Derbyshire Healthcare
NHS Foundation Trust

Derbyshire Healthcare NHS Foundation Trust
Council of Governors' Meeting

MS Teams virtual meeting

2 November 2021 14:00 - 2 November 2021 16:00

INDEX

Derbyshire Healthcare
NHS Foundation Trust

COUNCIL OF GOVERNORS' MEETING – TUESDAY 2 NOVEMBER 2021
FROM 2.00-4.00PM

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. Click here to join the meeting.

AGENDA		LED BY	TIME
1.	Welcome, introductions and Chair's opening remarks Apologies and Declaration of Interests	Selina Ullah	2.00
2.	Submitted questions from members of the public	Selina Ullah	2.05
3.	Minutes of the previous meeting held on 7 September 2021	Selina Ullah	2.10
4.	Matters arising and actions matrix	Selina Ullah	2.15
5.	Chief Executive's update (verbal)	Ifti Majid	2.20
STATUATORY ROLE			
6.	Council of Governors Annual Effectiveness Survey	Denise Baxendale	2.35
7.	Report from the Nominations and Remuneration Committee and Council of Governors approvals	Selina Ullah/Justine Fitzjohn	2.45
HOLDING TO ACCOUNT			
8.	Non-Executive Directors Deep Dive	Sheila Newport	2.55
COMFORT BREAK			3.05
9.	Escalation items to the Council of Governors from the Governance Committee (verbal)	Selina Ullah	3.15
10.	Verbal summary of Integrated Performance Report (full report provided for information)	Non-Executive Directors	3.20
OTHER MATTERS			
11.	Governance Committee Report – 12 October 2021	Julie Lowe	3.40
12.	Feedback Annual Members Meeting	Denise Baxendale	3.45
13.	Any Other Business • Trust Board and Council of Governors session – 18 January 2022 • Governor meeting timetable for 2022/23	Selina Ullah Denise Baxendale	3.50
14.	Review of meeting effectiveness and following the principles of the Code of Conduct	Selina Ullah	3.55
15.	Close of meeting	Selina Ullah	4.00
FOR INFORMATION			
16.	Minutes of the Public Board meeting held on 7 September 2021*		
17.	Chair's Report as presented to Public Trust Board on 2 November 2021*		
18.	Chief Executive's Report as presented to Public Trust Board on 2 November 2021*		
19.	Governor meeting timetable 2021/22		
20.	Glossary of NHS terms		
Next Meeting: Tuesday 1 March 2022, from 2.00pm. This will be a virtual meeting.			

Please note that this meeting will be followed by a brief confidential Council of Governors to approve the minutes from the confidential Council of Governors held on 7 September 2021.

* These reports will be available to view on the Trust's website. Click on the 2021 drop down menu and select '2 November 2021 agenda and papers'.

Our vision

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

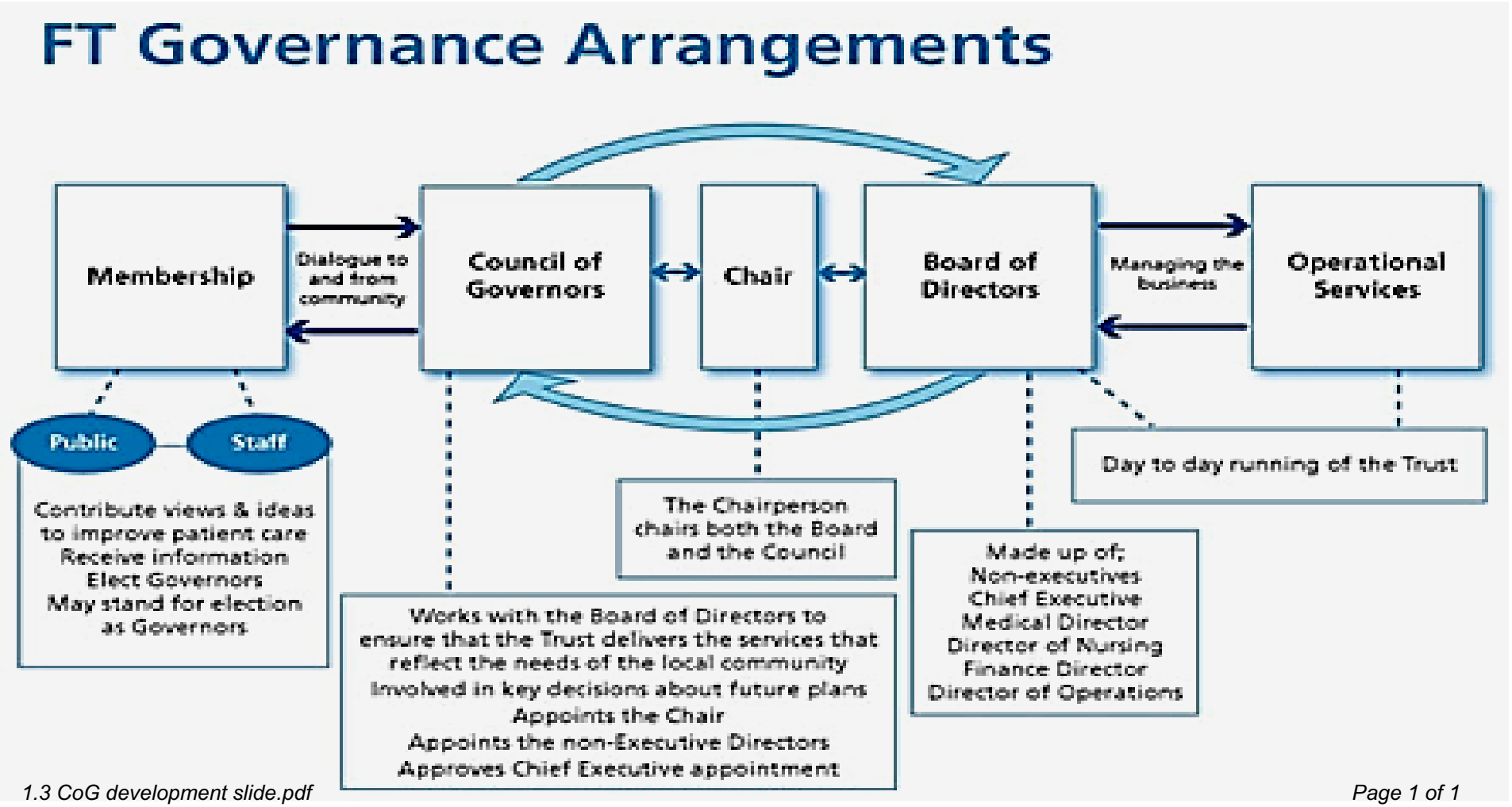
Our values

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

Our Trust values are:

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

Getting the balance right



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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 !

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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

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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 7 SEPTEMBER 2021, FROM 14.00-16.30 HOURS

MEETING HELD DIGITALLY VIA MICROSOFT TEAMS

PRESENT	Caroline Maley	Trust Chair and Chair of Council of Governors
	Valerie Broom	Public Governor, Amber Valley
	Susan Ryan	Public Governor, Amber Valley
	Rob Poole	Public Governor, Bolsover and North East Derbyshire
	Lynda Langley	Public Governor, Chesterfield and Lead Governor
	Julie Lowe	Public Governor, Derby City East
	Carole Riley	Public Governor, Derby City East and Deputy Lead Governor
	Stuart Mourton	Public Governor, Derby City West
	Orla Smith	Public Governor, Derby City West
	Andrew Beaumont	Public Governor, Erewash
	Julie Boardman	Public Governor, High Peak and Derbyshire Dales
	Rosemary Farkas	Public Governor, Surrounding Areas
	Jan Nicholson	Staff Governor, Allied Professions
	Marie Hickman	Staff Governor, Admin and Allied Support Staff
	Jo Foster	Staff Governor, Nursing
	Varria Russell-White	Staff Governor, Nursing
	Nigel Gourlay	Appointed Governor, Derbyshire County Council
	David Charnock	Appointed Governor, University of Nottingham
IN ATTENDANCE	Margaret Gildea	Non-Executive Director and Senior Independent Director
	Ashiedu Joel	Non-Executive Director
	Geoff Lewins	Non-Executive Director
	Sheila Newport	Non-Executive Director
	Julia Tabreham	Non-Executive Director
	Richard Wright	Non-Executive Director
	Ifti Majid	Chief Executive
	Carolyn Green	Executive Director of Nursing and Patient Experience
	Gareth Harry	Director of Business Improvement and Transformation
	Claire Wright	Deputy Chief Executive and Executive Director of Finance
	John Sykes	Medical Director
	John Pressley	Audit Manager, Mazars (item 2021/047)
	Denise Baxendale	Membership and Involvement Manager
APOLOGIES		
	Ruth Grice	Public Governor, Chesterfield
	Chris Mitchell	Public Governor, High Peak and Derbyshire Dales
	Kel Sims	Staff Governor, Admin and Allied Support
	Farina Tahira	Staff Governor, Medical
	Rachel Bounds	Appointed Governor, Derbyshire Voluntary Association
	Roy Webb	Appointed Governor, Derby City Council
	Stephen Wordsworth	Appointed Governor, University of Derby
	Jodie Cook	Appointed Governor, Derbyshire Mental Health Forum
	Justine Fitzjohn	Trust Secretary

ITEM	ITEM
DHCFT/GOV /2021/042	**WELCOME, INTRODUCTIONS, CHAIR'S OPENING REMARKS, APOLOGIES FOR ABSENCE & DECLARATION OF INTERESTS** Caroline Maley welcomed all to the meeting especially to newly elected governors and those who were re-elected in June. She reminded everyone that the meeting was being streamed for public viewing. The apologies were noted; and no interests were declared.
DHCFT/GOV /2021/043	**SUBMITTED QUESTIONS FROM MEMBERS OF THE PUBLIC** It was noted that no questions from members or the public have been received.
DHCFT/GOV /2021/044	**MINUTES OF THE COUNCIL OF GOVERNORS' MEETINGS ON THE 4 MAY 2021 AND 6 JULY 2021** ***Minutes of the previous meeting held on 4 May 2021*** The minutes of the meeting held on 4 May 2021 were accepted as a correct record. ***Minutes of the previous meeting held on 6 July 2021*** The minutes of the meeting held on 6 July 2021 were accepted as a correct record.
DHCFT/GOV /2021/045	**MATTERS ARISING AND ACTIONS MATRIX** All completed 'green' actions were scrutinised to ensure that they were fully completed. The Council of Governors agreed to close completed actions. There were no matters arising. **RESOLVED: The Council of Governors noted the completed actions and comments on the Action Matrix.**
DHCFT/GOV /2021/046	**CHIEF EXECUTIVE UPDATE** Ifti Majid provided the meeting with: • An update on the current situation regarding the COVID-19 pandemic. He confirmed that Derbyshire has a low transmission rate; and that one patient in the Trust's inpatient facilities has COVID-19. • Staff continue to maintain infection prevention and control measures to high standards. • 26 members of staff are currently off work due to COVID-19 related illnesses. This equates to 1% of the workforce which is one of the lowest in the country. • There is significant concern going into winter, but it is hoped that the roll out of the COVID vaccine will help to alleviate the pressures. • The Trust worked really hard to reduce the number of patients on wards, by offering appropriate care in a community setting and discharging safely. Despite the fact that pressure on beds is a national issue, there is still an expectation to keep patients locally and not use out of placement beds. • There is an increase in people using our services. This is due to a waiting list backlog and a new demand for our services. • Staff have been coping really well during the pandemic but are exhausted. • Long Term Plan monies cannot be diverted to mop up COVID-19 pressure. • The Trust is on a roadmap out of lockdown. A new operational leadership group has been established (which sits below the executive team) and the Incident Management Team has been stepped down and replaced with a Covid Response team. • The development of the Integrated Care System and the new components continues. • The Trust expects a Care Quality Commission (CQC) inspection at the end of the financial year; a well led review is now due; and the Trust continues to

	escalate actions to NHS England/Improvement (NHSE/I) regarding performance and contractual obligations. Andrew Beaumont asked if people who suffer with long-COVID is down to genetics. Ifti explained that the reasons for people developing long-COVID is unknown. Rosemary Farkas explained that long-COVID seems to involve inflammatory process and clotting mechanisms rather than genetics and impacts on anybody including younger people. Lynda Langley conveyed her appreciation to Ifti for the informative update. She explained that she would like to circulate a message to staff on behalf of the Council of Governors thanking them for their commitment and hard work during the pandemic. She confirmed that she will also thank staff during her presentation at the Annual Members Meeting on 9 September. **RESOLVED: The Council of Governors noted the helpful information and explanations provided by Ifti Majid.**
DHCFT/GOV /2021/047	**PRESENTATION OF THE ANNUAL REPORT AND ACCOUNTS 2020/21 AND REPORT FROM THE EXTERNAL AUDITORS** Claire Wright, Deputy Chief Executive/Director of Finance, reminded governors of their statutory role i.e., governors must be presented with the NHS Foundation Trust's annual report and accounts and any report from the auditor on them. Claire explained that an overview of the Annual Report and Accounts for 2020/21 will also be presented, consistent with financial reporting, at the Annual Members' Meeting this afternoon. Claire introduced John Pressley of external auditors, Mazars, who provided a summary of the Annual Audit letter for the Trust. John explained that Mazars key responsibilities are to: • Give an opinion on the Trust's financial statements • Assess the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources (the value for money conclusion). John explained that the audit was completed by the deadline, which was testament to the work of the Finance Team and other Trust staff who worked together to present the annual report and accounts. John presented a positive annual report letter and confirmed that they had not identified any significant weaknesses which would require further work or wider reporting. Lynda Langley extended thanks to John Pressley for the information given and for a good report. She explained that one of the duties of the Lead Governor is to represent the Council of Governors at the Audit and Risk Committee meeting to observe the Annual Report and Accounts 'sign off'. Lynda attended the meeting along with Mazars and observed Non-Executive Directors (NEDs) receive assurance on the final document. Lynda conveyed her appreciation to Claire Wright, Deputy Chief Executive/Director of Finance and the Finance Team. Caroline Maley also conveyed her appreciation to John Pressley for the positive report. *(John Pressley left the meeting at 14:46.)*
DHCFT/GOV /2021/048	**LEAD GOVERNOR ROLE** Caroline Maley reiterated the importance of the Lead Governor role and requested that the Council of Governors encourages eligible governors to submit a nomination for the Lead Governor role and the Deputy Lead Governor role. It was noted that Lynda Langley the current Lead Governor leaves the Trust in March 2022 when her term of office ends. It is important that her successor is in place before then, ideally

	with a period of shadowing. It was also noted that Carole Riley, Deputy Lead Governor also leaves the Trust in March 2022 when her term of office ends. It was noted that the Trust has been encouraging eligible governors to consider the role for several months but to date no formal expressions of interest have been received. At the Governance Committee in August governors discussed some of the possible barriers for governors considering the role. This included time commitment and the qualifying period that public governors need to be in post before taking on the role. A recommendation was made by the Governance Committee to reduce the eligibility criteria from 12 to six months. An overview of time commitment and duties of the current Lead Governor was outlined in the report. Lynda Langley encouraged governors to take on the role and to contact her to discuss the role. She reiterated that she was keen to work alongside the new Lead Governor before her term of office ends in March. Lynda also reiterated how enjoyable and fulfilling the role is. Regarding time commitment Lynda explained that it is not an onerous role; and the pandemic had created additional meetings. Carole Riley, Deputy Lead Governor echoed Lynda's comments. **RESOLVED: The Council of Governors approved the recommendation to reduce the eligibility criteria from 12 to six months.** **ACTION: Eligible governors are encouraged to express an interest in the Lead Governor and Deputy Lead Governor roles.**
DHCFT/GOV /2021/049	**NON-EXECUTIVE DIRECTOR'S (NED) DEEP DIVE** Geoff Lewins, as Chair of the Audit and Risk Committee, presented the Deep Dive, which included the annual report of the Audit and Risk Committee, to governors. Geoff explained that the Committee oversees the production of the Annual Report and Accounts which included liaising with the external auditors Mazars. He also explained that preparing and auditing the report and accounts was made considerably more difficult by the COVID-19 pandemic, but the Committee had gained significant assurance in the end result. It was noted that the Audit and Risk Committee carries out a significant amount of other work during the year reviewing the Trust's system of risk management. Geoff is a member of the Finance and Performance Committee. He is also involved in the OnEPR project which will migrate the Trust from the electronic patient record PARIS to SystmOne. Geoff also confirmed that he is involved in the Derbyshire System in the implementation of 'shared care records' a linked IT system. He has recently joined the System Transition Assurance Sub-Committee which is providing assurance on the transition activities to move towards Integrated Care System (ICS) status. Caroline Maley conveyed her appreciation to Geoff reiterating that the NED Deep Dives help governors to understand the NEDs role of holding to account the performance of the Trust Board. Valerie Broom referred to the shared care record commenting that this has been on the NHS agenda for a number of years and sought assurance that the shared system will be implemented. Geoff explained that the System Transition Assurance Sub-Committee is in the process of providing timescales for the implementation of 'shared care records' in Derbyshire. Valerie commented that she is aware that not all providers use the same systems and asked if they will be compatible across the NHS. Geoff explained that the Trust is moving to SystmOne which will enable the Trust to be part of the shared care

	record system. He explained that this work is scheduled to be completed in January 2022. Andrew Beaumont had recently attended a GovernWell session on finance at which a mathematical simulation of virtual hospitals was mentioned for benchmarking purposes and asked if the Trust used this. Geoff explained that the Trust uses benchmarking data on a variety of things to compare our performance to e.g. catering costs; cost per square foot of estates etc. He also explained that although benchmarking is useful some Trusts measure in different ways, so the data needs to use with caution. **RESOLVED: The Council of Governors received the Deep Dive Report from Geoff Lewins.**
DHCFT/GOV /2021/050	**ESCALATION ITEMS TO THE COUNCIL OF GOVERNORS FROM THE GOVERNANCE COMMITTEE** One item of escalation was received from the Governance Committee meeting held on 4 May 2021: Governors seek assurance on the current status on psychiatrist recruitment and retention to the Trust's psychiatric services; and in particular an update on vacancies and whether these have been filled by permanent staff, locums or remain vacant. The response to the question attached as Appendix 1 to these minutes, was read out at the meeting. Valerie Broom asked if the Trust has any issues with retaining consultants and if it has a higher turnover of consultants compared to other Trusts. John Sykes explained that this is a competitive environment and the Trust is working hard to recruit and retain staff. He also explained that retirement is a big issue across the Trust; and the Trust offers retire and return on a part-time basis which is helpful. Valerie also asked if the Trust has issues with the gender imbalance and gender pay gap. John Skyes explained that the Trust has 51/49% of consultants in favour of men. He explained that the current national scheme for remuneration for part-time and full-time consultants is being reviewed which will help to alleviate the pay gap and support women in higher levels who work part time. Richard Wright explained that there is no evidence that the Trust has difficulty in retaining women consultants. **RESOLVED: The Council of Governors was satisfied with the response.**
DHCFT/GOV /2021/051	**VERBAL SUMMARY OF INTEGRATED PERFORMANCE REPORT** The Integrated Performance Report (IPR) was presented to the Council of Governors by Julia Tabreham, Non-Executive Director (NED). The focus of the report was on workforce, finance, operational delivery and quality performance. Julia referred to: • The Integrated Performance Report (IPR) presentation at the Trust Board this morning which was excellent and included summaries of key issues • Julia commended staff and managers, many of them who are exhausted by the pandemic response. • An operational oversight group has been established one level down from executive team. The group is starting to make some traction. • The Trust is waiting for allocations for funding for the second half of the year. • Non-Executive Directors have challenged the Board on agency costs. Executives explained that these relate to operational and clinical need in the rise in demand of Trust services, COVID-19 costs and medical costs of the workforce. • The pressure on out of area placements has reduced. There is currently one patient placed out of area.

	• The waiting lists for psychological services and Child and Adolescent Mental Health Services (CAMHS) have reduced. • 93% of the workforce have been fully vaccinations for COVID-19 • The Trust's flu vaccination programme will be launched shortly. • Restraint and seclusion peaked in July and significant scrutiny has been received. • A targeted focus on recruitment is ongoing. Regarding out of area placements, Jo Foster confirmed that the report was accurate. She explained that the patient placed out of area is appropriate as they work for the Trust. Jo also confirmed that there has been an immense focus on reducing out of area placements and this is now paying off. **RESOLVED:** **1) The Council of Governors Noted the information provided in the IPR.** **2) Agreed that the NEDs have held the Executive Directors to account.**
DHCFT/GOV /2021/052	**MENTAL HEALTH, AUTISM AND LEARNING DISABILITIES SYSTEM DELIVERY BOARD** Ifti Majid delivered a presentation on the Mental Health, Autism and Learning Disabilities System Delivery Board (the Delivery Board) which is responsible and accountable for the whole population of Derbyshire that needs intervention of providers in different organisations. He explained that as Joined Up Care Derbyshire (JUCD) Accountable Officer for mental health, autism and learning disabilities he is Chair of the Board. The following was noted: • Gareth Harry and Sheila Newport sit on the Delivery Board as Senior Responsible Officer (SRO) and specialist Non-Executive Director respectively. They are not representing the Trust specifically but are utilising their expertise for the whole system. • The Delivery Board is responsible for transformation and performance (statutory, regulatory and financial) across the whole system. • The Delivery Board has a strategic responsibility in forward planning e.g. preparing for Derbyshire's shared care record; dealing with COVID-19 issues; new service models and investment. • The Delivery Board will also be hosting the Childrens System Delivery Board and will be known as the Mental Health, Autism, Learning Disabilities and Childrens System Delivery Board • The Transforming Care Partnership supports people in the community rather than in a hospital environment. • A finance and quality group will feed back into the Delivery Board and into the system wide meeting around system quality. • The Long Term Plan for mental health continues. Actions include reducing the target of inpatients in mental health acute wards to less than 32 days; developing a second Safe Haven in the north of the county; replacing all dormitory wards across the county with single en-suite rooms; and the development of a Psychiatric Intensive Care Unit (PICU) in Derbyshire. • The transformation of community mental health services continues. Wider multi-disciplinary teams will be established to care for people in the community. • It is estimated that due to the pandemic 400-600 people have not accessed dementia services. This is a challenge and the focus is on building on digital access to support services and Living Well with dementia courses. • The establishment of a Specialist Autism Team for which demand outstripped capacity even prior to the pandemic. • The Delivery Board is one of the first to take responsibility for the programme of spend. It is important the Delivery Board stays on plan; and it is approving the autism and learning disability services.

	Sheila Newport explained that the Delivery Board has achieved an enormous amount during the last 18 months and despite some challenges ahead is optimistic about the success of the Delivery Board. The co-production with service users and members of the population has been really beneficial. David Charnock asked how the system will manage the complexity of people with learning disabilities (LD) and autism; and those people who have autism without LD in same group. He explained that high functioning autistic people do not see themselves as having LD. Ifti explained that people with mental health issues and LD also have complex needs and the system is considering placing people in different cohorts with different training needs identified for each cohort. Cohorts can run together but have separate and different needs. Regardless of whether people have high functioning autism or not, Ifti assured governors that the emphasis is on treating people at home rather than as inpatients. Gareth Harry explained that they have been engaging the EQUAL Autism sub-group, which is part of the EQUAL Forum (patient and carers forum). **RESOLVED: The Council of Governors noted the information provided on the Mental Health, Autism and Learning Disabilities System Delivery Board.**
DHCFT/GOV /2021/053	**GOVERNANCE COMMITTEE REPORT – 15 JUNE AND 10 AUGUST 2021** The Council of Governors received the reports from the Governance Committee meeting which took place on 15 June and 10 August 2021. Julie Lowe, Chair of the Committee referred the meeting to the annual review of the Governance Committee Terms of Reference. She explained that at the Committee meeting, governors agreed that the Terms of Reference remained fit for purpose. She also referred to the Governor Membership Engagement Action Plan which was reviewed and updated; and circulated to governors. **RESOLVED: The Council of Governors** **1) Noted the information provided in the Governance Committee Report** **2) Approved the minor amendments to the Governance Committee's Terms of Reference.**
DHCFT/GOV /2021/054	**ANY OTHER BUSINESS** **Governors Annual Effectiveness Survey** Denise Baxendale reminded governors that the deadline to complete the survey is Friday 17 September. To date 53.84% of the Council of Governors have completed the survey. Denise reminded governors that the results will be used to develop the governor training programme for next year and identify any issues raised. **Annual Members Meeting (AMM)** Denise Baxendale reminded governors that the AMM is taking place on 9 September from 4pm and encouraged governors to attend. Caroline Maley reiterated that all governors are invited to the AMM. **Caroline Maley** Denise Baxendale explained that this is Caroline's last Council of Governors meeting before she retires on 13 September. Denise conveyed her appreciation to Caroline for her support and for chairing meetings so effectively. On behalf of the Council of Governors, Lynda Langley also thanked Caroline for her support and commitment.
DHCFT/GOV /2021/0055	**REVIEW OF THE MEETING EFFECTIVENESS AND FOLLOWING THE PRINCIPLES OF THE CODE OF CONDUCT** The Council of Governors agreed that: - Governors are adhering to the Code of Conduct

	- The meeting included a clear oversight of Integrated Care Systems - The meeting was efficiently chaired and finished early - The meeting covered all agenda items with enough time for discussion - Governors were assured that the Non-Executive Directors are holding the Board to account.
DHCFT/GOV /2021/056	**CLOSE OF MEETING** Caroline Maley thanked all for their attendance and input. The next Council of Governors meeting will be held on **Tuesday 2 November**, from 2.00pm. This will be a virtual meeting. The meeting closed at 16:30 hours.

Appendix 1

Escalation items to the Council of Governors from the Governance Committee

Question One:

Question:

Governors seek assurance on the current status on psychiatrist recruitment and retention to the Trust's psychiatric services; and in particular an update on vacancies and whether these have been filled by permanent staff, locums or remain vacant.

Response:

During the period 1 March 2019 to 31 August 2021 there has been 17 medical leavers and during this same period there has been 15 new medical starters. Generally the Trust has been successful in replacing consultants who retire, despite a recognised national shortage. It is often more difficult to recruit speciality doctors. The greatest success the Trust has had in replacing Consultants is by higher trainees from within the Trust moving up on completion of their training and reflects the fact that this is a good Trust to work in and generally people want to stay.

There are currently 11 vacancies for consultants and speciality doctors and one coming vacant in September due to retirement. Nine of these roles are covered by agency workers and recruitment is ongoing with posts advertised. The Trust has been successful in recruiting during August to specialty doctor vacancies on Ward 33 with the doctor starting on 27 August and Ward 34 and the doctor will start on 1 November. Whilst we can seek to recruit speciality doctors from overseas (albeit this is time consuming and expensive) it is not possible to recruit Consultants in the same way as they do not meet the UK training requirements to enter the grade.

On top of the vacancies identified above there are five new posts identified due to new funding becoming available. Recruitment has started to fill these posts. One of our existing higher trainees has already expressed interest in one of these roles.

COUNCIL OF GOVERNORS ACTION MATRIX - AS AT 25.10.21							
Date of Minutes	**Minute Reference**	**Item**	**Lead**	**Action**	**Completion by**	**Current Position**	
07/09/2021	DHCFT/GOV/2021/048	Lead Governor role	Governors	Eligible governors are encouraged to express an interest in the Lead Governor and Deputy Lead Governor roles.		One expression of interest receivedfor the Deputy Lead Governor role	Amber

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

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 2 November 2021

Council of Governors Annual Effectiveness Survey

Purpose of Report

To present the results of the sixth Annual Effectiveness Survey of the Council of Governors.

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 on to the Council of Governors.

Each year the Governance Committee reviews the content of the questionnaire to ensure it is still fit for purpose. The Committee agreed that no changes should be made to the questions; and that as last year the questionnaire should not be anonymised, so that any issues or concerns raised can be discussed with individuals who have raised the issues/concerns if further information is required.

The survey was undertaken in September 2021 and a total of 26 governors responded, this equates to 100%, a fantastic response from the Council. (Last year 88.46% of governors completed the survey – the complement of governors at that time was 26.) The survey was promoted in *Governor Connect*, via governor meetings, and further emails encouraging governors to complete the survey were sent by the Membership and Involvement Manager.

The survey was presented in full to the Governance Committee on 12 October and discussed at the meeting.

There are 27 specific questions (excluding governor name), relating to the effectiveness of the Council of Governors, three of which are free text sections for capturing suggestions for training needs, suggestions for improvements and an overall assessment of effectiveness.

In 15 out of the 27 questions the positive response rate of strongly agree/agree was over 90% and for two of these questions a 100% positive response was recorded:

- The Council of Governors carries out its work in an open a, transparent manner (question 12.1)
- The role of the Council of Governors in clearly defined (question 15)

For the remaining questions, although the positive response rates were still high (73% - 89%), there seems to be areas indicated by either ‘Don’t know’ and/or ‘Disagree’ responses. It is worth noting that the Council of Governors has a regular turnover, meaning that the survey has been completed by both new and experienced governors. The majority of ‘Don’t know’ responses are from new governors not being able to fully answer the questions and/or it could identify a training need. Those governors who selected ‘Disagree’ have been contacted requesting further information. The main areas include:

- Governor role – the ‘don’t know’ responses were selected mainly by newly

elected governors. The governor role was included in the induction session; and it is envisaged that the newly elected governors will gain a greater understanding of the role as they gain more experience. It may be helpful to have a refresher session on the governor role for all governors. It may also be beneficial for newly elected governors to contact their 'governor buddy' or the Membership and Involvement Manager.

- Trust Strategy – the responses/comments suggest that it may be helpful to clarify the role of governors in strategy and planning, perhaps as part of a training and development session or at Council of Governors itself. During the year governors were updated on the annual planning process and will be involved in the annual planning process in spring next year. Governors attend two sessions a year with the Trust Board which include looking at annual planning and the Trust Strategy.

- Aware of risks to the quality, sustainability and delivery of current and future services – the Trust's Board Assurance Framework (BAF) is presented to the Public Trust Board and all governors have access to the papers. Governors are asked to consider if a bespoke training session on risk management would be helpful.

