Derbyshire Healthcare
NHS Foundation Trust

Derbyshire Healthcare NHS Foundation Trust
Council of Governors

To be held digitally via MS Teams
2 March 2021 14:00 - 16:30

INDEX

Derbyshire Healthcare
NHS Foundation Trust

COUNCIL OF GOVERNORS' MEETING – TUESDAY 2 MARCH 2021
FROM 2.00-4.35PM

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

AGENDA		LED BY	TIME
1.	Welcome, introductions and Chair's opening remarks Apologies and Declaration of Interests	Caroline Maley	2.00
2.	Submitted questions from members of the public	Caroline Maley	2.05
3.	Minutes of the previous meeting held on 3 November 2020	Caroline Maley	2.10
4.	Matters arising and actions matrix	Caroline Maley	2.15
5.	Chief Executive's update (verbal)	Ifti Majid	2.20
HOLDING TO ACCOUNT			
6.	Update on the Trust's 24/7 mental health support line	Fiona White/Geoff Lewins	2.45
7.	Non-Executive Director's Deep Dive Reports	Julia Tabreham and Ashiedu Joel	3.10
COMFORT BREAK			3.30
8.	Escalation items to the Council of Governors from the Governance Committee (verbal)	Caroline Maley	3.40
9.	Verbal summary of Integrated Performance Report (full report provided for information)	Non-Executive Directors	3.50
ENGAGEMENT WITH THE COMMUNITY			
10.	Update on the forthcoming elections (verbal)	Denise Baxendale	4.05
OTHER MATTERS			
11.	Governance Committee Reports – 10 December 2020 and 9 February 2021	Julie Lowe	4.15
12.	Any Other Business	Caroline Maley	4.25
13.	Review of meeting effectiveness and following the principles of the Code of Conduct	Caroline Maley	4.30
14.	Close of meeting	Caroline Maley	4.35
FOR INFORMATION			
15.	Minutes of the Public Board meetings held on 1 September 2020 and 3 November 2020 (please note the minutes are in the agenda and papers packs)		
16.	Chair's Reports as presented to Public Trust Board on 3 November 2020; 13 January 2021 and *2 March 2021 (please note the reports are in the agenda and papers packs)		
17.	Chief Executive's Reports as presented to Public Trust Board on 3 November 2020; 13 January 2021 and *2 March 2021 (please note the reports are in the agenda and papers packs)		
18.	Governor meeting timetable 2021/22		
19.	Glossary of NHS terms		
Next Meeting: Tuesday 4 May 2021, from 2.00pm. This will be a virtual meeting.			

* Please note that these reports will be available to view on the Trust's website. Click on the 2021 drop down menu and select '2 March 2021 agenda and papers'.

Our vision

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

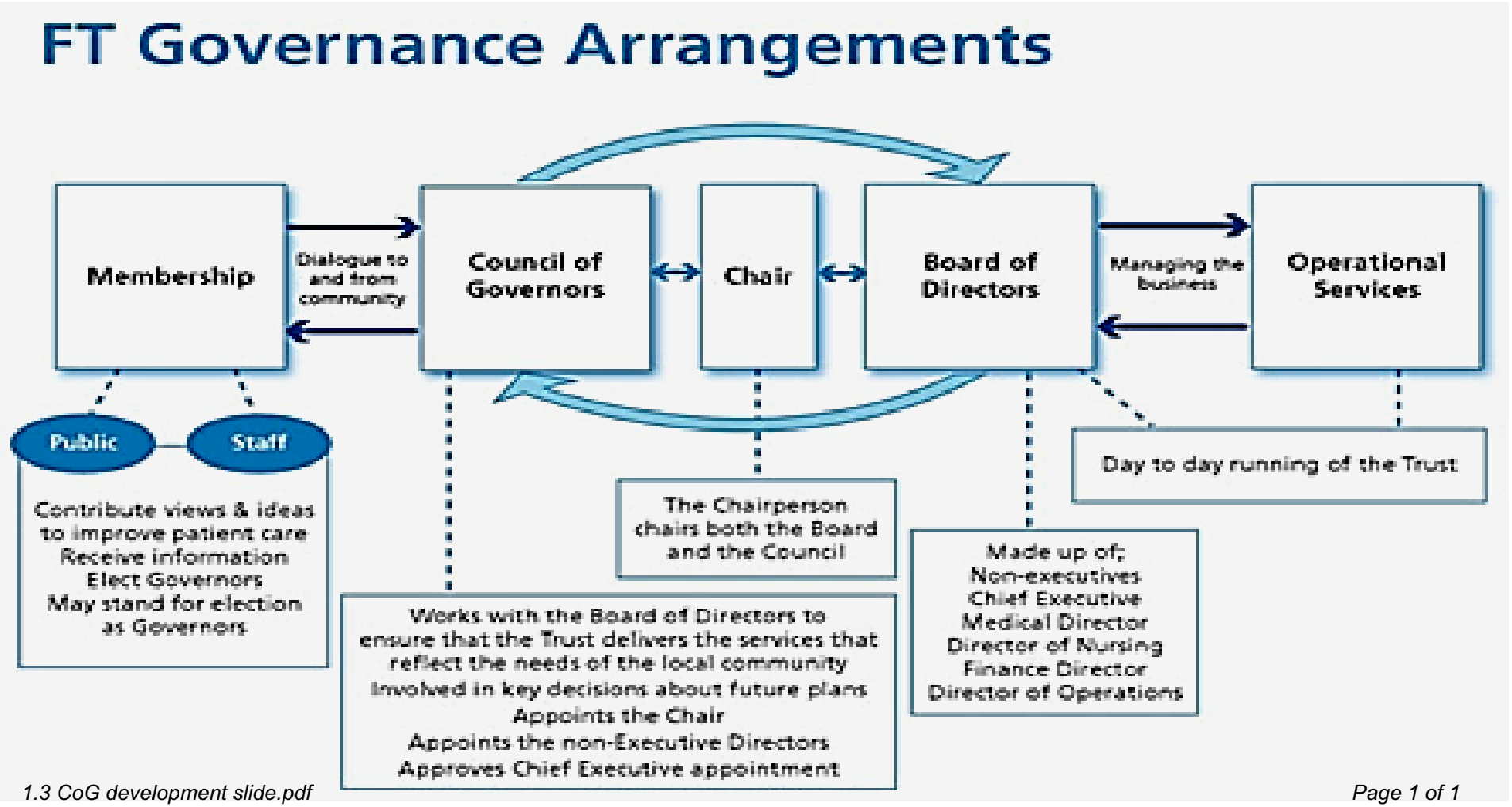
Our values

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 3 NOVEMBER 2020, FROM 14.00-16.30 HOURS
MEETING HELD DIGITALLY VIA MICROSOFT TEAMS

THE MEETING WAS ALSO BROADCAST TO THE PUBIC VIA MS TEAMS LIVE EVENT

PRESENT	Caroline Maley	Trust Chair and Chair of Council of Governors
	Valerie Broom	Public Governor, Amber Valley
	Susan Ryan	Public Governor, Amber Valley
	Rob Poole	Public Governor, Bolsover and North East Derbyshire
	Lynda Langley	Public Governor, Chesterfield and Lead Governor
	Julie Lowe	Public Governor, Derby City East
	Carole Riley	Public Governor, Derby City East
	Stuart Mourton	Public Governor, Derby City West
	Orla Smith	Public Governor, Derby City West
	Andrew Beaumont	Public Governor, Erewash
	Christopher Williams	Public Governor, Erewash
	Julie Boardman	Public Governor, High Peak and Derbyshire Dales
	Rosemary Farkas	Public Governor, Surrounding Areas
	Marie Hickman	Staff Governor, Admin and Allied Support Staff
	Kel Sims	Staff Governor, Admin and Allied Support Staff
	Jodie Cook	Appointed Governor, Derbyshire Mental Health Forum
	David Charnock	Appointed Governor, University of Nottingham
	Cllr Jim Perkins	Appointed Governor, Derbyshire County Council
	Cllr Roy Webb	Appointed Governor, Derby City Council
IN ATTENDANCE	Margaret Gildea	Non-Executive Director and Senior Independent Director
	Ashiedu Joel	Non-Executive Director
	Geoff Lewins	Non-Executive Director
	Sheila Newport	Non-Executive Director
	Julia Tabreham	Non-Executive Director
	Richard Wright	Non-Executive Director
	Ifti Majid	Chief Executive
	Justine Fitzjohn	Trust Secretary
	Carolyn Green	Director of Nursing and Patient and Learning Experience
	Jaki Lowe	Director of People and Inclusion
	Denise Baxendale	Membership and Involvement Manager
APOLOGIES	Rachel Bounds	Appointed Governor, Derbyshire Voluntary Association
	Jo Foster	Staff Governor, Nursing
	Al Munnien	Staff Governor, Nursing
	Kevin Richards	Public Governor, South Derbyshire
	Carol Sherriff	Public Governor, High Peak and Derbyshire Dales
	Farina Tahira	Staff Governor, Medical

ITEM	**ITEM**
DHCFT/GOV /2020/016	**WELCOME, INTRODUCTIONS, CHAIR'S OPENING REMARKS, APOLOGIES FOR ABSENCE & DECLARATION OF INTERESTS** Caroline Maley welcomed all to the meeting. She reminded everyone that the meeting was being streamed for public viewing. Caroline also referred to the Public Trust Board held in the morning and apologised for the technical difficulties which meant that governors could not access the meeting. Caroline gave a warm welcome to Jaki Lowe, Director of People and Inclusion, who was attending the Council of Governors for the first time. The apologies were noted. Caroline Maley declared an interest in item 'Report from Governors' Nominations and Remuneration Committee held on 21 October 2021' in

	which the Trust Chair's appraisal is mentioned.
DHCFT/GOV /2020/017	**SUBMITTED QUESTIONS FROM MEMBERS OF THE PUBLIC** No questions from members of the public had been received.
DHCFT/GOV /2020/018	**MINUTES OF THE COUNCIL OF GOVERNORS' MEETING ON THE 1 SEPTEMBER 2020** The minutes of the meeting held on 1 September 2020 were accepted as a correct record.
DHCFT/GOV /2020/019	**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. Comments were made as follows: ***Item DHCFT/2020/024 – staff survey results*** – the Chair has discussed this action with Jaki Lowe. The action relates to the last survey and as the new staff survey has been launched it was agreed to close this item. Jaki will arrange to meet staff governors when the results are published in the spring. **RESOLVED: The Council of Governors noted the completed actions and comments on the Action Matrix.**
DHCFT/GOV /2020/020	**CHIEF EXECUTIVE UPDATE** Ifti Majid provided the meeting with an update on the current situation regarding the COVID-19 pandemic which included: • The world-wide, national and local figures • Infection is rising in the UK and across the globe • Since March the experts are learning more about the virus including average disease deaths per day worldwide; incubation period; and how contagious and deadly the virus is, which shows how easy it is to catch and the fatality rate. The UK has recently surpassed a million cases and this figure is rising steeply. • From last week the highest density significant cases are expanding in areas including Scotland, West Midlands, London and the South West with rates increasing across country. • The number of people admitted into hospital is not at the levels experienced at the end of March and during April. However admissions are increasing and the most vulnerable of society are being admitted; sadly there is a correlation with vulnerable people and the death rate. • The R number across the Midlands is above 1; therefore the virus is a positive growth rate and has doubled. 217 per 100,000 population across the Midlands have the virus. • The number of positive COVID-19 patients in Derbyshire beds has doubled in a week (from 76 to 42). • As of yesterday the Trust has four confirmed cases. This is the biggest number that Trust has had and all four patients have been isolated to be swabbed. Outbreaks are managed by the Trust in a robust way. All patients admitted are deemed positive until they have had the test. Ifti explained that the Trust has a formal outbreak where one person has the virus and one person is linked to this person who is suspected of having symptoms. The Trust has a number of these outbreaks a number of which are involving more people. This is to be expected as patients are being admitted from the community. There is evidence across the Midlands from the outbreak management team that more staff than patients are contracting the virus, despite abiding by the robust infection, prevention and control measures. Ifti assured the meeting that the outbreaks within the Trust are not increasing beyond our control.

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	• The number of staff with COVID-19 related absence has doubled since last week equating to 2½% of the workforce which compares favourably to other Trusts. • The Trust's workforce is exhausted due to working in an environment which is hitherto unheard of. There is a positive desire of people in the Trust to help support service users, each other and services. Ifti referred to COVID-19 fatigue and the Trust is developing ways of supporting staff. Capacity to meet demand is difficult as the Trust still has to change the estate, roll out the new electronic records system and implement the NHS Long Term Plan. • The Trust is aware of what is happening in the wider community and is in the process of responding to the current crisis including: - essential services have been identified - looking at staff capacity i.e. redeployment/pool and ensure people discharged early with support in the community. - ensuring that colleagues who are deemed 'extremely clinically vulnerable' are working from home - ensuring that risk factors (i.e. ethnicity) are identified - wellbeing offers to support colleagues are being developed. • A lot of work has been carried on learning lessons from wave one of the pandemic. It was noted that the figures shared in the report can be downloaded from the Government's website www.gov.uk. Rob Poole, governor, conveyed his appreciation to Ifti for his update and his human touch. Valerie Broom, governor, referred to the increase in demand for adult and childrens' mental health services during the pandemic and asked how the Trust will manage this increase. Ifti explained that if services process and accept referrals at the same rate as usual, then service users will not be able to be discharged because the capacity within the community services will not be able to support them and beds will not be released. Clinical experts, led by Dr John Sykes, Medical Director, are trying to understand what can be put in place between these two levels so people can be discharged when it is safe to do so and not increasing waiting lists in community. The Trust may need to elongate waiting times from one to two months and screen referrals so that there is the capacity to discharge patients. It was noted that funding from NHS Charities is being used to support people in the community. David Charnock, governor, commented on the complexity of the situation; and referred to the resilience of staff and asked what support staff are receiving. Ifti explained that the Trust is supporting staff by encouraging one-to-one supervision, coaching, team meetings, team supervision to give clinical resilience to support people in frontline work; and keeping staff informed. It was noted that staff receive a lot of communication on the current situation from Ifti Majid and Mark Powell, Chief Operation Officer e.g. emails, podcasts and engagement sessions. Jaki Lowe also explained that the Trust has a people first approach which has been at the centre of the COVID-19 response. Putting people first is also being embedded in policies, process and communications. A staff side representative sits on the Incident Management Team so staff have a voice in decision making; this is being extended to include BME colleagues and those with disabilities and long term conditions. The Trust is keen to ensure people are aware they are valued. Wellbeing offers are being put in place to support staff through the winter months including hints and tips to help with resilience, motivation and wellbeing. Following on from this Kel Sims, governor, commented that the people first message is apparent in how the Trust is supporting its workforce and conveyed her appreciation for the stance taken. She added that staff feel cared for and valued and it is evident that the Incident Management Team are making decisions with people in

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	mind. Future improvements to build on physical and social wellbeing will be welcomed. **RESOLVED: The Council of Governors noted the helpful information and explanations provided by Ifti Majid.**
DHCFT/GOV /2020/021	**GOVERNORS ANNUAL EFFECTIVENESS SURVEY** Denise Baxendale, Membership and Involvement Manger, presented the results of the fifth Annual Effectiveness Survey of the Council of Governors. This survey is carried out yearly in line with best practice. Initially the results were presented to the Governance Committee on 8 October 2020. A total of 24 governors responded; this equated to 92.30 % (the current complement of governors at the time of the survey was 26). Denise was pleased to note that the response rate is significantly high. A number of proposed actions in order to continue to enhance the effectiveness of the Council of Governors were listed in the paper. Denise confirmed that the actions include a task and finish group which has been established 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. Governors are reminded that if there are any issues or concerns, that these can be discussed with Caroline Maley, Trust Chair; Lynda Langley, Lead Governor; Justine Fitzjohn, Trust Secretary; or Denise Baxendale, Membership and Involvement Manager to allow these to be addressed. Denise Baxendale requested the Council of Governors to note the content of the presented report as a positive assessment by governors of their effectiveness. The Trust Chair thanked all governors who completed the survey and expressed her appreciation to Denise. She also looked forward to receiving at update from the task and finish group. *(Stuart Mourton left the meeting at 3pm.)* **RESOLVED: The Council of Governors:** **1) Noted the outcome of the Council of Governors annual effectiveness survey 2020** **2) Agreed that the survey should be repeated in September 2021** **3) Noted the proposed additional actions developed in response to the survey feedback to further enhance the effectiveness of the Council of Governors.**
DHCFT/GOV /2020/022	**REPORT FROM GOVERNORS' NOMINATIONS AND REMUNERATION COMMITTEE HELD ON 21 OCTOBER 2020** The Trust Chair declared an interest in this item as it includes proposals to revise the Trust Chair appraisal process. Therefore Margaret Gildea, Non-Executive Director and Senior Independent Director presented the report and went through the key points in the paper which outlined revisions to the Trust Chair/NED appraisal process in light of the NHS Improvement (NHSI) guidance. The Trust Chair conveyed her appreciation to Justine Fitzjohn, Lynda Langley and Margaret for their involvement in this important work. **RESOLVED: The Council of Governors:** **1) Approved the revised appraisal process for the Trust Chair and NEDs as set out in the report.**
DHCFT/GOV /2020/023	**NON-EXECUTIVE DIRECTORS (NED) DEEP DIVE** Sheila Newport, clinical NED and Chair of the Mental Health Act Committee presented the Deep Dive to governors.

