Derbyshire Healthcare
NHS Foundation Trust

Derbyshire Healthcare NHS Foundation Trust
Council of Governor's meeting

Virtual MS Teams meeting

10 May 2022 14:00 - 10 May 2022 16:30

INDEX

Derbyshire Healthcare
NHS Foundation Trust

COUNCIL OF GOVERNORS' MEETING – TUESDAY 10 MAY 2022
FROM 2.00-4.30PM

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

AGENDA		LED BY	TIME
1.	Welcome, introductions and Chair's opening remarks Apologies and Declaration of Interests	Selina Ullah	2.00
2.	Submitted questions from members of the public	Selina Ullah	2.05
3.	Minutes of the previous meeting held on 1 March and the extraordinary meeting held on 13 April 2022	Selina Ullah	2.10
4.	Matters arising and actions matrix	Selina Ullah	2.15
5.	Chief Executive's update (verbal)	Ifti Majid	2.20
6.	Perinatal Mental Health Provider Collaborative Update	Sam Harrison	2.35
STATUTORY ROLE			
7.	Report from Governors Nominations and Remuneration Committee	Selina Ullah	2.55
8.	Council of Governors Annual Effectiveness Survey	Denise Baxendale	3.05
COMFORT BREAK			3.10
HOLDING TO ACCOUNT			
9.	Staff Survey Results	Jaki Lowe	3.20
10.	Escalation items to the Council of Governors from the Governance Committee (verbal)	Selina Ullah	3.40
11.	Verbal summary of Integrated Performance Report (full report provided for information)	Non-Executive Directors	3.45
OTHER MATTERS			
12.	Governance Committee Report – 5 April 2022	Ruth Grice	4.05
13.	Review of the Governor Membership Engagement Action Plan	Denise Baxendale	4.10
14.	Election update	Denise Baxendale	4.15
15.	Any Other Business	Selina Ullah	4.20
16.	Review of meeting effectiveness and following the principles of the Code of Conduct	Selina Ullah	4.25
17.	Close of meeting	Selina Ullah	4.30
FOR INFORMATION			
18.	Minutes of the Public Board meeting held on 1/3/22*		
19.	Chair's Report as presented to Public Trust Board on 10/5/22*		
20.	Chief Executive's Report as presented to Public Trust Board on 10/5/22*		
21.	Governor meeting timetable 2022/2023		
22.	Glossary of NHS terms		
Next Meeting: Tuesday 6 September 2022 from 2.00pm			

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

Our vision

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

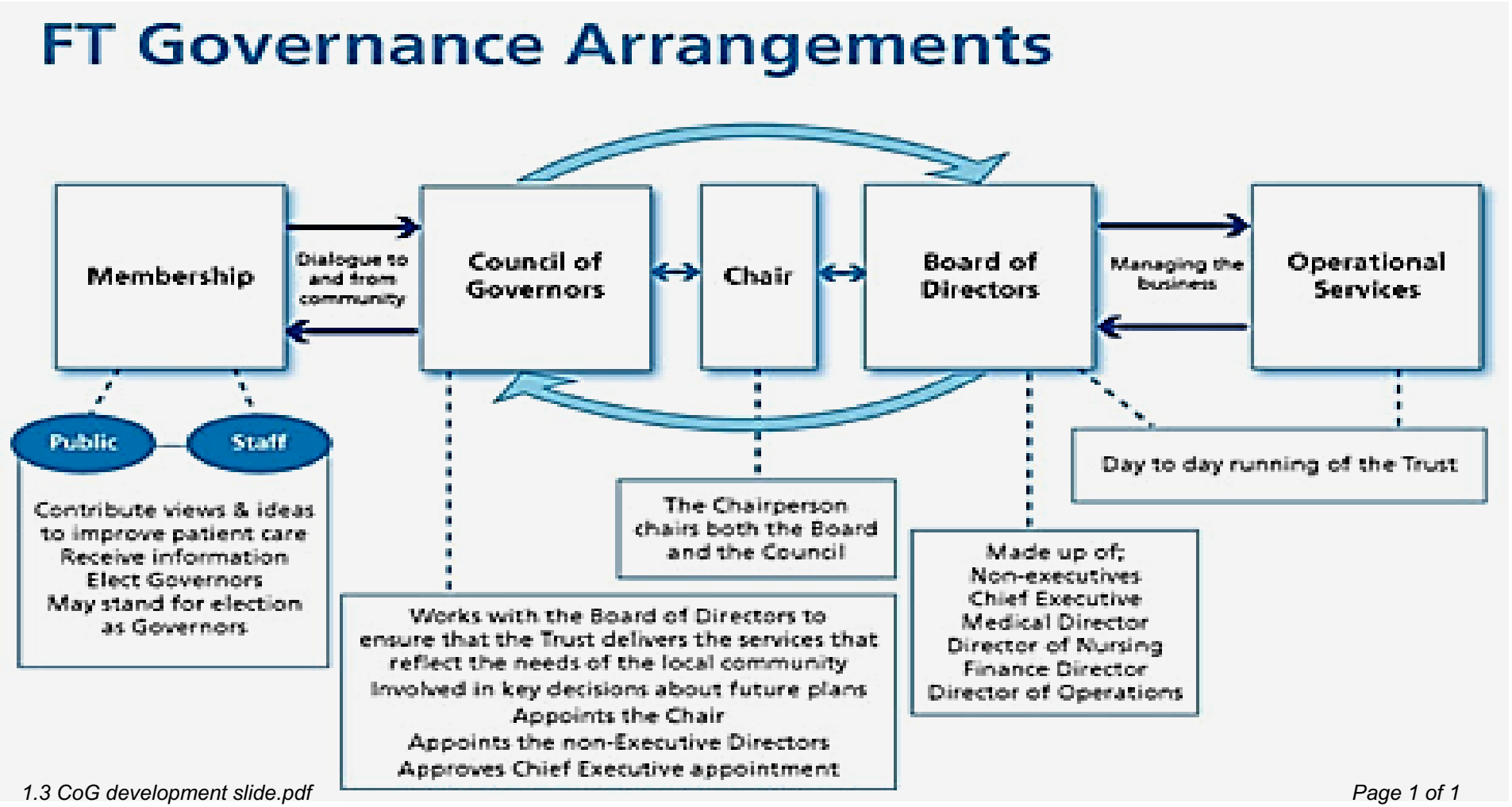
Our values

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

Our Trust values are:

People first – We 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

Derbyshire Healthcare NHS Foundation Trust

MINUTES OF COUNCIL OF GOVERNORS MEETING HELD ON TUESDAY 1 MARCH 2022, FROM 14:15-16:15 HOURS MEETING HELD DIGITALLY VIA MICROSOFT TEAMS

PRESENT	Richard Wright	Deputy 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
	Ruth Grice	Public Governor, Chesterfield
	Lynda Langley	Public Governor, Chesterfield and Lead Governor
	Julie Lowe	Public Governor, Derby City East
	Carole Riley	Public Governor, Derby City East and Deputy Lead Governor
	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
	Chris Mitchell	Public Governor, High Peak and Derbyshire Dales
	Rosemary Farkas	Public Governor, Rest of England
	Marie Hickman	Staff Governor, Admin and Allied Support Staff
	Kel Sims	Staff Governor, Admin and Allied Support
	Jan Nicholson	Staff Governor, Allied Professions
	Jo Foster	Staff Governor, Nursing
	Jodie Cook	Appointed Governor, Derbyshire Mental Health Forum
IN ATTENDANCE	Denise Baxendale	Membership and Involvement Manager
	Justine Fitzjohn	Trust Secretary
	Jaki Lowe	Director of People and Inclusion
	Claire Wright	Deputy Chief Executive and Executive Director of Finance
	Deborah Good	Non-Executive Director
	Geoff Lewins	Non-Executive Director
	Margaret Gildea	Non-Executive Director
APOLOGIES	Stuart Mourton	Public Governor, Derby City West
	Farina Tahira	Staff Governor, Medical
	Varria Russell-White	Staff Governor, Nursing
	Roy Webb	Appointed Governor, Derby City Council
	Rachel Bounds	Appointed Governor, Derbyshire Voluntary Association
	Stephen Wordsworth	Appointed Governor, University of Derby
	David Charnock	Appointed Governor, University of Nottingham
	Selina Ullah	Trust Chair
	Ifti Majid	Chief Executive

Ashiedu Joel	Non-Executive Director
Sheila Newport	Non-Executive Director

ITEM	ITEM
DHCFT/GOV/2022/006	**WELCOME, INTRODUCTIONS, APOLOGIES FOR ABSENCE & DECLARATION OF INTERESTS** Richard Wright, Deputy Trust Chair welcomed all to the meeting. He reminded everyone that the meeting was being held via a public link. He introduced Deborah Good, newly appointed Non-Executive Director (NED) to the meeting. Richard conveyed his appreciation to governors whose terms of office end in March. He also thanked Valerie Broom and Andrew Beaumont for re-standing in the elections. He also acknowledged how the relationship between the Trust Board and Council of Governors has grown in strength. The apologies were noted. There were no declarations of interest.
DHCFT/GOV/2022/007	**SUBMITTED QUESTIONS FROM MEMBERS OF THE PUBLIC** It was noted that no questions from members or the public have been received.
DHCFT/GOV/2022/008	**MINUTES OF THE MEETING HELD ON 2 NOVEMBER 2021** The minutes of the meeting held on 2 November 2021 were accepted as a correct record.
DHCFT/GOV/2022/009	**MATTERS ARISING AND ACTIONS MATRIX** There were no matters arising from the minutes. It was noted that there were no ongoing actions listed on the Actions Matrix. **RESOLVED: The Council of Governors noted that all actions on the Actions Matrix had been completed.**
DHCFT/GOV/2022/010	**CHIEF EXECUTIVE'S UPDATE** In the absence of the Chief executive, Claire Wright, Deputy Chief Executive and Executive Director of Finance, presented an update which included: • The government published the health and social care integration white paper, Joining Up Care for People, Places and Populations, on 9 February 2022; which sets out a vision for an integrated NHS and adult social care sector which will better serve patients and staff • Integrated Business Boards (ICBs) will be legally and operationally established on 1 July 2022 • The first Integrated Care Partnership Board has taken place, focusing on health and care, Place and collaborative working • Conversations are taking place about a wider collaborative and governance as the Integrated Care System (ICS) evolves

	• The Trust Strategy (2018-2022) has been reviewed to ensure that the Trust outlines how we are going to achieve our strategic objectives at a time of great change. The Strategy reflects a context of wider partnership working across Derby and Derbyshire, through our integrated care approach with local health and care partners. It is also developed as our partnerships with Trusts and other providers who deliver services similar to our own across the East Midlands are growing, through a regional East Midlands Alliance approach • The Staff Forum continues to provide productive and honest conversations. The recent Staff Forum focused on concern about the rise in the cost of living; in particular mileage remuneration and the cost of fuel. The Trust agreed to review the wellbeing offers and to carry out a review of its Travel Policy • The Trust issued a statement about our support for all those affected by the crisis in Ukraine which impacts widely across people in Derbyshire, including our staff, service users and carers • It has been a difficult week as two colleagues have recently passed away. The Trust has offered support to all colleagues affected. Andrew Beaumont referred to the pay disparity between men and women and asked what is being done to improve women's pay. Claire explained that the gender pay gap is on the Trust Board's agenda; and at this morning's meeting a paper outlines key actions to help to close the gap e.g. flexible working. It was noted that as one of the UK's largest employers, the NHS is committed to addressing the gender pay gap. Valerie Broom expressed her appreciation that the Trust is focusing on reducing the gender pay gap and was pleased to see that the paper presented this morning to the Trust Board outlined its plan and commitment to address this issue.
DHCFT/GOV/2022/011	**<u>UPDATE ON NEXT ROUND OF NON-EXECUTIVE DIRECTOR APPOINTMENTS</u>** Justine Fitzjohn gave the following update on the Non-Executive Director (NED) appointments: • The closing date for applications is 1 March. The Trust is pleased with the level of applications received so far • Longlisting is scheduled for 8 March • Shortlisting is scheduled for 24 March • Stakeholder focus groups will be taking place on 8 April • Interviews will be taking place on 11 April It is envisaged that the newly appointed NEDs will be in post prior to Margaret Gildea and Richard Wright taking up their new roles as designate Non-Executive Members for the Integrated Care Board (ICB) Board on 1 July. The Trust will be arranging a handover between the exiting and newly appointed NEDs. **RESOLVED: The Council of Governors noted the update on the NED appointments.**
DHCFT/GOV/2022/012	**<u>NON-EXECUTIVE DIRECTORS DEEP DIVE</u>**

	Margaret Gildea NED, Senior Independent Director and Chair of the People and Culture Committee presented the Deep Dive to governors. Margaret gave an overview of her role and referred to the following: • The Executive Team has focused on supporting staff throughout the pandemic with enhanced leadership engagement, a strengthened service for health and wellbeing, and empathy around the challenges of staffing and redeployment • Staff survey results during this period have demonstrated the value of the People First approach • There has been an increased emphasis on partnership working across Derbyshire and the East Midlands as the Trust prepares for the Integrated Care System to become fully operational on 1 July 2022. Margaret conveyed her appreciation to the Executive Team for ensuring that NEDs were able to carry out their responsibilities despite the restrictions caused by the pandemic. **RESOLVED: The Council of Governors received the Deep Dive Report from Margaret Gildea.**
DHCFT/GOV/2022/013	**ESCALATION ITEMS TO THE COUNCIL OF GOVERNORS FROM THE GOVERNANCE COMMITTEE** Four items of escalation were received from the Governance Committee meetings held on 8 December 2021 and 8 February 2022: *Question one: Governors seek assurance that the issues raised concerning the Trust in Roy's story shared with the Trust Public Board on 2 November; and with the Governance Committee on 8 December have been addressed; and if not addressed what plans are in place to address the issues.* Governors were referred to a paper in this morning's Trust Board pack 'A Framework of Quality Assurance for Board Stories – Sharing Service Receiver and Carer Experiences to Trust Board' which outlines learning points from patient and carers experiences that are presented to the Trust Board. Jodie Cook suggested that the paper could be shared with partners as some experiences had been raised at other meetings. Jodie was advised that the paper is in the public domain. Claire Wright suggested that it could be shared at delivery board and will feedback to Ifti Majid and Gareth Harry. *Question two: Governors seek assurance that patients are given appropriate communication if an appointment is cancelled. Concerns have been raised by members and the public that some cancellations are only communicated to patients at the last minute and can have an emotional impact on the patient. Concern has also been raised that parents of young people are not being included in communications to enable them to support their child.* *Question three: Governors seek assurance on what additional support staff have access to during the pandemic and also if they have long COVID? Is additional support being provided by Occupational Health and wellbeing support staff?* *Question four: Governors discussed the issues that staff networks are experiencing and sought assurance that the issues are being addressed*

	including: getting appropriate support, training, time to fulfil the Chair and Vice-Chair roles, supervision, communication with the Trust. Marie Hickman asked if the Chairs and Vice-Chairs of the staff networks been involved in the discussions and recommendations referred to in the response. Jaki Lowe advised that one of the aims is to co-create so that the Chairs/Vice-Chairs are fully involved in discussions. She also confirmed that all the networks are aware of the recommendations. The responses to the questions are attached as Appendix 1 to these minutes, were read out at the meeting.
DHCFT/GOV/2022/014	**<u>VERBAL SUMMARY OF INTEGRATED PERFORMANCE REPORT</u>** The Integrated Performance Report (IPR) was presented to the Council of Governors by the NEDs. The focus of the report was on workforce, finance, operational delivery and quality performance. Geoff Lewins as Chair of the Audit and Committee updated the meeting on the following: • Regarding the Statistical Process Control Charts (SPC) in the report Geoff explained that data in between the upper and lower control limits on the charts is normal but if the data is outside of these limits there could be a problem with the design process; and if so, the limits need to be narrowed to make them more adaptable to ensure that they are controlled. • Out of area placements have been a concern in the past; not only because of the impact this has on the service user and their families; but also the financial cost. Geoff confirmed that there have been real improvements in reducing the use of out of area placements; and that the few that have been arranged were due to the COVID-19 pandemic necessitating a reduced bed base for infection, prevention and control reasons • Waiting lists are generally an area of concern. In some cases new investment is needed as demand for some services is outstripping commissioned capacity. The Trust is using agency staff to try to alleviate the issues with vacancies across services. It was noted that 24% of posts in talking therapies are currently vacant. In the Children and Adolescent Service (CAMHS) there is a constant pressure due to the increase in demand to access the service. Geoff reiterated that reducing waiting times is a priority for the Trust. • The Trust is forecasting a breakeven at the end of the financial year. However, there are some hazards including the inevitable increase in the use of agency staff due to the COVID-19 pandemic, and staff vacancies. Recruitment fill rates continue to improve. Governors were reminded that recruitment in the NHS is a national issue. The Finance and Performance Committee will continue to monitor recruitment • The proportion of service users whose care plans have been reviewed continue to be lower than expected. There is an increased focus on improving this and work continues to improve this month by month. Richard Wright, as Chair of the Finance and Performance Committee referred to care plans and explained that the new Mental Health Long-term plan

	emphasises the importance of co-producing care plans. He also referred to a recent ward round he participated in for older adults where he witnessed a care plan being reviewed with the service user, and witnessed sensitivity regarding service users, cares and their families.
DHCFT/GOV/2022/015	**<u>GOVERNANCE COMMITTEE REPORT – 8 FEBRUARY 2022, INCLUDES:</u>** The Council of Governors received the report from the Governance Committee meeting which took place on 8 February 2022, Julie Lowe, Chair of the Committee referred to the following: • Ruth Grice and Marie Hickman have been elected as Chair and Deputy Chair of the Governance Committee respectively • The Committee recommends that the Council approves the following amends to the Nominations and Remuneration Committee Terms of Reference: - remove the restriction of not allowing public governors from the same constituency to be members - reduce the quorum to two public governors and either the staff governor or the appointed governor - keep membership the same (Lead Governor, four public governors, one staff governor, one appointed governor and the Trust Chair) It was also noted that the Governance Committee sought the Council's approval to elect: • Susan Ryan as designate Lead Governor for six months from 21 March • Julie Boardman as Deputy Lead Governor Justine Fitzjohn conveyed her appreciation to all governors and noted how the Council of Governors has developed over time. **RESOLVED: The Council of Governors:** • **Received and noted the contents of the report** • **Agreed to the proposals to amend the Nominations and Remuneration Committee's terms of reference as outlined above** • **Agreed to the proposals to elect Susan Ryan as 'designate' Lead Governor for six months starting on 21 March** • **Elected Julie Boardman as Deputy Lead Governor.**
DHCFT/GOV/2022/016	**<u>ELECTION UPDATE</u>** Denise Baxendale provided the Council of Governors with an update on the recent public and staff governor elections and gave assurance that the election process is undertaken in line with the model election rules as laid out in the Trust's Constitution. The elections were undertaken by Civica Election Services, an organisation who carries out many Foundation Trust elections. The report included the range of activities that took place to promote the vacancies and identify individuals interested in the governor vacancies. The vacancies have been widely promoted across Derby and Derbyshire. We are aware that the information has been circulated by several organisations including: Joined Up Care Derbyshire, South Derbyshire CVS, Derbyshire Mental Health Forum, Erewash CVS, The Volunteer Centre Chesterfield and

	North East Derbyshire, Derbyshire County Council, Carer's Network, Bolsover District Council, Amber Valley Borough council, South Derbyshire Council, Mental health together, the Trust's EQUAL Forum, Chesterfield Borough Council's BME Forum, Rhubarb Farm. Nominations opened on 19 January and closed at 5pm on 7 February. The situation is as follows: - Amber Valley – contested with two nominations - Bolsover and North East Derbyshire – contested with two nominations - Chesterfield – contested with two nominations - Derby City East – uncontested with two nominations - Derby City West – contested with three nominations - Erewash – uncontested with two nominations - South Derbyshire – contested with three nominations - Rest of England – contested with two nominations - Staff governor, medical – contested with two nominations Voting packs were despatched to members on 25 February with voting closing at 5pm on 17 March. Following elections to these eleven governor seats, the Council of Governors will have a full complement of governors. Newly elected governors' terms of office will begin on 21 March 2022. The newly elected governors will be invited to attend an induction session on 23 March; and be encouraged to take advantage of the 'buddy up' system that is provided by more experienced governors to help them in their role. **RESOLVED: The Council of Governors** **1) Received the update on the governor elections** **2) Received assurance on the process for the elections taken.**
DHCFT/GOV/2022/017	**<u>REVIEW OF THE GOVERNOR MEMBERSHIP ENGAGEMENT ACTION PLAN</u>** Denise Baxendale provided an update on the governors Membership Engagement Action Plan (Action Plan). Governors are elected to represent their local communities and the Action Plan has been developed to increase engagement with members and to promote the governor role. It is aligned to the key objectives for members' engagement in the Membership Strategy 2021-2024 as follows: • Increase membership engagement with the Trust and its governors • Provide mechanisms for members to provide feedback to the Trust • Increase awareness of governors and the role they play • Further develop and enhance member focused communications through the membership magazine and e-bulletin • Include the role and promotion of staff governors in the Trust's wider focus on staff engagement. The Action Plan was last reviewed by the Governance Committee on 8 February 2022 and the updated version was presented to the Council.

	Despite the pause on face-to-face events during the COVID-19 pandemic, governors have been able to engage with members and the public via virtual events. **RESOLVED: The Council of Governors** **1) Received the revised Governors Membership Engagement Action Plan** **2) Encouraged governors to carry out the actions listed.**
DHCFT/GOV/2022/018	**ANY OTHER BUSINESS** **Governors** Richard Wright conveyed his appreciation to governors who are committed to representing the people in Derbyshire. He empathised the importance of sharing feedback with the Trust in order for the Trust to hear what people are saying about the services that it provides. Denise Baxendale expressed her gratitude to governors whose terms of office end on 20 March and commented how much she had enjoyed working with them all. Lynda Langley thanked everyone for attending the meeting.
DHCFT/GOV/2022/019	**REVIEW OF MEETING EFFECTIVENESS AND FOLLOWING THE PRINCIPLES OF THE CODE OF CONDUCT** The Council of Governors agreed that: • The meeting was effectively chaired • The meeting covered all agenda items with enough time for discussion.
DHCFT/GOV/2022/020	**CLOSE OF MEETING** The meeting closed at 16:15 hours. An extraordinary Council of Governors meeting will be held on 13 April from 12:00-13:00 hours to approve the appointments of two Non-Executive Directors who will replace Margaret Gildea and Richard Wright. The next Council of Governors meeting will be held on Tuesday 10 May from 14.00 hours. Both meetings will be held virtually using Microsoft Teams.

Appendix 1

Questions to escalate to the Council of Governors – 1 March 2022

Escalated items from the Governance Committee held on 8 December 2021 and 8 February 2022

Question one:

Governors seek assurance that the issues raised concerning the Trust in Roy's story shared with the Trust Public Board on 2 November; and with the Governance Committee on 8 December have been addressed; and if not addressed what plans are in place to address the issues.

Response

The Trust Board and Executive Team are very grateful for Roy sharing his experience at Trust Board and Joined Up Care Derbyshire to consider how we learn from individuals' experiences. The lived experience of mental health problems, co-existing alcohol issues and the impact of financial pressures are well established risk factors. This year we welcome continued focus to reduce waiting times and improve access, investment in alcohol services to reach individuals and their families at the earliest opportunity. We are working with Roy on his wishes and how he would like to use his story in an educational video for community mental health practitioners through our new practice Educator role. This is also learning in addition to our patient experience response that we worked with Roy on prior to sharing his story at the Trust Board.

Governors were referred to the Public Trust Board paper which includes actions from Roy's story.

Question two:

Governors seek assurance that patients are given appropriate communication if an appointment is cancelled. Concerns have been raised by members and the public that some cancellations are only communicated to patients at the last minute and can have an emotional impact on the patient. Concern has also been raised that parents of young people are not being included in communications to enable them to support their child.

Response

Governors seek assurance that patients are given appropriate communication if an appointment is cancelled.

This financial year around 8% of psychiatric outpatient appointments have been cancelled by the Trust per month, around 12% have been cancelled by patients and around 12% of patients did not attend their appointment (DNA). The main reasons for cancellations are when patients need to be seen more urgently, or because of consultant illness.

When an appointment is cancelled by the Trust and the patient had previously been notified about the appointment, the patient will be contacted by telephone if short notice, or

by letter if the appointment is a few weeks into the future, to advise them that unfortunately their appointment has been cancelled and that another appointment will be arranged.

Concerns have been raised by members and the public that some cancellations are only communicated to patients at the last minute and can have an emotional impact on the patient.

Unfortunately, last minute cancellations are unavoidable on occasions when consultants or other professionals are taken ill and no cover is available. This year there have been around 43,000 outpatient appointments so far, of which around 640 have had to be cancelled owing to consultant sickness. When this happens the medical secretary or clinic administrator will ring the patients concerned to let them know that unfortunately their appointment has had to be cancelled and that another appointment will be arranged. Data relating to cancellations is monitored through the clinical divisions and reported through to Trust Board, including plans to keep cancellations to a minimum.

Concern has also been raised that parents of young people are not being included in communications to enable them to support their child.

Parents are informed by letter if the cancellation isn't short-notice and by telephone if the cancellation is within a few days.

Occasionally a child or young person may not want their parents involved or communicated with. In circumstances when this arises, the child or young person's capacity is assessed to determine appropriateness.

Question three:

Governors seek assurance on what additional support staff have access to during the pandemic and also if they have long COVID? Is additional support being provided by Occupational Health and wellbeing support staff?

Response

A range of additional wellbeing support was put in place for staff during the pandemic, this included bookable coaching calls with a member of the Staff Wellbeing Team, access to Peer Support Groups, Wobble Rooms & Spaces, Traumatic Incident Support, access to a 24/7 Counselling Helpline and numerous Bespoke Training Sessions offered to staff.

Most recently we have been able to offer staff the chance to attend a 'Winter Wellbeing Check In' – an opportunity to check in on their wellbeing with a member of the Wellbeing Team and receive support and signposting as required.

We continue to offer all of the above wellbeing support alongside other support available such as access to counselling (via Resolve), access to the Thrive Wellbeing App and access to a National Fitness Platform for NHS Staff.

There is a current need and focus for staff around their financial wellbeing and we have had sessions provided by Marches Energy Charity to offer money saving advice and we continue with our Financial Wellbeing Peer Support Group. We will be launching a

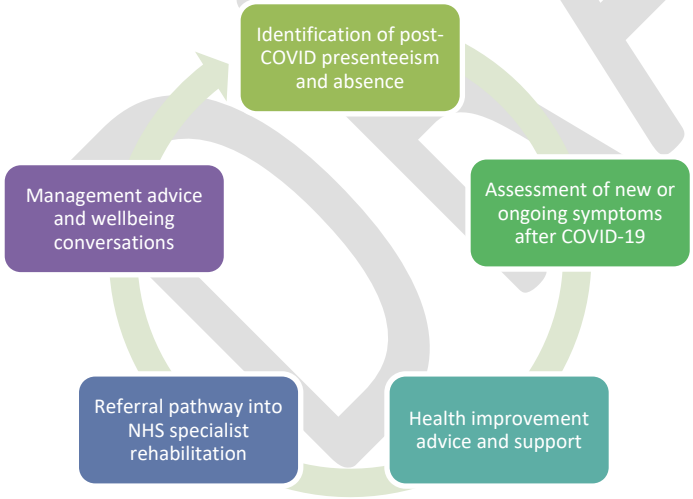
Financial Wellbeing Package in March which will include our offer from Salary Finance (previously Neyber.)

We also continue to receive requests for Bespoke Team Support. This can be for teams who have experienced a difficult incident, for teams who are feeling exhausted and for those teams where moral is low. We have been responding to requests for team support either by coaching team leads or providing team sessions which are delivered by the Wellbeing Team or if appropriate by the team at Resolve Counselling Service.

Our Staff Wellbeing Champions meet every month to report back how things are feeling in their areas of work, share ideas and request help. The Champions will play a vital part of our Covid recovery and we are in the process of recruiting and inducting more to the network.

For individual support on Long Covid, Occupational Health have a range of services according to individual symptoms and experience, on receiving a referral an appropriate package is put in place.

As a system we have successfully bid for funding to support a Long Covid programme which has enabled research which will inform the further service development. This includes specific work on virus presentation and pathway for BME staff and the support that needs to be in place.



The roll out of the health and wellbeing conversation is critical to capture dynamically and as symptoms and situations change, the plans which will be put in place.

Question four:

Governors discussed the issues that staff networks are experiencing and sought assurance that the issues are being addressed including: getting appropriate support, training, time to fulfil the Chair and Vice-Chair roles, supervision, communication with the Trust.

Response provided by Jaki Lowe and will be delivered by Margaret Gildea. Note the response was Jaki was very detailed. Therefore Margaret will provide the following response, and add an appropriate amount of detail from Jaki's response (in blue text)

Response

We have had resource issues which are now resolved and we have some practical plans and funding to support the networks and Co-Chairs.

Derbyshire Healthcare NHS Foundation Trust

MINUTES OF EXTRAORDINARY COUNCIL OF GOVERNORS MEETING HELD ON WEDNESDAY 13 APRIL 2022, FROM 12:00-12:17 HOURS MEETING HELD DIGITALLY VIA MICROSOFT TEAMS

PRESENT	Selina Ullah	Trust Chair and Chair of Council of Governors
	Angela Kerry	Public Governor, Amber Valley
	Jill Ryalls	Public Governor, Chesterfield
	Ruth Grice	Public Governor, Chesterfield
	Graeme Blair	Public Governor, Derby City East
	Jane Elliott	Public Governor, Derby City East
	Orla Smith	Public Governor, Derby City West
	Ogechi Eze	Public Governor, Derby City West
	Andrew Beaumont	Public Governor, Erewash
	Julie Boardman	Public Governor, High Peak and Derbyshire Dales
	Chris Mitchell	Public Governor, High Peak and Derbyshire Dales
	Hazel Parkyn	Public Governor, South Derbyshire
	Rachel Bounds	Appointed Governor, Derbyshire Voluntary Association
	Jodie Cook	Appointed Governor, Derbyshire Mental Health Forum
	Marie Hickman	Staff Governor, Admin and Allied Support Staff
IN ATTENDANCE	Denise Baxendale	Membership and Involvement Manager
	Justine Fitzjohn	Trust Secretary
	Carolyn Green	Executive Director Patient and Nursing Experience
	Ade Odunlade	Chief Operating Officer
APOLOGIES	Susan Ryan	Public Governor, Amber Valley
	Ivan Munkley	Public Governor, Bolsover and North East Derbyshire
	Rob Poole	Public Governor, Bolsover and North East Derbyshire
	Thomas Comer	Public Governor, Erewash
	Annette Gilliland	Public Governor, Rest of England
	Jan Nicholson	Staff Governor, Allied Professions
	Laurie Durand	Staff Governor, Medical
	Jo Foster	Staff Governor, Nursing
	Varria Russell-White	Staff Governor, Nursing
	Roy Webb	Appointed Governor, Derby City Council
	Martyn Ford	Appointed Governor, Derbyshire County Council
	Stephen Wordsworth	Appointed Governor, University of Derby
	David Charnock	Appointed Governor, University of Nottingham

ITEM	ITEM
DHCFT/GOV/2022/021	**WELCOME, INTRODUCTIONS, APOLOGIES FOR ABSENCE & DECLARATION OF INTERESTS** Selina Ullah, Trust Chair welcomed all to the meeting especially to newly elected governors and those who were re-elected in March. She explained that the meeting was extraordinary because an additional meeting had to be arranged to approve the recommendations to appoint a Non-Executive Director (NED); and to give an update on the NED vacancy.
DHCFT/GOV/2022/022	**GOVERNORS NOMINATIONS AND REMUNERATION COMMITTEE'S RECOMMENDATIONS** Governors noted that the Governors' Nominations and Remuneration Committee had met on 11 April 2022 to make recommendations to the Council of Governors to the appointment of a Non-Executive Director (NED); and to agree the process for the NED vacancy; and to approve the membership of the Committee. Appointment of a Non-Executive Director Governors received a summary of the recruitment process for a Non-Executive Director, noting compliance with all applicable law and advice. The summary included how the proposed candidate had met the criteria and confirmed that the proposed appointee has the right qualities to meet the job description. Selina Ullah conveyed her appreciation for the support provided by the Focus Groups and the Interview Panel. The Nominations and Remuneration Committee recommended to the Council of Governors to approve the appointment of Ralph Knibbs as the Non-Executive Director on a three year term, with an annual fee of £12,638.00, with a start date to be confirmed in line with the completion of the fit and proper person test recruitment checks; and factoring in an appropriate handover. It was noted that the recruitment process had included appointing two NEDs to replace Margaret Gildea and Richard Wright who have been appointed as NEDS to the Derbyshire Integrated Care Board (ICB). However only the one appointment was recommended at this stage as the other candidates unfortunately were unable to demonstrate the transformation/finance background required for the other NED position at the Trust. It was confirmed that this means that another immediate recruitment process will need to be carried out to recruit one NED. Governors' Nominations and Remuneration Committee membership The Council were requested to approve Annette Gilliland, as a new public governor member of the Governors' Nominations and Remuneration Committee. **RESOLVED: The Council of Governors:** **1) Approved the appointment of Ralph Knibbs as Non-Executive Director of the Trust Board at an annual fee of £12,638 for a three year term commencing when the necessary recruitment checks have been completed and factoring in an appropriate handover.**

	2) Noted that all appointments to the Trust Board are subject to satisfactory completion of the Fit and Proper Persons Tests. **3) Noted plans for the remaining vacancy.** **4) Approved Annette Gilliland as a new public governor member of the Governors' Nominations and Remuneration Committee.**
DHCFT/GOV/2022/023	**CLOSE OF MEETING** Selina Ullah thanked all for their attendance and input. The next Council of Governors meeting will be on **Tuesday 10 May 2022, from 2.00pm.** The meeting will be held virtually. The meeting closed at 12:17 hours.

COUNCIL OF GOVERNORS ACTION MATRIX - AS AT 28.4.2022						
Date of Minutes	**Minute Reference**	**Item**	**Lead**	**Action**	**Completion by**	**Current Position**

NB: no actions recorded from the last Council of Governors meeting held on 1 March 2022

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

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 10 May 2022

East Midlands Perinatal Mental Health Provider Collaborative Update

Purpose of Report
To provide background and update on the work by the Trust as Lead Provider in the East Midlands Perinatal Mental Health Provider Collaborative.

Executive Summary
The Trust has the role of Lead Provider in the East Midlands Perinatal Mental Health Provider Collaborative and has worked over the last six months with partners and stakeholders to develop plans for its establishment. This paper provides background to the role of NHS-led provider collaboratives and updates on our work to date.

