COUNCIL OF GOVERNORS' MEETING – TUESDAY 9 MAY 2023
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	2.00
2.	Submitted questions from members of the public	Selina Ullah	2.00
3.	Minutes of the previous meeting held on 7 March 2023	Selina Ullah	2.05
4.	Matters arising and actions matrix	Selina Ullah	2.05
5.	Chief Executive's update	Mark Powell	2.10
STATUTORY ROLE			
6.	Report from Governors Nominations and Remuneration Committee – approval of recommendations	Justine Fitzjohn Selina Ullah/ Ralph Knibbs	2.55
7.	Council of Governors Annual Effectiveness Survey	Justine Fitzjohn	3.10
COMFORT BREAK			3.15
HOLDING TO ACCOUNT			
8.	Non-Executive Director reports	Ralph Knibbs and Ashiedu Joel	3.25
	Escalation items to the Council of Governors from the Governance Committee – this has been deferred for this meeting to give more time to CEO update and the two NED reports		
9.	Verbal summary of Integrated Performance Report (full report provided for information)	Non-Executive Directors	4.00
OTHER MATTERS			
10.	Governance Committee Report – 18 April 2023	David Charnock	4.30
11.	Any Other Business	Selina Ullah	4.40
12.	Review of meeting effectiveness and following the principles of the Code of Conduct	Selina Ullah	4.45
13.	Close of meeting	Selina Ullah	4.50
FOR INFORMATION			
14.	Minutes of the Public Board meeting held on 9/5/23*		
15.	Chair's Report as presented to Public Trust Board on 9/5/23*		
16.	Chief Executive's Report as presented to Public Trust Board on 9/5/23*		
17.	Governor meeting timetable 2023/24		
18.	Glossary of NHS terms		
Next Meeting: Tuesday 5 September 2023, from 14.00 – 17.00 hours Note the Governor Membership Engagement Action Plan Update deferred from this meeting will be added to this agenda			

* These minutes and reports will be available to view on the Trust's website.
Click on the 2023 drop down menus and select the relevant agenda and papers.

**MINUTES OF COUNCIL OF GOVERNORS MEETING
HELD ON TUESDAY 7 MARCH 2023, FROM 14:00-17:00 HOURS
MEETING HELD DIGITALLY VIA MICROSOFT TEAMS**

PRESENT	Selina Ullah	Trust Chair and Chair of Council of Governors
	Angela Kerry	Public Governor, Amber Valley
	Susan Ryan	Public Governor, Amber Valley
	Ivan Munkley	Public Governor, Bolsover and North East Derbyshire
	Ruth Grice	Public Governor, Chesterfield
	Chris Williamson	Public Governor, Derby City West
	Andrew Beaumont	Public Governor, Erewash
	Brian Edwards	Public Governor, High Peak and Derbyshire Dales
	Marie Hickman	Staff Governor, Admin and Allied Support Staff
	Jo Foster	Staff Governor, Nursing
	Stephen Wordsworth	Appointed Governor, University of Derby
	Jodie Cook	Appointed Governor, Derbyshire Mental Health Forum
	Roy Webb	Appointed Governor, Derby City Council
	Martyn Ford	Appointed Governor, Derbyshire County Council
	David Charnock	Appointed Governor, University of Nottingham
IN ATTENDANCE	Tumi Banda	Interim Director of Nursing and Patient Experience
	Carolyn Green	Interim Chief Executive
	Justine Fitzjohn	Trust Secretary
	Vikki Ashton Taylor	Director of Strategy, Partnerships and Transformation
	Rachel Leyland	Interim Director of Finance
	Marie	Member of the Public
	Lynn Andrews	Non-Executive Director
	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
	Jas Khatkar	NeXT Director
APOLOGIES	Denise Baxendale	Membership and Involvement Manager
	Hazel Parkyn	Public Governor, South Derbyshire
	Chris Mitchell	Public Governor, High Peak and Derbyshire Dales
	Tom Bladen	Public Governor, Derby City East
	Graeme Blair	Public Governor, Derby City East
	Jan Nicholson	Staff Governor, Allied Professions
	Laurie Duran	Staff Governor, Medical
	Rob Poole	Public Governor, Bolsover and North East Derbyshire

ITEM	ITEM
DHCFT/GOV/2023/001	**WELCOME, INTRODUCTIONS, APOLOGIES FOR ABSENCE & DECLARATION OF INTERESTS** Selina Ullah, Trust Chair welcomed all to the meeting. New governors Brian Edwards and Chris Williamson gave their introductions. The apologies were noted. There were no declarations of interest.
DHCFT/GOV/2023/002	**SUBMITTED QUESTIONS FROM MEMBERS OF THE PUBLIC** It was noted that no questions from members of the public have been received.
DHCFT/GOV/2023/003	**MINUTES OF THE MEETING HELD ON 1 NOVEMBER 2022 AND MINUTES OF THE EXTRAORDINARY MEETINGS HELD 22 DECEMBER 2022 AND 17 JANUARY 2023** The minutes of the meetings held on 1 November, 22 December 2022 and 17 January 2023 were accepted as a correct record.
DHCFT/GOV/2023/004	**MATTERS ARISING AND ACTIONS MATRIX** The action matrix was updated during the meeting. The Annual Members planning meeting will be scheduled shortly. **VERBAL UPDATE ON CARE PLANS FROM TUMI BANDA** Tumi Banda, Interim Director of Nursing and Patient Experience, explained that every patient should have a care plan. We have an 85% completion rate and the format of the care plan is dependent on how we support patients. We have been discussing care plans in team meetings and at Trust Board, it is a priority to improve compliance and this will be monitored regularly at the Quality and Safeguarding Committee. One of the challenges has been data quality as the care plans in Paris, the Trust's old Patient Information System, did not migrate to SystmOne (the Trust's new system) and this is being investigated in the Digital Group. Another challenge has been around vacancies and recruiting to clinical roles so the Trust is looking at skill mixing, but all this does take time. In the meantime, we use bank and agency In terms of demand and acuity, on average we are above 100% in terms of occupancy. Tumi added that we are still working on bringing care plans up to date and have made progress in acute areas and are currently at 92%. There are challenges in the community with low rates such as older adults at 72%, which is still an improvement. Care plans are being discussed with staff in supervision and meetings. The Trust is sighted on this risk and is putting things in place to make progress. Brian Edwards asked for an explanation of over 100% occupancy. It was confirmed that this is the number of beds occupied within our services. 100% also includes patients that have gone on leave. If a patient returns early, then we have to find a way to support that patient and find an alternative. We can use out of area beds if required. Roy Webb, Appointed Governor, asked about the sign-off of care plans and if there are areas that are causing delays. Tumi responded that sometimes this can happen where we have a multi-agency care plan. Where there are issues, we make sure these are escalated.

	Susan Ryan, Public Governor, asked if there is any additional support that could be accessed system wide. Tumi Banda responded by stating that we are linking in with other Derbyshire organisations particularly those that have SystmOne installations around reporting and where the data could be pulled. Our Digital Group is working with other system partners on this and we are open to learning.
	Andrew Beaumont, Public Governor, advised that he had outpatient care and had a care plan produced, this care plan was not very specific for him and was quite generic. He asked how can we make care plans more personable? Tumi responded to say that from induction we are talking about personalised care planning with staff. We are talking about trauma informed approaches, and we need to guide our staff on how to make sure the care plans talk about people. We are empowering our staff with the right skills to use.
	Jodie Cook, Appointed Governor, asked about neurodevelopmental vacancies as these are at minus 15%. Tumi advised that we are working on some new opportunities and looking at the skill mix of staff. The Trust has had some investment that has allowed us to obtain some more resources. Carolyn Green added to this by saying that we did a cross system trust learning disabilities masters cohort where we seconded individuals and trained them.
	Lynn Andrews, Non-Executive Director, commented that there is a deep dive to be undertaken to find the underlying cause of the data quality, workforce and training and education issues. The Quality and Safeguarding Committee have oversight of this and seeking assurance that the gaps identified will be addressed.
DHCFT/GO V/2023/005	**CHIEF EXECUTIVE'S UPDATE** Carolyn Green, Interim Chief Executive, gave an overview on the current issues affecting the Trust. The Trust is planning for the activity going forward, which includes finances within the programme spend and the national and constitutional targets. The amber rated areas relate to the junior doctors on industrial action next week. This would mean that some clinics and meetings would be cancelled. Carolyn added that due to the run of admissions, there is a lot of pressure on bed occupancy. There has been over staffing to get this figure down. The Trust still has a large cohort of patients in out of area. The focus has been on Crisis Services to try and reduce the pressure on beds and support people in a community setting. CAMHS and Children's Services are under pressure, and we are looking into waiting list initiatives and are also working with the wider system to look at preventative measures. Carolyn stressed the importance of how we continue to work with all partners in the alliance to hear voices that are very rarely heard. She added that there had been a presentation from the deaf community at the recent Mental Health, Learning Disabilities and Autism System Delivery Board meeting who are asking for a Deaf Hub to be developed in Derbyshire. Andrew Beaumont asked what we are doing about waiting lists for Attention Deficit Hyperactivity Disorder (ADHD). Carolyn gave an example of a trial of online assessments for ADHD which we are undertaking. A pilot of investment to bring an ADHD service into Derbyshire would reduce waiting lists. Brian Edwards asked how we could bring pressure to get services for the deaf community. He asked how many people do we have out of area and how close is the contact with them? Carolyn explained that we monitor out of area daily

	and gave an overview of figures, which vary regularly. We have commissioned a service on the border of Leicestershire and Derbyshire and there is access to clinical records across the services. Community teams also do follow ups and we also have PICU in situ and acute care out of area Managers.

Marie, a member of the Public, was invited to talk to the meeting: she introduced herself as a parent carer, who has an autistic son and explained her experiences. She felt that the systems were not joined up and asked to be involved, so her voice can be heard and give her feedback. Carolyn Green agreed to let Marie have her details so they can talk outside of this meeting, but thanked Marie for sharing her experiences.

RESOLVED: The Council of Governors noted the Chief Executive's update. |
| **DHCFT/GO V/2023/006** | **OVERVIEW OF FORWARD / ANNUAL PLANNING**

Vikki Ashton Taylor, Director of Strategy, Partnerships and Transformation and Rachel Leyland, Interim Director of Finance gave a presentation on the NHS planning round.

It was noted that all NHS organisations take part in a planning round; the submission is collated as a Derbyshire System with other NHS providers through the Integrated Care Board (ICB) on how we will deliver against the national requirements. The presentation set out a number of performance targets we are required to deliver and the financial and workforce summaries and what that means in terms of activity. The ICB has to put together a joint forward plan by the end of March 2023. In the Trust we are working with the operational teams to develop this by the end of March 2023 and can share with everyone then, if of interest. Vikki went on to speak about the Mental Health Learning Disabilities and Autism (MHLDA) System Delivery Board and the principal areas where we have broken down the approach which includes adult and older adult mental health, children, and young people's mental health, learning disabilities and autism, dementia services and IAPT.

Rachel Leyland spoke about the finance process. This is a big element of the operational plan. The 2023/24 plan been developed as a system. She explained the position for 2022/23 and 2023/24 and gave an explanation relating to the deficit. Investments in the long-term plan were mentioned.

It was noted that the Derbyshire system has an allocation of income and there is an agreed methodology to share that. The uplift for inflationary costs is 2.9% and there is also a 1.1% efficiency requirement. For each organisation it is assumed we all make a 3% efficiency saving in 2023/24. The capital plan is currently significantly over committed.

Rachel explained the next steps we need to take to deliver the plan at the end of March include reducing the current deficit position and the need to develop plans behind the cost reduction plan for next year. The triangulation of activity, workforce and finance is required. Prioritisation of capital schemes across the system is also needed.

David Charnock, Appointed Governor, asked how the planning works in the MHLDA System Delivery Board. Vikki confirmed that we set up working groups as part of the Delivery Board. Within that programme of work, the two areas learning disabilities and autism are considered separately, Carolyn Green confirmed that we report on these nationally and follow the national |

	requirements to report on these collectively. The new autism strategy has a 5-year plan for rolling out interventions. The priority areas are training and awareness levels first and the harder commissioning of autism services only has been brought forward in Derbyshire and we have set up specialist autism teams.
	Roy Webb spoke about the £149 million deficit and asked how much the Trust's share was. He also queried the 3% efficiency savings. Rachel Leyland explained the allocation as the System as a whole is trying to reduce the overall deficit situation. The Trust will be working on transformational schemes next year along with transactional savings. Carolyn Green added that there is a large independent sector out of area spend and the agency spend is large; however, the Trust has reduced this.
	Justine Fitzjohn, Trust Secretary, stated that the planning processes have changed over the last few years, but it is still important to give governors the chance to view our draft plans. The statutory position is that the Trust must have due regard to the views of the governors on the Annual Plan.
	RESOLVED: The Council of Governors noted the report.
DHCFT/GOV/2023/007	**NON-EXECUTIVE DIRECTORS REPORT**
	Tony Edwards, Non-Executive Director, presented his first overview report; he felt assured that there is a lot of good work going on and has noted honesty and transparency in dealing with the challenges that we face. He referred to the Making Room for Dignity programme and the good leadership from Andy Harrison, Senior Responsible Officer for Acute Care Capital Programme and Geoff Neild, Programme Director and is assured by how that is being managed. He was pleased that the Quality Visit programme is now starting, and he had been able to go on some of these visits. Tony spoke about his background in finance and manufacturing businesses and his experience as a governor in the Universities of Nottingham and Derby.
	Deborah Good, Non-Executive Director, presented her first overview report, noting that she has been with the Trust for a year. She felt supported within the Trust. She gave an overview of what activities she gets involved with, which includes being on the Finance and Performance Committee and the Audit and Risk Committee. Deborah added that an area that has taken a lot of her time is the chairing of the Neurodevelopmental Committee in Common. This is a Derbyshire Community Health Services Trust and Derbyshire Healthcare Foundation NHS Trust meeting about delivering a more integrated model of care. She added that the agenda is moving forward and there have been some positive outcomes already. Deborah is the Non-Executive Directors lead for carers. She participates in Quality Visits and recently attended visits to the Dementia Rapid Response Team and Cubley Court.
	Brian Edwards spoke about clinical audit and asked if Deborah was satisfied there is a system around this in the Trust and if it is working. Deborah feels assured by how this is working in terms of our reporting. Lynn Andrews added to this by saying that she does see the outcomes of the audits and as a result the learning from those audits and is confident that the process is there. Carolyn Green gave an example from the Cubley Court Quality Visit. For the team presenting, there was a challenge for them to state how they use the evidence base for clinical quality to improve their service. They told the visiting panel how

	they were auditing all older adult acute wards falls for prevention, using rating scales and evidence and how they managed to reduce falls to a minimum.
	RESOLVED: The Council of Governors noted the Non-Executive Directors updates.
DHCFT/GOV/2023/008	**ESCALATION ITEMS TO THE COUNCIL OF GOVERNORS FROM THE GOVERNANCE COMMITTEE**
	Governors had submitted a holding to account question to the Non-Executive Directors around their levels of assurance that the Trust has plans in place to respond to the challenges in service provision in South Derbyshire, including the staffing issues and case load for all staff including consultant cover. Concern has been expressed in the community about the closure of Bank House in Swadlincote and local people want to know how Joined Up care Derbyshire/Living Well is working on contingencies to support those, who would have accessed services through Bank House.
	Tony Edwards, as chair of the Finance and Performance Committee, responded to say that he was assured of the line of sight around the issues and on the performance and understanding what this is. In terms of the performance around South Derbyshire, it was noted that the Trust had recently separated out the South Derbyshire Community Mental Health Team from the team in Ashbourne. A service manager has been appointed and staff shortages have been an issue. However, in recent weeks appointments have been made in relevant areas to bring the services back up to full staffing. Tony went on to speak about Bank House; this facility closed back in August 2022 and the South Derbyshire Place Alliance Group are working with the Voluntary Sector to develop a proposal on how people can be supported given that closure. Carolyn Green spoke about the specific services and locations to give the Committee some background information.
	Jodie Cook advised that Bank House was run by a Voluntary Sector provider and some services are now being housed by South Derbyshire Community Voluntary Services. There is some mental health direct delivery work going on there. The South Derbyshire Place Alliance Group are requiring an update on Living Well and Crisis Alternatives. Jodie offered to keep governors updated around South Derbyshire issues.
	ACTION: Jodie Cook will attend the South Derbyshire Place Alliance Group and update them on Living Well and Crisis Alternatives and then feedback to the next Council of Governors Meeting in May
	RESOLVED: The Council of Governors noted the update and the response, which will be appended to the Minutes.
DHCFT/GOV/2023/009	**SUMMARY OF INTEGRATED PERFORMANCE REPORT**
	The Non-Executive Directors reminded the governors that the purpose of this report is to provide an update of how the Trust was performing at the end of January 2023. The report focuses on key finance, performance, and workforce measures.
	Tony Edwards had circulated a questionnaire for feedback on the format of the Integrated Performance Report (IPR), but has not had a huge response. The broad support for the latest report from governors was quite positive.

	Geoff Lewins gave the headlines on the financial situation and added that the finance risk has been reduced from extreme to moderate. He added that here will be big challenges next year with trying to hit the finance plan. The Trust was looking at a rolling plan of efficiency programmes to keep delivering and making some of the savings. Ralph Knibbs, Non-Executive Director, provided highlights from the people aspects from the report. There is a much more targeted approach from People Services in terms of supervision, training, and staff turnover. This is owned locally, and teams feel like their work environments are improving. The People and Culture Committee are receiving deep dives from teams on what is working well and what is not. Ralph added that staff survey results are coming in and are being reviewed and will be released shortly. Samina Arfan had presented an Equality, Diversity and Inclusion framework to the last People and Culture Committee that supports the race and disability plan for each year. Lynn Andrews spoke about the Quality and Safeguarding Committee, adding that the themes, which were coming through, were about the challenges of data quality as a result of the transferring of IT systems. Lynn said that she had attended a Quality Visit to the Research and Development Team, where this issue had been raised. Care plans were the key focus at the last meeting. **RESOLVED: The Council of Governors noted the updates from the Non-Executive Directors.**
DHCFT/GOV/2023/010	**ELECTION UPDATE** Justine Fitzjohn presented the summary report on the 2022/23 elections. Inductions have been completed for the 3 new governors. There is still one vacancy for the seat in Erewash. Justine reported on the results of the nomination process for the Lead Governor and Deputy Lead Governor. Single nominations have been received for both post, i.e., Susan Ryan for Lead Governor and Hazel Parkyn, for the Deputy Lead Governor role. In terms of the Governance Committee, Justine thanked Ruth Grice for her time as the chair of this meeting; the chair for this Committee has been handed over to David Charnock and Marie Hickman, who will co-chair the meetings. **RESOLVED: The Council of Governors supported the appointments of Susan Ryan as Lead Governor and Hazel Parkyn as Deputy Lead Governor.**

DHCFT/GOV/2023/011	**GOVERNANCE COMMITTEE REPORT** Ruth Grice, Public Governor, gave an overview on the discussion items on the Governance Committee meeting, which took place on the 7 February 2023. She advised that Kyri Gregoriou, Deputy Director of Nursing and Quality Governance, attended and gave a presentation on the process for quality visits as well as the quality account. Susan Ryan was pleased to note that the attendance at recent meetings has been good, and she encouraged governors to attend where they can. The governor training and development item was deferred to the 18 April Meeting. Selina Ullah thanked Ruth for chairing the Governance Committee. **RESOLVED: The Council of Governors noted the report made of the Governance Committee held on the 7 February 2023.**
DHCFT/GOV/2023/012	**ANY OTHER BUSINESS** Jo Foster, Staff Governor, advised that she will be taking a step back from this meeting for a while due to personal reasons. Chris Williamson volunteered to be a part of the Annual Members meeting (AMM) Task and Finish group.
DHCFT/GOV/2023/013	**REVIEW OF MEETING EFFECTIVENESS AND FOLLOWING THE PRINCIPLES OF THE CODE OF CONDUCT** Susan Ryan observed the Trust Board meeting this morning and was pleased to see the Non-Executive Directors asking challenging questions and the Board getting into some of the performance details to improve service delivery. She added that it was good to see the Performance Improvement theme running across both meetings.
DHCFT/GOV/2023/014	**CLOSE OF MEETING** The meeting closed at 16.32 hours. The next Council of Governors meeting will be held on *Tuesday 9 May 2023 from 14.00 hours.*

Date of Minutes	Minute Reference	Item	Lead	Action	Completion by	Current Position	
	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
7.3.23	DHCFT/GOPV/2023/008	South Derbyshire Place Alliance Group	Jodie Cook	Jodie Cook to attend this meeting and feedback to COG at next meeting 9 May 2023	09/05/2023	To be updated at next meeting	Yellow

Key	Agenda item for future meeting		YELLOW	1	50 %
	Action Ongoing/Update Required		AMBER	1	50 %
	Resolved		GREEN	0	0%
	Action Overdue		RED	0	0%
				2	100%

Why Derbyshire Healthcare?

- Values led Trust
- Strong sense of team and collaborative approach
- Lots of passion, energy and ideas amongst colleagues
- Really exciting time with new developments and opportunities
- We're in a good place, but still lots to do
- Rich variety of services
- Affinity with Derbyshire
- Wanting the best for local people

Making a positive difference

My Approach

- To listen and learn – what has changed, what our current challenges are
- Visibility - meeting people
- People First – our staff and our patients / open door approach
- Clarity of purpose and direction
- Provide stability and build the Executive Team
- Looking forwards and not back
- Taking decisions that need to be made and communicate these clearly
- Taking time to develop key priorities, co-created with colleagues and stakeholders
- Focusing internally and externally

Making a
positive
difference

Things that are important to me

- Working in partnership with our patient and carer groups, ensuring we work together to improve people's experiences
- Working closely with our stakeholders and partners
- Regular staff engagement that is effective and meaningful
- Engaging and empowering our leaders
- Closing the gap - Health inequalities and how we can support population health management
- Being the absolute best we can be
- Not making false promises

Making a
positive
difference

Key challenges / opportunities to work together

1. Workforce (e.g. recruitment, retention, morale)
2. Finance for 23/24 (post COVID financial outlook and the requirement for greater savings than previous years)
3. Significant increases in demand for our services
4. Opportunities to work together

- Governor help to enable greater reach into our communities and support with our community development ambition

- Closing the gap – Health Inequalities

- Exploring Governor influence and local connections in supporting the development JUCD and integration

- Future strategy development

Making a positive difference

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 9 May 2023

Report from the Nominations and Remuneration Committee

Purpose of Report To provide an update on the issues discussed at the Nominations and Remuneration Committee meeting held on 25 April 2023 and to put forward the Committee's recommendations for approval by the Council of Governors.

Executive Summary This report provides an outline of the business discussed at the Nominations and Remuneration Committee meeting held on 25 April 2023 and the Committee's recommendations. This meeting covered the appraisals for the Trust Chair and the Non-Executive Directors (NEDs) and a proposal for the re-appointment of a NED, as well as several year-end governance reports, specifically: • Time commitment, balance of skills, committee membership and succession planning • Annual collective performance review of the committee in accordance with its Terms of Reference • Annual review of Terms of Reference before submission to the Council of Governors The Committee's recommendations are listed in the body of the report.

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

Assurances The Council of Governors can be assured that the Chair and NED appraisals were compliant with the principles of the NHS England guidance and that the Committee acts in line with its Terms of Reference.