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	Sheila gave an overview of her role within the Trust which includes: • Chairing the Mental Health Act Committee • Holding a lead role for both Safeguarding and Learning from Deaths • Being a member of the Quality and Safeguarding Committee, the Audit and Risk Committee and the Remuneration Committee • Representing the NEDs (within the wider Derbyshire System) on the Joint Mental Health, Learning Disability and Autism Delivery Board. Sheila explained that she joined the Trust in January and due to the COVID-19 pandemic and the national requirement to socially distance, she has been unable to meet with clinicians and operational staff. She also outlined the importance of the Mental Health Act Committee; its main purpose being to obtain assurance that the safeguards and provisions of the Mental Health Act are appropriately applied, taking account of the provisions of related statue and guidance such as Mental Capacity Act, Deprivation of Liberty Safeguards and the Human Rights Act. Andrew Beaumont, governor, asked if the Mental Health Act has changed and evolved over the last 50 year. Sheila explained that the Mental Health Act was updated in 1983 and there are plans to amend and make considerable changes to it; this also applies to the Mental Capacity Act. Christopher Williams, governor, asked when Trust Quality Visits will be able to be re-introduced to ensure that things are progressing. Caroline Maley explained that Quality Visits are unable to take place during the pandemic due to the national requirement for social distancing. Lynda Langley, governor, asked if the increase in Sections 135 and 136 detentions were increasing on a local or national level. Sheila explained that she did not have the national figures but there had been an increase in people experiencing mental health issues during the pandemic. Ifti Majid explained that prior to the pandemic the local figures had decreased when the Trust was able to implement street triage which involved mental health practitioners and the police. The Trust's new mental health support line has had an impact on helping people but Sections 136 detentions have increased. **RESOLVED: The Council of Governors received the Deep Dive.**
DHCFT/GOV/2020/024	**<u>SUMMARY OF INTEGRATED PERFORMANCE REPORT</u>** The Integrated Performance Report (IPR) was presented to the Council of Governors by the Non-Executive Directors (NEDs). The focus of the report was on workforce, finance, operational delivery and quality performance. Ashiedu Joel, NED Inclusion lead gave an overview of the discussions from the Trust Public Board that had taken place that morning which included: • An update on the employment specialists who have successfully placed 12 service users in employment. • Reference to the People Strategy and the need for inclusion not to be tokenistic. • Impact of the COVID-19 pandemic on the workforce; as of yesterday 65 staff were absent from work due to the virus and COVID-19 related issues. • Compared to last year uptake for the Flu vaccine has increased with 800 staff so far vaccinated. • Consultation around professional opportunities for BME staff, the results of which will be fed back to the Trust Board. • Ongoing investment for welfare of staff and retention and recruitment of staff. • Plans to restore services pre-COVID-19 whilst responding to the pandemic. Richard Wright as Chair of the Finance and Performance Committee updated the meeting on the following:

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	• The first six months the Trust showed a break even balance which was due to a £2 million pound top up received from the government. • The Trust was required to submit a forecast; and as Chair of the Joined Up Care Derbyshire (JUCD) Finance Group Richard explained that it will be the first time where the Derbyshire System should achieve a break even position. • The Trust has submitted numbers which show a slight deficit, this is changing rapidly due to the pandemic. • The Trust has submitted applications for large amounts of money to rebuild the acute units in Derby and Chesterfield. It was noted that ligature points etc. will be built into the design. • Ongoing debate on how the Trust can tackle conflicts (e.g. acute and discharging service users). Margaret Gildea as Chair of the Quality Committee referred to: • Wait times which have increased due to the Trust being in response mode to the pandemic. • Autistic spectrum disorder wait times can be up to 2½ years with the current funding. Inroads cannot be made until 2023 unless additional funding is made available. Julia Tabreham as Chair of People and Culture Committee and NED Lead for Freedom to Speak Up (FTSU) referred to: • Staff sickness is now increasing as the county goes into the second wave of the pandemic. • The Trust is looking at improving supervision and appraisal levels and focusing on compulsory training but is aware that capacity of staff is stretched. • Working with Tam Howard, FTSU Guardian to revise the FTSU report which is presented to Trust Board to enable the Trust to focus on key areas of improvement i.e. workforce and disability. • The People and Culture Committee are discussing the development of a new dashboard and framework to better hear the voice of service users and carers and focus on key areas for improvement i.e. quality standards. • Key indicators will be chosen to drive improvements through i.e. freedom to speak up experience and exit interview data. Geoff Lewins, as Chair of the Audit and Rick Committee had given a deep dive on the work of the Committee at the previous meeting and explained that he had nothing further to add from the issues already highlighted. Kel Sims referred to the increase in Flu vaccinations compared to this time last year and asked how the Trust will be targeting staff working from home and those that are clinically vulnerable. She asked if the Trust is assured that a robust process is in place for these two very different groups of staff. Jaki Lowe explained that she is looking into this and plans are ongoing. She also explained that staff can request their preferred place for vaccination along with a choice to attend a clinic or pop up clinic. The Trust is currently looking into how it can help staff who have difficulties attending a clinic. **RESOLVED: The Council of Governors** **1) Noted the information provided in the IPR** **2) Agreed that the NEDs have held the Executive Directors to account.**
DHCFT/GOV /2020/025	**<u>ESCALATION ITEMS TO THE COUNCIL OF GOVERNORS FROM THE GOVERNANCE COMMITTEE</u>** Two items of escalation were received from the Governance Committee, which was held on 10 October 2020: <u>Question 1:</u>

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	How are Non-Executive Directors assured that the Trust: a. Monitors: i. the number of service users who return for treatment, ii. the frequency of returning; and b. then puts in place actions to provide permanent resolutions for service users? <u>Question 2:</u> How are Non-Executive Directors assured that staff feedback from exit interviews is addressed properly and that there are effective processes in place to ensure that it is used to address any issues raised and to make improvements in working environments and service provision? We request that an example of how this has been undertaken practically is included in the response which will help provide assurance that the processes are effective. The answers, attached as Appendix 1 to these minutes, were read out at the meeting and governors were satisfied with the responses. With reference to question one the numbers of service users returning to services, Roy Webb referred to a model used by Derby City Council that can offer support to frequent service users giving them guidance and support to keep them out of services and wondered if this model could be used by the Trust. Caroline Maley explained that the model used by Derby City Council is not replicable with the Trust and due to the nature of service users' illness (i.e. mental health issues) it is very difficult to eradicate. With reference to question two regarding staff exit interviews Jaki Lowe explained that the Trust is looking at building staff feedback from exit interviews into a dashboard for reporting to the People and Culture Committee so other staff can benefit from the feedback and lessons are learnt. Caroline Maley explained that the People and Culture Committee are looking at doing a Deep Dive on exit interviews.
DHCFT/GOV /2020/026	**<u>GOVERNANCE COMMITTEE REPORT</u>** The Council of Governors received the report from the Governance Committee meeting which took place on 8 October 2020. Julie Lowe, Deputy Chair of the Committee referred to the following: • The meeting was attended by 80% of the Council of Governors • Three task and finish groups are in the process of being established focusing on the results of this year's Governors Effectiveness Survey; next year's Annual Members' Meeting and governor engagement. Richard Wright, Deputy Trust Chair attended the meeting on behalf of the Trust Chair and commented that it had been a really positive meeting, and the enthusiasm and commitment from governors was evident. Kel Sims, Chair of the Committee conveyed her appreciation to Julie Lowe who had chaired the meeting due her re-deployment. *(Ashiedu Joel and Jaki Lowe left the meeting.)* Caroline Maley conveyed her appreciation to Richard Wright for representing her at the meeting. Caroline referred to the Governor Engagement Task and Finish group and requested that at least one governor from each constituency join the group. **RESOLVED: The Council of Governors** **1) Noted the information provided in the Governance Committee Report**
DHCFT/GOV /2020/027	**<u>ANY OTHER BUSINESS</u>** **Governors informal sessions** Caroline Maley referred to the informal coffee and chat sessions organised by Lynda

	Langley and Julie Lowe to help governors missing social contact with each other. She is keen to encourage this and explained that the meeting today was opened up half an hour beforehand for social interactions and encouraged governors to speak to their peers. Governors who had attended the informal sessions had found them beneficial and would like them to continue. **Recognition to staff** Caroline Maley expressed her appreciation to Denise Baxendale for her work in supporting governors. Governors requested that their appreciation to staff working during the pandemic is noted.
DHCFT/GOV /2020/028	**REVIEW OF THE MEETING EFFECTIVENESS AND FOLLOWING THE PRINCIPLES OF THE CODE OF CONDUCT** The Council of Governors agreed that the meeting: - Was efficiently chaired - Covered all agenda items with enough time for discussion.
DHCFT/GOV /2020/029	**CLOSE OF MEETING** Caroline Maley thanked all for their attendance and input. She reminded governors that a Board and Council of Governors session has been arranged on **13 January 2021**. This will include a refresher session on the role of governors and NEDs; she is currently working on the programme with Justine Fitzjohn. All governors and Trust Board are encouraged to attend. The next Council of Governors meeting will be on **Tuesday 2 March 2021, from 2.00pm.** This will be a virtual meeting. The meeting closed at 16:30 hours.

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Appendix 1

Escalation items to the Council of Governors from the Governance Committee

Question 1:

How are Non-Executive Directors assured that the Trust:

a. Monitors:

i. the number of service users who return for treatment,

ii. the frequency of returning; and

b. then puts in place actions to provide permanent resolutions for service users?

Response

The very nature of mental ill health and often alcohol or substance use is a journey. Many people who use our services access for on episode of care and then we do not see them for a years, often many years and a life event occurs that knocks a person of their life trajectory and if it is a distressing or trauma event back into active services.

The old mental health service model would have been that you enter into service and stay with the service for many years and this created a level of dependency and was disempowering to individuals.

There is no national measure for the number of times you access service. We do measure re-admission rates into hospital. Which are figures are low. We measure readmission rates post rehabilitation and our rates are excellent.

We do measure the number of repeat presentations at A&E for some people who use our services. The vast majority of people who attend, do not require a hospital admission and are often signposted into a range of services to help manage their mental health problem, or at this time their social or financial breakdown in life. We set up a special support team to support some of these people which is called high intensity management. This model was exemplary and really supported our high intensity users to seek proactive support rather than re-attendance in urgent care settings.

We are always willing to learn and we would happily explore any patterns or individual cases so we can reflect on our service and learn.

Our Non-Executive Directors (NEDs) will soon be connecting to specific clinical areas to understand those services and spend time with the Clinical directors learning and thinking about our clinical outcomes and as NEDs we will be looking out for this issue as we spend time in these services.

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Question 2:

How are Non-Executive Directors assured that staff feedback from exit interviews is addressed properly and that there are effective processes in place to ensure that it is used to address any issues raised and to make improvements in working environments and service provision?

We request that an example of how this has been undertaken practically is included in the response which will help provide assurance that the processes are effective.

Response

The exit interview process is an important part of the leavers' process, capturing meaningful feedback on the employment experience feeds into reviews of the employment offer. The exit questionnaire is conducted in a confidential manner and is a voluntary process whereby the employee is able to give this feedback not just to the line manager but to an alternative line manager or a member of the People Services Employee Relations team if they wish.

The process signposts the employee to contact the Freedom to Speak up Guardian if required and to ask for support from their Union rep or professional organisation as well. Feedback from our exit interview process is used for workforce reporting to help identify patterns of turnover and assist with equality monitoring. It is also important in assisting the Trust to make improvements to the employment experience for current and future employees and for mechanisms to be put in place to reduce turnover levels.

Where specific issues are raised these are followed through with appropriate line managers. Jaki Lowe, Director of People and Inclusion in the short time that she has been in post has seen this in action.

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COUNCIL OF GOVERNORS ACTION MATRIX - AS AT 2 FEBRUARY 2021

Date of Minutes	Minute Reference	Item	Lead	Action	Completion by	Current Position		
3.3.20	DHCFT/GOV/2020/024	Staff Survey Results	Jaki Lowe	To meet with staff governors on staff survey	2.3.21	Due to the COVID-19 pandemic this item has been deferred. Jaki Lowe, the newly appointed Director of People and Inclusion will now take the lead on this (and not Celestine Stafford) and meet with staff governors to go through the themes from the Staff Survey. Meeting arranged for 18 February at 3pm. COMPLETE	Green	
1.9.20	DHCFT/GOV/2020/007	Governors' Annual Effectiveness susrvey	Denise Baxendale	All governors are encouraged to complete the survey	18.9.20	To date, 21.9.20 17 governors have completed the survey. A reminder was sent on 22.9.20 to those governors who have not completed it with the deadline extended to 25.9.20. Suervey closed. COMPLETE	Green	
			Key	**Agenda item for future meeting**		**YELLOW**	0	0%
				Action Ongoing/Update Required		**AMBER**	0	0%
				Resolved		**GREEN**	2	100%
				Action Overdue		**RED**	0	0%
							2	100%

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

Derbyshire Mental Health Helpline and Support Service

Purpose of Report

The purpose of this report is to provide a progress update and assurance on the development of the Derbyshire Mental Health Helpline and Support Service from the helpline response to the first Covid-19 pandemic and its transition to the Long Term Plan model in providing open access and support to all ages to meet the needs of residents of Derby and Derbyshire, including children and young people (CYP), Learning Disabilities (LD) and Autism.

Executive Summary

The presentation provides updates on the changes that have taken place within the Derbyshire Mental Health Helpline and Support Service since this was first set up at the Hartington unit Chesterfield as a response to the Covid-19 pandemic and most recently the formal directive from NHS England and NHS Improvement (NHSEI) as part of the recovery phase that the helpline should be maintained as an all age, open access helpline for people where mental health crisis is self-defined.
The presentation demonstrates collaborative production and partnership working and on-going development work of the service.

The presentation aims to provide information on the following:

- Outline of the service/ operating model
- Collaborative approach to the service provision and development
- Partnership working
- Performance data including volume of calls and outcomes
- Service user feedback
- Next steps

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 Mental Health Urgent Care Programme Steering Group will provide assurance to the Derbyshire Healthcare NHS Foundation Trust (DHCFT) Incident Management Team and system partnership 'Mental Health, Learning Disabilities and Autism Systems Delivery Board' on key deliverables and targets.

Consultation

- Consultation has been undertaken with regulators, commissioners and partners as part of the development of the Mental Health Helpline Transition Plan.
- Wider consultation and communication may be required with partners, patients and wider stakeholders as the project progresses and is being monitored as part of the project.

Governance or Legal Issues

- Development of the Mental Health Helpline has being overseen internally within DHCFT through the Incident Management Team in response to the Covid-19 pandemic. External governance and oversight from a system partnership level is through the Mental Health Urgent Care Steering Group reporting directly to the Mental Health, Learning Disabilities and Autism System Delivery Board.
- On 2 July 2020 agreement was reached between the Office of The Police & Crime Commissioner, Clinical Commissioning Group (CCG) and the DHCFT that, as part of the on-going Covid-19 DHCFT would provide governance of the overall contract for future development and delivery of the Mental Health helpline, including management of the full P3 Voluntary sector call handlers from 1 April 2021.

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 report outlines the creation and provision of a new 24/7 Helpline service open to the whole population of Derbyshire. The service has identified that its collection of information about the protected characteristics of callers was very limited in its first months of operation. The service now has a plan and processes in place to ensure that this information is captured, to enable monitoring and reporting of access rates to the service of people from protected groups. Any gaps in access rates will result in plans and positive actions to engage and promote the service in any impacted geographic or demographic communities.

Recommendations

The Council of Governors is requested to note the contents of the report.

Report presented by:	**Fiona White, Area Service Manager, Assessment Services** **Mary Ishaq, Service Manager DHCFT** **Sean Wimhurst, Head of P3 Justice** **Laura Bryan, Service Manager P3**
Report prepared by:	**Fiona White, Area Service Manager, Assessment Services**

Derbyshire Mental Health Helpline and Support Service Presentation February 2021

Introduction

In response to the Covid-19 pandemic all provider Trusts were formally requested as a priority by NHSE to establish '*24/7 open access telephone lines for urgent NHS mental health support , advice and triage , and through which people of all ages can access the NHS mental pathway/further support if needed'*. The communication also proposed that 24/7 helpline should be available to all, include CYP, LD and/or autism where mental health crisis was self-defined.

Using the existing Mental Health Triage Hub team and working in collaboration with P3 along with additional staff re-deployed from other services within the Trust, we were able to set up the helpline at pace with the launch of the service on the 6 April 2020.

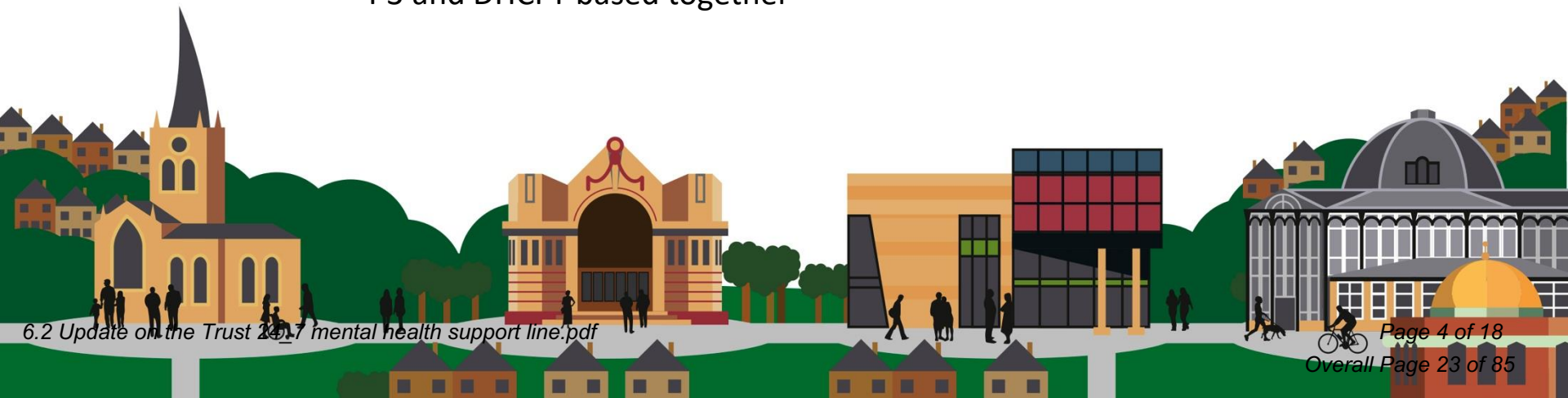
Offering 24/7 access from the 27 July 2020.

Service aims

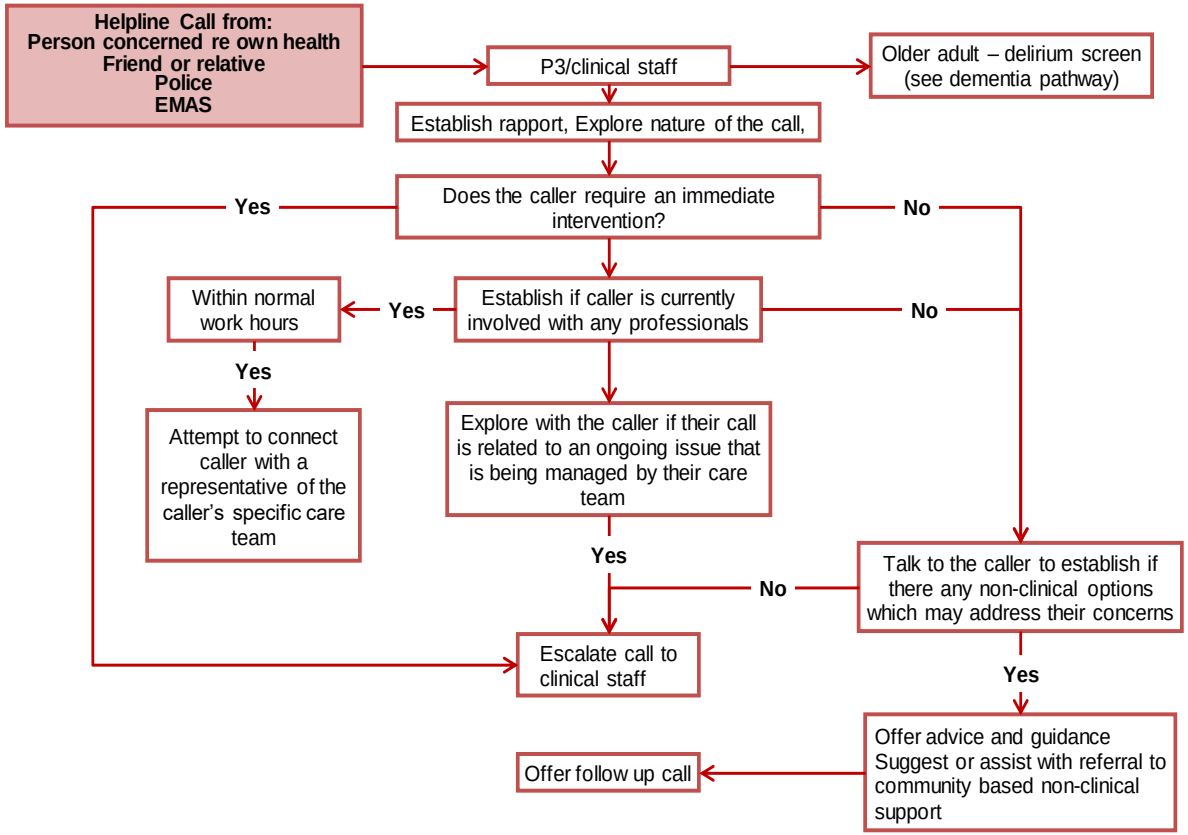
The helpline service model is being developed as a collaborative partnership with other agencies, including Voluntary Sector, other health providers, Police, EMAS, Acute Hospitals, 111 and Social Care & Health to ensure sustainability of the service provided to the people of Derbyshire. The service aims to provide advice, support, de-escalation, F2F triage when necessary and onwards referral/support to a range of community and clinical interventions set within the aims and outcomes as defined within the NHS Long Term Plan.