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
- That we are working closely with NHS England and NHS Improvement (NHSE/I) to ensure that we follow due process for the Lead Provider role
- That we are engaged with local key leads to learn from best practice/experience of previous provider collaboratives to scope and understand programme planning and delivery.
- Dedicated resource is in post to navigate process and facilitate the programme development
- Work to undertake due diligence on the East Midlands perinatal services financial and activity data and similarly for quality and safety is underway.

Consultation
- Consultation and co-production are key elements of the development of the clinical model and business case for the planning and delivery of perinatal mental health services and will be included as part of all updates/papers.
- The value of the commissioning contract which will transfer to DHCFT as Lead Provider is around £4m. Under the Trust's constitution and associated Transaction Guidance (NHS Improvement) this does not meet the threshold of a material transaction so does not trigger the requirement for consultation and approval with the Council of Governors. However, we will ensure that Council of Governors are kept up to date on proposals and developments over forthcoming months.

Governance or Legal Issues

- Identifying and addressing governance and legal issues will form part of the business case process. There is a governance workstream of the programme to establish robust arrangements for the operation of the provider collaborative.

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.

- Equality-related impacts will be considered as part of the business case development of the provider collaborative and this will be tested as part of the NHSE/I Assurance Gateway process.

Recommendations

The Council of Governors is requested to:

1) Note the role of Derbyshire Healthcare NHS Foundation Trust as Lead Provider in the East Midlands Perinatal Mental Health Provider Collaborative
2) Receive the update on progress with the development of the Collaborative

Report presented and prepared by: Samantha Harrison, Programme Lead, East Midlands Perinatal Provider Collaborative

Background

The establishment of NHS-Led Provider Collaboratives is a key part of the NHS Long Term Plan and is a group of providers of specialised mental health, learning disability and autism services who agree to work together to improve the care pathway for their local population. They do this by taking responsibility for the budget and pathway for their given population. Each collaborative is led by an NHS Provider (called the Lead Provider). The Lead Provider remains accountable to NHS England and NHS Improvement for the commissioning of high-quality, specialised services.

NHSE/I have produced a short video which outlines some of the principles of the provider collaborative and this will be shown as part of the Council of Governors meeting. Please note that this names the Phase 1 collaboratives (see below) but the principles follow for the Phase 2 services, which include perinatal mental health.

Current position in the East Midlands

In the East Midlands, there are several provider collaboratives already established in Phase 1 of the national implementation during 2019-21. These are:

- **Forensic Services** (called IMPACT) with Nottinghamshire Healthcare NHS FT as Lead Provider
- **CAMHS** (Children's and Adolescent Mental Health Services) – Northamptonshire Healthcare NHS FT as Lead Provider
- **Adult Eating Disorders** – Leicestershire Partnership NHS Trust as Lead Provider

In Autumn 2021 NHSE/I announced that Phase 2 of the provider collaborative programme, which includes inpatient Perinatal Mental Health Services, should be taken forward.

Perinatal mental health problems are those which occur during pregnancy or in the first year following the birth of a child. Perinatal mental illness affects up to 20% of women, and covers a wide range of conditions. If left untreated, it can have significant and long lasting effects on the woman and her family. Perinatal mental health problems can also have long-standing effects on children's emotional, social and cognitive development.

The East Midlands Perinatal Mental Health Provider Collaborative

The East Midlands Chief Executives' Mental Health and Learning Disability and Autism Alliance (the Alliance) plays an integral role in the development and oversight of the provider collaboratives in our region. The Alliance consists of the Chief Executives of mental health providers across the East Midlands and has the strategic ambition to improve the health and wellbeing of the local population by working in collaboration.

As part of their work, the Alliance proposed that Derbyshire Healthcare (DHCFT) be the Lead Provider for the Perinatal Mental Health Services Provider Collaborative and that the Alliance would oversee this collaborative in addition to established provider collaboratives. This has been supported by NHSE/I and we have worked

over the last six months to develop plans for the establishment of the provider collaborative.

The partners in the East Midlands Perinatal Mental Health Provider Collaborative are:

- Derbyshire Healthcare NHS Foundation Trust (Lead Provider)
- Leicestershire Partnership NHS Trust
- Lincolnshire Partnership NHS Foundation Trust
- Northamptonshire Healthcare NHS Foundation Trust
- Nottinghamshire Healthcare NHS Foundation Trust

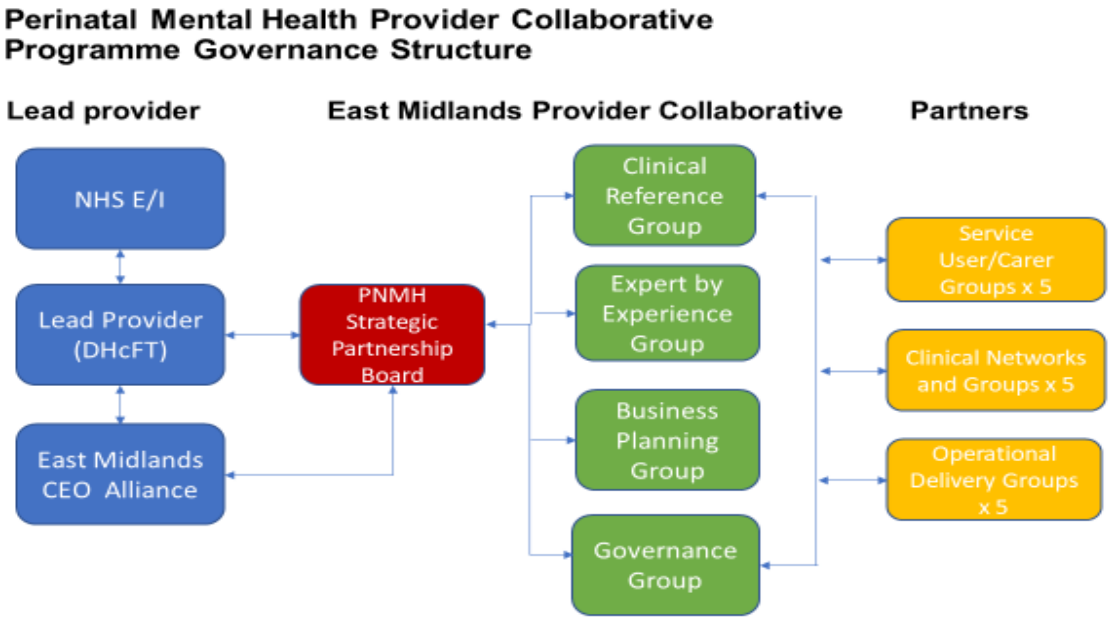
The contract that we as Lead Provider will take over from NHSE/I covers in-patient perinatal mental health services, which in the East Midlands are delivered through two Mother and Baby Units – one within Derbyshire Healthcare NHS FT (the Beeches) and one at Nottinghamshire Healthcare NHS FT (Margaret Oates Mother and Baby Unit). However the provider collaborative partners include community perinatal services providers, which provides an opportunity to bring together decision making on inpatient services from providers across the whole pathway, and work closely with community teams to connect services and improve quality.

As Lead Provider DHCFT has three main responsibilities:

a. Day to day responsibility for delivery of high-quality compliant services across the Provider Collaborative, with good patient experience and outcomes
b. A system of governance that has a robust visible mechanism of quality assurance from ward to Boards and into Partnership Boards
c. A robust risk and escalation response for the notification and appropriate management of concerns to include any adverse events/incidents/ safeguarding/inability to meet services specification, across the Provider Collaborative.

The Lead Executive Director for this work within the Trust is Gareth Harry, Director of Business Improvement and Transformation and we have a Lead Non-Executive Director for this work, Geoff Lewins. We meet regularly with Geoff to keep him up to date and he has an important role to provide high level oversight of our progress, provide challenge and constructive input and help in ongoing identification and management of risks.

Below is a diagram showing how the various elements contribute to the overall governance of the provider collaborative:



Key principles of the provider collaborative are that it is clinically driven and that input from Experts by Experience are integral to both the planning, development and oversight of delivery of the model. The governance model shows how these are elements of the structure:

- The **Clinical and Professional reference Group** consists of clinical and operational staff working within the Mother and Baby Units and community services from all five providers. The role of the group is to drive development of the clinical model (the way we plan to deliver services) and set objectives and prioritise the work of the provider collaborative. The Group is led by a **Lead Clinician** – whose role is to lead and develop effective clinical engagement and work as a key member of the provider collaborative programme team.

- The **Experts by Experience Group** will enable service users to input and co-produce the future plans for development of services and be an essential part of how we work as a collaborative.

Progress to date

We have done much work with colleagues across the providers in the collaborative and with NHSE/I to understand the current position of the provision of services across the East Midlands. This has included understanding the current funding for the services, the costs and activity of running the two units. As Lead Provider, taking on this contract from NHSE/I, we need to be sure about any financial risk to us as a Trust. We are also undertaking quality due diligence, that is, reviewing the safety and quality performance of the two units so that we understand the current position and identify any issues we may need to address.

The DHCFT Trust Board have had time at Board development sessions over the past few months to consider and understand the Lead Provider role and have had regular reports on progress of the programme to Board meetings.

We have also worked with clinical colleagues to develop initial clinical principles which we will develop as part our business case to ensure we set ambitious aims to enhance the service provided to our population.

These clinical principles are that the East Midlands perinatal mental health provider collaborative:

- will not disrupt natural patient flows
- will seek to maximise continuity of care between MBUs and community services (including admissions and discharge processes)
- will ensure equity of service provision across both MBUs
- will work to ensure equity of access (linking with population data to ensure that services are available to those with greatest need)
- will work to reduce unwarranted variations of care
- will develop embedded Expert by Experience engagement in ongoing operation and development of the collaborative.

We will continue to work with clinical colleagues and service users to refine and prioritise these principles to give clear objectives for our work on service and outcomes improvement over forthcoming years.

Timeline for Implementation and Next Steps

We have agreed with NHSE/I that we will aim to go ahead with implementation of the clinical model from 1 October. This means that we will take on the Lead Provider role for oversight of quality, performance and safety issues for inpatient perinatal services from that date. We will take on the formal contract (including budgets) from 1 April 2023.

Next steps include submitting a draft business case to NHSE/I in early June to set out our plans for the provider collaborative and provide evidence to them giving assurance that we have set the appropriate elements in place to take on the Lead Provider role. Similarly, we will be presenting details to our Trust Board in May to confirm that we have undertaken appropriate due diligence to understand the services we will be accountable for in terms of finance and quality, including identifying any risks involved.

We will be required to prepare a finalised business plan (expected July 2022) and participate in a Formal Assurance Panel (date to be confirmed) with NHSE/I to confirm that we are ready as Lead Provider to implement the provider collaborative.

Summary

We are progressing to plan with our work to establish the provider collaborative. We continue to work closely with colleagues across the East Midlands who have experience in setting up and running provider collaboratives and this has meant that we have had great benefit from their knowledge and experience.

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 10 May 2022

Report from the Nominations and Remuneration Committee

Purpose of Report
To provide an update on the issues discussed at the Nominations and Remuneration Committee (the Committee) meeting held on 25 April 2022.

Executive Summary
Since the last report to the Council of Governors on 13 April 2022, the Committee has met once on 25 April 2022.

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

This meeting covered the appraisals for the Trust Chair and the 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 next stage planning for the recruitment of Non-Executive Directors.

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 NED

recruitment process in general and the qualifications, skills, diversity and experience required for the NED positions.

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 NEDs.

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 NEDs 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 Nominations and Remuneration Committee held 25 April 2022, noting that no further revisions are needed to the Committee's Terms of Reference.
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.

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

Derbyshire Healthcare NHS Foundation Trust
Council of Governors – 10 May 2022

Report from the Nominations and Remuneration Committee

Introduction

Since the last report to the Council of Governors on 13 April 2022, the Committee has met once on 25 April 2022. This report provides an outline of the business discussed at the meeting and the Committee's recommendations:

1) NON-EXECUTIVE DIRECTOR (NED) APPRAISALS

The Chair leads the appraisal process for the NEDs and Selina Ullah presented the results. The appraisals are set out in three parts:

.

- **PART ONE –** 360 Feedback, from Board and other colleagues
- **PART TWO –** Review of performance against objectives for the year and any reflection on the year just completed
- **PART THREE –** Set of objectives for the next year and any personal development requirements and brief summary statements by appraisee and appraiser.

Full year appraisals have been carried out for Richard Wright, Margaret Gildea, Ashiedu Joel and Geoff Lewins. Sheila Newport's appraisal has been deferred and will be re-arranged. As this had been the final appraisals for Richard Wright and Margaret Gildea it had been more of a closure conversation. Initial objectives have been agreed with Deborah Good. The Chair was pleased to report that the NEDs had met their objectives and performed highly in challenging circumstances. The Committee confirmed they had received significant assurance on the NED appraisals and congratulated the NEDs on their performance.

2) 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 2021/22 and a separate report is included as Appendix i for approval.
- Annual review of Terms of Reference – no additional changes were required as amendments had been agreed by the Council of Governors at its March 2022 meeting.
- Review of the levels of remuneration for NEDs – this item was deferred to its next meeting and will report back to the Council of Governors with any recommendations.

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 NHSE/I provider chair appraisal guidance.

Due to the limited time Selina has been in post, many respondents were not able to answer some sections as they felt it was too early to give a score or had not witnessed Selina in that particular competence or situation yet. However where feedback was given the average scores of all populations showed a strong performance across the competency framework and the values of the Trust and a good correlation with the self-assessment.

The strongest ratings for Selina were for her engagement with people and her passion for the Trust's values. The Committee concluded that Selina had made an excellent start with the Trust and with the Derbyshire Integrated Care System. It was pleasing to note the impact observed by external stakeholders, regionally and within Joined Up Care Derbyshire (JUCD) during the short time Selina has been in post.

Initial objectives had been inherited from the former Chair and these, as well as a new fourth objective on NED onboarding, are recommended for approval as the 2022/23 objectives:

1. Provide strong leadership to the Board and the Council of Governors, shaping the agenda and managing relationships internally and externally.

2. Create the right tone at the top, encouraging change and shaping the organisation's culture.

3. Build system partnerships and balance the organisational governance priorities with the system collaboration.

4. Ensure the effective 'onboarding' of new Non-Executive Directors, taking accountability for their development and for continuing to develop a cohesive and inclusive Board.

4) NEXT STAGE PLANNING – NED RECRUITMENT

The situation regarding the next stage planning was outlined and supported by the Council of Governors at its extraordinary meeting on 13 April 2022. The Chair will give a further update at the meeting.

Recommendation

The Council of Governors is asked to:

1. Note the update report from the meeting of the Nominations and Remuneration Committee held 25 April 2022, noting that no further revisions are needed to the Committee's Terms of Reference.
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.

Appendix i

Governors' Nominations and Remuneration Committee
Year End Report 2021/22

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 2021 to 31 March 2022.

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 Committee its views on the balance of skills, knowledge, experience and diversity of the NEDs and recruitment is targeted where necessary to ensure that the required qualities and experience are reflected on the Trust Board.

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

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

1.3 Review annually the time commitment requirement for NEDs.

All NEDs have a terms of service arrangement of 4-5 days per month, which benchmarks alongside the majority of other Trusts, and the Chair works with all NEDs to keep Trust commitments manageable and appropriate. The Chair time commitment is 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 Council of Governors receives this information from the Nominations and 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 are reviewed.

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

The recruitment process for a new Trust Chair began in March 2021. The new Trust Chair took up the appointment on 14 September 2021.

The Committee undertook the recruitment process for a NED to replace Julia Tabreham who resigned in December 2021. Deborah Good was appointed on 1 March 2022.

In March 2022 the Committee also undertook the recruitment process for two NEDs to replace Margaret Gildea and Richard Wright who have been appointed as designate Non-Executive Directors for the Integrated Care Board (ICB). Interviews took place on 11 April and one NED was appointed. The other vacancy will need to be re-advertised.

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 2021).

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

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

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

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

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

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

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

Not applicable in 2021/22.

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

Not applicable in 2021/22.

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

This is carried out on an annual basis.

2. Remuneration Role

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

This is done with each appointment.

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

The NHSE/I Chair remuneration framework was applied to the Chair appointment. The national framework for NED remuneration was considered but not currently applied. This is in line with the comply and explain principle. However, it was noted that the Council of Governors did not have a formal Expenses Policy for the Trust Chair and NEDs. A draft policy was presented to the Committee in October 2021; and ratified by the Council of Governors on 2 November 2021.

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.

Appraisals this year for NEDs were deferred to March/April 2022 due to the COVID-19 pandemic. Full appraisals have been carried out for Selina Ullah, Richard Wright, Margaret Gildea, Geoff Lewins and Ashiedu Joel. Sheila Newport is currently on a leave of absence and her appraisal has been deferred. Deborah Good, having started on 1 March will be allocated some initial objectives by the Chair will a full appraisal in 12 months. A summary of the NED appraisals will be presented to the Committee on 25 April 2022.

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

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

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

The Trust Chair's appraisal was carried out in March 2022 and will be presented to the Committee on 25 April 2022 by the SID.

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

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

2.6.2 Reflect the time commitment and responsibilities of the roles;

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

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

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

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

See 1.12.

2.8 Oversee other related arrangements for NEDs.

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

3. Membership

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

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

The Lead Governor's term of office ended on 20 March 2022 and has been replaced by the 'designate' Lead Governor. Two public governors' terms of office also ended on 20 March and have now been replaced.

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 2021/22. The Terms of reference were reviewed in February 2022 and ratified by the Council of Governors on 1 March 2022. The quorum has been reduced to two public governors and either the staff governor or the appointed governor.

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

This exception was adopted during the year.

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

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

Current membership		
Governor	**1st, 2nd, 3rd term**	**Current Term Ends**
Julie Boardman	1st term	31/1/23
David Charnock (Appointed)	1st term	13/11/22
Susan Ryan (Public)	1st term	31/1/23
Orla Smith (Public)	1st term	31/1/23
Annette Gilliland (Public)	1st term	31/1/25
Varria Russell-White (Staff)	1st term	31/1/23

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 2021/22. However, the terms of reference were reviewed in February 2022 and ratified by the Council of Governors on 1 March 2022. This restriction has now been removed.

4. Secretary

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

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

5. Attendance

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

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

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

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

A summary of attendance is presented below. As and when required and by invitation the Chief Executive may attend the meeting. The Senior Independent Director attended four meetings as she oversaw the recruitment process for the Trust Chair. The attendance list below:

Member	21.4.21	21.5.21	14.6.21	30.6.21	25.10.21	17.1.22	Attendance
Andrew Beaumont (Public)	Y	Y	-	-	-	-	2/2
Julie Boardman (Public)	-	-	-	-	-	-	0/0
David Charnock (Appointed)	Y	Y	Y	Y	Y	Y	6/6
Annette Gilliland (Public)	-	-	-	-	-	-	0/0
Lynda Langley (Lead Governor)	Y	Y	Y	Y	Y	Y	6/6
Kevin Richards (Public)	X	X	X	X	-	-	0/4
Carole Riley (Public)	Y	Y	Y	Y	Y	Y	6/6
Varria Russell-White (Staff)	-	-	-	-	-	-	0/0
Susan Ryan (Public)	Y	Y	X	Y	Y	Y	5/6
Kel Sims (Staff)	Y	Y	Y	Y	Y	X	5/6
Orla Smith (Public)	-	-	-	-	-	-	0/0
Julie Lowe (Public – stand in)	-	-	-	-	Y	Y	2/2
Caroline Maley (Trust Chair until 13.9.21)	Y	X	X	X	-	-	1/4
Selina Ullah (Trust Chair from 14.9.21)	-	-	-	-	Y	Y	2/2
Other attendees							
Justine Fitzjohn (Trust Secretary)	Y	Y	Y	Y	Y	Y	6/6
Margaret Gildea (Senior Independent Director)	Y	Y	Y	Y	-	-	4/4
Denise Baxendale (Membership and	-	-	-	Y	Y	Y	3/3

Involvement Manager)							
Emma Pickup (GatenbySanderson)	Y	Y	Y	Y	-	-	4/4
Julia St Clare (GatenbySanderson)	Y	Y	-	-	-	-	2/2
Jaki Lowe (Director of People and Inclusion)	-	-	Y	-	-	-	1/1
Mark Bate (GatenbySanderson)	-	-	-	-	-	Y	1/1

6. Frequency of Meetings

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

In 2021/22 six meetings were held.

7. Minutes and Reporting

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

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

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

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

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

Details of the work of the Committee is included in the ‘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 2021/22.

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 2021/22 will be presented to the Council of Governors at its meeting in May 2022.

9. Review

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

The annual review of the terms of reference forms part of the forward plan for the Committee and they will continue to be reviewed as and when required. 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 2021/22. However, the terms of reference were reviewed and ratified by the Council of Governors on 1 March 2022 and the following amends were made:

- The quorum has been reduced to two public governors and either the staff governor or the appointed governor
- The restriction of not allowing public governors from the same constituency to be members has been removed.

The reviewed terms of reference will be used going forwards.

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 5 May 2022

Council of Governors Annual Effectiveness Survey

Purpose of Report

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

Executive Summary

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

Last year, the Governance Committee 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 10 November 2021 and fed back to the Governance committee on 8 December 2021.

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

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 2022, with the results being presented to the Governance Committee in October and the Council of Governors in November. The survey will be promoted widely in Governor Connect, via governor meetings, and emails encouraging governors to complete the survey.

As agreed by Governance Committee on 8 December 2021:

- The questionnaire is repeated in September 2022
- The same questions should be used
- To include the text in bold to question five 'Please indicate in the box below any training or development needs that you would like the Trust to support you **within your governor role**'
- The results will be benchmarked against the previous year's results.

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 was established in October 2021 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 8 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 2022.

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

Council of Governors Annual Effectiveness Survey – 2022

Part 1: you as a governor

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

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

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

Part 2: Domain 2 – capability and culture

11.1. The Council of Governors uses the individual skills, experience, knowledge and diversity of its members to its best advantage: in Council meetings
11.2. The Council of Governors uses the individual skills, experience, knowledge and diversity of its members to its best advantage: in sub-committees
12.1. The Council of Governors carries out its work: in an open, transparent manner
12.2. The Council of Governors carries out its work: with quality as its focus
13. The relationship between the Governors and Trust Chair works well
14. The Council communicates with, listens and responds to members and other stakeholders effectively

Part 2: Domain 3 – processes and structure

15. The role of the Council of Governors is clearly defined
16. The Council of Governors meets at appropriate and regular intervals and receives adequate time and support to function well
17. Governors' views are taken into account as members of the Council of Governors
18.1 The Council of Governors have sufficient opportunity for contact, and good communication, with the Board of Directors: with the Executive Directors
18.2 The Council of Governors have sufficient opportunity for contact, and good communication, with the Board of Directors: with the Non-Executive Directors
19. The Council of Governors has sufficient communication with the members of the Trust, either via the Trust or independently
20. The Council of Governors has a strong voice
21. The Council of Governors is able to influence change
22. Council of Governor sub-committees (Nominations Committee and Governance Committee) are effective and provide quality update reports to the council

Part 2: Domain 4 – measurement

23. The Council of Governors receives sufficient information to hold the Board of Directors to account
24. Governors can identify the key performance issues facing the Trust
25. Governors can ask questions regarding performance reports
26. The Council has agreed a process of dialogue with the non-executive directors and the Trust to enable it to carry out its general duty to hold the non-executive directors individually and collectively to account for the performance of the Board of Directors
27. Governors ask relevant questions of the non-executive directors about challenge at Board meetings
28. Governor comments on the effectiveness of the Council of Governors

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors

National NHS Staff Survey Results 2021

Purpose of Report

The purpose of this paper is to update the Council of Governors on the NHS Staff Survey – NHS England results, which show our position based on the 2021 all staff survey.

Executive Summary

This report for Derbyshire Healthcare NHS Foundation Trust contains results for themes and questions from the 2021 NHS Staff Survey.

The 2021 results within each theme and question are presented in the context of the best, average and worst results for similar organisations where appropriate.

In line with the commitment in the 2020/21 People Plan, for 2021 the annual NHS Staff Survey has been redeveloped to align with the People Promise. First published in July 2020 as part of People Plan 2020/21: action for us all, the People Promise sets out in the words of our NHS people what we can expect from our leaders and from each other to make the NHS the workplace where people want to stay, to stay well, and where others want to join us. The people best placed to say when progress has been made towards achieving this are our NHS people. To track this, the People Promise has been integrated with the annual national NHS Staff Survey from 2021 to ensure colleagues' voices are heard.

The results are presented against the seven areas of the NHS 'People Promise', with additional feedback for staff engagement and morale.

Key information:

- Derbyshire Healthcare NHS Foundation Trust is within the Combined Mental Health/Learning Disability and Community Trusts benchmarking group
- There are 51 organisations in this benchmarking group.

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
From the 2021 NHS Staff Survey NHS England results we can see that:

- We are above average in all of the nine themes when benchmarking against the 51 other Combined Mental Health/Learning Disability and Community Trusts for the 2021 NHS Staff Survey
- We are top in three of the themes across all of the 51 other trusts
- Regionally and across Derbyshire we remain one of the top trusts across all themes.

Consultation

- To date high level results have been shared with the Executives at the Executive Leadership Team meeting.
- All information on our NHS Staff Survey results has been shared via the key Trust channels including a one page summary document, with appropriate stakeholders and governors now the embargo has been lifted on 30 March.

Governance or Legal Issues

- The Care Quality Commission (CQC) analyse the NHS Staff Survey results
- Staff Friends and Family Test (FFT) questions are reported and benchmarked nationally.

Public Sector Equality Duty and Equality Impact Risk Analysis

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

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

- All staff are given the opportunity to complete the NHS Staff Survey every year
- We have raised nationally, and this has been recognised, the gap in a survey to the temporary workforce who are a key part of Derbyshire Healthcare
- Our NHS Staff Survey results are be broken down by protected characteristics and further analysis is done by the Equality, Diversity and Inclusion Team in conjunction with all Staff Network Groups once all of this data has been received

Recommendations
The Council of Governors are requested to receive and review the 2021 NHS Staff Survey – NHS England results.

It is recommended that significant assurance should be given at this point based on:

- the consistent response rate, during another challenging year
- we are above average in all themes and top in three

Once all reports are received, including free text comments the final focus areas will be confirmed and reporting via the People and Culture Committee with ongoing tracking of delivery against focus areas.

Report presented by: **Jaki Lowe**
Director of People and Inclusion

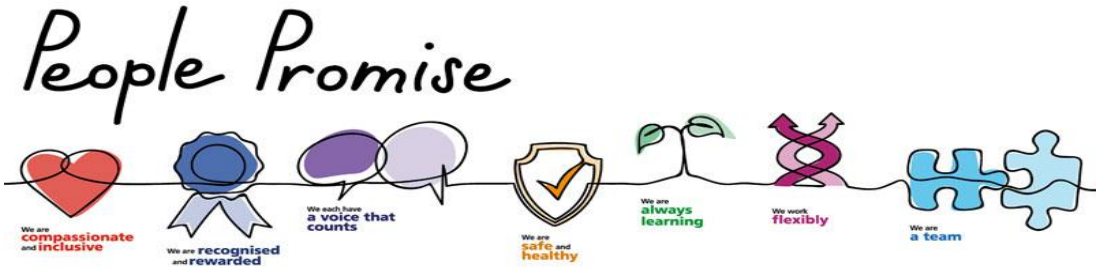
Report prepared by: **Rebecca Oakley**
Acting Deputy Director of People and Inclusion

2021 NHS National Staff Survey Results

Introduction

This report for Derbyshire Healthcare NHS Foundation Trust contains results for themes and questions from the 2021 NHS Staff Survey.

In line with the commitment in the 2020/21 People Plan, for 2021 the annual NHS Staff Survey has been redeveloped to align with the People Promise.



First published in July 2020 as part of People Plan 2020/21: action for us all, the People Promise sets out in the words of our NHS people what we can expect from our leaders and from each other to make the NHS the workplace where people want to stay, to stay well, and where others want to join us. The people best placed to say when progress has been made towards achieving this are our NHS people. To track this, the People Promise has been integrated with the annual national NHS Staff Survey from 2021 to ensure colleagues' voices are heard.

This means that it is not possible for all questions to provide historical data. To align to the NHS People Promise; 32 new questions have been added and others removed.

In addition to the survey structure and questions the eligibility criteria was extended to provide the opportunity for the following groups of staff to take part for the first time:

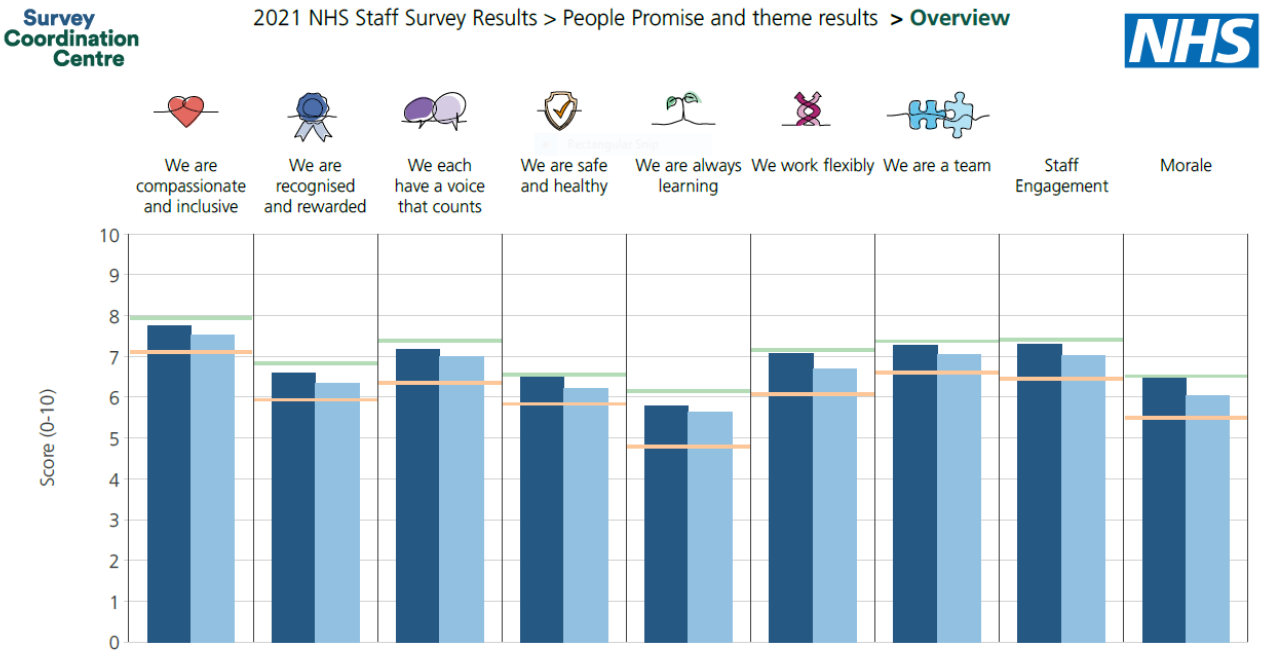
- Staff on long term sickness absence of more than 90 days
- Staff who have been on secondment at an organisation for more than 12 months

There is a recognition that bank staff are currently excluded from the survey and NHS England have announced plans to include in next year's survey.

Results overview

We achieved our highest ever response rate of 62%. This compares extremely well against our comparator organisations (51 other mental health trusts), where the median response rate was 52%.

The results are presented against the seven areas of the NHS 'People Promise', with additional feedback for staff engagement and morale.



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Best	7.9	6.8	7.4	6.6	6.1	7.1	7.4	7.4	6.5
Your org	7.8	6.6	7.2	6.6	5.8	7.1	7.3	7.3	6.5
Average	7.5	6.3	7.0	6.2	5.6	6.7	7.1	7.0	6.0
Worst	7.1	5.9	6.4	5.8	4.8	6.1	6.6	6.5	5.5
Responses	1,697	1,691	1,687	1,685	1,596	1,681	1,691	1,700	1,700

In summary of the nine themes, compared to the other 51 organisations we are benchmarked against, we are:

- **Best in three – safe and healthy, work flexibly, morale**
- **Above average across all themes**

Staff Friends and Family Test (FFT) Scores

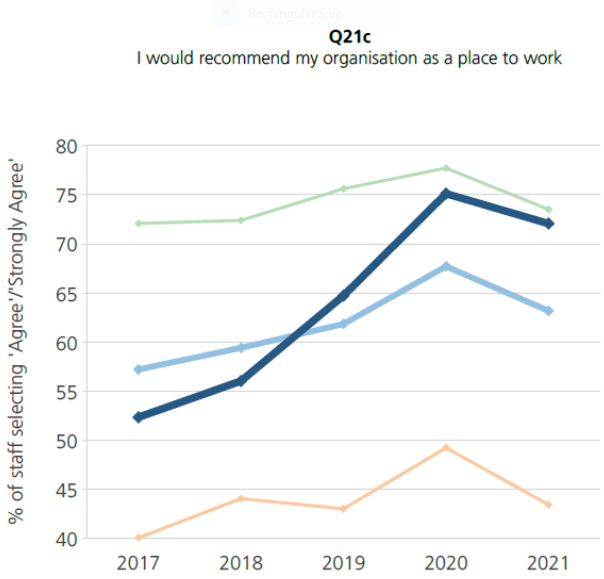
Percentage of staff who would recommend Derbyshire Healthcare as a place to work:

- **2021 – 72%**
- 2020 – 75%
- 2019 – 64%

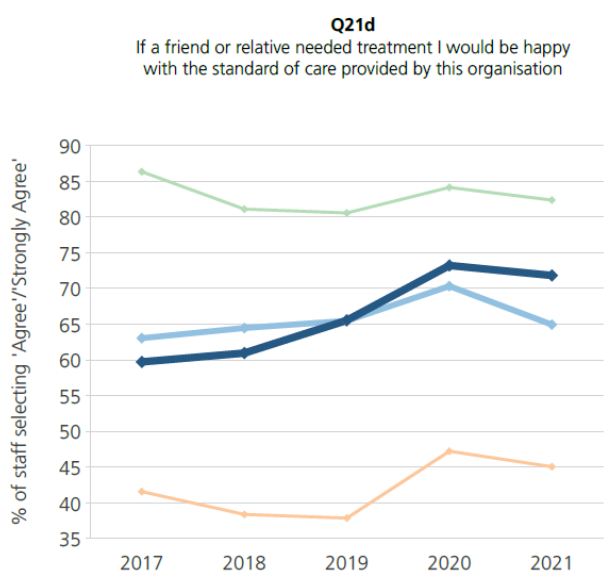
Percentage of staff who would be happy to recommend the standard of care/treatment provided by Derbyshire Healthcare if a friend or relative needed treatment:

- **2021 – 71%**
- 2020 – 73%
- 2019 – 65%

The scores have lowered on both FFT questions by 3% and 2% retrospectively, however bearing in mind we are at the end of a second year into the COVID-19 pandemic, we should be looking at the results in context and at the huge strides which have been made over the last five years. It is evident a similar trend of a fall in the FFT questions from the comparison with other mental health trusts which saw on average over a 4% drop in the questions.