Consultation All Board Members and some support staff were invited to submit feedback for the

Chair and NED appraisals and Governors had the opportunity to provide feedback at two focus groups.

Governance or Legal Issues

The NHS Foundation Trust Code of Governance (replaced by the Governance for NHS Provider Trusts from 1 April 2023) outlines the requirements for the annual performance evaluation of members of the Board of Directors as well as the requirements for the recruitment of the NEDs.

In the case of re-appointment of NEDs, the Trust Chair should confirm to the governors that following formal performance evaluation, the performance of the individual proposed for re-appointment continues to be effective and to demonstrate commitment to the role. Re-appointments had previously been guided by the Foundation Trust Code of Governance and the Trust adopted the approach that NEDs may, in exceptional circumstances, serve longer than six years but this should be subject to annual reappointment.

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:
Support was available for completion of online appraisal and also at the focus group. All NEDs are members of Board Committee and there is an equality and inclusion objective within all Committee Terms of Reference.

Recommendation

The Council of Governors is asked to:

1) Note the update report from the Nominations and Remuneration Committee held 25 April 2023,
2) Receive assurance from the Committee that satisfactory appraisals have taken place for the Trust Chair and Non-Executive Directors.
3) Approve the re-appointment of Geoff Lewins, as Non-Executive Director and Chair of the Audit and Risk Committee, for a further 12 months from 1 December 2023.
4) Approve the five Chair objectives as set out in the report.
5) Note the year-end report and approve the Committee's revised Terms of Reference

Report prepared and presented by: Justine Fitzjohn, Trust Secretary

Derbyshire Healthcare NHS Foundation Trust
Council of Governors – 9 May 2023

Report from the Nominations and Remuneration Committee

Introduction

Since the last report to the Council of Governors on 7 March 2023, the Committee has met once on 25 April 2023. This report provides an outline of the business discussed at the meeting and the Committee's recommendations:

1) NON-EXECUTIVE DIRECTOR (NED) APPRAISALS

The Chair leads the appraisal process for the NEDs and Selina Ullah presented the results. The appraisals are set out in three parts:
.
- **PART ONE –** 360 Feedback, from Board and other colleagues
- **PART TWO –** Review of performance against objectives for the year and any reflection on the year just completed
- **PART THREE –** Set of objectives for the next year and any personal development requirements and brief summary statements by appraisee and appraiser.

Full year appraisals have been carried out for Ashiedu Joel, Geoff Lewins and Deborah Good and revised objectives were agreed for 2023/24. The other NEDs, Ralph Knibbs, Tony Edwards and Lynn Andrews have been in their roles for less than a year, so their appraisals represented a part year position building on initial objectives agreed when they joined and then they will have full annual appraisals going forward.

The Chair was pleased to report that the NEDs had met their objectives and all had performed highly in challenging circumstances. The Committee confirmed they had received significant assurance on the NED appraisals and congratulated the NEDs on their performance.

2) RE-APPOINTMENT OF A NON-EXECUTIVE DIRECTOR – GEOFF LEWINS

Geoff's term of office is due to expire on 30 November 2023. He was first appointed 1 December 2017 – 30 November 2020 and then reappointed for a second three year term. The Committee supported the Chair's recommendation to re-appoint Geoff for a further 12 months noting the benefits of continuity and stability to the Board and confirmation that he continues to make a significant contribution as a Board member, particularly in his role as Chair of the Trust's Audit and Risk Committee. His current terms and conditions will be carried over in line with a previous Council of Governors decision. His Trust biography is included at Appendix 1.

3) YEAR-END REPORTS

- Time commitment, balance of skills, committee membership and succession planning – the Committee noted the contents of the report including that the roles, skills and commitment of NEDs are regularly reviewed in line with best practice. The four new NED appointments over the last year has allowed

some reallocation of NED duties. The Committee noted that the workload continues to increase for the Chair and NEDs as they balance their Trust commitments with their involvement in the Derbyshire system and Regional collaborations and projects.

- Annual collective performance review of the Committee in accordance with its Terms of Reference – this Committee confirmed that it had been effective in 2022/23 and a separate report is included as Appendix 2 for approval.
- Annual review of Terms of Reference – some minor amendments are proposed and these are shown via tracked changes in Appendix 3.

4) CHAIR'S APPRAISAL

It is the responsibility of the Senior Independent Director (SID), in conjunction with the Lead Governor and Nominations and Remuneration Committee to lead the process for the Chair's appraisal. The Senior Independent Director, Ralph Knibbs, presented the results to the Committee.

The appraisal was set out in the same three parts as the NED appraisals but used the template questions from the NHSE provider chair appraisal guidance. This also includes seeking feedback from external stakeholders, primarily from our Joined Up Care Derbyshire partners.

The average scores were mainly in the 80-90% range of all populations which showed a strong performance across the competency framework. Selina's self-assessment was generally in line with the cohort scores. The strongest ratings were People, closely followed by Outcomes Focus. The themes from the free text showed that Selina is highly thought of as the Chair. Her compassion and empathy really shines through. There were some areas for awareness and/or development in relation to time management of meetings, enabling more distributed leadership across the Board to help with visibility and creating space for the Board to spend more time together as a collective, outside of Committee/Board meetings.

Selina met her 2022/23 objectives and the following are recommended for approval as the 2023/24 objectives:

1. Provide strong leadership to the Board and the Council of Governors, shaping the agenda and managing relationships internally and externally.
2. Create the right tone at the top, encouraging change and shaping the organisation's culture.
3. Build system partnerships and balance the organisational governance priorities with the system collaboration.
4. Continue to develop a cohesive and inclusive Unitary Board, taking accountability for the overall development and performance of the Board.
5. Ensure the effective 'onboarding' of new Chief Executive Officer, supporting them in developing a cohesive and high performing executive team.

Recommendation

The Council of Governors is asked to:

1) Note the update report from the Nominations and Remuneration Committee held 25 April 2023,

2) Receive assurance from the Committee that satisfactory appraisals have taken place for the Trust Chair and Non-Executive Directors.
3) Approve the re-appointment of Geoff Lewins, as Non-Executive Director and Chair of the Audit and Risk Committee, for a further 12 months from 1 December 2023.
4) Approve the five Chair objectives as set out in the report.
5) Note the year-end report and approve the Committee's revised Terms of Reference

Appendix 1

A qualified accountant by background, Geoff has more than 30 years' experience in finance, IT and governance, having recently worked as Director of Financial Strategy for Rolls-Royce plc. He is also a Trustee of The Arkwright Society, an educational charity devoted to the rescue of industrial heritage buildings in Derbyshire. Geoff is the chair of the Audit and Risk Committee.

Geoff is also a member of the Trust's Finance and Performance Committee, the Mental Health Act Committee and the Neurodevelopmental Committee in Common. He is the NED lead for Freedom to Speak Up and provides NED support for the Trust's application for the Lead Provider role for Perinatal Services in the East Midlands collaborative.

Appendix 2

<div align="center">

**Governors' Nominations & Remuneration Committee
Year End Report 2022/23**

</div>

Elements of the Committee terms of reference are shown in bold with the evidence relating to carrying out this activity described after each element to clearly demonstrate the range of work undertaken by the Committee during the period 1 April 2022 to 31 March 2023.

1.   Nominations

1.1   Periodically review the balance of skills, knowledge, experience and diversity of the Non-Executive Directors (NEDs) and having regard to the views of the Board of Directors and relevant guidance on board composition, make recommendations to the Council of Governors with regard to the outcome of the review.

As we have had a regular turnover of NEDs in the last year a separate review has not been necessary as for each appointment the Board gives the Committee its views on the balance of skills, knowledge, experience and diversity of the NEDs and recruitment is targeted where necessary to ensure that the required qualities and experience are reflected on the Trust Board.

1.2   Review the results of the Board of Directors' performance evaluation process that relate to the composition of the Board of Directors.

The performance evaluation process has not highlighted any specific skills gap that would require further appointments to the Board. However, each NED has, through their appraisal process, had areas identified for development to enhance the Board.

1.3   Review annually the time commitment requirement for NEDs.

All NEDs have a terms of service arrangement of 4-5 days per month, which benchmarks alongside the majority of other Trusts, and the Chair works with all NEDs to keep Trust commitments manageable and appropriate. The Chair time commitment is 3 days per week (on average).

1.4   Give consideration to succession planning for NEDs, taking into account the challenges and opportunities facing the Trust and the skills and expertise needed on the Board of Directors in the future.

An annual report on this topic is presented to this Committee. The report includes when terms are ending and plans for recruitment/reappointment.

1.5   Make recommendations to the Council of Governors concerning plans for succession.

As each of the respective NEDs, and Trust Chair reach the end of their term the Council of Governors receives this information from the Nominations & Remuneration Committee. In turn the Council of Governors sanctions the Committee to deal with any re-appointments or recruitment and make recommendations back to the Council of Governors.

1.6   Keep the leadership needs of the Trust under review at NED level to ensure the continued ability of the Trust to operate effectively in the health economy.

This has been a point of consideration in each NED appointment process.

1.7 Agree with the Council of Governors a clear process for the nomination of a Non-Executive Director.

In line with previous practice and in line with guidance from NHS England.

1.8 Keep up to date and fully informed about strategic issues and commercial changes affecting the Trust and the environment in which it operates.

Advice is given by the Trust Secretary and the Director of People and Inclusion on issues that may affect nominations and remuneration.

1.9 Take into account the views of the Board of Directors on the qualifications, skills and experience required for each position.

The views of directors will be considered as part of the planning and recruitment processes for the appointment of a Trust Chair and NEDs. The Committee will agree the composition of the interview panel which will ordinarily include the Chief Executive and other appropriate members of the Board as observers/advisors.

1.10 For each appointment of a NED, prepare a description of the role and capabilities and expected time commitment required.

The Committee will provide input into the recruitment and selection process for the Trust Chair and NEDs. Role descriptions, capabilities, qualities, and time commitment are reviewed.

1.11 Identify and nominate suitable candidates to fill vacant posts within the Committee's remit, for appointment by the Council of Governors.

The Committee undertook the recruitment process for three new NED during the financial year and recommend the re-appointment of a NED to their second term of office..

1.12 Ensure that a proposed NED is a 'fit and proper' person as defined in law and regulation and in line with the Trust's Fit and Proper Person Test Policy.

This is built into the recruitment process and the Trust Chair presents an annual declaration of Fit and Proper Person's compliance for all Board members to the Public Trust Board (last one in July 2022).

1.13 Ensure that a proposed Non-Executive Director's other significant commitments are disclosed to the Council of Governors before appointment and that any changes to their commitments are reported to the Council of Governors as they arise.

Up-to-date Directors' declarations of interest are provided as part of Public Board papers and a register is held by the Board Secretary.

1.14 Ensure that proposed appointees disclose any business interests that may result in a conflict of interest prior to appointment and that any future business interests that could result in a conflict of interest are reported. Determine whether or not any NED proposed for appointment is independent (according to the definition in the Foundation Trust Code of Governance and/or in the Trust's constitution or governance procedures).

All business interests are disclosed, and conflicts of interest are sought prior to appointment.

1.15 Ensure that on appointment NEDs receive a formal letter of appointment setting out clearly what is expected of them in terms of time commitment, Committee service and involvement outside Board of Director meetings.

Formal letter/contract sent for the Chair and NED appointments in year.

1.16 Advise the Council of Governors in respect of the re-appointment of any NED. Any term beyond six years must be subject to a particularly rigorous review.

Not applicable in 2022/23.

1.17 Advise the Council of Governors in regard to any matters relating to the removal of office of a NED.

Not applicable in 2022/23.

1.18 Make recommendations to the Council of Governors on the membership of (Council of Governors) Committees as appropriate, in consultation with the chairs of those Committees.

This is carried out on an annual basis.

2.   Remuneration Role

2.1   Recommend to the Council of Governors remuneration and terms of service policy for NEDs, taking into account the views of the Chair (except in respect of her own remuneration and terms of service) and the Chief Executive and any external advisers.

This is done with each appointment.

2.2   In accordance with all relevant laws and regulations, recommend to the Council of Governors the remuneration and allowances, and the other terms and conditions of office, of the NEDs.

The NHSE/I Chair remuneration framework was applied to the Chair appointment. The national framework for NED remuneration was considered during a review of NED remuneration carried out at the October 2022 meeting. The Council of Governors accepted all the recommendations of the Committee's review and approved a revised remuneration structure at its meeting in November 2022. The Council of Governors adopted the national basic pay for NEDs but agreed a local level of supplementary payments for those currently in the roles of Deputy Chair, Senior Independent Director and the Chair of Audit and Risk Committee with the intention of adjusting the future value of the supplementary payments for any new appointments to better align with the financial limits set out in the guidance. This is in line with the comply and explain principle.

2.3   Agree the process and receive and evaluate reports about the performance of individual NEDs and consider this evaluation output when reviewing remuneration levels.

The Council of Governors has built up a robust appraisal process over the years covering many of the elements of the new NHSEI Provider Chair competency framework.

Full appraisals have been carried out three NEDs and part-year appraisals for the three newest NEDs. The outcomes of the Chair and NED appraisals will be presented to the Committee on 25 April 2023.

2.4   Input into the NEDs appraisals, including approving the appraisal structure and giving assurance to Council of Governors that satisfactory appraisals have taken place.

See 2.3 above. The Committee reports the assurance to the Council of Governors annually.

2.5   Input into the annual performance appraisal of the Trust Chair, which will be led by the Senior Independent Director (SID) and follow the appraisal structure used for NEDs, giving assurance that a satisfactory appraisal has taken place.

The Trust Chair's appraisal was carried out in March 2023 and will be presented to the Committee on 25 April 2023 by the SID.

2.6   In adhering to all relevant laws and regulations establish levels of remuneration which:

2.6.1 Are sufficient to attract, retain and motivate non-executive directors of the quality and with the skills and experience required to lead the Trust successfully, without paying more than is necessary for this purpose, and at a level which is affordable for the Trust;

2.6.2 Reflect the time commitment and responsibilities of the roles;

2.6.3 Take into account appropriate benchmarking and market-testing, while ensuring that increases are not made where trust or individual performance do not justify them; and

2.6.4 Are sensitive to pay and employment conditions elsewhere in the Trust.

The Committee considers remuneration for each appointment and will continue to consider against the NHSEI remuneration framework. See 2.2.

2.7   Monitor procedure to ensure that existing Directors remain 'fit and proper' persons as defined in law and regulation.

See 1.12.

2.8   Oversee other related arrangements for NEDs.

The job descriptions for the NED appointments were reviewed and amended to reflect the experience of the outgoing candidate and the qualities required from candidates.

3.   Membership

3.1   The membership of the Committee shall consist of governors appointed by the Council of Governors.

- **The Lead Governor and four Public Governors**
- **One Appointed Governor**
- **One Staff Governor**
- **Chair of the Trust**

The Lead Governor has been re-appointed following re-election. All vacancies have been appointed to.

3.2   The Committee will normally be chaired by the Trust Chair. Where the Chair is unavailable, or has a conflict of interest, for example when the Committee is

considering the Chair's re-appointment or remuneration, the Committee will be chaired by the Deputy Chair. Where the Trust Chair or Vice Chair have declared an interest under b), the Committee will be chaired by a Governor member for the duration of the item where b) applies

The Committee has agreed that Senior Independent Director will chair the Committee when leading the Chair appraisal and supporting the Chair recruitment.

3.3   A quorum shall be the Chair of the Trust (or their Deputy), three Public Governors members and one other Governor member. Unless b) applies in which case the quorum shall be three Public Governor members and one other Governor member.

Meetings were quorate throughout 2022/23. The Terms of reference will be ratified by the Council of Governors on 9 May 2023 The quorum has been reduced to two public governors and either the staff governor or the appointed governor.

3.4   By exception, in order to achieve quorum, a governor can be nominated to 'step in' from the same category. The step in will be classed as a member of the Committee for that meeting.

This exception was adopted during the year.

3.5   Initial appointment terms shall be to the end of a member governor's term.

This has been applied. Details on terms for the current member governors are listed below.

Governor	Term is co-terminus with Governor term of office
Hazel Parkyn (Public)	31/1/25
Susan Ryan (Public) Lead Governor	31/1/26
Graeme Blair (Public)	31/1/25
Jill Ryalls (Public)	31/1/25
Annette Gilliland (Public)	31/1/25
David Charnock (Appointed)	13/11/23
Varria Russell-White (Staff)	31/1/26

3.6   Every member of the Committee shall be entitled to one vote on any question to be determined by voting. In the event of there being equal votes cast to a motion, then the person presiding at such a Committee meeting shall have a casting vote subject to having already voted in the initial vote.

The Committee had not exercised its right to vote during the year, but had reached conclusions through discussion, deliberation, and debate.

4.   Secretary

4.1   The Trust Secretary shall ensure appropriate administrative support to the Committee.

Support was provided to the Committee to support its work throughout the year.

5.   Attendance

5.1   Only members of the Committee have the right to attend Committee meetings.

5.2   At the invitation of the Committee, meetings shall be attended by the Chief Executive, but the Chief Executive is not a member of the Committee and shall have no vote on any matter considered by it.

5.3   The Trust Secretary may attend as a non-member.

5.4   Other persons may be invited by the Committee to attend a meeting so as to assist in deliberations.

A summary of attendance is presented below. As and when required and by invitation the Chief Executive may attend the meeting. The Senior Independent Director attends to present the Chair's appraisal.

Member	11.4.22	25.4.22	28.6.22	22.7.22	21.10.22	Attendance
Julie Boardman (Public)	Y	Y	A	Y	A	3/5
Jill Ryalls	-	-	-	-	Y	1/1
David Charnock (Appointed)	Y	Y	Y	Y	Y	5/5
Annette Gilliland (Public)	-	A	A	A	Y	1/4
Varria Russell-White (Staff)	A	A	A	A	A	0/5
Susan Ryan (Public)	Y	A	Y	Y	Y	4/5
Orla Smith (Public)	Y	Y	Y	A	Y	4/5
Graeme Blair	-	-	-	-	Y	1/1
Selina Ullah	Y	Y	Y	Y	Y	5/5
Justine Fitzjohn (Trust Secretary)	Y	Y	Y	Y	Y	5/5
Margaret Gildea (Senior Independent Director)	-	Y	-	-	-	1/1
Denise Baxendale (Membership and Involvement Manager)	-	-	Y	-	-	1/5
Mark Bate (GatenbySanderson)	Y	-	-	-	-	1/1

6.   Frequency of Meetings

6.1   Meetings shall be held as required, but at least twice in each financial year.

In 2022/23 five meetings were held.

7.   Minutes and Reporting

7.1   Formal minutes shall be taken of all Committee meetings and approved by the Committee.

Minutes have been received by the Committee but are not routinely circulated due to the confidentiality of issues discussed.

7.2   The Committee will report to the Council of Governors after each meeting.

Summary reports were given to the Council of Governors on the business undertaken at each meeting and recommendations made as and when required.

7.3 The Committee shall receive and agree a description of the work of the Committee, its policies and all Non-Executive Director emoluments in order that these are accurately reported in the required format in the Trust's Annual Report.

Details of the work of the Committee is included in the 'Governors and Membership' section of the annual report and accounts.

7.4 Where remuneration consultants are appointed, a statement should be made available as to whether they have any other connection with the Trust.

No remuneration consultants were engaged during 2022/23.

8. Performance Evaluation

8.1 The Committee shall review annually its collective performance and report this to the Council of Governors.

The Committee's review of its work in 2022/23 will be presented to the Council of Governors at its meeting in May 2023.

9. Review

9.1 The terms of reference of the Committee shall be reviewed by the Council of Governors at least annually.

The annual review of the terms of reference forms part of the forward plan for the Committee and they will continue to be reviewed as and when required.

Appendix 3

Terms of Reference of Governors' Nominations & Remuneration Committee

a)   Authority

The Council of Governors' Nominations and Remuneration Committee (the Committee) is constituted as a Standing Committee of the Council of Governors. Its Constitution and Terms of Reference shall be as set out below, subject to amendment at future meetings of the Council of Governors. The Committee is authorised by the Council of Governors to act within its Terms of Reference. All members of staff are requested to cooperate with any request made by the Committee.

The Committee is authorised by the Council of Governors, subject to funding approval by the Board of Directors, to request professional advice and request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary for or expedient to the exercise of its functions.

The Committee is also authorised to request such internal information as is necessary and expedient to the fulfilment of its functions.

b)   Conflicts of Interest

The Chair of the Trust, or any Non-Executive Director present at Committee meetings, will withdraw from discussions concerning their own re-appointment, appraisal, remuneration or terms of service.

1.   Nomination Role

The Committee will:

1.1   Periodically review the balance of skills, knowledge, experience and diversity of the Non-Executive Directors and having regard to the views of the Board of Directors and relevant guidance on board composition, make recommendations to the Council of Governors with regard to the outcome of the review.

1.2   Review the results of the Board of Directors' performance evaluation process that relate to the composition of the Board of Directors.

1.3   Review annually the time commitment requirement for Non-Executive Directors.

1.4   Give consideration to succession planning for Non-Executive Directors, taking into account the challenges and opportunities facing the Trust and the skills and expertise needed on the Board of Directors in the future.

1.5   Make recommendations to the Council of Governors concerning plans for succession.

1.6   Keep the leadership needs of the Trust under review at non-executive level to ensure the continued ability of the Trust to operate effectively in the health economy.

1.7   Agree with the Council of Governors a clear process for the nomination of a Non-Executive Director.

1.8   Keep up to date and fully informed about strategic issues and commercial changes affecting the Trust and the environment in which it operates.

1.9   Take into account the views of the Board of Directors on the qualifications, skills and experience required for each position.

1.10 For each appointment of a Non-Executive Director, prepare a description of the role and capabilities and expected time commitment required.

1.11 Identify and nominate suitable candidates to fill vacant posts within the Committee's remit, for appointment by the Council of Governors.

1.12 Ensure that a proposed Non-Executive Director is a 'fit and proper' person as defined in law and regulation and in line with the Trust's Fit and Proper Person Test Policy.

1.13 Ensure that a proposed Non-Executive Director's other significant commitments are disclosed to the Council of Governors before appointment and that any changes to their commitments are reported to the Council of Governors as they arise.

1.14 Ensure that proposed appointees disclose any business interests that may result in a conflict of interest prior to appointment and that any future business interests that could result in a conflict of interest are reported. Determine whether or not any Non-Executive Director proposed for appointment is independent (according to the definition in the ~~Foundation Trust~~ Code of Governance for NHS Provider Trusts and/or in the Trust's Constitution or governance procedures).

1.15 Ensure that on appointment Non-Executive Directors receive a formal letter of appointment setting out clearly what is expected of them in terms of time commitment, Committee service and involvement outside Board of Director meetings.

1.16 Advise the Council of Governors in respect of the re-appointment of any Non-Executive Director. Any term beyond six years must be subject to a particularly rigorous review.

1.17 Advise the Council of Governors in regard to any matters relating to the removal of office of a Non-Executive Director.

1.18 Make recommendations to the Council of Governors on the membership of Committees as appropriate, in consultation with the Chairs of those Committees.

2. Remuneration Role

The Committee will:

2.1 Recommend to the Council of Governors remuneration and terms of service policy for Non-Executive Directors, taking into account the views of the Chair (except in respect of their own remuneration and terms of service) and the Chief Executive and any external advisers.

2.2 In accordance with all relevant laws and regulations, recommend to the Council of Governors the remuneration and allowances, and the other terms and conditions of office, of the Non-Executive Directors.

2.3 Agree the process and receive and evaluate reports about the performance of individual Non-Executive Directors and consider this evaluation output when reviewing remuneration levels.

