Derbyshire Healthcare
NHS Foundation Trust

Derbyshire Healthcare NHS Foundation Trust
Council of Governors' Meeting

virtual meeting via MS Teams

4 May 2021 14:00 - 4 May 2021 16:45

INDEX

Derbyshire Healthcare NHS Foundation Trust

COUNCIL OF GOVERNORS' MEETING – TUESDAY 4 MAY 2021 FROM 2.00-4.45PM

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

AGENDA		LED BY	TIME
1.	Welcome, introductions and Chair's opening remarks Apologies and Declaration of Interests	Caroline Maley	2.00
2.	The Integration White Paper – governance	John MacDonald and Martin Whittle (JUCD)	2.05
3.	Submitted questions from members of the public	Caroline Maley	2.25
4.	Minutes of the previous meetings held on 2 March 2021 and 1 April 2021	Caroline Maley	2.30
5.	Matters arising and actions matrix	Caroline Maley	2.35
6.	Chief Executive Update (verbal)	Ifti Majid	2.40
HOLDING TO ACCOUNT			
7.	Verbal summary of Integrated Performance Report (full report provided for information)	Non-Executive Directors	3.10
8.	Non-Executive Director's Deep Dive Report	Margaret Gildea	3.30
COMFORT BREAK			3.45
9.	Escalation items to the Council of Governors from the Governance Committee (verbal)	Caroline Maley	3.55
ENGAGEMENT WITH THE COMMUNITY			
10.	Update on the forthcoming elections	Denise Baxendale	4.00
STATUTORY ROLE			
11.	Report from Governors Nominations & Remuneration Committee – meetings held on 18 March and 21 April 2021; and the Committee's year end report 2020/21	Caroline Maley /Margaret Gildea	4.10
12.	Council of Governors Annual Effectiveness Survey (to approve)	Denise Baxendale	4.25
OTHER MATTERS			
13.	Governance Committee Report – meeting held on 1 April 2021	Julie Lowe	4.30
14.	Any Other Business	Caroline Maley	4.35
15.	Review of meeting effectiveness and following the principles of the Code of Conduct	Caroline Maley	4.40
16.	Close of meeting	Caroline Maley	4.45
FOR INFORMATION			
17.	Minutes of the Public Board meetings held on 13 January 2021 and 2 March 2021		
18.	Chair's Reports as presented to Public Trust Board on 2 March 2021; and *4 May 2021		
19.	Chief Executive's Reports as presented to Public Trust Board on 2 March 2021; and *4 May 2021		
20.	Governor meeting timetable 2021/22		
21.	Glossary of NHS terms		
Next Meeting: Tuesday 7 September 2021, from 2.00pm. This will be a virtual meeting. **Note:** An extraordinary Council of Governors meeting is planned for Tuesday 6 July 2021, 2pm with a single-issue agenda to approve the appointment of the new Trust Chair. This will be followed by a private Joint Board/Council of Governors session.			

* Please note that these reports will be available to view on the Trust's website. Click on the 2021 drop down menu and select '4 May 2021 agenda and papers'.

Our vision

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

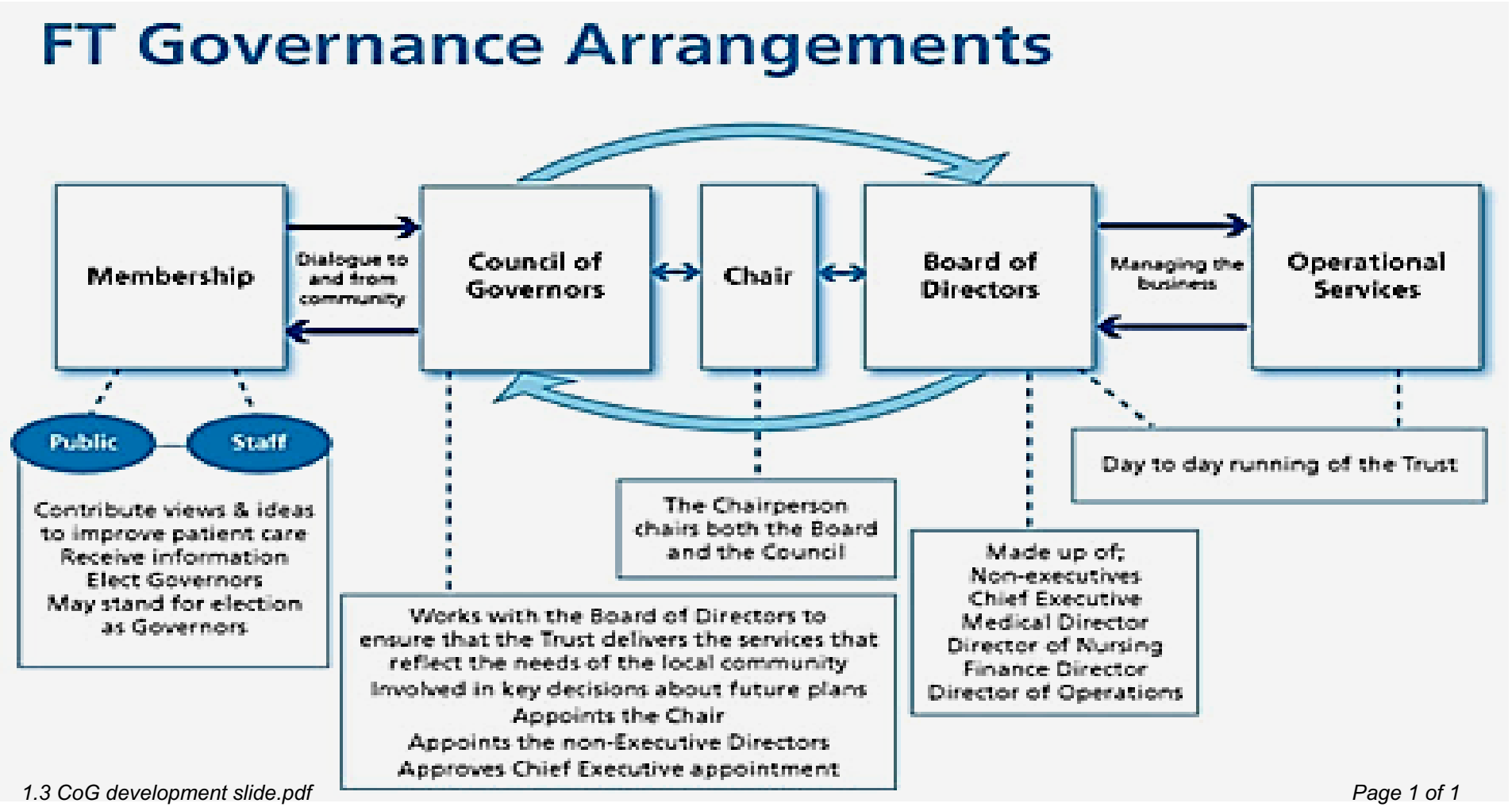
Our values

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

Our Trust values are:

People first – We focus on our colleagues, in the knowledge that a well-supported, engaged and empowered workforce results in good patient care.
Respect – We respect and value the diversity of our patients, colleagues and partners and support a respectful and inclusive environment.
Honesty – We are open and transparent in all we do.
Do your best – We work closely with our partners to achieve the best possible outcomes for people.

Getting the balance right



CHARIS consultants ltd

The implications for governors and 'holding to account'

- How are the Board complying with best practice – and obligations ?
- How are the Board reaching the right decisions ?
- How are the Board assuring themselves that the trust is delivering safe and effective care ?

❖ The performance of the Trust is the Board's concern;

❖ The performance of the Board is the Governors' concern !

CHARIS consultants ltd

how do we ask effective questions?

Good questions

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

CHARIS consultants ltd

how do we ask effective questions?

Good questions

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

Joined Up Care Derbyshire

Exploring Future Opportunities for Governors to Influence JUCD Integrated Care System (ICS)

Context

Joined Up Care Derbyshire

- **Purpose: For the citizens of Derby and Derbyshire to have the Best Start in Life, Live Well, Age Well and Die Well**

- **Outcomes: To improve Derby and Derbyshire citizens life expectancy and healthy life expectancy**

- **JUCD now officially designated as an ICS**

- **Government White paper recently published on the future of ICS's. Emphasis on:**

  Health & Social Care system and the importance of transformation

  Partnership working

  Reducing bureaucracy and duplication

  Strategic commissioning & Strategic provision

  The NHS's role in wider determinants of health

What This Means for JUCD….

Joined Up Care Derbyshire

- JUCD ICS will become a statutory body
- CCG statutory functions will transfer into the ICS
- Establishment of a ICS NHS Board and also a Health and Social Care Partnership
- Provider collaboration at Place and at Scale
- No national blueprint, significant local determination and iterative process
- The timescales are clear – we are now in transition
- Organisations now need to consider how they can streamline internal governance and reduce duplication

Opportunities for Governors

- Welcome the opportunity to how Governors can support the transition and beyond
- Governors are an untapped resource in the system
- Initial meeting with partner organisation Lead governors 27/1/21 and draft follow up discussion paper widely circulated
- Emergent thinking around opportunities:
    - Strong connectivity with Place
    - Walking in each others shoes
    - Supporting broader engagement
- Welcome your views……

Joined Up Care Derbyshire

Thank you

Future Role of Organisational Governors within

Joined Up Care Derbyshire (JUCD) Integrated Care System (ICS)

February 2021

Purpose

The purpose of this paper is to explore the potential opportunities for governors to engage more with the evolving Joined Up Care System (JUCD) Integrated Care System (ICS). The paper builds on the outputs of an initial discussion between John MacDonald JUCD ICS Independent Chair, Vikki Ashton Taylor JUCD ICS Lead Director and a number of lead governors that took place on 27 January 2021.

Background

The recent publication of the NHS England/Improvement engagement paper and the White paper: Health and Care Bill jointly outline the next steps to building strong and effective integrated care systems across England clearly signal a significant strategic shift for both commissioning and provider organisations.

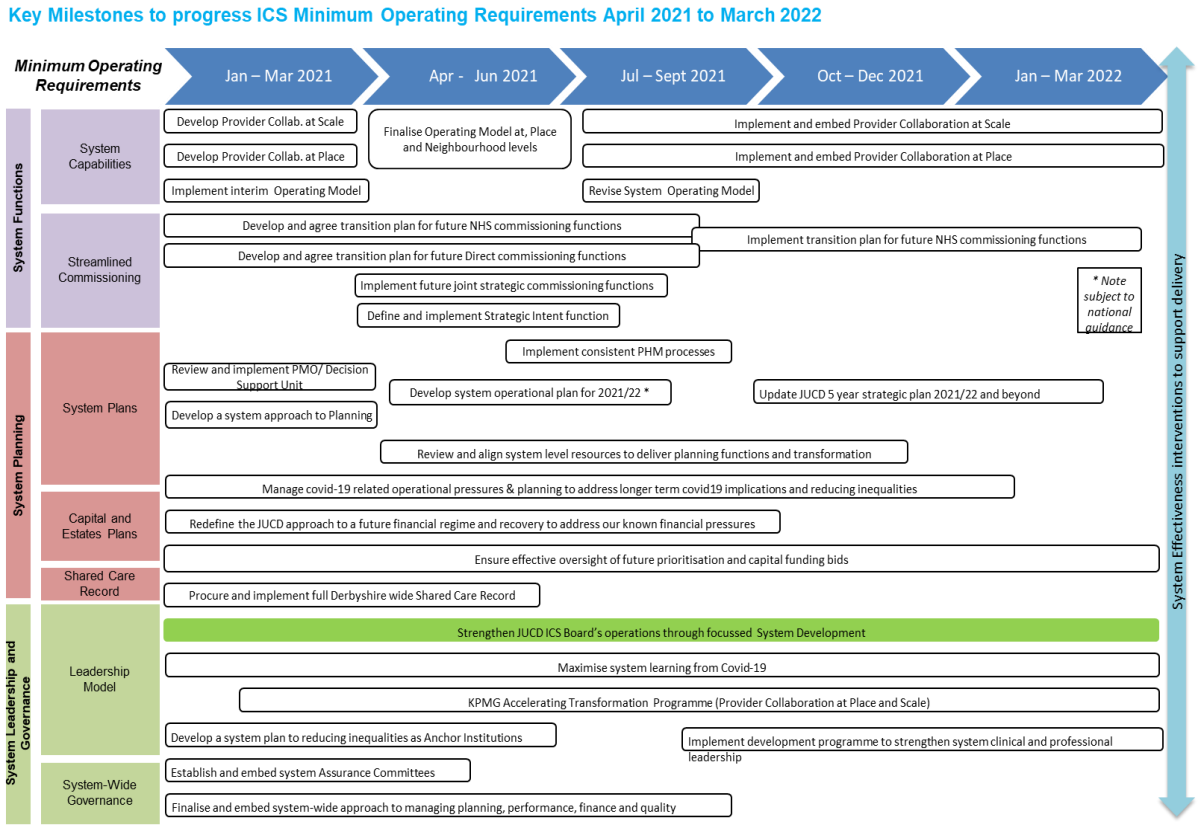
The national strategic direction sets out a number of 'givens' as follows:

- Integrated Care Systems (ICS)to be put on a statutory footing (likely to be from April 2022) with firmer governance and decision-making arrangements in 2021/22, to reflect their growing roles and responsibilities
- Clinical Commissioning Group (CCG)statutory functions will be undertaken by the NHS Integrated Care System statutory body with the Integrated Care System Board able to delegate some of its functions to individual providers or groups
- An Integrated Care System Partnership board be created formally between the Integrated Care System statutory body and Local Authorities
- All National Health Service (NHS) provider trusts will be expected to be part of a provider collaborative with joined up decision-making arrangements for defined functions and will be the principal engine of transformation
- Places operating a partnership with joined-up decision-making arrangements for defined functions and agreed joint decision-making arrangements with local government
- Individual organisation accountability within the system governance framework both in terms of the responsibility and accountability of the individual provider organisations for their current range of formal and statutory responsibilities (which are unchanged), **and** the accountability relationship between the provider organisation and all place-based partnerships and provider collaboratives of which it is a member
- A single, system-wide strategic commissioning approach which discharges core Integrated Care System (ICS) functions, including assessing population health needs, and planning and

modelling demographic, service use and workforce changes over time, planning and prioritising how to address those needs

Joined Up Care Derbyshire (JUCD) Integrated Care System (ICS) Development

Joined Up Care Derbyshire (JUCD) Integrated Care System (ICS) in response has agreed an interim operating model which is currently being implemented. It is anticipated that as the Derby and Derbyshire Places are confirmed the operating model (see appendix 1) will be adapted to enable Place to become the cornerstone of Joined Up Care Derbyshire (JUCD) Integrated Care System (ICS). In addition, Joined Up Care Derbyshire (JUCD) has agreed a system development plan with defined milestones as follows:



Current Role of Governors

All Foundation Trusts are required to have a Council of Governors. There are different types of Governors but they all have the same statutory role and responsibilities; the two main duties are holding the non-executives to account and representing the views of the members of the Trust as a whole and the interests of the public. Governors can be:

Public - A National Health Service (NHS) foundation trust will typically divide its public constituency into areas covering the geographical areas where the majority of the trust's patients and/or service users reside. Members of these areas will elect governors to represent their area and public governors have a primary responsibility to represent the interests of the members who elected them as well as other members of the public

Patient, Carer and Service User Governors - As people who are very close to the services provided by the National Health Service (NHS) foundation trust, patients, carers and service users may bring particular insight and knowledge to the council of governors about the trust's efficiency and effectiveness, and the patient experience.

Staff Governors - As employees of the trust, staff governors bring a unique understanding of the issues faced by a National Health Service (NHS) foundation trust, which they should seek to use in representing their members' interests

Appointed Governors - Legislation requires that the council of governors also appoints representatives of certain defined stakeholders to help tailor its governance to local circumstances. These appointed governors are representatives of organisations with whom NHS foundation trusts may wish to have a strong relationship, for example Local Authorities, Universities, charities

Source: Your statutory duties A reference guide for National Health Service (NHS) foundation trust governors (August 2013)

Future Opportunities for Governors in the Integrated Care System (ICS)

Joined Up Care Derbyshire (JUCD) Integrated Care System (ICS) welcomes the opportunity to explore how Governors can support the system during its transition and beyond. Governors are an untapped resource in the system with a combined wealth of local knowledge and representation of communities and staff. Opportunities identified at the meeting on the 27 January to engage and influence in the Integrated Care System (ICS) were as follows:

1. **Influencing Organisations Governors Are Aligned To**

Individual organisations now need to consider how they can streamline internal governance and reduce duplication in response to the revised Joined Up Care Derbyshire (JUCD) Integrated Care System (ICS) operating model and the emerging national direction of travel. There is an opportunity for Governors to hold their own organisations and particularly non-executive directors to account in ***thinking organisation and acting system***. It is recognised that the Integrated Care System (ICS) will need to proactively engage with Governors so they can better understand, and think, system.

2. **Strong connectivity with Place**

Place, encompassing the neighbourhoods within them, *must be* the bedrock of the Integrated Care System (*ICS)*, where most partners can come together to form multi-agency partnerships beyond health and care to improve population health outcomes. Evolving national and regional thinking is focused on larger place populations aligned to Local Authority boundaries. This would suggest the need for 2 to 3 Derbyshire Places, rather than the current 8 in Derbyshire.

The emerging functions of Place are building wider partnerships to tackle the wider determinants of health, designing and delivering integrated models of care, and tackling health inequalities. Governors can potentially make significant contributions to the understanding of local health needs as well as building a better inventory of the community assets which influence the wider determinants of health at a Place level. This approach has previously begun trialled to drive improvements in health in agricultural communities in the High Peak for example.

Given that governors represent the views of communities within specific geographical area (and is already part of the current Governor construct in the Public Governor role), as well as members of staff many of whom live within those communities, there is some logic to Governors engaging with and influencing the Places as they become more defined, perhaps by aligning to the Place Boards.

3. Walking in Each-Others Shoes

There are many occasions where Governors will participate in walk-abouts, reviews and come together to share ideas, good practice and knowledge within their respective organisations. There may be an opportunity to broaden this approach so that organisational Governors effectively 'walk in each-others shoes' by undertaking such walk-abouts and reviews in other partner organisations within the Integrated Care System (ICS). There may also be an opportunity for councils from different organisations coming together and share ideas, good practice and knowledge.

Further collaboration will be enabled by the better use of technology which is a key component of the recently published White Paper. Governors ability to 'think organisation and act system' will be similarly dependent on better information tools but the rapidly increased use of 'MS Teams' is one example of how the Governor role can now reach across multiple organisations and layers.

4. Further Developing Governor Roles Within Our Operating Model

There may be merit in further developing Governor roles within the current operating model to support the on-going assurance of the system. A good example of this already happening in practice is the System Engagement Group, which has extensive Governor involvement in helping to shape the future in terms of Governor/Citizen involvement in the Integrated Care System (ICS).

Promoting diversity and inclusion will be key to delivering population health and will continue to be an important element of governance that organisational Governors can influence both internally and across partner organisations. There may be other groups in the operating model that offer an opportunity for Governors to contribute to the development of partnership working.

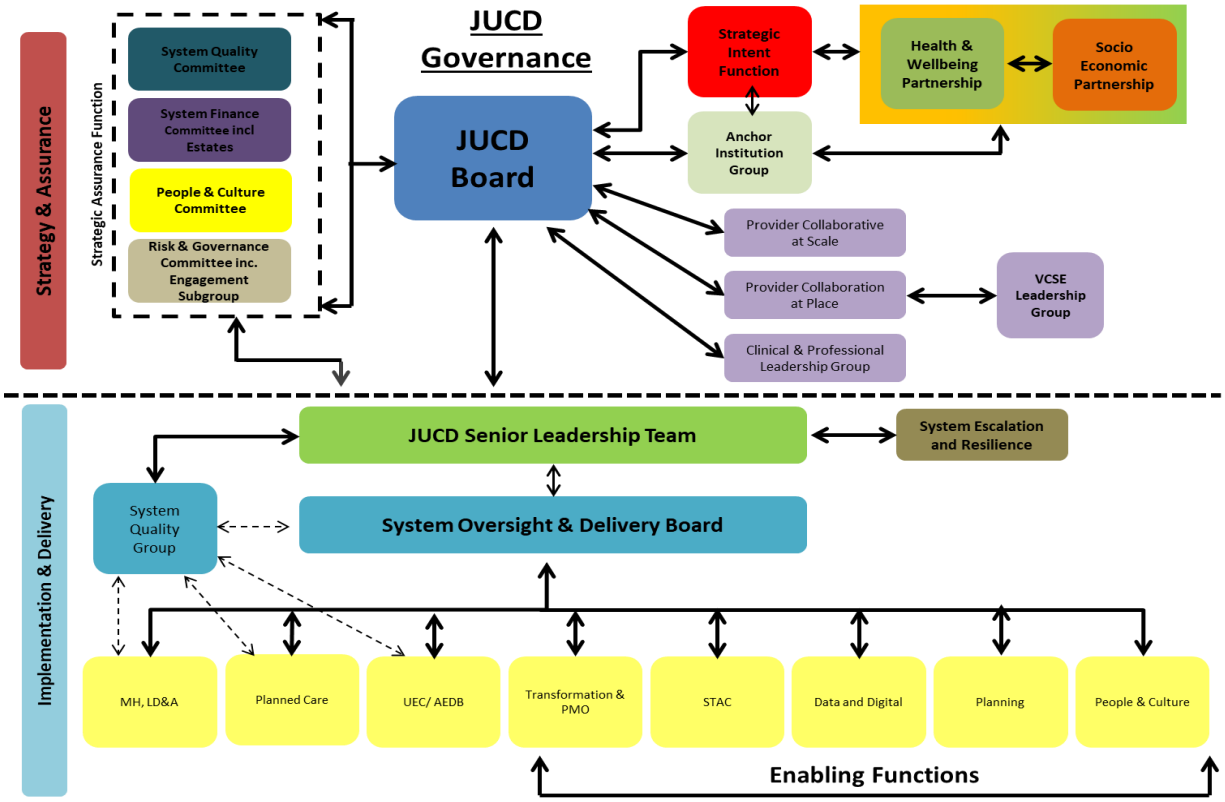
The above opportunities represent early thinking based on initial discussions, and there are likely to be other opportunities which partners are asked to consider and feed back in order to further develop our local approach.

