Derbyshire Healthcare
NHS Foundation Trust

Derbyshire Healthcare NHS Foundation Trust
Council of Governors' meeting

virtual MS Teams meeting

1 March 2022 14:15 - 1 March 2022 16:35

INDEX

Derbyshire Healthcare NHS Foundation Trust

COUNCIL OF GOVERNORS' MEETING – TUESDAY 1 MARCH 2022
FROM 2.15-4.35PM

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 Click here to join the meeting.

AGENDA		LED BY	TIME
1.	Welcome, introductions and Chair's opening remarks Apologies and Declaration of Interests	Selina Ullah	2.15
2.	Submitted questions from members of the public	Selina Ullah	2.20
3.	Minutes of the previous meeting held on 2 November 2021	Selina Ullah	2.25
4.	Matters arising and actions matrix	Selina Ullah	2.30
5.	Chief Executive's update (verbal)	Ifti Majid	2.35
STATUTORY ROLE			
6.	Update on next round of Non-Executive Director appointments (verbal)	Selina Ullah	3.00
HOLDING TO ACCOUNT			
7.	Non-Executive Directors Deep Dive	Margaret Gildea	3.10
COMFORT BREAK			3.25
8.	Escalation items to the Council of Governors from the Governance Committee (four items)	Selina Ullah	3.35
9.	Verbal summary of Integrated Performance Report (full report provided for information)	Non-Executive Directors	3.45
OTHER MATTERS			
10.	Governance Committee Report – 8 February 2022, includes: - Ratification of Sue Ryan as designate Lead Governor for six months from 21 March 2022; and Julie Boardman as Deputy Lead Governor - Governor training and development	Julie Lowe	4.05
11.	Election update	Denise Baxendale	4.15
12.	Review of the Governor Membership Engagement Action Plan	Denise Baxendale	4.20
13.	Any Other Business	Selina Ullah	4.25
14.	Review of meeting effectiveness and following the principles of the Code of Conduct	Selina Ullah	4.30
15.	Close of meeting	Selina Ullah	4.35
FOR INFORMATION			
16.	Minutes of the Public Board meeting held on 2/11/21*		
17.	Chair's Report as presented to Public Trust Board on 18/1/22* and 1/3/22*		
18.	Chief Executive's Report as presented to Public Trust Board on 18/1/22* and 1/3/22*		
19.	Governor meeting timetable 2022/2023		
20.	Glossary of NHS terms		

Next Meetings:
Extraordinary Council of Governors Wednesday 13 April 2022 from 12.00-1.00pm
Council of Governors Tuesday 10 May 2022, from 2.00pm.

These will be a virtual meetings.

* These minutes and reports will be available to view on the Trust's website. Click on the 2021 and 2022 drop down menus and select the relevant agenda and papers.

.

Derbyshire Healthcare
NHS Foundation Trust

Our vision

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

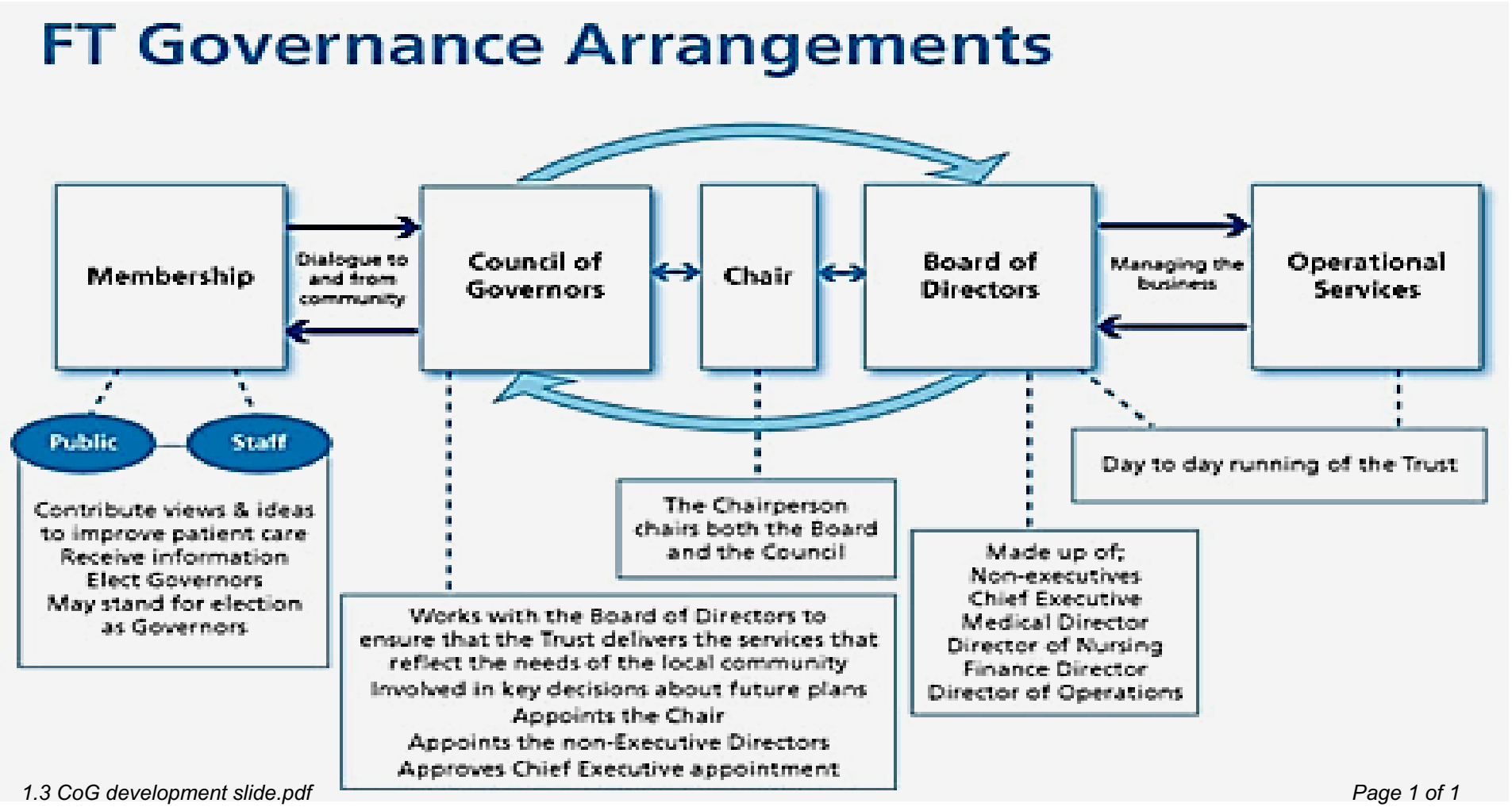
Our values

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

Our Trust values are:

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

Getting the balance right



CHARIS consultants ltd

The implications for governors and 'holding to account'

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

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

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

CHARIS consultants ltd

how do we ask effective questions?

Good questions

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

CHARIS consultants ltd

how do we ask effective questions?

Good questions

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

Derbyshire Healthcare NHS Foundation Trust

MINUTES OF COUNCIL OF GOVERNORS MEETING

HELD ON TUESDAY 2 NOVEMBER 2021, FROM 14.00-16.04 HOURS

MEETING HELD DIGITALLY VIA MICROSOFT TEAMS

PRESENT	Selina Ullah	Trust Chair and Chair of Council of Governors
	Valerie Broom	Public Governor, Amber Valley
	Susan Ryan	Public Governor, Amber Valley
	Rob Poole	Public Governor, Bolsover and North East Derbyshire
	Ruth Grice	Public Governor, Chesterfield
	Julie Lowe	Public Governor, Derby City East
	Carole Riley	Public Governor, Derby City East and Deputy Lead Governor
	Orla Smith	Public Governor, Derby City West
	Andrew Beaumont	Public Governor, Erewash
	Chris Mitchell	Public Governor, High Peak and Derbyshire Dales
	Julie Boardman	Public Governor, High Peak and Derbyshire Dales
	Rosemary Farkas	Public Governor, Surrounding Areas
	Jan Nicholson	Staff Governor, Allied Professions
	Marie Hickman	Staff Governor, Admin and Allied Support Staff
	Roy Webb	Appointed Governor, Derby City Council
	Nigel Gourlay	Appointed Governor, Derbyshire County Council
	David Charnock	Appointed Governor, University of Nottingham
IN ATTENDANCE	Margaret Gildea	Non-Executive Director and Senior Independent Director
	Ashiedu Joel	Non-Executive Director
	Geoff Lewins	Non-Executive Director
	Sheila Newport	Non-Executive Director
	Julia Tabreham	Non-Executive Director
	Richard Wright	Non-Executive Director
	Ifti Majid	Chief Executive
	Carolyn Green	Executive Director of Nursing and Patient Experience
	Denise Baxendale	Membership and Involvement Manager
	Justine Fitzjohn	Trust Secretary
	Graeme Blair	Trust Member
APOLOGIES	Lynda Langley	Public Governor, Chesterfield and Lead Governor
	Jo Foster	Staff Governor, Nursing
	Varria Russell-White	Staff Governor, Nursing
	Stuart Mourton	Public Governor, Derby City West
	Kel Sims	Staff Governor, Admin and Allied Support
	Farina Tahira	Staff Governor, Medical
	Rachel Bounds	Appointed Governor, Derbyshire Voluntary Association

Stephen Wordsworth	Appointed Governor, University of Derby
Jodie Cook	Appointed Governor, Derbyshire Mental Health Forum

ITEM	ITEM
DHCFT/GOV/2021/061	**WELCOME, INTRODUCTIONS, CHAIR'S OPENING REMARKS, APOLOGIES FOR ABSENCE & DECLARATION OF INTERESTS** Selina Ullah, Trust Chair, welcomed all to the meeting. Selina explained that this is her first Council of Governors meeting and she is looking forward to fostering new relationships with governors and working together in a meaningful way. She reminded everyone that the meeting was being held via a public link. The apologies were noted; a declaration of interest was noted by the Chair and the Non-Executive Directors (NEDs) in item 7 of the agenda, the report from the Nominations and Remuneration Committee and Council of Governors Approvals.
DHCFT/GOV/2021/062	**SUBMITTED QUESTIONS FROM MEMBERS OF THE PUBLIC** It was noted that no questions from members or the public have been received.
DHCFT/GOV/2021/063	**MINUTES OF THE COUNCIL OF GOVERNORS' MEETINGS ON THE 7 SEPTEMBER 2021** ***Minutes of the previous meeting held on 7 September 2021*** The minutes of the meeting held on 7 September were accepted as a correct record.
DHCFT/GOV/2021/064	**MATTERS ARISING AND ACTIONS MATRIX** There were no matters arising from the minutes. It was noted that there was one ongoing action listed on the Actions Matrix: ***Minute number DHCFT/GOV.2021 048 – Lead Governor role***. Justine Fitzjohn reiterated that the Lead Governor is a statutory role and the Trust is required to inform the regulators of who the Lead Governor is. Selina Ullah emphasised the importance of the Lead Governor role and assured governors that they would be supported in the role by herself, Justine Fitzjohn and Denise Baxendale. Carole Riley, Deputy Lead Governor commented that she had recently met with Lynda Langley, Lead Governor and both expressed concern that no eligible governors had expressed an interest in the role. It was agreed to revisit the Lead Governor role in the New Year. In the meantime, eligible governors are encouraged to consider the role. **RESOLVED: The Council of Governors noted the comments on the Action Matrix.** **ACTIONS:** • **Eligible governors are encouraged to consider expressing an interest in the Lead Governor role.**

	• **The situation regarding the Lead Governor role will be revisited in the New Year.**
DHCFT/GOV/2021/065	**<u>CHIEF EXECUTIVE UPDATE</u>** Ifti Majid provided the meeting with an update on the current situation regarding the COVID-19 pandemic: • There has been a slight decrease in Derbyshire's transmission rates. However, infection rates are high in school age children and there is concern that this will increase when children and young people return to school after the school break. • There is concern about local rates, but patients being admitted to hospital has plateaued. • People who have been double vaccinated do become ill from the virus but compared to those who haven't received the vaccination do not require complex interventions. • The R number is stable across the regions. Infection rates in East and West Midlands are higher than the national average but are reducing quickly. • Case rates in 60+ year olds is increasing, but not in Derbyshire. • Within Derbyshire, Chesterfield rates continue to be high and other smaller areas within localities have increased e.g. Barrowhill. These outbreaks can have significant impact on Derbyshire's figures. • Four patients in the Trust's inpatient facilities have COVID-19. • There are currently 35 members of staff absent from work with COVID-19. This is a small percentage compared to the national average. • Staff continue to be diligent in complying with measures to reduce the impact of COVID-19 (i.e. following the robust infection, prevention and control procedures) • 93% of staff have received the COVID-19 vaccination which is above the national average. Ifti also referred to the Trust's roadmap for October to December which focuses on: • Staff – keeping colleagues safe; encouraging teams and services to connect with each other; engaging with staff, carrying out quarterly pulse checks on what if feels like to work for the Trust • A focus on performance – for example reducing waiting times; supporting people into employment; general improvement of some services including dementia Andrew Beaumont asked if the nine million COVID-19 tests completed that Ifti mentioned in his update means that nine million people have been tested. Ifti explained that this relates to nine million tests being undertaken and not nine million people. Rob Poole and Julie Love conveyed their appreciation to Ifti for the precise commentary and excellent results of the pulse check. Selina Ullah thanked Ifti and was reassured that the Trust has a clear road map which can be reviewed and adapted if need be. Ifti emphasised that the

	road map is beginning to come to fruition because all colleagues are pulling together. **RESOLVED: The Council of Governors noted the helpful information and explanations provided by Ifti Majid.**
DHCFT/GOV/2021/066	**<u>COUNCIL OF GOVERNORS ANNUAL EFFECTIVENESS SURVEY</u>** Denise Baxendale, Membership and Involvement Manger, presented the results of the sixth Annual Effectiveness Survey of the Council of Governors. This survey is carried out yearly in line with best practice. Initially the results were presented and discussed in full at the Governance Committee on 12 October 2021. A total of 26 governors responded, this equated to 100%, a fantastic response from the Council. Denise was pleased to note the exceptionally high response rate, compared to last year's response completion rate of 88.46%. 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 meeting with the Lead Governor and Deputy Lead Governor 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 they have any issues or concerns, that these can be discussed with Selina Ullah, 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. Governors had no questions to raise regarding the results. Justine Fitzjohn conveyed her appreciation to Denise for the amazing support she gives to governors and that she is an asset to the Trust. Selina Ullah also expressed her appreciation to Denise; and thanked all governors for completing the survey. **RESOLVED: The Council of Governors:** **1) Noted the outcome of the Council of Governors annual effectiveness survey 2021** **2) Agreed that the survey should be repeated in September 2022** **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/2021/067	**<u>REPORT FROM THE NOMINATIONS AND REMUNERATION COMMITTEE AND COUNCIL OF GOVERNORS APPROVALS</u>** Selina Ullah declared an interest in part of the report as it includes reference to her appointment. A declaration of interest was also noted from Selina and the Non-Executive Directors (NEDs) relating to the Chair and Non-Executive

	Director Expenses Policy. Therefore Justine Fitzjohn presented these parts of the report. The Chair and NEDs remained during discussion on the expenses item as it was judged that there was not a conflict as the rates proposed were based on national Agenda for Change rates. Selina Ullah confirmed that Julia Tabreham is retiring from her NED role in December and the Trust will need to find a replacement. It was also noted that two NEDs terms of office end in September and November 2022. Selina reminded governors that it is the statutory role of governors to appoint NEDs. A two-stage process to recruit to the vacancies is proposed; recruiting for Julia's position now and the other two positions in the summer, allowing for a short handover. The Committee will be supported in the recruitment process by an external organisation as with previous vacancies. The report detailed the stages of the requirement process. Justine Fitzjohn confirmed that the Trust has followed its Fit and Proper Persons Test Policy in relation to the recruitment of the new Trust Chair, Selina Ullah. She also confirmed that the same policy is followed in the recruitment of new members of the Board. Justine explained that there is a statutory duty placed on NHS Foundation Trust governors to determine the remuneration, allowances and other terms and conditions for Chairs and NEDs. It was noted that the Council of Governors does not have a formal policy for Chair and NED expenses, and it is best practice to have one. Justine presented the draft policy to governors which has been considered by the Committee. Approval is sought from the Council. Once approved, the policy will be published on the Trust's policy dashboard. Justine referred to the Committee's membership and confirmed that there are still vacancies on the Committee which have been previously discussed and promoted in Governor Connect. She reiterated that the vacancies must be filled to ensure that that the Trust has a functioning committee. David Charnock, a member of the Committee encouraged other governors to express an interest emphasising how rewarding being a member of the Committee is. Susan Ryan, also a member, echoed David's comments. She explained that the Committee is really interactive and engaging and the highlight last year was recruiting the Trust Chair. Carole Riley also a member of the Committee, emphasised the importance of the Committee and urged governors to consider becoming a member. The vacancies will be promoted in Governor Connect. **RESOLVED: The Council of Governors** **1) Received and noted the contents of the report** **2) Approved the two-stage proposal for the recruitment to the three Non-Executive Directors vacancies** **3) Noted that the Trust's Fit and proper Persons Test Policy has been complied in relation to the recruitment of the Trust Chair** **4) Approved the Expenses Policy** **5) Discussed the vacancies on the Committee** **ACTIONS:** • **The vacancies on the Committee will be promoted in Governor Connect**

	• **Eligible governors who wish to express an in joining the Committee should contact Denise Baxendale.**
DHCFT/GOV/2021/068	**NON-EXECUTIVE DIRECTOR'S (NED) DEEP DIVE** Sheila Newport, clinical NED and Chair of the Mental Health Act Committee presented the Deep Dive to governors. 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 and People and Culture Committee • Representing the NEDs (within the wider Derbyshire System) on the Joint Mental Health, Learning Disability and Autism Delivery Board. She 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 statute and guidance such as Mental Capacity Act, Deprivation of Liberty Safeguards and the Human Rights Act. The Committee regularly reviews the use of restrictive practice and seclusion activity and the use of Section 135 and 136 detentions in Derbyshire. Andrew Beaumont asked what restrictive practice is. Ifti explained that this means the need to restrain someone who is in danger to themselves or others. **RESOLVED: The Council of Governors received the Deep Dive Report from Sheila Newport.**
DHCFT/GOV/2021/069	**ESCALATION ITEMS TO THE COUNCIL OF GOVERNORS FROM THE GOVERNANCE COMMITTEE** One item of escalation was received from the Governance Committee meeting held on 12 October 2021: In September 2021 it was reported in Derbyshire Live that the wait lists for children and young people services including Children and Adolescent Mental Health Services (CAMHS) were four months and that the Trust was planning a waiting list blitz in September. How are the Non-Executive Directors assured that the Trust is reducing the wait lists and are they assured that the waiting list initiatives, like the blitz in September, will improve waiting times and what is the average wait time now for our services in particular regarding young people services and CAMHS? The response to the question attached as Appendix 1 to these minutes, was read out at the meeting. Valerie Boom thanked Richard Wright for the response and commented that his explanation was easier to understand than the information presented in the Integrated Performance Report. She commented that it was necessary for governors to understand the information in order for them to be able to hold

	NEDs to account. Selina suggested that it would be a good challenge for the Board to make information more understandable and simplified. Roy Webb asked if education health care plans (EHP) that the Local Authority deal with are included in the waiting times. Ifti Majid confirmed that as the Trust is not responsible for EHPs they are not included in the wait lists. Julie Lowe expressed concern that schools are becoming increasingly worried at the waiting times for young people and was pleased to hear about the Trust's initiatives in reducing waiting times for them. Ifti advised that more intervention needs to take place in local communities before young people become so ill that they require secondary care. It was noted that investments are being made available for mental health support workers to work across multiple schools. Chris Mitchell expressed his relief that waiting times for children and young people have decreased and conveyed his appreciation to the commitment of staff concerned. He asked what ongoing vigilance will be used to ensure that the 25 week waiting times won't recur and the current three months waiting times won't increase. Richard Wright explained that improvements are being embedded to ensure that this does not happen, but he reiterated that the Trust does not have any control over the number of people requiring Trust services. Selina Ullah referred to an issue that was raised by the Governance Committee who sought assurance that any patient's care and treatment will not be adversely impacted on if they make a complaint. Ifti Majid confirmed that the Trust has a robust complaints procedure in place. All complaints are dealt with by the Trust's Patient Experience Team (PET) and complainants are given details of an advocate service to support them in the process. All complaints are reported to the Executive Leadership Team who look at the themes, any recurring issues (i.e. against a team or individual practitioner). He also explained that as Chief Executive he signs off all complaints when complete and offers to meet complainants after the complaint is finished. If complainants are not happy with the outcome, they are advised to contact the Ombudsman, the independent watch dog for the NHS. It was noted that in the last financial year three cases had been referred to the Ombudsman and in all three cases no further action was required. Andrew Beaumont asked how a complaint is managed across the system if a number of organisations are involved. Ifti advised that the organisation who receive the complaint would be responsible for compiling a response from the organisations involved. **RESOLVED: The Council of Governors was satisfied with the response and noted the information provided by Ifti Majid regarding complaints.**
DHCFT/GOV/2021/070	**<u>VERBAL SUMMARY OF INTEGRATED PERFORMANCE REPORT</u>** The Integrated Performance Report (IPR) was presented to the Council of Governors by the NEDs. The focus of the report was on workforce, finance, operational delivery and quality performance. Richard Wright as Chair of the Finance and Performance Committee updated the meeting on the following:

	• Three day follow up and out of placements areas are performing well. • Patients are being referred to Psychiatric Intensive Care Units (PICU) out of the area, but this will change as the Trust is in the process of building its own PICU • Waiting times remain a challenge, the Trust is focusing on these to reduce them • The first six months the Trust maintained good financial performance with a very small surplus. The challenge the Trust faces is not showing a deficit over the next six months. The Trust's cash position is good but capital projects will absorb a lot of costs and we need to ensure that we have cash for other areas. Margaret Gildea as Chair of the Quality and Safeguarding Committee referred to: • Some of the wait times have stabilised but there are still some concerns with the length of some wait times • Performance on wait lists and psychological talking therapies is positive • Restrictive practice has decreased • Focus on autistic assessments • There is a concern with rising staff absence, projects are in place to help people get back into work • The Trust Operational Oversight Leadership (TOOL), which replaced the Incident Management Team, is working well David Charnock commented that it is clear from the IPR that the Trust is reducing the wait times but expressed concern at the wait times for autism spectrum disorder adult services and asked what other data is being collected on this i.e. where referrals are coming from, packages to educate referrers, work with the Commissioners. Ifti explained that the Trust is no longer in a position to report to Commissioners as the System receives the funding for services. He explained that nationally working with pure autism is a growth area and funding is needed to look at assessment and treatment. People are able to get a diagnosis but there is very little support in the community to manage the complexities of this. The System is planning to look into this over the next year. Julia Tabreham as Chair of People and Culture Committee and NED Lead for Freedom to Speak Up (FTSU) had nothing further to add from the report except that cross committee actions regarding quality and people is working well. **RESOLVED:** **1) The Council of Governors noted the information provided in the IPR.** **2) Agreed that the NEDs have held the Executive Directors to account.**
DHCFT/GOV/2021/071	**<u>GOVERNANCE COMMITTEE REPORT – 12 OCTOBER 2021</u>** The Council of Governors received the report from the Governance Committee meeting which took place on 12 October 2021. Julie Lowe, Chair of the Committee:

	• Referred to the Deputy Chair of the Committee and the Lead Governor vacancies and encouraged governors to express an interest in the roles. • Conveyed her appreciation to Chris Mitchell for offering to represent governors on the Derby and Derbyshire Clinical Commissioning Group Engagement Committee • Noted that Ifti Majid had provided information on the Trust's complaint procedure. **RESOLVED: The Council of Governors** **1) Received and noted the information provided in the Governance Committee Report.**
DHCFT/GOV/2021/072	**FEEDBACK ANNUAL MEMBERS MEETING** Denise Baxendale fed back on the Trust's Annual Members' Meeting (AMM), which took place virtually, due to the COVID-19 pandemic, on 9 September 2021. 69 people attended the AMM including Trust members, the public, staff members, Trust Board, governors and those shortlisted for the Trust's writing competition. Overall the feedback was very positive with attendees commenting that the AMM was a good mix of showcasing services and formal business. Ending with the announcement of the winners from the Trust's writing competition on the theme of 'finding my calm during COVID' was really well received. The finalists from the writing competition fed back to the Trust that they had appreciated the support they were given prior to the event and that they enjoyed the afternoon. Denise proposed that a governor task and finish should be established to plan next year's AM which is taking place on 21 September 2022. **RESOLVED: The Council of Governors** **1) Received and noted the feedback on the Annual Members' Meeting** **2) Agreed to form a governor task and finish group to plan next year's AMM** **3) Noted the date for next year's Annual Members' Meeting.** *(Due to other commitments Roy Webb left the meeting.)*
DHCFT/GOV/2021/073	**ANY OTHER BUSINESS** **Julia Tabreham** The Chair explained that this is Julia's last Council of Governors meeting and gave heartfelt thanks to Julie on behalf of the Trust and Council of Governors and wished her all the success for the future. Denise Baxendale also conveyed her thanks to Julia for all her support over the years with the Council of Governors. **Trust Board and Council of Governors session – 18 January 2022** Selina Ullah reminded governors that the next Trust Board and Council of Governors session is taking place on 18 January 2022 and is looking forward to seeing everyone there. It was also noted that an Extraordinary Council of

	Governors will take place prior to the session to approve the appointment of the Non-Executive Director who will be replacing Julia Tabreham. **Governor meeting timetable 2022/23** The Chair encouraged governors to record the dates for the meetings in 2022/2023 in their diaries. **Forthcoming elections** Denise Baxendale confirmed that she is in the process of preparing for the 2022 elections for governors whose terms of office end on 20 March 2022 and for the two vacancies we currently have. This means that we will have the following 11 vacancies: • Amber Valley – one seat • Bolsover and North East Derbyshire – one seat (vacant) • Chesterfield – one seat • Derby City East – two seats • Derby City West – one seat • Erewash – two seats • South Derbyshire one seat (vacant) • Rest of England – one seat • Medical – one seat It is anticipated that the notice of election will be published third week in January with voting taking place in February. Denise is in the process of obtaining quotes and timelines from Civica Elections Services Ltd and UK Engage.
DHCFT/GOV/2021/074	**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 - The meeting covered all agenda items with enough time for discussion - Governors were assured that the Non-Executive Directors are holding the Board to account.
DHCFT/GOV/2021/075	**CLOSE OF MEETING** Selina Ullah thanked all for their attendance and input. A Confidential Council of Governors meeting will be held on 18 January 2022 from 2pm to approve the appointment of the Non-Executive Director. The next Council of Governors meeting will be held on **Tuesday 1 March 2022** from 2.00pm. These will be virtual meetings. The meeting closed at 16:03 hours.

Appendix 1

Escalation items to the Council of Governors from the Governance Committee

Question:

In September 2021 it was reported in Derbyshire Live that the wait lists for children and young people services including CAMHS (Children and Adolescent Mental Health Services) were four months and that the Trust was planning a waiting list blitz in September. How are the Non-Executive Directors assured that the Trust is reducing the wait lists and are they assured that the waiting list initiatives, like the blitz in September, will improve waiting times and what is the average wait time now for our services in particular regarding young people services and CAMHS?

Response:

Background

The number of children on the waiting list for Child and Adolescent Mental Health Services (CAMHS) peaked in March 2020 at approximately 500 with a subsequent peak in the waiting time in June 2020 at nearly 25 weeks average. A number of measures were put in place by the Trust and despite the effect of the COVID-19 pandemic etc the number waiting was reduced to below 400 in September 2021 with an average waiting time of less than 15 weeks.

Obviously all the numbers described have to be put in the context of an ongoing (and to some extent unpredictable) COVID-19 situation, and well documented national shortages of staff, especially in certain skills areas.

Last 12 months

There has been an increase in Children and Young People (CYP) requiring hospital care for Covid related illnesses; and Respiratory Syncopial Virus (Childrens Respiratory Virus, RSV) cases continue to present at UHDB. This was in addition to an increase of CYP on the acute wards waiting for Tier 4 beds (partly because there are reduced Tier 4 beds due to COVID).

CAMHS have worked hard to support UHDB in the care of CYP in their care as well as prioritise work with a targeted 70 cases in the community who are at risk of attending UHDB with self-harm/suicide related behaviours or eating disorders. To achieve this CAMHS have maintained all critical/essential services and continue to prioritise these, often at the cost of increased wait times for routine assessments. CAMHS staff across the service have been working extremely hard and increased the number of contacts from pre-pandemic activity consistently by 50%. As a service we have continued to meet these demands in the context of other factors such as:

- Challenges in recruiting workforce which includes nursing and medics, seeking opportunities to recruit and retain
- Impact of working remotely during the pandemic and how the service can optimise clinical activity
- Increase in safeguarding work
- Increase in complexity of presentations

- Impact on parents/family resilience as a result of the pandemic

Current Exercise

It was felt that a focused activity could improve significantly the number of young people on the waiting list and the average waiting time to be seen.

All families were contacted by the Waiting List coordinator to discuss if an assessment was still needed; at this point some families were closed to CAMHS, and the rest were booked into either face to face assessments, or virtual assessments, dependant on the families preference; at a time that suited them.

The team have, with the support of the wider service, offered assessments in pairs to young people and their families.

In the three weeks from 27 September, 222 assessments have been offered (50% of the overall number waiting). Over the same period, the service would normally have conducted 60 initial assessments.

From the 222, 181 young people have now been seen for an initial assessment.

Of those seen, 67 have been closed to CAMHS and have been signposted to appropriate services such as Build Sound Minds, First Steps etc.

The remaining 114 have been offered a variety of interventions

As a result of the above, we can now confirm that there are 266 young people on the external wait list. This is the lowest number of young people waiting since 2017.

As we targeted the longest waits, we expect the maximum wait time to be approximately 25 weeks at this current time.

Community Paediatrics

The waiting times and size of the waiting list are rising, due to increased demand and referrals, particularly around referrals for Autism assessments. We have 939 children waiting for initial appointments, a rise from 877 in April 2021, with an average wait time of 15 weeks, and a longest wait of 36 weeks. We work closely with commissioners on this and are recruiting to a vacant post which is a full time Consultant. We also have a fixed term Speciality Doctor who has just commenced for 12 months who will support the Neurodevelopmental team. We receive in excess of 300 referrals per month to this service. We are in dialogue with Commissioners about capacity and ways of working to make some permanent additions in capacity.

Community Paediatric Therapy

The teams are working hard to provide a service, and also some additional support to young people post operatively (who were delayed due to the pandemic). We have bid for some funding from winter pressures to try and alleviate pressure in these teams – one post in each team. Average waiting time for specialist Physiotherapy is 13 weeks and Occupational Therapy is 18 weeks.

Specialist Nursing

Our teams continue to provide specialist nursing interventions in relation to neurodevelopmental conditions, specialist continence, Looked After Children and Children with Learning Disabilities.

Average wait times:

- Continence – six weeks
- Specialist Learning Disability nursing – eight weeks
- Neurodevelopmental nursing – 13 weeks.

COUNCIL OF GOVERNORS ACTION MATRIX - AS AT 8.2.22							
Date of Minutes	**Minute Reference**	**Item**	**Lead**	**Action**	**Completion by**	**Current Position**	
07/09/2021	DHCFT/GOV/2021/048	Lead Governor role	Governors	Eligible governors are encouraged to express an interest in the Lead Governor and Deputy Lead Governor roles.		Discussed by the Governance Committee on 8 February 2022. COMPLETE	Green
02/11/2021	DHCFT/GOV/2021/064	Matters Arising and actions Matrix	Governors	Eligible governors are encouraged to consider expressing an interest in the Lead Governor role		Discussed by the Governance Committee on 8 February 2022. COMPLETE	Green
02/11/2021	DHCFT/GOV/2021/064	Matters Arising and actions Matrix	Governors	The situation regarding the Lead Governor role will be revisited in the New Year		Discussed by the Governance Committee on 8 February 2022; and included in the Governance Committee report to CoG, 1 March. COMPLETE	Green
02/11/2021	DHCFT/GOV/2021/067	Report from the Nominations and Remuneration Committee and Council of Governors approvals	Denise Baxendale	Vacancies on the Committee will be promoted in Governor Connect	30.11.21	Promoted in Governor Connect: 12.11.21; followed by a reminder in 19.11.21 edition. COMPLETE	Green
02/11/2021	DHCFT/GOV/2021/067	Report from the Nominations and Remuneration Committee and Council of Governors approvals	Governors	Eligible governors who wish to express an interest in joining the Committee should contact Denise Baxendale	1.12.21	Membership was discussed by the Governance Committee on 8 February 2022 and an update is included in the Governance Committee report for CoG on 1 March 2022. COMPLETE	Green

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

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 1 March 2022

Non-Executive Director Deep Dive – Margaret Gildea

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 is a very brief summary of my work with the Trust over the last 12 months and contains a Deep Dive into the work of the People and Culture Committee.

Inevitably the work of all the Assurance Committees and of the Board has been affected by the various phases of the pandemic, and I have appreciated the efforts of the Executive Team to ensure that Non-Executive Directors (NEDs) were able to carry out their responsibilities despite the restrictions. There has been a real focus by the Executive Team on supporting staff throughout the pandemic with enhanced leadership engagement, a strengthened service for health and wellbeing, and empathy around the challenges of staffing and redeployment.

Staff survey results during this period have demonstrated the value of this People First approach.

There has been an increased emphasis on partnerships across Derbyshire and the East Midlands as we prepare for the Integrated Care System to become fully operational.

The report also touches on the Quality Committee which I have chaired for the past three years, membership of other committees, and other work I have carried out for the Trust.

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

Whilst people issues continue to feature strongly in the Board Assurance Framework (BAF) as high risk, the People and Culture Committee has made significant progress over the last year with Julia Tabreham as Chair, and the People Dashboard has become a reliable tool for reviewing performance.

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.

The issues identified in last year's report to governors still remain, but work continues to address them.

1. Progress on Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) needs to continue at pace.
2. The Covid-19 virus disproportionately affected 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.
4. BAME and disabled staff are more likely to experience bullying.
5. Although much improved, following executive action, BAME staff are still disproportionately represented in disciplinary action.

The various networks are fully engaged in making progress towards improvement. The Board has embarked on a Cultural Intelligence programme, which is being rolled out to all leaders, and the Board, the Council of Governors and the Assurance committees are all focused on removing any barriers which get in the way of all colleagues feeling a sense of belonging and inclusion. Recruitment, disciplinary and grievance procedures have been modified to this end.

There is more to do.

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: **Margaret Gildea**
Senior Independent Director and NED

Derbyshire Healthcare NHS Foundation Trust
Council of Governors – 1 March 2022
Non-Executive Director Deep Dive – Margaret Gildea

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.

The People and Inclusion Assurance Dashboard has been developed to measure:

- Race representation
- Appraisals
- Training
- Staff turnover and retention
- Safer Staffing
- Vacancies and Recruitment
- Attendance and absence
- Clinical supervision
- Employee relations
- Bank Usage
- Freedom to speak up

Information from the dashboard and other committees has led to initiatives to focus on medical leadership and management, leadership at all levels, cultural intelligence, the mandatory vaccination programme (now suspended), safer staffing, training compliance, and recruitment and retention, all with a view to ensuring that the Trust is a great place to work and that staff feel valued and empowered to give of their best to service users and carers.

The pressures on staff have been considerable throughout the pandemic, and the challenge of recruitment and retention remains high given the national shortages of people, but the Executive teams are working hard to speed up processes and to ensure that all leaders focus on valuing staff and ensuring they feel a sense of belonging and can follow careers with us, using all their talents.

The relationship with People Services (a joint venture with Derbyshire Community Health Services NHS Foundation Trust (DCHS)) has been revisited and new service level agreements, Key Performance Indicators (KPI's) and performance management arrangements will be brought to the Committee in March. Meanwhile the People and Inclusion team under Jaki Lowe's leadership has been strengthened by the addition of an Organisational Development (OD) specialist, Rebecca Oakley and an Employee Relations expert, Amanda Wildgust. The result has been the ability to pick up the pace on leadership development, culture change and the backlog of discipline and grievance cases.

Membership of other Committees
I will be handing over Chair of the Quality and Safeguarding Committee to Sheila Newport in the next few weeks but will remain a member as the links between the two committees are strong, and items around training and safer staffing have been referred between the committees and resolved to enable both committees to be assured.

Audit and Risk Committee Member
I joined the Audit and Risk Committee to enable Sheila Newport to join the People and Culture Committee in support of her responsibilities for Wellbeing. The work has enabled me to triangulate the work of the other committees and to gain a greater insight into how risk is effectively handled in the Trust. I will be handing over to Deborah Good, our recently appointed Non-Executive Directors (NED).

Mental Health Act Committee Member
I am a long standing member of this committee, which has strong links to both the Quality and Safeguarding and to People and Culture Committees. It has been very useful to be able to triangulate issues, such as supervision and training and is a reminder of the challenges clinicians face every day in keeping our service users safe.

Remuneration Committee Member
Along with all the NEDS I am a member of the Remuneration Committee which has addressed executive and very senior management pay awards, changes in the Medical Director's role and succession planning. There are clear gaps in our succession plans which we will be working to address.

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

Senior Independent Director
In this role I worked with the Lead Governor and Nominations and Remuneration Committee to carry out the previous Chair's appraisal, including seeking views from external stakeholders for the first time. We are now starting the process for the current Chair. I have also been on the interview or stakeholder panels for the Chair and both executive and non-executive directors.

Role within Derbyshire Integrated Care System
As part of a plan to improve the focus on people as the Integrated Care System (ICS) developed, I joined a Strategic People Oversight group and the emergent System Remuneration Committee. I have recently been appointed as a member of the Integrated Care Board which is likely to come into force in July. In the meantime I have been involved in the interview panel for a Chief People Officer for the Integrated Care System and am interviewing for Executive Directors in February. I will be chairing the People and Culture and Remuneration Committees for Derbyshire.

What I miss!
I think the Trust has done a fantastic job in maintaining levels of assurance and understanding gaps in control during the pandemic, but I have missed the opportunity for informal chats with staff and governors over lunch, the visits to individual teams and facilities, and the opportunity to 'feel' what is happening from more than discussions and charts. I very much look forward to the phase on the roadmap where we can once again meet face to face.

Margaret Gildea
Senior Independent Director and Non-Executive Director

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 1 March 2022

Performance Report

Purpose of Report

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

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

Executive Summary

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

Operations

Three-day follow-up of all discharged inpatients
The national standard for follow-up which came into effect from 1 April 2020 has been exceeded throughout the 24 month period.

Data quality maturity index
Our level of data quality continues to be high and we would expect to consistently exceed the national target.

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

Improving Access to Psychological Therapies (IAPT) 18-week referral to treatment
This is an example of a very tightly controlled process and we would expect to consistently exceed the 95% standard.

IAPT 6-week referral to treatment
Following a period of special cause concerning variation as a result of staff being redeployed to support other services as the pandemic progressed, the staff returned to IAPT in November 2020 and from that point the national standard has been achieved once more.

IAPT patients completing treatment who move to recovery
For the past 18 months the national standard has been achieved.

Patients placed out of area per day – adult acute
Significant work has been undertaken since April 21. This eliminated the need for out of area acute placements, however there have been a small number of placements owing to a reduction in Trust bed numbers as a result of supporting wider system needs, coupled with the pandemic necessitating a reduced bed base for infection prevention and control reasons.

Patients placed out of area – Psychiatric Intensive Care Units (PICU)
There is no local PICU so anyone needing psychiatric intensive care needs to be placed out of area, however, work is in progress towards a new build PICU provision in Derbyshire.

Waiting list for care coordination
The average wait to be seen has remained significantly low over the last 9 months.

Waiting list for adult autistic spectrum disorder (ASD) assessment
The average wait is currently 70 weeks and the longest wait is over 3½ years. The situation is likely to continue to worsen until there is a change to investment in the service, as demand for the service far outstrips commissioned capacity. There are currently over 1,500 people waiting for adult ASD assessment, which is an increase of 60% over the 2 year period. Last month we looked at the possibility of purchasing external assessments to try and get through the waiting list. However, the cost of these is preclusive presently.

Waiting list for psychology
The average wait to be seen has remained significantly high in recent months at around 46 weeks. Many patients are still waiting owing to the pandemic and a personal preference to be seen face to face as opposed to by video call. The number of people waiting continues to gradually reduce. Investment has been made into the service equating to an increase by 18% of funded whole time equivalent posts since December 2020. Recruitment to a number of vacant and part-time posts across adult services is progressing. However, 24% of posts are currently vacant across all of psychological services.

Waiting list for Child and Adolescent Mental Health Services (CAMHS)
The waiting list initiative in September and October 2021 resulted in a significant reduction in waiting times. Following the initiative, the number of children waiting has been gradually increasing and has returned to common cause variation in the last 2 months.

Waiting list for community paediatrics
We continue to see a steady rise in waiting times for referral to treatment in community paediatrics. We are carrying a vacancy which has been advertised 4 times without any applicants and also ongoing sickness. To Mitigate we have a locum in post 4 days per week for the next 6 months with an additional request for a further 3 days which is awaiting approval. The vacant Paediatrician post has been redesigned to a more generic post which will hopefully make this more appealing. It is currently out to advert.

Outpatient appointments cancelled by the Trust
Of all the mental health Trusts in England, we are the only one that monitors psychiatric outpatient appointment cancellations, so unfortunately benchmarking is not possible. This financial year around 8% of appointments have been cancelled by the

Trust per month, around 12% have been cancelled by patients and around 12% have been defaulted by patients (did not attends). The most common reason for Trust cancellations is because we have brought them forward for clinical reasons. Year to date there have been 714 appointments brought forward. To put that into context there have been a total of 42,727 appointments over the same period, so just 0.02% of appointments have been brought forward. Bringing forward appointments does not usually affect waits for other patients because flexibility on the system is created through ad hoc appointment slots being available outside normal clinic hours for urgent appts and through patient cancellations (12%) which creates capacity.

Outpatient appointment "did not attends"
The level of defaulted appointments has remained within common cause variation for the last 21 months and in the current process the trust target of 15% or lower is likely to be consistently achieved.

Other Operational Matters of Note

Health Protection Unit (HPU)
HPU have been focusing on supporting the recent increase in cases over the winter period with more track and trace and guidance needed for staff during the last 3 months. Securing funds from PHE, a project is underway looking into how we can best support those with severe mental illness to understand and make informed choices around vaccination for Covid.

Vaccination status
97% of patient facing staff have now received their first vaccination and 95% have received both vaccinations. Booster vaccinations are continuing.