Current service position

- MH Helpline
  - 24/7 Freephone All Age Open Access helpline for all Derbyshire residents- limited cover currently overnight
  - Initially support from redeployed staff within DHcFT, but now operating as a standalone service.
  - In addition: separate number provided to Emergency Service partners - Police/ EMAS and 111
  - Averaging approx. 70 calls per day. Over 2,000 calls per month
  - Transition model - collaborative development between voluntary sector and health, with voluntary sector primary call handlers at the front end.
  - Collaborative links with Think 111 diverting patients away from ED
  - Based temporarily at the Hartington unit- move to new office April/ May 2021
  - P3 and DHCFT based together



Pathway


Helpline Call from:
Person concerned re own health
Friend or relative
Police
EMAS
P3/clinical staff
Older adult – delirium screen (see dementia pathway)
Establish rapport, Explore nature of the call,
Does the caller require an immediate intervention?
Yes
No
Establish if caller is currently involved with any professionals
Yes
No
Within normal work hours
Yes
Attempt to connect caller with a representative of the caller's specific care team
Explore with the caller if their call is related to an ongoing issue that is being managed by their care team
Yes
No
Talk to the caller to establish if there any non-clinical options which may address their concerns
Escalate call to clinical staff
Yes
Offer advice and guidance Suggest or assist with referral to community based non-clinical support
Offer follow up call


Children and Young People Pathway
Learning Disabilities Pathway (South)
Learning Disabilities Pathway (North)
Adults of Working Age Pathway
Older Adults Dementia Pathway

P3 role

P3 are front lining the service, taking the initial calls on the helpline soon to be staffed 24/7. Derbyshire Federation of Mental Health are also working alongside P3 providing Children & Young People Specialist workers to help provide a more robust approach to Children, Young People and their Families who may contact the service.

P3 & DFMH's key involvement is the opportunity for callers to discuss their presenting issues and explore nonclinical alternatives which may prevent them being involved in long term clinical intervention when this may not be required

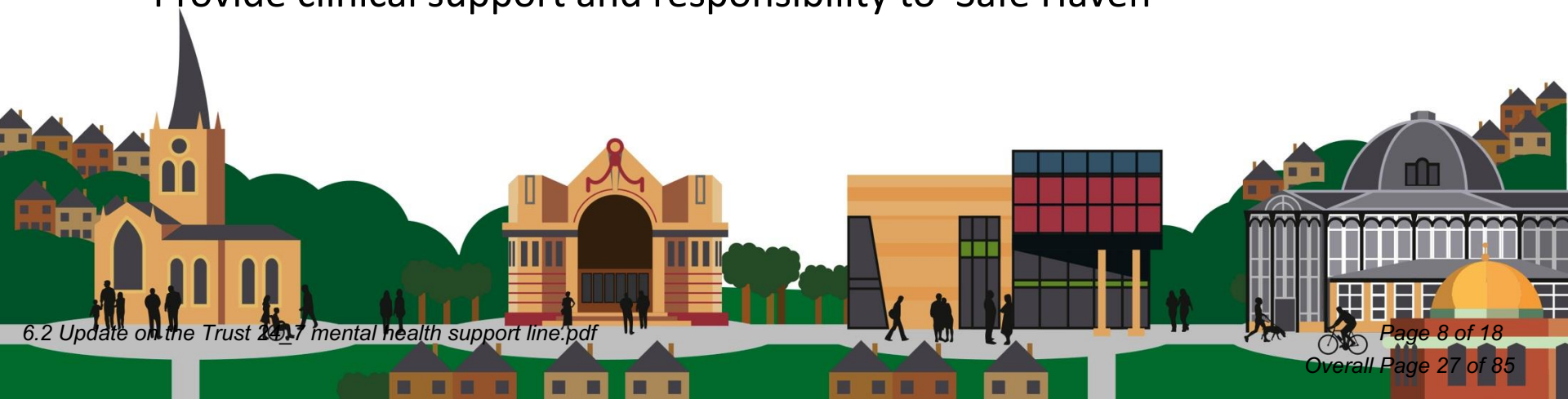
P3 role

The team involve callers in conversations regarding their reasons for calling, discussing options for managing their current concerns.

- Exploring self-help resources
- Examining personal strengths and enhancing or developing coping skills
- Onward referral to appropriate community-based support or suggesting mainstream alternatives such as increased exercise, volunteering, education and employment opportunities
- Also able to give practical advice on accessing housing, tenancy support and debt management experts.
- P3 also have the option to escalate the call for a clinical response where this is indicated. Over the last month P3 have managed to de-escalate roughly around 70% of the calls made to the helpline which has made time for the clinical team to concentrate on the triage aspect.

DHCFT role

- To work in collaboration with P3
- To be available to respond to any calls that need to be escalated from P3 for clinical review
- To respond to Emergency calls from Police, EMAS, 111 for information/ advice and face to face assessment where required
- To offer alternative options to people presenting to Emergency services in Mental Health Crisis, and reduce ED attendance/ detention under section 136
- Provide clinical support and responsibility to Safe Haven



Safe Haven

- Crisis Alternatives
  - Voluntary sector ‘safe haven’ development as an alternative to A&E attendance for MH patients in crisis established in Derby alongside existing Crisis House provision. Opened November 2020.
  - Discussions with voluntary sector provider on similar provision in North Derbyshire and across the county.

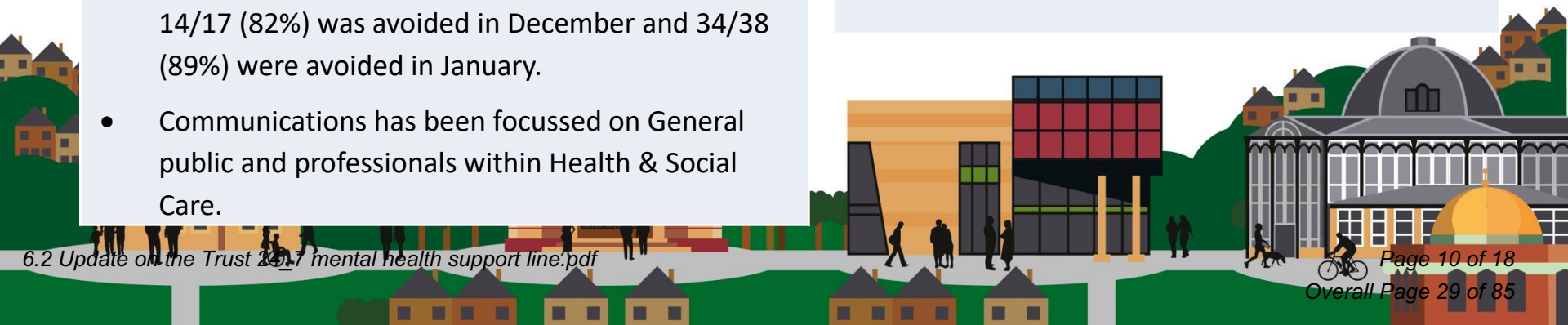
MH Helpline & Support Services

Current Position

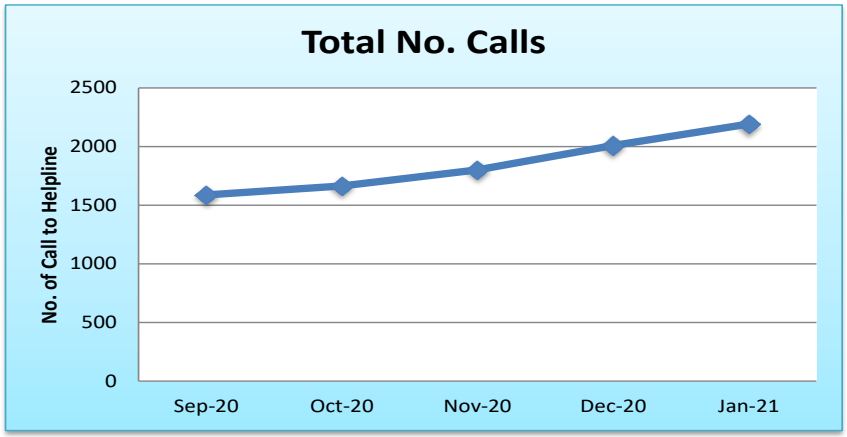
- Helpline Call centre activity is increasing with 2009 calls recorded in December and 2,192 calls recorded in January.
- Largest increase in calls is through self –referrals where 1,510 calls were recorded in January 21.
- Increased use of the helpline by Police services with over 200 calls per month being recorded from Nov through to Jan.
- Of the calls coming through from the police relating to a potential S136 52/57 (91%) were avoided in December and 35/39 (90%) were avoided in January.
- Of the calls coming through from EMAS relating to a potential ED transfer where MH was involved 14/17 (82%) was avoided in December and 34/38 (89%) were avoided in January.
- Communications has been focussed on General public and professionals within Health & Social Care.

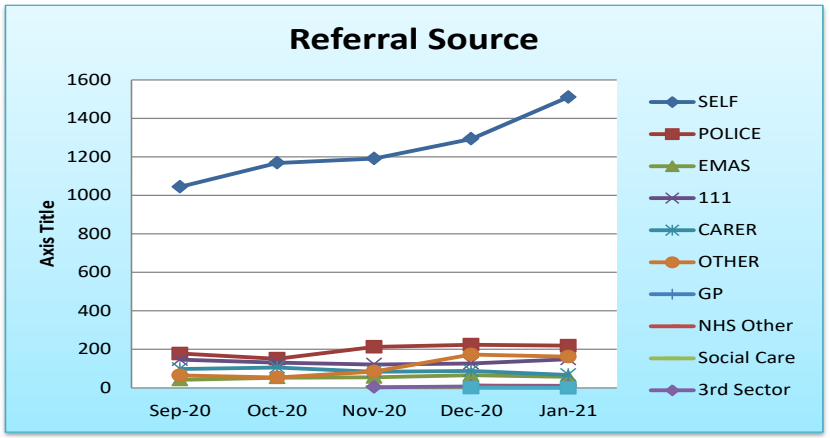
Next Steps

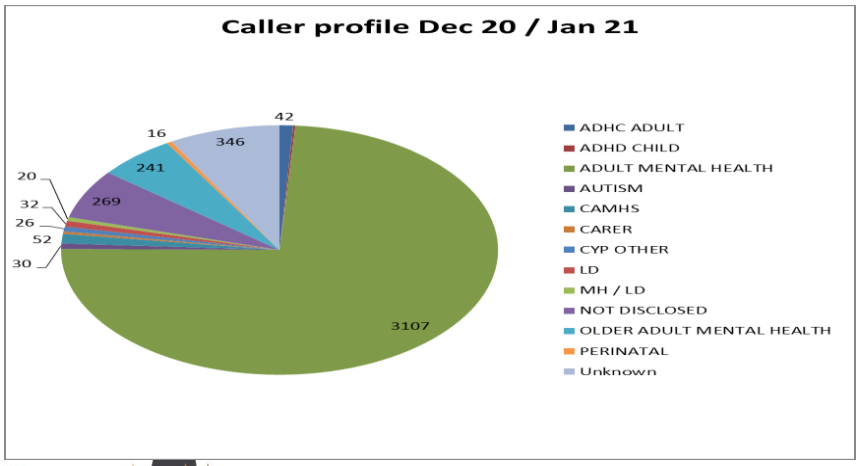
- Work remains to be done on collaborative working with police services on F2F assessments with police on avoidance of S136 and EMAS on avoidance of ED Conveyances
- Developing a Comms plan for post Covid, including Helpline Logo, online and social media presence as well as leaflets and posters in centres across the city and county.

