital Team have been unable to set up a report from the Electronic Patient Record (EPR) as the required field has not yet been mapped into the data warehouse. This is currently under review. No specific operational date has been given but this will be chased in February 2023

Staffing challenges within Radbourne Unit and Hartington unit are hampering improvement in compliance.

### **CCG10a: Routine outcome monitoring in Children and Young People (CYP) and perinatal mental health services**

The set targets for this CQUIN have not been met in Q1, Q2 or Q3. Various initiatives have been put in place to ensure that there are improvements in this CQUIN. There has been increased training offered to Routine Outcome Monitoring (ROM), on Microsoft Teams. Divisional CQUIN lead attended managers meeting, encouraged discussion around their use within staff supervision. YouTube video created for staff re: The Revised Child Anxiety and Depression Scale (RCADS).

Within the CYP Division, CQUIN meetings take place once per month along with discussion in operational meetings and team meetings. Information is also shared with staff via email. It is however unlikely that the target of 40% compliance will be reached by the end of the 2022/23 campaign.

It should however be noted that when looked at individually, the Perinatal Community teams are achieving the 40% target.

### **CCG10b: Routine outcome monitoring in community mental health services**

To date the paired outcome target for Community is being achieved, currently 48%. NHSE/I have suggested that outcome measures Goal based Outcomes (GBO), Dialog and Recovering Quality of Life (ReQoL) will become part of NHS minimum data set and as a result to forward plan, the Division has commenced monthly meetings to further review of the implementation of PROMs.

ReQoL is already embedded in the CMHT's and dialog is currently being completed by Early Intervention teams. Service Managers and Clinical leads continue to encourage completion of paired outcomes in supervisions.

Is likely that the CMHT's will continue to surpass their target of 40% at the end of the 2022/23 campaign.

### **CCG11: Use of anxiety disorder specific measures in IAPT**

There has been improvement in the CQUIN between Q1, Q2 and Q3. Changes have been made to coding by the Information Management and Technology (IM&T) team so that scores on the Health Anxiety short form measures (ADSM) now flow into the IAPT data set.

- The team are however putting in interventions to improve compliance which appear to have had a positive impact including:
- Work is ongoing to understand discrepancies between reported figures on NHS Futures and standard reports within IAPTUS. Data flows are now consistently appearing on NHS Futures, however data is 2 quarters behind.



- Clinician level data on ADSM completion rates are being used in management supervision monthly.
- ADSM compliance is monitored at the monthly management team meeting as a standing agenda item and at IAPT Board.
- ADSMs are also discussed at patch meetings with clinicians in their geographical areas

If improvements continue the service may meet their compliance target of 65% by the end of the 2022/23 campaign.

### **CCG12: Biopsychosocial assessments by MH liaison services**

The liaison service has achieved the CQUIN target of 80% in Q2 as the data for December is not yet available, it is likely that the current figure will change, and the service will meet their 80% target for Q3.

Of those service users who did not receive an assessment, the main reasons were the patient absconding for refusing an assessment after being referred (60%).

For patients who refused an assessment, there was evidence in the EPR of staff attending ED to encourage participation and evidence of staff liaising with ED staff to explore reasons of self-harm, understand level of risk and what support/services patients currently have access to. This will continue to be explored.

It is likely that the service will meet their compliance target at the end of the 2022/23 campaign.

### **PSS8: Outcome measurement in perinatal inpatient services**

From November 2022, outcome measures are being embedded into routine practice to ensure consistent monitoring of outcomes for patients and a monthly audit is in place to monitor progress against the CQUIN. The Health of the Nation Outcome Scales (HoNOS) is used as a Clinician-reported Outcome Measure (CROM) and Clinical Outcomes in Routine Evaluation (Core-10) as a PROM. The goal is for completion of HoNOS and Core-10 on admission and discharge to ensure a pair of each of the outcome measures.

The team have made changes to ensure the PROM is completed prior to leave if completing on discharge might become a challenge. This appears to have had a positive impact as the team have achieved their PROM target in Q3. they are also meeting the lower threshold for the CROM target and are confident they will meet this and achieve both targets by the end of the 2022/23 campaign.