- Communication/engagement with members – this has been reflected in discussions at the Governance Committee and is perhaps the more challenging of the two statutory duties (the other being holding Non-Executive Directors to account). The Governance Committee plays a key role in monitoring the Membership Strategy and it is hoped that the Membership Engagement Action Plan will address some of the issues. The Governor Engagement Activity log is also presented to the Governance Committee and is an example of how engagement can take place including feeding back of issues/concerns raised by members and the public. Some of these are escalated to the Council of Governors for a response by the Trust Board. A training session on membership engagement is part of the governors training programme; the most recent was scheduled for 6 October; but unfortunately was cancelled due to low uptake. Throughout the year governors have been encouraged to:

  - sign up to e-newsletters produced by Derbyshire Mental Health Forum and Derbyshire Voluntary Association as a means of getting to know voluntary groups and as an opportunity to engage with the groups

  - to attend the joint countywide Derbyshire Mental Health Forum meetings.

The survey also included sections for free text to enable governors to make suggestions and comments regarding governor training and development needs; suggestions for improvement or to raise specific issues; and comments on the effectiveness of the Council of Governors. These include:

- Training and development sessions – governors statutory duties (holding Non-Executive Directors to account and engaging with members and the public); Joined up Care Derbyshire (JUCD) and new legislation that will affect governors; scrutiny; how to use social media; leadership, effective communication/questioning; mental health conditions. There is also mention of Quality Visits which governors participate in. Due to the COVID-19 pandemic Quality Visits have been paused in terms of face to face limitations,

but will be involving governors in quality types visits once we start them up formally again.

- Suggested improvements – continued contact with governors; the opportunity to meet face to face; governor coffee and chat sessions; more contact with the Medical Director relating to how good/safe our services are, how we involve service users (and carers) who have been discharged from our services; support for staff governors. We understand that governors are keen to meet face to face in order to get to know each other but this has not been possible during the COVID-19 pandemic. As an alternative we have opened up the Council of Governor and Governance Committee meetings half an hour earlier to simulate the coffee and chat session. The Medical Director attends meetings when required and feeds into the reports. He is unable to attend all meetings due to his caseload.

- Effectiveness of the Council of Governors – strong and relevant; supportive of the members of the Council; the need to address the situation regarding waiting times eg childrens services.

Proposed Actions to continue to enhance the effectiveness of the Council of Governors are:

- Governors to establish a Governor Task and Finish Group to review the responses; identify any areas for future governor training and development; discuss any issues raised
- Continue to develop and evolve the governor-led training and development programme
- Involve the governors in the annual planning process – scheduled for spring 2022
- Continue to support governors with engagement with constituents – a Governor Task and Finish Group has been established to focus on engagement.

Governors are reminded that if there are any issues or concerns, that these can be discussed with Denise Baxendale, Membership and Involvement Manager; Lynda Langley, Lead Governor; Justine Fitzjohn, Trust Secretary; and Selina Ullah, Trust Chair to allow these to be addressed.

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

Consultation

- Governance Committee reviewed the results of the survey on 12 October 2021.

Governance or Legal Issues

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

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

All governors were given the opportunity to complete the survey; hard copies were available upon request; and support was offered to individuals who may require this. Any training sessions and training materials will be designed in an accessible format and additional support given where required.

Recommendations

The Council of Governors is requested to:

1) Note the outcome of the Council of Governors annual effectiveness survey 2022 as a positive assessment by governors of their effectiveness.
2) Agree the survey should be repeated in September 2022.

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

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 2 November 2021

Report from the Governors' Nominations and Remuneration Committee and Council of Governor approvals

Purpose of Report
This paper provides an update from the meeting of the Nominations and Remuneration Committee held on 25 October 2021 and the Committee's recommendations to the Council of Governors in relation to the recruitment of Non-Executive Directors (NEDs) and adoption of a Chair/NEDs expenses policy.

Executive Summary
Since the last report to the Council of Governors in September 2021 the Committee has met once on 25 October. A summary of the business conducted is as follows:

- Consideration and support for a two stage process to recruit to the Non-Executive (NED) vacancies in 2021 and 2022.
- Confirmation that the Trust has followed its Fit and Proper Persons Test Policy in relation to the recruitment of the new Trust Chair.
- Consideration and support for an expense policy applicable to the Chair and NEDs.
- Discussion and concern on the number of current and future vacancies on the Committee.

The Committee's recommendations are listed in the body of the report.

Strategic Considerations	
1) We will deliver **great care** by delivering compassionate, person-centred innovative and safe care	X
2) We will ensure that the Trust is a **great place to work** by 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 Committee is conducting its business in compliance with its Terms of Reference. In proposing the expenses policy, national guidance and rates payable nationally and locally have been researched.

Consultation
The Committee received the views of the Board of Directors on the recruitment process in general and the qualifications, skills and experience required for the NED vacancies.

Governance or Legal Issues
It is the statutory role of the Governors to appoint the Chair and NEDs and determine

their remuneration, allowances and other terms and conditions.

The Trust's Constitution (paragraph 21.1) states that:

21.1 The Council of Governors at a general meeting of the Council of Governors shall appoint or remove the Chairman of the Trust and the other Non-Executive Directors.

Annex 5 of the Trust's Constitution sets out functions of the Nominations [and Remuneration] Committee in relation to the appointment of Non-Executive Directors, which includes:

9.4.1 to determine the criteria and process for the selection of candidates for office as Chair or other Non-Executive Directors of the Trust having first consulted with the Board of Directors and Governors as to those matters and having regard to such views as may be expressed by the Board of Directors and Council of Governors;

9.4.2 to assess and select for interview such candidates as are considered appropriate and in doing so the Nominations Committee for Non-Executive Directors shall be at liberty to seek advice and assistance from persons other than members of the Nominations Committee for Non-Executive Directors or of the Council of Governors;

9.4.3 to make recommendation to the Council of Governors as to potential candidates for appointment as Chair or other Non-Executive Director, as the case may be.

Annex 5 also states:

9.6 The Council of Governors shall resolve in general meeting to appoint such candidate or candidates (as the case may be) as it considers appropriate and in reaching its decision it shall have regard to the views of the Board of Directors and of the Nominations Committee for Non-Executive Directors as to the suitability of the available candidates and the remuneration and allowances and other terms and conditions of office.

The Trust has a Fit and Proper Persons Test Policy which meets the requirements of statutory guidance and its licence conditions in ensuring no unfit person is appointed as a Director.

Equality Impact Risk Analysis

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

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

- The Committee and Trust Secretary will be working with the Trust's recruitment team to comply with agreed practise. The benefits of diversity on the Board will be actively encouraged throughout the search and recruitment

process, including maximising community networks.
- The Fit and Proper Person Test Policy is applied to all Board members equally.
- The proposed expenses policy includes fair provision for expenses, for example for carer and childcare allowances.

Recommendations
The Council of Governors is requested to:

1. Receive the update on the business undertaken by the Committee.
2. Approve the two-stage proposal for the recruitment to the three Non-Executive Director vacancies.
3. Note that Trust's Fit and Proper Persons Test Policy has been complied with in relation to the recruitment of the new Trust Chair.
4. Approve the Chair and Non-Executive Directors Expenses Policy.
5. Discuss the situation regarding the vacancies on the Committee.

Report presented by: **Selina Ullah, Trust Chair and Justine Fitzjohn, Trust Secretary**

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

Report from Governors' Nominations and Remuneration Committee and Council of Governor approvals

The Committee met on 25 October and discussed the matters listed on the front sheet. There are a number of matters requiring approval of the Council of Governors as outlined below:

1. **Appointment of NEDs**

The Committee has previously highlighted to the Council of Governors that three experienced NEDs would be retiring from the Trust in 2022. Julia Tabreham has recently resigned from her NED post and will be leaving the Trust on 19 December 2021. This is earlier than expected as her term of office had been due to expire on 6 September 2022. The other two vacancies in 2022 will be created by the retirement of Margaret Gildea on 6 September 2022 and Richard Wright on 17 November 2022.

Taking the Board's views into account on the recruitment process in general and the qualifications, skills and experience required for the positions, the Committee considered the immediate gaps; bearing in mind the current growing demand for NEDs to be involved at system level, and longer term; the NED role and requirements when the ICB/ICS is fully established.

A two stage recruitment process is planned; recruiting Julia's replacement now and then to the other two positions in the summer, allowing for a short handover.

The Committee will be supported by a recruitment partner who will work with the Committee to draft the recruitment packs based on the following outline criteria:

<u>First stage recruitment</u>

Key skills/experience/knowledge:

- Partnership and cross organisation working
- Voluntary Community and Social Enterprise (VCSE) sector
- Mental Health, Learning Disability and Autism or wider health and wellbeing determinants/population health/anchor institute/green agenda/corporate social responsibility etc
- Expert by experience in a national organisation/or a social care leadership

<u>Second Stage – to be more refined</u>

NED 1

- Large scale programme management/new services and related organisational development
- Operational/performance slant on their experience

NED 2

- Strategic leadership/people

Style/experience in common for all vacancies

- Working in collaboration not competition – experience of system/cross organisation working
- Performing well during change and evolution – living with uncertainty
- People/inclusion

2. Expenses Policy

There is a statutory duty placed on NHS Foundation Trust governors to determine the remuneration, allowances and other terms and conditions for Chairs and NEDs.

Although there is now a NHSE/I framework for Chair/NED remuneration rates across NHS Trusts and Foundation Trusts, expense rates are not included in this framework. There is an expense policy for Chair and NEDs appointed to NHS Trusts and these mirror agenda for change (AfC) rates. A Foundation Trust can determine the rates locally.

The Council of Governors does not have a formal policy for NED expenses, and it is best practice to have one. The draft policy, attached, has been considered by the Committee and is put forward for approval.

3. Vacancies on the Nominations and Remuneration Committee

The Committee wanted to flag to the Council of Governors that there will a number of Public Governor vacancies in March 2022 when current members retire from their governor roles. There are already two vacancies for Public Governors, with reliance on stand in members. Kel Sims has also notified the Committee that she would like to stand down, which would also leave a Staff Governor vacancy. The Committee plays a key role in supporting the Council of Governors to fulfil their statutory duties.

RECOMMENDATIONS

The Council of Governors is requested to:

1. Receive the update on the business undertaken by the Committee.
2. Approve the two-stage proposal for the recruitment to the three Non-Executive Director vacancies.
3. Note that Trust's Fit and Proper Persons Test Policy has been complied with in relation to the recruitment of the new Trust Chair.
4. Approve the attached Chair and Non-Executive Directors Expenses Policy.
5. Discuss the situation regarding the vacancies on the Committee.

Derbyshire Healthcare
NHS Foundation Trust

Chair and Non-Executive Directors Expenses Policy

Service area	Issue date	Issue no.	Review date	
Trust Board	2 November 2021	1	1 November 2024	
Approved by:	**Approval date**	**Responsibility for review:**		
Council of Governors	2 November 2021	Governors' Nominations and Remuneration Committee		

Summary (Plain English) Summarise the main points of the policy below in a style that is clear and easy to understand. Ensure the whole policy is written in plain English, using simple language where possible and avoiding convoluted sentences and obscure words. The resulting policy should be easy to read, understand and use,
The policy describes expense rates that can be claimed by the Trust Chair and Non-Executive Directors.

Name / Title of policy/procedure	Chair and Non-Executive Directors expenses policy
Aim of Policy	Chairs and Non-Executive Directors (NEDs) are entitled to claim expenses for travel, subsistence and other legitimate expenditure needed to perform their role effectively. They are also entitled to receive expenses for all legitimate travel costs from home to any place visited on Trust business and back to home again at the prevailing mileage rates. The Council of Governors sets the remuneration, allowances and other terms and conditions for Chairs and Non-Executive Directors. This policy sets out the expense rates that can be claimed.
Sponsor (Director lead)	Trust Secretary
Author(s)	Trust Secretary

Name of policy being replaced	New Policy	**Version No of previous policy:** **N/A**
Reason for document production:	To set out the expenses levels and any limitations.	
Commissioning individual or group:	Council of Governors via the Governors' Nominations and Remuneration Committee	

Version control (for minor amendments)

Date	Author	Comment

Contents

1 General

a. Expenses are paid to the Trust Chair and Non-Executive Directors (NEDs) at rates set by the Council of Governors.

b. With the exception of overnight accommodation, Chairs and NEDs will claim mileage and other expenses through the Trust's EASY expenses system. Receipts will need to be uploaded onto this system for approval.

c. Claims should be submitted monthly on the EASY expenses system. Claims over three months old will be rejected and may need separate authorisation.

d. For mileage claims, claimants must be authorised as a registered car user and upload the required documentation into the EASY expenses system as required, including a valid driving licence, valid insurance cover stipulating business use and if applicable a valid MOT.

e. The Trust will not reimburse any parking fines or Road Traffic Offence tickets (ie speeding tickets, use of mobile phone whilst driving fine etc).

f. NEDs (including the Chair) are members of the Board who are not employees of the Trust or holders of executive office, appointed under a contract for services.

g. The terms and conditions of appointment of NEDs are different to Executive Directors' who are on Very Senior Managers (VSM) terms and conditions, those of staff employed under Agenda for Change Terms and Conditions of Service (AfC) and those medical and dental staff employed on national terms and conditions of service (TCS) and pay arrangements. As an NHS Foundation Trust, Derbyshire Healthcare is free to determine its own terms and conditions of the contract for appointment for NEDs with due reference to NHS England and NHS Improvement's remuneration framework for Chairs and NEDs of NHS Trusts and NHS Foundation Trusts.

2 Travelling expenses

2.1 Home to office/base expenses

- Chair and NEDs are entitled to receive payment of 'home to office/base' expenses. The first and last journey of the day (home and back) is wholly taxable and the tax liability will be deducted at source through payroll. Office/base will be classed as the Ashbourne Centre, Kingsway Hospital.

- All other mileage will be classed as normal business miles. The first 45p paid per business mile is non-taxable as per HMRC regulations and anything above is taxable through payroll.

- The EASY expenses system separates the two different mileage levels when claiming.

2.2 Mileage rates

- These are paid in line with the current Agenda for Change (AfC) rates applicable at the time of claim. Car mileage rates as of 1 November 2021 are 56p per mile up to 3500 miles per year. Over 3500 miles per year the rate is 20p per mile. Rates are also payable for motorcycles and pedal cycles in line with AfC rates.

2.3 Public Transport

- The cost of travel by rail, bus and/or coach will be met. For clarity, this is limited to standard rail travel/fares only. Where practical, Chairs and NEDs should take advantage of any reduced fares available.

- In addition, the cost of any seat reservation, storage of luggage and sleeping accommodation on any overnight journey will be met.

- Where there is a need for urgency, there is no public transport reasonably available or the Chair or NED has a disability or other need which would make the use of public transport impractical, the cost of any taxi fare will be met.

- Where there is a cost benefit (in term of travel and subsistence) or the organisation decides that the saving in time is so substantial as to justify travel by air, the costs of an economy flight and any airport taxes will be met. Any air travel will need to be pre-authorised.

3 Subsistence

- These are paid in line with the current Agenda for Change (AfC) rates applicable at the time of claim. Rates as of 1 November 2021 are set out in Annex 14 of the AfC regulations and replicated below. Receipts must be uploaded onto the EASY expense system.

  Meal Allowance 24 hour period: £20

  Evening meal: £15

  Lunch: £5.00

4 Overnight accommodation and other expenses

- For the Chair or NEDs that live a significant distance from Derbyshire a cap of £100 expenses per night is applicable for overnight and breakfast accommodation. The number of overnight stays will be kept to a minimum level required to effectively carry out duties for the role and accommodation will be booked through the Trust's travel provider, currently Click Travel,

booking the most economic rate available, ensuring value for money is secured.

- Claims for miscellaneous expenses such as parking or taxi fares will need to be supported by the original receipt which must be uploaded with the claim in the EASY expenses system.

5 Carer expenses

- Chairs and NEDs can claim re-imbursement of expenses incurred while on NHS business in relation to the provision of a carer for any relatives for whom they are responsible. The carer responsibility may be for a child or an elderly or infirm relative. The expenses must be receipted and in line with costs of providing such care in the locality. The care provider should be registered.

- The HMRC class payments made under these arrangements are a taxable benefit and will require tax to be deducted at source.

6 Equality Act 2010

- All reasonable adjustments will be met to ensure that no one covered by this Policy receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

Appendix 1 – Equality Impact Assessment

REGARDS EIRA: Assessing Equality Relevance (Stage 1)

1. Name of the service/policy/project or proposal (give a brief description):

Chair and Non-Executive Directors expenses policy

2. Answer the questions in the table below to determine equality relevance:

	Yes	No	Insufficient data / info to determine
Does the project/proposal affect service users, employees or the wider community, and potentially have a significant effect in terms of equality?		No	
Is it a major project/proposal, significantly affecting how functions are delivered in terms of equality?		No	
Will the project/proposal have a significant effect on how other organisations operate in terms of equality?		No	
Does the decision/proposal relate to functions that previous engagement has identified as being important to particular protected groups?		No	
Does or could the decision/proposal affect different protected groups differently?		No	
Does it relate to an area with known inequalities?		No	
Does it relate to an area where equality objectives have been set by our organisation?		No	

3. On a scale of high, medium or low assess the policy in terms of equality relevance.

	Tick below:	Notes:
High		If ticked all 'Yes' or 'Insufficient data'
Medium		If ticked some 'Yes' and / or 'Insufficient data' and some 'No'
Low	X	If ticked all 'No'

EIRA completed by: Trust Secretary
Date: 25 October 2021

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 2 November 2021

Non-Executive Director (NED) Deep Dive – Sheila Newport

Purpose of Report

This paper describes the Board and Sub-Committee activities I have undertaken during the year 2020/21 as a NED with Clinical experience.

Executive Summary

The Mental Health Act Committee is responsible for obtaining assurance that the safeguards and provisions of the Mental Health Act are appropriately applied. I act as Chair of this Committee which meets quarterly.

I am a member of the Quality and Assurance and Remuneration Committees. During the year I have taken on a Health and Wellbeing Guardian Lead role, and have become a member of the People and Culture Committee.

I hold a lead role for both Safeguarding and Learning from Deaths.

I attend Board Meetings and Board Development Sessions. In addition I have taken part in a virtual Quality Visit.

Within the wider Derbyshire System I sit as a NED representative on the Joint Mental Health, Learning Disability and Autism Delivery Board and on the System Quality Committee.

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

Risks and Assurances

The Year End review for the Mental Health Act Committee was carried out in April 2021. Taking account of the priorities and focus undertaken across the year the Committee confirmed it was satisfied that it had fulfilled its responsibilities in obtaining assurance on behalf of the Hospital Managers and the Trust as the detaining authority that the safeguards of the Mental Health Act, Mental Capacity

Act, Deprivation of Liberty Safeguards and Human Rights Act have been appropriately applied.

Consultation

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

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

The Mental Health Act Committee is required within its terms of service to ensure that consideration has been given to equality impact related risks.

Recommendations

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

Report prepared and presented by: Sheila Newport
Non-Executive Director

Derbyshire Healthcare NHS Foundation Trust

Council of Governors – 2 November 2021

NED Deep Dive – Sheila Newport

Purpose of Report

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

Mental Health Act Committee (MHAC) Chair

The MHAC meets quarterly. The main purpose of this Committee is to obtain assurance that the safeguards and provisions of the Mental Health Act (MHA), are appropriately applied, taking account of the provisions of related statute and guidance, such as Mental Capacity Act, Deprivation of Liberty Safeguards and Human Rights Act. The Committee regularly reviews the patient activity under sections of the Mental Health Act by scrutinising reports from the MHA Operational Group and the MHA Manager's quarterly report.

The Year End review for the Mental Health Act Committee was carried out in April 2021. Taking account of the priorities and focus undertaken across the year the Committee confirmed it was satisfied that it had fulfilled its responsibilities in obtaining assurance on behalf of the Hospital Managers and the Trust as the detaining authority that the safeguards of the Mental Health Act, Mental Capacity Act, Deprivation of Liberty Safeguards and Human Rights Act have been appropriately applied.

The Committee met via Microsoft Teams throughout the year due to the Covid-19 pandemic and the opportunity to do this was appreciated. Activity throughout the year included regular review of the use of restrictive practice and seclusion activity and use of Section 135 and 136 detentions in Derbyshire. At each quarterly meeting the Committee has reviewed operational activity reported through its sub-group the Mental Health Act Operational Group. The Committee has also monitored related statute and guidance following Mental Health Act inspections by the Care Quality Commission.

Forthcoming changes to the MHA and Liberty protection standards will be considered by the Committee as more detail regarding changes emerges. During the year the Trust has responded to the consultation regarding the Mental Health Act review.

At each meeting the Committee receives a verbal report from the Associate Hospital Managers who have embraced necessary changes to their work. They have now been undertaking hearings virtually since the onset of the pandemic. This has been working well and high levels of satisfaction have been reported from participants including service users. I have had the valuable opportunity during the year to shadow some virtual hearings.

Quality and Safeguarding Committee (QSC) Member

I am also a member of the Quality and Safeguarding Committee. This allows me to fulfil my lead roles for Safeguarding and Learning from Deaths.

Assurance for Safeguarding is now taken through QSC on a quarterly basis. Reports received regarding safeguarding activity for both children and adults have consistently provided significant assurance. During the year I have been able shadow various Safeguarding meetings and to meet and observe our staff working in this arena. This provided valuable insights into the breadth, complexity and volume of the work of this team and partner agencies.

The Learning from Deaths report is received at QSC quarterly prior to presentation at Trust Board. The reports have fulfilled national standards on reporting requirements. During the year there has also been development of the Patient Safety Incident Response Framework. As Clinical NED, when appropriate, I receive briefings on Serious Incidents from the Director of Nursing.

Audit and Risk Committee Member

I was a member of this committee for part of the year however left the committee when I took on the Health and Wellbeing Guardian Lead.

People and Culture Committee

I joined this committee part way through the year in order to be better sighted on issues related to Health and Wellbeing in the Trust. In addition to reporting and assurance gained from this committee I also participate in the Midlands region Health and Wellbeing Guardian network.

Other activities

In addition to formal committee work I have participated in a virtual Quality Visit to Acute services. Subsequent discussions and triangulation of information provoked by this visit have led to my involvement in an oversight group looking at Medical Leadership development in the Trust.

I continue to be a member of the Joint Mental Health, Learning Disability and Autism Delivery Board of Joined Up Care Derbyshire (JUCD). This Board meets monthly to oversee the changing development and delivery of services across organisations.

During the year I also became a member of the Joined Up Care Derbyshire System Quality Committee as a NED representative. This group provides assurance to the JUCD board regarding all aspects of system work.

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 2 November 2021

Performance Report

Purpose of Report

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

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

Executive Summary

The report 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 & NHS Improvement, 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
Patients are followed up in the days following discharge from mental health inpatient wards to provide support and ensure their wellbeing during the period when they are at their most vulnerable. To date we have consistently exceeded the national standard for follow-up which came into effect from 1 April 2020.

Data quality maturity index
Increasing waiting lists resulting from the pandemic continue to have a negative impact on data quality, however we would expect to consistently exceed the national target and we have seen a slight improvement in each of the last 3 months.

Early intervention 14-day referral to treatment
We have seen common cause variation throughout the 24-month period, and we would expect to consistently exceed the national standard for referral to treatment.

Early intervention 14-day referral to treatment – incomplete
The service continues to perform consistently well against 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.

IAPT 18-week referral to treatment
The national target has been exceeded throughout the 24-month reporting period and for the last 8 months performance has been significantly better than expected.

IAPT 6-week referral to treatment
With staff back in post we expect to consistently exceed the national standard.

IAPT patients completing treatment who move to recovery

For the past 14 months the national standard has been achieved. This is an annual target and year to date we are exceeding target.

Average number of patients placed out of area per day – adult acute
There has been a statistically significant reduction in inappropriate out of area acute placements.
Patients placed out of area per month – adult acute
PICU usage has remained within common cause variation for the last 16 months.

Waiting list for care coordination
The average wait to be seen and number waiting have both remained significantly low in recent months.

Waiting list for adult autistic spectrum disorder (ASD) assessment
To meet demand, there would need to be between 54 and 67 assessments completed per month (65th to 85th percentile). Currently the service is funded to complete 26 assessments per month and is averaging 20 due to sickness and vacancies. Referrals are continuing to be received at the same rate. It is highly unlikely to see any significant change until there is a change to investment in the service.

Waiting list for psychology
We can see the impact of the pandemic on waits, with the waiting list being significantly higher than expected for months. Many patients are still waiting owing to the pandemic and a desire to be seen face to face. The average waiting time has risen slightly in the last 2 months. Referrals remain steady. For the last 2 months the number of people waiting has reduced significantly. Recruitment to a number of vacant and part time posts across adult services is in progress.

Waiting list for Child and Adolescent Mental Health Services (CAMHS)
The number of referrals received has been steadily increasing, with a corresponding increase in activity. On 27/09/2021 a waiting list initiative commenced which will progress until the end of October.

Waiting list for community paediatrics
The average wait to be seen continues to be significantly shorter than expected, however the number of children on the waiting list is now significantly high owing to the large increase in referrals for neurodevelopmental assessment which has been seen since January 2021.

Outpatient appointments cancelled by the Trust
The most common reason recorded for cancellation was “appointment brought forward”. This is when a patient needs to be seen more urgently and so is offered an earlier appointment. The 2nd most common reason was cancellation owing to consultant sickness.

Outpatient appointment “did not attends”
The level of defaulted appointments has remained within common cause variation for the last 16 months and in the current process the trust target of 15% or lower is likely to be consistently achieved.

Other Operational Matters of Note

Health Protection Unit
This next quarter for the HPU has seen its focus on the delivery of flu vaccination and COVID-19 vaccination, predominately boosters for staff and inpatients as well as primary and secondary doses for patients.

HPU are exploring doing some outreach work in providing vaccines to the severe mental illness (SMI) cohort and those that typically find accessing vaccines very difficult. A bid has gone in to access funding to support this.

Vaccination status

93% of people working for the Trust have received their first vaccination and 90% have now received both vaccinations. Booster vaccinations have commenced.

Finance

Revenue

Previously under the financial regime set by NHSEI, there was only a requirement to submit a half year (H1) plan. However, the Trust also produced an internal plan for H2 generating a full year plan. Planning guidance has recently been published setting out a requirement for a H2 plan (covering month 7-12) for 2021/22. The details of this are covered in a separate paper.

Our financial position forms part of the overall financial position of Joined Up Care Derbyshire.

Month 6	2021/22					
	In month			YTD		
	Plan	Actual	Variance	Plan	Actual	Variance
Income	(14,690,250)	(15,731,997)	(1,041,746)	(87,836,398)	(87,471,845)	364,553
Pay	10,693,062	11,085,821	392,759	63,867,521	62,858,633	(1,008,888)
Non-Pay	3,985,389	4,734,960	749,571	23,968,361	24,712,796	744,435
Total	**(11,799)**	**88,784**	**100,584**	**(516)**	**99,584**	**100,100**
	H1 Forecast			Month 1-12 FOT		
	Plan	Actual	Variance	Plan	Actual	Variance
Income	(87,836,398)	(87,471,845)	364,553	(173,045,873)	(179,345,209)	(6,299,337)
Pay	63,867,521	62,858,633	(1,008,888)	126,875,811	130,675,706	3,799,895
Non-Pay	23,968,361	24,712,796	744,435	46,086,942	48,638,863	2,551,921
Total	**(516)**	**99,584**	**100,100**	**(83,120)**	**(30,640)**	**52,480**

Overall, the forecast for the end of the financial year remains on plan at breakeven. The income forecast for H2 has been based on the best intelligence at the time of forecasting and may change as income allocations are agreed for the second half of the financial year (H2) plan.

There are some large variances across income, pay and non-pay budgets which are driven by the following key assumptions summarised below.

AfC pay award back pay has been paid in September and income has been accrued based on the recent guidance. Budget has been allocated to Divisional budgets from reserves based on 3% of the £ budgets.

H2 allocations have been confirmed at a system level but at the time of finalising the month 6 forecast this had not been split at an organisational level. Therefore, assumptions have been made to the top-up income and Covid income. It has been assumed that the income will continue but at a lower level, for example a 5% reduction in Covid income.

No income reduction has been included in the forecast for the share of the £14m distance to target efficiency requirement, which would have required forecast cost reductions (cost out) to achieve the required break-even position.

The H2 plan is being presented to Trust Board (see separate paper) which will be at a point inf time, however due to timing of the meeting and the possibility of further changes to the plan up until the submission date of 16th November, any further changes will be presented to ELT.

Covid costs were previously forecast to revert back to their original cost centres from the Covid cost centre at month 7. However due to the continuation of a Covid funding allocation costs are now forecast to remain against the Covid budget.

There is on-going monthly system reconciliations between Provider income and CCG expenditure and there has been a difference between our income assumptions and CCG expenditure related to the new investments because of slippage caused by recruitment delays. This is transparently discussed at System Delivery Board in order that plans can be agreed for the appropriate utilisation and reinvestment of slippage

Efficiencies
The full year plan includes an efficiency require of £2.3m mainly phased in the second half of the financial year. The forecast at month 6 assumes that this will be over delivered by £0.2m. The H2 planning guidance builds in an efficiency requirement to the allocations of 0.82%, totalling a requirement of 1.1% (0.28% in H1). However, depending on the overall system plan there may be a requirement for a higher level of efficiency.

Agency
At the end of month 6 agency expenditure is above the ceiling by £941kk which equates to 62%. The two highest areas of agency spend relates to Medical staff and Ancillary staff (mainly domestics). The forecast assumes that agency costs will reduce slightly from month 10 but is still generating forecast spend of £4.7m which is above the ceiling by £1.7m (55%). The forecast does include a contingency of £100k for any unforeseen agency usage.

Out of Area Placements
Expenditure for adult acute out of area placements and stepdown placements is within budget year to date. The forecast assumes expenditure for the 11 block beds and no 'inappropriate' out of area placements for the remainder of the financial year and an average for Stepdown placements.

Covid costs
The Trust has an allocation of £700k a month for months 1-6 for Covid-related expenditure. The year to date expenditure is currently within that allocation. The main costs are driven by pay at £2.6m with a further amount of £1.4m on non-pay expenditure. It has been confirmed that a Covid allocation will continue into the second half of the financial year (H2).

Capital
With regards to self-funded capital, the Trust is slightly above plan at the end of month 6 and it is now forecast to be above plan by £0.6m by the end of the financial year. The above-plan forecast expenditure is related to the self-funded elements of the dormitory eradication programme and PICU, acute-plus plans and is therefore part of system discussions on capital prioritisation for use of system CDEL
The Trust has received additional PDC capital funding for the initial stages of the dormitory eradication programme, this is the year two element of the original MOU. Further funding has been agreed for the dormitory eradication programme with allocations totalling £80m over the next 3 years.