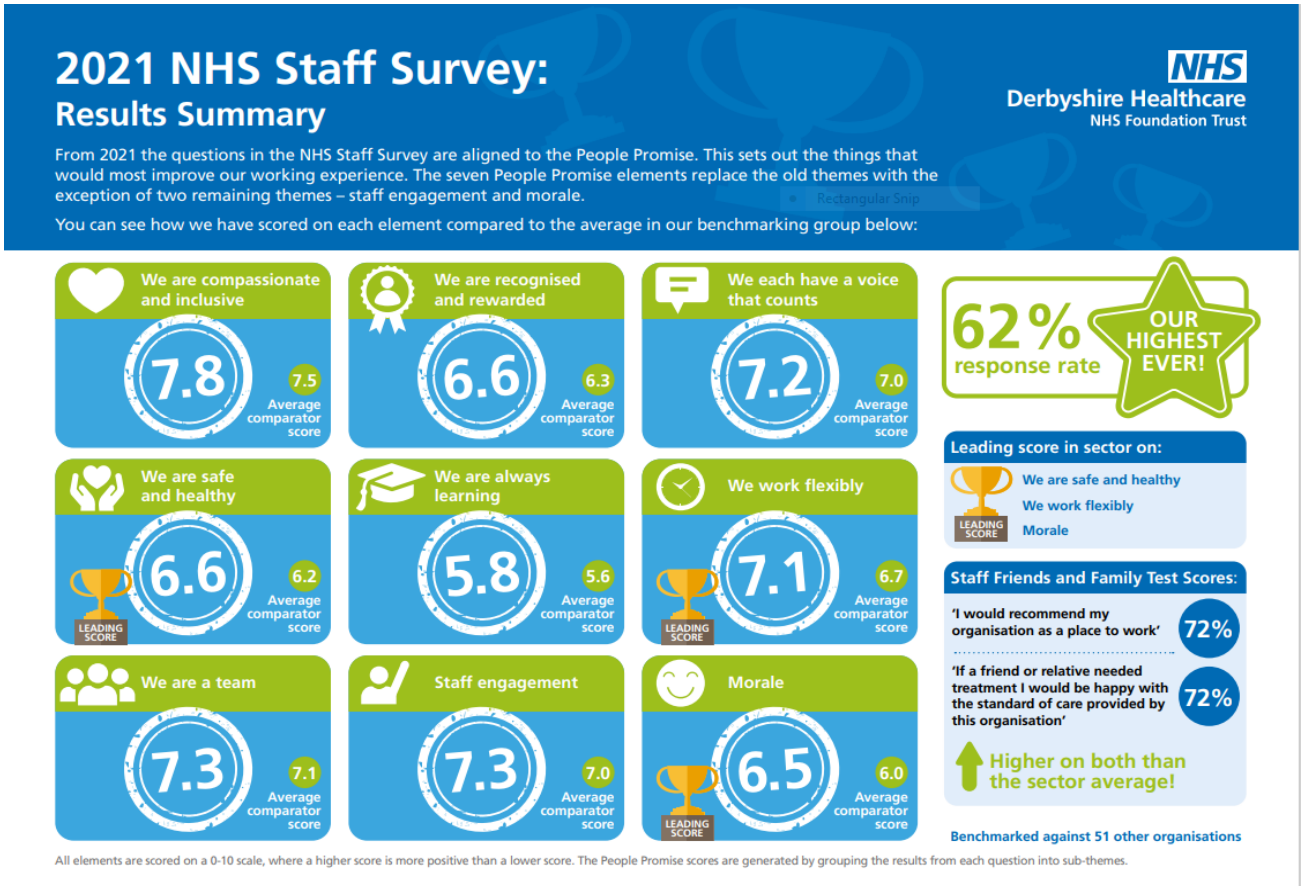
	2017	2018	2019	2020	2021
Best	72.1%	72.4%	75.6%	77.7%	73.5%
Your org	52.3%	56.0%	64.7%	75.1%	72.1%
Average	57.2%	59.4%	61.8%	67.7%	63.2%
Worst	40.1%	44.1%	43.0%	49.2%	43.4%
Responses	987	1,220	1,478	1,599	1,699



	2017	2018	2019	2020	2021
Best	86.3%	81.1%	80.6%	84.1%	82.4%
Your org	59.7%	60.9%	65.5%	73.2%	71.8%
Average	63.0%	64.5%	65.5%	70.3%	64.9%
Worst	41.5%	38.4%	37.8%	47.2%	45.0%
Responses	985	1,218	1,478	1,598	1,697

Sharing the results

We have devised the following infographic to summarise the key results to staff, this has been shared via the usual communication channels.



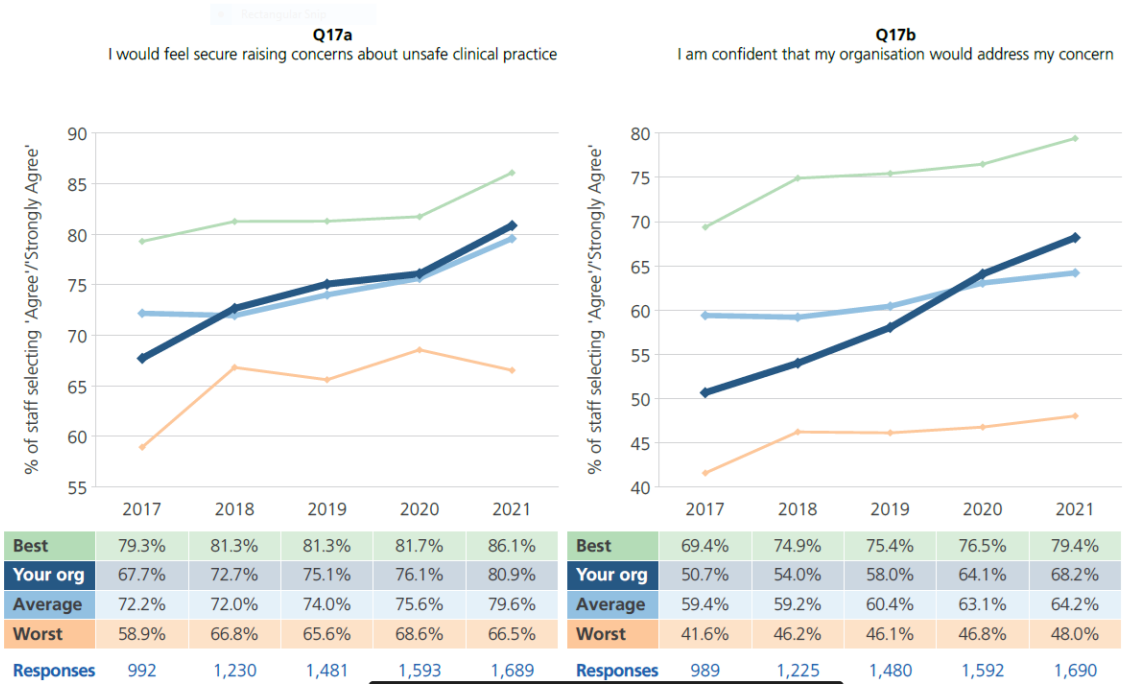
How do we compare to last year?

Compared to the 2020 survey, when looking at the 55 questions where we can compare to the previous year, we were statistically (change of over 4% either way):

- **Better** on two questions
- **Worse** on four questions

We were better on:

Question:	2020	2021	% change
17a. I would feel secure raising concerns about unsafe clinical practice.	76%	81%	5%
17b. I am confident that my organisation would address my concern.	63%	68%	5%



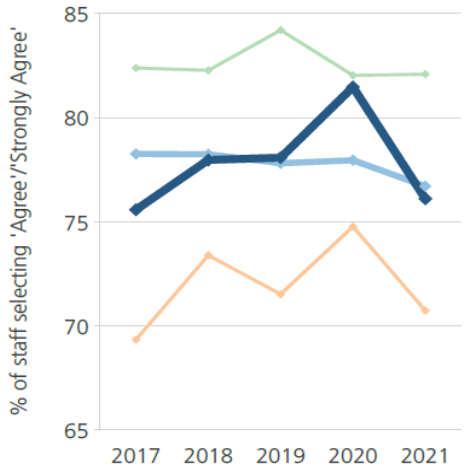
	2017	2018	2019	2020	2021
Best	79.3%	81.3%	81.3%	81.7%	86.1%
Your org	67.7%	72.7%	75.1%	76.1%	80.9%
Average	72.2%	72.0%	74.0%	75.6%	79.6%
Worst	58.9%	66.8%	65.6%	68.6%	66.5%
Responses	992	1,230	1,481	1,593	1,689

	2017	2018	2019	2020	2021
Best	69.4%	74.9%	75.4%	76.5%	79.4%
Your org	50.7%	54.0%	58.0%	64.1%	68.2%
Average	59.4%	59.2%	60.4%	63.1%	64.2%
Worst	41.6%	46.2%	46.1%	46.8%	48.0%
Responses	989	1,225	1,480	1,592	1,690

We were worse on:

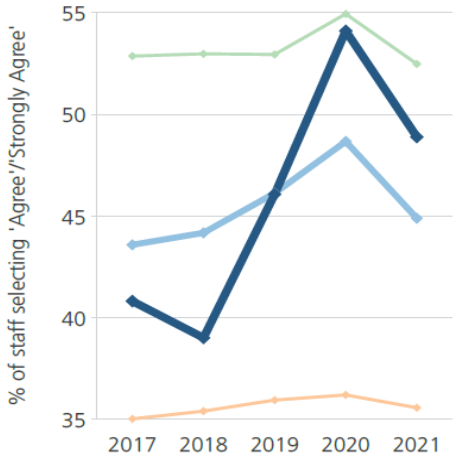
Question:	2020	2021	% change
3d. I am able to make suggestions to improve the work of my team / department.	81%	76%	5%
3g. I am able to meet all the conflicting demands on my time at work.	54%	49%	5%
3i. There are enough staff at this organisation for me to do my job properly.	51%	37%	14%
11d. In the last three months have you ever come to work despite not feeling well enough to perform your duties? **percentage of staff answering no, so more staff are coming in*	59%	52%	7%

Q3d
I am able to make suggestions to improve the work of my team / department



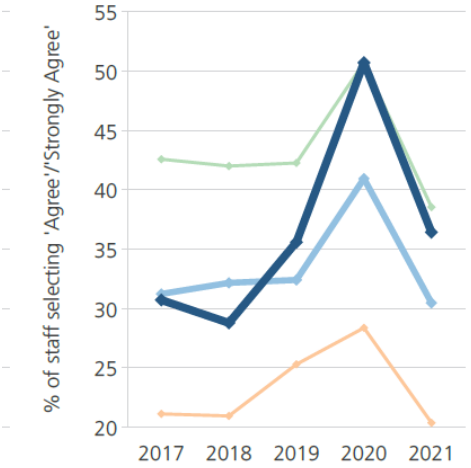
	2017	2018	2019	2020	2021
Best	82.4%	82.3%	84.2%	82.0%	82.1%
Your org	75.6%	78.0%	78.1%	81.5%	76.1%
Average	78.3%	78.2%	77.8%	77.9%	76.7%
Worst	69.3%	73.4%	71.5%	74.8%	70.7%
Responses	1,011	1,267	1,508	1,595	1,696

Q3g
I am able to meet all the conflicting demands on my time at work



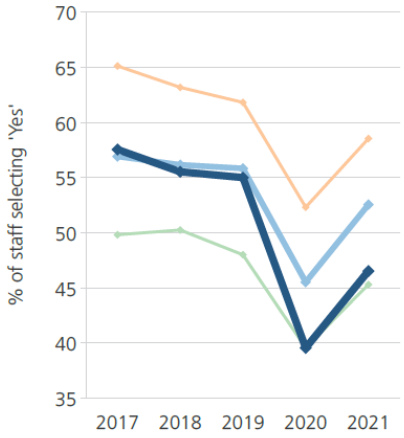
	2017	2018	2019	2020	2021
Best	52.9%	53.0%	52.9%	54.9%	52.5%
Your org	40.8%	39.0%	46.1%	54.1%	48.9%
Average	43.6%	44.2%	46.1%	48.7%	44.9%
Worst	35.0%	35.4%	35.9%	36.2%	35.6%
Responses	1,005	1,269	1,504	1,589	1,691

Q3i
There are enough staff at this organisation for me to do my job properly



	2017	2018	2019	2020	2021
Best	42.6%	42.0%	42.3%	50.7%	38.6%
Your org	30.7%	28.8%	35.6%	50.7%	36.4%
Average	31.2%	32.2%	32.4%	40.9%	30.5%
Worst	21.1%	21.0%	25.3%	28.4%	20.4%
Responses	1,009	1,269	1,505	1,593	1,696

Q11d
In the last three months have you ever come to work despite not feeling well enough to perform your duties?



	2017	2018	2019	2020	2021
Worst	65.1%	63.2%	61.8%	52.3%	58.5%
Your org	57.6%	55.5%	55.0%	39.6%	46.5%
Average	56.9%	56.2%	55.8%	45.5%	52.6%
Best	49.8%	50.3%	48.0%	39.6%	45.3%
Responses	999	1,237	1,497	1,595	1,692

How do we compare across the region?

Summary across Regions

Region	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
East of England	7.1	5.8	6.6	5.8	5.1	6.0	6.5	6.7	5.7
London	7.2	5.9	6.7	5.9	5.5	6.0	6.7	7.0	5.7
Midlands	7.2	5.8	6.7	5.9	5.3	6.0	6.6	6.8	5.8
North East and Yorkshire	7.3	5.9	6.7	6.0	5.3	6.0	6.6	6.8	5.8
North West	7.3	5.9	6.7	6.0	5.1	6.0	6.6	6.8	5.8
South East	7.3	6.0	6.8	6.0	5.4	6.2	6.7	6.9	5.8
South West	7.3	5.9	6.7	5.9	5.2	6.1	6.7	6.9	5.8
Difference across Regions	**0.2**	**0.2**	**0.2**	**0.2**	**0.4**	**0.2**	**0.2**	**0.3**	**0.1**
National Scores	**7.2**	**5.9**	**6.7**	**6.0**	**5.3**	**6.0**	**6.6**	**6.8**	**5.8**

Mental Health & Learning Disability and Mental Health, Learning Disability and Community Trusts

Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts	Promise 1: We are compassionate and inclusive	Promise 2: We are recognised and rewarded	Promise 3: We each have a voice that counts	Promise 4: We are safe and healthy	Promise 5: We are always learning	Promise 6: We work flexibly	Promise 7: We are a team	Staff Engagement	Morale	BENCHMARKING AVERAGE		
National Benchmarking Minimum	7.1	5.9	6.4	5.8	4.8	6.1	6.6	6.5	5.5	ABOVE	SAME	BELOW
National Benchmarking Maximum	7.9	6.8	7.4	6.6	6.1	7.1	7.4	7.4	6.5			
National Benchmarking Average	7.5	6.3	7.0	6.2	5.6	6.7	7.1	7.0	6.0			
Derbyshire Healthcare NHS Foundation Trust	7.8	6.6	7.2	6.6	5.8	7.1	7.3	7.3	6.5	9	0	0
Lincolnshire Partnership NHS Foundation Trust	7.8	6.8	7.3	6.5	6.0	6.9	7.3	7.3	6.5	9	0	0
North Staffordshire Combined Healthcare NHS Trust	7.8	6.8	7.3	6.5	6.1	7.1	7.4	7.4	6.5	9	0	0
Midlands Partnership NHS Foundation Trust	7.7	6.6	7.3	6.5	6.0	6.7	7.2	7.3	6.3	8	1	0
Northamptonshire Healthcare NHS Foundation Trust	7.7	6.5	7.3	6.4	5.8	6.9	7.1	7.3	6.3	8	1	0
Leicestershire Partnership NHS Trust	7.5	6.3	7.0	6.2	5.7	6.8	7.0	7.0	6.0	2	6	1
Coventry and Warwickshire Partnership NHS Trust	7.5	6.3	6.9	6.2	5.6	6.7	7.0	7.0	6.0	0	7	2
Herefordshire and Worcestershire Health and Care NHS Trust	7.5	6.3	7.0	6.2	5.5	6.6	6.9	7.0	6.0	0	6	3
Black Country Healthcare NHS Foundation Trust	7.4	6.3	6.9	6.2	5.4	6.7	6.9	6.9	6.0	0	4	5
Birmingham and Solihull Mental Health NHS Foundation Trust	7.2	6.1	6.8	6.1	5.6	6.4	6.9	7.0	6.0	0	3	6
Nottinghamshire Healthcare NHS Foundation Trust	7.4	6.2	6.8	6.2	5.4	6.6	6.9	6.9	6.0	0	2	7
Above Benchmark Average	5	5	5	5	6	5	4	5	5			
Same as Benchmark Average	3	4	2	5	2	3	1	4	6			
Below Benchmark Average	3	2	4	1	3	3	6	2	0			
Midlands Minimum	7.2	6.1	6.8	6.1	5.4	6.4	6.9	6.9	6.0			
Midlands Maximum	7.8	6.8	7.3	6.6	6.1	7.1	7.4	7.4	6.5			

We are one of only three Trusts to score above average across all nine categories across the region in comparison to other mental health and learning disbaility trusts.

Simlarly the table below highlights the engagement and morale scores and despite a small decrease from 2020, we remain in the top of the trusts for both categories.

Community Trusts and Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts Note: Each organisational type cannot be compared so Mental Health and Learning and Disability Trusts cannot be compared to Community Trusts or Combined Trusts.	Staff Engagement			Morale		
	2021	2020	Difference Range = 0 to 0.3	2021	2020	Difference Range = 0 to 0.4
Birmingham and Solihull Mental Health NHS Foundation Trust	7.0	7.1	-0.1	6.0	6.2	-0.2
Birmingham Community Healthcare NHS Foundation Trust	6.7	6.9	-0.2	5.6	5.9	-0.3
Black Country Healthcare NHS Foundation Trust	6.9	7.1	-0.2	6.0	6.1	-0.1
Coventry and Warwickshire Partnership NHS Trust	7.0	7.0	0	6.0	6.2	-0.2
Derbyshire Community Health Services NHS Foundation Trust	7.3	7.4	-0.1	6.3	6.5	-0.2
Derbyshire Healthcare NHS Foundation Trust	7.3	7.4	-0.1	6.5	6.7	-0.2
Dudley Integrated Health and Care Trust	7.0			6.2		
Herefordshire and Worcestershire Health and Care NHS Trust	7.0	7.1	-0.1	6.0	6.2	-0.2
Leicestershire Partnership NHS Trust	7.0	7.0	0	6.0	6.0	0
Lincolnshire Community Health Services NHS Trust	7.2	7.5	-0.3	6.1	6.4	-0.3
Lincolnshire Partnership NHS Foundation Trust	7.3	7.4	-0.1	6.5	6.6	-0.1
Midlands Partnership NHS Foundation Trust	7.3	7.3	0	6.3	6.5	-0.2
North Staffordshire Combined Healthcare NHS Trust	7.4	7.4	0	6.5	6.5	0
Northamptonshire Healthcare NHS Foundation Trust	7.3	7.5	-0.2	6.3	6.5	-0.2
Nottinghamshire Healthcare NHS Foundation Trust	6.9	7.1	-0.2	6.0	6.3	-0.3
Shropshire Community Health NHS Trust	7.1	7.2	-0.1	5.8	6.2	-0.4

How do we compare across Joined Up Care Derbyshire:

Joined Up Care Derbyshire	Promise 1: We are compassionate and inclusive	Promise 2: We are recognised and rewarded	Promise 3: We each have a voice that counts	Promise 4: We are safe and healthy	Promise 5: We are always learning	Promise 6: We work flexibly	Promise 7: We are a team	Staff Engagement	Morale	BENCHMARKING AVERAGE		
										ABOVE	SAME	BELOW
Chesterfield Royal Hospital NHS Foundation Trust	7.7	6.3	7.1	6.1	6.0	6.5	7.0	7.2	6.1	9	0	0
Derbyshire Community Health Services NHS Foundation Trust	7.8	6.5	7.3	6.4	5.9	6.8	7.1	7.3	6.3	9	0	0
Derbyshire Healthcare NHS Foundation Trust	7.8	6.6	7.2	6.6	5.8	7.1	7.3	7.3	6.5	9	0	0
University Hospitals of Derby and Burton NHS Foundation Trust	7.2	5.8	6.7	5.9	5.1	6.0	6.5	6.9	5.8	3	4	2

Celebrating the achievements

Our results are strong and compare positively against our comparator organisations. Where there are downward trends from last year, the majority of these are in line with other organisations and a reflection of the continued difficult circumstances we've all been working and living through.

The key areas emerging from the feedback, which is of particular cause for celebration are:

- Strong positive feedback in all questions relating to people feeling comfortable in raising concerns and feeling confident that these concerns (including about safe clinical practice) will be heard and acted upon. Equally, people are confident that patient concerns are acted upon. All questions relating to this area have increased consistently and significantly since 2017.
- Reporting a big increase from 2017 to now (from 51.6%), 64.5% of respondents stated that people feel Derbyshire Healthcare acts fairly with regard to career progression/promotion, regardless of ethnic background, religion, sexual orientation, disability or age.

- Colleagues reported the highest positive response rate in the sector to the questions ‘I achieve a good balance between my work life and home life’ (64.9%) and ‘I have a choice in deciding how to do my work’ (70.9%)
- While both the engagement and morale scores have decreased since 2020, they are both above our 2019 scores and significantly above our comparator median, with us equalling the leading score for ‘morale’.

Areas to focus on:

While we do have strong results, there are some areas we need to interrogate further as the data flags emerging concerns around:

- Involvement in changes and improvements within work area/team/department, and the ability to make changes to work
- Staffing levels – this may be due to the challenges in recruitment were being felt over the period of the survey being completed, whilst we have now moved to a better position on recruitment, we need to use team level data (when available) to triangulate this question against vacancies and safer staffing intelligence
- Whilst we scored well on the safe and healthy theme, we also know that we have had increased staff coming into work despite not feeling well enough. Again being able to look at this question at team level will support further work and ensure we focus on supporting colleagues with their health and wellbeing

On the questions related to discrimination, bullying and harassment and violence and aggression, although we score favourably compared with our comparators, we still have some reports of physical violence from colleagues (22 respondents) and managers (10 respondents). There were also reports of harassment, bullying or abuse at work from managers (119) and colleagues (237). We need to interrogate all this data further once we receive more detailed information to look for any trends or ‘hot spots’, triangulating with intelligence from FTSU, Datix and employee relations.

Next steps

- Results have been released later than usual this year and we are still awaiting further reports that will allow a deeper focus on key themes, trends and team level analysis
- Further reports are expecting early May
- NHS Coordination Centre free text comments are expected May
- Deep dive reports on Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) and protected characteristic data are also due May
- Once all reports received engagement at team level and support to leaders will be a key focus to ensure leaders understand, share and work with teams to develop their own focus areas.
- Recognise that we haven’t been able to focus on developing work on the response rate since the last survey due to COVID-19 and Mandatory Vaccination work however it is important that we return to this – we have colleagues who we haven’t heard from and we need to understand why and what their thoughts are
- Reporting progress will be via the People and Culture Committee.

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 10 May 2022

Performance Report

Purpose of Report

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

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

Executive Summary

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

Operations

Three-day follow-up of all discharged inpatients
The national standard for follow-up has been exceeded throughout the 24-month period.

Data quality maturity index
Although statistically our level of data quality has been significantly lower than expected for the last 13 months, it continues to be at a high level when benchmarked with other Trusts (see appendix 2) and we would expect to consistently exceed the national target.

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

Early intervention 14-day referral to treatment – incomplete (people currently waiting to be seen)
The service continues to exceed the national 14-day referral to treatment standard.

IAPT 18-week referral to treatment
The 95% standard has consistently been exceeded.

IAPT 6-week referral to treatment

Following a period of special cause concerning variation as a result of staff being redeployed to support other services as the pandemic progressed, the staff returned to their posts in IAPT and from that point the national standard has been achieved once more.

IAPT patients completing treatment who move to recovery
Year to date we are exceeding target.

Adult acute inappropriate out of area placements
The significant reduction in in appropriate out of area placements has been difficult to maintain during the most recent spike in the COVID-19 pandemic. Given our significant dormitory bed base and the requirement to ensure social distancing and effective and safe cohorting arrangements, it has resulted in a temporary increase in inappropriate out of area bed use. A number of actions have been put in place and it is expected that this will reduce over the coming weeks as the impact of this wave of the pandemic subsides.

Psychiatric intensive care unit (PICU) inappropriate out of area placements
There is no local PICU so anyone needing psychiatric intensive care needs to be placed out of area, however, work is in progress towards a new build PICU provision in Derbyshire. The last two months has seen a significant reduction in PICU placements.

Waiting list for care coordination
The average wait to be seen has remained significantly low over the last 11 months.

Waiting list for adult autistic spectrum disorder (ASD) assessment
The average wait is currently 70 weeks and the longest wait is over 3½ years. The situation is likely to continue to worsen until there is an increase to investment in the service, as demand for the service far outstrips commissioned capacity. The team continues to receive around 66 new referrals per month but is commissioned to undertake 26 assessments per month. There are currently 1,657 people waiting for adult ASD assessment, which is an increase of almost 100 since the last report and an increase of 73% over the two-year period.

Waiting list for psychology
As we have seen over the last few months, the number of people waiting continues to gradually reduce. Investment has been made into the service and recruitment to a number of vacant and part-time posts across adult services is progressing, with vacancies reducing by 3% since the last report. However, around 19% of posts are currently vacant across all of psychological services, with the biggest gaps seen in the community mental health teams (CMHTs).

Waiting list for Child and Adolescent Mental Health Services (CAMHS)
The waiting list initiative resulted in a significant reduction in waiting times, however since then there has been a month-on-month increase, with the current average wait being 14 weeks. The number of children waiting has been gradually increasing and is significantly high at 509 children, the highest it has been for 2 years. The current trend and volume of referrals received is not sustainable, therefore a review of the operating model of the service is in progress.

Waiting list for community paediatrics
We continue to see a steady rise in waiting times for referral to treatment in community paediatrics. The wait time is now in excess of 44 weeks and currently sits on the risk

register as a high risk. Sickness and COVID-19 absences are still having an impact on clinics as the Paediatricians have continued to work face to face throughout the pandemic. We recognise that flow is an issue for the service and are working to review the Core offer and what we could do differently to help manage the increasing waiting list. We have plans to further review the whole medical structure: what is working well, where the gaps are and where we need more support. Review of the referral pathways and website is ongoing. We hope to improve the experience for children, families, carers, and professionals who access our services.

Outpatient appointments cancelled by the Trust
The level of cancellations has been significantly low for the last 14 months and close to target for the last 2 months.

Outpatient appointment "did not attends"
The trust target of 15% or lower is likely to be consistently achieved.

Finance

Outturn Performance at March 2022	Plan £m	Actual £m	Variance £m
Operating income	178.488	178.318	(0.170)
Operating expenses	(174.569)	(174.405)	0.164
Operating Surplus/(Deficit)	**3.919**	**3.913**	**(0.006)**
Non-operating expenses	(3.819)	(3.850)	(0.031)
Surplus/(Deficit)	**0.100**	**0.063**	**(0.0.37)**

At the end of the financial year there was a small surplus of £63k against a planned surplus of £0.1m. *This information is taken from the key data submission and draft annual accounts, which is subject to audit.*

Income is behind plan by £0.2m at the end of the financial year. Slippage on new investments related to the second half of the financial year has been retained. Pay is underspent by £2.8m at the end of the financial year, which mainly relates to the slippage on new investments but also general vacancies. This also includes agency expenditure of £5.7m and bank expenditure of £7.1m. Non-pay is above plan by £2.7m at the end of March. This includes £0.8m of impairments.

Efficiencies
The full year plan included an efficiency requirement of £2.3m, mainly phased in the second half of the financial year. As per the previous forecast this was over delivered by £0.2m.

Agency
At the end of March agency expenditure is above the ceiling by £2.7m which equates to 89%. The highest areas of agency spend relates to Medical staff, Qualified Nursing and Ancillary staff (mainly domestics). The outturn was slightly higher than forecast last month mainly due to an increase in Qualified Nursing expenditure. Some of this nursing expenditure has been recharged to the Commissioner as it related to some specialised nursing care packages.

Out of Area Placements
Expenditure for adult acute out of area placements and stepdown placements remains in budget at the end of the financial year, despite the increase in placements in March.

Covid costs
The Trust has an allocation of £0.7m a month for the financial year for Covid-related expenditure. At the end of the financial year expenditure of £8.4m is slightly above the allocation by £86k. Expenditure is mainly related to pay costs of £5.7m which is mainly related to temporary staffing and non-pay expenditure of £2.8m.

Capital
With regards to self-funded capital, the Trust is slightly below plan at the end of the financial year as forecast. The Trust had previously received additional PDC capital funding for the initial stages of the dormitory eradication programme, covering 2020/21 and 2021/22, which was included in the plan. However, additional funding has been agreed for 2021/22 and 2022/23 ahead of the full business case of the dormitory eradication programme with allocations totalling £80m over the next three years, which was not included in the plan. Additional Public Dividend Capital (PDC) capital funding has also been received for some digital schemes.

Cash
Cash is at £44m at the end of the financial year, which is slightly higher than the previous forecast.

Planning 2022/23
Draft financial plans for 2022/23 were submitted in March and the system is working on the final submission of plans due at the end of April 2022.

People

Annual appraisals
We recognise that the last 12 months have continued to present challenges for colleagues in responding to the pandemic whilst returning to a level of business as usual. From April 2022 we need to reaffirm our expectation that all colleagues will have a meaningful appraisal conversation over the next 12 months.

Annual turnover
Turnover remains high and above the Trust target range of 8-12% for the last six months. We have commissioned two areas of focused work to support us to understand more about why colleagues are leaving the Trust. Firstly, a STAY survey which will be targeted at key areas. Secondly, we are now developing our own exit interview system that will allow us to capture a much higher percentage of leavers. In the latest national NHS staff turnover benchmarking data, the Trust was ranked 10th highest mental health trust for stability of the workforce.

Compulsory training
A recovery plan continues to improve training compliance. Operational teams are working closely with the training delivery team to look at ways to work differently in the delivery model including block training. The People and Inclusion team have also commissioned a review of all compulsory training and role competence requirements for all clinical and non clinical roles.

Staff absence
Sickness absence increased significantly in March with COVID-19 absence being the top reason for absence. Improvements are being made to the support provided by our external absence management provider GoodShape, to ensure we are maximising the opportunities this provides to support managers and

colleagues over a period of absence. In the latest benchmarking data, our absence rate was above average for the nursing and midwifery staff group but was low compared with the peer group for the medical and dental and allied health professionals staff groups.

Supervision
The levels of compliance with the clinical and management supervision targets have remained low since the start of the pandemic.

Proportion of posts filled
Recruitment fill rates continue to improve with the time to recruit now at 55 days, which is below the national NHS benchmark of 60 days. There has been a steady improvement in our vacancy rate as we continue to make improvements to recruitment practices and approaches including fast track recruitment, creative campaigns and advertisements and the roll out of DocuSign to reduce delays and unnecessary paperwork.

Bank staff
In the past 11 months bank staff usage has returned to common cause variation. The trend continues to improve where recruitment is now filling vacancies normally supported by bank staff.

Quality

Compliments
The number of compliments continues to remain below the expected level however, as face to face contact increases, so does the number of compliments received. With an increase in accessibility, it is expected that a natural increase in compliments, complaints and concerns will occur.

Complaints
In reviewing data, a large number of complaints are in relation to reduced face to face contact and reduced access to services. As services continue to stand back up and the electronic patient survey is implemented the number of complaints is expected to continue to decrease.

Delayed transfers of care
Since the multi-agency discharge events (MADE) were held, numbers of delayed transfers of care have reduced and now sit below the mean line. Work continues within the rapid review processes and clinical meetings.

Care plan reviews
The proportion of patients whose care plans have been reviewed continues to be lower than usual. Work continues to improve this month by month. As we move over to SystmOne, processes are expected to improve further.

Patients in employment
Around one third of patients have no employment status recorded. The Individual Placement Support (IPS) Service continues to have success in supporting people into employment even during the current pandemic and the service is currently expanding.

Patients in settled accommodation
Around one third of patients have no accommodation status recorded.

Medication incidents

The medicines management operational subgroup are currently revising the medications error procedure, taking into account Trust values, and the Acute Inpatient Matrons and Head of Nursing are in the process of updating the relevant policies which will reduce the number of insignificant incidents.

Incidents of moderate to catastrophic actual harm
The number of reported incidents of moderate to catastrophic harm have remained within common cause variation throughout the reporting period.

Duty of Candour
There have been no instances of Duty of Candour in the last 3 months. Processes have been reviewed with the Head of Nursing team and the current DATIX reporting process has been updated to improve the real time reporting of Duty of Candour incidents.

Prone restraint
Data analysis and review has shown that even where restraint and seclusion has increased, the use of prone restraint has continued to remain below the expected level.

Physical restraint
The number of reported incidents involving restraint have remained within common cause variation throughout the reporting period. The changes in numbers are linked to the data above relating to prone restraint and below relating to seclusion.

Seclusion
The use of seclusion has been above the common cause variation from October 2021. In further investigating this trend, there appears to be a link to a small number of patients who have been placed in seclusion on more than one occasion. This data will be monitored for patterns and further support needs for individual areas.

Falls on inpatient wards
Incidents appear to have continued to increase with an abnormal spike in March 2022. A review of falls has been commissioned. This will commence in April and will be an ongoing project, working alongside teams to reduce incidents of falls.

Care Hours Per Patient Day (CHPPD)
Work is underway to implement processes relating to staffing levels and how they are recorded in line with CHPPD and patient acuity. This will be in the form of the MHOST reporting system and SafeCare module within E-Roster.

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

Assurances

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

Consultation

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

Governance or legal issues

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

Public Sector Equality Duty and Equality Impact Risk Analysis

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

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

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

Recommendations

The Council of Governors is requested to:

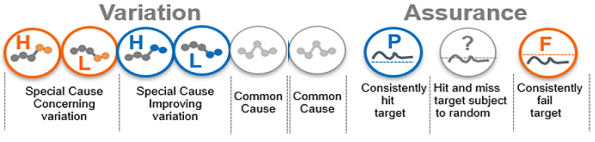
1) Consider the content of the paper as presented from the perspective of the Non-Executive Directors on how they have held the Executive Directors to account through their role.