2.4 Input into the Non-Executive Directors appraisals, including approving the appraisal structure and giving assurance to Council of Governors that satisfactory appraisals have taken place.

2.5 Input into the annual performance appraisal of the Trust Chair, which will be led by the Senior Independent Director in consultation with the Lead Governor and follow the principles of the NHS England appraisal structure for Trust Chairs ~~used for Non-Executive Directors~~, giving assurance that a satisfactory appraisal has taken place.

2.6 In adhering to all relevant laws and regulations establish levels of remuneration which:

2.6.1 are sufficient to attract, retain and motivate Non-Executive Directors of the quality and with the skills and experience required to lead the trust successfully, without paying more than is necessary for this purpose, and at a level which is affordable for the Trust;

2.6.2 reflect the time commitment and responsibilities of the roles;

2.6.3 take into account appropriate benchmarking and market-testing, while ensuring that increases are not made where Trust or individual performance do not justify them; and

2.6.4 are sensitive to pay and employment conditions elsewhere in the Trust.

1.7 Monitor procedure to ensure that existing Directors remain 'fit and proper' persons as defined in law and regulation;

2.8 Oversee other related arrangements for Non-Executive Directors.

3. Membership

3.1 The membership of the Committee shall consist of Governors appointed by the Council of Governors:

- The Lead Governor and four other Public Governors
- One Appointed Governor
- One Staff Governor
- Chair of the Trust

3.2 The Committee will normally be chaired by the Trust Chair. Where the Trust Chair is unavailable, or has a conflict of interest, for example when the Committee is considering the Chair's re-appointment or remuneration, the Committee will be chaired by the Deputy Chair. Where the Trust Chair or Vice Chair have declared an interest under b), the Committee will be chaired by a Governor member for the duration of the item where b) applies. The Senior Independent Director (SID)will chair the meeting during the presentation of the Chair's appraisal.

3.3 A quorum shall be the Chair of the Trust (or their Deputy/SID), two Public Governor members and one other Governor member. Unless b) applies in which case the quorum shall be two Public Governor members and one other Governor member.

3.4 By exception, in order to achieve quorum, a Governor can be nominated to 'step in' from the same category. The step in will be classed as a member of the Committee for that meeting.

3.5 Initial appointment terms shall be to the end of a member Governor's term.

3.6 Every member of the Committee shall be entitled to one vote on any question to be determined by voting. In the event of there being equal votes cast to a motion, then the person presiding at such a Committee meeting shall have a casting vote subject to having already voted in the initial vote.

4. Secretary

4.1 The Trust Secretary shall ensure appropriate administrative support to the Committee.

5.   Attendance

5.1   Only members of the Committee have the right to attend Committee meetings.
5.2   At the invitation of the Committee, meetings shall be attended by the Chief Executive but the Chief Executive is not a member of the Committee and shall have no vote on any matter considered by it.
5.3   The Trust Secretary may attend as a non-member.
5.4   Other persons may be invited by the Committee to attend a meeting so as to assist in deliberations.

6.   Frequency of Meetings

6.1   Meetings shall be held as required, but at least twice in each financial year.

7.   Minutes and Reporting

7.1   Formal minutes shall be taken of all Committee meetings and approved by the Committee.
7.2   The Committee will report to the Council of Governors after each meeting.
7.3   The Committee shall receive and agree a description of the work of the Committee, its policies and all Non-Executive Director remuneration and expenses in order that these are accurately reported in the required format in the Trust's Annual Report.
7.4   Where remuneration consultants are appointed, a statement should be made available as to whether they have any other connection with the Trust.

8.   Performance Evaluation

8.1   The Committee shall review annually its collective performance and report this to the Council of Governors.

9.   Review

9.1   The Terms of Reference of the Committee shall be reviewed by the Council of Governors at least annually.

Ratified by the Council of Governors on 9 May 2023 1 March 2022.

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 9 May 2023

Council of Governors Annual Effectiveness Survey

Purpose of Report

To approve the process for this year's Governor Annual Effectiveness Survey.

Executive Summary

The Council of Governors carries out its annual effectiveness survey in line with best practice. The results are presented to the Governance Committee and then to the Council of Governors.

Last year, the Governance Committee considered the survey results at its meeting on 12 October 2022 and a summary was then presented to the 1 November 2022 Council of Governors.

Each year the Governance Committee reviews the content for of the questionnaire to ensure it is still fit for purpose. There are 27 specific questions (excluding governor name), three of which are free text sections for capturing suggestions for training needs, suggestions for improvements and an overall assessment of effectiveness.

It is recommended that the survey this year follows the same process and use the same questions as last year (see appendix): to be undertaken in September 2023, with the results being presented to the Governance Committee in October and the Council of Governors in November. The survey will be promoted widely in Governor Connect, via governor meetings, and emails encouraging governors to complete the survey.

As in previous years the results will be benchmarked against the previous year's results.

Strategic Considerations

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

Assurances

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

Consultation

Through the Governance Committee.

Governance or Legal Issues

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

Equality Impact Risk Analysis

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

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

All governors are given the opportunity to complete the survey. Hard copies will be available to governors who don't have access to a computer with support offered to individuals who may require this.

Recommendations

The Council of Governors is requested to:

1) Approve the recommendations to undertake the governors annual effectiveness survey in 2023.

Report prepared and presented by: Justine Fitzjohn, Trust Secretary

Appendix – Template for Governors Annual Effectiveness Survey – 2023

Part 1: you as a governor

1. Name
2. I feel that I am able to contribute positively to the work of the Council of Governors
3. I have received adequate training and development opportunities to support me in my role as governor
4. I feel supported by the Trust to carry out my responsibilities as a governor including the fulfilment of my statutory duties The statutory duties of governors are: To appoint and, if appropriate, remove the chair (Nominations and Remuneration Committee) To appoint and, if appropriate, remove the other non-executive directors (Nominations and Remuneration Committee) To decide the remuneration and allowances and other terms and conditions of office of the chairman and the other non-executive directors (Nominations and Remuneration Committee) To approve (or not) any new appointment of a chief executive (Nominations and Remuneration Committee) To appoint and, if appropriate, remove the NHS Foundation Trust's auditor To receive the NHS Foundation Trust's annual accounts, any report of the auditor on them, and the annual report at a general meeting of the Council of Governors To hold the non-executive directors, individually and collectively to account for the performance of the Board of Directors To represent the interests of the member of the Trust as a whole and the interests of the public To approve "significant transactions" To approve an application by the Trust to enter into a merger, acquisition, separation or dissolution. To decide whether the Trust's non-NHS work would significantly interfere with its principal purpose, which is to provide goods and services for the health service in England, or performing its other functions To approve amendments to the Trust's Constitution (joint responsibility with the Board).
5. Please indicate in the box below any training or development needs that you would like the Trust to support you with within your governor role
6. Please use this box to list suggestions for improvement or to raise specific issues

Part 2: Domain 1 – the effectiveness of the Council of Governors

7. The Trust's values, mission and priorities have been adequately explained to the Council
8. The Council is appropriately consulted and engaged in the Trust's strategy and development
9. The Trust's strategy is informed by the input of governors
10. Governors are aware of risks to the quality, sustainability and delivery of current and future services

Part 2: Domain 2 – capability and culture

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

11.2. The Council of Governors uses the individual skills, experience, knowledge and diversity of its members to its best advantage: in sub-committees

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

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

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

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

Part 2: Domain 3 – processes and structure

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

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

17. Governors' views are taken into account as members of the Council of Governors

18.1 The Council of Governors have sufficient opportunity for contact, and good communication, with the Board of Directors: with the Executive Directors

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

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

20. The Council of Governors has a strong voice

21. The Council of Governors is able to influence change

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

Part 2: Domain 4 – measurement

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

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

25. Governors can ask questions regarding performance reports

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

27. Governors ask relevant questions of the non-executive directors about challenge at Board meetings

28. Governor comments on the effectiveness of the Council of Governors

Non-Executive Director (NED) Report – Ralph Knibbs

Purpose of Report

This paper provides both a description of my activities since being appointed a Non-Executive Director on 1 June 2022 and information covering the activities of the People and Culture Committee (PCC), of which I am the Chair.

Executive Summary

As Chair of the PCC this paper is principally concerned with my activities in that role and the assurances gained through that Committee.

The Terms of Reference for the purpose of the People and Culture Committee states:

- The Committee supports the organisation to achieve a well-led, values driven and inclusive culture. The Committee is to provide assurance to the Board that the appropriate structures, processes and systems are in place to ensure an effective capable workforce to meet the Trust's current and future needs including workforce engagement and development.

This paper gives further detail with regard to the PCC's key areas of activities since June 2022.

It also highlights other activities I have undertaken since my appointment as a Non-Executive Director.

Note: In view of the number of new governors, I have included a short personal profile at the end of the report.

Strategic Considerations

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

Assurances
- PCC has gained assurance across a range of areas as detailed in the report.
- PCC 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 PCC 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: **Ralph Knibbs**
                                           Non-Executive Director (NED)

Council of Governors – 9 May 2023

NED Report – Ralph Knibbs

Purpose of Report

This paper provides both a description of my activities since being appointed a Non-Executive Director on 1 June 2022 and information covering the key activities of the People and Culture Committee (PCC), of which I am the Chair.

People and Culture Committee

As Chair of the PCC this paper is principally concerned with my activities in that role and the assurances gained through that Committee.

The role of the PCC is to support the organisation to achieve a well-led, values-driven positive culture. The Committee is to provide assurance to the Board that the appropriate structures, processes and systems are in place to ensure an effective capable workforce to meet the Trust's current and future needs by:

- Overseeing the development and implementation of an effective People Plan which supports the Trust Strategy.
- Ensuring that the People Plan and associated plans are aligned and focused on meeting the needs of the organisation.
- Overseeing compliance with requirements of equality and diversity legislation and development of a culture which supports and embeds equality and diversity for staff, service and patients.
- Achieving a well-led values-driven positive culture at all levels of the organisation.
- Ensuring a systematic approach to the management of change to deliver an empowered, high-performing workforce.
- Ensuring workforce plans are 'fit for purpose' and have sufficient flexibility to meet the changing needs of the Trust.
- Having an understanding of the current and future capability required and developing a robust process to inform workforce plans.
- Ensuring there are robust performance processes in place for the effective management of the workforce to ensure the Trust meets its priorities.
- Driving a positive culture and high staff engagement.
- Ensuring the learning and education needs of the organisation are understood and met.

Membership:

Ralph Knibbs	Senior Independent Director and Committee Chair.
Lynn Andrews	Non-Executive Director.
Ashiedu Joel	Non-Executive Director.
Jaki Lowe	Director of People and Inclusion and Executive Lead of the Committee.
Dr Arun Chidambaram	Medical Director.
Ade Odunlade	Chief Operating Officer.

Meetings held:

The PCC meets by-monthly. There have been five PCC meetings since June 2022. They occurred on 26 July, 20 September, 30 November, 17 February and 28 March.

Key Areas of Activities

The agendas and forward plan are adjusted throughout the year accordingly to focus on a full agenda of essential business which incorporates a range of discussions.

To enable the committee to have confidence in any assurance provided, there is normally a couple of deep dives at each Committee meeting, plus relevant people are often invited to explain their learned experience.

The below are the deep dive subject matters covered by the Committee since June 2022:

- Strategic Priorities for People.
- Mandatory training: To understand why levels of training were not at the required CQC levels. To understand the proposed new approach to training to ensure it is sustainable.
- Staff Survey: 2022 results and 2023 engagement plans. See Appendix 1 for some graphical information.
- Workforce plan.
- Recruitment challenges.
- Temporary workforce and agency spend.
- Employee relations case management.
- Triangulation on team cultures deep dive with an associated staff story.
- ED&I: Workforce Race Equality Standard, Workforce Disability Equality Standard, EDI Framework.
- Health and Wellbeing.

The standard agenda items for every PCC are:

- Review of the Board Assurance Framework (BAF) risks.
- People and Inclusion Assurance Dashboard.
- Forward plan.
- Items escalated to Board or other Committees.
- Meeting effectiveness.

Other responsibilities & activities

In addition to participating in the wider activities of the Board I have personally:
- Met virtually with each member of my stakeholder interview panel, as part of my induction.
- Been a member of the Remuneration and Quality & Safeguarding Committees.
- Attended the PCC for the Derbyshire ICB, with other PCC Chairs across the system.
- Undertaken the NHS Providers two-day induction event.
- Been appointed Senior Independent Director for the Trust in November 2022.
- As the Senior Independent Director, conducted the annual appraisal and objective setting for the Chair in conjunction with the Chair of Governors.

Personal Background

- I am a Fellow of the Chartered Institute of Personnel and Development.
- I have gained over 30 years leadership experience in being a Senior Strategic HR business partner. Across the full range of generalist people functions within elite sport, leading blue-chip organisations and public sector.
- I moved to Derbyshire c20 years ago, as I was an HR Director for one of the Rolls-Royce plc businesses.
- Currently Employed as Head of HR for UK Athletics.
- Vice Chair of England Rugby Equality and Inclusion Implementation Working Group.
- Founding Member of the Rugby Black List, Member of Steering Committee.
- Guest speaker on master leadership programmes at Warwick University and Henley Business School.
- Played rugby union at a professional level, represented, Bristol, Gloucestershire, Southwest of England and England at U23s, B and 7s.
- Received a commendation by the African National Congress (ANC) Party for declining an invitation to play for England Rugby against the South African Springbok Rugby Team. I declined due to the then apartheid regime and Nelson Mandela's imprisonment.
- Parents are from Jamaica, I was born and raised in Bristol, I am married with three children in their 20's.

STAFF SURVEY

1. Summary of 2022 Staff Survey
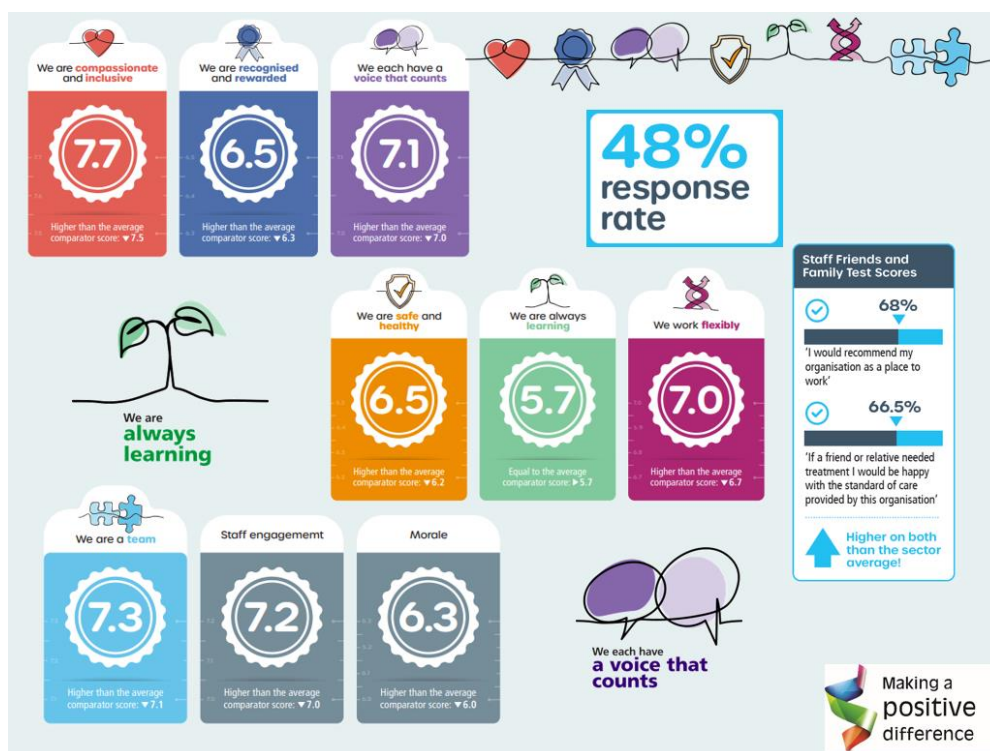
Most improved scores	Org 2022	Org 2021
q13d. Last experience of physical violence reported	94%	91%
q14a. Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	77%	74%
q9f. Immediate manager works with me to understand problems	79%	76%
q9e. Immediate manager values my work	82%	79%
q14c. Not experienced harassment, bullying or abuse from other colleagues	88%	85%

Most declined scores	Org 2022	Org 2021
q4c. Satisfied with level of pay	34%	42%
q19b. Would feel confident that organisation would address concerns about unsafe clinical practice	62%	68%
q11a. Organisation takes positive action on health and well-being	69%	74%
q23d. If friend/relative needed treatment would be happy with standard of care provided by organisation	67%	71%
q23b. Organisation acts on concerns raised by patients/service users	77%	82%

2. Next Steps

Team Level Analysis	EDI Analysis	Professional Breakdown	DPL & GM Action Plans	Final Summary Report	Final Report to PCC
w/c 24th April 23	w/c 1st May 23	w/c 8th May 23	w/c 1st June 23	w/c 29th June 23	TBC

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 9th May 2023
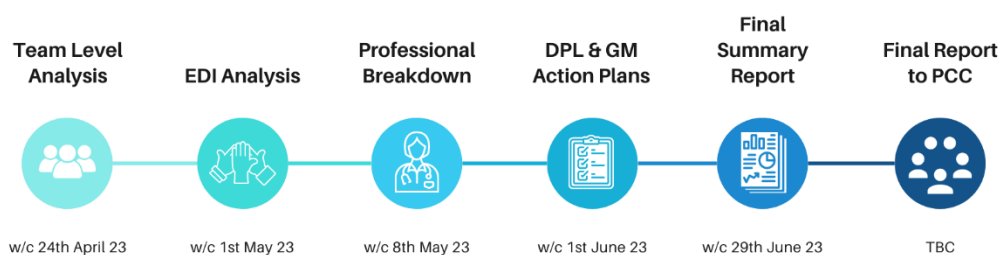
Non-Executive Director (NED) Report – Ashiedu Joel

Purpose of Report
This paper describes the Board and Sub-Committee and wider activities I have undertaken as a Non-Executive Director in the Trust and the NED for Inclusion over the last year.

Executive Summary
In January 2023, I was re-appointed for my second term as a NED within the Trust; and have continued in my capacity as Chair of the Mental Health Act Committee (MHAC) from 2022.

The MHAC is responsible for obtaining assurance that the safeguards and provisions of the mental health legislation is appropriately applied. The Committee meets quarterly. One of the key areas of focus for the Committee will be to oversee the effective implementation of the new mental health legislation. In 2022 the Government published a draft Mental Health Bill, which set out a series of proposed reforms to care under the Mental Health Act. The reforms focus on achieving four overarching aims:

- Detaining fewer people under the MHA
- Ensuring treatment is purposeful and therapeutic
- Making sure people have more choice and autonomy over their treatment
- Reducing inequalities in outcome and experience under the MHA (including inequalities experienced by people from racialised communities, autistic people and people with a learning disability).

The MHAC will continue to receive assurance reports on how the Trust is preparing for the new legislation coming into effect. It is expected that the Bill will receive Royal Assent some time in 2023 with commencement taking place mid 2024/25 and be implemented in phases up until 2030/31.

If Governors would like to do any further reading on the reforms a public facing summary is available on the following link.https://www.mind.org.uk/about-us/our-policy-work/mental-health-act-review/

In March 2023, I took on the chairing of the Equality Diversity and Inclusion (EDI) Steering Group. The EDI Steering Group is tasked with providing strategic leadership and direction on the implementation of the Trust's EDI Framework (its formulation and consultation is ongoing and led by Samina Arfan – Head of EDI), which is aimed at monitoring and reviewing performance against the strategic equality objectives and supporting action plans to ensure meaningful change is taking place as an employer and in service delivery. Assurance to the Board of Directors will be via the People and Culture Committee as well as regular updates from myself.

My other Board responsibilities are:

- Member of the Audit and Risk Committee
- Member of the Remunerations Committee
- Member of the People and Culture Committee

I have attended Board Meetings and Board Development Sessions and have been involved in some of the recruitment in the Trust. I have also been a member of the Quality and Safeguarding Committee.

I attend the monthly Staff Network Chairs meeting as well as the Joint Countywide Mental Health Forum Meeting. I also attended the NHS Provider Conference in November 2022 in the company of Selina Ulla (Trust Chair) and Ade Odunlade (Trust Chief Operating Officer). I was also privileged to be in attendance when Selina won one of the APNA - South Asian Heritage NHS Leaders Staff Network awards.

Note: For the benefit of the new governors whom I have not yet had the opportunity to meet personally or virtually, I will give a brief verbal profile update as part of my report.

Strategic Considerations

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

Assurances
- The Year End review for the Mental Health Act Committee was carried out in March 2023. Taking account of the priorities and focus undertaken across the year the Committee confirmed it was satisfied that it had fulfilled its responsibilities in obtaining assurance on behalf of the Hospital Managers and the Trust as the detaining authority that the safeguards of the Mental Health Act, Mental Capacity Act, Deprivation of Liberty Safeguards and Human Rights Act have been appropriately applied.
- The Audit and Risk Committee, Chaired by Geoff Lewins has consistently and proactively 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 in partnership with both the internal and external auditors.
- The People and Culture Committee, Chaired by Ralph Knibbs (SID) has made significant progress over the last year in driving the intelligent use of our data and the depth of review of our qualitative and quantitative data and strengthened our culture, leadership transformation programmes as well as our approach to recruitment and retention.

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 various committees and networks are fully engaged in making continuous improvement and progress. The Board has embarked on a Building Leadership for Inclusion initiative, in addition to its Cultural Intelligence programme, both intended to strengthen the competencies and capabilities of the Board to model inclusive behaviours, drive and lead inclusive cultures to foster a feeling a sense of belonging and inclusion, addressing and reducing systemic inequalities across the Trust. Recruitment, disciplinary and grievance procedures have been modified to this end and our Freedom to Speak Up Guardian (FTSUG) is a key part of this exercise to build trust with staff.

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: **Ashiedu Joel**
                                             Non-Executive Director

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors– 9 May 2023

Integrated Performance Report

Purpose of Report

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

Executive Summary

The report provides the Committee with 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 includes performance against the relevant NHS national long term plan priority areas. This month includes a section on the transforming care programme, plus a section on the Friends & Family Test.

Most challenging areas:

- Waiting times for adult autistic spectrum disorder assessment
- Child & adolescent mental health services waiting times
- Paediatric outpatients 18-week referral to treatment

Most improved areas:

- Psychological services waiting list reducing month on month for the last 11 months; Division of Psychology and Psychological Therapies now formed
- Target achieved for community mental health access 2 plus contacts and reflected in the latest national data

Key next steps:

1. The Health Inequality Programme board has now been established and going forward will start to report on key actions and metrics associated with reducing health inequalities for our patients.

2. The Productivity Programme board has been established and will develop a Trust-wide programme dedicated to improving productivity for the benefit of our patients.

Transforming Care Programme
The programme has three key aims: to improve quality of care for people with a learning disability and/or autism, to improve quality of life for people with a learning disability and/or autism, and to enhance community capacity, thereby reducing inappropriate hospital admissions and length of stay. Currently in Joined up Care Derbyshire there are 50 service users in bedded care, of whom 43 are in the right care setting for their current needs. Of the 7 service users not currently in the right care setting, 4 placements are locked door rehabilitation for complex care, with discharges planned between May and August '23 with high confidence. 1 placement is mental health rehabilitation owing to the complexity of need not able to be supported in the community. 1 placement is adult mental health, not on the SMI register, and 1 placement is a child PICU bed, with the service user recently turning 18. Work is ongoing to discharge these service users.