Cash
Cash is at £38.5m at the end of September which is in line with the cash balances for June and July. Cash is forecast to reduce down to £36.6m by the end of the financial year in line with capital expenditure and the payment of PDC dividends.
Cash is now subject to enhanced focus and oversight meetings due to the PICU and dorms capital requirements. It remains essential that we maintain adequate working capital and cashflows to pay our workforce and suppliers as well as deliver the various capital programmes. Appropriate assurance and scrutiny on these matters takes place at Finance and Performance Committee.

People

Annual appraisals
The appraisal process will be reviewed at the end of October to agree reinstatement of full appraisals across all services. In the interim they continue to be paused replaced by a structured wellbeing conversation.

Annual turnover
The rate of turnover was higher than the Trust target range of 8-12% for 3 months but returned to within target range last month. Work is ongoing to develop a retire and return process which will encourage more retirees to return to substantive posts and support vacancy fill.

Compulsory training
A recovery plan continues to improve training compliance. Operational Services are currently above target at 86% compliant with compulsory training, with Corporate Services slightly lower at 77%.

Staff absence
Corporate Services are below the target threshold at 4.6%, with Operational Services currently sitting at 7.7%. General Managers and Area Service Managers have been tasked with compiling sickness action plans to address on a Divisional basis, reporting through the Trust Oversight Operational Leadership meeting (TOOL).

Supervision
The levels of compliance with the clinical and management supervision targets have remained low since the start of the pandemic and were significantly below target in September.

Proportion of posts filled
Prior to the start of this financial year there were a number of factors that had in effect artificially lowered the vacancy rate prior to April 2021, however this has now been adjusted for at the start of this financial year, which is where we can see a significant drop in posts being filled.

Bank staff
Following a period of 7 months of unusually high bank staff use, in the past 5 months the position has returned to common cause variation.

Quality

Compliments
The number of compliments decreased in line with the emergence of COVID-19 and the significant changes to many of our clinical services. Work is underway to improve feedback from service users via an electronic survey received by text or email.

Complaints
The number of complaints increased with a particular theme around both concerns and complaints of access to services. The recent results from the Mental Health Community Survey have presented similar themes, with service users and carers feeling they have struggled with the reduction in face to face contact with services during the COVID-19 Pandemic.

Delayed transfers of care
The increased number of care homes and care settings in outbreak and demonstrating staffing issues has resulted in high numbers of delays in transfers from inpatient settings, increasing the number of delayed transfers of care at times.

Care plan reviews
The proportion of patients whose care plans have been reviewed continues to be lower than usual. Teams have been prioritising essential tasks, with reduced routine contact, and trying to engage with people who use our services in different ways, e.g. in virtual ways using Attend Anywhere.

Patients in employment
The Individual Placement Support (IPS) Service continues to have success in supporting people into employment even during the current pandemic.

Patients in settled accommodation
There continue to be community nurses dedicated to working in a multi-agency environment supporting our homeless service users, however, data presents below the lower control limit and so further investigation is required.

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. The medicines management operational subgroup are currently revising the medications error procedure, taking into account Trust values.

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.

Duty of Candour
There have been no instances of Duty of Candour in the last 3 months.

Prone restraint
There are ongoing work streams to support the continuing need to reduce restrictive practice; including the introduction of body worn cameras and monitoring of restrictive practice within the “reducing restrictive practice forum”. Data analysis and review has shown that even where restraint and seclusion has increased, the use of prone restraint has continued to reduce.

Physical restraint
The number of reported incidents involving restraint have remained within common cause variation throughout the reporting period.

Seclusion
The use of seclusion was within common cause variation, however, has increased in July. In further investigating this trend, there appears to be a linked 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
April 2021 to July 2021 has remained below the mean line and demonstrates the effectiveness of ongoing falls reduction work being developed and implemented within Older adult services. However, August and September demonstrate an increased in falls. A further review is required to understand this pattern.

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. When benchmarked against other mental health trusts, we were below average.

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

Assurances

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

Consultation

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

Governance or Legal Issues

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

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

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

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

Recommendations

The Council of Governors is requested to:

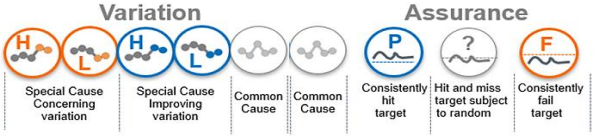
1) Consider the content of the paper as presented from the perspective of the Non-Executive Directors on how they have held the Executive Directors to account through their role.

Report presented by:	**Margaret Gildea, Non-Executive Director** **Ashiedu Joel, Non-Executive Director** **Geoff Lewins, Non-Executive Director** **Shelia Newport, Non-Executive Director** **Julia Tabreham, 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			85%	80%	77%	100%	88%
2	Data quality maturity index			97%	95%	97%	98%	98%
3	Early intervention 14 day referral to treatment - complete			86%	60%	68%	109%	88%
4	Early intervention 14 day referral to treatment - incomplete			67%	60%	58%	111%	85%
5	IAPT 18 week referral to treatment			100%	95%	100%	100%	100%
6	IAPT 6 week referral to treatment			82%	75%	80%	97%	89%
7	IAPT patients completing treatment who move to recovery			51%	50%	46%	63%	54%
8a	Average patients out of area per day - adult acute			0		-1	17	8
8b	Patients placed out of area - adult acute			1		4	27	16
9a	Average patients out of area per day - PICU			15		9	21	15
9b	Patients placed out of area - PICU			25		16	33	25
10a	Waiting list - care coordination - average wait to be seen			10		13	32	23
10b	Waiting list - care coordination - number waiting at month end			31		21	61	41
11a	Waiting list - ASD assessment - average wait to be seen			69		50	59	54
11b	Waiting list - ASD assessment - number waiting at month end			1,312		1007	1121	1064
11c	ASD assessments			23	26.0	3	36	19
12a	Waiting list - psychology - average wait to be seen			30		23	28	26
12b	Waiting list - psychology - number waiting at month end			557		570	691	631
13a	Waiting list - CAMHS - average wait to be seen			21		16	24	20
13b	Waiting list - CAMHS - number waiting at month end			376		396	514	455
14a	Waiting list - community paediatrics - average wait to be seen			14		13	18	15
14b	Waiting list - community paediatrics - number waiting at month end			396		544	899	722
15	Outpatient appointments cancelled by the Trust			7%	5%	4%	19%	11%
16	Outpatient appointment "did not attends"			12%	15%	9%	15%	12%
17	Annual appraisals			75%	85%	72%	81%	77%
18	Annual turnover			12%	8-12%	10%	11%	11%
19	Compulsory training			86%	85%	83%	88%	86%
20	Staff absence			6%	5%	5%	8%	6%
21	Clinical supervison			72%	95%	74%	80%	77%
22	Management supervision			76%	95%	76%	81%	79%
23	Filled posts			86%	100%	88%	93%	90%
24	Bank staff use			6%	5%	5%	7%	6%
25	Compliments received			70	119	63	154	109
26	Formal complaints received			18	13	3	24	13
27	Delayed transfers of care			1%	3.5%	-0.6%	1.7%	0.5%
28	CPA reviews			90%	95%	90%	95%	92%
29	Patients in employment			10%		10%	11%	11%
30	Patients in settled accommodation			51%		57%	61%	59%

Key to symbols[1]:



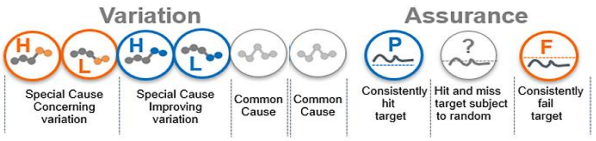
Blue dots indicate special cause variation, better than expected.

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			57		24	80	52
32	No. of incidents of moderate to catastrophic actual harm		P	56	48	14	82	48
33	No. of incidents requiring Duty of Candour		?	0	1	-2	3	1
34	No. of incidents involving prone restraint	L	?	3	12	-1	21	10
35	No. of incidents involving physical restraint		?	29	46	2	86	44
36	No. of new episodes of patients held in seclusion		?	9	14	1	29	15
37	No. of falls on inpatient wards		?	33	30	7	47	27

Key to symbols[1]:

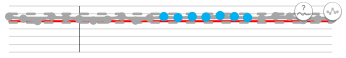
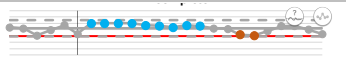
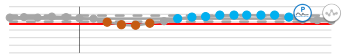
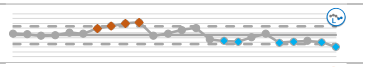
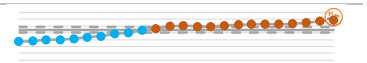
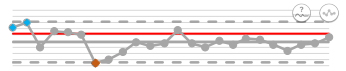
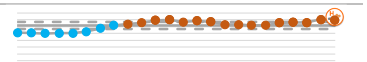
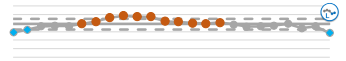
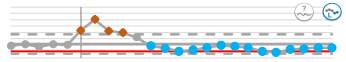
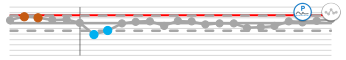


Blue dots indicate special cause variation, better than expected.

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 Sep 2021	National benchmark	Divisional Breakdown[1] AA	AC	Ch	F&R	OP	Psy	SC	Run Chart
● 3-day follow-up	80%	88%	78%	91%			50%	75%		100%	
● Data quality maturity index	95%	97%	82%	94%	97%	86%	96%	97%	99%	97%	
● Early intervention 2-week referral to treatment	60%	86%	68%		86%						
● Early intervention current waits under 2 weeks	60%	62%	24%		67%						
● IAPT 18-week referral to treatment	95%	100%	99%							100.0%	
● IAPT 6-week referral to treatment	75%	83%	93%							83%	
● IAPT recovery rate	50%	51%	52%							51%	
● Adult acute out of area placements – daily average	0	0.2	8	0.2							
● PICU out of area placements – daily average	0	15	3	15							
● Care coordination average wait to be seen (weeks)	n/a	14	n/a	No data							
● Adult ASD assessment average wait (weeks)	n/a	69	n/a							69	
● Adult ASD assessments	26	23	n/a							23	
● Psychology average wait to be seen (weeks)	n/a	30	n/a							30	
● CAMHS average wait to be seen (weeks)	4[2]	18	n/a			14					
● Paediatrics average wait to be seen (weeks)	18	14	9			14					
● Outpatient appointment Trust cancellations	5%	9%	n/a		7%	7%	5%	16%		26%	
● Outpatient appointments not attended (DNAs)	15%	13%	n/a		19%	4%	0%	5%		11%	

[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 has been consistently achieved by all Divisions and is much higher than the national average. This process is tightly monitored by the Trust's Performance Analyst, who routinely chases up the relevant teams prior to any potential breaches. The move to SystmOne has caused some issues in older adults in terms of the teams not knowing how to record the follow-ups. This should improve over time as people get used to the new system. The SystmOne team have been asked to improve the training and guidance they provide in order to prevent a similar issue occurring when the other wards transfer over.

Data quality maturity index

Overall we perform consistently highly against this standard. The two Divisions who are being reported as below target are Adult Acute and Children's Services (CAMHS). A number of inaccuracies with the CAMHS reported position have been identified linked to SystmOne and the Information Management Team have been asked to investigate and resolve this issue, which will both improve the position and enable action to be taken to address the actual missing data once the true picture is known.

Adult acute inappropriate out of area placements

There continues to be a high level of demand for acute inpatient beds which has resulted in wards often operating at 100% capacity over a sustained period. A maximum occupancy of 85% would enable flow of patients through the system, eliminating the need for inappropriate out of area placements and protecting both patients and staff from untoward incidents arising from busyness https://www.priory.com/psychiatry/psychiatric_beds.htm.

PICU inappropriate out of area placements

Although these are classed as inappropriate according to the national definition, we are one of the few Trusts in the country without a PICU and so have no choice. The bid for a PICU new build in Derbyshire is progressing. The national standard for PICU length of stay is a maximum of 8 weeks (NMS-2014-final.pdf (napicu.org.uk) page 5). The National mean is 48 days (Mental Health Benchmarking Network (2020), *Inpatient and Community Mental Health Benchmarking*). The mean length of stay of Derbyshire patients discharged in the last 2 years from a PICU was 39 days so is better than nationally.

Adult ASD assessment

To meet demand, there would need to be between 54 and 67 assessments completed per month (65th to 85th percentile). Currently the service is funded to complete 26 assessments per month and is averaging 20. The current adult ASD waiting list is 1312. The longest wait is about 3 years, with the assessment hiatus in March-July having had a further negative impact on overall waiting times. Referrals are continuing to be received at the same rate.

Psychology waits

For the last 2 months the number of people waiting has reduced significantly. Recruitment to a number of vacant and part time posts across adult services is in progress. We have reviewed 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.

CAMHS waits

The number of referrals received has been steadily increasing, with a corresponding increase in activity. On 27/09/2021 a waiting list initiative commenced which will progress until the end of October. Staff within the ASIST team have paused all routine work to focus purely on assessments, with support from the rest of the CAMHS service. The goal is to undertake around 320 assessments during this period which should reduce the longest wait on the waiting list to around 6 weeks.

Outpatient cancellations

The proportion of cancelled appointments was significantly higher than expected from March 2020 owing to the pandemic but for the last 12 months has been significantly lower than expected, however in the current process the 5% target is unlikely to be achieved. The most common reason recorded for cancellation was “appointment brought forward”. This is when a patient needs to be seen more urgently and so is offered an earlier appointment. The 2nd most common reason was cancellation owing to consultant sickness.

Outpatient did not attends

The level of defaulted appointments has remained within common cause variation for the last 16 months and in the current process the trust target of 15% or lower is likely to be consistently achieved.

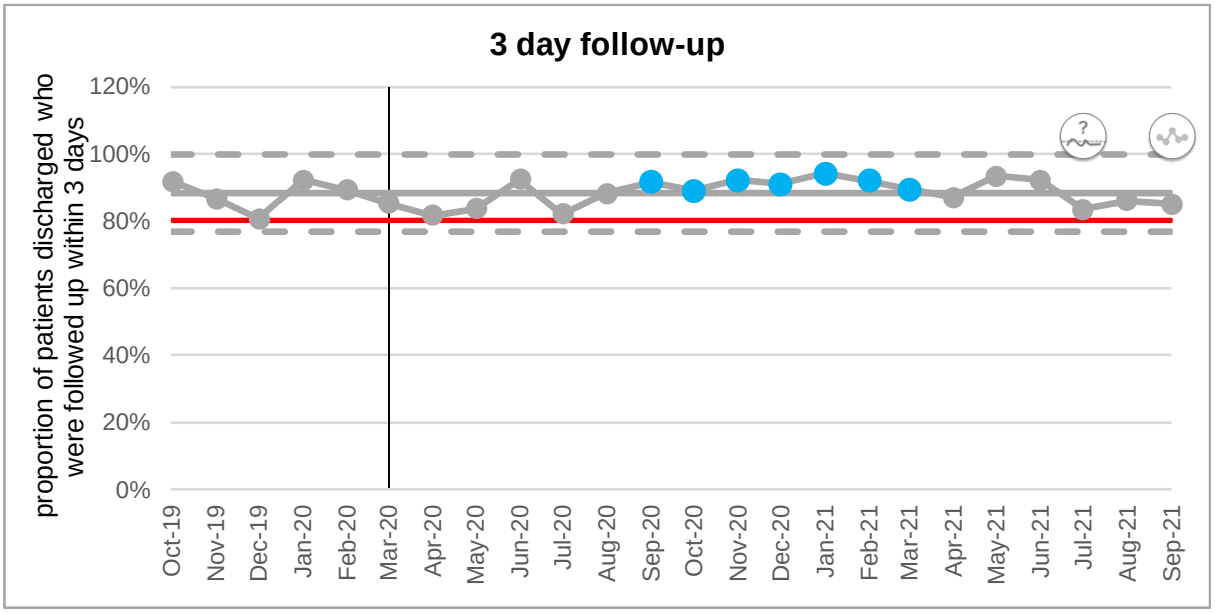
Benchmarking Sources

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

Detailed Narrative

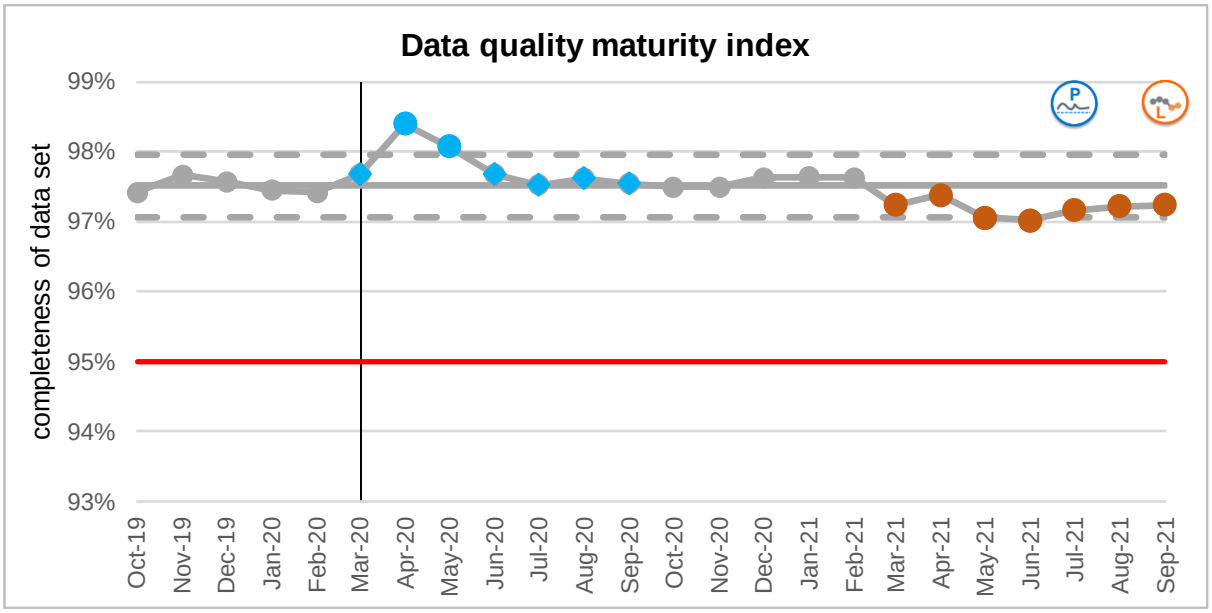
Operations

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



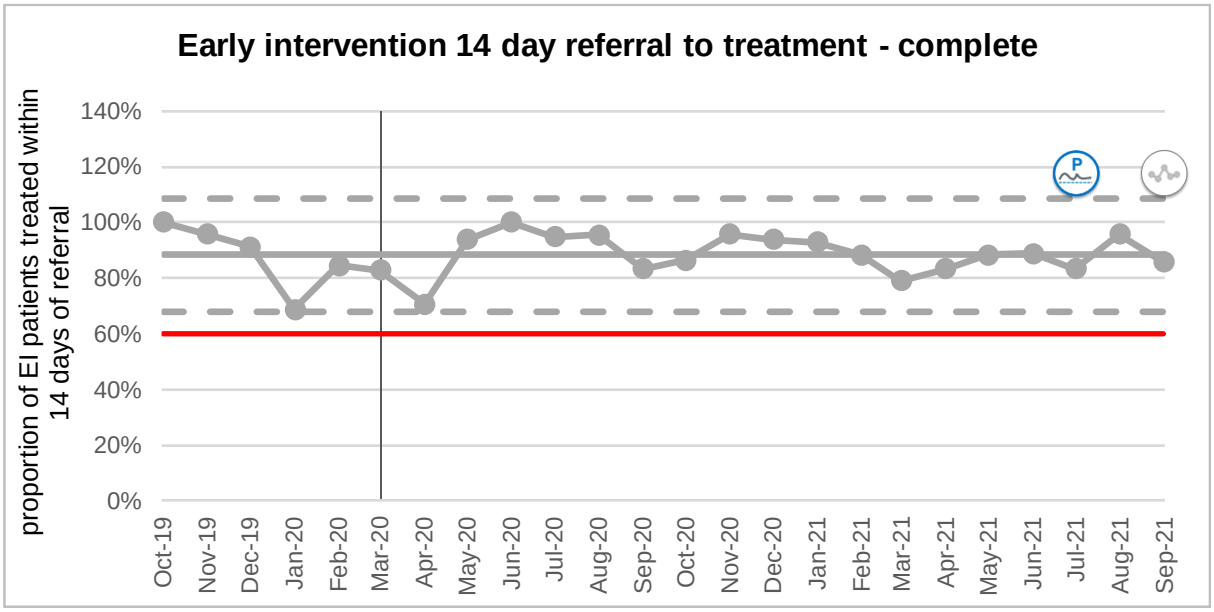
Patients are followed up in the days following discharge from mental health inpatient wards to provide support and ensure their wellbeing during the period when they are at their most vulnerable. To date we have consistently exceeded the national standard for follow-up which came into effect from 1 April 2020. Despite this high level of performance, the process limits would suggest that we are as likely to pass or fail the target based on random variation.

2. Data quality maturity index



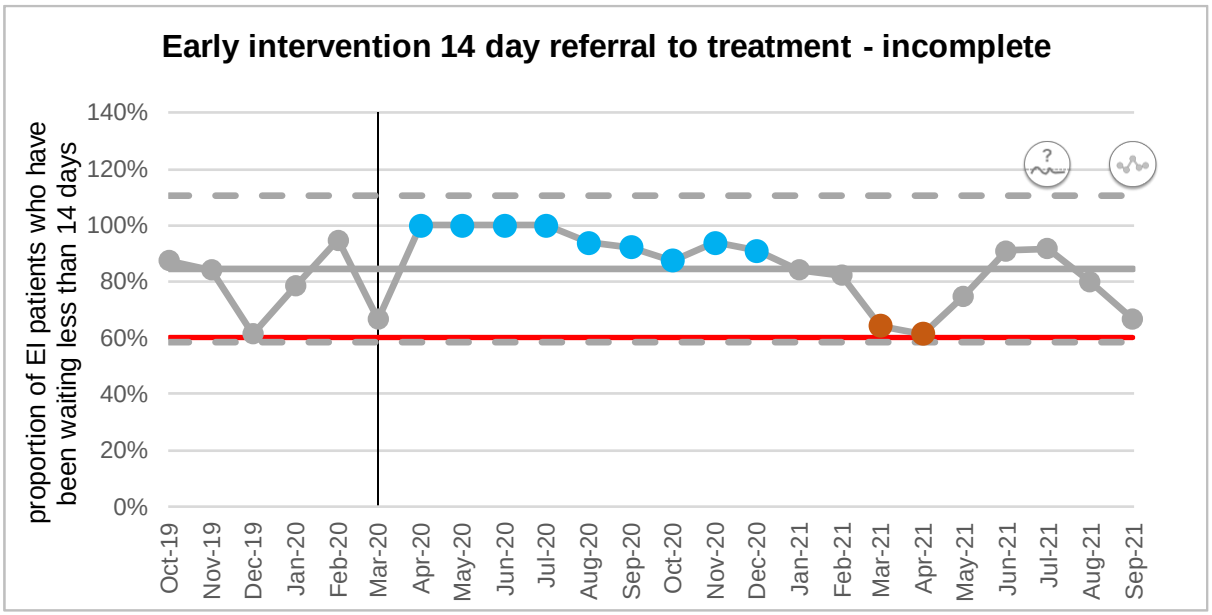
Increasing waiting lists resulting from the pandemic continue to have a negative impact on data quality, however we would expect to consistently exceed the national target and we have seen a slight improvement in each of the last 3 months.

3. Early intervention 14-day referral to treatment



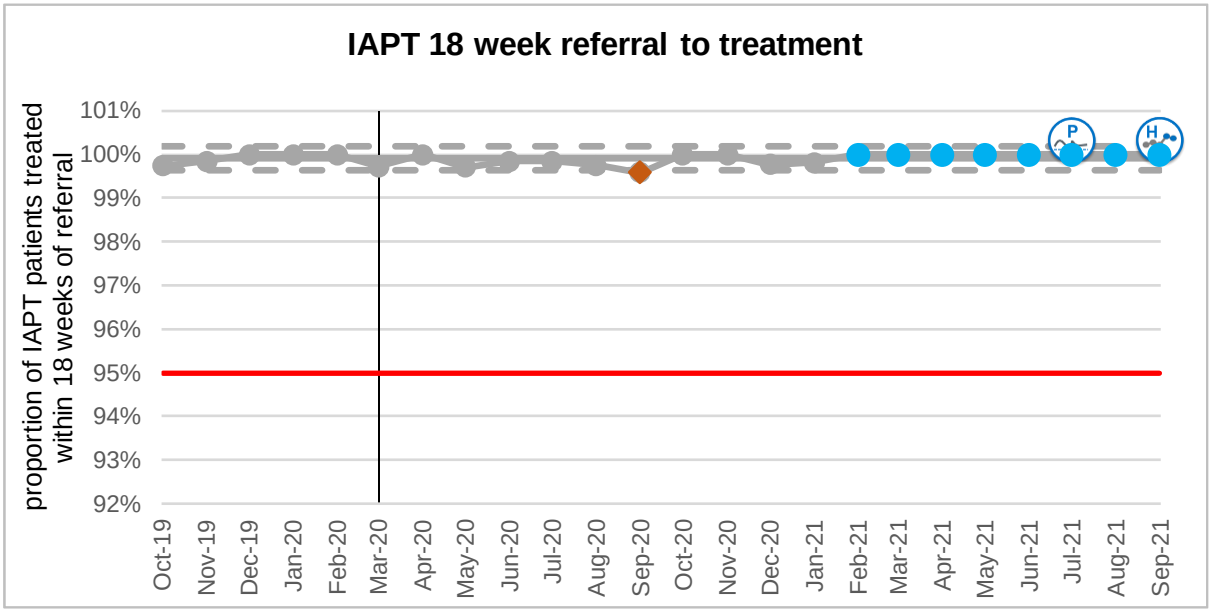
We have seen common cause variation throughout the 24-month period, and we would expect to consistently exceed the national standard for referral to treatment.

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



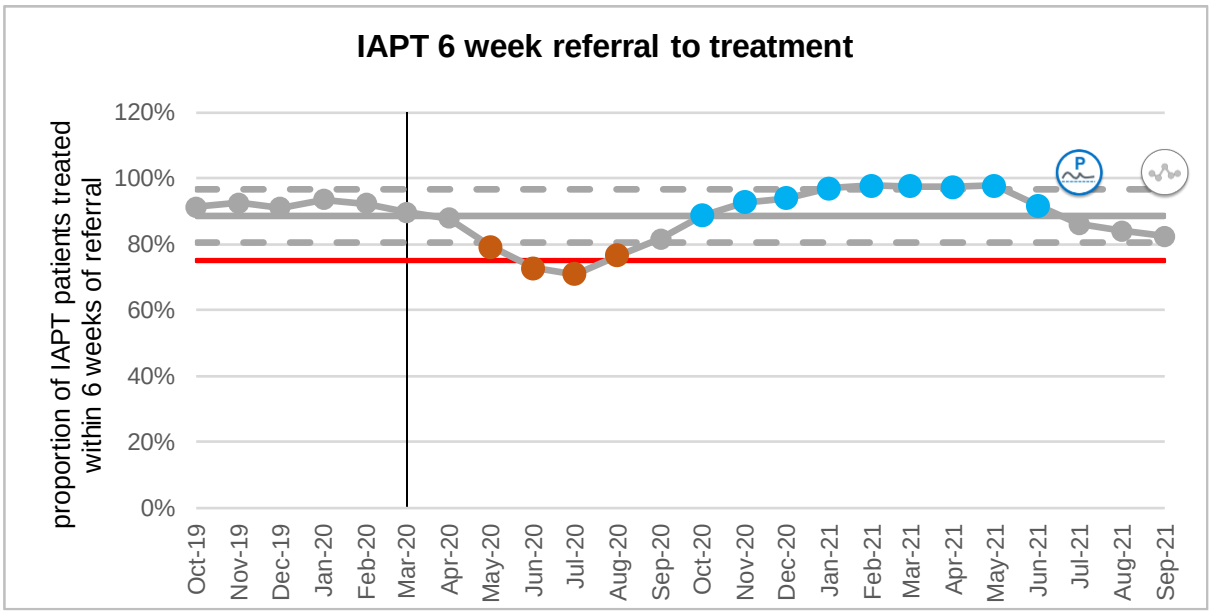
The service continues to perform consistently well against the national 14-day referral to treatment standard of 60% or more people on the waiting list to be have been waiting no more than 2 weeks to be seen. The target has been achieved throughout the 24-month period, and for the last 5 months we have seen common cause variation.

5. IAPT 18-week referral to treatment



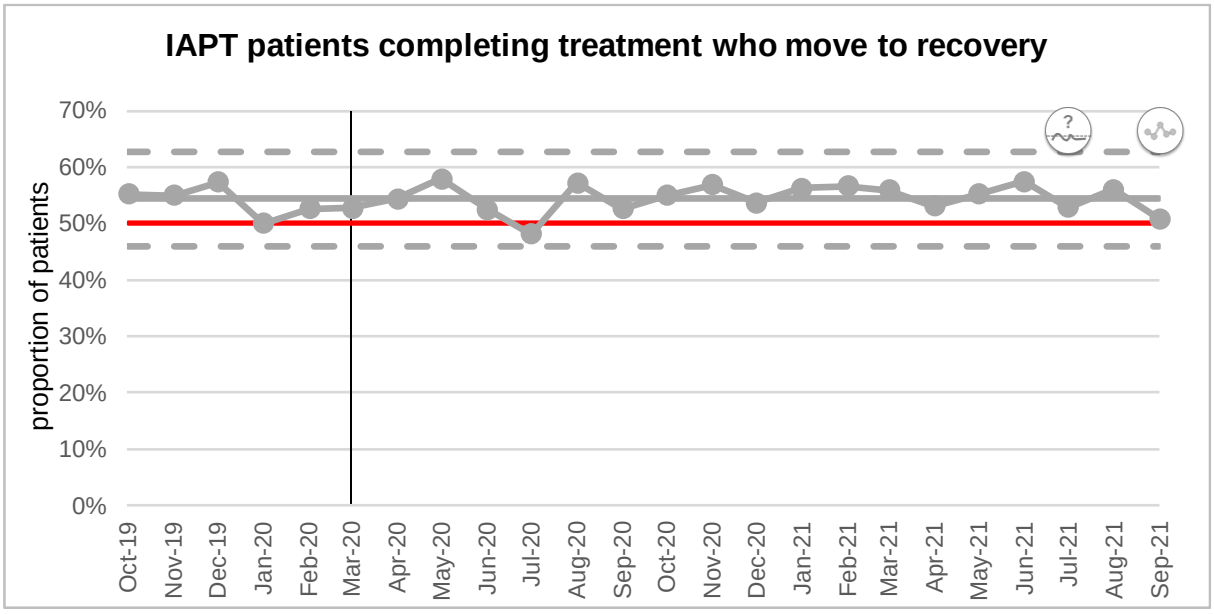
The national target has been exceeded throughout the 24-month reporting period and for the last 8 months performance has been significantly better than expected. This is an example of a very tightly controlled process and we would expect to consistently exceed the 95% standard.