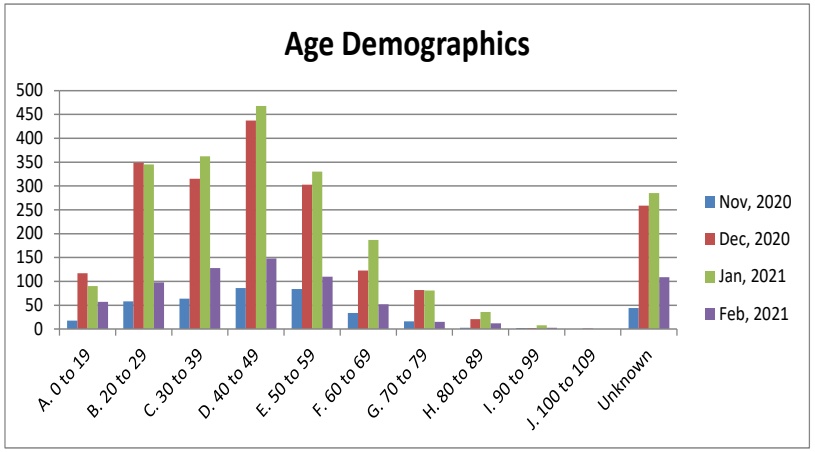


MH Helpline & Support Service Performance Activity

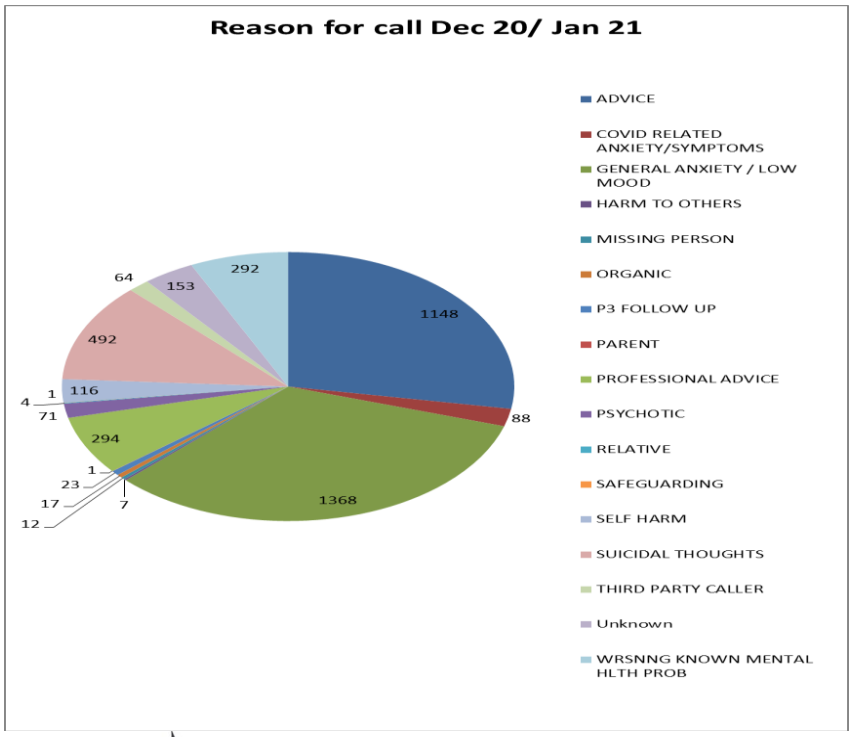


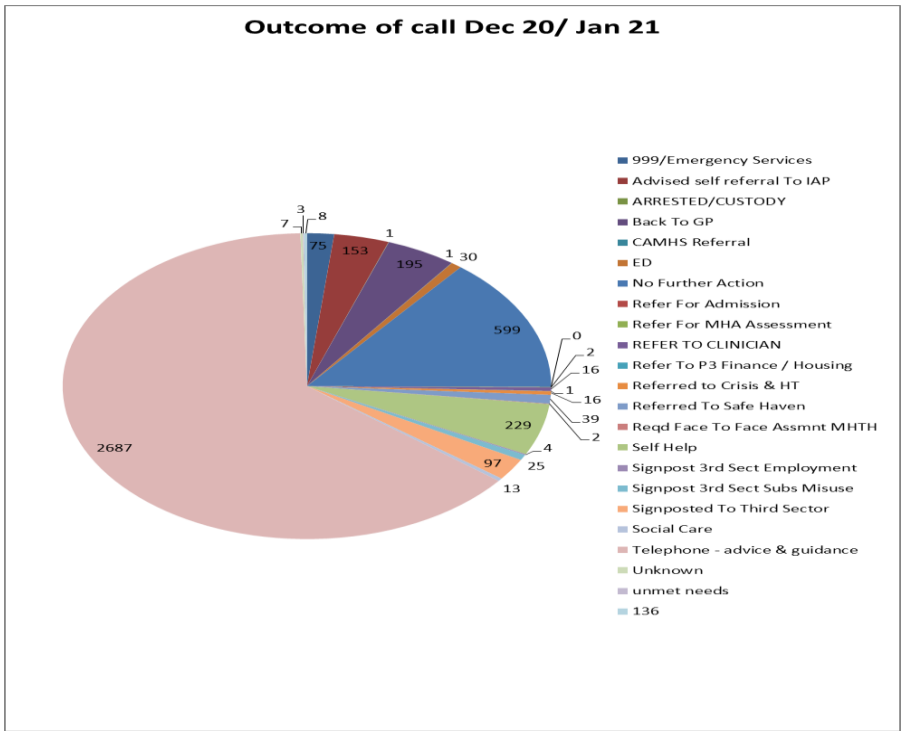






MH Helpline & Support Service Performance Activity

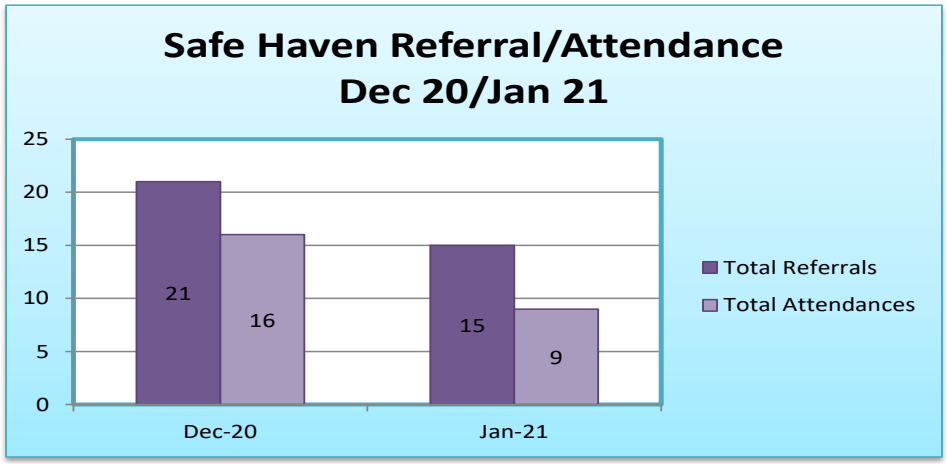


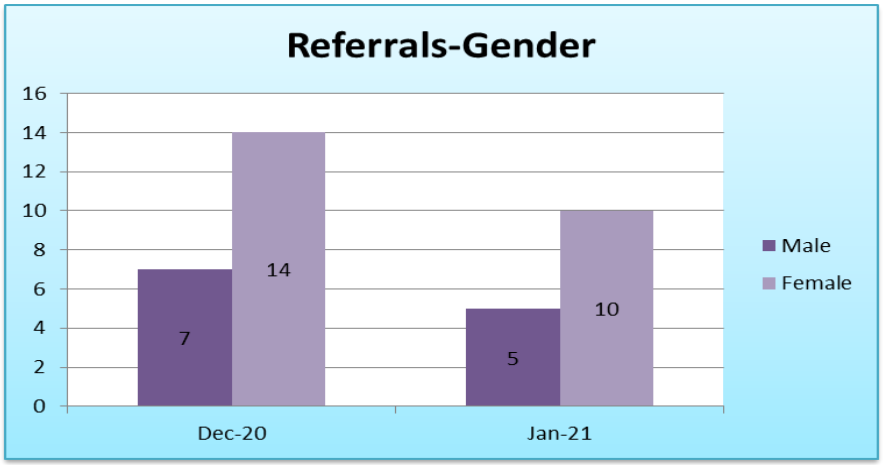


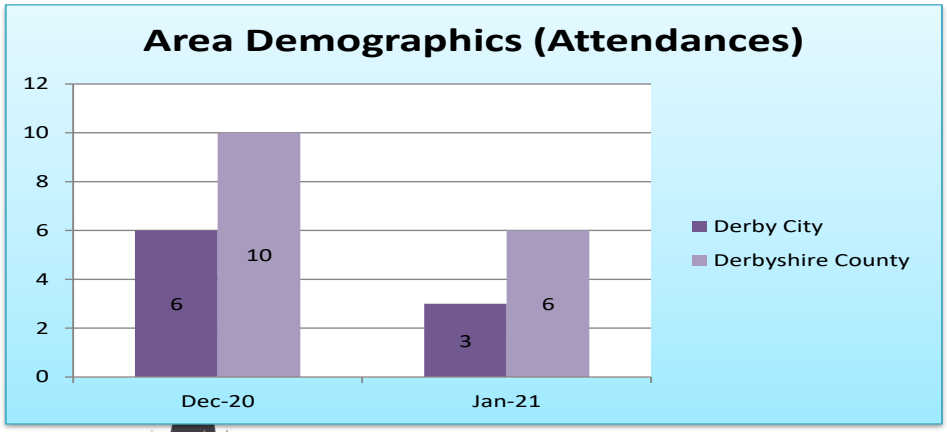
Derby Safe Haven

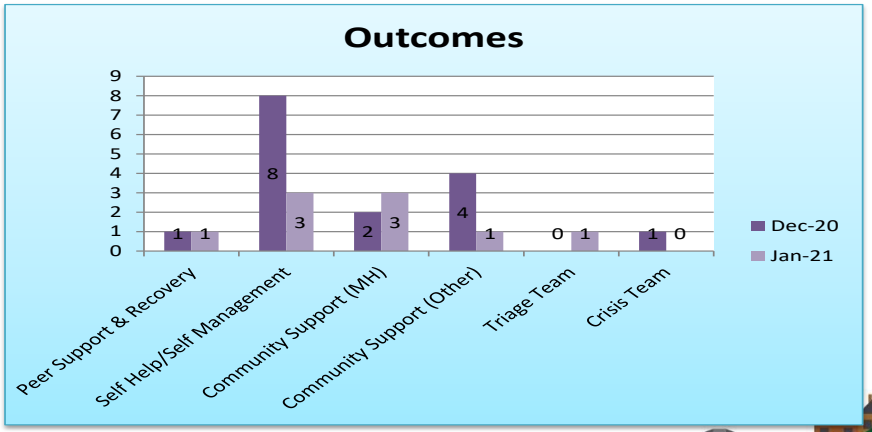
- Derby City Safe Haven has received approx. 59 referrals since it opened in November. Primary referral base through MH helpline, including Police and EMAS referrals.
- Safe have/Crisis House closure due to Covid-19 outbreak in late January and re-opened on the 6th February.
- Low referral number recognised and widening out of the referral base to AMHPs, Liaison Service and CRHTT.
- 2021/22 new Crisis Alternative Transformation funding agreed by NHSE/I. Green light to start planning and engagement process for provision of Safe Haven/Crisis Alternatives in Chesterfield and county.

Derby City Safe Haven Performance Activity









Feedback

@derbyshcft your MH support line is INCREDIBLE. I've told all MH professionals involved with me to recommend to others. It has positively surprised me so so much. THANK YOU.

- Twitter May 2020

- From Erewash Voluntary action Feb 2021:

My colleague was in a meeting last week and heard the following feedback from a church minister regarding the helpline: The church had developed a flyer with the helpline number. This person phoned the helpline and they found the helpline useful and called the helpline whilst they were in a crisis.

Service User Feedback

It was quick to get help, the lady who was talking to me helped me fill out the self referral form for Trent PTS since I mentioned that I have been told to do this before but due to my conditions I'm prone to procrastination and often forgot to get things done. If it wasn't for that I probably still wouldn't be on track to getting the help I need. I have only called once but based on this experience there wasn't much I could say on improving.

You listen and connect very well with people it's nice to be treated like a human being of importance not just a statistic Longer help because the illness just doesn't go its there constantly so needs constant treatment and I know Its a difficult time at the moment but you are doing a good job under the circumstances and I appreciate the help you have given me

Giving advice ,engaging in conversation,giving hope / reasons to live, reducing and explaining feelings I don't understand/ I don't want to feel, giving a positive attitude / normalizing feelings that are ok to feel, I would hope for the staff there to be comfortable with the surroundings they have to work in, as looking after your staff improves their output and the service provided. As I have only positive responses and results from the team I would assume that their work environment is of an excellent standard Many thanks to you all for your 24hour selfless attitude to being there for me in the lowlight and dark moments of need

You there straight away to help on the phone very good advice and you also take the time to make sure the person your talking to is happy before you end the call For me nothing

The advisor I spoke was was fantastic and understood my needs for phoning and helped me through a tough spot Nothing to do with this call in particular but I tried to phone a few days before in the early morning and tried 4-5 times with no answer

Listening understanding helpful there's no need to There's no need to improve

Feedback from Emergency Services

- From EMAS February 2021:

- I just wanted to share my experience with the Derby Safe Haven and Helpline.
- Recently went to a pt who was feeling suicidal. This pt was not safe to leave at home alone and I wasn't sure A&e was going to be appropriate. I rang the MH triage hub (which is now 24/7) and had a very nice chat with MH nurse called Rachel who agreed that the Derby Safe Haven would be suitable for our pt. She took some details and said she'd call and do a referral for us and 10 minutes later we got a call back to say all ok. We took the pt in ourselves (as I had concerns about them being left alone) and the staff were lovely! They took the pt in and took handover and gave the pt space and time to talk. It was great. Anyway, I just wanted to say that I fully recommend this pathway. Our pt had no physical medical problems that evening and had had no OD or serious self harm. Please consider this pathway when assessing MH pts. A great alternative.

Next steps:

- Continue to gather and review feedback
- On going learning and development of the service from feedback- negative and positive
- Communication plan- launch of the Helpline and Safe Haven- including stake holder and service user event
- Enhance partnerships with Emergency Services colleagues- training packages/ site visits to Police, EMAS, 111, GP

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

Non-Executive Director (NED) Deep Dive – Julia Tabreham

Purpose of Report

This paper describes the Board and Board Assurance Committee activities I have undertaken over the past 12 months.

Executive Summary

This report presents my actions over the past 12 months, throughout which, the Trust, and my work have been significantly affected by the Covid-19 pandemic.

The adaptations required to discharge my Non-Executive Director (NED) responsibilities are outlined. The challenges of gaining assurance, in a 'virtual world' is discussed, and my role as Chair of People and Culture Committee (PCC), and assurance committees is demonstrated to have adapted to the differing phases of this pandemic.

At a time when visits to the Trust and its services is not an option, triangulation of sources of assurance have been vital, and the importance of assurance committee membership is discussed. This report concludes with additional activities and training I have undertaken during the year to further enhance my ability to discharge my NED duties.

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 YEAR END effectiveness report for the People and Culture Committee confirmed that the Committee has fulfilled its terms of reference and is operating effectively in providing assurance to the Trust Board or escalating risks.

Consultation

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

Governance or Legal Issues

This report has been presented within the Board and Council of Governors Governance Framework annual reporting cycle.

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.

As a NED, I am mindful always, of my duty to identify barriers and demand removal before they create a problem, increasing the opportunities for positive outcomes for all groups, and using and making opportunities to bring different communities and groups together in positive ways under the requirements of the Equality Act (2010).

One of the main reasons for the development of PCC's new reporting Dashboard, is to further identify and mitigate inequality, poor practice, and lack of opportunity where it exists within the Trust. There is clear evidence of several issues including:

1. Progress on Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) remains too slow.
2. The Covid-19 virus disproportionately affects Black, Asian and Minority Ethnic Group (BAME) and disabled staff members and their families.
3. BAME staff experience poor progression in many aspects of their careers (particularly in middle banding).
4. BAME and disabled staff are more likely to experience bullying.
5. Although improved, following executive action, BAME staff are still disproportionately represented in disciplinary action.

These, and other areas of concern are being addressed, however, pace must be picked up if we are going to ensure the Trust has the Inclusive culture we strive for. The Trust is implementing a programme of Cultural Intelligence and Inclusive Leadership which will help address many of these issues, alongside Board focus and attention to demand positive action at pace where required. I look forward to implementing the learning from this programme in all aspects of my work as a NED over the coming year and will continue to seek assurance and demand change where inequality exists.

Recommendations

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

Report presented and prepared by: **Julia D. Tabreham**
Non-Executive Director

Derbyshire Healthcare NHS Foundation Trust
Council of Governors – 2 March 2021
Non-Executive Director Deep Dive – Julia Tabreham

Purpose of Report

This paper provides a description of my activities over the past year. In addition to Board meetings, Council of Governors and Board Development days, I obtain assurance by attending the following meetings:

People and Culture Committee (PCC) Chair

The prime purpose of the People and Culture Committee is to oversee the development and implementation of an effective People Strategy which supports the Trust Strategy and to ensure that the People Strategy and associated plans are aligned and focused on meeting the needs of the organisation.

To remain effective and enable me to fulfil my obligation to obtain assurance, this Committee has had to continually adapt due to the demands of the Covid-19 pandemic. At all times, pressure on our staff and Executive has been exceptional. Twice during 2020, PCC modified its focus and meeting length. In its current iteration, PCC meets bi-monthly for one hour over Microsoft Teams. Succinct, focused reports, both written and verbal are received by the Committee under the leadership of Jaki Lowe, Director of People and Inclusion.

Much thought and discussion had taken place between Jaki, Sue Turner, Board Secretary and me over the past year about the need to create a high-level People Dashboard to ensure the Committee focused on matters of key strategic importance to our staff and patients. The new Dashboard went live two meetings ago and is already working well. It will continue to evolve as we move from this current 'emergency' phase of the pandemic and into the new normal for the organisation.

I have enjoyed working with Jaki to develop this and have found my NED knowledge and skills welcomed. Data presented in the Dashboard is aligned to:

- A place where people are proud to work and grow.
- A healthy place to work and thrive.
- An inclusive vibrant culture for all, people leadership.

Under each key domain, data is presented using graphs and charts, thereby, enabling the Committee to focus on key issues at hand. A section for Freedom to Speak Up has also been developed. This will continue to evolve, but already contains valuable information about staff concerns in longitudinal format.

As previously stated, the pandemic has brought a year like no other in the history of the NHS, and my 21 years NHS NED experience. Early in 2020, my assurance focused on matters of key importance to our staff. These included staff health risk assessments and the availability of Personal Protection Equipment (PPE). More recently, assurance at PCC, alongside the Dashboard focuses on matters relevant to this phase of the pandemic. These include staff vaccinations, staff mental health, staff exhaustion. Despite the challenges to all, service delivery has held up remarkably well, and we look to continue with many of the new innovative ways of working that have been developed going forward.

Membership of other Committees
I continue to find that membership of key assurance committees of the Board enables me to perform my role effectively, despite the challenges of working remotely. I highlight below some of the ways in which assurance has been sought and given during this period.

Audit and Risk Committee Member
I am a long-standing member of this Committee and have been able to obtain assurance on all aspects of its work throughout the year. It has adapted well to meeting virtually. On 21 January 2021, I was able to triangulate my knowledge of the work of PCC when Jaki Lowe presented a Deep Dive to Audit and Risk Committee on the Board Assurance Framework (BAF) Risk 20-21-2a. This risk is “There is a risk that we do not create a healthy vibrant culture and conditions…careers”.

The presentation confirmed to me that the greatest challenge during the Pandemic, which spanned almost 12 months at that point, is the safety and wellbeing of our people. At the same time, I was hugely impressed by the improvements in many areas and the continued determination to tackle challenges. Data from staff formal and informal feedback confirmed this. Therefore, I was assured by the robust monitoring we have in place. Despite this, we NEDs felt it was only right that the risk level remained at EXTREME due to the Pandemic.

Finance and Performance Committee (F&P) Member
I find membership of F&P particularly compliments my role on PCC. Helpline challenge and discussion has been particularly valuable of late.

Remuneration Committee Member
Long standing member.

Freedom to Speak Up NED Lead
I meet regularly with our Freedom to Speak Up Guardian and fellow NED Ashiedu Joel to discuss anonymised issues, support where required, and consideration of reporting to PCC and Board.

Committee Chairs Member
I find this to be a valuable forum for Cross-Committee discussion and action.

Other Activities and Assurance Seeking
Cross-Committee challenge and assurance seeking is working well in my experience. As an example of this, Quality Committee recently referred its concern about potential gaps in control in training and the need for monthly recruitment targets. Following discussion at PCC and executive action, significant improvement in compliance levels was achieved. During the pandemic, I have attended several peer-to-peer virtual meetings held by the Good Governance Institute. These have enabled me to view the performance of our own Trust in the context of a wide body of other NHS organisations across England. I have been able to apply this learning to my own work on the Board.

I have also joined the newly formed Disabled NEDs network which had its second meeting in February. In December, I undertook the Cultural Intelligence Masterclass, which I found to be excellent. I look forward to implementing the learning from this in my NED duties going forward.

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

Non-Executive Director (NED) Deep Dive – Ashiedu Joel

Purpose of Report

This paper describes the Board and Sub-Committee activities I have undertaken since joining the Trust in January 2020 as a NED with inclusion responsibilities.

Executive Summary

The Trust's inclusion agenda is publicly demonstrable in its vision statements. One of the Trust's visions is to make a positive difference in people's lives by improving health and well-being; to do this effectively, the Trust draws upon its core values (**People First, Respect, Honesty and doing the best**). The people first approach actively seeks to support, engage and empower staff and colleagues to deliver great patient care.

I am a member of the:

- Quality and Safeguarding Committee
- Audit and Risk Committee
- People and Committee
- Workforce Race Equality Network (formerly BME Network) and
- Remuneration Committee.

I attend Board Meetings and Board Development Sessions.

I have in my wider inclusion role supported the Freedom To Speak Up Guardian (FTSUG). This had been in collaboration with Julia Tabreham (Chair of the People and Culture 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 reports of the various Committees to Board provide significant assurance in the effectiveness of the Committees and respective Chairs to hold the Executive to account, in fulfilling its Terms of Service and primary purpose.

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:

Each of the Committees 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: Ashiedu Joel
Non-Executive Director

Derbyshire Healthcare NHS Foundation Trust
Council of Governors – 2 March 2021
NED Deep Dive – Ashiedu Joel

Purpose of Report

This paper provides a description of my activities since joining the Trust in January 2020. In addition to Board meetings, Council of Governors and Board Development days I attend the following meetings:

People and Culture Committee (PCC) Member

I am a member of the People and Culture Committee (PCC). The PCC supports the Trust and Executive Team to achieve a well-led, values-driven positive culture. The Committee provides assurance to the Board on the structures, processes and systems in place to ensure an effective, diverse, inclusive and valued workforce to meet the Trust's current, emergent and future needs.

The Trust launched its People Plan and this was presented to the PCC, developed in part from the analysis of the responses to the staff surveys and desire to embed a new culture, one that is driven by and with intelligence at the heart of it. As a newly appointed NED, I have not had the opportunity to contribute much to its development and some of the co-production as I commenced in my role just after the CQC well-led inspection but look forward to engaging positively and actively with the Director of People and Inclusion. The committee has gained assurance on a range of issues from the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) data, to the Board Assurance Framework (BAF) risks, to the role and activities of the Freedom to Speak Up Guardian (FTSUG), Training Compliance, workforce performance, to recruitment and the people plan.

Quality and Safeguarding Committee (QSC) Member

I am a member of the Quality and Safeguarding Committee, initially just being the Quality Committee. The Committee seeks to gain assurance on the quality and standards of care provided, risks identified and governance structures.

The Safeguarding Committee was merged with the Quality Committee early on in my appointment and assurance for all safeguarding functions is now through the QSC on a quarterly basis. Reports received regarding safeguarding activity for both children and adults have provided significant assurance that processes and controls are in place to promote safety and quality in patient care.

I have not had much interaction with staff on account of the Covid-19 situation, however, arrangements have been put in place by the Director of Nursing and the Director of Transformation to facilitate this virtually for the time being.

Audit and Risk Committee Member

Through membership of this Committee I have been able to participate in all aspects of its work (e.g. BAF and risk reports, Audit report) and engagement especially given the recent Covid-19 situation.

Other activities

Networking, Training and Induction

During the pandemic I have also attended a number of virtual meetings held by the Good Governance Institute (GGI) as well as sessions organised by the Seacole Group and Price Waterhouse Coopers (PwC). I have also attended the NHS NED induction programme and several other training and development sessions aimed at strengthening my knowledge of the NHS. These sessions have provided helpful insights into how other trusts have responded to the challenges resulting from the Covid-19 pandemic and what plans are being considered post-Covid.

FTSUG

The strength and benefit of the work of the FTSUG is the assurance that the conversations with colleagues highlighting impactful issues of lived and perceived experiences take place in an environment that is safe and mutual. This is vital as they provide the Trust with much more insight into our teams and departments, our colleagues and our own communities while building trust with our colleagues and reassuring them that WE are all listening and learning.

These conversations in my view reflect how our staff and colleagues from diverse backgrounds feel about their value and place in the Trust. I will be supporting the planned session on speaking up for Board.

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

Performance Report

Purpose of Report

The purpose of this report is to provide Council of Governors with a brief update of how the Trust was performing at the end of January 2021 during this extremely challenging period. The report focuses on key finance, performance and workforce measures.