Friends & Family Test
In the latest data the Trust received a high level of positive feedback (92%) and ranked very highly in comparison with other providers.

Finance

At the end of the financial year the Trust delivered its forecasted surplus of £2.8m (adjusted after impairments) compared to the plan of breakeven. The surplus position has been driven by additional non recurrent income and one off pay and non-pay benefits.

The Board Assurance Framework (BAF) risk that the Trust fails to deliver its revenue and capital financial plans, was reduced in year from Extreme to Moderate.

Efficiencies
The full year plan included an efficiency requirement of £6.0m phased equally across the financial year. At the end of the financial year all plans delivered in full. However, the majority of the schemes are non-recurrent (68%) which is adversely impacting on 2023/24 financial plans.

Agency
Agency expenditure YTD totals £7.6m against a plan of £2.4m, an adverse variance to plan of £5.2m. The two highest areas of agency usage continue to be driven by Consultants mainly in CAMHS and Nursing staff. There has been an increase in agency expenditure in February and March, which has been driven by the requirement to clinically support a complex admission.

Covid costs
The financial plan assumed 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 levels remains low.

Out of Area Placements
Expenditure for adult acute out of area placements totals £3.2m for the financial year along with £0.6m on stepdown beds. This has generated an overspend of £2.6m across both areas, which has been managed in the overall financial position.

Capital Expenditure
Capital expenditure had been below plan for most of the financial year, but started to exceed the plan in February and March in relation to the Making Room for dignity capital schemes and additional expenditure for other supported schemes in line with regional expectations.

Better Payment Practice Code (BPPC)
In March the target of 95% was exceeded by value but the volume was slightly below the target at 94.2%.

Cash and Liquidity
Cash remains high at £54m at the end of March due to the receipt of additional central funding for the Making Room for Dignity capital schemes. Due to the timing of these cashflows that has also impacted on the movements in the liquidity ratio during 2022/23

2023/24 financial plan

Currently financial plans for 2023/24 from a revenue perspective are still in the progress of being agreed as a Derbyshire system. The final submission is due on 4th May 2023.

People

Annual appraisals
Appraisal levels continue to be below our expectations, however positive progress has been made since the last report.

Key next steps:
- ***Divisional People Leads to work proactively with leaders to combat areas of low compliance.***
- ***Weekly monitoring of progress in Operational Services***

Annual turnover
March has seen a small reduction in turnover to within the target range of 8-12% and remains in line with national and regional comparators.

Compulsory training
Overall, the 85% target level has been achieved for the last 11 months.

Staff absence
In March 2023 sickness was 6.2% which is the lowest we have recorded for over a year. This is in a period where typically year on year we see absence increase. The main reason for absence continues to be stress and anxiety.

Key next steps:

- *Staff Support clinical psychologist to commence in post from July 23 to provide additional in-house support for colleagues suffering with stress, anxiety and trauma at work.*
- *To ensure that every absence under 3 weeks is effectively managed, and people supported to reduce absence length and recurrence.*

Proportion of posts filled
Staffing levels continue to improve with March seeing another increase. The recruitment team continue to work closely with divisions to develop targeted and bespoke campaigns. Work continues on implementing learning from the cultural intelligence recruitment programme. We are increasing physical presence at local and regional job and career fairs over the next 3 months. Divisional workforce plans are being finalised and will be fed into a workforce summit in June.

Bank & agency staff
March saw an increase in requests for shifts which was matched by an increase in fill rates. Agency spend is high across the system.

Key next steps:
- *Reduce reliance on contingent workforce*
- *Increase bank fill rate by 10%*
- *Reduce agency utilisation by 40%*
- *Reduce sickness absence by 0.5% by year end*

Supervision
The overall level of compliance with the clinical and management supervision targets has remained low since the start of the pandemic, however further improvements can be seen at a team level, with 107 teams now 100% compliant with management supervision and 76 teams now 100% compliant with management supervision.

Key next steps:
- *Improvement plan in place in Operational Services, with weekly monitoring of progress*

Quality

Compliments
The number of compliments continues above the mean of 100 which would suggest that actions to improve recording of compliments has been impactful.

Complaints
The number of formal complaints received have been on a downward trajectory between January and March 2023 and is now below the Trust target of 12 per month.

Delayed transfers of care (DTOC)
Following a review of DTOC reporting it was found that some services were not recording some delays on SystmOne. This has now been resolved and the data is flowing through into the report. In addition, it was identified that the

data warehouse was not pulling through all delays recorded on the SystmOne. This has also been corrected and as a result the numbers increased.

Key next steps:
- ***Twice weekly clinically ready for discharge meeting to continue to identify and address any barriers to discharge***

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:
- ***Heads of Nursing are supporting services to develop team-based care plan compliance plans including identifying and protecting staff time for administration. The Adult and Older Adult teams have identified action plans 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:
- ***A report has been developed which informs teams if there are gaps in the current Data Quality Maturity Index. Ward and Service Managers to review this report weekly and action any gaps identified. Monitored via monthly service specific operational meetings.***

Medication incidents
Work continues to be underway to reduce numbers of medication incidents. Common variation continues to be within expected thresholds.
Key next steps:
- ***Implementation of electronic prescribing and medicines administration (EPMA), a solution which digitises the process of prescribing and recording medication administered to patients within the Divisions.***

Incidents of moderate to catastrophic actual harm
This data demonstrates the number of DATIX incidents occurring of moderate at catastrophic harm. There was a 68% increase in incidents between February and March 2023. This increase is attributed in part to the Mental Health Helpline who have increased reporting of DATIX incidents since recent training.

Duty of Candour
Duty of Candour (DoC) reported incidents appear to have increased, however on reviewing these incidents the number of incidents included in the data is inaccurate and there were only a total of 5 incidents between January and March. Therefore, DoC remains within expected thresholds.

Prone restraint
Prone restraint has increased by a total of 3 incidents between February and March 2023.

Key next steps:
- ***In-depth qualitative audit and thematic review of seclusion and restraint; simulation training including seclusion, self-harm and ligature simulation; training around alternative injection sites which should reduce the need for prone restraint.***

Physical restraint
Physical restraints have increased by 32% between February and March 2023. This is being reviewed within the Reducing Restrictive Practice Group. The Trust Positive and Safe Support Team continue to offer extra training sessions to improve training availability for staff.

Seclusion
Seclusions between February and March 2023 have increased by 100%. This is in part due to increased reporting on the organic older adult wards and to a single individual who was secluded on numerous occasions while waiting for a more appropriate environment and accounts for 26% of the total incidents. This person has now been discharged to an environment that can meet their needs.

Falls on inpatient wards
Between February and March 2023 falls have remained within common cause variation.

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

Risks and Assurances

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

Consultation

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

Governance or Legal Issues

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

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

- This report reflects performance related to all of the Trust's service portfolio and therefore any decisions that are taken as a result of the information provided in this report is likely to affect members of those populations with protected characteristics in the REGARDS groups.
- Any specific action will need to be relevant to each service and considered accordingly, so for example, as parts of the report relate specifically to access to Trust services; we will need to ensure that any changes or agreed improvements take account of the evidence that shows variable access to services from different population groups.

Recommendations

The Council of Governors is requested to:

1) 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

This section will evolve over time to provide the Board with insights into key areas of challenge identified within the main body of the report.

Adult community mental health services

- Demand dropped significantly at the start of the pandemic but has returned to pre-COVID levels. **The majority of referrals are received from primary care.**
- The adult community **caseloads are very high**: 53 patients per whole time equivalent clinician. The length of time patients are on caseload is also high and is increasing and varies across teams, ranging from 448 days to over 5 years. These factors, coupled with high levels of sickness and vacancies, are directly impacting on waiting times, and indirectly impacting on inpatient admissions: smaller caseloads would enable the teams to really focus on the high acuity patients, which would lead to reduced crisis presentations and reduced admissions, taking pressure off the front door. **This reduction in caseload of patients with a lower level of acuity should result from the roll out of [Living Well](#) over the next 12 months**.

Inappropriate out of area placements

- **Out of area placements are reducing.** To enable further reduction there needs to be bed capacity within the Trust, where currently most wards are experiencing high levels of occupancy. As well as the community caseload issues highlighted above, other factors impacting on bed capacity include **an increase in length of stay over time: 71% admitted under Mental Health Act Sections recently**, which suggests there is a higher level of acuity resulting in longer periods of inpatient treatment. There was also a sustained period of delayed discharges of people clinically ready for discharge. This has recently been resolved.

- Analysis of inpatient data indicates there has been a reduction in high readmission group patients, **which is positive, however there has been growth in admissions of people with personality disorder which is a negative trend as inpatient care is generally not considered appropriate for this patient** group unless for the management of crises involving significant risk to self or others that cannot be managed within other services, or for detention under the Mental Health Act https://www.nice.org.uk/guidance/cg78/chapter/1-Guidance#inpatient-services.

- Factors positively impacting on admissions are the Home Treatment teams and Mental Health Liaison teams, who are operating as effective alternatives to admission. **Home Treatment are currently supporting 65 patients stepped up from community and 41 patients stepped down from inpatients. The proportion of patients seen by Mental Health Liaison who are subsequently admitted is now fewer than 1 in 20.**

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			54		20	37	28
1b	Waiting list - care coordination - number waiting at month end			149		50	92	71
2a	Waiting list - ASD assessment - average wait to be seen			79		66	72	69
2b	Waiting list - ASD assessment - number waiting at month end			2,025		1636	1843	1739
2c	ASD assessments			24	26	4	32	18
3a	Waiting list - psychology - average wait to be seen			38		42	51	47
3b	Waiting list - psychology - number waiting at month end			436		611	775	693
4a	Waiting list - CAMHS - average wait to be seen			25		14	24	19
4b	Waiting list - CAMHS - number waiting at month end			493		391	567	479
5a	Waiting list - community paediatrics - average wait to be seen			32		16	22	19
5b	Waiting list - community paediatrics - number waiting at month end			1,953		1289	1587	1438
6	Outpatient appointments cancelled by the Trust			9%	5%	4%	11%	7%
7	Outpatient appointment "did not attends"			11%	15%	9%	14%	12%
B1	3 day follow-up			86%	80%	78%	97%	88%
D1	Community Mental Health Access (2 plus contacts)			10,640	10,044.0	8549	9253	8901
E1	Children & Young People Mental Health Access (1 plus contact)					2851	3031	2941
E4	Children & Young People Eating Disorder Waiting Time - Routine			67%				79%
E5	Children & Young People Eating Disorder Waiting Time - Urgent			61%				60%
G3	Early intervention 14 day referral to treatment - complete			87%	60%	62%	111%	86%
G3	Early intervention 14 day referral to treatment - incomplete			85%	60%	57%	117%	87%
H0	IAPT 6 week referral to treatment			56%	75%	72%	87%	79%
H1	IAPT 18 week referral to treatment			99%	95%	100%	100%	100%
H2	IAPT 1st to 2nd Treatment over 90 Days			13%	10%	2%	12%	7%
H7	IAPT patients completing treatment who move to recovery			52%	50%	44%	61%	52%
I1	Individual Placement and Support Access			295	343.0	117	337	227
K2	Total inappropriate out of area bed days			1,115		1235	1861	1548
K2	Average patients out of area per day - adult acute			8	0	-3	8	3
K2	Patients placed out of area - adult acute			12	0	-4	15	6
K2	Average patients out of area per day - PICU			20		7	20	13
K2	Patients placed out of area - PICU			33		12	31	21
L1	Perinatal Rolling 12 Months Access			5%	10%	3%	4%	4%
L2	Perinatal Access Year to Date			435	1,070.0	139	408	273
N4	Data quality maturity index			98%	95%	98%	98%	98%

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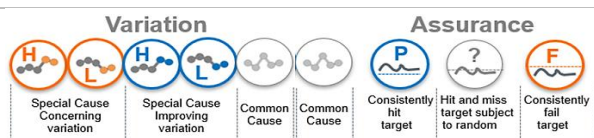
Variation — Special Cause Concerning variation | Special Cause Improving variation | Common Cause | Common Cause

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

Blue dots indicate special cause variation, better than expected.

Orange dots indicate special cause variation, worse than expected.

[1]The rating symbols were designed by NHS Improvement

B. People

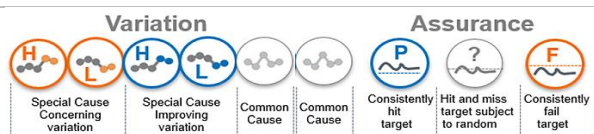|	Metric Name	Variation	Assurance	Latest Value	Target	Lower process limit	Upper process limit	Mean
1	Annual appraisals	H	F	80%	85%	73%	78%	75%
2	Annual turnover		P	12%	8-12%	12%	14%	13%
3	Compulsory training	H	?	89%	85%	84%	88%	86%
4	Staff absence		F	6%	5%	5%	8%	7%
5	Clinical supervision		F	76%	95%	72%	77%	75%
6	Management supervision		F	75%	95%	69%	77%	73%
7	Filled posts	H	F	96%	100%	88%	92%	90%
8	Bank staff use		?	7%	5%	4%	7%	6%

C. Quality

	Metric Name	Performance	Assurance	Latest Value	Target	Lower process limit	Upper process limit	Mean
1	Compliments received	H	?	113	119	67	140	103
2	Formal complaints received		P	12	13	5	29	17
3	Delayed transfers of care		?	3%	3.5%	1.8%	7.0%	4.4%
4	CPA reviews	L	F	50%	95%	76%	89%	83%
5	Patients in employment			12%		10%	14%	12%
6	Patients in settled accommodation	L		37%		45%	55%	50%
7	Number of medication incidents	H		83		33	93	63
8	No. of incidents of moderate to catastrophic actual harm		P	72	48	15	79	47
9	No. of incidents requiring Duty of Candour		?	1	1	-5	13	4
10	No. of incidents involving prone restraint		?	9	12	-2	20	9
11	No. of incidents involving physical restraint		?	73	46	21	90	56
12	No. of new episodes of patients held in seclusion	H	?	34	14	1	34	17
13	No. of falls on inpatient wards		?	32	30	19	48	34

Key to symbols[1]:

Variation: Special Cause Concerning variation / Special Cause Improving variation / Common Cause / Common Cause

Assurance: Consistently hit target / Hit and miss target subject to random / Consistently fail target

Blue dots indicate special cause variation, better than expected.

Orange dots indicate special cause variation, worse than expected.

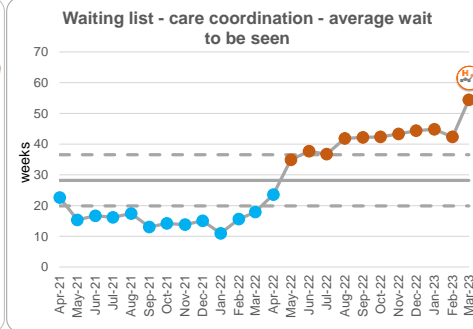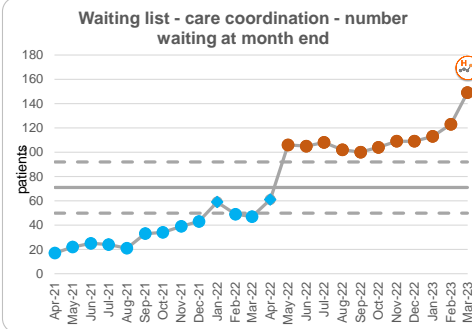[1]The rating symbols were designed by NHS Improvement

Operations

Operational Performance

Waiting list - care coordination - number waiting at month end

Waiting list - care coordination - average wait to be seen

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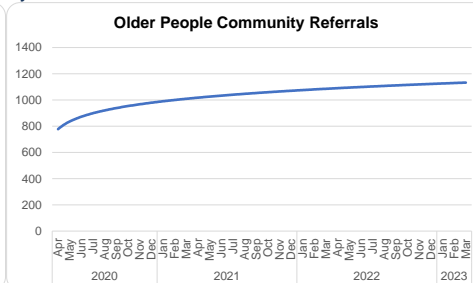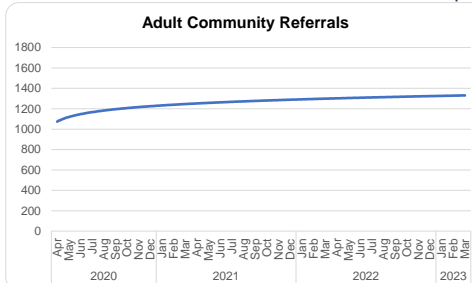

Waiting list - adult ASD assessment - average wait to be seen

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:


Adult Community Referrals

Older People Community Referrals

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

Adult Community	Turnover	Sickness	Vacancies
Bols + C C Adult CMHT	10%	6%	16%
Chesterfield C Adult CMHT	12%	1%	7%
High Peak Adult CMHT	34%	19%	10%
Killmsh + N C Adult CMHT	28%	15%	35%
North Dales Adult CMHT	10%	2%	11%
Amber Valley Adult CMHT	0%	4%	0%
EI Nth	11%	0%	8%
EI Sth + City	0%	14%	0%
Erewash Adult CMHT	5%	4%	5%
South Dales Adult CMHT	19%	23%	11%
Sth Derbyshire Adult CMHT	0%	3%	9%
Derby City B Adult CMHT	7%	4%	16%
Derby City C Adult CMHT	0%	13%	4%

Team	Turnover	Sickness	Vacancies
Amber Valley OA CMHT	22%	5%	14%
Bols + CC OA CMHT	0%	8%	0%
Chesterfield C OA CMHT	7%	8%	6%
County Elderly Service Medical	26%	1%	3%
Derby City OA CMHT	4%	1%	12%
Discharge Liaison Team OA	27%	10%	15%
Erewash OA CMHT	10%	0%	11%
H P + NDales OA CMHT	0%	21%	0%
Killmsh + N C OA CMHT	11%	3%	16%
Memory Assessment Service	5%	2%	7%
OA Day Services	24%	3%	8%
South + Dales OA CMHT	13%	0%	5%

Actions

- Roll out of Living Well to improve flow of patients and reduce waits, by 31/3/2024 – in progress
- Review of the CPA policy to Care Principles & CPA to reduce admin time and release more time to care, by 30/6/2023 – in progress
- 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 – in progress
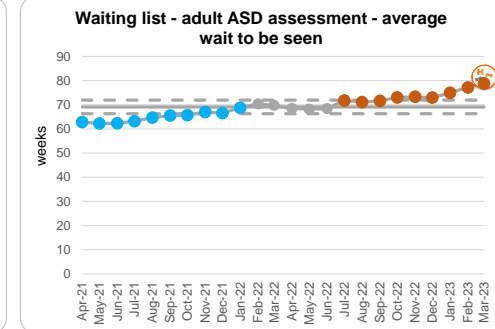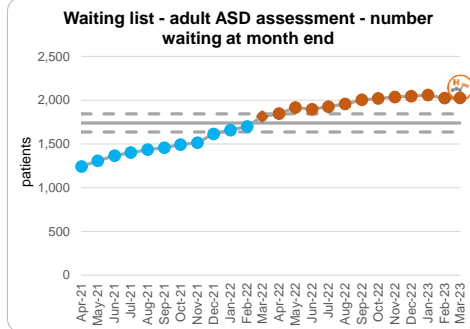
Referrals

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2016				18	15	20	23	28	31	26	27	18
2017	19	17	9	20	23	21	25	22	27	43	30	29
2018	29	34	32	41	47	40	62	41	45	54	48	22
2019	92	65	52	50	82	71	77	49	59	34	55	46
2020	83	32	28	45	20	46	17	14	48	77	74	
2021	43	56	58	59	85	80	64	56	51	70	55	114
2022	62	62	141	74	100	97	50	70	88	65	70	52
2023	40	10	43									

Assessments

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2016				19	7	22	5	4	19	20	15	13
2017	35	37	47	22	18	30	16	24	34	30	12	
2018	20	15	23	18	19	20	22	11	13	14	20	20
2019	33	24	25	24	19	18	15	11	26	30	34	15
2020	28	27	22	1	5	11	20	16	18	29	18	15
2021	20	17	22	22	17	12	14	14	24	24	15	6
2022	12	12	21	13	10	14	8	6	20	22	20	15
2023	22	29	25									

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 March 2023 there were 2,025 adults waiting for adult ASD assessment, which is a reduction of 13 since the last report. A revised approach to waiting list management is being mobilised and should start to have an impact from quarter 4. Referrals peaked in April 2022 at 141 but have been gradually reducing since then. This calendar year we are staring to see an increase in monthly assessments completed.

Actions

- Increase workforce capable of assessment: 20 newly trained staff (pending ADOS licensing), by Feb 2024 – in progress.
- 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.

Benchmarking

Waits over 13 weeks with no appointment	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Derbyshire Healthcare NHS Foundation Trust	1125	1150	1165	1155	1190	1260	1275	1330	1440	1485	1570	1655	1690	1730	1795
Birmingham and Solihull NHS Foundation Trust	15	15	15	15	15	10	10	15	15	15	15	15	15	20	20
Central and North West London NHS Foundation Trust	235	250	280	300	310	330	350	365	390	400	520	450	460	480	485
Leicestershire Partnership NHS Trust	20	20	20	20	20	25	35	45	60	75	95	115	105	110	125
Lincolnshire Partnership NHS Foundation Trust	325	335	365	330	360	375	405	445	470	490	515	540	540	550	575
Midlands Partnership NHS Foundation Trust	410	410	405	395	395	395	390	400	410	435	480	495	530	540	560
North Staffordshire Combined Healthcare NHS Trust	15	15	20	145	155	195	220	270	305	345	385	405	430	460	485
Northamptonshire Healthcare NHS Foundation Trust	1515	1570	1550	1600	1655	1780	1900	1955	2050	2160	2245	2355	2450	2535	2485
Nottingham University Hospitals NHS Trust	395	400	400	365	365	370	370	370	370	370	370	370	370	375	375
Nottinghamshire Healthcare NHS Foundation Trust	85	85	85	120	120	120	120	120	120	120	120	120	120	120	120

Data source: Data source: NHS Digital

- Waiting lists are increasing significantly for the majority of providers.

Operational Performance

Psychology & Psychological Therapies

Introduction
This month has bought changes to psychology services. We have now formed the Division of Psychology and Psychological Therapies and future reports will include the whole divisional performance. This performance report focuses on around 40% of the division, which is based on the data currently accessible.

Workforce update
Division of Psychology and Psychological Therapies now formed. The systems team are currently working on a way to allow us to pull through all the psychology workforce data to be able to review in one place.

Morale is positive and recruitment has improved although there remains a national shortage of clinical psychologists. Retention remains high. We remain the most well recruited to psychology services as a whole across the midlands (as compared to Lincoln, Notts & Leicestershire)

New posts in CAMHS and gambling harm are currently preparing for recruitment.

Friends & Family Test
Friends and Family Test, where reported, shows excellent feedback:
- CBT had 84 responses and 100% of them were positive
- Working age adult psychology received 96 responses and 97% were positive

Partnership and PLACE working
All teams are now exploring staff working in areas and places where the team had not traditionally offered care. These staff are working to integrate with living well teams and PLACE alliances as they develop.

We have built a positive relationship with the university of Nottingham which has resulted in employment of a Clinical Tutor for Derbyshire so we can increase the number of trainees we employ and increase our recruitment pool of qualified staff in the future.