6. IAPT 6-week referral to treatment



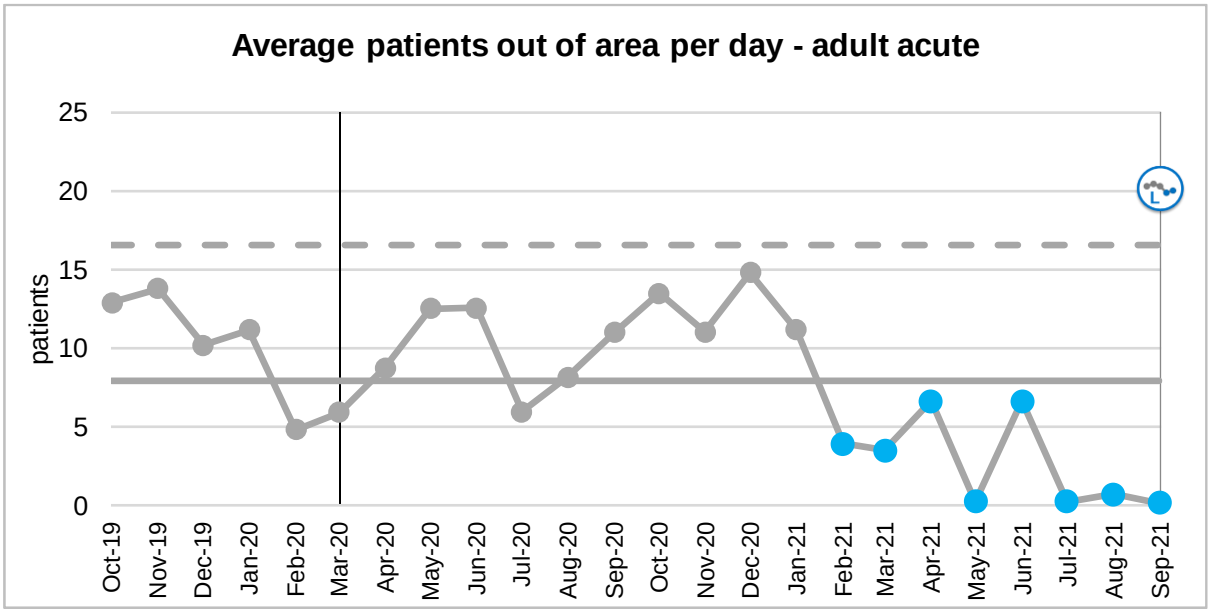
Following a period of 7 months of special cause concerning variation as a result of staff being redeployed to support other services as the pandemic progressed, the staff returned to IAPT in November 2020 and for 9 months performance was significantly better than expected before returning to common cause variation last month. With staff back in post we expect to consistently exceed the national standard.

7. IAPT patients completing treatment who move to recovery



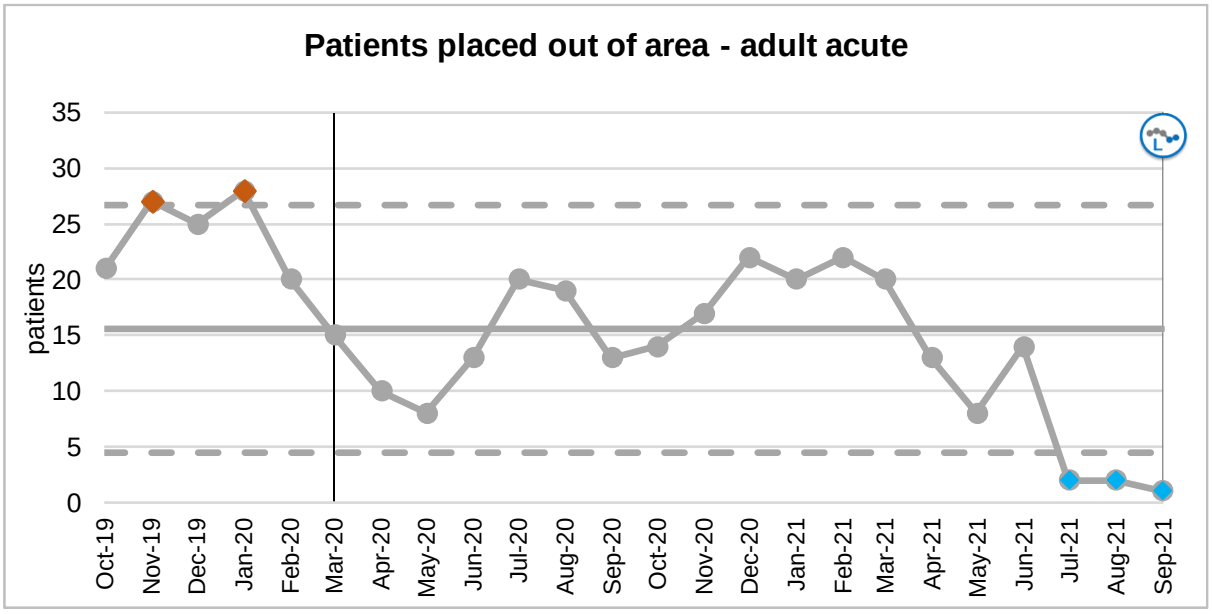
For the past 14 months the national standard has been achieved, with common cause variation seen throughout the data period. This is an annual target and year to date we are exceeding target.

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

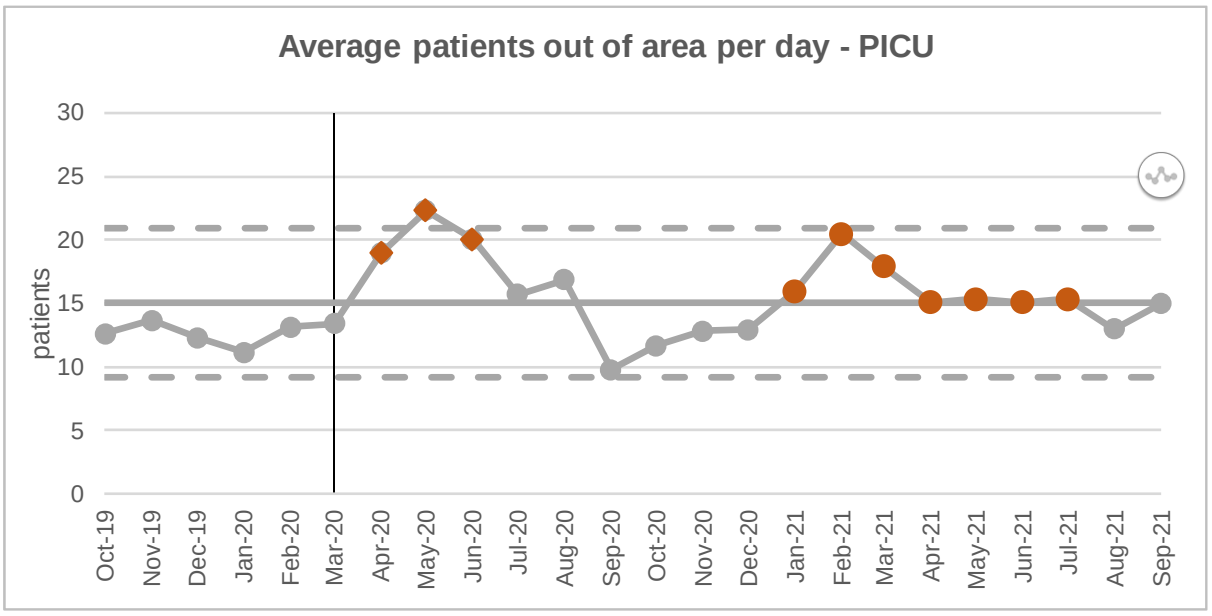


We currently operate with 10 Trust adult acute beds closed in order to facilitate social distancing and cohorting. Whilst these beds are closed, we commission 11 beds at Mill Lodge, Kegworth. These beds were eventually classified as “appropriate" out of area from April 2021 due to achieving continuity of care standards and being based within Derbyshire. There has been a statistically significant reduction in inappropriate out of area acute placements.

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

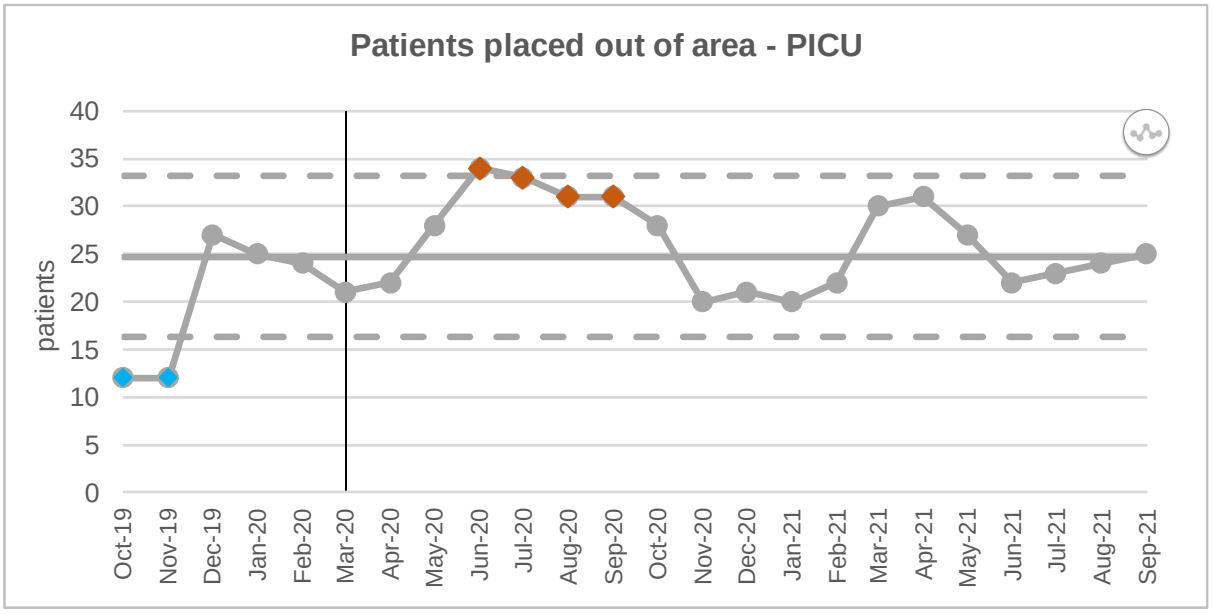


9a. Average number of patients placed out of area per day– Psychiatric Intensive Care Units

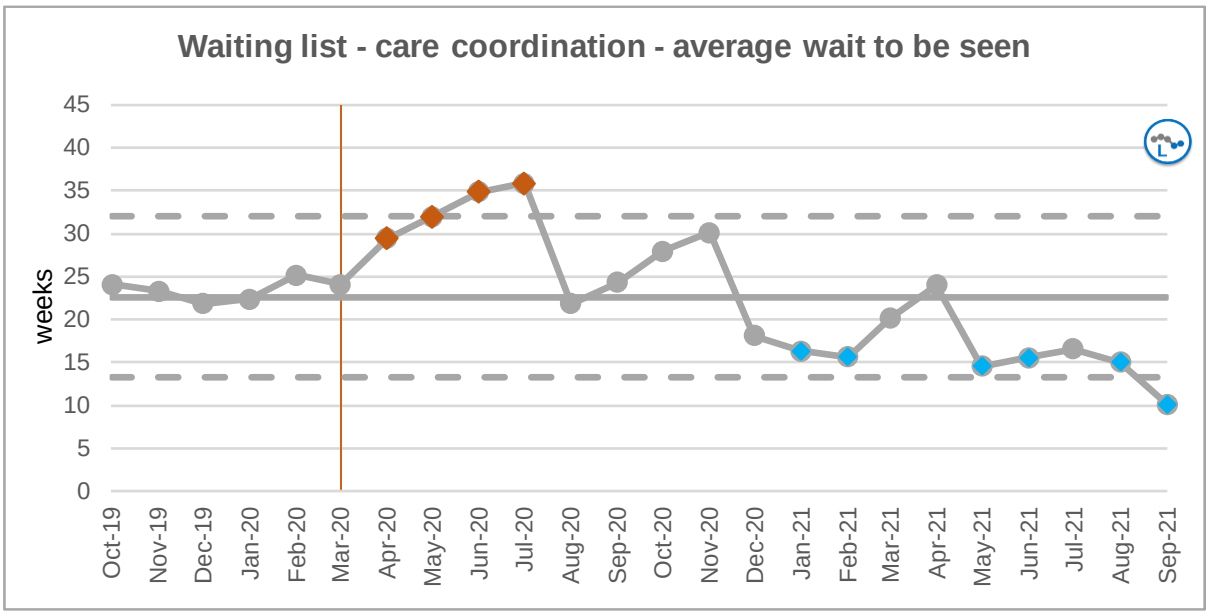


PICU usage has remained within common cause variation for the last 16 months. There is currently no PICU provision in Derbyshire so anyone needing psychiatric intensive care needs to be placed out of area. Work is progressing well towards obtaining agreement for the provision of a Trust PICU.

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

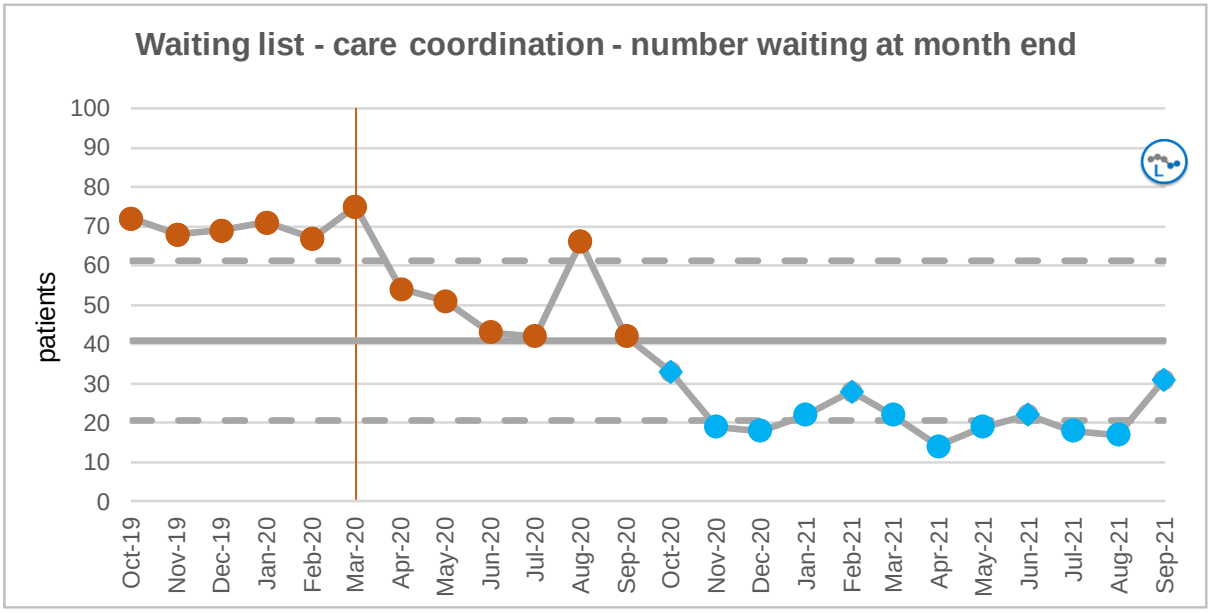


10a. Waiting list for care coordination – average wait



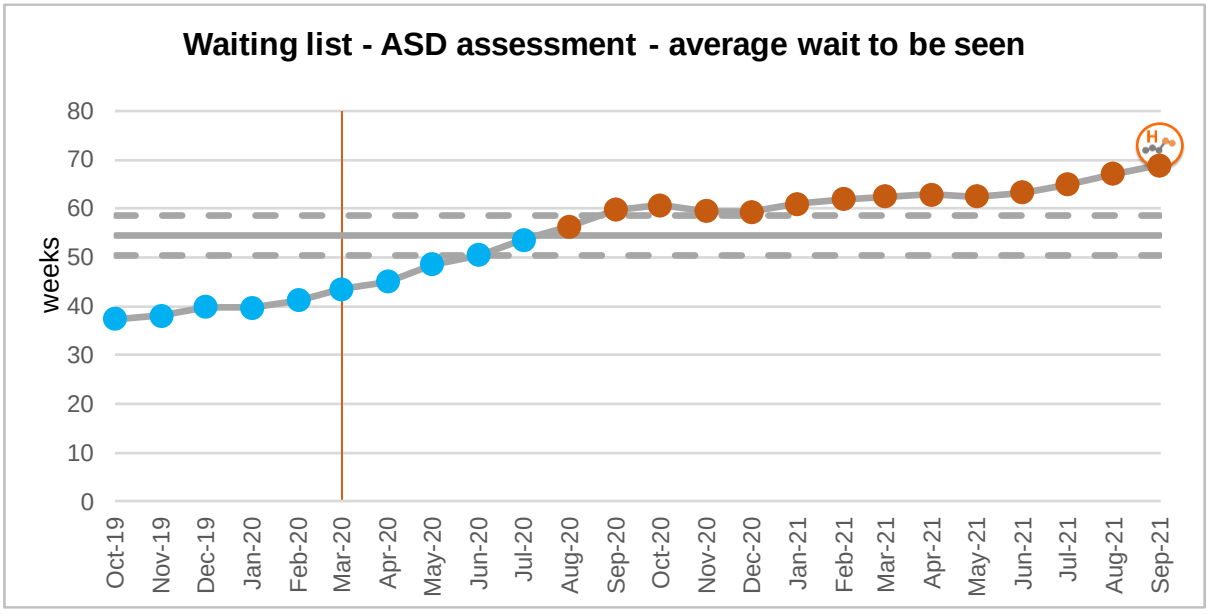
The average wait to be seen has remained significantly low in recent months.

10b. Waiting list for care coordination – number waiting

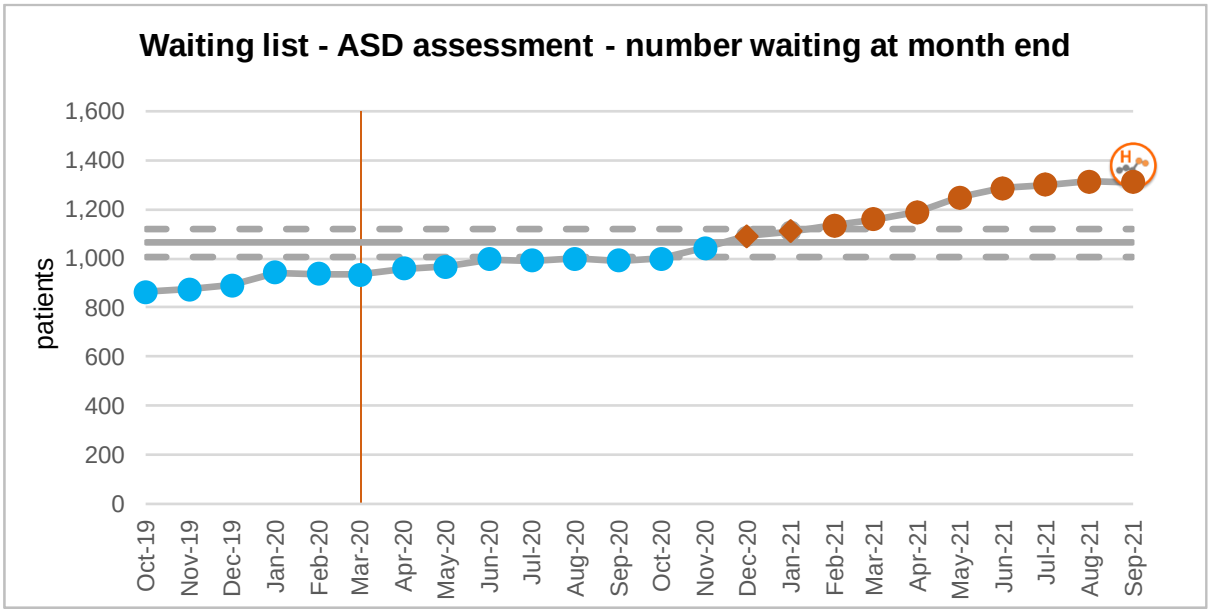


The number of people waiting to be allocated a care coordinator has been significantly low for the last 12 months.

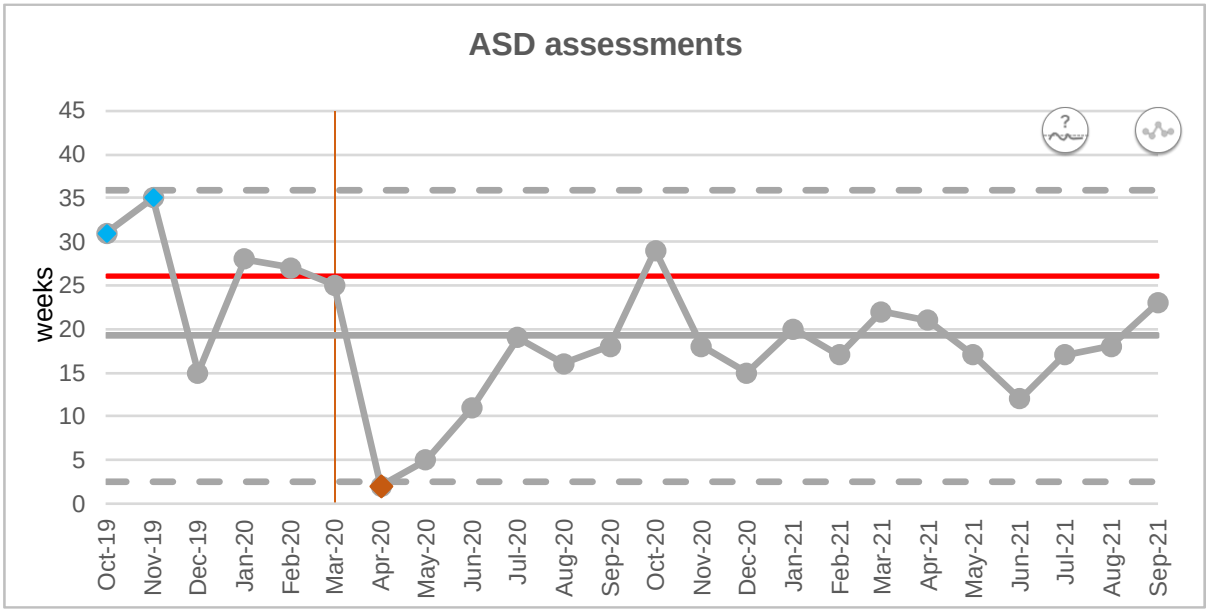
11a. Waiting list for autistic spectrum disorder (ASD) assessment – average wait



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



11c. Adult autistic spectrum disorder assessments per month



To meet demand, there would need to be between 54 and 67 assessments completed per month (65th to 85th percentile). Currently the service is funded to complete 26 assessments per month and is averaging 20 due to sickness and vacancies. The current adult ASD waiting list is 1312 people, with the longest wait of around 3 years, the assessment hiatus in March-July 2020 having had a further negative impact on overall waiting times. Referrals are continuing to be received at the same rate. It is highly unlikely to see any significant change until there is a change to investment in the service.

We are continuing with our COVID-19 recovery plans. We have identified locations, timings and protocols for safe COVID-19 face to face appointments. All team members are continuing to alternate between offering some face to face appointments and some online appointments.

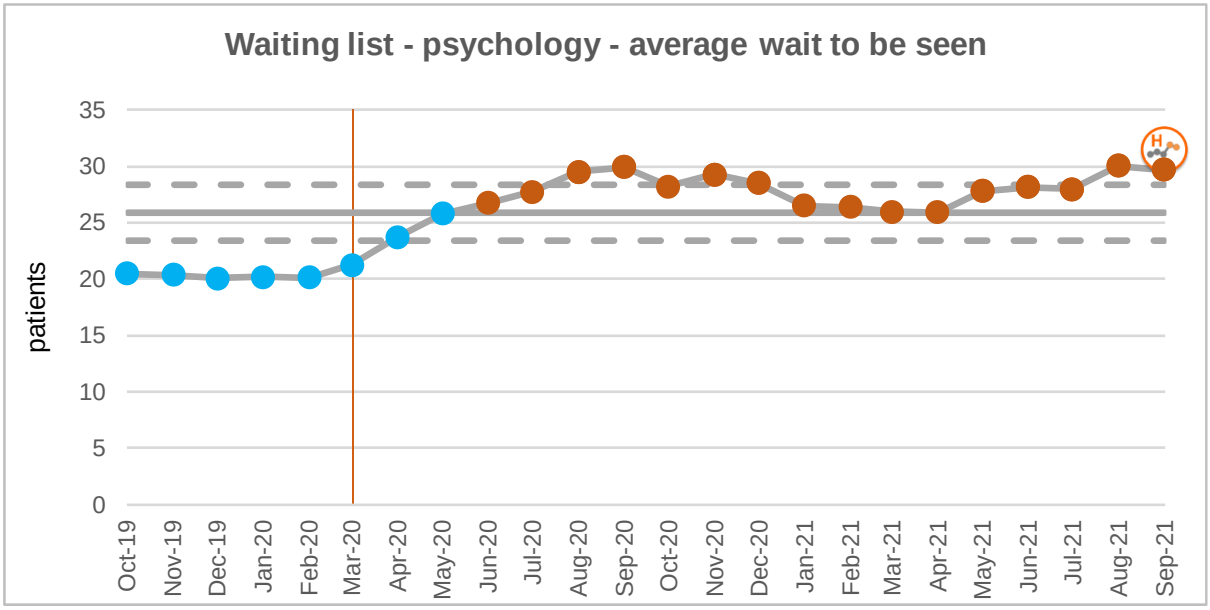
The team's capacity is being impacted upon by work required in preparation for the move to SystmOne.

Recruitment is progressing to fill the vacant post that resulted from the retirement of a member of the ASD diagnostic team.

As detailed previously, plans are in place to respond to the waiting list challenge as follows:

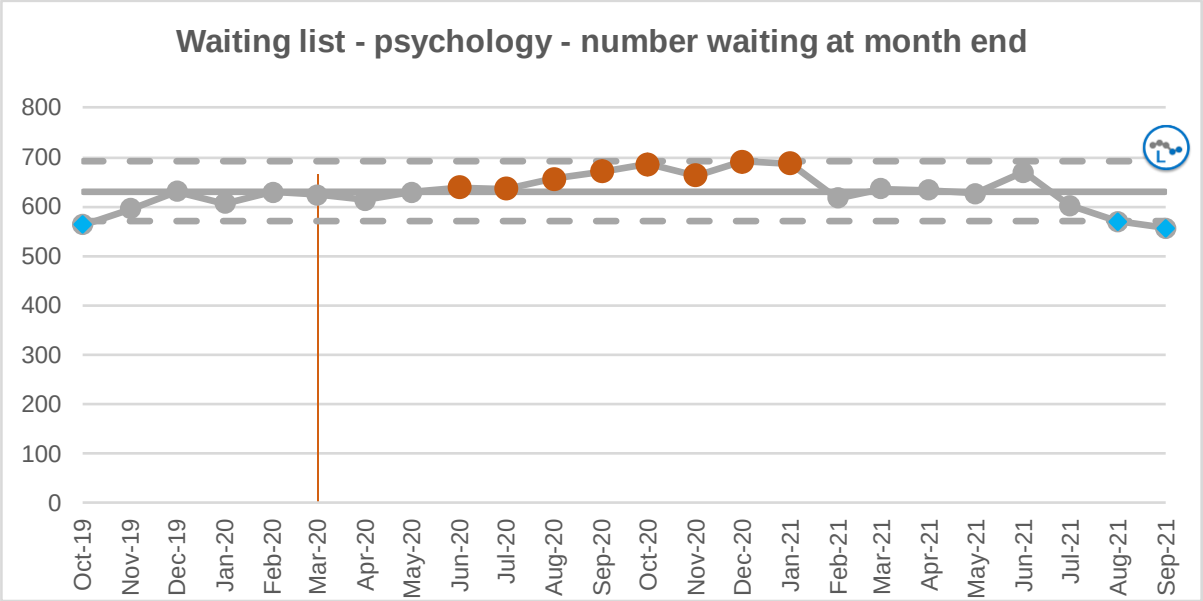
- Conducting a review of the evidence around diagnostic practices in the UK with Public Health Speciality Registrar, Dr. Joe Williams. So far this confirms that what we deliver is in line with the literature and other services Nationally.
- Review of our own delivery and consideration of whether something more efficient can be offered. This has a number of stages:
    - Academic review of the current literature and evidence for diagnostic assessments
    - Working with Dr Round to map what we deliver locally onto the evidence list
    - Considering different options for delivery of ASD diagnosis
    - Options appraisal and choice
- We have recruited to a 12-month assistant post to support scoring of questionnaires which in turn will support throughput of assessments
- We plan to increase admin time to support the assessment report writing process

12a. Waiting list for psychology – average wait



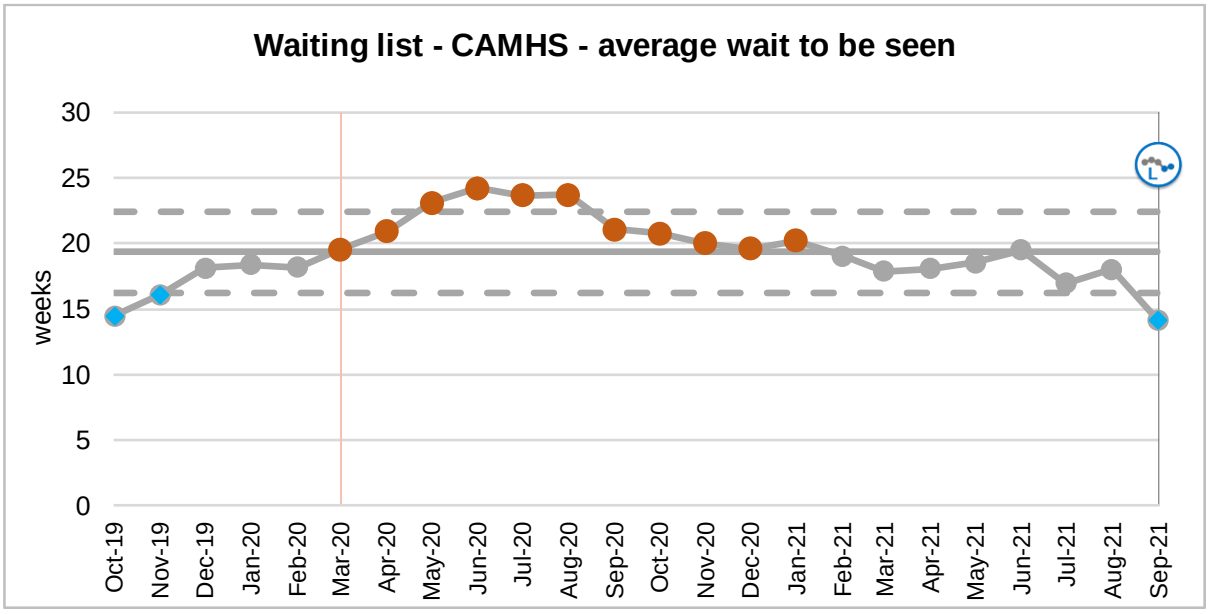
We can see the impact of the pandemic on waits, with the waiting list being significantly higher than expected for months. Many patients are still waiting owing to the pandemic and a desire to be seen face to face. The average waiting time has risen slightly in the last 2 months. Referrals remain steady.