As the full implications of the recently published White Paper are better understood, and the anticipated Integrated Care System (ICS) constitution is released in April 2021, further consideration will need to be given to any additional implications and opportunities for Governors in the Integrated Care System (ICS) space.

Recommendation

- Governors are asked to consider the future direction of travel for Joined Up Care Derbyshire (JUCD) Integrated Care System (ICS) and the opportunities outlined above.
- To feedback views and any other opportunities that might enable broader Governor engagement and influence within the Integrated Care System (ICS) system.
- To consider and feedback how developmentally Governors can be supported to work in the system space.
- To confirm if a Governor event, with broader attendance from across partner organisations would be beneficial.

Appendix 1 – Joined Up Care Derbyshire (JUCD) Integrated Care System (ICS) Governance Chart



Derbyshire Healthcare NHS Foundation Trust

MINUTES OF COUNCIL OF GOVERNORS MEETING HELD ON TUESDAY 2 MARCH 2021, FROM 14.00-16.35 HOURS MEETING HELD DIGITALLY VIA MICROSOFT TEAMS

PRESENT	Caroline Maley	Trust Chair and Chair of Council of Governors
	Valerie Broom	Public Governor, Amber Valley
	Susan Ryan	Public Governor, Amber Valley
	Rob Poole	Public Governor, Bolsover and North East Derbyshire
	Lynda Langley	Public Governor, Chesterfield and Lead Governor
	Julie Lowe	Public Governor, Derby City East
	Carole Riley	Public Governor, Derby City East
	Stuart Mourton	Public Governor, Derby City West
	Orla Smith	Public Governor, Derby City West
	Andrew Beaumont	Public Governor, Erewash
	Christopher Williams	Public Governor, Erewash
	Julie Boardman	Public Governor, High Peak and Derbyshire Dales
	Carol Sherriff	Public Governor, High Peak and Derbyshire Dales
	Kevin Richards	Public Governor, South Derbyshire
	Rosemary Farkas	Public Governor, Surrounding Areas
	Marie Hickman	Staff Governor, Admin and Allied Support Staff
	Kel Sims	Staff Governor, Admin and Allied Support Staff
	Jo Foster	Staff Governor, Nursing
	Al Munnien	Staff Governor, Nursing
	Rachel Bounds	Appointed Governor, Derbyshire Voluntary Association
	Jodie Cook	Appointed Governor, Derbyshire Mental Health Forum
	David Charnock	Appointed Governor, University of Nottingham
	Cllr Jim Perkins	Appointed Governor, Derbyshire County Council
	Cllr Roy Webb	Appointed Governor, Derby City Council
IN ATTENDANCE	Margaret Gildea	Non-Executive Director and Senior Independent Director
	Ashiedu Joel	Non-Executive Director
	Geoff Lewins	Non-Executive Director
	Sheila Newport	Non-Executive Director
	Julia Tabreham	Non-Executive Director
	Richard Wright	Non-Executive Director
	Ifti Majid	Chief Executive
	Justine Fitzjohn	Trust Secretary
	Gareth Harry	Director of Business Improvement and Transformation
(For Item 005 only)	Mark Powell	Chief Operating Officer
(For Item 007 only)	Fiona White	Area Service Manager, Assessment Services
(For Item 007 only)	Sean Wimhurst	P3 Charity
(For Item 007 only)	Laura Bryan	Ps Charity
(For Item 007 only)	Mary Ishaq	Service Manager, Hartington Wing
	Denise Baxendale	Membership and Involvement Manager
APOLOGIES	Farina Tahira	Staff Governor, Medical

ITEM	ITEM
DHCFT/GOV /2021/001	**WELCOME, INTRODUCTIONS, CHAIR'S OPENING REMARKS, APOLOGIES FOR ABSENCE & DECLARATION OF INTERESTS** Caroline Maley welcomed all to the meeting. She reminded everyone that the meeting was being streamed for public viewing. The apologies were noted; and no interests were declared.

	Caroline reminded governors that her term of office ends on 13 September 2021 and confirmed she has taken the decision not to extend her term of office. She explained that this had not been an easy decision to make.
DHCFT/GOV /2021/002	**SUBMITTED QUESTIONS FROM MEMBERS OF THE PUBLIC** No questions from members of the public had been received.
DHCFT/GOV /2021/003	**MINUTES OF THE COUNCIL OF GOVERNORS' MEETING ON THE 3 NOVEMBER 2020** The minutes of the meeting held on 3 November 2020 were accepted as a correct record with the following amendment: • Page 6, fourth bullet point – the word 'not' to be inserted after will.
DHCFT/GOV /2021/004	**MATTERS ARISING AND ACTIONS MATRIX** All completed 'green' actions were scrutinised to ensure that they were fully completed. The Council of Governors agreed to close completed actions. There were no matters arising. **RESOLVED: The Council of Governors noted the completed actions and comments on the Action Matrix.**
DHCFT/GOV /2021/005	**CHIEF EXECUTIVE UPDATE** Ifti Majid provided the meeting with an update on the current situation regarding the COVID-19 pandemic which included: • The third wave levels are decreasing • National measures to take England out of lockdown begin on 8 March; but the pandemic continues to be a risk • The number of people dying from COVID-19 has significantly decreased • The vaccination programme is going well. Over 20 million people have received the first dose and over 70,000 have received the second dose • The R number in the West Midlands ranges between 0.6 and 0.9 – the vaccination programme should help to reduce these figures • Incident rates are decreasing across England with 176 per 100,000 people in Derbyshire. But there are variations across Derby City • 13 patients have COVID-19 on the wards; Audrey House has been stood up to house these patients. Staff are continuing to be vigilant and complying with measures to reduce the impact of COVID-19 (i.e. following the robust infection, prevention and control procedures) • Staff absence due to COVID-19 has reduced to 2% • 80% of colleagues have now received the vaccination and the Trust's own vaccination hub for colleagues and patients is now up and running. The vaccination hub has received very positive feedback • Frontline colleagues continue to carry out lateral flow tests twice a week. These are followed up with a PCR test if colleagues test positive. *Mark Powell joined the meeting.* Caroline Maley reminded governors that Mark Powell, Chief Operating Officer was leaving the Trust at the beginning of April to take up his new role as Deputy Chief Executive at Leicestershire Partnership NHS Trust. Caroline Maley explained that, at Trust Board this morning, as requested by Lynda Langley, Lead Governor, she had read a letter of thanks to Mark from the governors in which they acknowledged his dedication and commitment to the Trust; and wished him well in his future endeavours. Mark attended the meeting to express his appreciation to governors for their kind words.

	Mark Powell left the meeting. **RESOLVED: The Council of Governors noted the helpful information and explanations provided by Ifti Majid.**
DHCFT/GOV /2021/006	**<u>NON-EXECUTIVE DIRECTORS (NED) DEEP DIVE</u>** Julia Tabreham, Chair of the People and Culture Committee (PCC) and Non-Executive (NED) Lead for Freedom to Speak Up (FTSU) presented her Deep Dive to governors. It included a summary of her activities over the past year. She referred to the following: • Pressure on staff has been exceptional due to the demands of COVID-19 • A new dashboard has been developed to enable the PCC to focus on matters of key strategic importance to staff and service users. A section for the Freedom to Speak Up (FTSU) has been created which contains valuable information about staff concerns and triangulates this with other sources of feedback from staff, for example Staff Survey results • The roll out of staff health risk assessments during the pandemic; staff mental health, staff COVID-19 vaccinations and staff exhaustion • Implementation of the new cultural intelligence leadership programme. *(Christopher Williams left the meeting.)* Valerie Broom referred to the discussion at Trust Board this morning regarding the gender pay gap. She asked what actions the Committee will be taking to address this. Julia explained the data shows a pay gap and she is aware of clinical inequality. The Committee will share the data with the Equality Committee; NEDs and the Board will need to gain an understanding of how to narrow the gap. Regarding the pay difference Andrew Beaumont asked for clarification on the merit system and why it affects pay between men and women. Ifti Majid explained that the merit system is a way of awarding bonuses to doctors beyond their contract. Ifti also explained that it does not have an impact on pay differentials. Ashiedu Joel, NED inclusion lead presented her Deep Dive to governors. Ashiedu gave an overview of her role within the Trust; and referred to the following: • The PCC has gained assurance on a range of issues e.g. Workforce Race Equality Standard (WRES); Workforce Disability Equality Standard (WDES) • The new cultural intelligence programme will help to challenge limiting behaviours. Accepting difference is a powerful tool for change • The strength and benefit of having a FTSUG e.g. assurance that conversations with colleagues have highlighted impactful issues of lived and perceived experiences • Looking forward to participating in virtual walk abouts which will be facilitated by Gareth Harry, Director of Director of Business Improvement and Transformation and Carolyn Green, Director of Patient and Nursing Experience. **RESOLVED: The Council of Governors received the Deep Dive Reports from Julia Tabreham and Ashiedu Joel.** *(Due to other commitments, Stuart Mourton left the meeting.)*
DHCFT/GOV /2021/007	**<u>UPDATE ON THE TRUST'S 24/7 MENTAL HEALTH SUPPORT LINE</u>** Fiona White, Area Service Manager, Assessment Services, delivered a presentation on the Trust's 24/7 mental health support line. She was supported by her colleagues Mary Ishaq, Service Manager, Hartington Wing; Sean Wimhurst and Laura Bryan from the P3 charity who co-produced the service. The following was outlined:

	• The helpline was established on 6 April 2020 in response to the COVID-19 pandemic, as requested by NHS England (NHSE) for all people to access the NHS mental health pathway/further help if required • The Trust worked in collaboration with the P3 charity to establish the helpline. P3 are now front lining the service, taking initial calls, signposting and escalating calls for clinical review • Additional staff were re-deployed from other services within the Trust • The helpline is temporarily based within the Hartington Unit in Chesterfield and will be moving to its permanent base within Ripley Town Hall in the spring • The helpline service model is being developed as a collaborative partnership with other agencies e.g. voluntary sector, other health providers, police, East Midlands Ambulance Service, acute hospitals, 111 and social care and health to ensure sustainability of the service provided to people in Derbyshire. • The average number of calls received is 2,000 per month • Working closely with 111 to avoid people being referred to A&E • The helpline has been widely promoted across Derbyshire • A safe haven was developed in November 2020 by the voluntary sector for mental health patients in crisis in Derby city; discussion is underway for a similar provision in North Derbyshire and across the county • Data collection has been set by NHS Improvement (NHSI) and NHSE colleagues • The service is being constantly reviewed to ensure that it is meeting the needs of the people of Derbyshire. Following the presentation, Geoff Lewins, Non-Executive Direct (NED) explained that NEDs who sit on the Finance and Performance Committee have sought assurance on the continuous improvement of the helpline. He reiterated that it had been established very quickly; and an extensive review of the service took place in November 2020 to ensure that a good service was being provided to the people of Derbyshire. Julia Tabreham, NED, also explained that NEDs were keen to explore if the service is providing a positive experience for service users. She also confirmed that NEDs are seeking assurance that the Trust is making good use of resources and that appropriate management is in place. Margaret Gildea, NED and Chair of the Quality Committee (QC) has sought assurance that the Trust is offering great care through the helpline and the QC noted the on-going development with the service. Updates on the service will be provided on a six-monthly basis to ensure that it continues to work effectively and provide great care. Geoff Lewins explained that the two committees are not duplicating work but are ensuring that the helpline is covering the Trust's objectives: GREAT care; GREAT place to work; and BEST use of money. Caroline Maley referred to the issue of confidentiality. Governors had received feedback that service users could overhear other people talking. Fiona explained that the current base in the Hartington Unit is not in a patient area; but is adjacent to a staff room which can create background noise. She also explained that colleagues are conscious that others are talking and wear noise cancelling headphones to try to eliminate the background noise. The permanent base in Ripley Town Hall is a new office and is within a quieter environment. Caroline also referred to the governors' question about appropriate training for colleagues who work on the helpline. Fiona explained that staff from the original mental health triage team operated the helpline initially. Laura Bryan explained that all staff receive extensive training which is provided by P3 and the Trust. Staff undergo a shadowing process before they are able take live calls. Sean Wimhurst explained that training includes suicide awareness; and the different pathways people can access. He also explained that staff have backgrounds in support, psychology, experience accessing services etc.

	Valerie Broom commented that the helpline is providing an excellent service. She referred to overnight calls and asked if calls are not answered due to staffing levels. Fiona explained that there is currently one night worker but this is being reviewed and a P3 colleague will be joining in due course. She also explained calls are monitored over a 24-hour period and the busiest period is between 4-11pm. It is envisaged that with the installation of a new telephone system in the new base, all calls will be recorded for patient experience. Valerie also sought clarification on the collaboration and asked if the service is contracted to the Trust. Ifti Majid confirmed that the contract is with the Trust and in the longer term the service model will be reviewed. He emphasised the importance of collaborations and consortiums who can deliver specialist services; he is highly supportive of the collaboration with P3. Sean explained that P3 have a large presence within the Derbyshire, providing support and care across the county. They are experienced at working with people with mental health issues within the community. Lynda Langley thanked Fiona, Sean, Laura and Mary for the update on the service; and will feedback on the background noise to the person who first raised it. It was noted that Lynda and other governors received positive feedback on the service. Kevin Richards asked if postcodes are collected in the data as this can identify areas of deprivation. Fiona explained postcodes along with other demographic information is collected, as requested by NHS England and NHS Improvement (NHSE/I); and the most recent reports show pockets of areas. Caroline Maley, on behalf of the Trust Board, expressed her appreciation to Fiona, Sean, Laura and Mary for the update and responding to questions. **RESOLVED: The Council of Governors:** **1) Noted the contents of the report which included a presentation.**
DHCFT/GOV /2021/008	**<u>ESCALATION ITEMS TO THE COUNCIL OF GOVERNORS FROM THE GOVERNANCE COMMITTEE</u>** Four items of escalation were received from the Governance Committee meetings held on 10 December 2020 and 9 February 2021: Question one: Governors, in carrying out their engagement work, are continuing to hear issues about the transition from Child and Adolescent Mental Health Service (CAMHS) to adult services. How are NEDs assured that changes are being made to help service users through the transition to adult services? Can NEDS confirm whether this is also being addressed through the JUCD Mental Health System Delivery Board? Has the promised review of the age to 24 under the Long Term Plan for transition been implemented? Question two: How are the Non-Executive Directors assured that services provided to children and young people are meeting current needs of children and young people (particularly in the 16 – 18 year group) where there is an increase in self-harm and mental health issues reported by schools? Question three: How are the Non-Executive Directors assured that the Joined Up Care Derbyshire Integrated Care System and the Trust is planning for and able to meet the current and future increasing demand for mental health services, at both System and Trust level?

	(Kevin Richards left the meeting due to other commitments.) Question four: How are the Non-Executive Directors assured that SystmOne and shared care records programmes are being successfully delivered and what improvements in the care of services users will be expected to be seen? The responses to the questions are attached as Appendix I to these minutes, were read out at the meeting and governors were satisfied with the responses. Julie Lowe referred to question one and asked if the transition from CAMHS to adult services had been extended to the age to 24? Ifti Majid explained that the increase has not been implemented, and that a lot of discussion has taken place to extend the threshold to age 24. He also explained that this has been superseded by a national directive in the Long Term Plan to implement a personalised transition to meet the individual's need. Following on from this, Roy Webb raised concern that children are going into adults services without having received a full assessment; and asked what the Trust is doing to ensure that this doesn't happen. Ifti explained that the Trust has a rigorous Waiting Well Policy which applies to children and adults. Regular checks are carried out to ascertain if people need to move up the list if they are deteriorating. Roy requested further information on this as he is responsible for Adult Services in Derby city. It was agreed that Roy and Ifti would meet outside the meeting.
DHCFT/GOV /2021/009	**<u>VERBAL SUMMARY OF INTEGRATED PERFORMANCE REPORT</u>** The Integrated Performance Report (IPR) was presented to the Council of Governors by Dr Sheila Newport, Non-Executive Director (NED). The focus of the report was on workforce, finance, operational delivery and quality performance. Sheila referred to the following: • Most services have been running to target, mainly due to the dedication of staff • The Trust is aware of the challenges it faces when schools re-open, there is an expectation that children services will be in demand. It is really important that the Trust is able to respond to the future demand • The health and wellbeing support available to staff will help enable staff to maintain levels of performance despite the difficulties around the pandemic; and to be able to restore services • Autism and Child and Adolescent Mental Health Services (CAMHS) wait times continue to be significantly longer than normal. • Physical healthcare checks have increased • Recruitment has increased. Sheila confirmed that NEDs had asked for assurance around a number of issues including improvement of physical healthcare; autism wait times; and care plan reviews. She confirmed that understanding the issue around autism has been taken to the Mental Health. LD and Autism Delivery Board to consider how this can be taken forward. **RESOLVED: The Council of Governors** **1) Noted the information provided in the IPR** **2) Agreed that the NEDs have held the Executive Directors to account.**
DHCFT/GOV /2021/010	**<u>UPDATE ON THE FORTHCOMING ELECTIONS</u>** Denise Baxendale explained that at the last Governance Committee meeting, governors were made aware of NHSI's recently updated reducing the burden letter to release capacity in the NHS to deal with the pandemic which included the opportunity for Trust's to pause governor elections if necessary.

	Denise confirmed that following on from the original reducing the burden letter received in March 2020, governors had agreed to defer the autumn 2020 elections to spring 2021. She explained that there are three vacancies from 2020 to carry forward to the next set of elections as follows: • Bolsover and North East Derbyshire – one public governor vacancy • Chesterfield – one public governor vacancy • Allied Profession – one staff governor vacancy On 1 June this year the following seats will become vacant due to governors' terms of office ending: • Bolsover and North East Derbyshire – one public governor vacancy • High Peak and Derbyshire Dales – one public governor vacancy • Admin and Allied Support – one staff governor vacancy • Nursing – two staff governor vacancies Denise confirmed that if the elections are to be held there will be four public governor vacancies and four staff governor vacancies. She also explained that if the Council agree to defer the elections for a further year until 2022 there will be 12 public governor seats and five staff governor seats to fill. She also confirmed that if the Council defer the elections, the five governors whose terms of office end in June could be co-opted for a year; however co-opted governors do not have voting rights. Denise explained that other trusts in Derbyshire are continuing to organise elections despite the guidance. Denise proposed that the elections take place this year. Governors must be mindful that due to the COVID-19 pandemic promotion of the elections would need to be reduced due to the current capacity of colleagues to support the promotion; and the inability to display posters due to infection prevention and control. However, the elections would be promoted as widely as possible through social media. If the elections take place this year, the timescale would be as follows: • Nominations open – 31 March and close 19 April. • Notice of poll published 7 May and voting packs despatched 10 May. • Close of elections – 28 May and results declared 31 May new terms of office begin 2 June. The elections will be a mix of postal and online voting; only members without an email address will receive the information by post. The Trust Chair thanked Denise for the information and supported her proposal to hold the elections this year. **RESOLVED: The Council of Governors** **1) Noted the information provided on the forthcoming elections** **2) Agreed to hold the elections this year.** **ACTION:** • **Denise Baxendale will arrange the forthcoming elections** • **Governors are encouraged to promote elections within their communities.**
DHCFT/GOV /2021/011	**GOVERNANCE COMMITTEE REPORTS – 10 DECEMBER 2020 AND 9 FEBRUARY 2021** The Council of Governors received the report from the Governance Committee meetings which took place on 10 December 2020 and 2 February 2021. Julie Lowe, Chair of the Committee referred to the following: • The Chief Executive has approved the plans for the Annual Members' Meeting and agreed that this will be a virtual event

	• The Governor Code of Conduct had been reviewed and amends had been accepted by governors. All governors are required to sign the revised code • The Governors Annual Effectiveness Survey will be carried out in September 2021 • Susan Ryan has stood in the elections of NHS Providers Governors Advisory Committee. The Governance Committee delegated the task of voting to the Lead Governors and Deputy Lead Governors; elections close on 26 March • The Engagement Task and Finish Group met to review the 2018-2021 Membership Strategy, recommending that it is fit for purpose until 2024. Governors will focus on recruitment men, younger people, BME groups; and carers group for the forthcoming year • Governors recommended that the members in the Out of Trust Area are removed from the membership database as they are unable to vote or stand in public governor elections • Julie Lowe had been elected as Chair of the Governance Committee and expressed her appreciation to Kel Sims for Chairing the meeting over the last two year. Susan Ryan has expressed an interest in the Deputy Chair role in the spring after her COVID-19 vaccination work. **RESOLVED: The Council of Governors** **1) Noted the information provided in the Governance Committee Report** **2) Approved the revised Governors Code of Conduct** **3) Approved the revised Membership Strategy 2021-2024.** **ACTION: Governors must return the signed Code of Conduct to Denise Baxendale as soon as possible.**
DHCFT/GOV /2021/012	**ANY OTHER BUSINESS** **Replacement of Trust Chair** Justine Fitzjohn explained that it is the role of the Council of Governors to appoint a replacement Trust Chair. An extraordinary Council of Governors meeting will be convened in July 2021 to approve the appointment. Lynda Langley thanked Caroline Maley for informing governors of her decision and noted that the Council of Governors will have a difficult job to replace Caroline.
DHCFT/GOV /2021/013	**REVIEW OF THE MEETING EFFECTIVENESS AND FOLLOWING THE PRINCIPLES OF THE CODE OF CONDUCT** The Council of Governors agreed that the meeting: - The meeting was efficiently chaired - The meeting covered all agenda items with enough time for discussion. - The presentation on the 24/7 mental health support line was excellent and informative - Governors were assured that the NEDs are holding the Board to account.
DHCFT/GOV /2021/014	**CLOSE OF MEETING** Caroline Maley thanked all for their attendance and input. The next Council of Governors meeting will be on **Tuesday 4 May 2021, from 2.00pm.** This will be a virtual meeting. The meeting closed at 16:35 hours.