Finance

Revenue

YTD Performance January 2022	**Plan £m**	**Actual £m**	**Variance £m**
Operating income	148.279	147.678	(0.601)
Operating expenses	(144.770)	(143.663)	1.107
Operating Surplus/(Deficit)	**3.509**	**4.015**	**0.506**
Non-operating expenses	(3.195)	(3.596)	(0.401)
Surplus/(Deficit)	**0.314**	**0.419**	**0.105**

Forecast outturn Performance	**Plan £m**	**Actual £m**	**Variance £m**
Operating income	178.488	178.876	0.388
Operating expenses	(174.569)	(174.453)	0.116
Operating Surplus/(Deficit)	**3.919**	**4.423**	**0.504**
Non-operating expenses	(3.819)	(4.115)	(0.296)
Surplus/(Deficit)	**0.100**	**0.308**	**0.208**

At the end of January there was a surplus of £0.4m against a planned surplus of £0.3m. The forecast outturn remains at breakeven this month.

Income is behind plan YTD by £0.6m and forecast to be behind plan by £0.4m. The forecast for new investments has been reviewed again this month and slippage on income and expenditure has increased from £0.7m to £0.8m which is recognised in the YTD and forecast position (this has no impact on the bottom line). Pharmacy recharges

are above plan by £150k which is mitigating some of the reduced income related to investments (this has corresponding expenditure).

Pay is underspent YTD by £2.6m of which part relates to the slippage on new investments but the remainder relates to general vacancies. The forecast underspend reduces to £1.1m as additional expenditure is forecast over the remaining months. Within the pay expenditure forecast is an increase in agency nursing costs and agency medical costs which have impacted in month but also in the forecast.

Non-pay is above plan by £1.9m YTD, of which £0.7m related to overspends in H1 plus further additional spend in H2. The forecast overspend reduces to £1.6m as some provisions are forecast to be released.

Efficiencies

The full year plan includes an efficiency require of £2.3m mainly phased in the second half of the financial year. The forecast at month 10 assumes that this will be over delivered by £0.2m.

Agency

At the end of month 10 agency expenditure is above the ceiling by £1.9m which equates to 74%. The highest areas of agency spend relates to Medical staff, Qualified Nursing and Ancillary staff (mainly domestics). The forecast has increased again this month and is generating forecast spend of £6.0m which is above the ceiling by £3.0m (98%). This is mainly due to the increase in Qualified Nursing and CAMHS Medical staff. The forecast does include a contingency of £40k for any unforeseen agency usage.

Out of Area Placements

Expenditure for adult acute out of area placements and stepdown placements is within budget year to date. There has been an increase in the number of placements during December and January which has impacted on the forecast. However, placements have reduced down in February so the forecast will be adjusted down next month.

Covid costs

The Trust has an allocation of £0.7m a month for months 1-10 for Covid-related expenditure. The year to date expenditure is currently below that allocation by £0.1m. However, the increase in agency costs within the forecast is pushing Covid expenditure above the income allocation by £0.3m. Covid expenditure was previously coded to a separate cost centre but this month costs have been recoded to covid cost centres within each service line.

Capital

With regards to self-funded capital, the Trust is slightly above plan at the end of month 10 by £0.9m and is forecast to be within plan at the end of the financial year. The above-plan forecast expenditure is related to the self-funded elements of the dormitory eradication programme, PICU and acute-plus plans and is therefore part of system discussions on capital prioritisation for use of system CDEL.

The Trust had previously received additional PDC capital funding for the initial stages of the dormitory eradication programme, covering 2020/21 and 2021/22. Additional funding has now been agreed for 2021/22 and 2022/23 ahead of the full business case of the dormitory eradication programme with allocations totalling £80m over the next 3 years.

Cash
Cash is at £41m at the end of January and is forecast to slightly reduce down to £40m by the end of the financial year.

Planning 2022/23
Currently financial plans for 2022/23 are being developed as a system in readiness for a draft submission mid-March and final submission at the end of April 2022.

People

Annual appraisals
Appraisals will recommence as the current wave reduces. This is being monitored through the Incident Management team. There will be further communications to support managers and encourage meaningful conversations to take place once the full appraisal process can be stood back up.

Annual turnover
The rate of turnover has been higher than the Trust target range of 8-12% for the last six months. This is also reflective of other mental health trusts. In the latest national data the Trust was ranked 11th highest mental health trust for stability of the workforce.

Compulsory training
A recovery plan continues to improve training compliance. The full training requirement – compulsory training and role specific training – has increased to around 75,000 attendances by our total workforce on 78 courses, with just under 18,000 individual attendances to be completed. Mandatory and essential training was further paused during December through to January. This will be stood back up as the latest wave of COVID-19 reduces.

Staff absence
Sickness absence rates have increased over the last three months with Covid absence being the top reason for absence. This follows the trend during this latest wave where more staff were affected by the Omicron variant and higher numbers of staff were having to self-isolate. An Improving Absence Task and Finish Scrutiny Group has been established. In the latest data our absence rates are above average for the nursing and midwifery and medical and dental staff groups, but the absence rate is 4th lowest in the peer group for allied health professionals.

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

Proportion of posts filled
Recruitment fill rates continue to improve with the time to recruit now almost on target at 60.5 working days to recruit. There has been a steady improvement in our vacancy rate over the last 3 months falling from 478 posts advertised in November to 393 posts advertised in January.

Bank staff
In the past 9 months bank staff usage has returned to common cause variation. The trend continues to improve where recruitment is now filling vacancies normally supported by bank staff.

Quality

Compliments
The number of compliments continues to remain below the expected level however, as face to face contact increases, so does the number of compliments received. This is due to compliments mostly being received verbally and then staff recording them.

Complaints
As face-to-face contact increases and services begin to stand back up, the number of complaints decreases.

Delayed transfers of care
Since the multi-agency discharge events (MADE) were held, numbers of delayed transfers of care have reduced.

Care plan reviews
The proportion of patients whose care plans have been reviewed continues to be lower than usual. However, there is a positive trajectory and improvement in the percentage of reviewed care plans.

Patients in employment
Around one third of patients have no employment status recorded. For those with a recorded status, around 22% people are in employment.

Patients in settled accommodation
Around one third of patients have no accommodation status recorded. For those with a recorded status, 166 people are recorded as being homeless.

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

Incidents of moderate to catastrophic actual harm
The number of reported incidents of moderate to catastrophic harm have remained within common cause variation throughout the reporting period. This will continue to be monitored by the Heads of Nursing team on a quarterly basis and fed into the relevant Clinical Operational Assurance Team (COAT) meetings.

Duty of Candour
There has been one instance of Duty of Candour in the last 3 months.

Prone restraint
There are ongoing work streams to support the continuing need to reduce restrictive practice. Although some spikes in data have occurred in the last 6 months, we still remain low in numbers of prone restraint and much lower than the regional average per bed numbers.

Physical restraint
A common impacting factor to restrictive practice is increased use of bank staff, vacancies, increased sickness, staffing challenges and concerns relating to closed culture. A working group has been created. This work aims to improve patient feedback along with reducing restrictive practice both in inpatient services and community services.

Seclusion
The use of seclusion was within common cause variation, however, has increased in July and October. Further auditing and investigation will be carried out by the new Head of Nursing for Acute and Assessment Service when they commence in January and is due to be completed in March.

Falls on inpatient wards
After an increase above the mean line in September and October, the number of falls in November has fallen, similar to previous months. The new Matron and Head of Nursing for the older adult areas have been working on reducing falls across the inpatient areas.

Care Hours per Patient Day
CHPPD is rolling data updated monthly, to show staffing levels in relation to patient numbers on an inpatient ward. When benchmarked against other mental health trusts, we were below average.

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

Assurances

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

Consultation

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

Governance or legal issues

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

Public Sector Equality Duty and Equality Impact Risk Analysis

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

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

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

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

Recommendations

The Council of Governors is requested to:

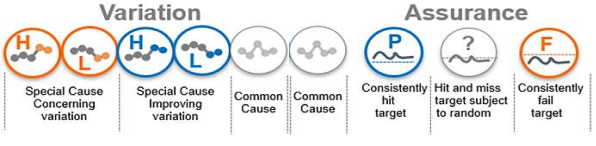
1) Consider the content of the paper as presented from the perspective of the Non-Executive Directors on how they have held the Executive Directors to account through their role.

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

Assurance Summary

	Metric Name	Variation	Assurance	Latest Value	Target	Lower process limit	Upper Process limit	Mean
1	3 day follow-up			88%	80%	79%	99%	89%
2	Data quality maturity index			97%	95%	97%	98%	98%
3	Early intervention 14 day referral to treatment - complete			79%	60%	69%	108%	89%
4	Early intervention 14 day referral to treatment - incomplete			73%	60%	66%	111%	88%
5	IAPT 18 week referral to treatment			100%	95%	100%	100%	100%
6	IAPT 6 week referral to treatment			90%	75%	80%	96%	88%
7	IAPT patients completing treatment who move to recovery			59%	50%	46%	63%	55%
8a	Average patients out of area per day - adult acute			3		0	14	7
8b	Patients placed out of area - adult acute			7		2	23	12
9a	Average patients out of area per day - PICU			16		9	21	15
9b	Patients placed out of area - PICU			26		19	33	26
10a	Waiting list - care coordination - average wait to be seen			11		13	30	22
10b	Waiting list - care coordination - number waiting at month end			57		18	60	39
11a	Waiting list - ASD assessment - average wait to be seen			70		55	63	59
11b	Waiting list - ASD assessment - number waiting at month end			1,534		1097	1243	1170
11c	ASD assessments			11	26	2	32	17
12a	Waiting list - psychology - average wait to be seen			47		34	42	38
12b	Waiting list - psychology - number waiting at month end			678		734	920	827
13a	Waiting list - CAMHS - average wait to be seen			12		14	21	17
13b	Waiting list - CAMHS - number waiting at month end			443		337	485	411
14a	Waiting list - community paediatrics - average wait to be seen			17		9	14	12
14b	Waiting list - community paediatrics - number waiting at month end			1,108		585	878	731
15	Outpatient appointments cancelled by the Trust			8%	5%	4%	18%	11%
16	Outpatient appointment "did not attends"			12%	15%	9%	15%	12%
17	Annual appraisals			74%	85%	71%	78%	74%
18	Annual turnover			14%	8-12%	11%	12%	11%
19	Compulsory training			85%	85%	82%	88%	85%
20	Staff absence			6%	5%	5%	8%	6%
21	Clinical supervision			74%	95%	71%	79%	75%
22	Management supervision			74%	95%	73%	79%	76%
23	Filled posts			90%	100%	87%	92%	90%
24	Bank staff use			5%	5%	5%	7%	6%
25	Compliments received			92	119	60	135	98
26	Formal complaints received			14	13	5	25	15
27	Delayed transfers of care			0%	3.5%	-0.6%	1.6%	0.5%
28	CPA reviews			94%	95%	89%	94%	92%
29	Patients in employment			15%		12%	14%	13%
30	Patients in settled accommodation			58%		59%	63%	61%

Key to symbols[1]:



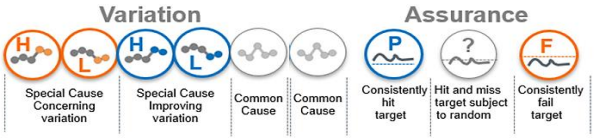
Blue dots indicate special cause variation, better than expected.

Orange dots indicate special cause variation, worse than expected.

[1]The rating symbols were designed by NHS Improvement

	Metric Name	Variance	Assurance	Latest Value	Target	Lower process limit	Upper process limit	Mean
31	Number of medication incidents			48		23	76	50
32	No. of incidents of moderate to catastrophic actual harm		P	69	48	19	79	49
33	No. of incidents requiring Duty of Candour		?	0	1	-2	3	1
34	No. of incidents involving prone restraint		?	7	12	-3	22	9
35	No. of incidents involving physical restraint		?	34	46	-2	88	43
36	No. of new episodes of patients held in seclusion		?	19	14	-1	32	15
37	No. of falls on inpatient wards		?	28	30	13	41	27

Key to symbols[1]:

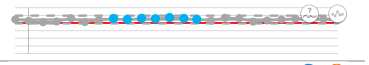
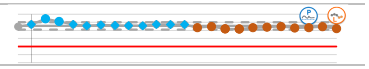
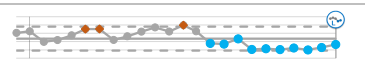
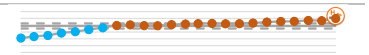
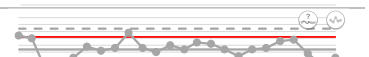
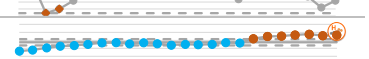
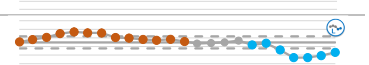
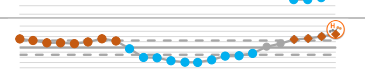
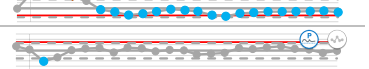


Blue dots indicate special cause variation, better than expected.

Orange dots indicate special cause variation, worse than expected.

[1]The rating symbols were designed by NHS Improvement

Operational Services Performance Summary

Indicator	Target	Position Jan 2022	National benchmark	Divisional Breakdown[1] AA	AC	Ch	F&R	OP	Psy	SC	Run Chart
● 3-day follow-up	80%	88%	73%	88%			100%	87%		100%	
● Data quality maturity index	95%	97%	85%	94.7%	97%	88%	96%	98%	99%	97%	
● Early intervention 2-week referral to treatment	60%	79%	66%		78.6%						
● Early intervention current waits under 2 weeks	60%	73%	62%		73%						
● IAPT 18-week referral to treatment	95%	100%	99%							100%	
● IAPT 6-week referral to treatment	75%	90%	92%							91%	
● IAPT recovery rate	50%	59%	49%							57%	
● Adult acute out of area placements – daily average	0	3	9	3							
● PICU out of area placements – daily average	0	16	4	16							
● Adult ASD assessment average wait (weeks)	n/a	70	n/a						70		
● Adult ASD assessments	26	11	n/a						11		
● Psychology average wait to be seen (weeks)	n/a	47	n/a						47		
● CAMHS average wait to be seen (weeks)	4[2]	12	n/a			12					
● Paediatrics average wait to be seen (weeks)	18	17	10			17					
● Outpatient appointment Trust cancellations	5%	7%	n/a		10%	2%	3%	5%		10%	
● Outpatient appointments not attended (DNAs)	15%	11%	n/a		16%	5%	4%	4%		10%	

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

Performance Summary

3-day follow up

The national standard for follow-up has again been consistently achieved by all Divisions and exceeded the national average by 15%. This process is tightly monitored by the Trust's Performance Analyst, who routinely chases up the relevant teams prior to any potential breaches to ensure patients get timely support post discharge.

Early intervention and talking therapy (IAPT)

The services continue to perform consistently highly in terms of patients accessing services in a timely manner. The quality of care provided by IAPT is seen in the recovery rate which is higher than the national standard and 10% higher than the national average.

Data quality maturity index

Overall, we continue to perform consistently highly against this standard.

Adult acute inappropriate out of area placements

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

PICU inappropriate out of area placements

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

Adult ASD assessment

There has been a significant reduction in capacity to undertake assessments in the recent months owing to the absence of 2 of the team as a result of unforeseen life events. An Assistant Psychologist has commenced in post recently, in order to support the assessing team. The team receives around 66 new referrals per month but is commissioned to undertake 26 assessments per month.

Waiting times for psychology

Many patients are still waiting owing to the pandemic and a personal preference to be seen face to face as opposed to by video call. Investment has been made into the service equating to an increase by 18% of funded whole time equivalent posts since December 2020. However, 24% of posts are currently

vacant across all of psychological services, with the biggest gaps being in the community mental health teams (CMHTs). Recruitment to these posts is progressing.

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

The waiting list initiative in September and October 2021 resulted in a significant reduction in waiting times, however waiting times remain higher than the proposed national aspiration of 4 weeks.

Waiting times for community paediatric outpatients

We continue to see a steady rise in waiting times and this currently sits on the risk register as a high risk. Waits are being impacted upon by vacancy and sickness. To Mitigate we have a locum in post 4 days per week for the next 6 months with an additional request for a further 3 days which is awaiting approval. Plans are in place this month to further review the whole medical structure.

Outpatient appointments cancelled by the Trust

The proportion of cancelled appointments was higher than the Trust target in all divisions in January except Children's Services. The most common reason recorded for cancellation was "appointment brought forward". This is when a patient needs to be seen more urgently and so is offered an earlier appointment. There is capacity in the system to do this without impacting on other patients. Consultant sickness was the second most common reason for cancellation.

Outpatient appointment "did not attends"

The level of defaulted appointments was below target in all divisions except adult community who were slightly over target.

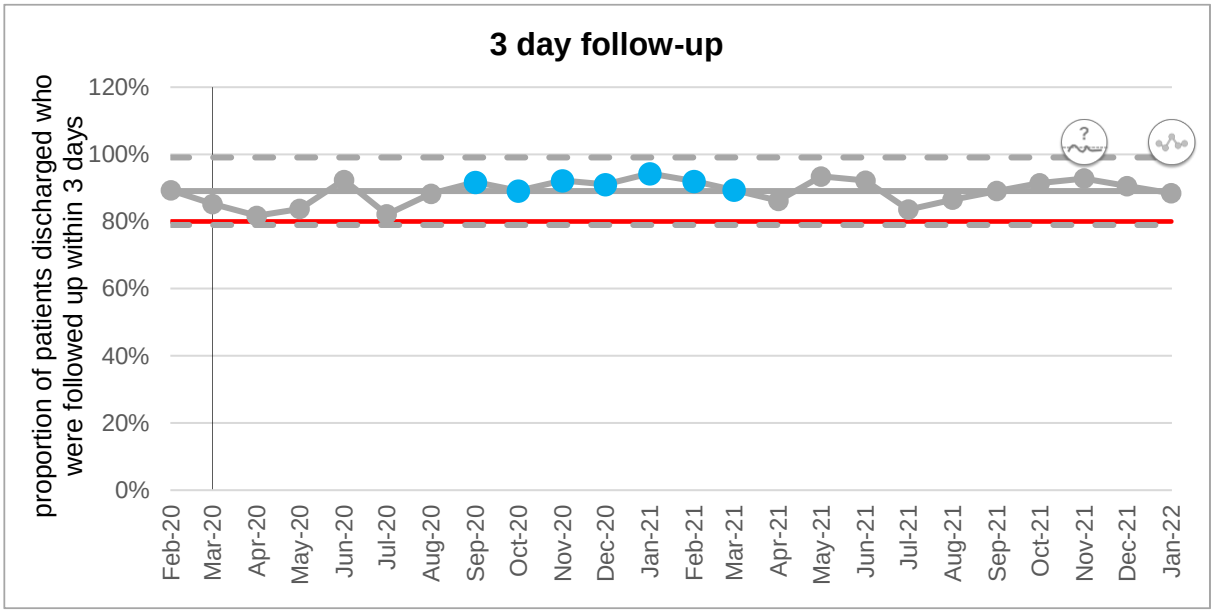
Benchmarking Sources

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

Detailed Narrative

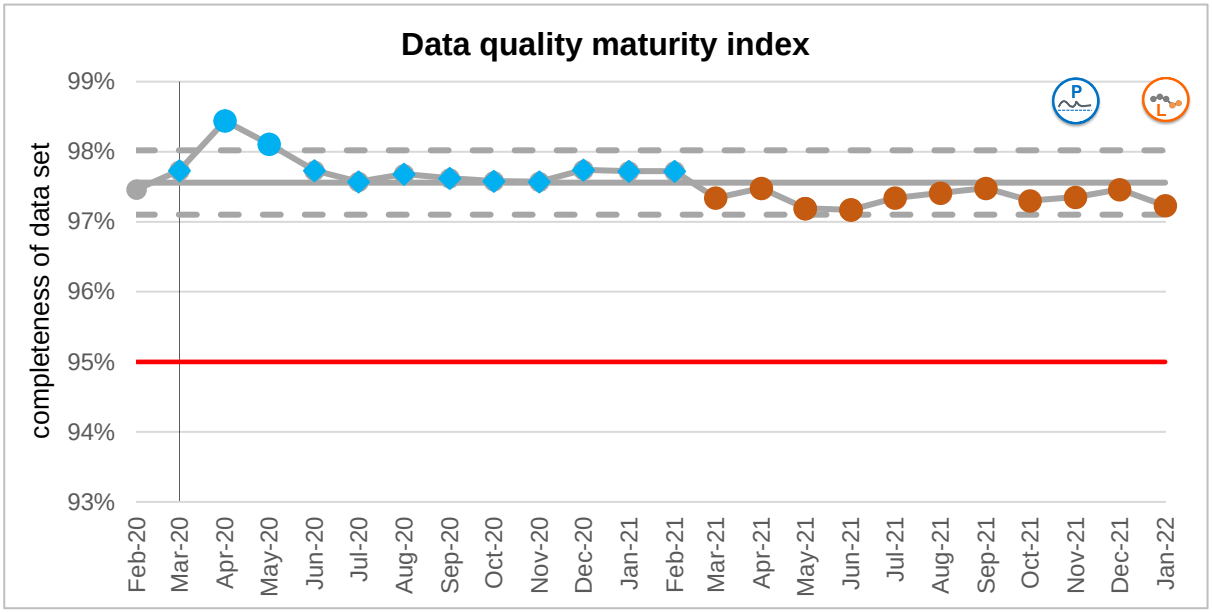
Operations

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



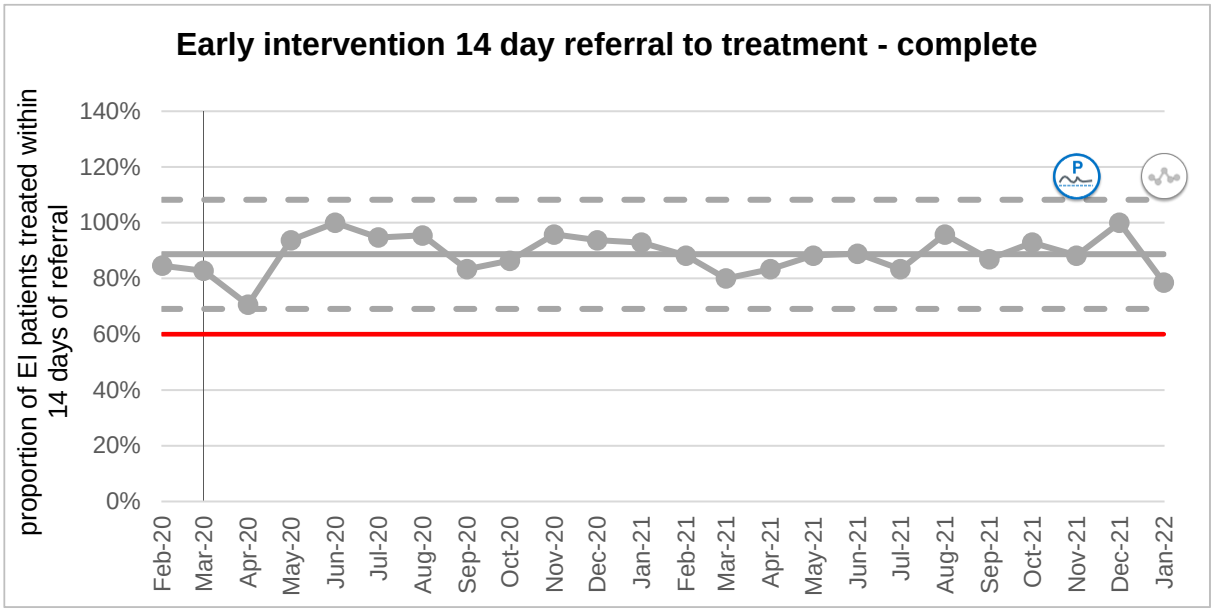
Patients are followed up in the days following discharge from mental health inpatient wards to provide support and ensure their wellbeing during the period when they are at their most vulnerable. The national standard for follow-up which came into effect from 1 April 2020 has been exceeded throughout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