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. Further detailed statistical process control charts for the measures are included in appendix 2. From this month onwards the charts will be generated using an adaptation of a tool created by Karen Hayllar, NHS England & NHS Improvement (NHSE/I), which enables much easier interpretation of how each process is performing. The main areas to draw the Board's attention to are as follows:

Finance

<u>Revenue</u>

There continues to be a favourable financial variance for the year to December meaning the cumulative surplus after 9 months is £2m. The forecast outturn position is a deficit of £0.9m, which does include an estimate for additional accrued annual leave. This inclusion was requested by NHSIE as part of month 9 submissions. This is an estimate only at this stage, but is based on a consistent approach agreed by JUCD finance teams.

The issue of funding for the cost of the additional annual leave provision and some other year end matters are still subject to national discussion and associated guidance has not yet been issued.

Excluding the additional annual leave cost, there would be a surplus at year end in the region of £1m. The fact that our forecast outturn is expected to be better than originally planned for the second half of the year has been previously explained at Board as well as at Finance and Performance Committee. The variance is due to multiple factors; including delays in incurring expected pay costs, receipt of additional funding for substance misuse cost pressure, delays to revenue costs associated with dorms capital programme and release of deferred income.

Our financial position forms part of the overall financial position of Joined Up Care Derbyshire and there continues to be a favourable variance compared to the original planned outturn. The system as a whole expects to be able to manage costs overall within the fixed income allocation with no material variance at year end.

Covid-specific costs for December were £838k, overall the year-to-date costs have exceeded our covid allocation for the year by £70k. Included within our covid-specific costs are our out of area adult placements, which continue to be required as a result of COVID-19 because not all Trust beds are available for use due to the need to maintain a COVID-19-secure inpatient environment. This is the case even if 'vacant' bed numbers exceed the number of out of area placements. We spent about £170k on out of area placements in December.

Capital

With regard to capital we have now received funding confirmation for the covid laptops and have re-examined our other expectations for capital spend to year end and we will underspend the capital plan by £1.4m as a Trust and £4.3m as a system. This has been agreed with regulators. Discussions continue with regard to the dorms and Psychiatric Intensive Care (PICU) developments.

Operations

Three day follow-up of all patients

To date we have consistently achieved the national standard for follow-up.

Data quality maturity index

We continue to exceed the national target. Our data quality is at a high level when compared with other mental health trusts.

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

The service continues to consistently exceed the national target.

IAPT 6 week referral to treatment

For the last two months performance has returned to normal.

IAPT patients completing treatment who move to recovery

Performance has been normal throughout the data period and for the last five months the standard has been achieved.

Early intervention

The service continues to perform consistently well against the national 14 day referral to treatment standard and also regarding early intervention patients currently waiting to be seen who have been waiting less than 14 days.

Waiting list for care coordination

The number of patients waiting for care coordination has been significantly lower than normal for 16 months and the average wait to be seen remains at normal levels despite the pandemic.

Waiting list for psychology

The number of patients on the waiting list remains within normal variation. The average wait to be seen has been significantly higher than normal for the last 8 months. The waiting list covers a large number of services and therefore in context the number waiting is quite small.

Waiting list for Autistic Spectrum Disorder (ASD) assessment

ASD assessments were suspended in mid-March whilst the staff were redeployed. Referrals however continued to be processed remotely by the team administrator. From July the partial team undertook a successful limited pilot on the feasibility of using Attend Anywhere for ASD assessments alongside a new DHCFT assessment tool. Following the return of the ASD staff and the successful pilot the team has been undertaking ASD assessments since September, either remotely or where required via home visit. The current ASD waiting list is 1,094 with the longest wait being almost 3 years, with the assessment hiatus in March-July having had a further negative impact on overall waiting times.

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

For the last 7 months the waiting list has significantly reduced. The average wait to be seen continues to be significantly longer than normal.

Waiting list for community paediatrics

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

Patients placed out of area – adult acute

It should be noted that we have recently experienced a COVID-19 outbreak on Morton Ward and one on Ward 36. This reduced admission and treatment capacity for female patients in Derbyshire, resulting in increased usage of out of area acute beds. Currently there are 18 acute beds closed in Derbyshire as a result of COVID-19.

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

The PICU usage continues to be monitored closely with CCG and NHSE/I and all attempts are made to repatriate the patient to an acute bed once deemed appropriate to do so.

People

In order to release capacity to manage the COVID-19 pandemic, all NHS organisations were instructed by Amanda Pritchard, Chief Operating Officer, NHS England and NHS Improvement, to suspend appraisals and revalidation and to reduce the volume of mandatory training as appropriate. This resulted in a backlog of training and appraisals.

Annual appraisals

The position had been deteriorating in many areas over the course of the pandemic. Medical Appraisal rates have increased this month and there is a slight increase in other employee appraisal rates. A revised, shortened process is being rolled out across the Trust to facilitate a well-being conversation which will incorporate key questions and can be reported through appraisal completion on ESR by the line manager.

Annual turnover

The rate of turnover has been normal for the last 11 months and remains within the Trust target of 8-12%. A high retention rate such as ours has improved our engagement and feedback across all services, particularly important during this time as we work through the pandemic.

Compulsory training

The Training Cell continues to meet weekly to support the Divisions with regards to improving the training position and focusing on key priority areas. The Cell continues to monitor progress against training recovery plans and sustainability. The expected outcome is to ensure compliance targets are reached by the end of March 2021.

Staff absence

Staff absence has been higher than the Trust target of 5% for all but one of the last 24 months and statistically it is very unlikely that the target will be achieved. Attendance has improved in this month and over the last 3 months it remains within normal variation. Overall 3% of the current absence is COVID-19-related.

Supervision

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

Vacancies

The proportion of posts filled continues to be statistically higher than normal. This may be an indicator of the positive team culture within the Trust and links in with the low level of staff turnover.

Bank staff use

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

Quality

Incidents

Incidents of moderate to catastrophic harm have increased in January, this is due to the number of deaths reported across services, the usual seasonal increase in deaths as well as COVID-19 related deaths.

Seclusion and restraint

The use of seclusion was within normal variation, although with an increasing trend in physical restraint and prone restraint. There are ongoing work streams to support the continuing need to reduce restrictive practice. This include the widespread roll out of body worn cameras.

Patients in settled accommodation and patients in employment

There are some slight variances in this data. Accommodation and employment will clearly be affected by the current pandemic and its financial consequences, so this data will continue to be monitored closely.

Care plan reviews

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

Complaints, concerns and compliments

The number of compliments decreased in line with the emergence of COVID-19 and the significant changes to many of our clinical services. The number of complaints increased between June and November with a particular theme around both concerns and complaints of access to services but have since returned to within normal variation.

Duty of Candour

In this report there have been no instances of Duty of Candour.

Number of falls on inpatient wards

The number of reported falls has decreased since September however still demonstrates an increased trend likely due to the ongoing work around increasing awareness of falls and falls prevention.

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** **Sheila Newport, Non-Executive Director** **Julia Tabreham, Non-Executive Director** **Richard Wright, Non-Executive Director**
Report prepared by:	**Mark Powell, Chief Operating Officer** **Claire Wright, Director of Finance/Deputy Chief Executive** **Carolyn Green, Director of Nursing and Patient Experience**

Assurance Summary

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

[1]The rating symbols were designed by NHS Improvement

Key:

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

Detailed Narrative

1. Operations

A. Three day follow-up of all patients

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

B. Data quality maturity index

We continue to exceed the national target, however the pandemic is starting to have a significant impact on data quality as a result of increasing waiting lists. Our data quality is at a high level when compared with other mental health trusts (Appendix 3).

C. IAPT 18 week referral to treatment

The service continues to consistently exceed the national target.

D. IAPT 6 week referral to treatment

Following a period of 7 months of special cause variation as a result of staff being redeployed to others services during the pandemic, in November the staff returned to the team and for the last 2 months performance has returned to normal.

E. IAPT patients completing treatment who move to recovery

Performance has been normal throughout the data period and for the last 5 months the standard has been achieved.

F. Early intervention

The service continues to perform consistently well against the national 14 day referral to treatment standard and also regarding early intervention patients currently waiting to be seen who have been waiting less than 14 days. The data provides assurance that we would expect to consistently achieve both standards.

G. Waiting list for care coordination

The number of patients waiting for care coordination has been significantly lower than normal for 16 months and the average wait to be seen remains at normal levels despite the pandemic.

H. Waiting list for psychology

The number of patients on the waiting list remains within normal variation. The average wait to be seen has been significantly higher than normal for the last 8 months. The waiting list covers a large number of services and therefore in context the number waiting is quite small. Factors impacting on the waiting lists include:

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

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

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

ASD assessments were suspended in mid-March whilst the staff were redeployed. Referrals however continued to be processed remotely by the team administrator. From July the partial team undertook a successful limited pilot on the feasibility of using Attend Anywhere for ASD assessments alongside a new DHCFT assessment tool. Following the return of the ASD staff and the successful pilot the team has been undertaking ASD assessments since September, either remotely or where required via home visit.

The referral rate for 2020/21 is currently the lowest over the past 24 months but still averaging over 38 in 2020/21 so far. The current ASD waiting list is 1094 with the longest wait being almost 3 years, with the assessment hiatus in March-July having had a further negative impact on overall waiting times.

The length of face to face time required for ASD assessments (4 hours) has meant remote assessments are preferred at present whilst limited face to face assessments are being undertaken at Rivermead or via home visit where risk appropriate. There is however an increased likelihood that this may lead to a two tier assessment waiting list, with more rapid access for those who can access remote technology, but further delays for those requiring face-to-face assessment.

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

CAMHS continue to utilise telephone and Attend Anywhere as vehicles to support clinical contacts; face to face appointments are offered only when clinically indicated. This is having a positive impact on the size of the waiting list and for the last 7 months the waiting list has significantly reduced. The average wait to be seen continues to be significantly longer than normal.

K. Waiting list for community paediatrics

The number of children on the waiting list has been significantly lower than normal for the past 8 months and for the last 3 months the average wait to be seen has been significantly lower than normal, however the expected increase in referrals is starting to impact on the waiting list, which at the time of writing has increased by almost 200 since last reported. Referrals to the neurodevelopmental assessment pathway are now being received since the pathway re-opened, becoming fully open by January 2021. We are in negotiation with the CCG around this aspect of care to ensure that future commissioning and capacity reflect the demands and also the expected prevalence.

L. Patients placed out of area – adult acute

It should be noted that we have recently experienced a COVID-19 outbreak on Morton Ward and one on Ward 36. The outbreak on Morton ward resulted in the ward being closed to further admissions for a period of time. Therefore, this reduced admission and treatment capacity for female patients in Derbyshire, resulting in increased usage of out of area acute beds.

Currently there are 18 acute beds closed in Derbyshire as a result of COVID-19. However, this number can increase as we manage outbreaks on the inpatient wards.

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

The PICU usage continues to be monitored closely with CCG and NHSE/I and all attempts are made to repatriate the patient to an acute bed once deemed appropriate to do so.

2. People

In order to release capacity to manage the COVID-19 pandemic, all NHS organisations were instructed by Amanda Pritchard, Chief Operating Officer, NHS England and NHS Improvement[1], to suspend appraisals and revalidation and to reduce the volume of mandatory training as appropriate. This resulted in a backlog of training and appraisals.

A. Annual appraisals

The position had been deteriorating in many areas over the course of the pandemic. A revised, shortened process is being rolled out across the Trust to facilitate a well-being conversation which will incorporate key questions and can be reported through appraisal completion on ESR by the line manager. Appraisal rates are beginning to recover particularly in Medical appraisal rates which is positive.

B. Annual turnover

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

C. Compulsory training

A Training Cell continues to meet weekly to support the Divisions with regards to improving the training position and focusing on key priority areas. The Cell continues to monitor progress against training recovery plans and sustainability. The expected outcome is to ensure compliance targets are reached by the end of March 2021.

The training team have been given additional administration resources who are proactively contacting people in an attempt to fill available training places. The Trust have provided a Marquee at Kingsway in order to provide a COVID-19 safe environment for the delivery of face to face training including Positive and Safe training and Adult & Paediatric Basic Life Support. External Immediate Life Support training delivery has been commissioned and training is planned until the end of March 2021.

Overall Statutory Mandatory training remains within target, attendance at training has been good but clinical pressures do impact on release of staff for the 5 day training programmes such as Positive and Safe training. Robust plans are in place with enough training places to meet demand. More trainers have been recruited to support delivery.

D. Staff absence

Staff absence has been higher than the Trust target of 5% for all but one of the last 24 months and statistically it is very unlikely that the target will be achieved.

In month sickness absence has improved and continues to improve particularly comparing staff who are absent due to COVID-19. Suspected cases accounted for 3.42% of all sickness cases in December and this continues to reduce. At the time of writing COVID-19 absence accounts for around 3% of overall absence over the last three months.

E. Supervision

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

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

F. Vacancies

The proportion of posts filled was statistically higher than normal for the first time. This may be an indicator of the positive team culture within the Trust and links in with the low level of staff turnover.

G. Bank staff use

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

3. Quality

A. Incidents

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

B. Seclusion and restraint

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

C. Patients in settled accommodation and patients in employment

Accommodation and employment will clearly be affected by the current pandemic and its financial consequences, so this data will continue to be monitored closely. However, there is overall a slight increasing trend in patients in employment and the Individual Placement Support service continues to have success in supporting people into employment even during the current pandemic. This service is currently expanding.

D. Care plan reviews

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

E. Complaints, concerns and compliments

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

F. Duty of Candour

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

G. Number of falls on inpatient wards

The number of reported falls has decreased since September however still demonstrates an increased trend. This is likely to be as a consequence of enhanced reporting of falls from staff after promotion of good practice in this area and that nationally we are likely to see an increase in falls generally. This is as a result of people being de-conditioned from exercising less and not going out during the COVID-19 pandemic and resulting restrictions on movement.

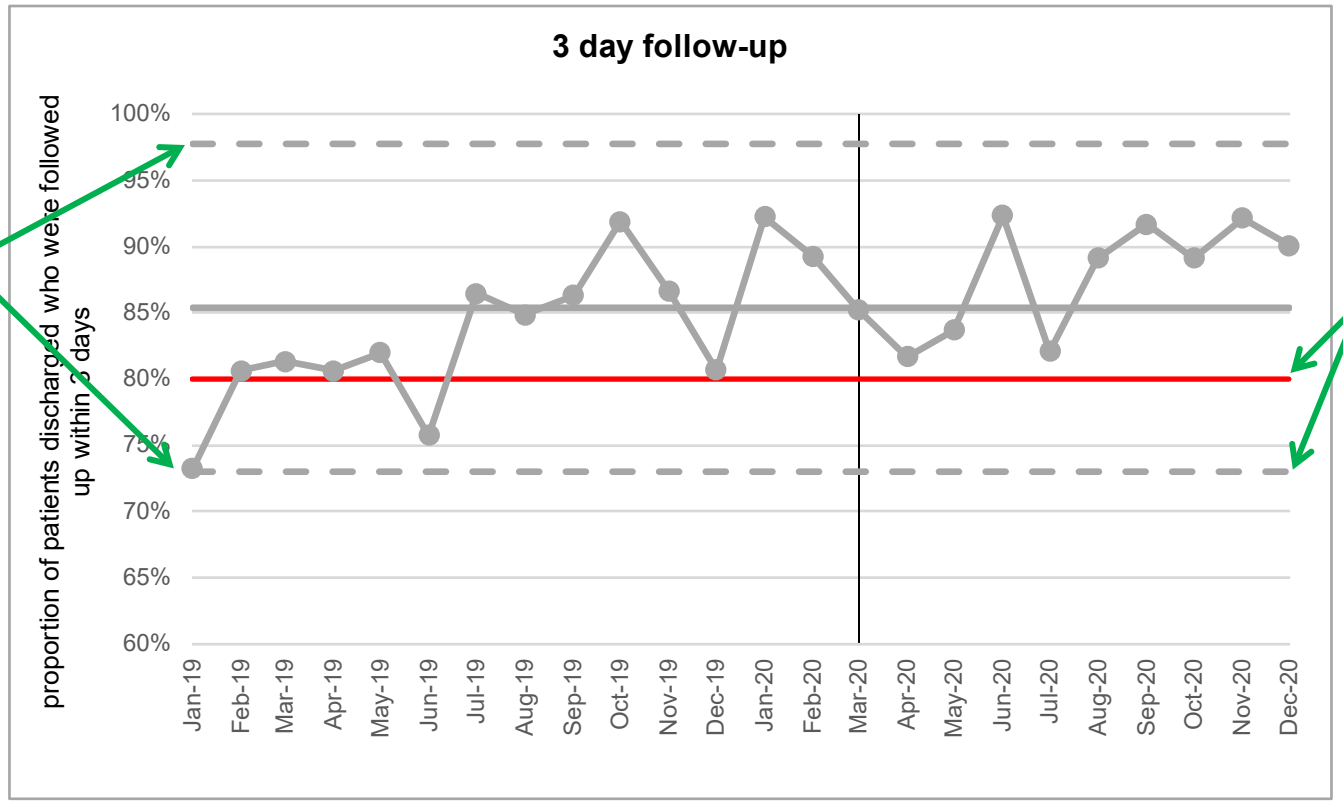
H. Physical Health Assessments

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

Appendix 1

How to Interpret a Statistical Process Control Chart (SPC)

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

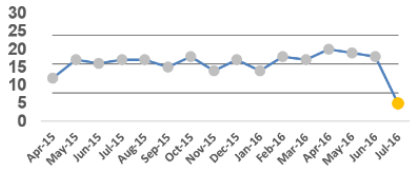


If the system is effective, the **lower** control limit will be above the target line (for targets where higher is better) or the **upper** control limit will be below the target line (for targets where lower is better). In that scenario we have nothing to worry about and can be assured our system is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

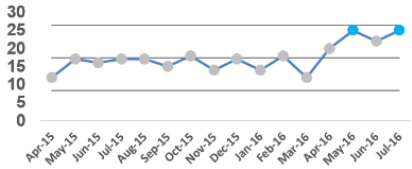
In this case the target line is above the lower control limit which indicates that the system is ineffective.