Appendix 1

Escalation items to the Council of Governors from the Governance Committee

Question One:

Governors, in carrying out their engagement work, are continuing to hear issues about the transition from CAMHS to adult services. How are NEDs assured that changes are being made to help service users through the transition to adult services? Can NEDS confirm whether this is also being addressed through the JUCD Mental Health System Delivery Board? Has the promised review of the age to 24 under the Long Term Plan for transition been implemented?

Response

The Long Term Plan for Mental Health included the commitment that the transition from children and young people (CYP) services to adult services would be more flexible and reflect the personal circumstances of individual young people. For example, this could be at the point someone goes to University or someone entering employment or setting up in their first home. The important thing is that it is a personalised decision and not based purely on a person's date of birth.

As part of the Community Mental Health Framework transformation and workforce plan, we have included specific posts into the new community teams to support liaison and planning between CYP services and adult community services. These liaison workers will be based in CYP teams, but also be members of the Adult Multi-disciplinary teams.

At the same time, conversations with regional and national NHSEI colleagues lead us to expect a major focus of the additional £500m of investment into mental health services announced in the Autumn to be prioritised on childrens MH services, including additional investments into core CAMHS services. This additional capacity will enable improved access to services, particularly in the context of a post-pandemic response, but also allow greater capacity to support a more lengthy and personalised transition into adult services. We are expecting a formal announcement around this additional funding and the expectations around it in mid to late March.

Question two:

How are the Non-Executive Directors assured that services provided to children and young people are meeting current needs of children and young people (particularly in the 16 – 18 year group) where there is an increase in self-harm and mental health issues reported by schools?

Response

For CAMHS we have a waiting well process in place and regularly communicate with those on the waiting list. For those on a caseload who may have to wait longer between appointments or for allocation, we have a RAG (red, amber, green) rated system in place aligned to the caseload to identify risk and response accordingly.

Monday to Friday we have a duty line overseen by CAMHS staff for queries and to be able to action any urgent concerns if needed. CAMHS RISE (liaison team) and Eating Disorders are both prioritised as critical services and access to both teams has been maintained throughout the pandemic response. It is important to note that we have seen a rise in referrals in some service areas, and currently there is no further capacity we can draw on.

We are now beginning to focus planning on recovery of services and what that means for waiting lists – this was a service under pressure pre-pandemic.

We are aware that other services who are part of the Childrens Emotional Wellbeing offer in Derbyshire are experiencing pressure and are reporting they are also at capacity. These are school based mental health services and a lower intensity offer too which is not provided by DHCFT, as we only provide specialist CAMHS.

Recent discussions and planning on our Crisis service offer are going well with the aim of mobilising in the coming financial year in line with the long term plan and investment.

Specifically, for our school health service we have maintained a school health presence (virtual) in Derby City during the pandemic response, albeit reduced. This has allowed staff to support schools and individuals where needed, and we are now beginning to plan the step up of this in

accordance with schools reopening. Use of digital technology such as our Chathealth service has enabled a new access point for advice and support.

Question three:

How are the Non-Executive Directors assured that the Joined Up Care Derbyshire Integrated Care System and the Trust is planning for and able to meet the current and future increasing demand for mental health services, at both System and Trust level?

Response

- We have a clear process in place through the System Mental Health, Learning Disability and Autism Delivery Board to agree and review our annual planning process. This process takes into account the expectations of the long term plan which in turn is driven by assumptions about increasing demand – Sheila sits on this Board that is Chaired by Ifti with strong leadership from Gareth
- The Mental Health, Learning Disabilities and Autism System Delivery Board also is the vehicle by which we review compliance with key performance targets that are heavily influenced by capacity – i.e. are our services meeting current demand, what are waiting times, how many people are out of area and so on
- We have clear and robust programmes of work that are about developing new frameworks for delivering care that will increase the experience people using services have but also enhance capacity by using more staff and working differently. Examples include the enhancements to the Community mental health framework which equates to some 90 more staff members next year and significant investment into alternatives to hospital admission in our acute care pathway.
- There has been a lot of work both locally and at a regional level looking modelling of expected demand following COVID and this is built into our planning assumptions or understanding and this feeds into the system based planning group
- In April, The Mental Health, Learning Disabilities and Autism System Delivery Board commissioned an early review of the existing world-wide evidence base around the impact of pandemics, major incidents and quarantines on mental health and the likely impact on mental health and Learning Disabilities services post-pandemic. Colleagues in Public Health and the Clinical Commissioning Group completed this work in June. The same colleagues are currently refreshing this work to take into account additional evidence that has been published since. This work will influence the system-wide planning work currently being undertaken by the JUCD Capacity Planning and Coordination Cell, where DHCFT is represented by Gareth Harry, the Trust's Director of Business Improvement and Transformation, where delayed treatments and increased COVID-related demand for services will need to be taken into account and prioritised in 21/22 and the next 2-3 years.

Question four:

How are the Non-Executive Directors assured that SystmOne and shared care records programmes are being successfully delivered and what improvements in the care of services users will be expected to be seen?

Response

Geoff Lewins, NED, sits on the OnEPR Delivery Board and the Finance and Performance Committee which receive regular updates from the programme, as does the Trust Board.

The benefits to service users are:

- Greater sharing of records and information to inform decision making between primary care and our teams
- Easier access for clinicians to records in a timely way
- Greater consistency and significant rationalisation of assessments and care records within and between services, allowing for less need to repetitive processes between services.

Derbyshire Healthcare NHS Foundation Trust

MINUTES OF EXTRAORDINARY COUNCIL OF GOVERNORS MEETING HELD ON THURSDAY 1 APRIL 2021, FROM 12:00-12:05 HOURS MEETING HELD DIGITALLY VIA MICROSOFT TEAMS

PRESENT	Caroline Maley	Trust Chair and Chair of Council of Governors
	Valerie Broom	Public Governor, Amber Valley
	Lynda Langley	Public Governor, Chesterfield and Lead Governor
	Julie Lowe	Public Governor, Derby City East
	Carole Riley	Public Governor, Derby City East
	Orla Smith	Public Governor, Derby City West
	Andrew Beaumont	Public Governor, Erewash
	Carol Sherriff	Public Governor, High Peak and Derbyshire Dales
	Kevin Richards	Public Governor, South Derbyshire
	Marie Hickman	Staff Governor, Admin and Allied Support Staff
	Kel Sims	Staff Governor, Admin and Allied Support Staff
	Jo Foster	Staff Governor, Nursing
	Rachel Bounds	Appointed Governor, Derbyshire Voluntary Association
	Cllr Jim Perkins	Appointed Governor, Derbyshire County Council
IN ATTENDANCE	Justine Fitzjohn	Trust Secretary
	Denise Baxendale	Membership and Involvement Manager
APOLOGIES	Susan Ryan	Public Governor, Amber Valley
	Stuart Mourton	Public Governor, Derby City West
	Julie Boardman	Public Governor, High Peak and Derbyshire Dales
	Rosemary Farkas	Public Governor, Surrounding Areas
	Farina Tahira	Staff Governor, Medical
	Jodie Cook	Appointed Governor, Derbyshire Mental Health Forum
	Cllr Roy Webb	Appointed Governor, Derby City Council

ITEM	ITEM
DHCFT/GOV /2022/015	**WELCOME, INTRODUCTIONS, CHAIR'S OPENING REMARKS, APOLOGIES FOR ABSENCE & DECLARATION OF INTERESTS** Caroline Maley, Trust Chair welcomed all to the meeting. She reminded everyone that the link to the meeting had been published on the Trust's website to allow public viewing. This extraordinary Council of Governors meeting was convened in order to discuss and agree the proposal to amend the Trust's public constituency boundaries and related amendment to the Trust's Constitution. The apologies were noted; and no interests were declared.
DHCFT/GOV /2021/016	**PROPOSAL TO AMEND THE TRUST'S PUBLIC CONSTITUENCY BOUNDARIES AND RELATED AMENDMENT TO THE TRUST'S CONSTITUTION** Justine Fitzjohn, Trust Secretary, presented the proposal to amend the Trust's public constituency boundaries and related amendment to the Trust's Constitution to governors. By way of background, Justine informed governors that the recruitment process for the new Trust Chair is underway to ensure that a Trust Chair is appointed for September. She explained that the Governors Nominations and Remuneration Committee had met on 18 March 2021 to consider the views of the Trust Board on the process in general and the qualifications, skills and experience required for the position. At the meeting the Committee supported a proposal put forward by the

	Trust Board to widen the Trust's current 'surrounding areas' public constituency to a 'Rest of England' public constituency. Justine explained that the rationale behind this is primarily to support the inclusive approach that the Trust is taking for the recruitment but also to align the Trust with other Foundation Trusts in Derbyshire. It was noted that as the Trust's public constituency areas are set out in the Trust's constitution, amendments made to the Constitution need to be approved by both the Trust Board and Council of Governors. If approved, Justine gave assurance that it will be clear in the recruitment process that the role of Trust Chair cannot be carried out remotely and candidates will be required to demonstrate their ability to travel to the Trust. It was noted that there will be the expectation of a regular presence in and around the Trust as high visibility is part of the Trust's culture and there is the ongoing and increasing expectation for engagement and attendance at system meetings and events by the Chair. Referring to the 'surrounding areas' public constituency, Justine explained that if the proposal is approved, the public governor for this constituency would cover 'Rest of England'. The current public governor for 'surrounding areas' Rosemary Farkas was unable to attend the meeting but gave support to the proposal as outlined above. Due to the comprehensive information given, it was noted that governors had no comments to make; and all governors present approved of the proposal. **RESOLVED: The Council of Governors approved the proposal:** **1) To extend the boundaries of the Trust's current 'surrounding areas' public constituency to create a 'Rest of England' public constituency and;** **2) To make the required amendments to the Trust Constitution as detailed above.**
DHCFT/GOV /2021/017	**<u>REVIEW OF THE MEETING EFFECTIVENESS AND FOLLOWING THE PRINCIPLES OF THE CODE OF CONDUCT</u>** The Council of Governors agreed that the meeting: - The meeting was efficiently chaired and finished early
DHCFT/GOV /2021/018	**<u>CLOSE OF MEETING</u>** Caroline Maley thanked all for their attendance and input. The next Council of Governors meeting will be on **Tuesday 4 May 2021, from 2.00pm.** This will be a virtual meeting. The meeting closed at 12:05 hours.

COUNCIL OF GOVERNORS ACTION MATRIX - AS AT 26 APRIL 2021

Date of Minutes	Minute Reference	Item	Lead	Action	Completion by	Current Position	
02/03/2021	DHCFT/GOV/2021/010	Update on the forthcoming elections	Denise Baxendale	Denise Baxendale to arrange the forthcoming elections	31.5.21	the process for elections has begun. COMPLETE	Green
02/03/2021	DHCFT/GOV/2021/010	Update on the forthcoming elections	All governors	Governors are encouraged to promote elections within their communities	19.4.21	Governors have promoted within their communities, families, friends. COMPLETE	Green
02/03/2021	DHCFT/GOV/2021/010	Governance Committee Reports - Governor Code of Conduct	Governors	Governors must return the signed Code of Conduct to Denise Baxendale as soon as possible	1.4.21	All governors have singed the revised Governor Code of Conduct. COMPLETE	Green

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

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 4 May 2021

Integrated Performance Report

Purpose of Report

This paper provides Council of Governors with an integrated overview of performance at the end of March 2021. The focus of the report is on workforce, finance, operational delivery and quality performance.

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

Executive Summary

The report demonstrates how the Trust is performing against a suite of key targets and measures. Performance is summarised in an assurance summary dashboard with targets identified, where a specific target has been agreed. Where a specific target has not been agreed or specifically commissioned, colleagues will be able to track performance over time and discuss/challenge any specific variation that may be of concern or unusual. Further detailed statistical process control charts for the measures are included in appendix 2. The charts have been generated using an adaptation of a tool created by Karen Hayllar, NHS England and NHS Improvement (NHSEI), which enables much easier interpretation of how each process is performing. The main areas to draw the Board's attention to are as follows:

Finance

Revenue

This update is very summarised due to it being year-end and detail being available in due course in the annual report and accounts.

The Trust ended the year with a deficit of £2.1m at the end of month 12. This outturn includes costs for additional annual leave carried forward related to the pandemic, in line with NHSEI requirements. Part of the reason we ended up with a larger deficit than previously forecast is that we incurred additional costs related to our patient record changes moving to SystmOne from Paris, we also accelerated depreciation to reduce the remaining asset life down to end date and we incurred some impairments. These additional year end costs were greater than forecast. Some of these extra costs however were offset by the release of some deferred income and the receipt of some additional income which created a benefit we had not previously forecast.

Our financial position forms part of the overall financial position of Joined Up Care Derbyshire (JUCD) and the system overall managed costs overall within the fixed income allocation with no material variance at year end. Greater detail of the whole of the financial year that has just finished will be set out in the accounts and the accompanying annual report.

Capital

With regard to capital, as previously outlined we underspent the capital plan as agreed. With regard to dormitory eradication; in April we received formal notification from NHSEI that we have been allocated a place on the dormitory eradication programme with

allocations totalling £80m, this is subject to successful business case processes to secure.

Operations

Three day follow-up of all patients

To date we have consistently achieved the national standard for follow-up and the high level of performance seen over the last eight months is statistically significant.

Data quality maturity index

Increasing waiting lists resulting from the pandemic continue to have a negative impact on data quality, however we have consistently exceeded the national target.

Improving Access to Psychological Therapies (IAPT) 18 week referral to treatment

The national target has been exceeded throughout the 24 month reporting period.

IAPT six week referral to treatment

Following a period of seven months of special cause variation as a result of staff being redeployed to support other services as the pandemic progressed, the staff returned to IAPT in November 2020 and for the last three months performance has returned to normal, achieving standard.

IAPT patients completing treatment who move to recovery

For the last seven months the national standard has been achieved.

Early intervention

The service continues to perform consistently well against the national 14 day referral to treatment standard.

Waiting list for care coordination

The number of patients waiting for care coordination has been significantly lower than normal for a number of months and the average wait to be seen has remained at normal levels.

Waiting list for psychology

The number of patients on the waiting list is within normal variation. The average wait to be seen was significantly higher than normal for a sustained period during the pandemic but in recent months has returned to normal.

Waiting list for Autistic Spectrum Disorder (ASD) assessment

We are currently planning our recovery to resume face to face assessments. There are approximately 60 people now at the top of the waiting list who have turned down video/phone assessments and are waiting for face to face appointments. These are the people who have been waiting the longest. Agreement has been reached to develop a Specialist Autism Team. The plan will be to consider how the ASD diagnostic team could support this team and vice versa.

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

The use of telephone and Attend Anywhere as vehicles to support clinical contacts is having a positive impact on the size of the waiting list and for the last 10 months the waiting list has significantly reduced.

Waiting list for community paediatrics

The number of children on the waiting list has been significantly lower than normal for the past 10 months and for the last six months the average wait to be seen has been significantly lower than normal, however the expected increase in referrals is starting to impact on the waiting list, which at the time of writing has increased by almost 200 since last reported.

Patients placed out of area – adult acute

We continue to operate with 18 beds closed on the acute wards for adults of working age due to implementing social distancing. Use of out of area beds remains constantly lower than the number of closed beds.

As a result of working on the "continuity of care" principles, from 1 April 2021 any of our patients who are nursed at Mill Lodge are no longer regarded as "inappropriate" out of area placements. This will result in a significant reduction in the number of inappropriate placements in the future.

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

PICU usage continues to be monitored closely with CCG and NHSE/I and all attempts are made to repatriate the patient to an acute bed once deemed appropriate to do so. Over the last few weeks we have noticed increased levels of acuity in patients on the acute wards which has resulted in increased use of PICU beds. However the case managers are working proactively with the PICU providers to ensure repatriation to an acute bed at the earliest opportunity.

People

Following the suspension of appraisals, revalidation and mandatory training, recovery plans are in place with weekly monitoring through the Executive Leadership Team (ELT).

Annual appraisals

The position had been deteriorating in many areas over the course of the pandemic. Medical Appraisal rates have increased this month and there is a slight increase in other employee appraisal rates. The Trust has agreed to pause for a further six months the formal appraisal process and in place the well-being conversation due to be rolled out shortly, will incorporate key questions and can be reported through appraisal completion on ESR by the line manager.

Annual turnover

The rate of turnover has been normal for the last 11 months and remains within the Trust target of 8-12%. The value of good retention rates such as ours can be seen in staff story completion rates and other forms of engagement and feedback across all services. This has been particularly evident during this time as we work through the pandemic.

Compulsory training

The Training Cell continues to meet weekly to support the Divisions with regards to improving the training position and focusing on key priority areas. A weekly training report is submitted to ELT for further assurance and scrutiny. Additional resources have supported the People Development team and compliance rates by chasing bookings and reminders for attendance which will reduce did not attends (DNAs).

Staff absence

It is a remarkable achievement that the Trust's absence figure has now fallen below our Trust target of 5%. The monthly absence for March is now at 4.84% which is extremely positive especially in this current climate. This is the lowest level seen since May 2018. It is of note that short term absence has improved significantly, this can be due to a number of factors: Increased uptake of the Flu Vaccination this year, less short term absence through home working and being able to manage long term conditions through working from home and less contact with people which reduces transmission of the normal coughs and colds etc at this time of the year.

Supervision

The levels of compliance with the clinical and managerial supervision targets have remained lower than normal since the start of the pandemic and for the last few months have been gradually worsening. This is now being addressed across all services.

Vacancies

The proportion of posts filled continues to be statistically higher than normal. There were record levels of vacancies posted in February which accounts for high volumes of recruitment activity across the Trust.

Bank staff use

Bank staff use has been rising and was statistically higher than normal this month which is likely to be a result of the increased demand in services managing sickness absence and annual leave.

Quality

Incidents

Incidents of moderate to catastrophic harm have increased in line with seasonal increase in deaths and the number of COVID-19 related deaths across all services.

Seclusion and restraint

The use of seclusion was within normal variation, although with a decreasing trend in physical restraint and prone restraint. There are ongoing work streams to support the continuing need to reduce restrictive practice.

Patients in settled accommodation and patients in employment

Accommodation and employment will clearly be affected by the current pandemic and its financial consequences, so this data will continue to be monitored closely. However, the Individual Placement Support service continues to have success in supporting people into employment even during the current pandemic.

Care plan reviews

The proportion of patients whose care plan has been reviewed continues to be lower than usual. Teams have been prioritising essential tasks, with reduced routine contact, and trying to engage with people who use our services in different ways, e.g. in virtual ways using Attend Anywhere. We will monitor this over the coming months as teams restore services in line with national expectations.

Complaints, concerns and compliments

The number of compliments decreased in line with the emergence of COVID-19 and the significant changes to many of our clinical services. The number of complaints increased with a particular theme around access to services.

Duty of Candour

In this report there were no instances of Duty of Candour.

Number of falls on inpatient wards

The number of reported falls remains withing normal variation.

Physical Health Assessments

There has been a steady increase in physical health assessments being initiated within adult and older adult services both inpatient and community services. Work continues to improve the compliance.

Strategic Considerations		
1)	We will deliver **great care** by delivering compassionate, person-centred innovative and safe care	X
2)	We will ensure that the Trust is a **great place to work** by attracting colleagues to work with us who we develop, retain and support by excellent management and leadership	X
3)	We will make the **best use of our money** by making financially wise decisions and will always strive for best value to make money go further	X

Assurances

This paper relates directly to the delivery of the Trust's strategy by summarising performance across the four key performance measurement areas.

This report should be considered in relation to the relevant risks in the Board Assurance Framework (BAF).

Consultation

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

Governance or Legal Issues

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

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

This report reflects performance related to all of the Trust's service portfolio and therefore any decisions that are taken as a result of the information provided in this report is likely to affect members of those populations with protected characteristics in the REGARDS groups.

Any specific action will need to be relevant to each service and considered accordingly, so for example, as parts of the report relate specifically to access to Trust services; we will need to ensure that any changes or agreed improvements take account of the evidence that shows variable access to services from different population groups.

Recommendations

The Council of Governors is requested to:

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

Report presented by:	**Margaret Gildea, Non-Executive Director** **Ashiedu Joel, Non-Executive Director** **Geoff Lewins, Non-Executive Director** **Shelia Newport, Non-Executive Director** **Julia Tabreham, Non-Executive Director** **Richard Wright, Non-Executive Director**
Report prepared by:	**Lee Doyle, Acting Director of Operations** **Claire Wright, Director of Finance/Deputy Chief Executive** **Carolyn Green, Director of Nursing and Patient Experience**

Assurance Summary

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

[1]The rating symbols were designed by NHS Improvement

Key:

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

Detailed Narrative

1. Operations

A. Three day follow-up of all patients

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 at their most vulnerable. To date we have consistently achieved the national standard for follow-up which came into effect from 1 April 2020 and the high level of performance seen over the last 8 months is statistically significant.