2. Data quality maturity index



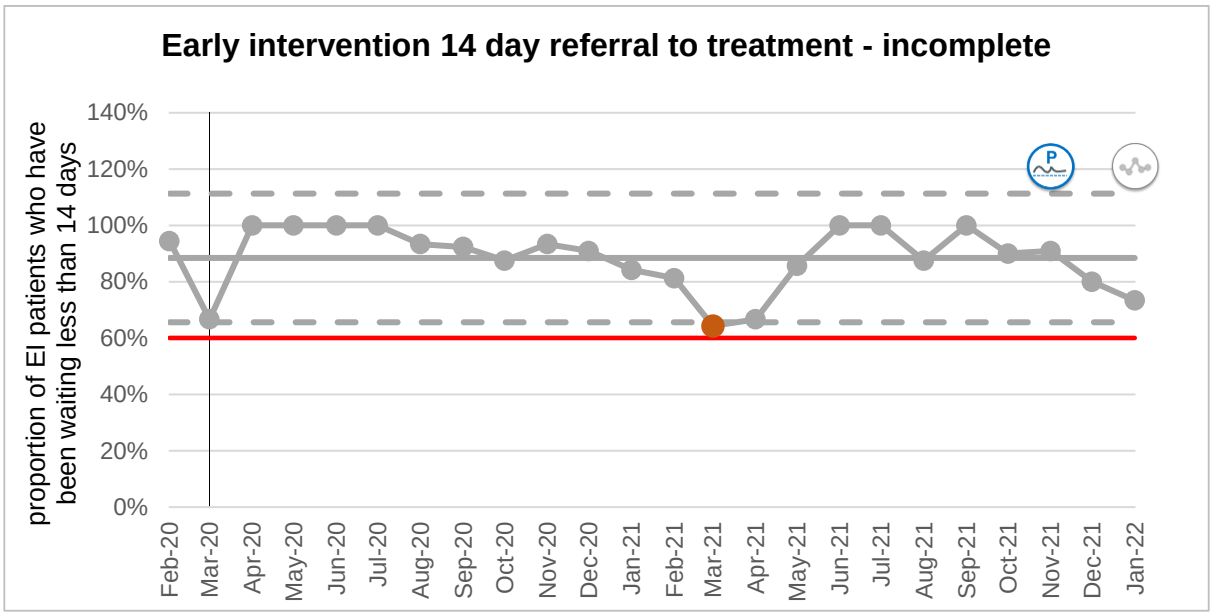
Our level of data quality continues to be high when benchmarked with other Trusts (see appendix 2) and we would expect to consistently exceed the national target.

3. Early intervention 14-day referral to treatment



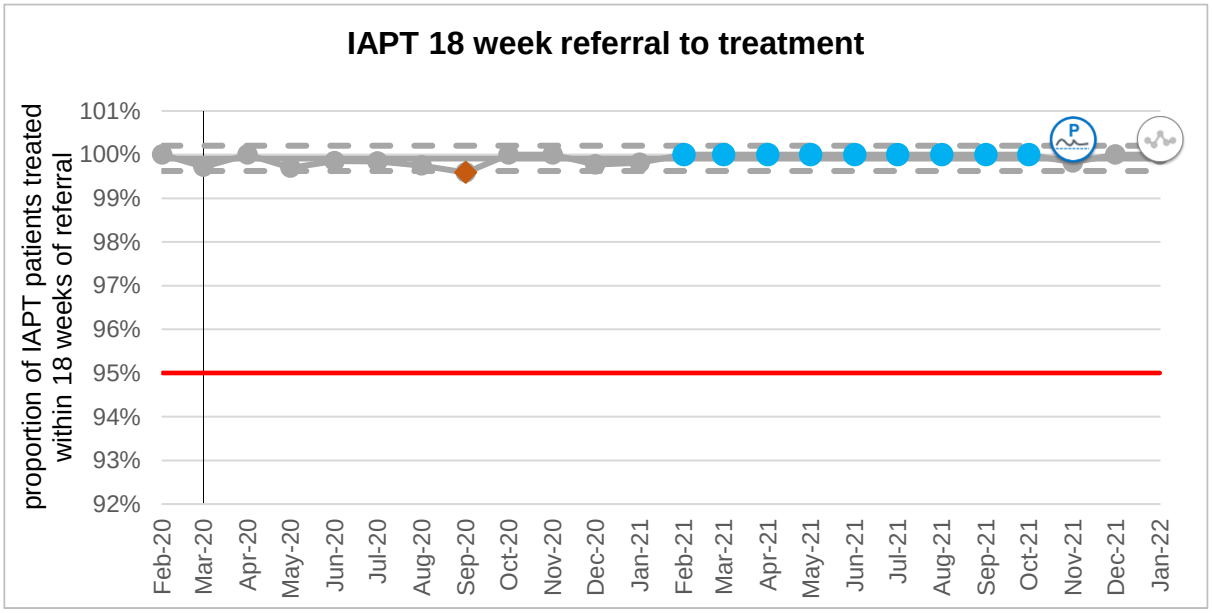
Patients with early onset psychosis are continuing to receive very timely access to the treatment they need.

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



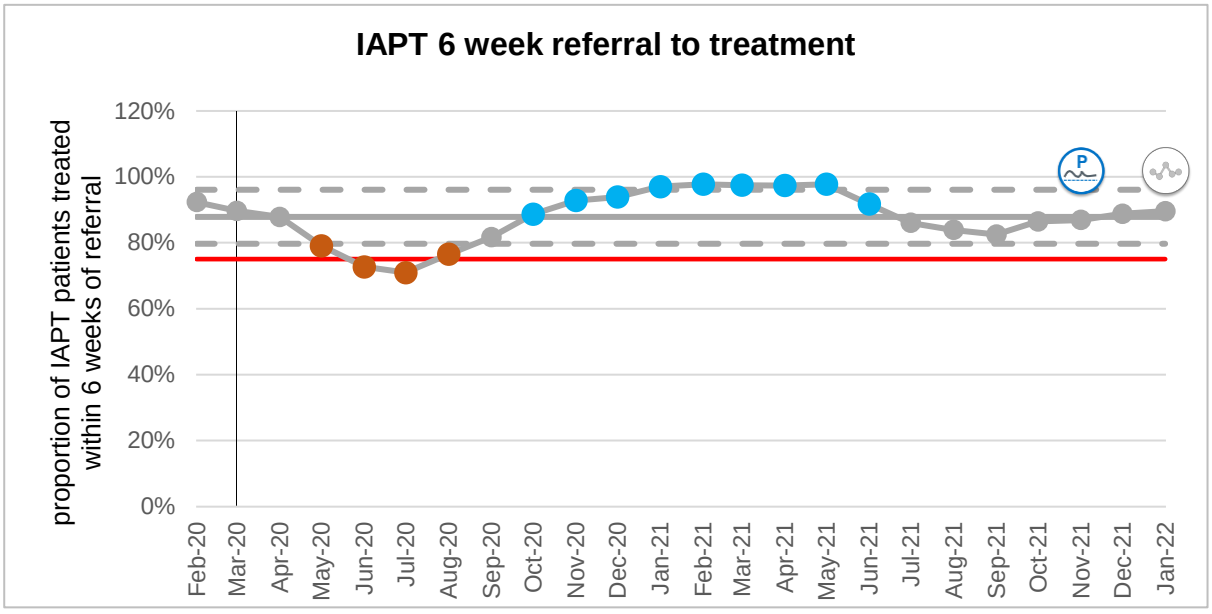
The service continues to exceed the national 14-day referral to treatment standard of 60% or more people on the waiting list to be have been waiting no more than 2 weeks to be seen.

5. IAPT 18-week referral to treatment



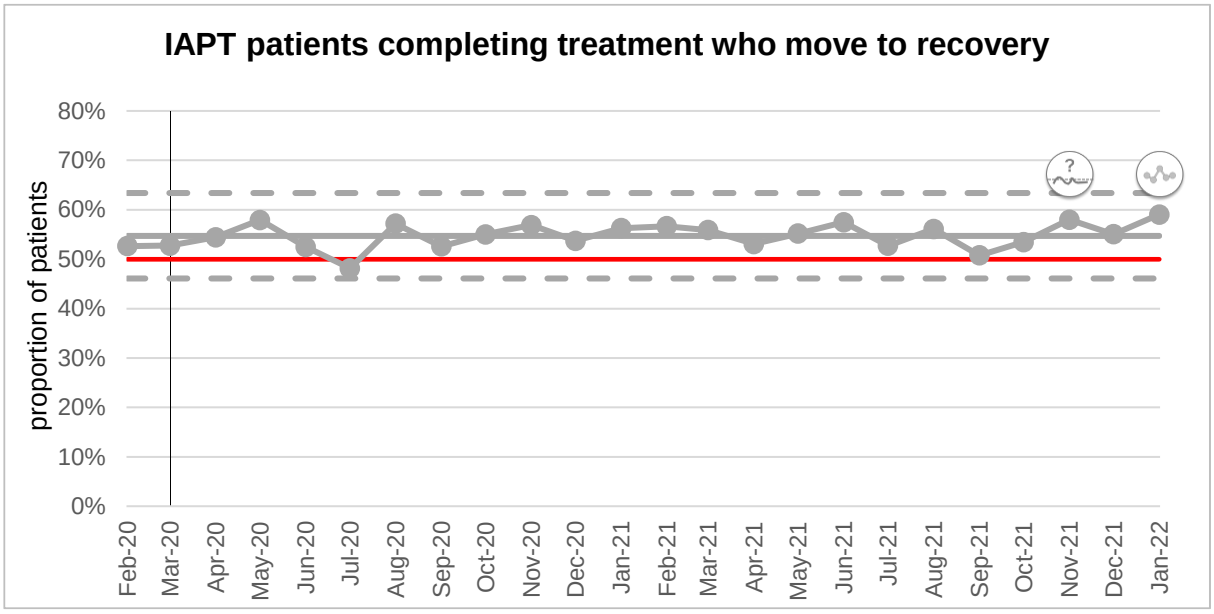
This is an example of a very tightly controlled process and we would expect to consistently exceed the 95% standard.

6. IAPT 6-week referral to treatment



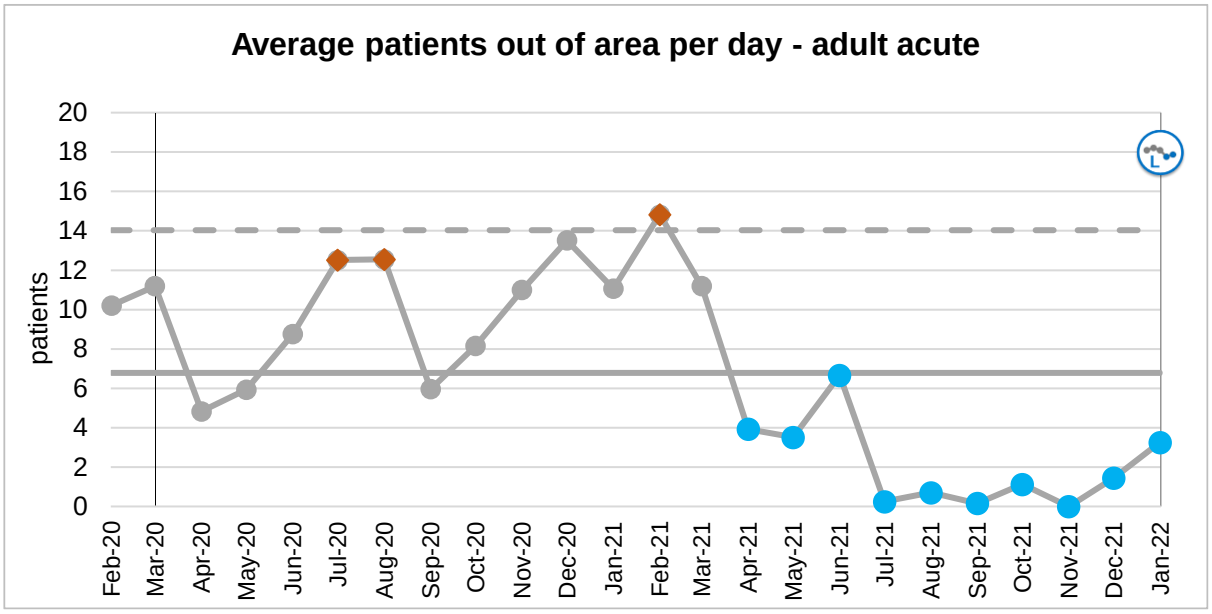
Following a period of special cause concerning variation as a result of staff being redeployed to support other services as the pandemic progressed, the staff returned to IAPT in November 2020 and from that point the national standard has been achieved once more.

7. IAPT patients completing treatment who move to recovery



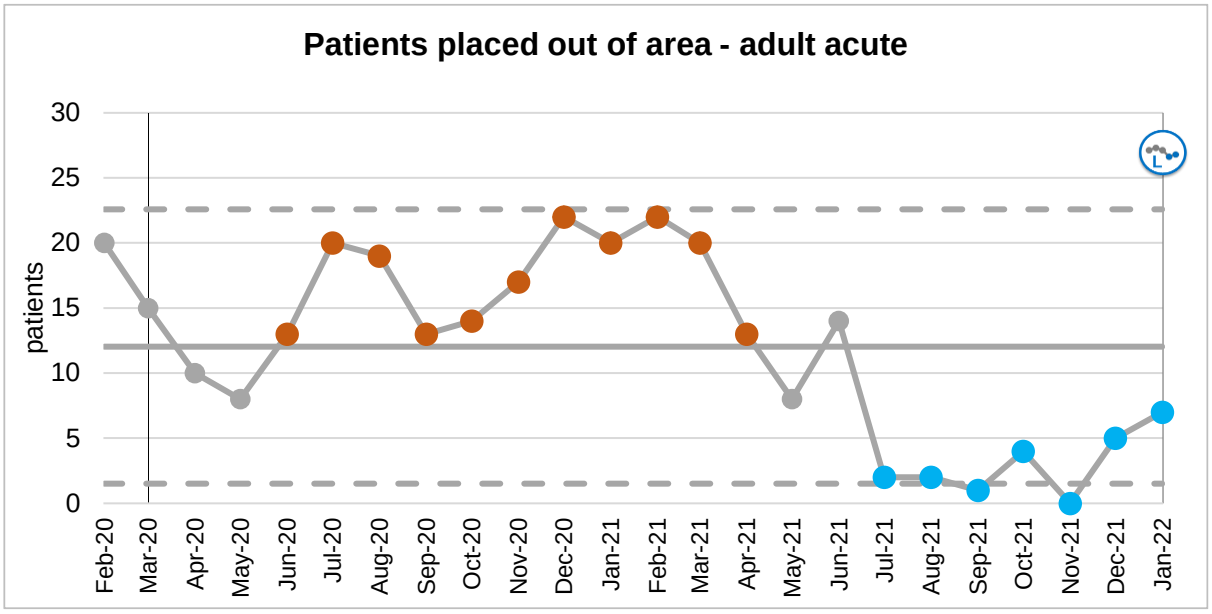
This is an annual target and year to date we are exceeding target. For the past 18 months the national standard has been achieved, with common cause variation seen throughout the data period.

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

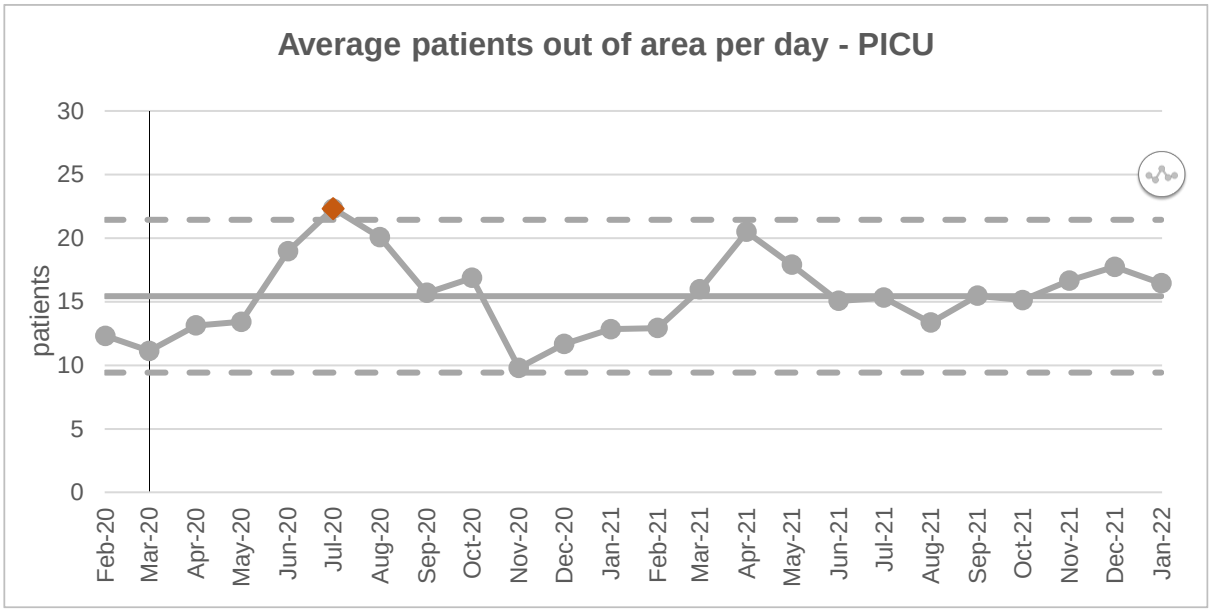


Significant work has been undertaken since April 21 in order to try and reduce inappropriate out of area placements to a minimum in line with the objective of the *Five Year Forward View for Mental Health* (The Mental Health Taskforce, 2016) which was to eliminate inappropriate out of area placements for acute mental health care for adults by 2020/21 (including PICU placements). A multi-agency discharge event (MADE) was held, resulting in system development and the use of data to improve flow. This eliminated the need for out of area acute placements, however, there have been a small number of placements owing to a reduction in Trust bed numbers as a result of supporting wider system needs, coupled with the pandemic necessitating a reduced bed base for infection prevention and control reasons.