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

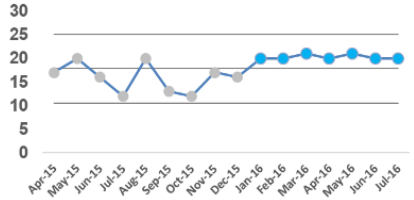
A single data point outside the process limits



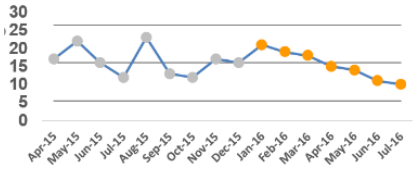
Two out of three points close to the process limits



Shift of points above / below mean line

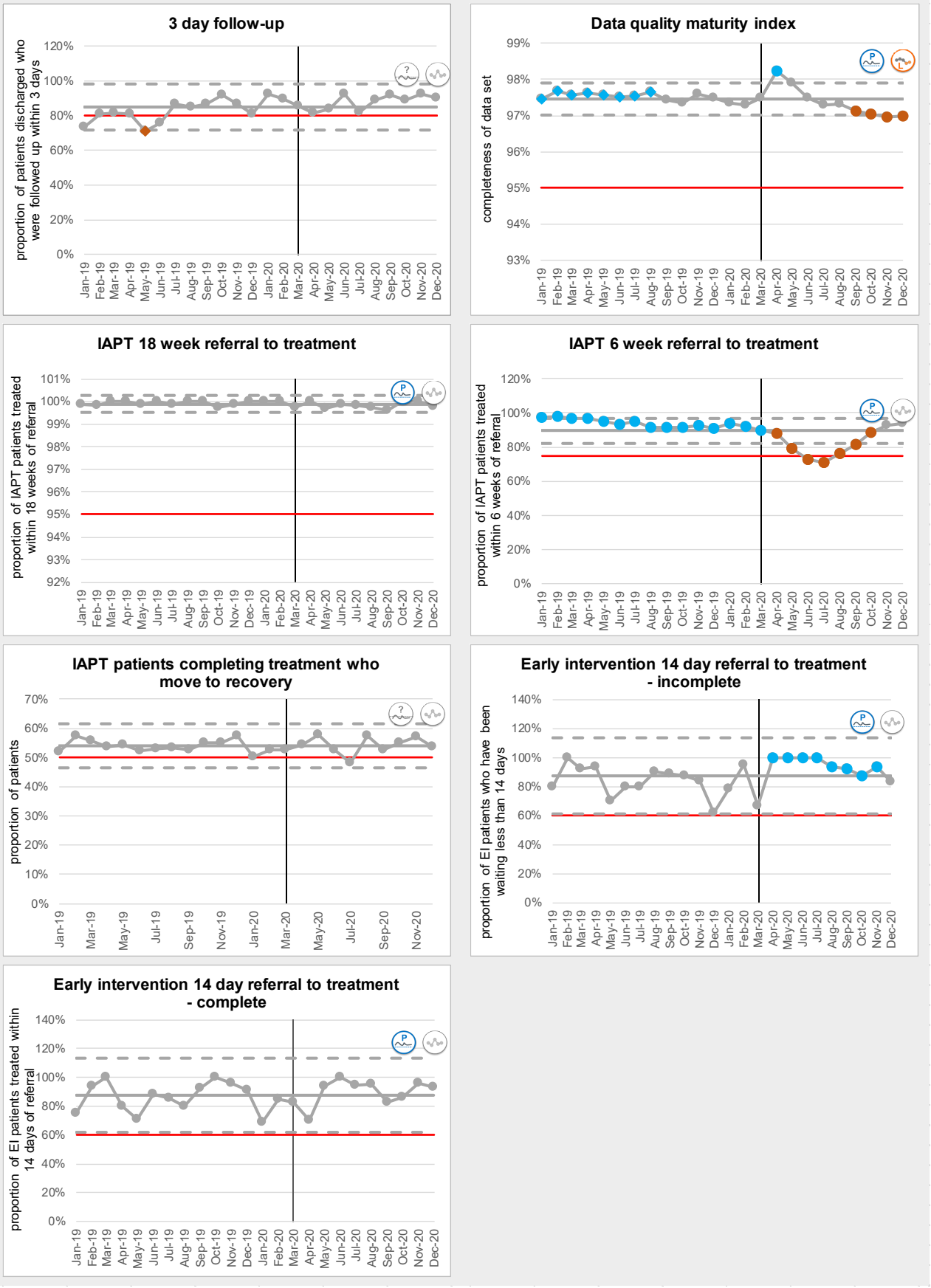


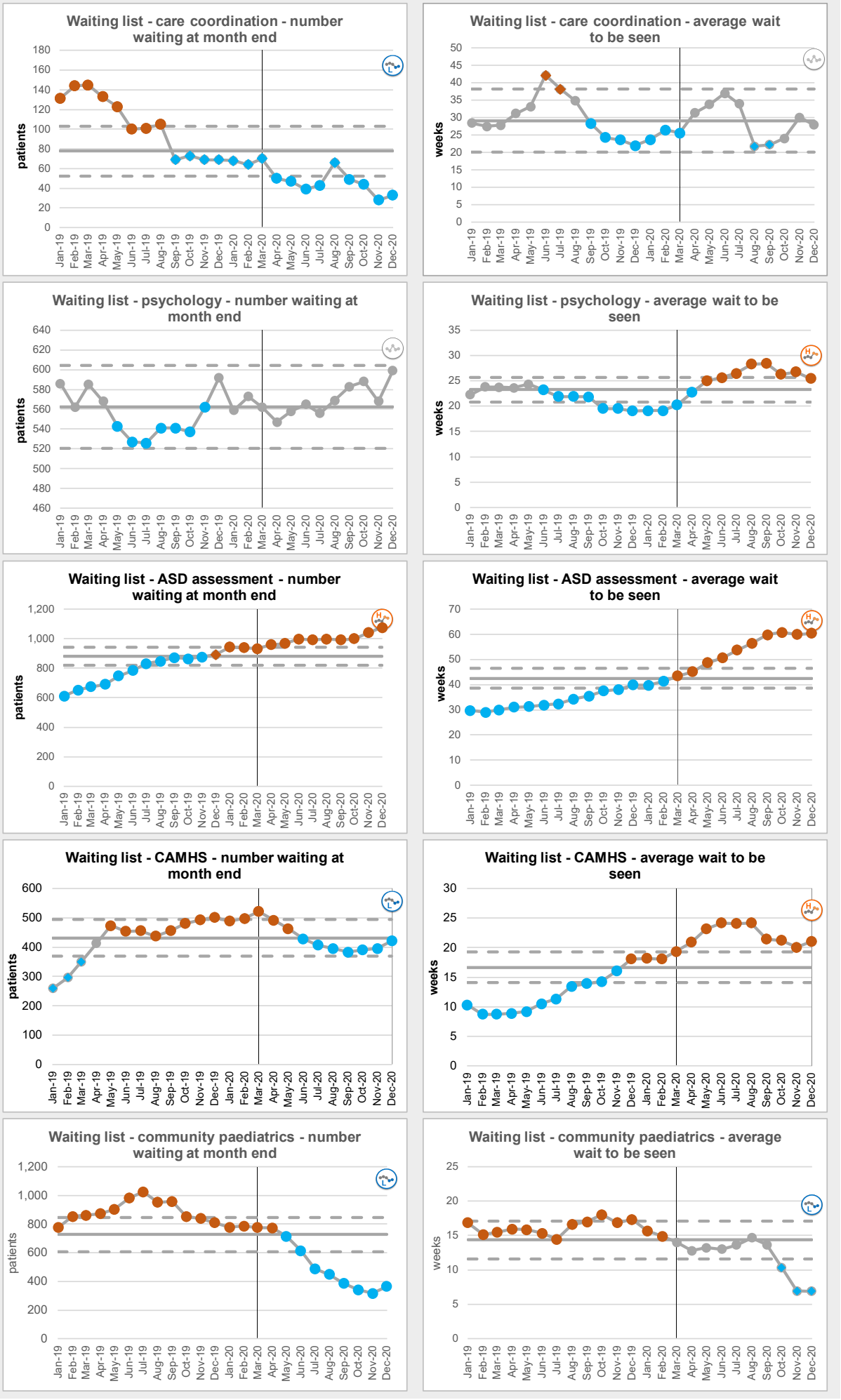
Run of points in consecutive ascending / descending order

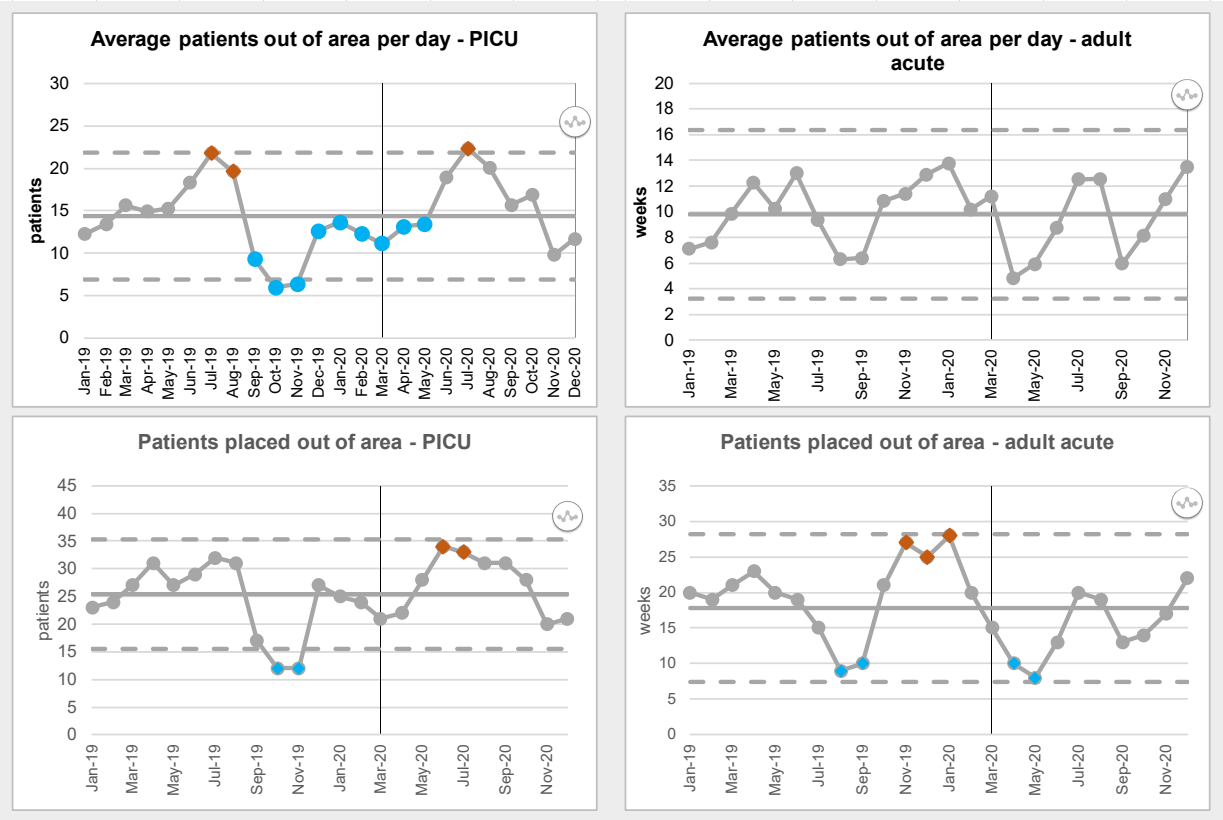


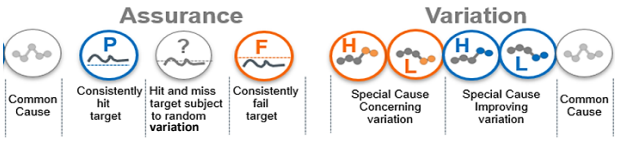
Appendix 2 – Charts

1. Operational Indicators

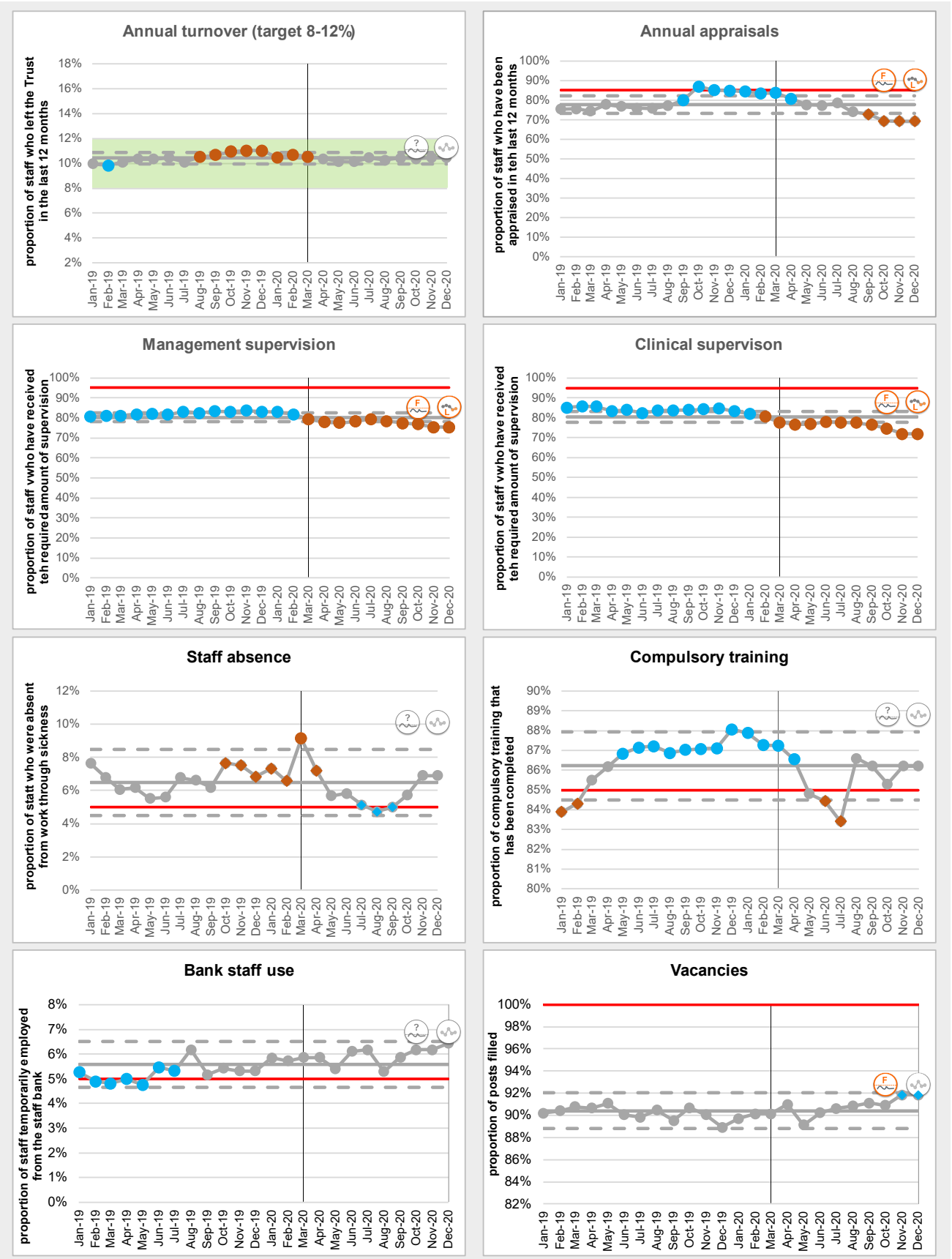



Waiting list - care coordination - number waiting at month end
patients
Waiting list - care coordination - average wait to be seen
weeks
Waiting list - psychology - number waiting at month end
patients
Waiting list - psychology - average wait to be seen
weeks
Waiting list - ASD assessment - number waiting at month end
patients
Waiting list - ASD assessment - average wait to be seen
weeks
Waiting list - CAMHS - number waiting at month end
patients
Waiting list - CAMHS - average wait to be seen
weeks
Waiting list - community paediatrics - number waiting at month end
patients
Waiting list - community paediatrics - average wait to be seen
weeks
Jan-19 Feb-19 Mar-19 Apr-19 May-19 Jun-19 Jul-19 Aug-19 Sep-19 Oct-19 Nov-19 Dec-19 Jan-20 Feb-20 Mar-20 Apr-20 May-20 Jun-20 Jul-20 Aug-20 Sep-20 Oct-20 Nov-20 Dec-20


Average patients out of area per day - PICU
patients
Average patients out of area per day - adult acute
weeks
Patients placed out of area - PICU
patients
Patients placed out of area - adult acute
weeks

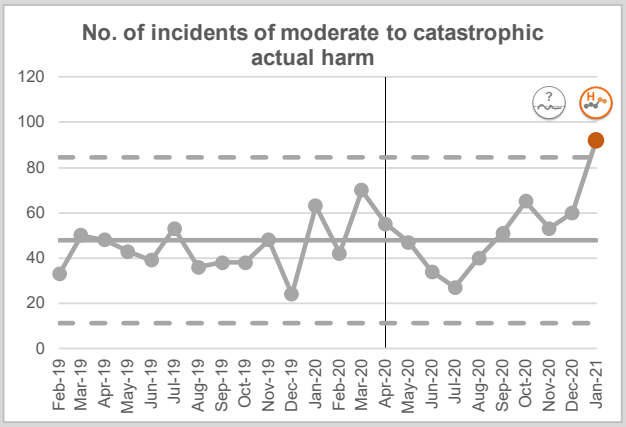

Assurance
Common Cause
Consistently hit target
Hit and miss target subject to random variation
Consistently fail target
Variation
Special Cause Concerning variation
Special Cause Improving variation
Common Cause