B. Data quality maturity index

Increasing waiting lists resulting from the pandemic continue to have a negative impact on data quality, however we have consistently exceeded the national target. When compared with other trusts our data quality is very good (Appendix 3).

C. IAPT 18 week referral to treatment

The national target has been exceeded throughout the 24 month reporting period.

D. IAPT 6 week referral to treatment

Following a period of 7 months of special cause variation as a result of staff being redeployed to support other services as the pandemic progressed, the staff returned to IAPT in November 2020 and for the last 3 months performance has returned to normal, achieving standard.

E. IAPT patients completing treatment who move to recovery

For the last 7 months the national standard has been achieved, with normal levels of performance seen throughout the data period.

F. Early intervention

The service continues to perform consistently well against the national 14 day referral to treatment standard and there is no evidence of the pandemic having any impact on performance.

G. Waiting list for care coordination

The number of patients waiting for care coordination has been significantly lower than normal for a number of months and the average wait to be seen has remained at normal levels despite the pandemic.

H. Waiting list for psychology

The number of patients on the waiting list is within normal variation. The average wait to be seen was significantly higher than normal for a sustained period during the pandemic but in recent months has returned to normal. The waiting list covers a large number of services and therefore in context the number waiting is quite small. Factors impacting on the waiting lists include:

- Patients requesting only face to face therapy and would rather wait – approximately 10-15%.
- Vacancies, maternity leave and secondment reducing capacity.
- Impact of provision of offer of psychological support – well-being plus staff support service reducing psychologist time
- Impact of school closures and limited places for childcare on families
- Some data quality issues

Our response to the waiting list challenges includes a focus on recruitment and a review and improvement of data quality. More staff time will become available once we move through the current COVID-19 crisis.

I. Waiting list for Autistic Spectrum Disorder (ASD) assessment

We are currently planning our recovery to resume face to face assessments. There are approximately 60 people now at the top of the waiting list who have turned down video/phone assessments and are waiting for face to face appointments. These are the people who have been waiting the longest. We have COVID safe assessment plans in place for Rivermead and Derby and are looking at availability in Bay Heath House, Chesterfield. We are aiming after Easter to trial offering 50% of our assessments via face to face. However, we are aware that these assessments may take longer as we may not be able to complete assessments in one day due to PPE - staff need to trial split assessments, cleaning time, PPE breaks for themselves and service users etc. Some decisions about timing are likely to need to be made on a case by case basis.

Green light today following board agreement to start recruitment to phase one of developing a Specialist Autism Team. The plan will be to consider how the ASD diagnostic team could support this team and vice versa. One of the challenges with recruitment and retention of the diagnostic team is that they only do diagnoses. This has led to clinicians leaving. With the new SAT we aim to potentially allow clinicians working in the diagnostic team to work across the SAT and provide some support and intervention which should increase clinicians' morale and improve staff retention.

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

CAMHS continue to utilise telephone and Attend Anywhere as vehicles to support clinical contacts; face to face appointments are offered only when clinically indicated. This is having a positive impact on the size of the waiting list and for the last 10 months the waiting list has significantly reduced. The average wait to be seen continues to be significantly longer than normal.

K. Waiting list for community paediatrics

The number of children on the waiting list has been significantly lower than normal for the past 10 months and for the last 6 months the average wait to be seen has been significantly lower than normal, however the expected increase in referrals is starting to impact on the waiting list, which at the time of writing has increased by almost 200 since last reported. Referrals to the neurodevelopmental assessment pathway are now being received since the pathway re-opened, becoming fully open by January 2021. We are in negotiation with the CCG around this aspect of care to ensure that future commissioning and capacity reflect the demands and also the expected prevalence.

L. Patients placed out of area – adult acute

We continue to operate with 18 beds closed on the acute wards for adults of working age due to implementing social distancing. Use of out of area beds remains constantly lower than the number of closed beds.

It should be noted that we have experienced a COVID-19 outbreak on the Hartington Unit and the Radbourne Unit. These outbreaks restricted ability to admit further patients for a period of time. For a brief time this reduced admission and treatment capacity resulted in increased usage of out of area acute beds. However this increase was minimal.

As a result of working on the "continuity of care" principles, any of our patients who are nursed at Mill Lodge are no longer regarded as "inappropriate" out of area placements. This will result in a significant reduction in the number of "inappropriate" placements in the future.

M. Patients placed out of area – Psychiatric Intensive Care Units (PICU)

The PICU usage continues to be monitored closely with CCG and NHSE/I and all attempts are made to repatriate the patient to an acute bed once deemed appropriate to do so. Over the last few weeks we have noticed increased levels of acuity in patients on the acute wards which has resulted in increased use of PICU beds. However the case managers are working proactively with the PICU providers to ensure repatriation to an acute bed at the earliest opportunity.

2. People

In order to release capacity to manage the COVID-19 pandemic, all NHS organisations were instructed by Amanda Pritchard, Chief Operating Officer, NHS England and NHS Improvement[1], to suspend appraisals and revalidation and to reduce the volume of mandatory training as appropriate. This backlog of training and appraisals is now part of a number of recovery plans being worked through over the next few months.

A. Annual appraisals

A revised appraisal process will take place in the wellbeing conversation due to be rolled out shortly, full appraisals will be back in place in 6 months.

B. Annual turnover

The rate of turnover has been normal for the last 11 months and remains within the Trust target of 8-12%. Within month annual turnover decreased to 10.35% and a useful indicator in retirements shows a further decrease in numbers leaving the organisation.

C. Compulsory training

A Training Cell continues to meet weekly to support the Divisions with regards to improving the training position and focusing on key priority areas. The Cell continues to monitor progress against training recovery plans and sustainability.
The People Development team have been given additional administration resources who are proactively contacting people in an attempt to fill available training places. They are also contacting delegates to remind them of attendance in order to try and reduce the high number of DNA's. The Trust have provided a Marquee at Kingsway in order to provide a COVID-19 safe environment for the delivery of face to face training including Positive and Safe training and Adult & Paediatric Basic Life Support. External Immediate Life Support training delivery has also been commissioned.

Overall Statutory Mandatory training remains within target, attendance at training has been good but clinical pressures have impacted on the release of staff for the 5 day training programmes such as Positive and Safe training. Robust plans are in place with enough training places to meet demand. More trainers have been recruited to support delivery. Rosters are being monitored to ensure delegates are able to attend and that bank or agency can be booked in advance to ensure safe staffing levels are maintained.

D. Staff absence

Staff absence is now at the lowest level for 3 years This is really positive news particularly coming out of the pandemic and can be attributed to a number of factors :

- Different ways of working i.e. home working in particular which helps to support colleagues with long term conditions where short term sickness has been reduced.
- The high uptake of our flu vaccination programme has meant more colleagues are protected.

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

- Less contact because of the pandemic so less of the normal coughs cold and infections that can be transmitted when more people are working together so a decrease in short term episodic absences.
- Finally the introduction of the Health Risk Assessment and more individual monitoring and support may also be a factor.

E. Supervision

The levels of compliance with the clinical and managerial supervision targets have remained lower than normal since the start of the pandemic and for the last few months have been gradually worsening. This is being addressed at divisional and service level to improve across all areas.

F. Vacancies

Along with a higher than normal level of vacancies posted, the proportion of posts filled was statistically higher than normal for the first time. This may be an indicator of the positive team culture within the Trust and the different roles that are now being rolled out.

G. Bank staff use

Bank staff use has been rising and was statistically higher than normal this month which is likely to be a result of the increased level of staff taking annual leave and release for Mandatory training.

3. Quality

A. Incidents

Incidents of moderate to catastrophic harm have increased in line with seasonal increase in deaths and the number of COVID-19 related deaths across all services.

B. Seclusion and restraint

The use of seclusion was within normal variation, although with an decreasing trend in physical restraint and prone restraint. There are ongoing work streams to support the continuing need to reduce restrictive practice; including the introduction of body worn cameras, monitoring of restrictive practice within the “reducing restrictive practice forum” and monthly thematic reviews carried out by the Head of Nursing.

C. Patients in settled accommodation and patients in employment

Accommodation and employment will clearly be affected by the current pandemic and its financial consequences, so this data will continue to be monitored closely. However, the Individual Placement Support service continues to have success in supporting people into employment even during the current pandemic. This service is currently expanding. There continues to be community nurses dedicated to working in a multi-agency environment supporting our homeless service users.

D. Care plan reviews

The proportion of patients whose care plan has been reviewed continues to be lower than usual. Teams have been prioritising essential tasks, with reduced routine contact, and trying to engage with people who use our services in different ways, e.g. in virtual ways using Attend Anywhere. The planned restoration of services was interrupted by the second wave of the pandemic and further redeployment of community staff to support critical functions. We will monitor this over the coming months as teams restore services in line with national expectations, whilst continuing to be impacted by the COVID-19 situation and the ongoing need to prioritise essential tasks.

E. Complaints, concerns and compliments

The number of compliments decreased in line with the emergence of COVID-19 and the significant changes to many of our clinical services. The number of complaints increased with a particular theme around both concerns and complaints of access to services. Derbyshire Healthcare NHS Foundation Trust continues to work with Health Watch, including receiving regular feedback through governance structures and service user and carer surveys.

F. Duty of Candour

In this report there are no instances of Duty of Candour.

G. Number of falls on inpatient wards

The number of reported falls remains withing normal variation. However, there is a slight increased trend. This is likely to be as a consequence of enhanced reporting of falls from staff after promotion of good practice in this area and that nationally we are likely to see an increase in falls generally. This is as a result of people being de-conditioned from exercising less and not going out during the COVID-19 pandemic and resulting restrictions on movement.

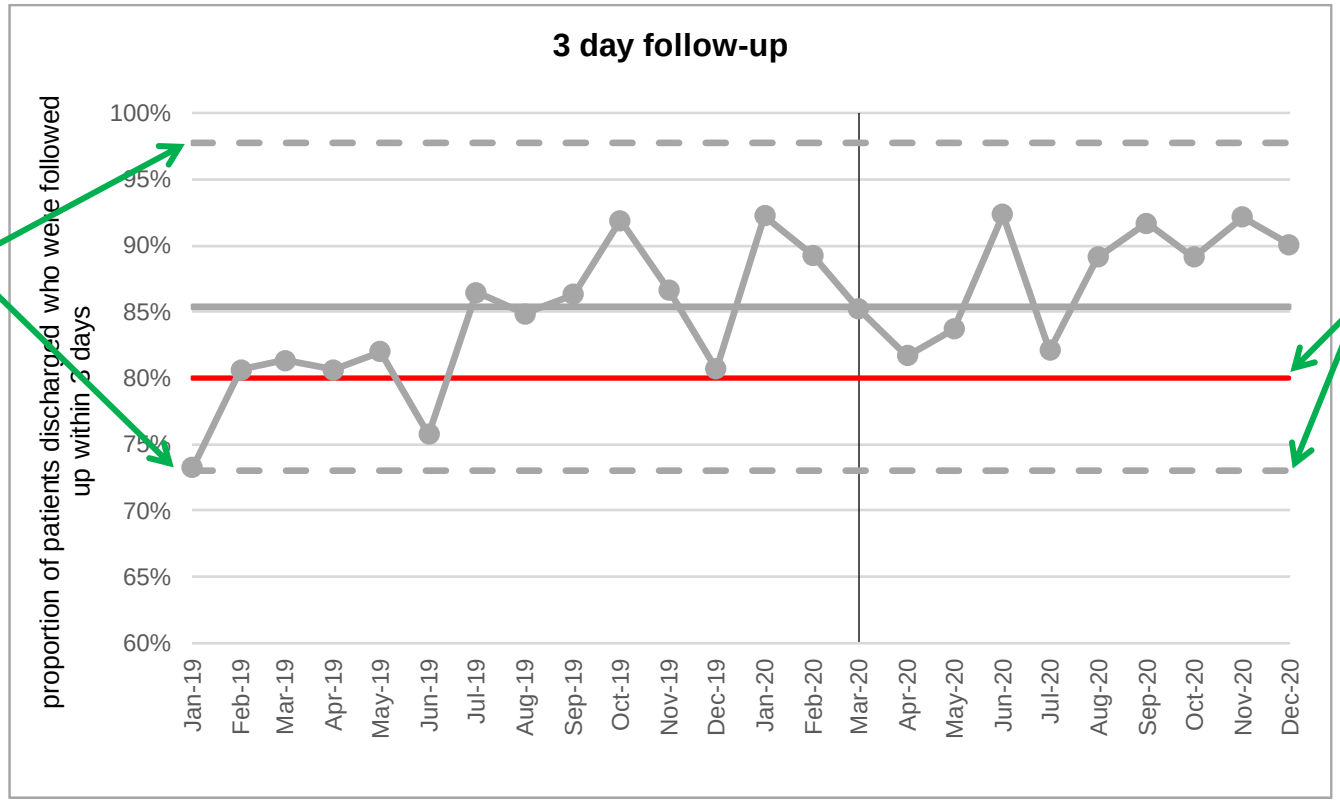
H. Physical Health Assessments

There has been a steady increase in physical health assessments being initiated within adult and older adult services both inpatient and community services. Work continues to improve the compliance.

Appendix 1

How to Interpret a Statistical Process Control Chart (SPC)

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

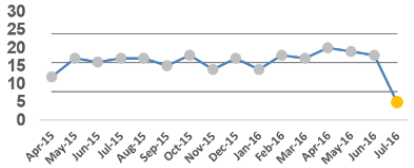


If the system is effective, the **lower** control limit will be above the target line (for targets where higher is better) or the **upper** control limit will be below the target line (for targets where lower is better). In that scenario we have nothing to worry about and can be assured our system is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

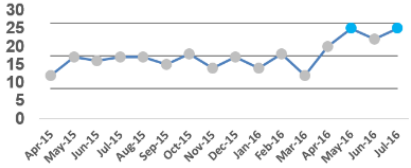
In this case the target line is above the lower control limit which indicates that the system is ineffective.

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

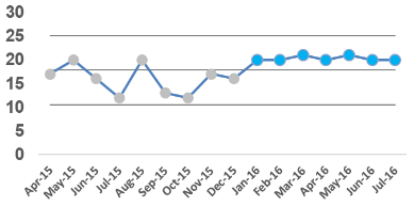
A single data point outside the process limits



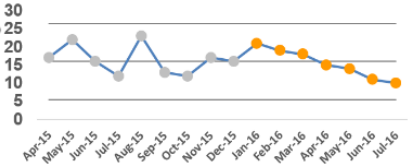
Two out of three points close to the process limits



Shift of points above / below mean line

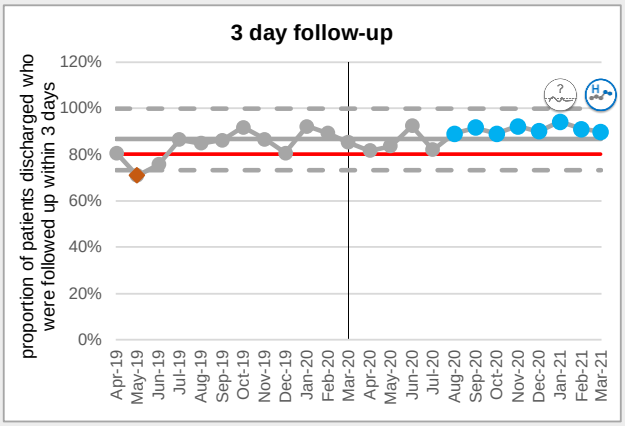


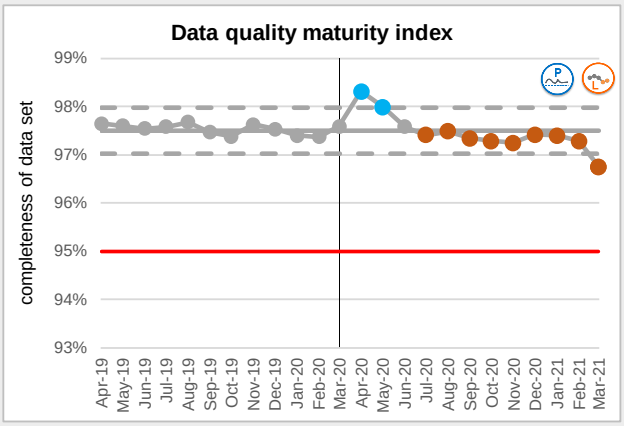
Run of points in consecutive ascending / descending order