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

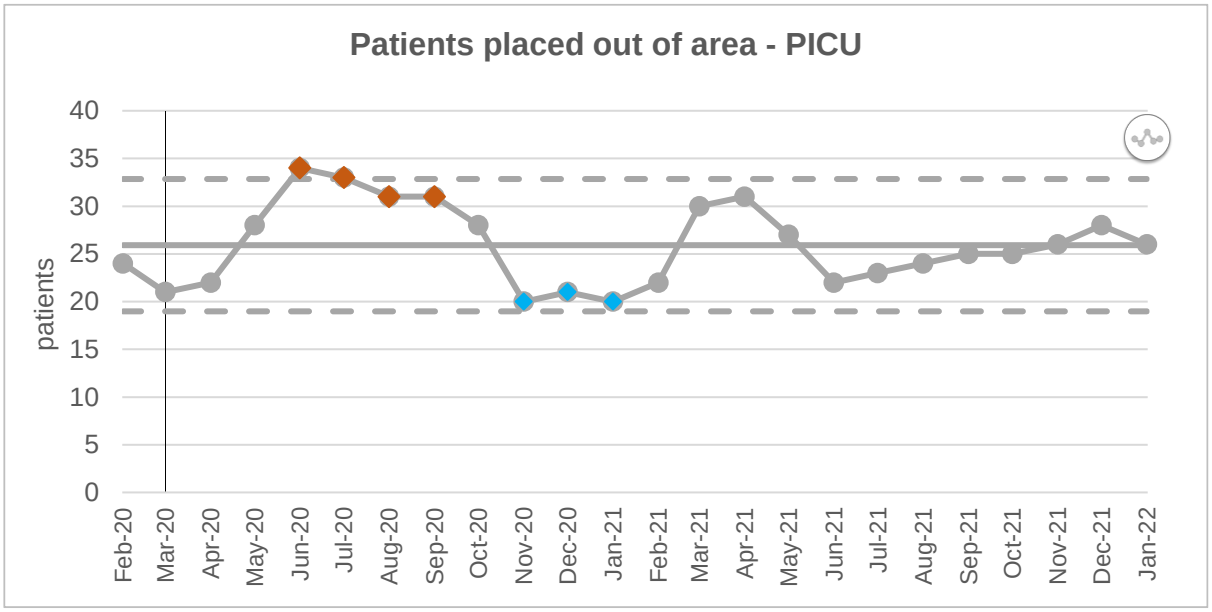


9a. Average number of patients placed out of area per day– Psychiatric Intensive Care Units

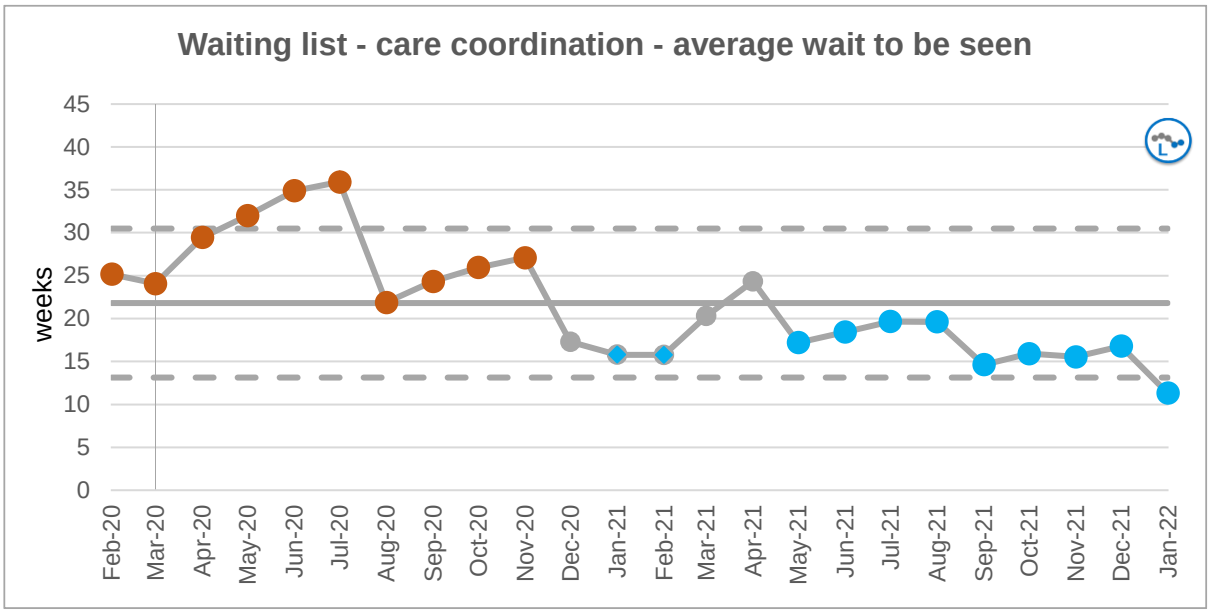


Out of area PICU usage has remained within common cause variation for the last 18 months. There is no local PICU so anyone needing psychiatric intensive care needs to be placed out of area, however, work is in progress towards a new build PICU provision in Derbyshire.

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

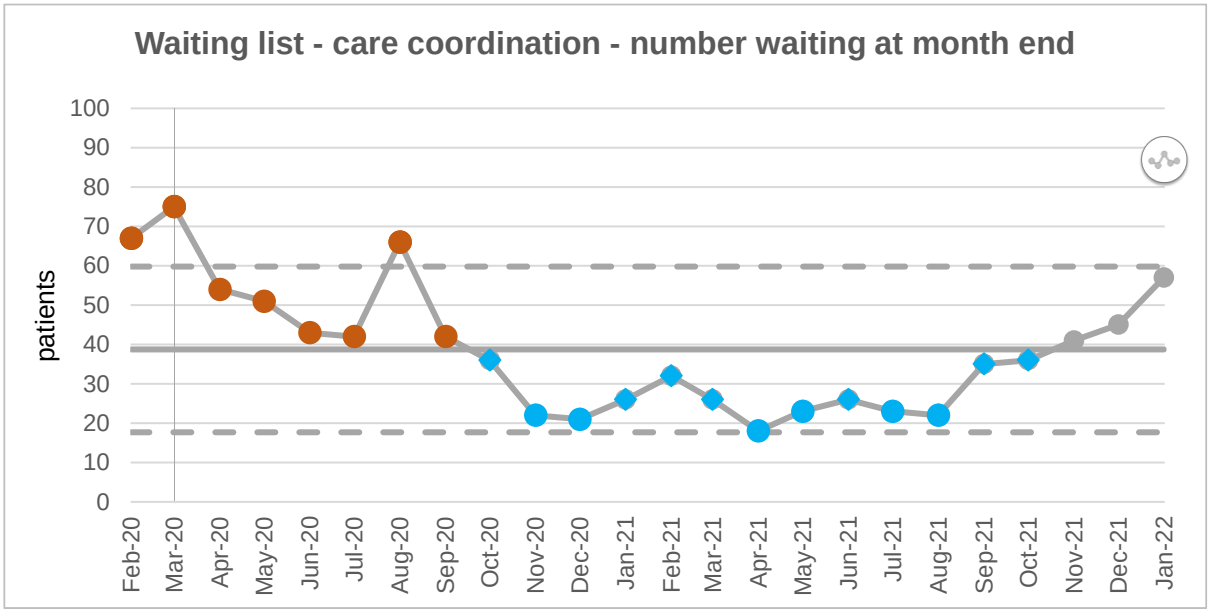


10a. Waiting list for care coordination – average wait



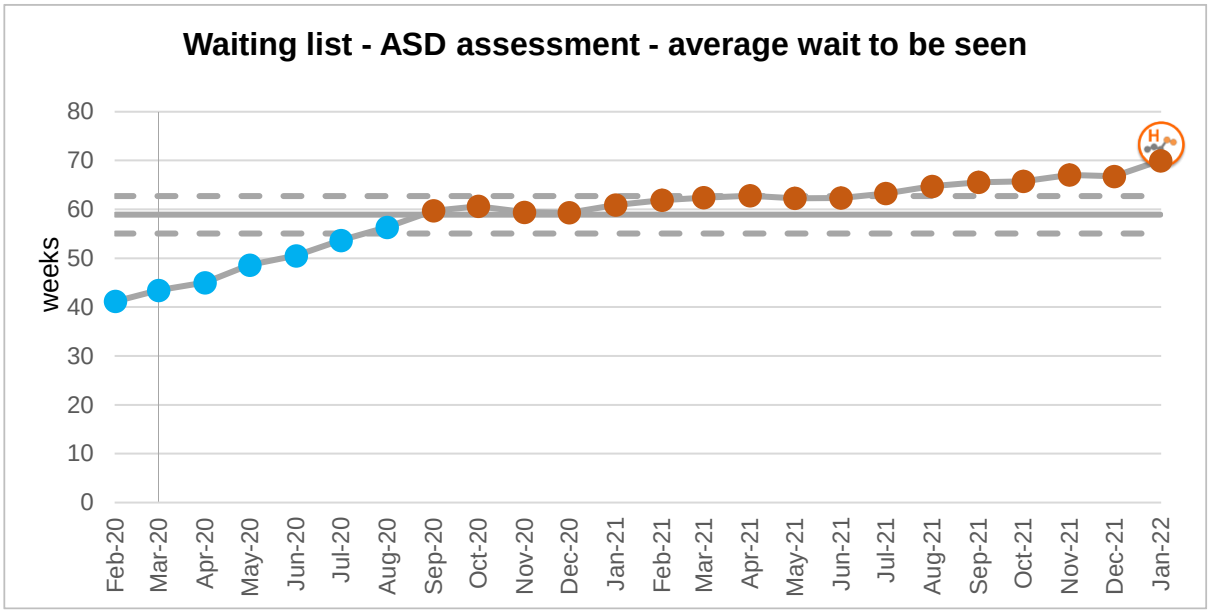
The average wait to be seen has remained significantly low over the last 9 months.

10b. Waiting list for care coordination – number waiting



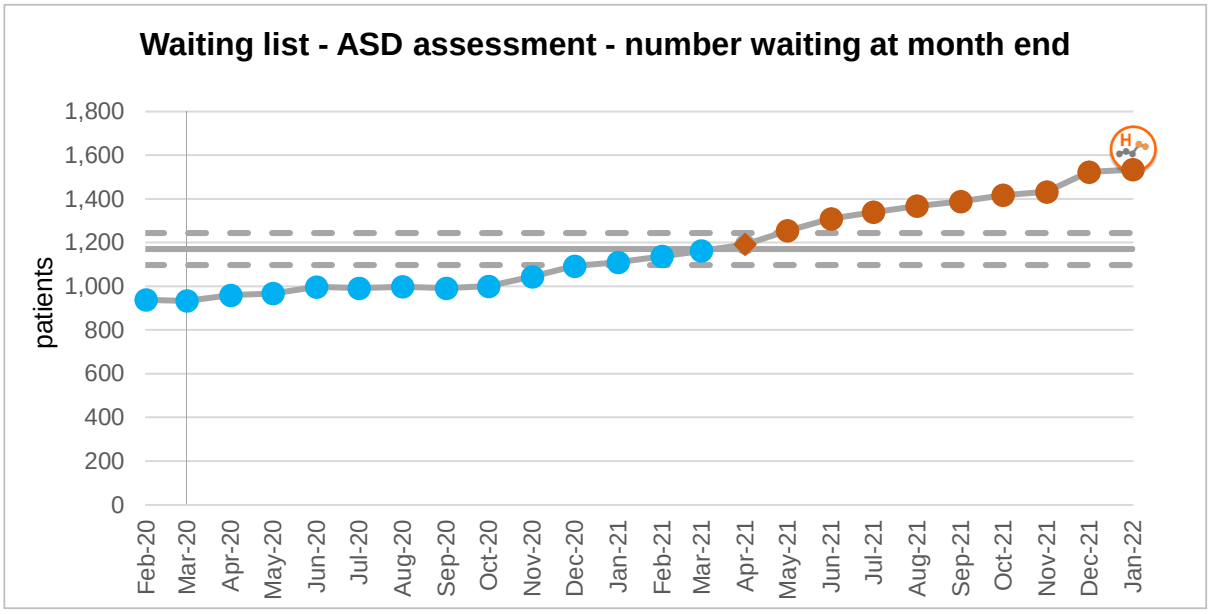
The number of people waiting to be allocated a care coordinator has returned to common cause variation for the last 3 months.

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



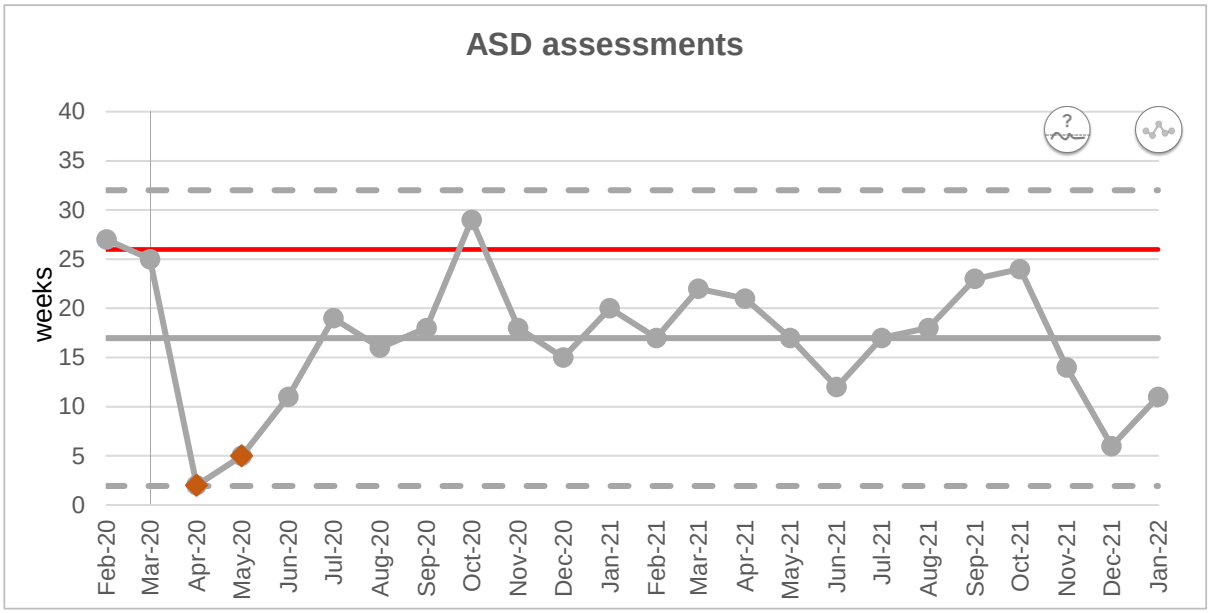
The average wait is currently 70 weeks and the longest wait is over 3½ years. The situation is likely to continue to worsen until there is a change to investment in the service, as demand for the service far outstrips commissioned capacity.

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



There are currently over 1,500 people waiting for adult ASD assessment, which is an increase of 60% over the 2-year period.

11c. Adult autistic spectrum disorder assessments per month



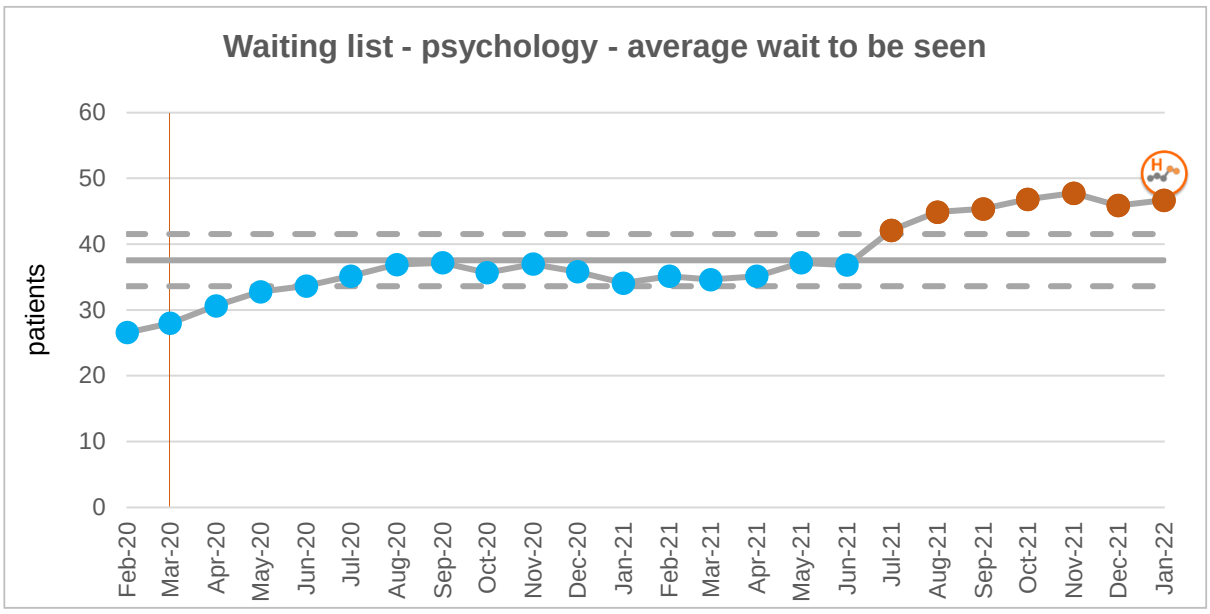
The team currently consists of 5 part-time assessors. There has been a significant reduction in capacity to undertake assessments in the last 2 months owing to the absence of 2 of the team as a result of unforeseen life events. An Assistant Psychologist has commenced in post recently, in order to support the assessing team. The team receives around 66 new referrals per month but is commissioned to undertake 26 assessments per month.

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

Last month we looked at the possibility of purchasing external assessments to try and get through the waiting list. However, the cost of these is preclusive presently. Healios (well known provider and

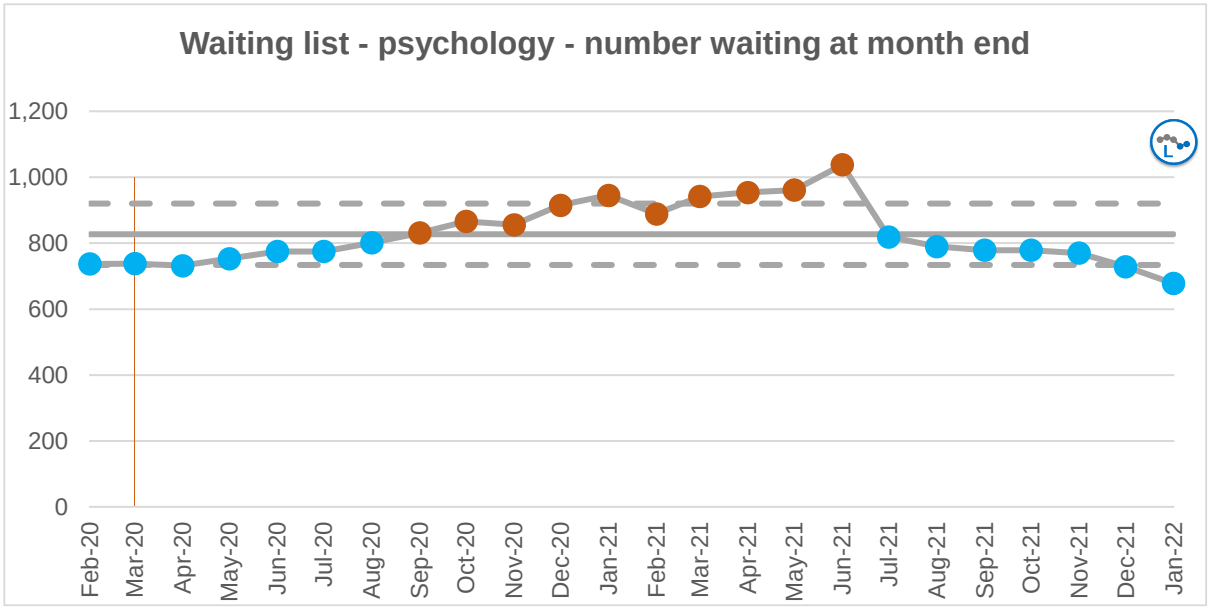
delivered for our CAMHS services) only assess people up to age 25 and their cost is £1,535 per assessment. They would not consider contracting for anything less than 100 assessments. Therefore, at this time we are unable to implement this short-term plan to reduce the waiting list.

12a. Waiting list for psychology – average wait



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

12b. Waiting list for psychology – number waiting

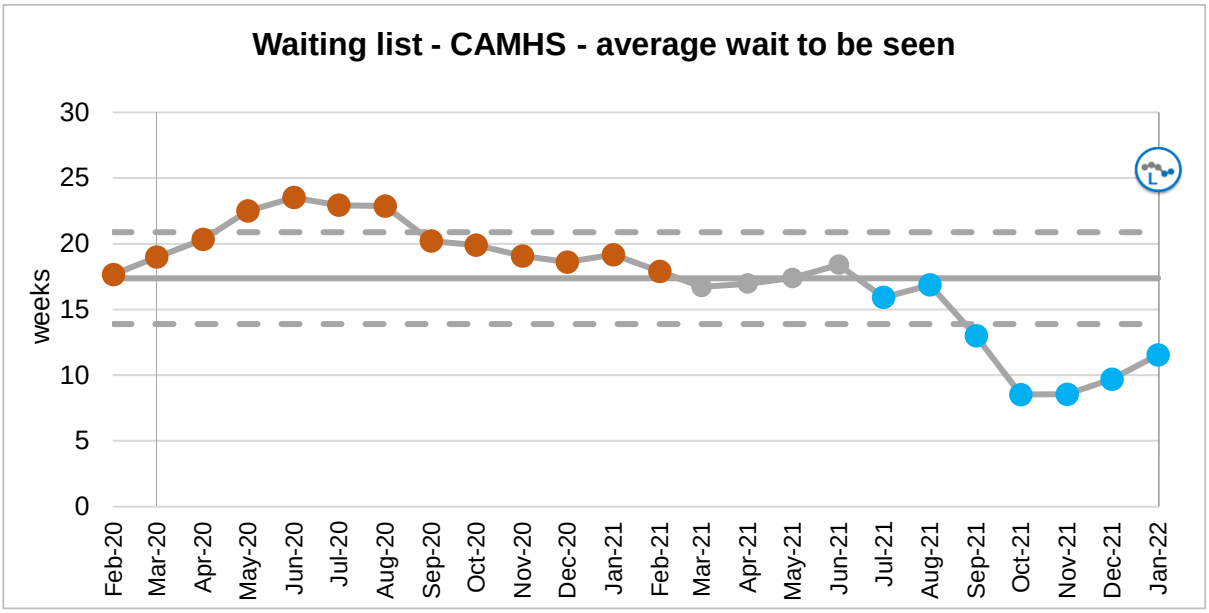


The number of people waiting continues to gradually reduce. Investment has been made into the service equating to an increase by 18% of funded whole time equivalent posts since December 2020. Recruitment to a number of vacant and part-time posts across adult services is progressing. However, 24% of posts are currently vacant across all of psychological services, with the biggest gaps being in the community mental health teams (CMHTs).