### **CQUIN 2023/24**

As identified in the previous report, The CQUINs for 2023/24 will be reported to the Trust Quality and Safeguarding Committee and submitted to TOOL for assurance quarterly outlining how the trust is performing against the specific Threshold measures. An action plan will also be submitted identifying any barriers or areas that require improvement with a goal-based plan identifying both what being done and what is required to achieve the upper threshold. There will be a monthly meeting for CQUIN leads to report on their progress and request support or escalation.

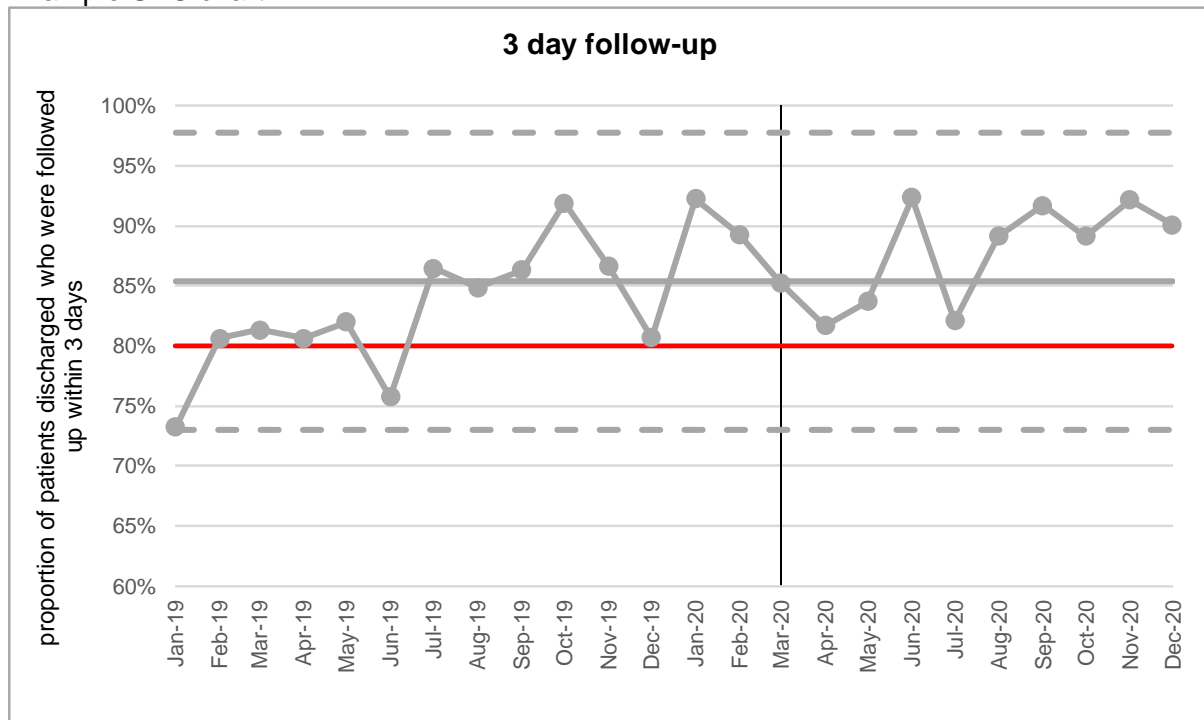
2023/24 summary table CCG CQUINs			
CQUIN	Topic	Lower Threshold	Upper Threshold
CQUIN01	Staff flu vaccination	75%	80%
CQUIN15a	Routine outcome monitoring in community mental health services	Paired overall Min: 20%	Paired overall Max: 50%
		Paired PROMs Min: 2%	Paired PROMs Max: 10%