Report presented by:	**Margaret Gildea, Non-Executive Director** **Ashiedu Joel, Non-Executive Director** **Geoff Lewins, Non-Executive Director** **Shelia Newport, Non-Executive Director** **Richard Wright, Non-Executive Director**
Report prepared by:	**Ade Odunlade, Chief Operating Officer** **Claire Wright, Director of Finance/Deputy Chief Executive** **Carolyn Green, Director of Nursing and Patient Experience**

Assurance Summary

	Metric Name	Variation	Assurance	Latest Value	Target	Lower process limit	Upper Process limit	Mean
1	3 day follow-up			81%	80%	78%	100%	89%
2	Data quality maturity index			97%	95%	97%	98%	98%
3	Early intervention 14 day referral to treatment - complete			96%	60%	70%	109%	89%
4	Early intervention 14 day referral to treatment - incomplete			93%	60%	71%	108%	89%
5	IAPT 18 week referral to treatment			100%	95%	100%	100%	100%
6	IAPT 6 week referral to treatment			88%	75%	79%	96%	88%
7	IAPT patients completing treatment who move to recovery			53%	50%	46%	64%	55%
8a	Average patients out of area per day - adult acute			3		-1	13	6
8b	Patients placed out of area - adult acute			10		0	22	11
9a	Average patients out of area per day - PICU			12		9	22	16
9b	Patients placed out of area - PICU			18		18	33	26
10a	Waiting list - care coordination - average wait to be seen			18		12	29	20
10b	Waiting list - care coordination - number waiting at month end			47		16	56	36
11a	Waiting list - ASD assessment - average wait to be seen			70		58	65	61
11b	Waiting list - ASD assessment - number waiting at month end			1,657		1145	1312	1229
11c	ASD assessments				26	3	29	16
12a	Waiting list - psychology - average wait to be seen			46		35	42	39
12b	Waiting list - psychology - number waiting at month end			688		735	920	827
13a	Waiting list - CAMHS - average wait to be seen			14		14	20	17
13b	Waiting list - CAMHS - number waiting at month end			509		336	487	411
14a	Waiting list - community paediatrics - average wait to be seen			18		9	15	12
14b	Waiting list - community paediatrics - number waiting at month end			1,146		602	904	753
15	Outpatient appointments cancelled by the Trust			6%	5%	5%	15%	10%
16	Outpatient appointment "did not attends"			13%	15%	9%	14%	12%
17	Annual appraisals			77%	85%	70%	77%	73%
18	Annual turnover			14%	8-12%	11%	12%	12%
19	Compulsory training			85%	85%	82%	88%	85%
20	Staff absence			9%	5%	5%	8%	6%
21	Clinical supervision			72%	95%	71%	78%	74%
22	Management supervision			72%	95%	73%	79%	76%
23	Filled posts			91%	100%	87%	92%	90%
24	Bank staff use			5%	5%	5%	7%	6%
25	Compliments received			93	119	60	130	95
26	Formal complaints received			25	13	6	26	16
27	Delayed transfers of care			0%	3.5%	-0.5%	1.4%	0.5%
28	CPA reviews			94%	95%	89%	94%	92%
29	Patients in employment			15%		12%	14%	13%
30	Patients in settled accommodation			57%		59%	62%	60%

Key to symbols[1]:



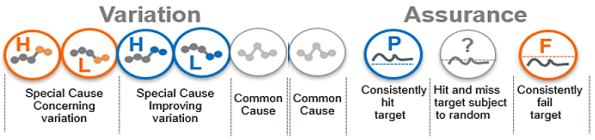
Blue dots indicate special cause variation, better than expected.

Orange dots indicate special cause variation, worse than expected.

[1]The rating symbols were designed by NHS Improvement

	Metric Name	Variance	Assurance	Latest Value	Target	Lower process limit	Upper process limit	Mean
31	Number of medication incidents			74		23	81	52
32	No. of incidents of moderate to catastrophic actual harm			74	48	22	75	49
33	No. of incidents requiring Duty of Candour			0	1	-2	3	1
34	No. of incidents involving prone restraint			8	12	-3	20	9
35	No. of incidents involving physical restraint			45	46	-1	88	43
36	No. of new episodes of patients held in seclusion			18	14	0	32	16
37	No. of falls on inpatient wards			49	30	14	43	29

Key to symbols[1]:



Blue dots indicate special cause variation, better than expected.

Orange dots indicate special cause variation, worse than expected.

[1]The rating symbols were designed by NHS Improvement

Operational Services Performance Summary

Indicator	Target	Position March 2022	National benchmark	Divisional Breakdown[1] AA	AC	Ch	F&R	OP	Psy	SC	Run Chart
● 3-day follow-up	80%	82%	72%	83%			100%	67%		100%	
● Data quality maturity index	95%	97%	80%	94%	97%	85%	96%	98%	99%	97%	
● Early intervention 2-week referral to treatment	60%	96%	66%		96.3%						
● Early intervention current waits under 2 weeks	60%	93%	29%		93%						
● IAPT 18-week referral to treatment	95%	100%	98%							100%	
● IAPT 6-week referral to treatment	75%	88%	90%							88%	
● IAPT recovery rate	50%	53%	49%							53%	
● Adult acute out of area placements – daily average	0	3	9	3							
● PICU out of area placements – daily average	0	12	4	12							
● Adult ASD assessment average wait (weeks)	n/a	70	n/a						70		
● Adult ASD assessments	26	21	n/a						21		
● Psychology average wait to be seen (weeks)	n/a	46	n/a						46		
● CAMHS average wait to be seen (weeks)	4[2]	14	n/a			14					
● Paediatrics average wait to be seen (weeks)	18	18	11			18					
● Outpatient appointment Trust cancellations	5%	6%	n/a	8%	2%	0%	6%		6%	10%	
● Outpatient appointments not attended (DNAs)	15%	13%	n/a		18%	7%	7%	5%		10%	

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

Performance Summary

3-day follow up
The national standard for follow-up exceeded the national average by 10% and has been achieved by all Divisions apart from Older People's Services. This process is tightly monitored by the Trust's Performance Analyst, who routinely chases up the relevant teams prior to any potential breaches to ensure patients get timely support post discharge. Investigation into the reported breaches has highlighted issues with recording on SystmOne rather than actual breaches. This should improve as people become more adept at using the new system.

Early intervention and talking therapy (IAPT)
The services continue to perform consistently highly in terms of patients accessing services in a timely manner. The quality of care provided by IAPT is seen in the recovery rate which is higher than the national standard and the national average.

Data quality maturity index
Overall, we continue to perform consistently highly against this standard.

Adult acute inappropriate out of area placements
Significant progress has been made on reducing inappropriate out of area adult acute placements and in November there were none at all. There have been a small number of placements owing to a reduction in Trust bed numbers as a result of supporting wider system needs, coupled with the pandemic necessitating a reduced bed base for infection prevention and control reasons.

PICU inappropriate out of area placements
Although these are classed as inappropriate according to the national definition, we are currently one of the few Trusts in the country without a PICU and so have no choice. However, work is in progress towards a new build PICU provision in Derbyshire.

Adult ASD assessment
An Assistant Psychologist commenced in post in order to support the assessing team, which resulted in an increase in completed assessments in March. The team receives around 66 new referrals per month but is commissioned to undertake 26 assessments per month.

Waiting times for psychology
As we have seen over the last few months, the number of people waiting continues to gradually reduce. Investment has been made into the service and recruitment to a number of vacant and part-time posts across adult services is progressing, with vacancies reducing by 3% since the last report. However, around 19% of posts are currently vacant across all of psychological services, with the biggest gaps seen in the community mental health teams (CMHTs).

Waiting list for Child and Adolescent Mental Health Services (CAMHS)
The waiting list initiative resulted in a significant reduction in waiting times, however since then there has been a month-on-month increase, with the current average wait being 14 weeks. The number of children waiting has been gradually increasing and is significantly high at 509 children, the highest it has been for 2 years. The current trend and volume of referrals received is not sustainable, therefore a review of the operating model of the service is in progress.

Waiting list for community paediatrics
We continue to see a steady rise in waiting times for referral to treatment in community paediatrics. The wait time is now in excess of 44 weeks and currently sits on the risk register as a high risk. Sickness and COVID-19 absences are still having an impact on clinics as the Paediatricians have continued to work face to face throughout the pandemic. We recognise that flow is an issue for the service and are working to review the Core offer and what we could do differently to help manage the increasing waiting list. We have plans to further review the whole medical structure: what is working well, where the gaps are and where we need more support. Review of the referral pathways and website is ongoing. We hope to improve the experience for children, families, carers, and professionals who access our services.

Outpatient appointments cancelled by the Trust
The level of cancellations has been significantly low for the last 14 months and close to target for the last 2 months.

Outpatient appointment "did not attends"
Overall, the trust target of 15% or lower is likely to be consistently achieved.

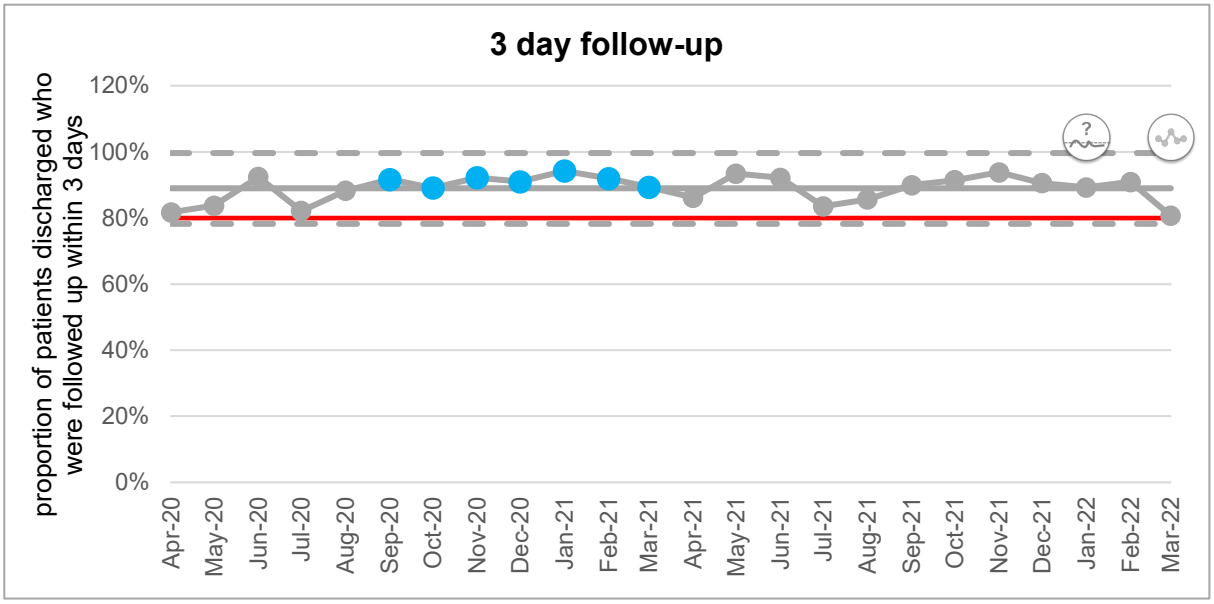
Benchmarking Sources

Measure	Data source	Date
3-day follow-up	Mental Health Statistics	Jan 22
Data quality maturity index	Data quality - NHS Digital	Dec 21
Early intervention 2-week referral to treatment	MHSDS Monthly Statistics	Jan 22
Early intervention current waits under 2 weeks	MHSDS Monthly Statistics	Jan 22
IAPT 18-week referral to treatment	Psychological Therapies: reports	Dec 21
IAPT 6-week referral to treatment	Psychological Therapies: reports	Dec 21
IAPT recovery rate	Psychological Therapies: reports	Dec 21
Adult acute out of area placements – daily average	Out of Area Placements	Dec 21
PICU out of area placements – daily average	Out of Area Placements	Dec 21
Paediatrics average wait to be seen (weeks)	Referral to Treatment Waiting	Jan 22

Detailed Narrative

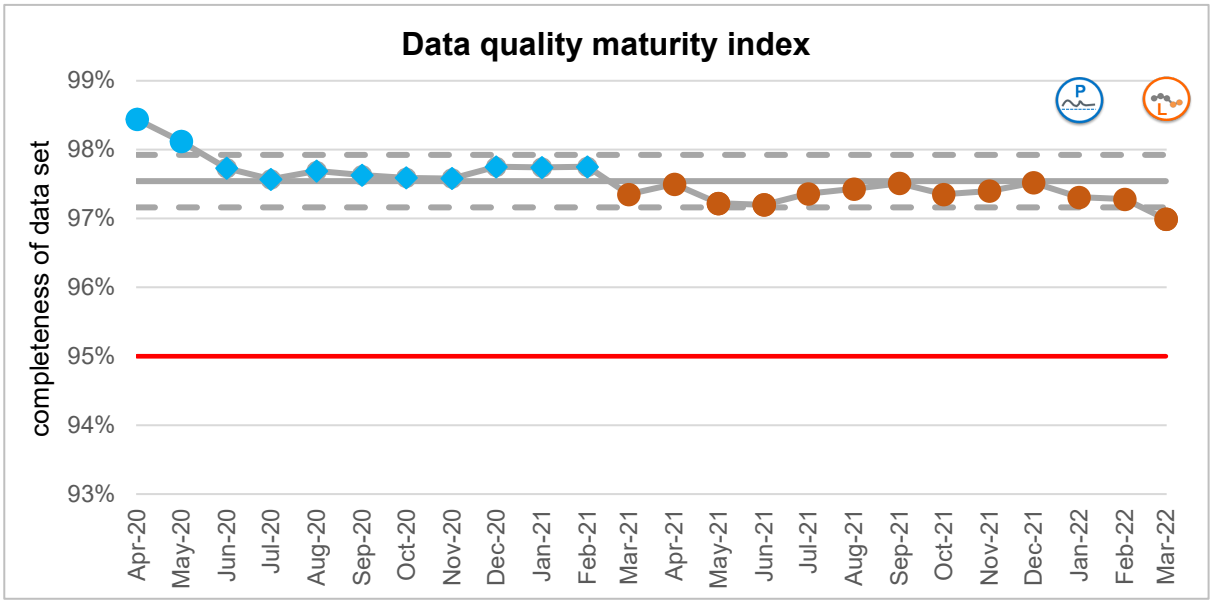
Operations

1. Three-day follow-up of all discharged inpatients



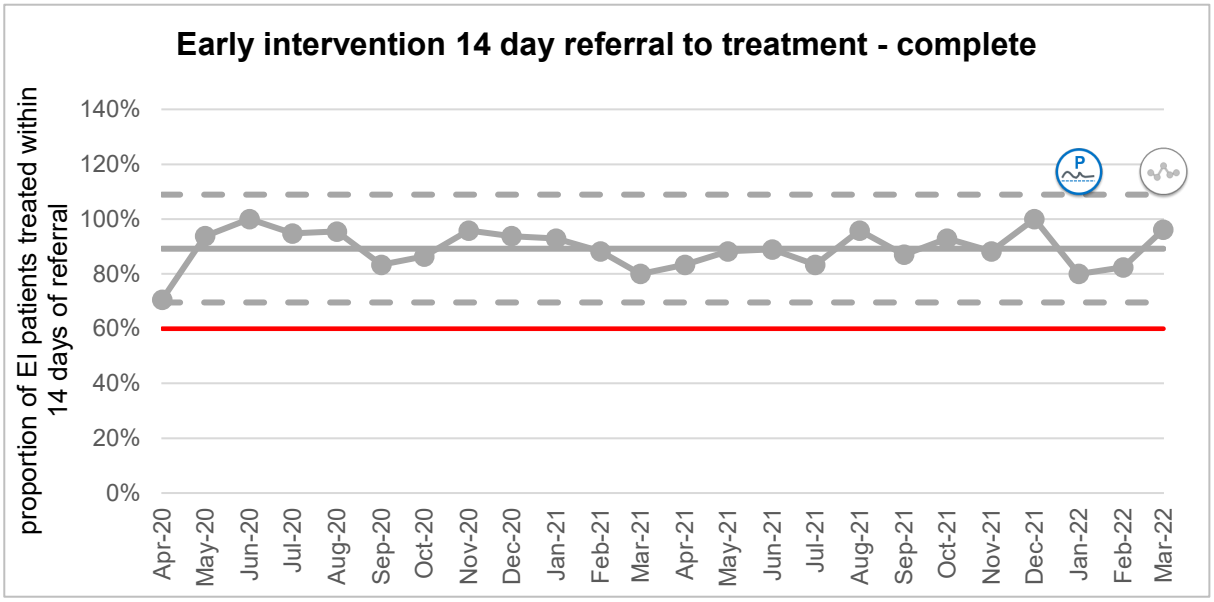
Patients are followed up in the days following discharge from mental health inpatient wards to provide support and ensure their wellbeing during the period when they are at their most vulnerable. The national standard for follow-up which came into effect from 1 April 2020 has been exceeded throughout the 24-month period.

2. Data quality maturity index



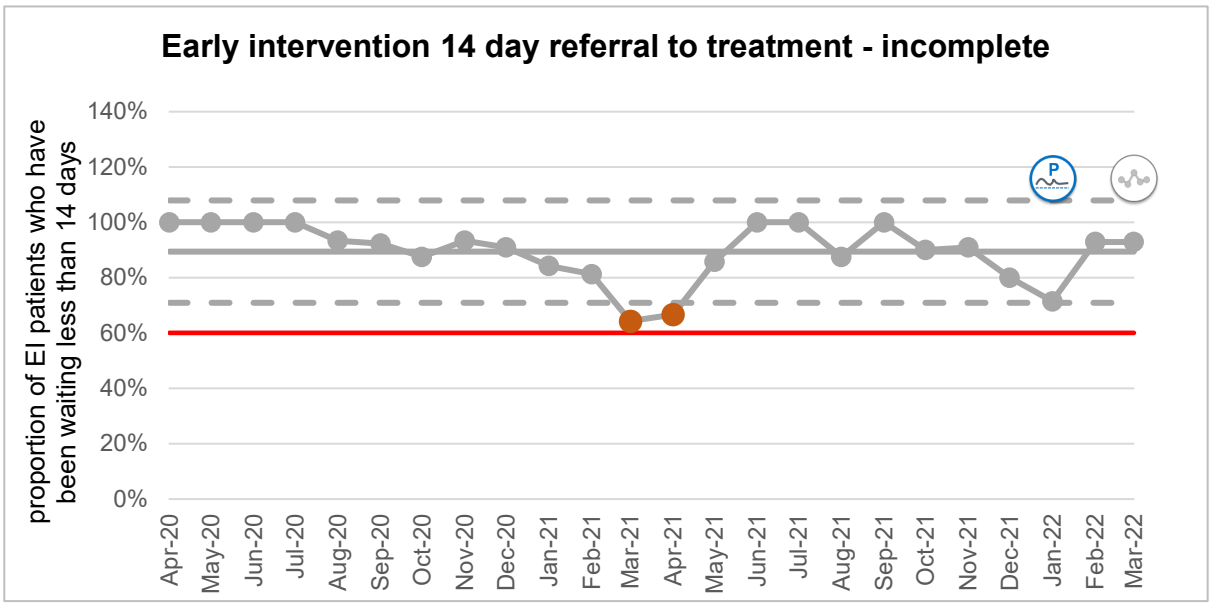
Although statistically our level of data quality has been significantly lower than expected for the last 13 months, it continues to be at a high level when benchmarked with other Trusts (see appendix 2) and we would expect to consistently exceed the national target.

3. Early intervention 14-day referral to treatment



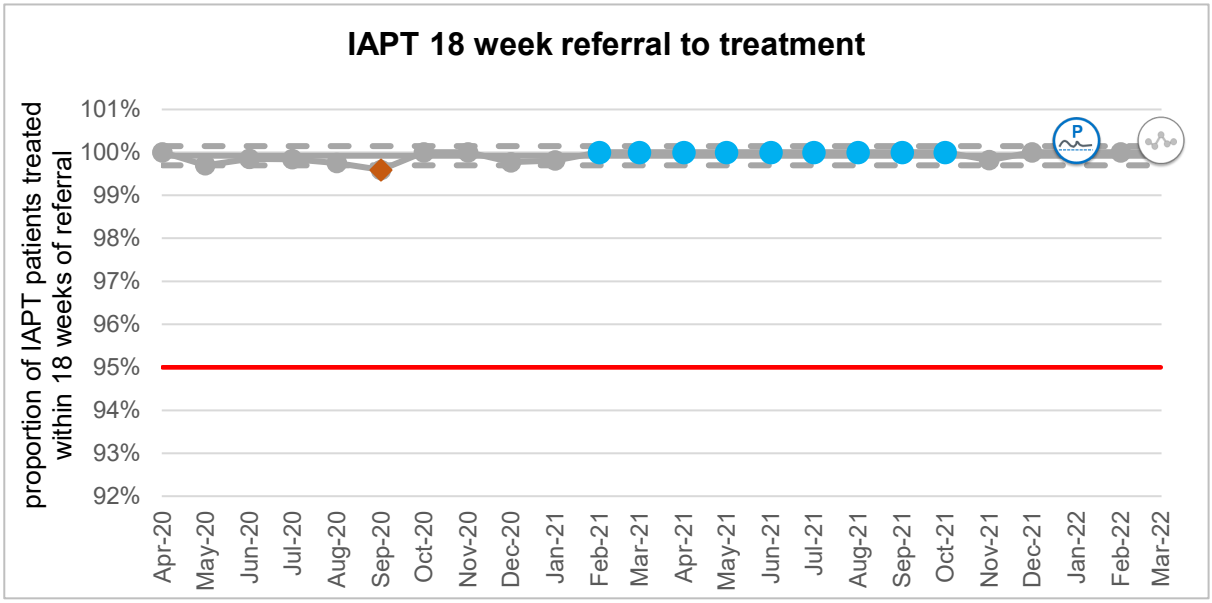
Patients with early onset psychosis are continuing to receive very timely access to the treatment they need.

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



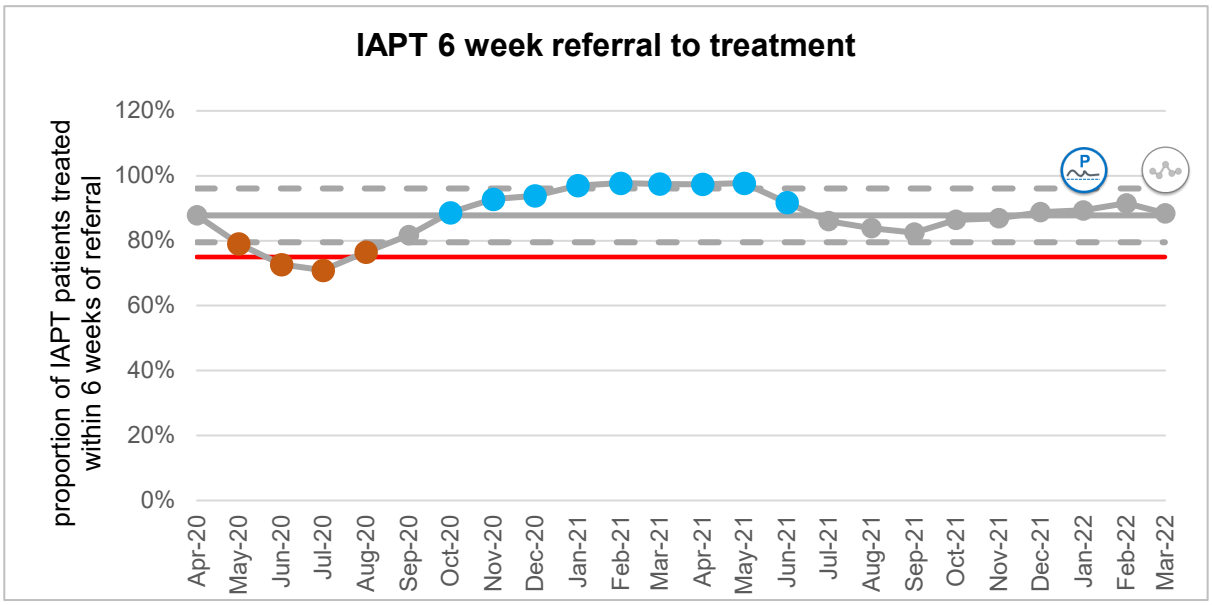
The service continues to exceed the national 14-day referral to treatment standard of 60% or more people on the waiting list to be have been waiting no more than 2 weeks to be seen.

5. IAPT 18-week referral to treatment



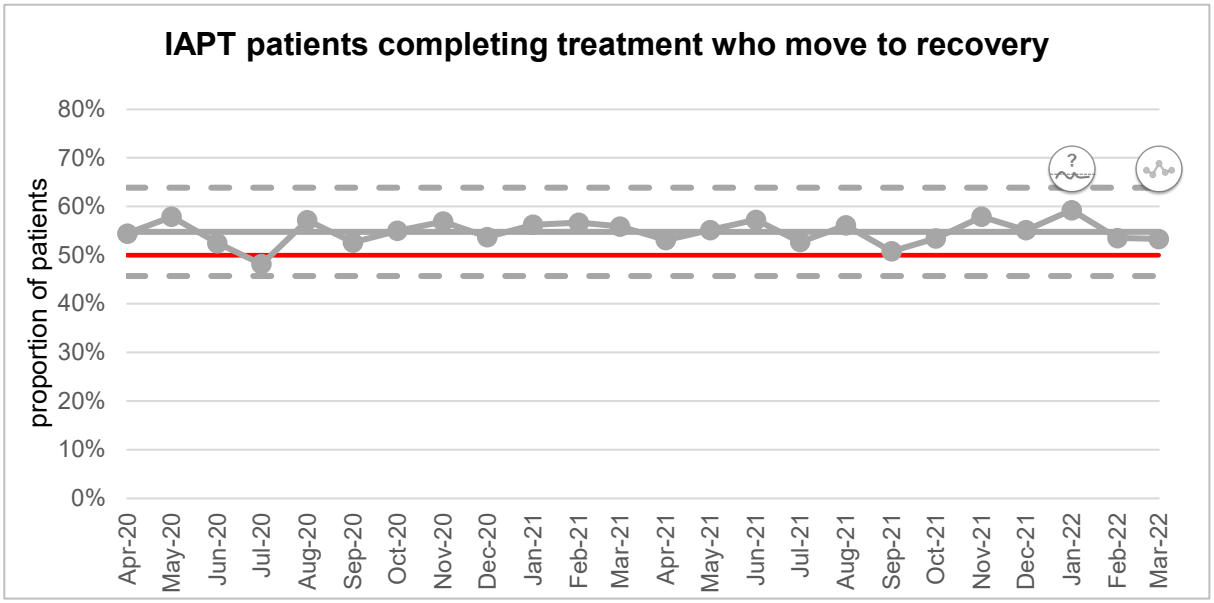
This is an example of a very tightly controlled process and we would expect to consistently exceed the 95% standard.

6. IAPT 6-week referral to treatment



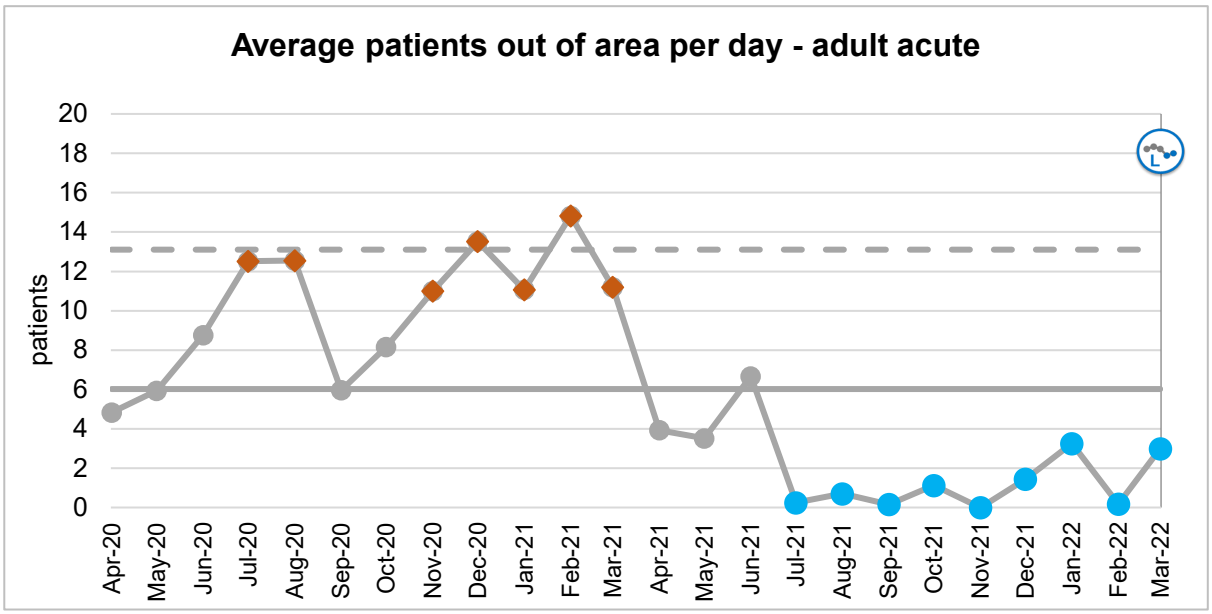
Following a period of special cause concerning variation as a result of staff being redeployed to support other services as the pandemic progressed, the staff returned to their posts in IAPT and from that point the national standard has been achieved once more.

7. IAPT patients completing treatment who move to recovery



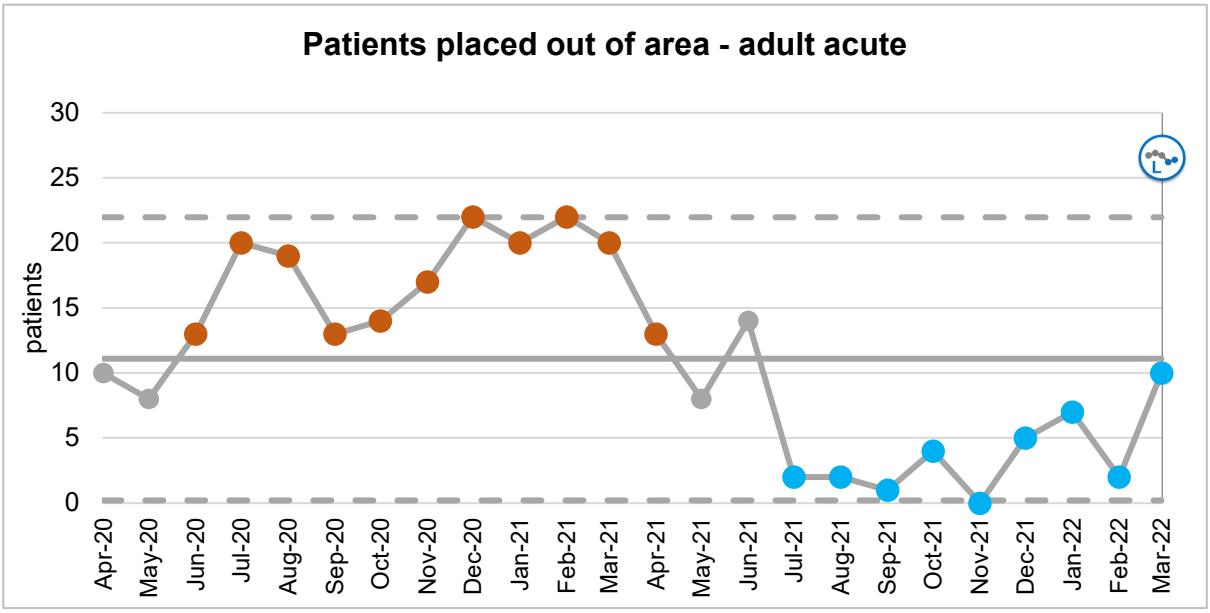
This is an annual target and year to date we are exceeding target. For the past 20 months the national standard has been achieved, with common cause variation seen throughout the data period.

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

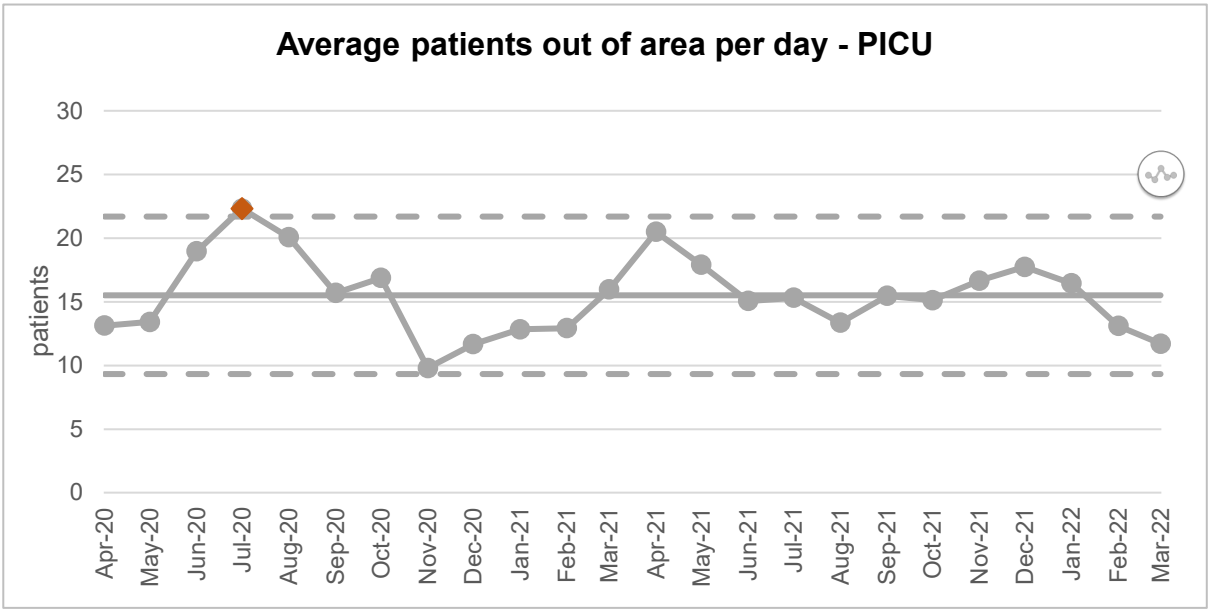


The significant reduction in in appropriate out of area placements has been difficult to maintain during the most recent spike in the COVID-19 pandemic. Given our significant dormitory bed base and the requirement to ensure social distancing and effective and safe cohorting arrangements, it has resulted in a temporary increase in inappropriate out of area bed use. A number of actions have been put in place and it is expected that this will reduce over the coming weeks as the impact of this wave of the pandemic subsides.