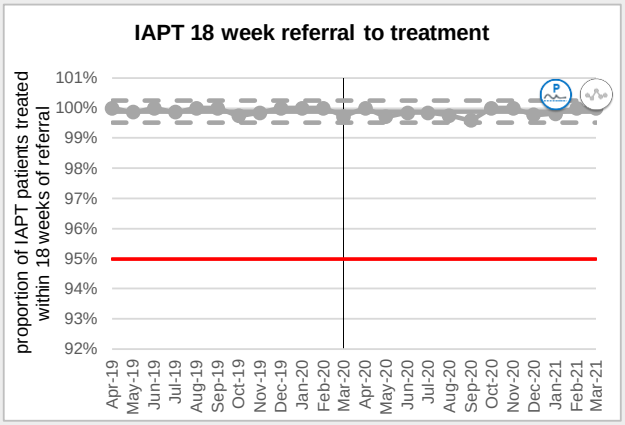


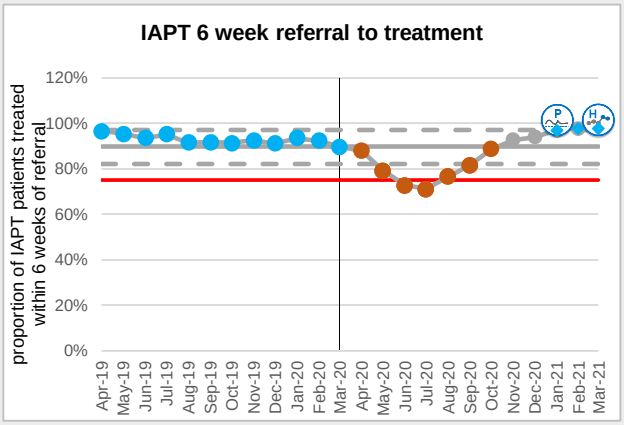
Appendix 2 – Charts

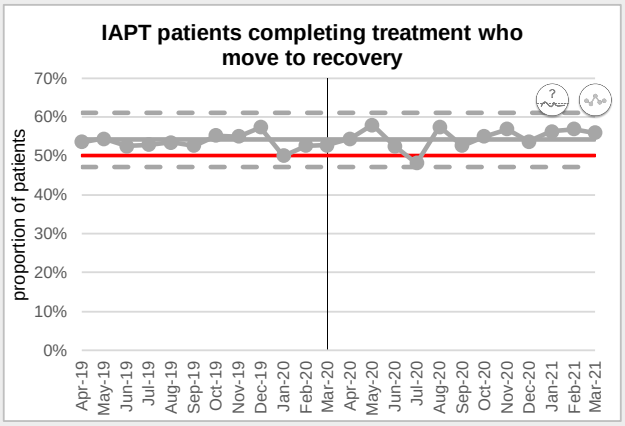
1. Operational Indicators

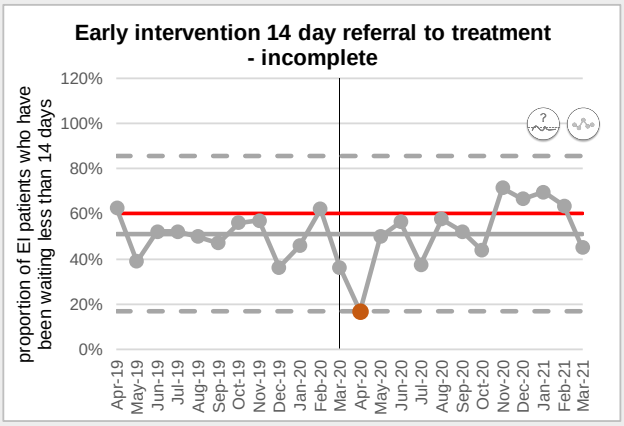


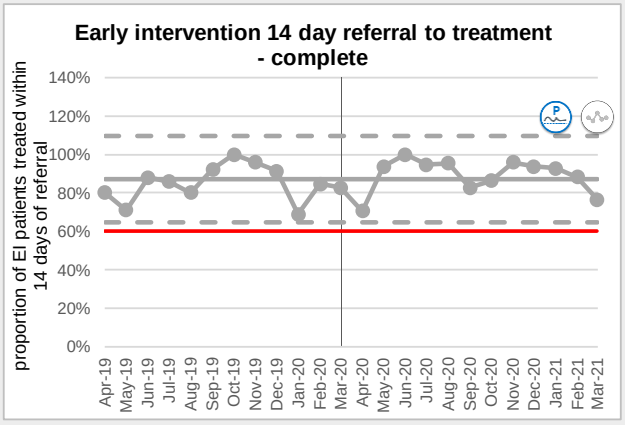


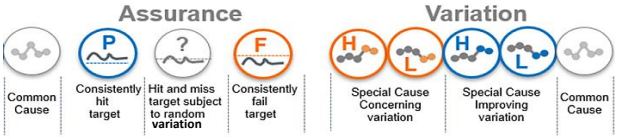


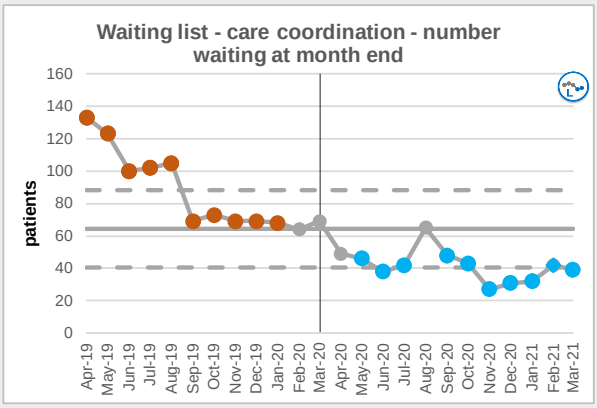


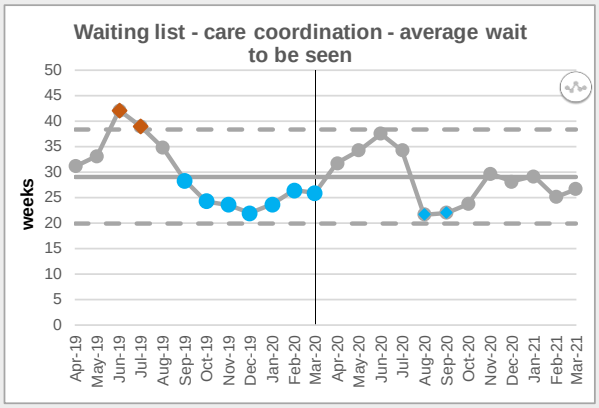


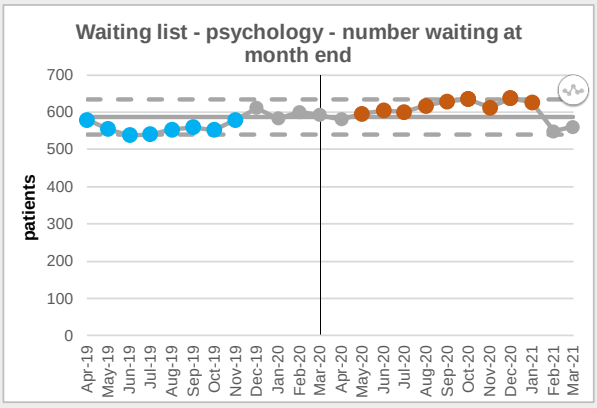


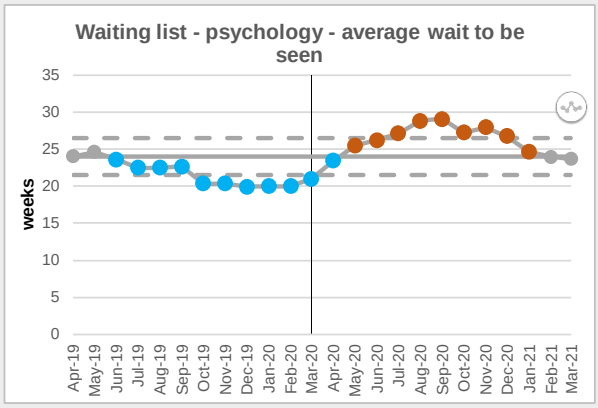


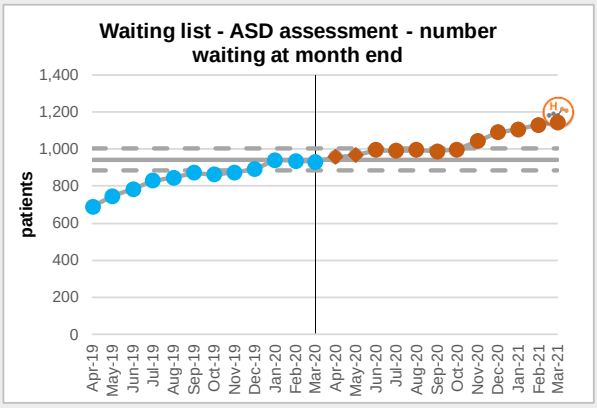


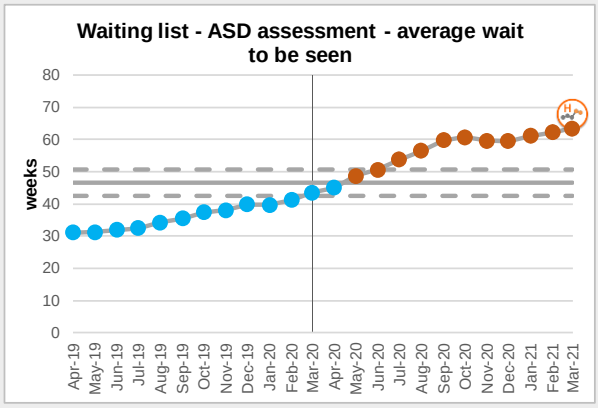

Waiting list - care coordination - number waiting at month end
patients
0
20
40
60
80
100
120
140
160
Apr-19 May-19 Jun-19 Jul-19 Aug-19 Sep-19 Oct-19 Nov-19 Dec-19 Jan-20 Feb-20 Mar-20 Apr-20 May-20 Jun-20 Jul-20 Aug-20 Sep-20 Oct-20 Nov-20 Dec-20 Jan-21 Feb-21 Mar-21

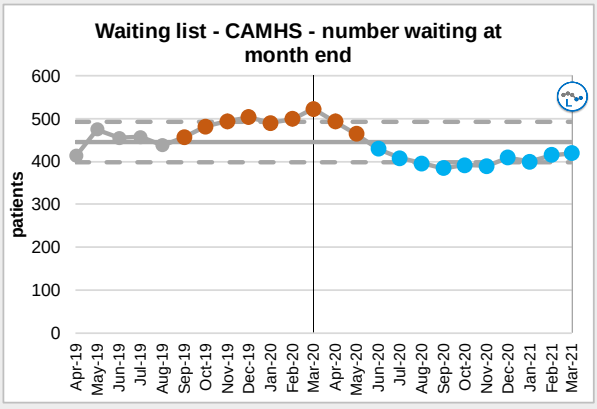

Waiting list - care coordination - average wait to be seen
weeks
0
5
10
15
20
25
30
35
40
45
50
Apr-19 May-19 Jun-19 Jul-19 Aug-19 Sep-19 Oct-19 Nov-19 Dec-19 Jan-20 Feb-20 Mar-20 Apr-20 May-20 Jun-20 Jul-20 Aug-20 Sep-20 Oct-20 Nov-20 Dec-20 Jan-21 Feb-21 Mar-21

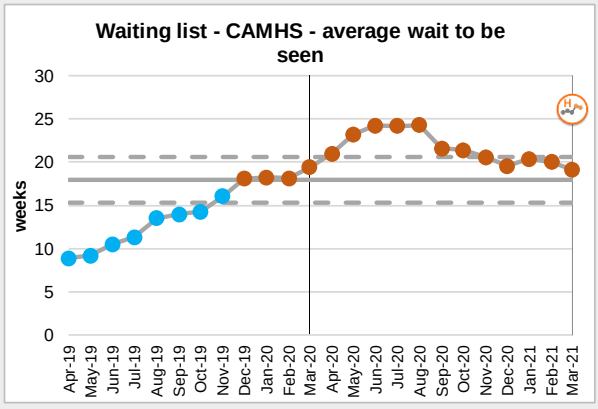

Waiting list - psychology - number waiting at month end
patients
0
100
200
300
400
500
600
700
Apr-19 May-19 Jun-19 Jul-19 Aug-19 Sep-19 Oct-19 Nov-19 Dec-19 Jan-20 Feb-20 Mar-20 Apr-20 May-20 Jun-20 Jul-20 Aug-20 Sep-20 Oct-20 Nov-20 Dec-20 Jan-21 Feb-21 Mar-21

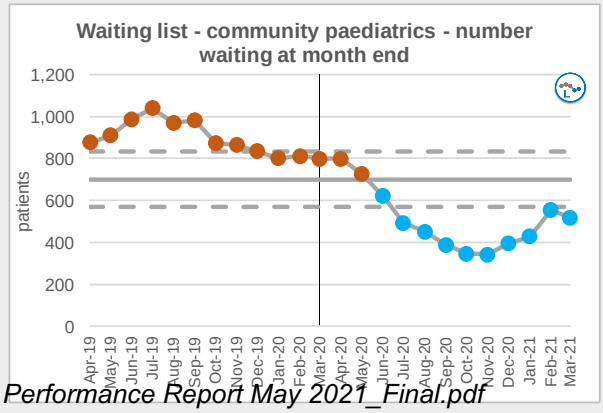

Waiting list - psychology - average wait to be seen
weeks
0
5
10
15
20
25
30
35
Apr-19 May-19 Jun-19 Jul-19 Aug-19 Sep-19 Oct-19 Nov-19 Dec-19 Jan-20 Feb-20 Mar-20 Apr-20 May-20 Jun-20 Jul-20 Aug-20 Sep-20 Oct-20 Nov-20 Dec-20 Jan-21 Feb-21 Mar-21

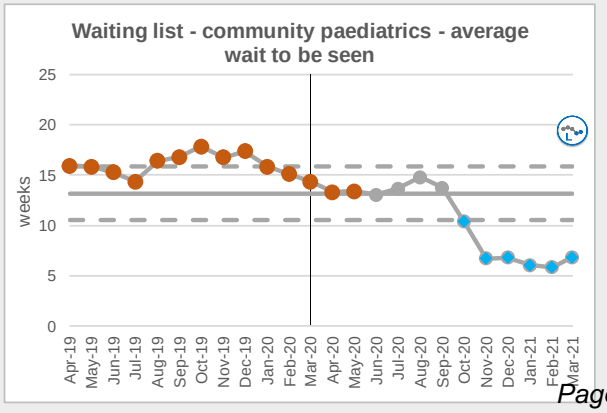

Waiting list - ASD assessment - number waiting at month end
patients
0
200
400
600
800
1,000
1,200
1,400
Apr-19 May-19 Jun-19 Jul-19 Aug-19 Sep-19 Oct-19 Nov-19 Dec-19 Jan-20 Feb-20 Mar-20 Apr-20 May-20 Jun-20 Jul-20 Aug-20 Sep-20 Oct-20 Nov-20 Dec-20 Jan-21 Feb-21 Mar-21

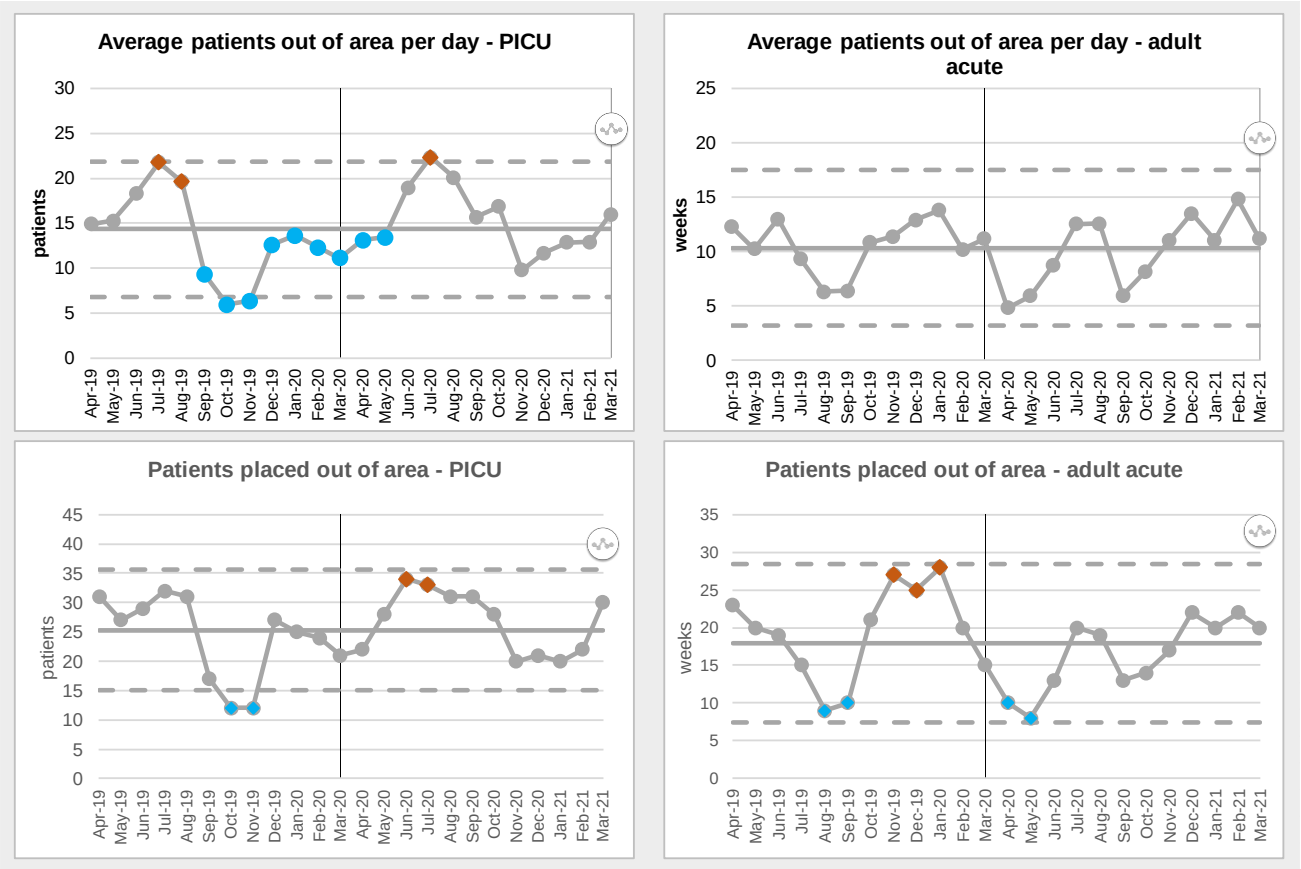

Waiting list - ASD assessment - average wait to be seen
weeks
0
10
20
30
40
50
60
70
80
Apr-19 May-19 Jun-19 Jul-19 Aug-19 Sep-19 Oct-19 Nov-19 Dec-19 Jan-20 Feb-20 Mar-20 Apr-20 May-20 Jun-20 Jul-20 Aug-20 Sep-20 Oct-20 Nov-20 Dec-20 Jan-21 Feb-21 Mar-21

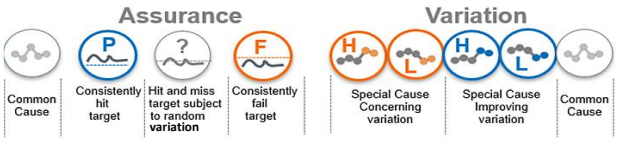

Waiting list - CAMHS - number waiting at month end
patients
0
100
200
300
400
500
600
Apr-19 May-19 Jun-19 Jul-19 Aug-19 Sep-19 Oct-19 Nov-19 Dec-19 Jan-20 Feb-20 Mar-20 Apr-20 May-20 Jun-20 Jul-20 Aug-20 Sep-20 Oct-20 Nov-20 Dec-20 Jan-21 Feb-21 Mar-21


Waiting list - CAMHS - average wait to be seen
weeks
0
5
10
15
20
25
30
Apr-19 May-19 Jun-19 Jul-19 Aug-19 Sep-19 Oct-19 Nov-19 Dec-19 Jan-20 Feb-20 Mar-20 Apr-20 May-20 Jun-20 Jul-20 Aug-20 Sep-20 Oct-20 Nov-20 Dec-20 Jan-21 Feb-21 Mar-21

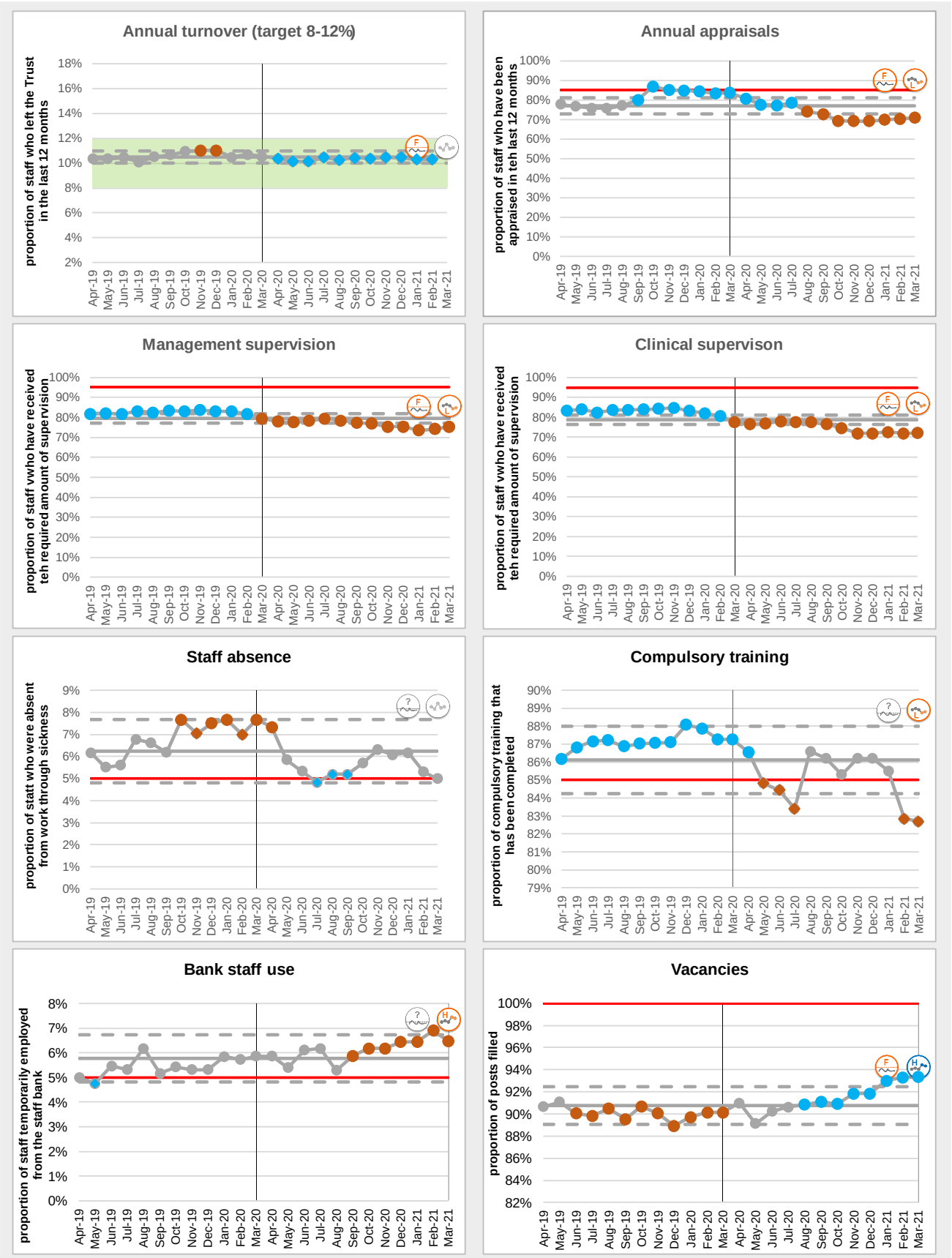

Waiting list - community paediatrics - number waiting at month end
patients
0
200
400
600
800
1,000
1,200
Apr-19 May-19 Jun-19 Jul-19 Aug-19 Sep-19 Oct-19 Nov-19 Dec-19 Jan-20 Feb-20 Mar-20 Apr-20 May-20 Jun-20 Jul-20 Aug-20 Sep-20 Oct-20 Nov-20 Dec-20 Jan-21 Feb-21 Mar-21


Waiting list - community paediatrics - average wait to be seen
weeks
0
5
10
15
20
25
Apr-19 May-19 Jun-19 Jul-19 Aug-19 Sep-19 Oct-19 Nov-19 Dec-19 Jan-20 Feb-20 Mar-20 Apr-20 May-20 Jun-20 Jul-20 Aug-20 Sep-20 Oct-20 Nov-20 Dec-20 Jan-21 Feb-21 Mar-21


Average patients out of area per day - PICU
patients
Average patients out of area per day - adult acute
weeks
Patients placed out of area - PICU
patients
Patients placed out of area - adult acute
weeks
Apr-19 May-19 Jun-19 Jul-19 Aug-19 Sep-19 Oct-19 Nov-19 Dec-19 Jan-20 Feb-20 Mar-20 Apr-20 May-20 Jun-20 Jul-20 Aug-20 Sep-20 Oct-20 Nov-20 Dec-20 Jan-21 Feb-21 Mar-21

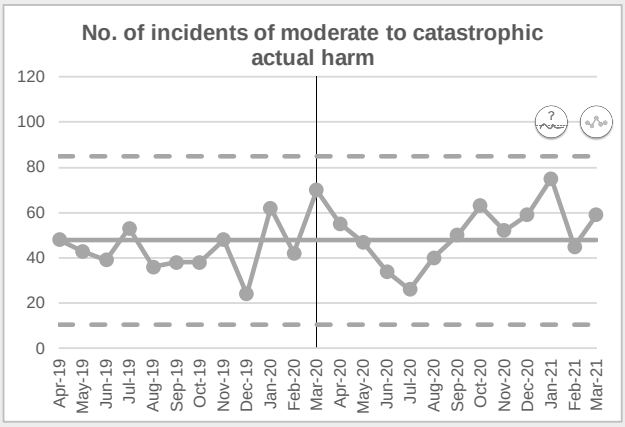

Assurance
Variation
Common Cause
Consistently hit target
Hit and miss target subject to random variation
Consistently fail target
Special Cause Concerning variation
Special Cause Improving variation
Common Cause