Waiting lists and referrals
Referrals continue into services at a steady rate, however in some areas demand continues to outstrip delivery causing pockets of longer waits (for example Amber Valley working age adult psychology services). Overall waiting lists do however continue to reduce. At the end of March 2023, 436 people across Derbyshire were waiting to be seen by psychological services, with an average wait time of 38 weeks. The number waiting and waiting times are both continuing to reduce significantly. We aim, with the formation of the division to reduce these numbers further over the next 12 months.

Waiting list - psychological services - number waiting at month end

Waiting list - psychological services - average wait to be seen
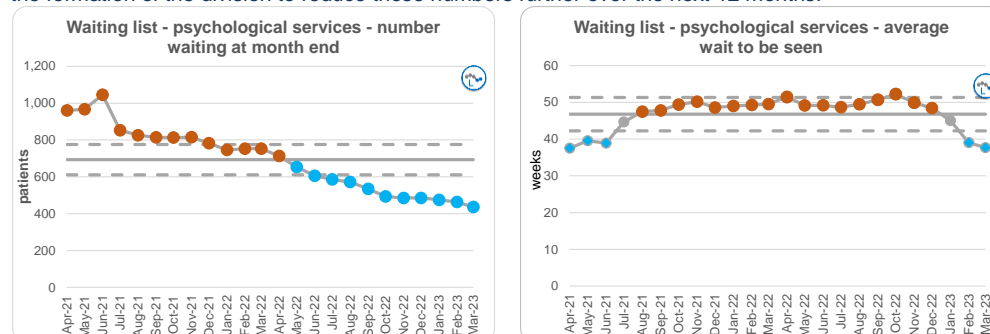
Staff well-being
Psychologists are now supporting a number of teams through reflective practice. Working alongside People Services we have appointed a counselling psychologist to deliver a service to staff. She starts in July.

Supervision & appraisal
An action plan is being established to address Supervision and appraisal rates to ensure psychology as with other service provision lines is aiming to achieve 100% compliance. There is some inaccuracy in the data which is being scrutinised, possibly due to the new divisional formation.

Increasing psychological awareness
As part of our ambition to be the most psychologically informed trust in the NHS, we have begun delivering twice monthly bite size psychology sessions for all to attend via MS Teams. This has been well attended to date. We have developed the Trauma informed conference to be delivered on the 5th May with 200 attendees.

### Raising the profile of the Division
We have two members of staff applying for research funding which will increase publications in peer reviewed journals; we have a member of staff who is in Canada this month having been fully funded to be the key note speaker at an international conference (https://www.forensicpsychiatryinstitute.com/conference/agenda/)

Actions
- Current workforce continues to receive training in relation to psychological thinking as part of the upskilling plans. This remains ongoing.
- Continued push to recruit to hard to fill posts
- Teams within Psychology and Psychological Therapies supporting each other as patients are "everybody's business"
- Focus on removing boundaries between services and how formulation can improve this
- To complete the Division of Psychology and Psychological Therapies through finalising ESR and hierarchy – currently there are some inaccuracies which influence the data reported.
- Await completed structure from systems team to be able to gain the right intelligence for the division
- Continued work with systems team to improve accuracy of SystemOne reporting and data capture especially around wait lists where some individuals appear to have been recorded twice. Focus on data cleanse.
- Improve compliance with appraisals and supervision

Operational Performance

Community Mental Health Access (2 plus contacts)
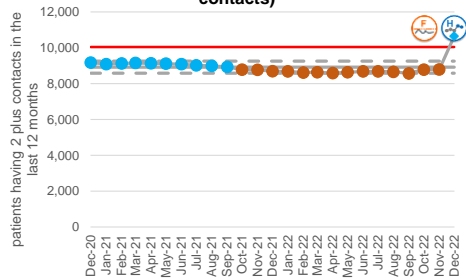
Summary

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 implemented, following which analysis of internal data indicated that the target level of activity was being achieved.

As the national data is a few months in arrears and the target is a rolling twelve months' target, this achievement took some time to be reflected in the national reporting, however the latest national data demonstrates that we are now exceeding target, which is a significant achievement.

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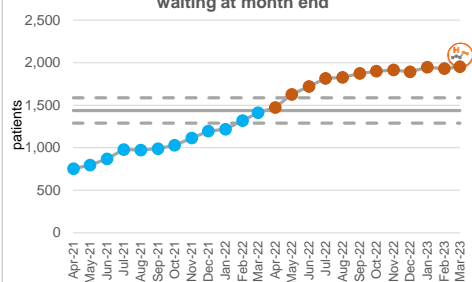
Summary

At the end of March 2023 there were 1,953 children waiting to be seen. The average wait time was 32 weeks.

Waiting list - community paediatrics - average wait to be seen
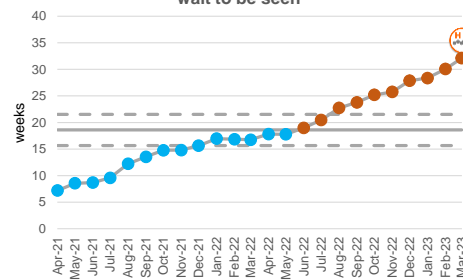
External factors contributing to increased demand on Community Paediatricians:
- ASD/ADHD demand for specialist assessment increased 400% from 2018 to 2023 (22/23 4575 referrals per annum) with maximum South Derbyshire system capacity to assess 1900 per year)
- Looked After Children rates increased during the pandemic
- Developmental delay referrals to community paediatricians increased following the pandemic
- Appointment duration has increased due to the increased complexity of CYP presenting needs post the pandemic.

Internal factors:
- Challenges to recruitment- 2 Consultant vacancies
- Long term sickness in the team
- Access to clinical space

Mitigation:
- Neurodevelopmental (ND) business case 400k received January 2023 (75% less than proposed business case to address current demand) – mobilisation phase underway.
- Skill mix review ongoing
- Appointment of locums (to be reviewed)
- Increased work and flexibility (weekends/evening)
- 7% increase in activity over the past 6 months
- Quality Improvement – Children & Young People ND transformation (phase 1) starts May 2023
- Mobilisation of the VCSE Community hubs in May 2023 for pre and post assessment work.

Waiting list - CAMHS - number waiting at month end
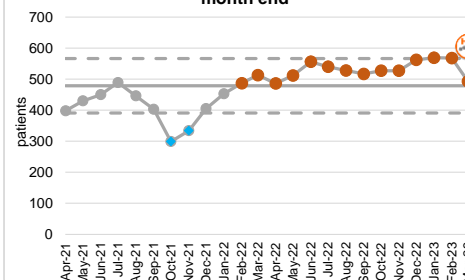

Waiting list - CAMHS - average wait to be seen
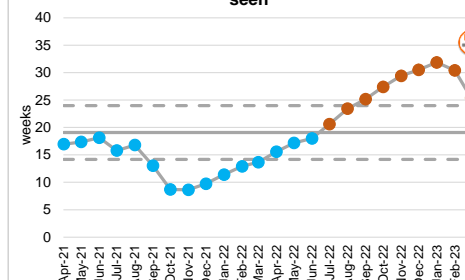
Summary

At the end of March 2023, 493 children were waiting to be seen with an average wait time of 25 weeks.

Actions
- The new triage element of the Triage and Assessment Service became operational in Feb 23. This has initially consisted of 2 lead practitioners with one day per week dedicated time, to focus solely on triaging. The number of practitioners will increase to 5 by the end of May, when new recruits start.
- The longest waits on the routine list have been prioritised.
- From Feb 23 to March 23, 410 triage calls have been made. 77 young people were discharged off the waiting list, signposted to more appropriate services, or provided with information, with 22 of the 410 people being expediated onto the priority assessment list. For those young people who did not answer the phone, opt in letters were sent, which have been well received.
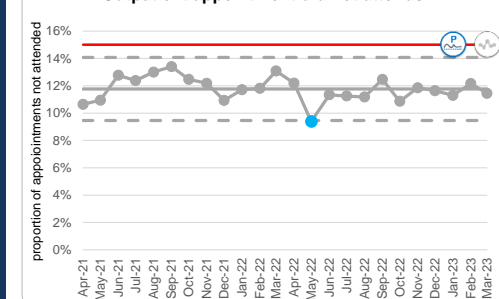
Outpatient appointments cancelled by the Trust
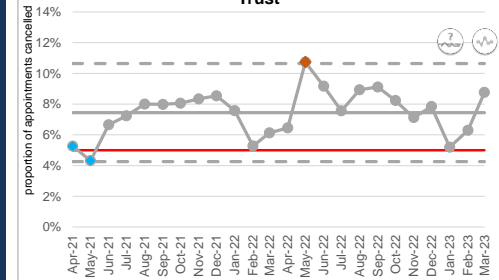
Summary

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.
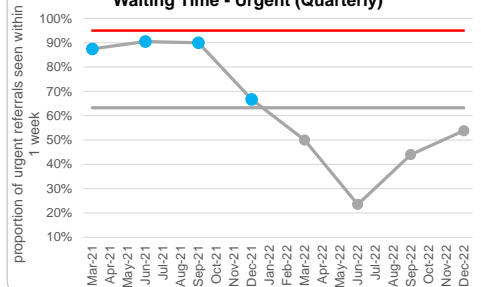
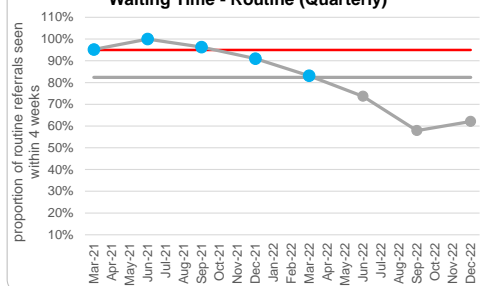### Outpatient appointment did not attends

Summary

The level of defaulted appointments has remained within common cause variation, averaging just under 12% 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)
(y-axis: proportion of urgent referrals seen within 1 week; x-axis: Mar-21 through Dec-22)

Early intervention 14 day referral to treatment - complete
(y-axis: proportion of EI patients treated within 14 days of referral; x-axis: Apr-21 through Mar-23)

NHS Talking Therapies 6 week referral to treatment
(y-axis: proportion of IAPT patients treated within 6 weeks of referral; x-axis: Apr-21 through Mar-23)

NHS Talking Therapies 18 week referral to treatment
(y-axis: proportion of IAPT patients treated within 18 weeks of referral; x-axis: Apr-21 through Mar-23)

Children & Young People Eating Disorder Waiting Time - Routine (Quarterly)
(y-axis: proportion of routine referrals seen within 4 weeks; x-axis: Mar-21 through Dec-22)

Early intervention 14 day referral to treatment - incomplete
(y-axis: proportion of EI patients waiting less than 14 days from referral; x-axis: Apr-21 through Mar-23)

Summary
Wait times from referral to assessment/ treatment and 1st to 2nd treatment have been lengthening due to returns to near pre-pandemic levels (1200 referrals in March) of referral, difficulty in recruiting to Psychological Wellbeing Practitioner (PWP) qualified roles. This has seen a decline in the achievement of the 6-week referral to treatment up to January 2023, although this decline has slowed and improved from February to March. Additionally, attended appointments for assessments are lower than we would like and improving this should achieve some wait time gains. DNA's remain high for assessment slots but trialling of bookable appointments has commenced.

Actions
- Recruitment to the qualified PWP posts has improved with 2 being recruited against a WTE deficit of 5. One has started and the other is being cleared by recruitment.
- A booking clerk is in post to book short notice appointments into cancelled slots. A further monitoring of staff releasing DNA appointments has commenced to get a consistent amount of re-booking to increase activity at assessment.
- NHSE are funding bookable appointments which is being trialled with 3 PWPs.
- Spot purchasing of assessments to bring the referral to assessment waits down is in process.

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

NHS Talking Therapies 1st to 2nd Treatment over 90 Days
(y-axis: proportion of patients waiting over 90 days from their 1st to their 2nd appointment; x-axis: Dec-20 through Dec-22)

Summary
Waits have been significantly high for the last 9 months and above target for the last 4 months. The graph shows a stabilising picture up to December but quarter 4 is not available yet.

Actions
- Consolidate the waiting lists.
- Service Manager discussion over longest waiters monthly to reduce outliers. Standing agenda item
- Review productivity and average contacts to increase treatments and reduce wait times. Work ongoing to monitor individual and team performance, and to inform caseload management.
- Maintain a focus on attendance, which has improved into quarter 4 of 2022/23
- Review acceptance criteria to achieve more appropriate referrals.
- Introduce bookable appointments increasing available treatment slots.
- Ensure appropriate clients are referred into IESO who have some additional capacity.

Summary
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%). The Trust's Child & Adolescent Eating Disorder Service is achieving 100% for both standards, but unfortunately the national measure is not based on service, so anyone up to age 19 referred to any Trust service at all with a referral reason of eating disorder is counted in the overall calculation.

A revised action plan is currently being developed for 2023/24 in conjunction with Chesterfield Royal, who provide the service in the north of the County. Key actions from the plan will be detailed in this report from next time and progress will be monitored monthly by the Joined Up Care Derbyshire Mental Health & Learning Disability Delivery Board.
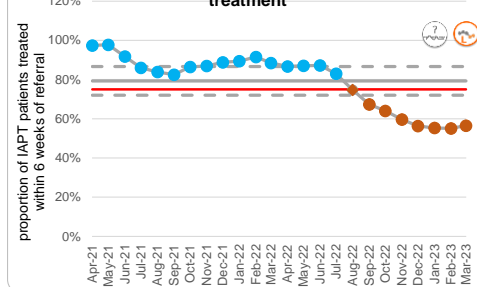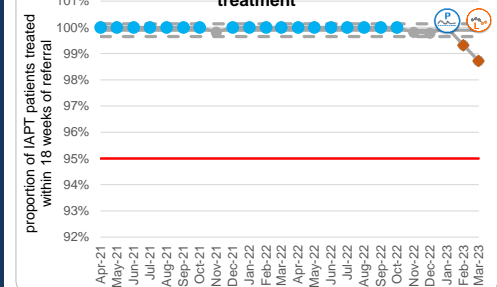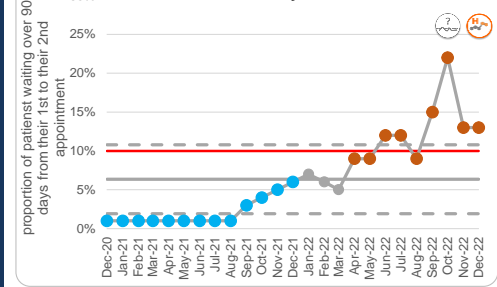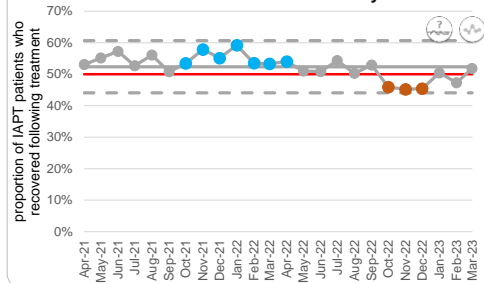
Summary
Patients with early onset psychosis are continuing to receive very timely access to the treatment they need. Occasionally delays result from difficulties contacting patients to arrange appointments, or patients not attending their planned appointments.

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.

Operational Performance

## NHS Talking Therapies patients completing treatment who move to recovery

Summary

This is an annual target and full year performance is on target. The dip in performance in quarter 3 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, with higher recovery rate compliance achieved in January and March.

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.
- Monitoring of clinician and service wide performance, development of individual performance reports.
- Continued monitoring of removal of outcome measures as part of waiting well appointments

Individual Placement and Support Access
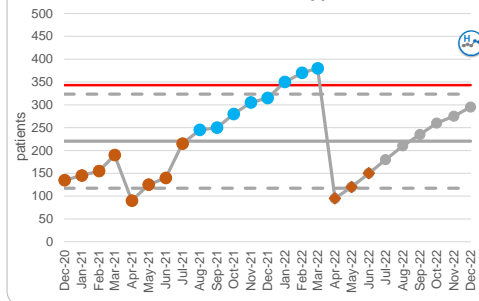
Summary

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
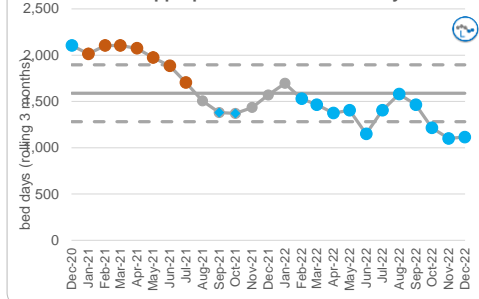
Summary

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
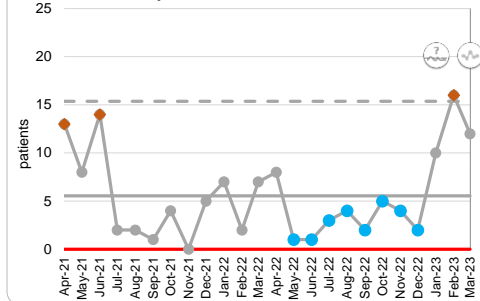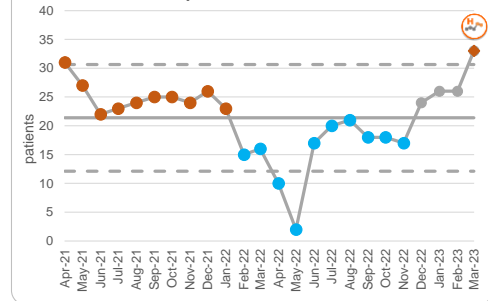

Average patients out of area per day - adult acute
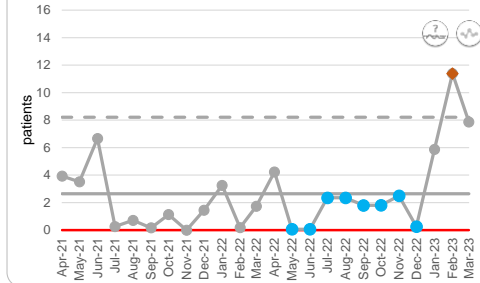
Summary

This continues to be impacted upon by persistently high levels of bed occupancy 100% plus. This is the result of utilising leave beds effectively and maximises bed availability. Clinically ready for discharge is monitored multiple times each week to ensure that flow is maintained and as a result numbers are significantly reduced. Average length of stay remains higher reflecting the higher levels of acuity within the inpatient wards at this time. However, the number of patients in out of area beds has reduced considerably over the last 6 weeks due to a number of actions that have been put in place. Today we have a total of 6 patients in acute out of area beds.
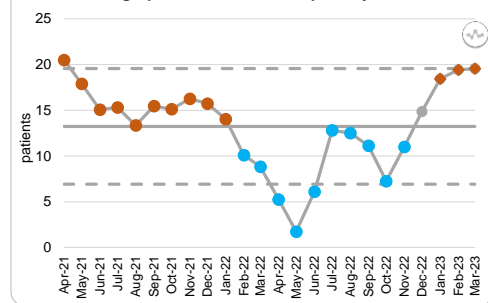
Actions
- Changes have been made to the authorisation protocol for out of area beds.
- Gatekeeping and Purposeful Admission protocols being developed
- Community based medication initiation being developed

Patients placed out of area - PICU
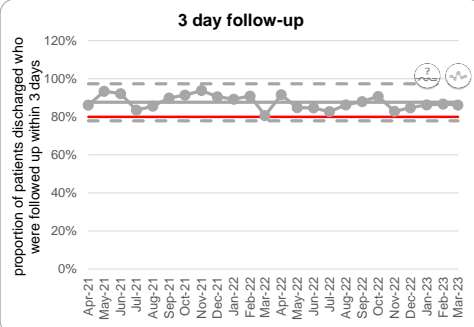

Average patients out of area per day - PICU

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. As a result of actions there has been considerable reduction in PICU placements over the past 6 weeks and today there area total of 14 patients placed in PICU beds.

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.

3 day follow-up

(Chart: proportion of patients discharged who were followed up within 3 days, Apr-21 to Mar-23)
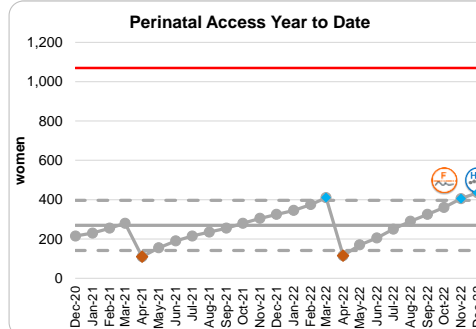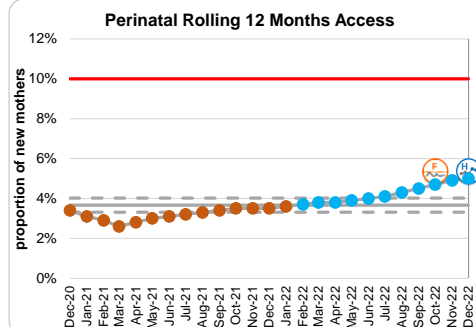
Summary

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

Perinatal Rolling 12 Months Access

(Chart: proportion of new mothers, Dec-20 to Dec-22)

Perinatal Access Year to Date

(Chart: women, Dec-20 to Dec-22)

Summary

This is a measure of 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 perinatal mental health 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

Data quality maturity index

(Chart: Apr-21 to Mar-23)
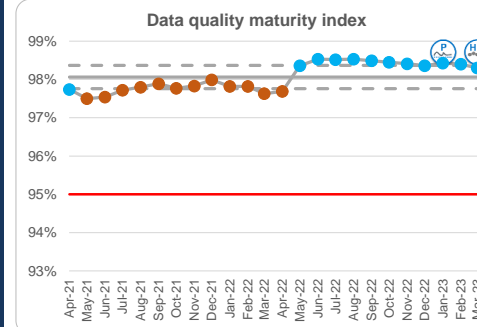
Summary

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 exceed.
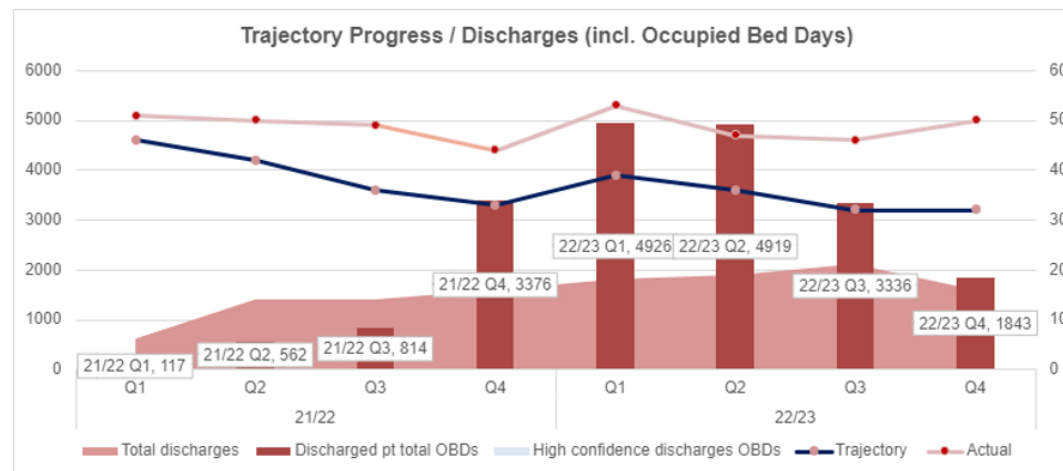
Transforming Care Programme

The Transforming Care programme aims to improve the lives of children, young people and adults with a learning disability and/or autism who display behaviours that challenge, including those with a mental health condition. The programme has three key aims: to improve quality of care for people with a learning disability and/or autism, to improve quality of life for people with a learning disability and/or autism, and to enhance community capacity, thereby reducing inappropriate hospital admissions and length of stay. With the services set out in the national service model it is expected that no local area will need non-secure inpatient provision (of which acute learning disability beds would be one type) for more than 10-15 inpatients with a learning disability and/or autism, per million population, at any one time. (NHS England, LGA, ADASS, Building the Right Support, 2015). Currently in Joined up Care Derbyshire there are 50 service users in bedded care.