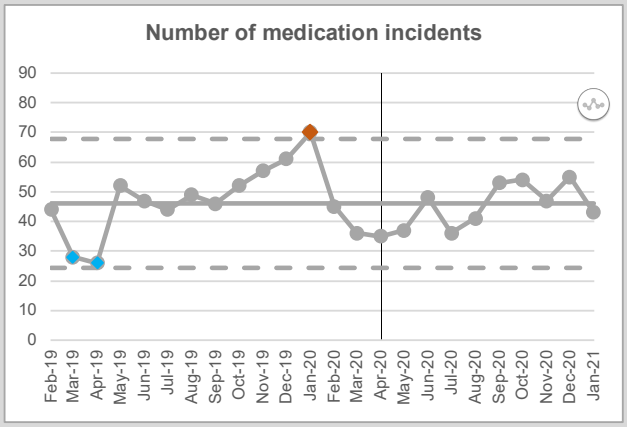
2. People Indicators

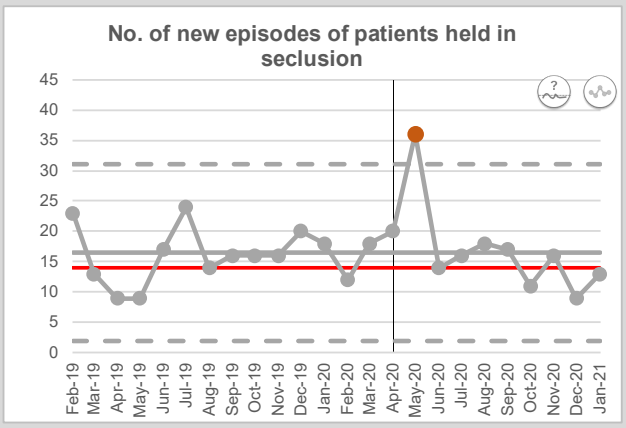


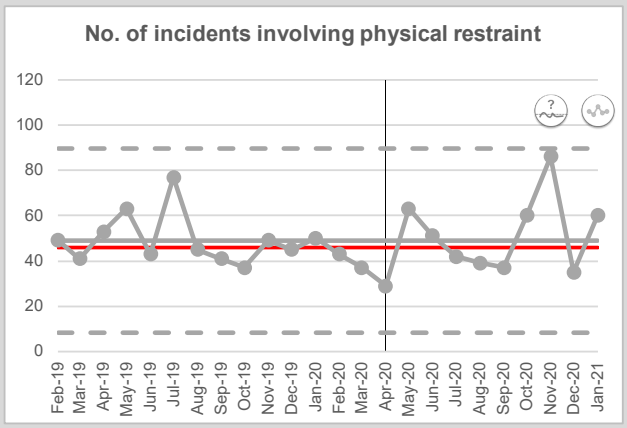
3. Quality Indicators

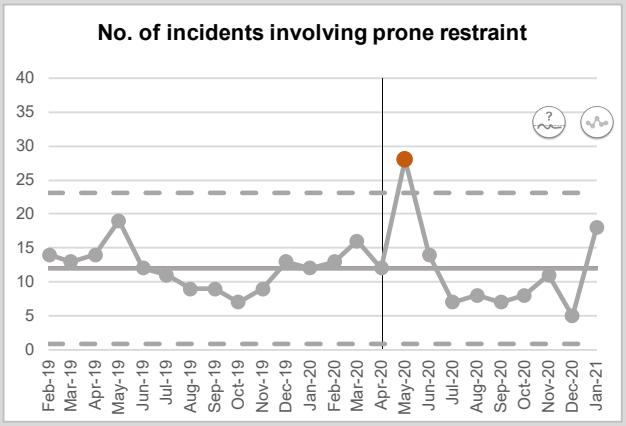
Safe

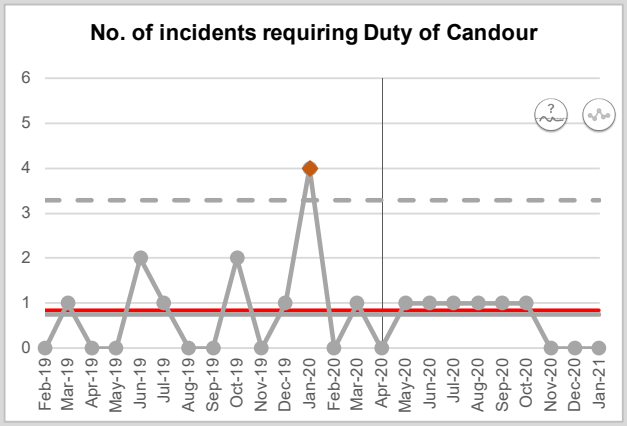


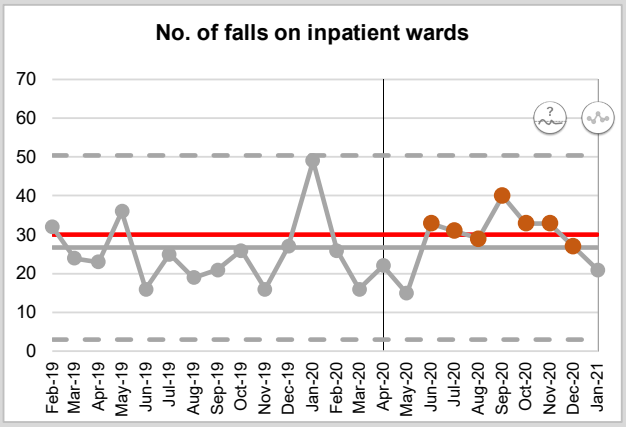


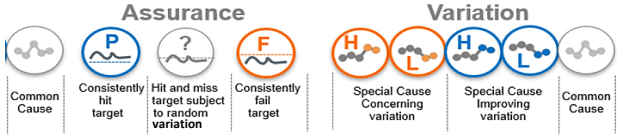




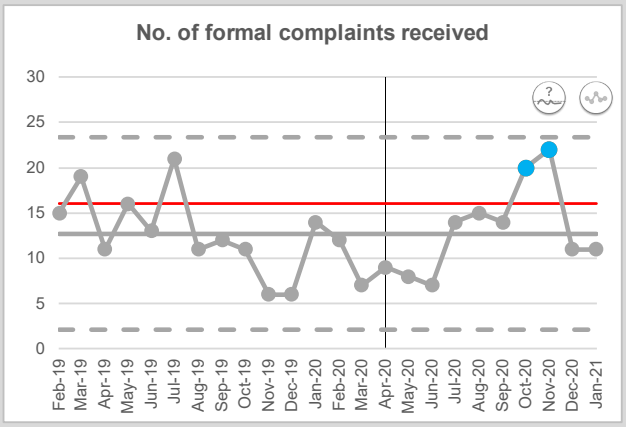


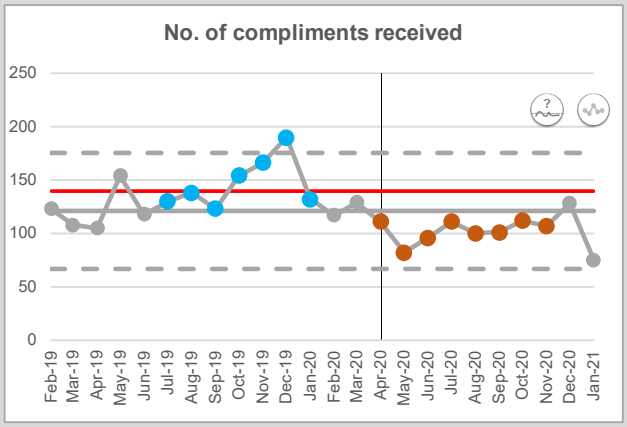




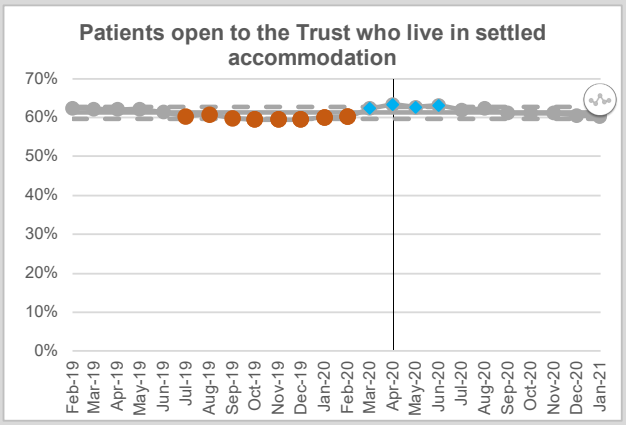


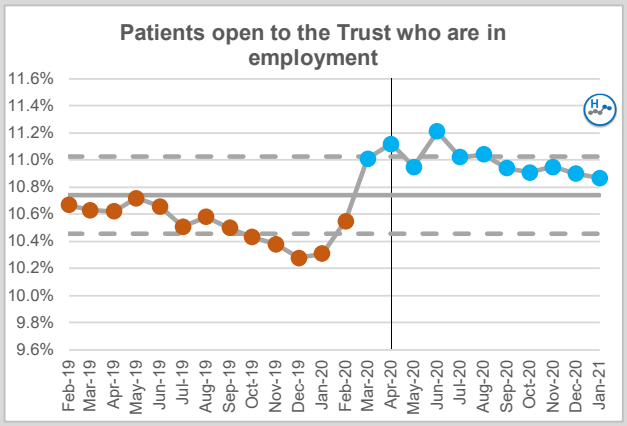
Caring



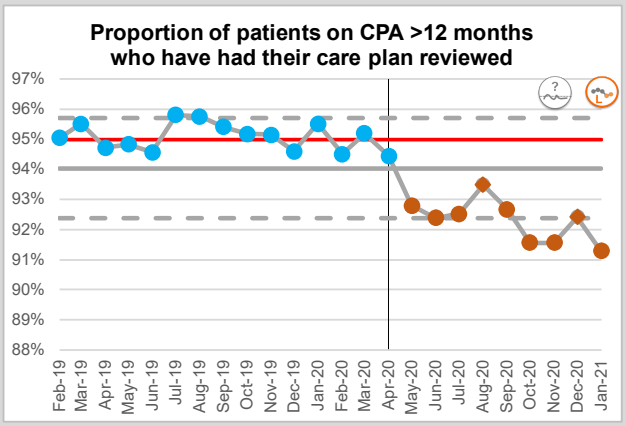


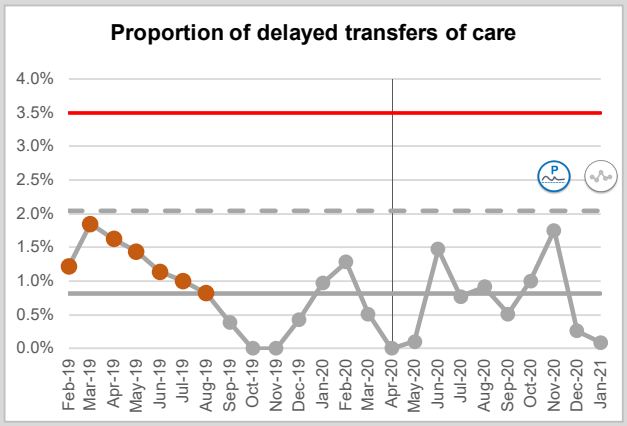
Effective

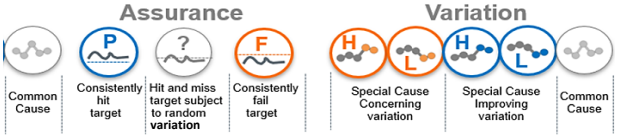


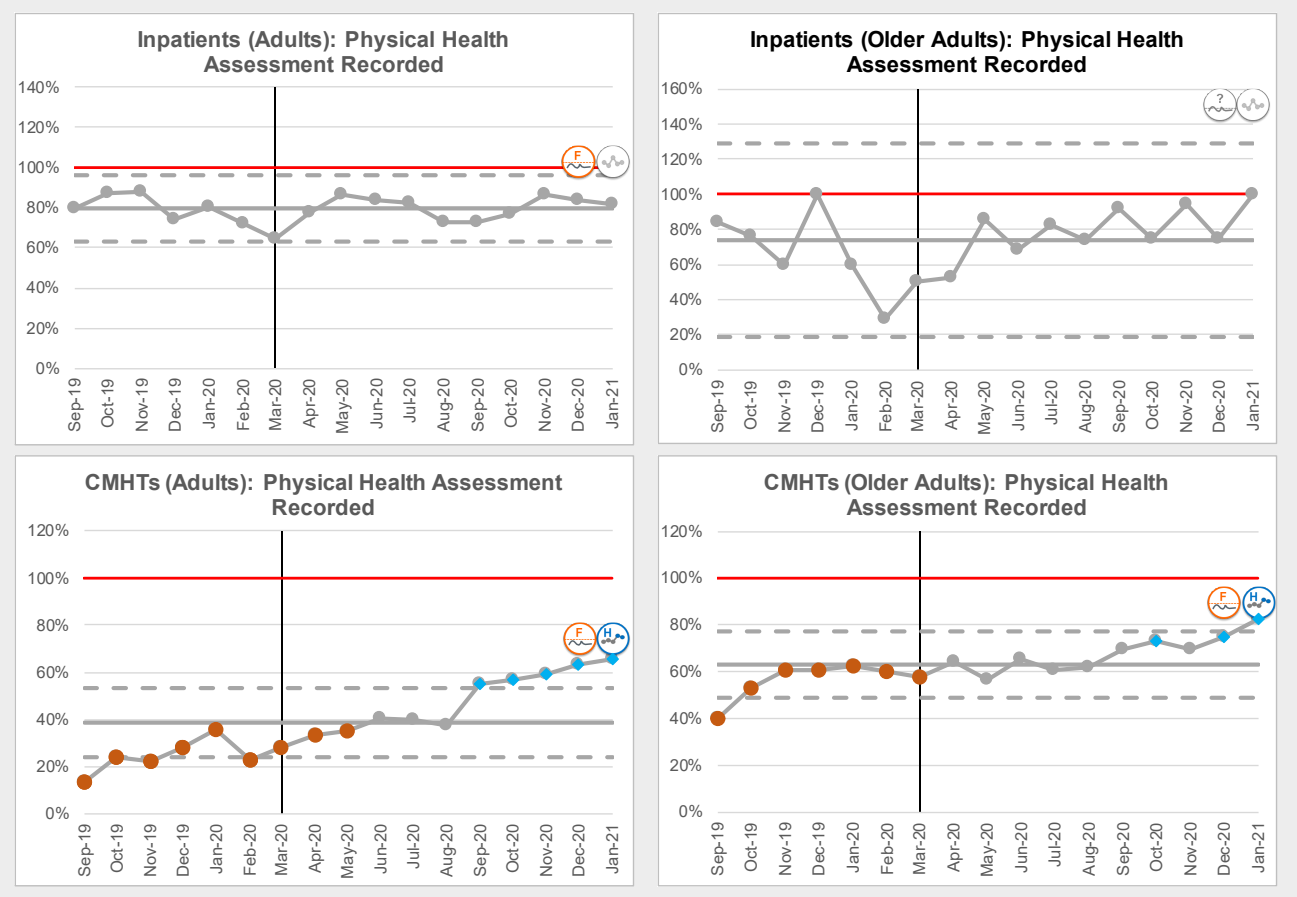


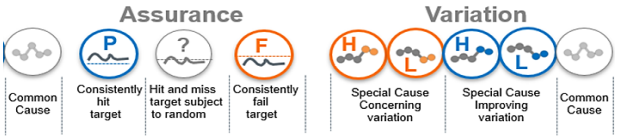
Responsive








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


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

Appendix 3 – Data Quality Maturity Index (DQMI) Benchmarking

PROVIDER NAME	September-2020	August-2020	July-2020	June-2020
National Average	**80.1**	**83.0**	**82.3**	**81.6**
BIRMINGHAM AND SOLIHULL MENTAL HEALTH NHS FOUNDATION TRUST	98.4	98.5	98.5	98.4
NORTH STAFFORDSHIRE COMBINED HEALTHCARE NHS TRUST	98.0	98.1	81.0	79.7
TEES, ESK AND WEAR VALLEYS NHS FOUNDATION TRUST	97.9	98.0	97.9	98.2
HERTFORDSHIRE PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST	97.3	94.7	97.2	97.3
LINCOLNSHIRE PARTNERSHIP NHS FOUNDATION TRUST	97.2	97.5	97.8	97.4
CAMDEN AND ISLINGTON NHS FOUNDATION TRUST	97.1	95.0	97.5	97.5
SOUTH LONDON AND MAUDSLEY NHS FOUNDATION TRUST	96.7	95.0	95.2	95.1
CAMBRIDGESHIRE AND PETERBOROUGH NHS FOUNDATION TRUST	96.6	97.1	97.5	97.1
DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST	96.4	96.7	96.7	96.6
ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST	95.8	95.9	96.6	96.3
NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST	95.4	97.3	97.3	97.3
KENT AND MEDWAY NHS AND SOCIAL CARE PARTNERSHIP TRUST	95.3	95.5	95.1	95.2
BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST	95.2	95.4	96.2	95.7
NOTTINGHAMSHIRE HEALTHCARE NHS FOUNDATION TRUST	95.1	95.3	96.2	96.0
GREATER MANCHESTER MENTAL HEALTH NHS FOUNDATION TRUST	95.0	96.5	94.6	94.2
SURREY AND SUSSEX HEALTHCARE NHS TRUST	94.6	99.3	99.3	94.5
SOMERSET PARTNERSHIP NHS FOUNDATION TRUST	94.3	97.3	97.3	97.2
MIDLANDS PARTNERSHIP NHS FOUNDATION TRUST	94.2	94.5	94.6	94.4
WORCESTERSHIRE HEALTH AND CARE NHS TRUST	94.2	94.6	95.1	95.3
HUMBER TEACHING NHS FOUNDATION TRUST	94.1	94.1	94.6	93.5
NORFOLK AND SUFFOLK NHS FOUNDATION TRUST	94.0	95.2	95.1	94.9
SOUTH WEST YORKSHIRE PARTNERSHIP NHS FOUNDATION TRUST	93.9	94.2	94.3	94.2
CENTRAL AND NORTH WEST LONDON NHS FOUNDATION TRUST	93.7	94.1	94.4	93.1
BUCKINGHAMSHIRE HEALTHCARE NHS TRUST	93.3	94.4	94.9	94.4
ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST	93.1	93.8	94.1	93.8
EAST LONDON NHS FOUNDATION TRUST	93.0	93.2	92.6	93.2
WEST LONDON NHS TRUST	93.0	93.9	93.8	93.4
CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST	92.8	94.4	94.4	93.3
BRADFORD DISTRICT CARE NHS FOUNDATION TRUST	92.7	93.0	90.8	90.3
CUMBRIA, NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST	92.7	93.6	93.9	93.9
SOUTH WEST LONDON AND ST GEORGE'S MENTAL HEALTH NHS TRUST	92.1	92.5	91.9	92.2
SURREY AND BORDERS PARTNERSHIP NHS FOUNDATION TRUST	92.1	93.8	96.5	96.5
AVON AND WILTSHIRE MENTAL HEALTH PARTNERSHIP NHS TRUST	91.9	92.8	92.3	92.7
COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST	91.9	96.3	96.1	98.0
SOLENT NHS TRUST	91.6	92.3	92.6	92.3
OXLEAS NHS FOUNDATION TRUST	91.3	92.1	91.5	91.9
LEICESTERSHIRE PARTNERSHIP NHS TRUST	91.0	92.4	92.6	90.2
PENNINE CARE NHS FOUNDATION TRUST	90.7	92.1	92.1	92.1
SUSSEX PARTNERSHIP NHS FOUNDATION TRUST	90.6	91.0	91.3	91.4
BLACK COUNTRY PARTNERSHIP NHS FOUNDATION TRUST	90.5	91.7	91.7	93.2
NORTHAMPTONSHIRE HEALTHCARE NHS FOUNDATION TRUST	90.2	91.3	91.8	91.7
ISLE OF WIGHT NHS TRUST	90.1	90.9	92.5	92.4
TAMESIDE AND GLOSSOP INTEGRATED CARE NHS FOUNDATION TRUST	89.0	92.3	93.2	92.0
WALSALL HEALTHCARE NHS TRUST	89.0	95.3	95.4	95.7
CORNWALL PARTNERSHIP NHS FOUNDATION TRUST	88.7	89.7	90.1	89.8
NORTH CUMBRIA INTEGRATED CARE NHS FOUNDATION TRUST	88.1	90.5	90.7	90.6
DORSET HEALTHCARE UNIVERSITY NHS FOUNDATION TRUST	87.7	89.8	88.7	88.6
SHEFFIELD HEALTH & SOCIAL CARE NHS FOUNDATION TRUST	87.7	89.8	89.7	89.5
LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST	87.6	88.1	87.6	81.9
DEVON PARTNERSHIP NHS TRUST	87.0	89.1	87.2	87.8
GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	86.8	94.9	94.9	95.1
SOUTHERN HEALTH NHS FOUNDATION TRUST	86.3	92.0	92.1	92.0
CHESHIRE AND WIRRAL PARTNERSHIP NHS FOUNDATION TRUST	86.0	86.1	91.3	90.2
DUDLEY AND WALSALL MENTAL HEALTH PARTNERSHIP NHS TRUST	85.5	90.5	90.2	90.8
OXFORD HEALTH NHS FOUNDATION TRUST	81.9	94.4	93.8	93.5
COVENTRY AND WARWICKSHIRE PARTNERSHIP NHS TRUST	80.5	82.2	83.1	83.2
NORTH EAST LONDON NHS FOUNDATION TRUST	64.7	68.5	69.4	69.4
BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST	57.0	91.5	90.9	91.1
LANCASHIRE & SOUTH CUMBRIA NHS FOUNDATION TRUST	51.4	93.1	92.1	92.5
MERSEY CARE NHS FOUNDATION TRUST	46.7	56.8	56.8	57.0
NORTH WEST BOROUGHS HEALTHCARE NHS FOUNDATION TRUST	44.1	54.7	54.9	89.0
GLOUCESTERSHIRE HEALTH AND CARE NHS FOUNDATION TRUST	36.7	42.0	42.1	42.3

Appendix 4 - Data Quality Kite Mark

Background

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

Approach

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

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

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

KPI Data Quality Reviews

A review will be undertaken every 6 months of 5 to 10 indicators to review their compliance with the defined indicators of quality. This will complement any reviews undertaken by internal or external audit. The results will be shared with the Finance and Performance Committee together with any remedial action necessary.