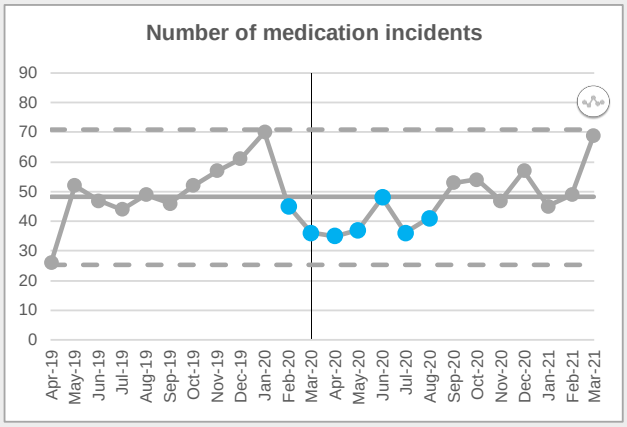
2. People Indicators

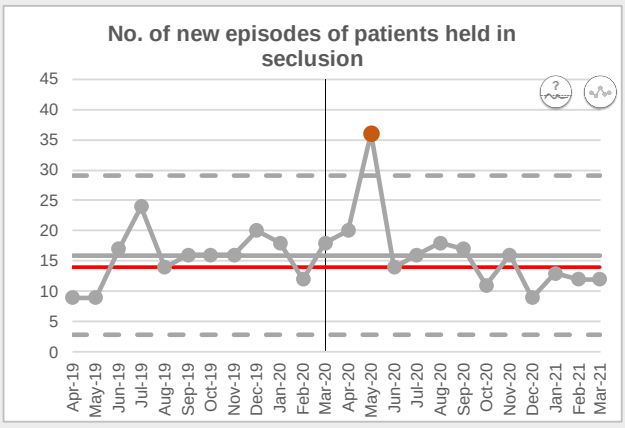


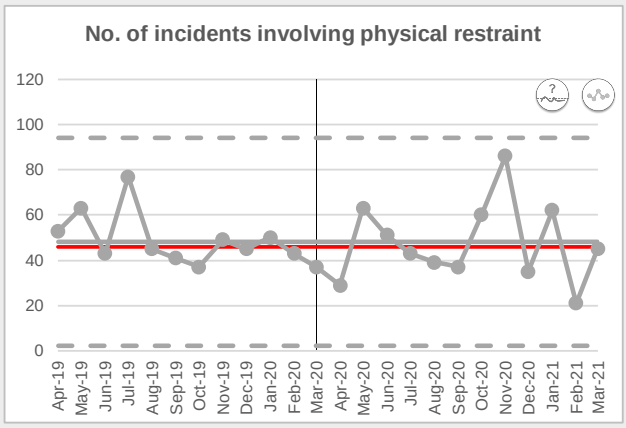
3. Quality Indicators

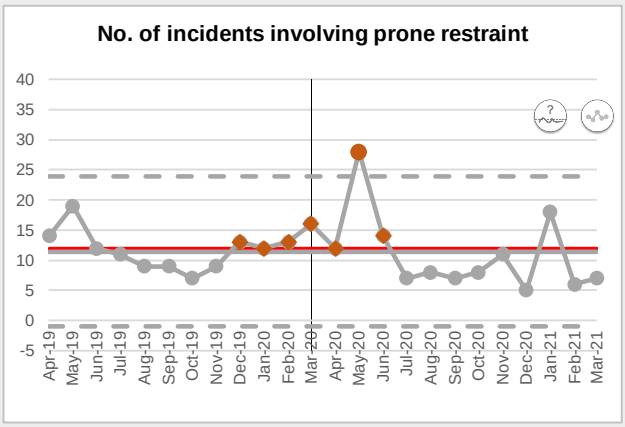
Safe

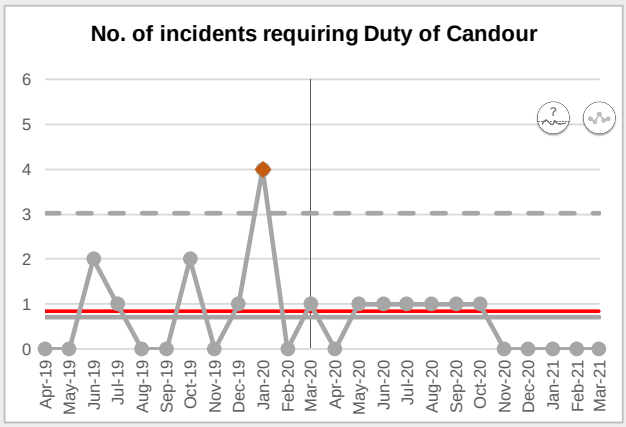


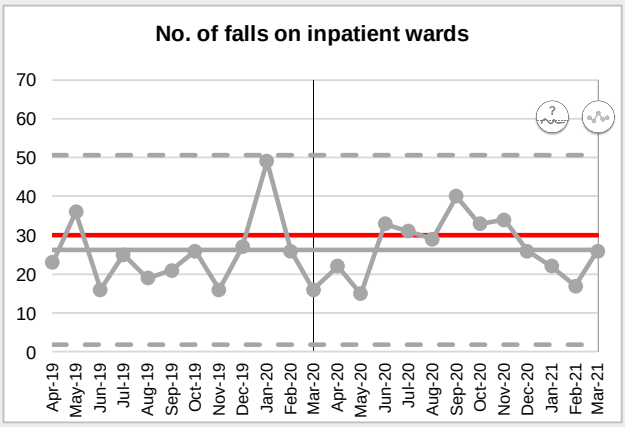


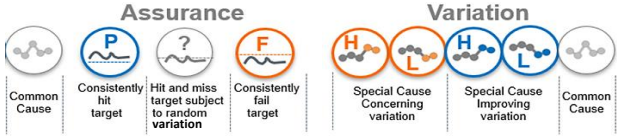




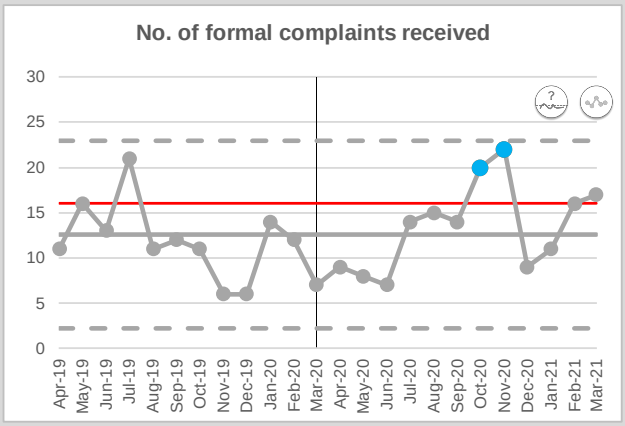


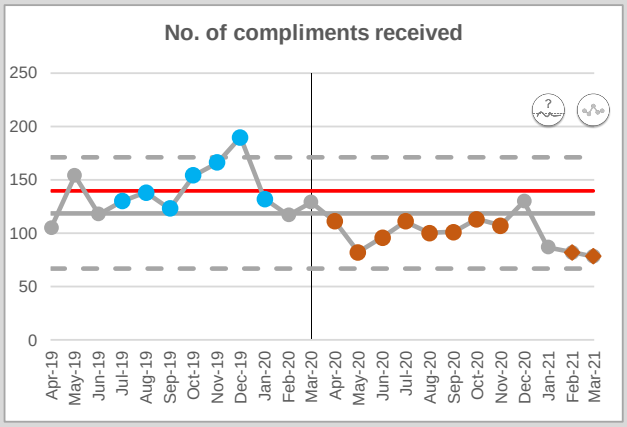




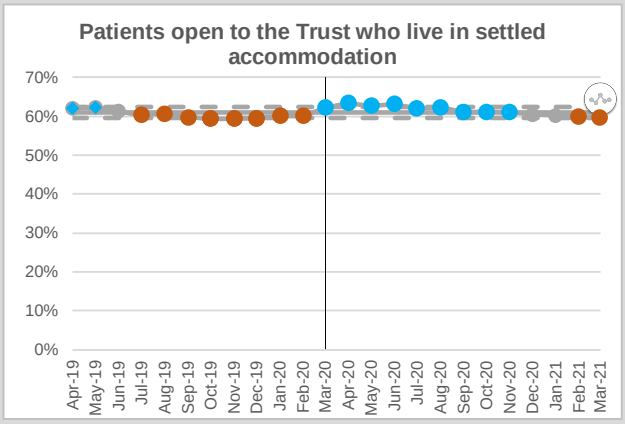


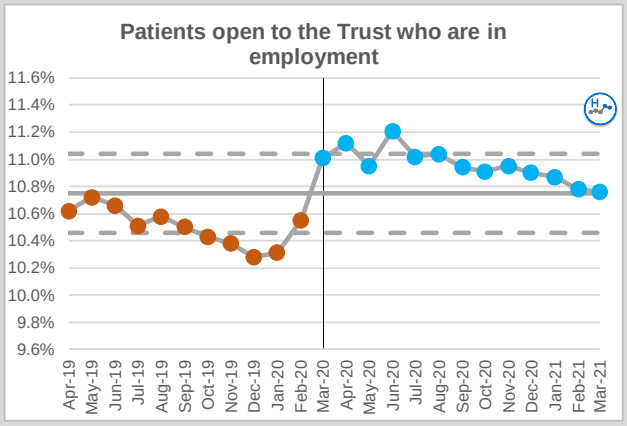
Caring



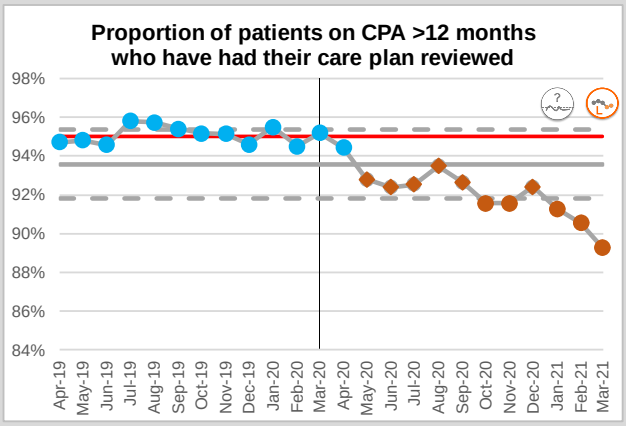


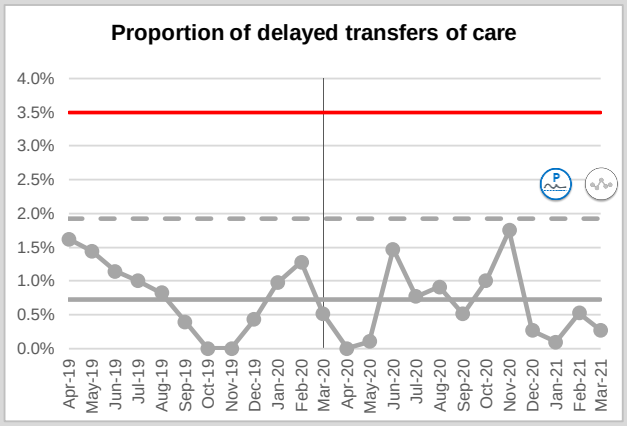
Effective

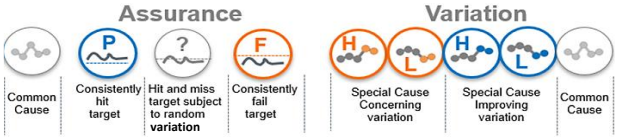


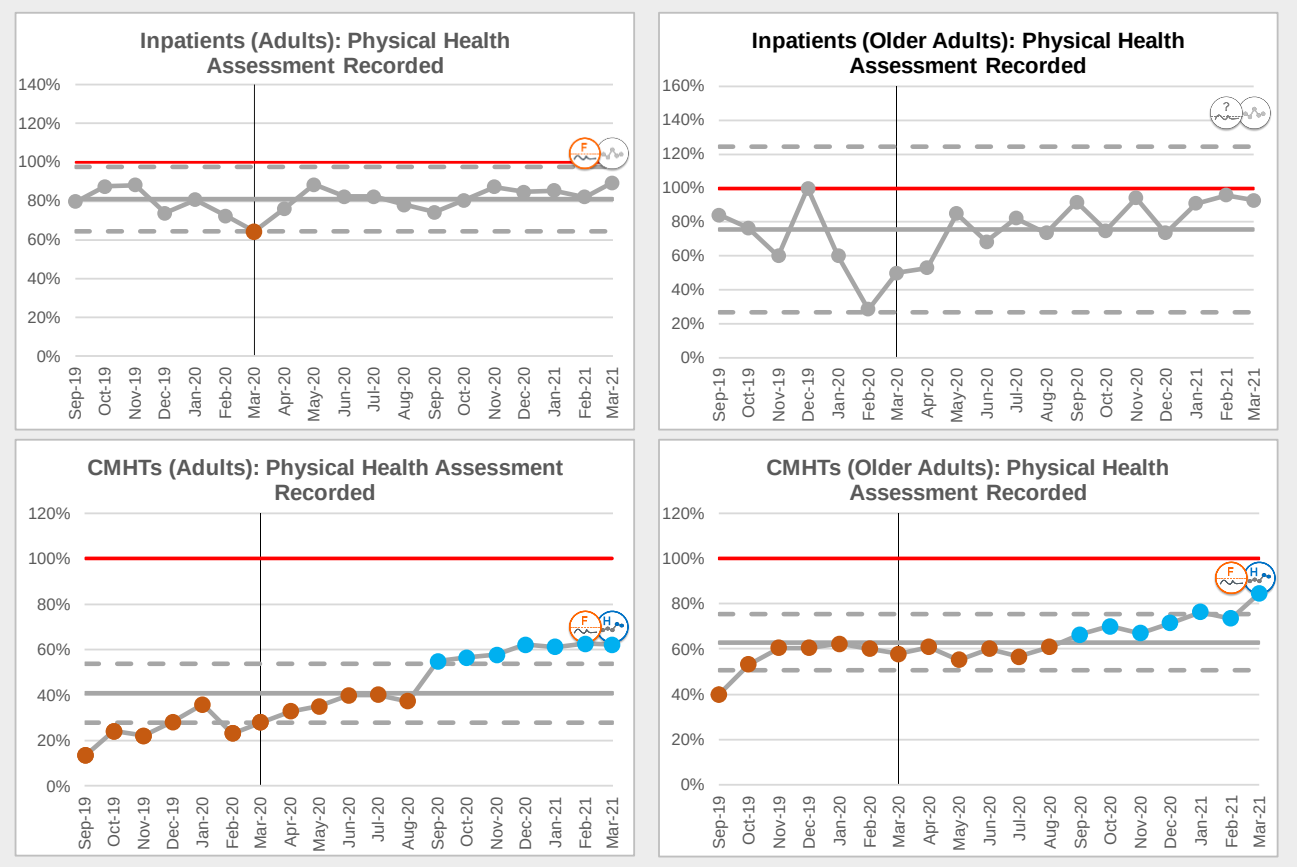


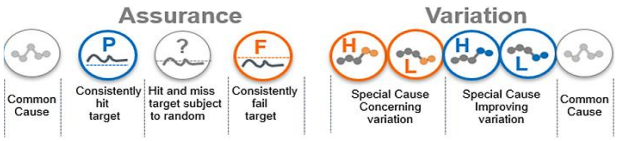
Responsive








Inpatients (Adults): Physical Health Assessment Recorded
140%
120%
100%
80%
60%
40%
20%
0%
Sep-19 Oct-19 Nov-19 Dec-19 Jan-20 Feb-20 Mar-20 Apr-20 May-20 Jun-20 Jul-20 Aug-20 Sep-20 Oct-20 Nov-20 Dec-20 Jan-21 Feb-21 Mar-21
Inpatients (Older Adults): Physical Health Assessment Recorded
160%
140%
120%
100%
80%
60%
40%
20%
0%
Sep-19 Oct-19 Nov-19 Dec-19 Jan-20 Feb-20 Mar-20 Apr-20 May-20 Jun-20 Jul-20 Aug-20 Sep-20 Oct-20 Nov-20 Dec-20 Jan-21 Feb-21 Mar-21
CMHTs (Adults): Physical Health Assessment Recorded
120%
100%
80%
60%
40%
20%
0%
Sep-19 Oct-19 Nov-19 Dec-19 Jan-20 Feb-20 Mar-20 Apr-20 May-20 Jun-20 Jul-20 Aug-20 Sep-20 Oct-20 Nov-20 Dec-20 Jan-21 Feb-21 Mar-21
CMHTs (Older Adults): Physical Health Assessment Recorded
120%
100%
80%
60%
40%
20%
0%
Sep-19 Oct-19 Nov-19 Dec-19 Jan-20 Feb-20 Mar-20 Apr-20 May-20 Jun-20 Jul-20 Aug-20 Sep-20 Oct-20 Nov-20 Dec-20 Jan-21 Feb-21 Mar-21


Assurance
Variation
Common Cause
Consistently hit target
Hit and miss target subject to random
Consistently fail target
Special Cause Concerning variation
Special Cause Improving variation
Common Cause