<b>CQUIN</b>	<b>Topic</b>	<b>Lower Threshold</b>	<b>Upper Threshold</b>
<b>CQUIN15b</b>	<b>Routine outcome monitoring in CYP and community perinatal mental health services</b>	20%	50%
<b>CQUIN15c</b>	<b>Routine outcome monitoring in inpatient perinatal mental health services</b>	75% CROM;	95% CROM;
		35% PROM	55% PROM
<b>CQUIN17</b>	<b>Reducing the need for restrictive practice in adult/older adult settings</b>	75%	90%

## Appendix 1

### Statistical Process Control Chart (SPC) Guidance

Example SPC chart:



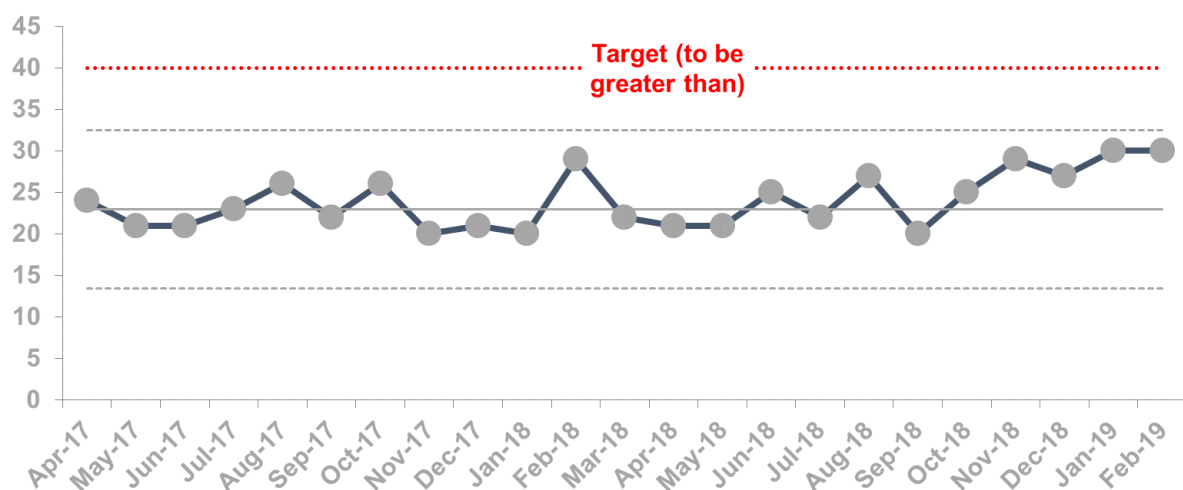
- The red line is the target.
- The grey dots are the actual performance each month. They are coloured grey as performance each month is normal in this example.
- The solid grey line is the average (mean) of all the grey dots.
- The grey dotted lines are called process limits, or control limits.

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

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

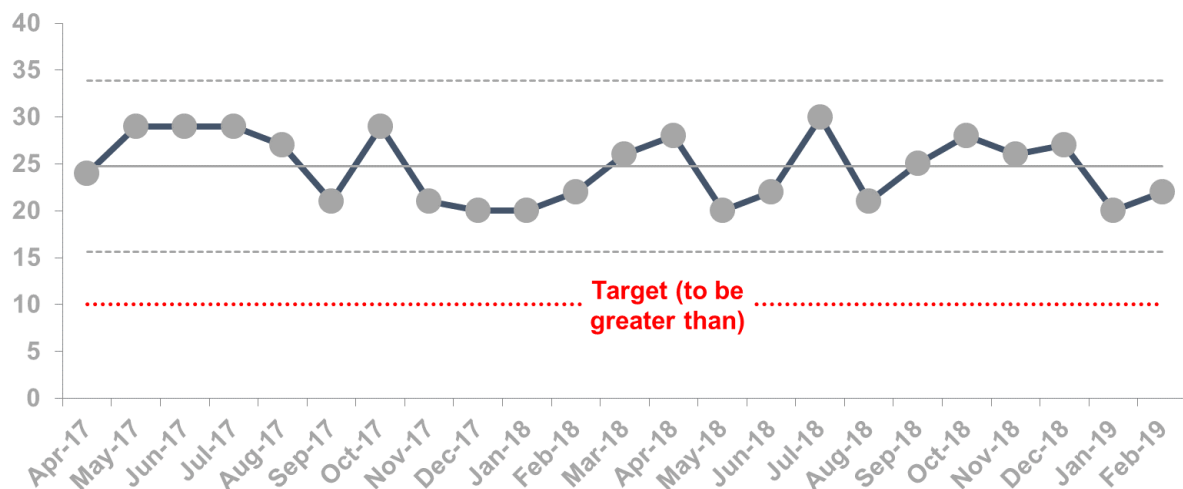
#### Things to look out for:

##### 1. A process that is not working



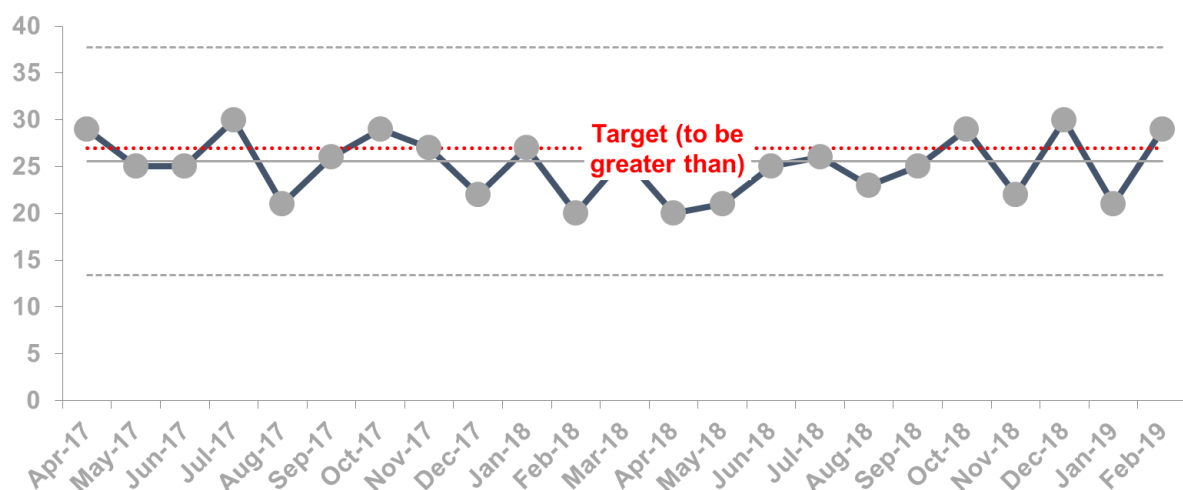
In this example the target is higher than the upper dotted grey line. This means that the target will never be achieved. To achieve the target, we need to change how we do things.

## 2. A capable process



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

## 3. An unreliable system

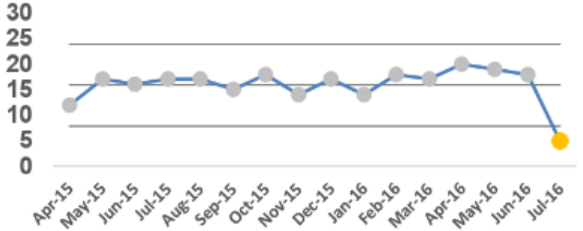
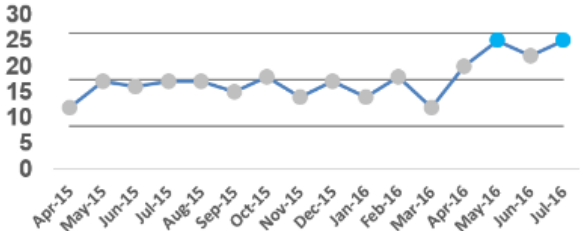
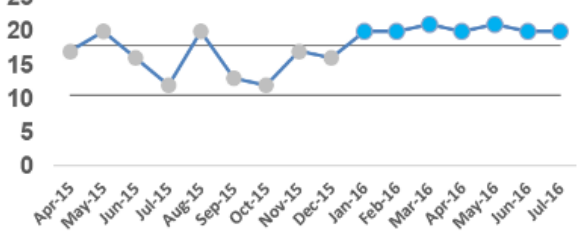
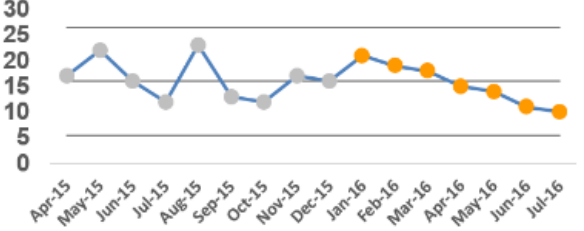