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

Report from Governance Committee

Purpose of Report

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

Executive Summary

Since the last summary was provided in November the Governance Committee has met twice on 10 December 2020 and 9 February 2021. Following national guidance on keeping people safe during the COVID-19 pandemic, both meetings were conducted digitally using Microsoft Teams.

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

Assurances

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

Consultation

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

Governance or Legal Issues

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

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

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

Recommendations

The Council of Governors is requested to note the report made of the Governance Committee meetings held on 10 December 2020 and 9 February 2021.

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

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

Report from the Governance Committee – 10 December 2020

Thirteen governors (52% of the Council of Governors) attended this meeting held on 10 December 2020.

Feedback from the Annual Members' Meeting (AMM) Governor Task and Finish Group

- The AMM will be taking place on Thursday 9 September. The group suggested that the Trust focuses on the successes of 2020 despite the COVID-19 pandemic including proposed title: 'Cohesion through COVID-19'
- The AMM could focus on:
  - The Trust's 24/7 mental health support line
  - Video appointments 'attend anywhere' innovation
  - Staff engagement and wellbeing
  - Good news stories
  - Nursing awards
  - 'It's not okay' campaign
  - Launching a writing competition on what helped people to get through COVID-19.
- Along with the formal business, the programme could include:
  - Video of staff achievements/innovations
  - Presentation on one of the themes (e.g. mental health support line)
  - Remembering colleagues
  - Close with the announcement of the writing competition winners at the end. The theme of the competition 'what helped me get through COVID-19'.
- The suggestions will be forwarded to the Chief Executive for comments.

Feedback from the Engagement Governor Task and Finish Group

The Group have:

- Reviewed the Governors Membership Engagement Action Plan; and identify the priorities for the next six months
- Begun to review the Membership Strategy 2018-21
- Agreed that the letter produced by Orla Smith, Public Governor, Derby City West to circulate to organisations to encourage recruitment and to raise the profile of the Trust and governors should be circulated in the first instance to Derby Youth Groups.

The Group are meeting in January to:

- Monitor progress of the Action Plan
- Complete the review of the Membership Strategy
- Discuss the development a governor engagement toolkit

Feedback from the GovernWell Membership and Public Engagement virtual session

- All governors are encouraged to utilise the resources provided by GovernWell.

Consideration of holding to account questions to the Council of Governors

- The Governance Committee agreed to escalate three questions to the Council of Governors relating to young people and the increase in mental health issues; provision of services provided to children and young people; and shared care records

Review Governor Code of Conduct

- The draft Code; along with the marked changes will be circulated to all governors via Governor Connect for comments.
- The revised Code will be adopted if accepted by governors
- If accepted, the Council of Governors will be notified of the revised Code; and all governors are required to sign the revised version.

Election of Chair and Deputy Chair of the Committee: agree the process for electing the Chair and Deputy Chair (terms of office for the current Chair and Deputy Chair end on 29 February 2021)

- The vacancies will be promoted in Governor Connect and an update will be given at the next meeting.

Feedback from the Governor Annual Effectiveness Survey Task and Finish Group

It was proposed that:

- The survey should be carried out in September 2021
- The previous year's results in the report (noting the likelihood that responses will vary as the compliment of the Council of Governors changes) to continue to be included in the report presented to the Committee and Council of Governors
- Governors who express any concerns in the survey will be contacted for further information and/or support.

Training and Development GovernWell programme (including NHS Providers virtual governor workshops)

- Governors were asked to contact Denise Baxendale if they wanted to attend a GovernWell session or the NHS Providers virtual governor workshops

Any other business: elections of Governors Advisory Committee

- Susan Ryan will stand in the forthcoming elections.

Report from the Governance Committee – 9 February 2021

Nineteen governors (76% of the Council of Governors) attended this meeting held on 9 February 2021.

Update: NHS England and NHS Improvement's reducing the burden releasing capacity at NHS Providers and Commissioners to manage the COVID-19 pandemic

- The Annual Plan process is paused for this year; starting on 1 July instead of 1 April; Gareth Harry, the Trust's Director of Business Improvement and Transformation has agreed to share the Annual Plan to the Governance Committee on 15 June

Membership Data review

- Discussion took place on the following under-represented communities:
  - Younger people aged between 16 and 39
  - Ethnicities including Asian or Asian British (Pakistani, Bangladeshi, Chinese); black or black British; mixed (white and black Caribbean; white and Asian)
  - Lesbian, bisexual and gay communities
  - Non-Christian denominations.
- members in the Out of Trust area to be removed from the membership database

Feedback from the Engagement Task and Finish Group

- Monitoring progress of the Governors' Membership Engagement Action Plan – all governors are encouraged to note the actions and timescales on the Plan
- The Membership Strategy 2018-2021:
  - is fit for purpose to cover 2021-2024.
  - In terms of objectives for membership engagement it was suggested that 2021 membership recruitment and engagement could focus on: men; younger people (18-40 age groups' BME groups; and carers groups.

Consideration of holding to account questions to the Council of Governors

- The Governance Committee agreed to escalate one question to the Council of Governors relating to transition from Child and Adolescent Mental Health Services (CAMHS) to adult services. This is being escalated to the next CoG along with the three questions from December's Governance Committee

Election of Chair and Deputy Chair of the Committee

- Julie Lowe was nominated as Chair and the committee agreed her appointment
- No nominations were received for the Deputy Chair role – Susan Ryan will consider taking on this role in the Spring

NHS Providers Governance Advisory Committee elections

- Governors delegated the task of voting to the Lead Governor and Deputy Lead Governor. (The Lead Governor and Deputy Lead Governor met on 18 February and agreed which candidates to vote for – see Appendix i for details.)

Training and development including NHS Providers GovernWell programme

- Training to focus on this year:
  - Annual Planning (discussed at the Trust Board and Council of Governors session on 13 January and am update to be presented to the Committee on 15 June
  - Integrated Performance Report (Why we measure what we do; what it tells us; how we get targets; understanding the charts)
  - Governor engagement - Lynda Langley, Julie Lowe and Valerie Broom to lead on developing an engagement session for governors using the GovernWell resources presented to the last meeting. Following on from this further engagement sessions can be planned.

NHS Providers: election for the Governor Advisory committee

Governors agreed to delegate the task of deciding which candidates to vote for to the Lead Governor and Deputy Lead Governor. Please note that Susan Ryan, Public Governor, Amber Valley is standing in the elections and will be included in the Council of Governors choice. Susan's statement was shared with the Governance Committee on 9 February. The other candidates to vote for our as follows:

Oboh Achioyamen – Bolton NHS Foundation Trust
Type of Trust: Acute. Remaining Governor Term: 33 months

Thank you for the opportunity to be considered for election to the governor advisory committee. I was born in Africa and like most migrants, moved over to the UK in order to have a better opportunity to achieve my dreams and in turn benefit my host country. When I arrived, I was faced with a lot of barriers and challenges, from culture shock to feeling inadequate to succeed.

The worse part of it was when I discovered that there was a very deep-seated perception from the migrant community who hold the view that there is little chance to aspire to good jobs, leadership opportunities and entrepreneurship, because of their race. This inspired me to make a difference I have just started my second term of office as a public Governor at Bolton NHS Foundation Trust and am proud to be playing my part in working with Governors to support the work of the Trust. I make sure that the interests of members of our hard to reach communities are represented through my advocacy on their behalf. I am also currently a steering committee member of the European Public Health Association Urban health section covering 31 member countries across Europe. If given the opportunity and privilege to serve as a member of the governor's advisory committee, I will bring my experience and passion to work with the team.

Eric Bennet – Humber Teaching NHS Foundation Trust
Type of Trust: Mental Health/Learning Disability. Remaining Governor Term: 25 months

I have been a public governor for over 4 years & proud to be involved in diverse & numerous areas of our leading NHS trust. In relation to NHS Providers I have attended a number of out of town meetings & found that all these meeting are excellent in meeting with governors from other trusts & how governors are working collaboratively within the health & care systems. It highlights the skills needed to improve services & gain knowledge from governors from other trusts.

Governors have an important role to be involved in NHS Providers as they work closely with government, parliamentarians & regulators. Also its an organisation that's help trusts to deliver high quality patient-focused care in an ever-changing & demanding environments. Working with NHS Providers as a representative of our trust it ensures that governors are kept up to date & NHS Providers have key speakers in meetings I have attended, one of the main subjects was appointment & retaining governors. It was interesting to have taken part in discussions from other governors in breakout groups with their ideas, retention & effectiveness. As governors we should consider the opinions in how we ensure that we retain governors as we all make a valuable contribution

James Canning – South London and Maudsley NHS Foundation Trust
Type of Trust: Mental Health/Learning Disability. Remaining Governor Term: 3 years

Having just started my second term as a public governor, I would love the opportunity to contribute to the national agenda through sitting on the GAC. I work as a board level head-hunter for the NHS, giving me an excellent understanding of what good leadership looks like for both executive and non-executive directors, as well as a deep strategic knowledge the NHS nationwide. Deeply passionate about mental health, I have also brought a fresh

perspective to the Council at SLaM as a member of the LGBT community, a former service user, and as a younger governor in full time employment.

I would bring all of this to the GAC, as well as the experience I have gained over the last three years. I am the Deputy Chair of our Planning and Strategy Working Group, was involved in local governor lobbying of CCGs and MPs around CAMHS funding, visited staff in nearby A&E's to better understand the challenges they face, as well as actively contributing to the council more generally. I have a particular interest in increasing diversity at board level through lived experience, and would like to help drive a change in the experience of NEDs. Not every member of a board needs to be able to chair an audit committee, and having fresh voices from the diverse communities our Trusts serve, can only help us. I would be honoured to represent mental health on the GAC, and hope that you will vote for me.

Eileen Cox – West Midland Ambulance Service University NHS Foundation Trust
Type of Trust: Ambulance. Remaining Governor Term: Two years

I have been a Publicly Elected Governor of West Midlands Ambulance Service for Staffordshire since 2013. I was elected to the role of Lead Governor in 2015 and have continued within the role to date, having been re-elected by my fellow governors. In that role, I played an instrumental part in the interview process and appointment of our Trust's current Chair. I have also been part of the selection process for several Non-Executive Directors.

One of the highlights for me personally, was this year receiving the retiring Chair's award! My background is in the business sector, but I have always been a staunch supporter of our NHS I firmly believe it is essential that this "Institution", which is apparently what makes people proudest to be British, continues into the future for the benefit of all. I voluntarily serve as a patient representative, on N.H.S. Committees, including the North Staffordshire and Stoke-on-Trent Clinical Commissioning Groups Patient Congress. I have for the past eight years, served as a Governor of one of my town's Middle Schools, now a "stand alone" Academy, where I chair the Finance Committee. Having read the description of the NHS Providers Governor Advisory Committee, I feel that I could bring some value to GAC, and I am well used to working as a team member. Should I be fortunate enough to be elected, I would certainly be prepared to make the commitment required to do justice to my role.

Ben Duke – Sheffield Health and Social Care NHS Foundation Trust page 11
Type of Trust: Mental Health/Learning Disability. Remaining Governor Term: 32 months

Have been a service user in the last five years and as a relative of a current service user, I am passionate about supporting NHS services in my role as a governor. I enjoy helping develop stronger links with the communities we serve, and being the bridge between the public, service users, providers and staff. My skills and experience include voluntary work for Age UK Sheffield, where I assist in activities and events for members to enable them to maintain their cognitive function and mobility, and Sheffield MENCAP, where I support teaching adults with learning difficulties and provide one-to-one teaching for a member with cerebral palsy. I also volunteer for CLIC Sargent – a national charity for children with cancer. My wide-ranging role includes fundraising, reviewing policy documents and handling telephone or in-store enquiries. In addition to these roles, I have a long history of volunteering in our local community, including work for Sheffield Royal Society for the Blind, Sheffield Churches Council for Community Care and a local library. I am keen to bring my energy and passion to the Governor Advisory Committee, to support its important role, contribute ideas for areas of focus and debate and represent the mental health, learning disability, autism and social care services delivered by the Trust for which I am a

governor. My term of office runs until July 2023, providing me the time to contribute to the GAC and make a difference.

Nicky Green – Bradford District Care NHS Foundation Trust
Type of Trust: Mental Health/Learning Disability. Remaining Governor Term: 17 months

I am a vet who has spent over 30 years working in first opinion practice as both an employee and latterly an owner. I believe in high quality, cost effective healthcare for both animals and people. I have an MA in Healthcare Ethics and an ongoing interest in ethical medical challenges and volunteer for Vetlife, a phone and email group providing mental health support for vets and their teams.

I have been a Governor for 4 years and Lead Governor for over a year. My passions include treating the patient as a whole person not a series of dissociated medical issues; improving communication between primary and secondary healthcare; and early intervention and education to help prevent escalation of mental health problems.

My previous NHS experience includes being a lay member on the Bradford Individual Funding Request panel for 3 years, where GPs request payment for non NHS funded care for patients, chairman of my local GP practice PPG and a member of the Airedale, Wharfedale and Craven Executive PPG.

I have a keen interest in the NHS and supporting it to provide the best care possible, in extremely challenging circumstances, to all members of society equally. I am also passionate about the wellbeing of all staff working in the NHS, as without them the system cannot operate effectively. I feel I have a lot to offer the Committee and would also use the role to feedback best practice into my own Trust.

Karen Williams – Pennine Care NHS Foundation Trust
Type of Trust: Mental Health/Learning Disability. Remaining Governor Term: ends 30.6.21

My professional career is in addressing domestic violence, substance misuse and as a national expert advisor on tackling serious youth violence. All of which has given me an understanding of how mental health is core to the work I have undertaken in behaviour change. My work was initially locally, regionally and then for over 20 years nationally with Whitehall working to assist local areas plan and deliver appropriate services to address these complex issues. I hold a BSc (Hons) Degree in Behavioural Sciences, a MSc in Methods of Research and Evaluation. I am a Chartered Psychologist.

I have extensive experience of partnership working with central government departments, leading multi-agency teams across England on the above issues. I write clear, concise reports along with recommendations working with partnerships to implement the recommendations. I am a good communicator including listening, contributing to meetings and presentation skills which was a core part of my work nationally.

I am a Governor for a Mental Health Foundation Trust. I recently attended the 3-day NHS Providers Virtual Conference and have had training from the local Trust on Equality, Diversity and Inclusion, BAME Patient and Carers Race Equality Framework (PCREF) and on Positive Ability. I am a member of the North West Ambulance Service Patient and Public Panel, a Director for an Academy Trust. I am a Reviewer for the National Institute for Health Research reviewing research papers. I was a carer for my husband when he developed Dementia.

Governor Meeting Timetable March 2021 – March 2022

DATE	TIME	EVENT	LOCATION/COMMENTS
2/3/21	9.30am onwards	Trust Board Meeting	This will be a virtual meeting
2/3/21	2.00pm onwards	Council of Governors meeting	This will be a virtual meeting
1/4/21	10.00am-12.30pm	Governance Committee	This will be a virtual meeting
1/4/21	12.45-1.45pm	Governor feedback for the Non-Executive Director appraisals (Geoff Lewins, Sheila Newport and Ashiedu Joel)	This will be a virtual meeting
4/5/21	9.30am onwards	Trust Board Meeting	This will be a virtual meeting
4/5/21	2.00pm onwards	Council of Governors meeting	This will be a virtual meeting
15/6/21	10.00am-12.30pm	Governance Committee	TBC
6/7/21	9.30am onwards	Trust Board Meeting	TBC
6/7/21	2.00pm onwards	Council of Governors and Trust Board development session	TBC
10/8/21	10.00am-12.30pm	Governance Committee	TBC
7/9/21	9.30am onwards	Trust Board Meeting	TBC
7/9/21	2.00pm onwards	Council of Governors meeting	TBC
9/9/20	2.30 onwards	Annual Members' Meeting	TBC
12/10/21	10.00am-12.30pm	Governance Committee	TBC
2/11/21	9.30am onwards	Trust Board Meeting	TBC
2/11/21	2.00pm onwards	Council of Governors meeting	TBC
8/12/21	10.00am-12.30pm	Governance Committee	TBC
18/1/22	9.30am onwards	Trust Board Meeting	Conference Rooms A&B, Ashbourne Centre, Kingsway Hospital Site, Kingsway, Derby DE22 3LZ
18/1/22	2.00pm onwards	Council of Governors and Trust Board development session	Conference Rooms A&B, Ashbourne Centre, Kingsway Hospital Site, Kingsway, Derby DE22 3LZ
8/2/22	10.00am-12.30pm	Governance Committee	Rooms 1&2, Ashbourne Centre, Kingsway Hospital Site, Kingsway, Derby DE22 3LZ
1/3/22	2.00pm onwards	Council of Governors meeting	Conference Rooms A&B, Ashbourne Centre, Kingsway Hospital Site, Kingsway, Derby DE22 3LZ
1/3/22	9.30am onwards	Trust Board Meeting	Conference Rooms A&B, Ashbourne Centre, Kingsway Hospital Site, Kingsway, Derby DE22 3LZ

Please note:

- **Training and development sessions for 2021/22 to be arranged and agreed with governors**
- **It is likely that the meetings from June 2021 onwards will be virtual meetings depending on the situation regarding COVID-19 and the national guidance on social distancing. Face-to-face meetings will be held at Kingsway Hospital site, Derby.**

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

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS	
NHS Term / Abbreviation	**Terms in Full**
CQI	Clinical Quality Indicator
CQUIN	Commissioning for Quality and Innovation
CRB	Criminal Records Bureau
CRG	Clinical Reference Group
CRS	(NHS) Care Records Service
CRS	Commissioner Requested Services
CSF	Commissioner Sustainability Fund
CTO	Community Treatment Order
CTR	Care and Treatment Review
D	
DAT	Drug Action Team
DBS	Disclosure and Barring Service
DBT	Dialectical Behavioural Therapy
DfE	Department for Education
DCHS	Derbyshire Community Health Services NHS Foundation Trust
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
FOI	Freedom of Information

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS	
NHS Term / Abbreviation	**Terms in Full**
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
LCFS	Local Counter Fraud Specialist

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS	
NHS Term / Abbreviation	**Terms in Full**
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)
PARIS	This is an electronic patient record system

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS	
NHS Term / Abbreviation	**Terms in Full**
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
SOC	Strategic Options Case
SOF	Single Operating Framework
SPOA	Single Point of Access
SPOE	Single Point of Entry
SPOR	Single Point of Referral
STEIS	Strategic Executive Information System
STF	Sustainability and Transformation Fund
STP	Sustainability and Transformation Partnership
SUI	Serious (Untoward) Incident

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS	
NHS Term / Abbreviation	**Terms in Full**
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