12b. Waiting list for psychology – number waiting

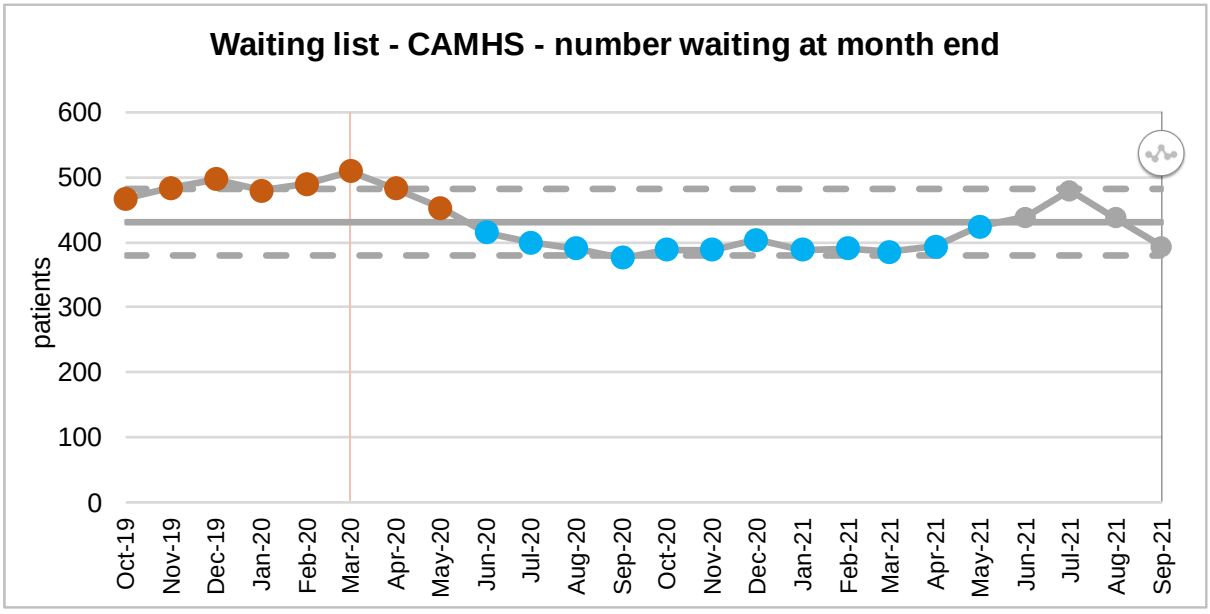


For the last 2 months the number of people waiting has reduced significantly. Recruitment to a number of vacant and part time posts across adult services is in progress. We have reviewed the waiting lists in line with trauma sensitive working in considering how we manage people on a waiting list and barriers of movement between services.

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

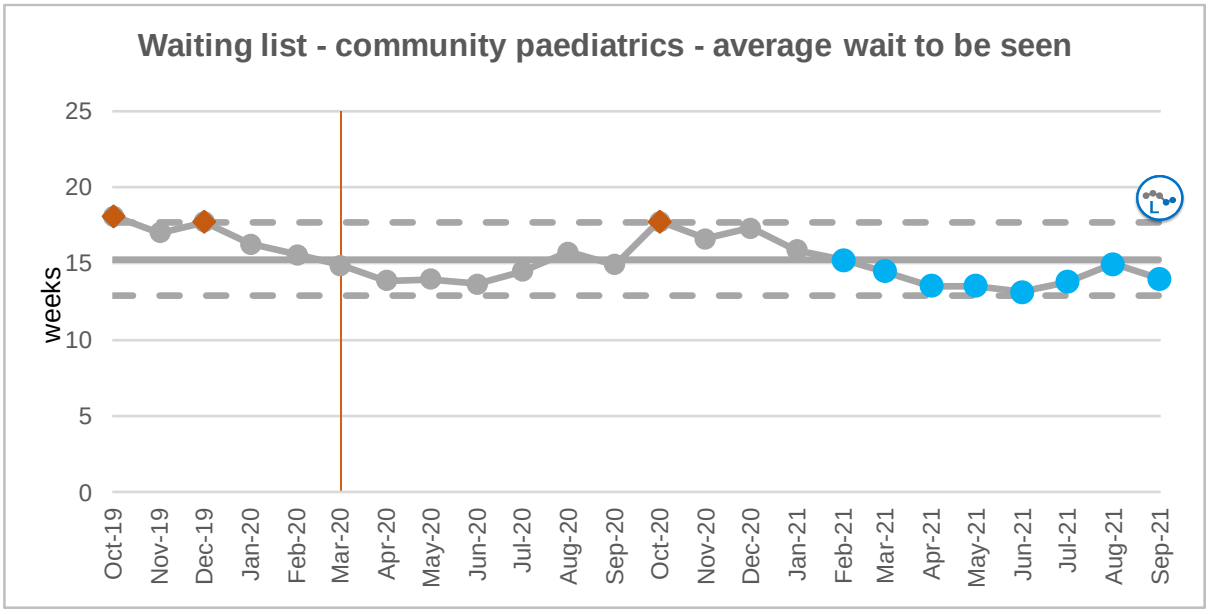


13b. Waiting list for Child and Adolescent Mental Health Services – number waiting

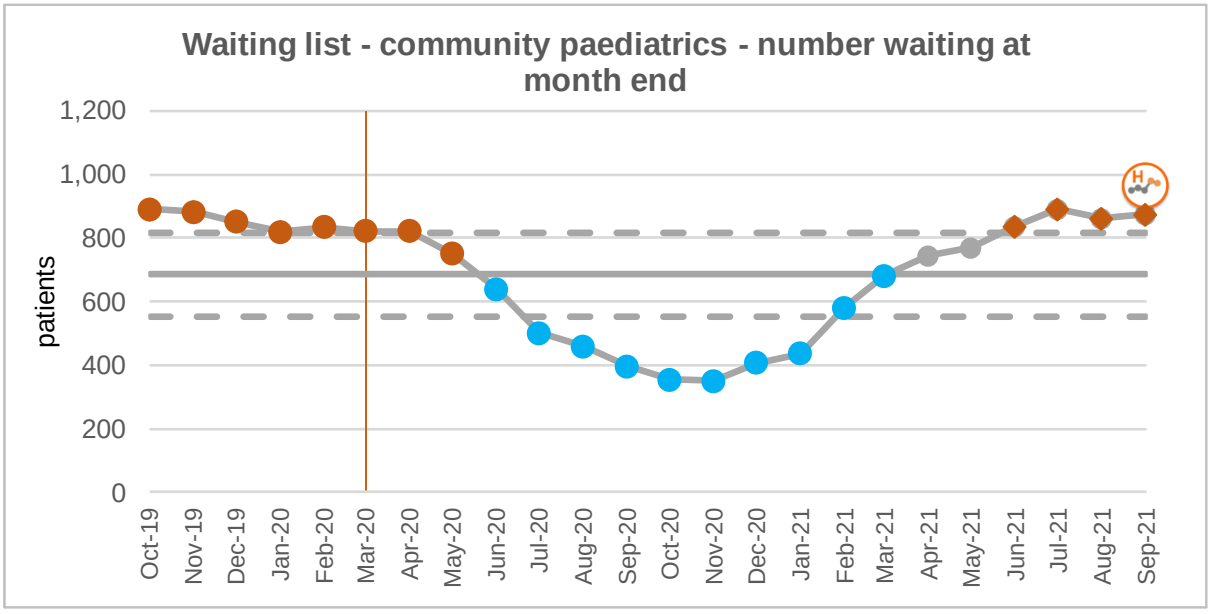


The number of referrals received has been steadily increasing, with a corresponding increase in activity. On 27/09/2021 a waiting list initiative commenced which will progress until the end of October. Staff within the ASIST team have paused all routine work to focus purely on assessments, with support from the rest of the CAMHS service. The goal is to undertake around 320 assessments during this period which should reduce the longest wait on the waiting list to around 6 weeks.

14a. Waiting list for community paediatrics – average wait

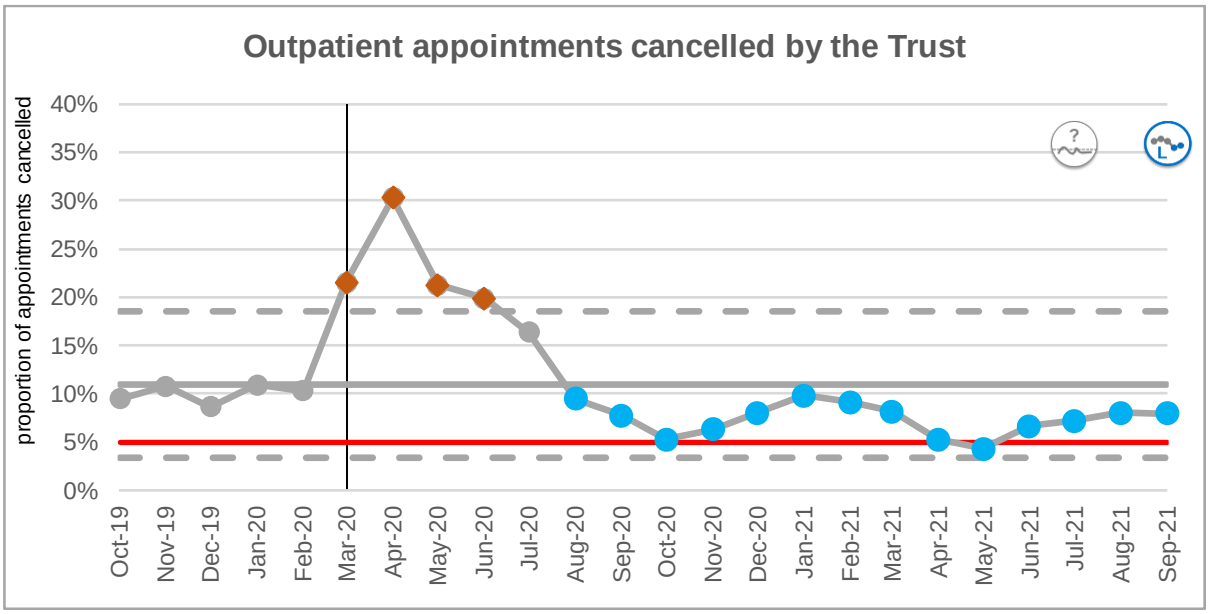


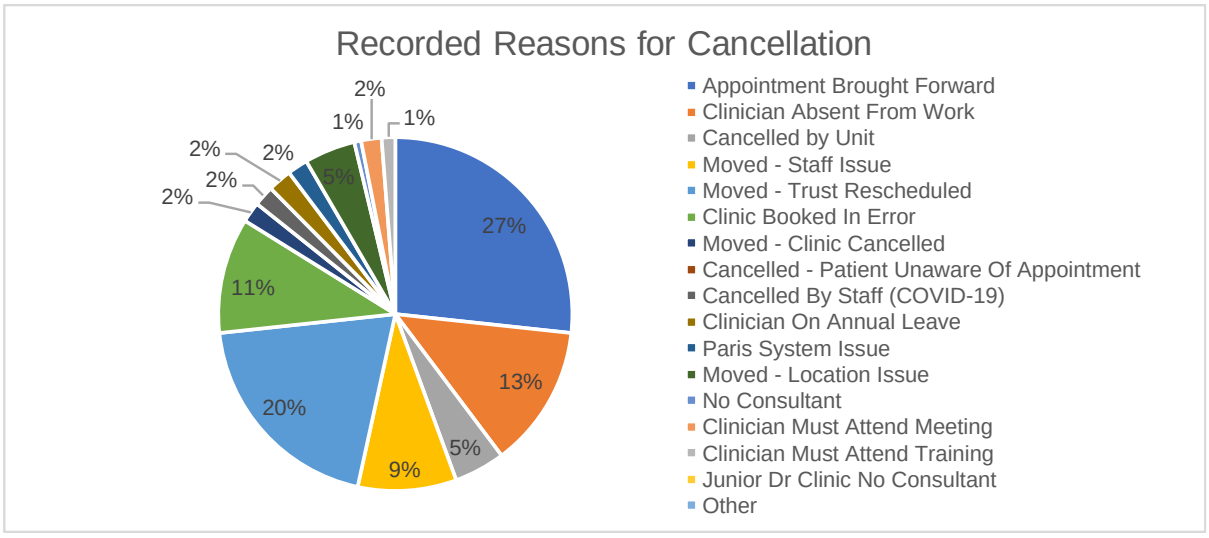
14b. Waiting list for community paediatrics – number waiting



The average wait to be seen continues to be significantly shorter than expected, however the number of children on the waiting list is now significantly high owing to the large increase in referrals for neurodevelopmental assessment which has been seen since January 2021.

15. Outpatient appointments cancelled by the Trust

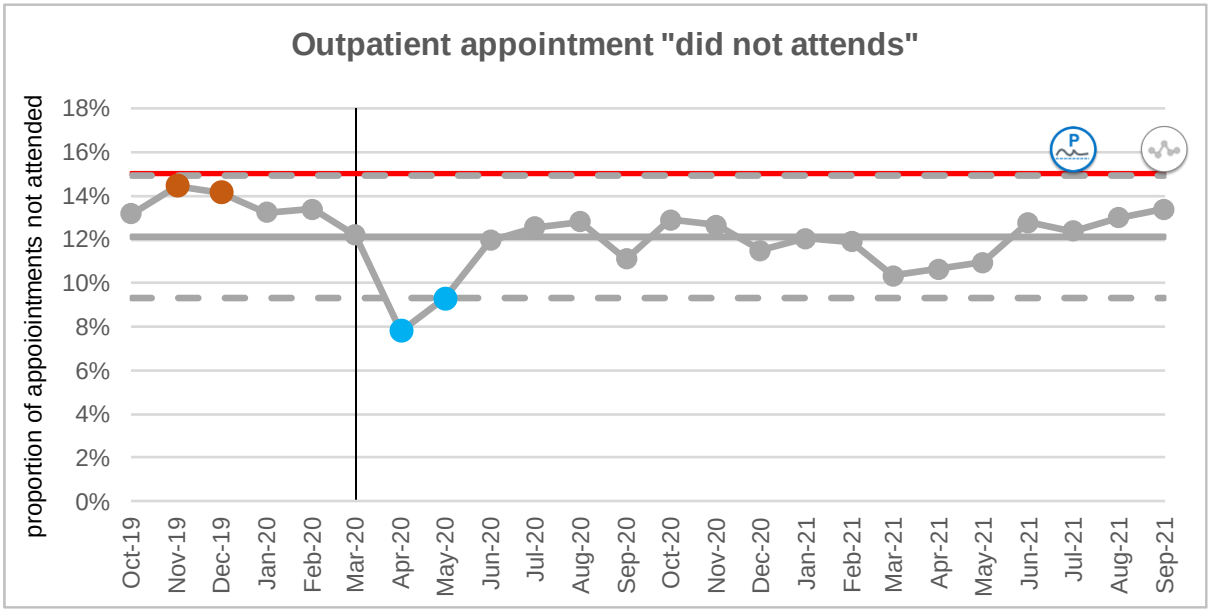




The proportion of cancelled appointments was significantly higher than expected from March 2020 owing to the pandemic but for the last 12 months has been significantly lower than expected, however in the current process the 5% target is unlikely to be achieved. The most common reason recorded for cancellation was “appointment brought forward”. This is when a patient needs to be seen more urgently and so is offered an earlier appointment. The 2nd most common reason was cancellation owing to consultant sickness.

The Trust operates a virtual clinic system with the aim of limiting the number of cancellations. The patient is unaware of the appointment until the appointment letter is sent out three weeks before the appointment date. The three weeks’ notice was introduced to reduce inconvenience to patients through cancellations and to bring us into line with the national standard for appointment notice.

16. Outpatient appointment “did not attends”



The level of defaulted appointments has remained within common cause variation for the last 16 months and in the current process the trust target of 15% or lower is likely to be consistently achieved.

Other Operational Matters of Note

A. Health Protection Unit

The Health Protection Unit (HPU) was set up in May of this year, with the aim to coordinate matters relating to health protection and prevention. This includes, COVID-19 related issues, vaccinations, health promotion and prevention initiatives. The HPU operates within Specialist Services and is managed by Interim Area Service Manager Fiona Brettell, along with Clinical Lead Catherine Martin and Health Protection and Promotion Advisor James Walker.

This next quarter for the HPU has seen its focus on the delivery of flu vaccination and COVID-19 vaccination, predominately boosters for staff and inpatients as well as primary and secondary doses for patients. The HPU continues to establish itself as an operational service, with a developed reporting, governance and supervision infrastructure as well as its own financial budget line. SOPs and the operational policy continue to be delivered.

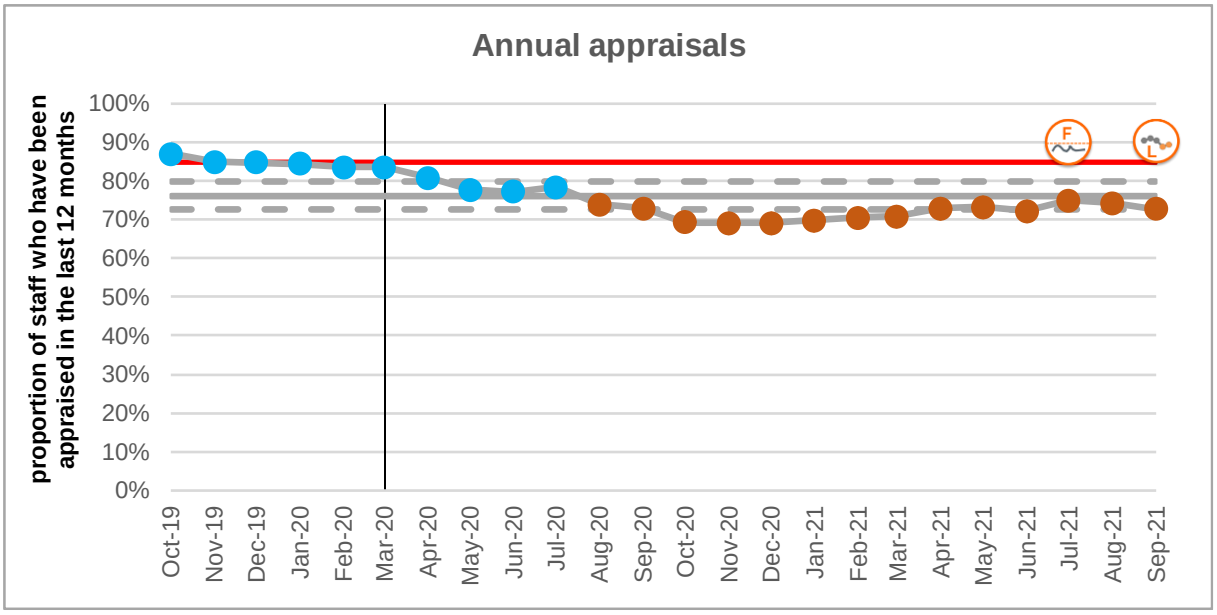
HPU are exploring doing some outreach work in providing vaccines to the severe mental illness (SMI) cohort and those that typically find accessing vaccines very difficult. A bid has gone in to access funding to support this.

B. Vaccination status

93% of people working for the Trust have received their first vaccination and 90% have now received both vaccinations. Booster vaccinations have commenced.

People

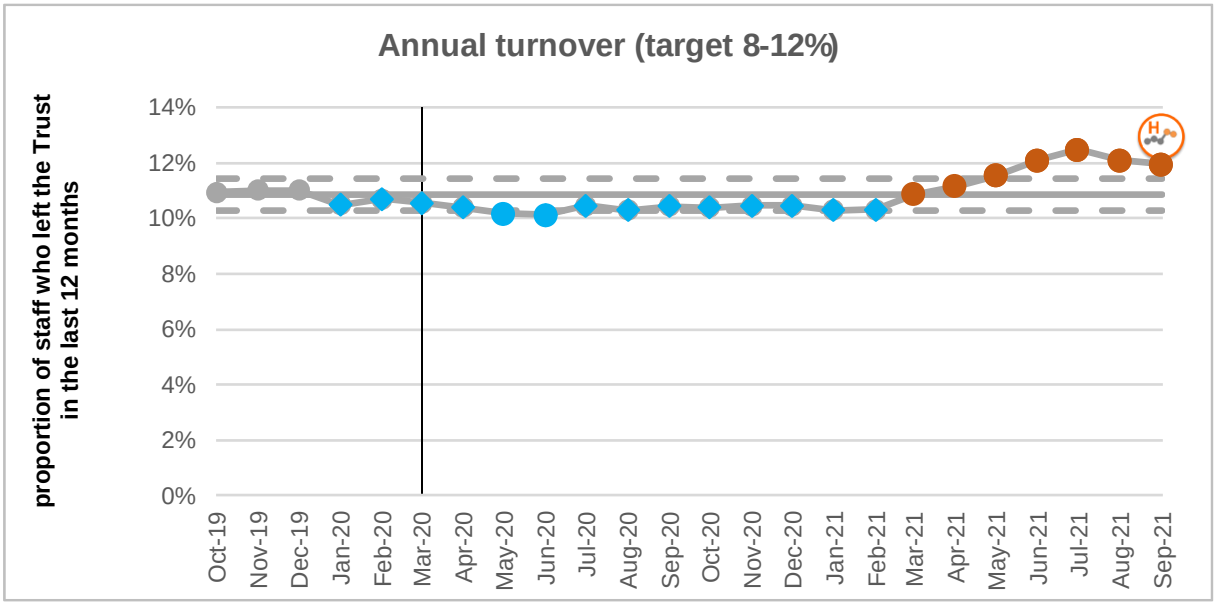
17. Annual appraisals



The “wellbeing conversation” now supplements an alternative mini appraisal process. The level of compliance has been significantly lower than expected for 14 months. Operational Services currently sits at 77% and Corporate Services at 55%.

The appraisal process will be reviewed at the end of October to agree reinstatement of full appraisals across all services. In the interim they continue to be paused replaced by a structured wellbeing conversation.

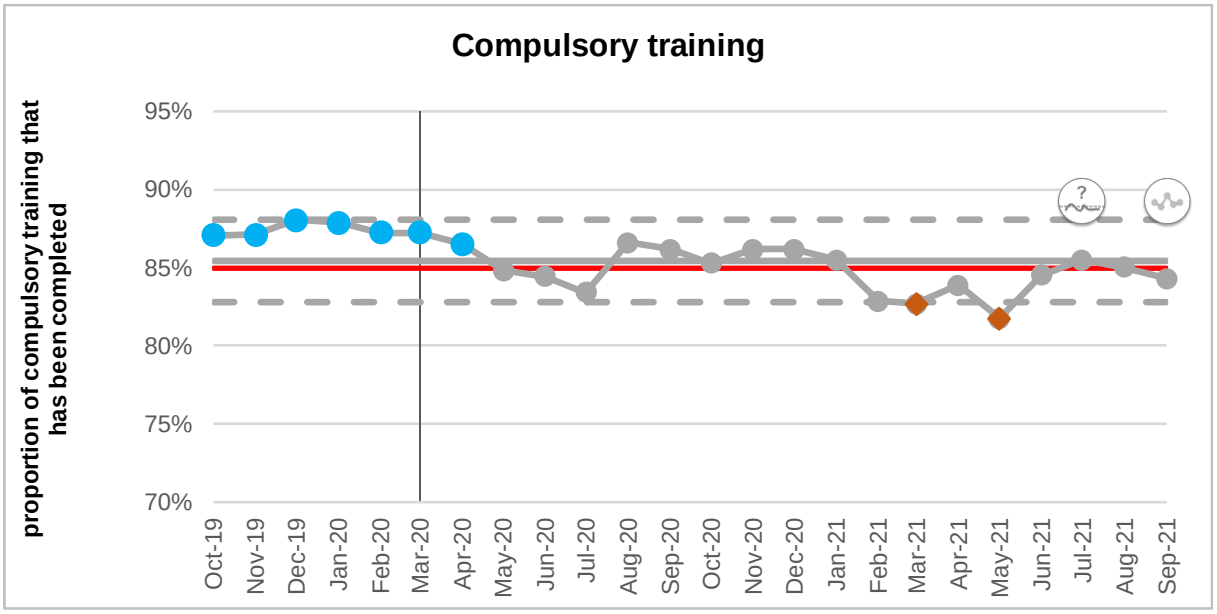
18. Annual turnover



The rate of turnover was higher than the Trust target range of 8-12% for 3 months but returned to within target range last month. Retirements continue to add to the turnover rate although this is still in line with national predictions due to an ageing workforce across the NHS. Work Is ongoing to develop a retire and return process which will encourage more retirees to return to substantive posts and support vacancy fill. Changes have been made to the termination process so that

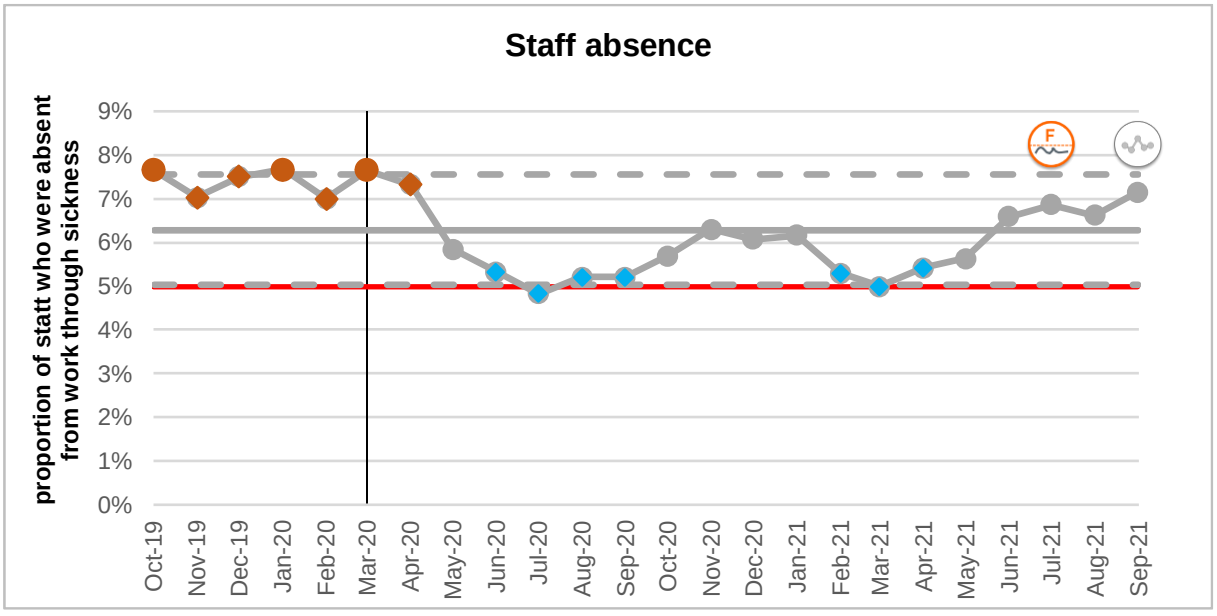
retirements are flagged at an earlier stage, this will support ongoing forecasting and workforce planning.