Appendix 3 – Data Quality Maturity Index (DQMI) Benchmarking

PROVIDER NAME	December-2020	November-2020	October-2020	September-2020	August-2020
National Average	**81.7**	**84.4**	**80.9**	**81.0**	**83.0**
GREATER MANCHESTER MENTAL HEALTH NHS FOUNDATION TRUST	98.5	97.0	97.0	95.8	96.5
BIRMINGHAM AND SOLIHULL MENTAL HEALTH NHS FOUNDATION TRUST	98.3	98.4	98.4	98.5	98.5
NORTH STAFFORDSHIRE COMBINED HEALTHCARE NHS TRUST	98.2	98.0	97.9	98.0	98.1
TEES, ESK AND WEAR VALLEYS NHS FOUNDATION TRUST	98.2	98.1	98.1	98.0	98.0
HERTFORDSHIRE PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST	97.1	97.2	97.1	97.2	94.7
NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST	97.0	96.9	96.8	95.7	97.3
SOUTH LONDON AND MAUDSLEY NHS FOUNDATION TRUST	96.9	95.0	95.0	95.1	95.0
DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST	96.5	96.5	96.6	96.5	96.7
NOTTINGHAMSHIRE HEALTHCARE NHS FOUNDATION TRUST	96.4	96.4	96.3	95.4	95.3
CAMBRIDGESHIRE AND PETERBOROUGH NHS FOUNDATION TRUST	96.3	95.3	94.2	96.7	97.1
LINCOLNSHIRE PARTNERSHIP NHS FOUNDATION TRUST	95.9	95.9	95.4	97.5	97.5
ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST	95.9	95.3	95.5	96.1	95.9
BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST	95.8	95.4	93.2	95.6	95.4
TAVISTOCK AND PORTMAN NHS FOUNDATION TRUST	95.8	95.8	95.7	95.7	95.7
KENT AND MEDWAY NHS AND SOCIAL CARE PARTNERSHIP TRUST	95.7	95.5	95.5	95.3	95.5
NORFOLK AND SUFFOLK NHS FOUNDATION TRUST	95.1	94.8	94.9	95.0	95.2
CAMDEN AND ISLINGTON NHS FOUNDATION TRUST	94.9	92.5	92.5	94.9	95.0
SHEFFIELD CHILDREN'S NHS FOUNDATION TRUST	94.8	95.0	95.2	95.1	96.0
SUSSEX PARTNERSHIP NHS FOUNDATION TRUST	94.8	94.2	93.8	91.4	91.0
NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	94.6	95.0	96.7	97.0	98.3
SOUTH WEST YORKSHIRE PARTNERSHIP NHS FOUNDATION TRUST	94.5	94.4	94.4	94.3	94.2
MIDLANDS PARTNERSHIP NHS FOUNDATION TRUST	94.3	94.4	94.6	94.5	94.5
NORFOLK COMMUNITY HEALTH AND CARE NHS TRUST	94.3	94.2	93.5	92.9	93.4
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	94.1	94.5	94.4	94.5	96.6
WORCESTERSHIRE HEALTH AND CARE NHS TRUST	94.1	94.4	94.7	94.6	94.6
WEST LONDON NHS TRUST	94.0	94.4	93.8	93.8	93.9
ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST	93.9	93.1	93.6	93.6	93.8
SOMERSET PARTNERSHIP NHS FOUNDATION TRUST	93.8	94.1	94.5	94.6	97.3
CENTRAL AND NORTH WEST LONDON NHS FOUNDATION TRUST	93.7	93.8	93.8	94.1	94.1
CUMBRIA, NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST	93.7	94.0	93.9	93.9	93.6
BRADFORD DISTRICT CARE NHS FOUNDATION TRUST	93.3	93.2	93.1	93.2	93.0
EAST LONDON NHS FOUNDATION TRUST	93.2	93.4	93.3	93.4	93.2
DEVON PARTNERSHIP NHS TRUST	93.1	89.1	89.3	89.1	89.1
LEEDS TEACHING HOSPITALS NHS TRUST	92.9	92.2	92.2	92.2	93.3
SOUTH WEST LONDON AND ST GEORGE'S MENTAL HEALTH NHS TRUST	92.8	91.9	92.1	92.5	92.5
SURREY AND BORDERS PARTNERSHIP NHS FOUNDATION TRUST	92.7	97.1	97.2	92.7	93.8
AVON AND WILTSHIRE MENTAL HEALTH PARTNERSHIP NHS TRUST	92.6	92.4	92.4	92.7	92.8
BIRMINGHAM WOMEN'S AND CHILDREN'S NHS FOUNDATION TRUST	92.6	91.2	91.4	90.3	89.8
OXLEAS NHS FOUNDATION TRUST	92.4	88.2	91.0	91.9	92.1
PENNINE CARE NHS FOUNDATION TRUST	92.4	92.3	92.4	92.3	92.1
NORTHAMPTONSHIRE HEALTHCARE NHS FOUNDATION TRUST	92.3	91.6	91.7	90.9	91.3
HOMERTON UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	92.1	92.4	92.6	92.7	92.5
ISLE OF WIGHT NHS TRUST	91.7	91.9	90.9	91.1	90.9
LEICESTERSHIRE PARTNERSHIP NHS TRUST	91.6	91.6	92.0	91.0	92.4
SOLENT NHS TRUST	91.5	91.8	92.1	92.2	92.3
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	91.3	90.8	91.0	90.8	91.9
BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST	91.3	90.9	86.8	90.0	92.5
WHITTINGTON HEALTH NHS TRUST	91.2	91.2	92.3	92.2	93.6
GATESHEAD HEALTH NHS FOUNDATION TRUST	90.8	92.1	92.1	92.3	94.3
BLACK COUNTRY PARTNERSHIP NHS FOUNDATION TRUST	90.6	91.1	91.4	91.5	91.7
FRIMLEY HEALTH NHS FOUNDATION TRUST	90.6	89.7	89.6	89.8	93.0
GLOUCESTERSHIRE HEALTH AND CARE NHS FOUNDATION TRUST	90.5	90.3	90.3	42.1	42.0
UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	90.2	90.9	90.9	90.6	92.2
ISLE OF WIGHT YOUTH TRUST	90.1	86.4	91.4	66.7	66.7
CORNWALL PARTNERSHIP NHS FOUNDATION TRUST	89.9	89.9	89.5	89.5	89.7
LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST	89.8	86.8	86.9	87.6	88.1
SHEFFIELD HEALTH & SOCIAL CARE NHS FOUNDATION TRUST	89.7	89.7	89.0	89.3	89.8
WEST SUFFOLK NHS FOUNDATION TRUST	89.3	90.0	88.0	87.6	91.3
SOUTH TYNESIDE AND SUNDERLAND NHS FOUNDATION TRUST	89.2	89.8	89.7	88.7	92.0
TAMESIDE AND GLOSSOP INTEGRATED CARE NHS FOUNDATION TRUST	89.2	89.6	73.7	89.6	92.3
CHESHIRE AND WIRRAL PARTNERSHIP NHS FOUNDATION TRUST	89.0	89.0	89.2	86.2	86.1
SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST	88.9	89.5	93.8	93.8	98.4
DORSET HEALTHCARE UNIVERSITY NHS FOUNDATION TRUST	88.5	89.1	89.5	89.6	89.8
CHESTERFIELD ROYAL HOSPITAL NHS FOUNDATION TRUST	88.4	88.6	88.2	88.8	91.5
EAST LANCASHIRE HOSPITALS NHS TRUST	88.4	83.4	83.5	83.6	88.7
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	88.2	84.1	81.9	81.8	80.2
ROYAL FREE LONDON NHS FOUNDATION TRUST	88.0	89.1	88.9	88.5	90.9
GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FOUNDATION TRUST	87.6	88.5	88.1	88.4	88.2
MID CHESHIRE HOSPITALS NHS FOUNDATION TRUST	87.4	88.4	88.5	76.4	75.2
SOUTHERN HEALTH NHS FOUNDATION TRUST	87.2	71.8	87.1	87.7	92.0
DERBYSHIRE COMMUNITY HEALTH SERVICES NHS FOUNDATION TRUST	86.3	86.2	86.5	86.2	88.3
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	86.0	86.9	46.0	45.1	44.4
UNIVERSITY HOSPITALS OF DERBY AND BURTON NHS FOUNDATION TRUST	85.4	86.4	86.5	73.3	74.8
BRIDGEWATER COMMUNITY HEALTHCARE NHS FOUNDATION TRUST	84.5	84.0	82.8	80.8	87.1
MEDWAY NHS FOUNDATION TRUST	84.3	86.1	85.9	85.1	85.7
THE CELLAR TRUST	84.1	83.6	83.3	88.2	87.9
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	84.0	85.0	84.9	84.8	90.7
EPSOM AND ST HELIER UNIVERSITY HOSPITALS NHS TRUST	83.8	84.9	84.8	84.8	90.2
KENT COMMUNITY HEALTH NHS FOUNDATION TRUST	83.8	80.3	76.8	74.5	85.7
BIRMINGHAM COMMUNITY HEALTHCARE NHS FOUNDATION TRUST	83.3	82.8	55.6	55.6	55.7
OXFORD HEALTH NHS FOUNDATION TRUST	83.1	82.8	81.0	82.9	94.4
COVENTRY AND WARWICKSHIRE PARTNERSHIP NHS TRUST	82.9	82.9	83.0	82.6	82.2
HOUNSLOW AND RICHMOND COMMUNITY HEALTHCARE NHS TRUST	82.3	84.5	79.9	80.4	87.5
NORTHORPE HALL CHILD AND FAMILY TRUST	73.5	73.4	73.7	73.4	73.7
BRATHAY TRUST	68.0	63.6	63.8	-	-
NORTH EAST LONDON NHS FOUNDATION TRUST	67.6	67.6	66.9	66.5	68.5
HUMBER TEACHING NHS FOUNDATION TRUST	67.1	67.1	66.1	94.3	94.1
BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST	59.7	59.7	58.8	59.2	91.5
LANCASHIRE & SOUTH CUMBRIA NHS FOUNDATION TRUST	59.4	58.6	56.0	55.8	93.1
MERSEY CARE NHS FOUNDATION TRUST	50.5	92.9	48.8	49.1	56.8
NORTH WEST BOROUGHS HEALTHCARE NHS FOUNDATION TRUST	48.5	89.1	46.7	46.6	54.7
DUDLEY AND WALSALL MENTAL HEALTH PARTNERSHIP NHS TRUST	5.8	5.8	90.4	87.7	90.5

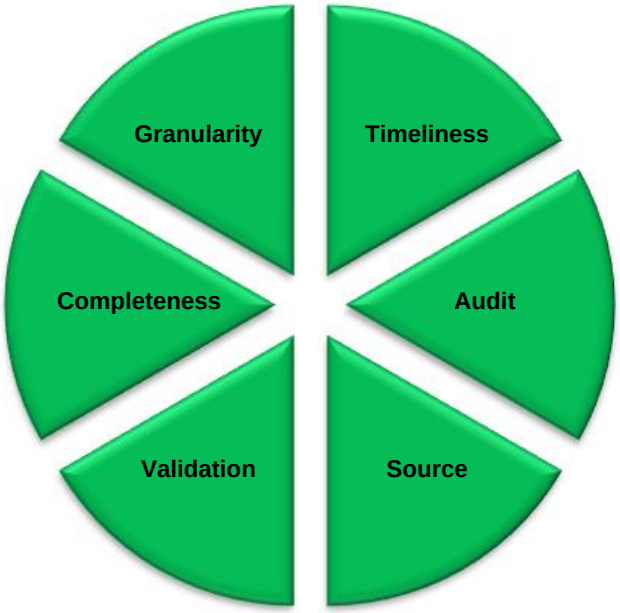
Data source: https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/data-quality#march-2021

Appendix 4 - Data Quality Kite Mark

Background

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

Approach



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

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

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

KPI Data Quality Reviews

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

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 4 May 2021

Non-Executive Director (NED) Deep Dive

Purpose of Report

This paper sets out the Board, Sub-Committee and other activities I have undertaken over the last few months.

Executive Summary

The report pulls out highlights from my role as:

- Senior Independent Director (SID)
- Chair of the Quality and Safeguarding Committee
- Member of the People and Culture Committee
- Member of the Mental Health Committee
- Audit and Risk committee

and covers other Human Resources (HR) related activities I have taken part in because of my background in this area. It touches on plans to support People, Culture and Inclusion activities across Joined Up Care Derbyshire (JUCD).

Strategic Considerations	
1) We will deliver **great care** by delivering compassionate, person-centred innovative and safe care	X
2) We will ensure that the Trust is a **great place to work** by attracting colleagues to work with us who we develop, retain and support by excellent management and leadership	X
3) We will make the **best use of our money** by making financially wise decisions and will always strive for best value to make money go further	X

Assurances

- The agendas of the various committees are designed to seek and give assurance to the Board that the key elements of the Board's strategy are being delivered effectively across the Trust in a way that ensures a people first approach and provides great care for patients and service users.

Consultation

- This report has been prepared specifically for the Council of Governors and has not been sent elsewhere.

Governance or Legal Issues

- My role as SID is to work with others to ensure the effective governance of the Trust, and in particular to conduct the Chair's appraisal.

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:

All the committees I chair, or am a member of, take equality, diversity and inclusion as a priority and seek assurance that all reports received have taken account of the Trust's ambition to be an exemplar of inclusion in all its activities.

Recommendations

The Council of Governors is requested to:

1) Receive the report and ask any questions for clarification or further information.

Report presented and prepared by: **Margaret Gildea**
Senior Independent Director and Non-Executive Director

Derbyshire Healthcare NHS Foundation Trust
Council of Governors – 4 May 2021
Non-Executive Director Deep Dive

Purpose of Report

This paper sets out the Board, Sub-Committee and other activities I have undertaken over the last few months

Senior Independent Director

One of the responsibilities of the Senior Independent Director (SID) is to carry out the Chair's appraisal. This year, in addition to the usual 360 degree appraisal, and our own values based appraisal, we were required to complete a stakeholder appraisal of the Chair based on nationally agreed competences. In addition to facilitating a session to hear the governors' feedback on the Chair and discussions with the Lead Governor, I also followed up requests for feedback from a variety of external sources and carried out the formal appraisal with the Chair. It was a very positive appraisal. I very much appreciated the work of the Trust Secretary in steering me through the whole process.

Sadly, the Chair announced her intention to step down from the role, so I have taken responsibility for finding a Chair who can help us to achieve our ambition of being an outstanding trust with a reputation for excellence in all aspects of inclusion. So far I have facilitated sessions with the Board and the Governors Nominations and Remuneration Committee to identify a necessary change in our constitution and to determine the key elements of the advertisement, job description and person specification for the role so that Gatenby Sanderson can begin the search. We have also agreed the process for longlisting, shortlisting, focus groups and a selection panel so that the Council of Governors are assured that the selection will be fair and inclusive.

Chair of Quality and Safeguarding Committee

The Quality and Safeguarding Committee is accountable for assuring the Board and Council of Governors that the Trust provides great care. The year end report summarises the achievements of the Committee so I will not repeat those here. Combining the Safeguarding Committee with the Quality Committee has been effective. During lockdown we have kept reports short to minimise the workload for the executive members of the Committee which has worked extremely well, and have kept the focus on assurance around physical healthcare, waiting lists, our response to COVID-19, serious incidents, patient and carer experience, medicines management, learning from deaths, safe working, safeguarding children and adults. The Quality Performance dashboard has been improved and lines up with the quality elements of the Trust's Strategy and the Trust's Quality priorities and the Committee focuses on the elements of the Board Assurance Framework (BAF) that considers the risks around providing 'Great Care'.

The Committee has relied on the excellent support from Sue Turner, Board Secretary and the work of the Medical Director, Director of Nursing and Patient Experience and the Chief Operating Officer.

My one regret is that lockdown and the pressures of COVID-19 have made it impossible to carry out Quality Visits or engage as closely with staff and service users as I would have liked to ensure effective triangulation, but the quality of reports

has mitigated this loss. Nevertheless I look forward to resuming face to face activities as soon as we can do so safely.

Member of the People and Culture committee

As a member of this committee I have set out to support Jaki Lowe in what was her new role as Director of People and Culture and also to provide links to work carried out by her predecessor. Julia Tabreham covered the work of this committee in her deep dive at the last Council of Governors' meeting so I won't repeat that here. My role in the Committee is to bring my experience of HR, talent management, organisation change and development and inclusion to bear in seeking assurance that the Trust's aim to put People First and to provide an inclusive environment as part of being a Great Place to Work is achieved.

Mental Health Act Committee

As a member of this committee I play a supportive role in gaining assurance that we are compliant with all aspects of the Mental Health legislation, anticipate the forthcoming changes in the legislation and are compliant with all our processes. I also seek assurance that we take a compassionate approach to all our work in this area. Given the qualities of our Medical Director and Director of Nursing and Patient Experience, I have total assurance that this is the case.

Member of the Audit and Risk Committee

I joined this committee to enable Sheila Newport to take on the role of Well Being Guardian for the Trust. So far I have attended two meetings and am supporting the committee in approving the various year end reports.

Other Activities

I have carried out one complex case appeal during lockdown (closed when the appellant failed to attend any of the hearings arranged for him, initially in person and then remotely via Teams)

I have been a member of the selection panel for the Director of People and Inclusion and the Chief Operating Officer. I also have a monthly Teams Meeting with Jaki Lowe to act as a sounding board for people issues.

I also attended a meeting of the national Senior Salaries Review Board where I argued that remuneration for senior executives should not be solely based on the size of the Trust but should also reflect its complexity. This argument was supported by other members of the meeting.

As the arrangements for Joined Up Care Derbyshire (JUCD) have firmed up, along with Board colleagues I became concerned that to be successful we needed to have at least as much focus on the staff and patient and service user issues as we have on finance. Indeed we need to ensure that the People First values of our own Trust are important to the whole of the system. I worked with Jaki Lowe to produce a framework for organisation development for the whole system, focusing on areas such as recruitment, reward and recognition, talent management and behaviours and values. I will be joining the JUCD People and Culture Committee which has its inaugural meeting on 12 May 2021.

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 4 May 2021

Update on the Current Staff Governor and Public Governor Elections

Purpose of Report
To update governors on preparations for the current staff governor and public governor elections and provide assurance on the process being taken.

Executive Summary
The election process is undertaken by CIVICA, an independent company used by many Foundation Trusts to run their elections.

The Council of Governors have the following vacancies (these include the seats for those governors whose term of office end on 1 June 2021):

- Public governor vacancies:
  - Bolsover and North East Derbyshire (two vacancies)
  - Chesterfield (one vacancy)
  - High Peak and Derbyshire Dales (one vacancy)

- Staff governor vacancies:
  - Admin and Allied Support (one vacancy)
  - Allied Profession (one vacancy)
  - Nursing (two vacancies).

Activity to promote the vacancies and identify individuals interested in the governor vacancies included:

- Stakeholders have distributed information e.g. Derbyshire Voluntary Action, Derbyshire Mental Health Forum, Healthwatch Derbyshire, Mental Health Together, Cares Forum, EQUAL Forum, and Dimensions the Trust's stakeholder e-newsletter
- Emailed the lead for Equality and Diversity Forum in Chesterfield; Chair of the Chesterfield BAME Forum
- Councils/district councils that cover the election areas have been contacted asking them to promote the vacancies to their staff and contacts e.g. Derbyshire County Council, Bolsover District Council, Derbyshire Dales District Council, North East Derbyshire District Council, Chesterfield and North East Derbyshire Voluntary Service
- Promoted the vacancies via social media (Twitter and Facebook) to raise awareness beginning of March with follow ups during the call for nominations
- A newsletter which included the governor vacancies was distributed to all members via email/post
- Emailed members in the elected areas
- The Trust's Chief Executive included details in his weekend note and video to staff
- Press releases prepared and sent to e.g. The Derbyshire Times, The Buxton Advertiser, Chesterfield Post, Peak FM and High Peak Radio.

- Promoted the staff governor vacancy in the staff e-newsletter 'Weekly Connect' and on the intranet and staff Facebook page
- Emailed Staff Network groups e.g. LBGT+ Staff Network; BME Staff Support Network, Disability and Wellness Group
- Emails sent to the Director of Nursing and Patient Experience, Professional Head of Admin, Occupational Therapy Lead, Physical Health and Wellbeing Lead, and other contacts in the staff categories for assistance in sharing the information and encouraging colleagues to nominate themselves
- Requested support from governors to promote the elections via email, the Governance Committee and in governors e-newsletter 'Governor Connect'. Governors have shared the information on social media (Facebook, Twitter, LinkedIn WhatsApp); staff team meetings, contacted individuals and organisations and networks.

Nominations opened on 31 March and closed on 19 April; the situation is as follows:

- Bolsover and North East Derbyshire – uncontested (one vacancy stands)
- Chesterfield – contested with two nominations
- High Peak and Derbyshire Dales – contested with four nominations
- Admin and Allied Support – uncontested
- Allied Professions – contested with two nominations
- Nursing – contested with four nominations

The timeline for the remainder of the election process is as follows:

ELECTION STAGE	TIMESCALE
Notice of Poll published	Friday 7 May 2021
Voting packs despatched	Monday 10 May 2021
Close of election	Friday 28 May 2021
Declaration of results	**Monday, 31 May 2021**

Following election to these eight governor seats, the Council of Governors will have one vacancy for Bolsover and North East Derbyshire which will be included in the election process for spring 2022.

Strategic Considerations	
1) We will deliver **great care** by delivering compassionate, person-centred innovative and safe care	
2) We will ensure that the Trust is a **great place to work** by attracting colleagues to work with us who we develop, retain and support by excellent management and leadership	x
3) We will make the **best use of our money** by making financially wise decisions and will always strive for best value to make money go further	x

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

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

Governance or Legal Issues
These elections are being run in line with the guidance included in the Constitution.

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

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.

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

Recommendations

The Council of Governors is requested to:

1) Receive the report
2) Note the timescales of the elections

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

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 4 May 2021

Report from the Nominations and Remuneration Committee

Purpose of Report
To provide an update on the issues discussed at the Nominations and Remuneration Committee (the Committee) meetings held 18 March and 21 April 2021. To approve the Committee's year-end report 2020/21 and revised Terms of Reference.

Executive Summary
Since the last report to the Council of Governors on 3 November 2020, the Committee has met twice; 18 March and 21 April 2021.

This report provides an outline of the business discussed at both meetings and the Committee's recommendations:

18 March 2021

This meeting covered the appraisals for the Trust Chair and three Non-Executive Directors (NEDs) 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
- Review of the levels of remuneration for NEDs

The Committee also signed off the initial planning for the recruitment of the Trust's new Chair following Caroline Maley's announcement that she would be retiring from the role at the end of her current term in September 2021.

21 April 2021

This meeting covered the appraisals for the final three NEDs as well as an update on the Chair recruitment.

The Committee's year-end report 2020/21 and revised Terms of Reference are attached for approval.

Strategic Considerations	
1) We will deliver **great care** by delivering compassionate, person-centred innovative and safe care	x
2) We will ensure that the Trust is a **great place to work** by attracting colleagues to work with us who we develop, retain and support by excellent management and leadership	x
3) We will make the **best use of our money** by making financially wise decisions and will always strive for best value to make money go further	x

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

Consultation
The Committee has considered the views of the Board in relation to the Chair recruitment process in general and the qualifications, skills, diversity and experience required for the Chair position.

Governance or Legal Issues
The NHS Foundation Trust Code of Governance (the Code) 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 Trust Chair.

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

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

Stakeholder feedback on the Trust Chair/NEDs will be reasonably adjusted to ensure participation across REGARDS characteristics. The recruitment process for the Trust Chair will be delivered against the Trust's Equality, Diversity and inclusive approach.

Recommendation

The Council of Governors is asked to:

1) **Note the update report from the two meetings of the Nominations and Remuneration Committee held 18 March and 21 April 2021.**
2) **Receive assurance from the Committee that satisfactory appraisals have taken place for the Trust Chair and Non-Executive Directors.**
3) **Approve the four Chair objectives as set out in the report.**
4) **Note the 28 June for the recruitment stakeholder groups in Governor diaries.**
5) **Approve the Annual collective performance review of the committee in accordance with its Terms of Reference (Appendix 1)**
6) **Approve the Terms of Reference (Appendix 2)**

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

Derbyshire Healthcare NHS Foundation Trust
Council of Governors – 4 May 2021

Report from the Nominations and Remuneration Committee

Introduction

Since the last report to the Council of Governors on 3 November 2020, the Committee has met twice; 18 March and 21 April 2021.

This report provides an outline of the business discussed at both meetings and the Committee's recommendations:

18 March 2021

1) NON-EXECUTIVE DIRECTOR (NED) APPRAISALS

The Chair leads the appraisal process for the NEDs and Caroline Maley presented the results for Richard Wright, Julia Tabreham and Margaret Gildea. The appraisals were set out in three parts:

.

- **PART ONE –** 360 Feedback, including feedback from a governor focus group
- **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.

The Chair was very pleased to confirm that all three NEDs had received excellent feedback and that their performance continues to be effective and demonstrates commitment to the role. The Committee confirmed they had received significant assurance on these NED appraisals and congratulated the NEDs on their performance.

2) 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.
- Annual collective performance review of the Committee in accordance with its Terms of Reference – this Committee confirmed that it had been effective in 2020/21 this report is included for approval. (Appendix 1)
- Annual review of Terms of Reference – one minor change was agreed, and the revised version is included for approval (Appendix 2).
- Review of the levels of remuneration for NEDs – the Committee's periodic review of remuneration would now be set against the NHSI remuneration framework. The Committee would be consider setting remuneration levels in line with the national framework but would retain the flexibility to recommend levels outside of the framework in line with the 'comply or explain principle' as part of recruitment negotiations.