8b. Patients placed out of area per month – adult acute

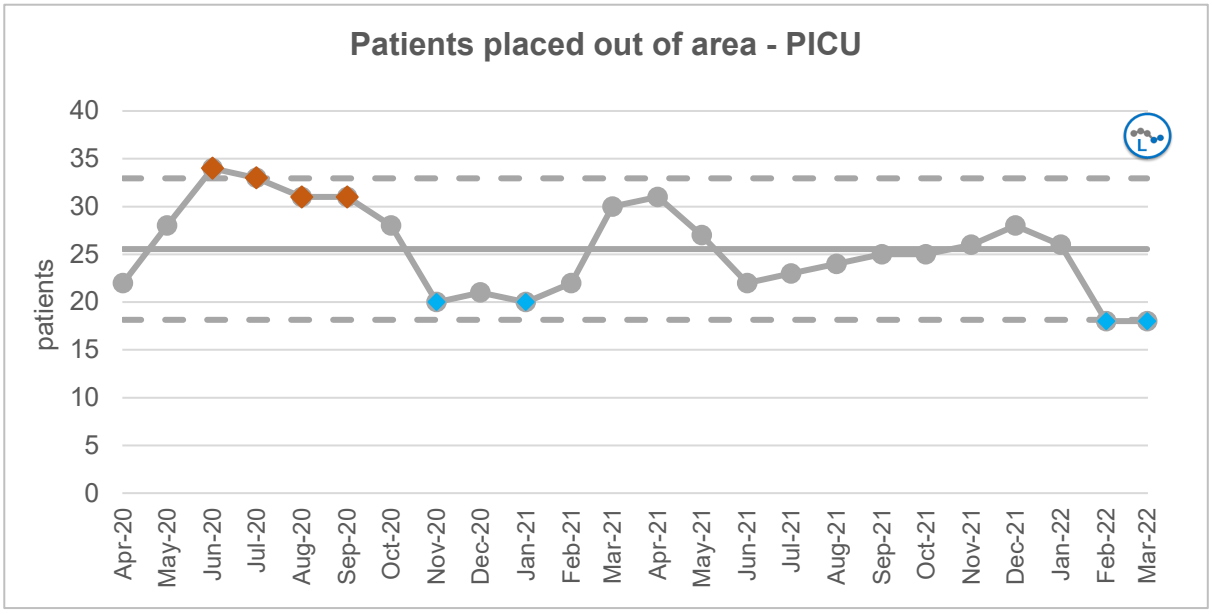


9a. Average number of patients placed out of area per day– Psychiatric Intensive Care Units



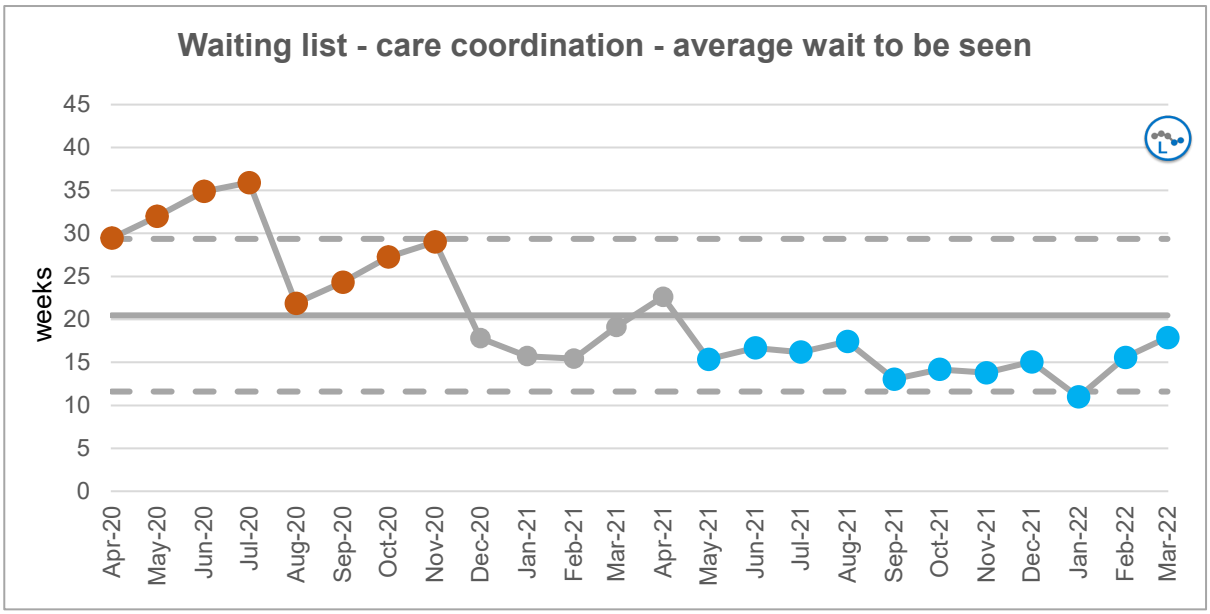
Out of area PICU usage has remained within common cause variation for the last 18 months. There is no local PICU so anyone needing psychiatric intensive care needs to be placed out of area, however, work is in progress towards a new build PICU provision in Derbyshire.

9b. Patients placed out of area per month – Psychiatric Intensive Care Units (PICU)



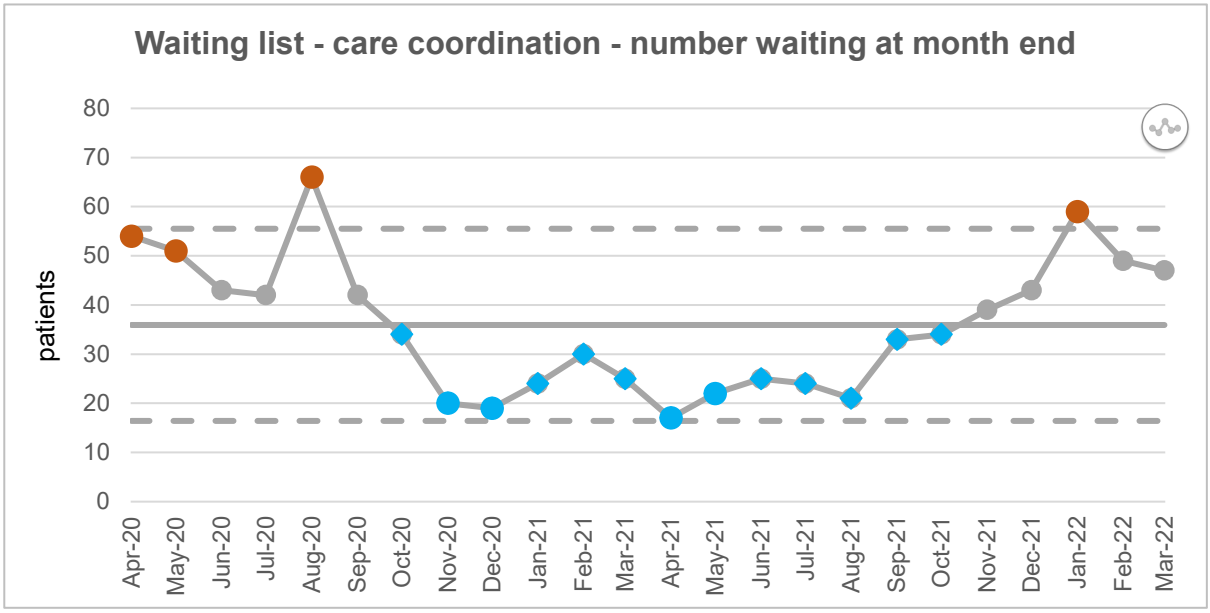
The last 2 months has seen a significant reduction in PICU placements.

10a. Waiting list for care coordination – average wait

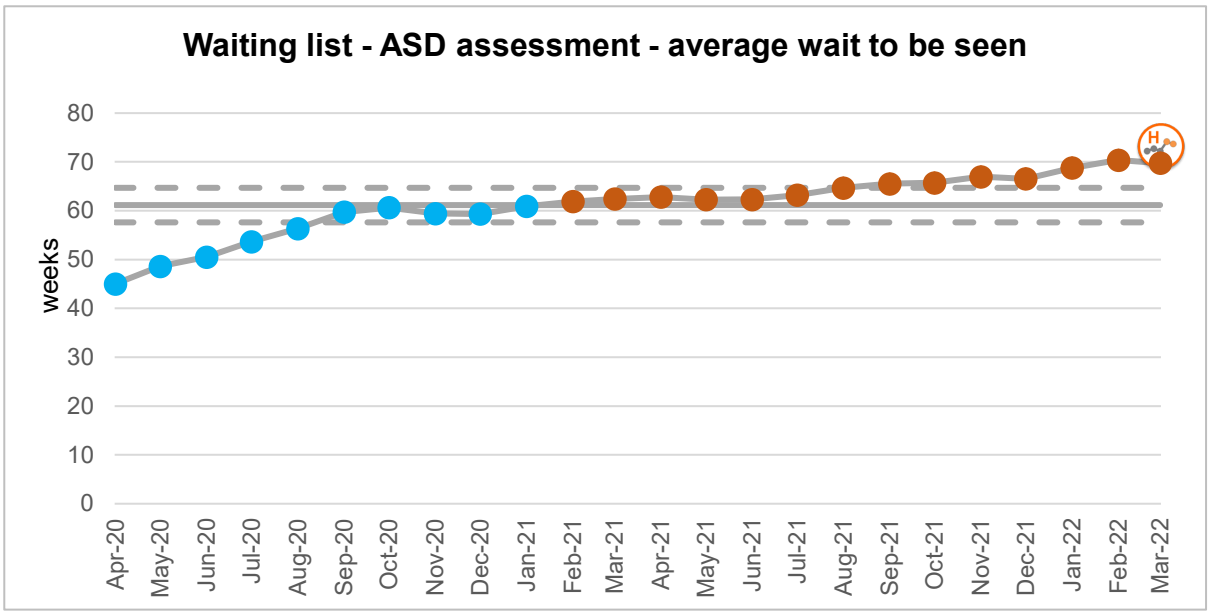


The average wait to be seen has remained significantly low over the last 11 months.

10b. Waiting list for care coordination – number waiting

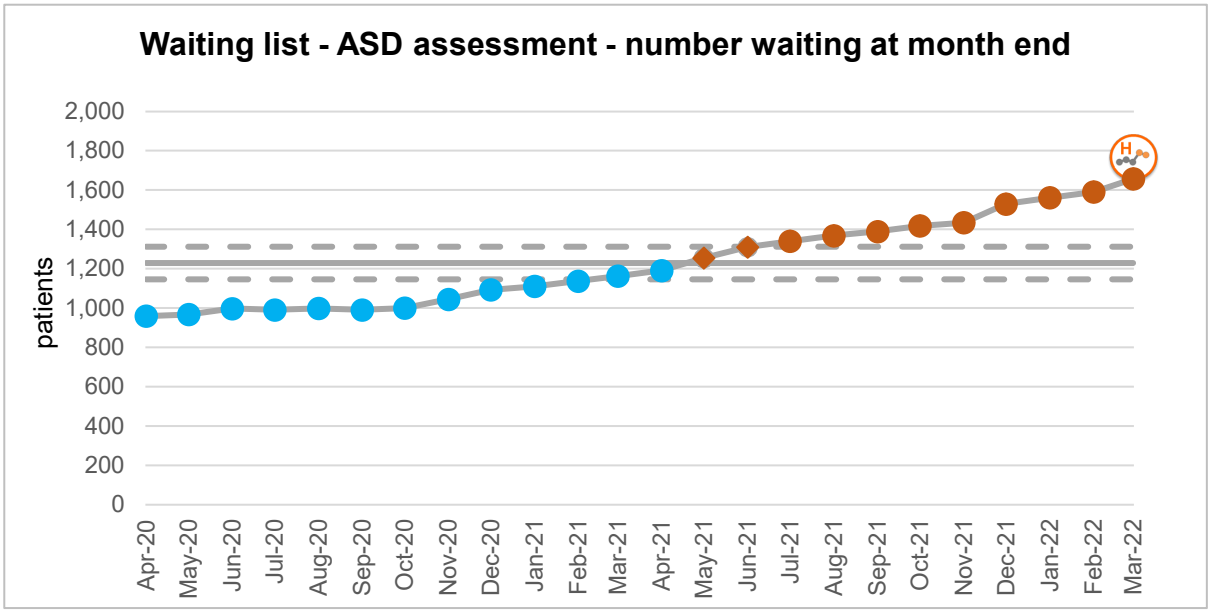


11a. Waiting list for adult autistic spectrum disorder (ASD) assessment – average wait



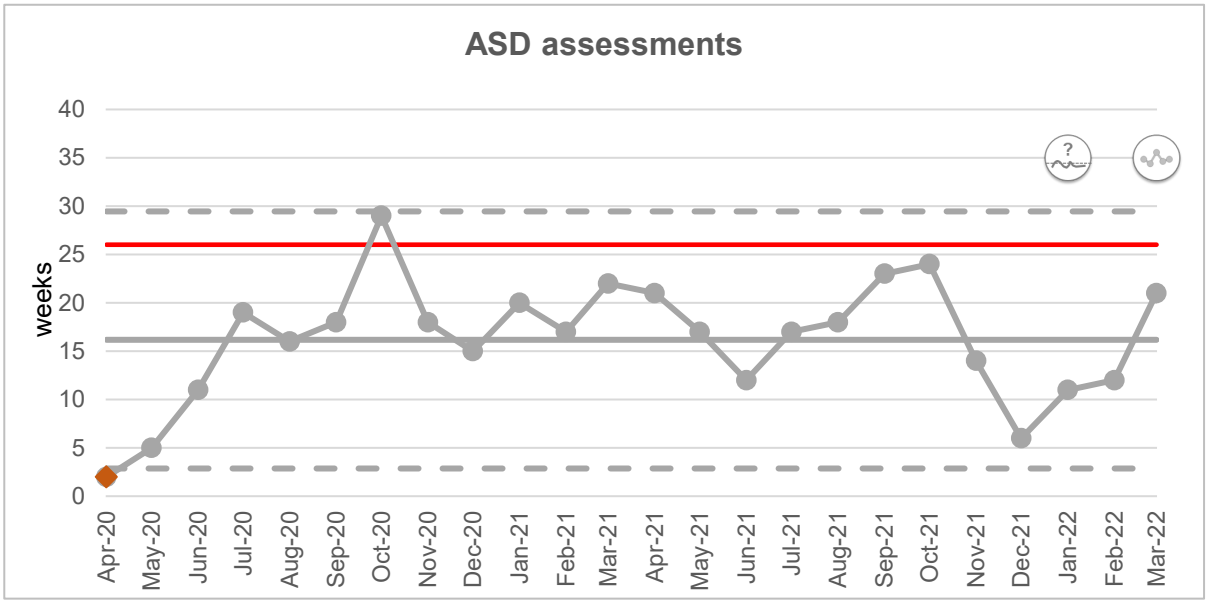
The average wait is currently 70 weeks and the longest wait is over 3½ years. The situation is likely to continue to worsen until there is an increase to investment in the service, as demand for the service far outstrips commissioned capacity.

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



There are currently 1,657 people waiting for adult ASD assessment, which is an increase of almost 100 since the last report and an increase of 73% over the 2-year period.

11c. Adult autistic spectrum disorder assessments per month



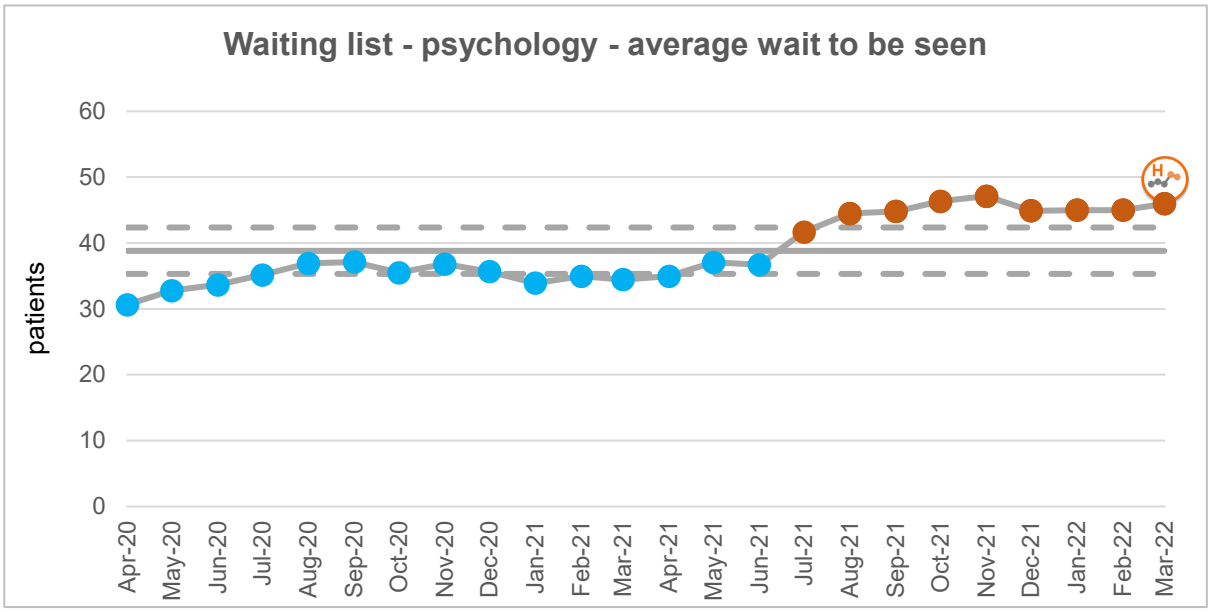
The team currently consists of 5 part-time assessors. There has been a significant reduction in capacity to undertake assessments in the last 3 months owing to the absence of 2 of the team as a result of unforeseen life events. An Assistant Psychologist commenced in post recently and is supporting throughout f assessment. One of the team has recently returned on a slow phased return to work. Once they are back fully in role, this will again increase the number of assessments undertaken.

We continue to look for solutions to this challenge and are again reviewing the literature in relation to assessment tools and service delivery. We have also recently recruited a senior clinician, who will support this team where possible. Once trained in relevant assessment tools this clinician will be able to undertake a small number of assessments.

The team continues to receive around 66 new referrals per month but is commissioned to undertake 26 assessments per month. It is hoped the team will soon be back to delivering this number.

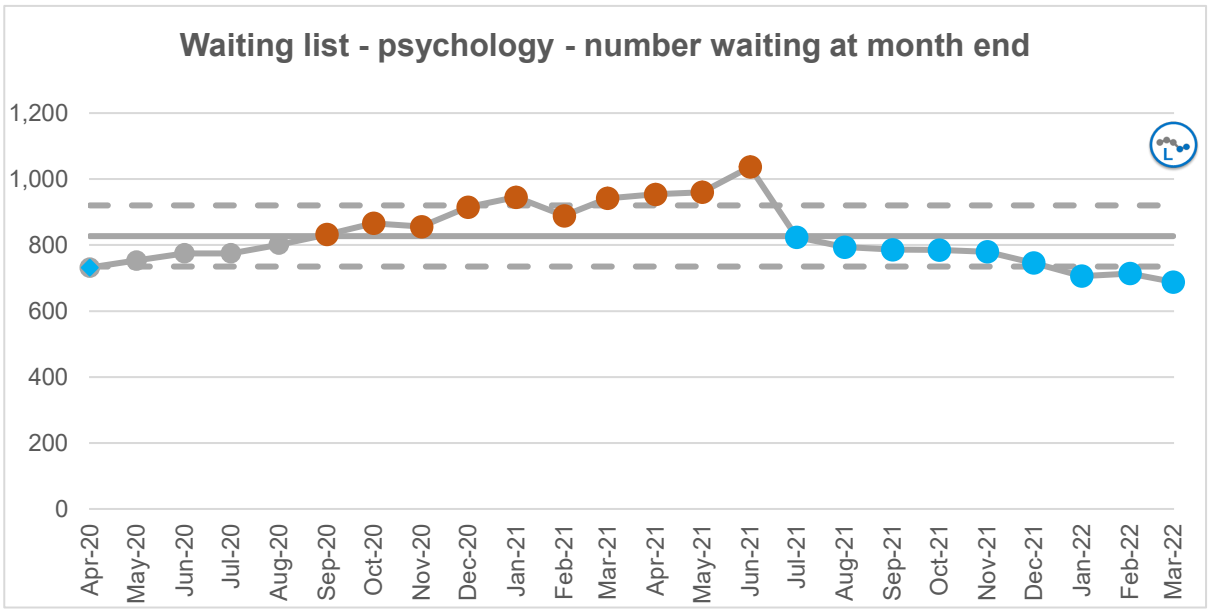
COVID-19 recovery plans have continued. Locations, timings, and protocols for safe COVID-19 face to face appointments are in place. All team members continue to alternate between offering some online appointments and some face-to-face.

12a. Waiting list for psychology – average wait



The average wait to be seen has remained significantly high in recent months at around 46 weeks. Many patients are still waiting owing to the pandemic and a personal preference to be seen face to face as opposed to by video call. Referrals remain steady, averaging 89 per month.

12b. Waiting list for psychology – number waiting



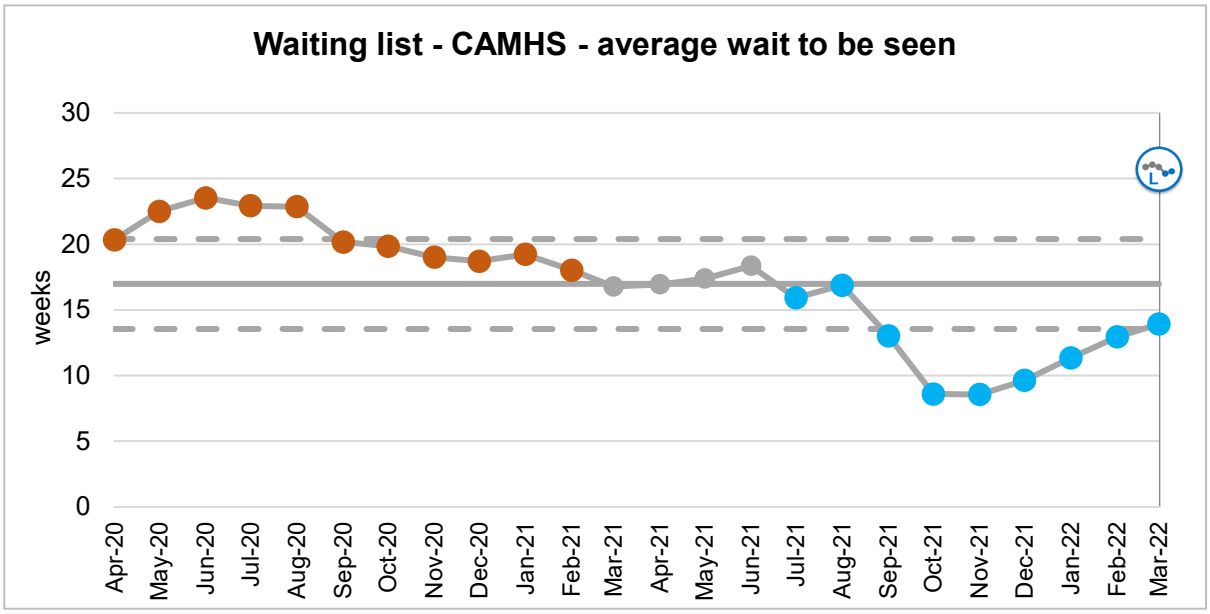
As we have seen over the last few months, the number of people waiting continues to gradually reduce. Investment has been made into the service equating to an increase by 18% of funded whole time equivalent posts since December 2020. Recruitment to a number of vacant and part-time posts across adult services is progressing and vacancies have reduced by 3% since the last report. However, around 19% of posts are currently vacant across all of psychological services, with the biggest gaps seen in the community mental health teams (CMHTs).

As reported last month, there is a national shortage of qualified psychologists, with all Trusts struggling to recruit. We remain in line with our regional colleagues with this figure.

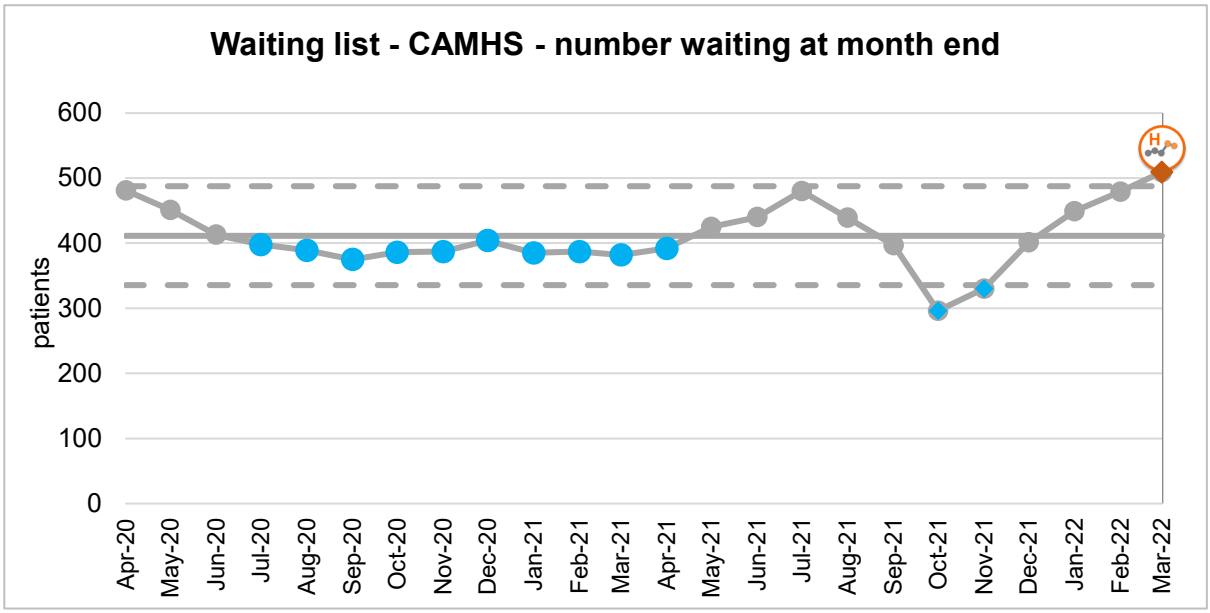
The pilot study working with a company to increase our exposure in the marketplace and to engage better with potential candidates through videos and sharing experiences starts at the end of the month with an aim of filling our vacancies.

We continue to review the waiting lists in line with trauma sensitive working in considering how we manage people on a waiting list and barriers of movement between services. This work continues to develop as the Living Well transformation takes place. Further we are reviewing the structure of psychological service to create a division to try and better utilise the skills we have in supporting people across the Derbyshire landscape. This will include how we manage flow and waiting lists.

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



13b. Waiting list for Child and Adolescent Mental Health Services – number waiting

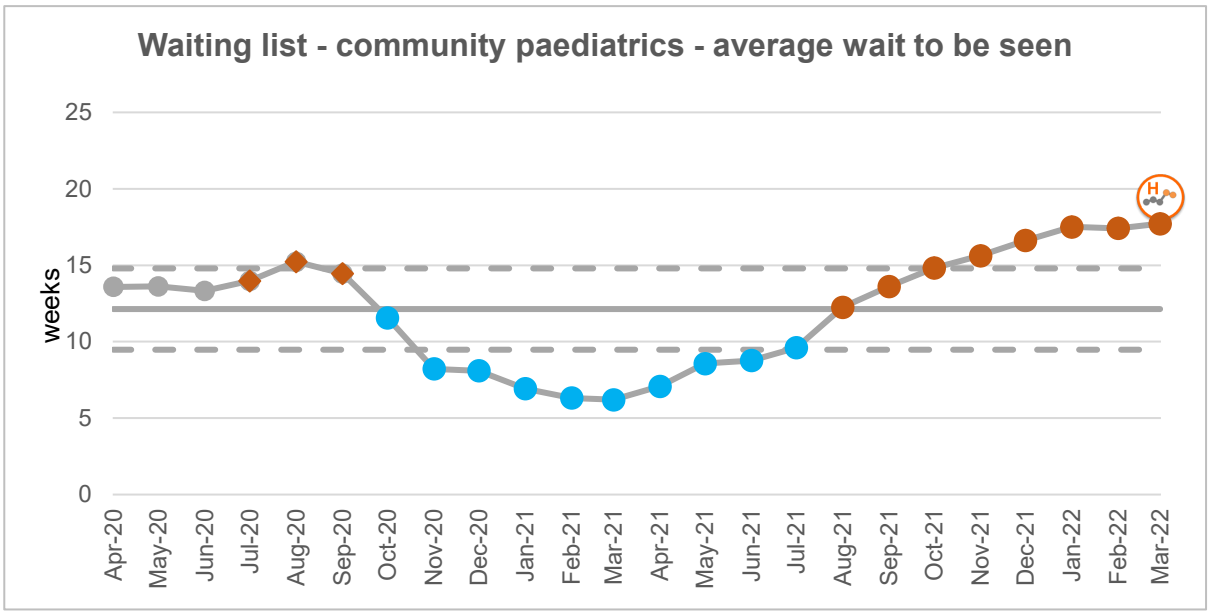


The waiting list initiative in September and October 2021 resulted in a significant reduction in waiting times, however since then there has been a month-on-month increase, with the current average wait being 14 weeks. The number of children waiting has been gradually increasing and is

significantly high at 509 children, the highest it has been for 2 years. Owing to the service focusing solely on initial assessments for a concentrated period of time, much of the routine caseload work was put on hold. This meant that although a significant amount of the waiting list was addressed (roughly 50% of the total), after the initiative was completed the service faced a large backlog of work. In addition, the nursing capacity of this small team of 6 nurses was reduced by 50% owing to long term sickness and a vacant post. The ASIST currently have a caseload of 300, in addition to the current number waiting for initial assessment of over 500. Capacity and waiting lists present a major issue nationally, with some areas having average waits of over a year.

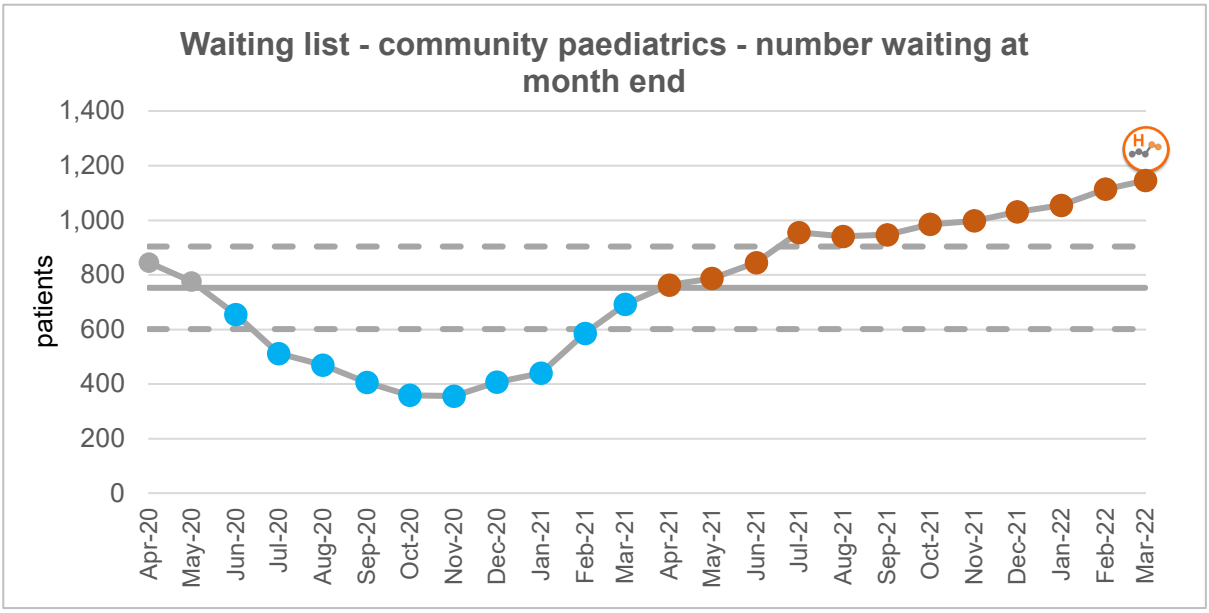
The current trend and volume of referrals received is not sustainable, therefore a review of the operating model of the service is in progress. Initial plans discussed within CAMHS senior leadership have proposed removing the function of case management from the service, to enable ASIST clinicians to focus solely on assessments. This would give the practitioners capacity to assess in excess of 1800 people a year, which would be in line with demand. Those young people requiring follow up (including the 300 already on caseload), would be managed via a hub model with ability to flow through more effectively, with specialisms inputting a service, including Psychiatrist. Plans need greater thinking, but this is the proposal we are working towards.

14a. Waiting list for community paediatrics – average wait



We continue to see a steady rise in waiting times for referral to treatment in community paediatrics. The wait time is now in excess of 44 weeks and currently sits on the risk register as a high risk. We are carrying a vacancy which has been advertised a total of 5 times without any applicants this post has been redesigned to a more generic post which will hopefully make this more appealing. Sickness and COVID-19 absences are still having an impact on clinics as the Paediatricians have continued to work face to face throughout the pandemic. To Mitigate we have a locum in post 4 days per week until July 2022 and a further 5-day week Locum in post for 3 months starting in April. We recognise that flow is an issue for the service and are working to review the Core offer and what we could do differently to help manage the increasing waiting list.

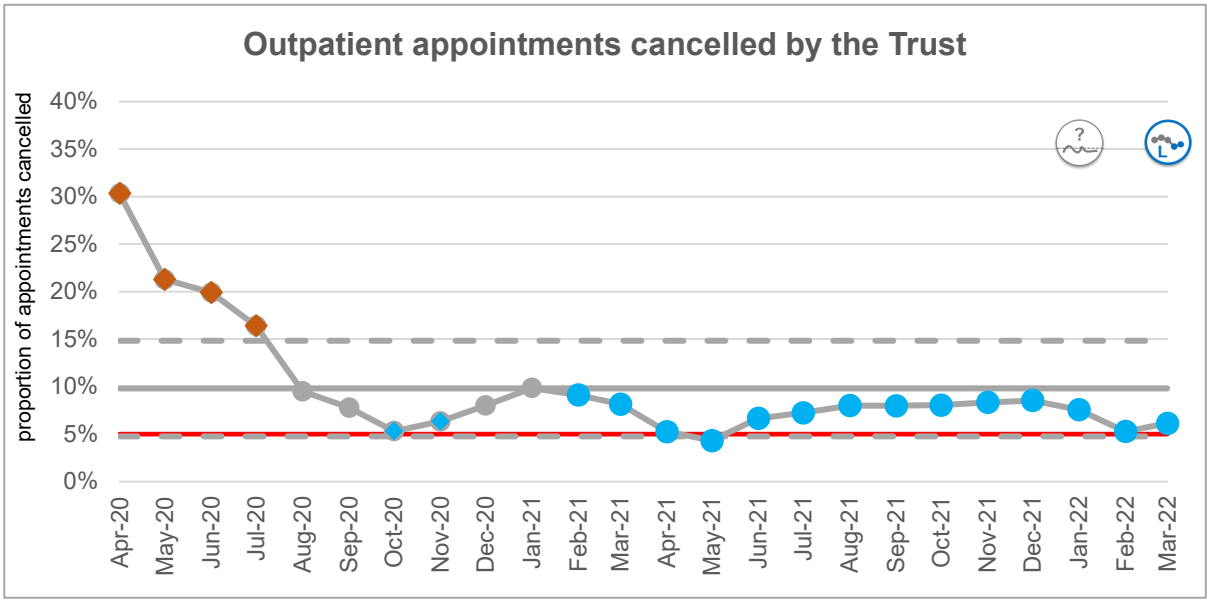
14b. Waiting list for community paediatrics – number waiting



The neuro-developmental pathway development is ongoing, and we have recently advertised the Speciality Doctor post into a full-time substantive post. The business case also includes a second fixed term Speciality Doctor to focus on the autistic spectrum disorder pathway. Securing these posts will have a significant impact on the waiting list. This is a really positive development for the service line.