There is a national shortage of qualified psychologists, with all Trusts struggling to recruit. We are in line with our regional colleagues with this figure. Some posts have been advertised 4 times with no applicants. We are participating in a pilot study working with a company to increase our exposure in the marketplace and to engage better with potential candidates through videos and sharing experiences; we are increasing our presence on LinkedIn and other social media; and we are using contacts through our various psychological networks.

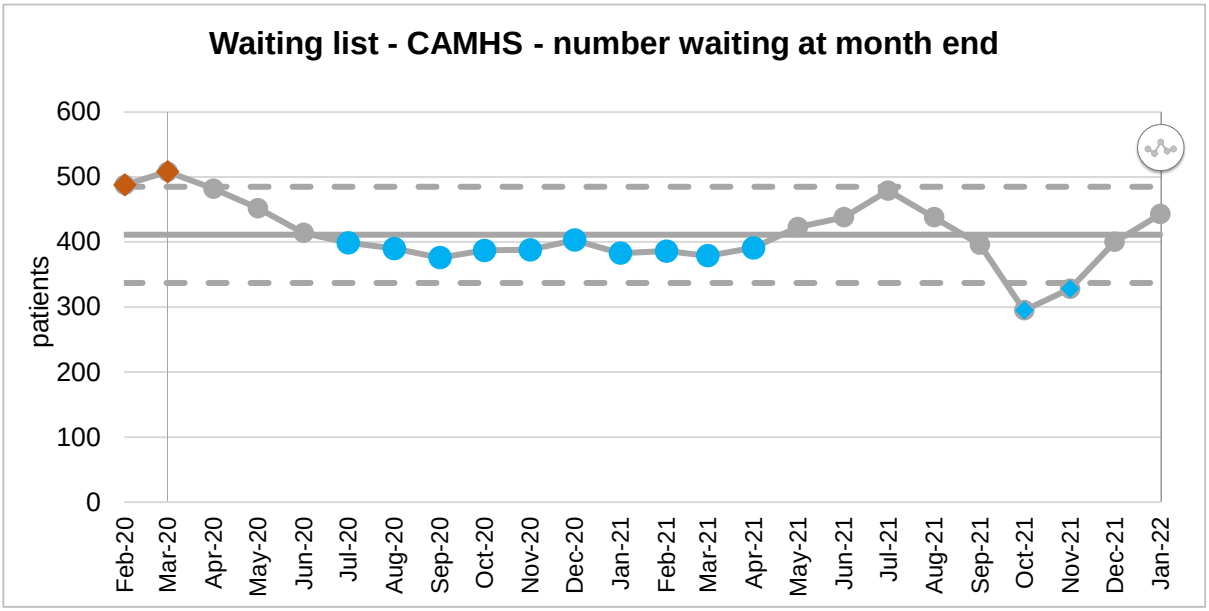
We have continued to review the waiting lists in line with trauma sensitive working in considering how we manage people on a waiting list and barriers of movement between services. This will be part of the clinical model of delivery for community teams as the Living Well transformation develops. The need for increased access to psychological services was considered in a recent mapping exercise across all of the CMHTs as part of this development. Following this exercise, staff across psychology and other professions are being supported to access training to increase their psychological skills through placement, formal HEE funded training and expert supervision.

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



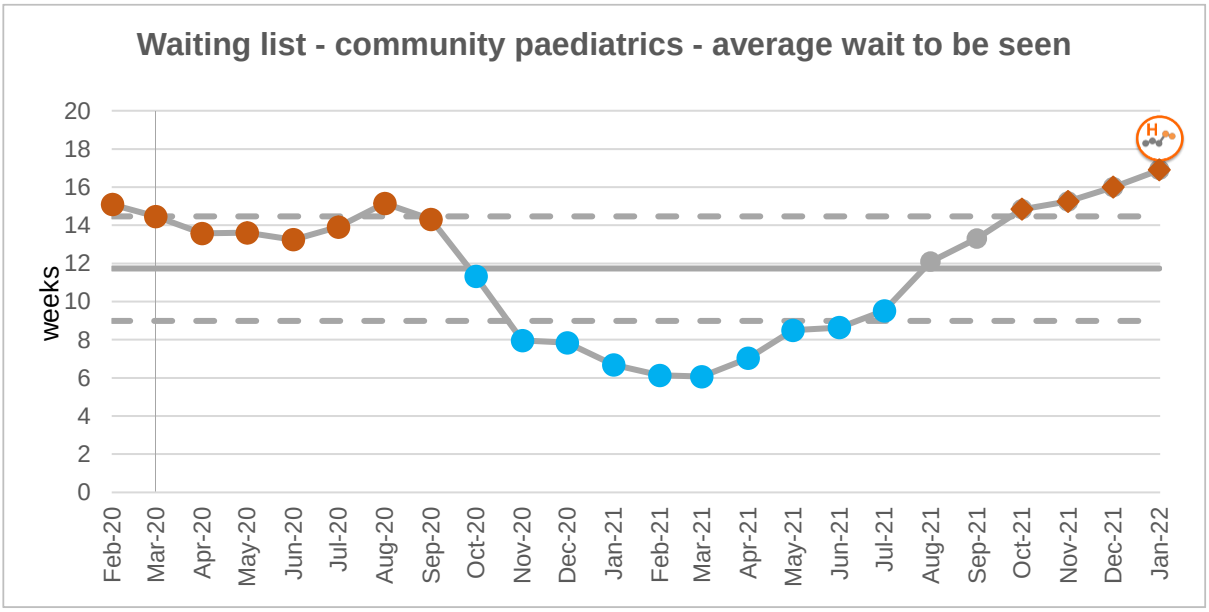
The waiting list initiative in September and October 2021 resulted in a significant reduction in waiting times.

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



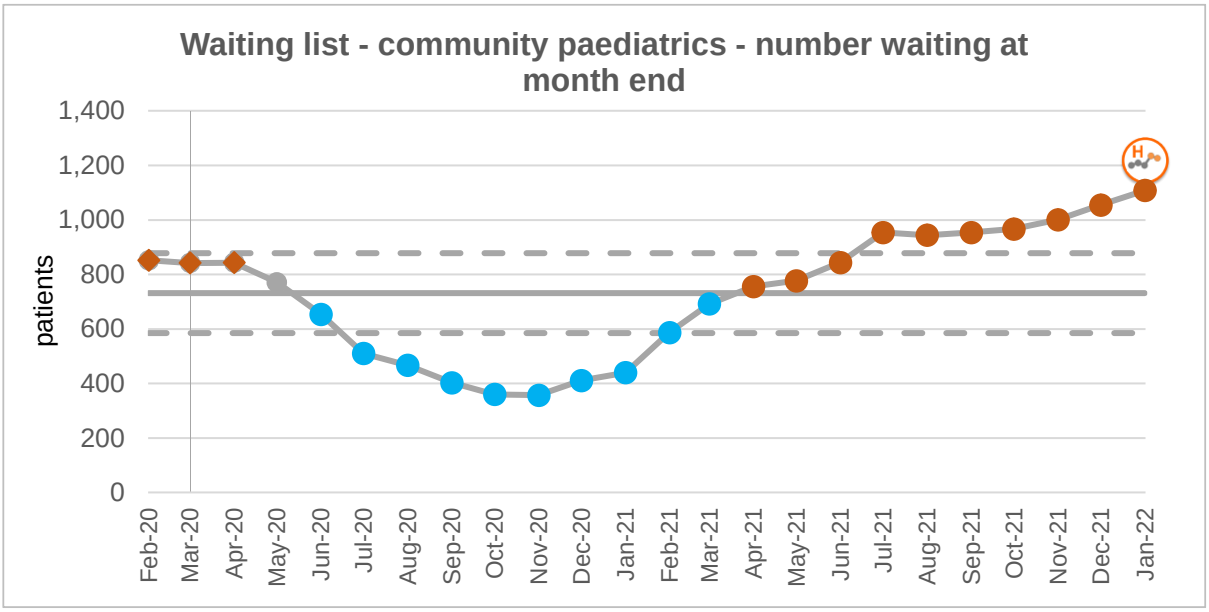
Following the waiting list initiative, the number of children waiting has been gradually increasing and has returned to common cause variation in the last 2 months.

14a. Waiting list for community paediatrics – average wait



We continue to see a steady rise in waiting times for referral to treatment in community paediatrics. The wait time will be in excess of 44 weeks by the end of March 2022 and currently sits on the risk register as a high risk. We are carrying a vacancy which has been advertised a total of 4 times without any applicants and also ongoing sickness, including cancellations due to COVID absences. To Mitigate we have a locum in post 4 days per week for the next 6 months with an additional request for a further 3 days which is awaiting approval. The vacant Paediatrician post has been redesigned to a more generic post which will hopefully make this more appealing. It is currently out to advert.

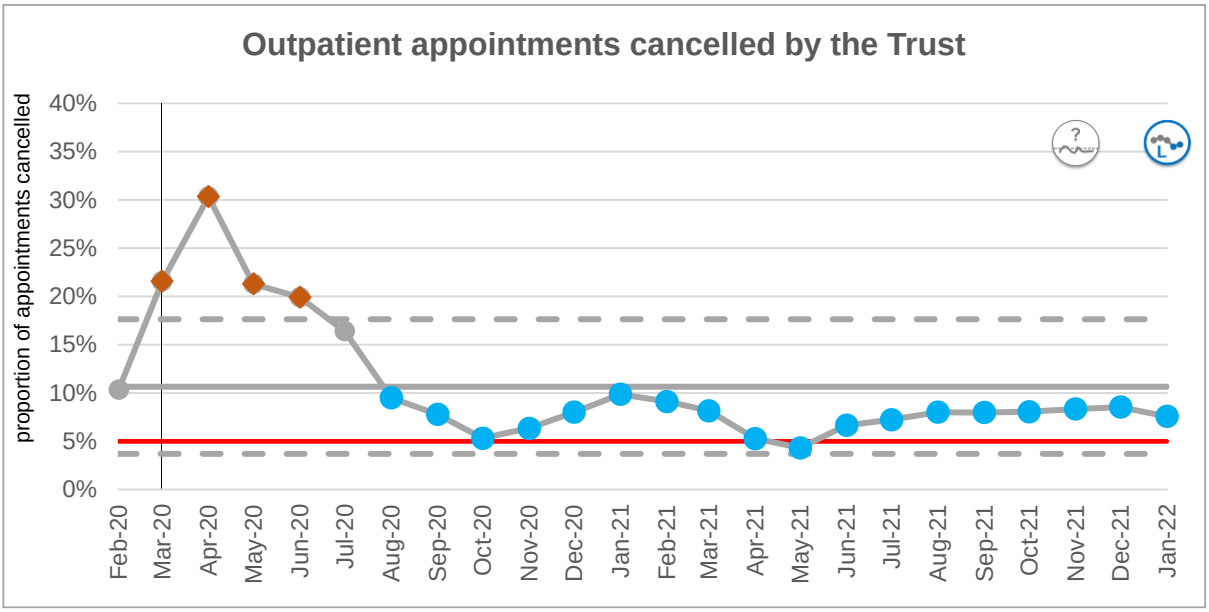
14b. Waiting list for community paediatrics – number waiting



The neuro-developmental pathway development has been approved and we are awaiting confirmation of funds to make our fixed term Speciality Doctor into a full-time substantive post. The business case also includes a second fixed term Speciality Doctor to focus on the autistic spectrum disorder pathway. Securing these posts will have a significant impact on the waiting list. This is a really positive development for the service line.

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

15. Outpatient appointments cancelled by the Trust



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

standard for appointment notice (*Elective Care Model Access Policy*. NHS Improvement, 2019). The reporting system relies upon the clinic administrators actively recording on Paris that the patient was unaware. This is open to human error and audits of cancellation data indicate that fewer patients are being inconvenienced than is suggested in the chart above. Clinic administrators are reminded periodically of how these appointments should be recorded.

Background

Patient feedback from the Healthcare Commission Community Mental Health Survey 2008[1], placed Derbyshire Mental Health Services NHS Trust in the worst 20% of Trusts for patients experiencing appointments with a psychiatrist being cancelled or changed:

As a result, a Commissioning for Quality & Innovation (CQUIN) target was introduced into the Trust's contract in the financial year 2010/11 with the aim of reducing the level of psychiatric outpatient appointment cancellations to 7% by year end. Improvements to outpatient processes and procedures were made and in the public Board minutes of May 2011[2] it was reported that all CQUIN agreements had been fully met for 2010/11, indicating that cancellations had fallen below the 7% target threshold.

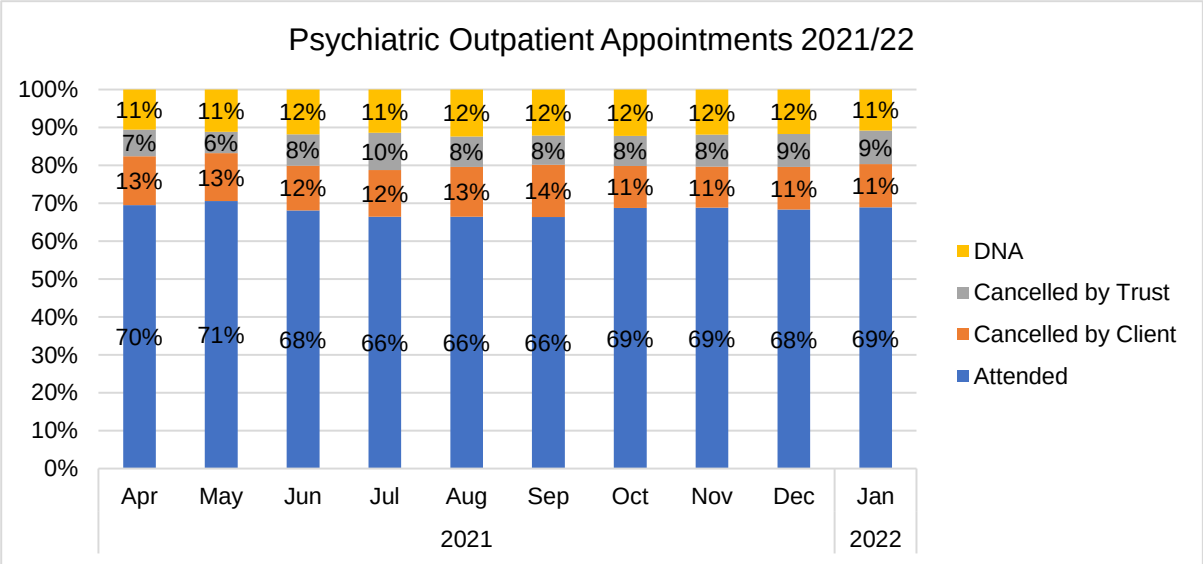
Benchmarking

A recent mental health community patient survey might have been a good source of benchmarking data, however 2008 was the last time that this question was included in the patient surveys.

A review of every Trust's Board papers has established that of all the mental health Trusts in England, Derbyshire Healthcare NHS Foundation Trust is the only Trust that monitors psychiatric outpatient appointment cancellations, so unfortunately benchmarking is not possible.

Appointment outcomes

This financial year around 8% of psychiatric outpatient appointments have been cancelled by the Trust per month, around 12% have been cancelled by patients and around 12% have been defaulted by patients (did not attends).



[1] https://nhssurveys.org/wp-content/surveys/05-community-mental-health/05-benchmarks-reports/2008/Derbyshire%20Mental%20Health%20Services%20NHS%20Trust.pdf
[2] https://www.derbyshirehealthcareft.nhs.uk/application/files/5115/4903/5546/public-board-minutes-25-may-2011.pdf

Reasons for cancellation

Please note that “cancelled by unit” is the only cancellation reason selectable on SystmOne for appointments cancelled by the Trust, so there will no longer be an option to record, monitor or report detailed cancellation reasons once all the teams have moved to SystmOne.

Reason	n	%
Appointment Brought Forward	714	20%
Clinician Absent From Work	642	18%
Cancelled by Unit	532	15%
Moved - Staff Issue	370	10%
Moved - Location Issue	274	8%
Moved - Trust Rescheduled	252	7%
Clinic Booked In Error	238	7%
Moved - Clinic Cancelled	194	5%
Cancelled By Staff (covid 19)	101	3%
Clinician Must Attend Meeting	68	2%
Clinician On Annual Leave	55	2%
Paris System Issue	43	1%
No Consultant	34	1%
Clinician Must Attend Training	27	1%
Jnr Dr Clinic No Consultant	20	1%
Mha Assessment Urgent Work	7	0.2%
Clinician Must Attend Tribunal	4	0.1%
Estates Issue	2	0.1%

The most common reason for Trust cancellations of appointments is because we have brought them forward for clinical reasons. Year to date there have been 714 appointments brought forward. To put that into context there have been a total of 42,727 appointments over the same period, so just **0.02%** of appointments have been brought forward.

Financial year	Attended	Cancelled by Client	Cancelled by Trust	DNA	Total
2021/22	**29136**	**5194**	**3401**	**4996**	**42727**

Examples of when an appointment would be brought forward:

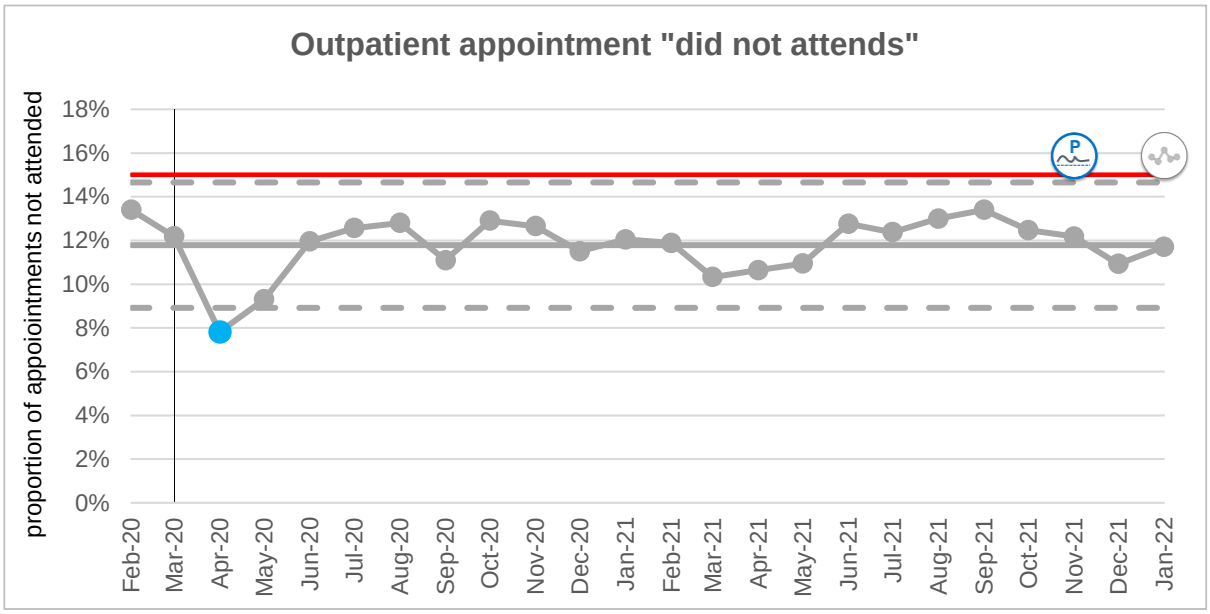
- Patient requesting sooner appointment – this may be because:
    1. they have deteriorated in their mental state and are not supported by anyone else in the community mental health team (CMHT),
    2. they need a sooner medication review (lack of effect or tolerability concerns)
    3. a contingency has been set in the previous outpatient appointment to contact and request sooner appt in certain circumstances.
- Care Coordinator requesting an earlier appointment. This is appropriate and part and parcel of Care Programme Approach (CPA) working.
- Duty worker requesting an earlier appointment – often needs would be better met by a discussion between the medic and duty worker and the duty worker gets back to the patient afterwards.
- GP or other agency request – usually only actually results in earlier outpatient appointment if they are not open to anyone else in the CMHT.

NB increasing the threshold for CPA working means that a greater proportion (and number) of outpatients are only open to the outpatient’s clinic.

Bringing forward appointments does not usually affect waits for other patients because flexibility on the system is created through ad hoc appointment slots being available outside normal clinic hours for urgent appts and through patient cancellations (12%) which creates capacity.

The Medical Secretary and the Consultant liaise to look at where to hold the ad hoc clinics to ensure there will be no detriment to anyone else on the list through being pushed back. Each team have their own system for patients requiring appointments to be brought forward for valid reasons as mentioned.