In this example the target line sits between the 2 grey dotted lines. As it is normal for the grey dots to fall anywhere between the 2 dotted grey lines, this means that it is entirely random as to whether or not the target will be achieved. So, this system is unreliable and needs to be redesigned if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

#### 4. Unusual patterns in the data

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

There are four scenarios where this can happen:

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

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

## Report from the Governance Committee

### Purpose of Report

The Governance Committee of the Council of Governors (CoG) has met once since its last report to the Council of Governors on 12 October 2022. This report provides a summary of the meeting including actions and recommendations made.

### Executive Summary

Since the last summary was provided in October 2022, the Governance Committee has met on the 7 February 2023. The meeting was conducted digitally using Microsoft Teams.

### Strategic Considerations

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

### Risks and Assurances

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

## Consultation

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

## Governance or Legal Issues

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

## Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

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

## Recommendations

The Council of Governors is requested to note the report made of the Governance Committee meeting held on the 7 February 2023.

Report presented by: Ruth Grice  
Public Governor, Chesterfield, and Chair of the  
Governance Committee

Report prepared by: Leida Roome on behalf of  
Justine Fitzjohn  
Trust Secretary

## Report from the Governance Committee meeting – 7 February 2023

17 governors, including 2 of the 3 newly appointed governors, (62.95 % of the Council of Governors) attended the meeting on 7 February 2023

### Trust Quality Account and Quality Visits

- Kyri Gregoriou, Deputy Director of Nursing and Quality Governance presented an overview of the process for Quality Visits as well as the Quality Account for the benefit of governors.

### Nominations for the Chair and Deputy chair of the Governance Committee

- David Charnock and Marie Hickman have volunteered to act as co-chairs for the Governance Committee – thanks were extended to them for this offer.

### Feedback from Governor Engagement Activities

- Governors noted the engagement activities, which have been provided via a log.
- The next Derbyshire Mental Health Forum meeting will be held on the 21 March and Governors were encouraged to attend. Details have been circulated.

### Governors Elections

- Three new governors have been appointed, Tom Bladen, Christine Williamson, and Brian Edwards, which were warmly welcomed by the Governance Committee. Orla Smith was unfortunately not successful in being re-elected. Julie Boardman resigned as a Governor. Marie Hickman and Varria Russell-White were re-elected for a further term.

### Consideration of Holding to Account Questions to Council of Governors

- One item was escalated to the Council of Governors regarding the closure of Bank House – Swadlincote.

### Attendance at Council of Governors Meetings

- Susan Ryan was pleased to note that the attendance to recent events had been really good. She encouraged governors to attend where they can and to send apologies to Denise Baxendale.

### Governor Training and Development

- This item was deferred to the next meeting of the Governance Committee, on the 18 April 2023.

### Governance Committee Work Plan

- This item was deferred to the next meeting of the Governance Committee, on the 18 April 2023.

### Any Other Business

- Governance Committee meeting dates have now been circulated.
- Mental Health Together – thanks were received from Hazel Parkyn for the support from governors on this issue
- Ruth Grice – thanks were extended to Ruth Grice, as the outgoing chair of the Governance Committee and for chairing her last meeting.



- A get well message was noted by Governors for Denise Baxendale.

## **2023 Governor Elections**

### **Purpose of Report**

To update governors on the 2023 round of public governor and staff governor elections and provide assurance on the process taken.

### **Executive Summary**

The election process was undertaken by Civica, an independent company used by many Foundation Trusts to run their elections.