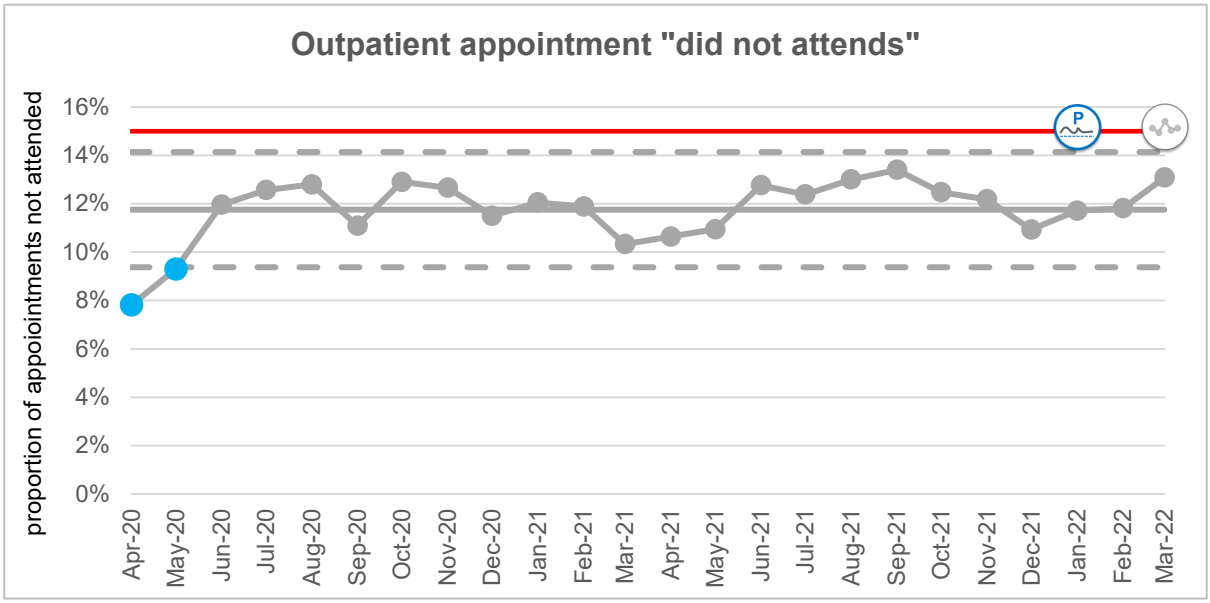
We have plans to further review the whole medical structure: what is working well, where the gaps are and where we need more support. Review of the referral pathways and website is ongoing. We hope to improve the experience for children, families, carers, and professionals who access our services.

15. Outpatient appointments cancelled by the Trust



The level of cancellations has been significantly low for the last 14 months and close to target for the last 2 months.

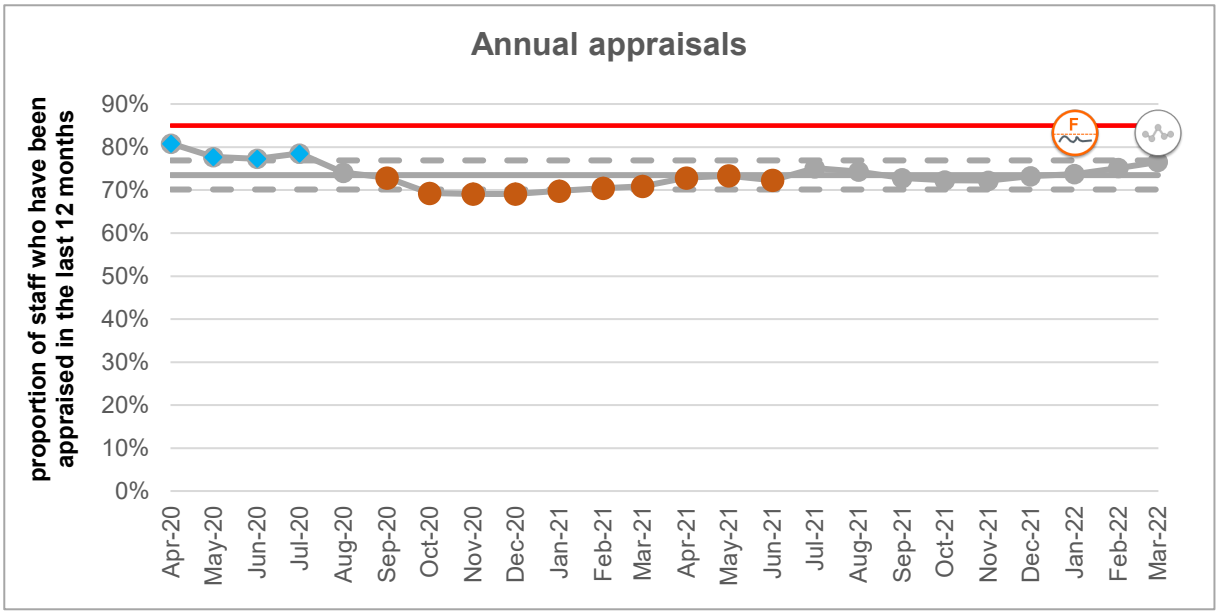
16. Outpatient appointment “did not attends”



The level of defaulted appointments has remained within common cause variation for the last 22 months and in the current process the trust target of 15% or lower is likely to be consistently achieved.

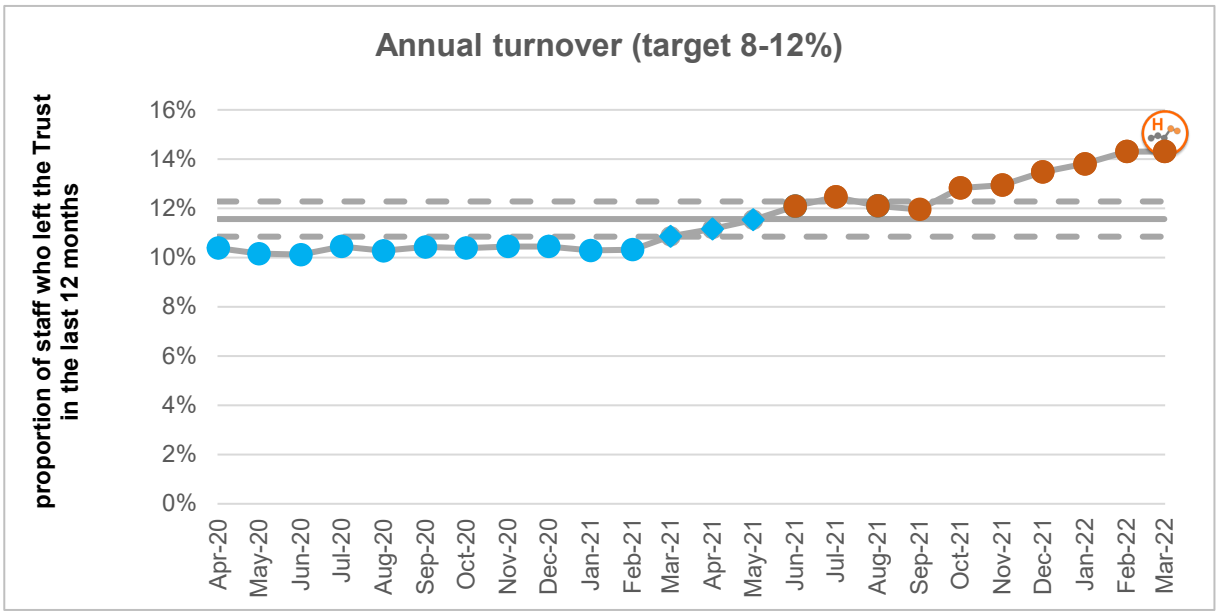
People

17. Annual appraisals



We recognise that the last 12 months have continued to present challenges for colleagues in responding to the pandemic whilst returning to a level of business as usual. This has had some impact on appraisal rates, particularly in corporate teams who have been working and delivering against very different objectives. As we finish the year with Operational Services currently at 82% and Corporate Services at 53%, we recognise that from April 2022 we need to reaffirm our expectation that all colleagues will have a meaningful appraisal conversation over the next 12 months. We have also been able to move in the last two months into a strong position with our people divisional leads who are now aligned to every division and will be able to recommence their roles in working with teams to support and drive appraisal compliance where we are moving against trajectory throughout the year.

18. Annual turnover



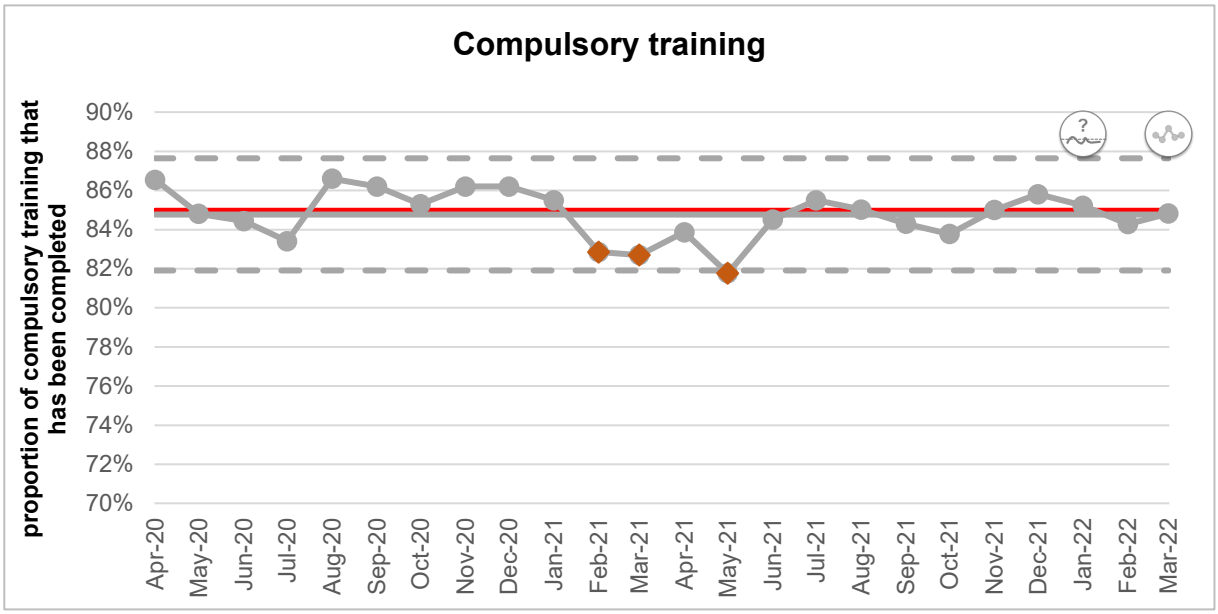
Turnover remains high and above the Trust target range of 8-12% for the last six months. We have commissioned two areas of focused work to support us to understand more about why colleagues are leaving the Trust. Firstly, a STAY survey which will be targeted at key areas where we know we

are losing more colleagues – these include colleagues reaching the 2-year period employment and teams and professions with higher levels of turnover. Secondly, we have recognised that the current exit interview process is not working as we have low numbers of leavers completing an exit interview. We are now developing our own system that will allow us to capture a much higher percentage of leavers in order for this intelligence to be used to develop the areas and actions needed to support retention.

Benchmarking

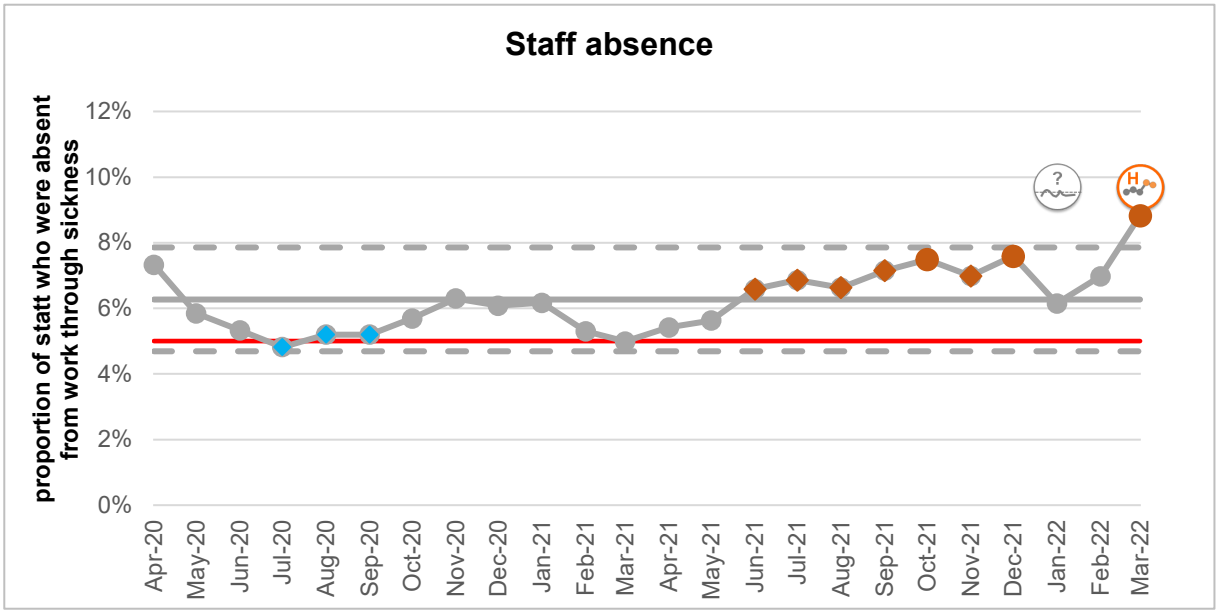
In the latest national NHS staff turnover benchmarking data, the Trust was ranked 10th highest mental health trust for stability of the workforce (https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/december-2021).

19. Compulsory training



A recovery plan continues to improve training compliance. The full training requirement – compulsory training and role specific training – is over 75,000 attendances by our total workforce on 78 courses, with just over 18,000 individual attendances to be completed. Operational Services are currently above target at 87% compliant with compulsory training, and Corporate Services slightly lower at 76%. To support compliance, we have increased the availability of role specific clinical mandatory training. Operational teams are working closely with the training delivery team to look at ways to work differently in the delivery model including block training. The People and Inclusion team have also commissioned a review of all compulsory training and role competence requirements for all clinical and non clinical roles.

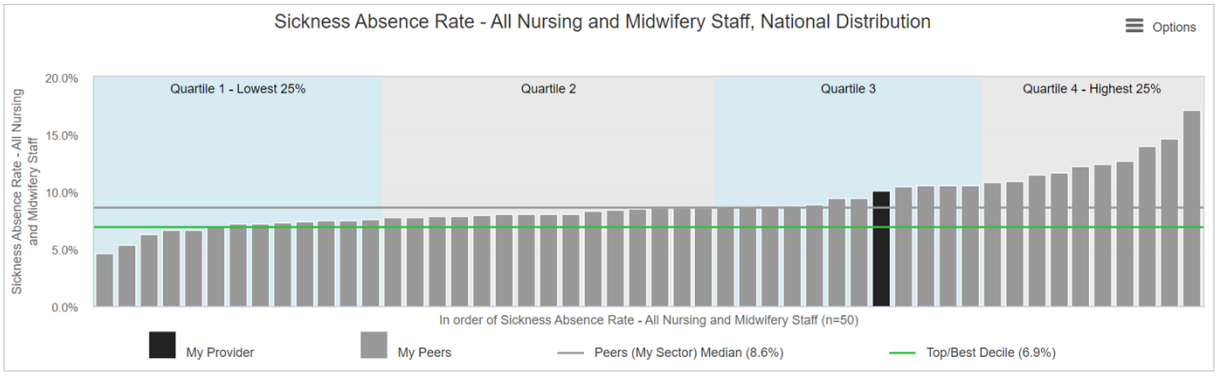
20. Staff absence

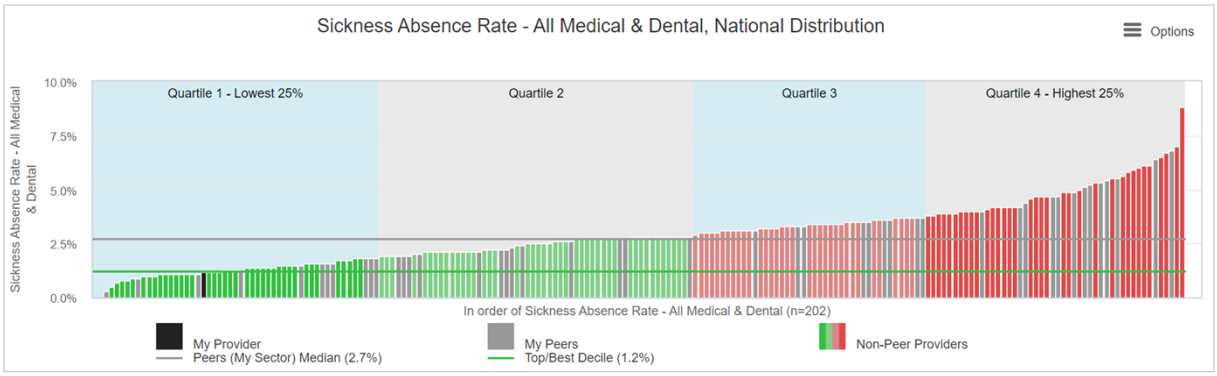


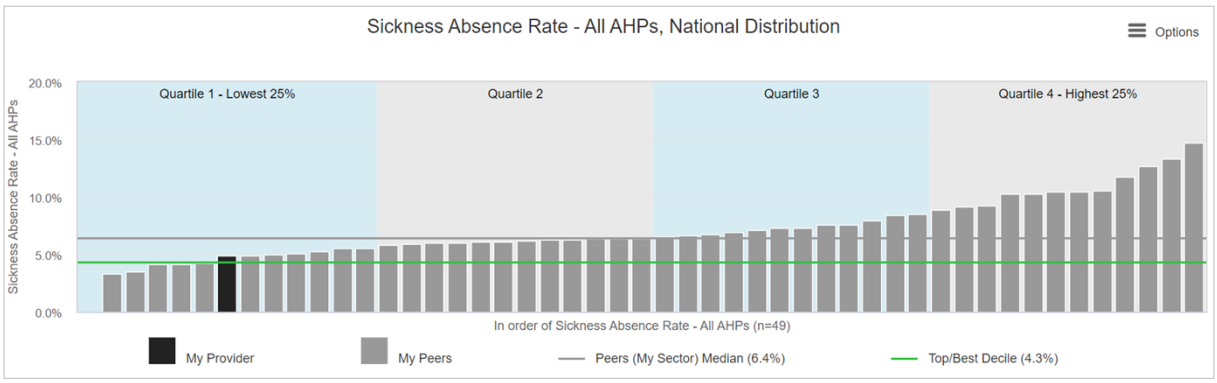
Corporate Services absence rate is 6.3%, and Operational Services is 9.4%. Sickness absence increased significantly in March with COVID-19 absence being the top reason for absence. Improvements are being made to the support provided by our external absence management provider GoodShape, to ensure we are maximising the opportunities this provides to support managers and colleagues over a period of absence. The return-to-work process is being reviewed to ensure this is a health and wellbeing focused conversation that is supportive and recorded as part of the employees return to work. The absence task and finish group are initially focusing on ensuring we get all the basics right and connect the support available for managers and colleagues over an absence period.

Benchmarking

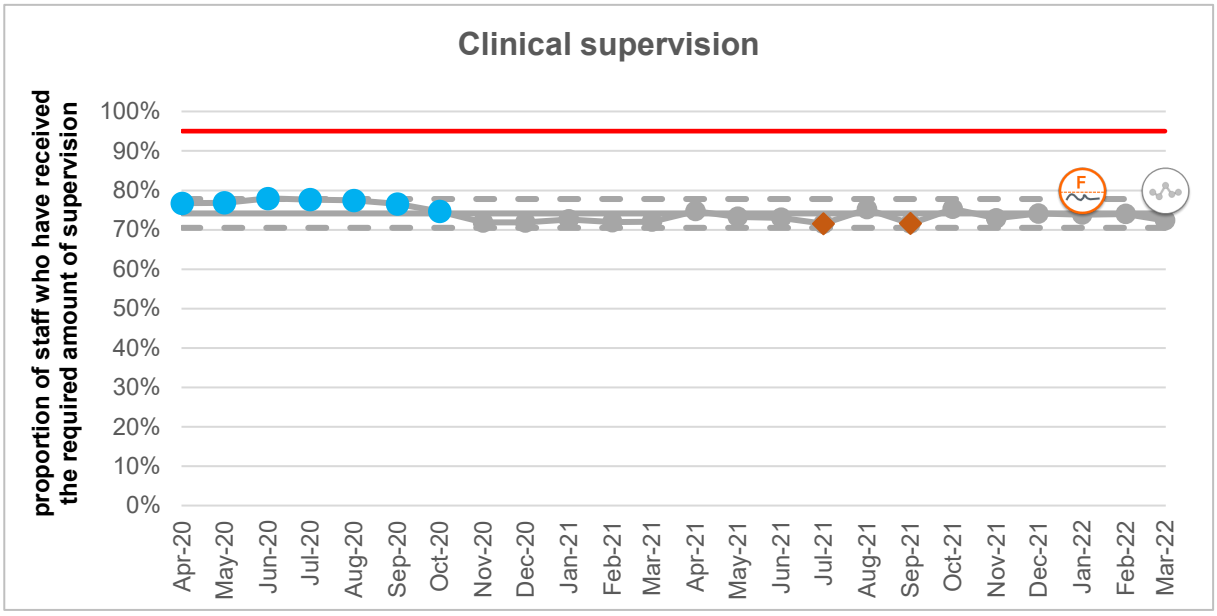
In the latest data (January 2022) our absence rate was above average for the nursing and midwifery staff group but was low compared with the peer group for the medical and dental and allied health professionals staff groups (https://model.nhs.uk/).



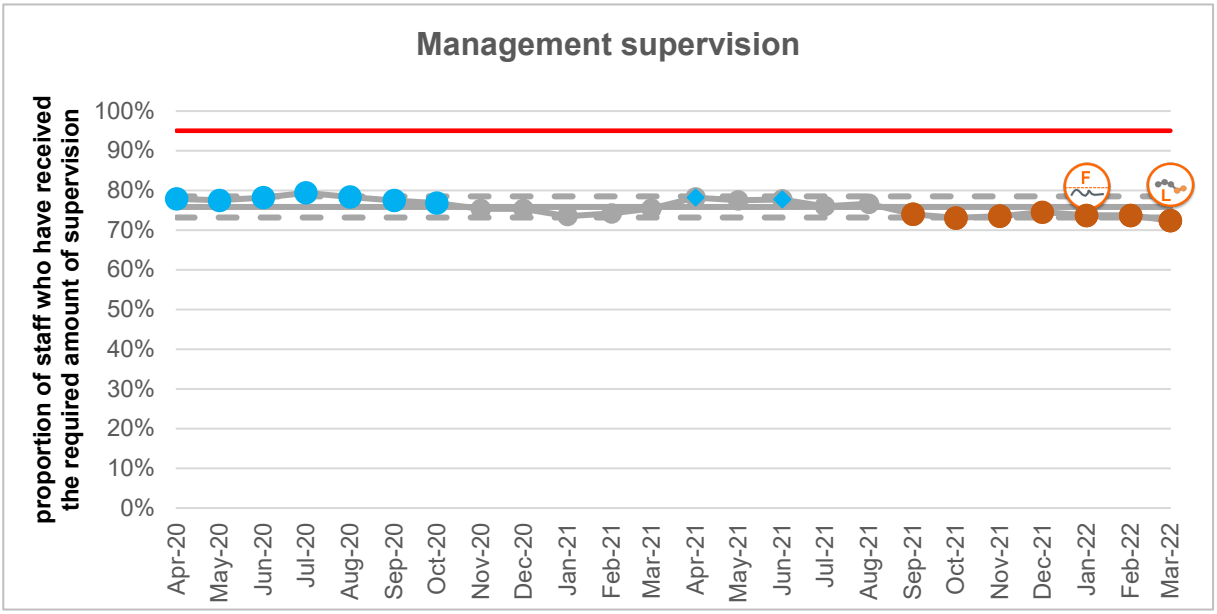




21. Clinical supervision

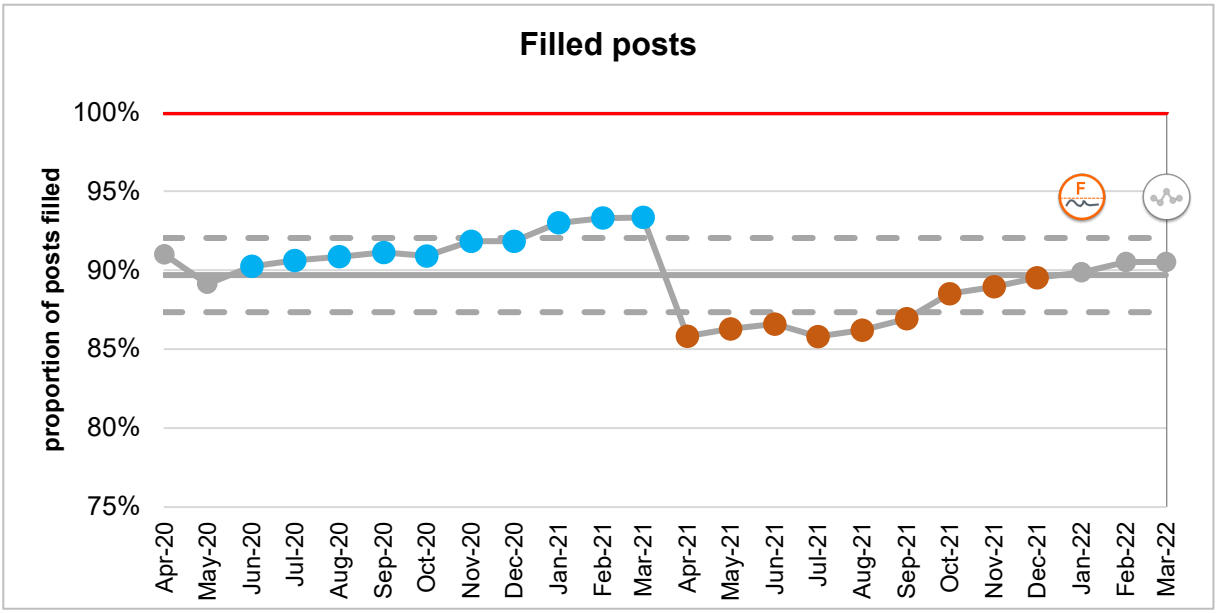


22. Management supervision



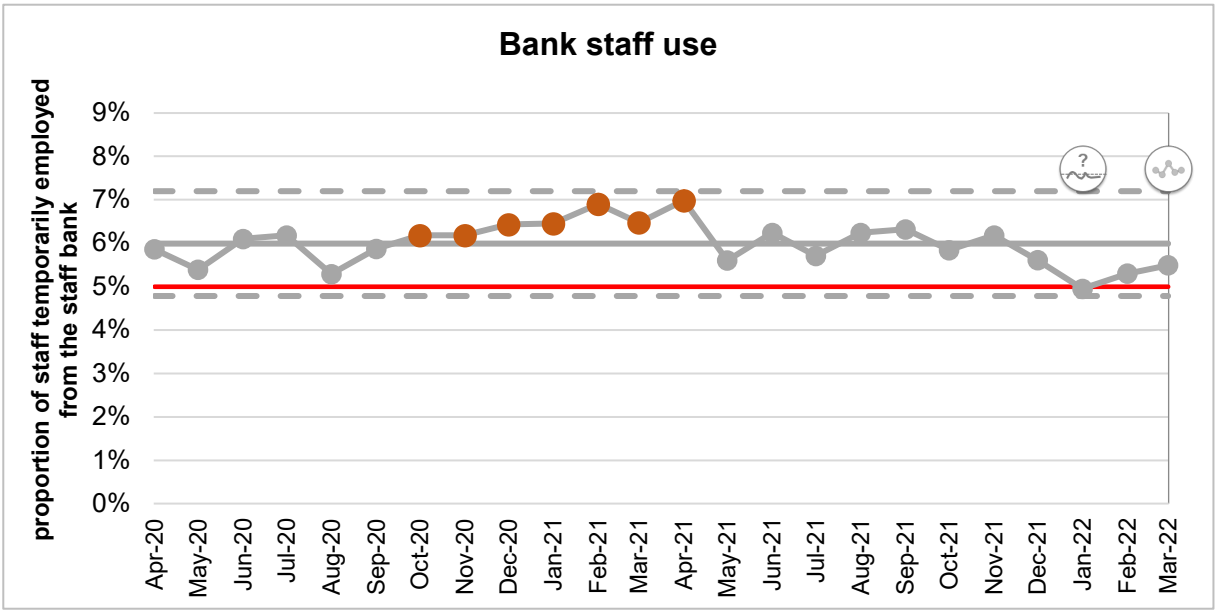
The levels of compliance with the clinical and management supervision targets have remained low since the start of the pandemic. As seen with compulsory training and appraisals, Operational Services are performing at a considerably higher level than Corporate Services for both types of supervision (management: 75% versus 57% and clinical: 74% versus 26%).

23. Proportion of posts filled



Recruitment fill rates continue to improve with the time to recruit now at 55 days, which is below the national NHS benchmark of 60 days. There has been a steady improvement in our vacancy rate as we continue to make improvements to recruitment practices and approaches including fast track recruitment, creative campaigns and advertisements and the roll out of DocuSign to reduce delays and unnecessary paperwork.

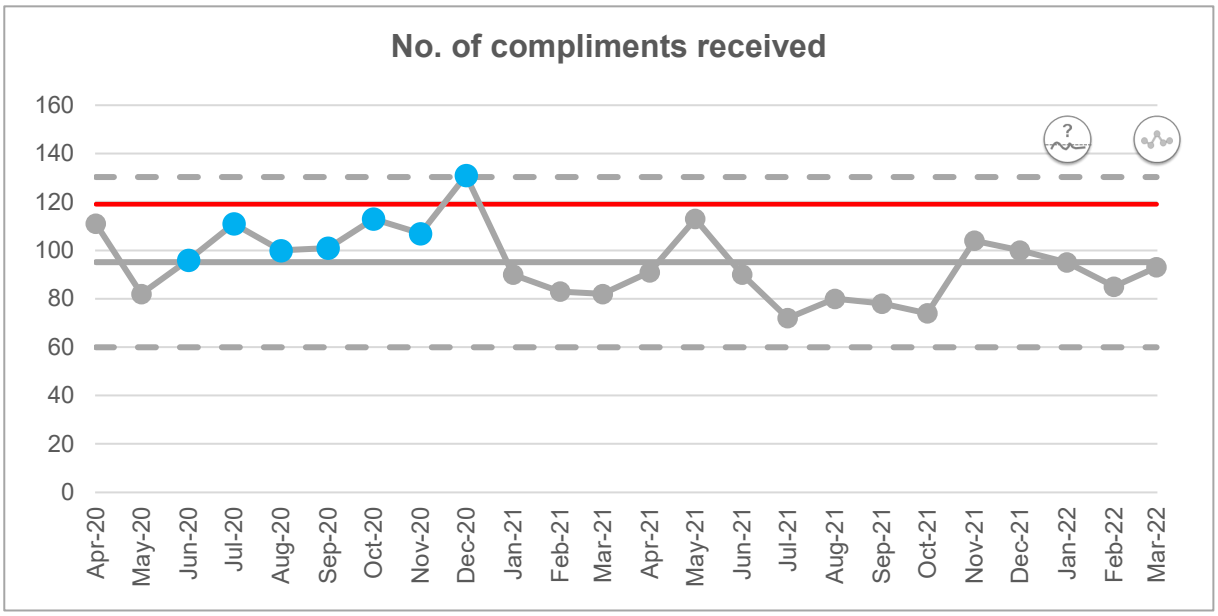
24. Bank staff



In the past 11 months bank staff usage has returned to common cause variation. The trend continues to improve where recruitment is now filling vacancies normally supported by bank staff.