19. Compulsory training



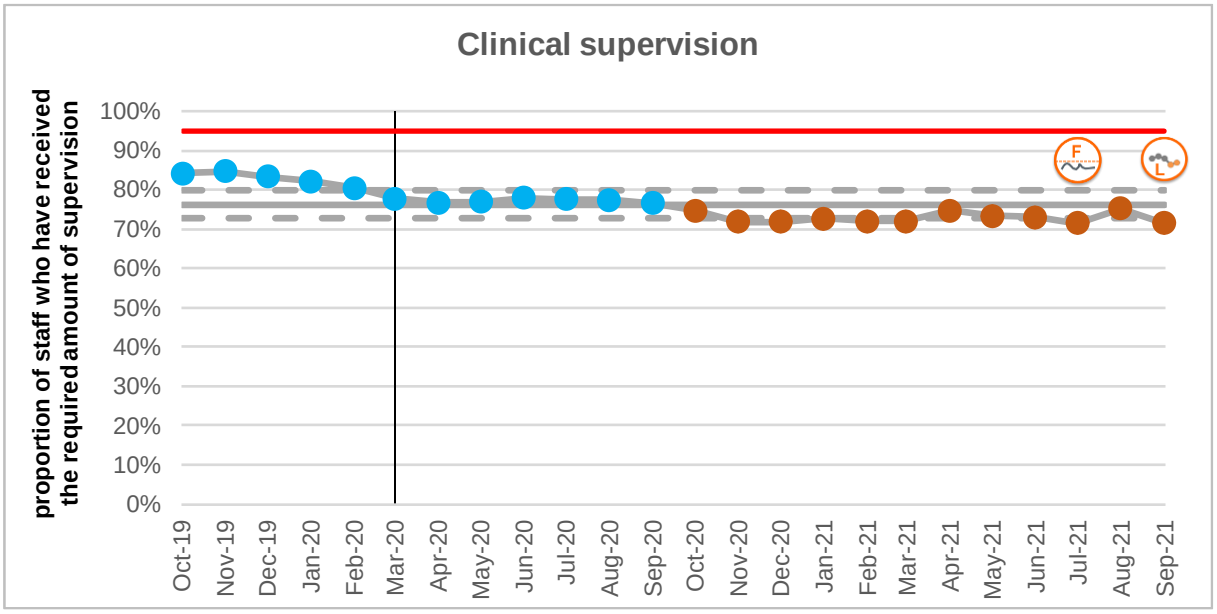
A recovery plan continues to improve training compliance. The full training requirement – compulsory training and role specific training – is around 70,000 attendances by our total workforce on over 70 courses, with just over 15,800 individual attendances to be completed. Operational Services are currently above target at 86% compliant with compulsory training, with Corporate Services slightly lower at 77%.

20. Staff absence

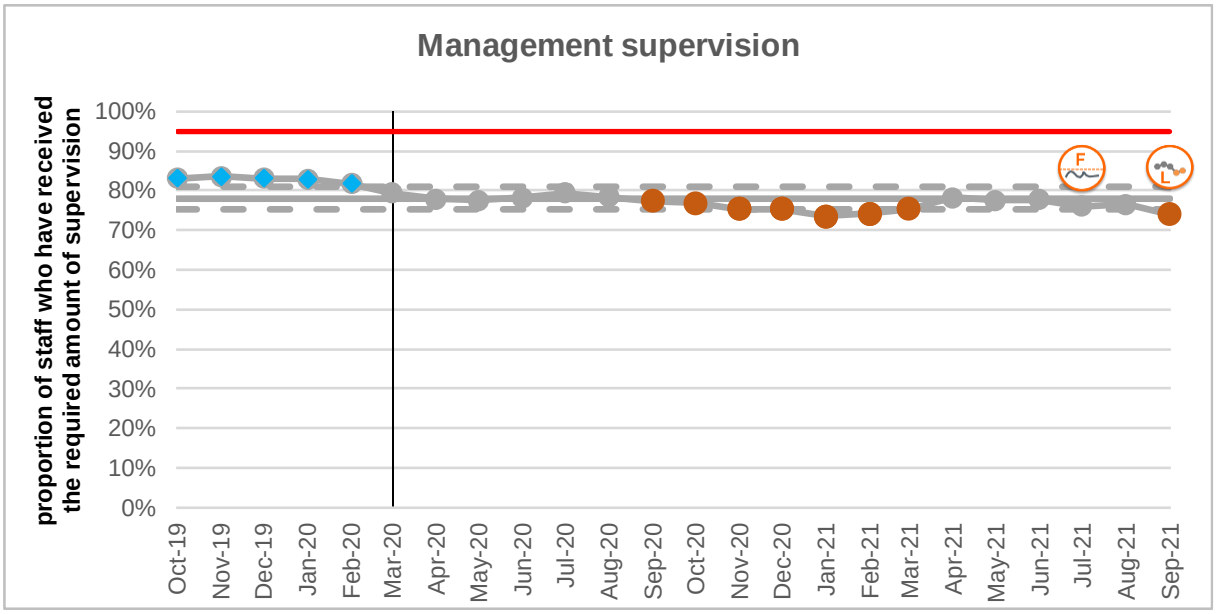


Corporate Services are below the target threshold at 4.6%, with Operational Services currently sitting at 7.7%. Our Systems and Information team in People Services have carried out a deep dive by Division and reintroduced the triangulation report which identifies hotspots (heat maps). General Managers and Area Service Managers have been tasked with compiling sickness action plans to address on a Divisional basis, reporting through the Trust Oversight Operational Leadership meeting (TOOL).

21. Clinical supervision

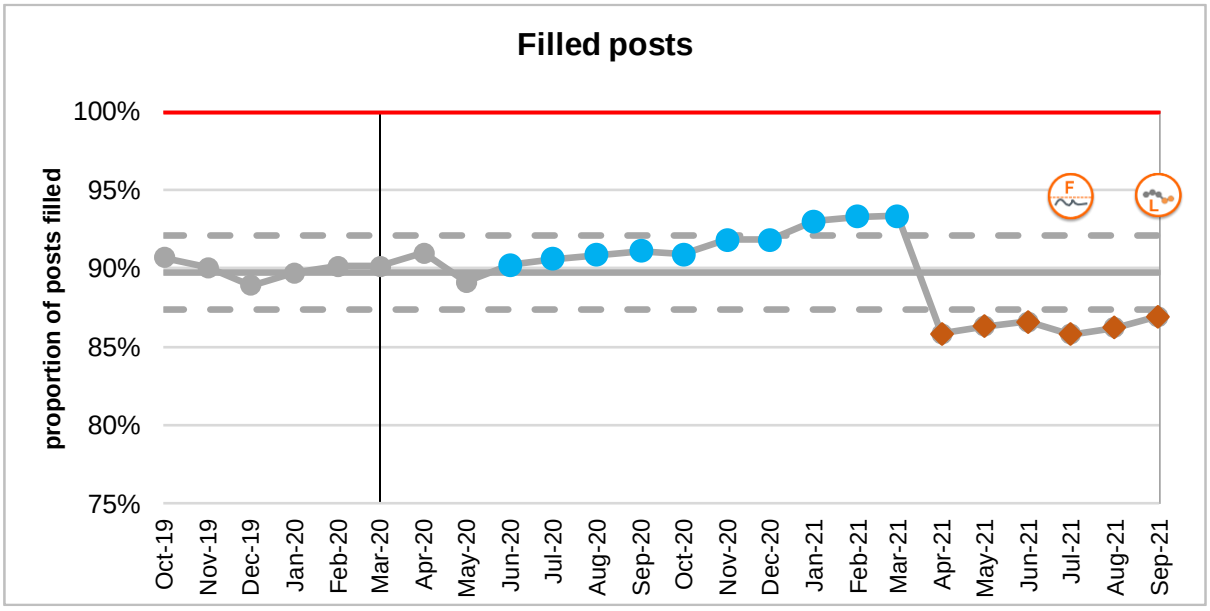


22. Management supervision



The levels of compliance with the clinical and management supervision targets have remained low since the start of the pandemic and were significantly below target in September. As seen with compulsory training and appraisals, Operational Services are also at a higher level than Corporate Services for both types of supervision (management: 76% versus 59% and clinical: 72% versus 35%).

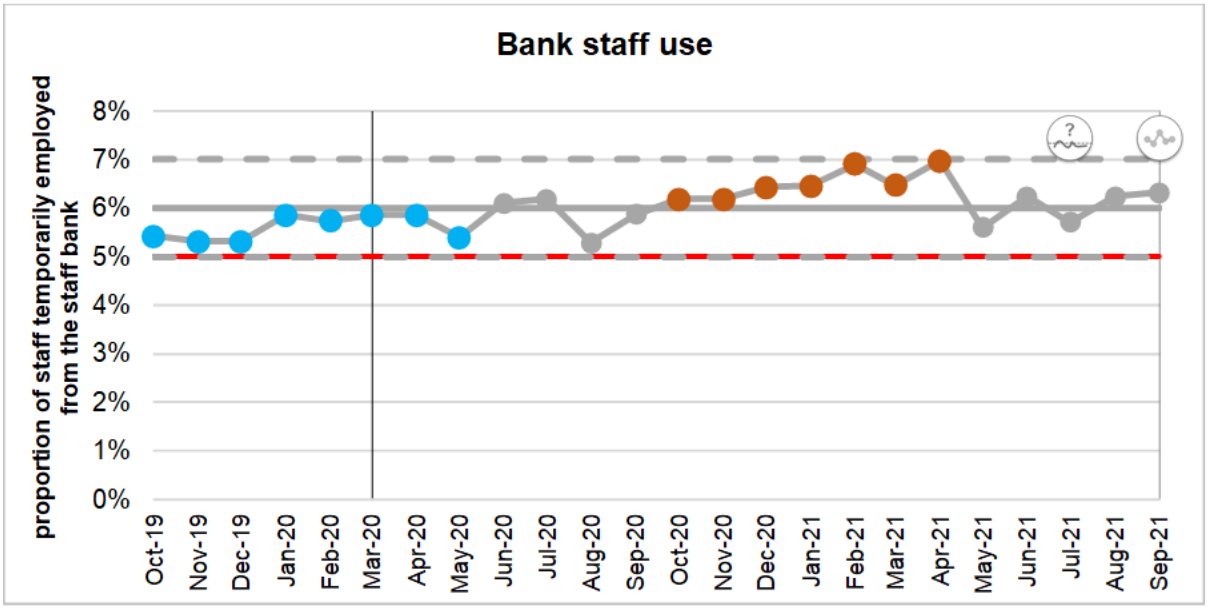
23. Proportion of posts filled



Prior to the start of this financial year there were a number of factors that had in effect artificially lowered the vacancy rate prior to April 2021, however this has now been adjusted for at the start of this financial year, which is where we can see a significant drop in posts being filled, see bullet points below for reasons. An increased number of vacancies in 2021/22 budgets are due to the following comparative changes in establishments:

- Cost improvement programme (CIP) for 2020/21 would have reduced the funded whole time equivalent (wte) by approximately 100 wte. Owing to the pandemic this CIP was not enacted and as such these posts are back in the system to be filled.
- 2020/21 new development posts and 'cost pressure' posts – 59 wte who were in post for 2020/21 but not within the funded wte – again this effectively produced a lower vacancy rate.
- 2021/22 new developments, new cost pressure posts and skill mix increases – 40 new wte.

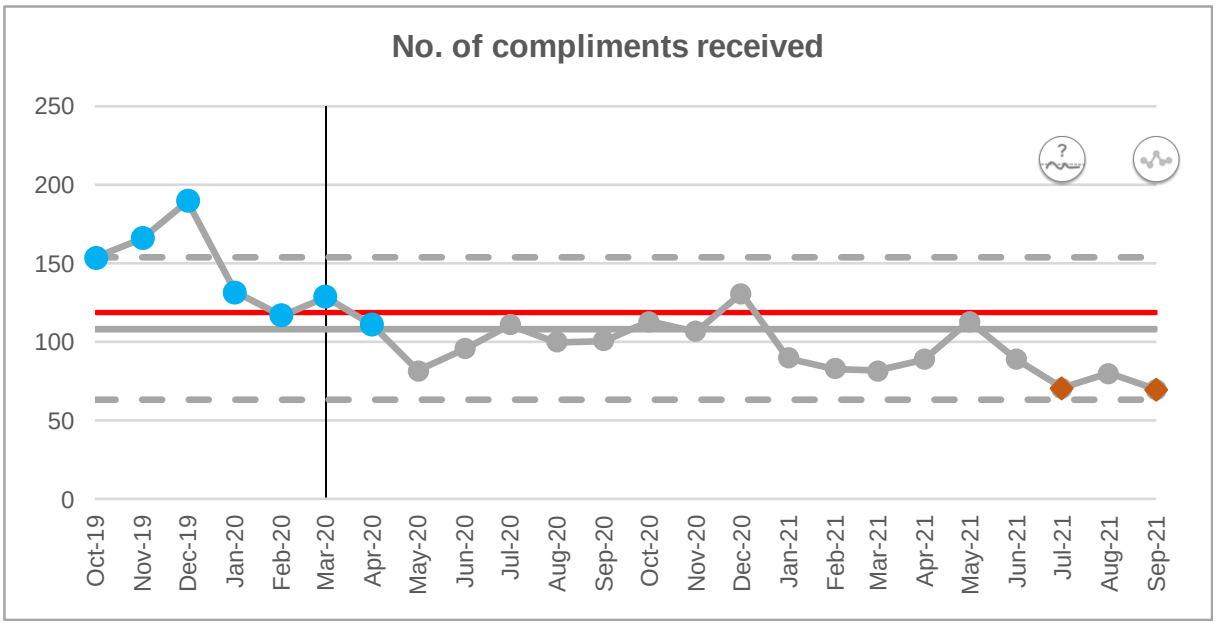
24. Bank staff



Following a period of 7 months of unusually high bank staff use, in the past 5 months the position has returned to common cause variation.

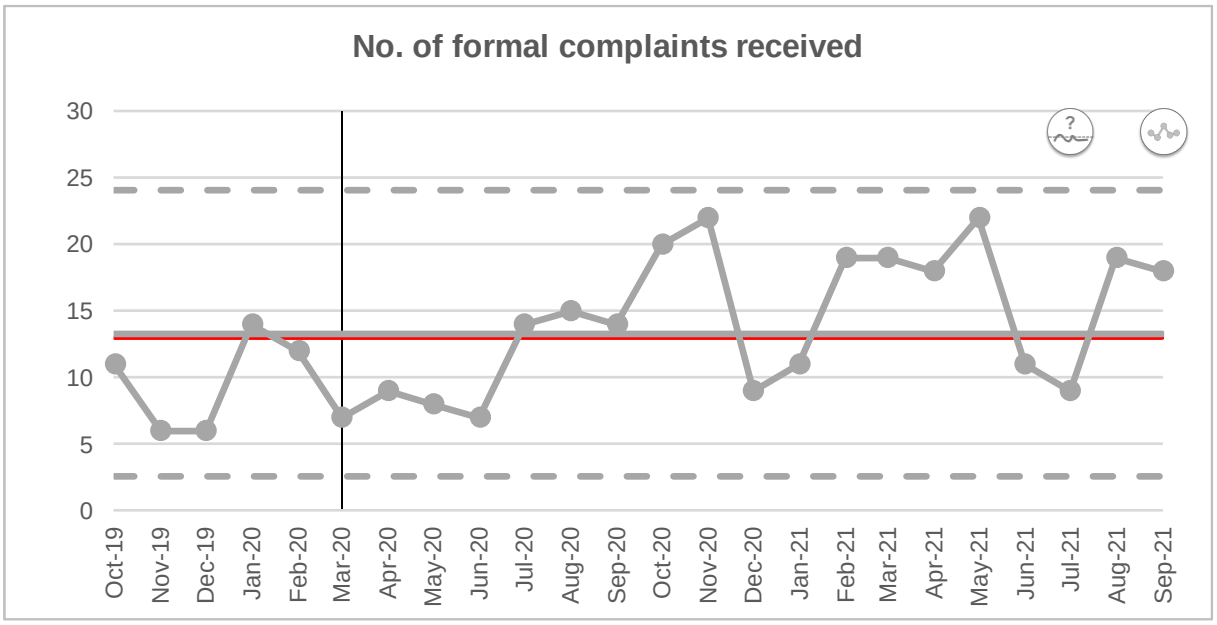
Quality

25. Compliments



The number of compliments decreased in line with the emergence of COVID-19 and the significant changes to many of our clinical services. A large number of compliments are received by staff during face to face contact and then entered by staff. As a result of reduced face to face contact, there has been a drop in the number of compliments received. This is below the expected target. Work is underway to improve feedback from service users via an electronic survey received by text or email. A pilot has commenced across crisis team services and a pilot is due to commence within the working age Erewash CMHT services on the 11th of October.

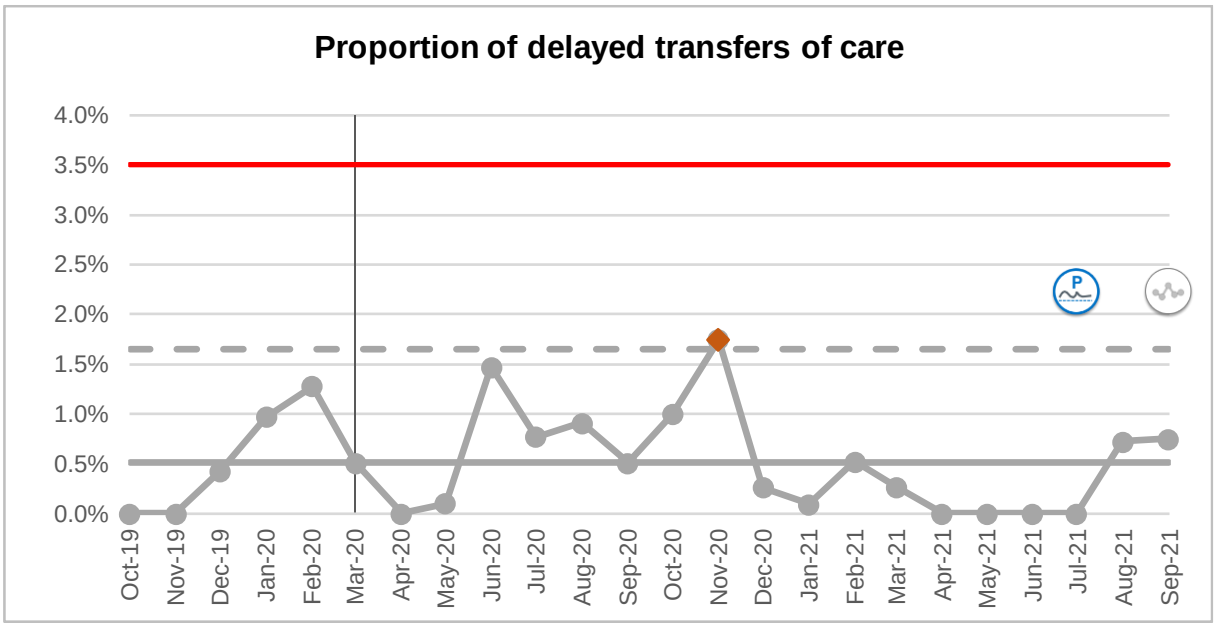
26. Complaints



The number of complaints increased with a particular theme around both concerns and complaints of access to services. Derbyshire Healthcare NHS Foundation Trust continues to work with Health Watch, including receiving regular feedback through governance structures and service user and carer surveys. As identified above an electronic patient survey is due to be piloted. These surveys are expected to pick up areas of concern from service users and carers prior to them getting to the point of becoming a complaint. The recent results from the Mental Health Community Survey has

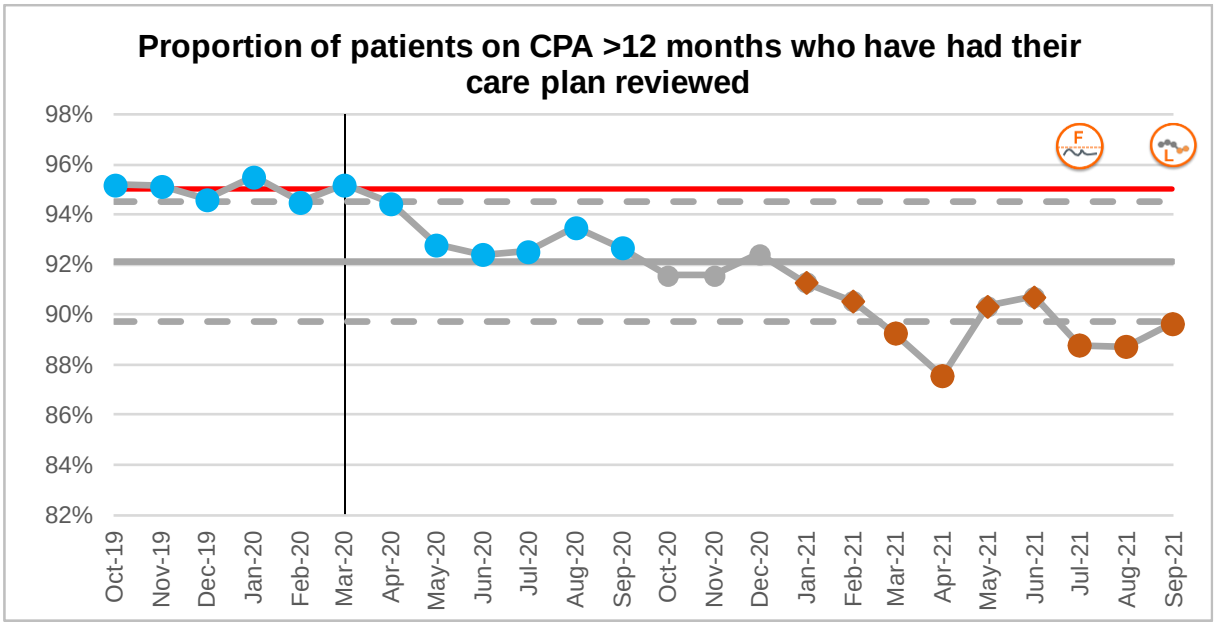
presented similar themes, with service users and carers feeling they have struggled with the reduction in face to face contact with services during the COVID-19 Pandemic.

27. Delayed transfers of care



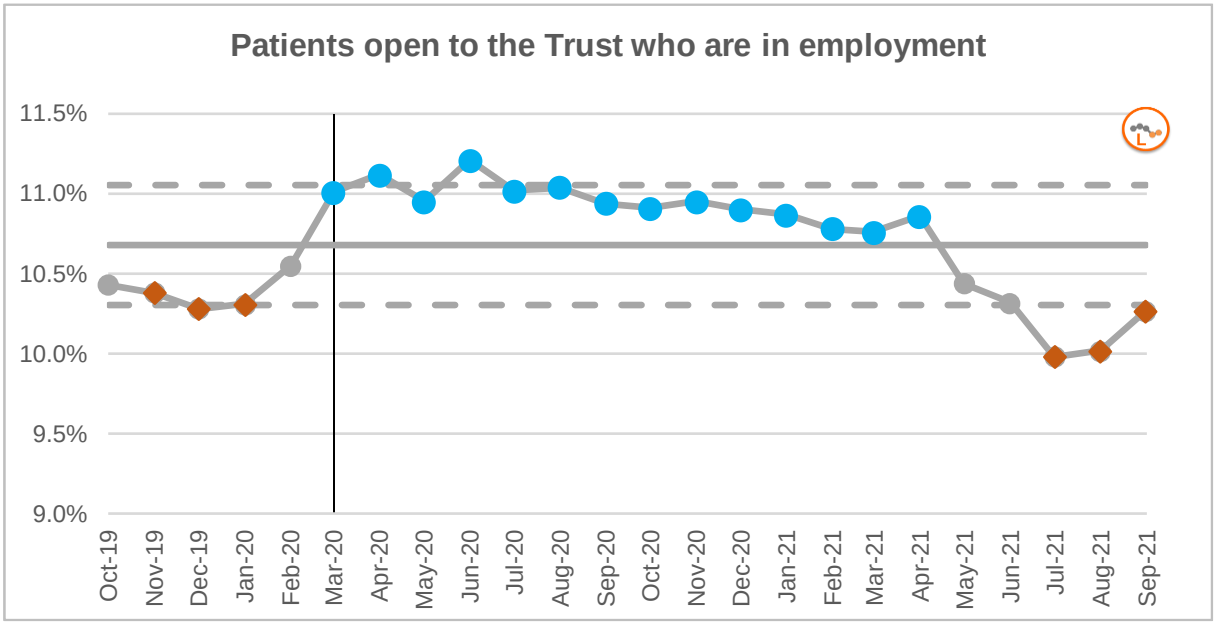
The increased number of care homes and care settings in outbreak and demonstrating staffing issues has resulted in high numbers of delays in transfers from inpatient settings, increasing the number of DTOCs at times. April to July 2021 have demonstrated no DTOCs. A review and support from Matrons have now improved processes and now increased the number of DTOCs in August and September.

28. Care plan reviews



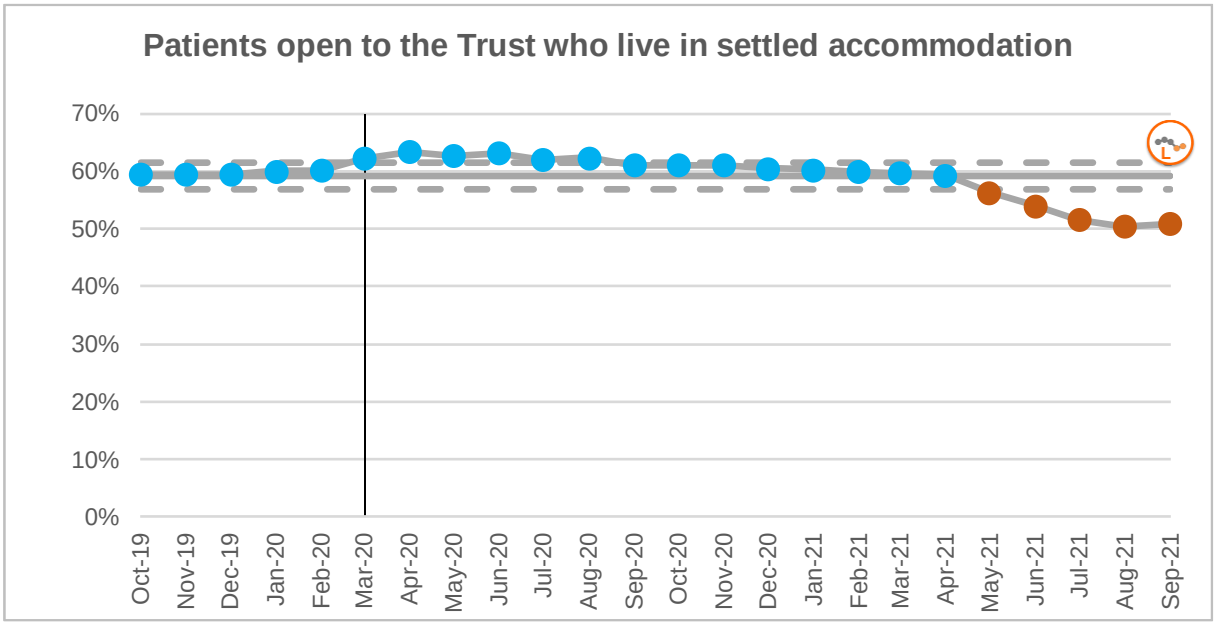
The proportion of patients whose care plans have been reviewed continues to be lower than usual. Teams have been prioritising essential tasks, with reduced routine contact, and trying to engage with people who use our services in different ways, e.g. in virtual ways using Attend Anywhere. As a result, an improvement in practice in May and June has been witnessed but then a drop in July as cases of COVID-19 have risen. As cases begin to once again stabilise and divisions establish ways to increase face to face contact, the trend appears to be improving.

29. Patients in employment



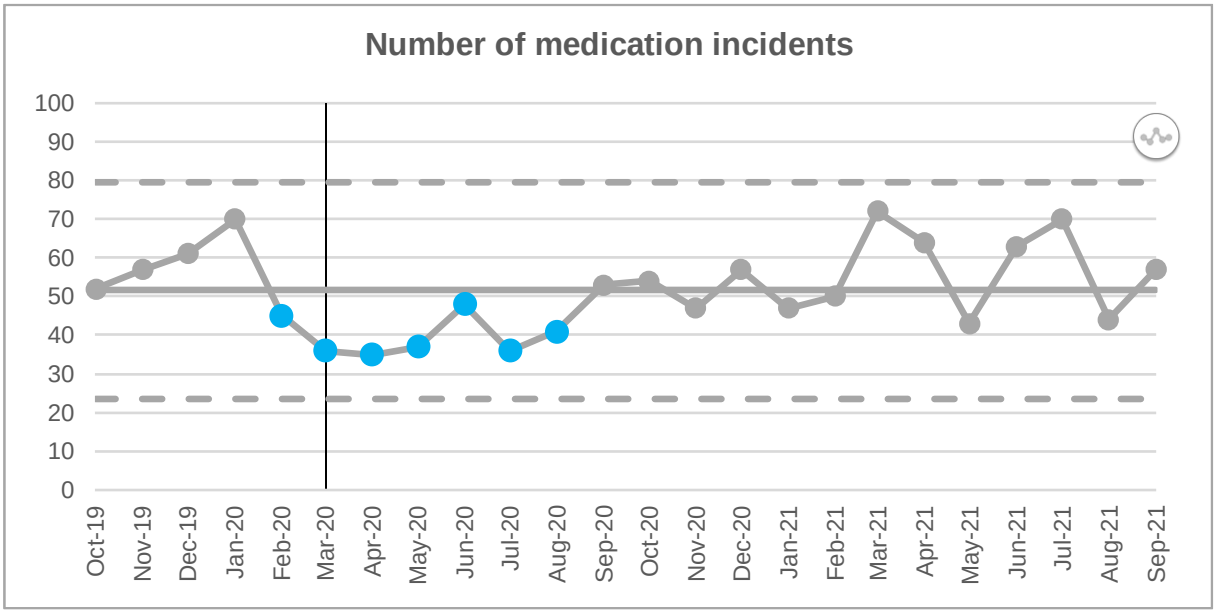
The Individual Placement Support (IPS) Service continues to have success in supporting people into employment even during the current pandemic and the service is currently expanding. The IPS service came into effect in January 2020 and the data demonstrates the impact they have had on levels of employment, even during a pandemic. As vacancies are being filled and ongoing development of the community mental health framework is underway data appears to be improving from July, however, remains below the lower threshold. This may also be linked to the current economy and availability of employment. As the country recovers from previous lockdowns, employment is becoming more available.