Inpatient Performance Overview

Joined Up Care
Derbyshire

Trajectory

Trajectory Progress / Discharges (incl. Occupied Bed Days)

21/22 Q1, 117 | 21/22 Q2, 562 | 21/22 Q3, 814 | 21/22 Q4, 3376 | 22/23 Q1, 4926 | 22/23 Q2, 4919 | 22/23 Q3, 3336 | 22/23 Q4, 1843

Total discharges — Discharged pt total OBDs — High confidence discharges OBDs — Trajectory — Actual

	No of patients at 27/03/23	Quarter 4 Trajectory	current +/- against Trajectory
DDICB Beds Total	32	16	**+16**
Adult Spec Comm total	18	14	**+4**
Combined Adults	50	30	**+20**
CYP Spec Comm	5	3	**+2**

Good News: Discharges

18 year old female – originating from Derbyshire
- Autism and ADHD diagnosis
- Was a Looked After Child placed in the community in Wolverhampton from Cygnet low secure unit in April 2022
- Presentation deteriorated whilst in the community and spent various periods of time in s136 suite whilst in the Black Country
- Repatriated to Derbyshire to be closer to home and admitted to AMH bed on 15th July 2022
- Supported by ND In-reach team whilst in hospital
- Discharged on 20th March 2023 back home to live with dad

Hillside Ward Long Stay Patient
Admitted Feb 2021
- Monday 27th March went on 2 weeks' leave to new placement in readiness for discharge
- Immediate environment changes in response to risks
- Despite challenges, staff stayed with her until she settled in including staying overnight on the first night to support.

Cohorting: LoS & Care

50↑ in bedded care:
- 43↑ are in the right setting for current care needs
- 22↑ of are receiving care in the right geography
- 28 ↑ are in the wrong geography and all of these are because the provision doesn't currently exist within the geography
- 6 ↓ are in the wrong setting, 6↓ are in the wrong care↓
- 38% have a LoS of less than a year

LoS Group	Number of current inpatients	Number of discharged patients, group on discharge 22/23	% split of cohort per LoS group in 22/23
Less than a year	19	66	38%
1-3 years	11	5	22%
3-5 years	6	0	12%
more than 5 years	14	2	28%

Of the 7 service users not currently in the right care setting, 4 placements are locked door rehabilitation for complex care, with discharges planned between May and August '23 with high confidence. 1 placement is mental health rehabilitation owing to the complexity of need not able to be supported in the community. 1 placement is adult mental health, not on the SMI register, and 1 placement is a child PICU bed, with the service user recently turning 18. Work is ongoing to discharge these service users.

Friends & Family Test

ICB Code	Trust Code	Trust Name	Total Responses	Total Eligible	Response Rate	Percentage Positive	Percentage Negative	Mode of Collection							
								Mode SMS	Mode Electronic Discharge	Mode Electronic Home	Mode Paper Discharge	Mode Paper Home	Mode Telephone	Mode Online	Mode Other
		England (excluding Independent Sector Providers)	18,851	772,364	2%	87%	6%	2,465	1,376	292	5,192	1,642	314	6,217	1,353
QHM	RR7	GATESHEAD HEALTH NHS FOUNDATION TRUST	17	131	13%	100%	0%	0	0	0	17	0	0	0	151
QSL	RH5	SOMERSET NHS FOUNDATION TRUST	14	165	8%	100%	0%	0	0	0	0	0	0	14	0
QH8	R1L	ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST	46	21,427	0%	98%	2%	0	0	0	7	0	0	39	0
QHM	R0B	SOUTH TYNESIDE AND SUNDERLAND NHS FOUNDATION TRUST	68	1,437	5%	97%	1%	0	0	0	43	0	0	25	0
QUA	TAJ	BLACK COUNTRY HEALTHCARE NHS FOUNDATION TRUST	196	17,169	1%	97%	1%	0	0	0	0	0	0	0	0
QNC	RLY	NORTH STAFFORDSHIRE COMBINED HEALTHCARE NHS TRUST	127	14,497	1%	97%	3%	5	0	0	0	105	0	17	0
QRL	R1F	ISLE OF WIGHT NHS TRUST	28	2,300	1%	96%	0%	0	0	0	0	28	0	0	0
QUA	RYK	DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST	27	1,590	2%	96%	0%	0	0	0	0	0	0	0	0
QF7	TAH	SHEFFIELD HEALTH & SOCIAL CARE NHS FOUNDATION TRUST	97	6,738	1%	96%	0%	0	0	0	97	0	0	0	0
QHM	RTF	NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST	47	904	5%	96%	2%	47	0	0	0	0	0	0	*
QHM	RX3	TEES, ESK AND WEAR VALLEYS NHS FOUNDATION TRUST	1,362	138,051	1%	94%	2%	120	287	0	907	0	0	48	22
QUE	RT1	CAMBRIDGESHIRE AND PETERBOROUGH NHS FOUNDATION TRUST	213	2,379	9%	93%	2%	3	58	0	0	80	0	70	0
QOP	RT2	PENNINE CARE NHS FOUNDATION TRUST	595	10,494	6%	93%	3%	124	0	0	280	0	7	184	0
QWO	RY6	LEEDS COMMUNITY HEALTHCARE NHS TRUST	43	626	7%	93%	2%	0	0	0	0	0	0	43	0
QJM	RP7	LINCOLNSHIRE PARTNERSHIP NHS FOUNDATION TRUST	466	4,687	10%	92%	2%	9	47	0	410	0	0	0	0
QJ2	RXM	DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST	260	15,839	2%	92%	3%	0	0	0	95	0	0	165	*
QOQ	RV9	HUMBER TEACHING NHS FOUNDATION TRUST	214	4,917	4%	92%	2%	0	0	0	214	0	0	0	0
QYG	RW4	MERSEY CARE NHS FOUNDATION TRUST	841	20,406	4%	92%	2%	0	477	0	325	0	0	39	315
QRL	RW1	SOUTHERN HEALTH NHS FOUNDATION TRUST	1,002	10,672	9%	92%	3%	0	0	0	514	224	0	264	24
QRL	R1C	SOLENT NHS TRUST	592	1,916	31%	91%	2%	52	0	0	496	0	0	44	0
QMJ	TAF	CAMDEN AND ISLINGTON NHS FOUNDATION TRUST	144	1,693	9%	90%	5%	0	8	0	0	24	0	112	0
QYG	RXA	CHESHIRE AND WIRRAL PARTNERSHIP NHS FOUNDATION TRUST	529	10,478	5%	90%	6%	486	0	0	43	0	0	0	0
QF7	RXE	ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST	88	19,470	0%	90%	7%	*	*	*	*	*	*	*	509
QHM	RX4	CUMBRIA, NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST	560	33,653	2%	89%	5%	0	0	0	409	0	0	0	0
QWO	RGD	LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST	125	7,144	2%	89%	6%	0	0	0	0	40	0	85	0
QE1	RW5	LANCASHIRE & SOUTH CUMBRIA NHS FOUNDATION TRUST	1,459	31,502	5%	89%	7%	0	25	0	0	0	266	1,168	39
QMJ	RRP	BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST	728	8,436	9%	89%	3%	0	37	0	0	0	0	691	0
QE1	RXL	BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST	137	969	14%	88%	1%	0	0	100	0	0	0	37	0
QXU	RXX	SURREY AND BORDERS PARTNERSHIP NHS FOUNDATION TRUST	262	9,190	3%	88%	4%	3	95	0	36	0	0	128	0
QVV	RDY	DORSET HEALTHCARE UNIVERSITY NHS FOUNDATION TRUST	219	6,055	4%	87%	8%	6	0	23	0	12	0	178	0
QOP	RXV	GREATER MANCHESTER MENTAL HEALTH NHS FOUNDATION TRUST	509	23,602	2%	87%	8%	0	0	0	0	0	0	0	0
QR1	RTQ	GLOUCESTERSHIRE HEALTH AND CARE NHS FOUNDATION TRUST	120	1,205	10%	87%	4%	0	0	0	0	0	0	120	0
QMJ	RV3	CENTRAL AND NORTH WEST LONDON NHS FOUNDATION TRUST	255	24,061	1%	86%	5%	0	4	0	47	0	0	204	0
QOX	RVN	AVON AND WILTSHIRE MENTAL HEALTH PARTNERSHIP NHS TRUST	501	5,833	9%	86%	5%	1	0	0	91	370	0	0	3
QNQ	RWX	BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST	449	22,475	2%	86%	8%	0	46	0	21	0	0	382	0
QMJ	RNK	TAVISTOCK AND PORTMAN NHS FOUNDATION TRUST	7	2,579	0%	86%	0%	*	*	*	*	*	*	*	*
QYG	RBS	ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	34	232	15%	85%	12%	34	0	0	0	0	0	0	196
QWO	RXG	SOUTH WEST YORKSHIRE PARTNERSHIP NHS FOUNDATION TRUST	518	12,481	4%	85%	8%	349	0	0	66	0	0	103	27
QKS	RXY	KENT AND MEDWAY NHS AND SOCIAL CARE PARTNERSHIP TRUST	584	13,810	4%	85%	3%	0	0	0	545	0	0	39	0
QPM	RP1	NORTHAMPTONSHIRE HEALTHCARE NHS FOUNDATION TRUST	284	6,450	4%	85%	8%	0	0	35	0	127	0	122	0
QU9	RNU	OXFORD HEALTH NHS FOUNDATION TRUST	185	10,781	2%	83%	9%	0	96	0	62	0	0	27	0
QHL	RXT	BIRMINGHAM AND SOLIHULL MENTAL HEALTH NHS FOUNDATION TRUST	311	17,172	2%	83%	7%	0	0	0	211	0	0	100	0
QWO	TAD	BRADFORD DISTRICT CARE NHS FOUNDATION TRUST	101	9,232	1%	82%	8%	0	69	0	5	0	20	0	7
QKK	RV5	SOUTH LONDON AND MAUDSLEY NHS FOUNDATION TRUST	318	37,818	1%	82%	4%	0	0	0	0	247	0	71	0
QNC	RRE	MIDLANDS PARTNERSHIP NHS FOUNDATION TRUST	304	22,108	1%	82%	14%	0	0	0	0	0	0	280	0
QMF	RAT	NORTH EAST LONDON NHS FOUNDATION TRUST	806	9,739	8%	81%	9%	0	0	0	0	0	0	806	0
QM7	RWR	HERTFORDSHIRE PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST	647	11,183	6%	81%	9%	*	*	*	*	*	*	*	*
QNX	RX2	SUSSEX PARTNERSHIP NHS FOUNDATION TRUST	105	11,872	1%	79%	10%	0	0	0	0	0	0	105	43
QKK	RPG	OXLEAS NHS FOUNDATION TRUST	632	9,057	7%	78%	9%	125	120	102	200	85	0	0	0
QRV	RKL	WEST LONDON NHS TRUST	63	7,473	1%	78%	13%	0	0	0	42	0	0	21	0
QWE	RQY	SOUTH WEST LONDON AND ST GEORGE'S MENTAL HEALTH NHS TRUST	268	19,497	1%	77%	16%	203	0	0	0	0	0	0	*
QT6	RJ8	CORNWALL PARTNERSHIP NHS FOUNDATION TRUST	24	4,287	1%	75%	4%	1	5	0	9	0	0	9	*
QT1	RHA	NOTTINGHAMSHIRE HEALTHCARE NHS FOUNDATION TRUST	88	14,025	1%	74%	11%	69	0	0	0	16	0	0	126
QMM	RMY	NORFOLK AND SUFFOLK NHS FOUNDATION TRUST	315	26,498	1%	73%	20%	0	0	0	0	0	0	0	0
QMF	RWK	EAST LONDON NHS FOUNDATION TRUST	382	31,300	1%	71%	18%	0	0	27	0	0	0	0	333
QK1	RT5	LEICESTERSHIRE PARTNERSHIP NHS TRUST	526	10,667	5%	65%	25%	474	2	0	0	0	0	21	29

In the latest national data, the Trust received a high level of positive feedback (92%) and performed highly in comparison with other Trusts. NHS England » Friends and Family Test data – February 2023 This is a slight increase of 1% compared with the previous month.
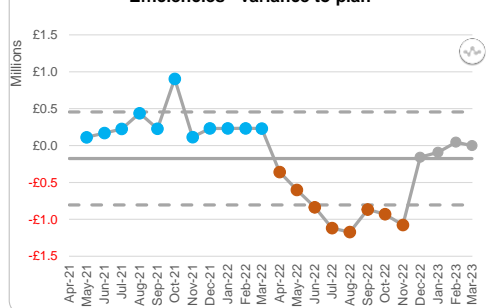
Finance

In month Surplus/ (Deficit) position
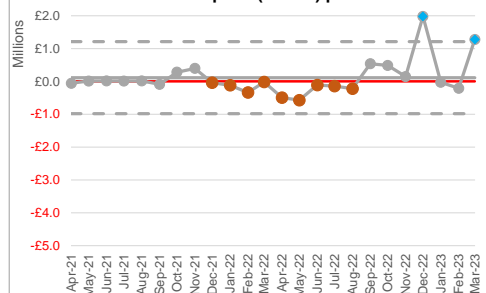
Summary
At the end of the financial year, the overall year to date (YTD) position is a surplus of £2.6m (adjusted to £2.8m after impairments) against a full year plan of breakeven. This outturn position is as per the previous forecast. The surplus position has been driven by additional non recurrent income and one off pay and non-pay benefits. The Board Assurance Framework (BAF) risk *that the Trust fails to deliver its revenue and capital financial plans,* was reduced in year from Extreme to Moderate.

Efficiencies - variance to plan

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

Bank spend as percentage of pay expenditure
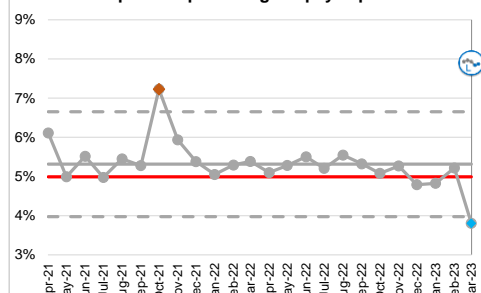
Summary
Bank staff expenditure YTD totals £7.5m against a plan of £6.8m with average spend of £0.6 per month, except for October 2021 where that increased to £0.8m. Like with the agency percentage reduction in March due to the pension cost impact, the same has been seen on bank, reducing down to 3.8% of total pay.

Agency as a percentage of pay expenditure
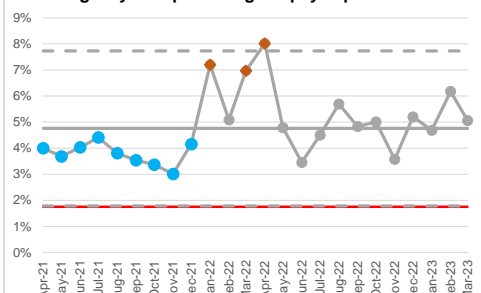
Summary
Agency expenditure year to date (YTD) totals £7.6m against a plan of £2.4m, an adverse variance to plan of £5.2m. The two highest areas of agency usage relate to Consultants and Nursing staff. Agency expenditure for March was £0.9m, an increase on the previous month. The peak in costs relates to additional agency costs that have been put in place to support a complex patient on one of the Acute Trust's wards.

The agency expenditure as a proportion of the total pay has reduced in percentage terms to 5.1% compared to the previous month despite the actual agency expenditure increasing in the month. This is due to £5.9m of additional pension costs, which is paid nationally, that requires reporting in the organisation's position at year end.
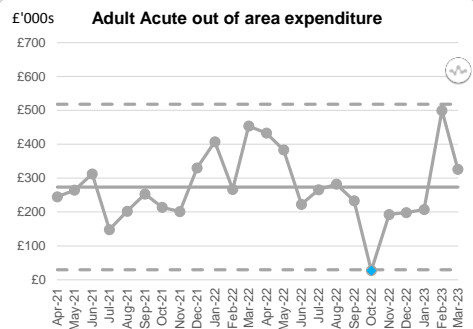
Covid expenditure
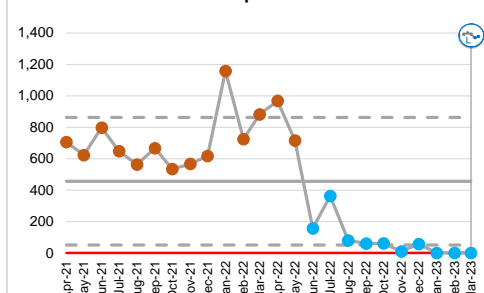
Summary
The Trust has an income allocation of £0.3m a month for the financial year for Covid-related expenditure. The financial plan assumes no expenditure after the end of May as per the planning guidance.

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

**Adult Acute out of area expenditure** (£'000s)

Summary
Expenditure for adult acute out of area placements including block purchased beds and cost per case beds had been reducing during 2022/23, however there has been a significant increase in February which has reduced slightly in March.

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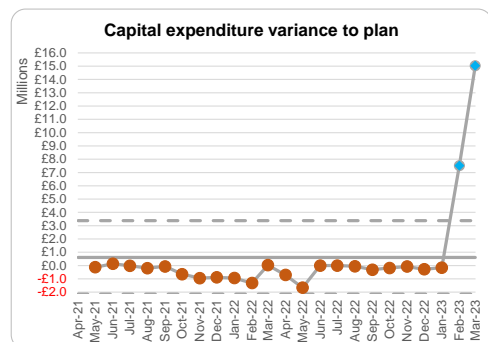
Summary
Capital expenditure was reporting behind plan in April and May, however that was against the April plan submission. The capital plan was resubmitted in June 2022 which changed the capital system allocation to reflect the requirement of the self-funded elements of the Making Room for Dignity project.

Capital expenditure has been above plan in the last two months of the financial year due to the additional capital expenditure related to the dorms project (which has come with additional funding that was not originally in the plan).

Better Payment Practice Code (BPPC) by value

Better Payment Practice Code (BPPC) by volume
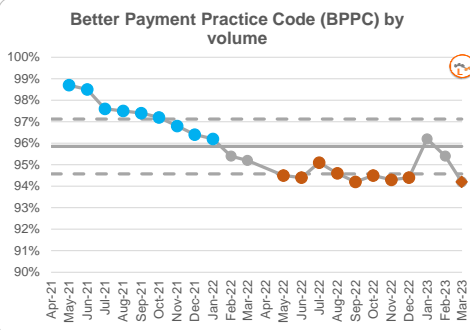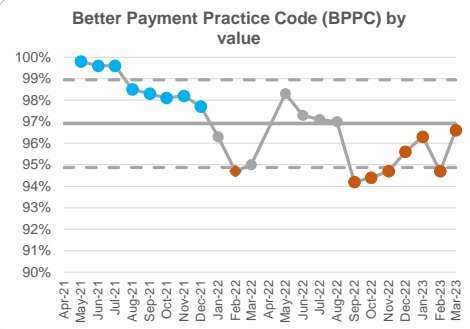
Summary
The Better Payment Practice Code sets a target for 95% of all invoices to be paid within 30 days. BPPC is measured across both invoice value and volume of invoices.
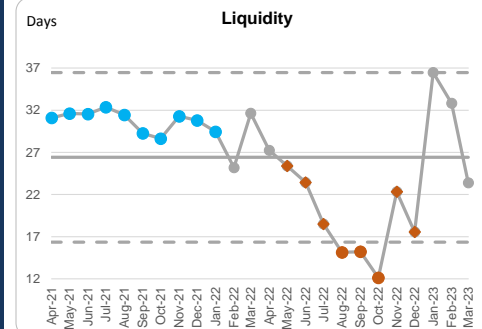
At the end of March, the value of invoices exceeded the target at 96.6%, however the volume of 94.2% was slightly below target.

Cash £m
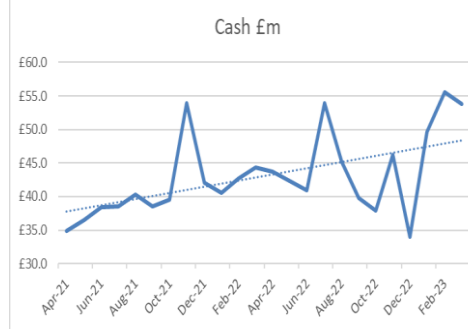
Summary
The chart above shows the levels of cash over the last two years.

Cash increased in February and March due to the additional funding for the Dorms capital projects that has been drawn down.

Liquidity (Days)

Summary
The chart above shows the liquidity levels over the last two years. Liquidity levels were high in 2021/22.

In 2022/23 the liquidity reduced until the last quarter 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.
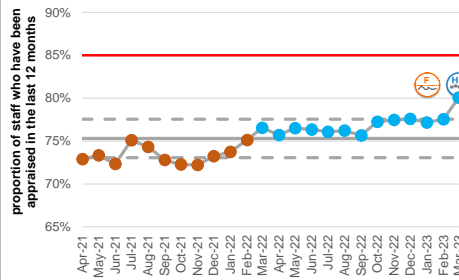
Planning 2023/24
Currently financial plans for 2023/24 from a revenue perspective are still in the progress of being agreed as a Derbyshire system. The final submission is due on 4th May 2023.

People

People Performance

Annual appraisals

Summary
There has been an increase across compliance of over 2% in March. Appraisal levels continue to be below our expectations with Operational Services currently at 81% and Corporate Services at 75%.
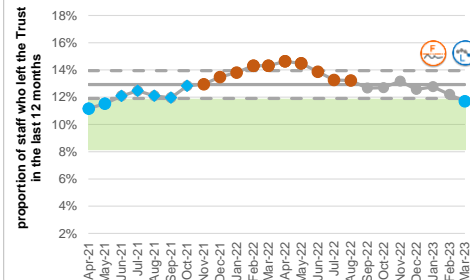
Actions
- Work has continued with increased support on using the Electronic Staff Record (ESR) to record an appraisal and the Divisional People Lead for each division is working with leaders to look at reasons for low compliance.
- Compliance also continues to be monitored at Divisional Achievement Reviews and via the Trust Operational Oversight Leadership Team (TOOL).
- Top areas in corporate services are People and Inclusion (100%) and Operational Support Team (98%). Medical Education (55%) and Nursing and Quality (56%) are both targeted an improvement of 10% by May 2023.

In Operational Services a recovery action plan has been put in place, with progress monitored weekly by the Chief Operating Officer. Key actions include:
- Managers to review the current reported position and inform correction of Electronic Staff Records (ESR) where any recording errors are found.
- Managers to book appraisal dates for all overdue appraisals and to schedule in appraisals for all their remaining team members, to take place a month before they are due to expire and share the yearly planner with their ASM for assurance
- Ongoing monitoring of compliance for appraisals in service line and divisional operational meetings

Annual turnover (target 8-12%)

Summary
March has seen a small reduction in turnover to within the target range of 8-12% and remains in line with national and regional comparators.