16. Outpatient appointment “did not attends”



The level of defaulted appointments has remained within common cause variation for the last 21 months and in the current process the trust target of 15% or lower is likely to be consistently achieved.

Other Operational Matters of Note

Health Protection Unit (HPU)

HPU have been focusing on supporting the recent increase in cases over the winter period with more track and trace and guidance needed for staff during the last 3 months.

Securing funds from Public Health England, a project is underway looking into how we can best support those with severe mental illness to understand and make informed choices around vaccination for Covid. We are hoping to link with our research team to aid the evaluation and utilise the new Life QI quality improvement project platform, with support from the transformation team, with a view to sharing learning with the region. With funds assisting this project we have secured a 6-month Band 6 secondment post, which has someone in place who is supporting the HPU in skilling up and completing direct project work.

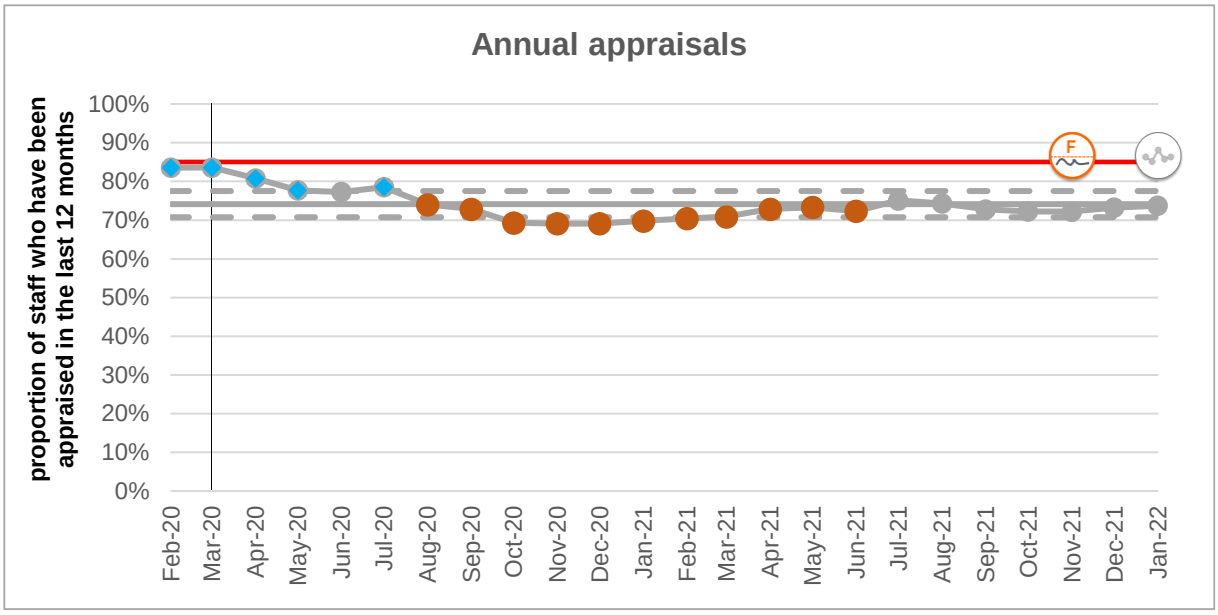
The next priority for HPU is to look at the long-term priorities for the team and its structure moving forward, with the Area Service Manager secondment coming to an end. The team will be focusing on the infection prevention and control priorities and direction from the quality strategy to inform future core work.

Vaccination status

97% of patient facing staff have now received their first vaccination and 95% have received both vaccinations. Booster vaccinations are continuing.

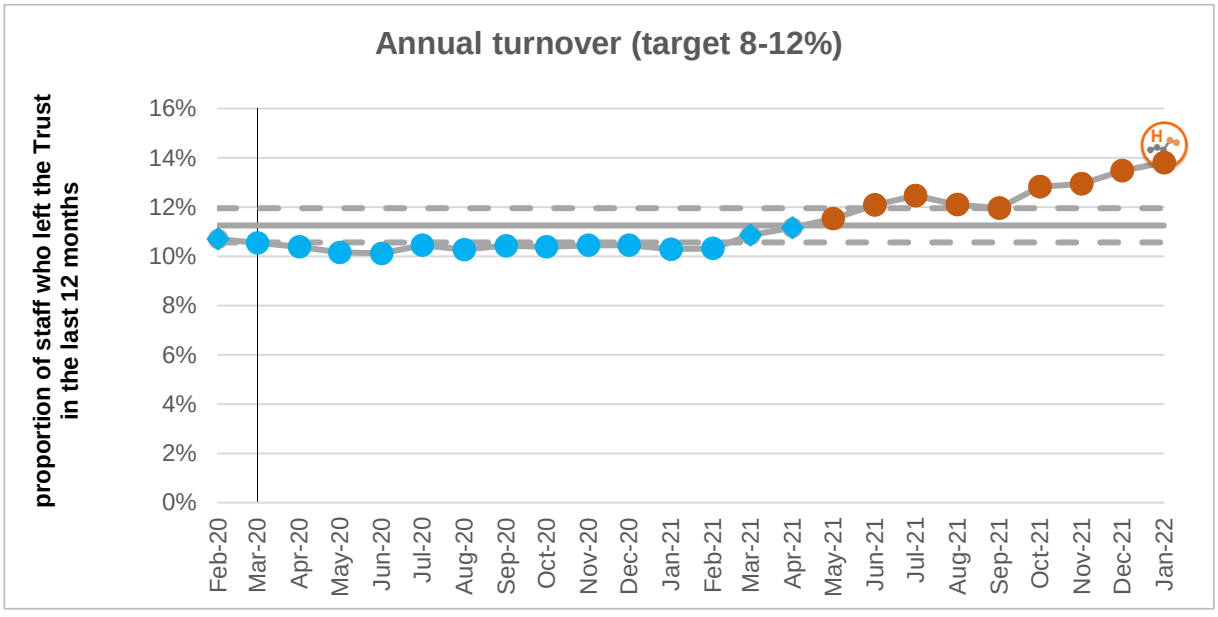
People

17. Annual appraisals



The level of compliance has returned to common cause variation, which is below target level. Operational Services currently sit at 79% and Corporate Services at 50%. The Executive Leadership Team has recently agreed to a request to temporarily increase the window of validity for appraisals to 18 months until the end of June. This is yet to be reflected in the data but would increase Operational Services to 90% compliant and Corporate Services to 70% compliant. The appraisal process has been paused during the latest wave of the pandemic. In the interim a structured wellbeing conversation and a review of the health risk assessment is completed where required. Appraisals will recommence as the current wave reduces. This is being monitored through the Incident Management team. There will be further communications to support managers and encourage meaningful conversations to take place once the full appraisal process can be stood back up.

18. Annual turnover

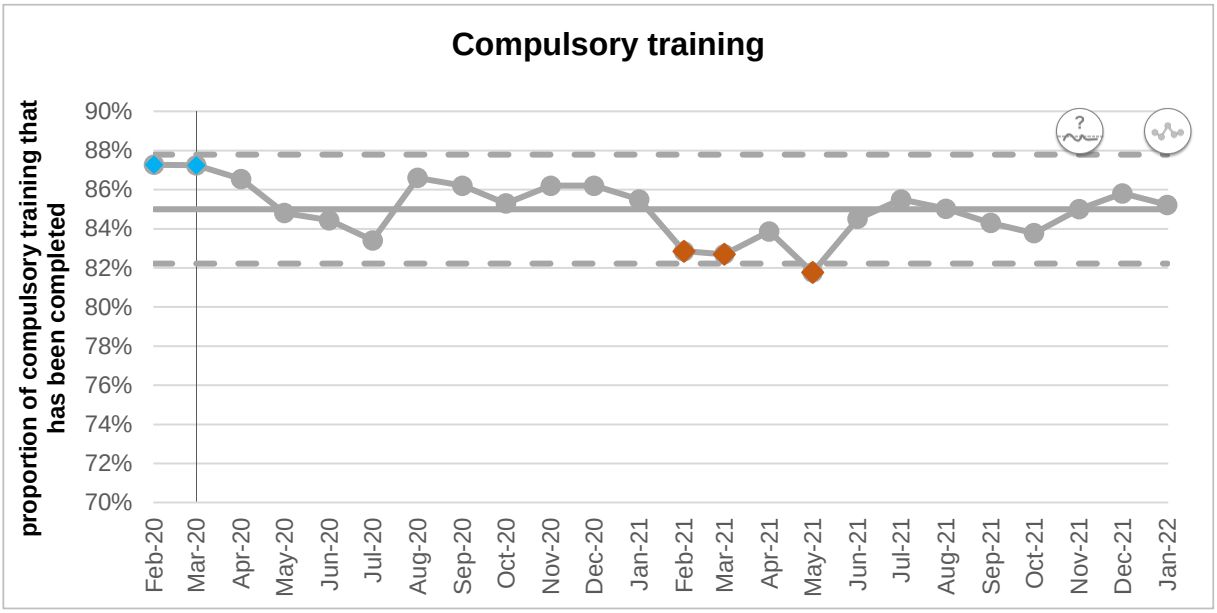


The rate of turnover has been higher than the Trust target range of 8-12% for the last six months. This is also reflective of other mental health trusts where retention is a concern, coupled with rising numbers of retirements and incentives from other Trusts to attract clinical staff. We are continually accessing our response and how we can attract new staff in different innovative ways e.g., social media, online recruitment events.

Benchmarking

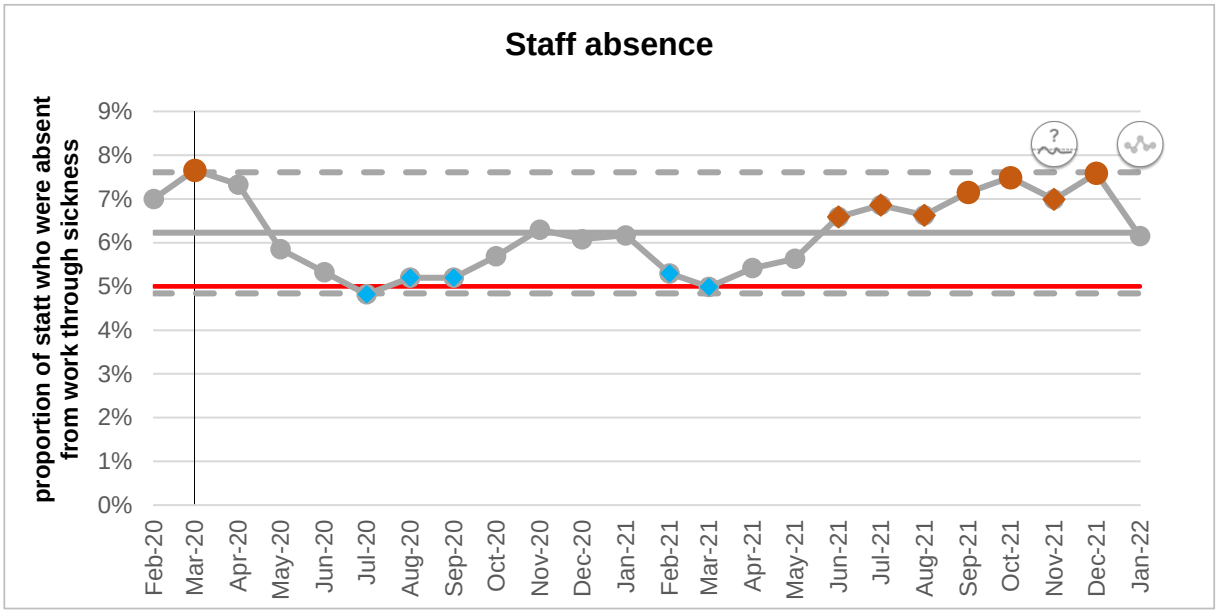
In the latest national NHS staff turnover benchmarking data the Trust was ranked 11th highest mental health trust for stability of the workforce (https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/september-2021).

19. Compulsory training



A recovery plan continues to improve training compliance. The full training requirement – compulsory training and role specific training – has increased to around 75,000 attendances by our total workforce on 78 courses, with just under 18,000 individual attendances to be completed. Operational Services are currently above target at 87% compliant with compulsory training, and Corporate Services slightly lower at 77%. Mandatory and essential training was further paused during December through to January. This will be stood back up as the latest wave of COVID-19 reduces.

20. Staff absence



Corporate Services absence rate is 5.7%, and Operational Services is 8.8%. Sickness absence rates have increased over the last three months with Covid absence being the top reason for absence. This follows the trend during this latest wave where more staff were affected by the Omicron variant and higher numbers of staff were having to self-isolate.

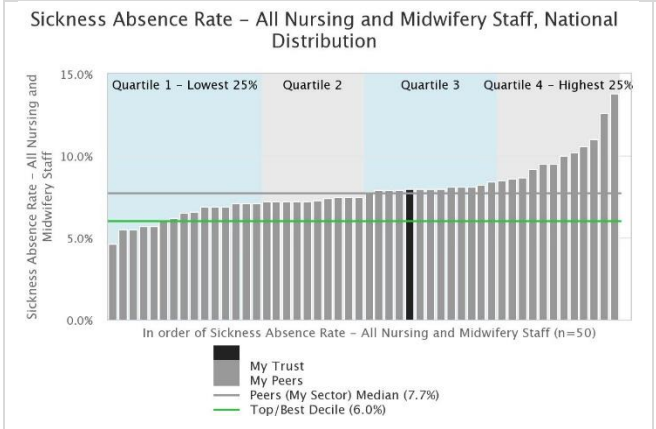
An Improving Absence Task and Finish Scrutiny Group has been established with the following remit:

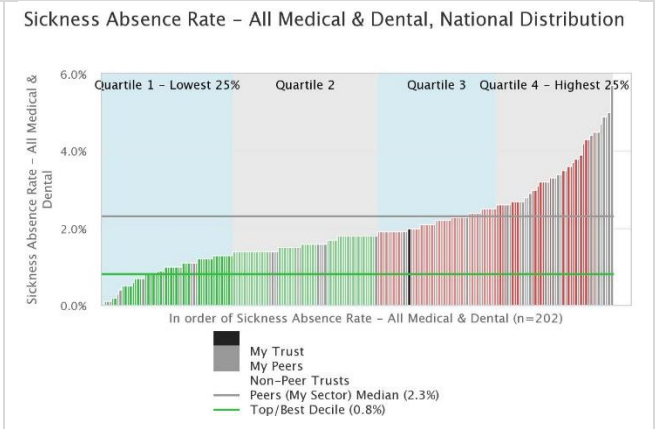
- To bring current absence in line with target
- To ensure current target is appropriate
- To improve the absence process
- To reduce absence variation
- To ensure the wellbeing offer meets the need and is utilised
- To ensure there is a process around identified absence hotspots

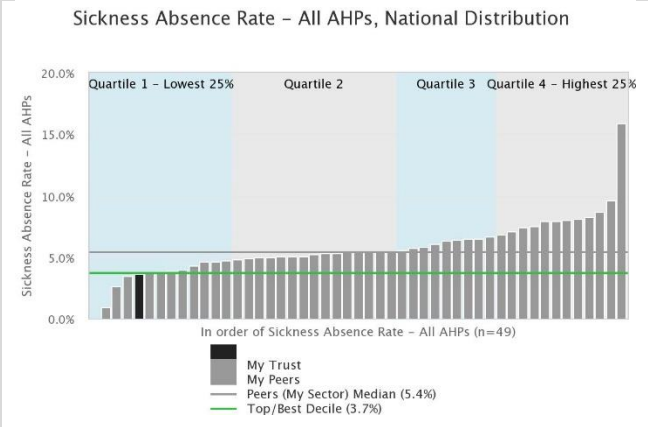
The Group will meet fortnightly with the aim of completing the tasks above over the next 3 months up to the end of April.

Benchmarking

In the latest data our absence rates are above average for the nursing and midwifery and medical and dental staff groups, but the absence rate is 4th lowest in the peer group for allied health professionals.

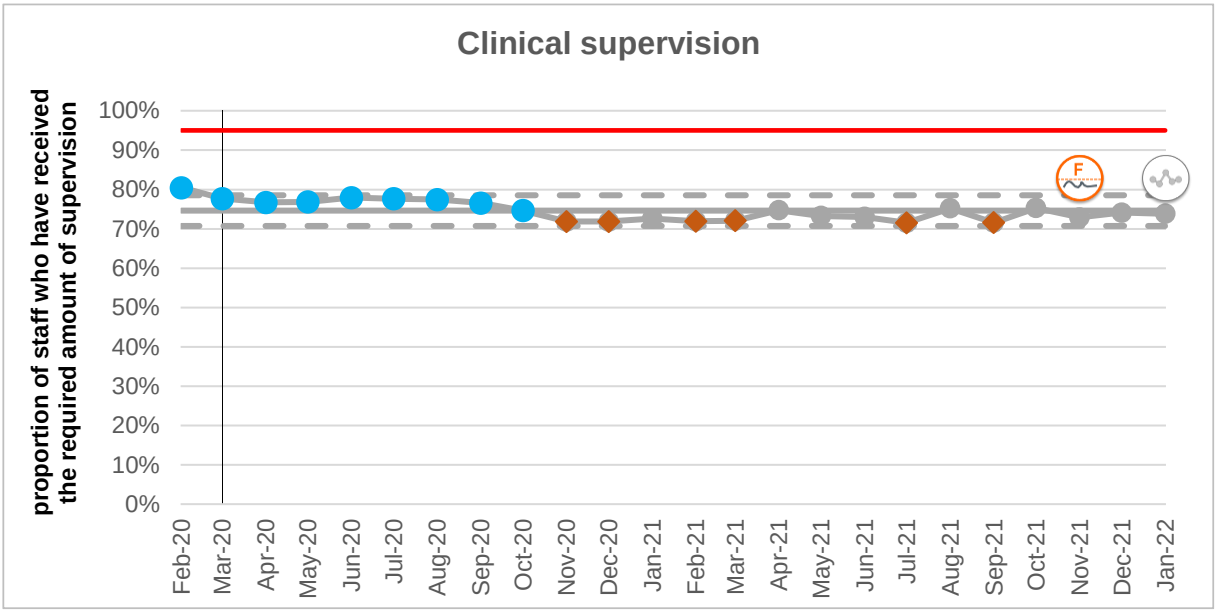




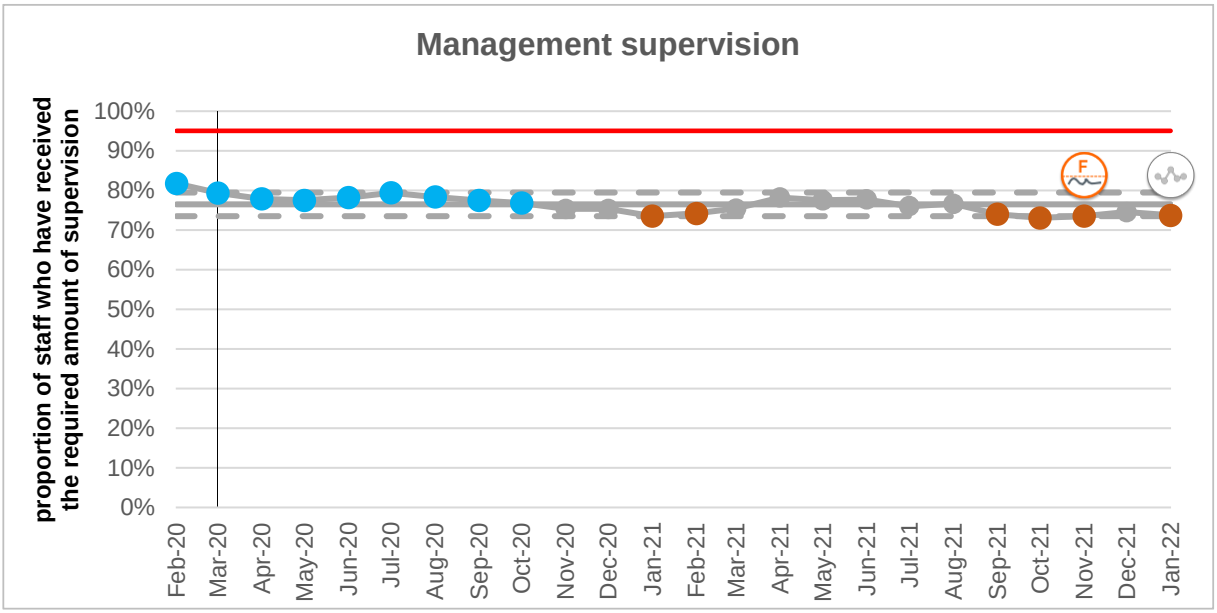


Data source: https://model.nhs.uk/

21. Clinical supervision

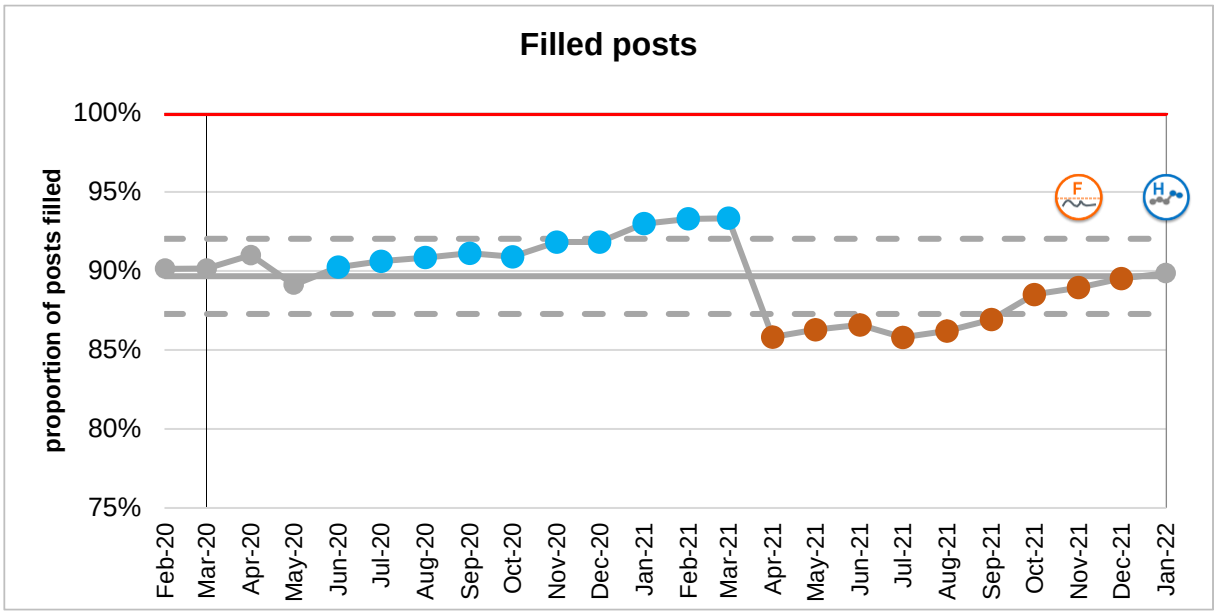


22. Management supervision



The levels of compliance with the clinical and management supervision targets have remained low since the start of the pandemic. As seen with compulsory training and appraisals, Operational Services are performing at a considerably higher level than Corporate Services for both types of supervision (management: 75% versus 58% and clinical: 74% versus 37%).