30. Patients in settled accommodation



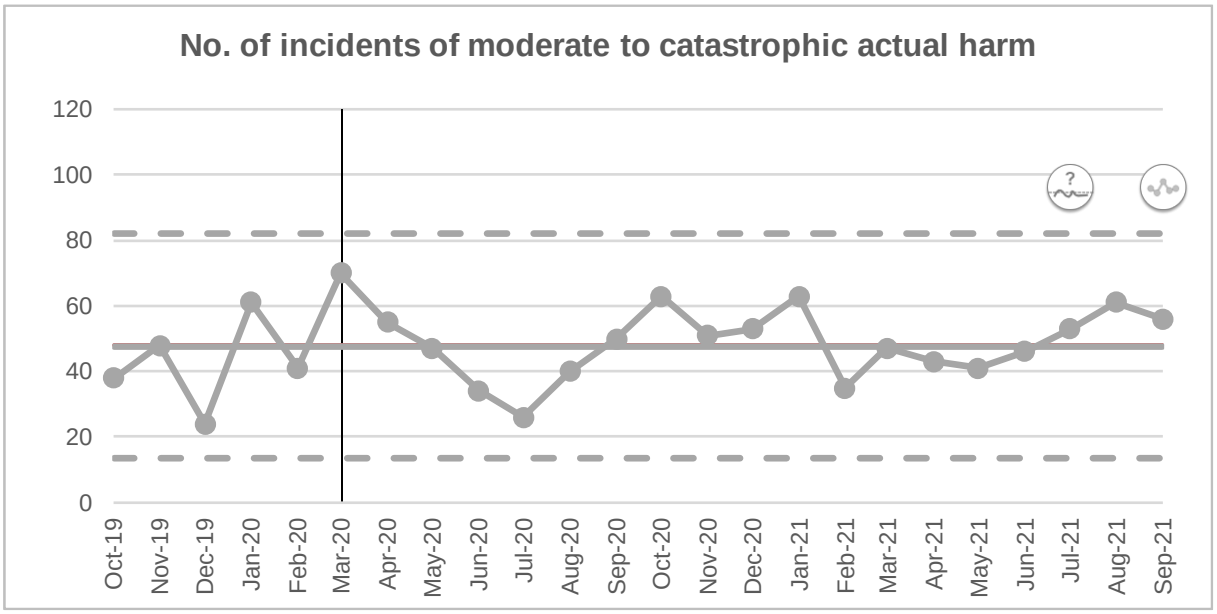
There continues to be community nurses dedicated to working in a multi-agency environment supporting our homeless service users however, data presents below the lower control limit and so further investigation is required into this.

31. Medication incidents



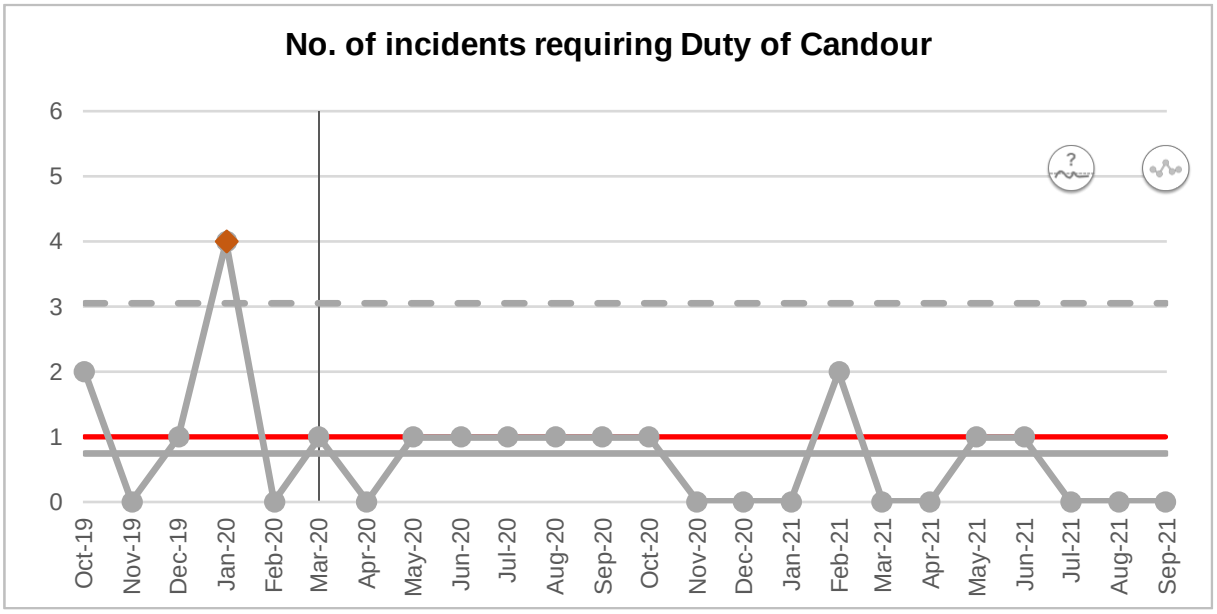
When looking into medication incidents, they take a variety of forms, from missed doses, wrong medication administration, missed fridge temperature recording, prescription error and non-location of medication. As a result, there are several factors that impact such as how busy the ward is, number of qualified staff, how the medication cabinet is organised and number of newly qualified staff. The medicines management operational subgroup are currently revising the medications error procedure, taking into account Trust values.

32. Incidents of moderate to catastrophic actual harm



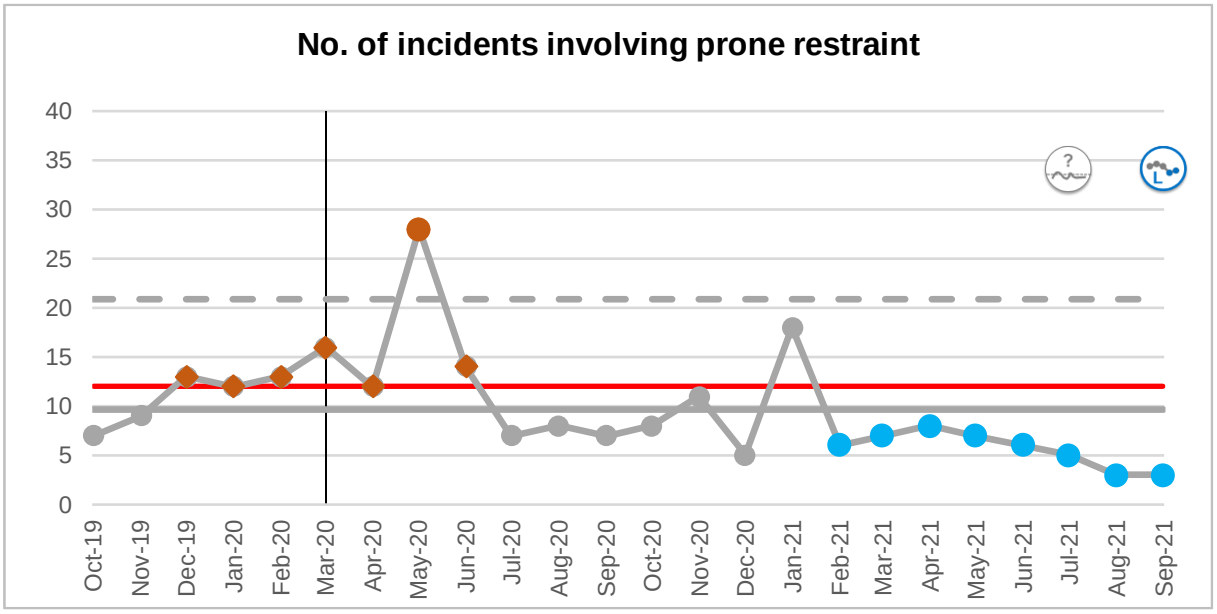
The number of reported incidents of moderate to catastrophic harm have remained within common cause variation throughout the reporting period. However, there has been a recent increase bringing the total above the mean line. This will continue to be monitored.

33. Duty of Candour



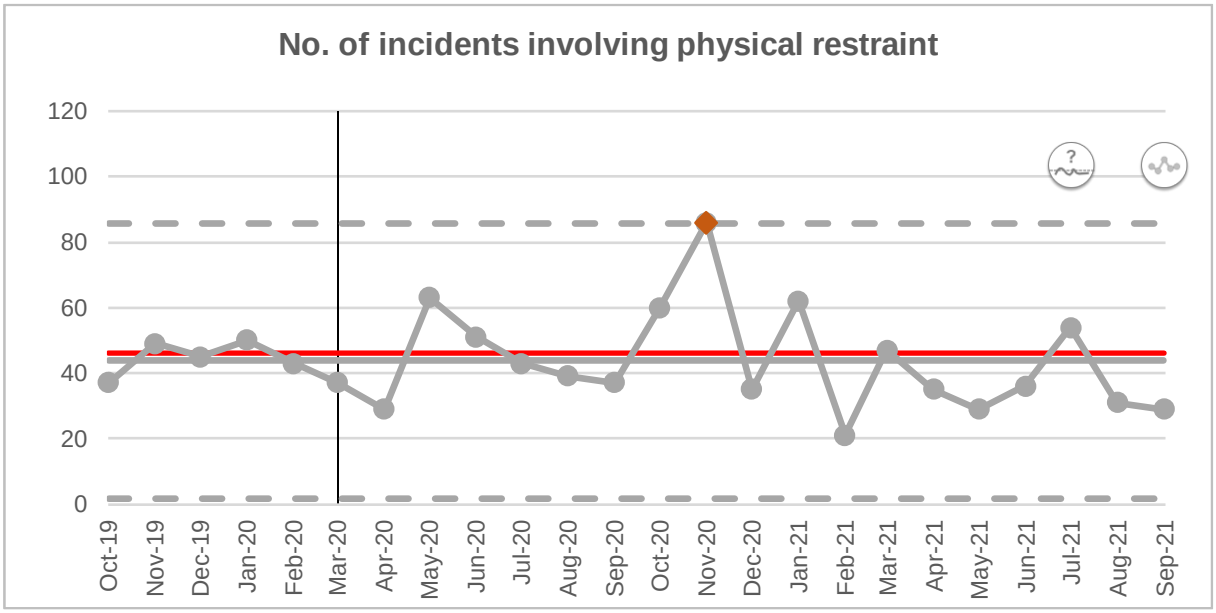
There have been no instances of Duty of Candour in the last 3 months.

34. Prone restraint



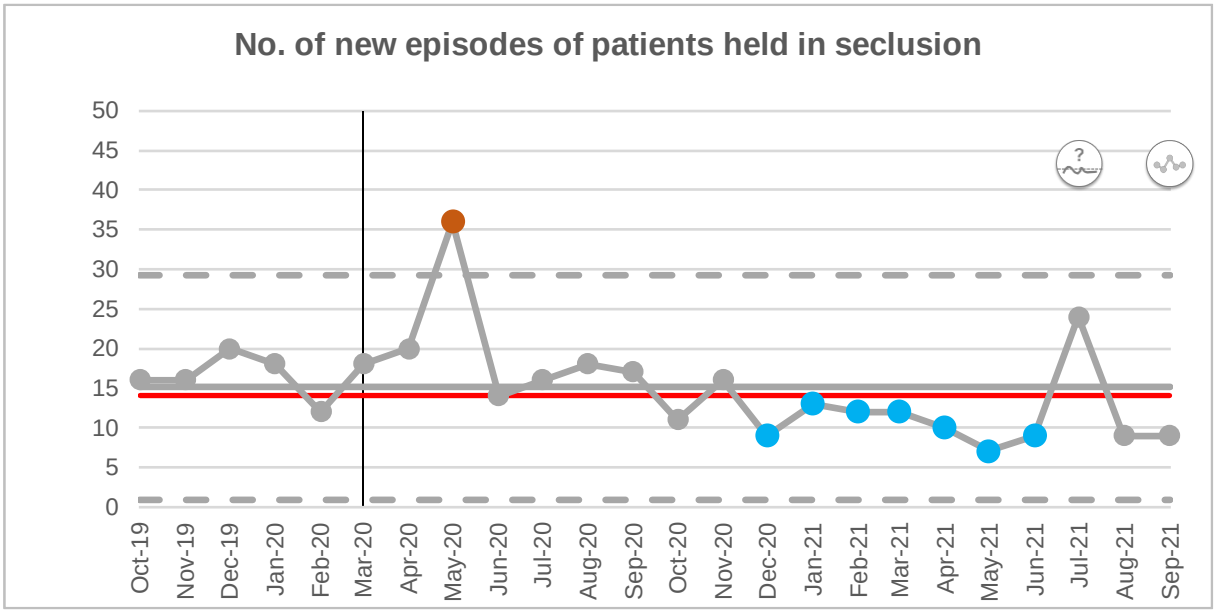
There are ongoing work streams to support the continuing need to reduce restrictive practice; including the introduction of body worn cameras, monitoring of restrictive practice within the "reducing restrictive practice forum". As can be seen in May 2020 the increased point above the expected variance is in line with the increase in previous data relating to Seclusion. Apart from January 2021, targets relating to the numbers of prone restraint have been achieved. Data analysis and review has shown that even where restraint and seclusion has increased, the use of Prone restraint has continued to reduce. This appears to be a result of increased Positive and Proactive Support Training for staff, including the introduction of the "Anywhere But" approached, which uses the introduction of Safety Pods and alternative injection site training to prevent the need for prone restraint.

35. Physical restraint



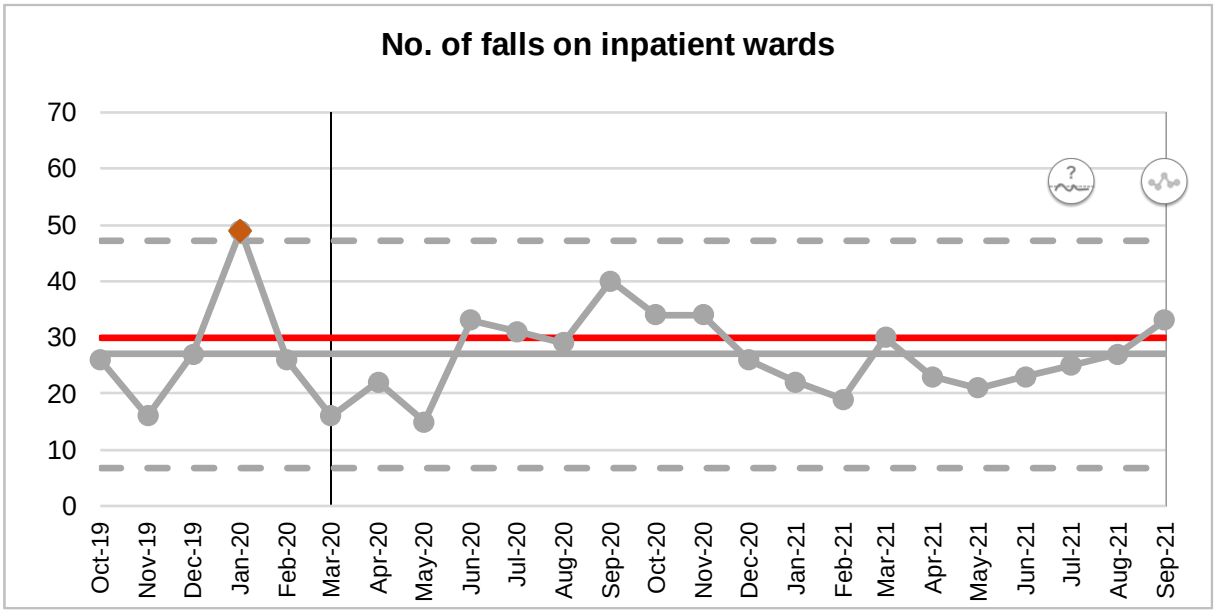
The number of reported incidents involving restraint have remained within common cause variation throughout the reporting period. The recent increase in July, bringing the data above the mean line shows a common variation, however, will continue to be monitored and discussed within appropriate forums. July's increase in physical restraint is linked to the increased use of Seclusion as demonstrated below and is liked to 3 specific patients on the Radbourne unit. A positive to take from this is that although restraint and seclusion have peaked in July, they remain under the upper control limits and has not resulted in an increase in prone restraint. This is a positive indicator that reducing restrictive practice pilots and work streams have been effective to provide alternatives to Prone restraint.

36. Seclusion



The use of seclusion was within common cause variation, however, has increased in July. In further investigating this trend, there appears to be a linked 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.

37. Falls on inpatient wards

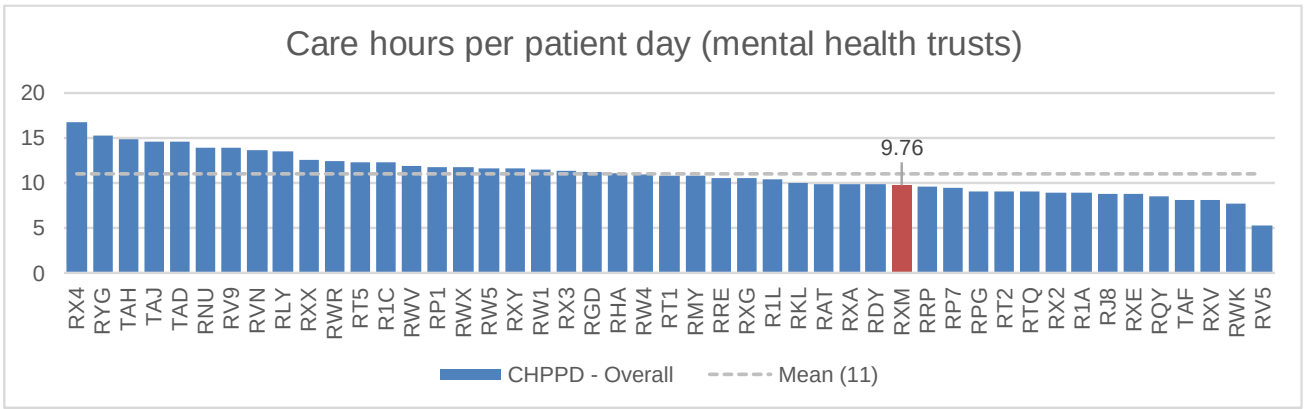


April 2021 to July 2021 has remained below the mean line and demonstrates the effectiveness of ongoing falls reduction work being developed and implemented within Older adult services. However, August and September demonstrate an increased in falls. A further review is required to understand this pattern.

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 (June 21) when benchmarked against other mental health trusts. We were below average:

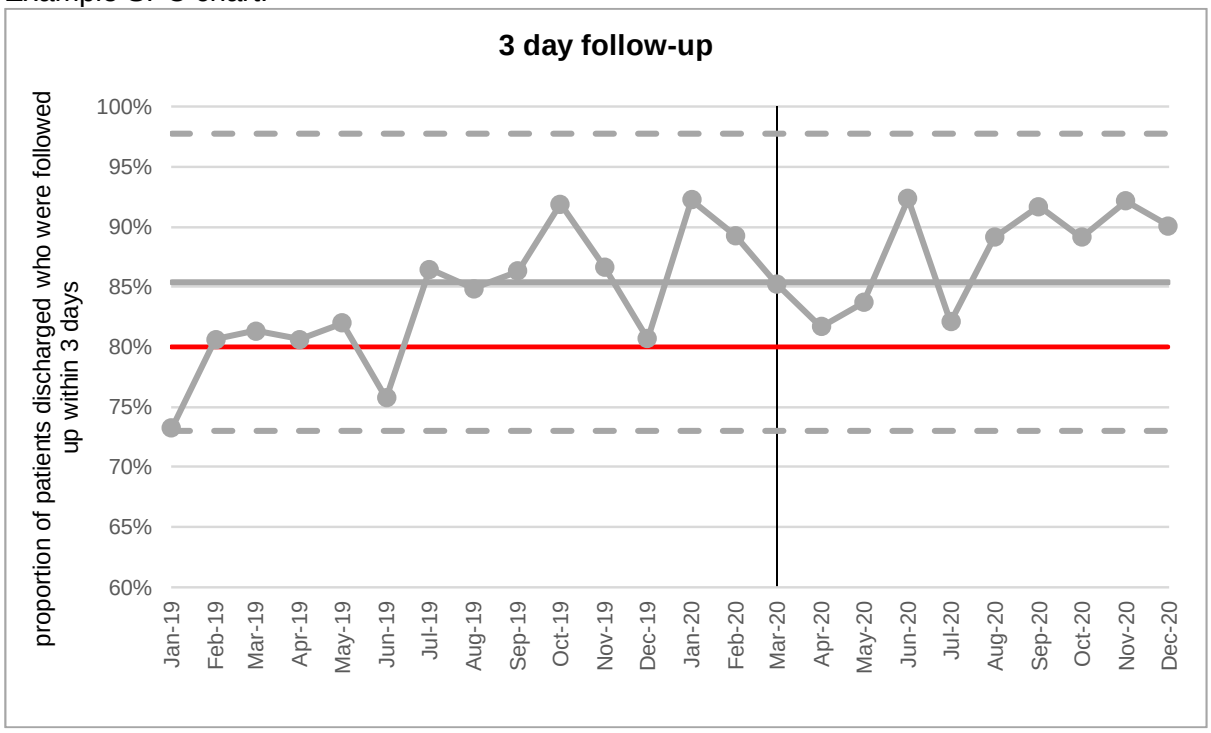


Data source: NHS England » Care hours per patient day (CHPPD) data

Appendix 1

Statistical Process Control Chart (SPC) Guidance

Example SPC chart:



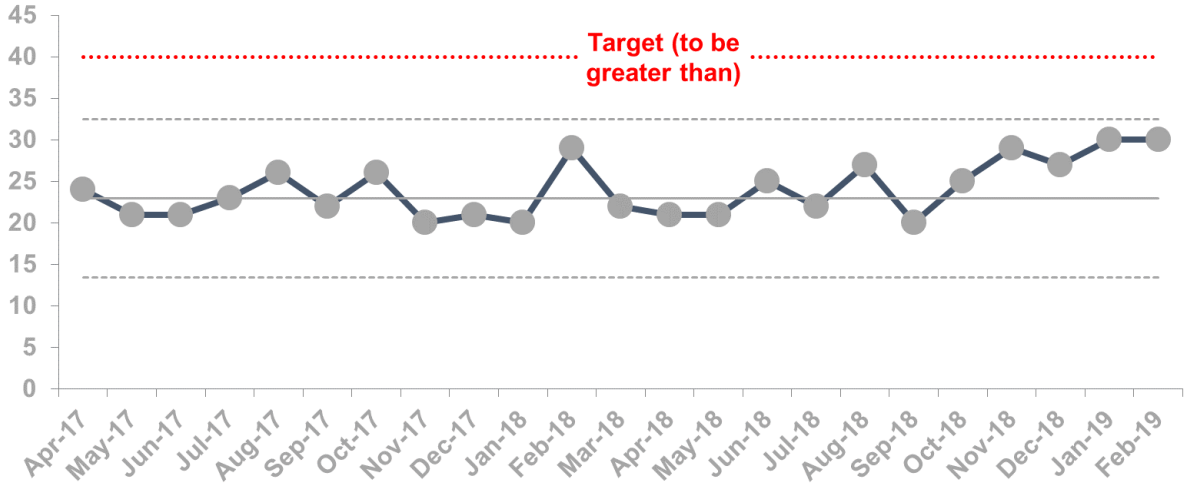
- The red line is the target.
- The grey dots are the actual performance each month. They are coloured grey as performance each month is normal in this example.
- The solid grey line is the average (mean) of all the grey dots.
- The grey dotted lines are called process limits, or control limits.

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.

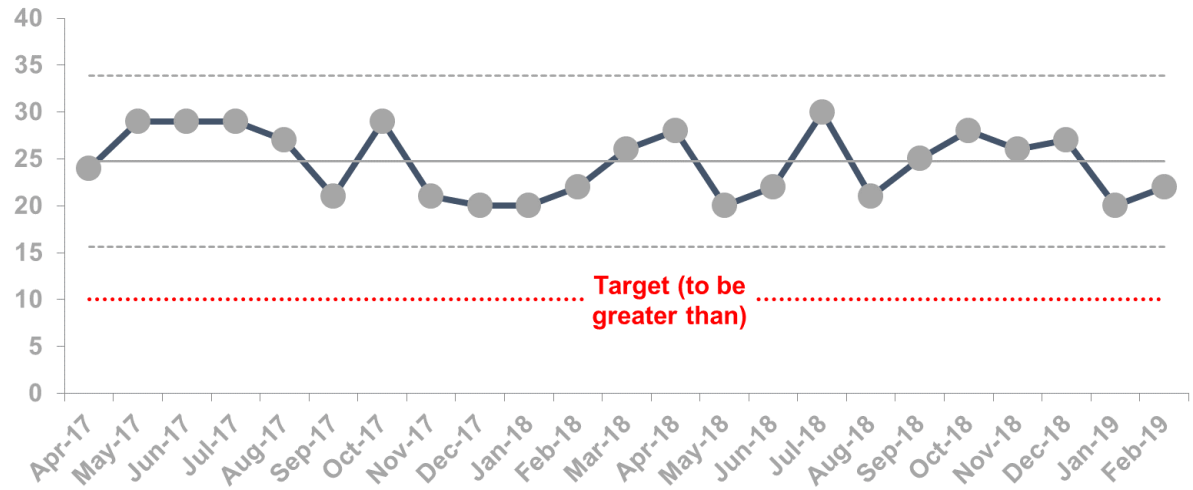
Things to look out for:

1. A process that is not working



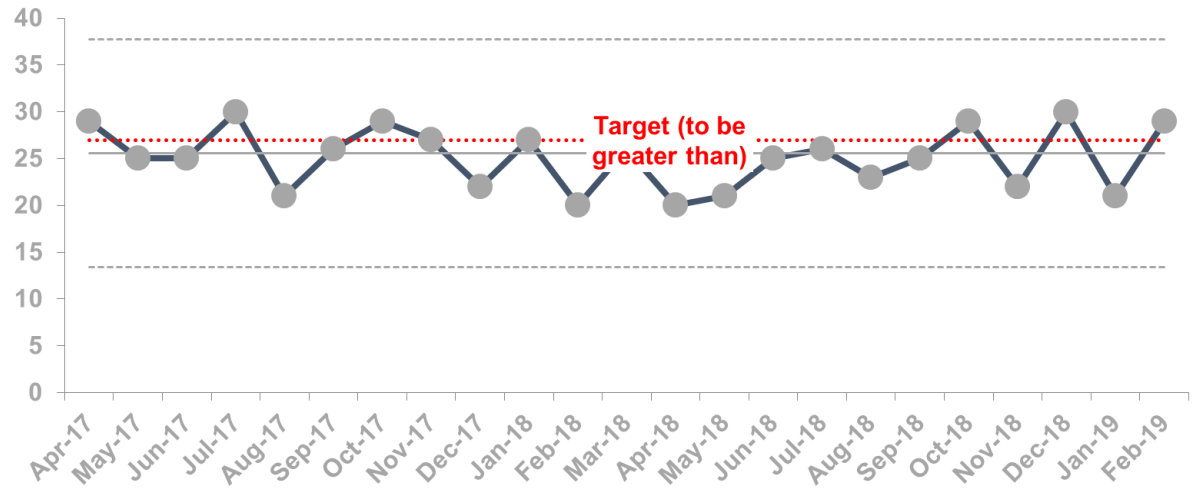
In this example the target is higher than the upper dotted grey line. This means that the target will never be achieved. To achieve the target, we need to change how we do things.

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

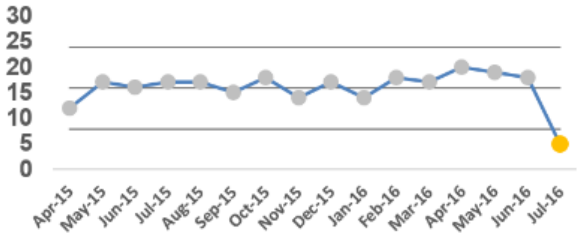
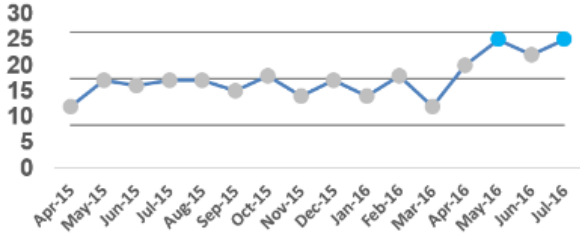


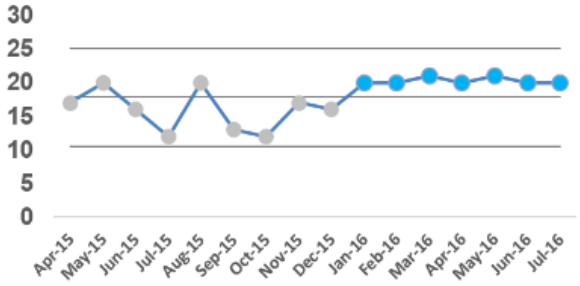
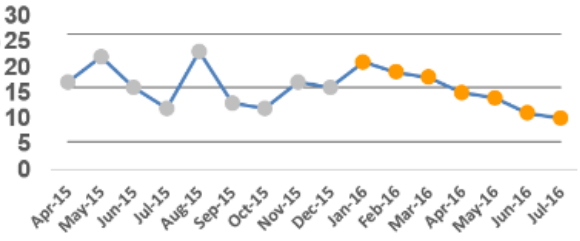
In this example the target line sits between the 2 grey dotted lines. As it is normal for the grey dots to fall anywhere between the 2 dotted grey lines, this means that it is entirely random as to whether or not the target will be achieved. So, this system is unreliable and needs to be redesigned if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

A single data point outside the process limits 	**Two out of three points close to the process limits** 
In this example the July 16 perfomance is significantly lower than expected and falls beneath the lower grey dotted line.	2 out of 3 points close to one of the grey dotted lines is statistically significant, in this case they are blue, indicating better than expected performance.