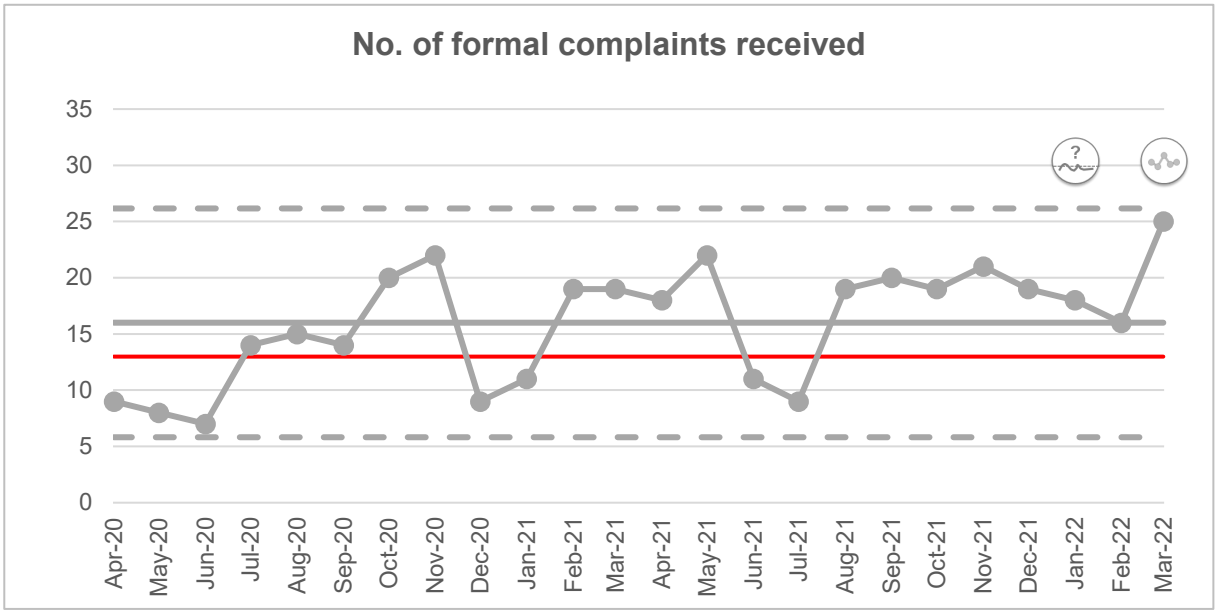
Quality

25. Compliments



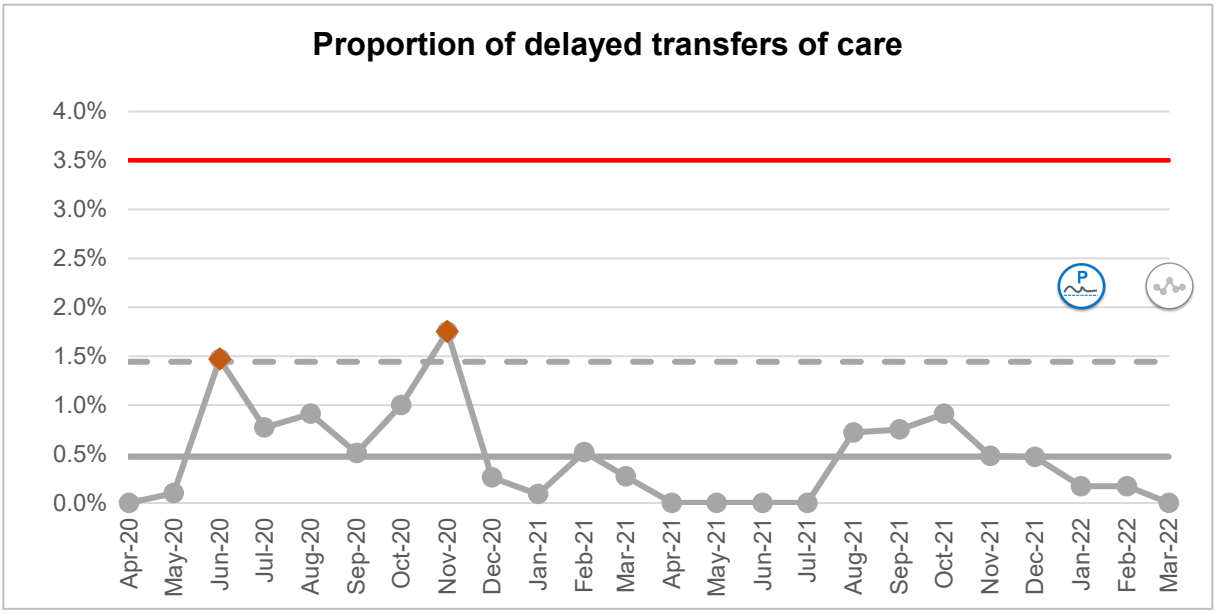
The number of compliments continues to remain below the expected level however, as face to face contact increases, so does the number of compliments received. This is due to compliments mostly being received verbally and then staff recording them. A Head of Nursing has now been allocated to lead on Trust-wide projects and their first project is the roll out of the electronic patient survey which will provide a further method of receiving compliments, complaints, and concerns. With an increase in accessibility, it is expected that a natural increase in compliments, complaints and concerns will occur.

26. Complaints



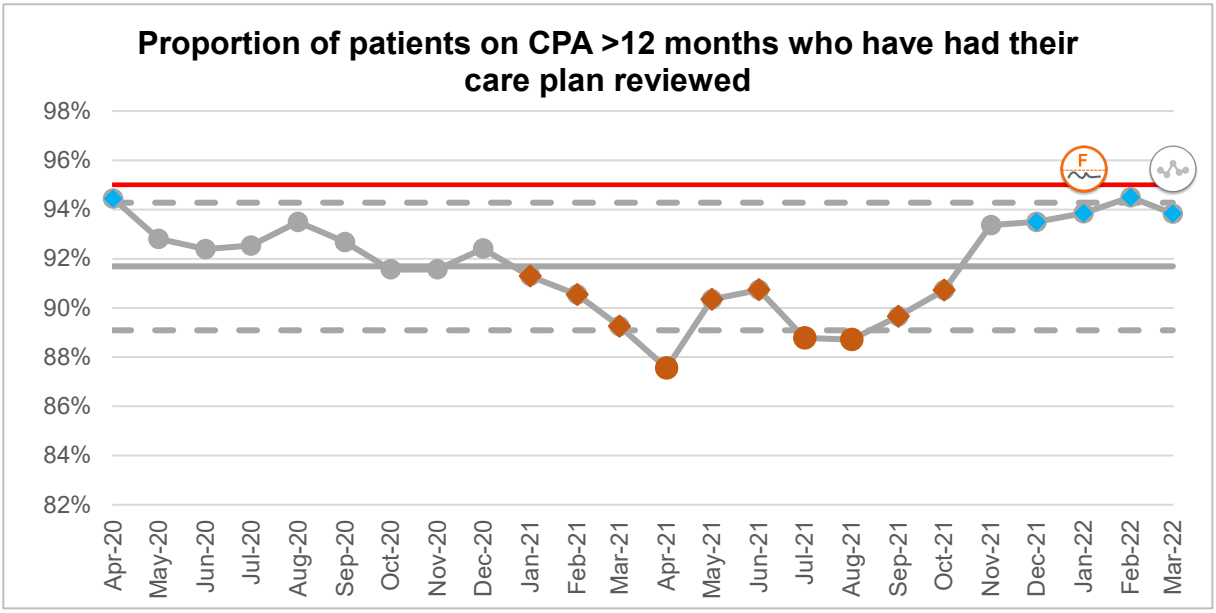
As face-to-face contact increases and services begin to stand back up, the number of complaints decreases. In reviewing data, a large number of complaints are in relation to reduced face to face contact and reduced access to services. As services continue to stand back up and the electronic patient survey is implemented the number of complaints is expected to continue to decrease.

27. Delayed transfers of care



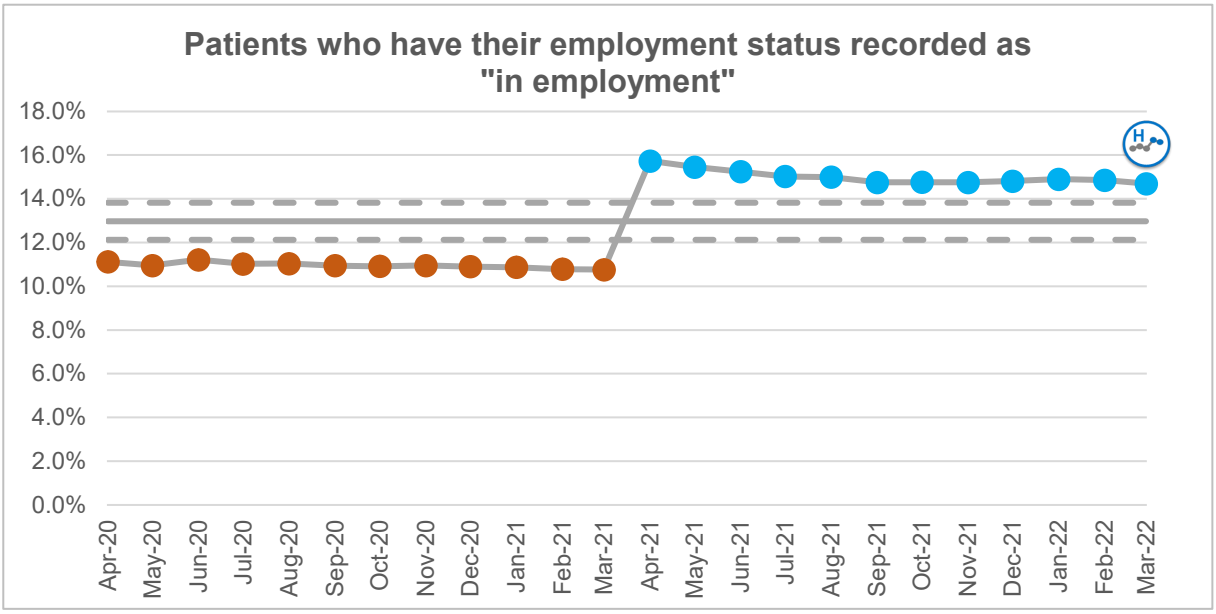
Since the multi-agency discharge events (MADE) were held, numbers of delayed transfers of care have reduced and now sit below the mean line. Work continues within the rapid review processes and clinical meetings.

28. Care plan reviews



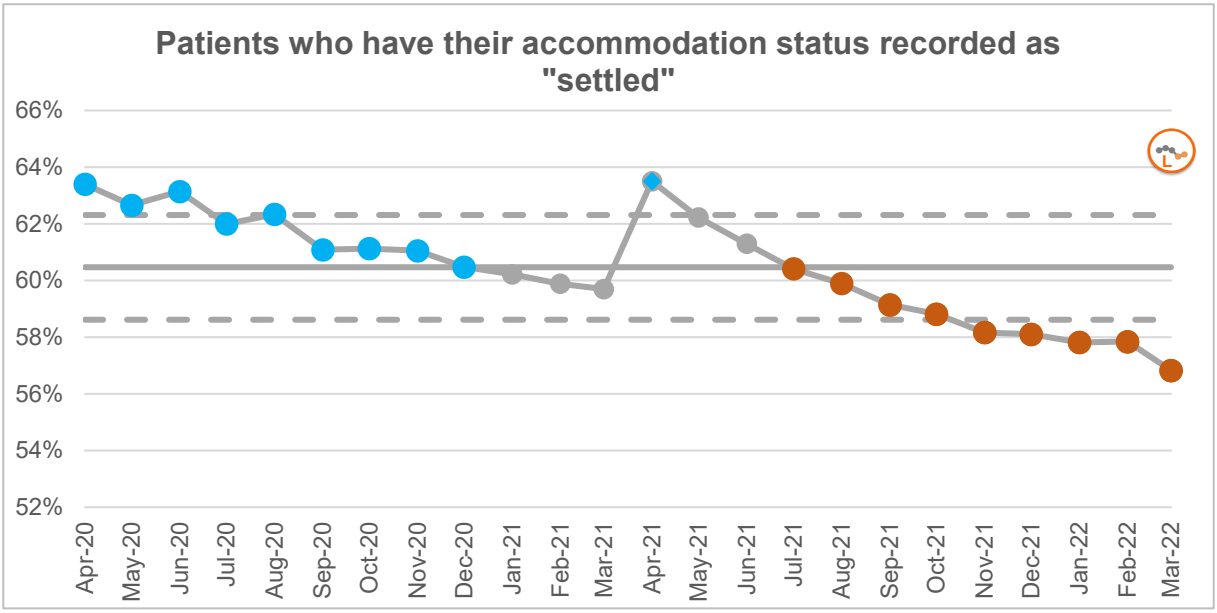
The proportion of patients whose care plans have been reviewed continues to be lower than usual. However, as can be seen there is a positive trajectory and improvements in the percentage of reviewed care plans. Work continues to improve this month by month and this is expected to continue as this is completed largely face to face. As we move over to SystmOne, processes are expected to improve further.

29. Patients in employment



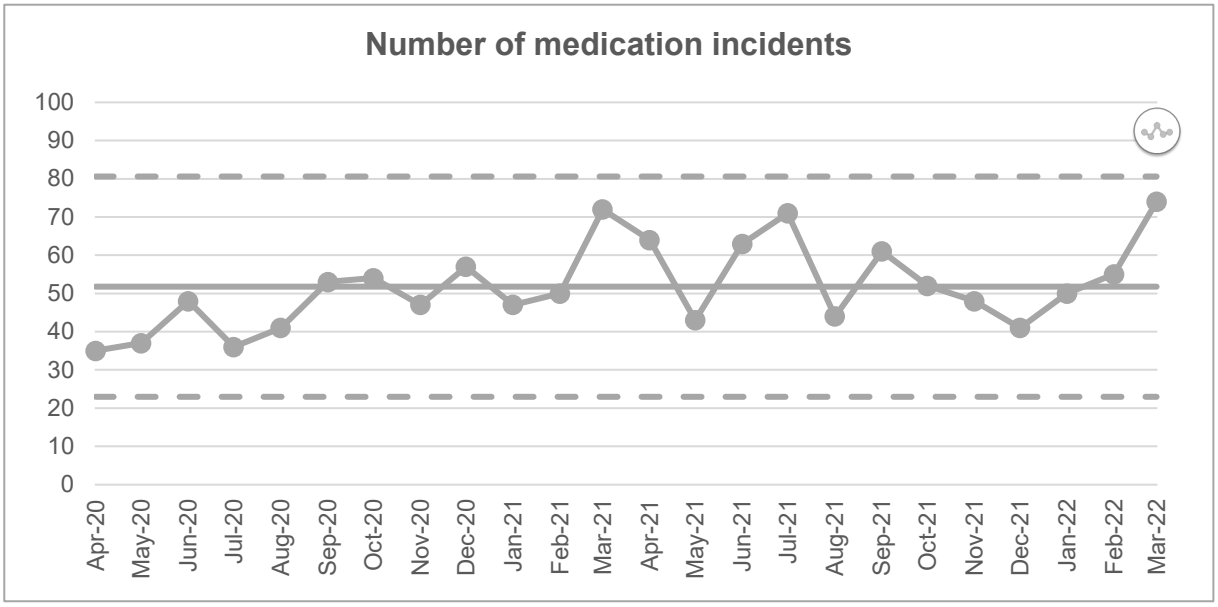
Around one third of patients have no employment status recorded. The Individual Placement Support (IPS) Service continues to have success in supporting people into employment even during the current pandemic and the service is currently expanding. The Trust has recently employed two experts by experience to focus on the implementation and management of Health Education England training in relation to peer support working and apprentices. As a result, those in employment or education is expected to improve in time. This aims to support people into employment, apprentice, or education.

30. Patients in settled accommodation



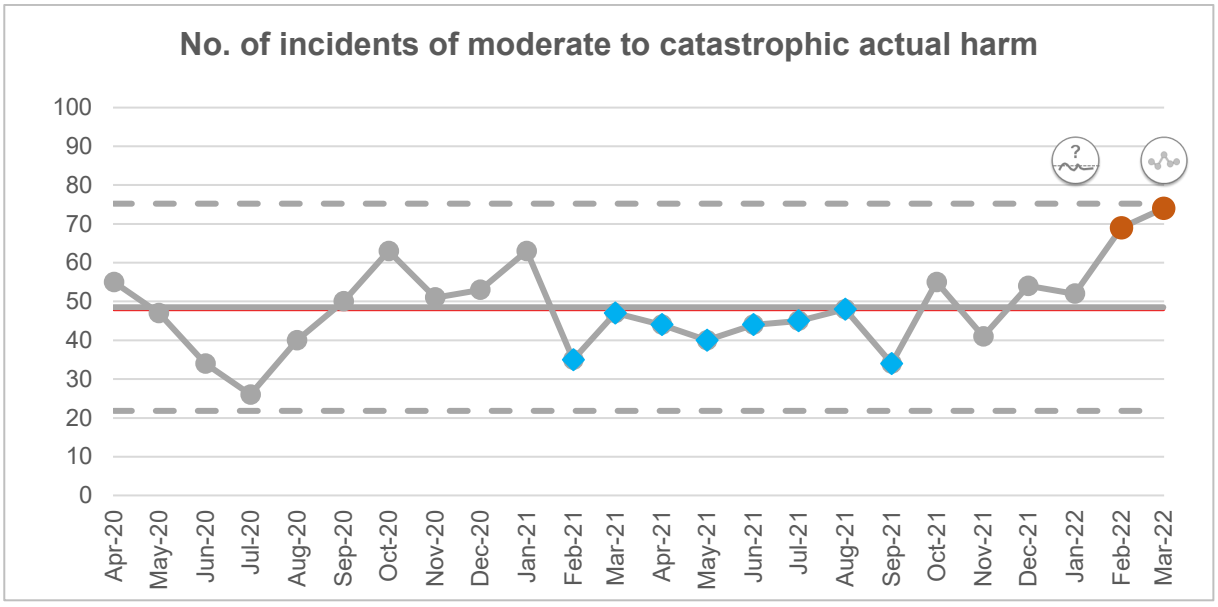
Around one third of patients have no accommodation status recorded.

31. Medication incidents



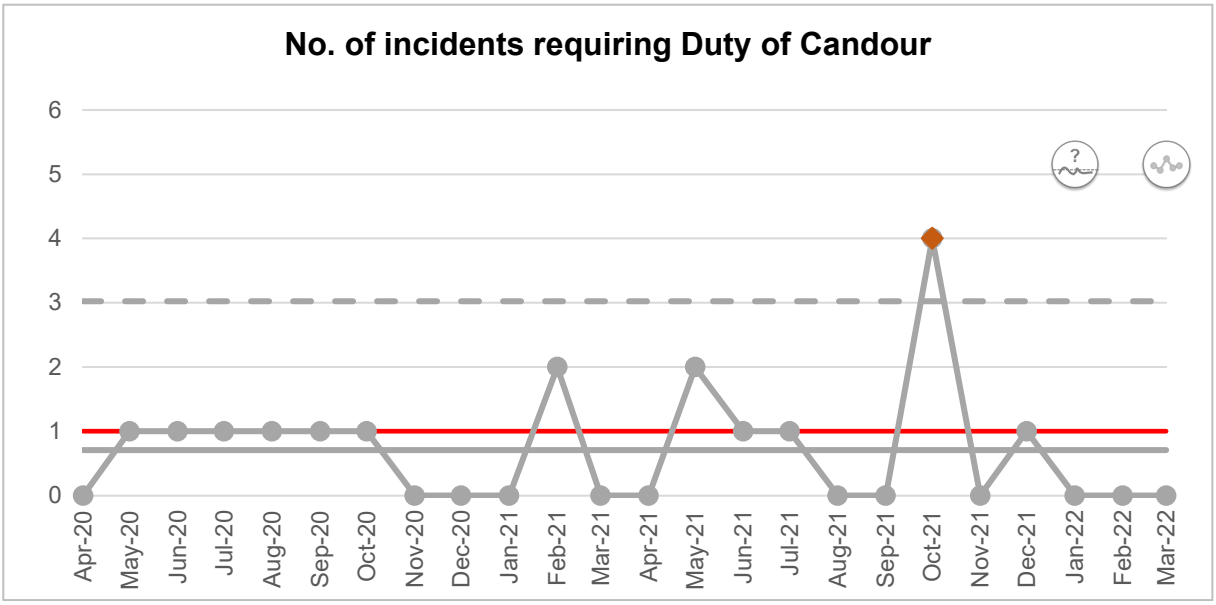
When looking into medication incidents, they take a variety of forms, from missed doses, wrong medication administration, missed fridge temperature recording, prescription error and non-location of medication. As a result, there are several factors that impact such as how busy the ward is, number of qualified staff and how the medication cabinet is organised. The medicines management operational subgroup are currently revising the medications error procedure, taking into account Trust values, and the Acute Inpatient Matrons and Head of Nursing are in the process of updating the relevant policies which will reduce the number of insignificant incidents. A report on incidents is also reviewed within the Monthly COAT meeting for each division.

32. Incidents of moderate to catastrophic actual harm



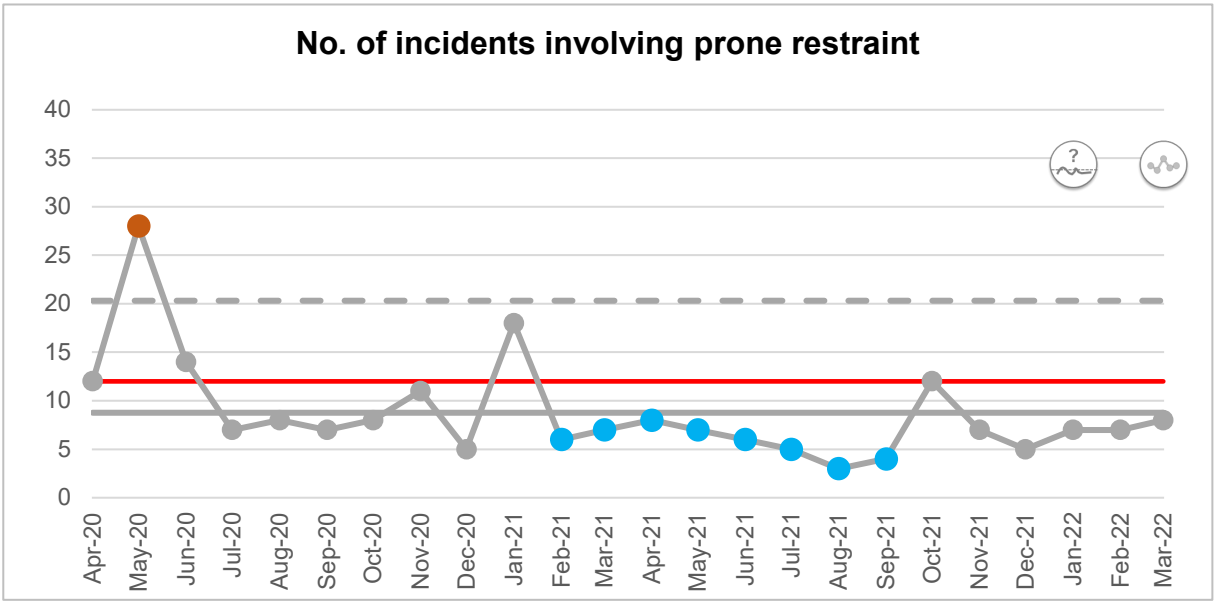
The number of reported incidents of moderate to catastrophic harm have remained within common cause variation throughout the reporting period. However, there has been a recent increase bringing the total above the mean line. This will continue to be monitored by the Heads of Nursing team on a quarterly basis and fed into the relevant COAT meetings.

33. Duty of Candour



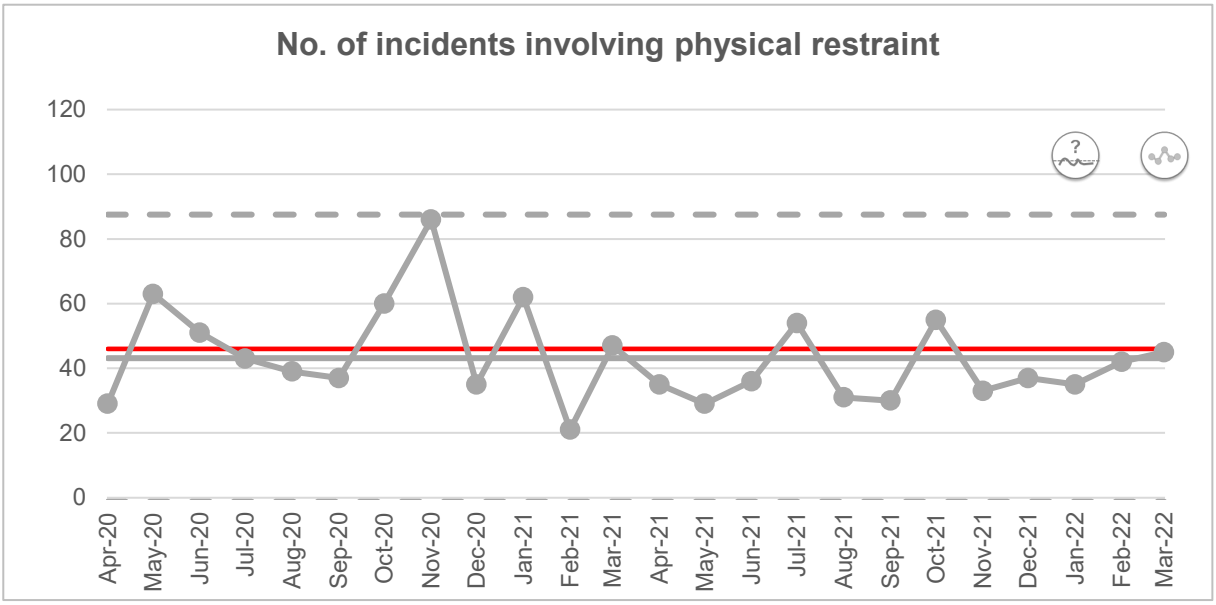
There have been zero instances of Duty of Candour in the last 3 months. This comes in line with reports being finished and signed off by the Executive Serious Incident Group, resulting in pockets of data increase. This pattern is expected as groups of reports are signed off and Duty of Candour raised. At times this can present high in certain months as they are all reported together rather than as soon as the report has been completed. Processes have been reviewed with the Head of Nursing team and the current DATIX reporting process has been updated to improve the real time reporting of Duty of Candour incidents.

34. Prone restraint



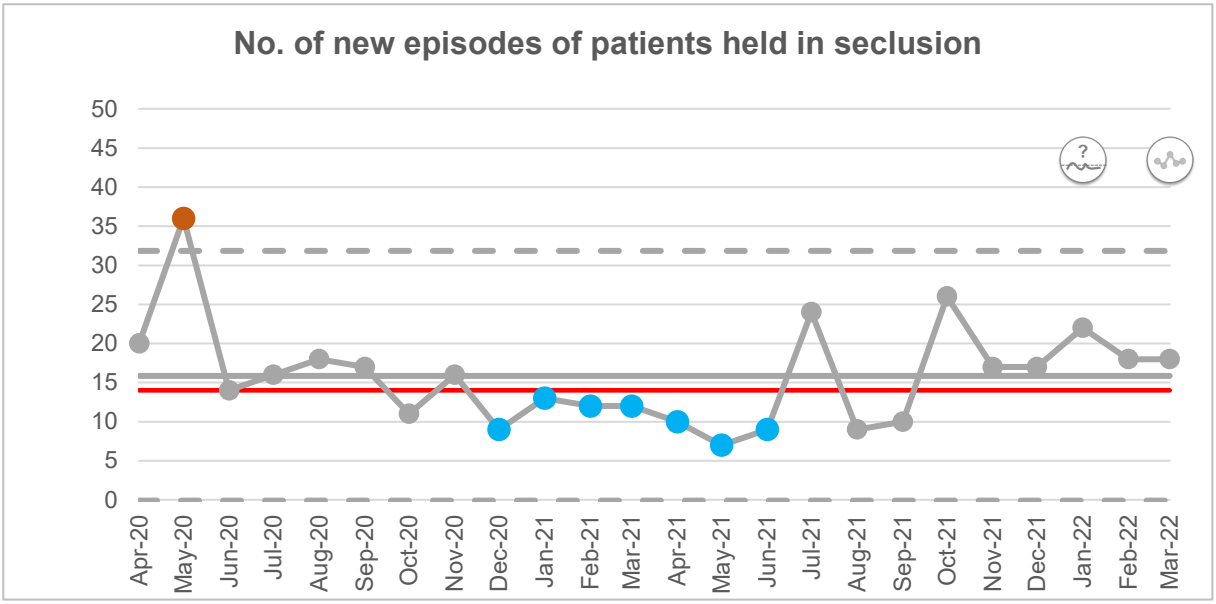
There are ongoing work streams to support the continuing need to reduce restrictive practice, including the introduction of body worn cameras, monitoring of restrictive practice within forums. Data analysis and review has shown that even where restraint and seclusion has increased, the use of prone restraint has continued to remain below the expected amount. Although some spikes in data have occurred in the last 6 months, we still remain low in numbers of prone restraint and much lower than the regional average per bed numbers.

35. Physical restraint



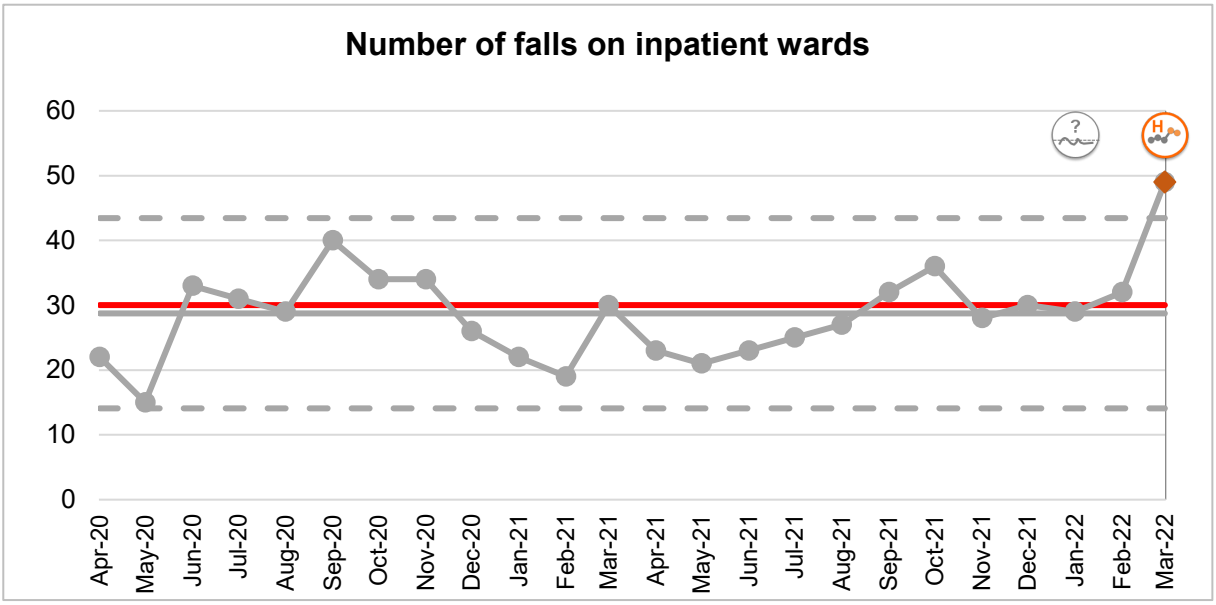
The number of reported incidents involving restraint have remained within common cause variation throughout the reporting period. The changes in numbers are linked to the data above relating to prone restraint and below relating to seclusion. It is important to highlight that a common impacting factor to restrictive practice is increased use of bank staff, vacancies, increased sickness, staffing challenges and concerns relating to closed culture. A working group has been created to put together a working procedure for assessing closed cultures and what needs to be done where closed cultures are identified. This work aims to improve patient feedback along with reducing restrictive practice both in inpatient services and community services.

36. Seclusion



The use of seclusion has been above the common cause variation from October 2021. In further investigating this trend, there appears to be a link to a small number of patients who have been placed in seclusion on more than one occasion. This data will be monitored for patterns and further support needs for individual areas. Further auditing and investigation will be carried out by the new Head of Nursing for Acute and Assessment Services and will also include the links to Psychiatric Intensive Care Unit use.

37. Falls on inpatient wards

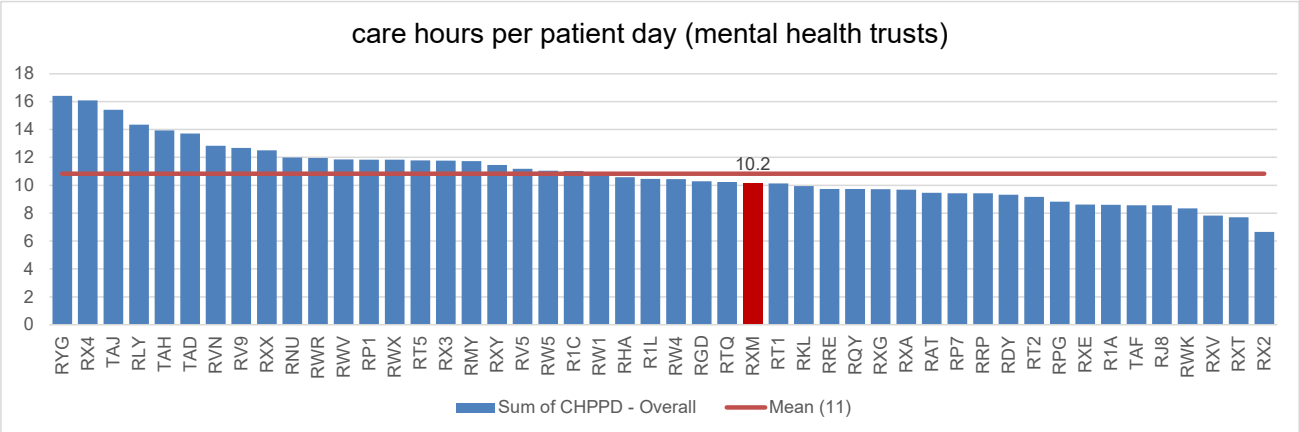


After an increase above the mean line in September incidents appear to have continued to increase with an abnormal spike in March 2022. A review of Falls has been commissioned along with the subsequent action plan and improvements. This will commence in April and is will be an ongoing project, working alongside teams to reduce incidents of Falls.

Care Hours Per Patient Day (CHPPD)

CHPPD is rolling data updated monthly, to show staffing levels in relation to patient numbers on an inpatient ward. Every month, the hours worked during day shifts and night shifts by registered nurses and midwives and by healthcare assistants are added together. Each day, the number of patients occupying beds at midnight is recorded. These figures are added up for the whole month and divided by the number of days in the month to calculate a daily average. Then the figure for total hours worked is divided by the daily average number of patients to produce the rate of care hours per patient day. Work is underway to implement processes relating to staffing levels and how they are recorded in line with CHPPD and patient acuity. This will be in the form of the MHOST reporting system and SafeCare module within E-Roster.