Actions
- 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.
- Staff Survey results have been presented at divisional level and divisional action plans are being developed to address key actions and build on existing engagement plans.
- A strategic recruitment and retention lead is being recruited with a key focus on developing a retention strategy at organisational level and to work with divisions on bespoke retention initiatives.
- Top reason for leaving is retirement and the second highest known reason for leaving is work/life balance. A priority action is to develop our flexible working approach which is currently being reviewed and engagement taking place with colleagues for feedback on what would make a difference in our policy.
- Highest levels of turnover is in AHP roles and other clinical support services such as Health Care Support Assistants. These professional groups are being targeted as part of our STAY surveys and prioritised for retention strategies.

## Compulsory training
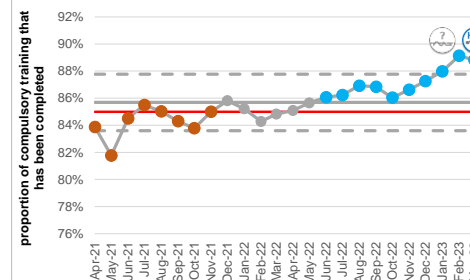
Summary
Overall, the 85% target level has been achieved for the last 11 months. Operational Services are currently 90% compliant and Corporate Services slightly lower at 83%.

Immediate Life Support (ILS) and Positive and Safe training compliance continue to remain in a stable position following targeted work to improve compliance last year. ILS is currently 84% compliance and positive and safe at 84% (breakaway) and 81% (teamwork).

Actions
- Priority actions are 1/2/3 being managed through mandatory training task and finish group continues to meet to focus on driving improvements to ESR data and training cleansing, embedding block week booking for clinical roles and ongoing review of compliance.

Staff absence
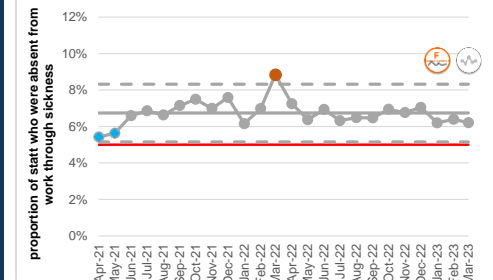
Summary
In March 2023 sickness was 6.2% which is the lowest we have recorded for over a year. This is in a period where typically year on year we see absence increase. In the latest national data, the average absence rate for mental health trusts was 5.8% and nationally the main reason for absence was stress and anxiety, accounting for over 22% of all absence. NHS Sickness Absence Rates, October 2022 - NDRS (digital.nhs.uk) Sickness has exceeded the 5% target threshold for the last 2 years.

Actions
- Staff Support clinical psychologist to commence in post from July 23 to provide additional in-house support for DHCFT colleagues suffering with stress, anxiety and trauma at work.
- Priority action is to ensure that every absence under 3 weeks is effectively managed, and people supported to reduce absence length and recurrence.

People Performance

Filled posts
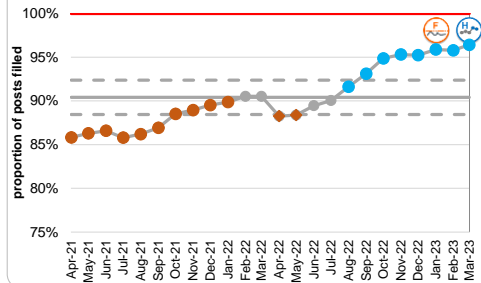
Summary

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

There is some variation across services, with Clinical Services management carrying 31% vacancies and Neurodevelopmental division overstaffed versus budget by 12%:

|	
Adult Care Acute	86%
Adult Care Community	90%
Children's Services	88%
Clinical Services Management	69%
Forensic & Rehab & Specialist Services	91%
Neurodevelopmental	112%
Older People's Care	91%
Psychology	82%

Actions
- The recruitment team continue to work closely with divisions to develop targeted and bespoke campaigns.
- Work continues on implementing learning from the cultural intelligence recruitment programme and the first one-page job description will go live next month.
- We are increasing physical presence at local and regional job and career fairs over the next 3 months
- Divisional workforce plans are being finalised and will be fed into a workforce summit in June where actions and tracking will be agreed to support transformational work on hard to fill/recruit to posts.

Bank staff use
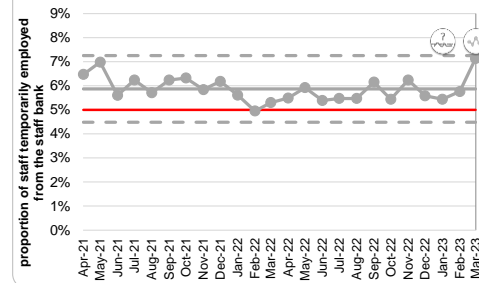
Agency staff use
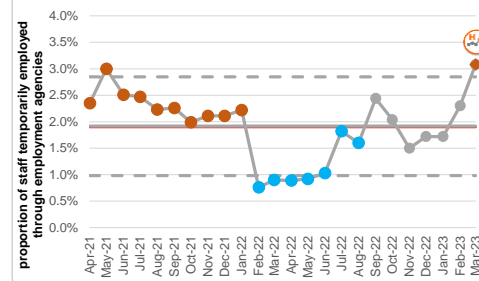
Summary

March saw an increase in requests for shifts which was matched by an increase in fill rates. The overall fill rate hit over 80% for the first time in a number of years. However, this was both an increase in bank and agency fill rates.
Thornbury use has decreased to 72 bookings, from 112 in Feb, 178 in Jan.

Agency spend is high across the system and a system plan is being developed to aid reduction
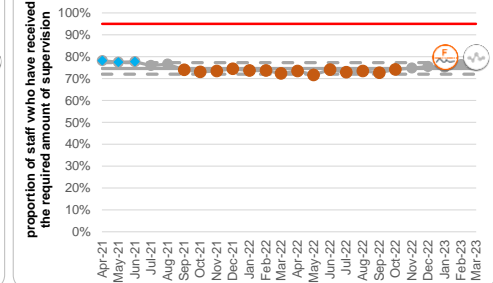
Actions
A robust and comprehensive delivery plan has been identified to underpin these 4 priorities
- Reduce reliance on contingent workforce
- Increase bank fill rate by 10%
- Reduce agency utilisation by 40%
- Reduce sickness absence by 0.5% by year end

Clinical supervision
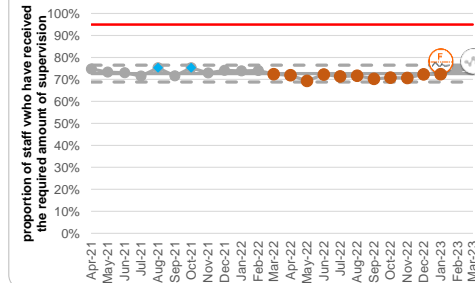
Management supervision

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: 79% versus 61% and clinical: 77% versus 31%). The overall level of compliance with the clinical and management supervision targets has remained low since the start of the pandemic, however further improvements can be seen at a team level, with 107 teams now 100% compliant with management supervision and 76 teams now 100% compliant with management supervision.

Actions
A recovery action plan is in place in Operational Services, with progress being monitored weekly by the Chief Operating Officer. The key actions in place are as follows:
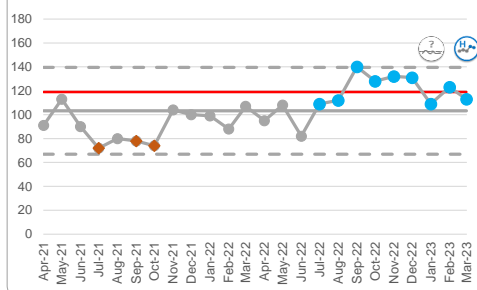- Data cleanse to take place to ensure all completed supervisions are recorded correctly and to ensure that all staff are aligned to the correct budget code and line manager within ESR
- Operational managers to ensure supervision tree structures are in place for each team, with identified clinical supervisors for all staff in a clinical facing role
- Ongoing monitoring of compliance in service line and divisional operational meetings for both management and clinical
- Review of criteria for clinical supervision for Operational Managers at Area Service Manager and above, and consider professional supervision as an alternative in line with the supervision policy
- All Adult Acute Care Service Managers to complete supervision tree to highlight managerial and clinical supervisors. Supervision tree to also highlight any use of groups/group supervision (primarily for clinical supervision). This will likely lead to further actions where supervisor recorded in error or missing will require correction or follow-up.
- Supervision report to highlight in red anyone where no supervision has been undertaken in past 3 months
- Children's Services Head of Nursing to offer group clinical supervision to Special Schools and LD community teams
- Staffing pressures in the smaller teams within Children's Services mean that the operational manager is regularly pulled into clinical care. Plan to review the leadership of these teams with change management proposals underway.
- Ongoing monitoring of supervision through regular monthly performance meetings with Area Service Managers and Operational leads - issues escalated to divisional operational meeting as needed

Quality

Quality Performance

No. of compliments received

No. of formal complaints received

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

Summary

The number of compliments continues above the mean of 100 which would suggest that actions to improve recording of compliments has been impactful.

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.
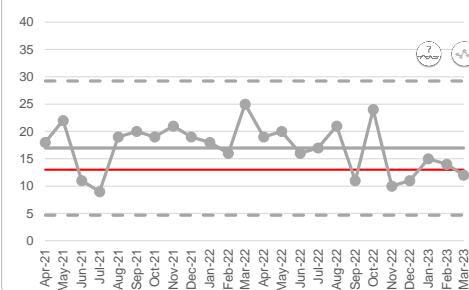
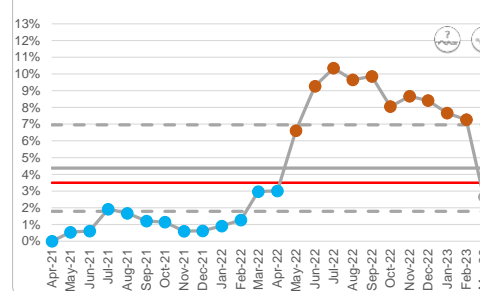## Summary

The number of formal complaints received have been on a downward trajectory between January and March 2023 and is now below 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

Following a review of DTOC reporting it was found that some services were not recording some delays on SystmOne. This has now been resolved and the data is flowing through into the report. In addition, it was identified that the data warehouse was not pulling through all delays recorded on the SystmOne. This has also been corrected and as a result the numbers increased.

Ward teams were also keeping their own excel spreadsheets and it has been agreed by the Managing Director and General Manager that this will stop and all delays will now be recorded on SystmOne.

Actions

• The Trust has a Twice weekly "Clinically ready for discharge" meeting where any barriers to discharge are identified and discussed and in March 2023 the numbers of DTOC have reduced back to 3%, below the trust target. This will continue to be monitored
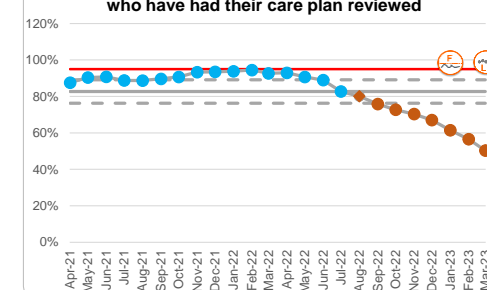
Summary

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.

Due to staff vacancies, sickness, industrial action and patient acuity the current percentage of patients who have had their care plan reviewed and have been on CPA for over 12 months is 56%, a reduction of 5% between and January and March.

Actions

The Assistant Director of Clinical Professional Practice attended the Divisional operation meeting in February 2023 and the Heads of Nursing (HoN) are 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.
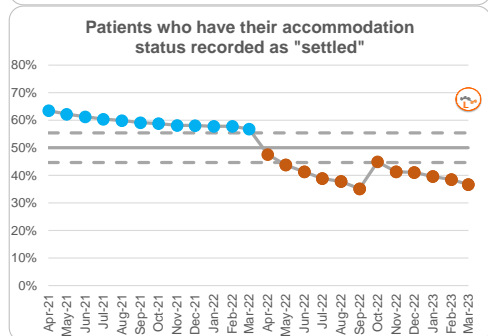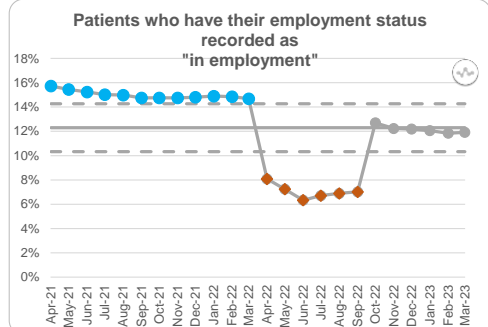
Furthermore, Compliance around CPA has been the subject of a commissioned 360 review by an external company and is part of an action plan to improve compliance.

The Adult and Older Adult teams have identified action plans to improve care plan compliance, including:

• Compliance is monitored weekly with weekly dip audit and electronic reporting, with any themes emerging or barriers being reported and subsequent actions identified via the monthly divisional COAT meeting for monitoring and assurance.

With improved care plan compliance Is it expected that more timely reviews of CPA will follow. There is also a meeting scheduled to discuss the trust approach to CPA in April 2023.

Quality Performance

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

Patients who have their accommodation status recorded as "settled"

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 January and March. The number of patients who have their accommodation status recorded as settled has fallen by 2% between January and March.

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.

Number of medication incidents
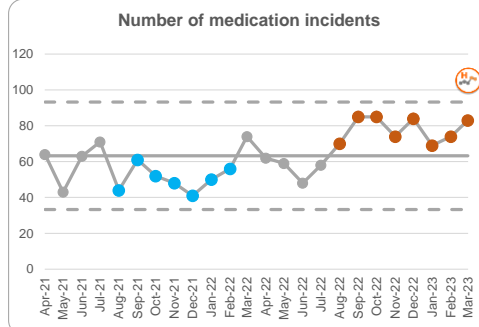
Summary

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 subgroup and the Serious Incidents Bi-monthly report is taken to Quality & Safety Committee (QSC) for assurance. Quarterly review

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 have identified some learning points including:

- 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 impatient 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.

As of Feb 2023 the community mental health services and Childrens services have implemented electronic prescribing and medicines administration (EPMA) a solution which digitises the process of prescribing and recording medication administered to patients within the Divisions. From May 2023 inpatient and assessment services will also implement EPMA. 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 and as part of a quarterly medicine management assurance report

No. of incidents of moderate to catastrophic actual harm
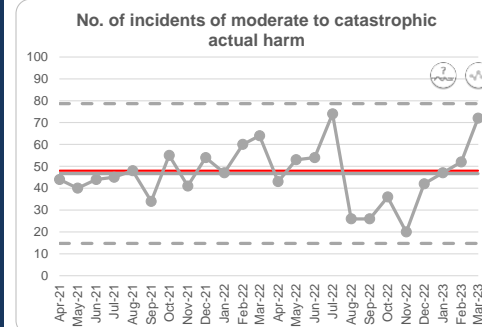
Summary

This data demonstrates the number of DATIX incidents occurring of moderate at catastrophic harm. There was a 68% increase in incidents between February and March 2023. This increase is attributed in part to the Mental Health Helpline who have increased reporting of DATIX incidents since recent training in February 2023.

The patient safety team and Head of Nursing team also review data for any patterns and the data will be split into physical harm and psychological harm-based incidents when the Learn from Patient Safety Events (LFPSE) reporting is started. this is currently on hold while DATIX is reconfigured to report on this. This issue with DATIX is affecting NHS Trusts nationally.

Quality Performance

No. of incidents requiring Duty of Candour
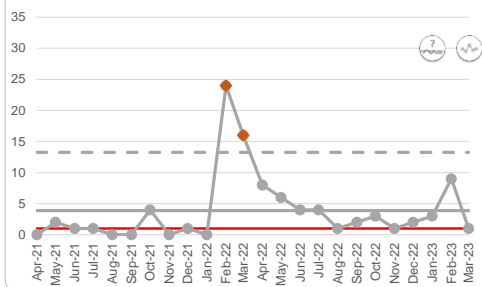
Summary

Duty of Candour (DoC) reported incidents appear to have increased between January and February 2023 however on reviewing these incidents with the family liaison officer who monitors DoC, the number of incidents included in the data is inaccurate and there were only a total of 5 incidents between January and March (one in January, 3 in February and 1 in March) therefore, DoC remains within expected thresholds.

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.

- Duty of Candour remains within expected thresholds. The Trust Family Liaison Office has created information leaflets and standing operating procedures to support staff in completing duty of candour communications. Furthermore, these are reviewed twice weekly within serious incident groups.

No. of incidents involving prone restraint
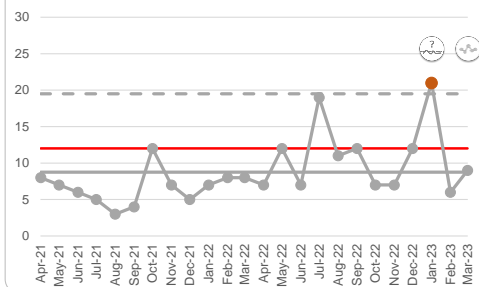
Summary

Prone restraint has increased by a total of 3 incidents between February and March 2023.

Actions

- 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 has been delayed due to clinical pressures and end of year leave and is due to be completed by the end of May 2023.

- It should be noted that the overall numbers of prone restraint are lower than the regional average per bed number.

- Over the next six months there are plans for Simulation Training including seclusion, self-harm and ligature simulation. The process of recruiting a simulation lead and a simulation technician is currently underway.

- The PSST are also in the process of planning training around alternative injection sites which should reduce the need for prone restraint, and this should be ready for October 2023.

## No. of incidents involving physical restraint
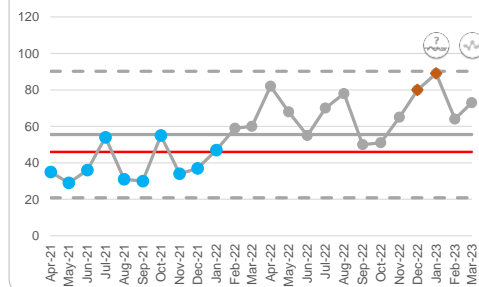
Summary

Physical restraints have increased by 32% between February and March 2023. This is being reviewed within the Reducing Restrictive Practice Group. The Trust Positive and Safe Support Team continue to offer extra training sessions to improve training availability for staff.

The increases in physical restraint 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 82% for teamwork and 82% for breakaway training. Furthermore, the PSST continue to spend time in clinical areas to support and train clinical staff, live during practice.

## No. of new episodes of patients held in seclusion
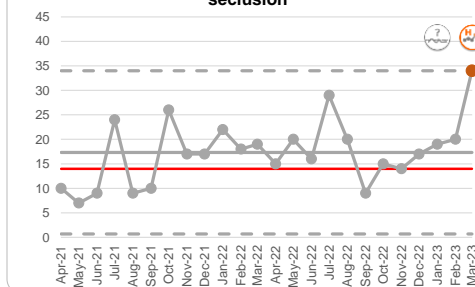
Summary

Seclusions between February and March 2023 have increased by 100%. This is in part due to increased reporting on the organic older adult wards and to a single individual who was secluded on numerous occasions while waiting for a more appropriate environment and accounts for 26% of the total incidents. This person has now been discharged to an environment that can meet their needs.

Actions

- Where there have been increased incidents of seclusion, reviews have been completed which have aligned peaks to specific patients that have either been secluded multiple times or held in seclusion for an extended period due to their risk. Furthermore, following a review by the positive and safe support team (PSST) it has been identified that there has been an increase in older adults with dementia recorded as seclusion and accurate reporting in older adult services continues to improve with the clinical lead now discussing seclusion as part of the induction for new staff. This will continue to be monitored through the monthly PSST DATIX meeting and the Reducing Restrictive Practise group.
- The Head of Nursing for Adult Acute and Assessment services is 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 Practise Group.

Number of falls on inpatient wards
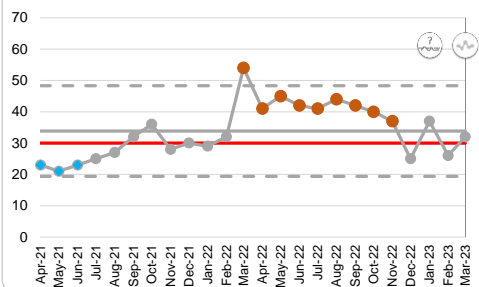
Summary

Between February and March 2023 falls have remained within common cause variation.

Actions

- This would suggest the bi-weekly falls review meeting, chaired by the Matron for Older Adult Services is having a positive impact and 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
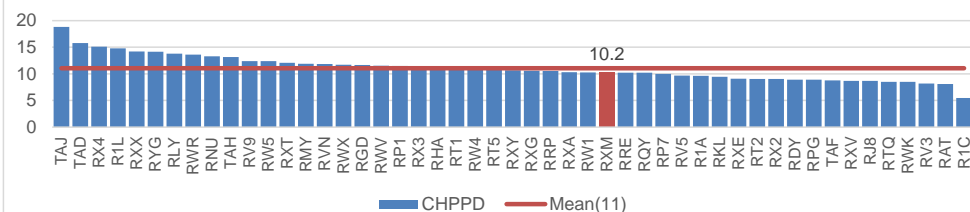
CHPPD – Registered Nurses and Midwives
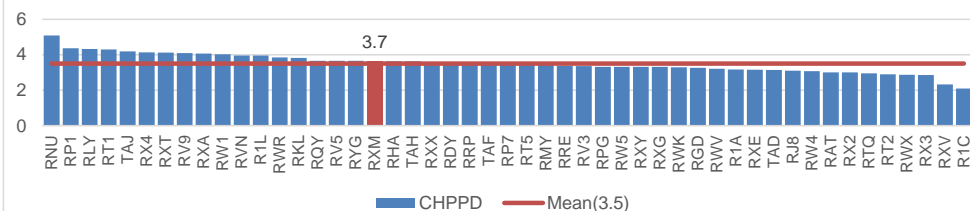
CHPPD – Healthcare Support Workers

https://www.england.nhs.uk/publication/care-hours-per-patient-day-chppd-data/
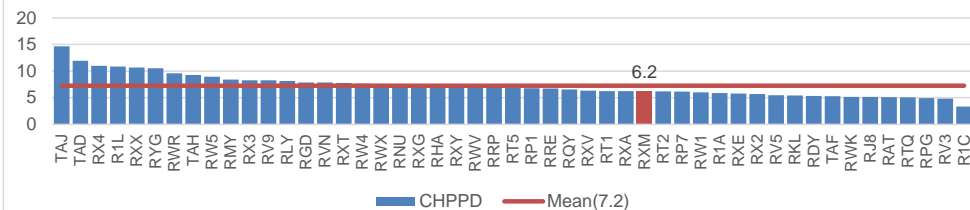
Appendix 1

Statistical Process Control Chart (SPC) Guidance

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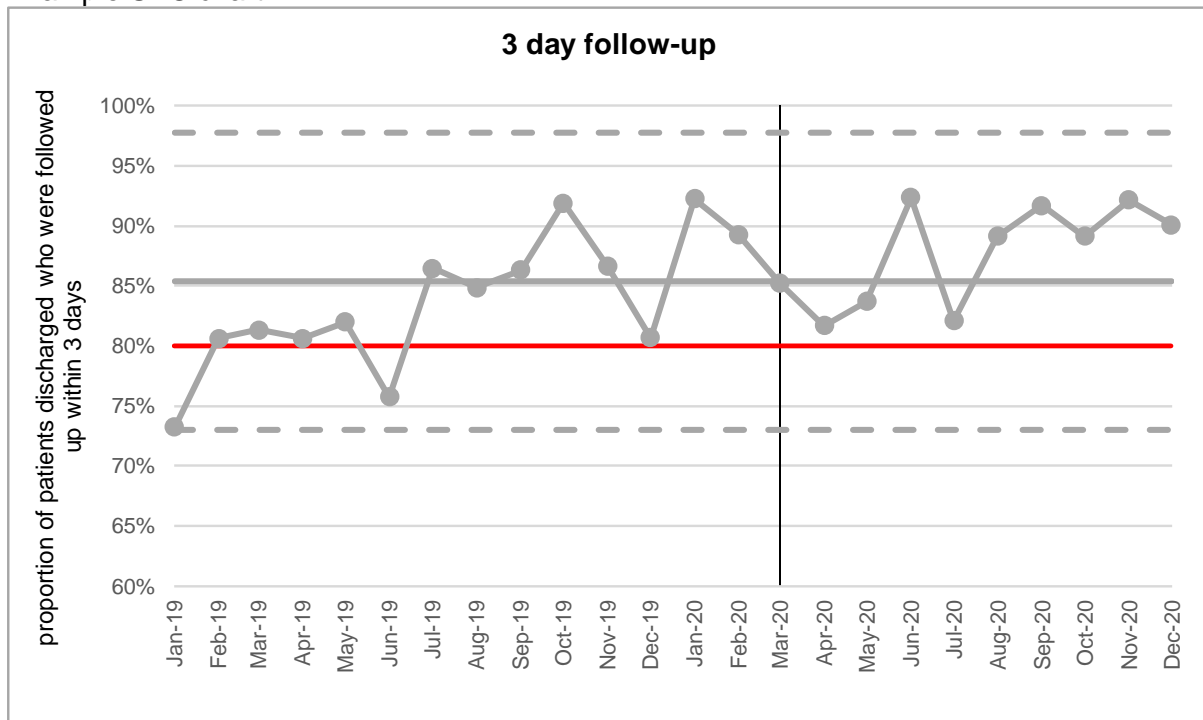
- The red line is the target.
- The grey dots are the actual performance each month. They are coloured grey as performance each month is normal in this example.
- The solid grey line is the average (mean) of all the grey dots.
- The grey dotted lines are called process limits, or control limits.