For the 2023 elections, the Council of Governors had the following vacancies:

- Public governor vacancies:
  - Amber Valley (one vacancy)
  - Derby City East (one vacancy)
  - Derby City West (one vacancy)
  - Erewash (one vacancy)
  - High Peak and Derbyshire Dales (one vacancy)
- Staff governor vacancies:
  - Nursing (one vacancy)
  - Admin and Allied Support (one vacancy)

As in previous elections a significant number of activities were undertaken to promote the vacancies and identify individuals interested in the governor vacancies. This includes contacting a comprehensive list of voluntary and community stakeholders and promoting internally and externally.

Nominations opened on 14 November and closed on 12 December. The situation at close of nomination was as follows:

- Amber Valley – contested with three nominations
- Derby City East – contested with two nominations
- Derby City West – contested with four nominations
- Erewash – no nominations received
- High Peak and Derbyshire Dales – uncontested with one nomination
- Staff governor, medical – uncontested with one nomination
- Staff – Admin and Allied Support – uncontested with one nomination

For the contested election voting opened on 5 January and closed on 30 January.

The election result for 2023 is as follows:

- Amber Valley – Sue Ryan – re-elected
- Derby City East – Tom Bladen - elected
- Derby City West – Christine Williamson – elected
- High Peak and Derbyshire Dales – Brian Edwards - elected
- Staff – Nursing – Varria Russell-White – re-elected
- Staff – Admin and Allied Support – Marie Hickman – re-elected

Apart from the one vacancy for the one Erewash seat, the Council of Governors has a full complement of governors. The latest Governors terms of office began on 1 February 2023.

All newly elected (and re-elected) governors were invited to attend an induction/refresher session on 1 February and the new governors have been encouraged to take advantage of the 'buddy up' system that is provided by more experienced governors to help them in their role.

### Strategic Considerations

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

### Assurances

Governors can be assured that the elections are run independently of the Trust.

### Consultation

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

### Governance or Legal Issues

These elections are being run in line with the guidance included in the Constitution.

### 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 have proactively sought to promote governor vacancies to all members of the community. We 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.

**Recommendations**

The Council of Governors is requested to:

- 1) Receive and note the report.

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

## Governor Meeting Timetable April 2023 – March 2024

DATE	TIME	EVENT	LOCATION/COMMENTS
18/4/23	10am-12.30pm	Governance Committee	virtual
9/5/23	9.30am onwards	Public Trust Board	virtual
9/5/23	2pm – 5pm	Council of Governors	virtual
8/6/23	10am-12.30pm	Governance Committee	virtual
4/7/23	9.30am onwards	Public Trust Board	virtual
4/7/23	2pm – 5pm	Council of Governors and Trust Board development session	Face to Face - Conference Room A&B - to be confirmed
8/8/23	10am-12.30pm	Governance Committee	virtual
5/9/23	9.30am onwards	Public Trust Board	virtual
5/9/23	2pm – 5pm	Council of Governors meeting	virtual
20/9/23	4pm – 6pm	Annual Members' Meeting	Planning for face to face - Conference Room A&B
11/10/23	10am-12.30pm	Governance Committee	TBC – virtual or Conference Room A&B
7/11/23	9.30am onwards	Public Trust Board	virtual
7/11/23	2pm – 5pm	Council of Governors meeting	virtual
7/12/23	10am-12.30pm	Governance Committee	virtual
16/1/24	9.30am onwards	Public Trust Board	TBC – virtual or Conference Room A&B
16/1/24	2pm – 5pm	Council of Governors and Trust Board development session	TBC – virtual or A&B
7/2/24	10am 12.30pm	Governance Committee	virtual
5/3/24	9.30am onwards	Public Trust Board	virtual
5/3/24	2pm – 5pm	Council of Governors meeting	virtual

Please note:

- Training and development sessions for 2023/24 to be arranged
- Majority of meetings currently planned to take place virtually – this will be reviewed

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

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

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

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

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

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



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

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

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

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

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

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

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

(updated 14 June 2022)