The chart below shows how we compared in the latest published national data (December 21) when benchmarked against other mental health trusts. We were below average:

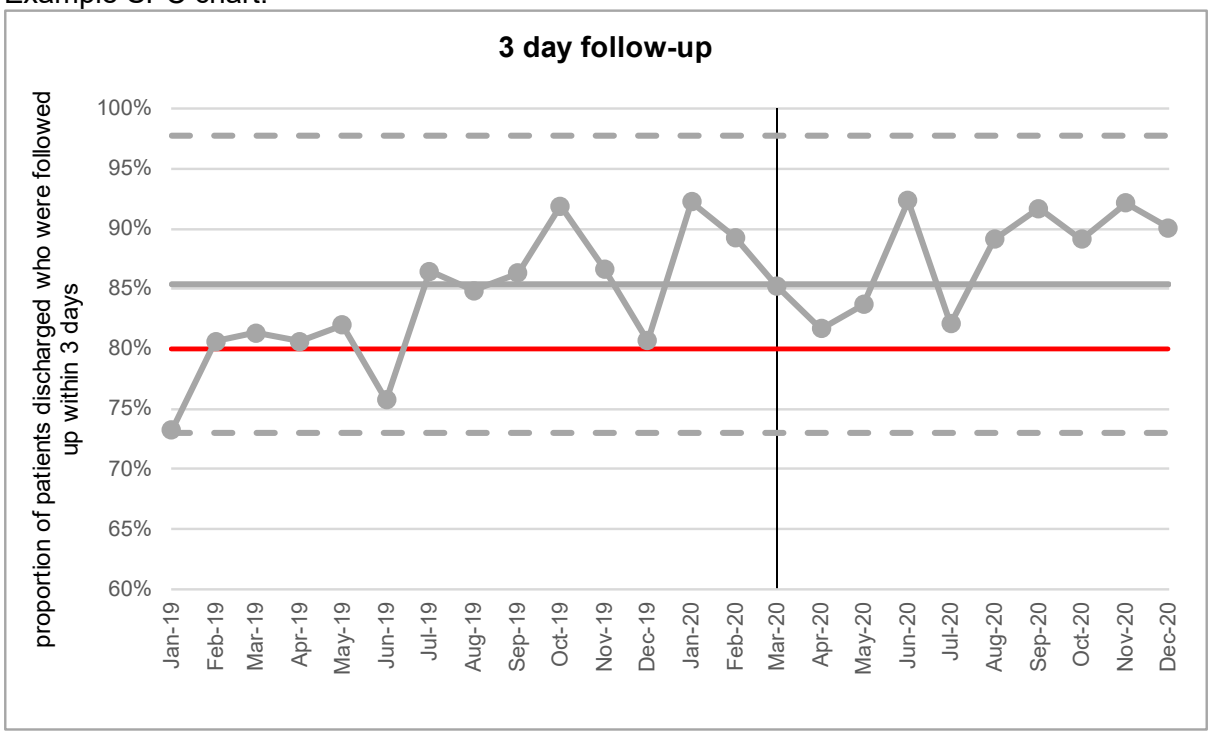


Data source: NHS England » Care hours per patient day (CHPPD) data

Appendix 1

Statistical Process Control Chart (SPC) Guidance

Example SPC chart:



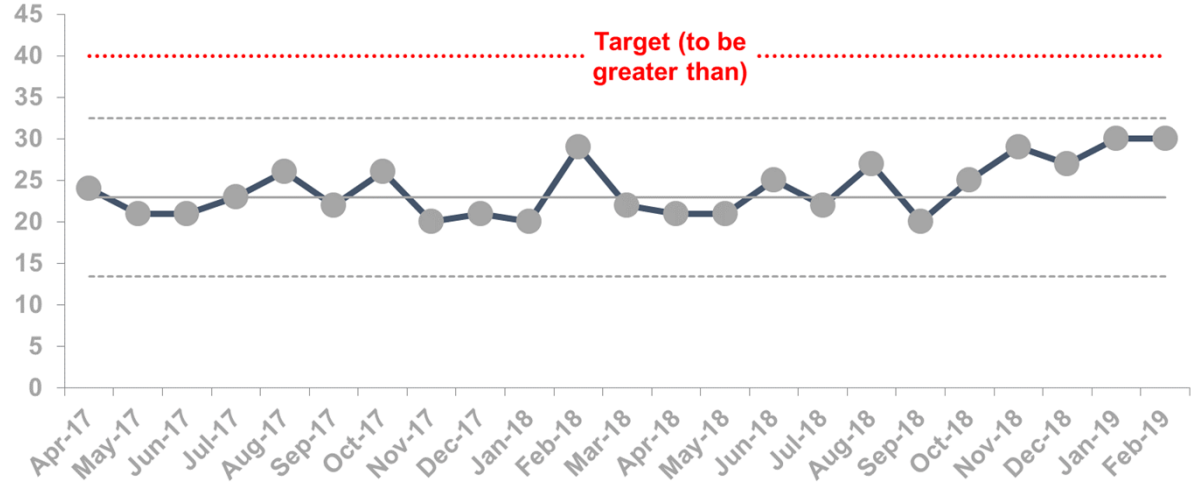
- The red line is the target.
- The grey dots are the actual performance each month. They are coloured grey as performance each month is normal in this example.
- The solid grey line is the average (mean) of all the grey dots.
- The grey dotted lines are called process limits, or control limits.

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

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

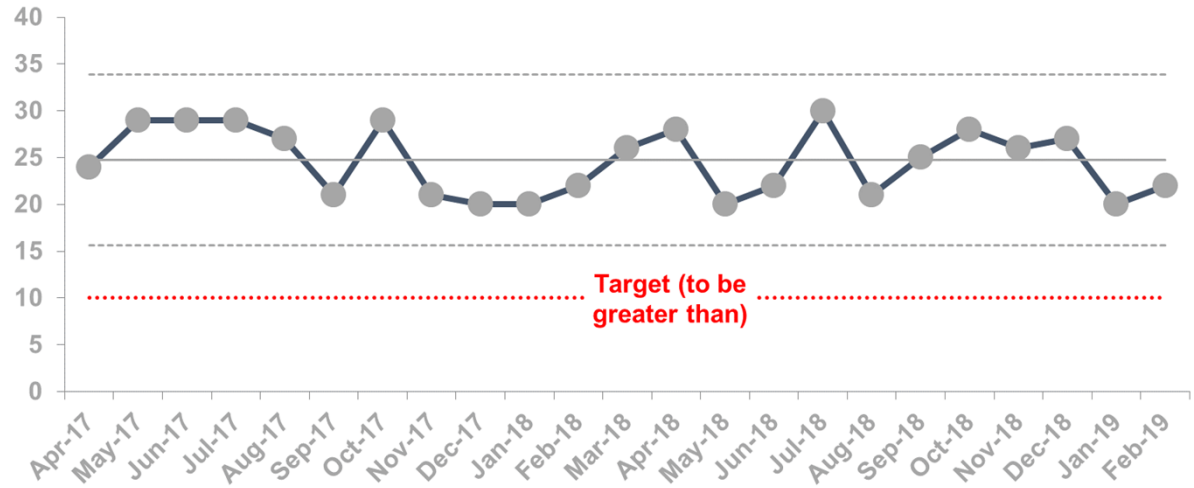
Things to look out for:

1. A process that is not working



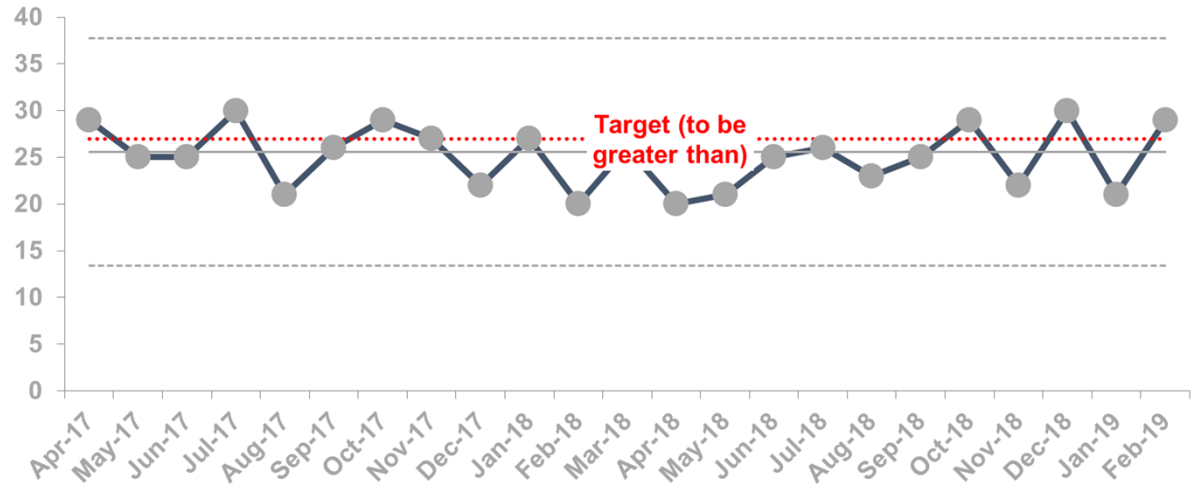
In this example the target is higher than the upper dotted grey line. This means that the target will never be achieved. To achieve the target, we need to change how we do things.

2. A capable process



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

3. An unreliable system

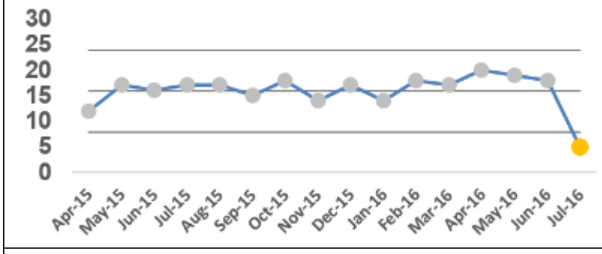
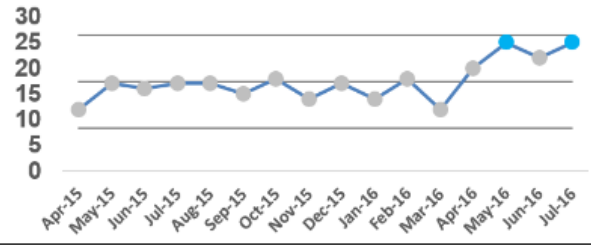


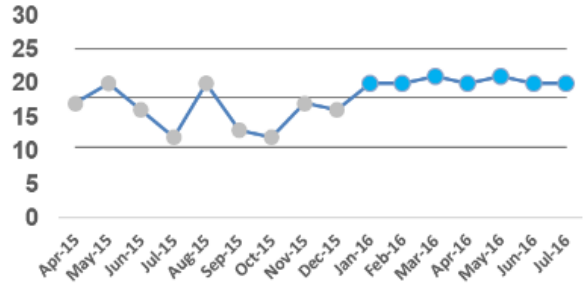
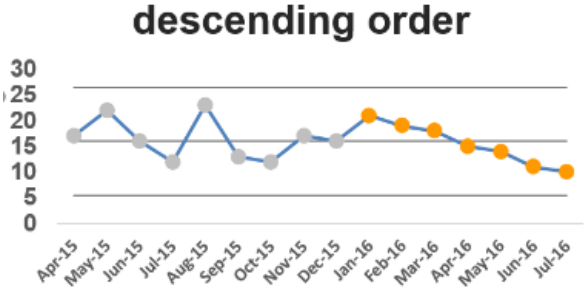
In this example the target line sits between the 2 grey dotted lines. As it is normal for the grey dots to fall anywhere between the 2 dotted grey lines, this means that it is entirely random as to whether or not the target will be achieved. So, this system is unreliable and needs to be redesigned if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

4. Unusual patterns in the data

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

There are four scenarios where this can happen:

	
In this example the July 16 perfomance is significantly lower than expected and falls beneath the lower grey dotted line.	2 out of 3 points close to one of the grey dotted lines is statistically significant, in this case they are blue, indicating better than expected performance.

	
A run of 7 points above or below the average line is significant. In this example it might indicate that an improvement was made to the process in Jan 16 that has proven to be effective.	A run of 7 points in consecutive ascending or descending order is significant. In this example things are getting worse over time.

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

Appendix 2 – Data Quality Maturity Index Benchmarking Data

PROVIDER NAME	December-2021	November-2021	October-2021
National Average	**79.9**	**80.7**	**80.7**
BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST	98.1	98.1	98.1
TEES, ESK AND WEAR VALLEYS NHS FOUNDATION TRUST	98.0	98.0	98.1
GREATER MANCHESTER MENTAL HEALTH NHS FOUNDATION TRUST	97.9	97.8	95.3
NORTH STAFFORDSHIRE COMBINED HEALTHCARE NHS TRUST	97.9	97.7	97.4
BIRMINGHAM AND SOLIHULL MENTAL HEALTH NHS FOUNDATION TRUST	97.4	97.7	98.0
TAVISTOCK AND PORTMAN NHS FOUNDATION TRUST	97.4	97.3	97.0
CAMBRIDGESHIRE AND PETERBOROUGH NHS FOUNDATION TRUST	97.0	97.1	97.2
NOTTINGHAMSHIRE HEALTHCARE NHS FOUNDATION TRUST	96.4	96.3	96.4
DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST	96.2	96.1	95.2
SURREY AND BORDERS PARTNERSHIP NHS FOUNDATION TRUST	96.2	96.4	96.7
NORFOLK AND SUFFOLK NHS FOUNDATION TRUST	95.6	95.6	95.5
CAMDEN AND ISLINGTON NHS FOUNDATION TRUST	95.4	95.5	95.8
LINCOLNSHIRE PARTNERSHIP NHS FOUNDATION TRUST	95.3	95.3	95.2
SOUTH WEST LONDON AND ST GEORGE'S MENTAL HEALTH NHS TRUST	95.3	95.1	95.2
ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST	95.2	94.7	95.2
WEST LONDON NHS TRUST	94.9	95.0	95.0
EAST LONDON NHS FOUNDATION TRUST	94.7	94.5	93.8
SUSSEX PARTNERSHIP NHS FOUNDATION TRUST	94.7	94.9	92.4
SOUTH LONDON AND MAUDSLEY NHS FOUNDATION TRUST	94.6	94.0	93.6
HERTFORDSHIRE PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST	94.5	95.1	94.7
KENT AND MEDWAY NHS AND SOCIAL CARE PARTNERSHIP TRUST	94.2	94.3	94.4
MIDLANDS PARTNERSHIP NHS FOUNDATION TRUST	93.6	93.7	93.6
CENTRAL AND NORTH WEST LONDON NHS FOUNDATION TRUST	93.4	93.5	93.5
BRADFORD DISTRICT CARE NHS FOUNDATION TRUST	93.3	93.2	93.4
ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST	93.3	93.5	93.5
CUMBRIA, NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST	93.0	92.9	93.2
PENNINE CARE NHS FOUNDATION TRUST	93.0	93.0	93.0
AVON AND WILTSHIRE MENTAL HEALTH PARTNERSHIP NHS TRUST	92.6	92.6	92.4
LEICESTERSHIRE PARTNERSHIP NHS TRUST	92.4	91.4	91.4
WORCESTERSHIRE HEALTH AND CARE NHS TRUST	92.3	90.8	94.0
SOUTH WEST YORKSHIRE PARTNERSHIP NHS FOUNDATION TRUST	92.0	94.0	94.0
SOLENT NHS TRUST	91.5	91.4	91.5
LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST	91.2	91.4	91.9
CORNWALL PARTNERSHIP NHS FOUNDATION TRUST	91.1	91.1	91.3
BLACK COUNTRY PARTNERSHIP NHS FOUNDATION TRUST	91.0	87.8	90.8
HUMBER TEACHING NHS FOUNDATION TRUST	91.0	94.3	93.8
OXLEAS NHS FOUNDATION TRUST	90.2	90.1	90.7
NORTHAMPTONSHIRE HEALTHCARE NHS FOUNDATION TRUST	89.8	89.4	90.8
DEVON PARTNERSHIP NHS TRUST	89.6	89.0	88.5
DORSET HEALTHCARE UNIVERSITY NHS FOUNDATION TRUST	89.2	89.6	89.7
SHEFFIELD HEALTH & SOCIAL CARE NHS FOUNDATION TRUST	88.9	88.9	88.6
LANCASHIRE & SOUTH CUMBRIA NHS FOUNDATION TRUST	88.1	88.3	88.4
SOUTHERN HEALTH NHS FOUNDATION TRUST	86.9	89.0	88.6
NORTH EAST LONDON NHS FOUNDATION TRUST	85.9	85.7	85.6
COVENTRY AND WARWICKSHIRE PARTNERSHIP NHS TRUST	85.3	85.3	86.1
OXFORD HEALTH NHS FOUNDATION TRUST	81.5	81.8	81.7
CHESHIRE AND WIRRAL PARTNERSHIP NHS FOUNDATION TRUST	76.5	76.2	83.1
GLOUCESTERSHIRE HEALTH AND CARE NHS FOUNDATION TRUST	60.5	87.9	88.0
BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST	51.0	50.9	50.3
MERSEY CARE NHS FOUNDATION TRUST	49.4	49.2	49.5

Data source: Data quality - NHS Digital

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 10 May 2022

Report from the Governance Committee

Purpose of Report

The Governance Committee of the Council of Governors (CoG) has met once since its last report to the Council of Governors in 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 5 April 2022. Following national guidance on keeping people safe during the COVID-19 pandemic, the meeting was conducted digitally using Microsoft Teams.

Strategic Considerations	
1) We will deliver **great care** by delivering compassionate, person-centred innovative and safe care	
2) We will ensure that the Trust is a **great place to work** by 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 5 April 2022.

Report presented by: **Ruth Grice,**
Chair of the Governance Committee

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

Report from the Governance Committee – 5 April 2022

19 governors (67.85% of the Council of Governors) attended the meeting held on 5 April 2022.

This was Ruth Grice's first meeting as Chair of the Committee.

Development of Annual Plan

- Claire Wright gave a presentation on the Annual Plan which governors found informative and comprehensive

Quality Account and governors statement

- Following the discussion at the meeting, Denise and Justine agreed to draft the statement on behalf of governors.

Post meeting note:

The governor statement has been drafted and circulated to all governors on 28 April for comments:

Draft Governors' Response to the 2021/22 Quality Account

The view is that overall, the Quality Account is very balanced, gives clear reasoning and definition, with good clarification of what work is taking place and why. The narrative is supported by the evidence, and the content of the report triangulates with other documents that have been received by the Council of Governors, or that governors are aware have been reviewed by Trust Board.

The Quality Account reflects the Trust's continued response to the ongoing COVID-19 pandemic and the effects this has had on the services that the Trust provides, for example waiting lists increasing in some services.

Waiting Lists was an issue that stood out for the public governors in particular as, this is probably the most frequently commented aspect of feedback that they receive from the community. The governors noted the sections on Child and Adolescent Mental Health Services (CAMHS) and Community Paediatrics waiting times and considered them to be a transparent representation of the challenges being faced by these services. Governors were already aware of the initiatives that have been put in place to reduce waiting times but wished to state that, as a Council of Governors, they remain concerned about our communities being able to access the care that they need in a timely manner.

Governors were pleased that the investment in the recently established Neurodevelopmental service includes the autistic spectrum disorder assessment service.

The essential value of partnership working when planning and providing healthcare in Derby and Derbyshire was recognised. Governors were pleased to see that different sections reflect collaborative working including Joined Up Care Derbyshire and working with our community partners.

For next year's Quality Account governors suggested including the following for clarity:

- *A fuller section on specialist services for children*

- *More information on how CAMHS have improved since the Care Quality Commission's inspection in 2020.*

Draft governors and membership section of the Annual Report 2021/22

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

Development of an engagement tool kit

- Governors approved the revised crib sheet and to update the leaflet on the Trust services

Annual Members Meeting (AMM) update

- The AMM will be held on 21 September in the afternoon
- The proposed theme is ''Building the Future'' – focusing on: the therapeutic rooms in the new builds and the benefit these will have for our service users; and the work the Trust is doing on helping patients get back into work
- The AMM will include the formal business and achievements/innovations throughout the year; and looking forwards to 2022/23
- The AMM will close with the announcement of the winners of the ''Looking Forwards'/'Our hopes for the future'' arts and crafts competition
- A marketplace will be organised if we are able to hold the event face to face.

Election update

- A verbal update was given, on the outcomes of the recent public governor and staff governor elections
- Newly elected governors were welcomed.

Consideration of holding to account questions to council of governors

- One question was escalated to the Council of Governors regarding the Trust's Autism service.

Declaration of interest report: annual update

- Governors were requested to review their declarations of interest.

Governor Training and Development

Governor were given information on:

- NHS Providers virtual governor workshops on 11 April
- NHS Providers Governor Focus conference 2022 – 5, 6 and 7 July 2022
- GovernWell training programme
- Derbyshire County Council's mental health training
- Some governors attended the Finance session provided on 5 April by Claire Wright, Executive Director of Finance and Deputy Chief Executive
- Training sessions on governor engagement; and refresh of the governor role will be planned for this year.

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 10 May 2022

Governor Membership Engagement Action Plan Update

Purpose of Report
To provide an update on the Governors Membership Engagement Action Plan.

Executive Summary
The Governors Membership Engagement Action Plan (the Action Plan) has been developed to increase engagement with members and to promote the governor role. It is aligned to the key objectives for members' engagement in the Membership Strategy 2021-2024 as follows:

- Increase membership engagement with the Trust and its governors
- Provide mechanisms for members to provide feedback to the Trust
- Increase awareness of governors and the role they play
- Further develop and enhance member focused communications through the membership magazine and e-bulletin
- Include the role and promotion of staff governors in the Trust's wider focus on staff engagement.

It was first approved at the Council of Governors in August 2018. Since then it has been reviewed and updated by the Governance Committee on a regular basis. It was last reviewed by the Governors Committee on 8 February 2022 and presented to the Council of Governors in March. The latest version of the Action Plan is attached to this report.

The Action Plan refers to the Governors Engagement Log which was developed to enable governors to log issues and feedback from members and the public about the Trust. The information on the engagement log helps governors to identify common themes/issues relating to the Trust to raise with Non-Executive Directors and on which to hold them to account. Governors are strongly encouraged to complete the governor engagement log at regular intervals so that reports on engagement can be received at Governance Committee where themes and issues are identified and discussed.

Despite the pause on face to face events during the COVID-19 pandemic, governors have been able to engage with members and the public via virtual events.

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.	
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
Governors are elected to represent their local communities. The Action Plan has been developed to increase engagement with members and to promote the governor role.

Consultation
This paper has not been considered at any other Trust meeting. Governors have had input into updating the Action Plan.

Governance or Legal Issues
One of the Council of Governors statutory roles and responsibilities is 'representing the interests of the members as a whole and the interests of the public' (National Health Service Act 2012).

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

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

The Trust seeks to ensure that membership of the Trust is reflective of its local community; and the Action Plan can be used to identify and work with underrepresented groups and provide support for members to feedback issues/concerns they have relating to the Trust.

Recommendations
The Council of Governors is requested to:

1. Consider the content of the Action Plan and note the progress made in delivering the actions to date.

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

DHCFT Governors Membership Engagement Action Plan

The **key** objectives for membership engagement are to:

1. Increase membership engagement with the Trust and its governors
2. Provide mechanisms for members to provide feedback to the Trust
3. Increase awareness of governors and the role they play
4. Further develop and enhance member focused communications through the membership magazine and e-bulletin
5. Include the role and promotion of staff governors in the Trust's wider focus on staff engagement.

	Activity with comments/actions	**Lead and support**	**Timescale**
1	**General events** – governors encouraged to let Denise Baxendale know of any appropriate events that are taking	All governors	Some public face to face events have now been stood up
	Patient Participation Groups (PPG)/ Joined Up Care Derbyshire (JUCD) Citizens Panel. This is an opportunity to promote the governor role/request feedback on Trust services. No need to attend every meeting. Governors to make contact with local PPGs to see if they can publish information electronically in the waiting rooms about governors and how to contact them. Denise has produced a document that she is rolling out to governors. It includes information on the Trust services, governor role, how to contact a governor. Amber Valley governors have received this. Staff governors have been promoted in the staff newsletter and there will also be a section in the staff magazine.	Governors are encouraged to join their PPG (if there is one) and JUCD Citizens Panel	Complete the governor engagement log for Governance Committee. Feedback on engagement is a standing item on the Committee's agenda
	World Mental Health Day (WMHD) 10 October 2022 – consider having a governor stall at events arranged by Public Health. Nearer the time, Denise Baxendale will establish if the Trust is having a stall to celebrate and if so if governors can also have a stall. This will be dependent on the situation with COVID-19.	Denise Baxendale plus elected governors	Revisit summer 2022
	BME targeted engagement – Chesterfield and North East – establish links and promote direct links. NB Lynda Langley has established links with Mike Evans, organiser Chesterfield BME. Denise has produced a	Need to consider the next step Denise Baxendale	Denise has contacted Mike Evans. January 2022

	piece about the Trust how to contact governors, membership, becoming a governor etc. for the BME forum – this can be adapted for other organisations. Rachel, Lynda and Denise attended Chesterfield BME Forum. Jodie will investigate BME forum in Derby.		
	Joined Up Care Derbyshire Engagement Committee	Chris Mitchell represents governors on this Committee	Updates given at Governance Committee
	Social media – All governors on Twitter or Facebook to follow DHCFT. Governors can promote governor role/Council of Governors/governor vacancies/how to contact governors and how to become a member. Denise sent link for joining leaflet, address for Trust Twitter and Facebook page. Governors to include social media engagement on the governor engagement log if any issues/feedback relating to the Trust arises. Governors to promote the use of DHCFT Twitter and Facebook specifically for membership messages and encourage members to follow the Trust.	All governors	Ongoing
	Letter produced by Orla for Derby City youth groups etc. Which other groups should be targeted?	Denise Baxendale	Requested a list of BME and youth groups from Derbyshire County Council; and a list of BME groups from Derby City Council. Update to be given in June 2022.
2	**Annual Members Meeting (AMM)** – Encourage members to attend and participate in the meeting when visiting local events/engaging with members and the public. All governors to attend the meeting. Date for AMM is 21 September.	All governors	Begin to promote in the summer.
	AMM Task and Finish group to plan – Marie Hickman, Julie Boardman, Rob Poole and Orla Smith (other governors welcome to join the group)	Denise Baxendale	Complete – proposals presented to Governance Committee in April

4	**Working with the Voluntary Sector** • Collaboration between Appointed Governors and Elected/staff governors • CVS's – RB and JC to give each public governor details of their local CVS to sign up to bulletins • RB and JC to ensure that each public governor is encouraged to sign up to DVA and DMHF bulletins • RB and JC to work with individual elected governors to share stories and feature in voluntary sector bulletins. • All governors encouraged to attend the joint mental health forum organised by DVA and DMHF twice a year (target minimum of four public governors in attendance) • All governors encouraged to attend the DVA and DMHF forums. For the North this is DVA and for the south this is DMHF (target of minimum of two public governors in attendance) • All governors encouraged to take it in turns to attend the Derbyshire mental health community groups network to hear from grass roots groups • JC and RB to invite elected governors to voluntary and community sector events within the public governors localities. • Consult governors to identify need for brokerage of introductions to voluntary sector organisations who work with service users in Autism, Carers to hear experiences of the Trust	All governors Rachel Bounds/Jodie Cook Rachel Bounds/Jodie Cook Rachel Bounds/Jodie Cook All governors All governors All governors	All governors have been encouraged to subscribe. The links will be included in the induction pack for new governors
5	**Communicating with Trust members** To consider how governors communicate with members. Email each constituency details of their governor(s) and how to contact them	Governors	June 2022
6	**Staff** Staff Governors meeting regularly with staff through "Grab a Governor" scheme. Will feedback through Staff Governor Engagement Logs to Denise Baxendale alongside other governor feedback. Since the	Staff Governors	"Grab a governor" sessions are ongoing

	pandemic, these sessions have been virtual. The governor role is also promoted in staff communications (i.e. Staff Facebook group, staff magazine and e-newsletter)		
7	**Protocols for Governor Engagement** Task and finish group to meet to develop the toolkit – Valerie Broom and Orla Smith (other governors are welcome to join the group).	Denise and governors	Met in March – update given to Governance Committee in April
	Governor Feedback – all governors are encouraged to complete the Governor Engagement Log at least two weeks prior to scheduled Governance Committee meetings so they can be included in the engagement log	All Governors	Ongoing – standing agenda item for the Governance Committee

Presented and approved by governors at the Governance Committee on 21 August 2018.
Reviewed by the Governance Committee on 2 April 2020.
Report presented to the Governance Committee on 8 October 2020.
Reviewed by the Governors Engagement Task and Finish Group on 2 December 2020 and 20 January 2021
Reviewed by Governors Engagement Task and Finish Group on 8 June 2021
Reviewed and updated by Denise Baxendale, Lynda Langley and Julie Lowe, 20 January 2022 as requested by the Governance Committee on 8 December 2021.
Reviewed by the Governance Committee on 8 February 2022.

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 10 May 2022

Update on the recent staff and public governor elections

Purpose of Report

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

Executive Summary

The election process is undertaken by Civica Election Services Ltd an independent company used by the majority of foundation trusts to run their elections.

There were eleven governor vacancies in the following constituencies:

- Medical – one staff governor vacancy
- Amber Valley – one public governor vacancy
- Bolsover and North East Derbyshire – one public governor vacancy
- Chesterfield – one public governor vacancy
- Derbys City East – two public governor vacancies
- Derby City West – one public governor vacancy
- Erewash – two public governor vacancies
- South Derbyshire – one public governor vacancy
- Rest of England – one public governor vacancy

The timeline for the elections was as follows:

ELECTION STAGE Timeline

Trust to send nomination material and data to Civica	7 January 2022
Notice of Election / nomination open	19 January 2022
Nominations deadline	7 February 2022
Summary of valid nominated candidates published	8 February 2022
Final date for candidate withdrawal	10 February 2022
Electoral data to be provided by Trust	14 February 2022
Notice of Poll published	24 February 2022
Voting packs despatched	25 February 2022
Close of election	17 March 2022
Declaration of results	18 March 2022

The range of activities that took place to promote the vacancies and identify individuals interested in the governor vacancies was included in the report to the Council of Governors on 1 March.

This year the majority of seats were contested (except for Erewash and Derby City East) and the following were elected:

- Amber Valley – Angela Kerry
- Bolsover and North East Derbyshire – Ivan Munkley
- Chesterfield – Jill Ryalls

- Derbys City East – Graeme Blair and Jane Elliott
- Derby City West – Ogechi Eze
- Erewash – Andrew Beaumont (re-elected) and Thomas Comer
- South Derbyshire – Hazel Parkyn
- Rest of England – Annette Gilliland
- Medical – Laurie Durand

This means that the Trust has a fully complemented Council of Governors.

The turnout rates for the contested seats are as follows:

- Amber Valley – 12.3%
- Bolsover and North East Derbyshire – 15.3%
- Chesterfield – 19.5%
- Derby City West – 10.6%
- South Derbyshire – 16.1%
- Rest of England – 5.5%
- Medical – 32.3%

This compares favourably to Civica's average turnout rates in 2021/22 for other mental health trusts that they organised elections for:

Trust	Average Public/Service User turnout	Average Staff Turnout
Derbyshire Healthcare	19.05%	25.80%
1	9.40%	7.23%
2	7.95%	27.30%
3	6.77%	7.20%
4	6.65%	10.30%
5	6.60%	12.95%
6	4.80%	14.85%

The newly elected governors have attended an induction session and have taken advantage of the "buddy up" system that is provided by more experienced governors to help them in their role.

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

Assurances

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

Consultation

- This paper has not been considered at any other Trust meeting to date; but a verbal update was presented to the Governance Committee on 5 April 2022.

Governance or Legal Issues

- These elections were undertaken in line with the Model Election Rules as included in the Trust's Constitution.

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

- We have proactively sought to promote governor vacancies to all members of the community. We also provide support to any current or prospective governors to enable them to carry out their role to address any specific needs they may have.

Recommendations

The Council of Governors is requested to:

1) Receive assurance that the recent governor recruitment exercise was carried out in line according to election rules as outlined in the Constitution and resulted in recruitment to all vacant posts.

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

Governor Meeting Timetable April 2022 – March 2023

DATE	TIME	EVENT	LOCATION/COMMENTS
10/5/22	9.30am onwards	Public Trust Board	TBC – virtual or Conference Room A&B, Kingsway Hospital, Derby
10/5/22	2.00pm onwards	Council of Governors	TBC – virtual or Conference Room A&B, Kingsway Hospital, Derby
8/6/22	10.00am-12.30pm	Governance Committee	TBC – virtual or Conference Room A&B, Kingsway Hospital, Derby
5/7/22	9.30am onwards	Public Trust Board	TBC – virtual or Conference Room A&B
5/7/22	2pm onwards	Council of Governors and Trust Board development session	TBC – virtual or Conference Room A&B, Kingsway Hospital, Derby
9/8/22	10.00am-12.30pm	Governance Committee	TBC – virtual or Rooms 1&2, Kingsway Hospital, Derby
6/9/22	9.30am onwards	Public Trust Board	TBC – virtual or Conference Room A&B, Kingsway Hospital, Derby
6/9/22	2.00pm onwards	Council of Governors meeting	TBC – virtual or Conference Room A&B, Kingsway Hospital, Derby
21/9/22	Afternoon – TBC	Annual Members' Meeting	TBC – virtual or Conference Room A&B, Kingsway Hospital, Derby
12/10/22	10.00am-12.30pm	Governance Committee	TBC – virtual or Conference Room A&B, Kingsway Hospital, Derby
1/11/22	9.30am onwards	Public Trust Board	TBC – virtual or Conference Room A&B, Kingsway Hospital, Derby
1/11/22	2.00pm onwards	Council of Governors meeting	TBC – virtual or Conference Room A&B, Kingsway Hospital, Derby
13/12/22	10.00am-12.30pm	Governance Committee	TBC – virtual or Rooms 1&2, Kingsway Hospital, Derby
17/1/23	9.30am onwards	Public Trust Board	TBC – virtual or Conference Room A&B, Kingsway Hospital, Derby
17/1/23	2pm onwards	Council of Governors and Trust Board development session	TBC – virtual or A&B, Kingsway Hospital, Derby
7/2/23 *	12.30-1.30pm	Governor focus group – NED appraisals	TBC – virtual or Rooms 1&2, Kingsway Hospital, Derby
7/2/23 *	2.00-4.30pm	Governance Committee	TBC – virtual or Rooms 1&2, Kingsway Hospital, Derby
7/3/23	9.30am onwards	Public Trust Board	TBC – virtual or Conference Room A&B, Kingsway Hospital, Derby
7/3/23	2.00pm onwards	Council of Governors meeting	TBC – virtual or Conference Room A&B, Kingsway Hospital, Derby

Please note: Training and development sessions for 2022/23 to be arranged

Updated 29 April 2022

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS	
NHS Term / Abbreviation	**Terms in Full**
A	
A&E	Accident & Emergency
ACCT	Assessment, Care in Custody & Teamwork
ACE	Adverse Childhood Experiences
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 and 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
CHPPD	Care Hours Per Patient Day
CIP	Cost Improvement Programme
CMDG	Contract Management Delivery Group
CMHF	Community Mental Health Framework
CMHT	Community Mental Health Team
CNST	Clinical Negligence Scheme for Trusts
COAT	Clinical Operational Assurance Team
COF	Commissioning Outcomes Framework
CoG	Council of Governors
COO	Chief Operating Officer
CPA	Care Programme Approach
CPD	Continuing Professional Development

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS	
NHS Term / Abbreviation	**Terms in Full**
CPN	Community Psychiatric Nurse
CPR	Child Protection Register
CQC	Care Quality Commission
CQI	Clinical Quality Indicator
CQUIN	Commissioning for Quality and Innovation
CRB	Criminal Records Bureau
CRG	Clinical Reference Group
CRHT	Crisis resolution and home treatment
CRS	(NHS) Care Records Service
CRS	Commissioner Requested Services
CSF	Commissioner Sustainability Fund
CTO	Community Treatment Order
CTR	Care and Treatment Review
D	
DAT	Drug Action Team
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
DBIT	Director of Business Improvement and Transformation
DOF	Director of Finance
DON	Director of Nursing
DPI	Director of People and Inclusion
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

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

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

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS	
NHS Term / Abbreviation	**Terms in Full**
NED	Non-Executive Director
NICE	National Institute for Health and Care Excellence
NHS	National Health Service
NHSE	National Health Service England
NHSI	National Health Service Improvement
NHSEI	NHS England and NHS Improvement
NIHR	National Institute for Health Research
O	
OBC	Outline Business Case
ODG	Operational Delivery Group
OPMO	Older People's Mental Health Services
OP	Outpatient
OSC	Overview and Scrutiny Committee
OT	Occupational therapy
P	
PAB	Programme Assurance Board
PAG	Programme Advisory Group
PALS	Patient Advice and Liaison Service
PAM	Payment Activity Matrix
PARC	Psychosis and the reduction of cannabis (and other drugs)
PARIS	This is an electronic patient record system
PbR	Payment by Results
PCC	Police & Crime Commissioner
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

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

(updated 11 January 2022)