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

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

Appendix 2 – Data Quality Maturity Index Benchmarking Data

	Jun -21	May -21	Apr -21	Mar -21	Feb -21
National Average	81.9	82.7	81.9	83.0	85.3
ROYAL PAPWORTH HOSPITAL NHS FOUNDATION TRUST	99.3	97.2	97.2	97.2	97.0
THE ROYAL MARSDEN NHS FOUNDATION TRUST	99.3	99.4	99.4	99.4	99.4
THE ROBERT JONES AND AGNES HUNT ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST	99.2	99.1	99.1	99.2	99.1
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	99.1	99.2	99.2	99.2	99.2
THE CHRISTIE NHS FOUNDATION TRUST	98.5	98.9	98.9	99.0	98.8
GREATER MANCHESTER MENTAL HEALTH NHS FOUNDATION TRUST	98.3	98.1	98.1	97.5	97.3
BIRMINGHAM AND SOLIHULL MENTAL HEALTH NHS FOUNDATION TRUST	98.2	97.8	97.3	98.6	98.6
TEES, ESK AND WEAR VALLEYS NHS FOUNDATION TRUST	98.1	98.1	98.3	98.3	98.1
NORTH STAFFORDSHIRE COMBINED HEALTHCARE NHS TRUST	97.9	97.9	97.9	98.1	98.0
NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	97.3	97.8	97.9	96.9	96.1
ROYAL NATIONAL ORTHOPAEDIC HOSPITAL NHS TRUST	97.3	97.4	96.4	97.1	96.6
NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST	97.1	97.3	97.3	97.2	97.3
LONDON NORTH WEST UNIVERSITY HEALTHCARE NHS TRUST	96.8	96.8	97.3	97.3	97.2
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	96.8	97.0	97.9	98.0	97.7
BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST	96.7	96.4	95.5	96.4	96.4
CAMBRIDGESHIRE AND PETERBOROUGH NHS FOUNDATION TRUST	96.7	97.3	97.5	97.5	97.4
NOTTINGHAMSHIRE HEALTHCARE NHS FOUNDATION TRUST	96.4	96.4	96.1	96.8	96.5
TAVISTOCK AND PORTMAN NHS FOUNDATION TRUST	96.4	95.9	96.4	96.4	96.2
WESTERN SUSSEX HOSPITALS NHS FOUNDATION TRUST	96.3	96.4	95.8	96.0	96.0
DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST	96.2	96.5	96.5	96.6	96.4
OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	96.2	96.6	96.6	96.5	96.4
IMPERIAL COLLEGE HEALTHCARE NHS TRUST	96.1	95.3	94.7	94.7	94.6
KENT AND MEDWAY NHS AND SOCIAL CARE PARTNERSHIP TRUST	96.1	96.1	95.9	95.8	95.8
UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	96.1	96.6	96.5	96.0	96.0
ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST	96.0	96.0	96.1	95.8	96.3
STOCKPORT NHS FOUNDATION TRUST	95.9	96.5	96.5	96.5	96.4
KINGSTON HOSPITAL NHS FOUNDATION TRUST	95.7	96.5	96.3	96.4	95.8
LINCOLNSHIRE PARTNERSHIP NHS FOUNDATION TRUST	95.6	95.4	95.5	95.5	95.6
CAMDEN AND ISLINGTON NHS FOUNDATION TRUST	95.5	95.7	95.0	94.8	95.2
NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	95.5	96.0	95.7	96.2	95.1
KETTERING GENERAL HOSPITAL NHS FOUNDATION TRUST	95.4	93.7	93.7	93.4	93.1
NORFOLK AND SUFFOLK NHS FOUNDATION TRUST	95.3	95.4	95.4	95.5	95.2
SOUTH WEST LONDON AND ST GEORGE'S MENTAL HEALTH NHS TRUST	95.3	92.5	93.0	92.3	92.7
HERTFORDSHIRE PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST	95.2	93.7	94.9	97.0	97.1
SHEFFIELD CHILDREN'S NHS FOUNDATION TRUST	95.1	94.4	94.3	94.2	94.3
THE QUEEN ELIZABETH HOSPITAL, KING'S LYNN, NHS FOUNDATION TRUST	95.1	95.6	95.8	95.7	95.7
SHREWSBURY AND TELFORD HOSPITAL NHS TRUST	95.0	93.9	93.9	95.0	94.9
SOMERSET PARTNERSHIP NHS FOUNDATION TRUST	94.9	95.2	95.3	95.4	94.7
SOUTH LONDON AND MAUDSLEY NHS FOUNDATION TRUST	94.9	93.9	93.7	93.3	93.6
UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST	94.8	95.6	95.4	95.3	95.1
NORFOLK COMMUNITY HEALTH AND CARE NHS TRUST	94.7	94.9	93.5	93.9	92.4
SOUTH WEST YORKSHIRE PARTNERSHIP NHS FOUNDATION TRUST	94.7	94.9	95.2	95.1	95.4
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	94.6	95.0	95.1	94.8	94.6
ROYAL CORNWALL HOSPITALS NHS TRUST	94.5	95.4	95.3	96.3	96.4
SALISBURY NHS FOUNDATION TRUST	94.5	94.2	94.3	94.3	94.3
BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST	94.3	94.1	93.9	94.0	94.0
CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST	94.3	94.9	94.6	94.7	94.5
UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST	94.3	94.0	93.9	93.7	93.6
FRIMLEY HEALTH NHS FOUNDATION TRUST	94.2	93.7	91.9	91.9	91.5
SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	94.2	95.5	95.5	94.1	94.1
WORCESTERSHIRE HEALTH AND CARE NHS TRUST	94.2	94.2	94.6	94.4	94.4
EAST LONDON NHS FOUNDATION TRUST	94.1	91.5	91.7	91.7	93.2
ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST	94.0	93.9	94.0	93.7	93.2
NORTHERN LINCOLNSHIRE AND GOOLE NHS FOUNDATION TRUST	94.0	94.0	93.9	93.9	93.9
BARNSLEY HOSPITAL NHS FOUNDATION TRUST	93.8	95.0	93.4	94.3	92.9
CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST	93.8	94.9	94.3	96.7	96.5
UNIVERSITY HOSPITAL SOUTHAMPTON NHS FOUNDATION TRUST	93.8	93.9	94.0	94.0	94.0
HARROGATE AND DISTRICT NHS FOUNDATION TRUST	93.7	93.7	93.8	93.7	93.7
LEEDS TEACHING HOSPITALS NHS TRUST	93.7	93.3	93.3	93.2	93.1
MIDLANDS PARTNERSHIP NHS FOUNDATION TRUST	93.7	93.8	94.3	94.4	94.3
NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST	93.7	94.4	94.2	94.7	71.6
PORTSMOUTH HOSPITALS NHS TRUST	93.7	93.0	92.3	92.9	93.8
CUMBRIA, NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST	93.6	93.7	93.9	93.7	93.8
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	93.6	93.3	93.4	93.3	93.4
LUTON AND DUNSTABLE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	93.5	93.3	92.0	93.5	93.4
MID YORKSHIRE HOSPITALS NHS TRUST	93.5	92.3	92.3	93.1	93.1
MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST	93.5	94.6	93.9	93.5	92.9
DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST	93.4	93.4	93.3	93.4	93.4
THE DUDLEY GROUP NHS FOUNDATION TRUST	93.4	93.4	93.3	92.5	94.3
BRADFORD DISTRICT CARE NHS FOUNDATION TRUST	93.3	93.1	93.3	93.2	93.2
SOUTH TEES HOSPITALS NHS FOUNDATION TRUST	93.3	93.1	93.0	93.1	92.9
UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUST	93.3	93.4	93.3	18.7	18.0
WEST LONDON NHS TRUST	93.3	95.1	94.9	95.1	94.5

	Jun -21	May -21	Apr -21	Mar -21	Feb -21
National Average	81.9	82.7	81.9	83.0	85.3
THE HILLINGDON HOSPITALS NHS FOUNDATION TRUST	93.2	93.3	93.2	93.1	93.3
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	93.2	94.0	93.9	93.8	93.8
SURREY AND SUSSEX HEALTHCARE NHS TRUST	93.1	94.1	94.3	93.1	92.9
WARRINGTON AND HALTON TEACHING HOSPITALS NHS FOUNDATION TRUST	93.1	55.0	94.4	94.6	94.8
KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	93.0	93.9	93.8	93.7	93.8
THE ROYAL ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST	93.0	94.6	94.5	94.4	94.4
AVON AND WILTSHIRE MENTAL HEALTH PARTNERSHIP NHS TRUST	92.9	92.8	92.8	92.8	93.0
ROYAL BERKSHIRE NHS FOUNDATION TRUST	92.9	93.3	93.4	93.7	94.1
BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST	92.7	91.6	91.6	91.5	91.1
LEEDS COMMUNITY HEALTHCARE NHS TRUST	92.7	58.8	53.4	94.3	94.2
HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST	92.6	93.6	93.5	92.9	92.7
YORK TEACHING HOSPITAL NHS FOUNDATION TRUST	92.6	93.8	93.8	93.8	93.8
BIRMINGHAM WOMEN'S AND CHILDREN'S NHS FOUNDATION TRUST	92.5	90.7	89.0	90.0	92.5
BUCKINGHAMSHIRE HEALTHCARE NHS TRUST	92.4	93.3	93.3	93.5	93.4
PENNINE CARE NHS FOUNDATION TRUST	92.4	92.4	92.2	92.2	92.1
THE WALTON CENTRE NHS FOUNDATION TRUST	92.4	94.1	94.1	94.1	95.8
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	92.2	92.5	92.0	93.1	93.1
MID CHESHIRE HOSPITALS NHS FOUNDATION TRUST	92.2	93.3	93.0	93.2	92.8
ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRUST	92.2	93.4	93.2	93.1	92.9
AIREDALE NHS FOUNDATION TRUST	92.1	92.8	70.2	70.3	92.1
BARTS HEALTH NHS TRUST	92.1	93.1	92.9	69.5	91.7
ST GEORGE'S UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	92.1	89.6	89.7	89.9	90.0
ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST	92.1	92.2	92.2	91.1	90.9
LEICESTERSHIRE PARTNERSHIP NHS TRUST	92.0	91.4	91.5	91.4	91.3
NORTHAMPTON GENERAL HOSPITAL NHS TRUST	92.0	92.1	91.5	91.5	91.4
SURREY AND BORDERS PARTNERSHIP NHS FOUNDATION TRUST	92.0	96.2	97.3	92.3	93.9
CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	91.9	91.9	91.9	90.8	91.0
NORTHAMPTONSHIRE HEALTHCARE NHS FOUNDATION TRUST	91.8	91.9	36.5	91.5	92.8
OXLEAS NHS FOUNDATION TRUST	91.8	92.5	91.5	91.7	91.4
GEORGE ELIOT HOSPITAL NHS TRUST	91.7	93.4	92.4	92.0	90.8
GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST	91.6	92.5	67.3	92.5	92.8
UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST	91.6	91.2	91.1	90.6	90.9
PENNINE ACUTE HOSPITALS NHS TRUST	91.5	67.7	44.6	67.8	93.7
SOLENT NHS TRUST	91.4	90.1	90.4	91.5	91.4
UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	91.4	92.6	92.7	92.7	92.6
EAST AND NORTH HERTFORDSHIRE NHS TRUST	91.3	92.5	92.6	92.7	92.6
THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	91.3	90.5	90.5	90.7	90.7
CENTRAL AND NORTH WEST LONDON NHS FOUNDATION TRUST	91.2	93.2	92.0	93.4	68.0
WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST	91.2	92.4	92.5	92.8	92.7
BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST	91.1	92.3	91.8	92.2	92.2
GATESHEAD HEALTH NHS FOUNDATION TRUST	91.1	91.4	91.7	91.7	91.7
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	91.1	90.7	89.0	87.6	87.6
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	91.1	92.4	92.6	93.7	93.7
HOMERTON UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	91.0	90.5	90.4	91.4	91.8
JAMES PAGET UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	91.0	91.9	91.9	92.0	91.3
ISLE OF WIGHT NHS TRUST	90.9	91.4	90.7	92.3	92.6
LANCASHIRE & SOUTH CUMBRIA NHS FOUNDATION TRUST	90.9	90.8	91.1	90.0	92.2
MILTON KEYNES UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	90.9	91.0	91.4	94.0	93.8
SUSSEX PARTNERSHIP NHS FOUNDATION TRUST	90.9	95.4	94.3	94.3	95.3
BLACK COUNTRY PARTNERSHIP NHS FOUNDATION TRUST	90.8	88.3	90.2	89.9	89.9
WEST SUFFOLK NHS FOUNDATION TRUST	90.7	91.5	91.6	91.6	91.6
HAMPSHIRE HOSPITALS NHS FOUNDATION TRUST	90.6	92.2	92.2	92.4	92.3
SHROPSHIRE COMMUNITY HEALTH NHS TRUST	90.5	84.6	88.0	84.7	83.8
SOUTHEND UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	90.5	91.9	91.7	91.7	91.7
YEOVIL DISTRICT HOSPITAL NHS FOUNDATION TRUST	90.5	89.5	89.6	89.5	89.2
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	90.4	91.0	91.2	91.2	91.3
CORNWALL PARTNERSHIP NHS FOUNDATION TRUST	90.3	90.2	89.9	89.2	89.7
UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	90.3	91.1	91.2	91.3	91.2
DORSET COUNTY HOSPITAL NHS FOUNDATION TRUST	90.2	90.5	90.8	90.0	90.4
EAST SUFFOLK AND NORTH ESSEX NHS FOUNDATION TRUST	90.2	90.4	90.1	90.2	89.9
WYE VALLEY NHS TRUST	90.2	90.9	88.9	88.9	88.9
CHESTERFIELD ROYAL HOSPITAL NHS FOUNDATION TRUST	90.1	90.4	90.4	90.1	89.4
LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST	90.0	89.4	89.6	89.7	89.7
EAST SUSSEX HEALTHCARE NHS TRUST	89.7	89.8	89.8	90.1	90.1
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	89.7	84.7	81.0	81.3	82.3
GLOUCESTERSHIRE HEALTH AND CARE NHS FOUNDATION TRUST	89.6	94.5	94.3	94.3	94.3
NORTH MIDDLESEX UNIVERSITY HOSPITAL NHS TRUST	89.5	90.9	91.1	90.1	91.1
NORTHERN DEVON HEALTHCARE NHS TRUST	89.5	88.7	88.3	88.2	87.9
SOUTH WARWICKSHIRE NHS FOUNDATION TRUST	89.5	90.9	90.7	90.6	90.7
COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST	89.4	89.8	91.1	91.0	90.9
SOUTH TYNESIDE AND SUNDERLAND NHS FOUNDATION TRUST	89.3	90.6	92.6	90.7	90.7
NORTH WEST ANGLIA NHS FOUNDATION TRUST	89.2	89.9	90.1	93.2	93.4
SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST	89.1	89.3	89.2	91.1	88.0
THE ROTHERHAM NHS FOUNDATION TRUST	89.1	67.6	67.5	67.6	67.5
SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST	89.0	90.5	90.4	90.1	90.0
DEVON PARTNERSHIP NHS TRUST	88.9	88.9	88.9	89.1	89.4
EAST LANCASHIRE HOSPITALS NHS TRUST	88.9	90.4	88.8	48.2	88.8

	Jun -21	May -21	Apr -21	Mar -21	Feb -21
National Average	81.9	82.7	81.9	83.0	85.3
SHEFFIELD HEALTH & SOCIAL CARE NHS FOUNDATION TRUST	88.9	89.1	89.4	89.7	89.2
LEWISHAM AND GREENWICH NHS TRUST	88.8	90.2	90.3	90.4	90.5
LINCOLNSHIRE COMMUNITY HEALTH SERVICES NHS TRUST	88.7	88.5	88.5	88.3	87.3
TAMESIDE AND GLOSSOP INTEGRATED CARE NHS FOUNDATION TRUST	88.7	90.2	90.1	90.3	90.4
GREAT WESTERN HOSPITALS NHS FOUNDATION TRUST	88.6	90.0	90.3	90.2	90.5
TORBAY AND SOUTH DEVON NHS FOUNDATION TRUST	88.6	88.3	88.1	88.3	88.2
WALSALL HEALTHCARE NHS TRUST	88.5	89.9	89.9	92.4	92.3
UNIVERSITY HOSPITALS PLYMOUTH NHS TRUST	88.4	89.9	89.9	91.4	91.3
DARTFORD AND GRAVESHAM NHS TRUST	88.3	89.4	89.2	89.2	89.2
ROYAL FREE LONDON NHS FOUNDATION TRUST	88.3	89.6	89.9	89.6	89.9
SOUTHERN HEALTH NHS FOUNDATION TRUST	88.2	87.4	88.7	88.5	88.2
THE ROYAL WOLVERHAMPTON NHS TRUST	88.2	89.6	89.2	89.7	90.2
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	88.1	89.3	89.3	89.1	88.3
UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	88.1	88.8	88.8	88.7	88.7
DORSET HEALTHCARE UNIVERSITY NHS FOUNDATION TRUST	87.9	90.1	90.1	89.9	88.1
CHESHIRE AND WIRRAL PARTNERSHIP NHS FOUNDATION TRUST	87.8	87.8	88.0	88.6	88.8
ROYAL DEVON AND EXETER NHS FOUNDATION TRUST	87.8	88.4	86.8	86.6	85.8
WHITTINGTON HEALTH NHS TRUST	87.7	85.0	88.0	88.3	88.1
UNIVERSITY HOSPITALS OF DERBY AND BURTON NHS FOUNDATION TRUST	87.6	88.6	88.3	88.0	87.3
DERBYSHIRE COMMUNITY HEALTH SERVICES NHS FOUNDATION TRUST	87.2	87.8	87.1	87.3	87.1
EAST CHESHIRE NHS TRUST	86.9	88.6	88.7	88.5	88.5
GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FOUNDATION TRUST	86.9	88.4	89.2	88.7	88.8
GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	86.9	85.2	85.9	86.3	85.7
WESTON AREA HEALTH NHS TRUST	86.4	90.8	90.0	87.5	87.3
EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	86.2	87.7	87.7	61.9	62.8
HOUNSLOW AND RICHMOND COMMUNITY HEALTHCARE NHS TRUST	86.0	82.1	85.6	86.4	82.1
NORTH CUMBRIA INTEGRATED CARE NHS FOUNDATION TRUST	86.0	87.1	87.5	87.3	88.8
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	85.7	87.6	87.7	87.7	87.7
CENTRAL LONDON COMMUNITY HEALTHCARE NHS TRUST	85.6	85.6	83.7	79.2	79.3
BRIDGEWATER COMMUNITY HEALTHCARE NHS FOUNDATION TRUST	85.5	85.7	85.1	85.2	84.5
CROYDON HEALTH SERVICES NHS TRUST	85.5	85.4	84.9	85.1	84.8
MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	85.3	89.7	89.9	90.8	90.8
NORTH EAST LONDON NHS FOUNDATION TRUST	85.2	85.0	84.8	85.3	84.8
COVENTRY AND WARWICKSHIRE PARTNERSHIP NHS TRUST	84.8	84.7	83.7	84.0	84.2
SUSSEX COMMUNITY NHS FOUNDATION TRUST	84.7	84.1	84.0	83.9	83.8
NORTH BRISTOL NHS TRUST	84.2	92.9	92.0	92.0	91.8
UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	83.9	85.9	61.4	86.0	86.0
KENT COMMUNITY HEALTH NHS FOUNDATION TRUST	83.5	83.8	84.9	83.5	83.1
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	83.5	85.2	84.8	84.9	84.5
EPSOM AND ST HELIER UNIVERSITY HOSPITALS NHS TRUST	83.3	84.2	84.2	84.8	84.7
MEDWAY NHS FOUNDATION TRUST	83.2	84.5	89.5	84.7	85.7
OXFORD HEALTH NHS FOUNDATION TRUST	82.4	82.4	81.9	82.4	82.8
BOLTON NHS FOUNDATION TRUST	82.1	83.4	83.5	83.4	83.3
BIRMINGHAM COMMUNITY HEALTHCARE NHS FOUNDATION TRUST	82.0	83.4	84.7	56.3	55.3
ROYAL SURREY COUNTY HOSPITAL NHS FOUNDATION TRUST	81.3	85.0	85.2	83.9	83.7
QUEEN VICTORIA HOSPITAL NHS FOUNDATION TRUST	75.5	77.5	77.6	77.7	77.5
SALFORD ROYAL NHS FOUNDATION TRUST	66.9	91.0	91.3	91.3	90.7
BRIGHTON AND SUSSEX UNIVERSITY HOSPITALS NHS TRUST	62.7	77.9	77.9	94.0	93.5
MERSEY CARE NHS FOUNDATION TRUST	50.6	50.8	51.3	51.4	92.9
BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST	50.1	49.9	50.7	51.2	77.3
HUMBER TEACHING NHS FOUNDATION TRUST	46.2	93.8	67.8	93.4	93.2
ASHFORD AND ST PETER'S HOSPITALS NHS FOUNDATION TRUST	40.8	45.6	45.9	88.5	88.6
CAMBRIDGESHIRE COMMUNITY SERVICES NHS TRUST	39.4	39.5	39.6	39.6	13.9
HERTFORDSHIRE COMMUNITY NHS TRUST	23.4	23.4	23.4	23.4	54.4
WIRRAL COMMUNITY HEALTH AND CARE NHS FOUNDATION TRUST	6.4	6.3	6.3	6.3	82.2
DUDLEY AND WALSALL MENTAL HEALTH PARTNERSHIP NHS TRUST	5.6	5.6	4.8	5.7	5.8
NORTH WEST BOROUGHS HEALTHCARE NHS FOUNDATION TRUST	0.0	48.6	48.4	48.4	88.9
POOLE HOSPITAL NHS FOUNDATION TRUST	0.0	7.0	7.0	76.2	76.4
ROYAL BROMPTON & HAREFIELD NHS FOUNDATION TRUST	0.0	0.0	0.0	43.1	43.1
SOUTH WESTERN AMBULANCE SERVICE NHS FOUNDATION TRUST	0.0	0.0	0.0	0.0	-
THE ROYAL BOURNEMOUTH AND CHRISTCHURCH HOSPITALS NHS FOUNDATION TRUST	0.0	6.8	6.8	77.0	77.3

Data source: Data quality - NHS Digital

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 2 November 2021

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 September. This report provides a summary of the meeting including actions and recommendations made.

Executive Summary

Since the last summary was provided in September the Governance Committee has met once on 12 October 2021. 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 12 October 2021.

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

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

Report from the Governance Committee – 12 October 2021

20 governors (76.92% of the Council of Governors) attended the meeting held on 12 October 2021.

Deputy Chair Governance Committee

- Governors were encouraged to consider expressing an interest in this role.

Membership Data Review

- Governors were encouraged to look at the data presented at the meeting and to contact Denise Baxendale with any questions/queries
- Governors noted the underrepresented groups

Review Membership Strategy 2021-2024 and Review the Governors Membership Engagement Action Plan

- Governors reviewed the Strategy and Governors Membership Engagement Action Plan and were encouraged to update the Action Plan

Feedback from The Annual Members' Meeting (AMM)

- Feedback was positive
- Next year's AMM is taking place on Wednesday 21 September 2022.

Feedback from Governor Engagement Activities Including Themes / Issues Arising / Topics of Conversation Relating to The Trust

- The Committee discussed the contents listed in the Governor Engagement Activity log and agreed to escalate the issues relating to waiting lists to the Council of Governors.

Governor Engagement Opportunities

- Governors were encouraged to sign up to Derbyshire Mental Health Forum News and Derbyshire Voluntary Action's e-bulletin as a means of getting to know voluntary groups within their constituencies.

Feedback: NHS Providers Governor Focus Workshops from Governors Who Attended the Sessions

- Carole Riley and Julie Lowe fed back on the workshops they attended and encouraged governors to attend future workshops.

Consideration of holding to account questions to council of governors

- One question regarding the Trust's waiting lists.

Results for Annual Effectiveness Survey

- Results to be presented to the Council of Governors on 2 November
- Lead Governor, Deputy Lead Governor and Membership and Involvement Manager to review the responses; identify any areas for future governor training and development; discuss any issues raised; and to review the questions for next year.

Governor Training and Development Including Feedback from the Governor Engagement Training and Development Session Held on 6 October and Plans for Next Year

- The governor engagement session organised on 6 October was cancelled due to low uptake and will be re-arranged next year.
- Governors were given information on GovernWell training sessions, organised by NHS Providers

Any Other Business

- Derby and Derbyshire Clinical Commissioning Group Engagement Committee – Chris Mitchell has agreed to represent the Council of Governors on this committee and feed back to the Governance Committee.

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 2 November 2021

Feedback Annual Members Meeting

Purpose of Report

To provide feedback on the Trust's Annual Members Meeting which took place on 9 September 2021.

Executive Summary

This year the Annual Members Meeting (AMM) took place on 9 September and was held virtually using MS Teams. The meeting was held virtually due to the COVID-19 pandemic and the need for social distancing and keeping people safe.

69 people attended which included Trust members, the public, staff members, Trust Board and those shortlisted for the Trust's writing competition:

The AMM had been promoted widely including:

- Press releases to local papers/local radio stations
- Posted on the Trust website in latest news and the members section
- Posted on social media (Twitter, Facebook)
- To all staff via the staff e-newsletter and intranet
- To all members via the members' e-newsletter and magazine with reminders leading up to the event
- To all stakeholders and services
- Within the voluntary sector (including Derbyshire Federation for Mental Health; Derbyshire Carers Association; Derby City and Southern Derbyshire Mental Health Carers Forum; Derbyshire Chinese Welfare Association; Erewash Voluntary Action, Head High, P3, Derby West Indian Community Association)

Governors were also encouraged to promote the AMM within their communities. Governors shared information on the AMM with district and community forums; on community noticeboards; via social media; e-newsletters.

Positive feedback was received that the AMM was a good mix of showcasing services and formal business. Ending with the announcement of the winners from the Trust's writing competition on the theme of 'finding my calm during COVID' was really well received. The finalists from the writing competition fed back to the Trust that they had appreciated the support they were given prior to the event and that they enjoyed the afternoon.

The AMM for 2022 has been organised for 21 September 2022. It is hoped that this be a face to face event in the Centre for Research and Development, Kingsway Hospital Site.

Proposed Actions for the Council of Governors:

- Establish a Task and Finish Group to plan next year's AMM

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 Annual Members' Meeting was held in accordance with the guidance included in the Trust's Constitution.

Consultation

- Feedback on the Annual Members' Meeting was discussed in detail by the Governance Committee on 12 October 2021.

Governance or Legal Issues

- In accordance with additional responsibilities for NHS foundation trusts following the amendment of the 2006 Act by the 2012 Act the Trust must hold an Annual Members' Meeting.

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 proactively sought to promote the Annual Members' Meeting to all members of the community.

Recommendations

The Council of Governors is requested to:

1) Receive the report
2) Establish a Task and Finish group to discuss the Annual Members' Meeting for 2022.

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

Governor Meeting Timetable April 2022 – March 2023

DATE	TIME	EVENT	LOCATION/COMMENTS
5/4/22	2-4.30pm	Governance Committee	TBC – virtual or Conference Room A&B
10/5/22	9.30am onwards	Public Trust Board	TBC – virtual or Conference Room A&B
10/5/22	2.00pm onwards	Council of Governors	TBC – virtual or Conference Room A&B
8/6/22	10.00am-12.30pm	Governance Committee	TBC – virtual or Conference Room A&B
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
9/8/22	10.00am-12.30pm	Governance Committee	TBC – virtual or Rooms 1&2
6/9/22	9.30am onwards	Public Trust Board	TBC – virtual or Conference Room A&B
6/9/22	2.00pm onwards	Council of Governors meeting	TBC – virtual or Conference Room A&B
21 or 22 Sept' 22	TBC	Annual Members' Meeting	TBC – virtual or Conference Room A&B
12/10/22	10.00am-12.30pm	Governance Committee	TBC – virtual or Conference Room A&B
1/11/22	9.30am onwards	Public Trust Board	TBC – virtual or Conference Room A&B
1/11/22	2.00pm onwards	Council of Governors meeting	TBC – virtual or Conference Room A&B
13/12/22	10.00am-12.30pm	Governance Committee	TBC – virtual or Rooms 1&2
17/1/23	9.30am onwards	Public Trust Board	TBC – virtual or Conference Room A&B
17/1/23	2pm onwards	Council of Governors and Trust Board development session	TBC – virtual or A&B
7/2/23	10.00am-12.30pm	Governance Committee	TBC – virtual or Conference Room A&B
7/3/23	9.30am onwards	Public Trust Board	TBC – virtual or Conference Room A&B
7/3/23	2.00pm onwards	Council of Governors meeting	TBC – virtual or Conference Room A&B

Please note:

- Training and development sessions for 2022/23 to be arranged
- Meetings may take place virtually or face-to-face (at Kingsway in Derby), to be confirmed

Governor Meeting Timetable – March 2022

DATE	TIME	EVENT	LOCATION/COMMENTS
2/11/21	9.30am onwards	Trust Board Meeting	This will be a virtual meeting
2/11/21	2.00pm onwards	Council of Governors meeting	This will be a virtual meeting
8/12/21	10.00am-12.30pm	Governance Committee	This will be a virtual meeting
18/1/22	9.30am onwards	Trust Board Meeting	This will be a virtual meeting
18/1/22	2.00pm onwards	Council of Governors and Trust Board development session	This will be a virtual meeting
8/2/22	10.00am-12.30pm	Governance Committee	This will be a virtual meeting
1/3/22	2.00pm onwards	Council of Governors meeting	This will be a virtual meeting
1/3/22	9.30am onwards	Trust Board Meeting	This will be a virtual meeting

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

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

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS	
NHS Term / Abbreviation	**Terms in Full**
FOI	Freedom of Information
FSR	Full Service Record
FT	Foundation Trust
FTE	Full-time Equivalent
FTN	Foundation Trust Network
FTSU	Freedom to Speak Up
FTSUG	Freedom to Speak Up Guardian
F&P	Finance and Performance
5YFV	Five Year Forward View
G	
GDPR	General Data Protection Regulation
GGI	Good Governance Institute
GMC	General Medical Council
GP	General Practitioner
GPFV	General Practice Forward View
H	
HCA	Healthcare Assistant
HEE	Health Education England
HES	Hospital Episode Statistics
HoNOS	Health of the Nation Outcome Scores
HSCIC	Health and Social Care Information Centre
HSE	Health and Safety Executive
HWB	Health and Wellbeing Board
I	
IAPT	Improving Access to Psychological Therapies
ICM	Insertable Cardiac Monitor
ICS	Integrated Care System (formerly ACS)
ICT	Information and Communication Technology
ICU	Intensive Care Unit
IDVAs	Independent Domestic Violence Advisors
IG	Information Governance
ILS	Immediate Life Support (BLS – Basic Life Support)
IM&T	Information Management and Technology
OOA	Outside of Area
IPP	Imprisonment for Public Protection
IPR	Integrated Performance Report
IPT	Interpersonal Psychotherapy
J	
JNCC	Joint Negotiating Consultative Committee
JTAI	Joint Targeted Area Inspections
JUCB	Joined Up Care Board
JUCD	Joined Up Care Derbyshire
K	
KPI	Key Performance Indicator
KSF	Knowledge and Skills Framework
L	
LA	Local Authority

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

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

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

(updated 26 April 2021)