3) 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, Margaret Gildea, presented the results to the Committee.

The appraisal was set out in the same three parts as the NED appraisals but contained an additional step in relation to stakeholder feedback as required by new NHSI provider chair appraisal guidance.

All the feedback had been overwhelmingly positive. Themes from the free text indicated appreciation of the strong leadership of the Board and Council of Governors; keeping colleagues up to date with news, guidance and information – particularly in the COVID-19/virtual environment and making an effective contribution to good governance.

Feedback through the NHSI template demonstrated a strong performance by Caroline overall against the chair competency framework.

It was agreed that having to do the two sets of feedback had been onerous and the Committee agreed to look at streamlining the process for the next round of appraisals, primarily using the competency based NHSI framework but adding some values-based questions.

Below are the Chair's objectives for the coming year which are recommended for approval:

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) Support the recruitment process by July 2021 for a new Chair who can build on the legacy created with an effective handover completed by mid-September.

4) TRUST CHAIR APPOINTMENT – INITIAL PLANNING

Margaret Gildea relayed the views of the Board of Directors on the process in general and the qualifications, skills and experience required for the Chair position. The Committee welcomed the views and added in their own. The key mandate for the new Chair would be to lead the Board through Inclusion, Culture and Cultural Difference.

The Committee would be agreeing the Job Description and Person Specification, working with the recommended Recruitment Partner at its April meeting. A draft timetable was agreed which would include inclusive recruitment training.

21 April 2021

1) NON-EXECUTIVE DIRECTOR (NED) APPRAISALS

Caroline Maley presented the appraisal results for Geoff Lewins, Sheila Newport and Ashiedu Joel. She was pleased to confirm that all three NEDs had received excellent feedback and that their performance continues to be effective and demonstrates commitment to the role. The Committee confirmed they had received significant assurance on these NED appraisals and congratulated the NEDs on their performance in what had been a very challenging year.

2) UPDATE ON TRUST CHAIR RECRUITMENT

The Committee signed off the job description, person specification and advert and received an overview on the recruitment microsite where post will be promoted. It was noted that training was being arranged and a Recruitment and Inclusion Guardian (RIG) will be fully involved in the process. Several key dates were agreed including the longlist and shortlist meetings. Stakeholder groups would be held on **28 June** (includes governor group) with the panel interview on 30 June 2021. Discussion took place on the Panel composition, which will include an External Trust Chair as a technical assessor.

Recommendation

The Council of Governors is asked to:

1) **Note the update report from the two meetings of the Nominations and Remuneration Committee held 18 March and 21 April 2021.**
2) **Receive assurance from the Committee that satisfactory appraisals have taken place for the Trust Chair and Non-Executive Directors.**
3) **Approve the four Chair objectives as set out in the report.**
4) **Note the 28 June for the recruitment stakeholder groups in Governor diaries.**
5) **Approve the Annual collective performance review of the committee in accordance with its Terms of Reference (Appendix 1)**
6) **Approve the Terms of Reference (Appendix 2)**

Appendix 1

Governors' Nominations & Remuneration Committee
Year End Report 2020/21

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 2020 to 31 March 2021.

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 over recent years a separate review has not been necessary as for each appointment the Board gives the Committees 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 2-3 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 Governors' 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 the Regulator.

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 will be 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 process for the appointment of Trust Chair began in March 2021.

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 2020).

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.

Not applicable in 2020/21.

1.17 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.

The Committee recommended the re-appointment of one NED whose first three-year term of office ended in November 2020. The re-appointment was approved by the Council of Governors in July 2020 and was for a second three year term. The Committee also recommended the re-appointment of the Trust Chair whose term of office ended on 13 September 2020 but just for a 12-month term. This was also approved by the Council of Governors in July 2020.

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

Not applicable in 2020/21.

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

Done annually.

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.

As part of the Chair and NED re-appointments in 2020/21, the Committee took into account the NHSI remuneration structure for Provider Chairs and NEDs. This structure acknowledges that within Foundation Trusts it is for the Council of Governors to determine the remuneration of the Chair and NEDs and Governors retain the prerogative to operate outside of the framework on a 'comply or explain' basis. Two options were considered; to keep the current remuneration levels for the re-appointment or to consider a new remuneration rate based on the new NHSI structure. The Committee felt that in both re-appointments the current remuneration level should be paid and agreed to revisit this for any new NED/Chair appointments.

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.

Conditions and terms of service were outlined in the case of each recommendation.

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. In October 2020 the Committee carried out a gap analysis and agreed several changes, which were subsequently approved by the Council of Governors.

Reports following appraisals of NEDs were held during the year: Margaret Gildea, Julia Tabreham and Richard Wright's appraisals were considered by the Committee at its March 2021 meeting. The Committee also received the Trust Chair's appraisal at the March 2021 meeting. The appraisal process has begun for Geoff Lewins, Ashiedu Joel and Sheila Newport which will be presented to the Committee at their April meeting.

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 and follow the appraisal structure used for NEDs, giving assurance that a satisfactory appraisal has taken place.

Completed annually.

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 consider against the NHSEI remuneration framework.

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 description for the Trust Chair will be reviewed and amended to reflect the experience of the outgoing candidate and the qualities required from candidates.

This will be taken into consideration for the Chair recruitment process in 2021.

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 staff governors' term of office ended in September and a replacement was appointed.

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 2020/21.

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.

It was not necessary to adopt this exception during the year.

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

Details on terms for the current member governors are listed below. In 2020/21 the Committee will need to consider the staff governors' appointment terms.

Current membership		
Governor	**1st, 2nd, 3rd term**	**Current Term Ends**
Andrew Beaumont (Public)	1st term	20/3/22
David Charnock (Appointed)	1st term	13/11/22
Lynda Langley (Lead Governor)	2nd term	20/3/22
Kevin Richards (Public)	2nd term	31/1/23
Carole Riley (Public)	2nd term	20/3/22
Susan Ryan (Public)	1st term	31/1/23
Kel Sims (Staff)	2nd term	1/6/21
Caroline Maley (Trust Chair)	2nd term	13/9/21

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.

3.7 No two governors will be appointed from the same Public constituency; this will not apply to step ins or the Lead Governor.

This was followed during 2020/21.

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:

Member	18/6/20	21/10/20	18/3/21	Attendance
Andrew Beaumont (Public)	Y	Y	N	2/3
David Charnock (Appointed)	Y	Y	Y	3/3
Lynda Langley (Lead Governor)	Y	Y	Y	3/3
Kevin Richards (Public)	Y	Y	Y	3/3
Carole Riley (Public)	Y	Y	Y	3/3
Susan Ryan (Public)	Y	Y	Y	3/3
Kel Sims (Staff)	-	Y	Y	2/2
April Saunders (Staff)	Y	-	-	1/1
Caroline Maley (Trust Chair)	N	Y	Y	2/3
Other attendees				
Justine Fitzjohn (Trust Secretary)	Y	Y	Y	3/3
Margaret Gildea (Senior Independent Director)	Y	Y	Y	3/3

6. Frequency of Meetings

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

In 2020/21 three 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. The Committee agreed that draft minutes should be circulated for comment as soon as possible after each meeting.

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 'How we are organised' 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 2020/21.

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 2020/21 will be presented to the Council of Governors at its meeting in May 2021.

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 but they will continue to be reviewed as and when required. The terms of reference were approved by the Council of Governors in July 2019. It is against these terms of reference that the Committee has based its review for 2020/21.

Appendix 2

Derbyshire Healthcare NHS Foundation Trust

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, 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 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 Carefully consider what compensation commitments Executive Directors' terms of appointment would give rise to in an event of early termination to avoid rewarding poor performance. Contracts should allow for compensation to be reduced to reflect a departing Executive Director's obligation to mitigate loss. Appropriate claw back provisions should be considered in case of an Executive Director returning to the NHS within the period of any putative notice~~.

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 and follow the appraisal structure 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.

2.7 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 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

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.

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.

3.7 No two Governors will be appointed from the same Public constituency, this will not apply to step ins or the Lead Governor.

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.

Proposed version for approval 4 May 2021

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 4 May 2021

Annual Effectiveness Survey Council of Governors

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 established a Task and Finish Group to analyse the results; and identify training needs for governors in their governor role. The Task and Finish group met on 26 November 2020 and fed back to the Governance committee on 10 December 2020.

Each year the Governance Committee reviews the content for of the questionnaire to ensure it is still fit for purpose. This year the Committee agreed that no changes should be made to the questions (the questions are included in this report). 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.

Last year as in previous years the survey was undertaken in September, with the results being presented to the Governance Committee in October and the Council of Governors in November. It is recommended that the survey this year follows the same process: to be undertaken in September 2021, 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.

Strategic Considerations	
1) We will provide **great care** by delivering compassionate, person-centred innovative and safe care; ensuring choice, empowerment and shared decision making is the norm.	X
2) We will ensure that the Trust is a **great place to work** by attracting colleagues to work with us who we develop, retain and support by excellent management and leadership; creating an empowered, compassionate and inclusive culture that actively embraces diversity.	X
3) We will make the **best use of our money** by making financially-wise decisions every day and avoid wasting resources. We will always strive for best value by finding ways to make our money go further.	X

Assurances

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

Consultation

A governor task and finish group as established in October 2020 to analyse last year's results and to review the questions in the survey for this year. The group fed back their proposals to the Governance Committee on 10 December 2021.

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 2021

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

Council of Governors Annual Effectiveness Survey – 2021

Part 1: you as a governor

1. Name: (please enter n/a if you wish to remain anonymous)
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
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

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 4 May 2021

Report from Governance Committee

Purpose of Report

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

Executive Summary

Since the last summary was provided in March the Governance Committee has met once on 1 April 2021. Following national guidance on keeping people safe during the COVID-19 pandemic, both meetings were conducted digitally using Microsoft Teams.

Strategic Considerations	
1) We will deliver **great care** by delivering compassionate, person-centred innovative and safe care	
2) We will ensure that the Trust is a **great place to work** by attracting colleagues to work with us who we develop, retain and support by excellent management and leadership	x
3) We will make the **best use of our money** by making financially wise decisions and will always strive for best value to make money go further	x

Assurances

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

Consultation

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

Governance or Legal Issues

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

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

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

Recommendations

The Council of Governors is requested to note the report made of the Governance Committee meeting held on 1 April 2021.

Report presented by: **Julie Lowe,**
Deputy Chair of the Governance Committee

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

Report from the Governance Committee – 12 April 2021

Thirteen governors (48% of the Council of Governors) attended this meeting held on 1 April 2021.

Review Progress of Governors Membership Engagement Action Plan

- Progress of the Governors Membership Engagement Action Plan was discussed and it was agreed that the Engagement Task and Finish Group will meet in May to update the Governors Membership Engagement Action Plan.

Update on the Annual Members' Meeting (AMM)

- The AMM will be held virtually on 9 September from 4-6pm
- The theme is 'Cohesion through COVID-19' – overcoming adversity through the pandemic
- The AMM will include the formal business and achievements/innovations thoughtout the year; and remembering our colleagues
- The AMM will close with the announcement of the winners of the 'Finding my calm during COVID' writing competition.

Consideration of holding to account questions to the Council of Governors

- The Governance Committee agreed to escalate one question to the Council of Governors relating to capacity in A&E through the Mental Health Liaison teams to support people with deteriorating mental health as a result of COVID.

Draft Governor and Membership Section of the Annual Report 2020/21

- The Committee accepted the relevant information for publication into the Annual Report with the amends.

Declarations of Interests Annual Review

- Governors were requested to review and amend their individual declarations of interest and notify Denise Baxendale of any amends by 9 April 2021.

Training and Development

- A governor engagement session has been organised for 6 October 2021, 2-4pm via Microsoft Teams. This will be led by Lynda Langley, Julie Lowe and Valerie Broom with support from Denise Baxendale
- A one-hour session, via Microsoft Teams is being organised on the Integrated Performance Report
- Governors expressed an interest in attending GovernWell sessions on Core Skills; Recruitment: the governor role in non-executive appointments; Accountability and holding to account; Effective chairing for governors; NHS Finance and business skills. These governors have been booked on the sessions and will feedback to the Committee and share information.

Any Other Business – Elections update

- Nominations opened on 31 March and close on Monday 19 April – governors are encouraged to promote the elections widely.

Any Other Business – Lead Governor role

- Lynda Langley's term of office ends in March 2022 and governors were encouraged to consider the Lead Governor role.

Governor Meeting Timetable March 2021 – March 2022

DATE	TIME	EVENT	LOCATION/COMMENTS
4/5/21	9.30am onwards	Trust Board Meeting	This will be a virtual meeting
4/5/21	2.00pm onwards	Council of Governors meeting	This will be a virtual meeting
15/6/21	10.00am-12.30pm	Governance Committee	This will be a virtual meeting
6/7/21	9.30am onwards	Trust Board Meeting	This will be a virtual meeting
6/7/21	2.00pm onwards	Council of Governors and Trust Board development session	This will be a virtual meeting
10/8/21	10.00am-12.30pm	Governance Committee	This will be a virtual meeting
7/9/21	9.30am onwards	Trust Board Meeting	This will be a virtual meeting
7/9/21	2.00pm onwards	Council of Governors meeting	This will be a virtual meeting
9/9/20	2.30 onwards	Annual Members' Meeting	This will be a virtual meeting
6/10/21	2.00-4.00pm	Governor Training and Development Session – governor engagement	This will be a virtual meeting
12/10/21	10.00am-12.30pm	Governance Committee	This will be a virtual meeting
2/11/21	9.30am onwards	Trust Board Meeting	This will be a virtual meeting
2/11/21	2.00pm onwards	Council of Governors meeting	This will be a virtual meeting
8/12/21	10.00am-12.30pm	Governance Committee	This will be a virtual meeting
18/1/22	9.30am onwards	Trust Board Meeting	Conference Rooms A&B, Ashbourne Centre, Kingsway Hospital Site, Kingsway, Derby DE22 3LZ
18/1/22	2.00pm onwards	Council of Governors and Trust Board development session	Conference Rooms A&B, Ashbourne Centre, Kingsway Hospital Site, Kingsway, Derby DE22 3LZ
8/2/22	10.00am-12.30pm	Governance Committee	Rooms 1&2, Ashbourne Centre, Kingsway Hospital Site, Kingsway, Derby DE22 3LZ
1/3/22	2.00pm onwards	Council of Governors meeting	Conference Rooms A&B, Ashbourne Centre, Kingsway Hospital Site, Kingsway, Derby DE22 3LZ
1/3/22	9.30am onwards	Trust Board Meeting	Conference Rooms A&B, Ashbourne Centre, Kingsway Hospital Site, Kingsway, Derby DE22 3LZ

Please note:

- **Training and development sessions for 2021/22 to be arranged and agreed with governors**
- **It is likely that the meetings will take place virtually for the rest of the year due to the COVID-19 pandemic. Face-to-face meetings will be held at Kingsway Hospital site, Derby.**

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

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS	
NHS Term / Abbreviation	**Terms in Full**
CQI	Clinical Quality Indicator
CQUIN	Commissioning for Quality and Innovation
CRB	Criminal Records Bureau
CRG	Clinical Reference Group
CRS	(NHS) Care Records Service
CRS	Commissioner Requested Services
CSF	Commissioner Sustainability Fund
CTO	Community Treatment Order
CTR	Care and Treatment Review
D	
DAT	Drug Action Team
DBS	Disclosure and Barring Service
DBT	Dialectical Behavioural Therapy
DfE	Department for Education
DCHS	Derbyshire Community Health Services NHS Foundation Trust
DDCCG	Derby and Derbyshire Clinical Commissioning Group
DHCFT	Derbyshire Healthcare NHS Foundation Trust
DIT	Dynamic Interpersonal Therapy
DNA	Did Not Attend
DH	Department of Health
DoLS	Deprivation of Liberty Safeguards
DNA	Did not attend
DPA	Data Protection Act
DRRT	Dementia Rapid Response Team
DTOC	Delayed Transfer of Care
DVA	Derbyshire Voluntary Action (formerly North Derbyshire Voluntary Action)
DWP	Department for Work and Pensions
E	
ECT	Enhanced Care Team
ECW	Enhanced Care Ward
ED	Emergency Department
EDS2	Equality Delivery System 2
EHIC	European Health Insurance Card
EHR	Electronic Health Record
EI	Early Intervention
EIA	Equality Impact Assessment
EIP	Early Intervention In Psychosis
ELT	Executive Leadership Team
EMDR	Eye Movement Desensitising & Reprocessing Therapy
EMR	Electronic Medical Record
EPR	Electronic Patient Record
ERIC	Estates Return Information Collection
ESR	Electronic Staff Record
EUPD	Emotionally Unstable Personality Disorder
EWTD	European Working Time Directive
F	
FBC	Full Business Case
FFT	Friends and Family Test

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS	
NHS Term / Abbreviation	**Terms in Full**
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
GMC	General Medical Council
GP	General Practitioner
GPFV	General Practice Forward View
H	
HCA	Healthcare Assistant
HEE	Health Education England
HES	Hospital Episode Statistics
HoNOS	Health of the Nation Outcome Scores
HSCIC	Health and Social Care Information Centre
HSE	Health and Safety Executive
HWB	Health and Wellbeing Board
I	
IAPT	Improving Access to Psychological Therapies
ICM	Insertable Cardiac Monitor
ICS	Integrated Care System (formerly ACS)
ICT	Information and Communication Technology
ICU	Intensive Care Unit
IDVAs	Independent Domestic Violence Advisors
IG	Information Governance
ILS	Immediate Life Support (BLS – Basic Life Support)
IM&T	Information Management and Technology
OOA	Outside of Area
IPP	Imprisonment for Public Protection
IPR	Integrated Performance Report
IPT	Interpersonal Psychotherapy
J	
JNCC	Joint Negotiating Consultative Committee
JTAI	Joint Targeted Area Inspections
JUCB	Joined Up Care Board
JUCD	Joined Up Care Derbyshire
K	
KPI	Key Performance Indicator
KSF	Knowledge and Skills Framework
L	
LA	Local Authority

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS	
NHS Term / Abbreviation	**Terms in Full**
LCFS	Local Counter Fraud Specialist
LD	Learning Disabilities
LHP	Local Health Plan
LHWB	Local Health and Wellbeing Board
LOS	Length of Stay
M	
MARS	Mutually Agreed Resignation Scheme
MAU	Medical Assessment Unit
MAS	Memory Assessment Service
MAPPA	Multi-agency Public Protection Arrangements
MARAC	Multi-agency Risk Assessment Conference (meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, probation, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs) and other specialists from the statutory and voluntary sectors.
MASH	Multi-Agency Safeguarding Hub
MCA	Mental Capacity Act
MDA	Medical Device Alert
MDM	Multi-Disciplinary Meeting
MDT	Multi-Disciplinary Team
MFF	Market Forces Factor
MHA	Mental Health Act
MHIN	Mental Health Intelligence Network
MHIS	Mental Health Investment Standard
MHRT	Mental Health Review Tribunal
MSC	Medical Staff Committee
MSK	Musculoskeletal (conditions)
N	
NCRS	National Cancer Registration Service
NED	Non-Executive Director
NICE	National Institute for Health and Care Excellence
NHS	National Health Service
NHSE	National Health Service England
NHSI	National Health Service Improvement
NIHR	National Institute for Health Research
O	
OBC	Outline Business Case
ODG	Operational Delivery Group
OP	Out Patient
OSC	Overview and Scrutiny Committee
OT	Occupational therapy
P	
PAB	Programme Assurance Board
PAG	Programme Advisory Group
PALS	Patient Advice and Liaison Service
PAM	Payment Activity Matrix
PARC	Psychosis and the reduction of cannabis (and other drugs)

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
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
QC	Quality Committee
QIA	Quality Impact Assessment
QIPP	Quality, Innovation, Productivity Programme
R	
RAID	Rapid Assessment, Interface and Discharge
RCGP	Royal College of General Practitioners
RCI	Reference Cost Index
REGARDS	Race, Economic disadvantage, Gender, Age, Religion or belief, Disability and Sexual orientation
RTT	Referral to Treatment
S	
SAAF	Safeguarding Adults Assurance Framework
SBARD	Situation, Background, Assessment, Recommendation and Decision (SBARD) tool
SBS	Shared Business Services
SEND	Special Educational Needs and Disabilities
SI	Serious Incidents
SID	Senior Independent Director
SIRI	Serious Incident Requiring Investigation
SLA	Service Level Agreement
SLR	Service Line Reporting
SMI	Severe Mental Illness
SOC	Strategic Options Case
SOF	Single Operating Framework
SPOA	Single Point of Access
SPOE	Single Point of Entry
SPOR	Single Point of Referral
STEIS	Strategic Executive Information System
STF	Sustainability and Transformation Fund

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS	
NHS Term / Abbreviation	**Terms in Full**
STP	Sustainability and Transformation Partnership
SUI	Serious (Untoward) Incident
T	
TARN	Trauma Audit and Research Network
TCP	Transforming Care Partnerships
TCS	Transforming Community Services
TDA	Trust Development Authority
TMT	Trust Management Team
TUPE	Transfer of Undertakings (Protection of Employment) Regulations 1981
TMAC	Trust Medical Advisory Committee
U	
UDBH	University Hospitals of Derby and Burton
V	
VO	Vertical Observatory
W	
WDES	Workforce Disability Equality Standard
WRES	Workforce Race Equality Standard
WTE	Whole Time Equivalent
Y	
YTD	Year to Date

(updated 26 April 2021)