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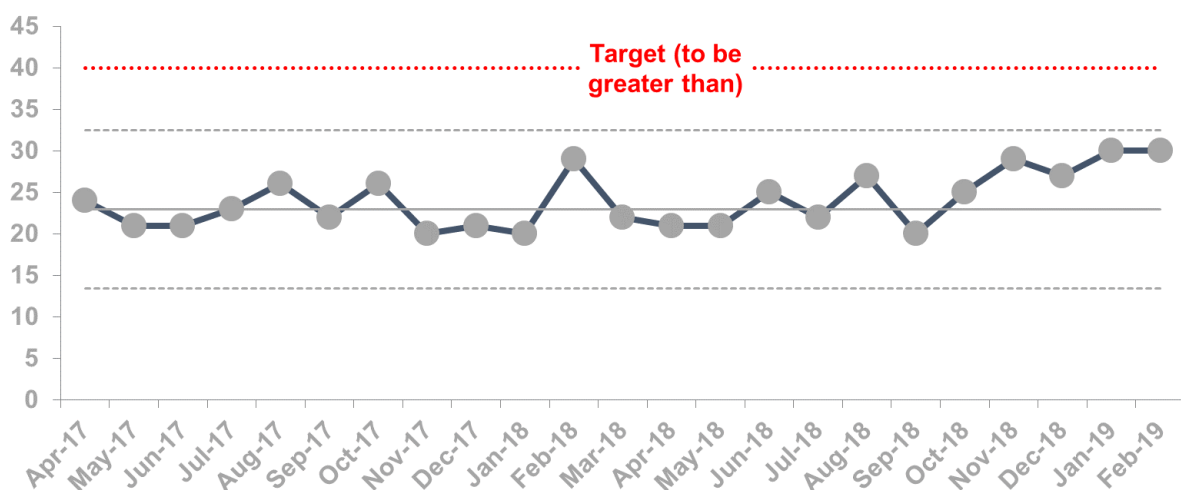
In this example the target is higher than the upper dotted grey line. This means that the target will never be achieved. To achieve the target, we need to change how we do things.

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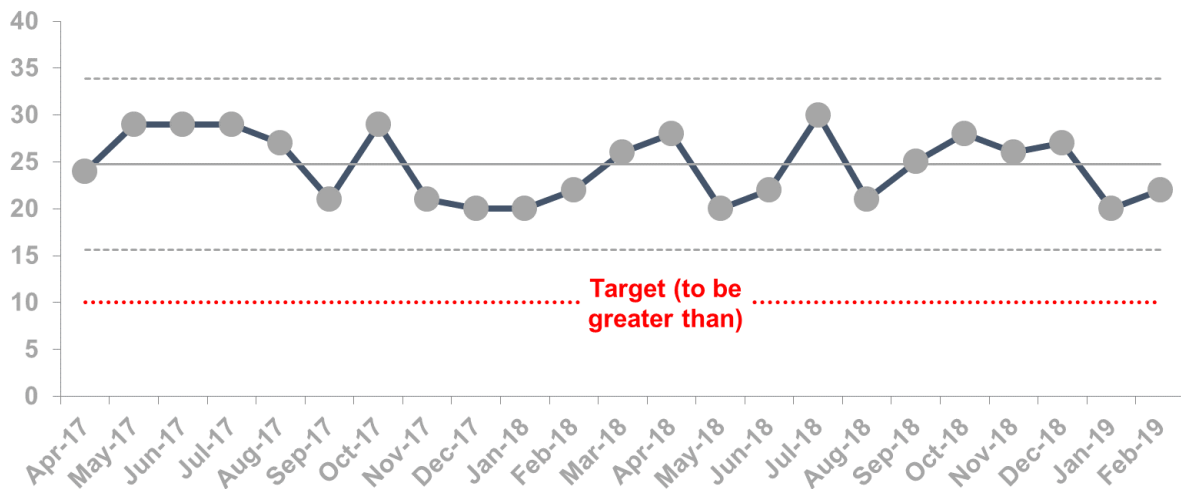
The lower grey dotted line is above the target line. This gives assurance that the target will consistently be achieved, and that the system is effective.

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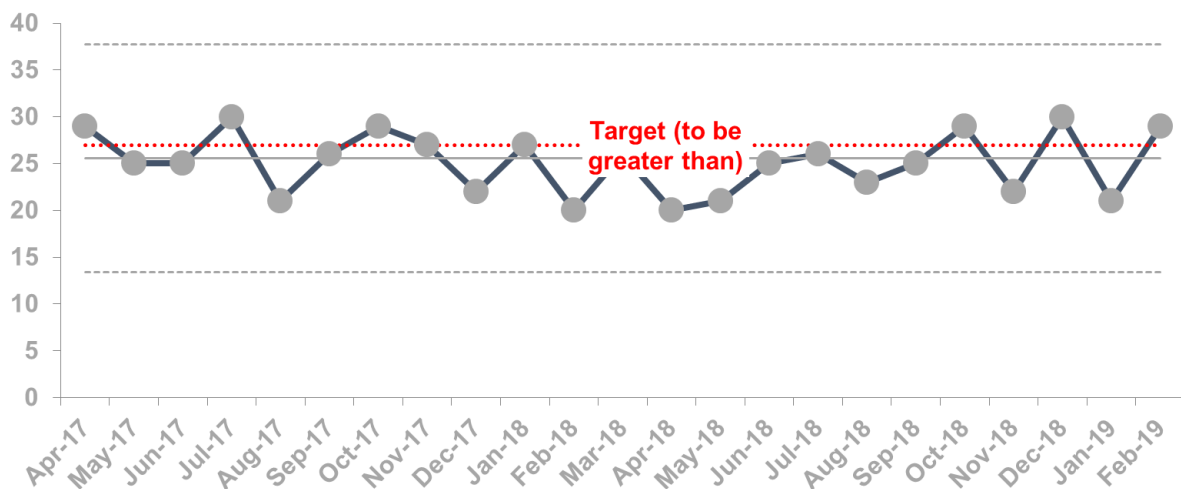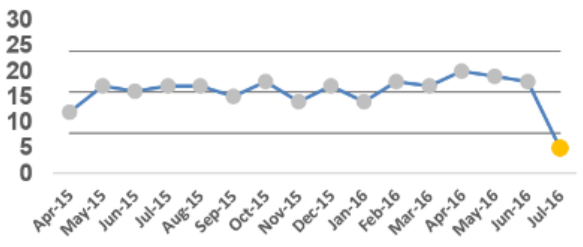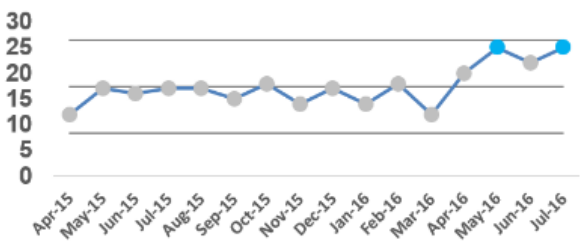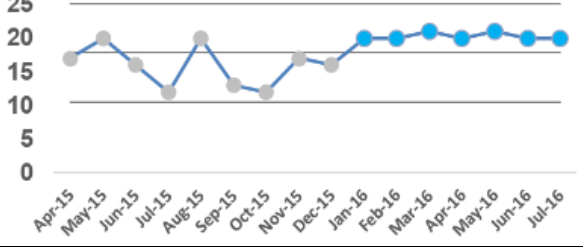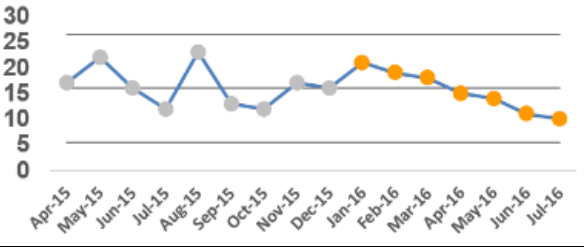
In this example the target line sits between the 2 grey dotted lines. As it is normal for the grey dots to fall anywhere between the 2 dotted grey lines, this means that it is entirely random as to whether or not the target will be achieved. So, this system is unreliable and needs to be redesigned if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

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

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

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 9 May 2023

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 7 March 2023. This report provides a summary of that meeting on 18 April including actions and recommendations made.

Executive Summary
Key matters discussed at the meeting had been: • Quality Account – Draft Governor Statement   • Draft governor and membership section of the Annual Report 2022/23   • Feedback from governors' engagement activities   • Attendance at meetings   • Draft Council of Governors agenda   • Declarations of interest report- annual update   • Training and development – priority areas for training .

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 18 April 2023.

Report presented by: **David Charnock – Co-Chair of the Committee**
  Appointed Governor, University of Nottingham

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

Report from the Governance Committee meeting – 18 April 2023

18 governors attended the meeting. This was the first meeting chaired by David Charnock under the co-chair arrangement with Marie Hickman.

QUALITY ACCOUNT – DRAFT GOVERNOR STATEMENT

The Lead Governor has been working with the Trust's lead for the Quality Report to draft a governor statement for inclusion in the document. This is included as an appendix to this report for approval.

DRAFT GOVERNOR AND MEMBERSHIP SECTION OF THE ANNUAL REPORT 2022/23

The draft governor and membership section for the Trust's Annual Report content 2022/23 was agreed.

FEEDBACK FROM GOVERNORS' ENGAGEMENT ACTIVITIES

The Committee reviewed the activity log relating to the membership engagement by Governors.   Quality Visits are now recorded in the log, in order share where governors had visited and what they had experienced. Governors requested timely feedback from the facilitator for Quality Visits.

CONSIDERATION OF HOLDING TO ACCOUNT QUESTIONS TO COUNCIL OF GOVERNORS

It was agreed that as there were no key issues that currently needed to be escalated, more time would be allocated to the new Chief Executive at the next Council of Governors meeting to set out his vision as well as allow sufficient time for 2 Non-Executive Directors to present their reports.

ATTENDANCE AT COUNCIL OF GOVERNORS MEETINGS (INCLUDING OTHER GOVERNOR MEETINGS)

The Lead Governor monitors attendance levels for the Council of Governors, providing support where needed. Governors are encouraged Governors to attend meetings and if they are not able to do so, apologies for absence should be sent.

DRAFT COUNCIL OF GOVERNORS AGENDA, 9 MAY 2023

The Committee agreed the draft agenda.

Selina pointed out that Mark Powell, CEO, will be including the Long-Term Plan and the

DECLARATIONS OF INTEREST REPORT- ANNUAL UPDATE

The Annual Review of the Declarations of Interests Register was presented for information. In line with paragraph 30.1.3 of the Trust's Constitution, relevant declaration of interests for governors are recorded. Where a nil return has been recorded, it signifies that the declaration of interests form has been returned with no interests declared.

TRAINING AND DEVELOPMENT – PRIORITY AREAS FOR TRAINING

As well as the induction, Governors are encouraged to book onto the GovernWell programme course, particularly the core skills module for new governors.

The Trust also has an internal training programme for governors. The Committee identified the following subject areas for further training in the coming year:

- Performance and finance
- Quality Visits.
- System working – particularly the impact on the role of the governor. It was noted that a session was being arranged in July 2023.
- Changes to the Mental Health Act

GOVERNANCE COMMITTEE WORK PLAN

The Committee work plan was presented to the meeting for information.

Appendix:

Draft Governors' Response to the 2022/23 Quality Account

At a time of unprecedented challenge in the NHS colleagues across the organisation have continued to deliver services and contribute to the Trusts COVID-19 recovery plan. During 2022/23 governors have been pleased to see the trust continue to develop services in line with the NHS Long Term Plan and keep people and improving performance at the centre of planning and service delivery.

This year's report is considerably longer and reflects the complexity and enormous amount of work being undertaken by the Trust. The report is balanced and provides detail on the work taking place across the trust. The content of the report triangulates with other documents that have been received by the Council of Governors or where governors have requested further information on performance and outcomes.

Issues that stood out for the governors during the year focussed heavily on waiting lists. This is probably the most frequently commented aspect of feedback that they receive. Governors were pleased that investment in Neurodevelopmental services included the autistic spectrum disorder assessment service and as such we hope to see an improving picture in wait time performance during the year ahead. Similarly, meeting the increased demand in Children and Young people's services is imperative. Governors were pleased to see the ongoing quality improvement work in this area, in particular the Perinatal services reaching out to Health Visitors to improve performance in access to Perinatal care.

Governors recognise the changing landscape of the NHS and the value of partnership working when planning and providing healthcare in Derby and Derbyshire. Governors were pleased to see that different sections of the report reflected collaborative working, including working with our community partners across organisational boundaries. Importantly, throughout the report it demonstrated the important work being undertaken to increase expert engagement and work focused on reducing health inequalities and improving access to high quality care for everyone.

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

NHS Term / Abbreviation	Terms in Full
	GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS
COO	Chief Operating Officer
CPA	Care Programme Approach
CPD	Continuing Professional Development
CPN	Community Psychiatric Nurse
CPR	Child Protection Register
CQC	Care Quality Commission
CQI	Clinical Quality Indicator
CQUIN	Commissioning for Quality and Innovation
CRG	Clinical Reference Group
CRH	Chesterfield Royal Hospital
CRHT	Crisis resolution and home treatment
CRS	(NHS) Care Records Service
CRS	Commissioner Requested Services
CSF	Commissioner Sustainability Fund
CTO	Community Treatment Order
CTR	Care and Treatment Review
D	
DAT	Drug Action Team
Datix	Trust's electronic incident reporting system of an event that causes a loss, injury or a near miss to a patient, staff or others
DBS	Disclosure and Barring Service
DBT	Dialectical Behavioural Therapy
DfE	Department for Education
DCHS	Derbyshire Community Health Services NHS Foundation Trust
DDCCG	Derby and Derbyshire Clinical Commissioning Group
DHCFT	Derbyshire Healthcare NHS Foundation Trust
DIT	Dynamic Interpersonal Therapy
DNA	Did Not Attend
DoH	Department of Health
DoLS	Deprivation of Liberty Safeguards
DSPT	Director of Strategy, Partnerships and Transformation
DOF	Director of Finance
DON	Director of Nursing
DPI	Director of People and Inclusion
DPS	Date Protection and Security
DNA	Did not attend
DPA	Data Protection Act
DRRT	Dementia Rapid Response Team
DTOC	Delayed Transfer of Care
DVA	Derbyshire Voluntary Action (formerly North Derbyshire Voluntary Action)
DWP	Department for Work and Pensions
E	
ECT	Enhanced Care Team

GLOSSARY OF NHS AND
DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS

NHS Term / Abbreviation	Terms in Full
ECW	Enhanced Care Ward
ED	Emergency Department
EDS2	Equality Delivery System 2
EHIC	European Health Insurance Card
EHR	Electronic Health Record
EI	Early Intervention
EIA	Equality Impact Assessment
EIP	Early Intervention In Psychosis
ELT	Executive Leadership Team
EMDR	Eye Movement Desensitising & Reprocessing Therapy
EMR	Electronic Medical Record
EPR	Electronic Patient Record
ERIC	Estates Return Information Collection
ESR	Electronic Staff Record
EUPD	Emotionally Unstable Personality Disorder
EWTD	European Working Time Directive
F	
FBC	Full Business Case
FFT	Friends and Family Test
FOI	Freedom of Information
FSR	Full Service Record
FT	Foundation Trust
FTE	Full-time Equivalent
FTN	Foundation Trust Network
FTSU	Freedom to Speak Up
FTSUG	Freedom to Speak Up Guardian
F&P	Finance and Performance
5YFV	Five Year Forward View
G	
GDPR	General Data Protection Regulation
GGI	Good Governance Institute
GIRFT	Getting it Right First Time
GMC	General Medical Council
GP	General Practitioner
GPFV	General Practice Forward View
H	
HCA	Healthcare Assistant
H1	First half of a fiscal year (April through September)
H2	Second half of a fiscal year (October through the following March)
HEE	Health Education England
HES	Hospital Episode Statistics
HoNOS	Health of the Nation Outcome Scores
HSCIC	Health and Social Care Information Centre

GLOSSARY OF NHS AND
DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS

NHS Term / Abbreviation	Terms in Full
HSE	Health and Safety Executive
HWB	Health and Wellbeing Board
I	
IAPT	Improving Access to Psychological Therapies
ICB	Integrated Care Board
ICM	Insertable Cardiac Monitor
ICS	Integrated Care System
ICT	Information and Communication Technology
ICU	Intensive Care Unit
IDVAs	Independent Domestic Violence Advisors
IG	Information Governance
ILS	Immediate Life Support (BLS – Basic Life Support)
IMT	Incident Management Team
IM&T	Information Management and Technology
OOA	Outside of Area
IPP	Imprisonment for Public Protection
IPR	Integrated Performance Report
IPT	Interpersonal Psychotherapy
J	
JNCC	Joint Negotiating Consultative Committee
JTAI	Joint Targeted Area Inspections
JUCB	Joined Up Care Board
JUCD	Joined Up Care Derbyshire
K	
KLOE	Key Lines of Enquiry (CQC)
KPI	Key Performance Indicator
KSF	Knowledge and Skills Framework
L	
LA	Local Authority
LCFS	Local Counter Fraud Specialist
LD	Learning Disabilities
LD/A	Learning Disability and Autism
LHP	Local Health Plan
LHWB	Local Health and Wellbeing Board
LOS	Length of Stay
LPS	Liberty Protection Safeguards
LTP	Long Term Plan
M	
MADE	Multi-agency Discharge Event
MARS	Mutually Agreed Resignation Scheme
MAU	Medical Assessment Unit
MAS	Memory Assessment Service
MAPPA	Multi-agency Public Protection Arrangements

GLOSSARY OF NHS AND
DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS

NHS Term / Abbreviation	Terms in Full
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
MSK	Musculoskeletal (conditions)
MSU	Medium secure unit
N	
NCRS	National Cancer Registration Service
NED	Non-Executive Director
NICE	National Institute for Health and Care Excellence
NHS	National Health Service
NHSE	National Health Service England
NHSI	National Health Service Improvement
NHSEI	NHS England and NHS Improvement
NIHR	National Institute for Health Research
O	
OBC	Outline Business Case
ODG	Operational Delivery Group
OPMO	Older People's Mental Health Services
OP	Outpatient
OSC	Overview and Scrutiny Committee
OT	Occupational therapy
P	
PAB	Programme Assurance Board
PAG	Programme Advisory Group
PALS	Patient Advice and Liaison Service
PAM	Payment Activity Matrix
PARC	Psychosis and the reduction of cannabis (and other drugs)

GLOSSARY OF NHS AND
DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS

NHS Term / Abbreviation	Terms in Full
PARIS	This is an electronic patient record system
PbR	Payment by Results
PCC	Police & Crime Commissioner
PCC	People and Culture Committee
PCN	Primary Care Networks
PDSA	Plan, Do, Study, Act
PHE	Public Health England
PICU	Psychiatric Intensive Care Unit
PID	Project Initiation Document
PiPoT	People in Positions of Trust
PLIC	Patient Level Information Costs
PMLD	Profound and Multiple Disability
PPE	Personal Protection Equipment
PPI	Patient and Public Involvement
PPT	Partnership and Pathway Team
PREM	Patient Reported Experience Measure
PROMS	Patient Reported Outcome Measure
PSF	Provider Sustainability Fund
PSIRF	Patient Safety Incident Review Framework
Q	
QAG	Quality Assurance Group
Q&SC	Quality and Safeguarding Committee
QIA	Quality Impact Assessment
QIPP	Quality, Innovation, Productivity Programme
R	
RAID	Rapid Assessment, Interface and Discharge
RCGP	Royal College of General Practitioners
RCI	Reference Cost Index
REGARDS	Race, Economic disadvantage, Gender, Age, Religion or belief, Disability and Sexual orientation
RTT	Referral to Treatment
S	
SAAF	Safeguarding Adults Assurance Framework
SBARD	Situation, Background, Assessment, Recommendation and Decision (SBARD) tool
SBS	Shared Business Services
SEND	Special Educational Needs and Disabilities
SFI	Standing Financial Instructions
SI	Serious Incidents
SID	Senior Independent Director
SIRI	Serious Incident Requiring Investigation
SLA	Service Level Agreement
SLR	Service Line Reporting
SMI	Severe Mental Illness

GLOSSARY OF NHS AND
DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS

NHS Term / Abbreviation	Terms in Full
SOC	Strategic Options Case
SOF	Single Operating Framework
SPOA	Single Point of Access
SPOE	Single Point of Entry
SPOR	Single Point of Referral
STEIS	Strategic Executive Information System
STF	Sustainability and Transformation Fund
STP	Sustainability and Transformation Partnership
SUI	Serious (Untoward) Incident
SystmOne	Electronic patient record system
T	
TARN	Trauma Audit and Research Network
TCP	Transforming Care Partnerships
TCS	Transforming Community Services
TDA	Trust Development Authority
TMT	Trust Management Team
TUPE	Transfer of Undertakings (Protection of Employment) Regulations 1981
TMAC	Trust Medical Advisory Committee
TOOL	Trust Operational Oversight Leadership (replaced IMT)
U	
UDBH	University Hospitals of Derby and Burton
UEC	Urgent and emergency care
V	
VARM)	Vulnerable Adult Risk Management
VO	Vertical Observatory
W	
WDES	Workforce Disability Equality Standard
WRES	Workforce Race Equality Standard
WTE	Whole Time Equivalent
Y	
YTD	Year to Date

(updated 14 June 2022)