23. Proportion of posts filled

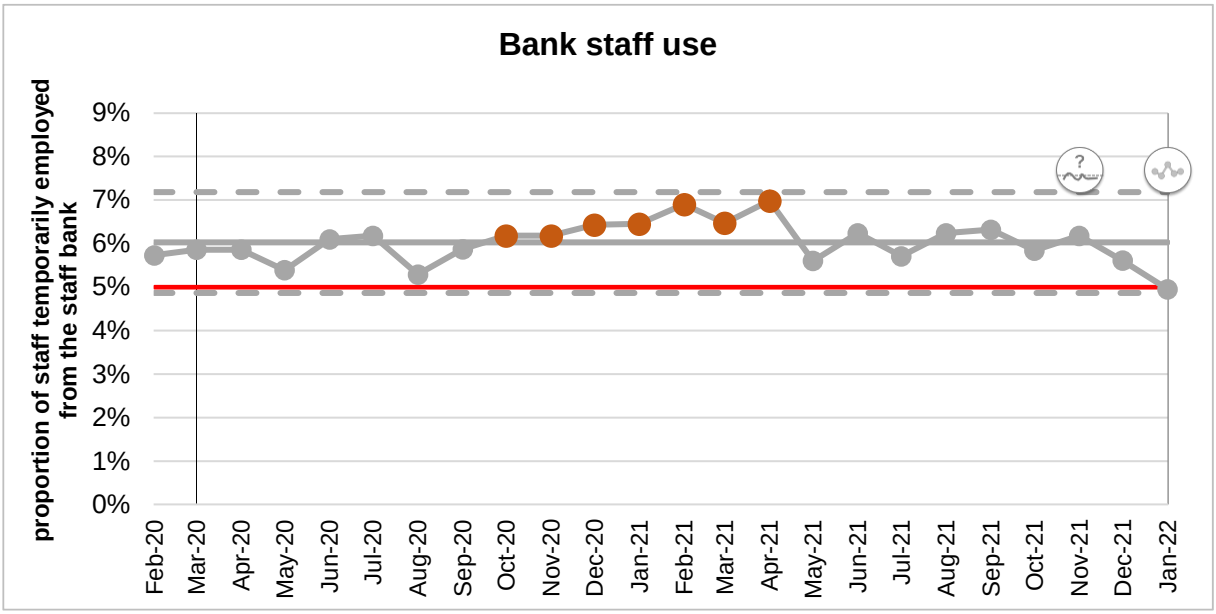


Prior to the start of this financial year there were a number of factors that had in effect artificially lowered the vacancy rate prior to April 2021, however this has now been adjusted for at the start of this financial year, which is where we can see a significant drop in filled posts. The increased number of vacancies in 2021/22 budgets are as detailed below:

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

Recruitment fill rates continue to improve with the time to recruit now almost on target at 60.5 working days to recruit. There has been a steady improvement in our vacancy rate over the last 3 months falling from 478 posts advertised in November to 393 posts advertised in January.

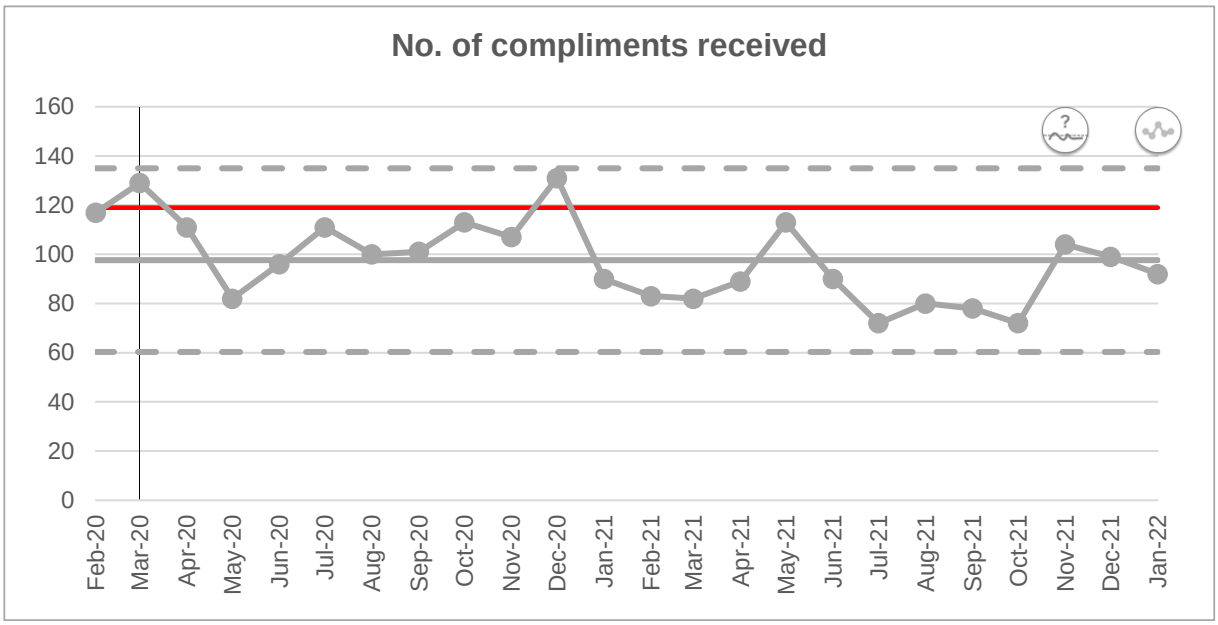
24. Bank staff



In the past 9 months bank staff usage has returned to common cause variation. The trend continues to improve where recruitment is now filling vacancies normally supported by bank staff.

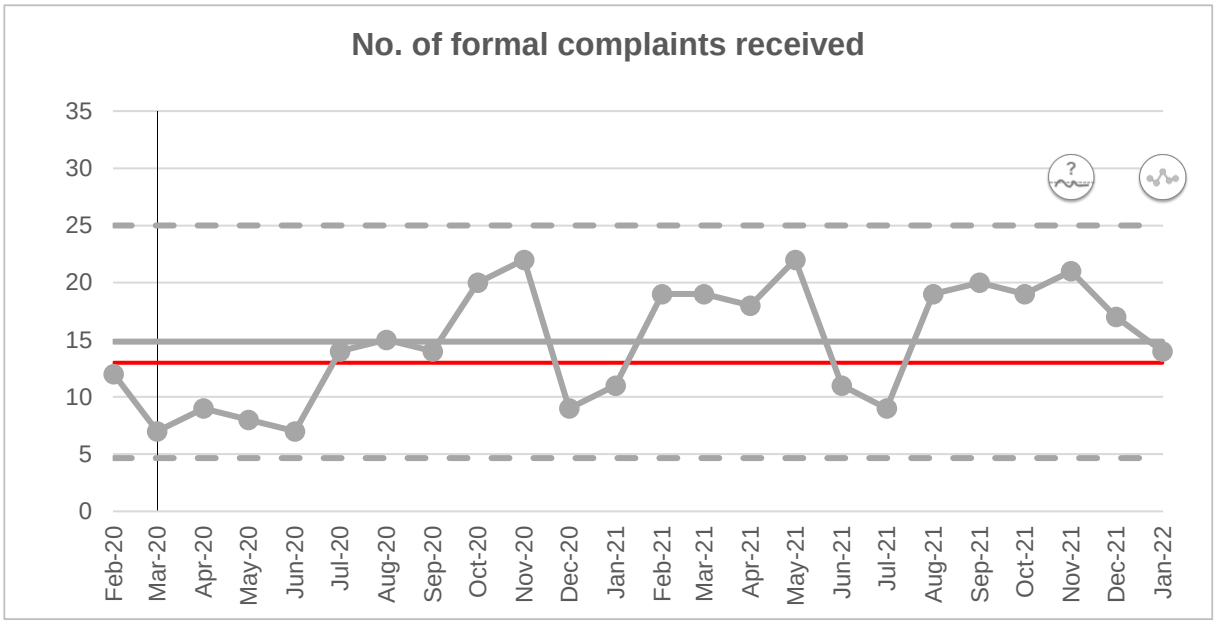
Quality

25. Compliments



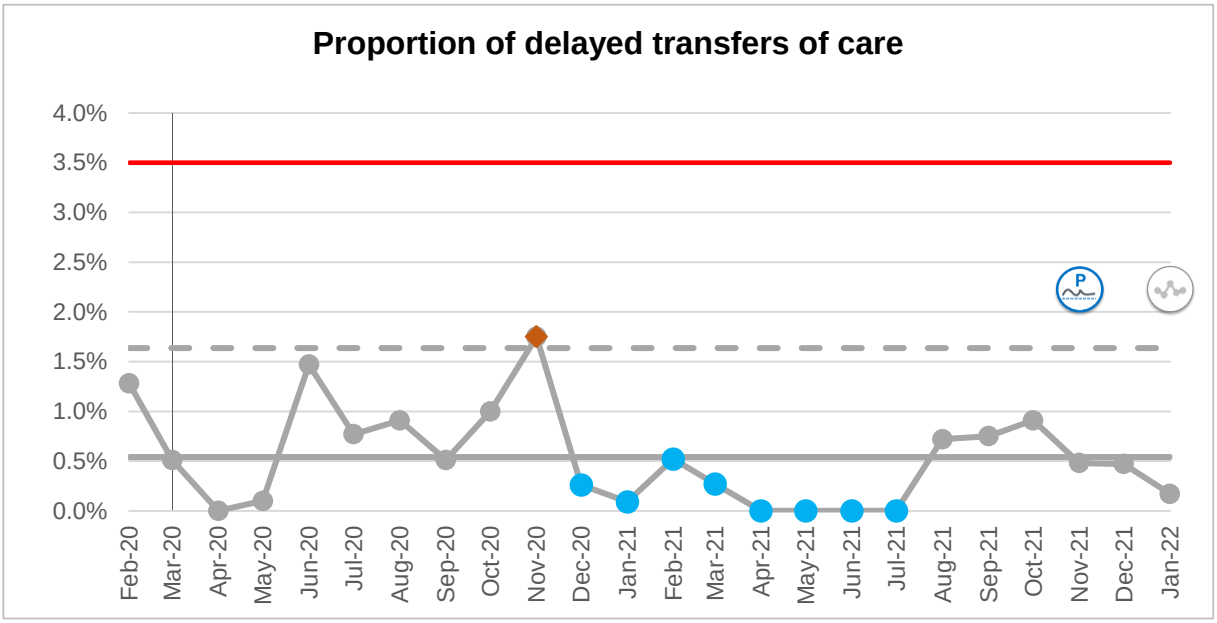
The number of compliments continues to remain below the expected level however, as face to face contact increases, so does the number of compliments received. This is due to compliments mostly being received verbally and then staff recording them. A Head of Nursing has now been allocated to lead on Trust-wide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

26. Complaints



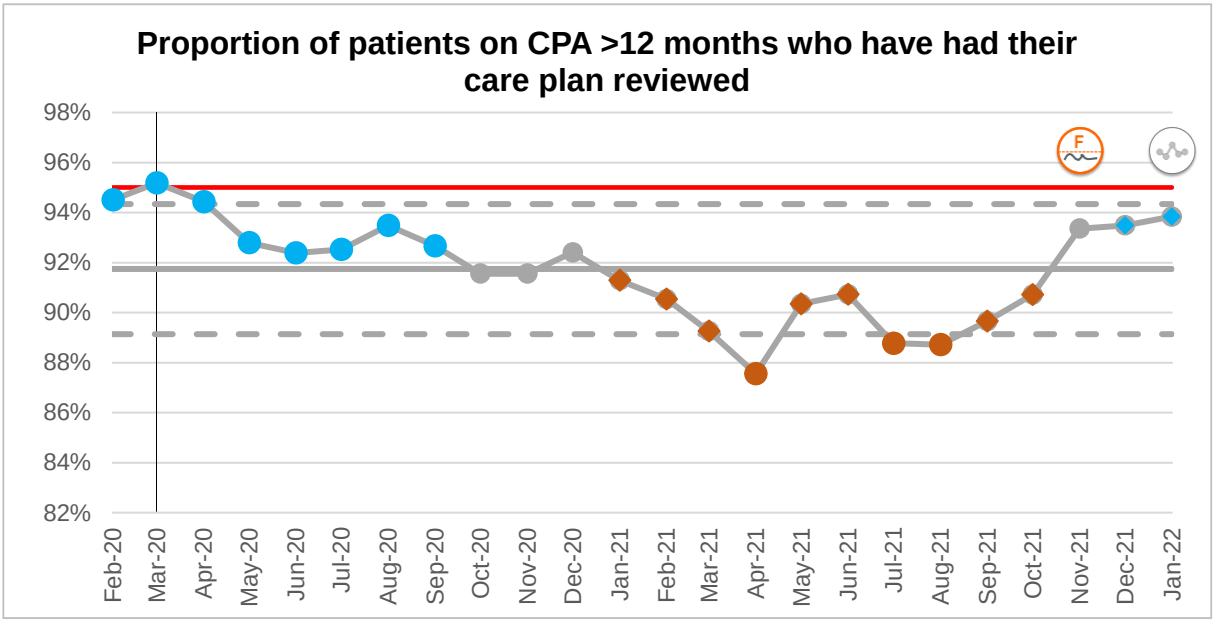
As face-to-face contact increases and services begin to stand back up, the number of complaints decreases. In reviewing data, a large number of complaints are in relation to reduced face to face contact and reduced access to services. As services continue to stand back up and the electronic patient survey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

27. Delayed transfers of care



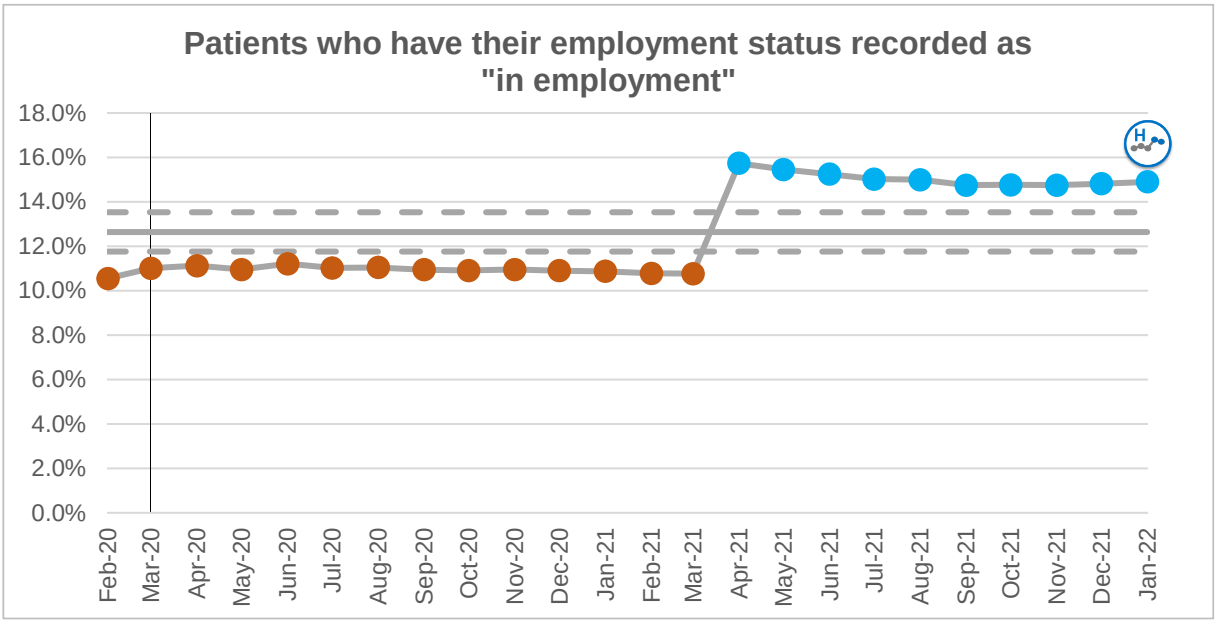
Since the multi-agency discharge events (MADE) were held, numbers of delayed transfers of care have reduced and now sit below the mean line. Work continues within the rapid review processes and clinical meetings.

28. Care plan reviews



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

29. Patients in employment

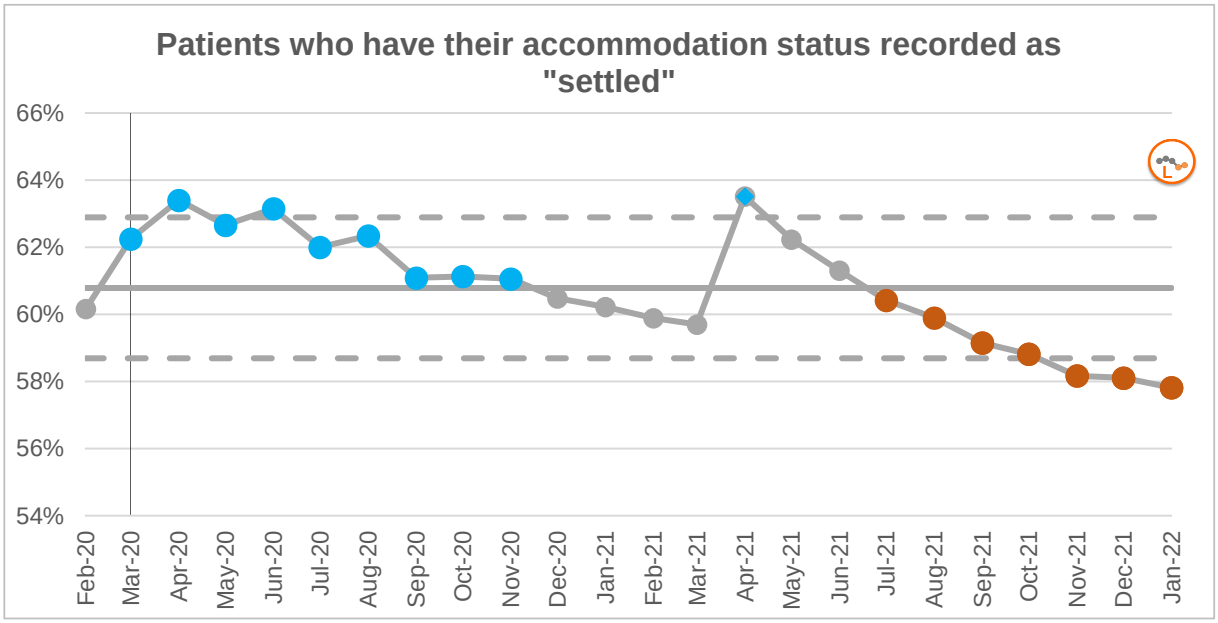


Around one third of patients have no employment status recorded. For those with a recorded status, the breakdown is as follows:

Recorded status	n	%
Unemployed	4805	46.5%
Employed	2253	21.8%
Long term sick or disabled	1499	14.5%
Student not working or seeking work	1028	10.0%
Retired	298	2.9%
Not stated (declined)	139	1.3%
Homemaker not working or seeking work	138	1.3%
No benefits not working or seeking work	95	0.9%
Unpaid voluntary work	67	0.6%
Recently unemployed	1	0.01%
Stopped work	1	0.01%
Does voluntary work	1	0.01%
Self-employed	1	0.01%
In paid employment	1	0.01%
On sick leave from work	1	0.01%

The Individual Placement Support (IPS) Service continues to have success in supporting people into employment even during the current pandemic and the service is currently expanding. The Trust has recently employed two experts by experience to focus on the implementation and management of Health Education England training in relation to peer support working and apprentices. As a result, those in employment or education is expected to improve in time. This aims to support people into employment, apprentice, or education.

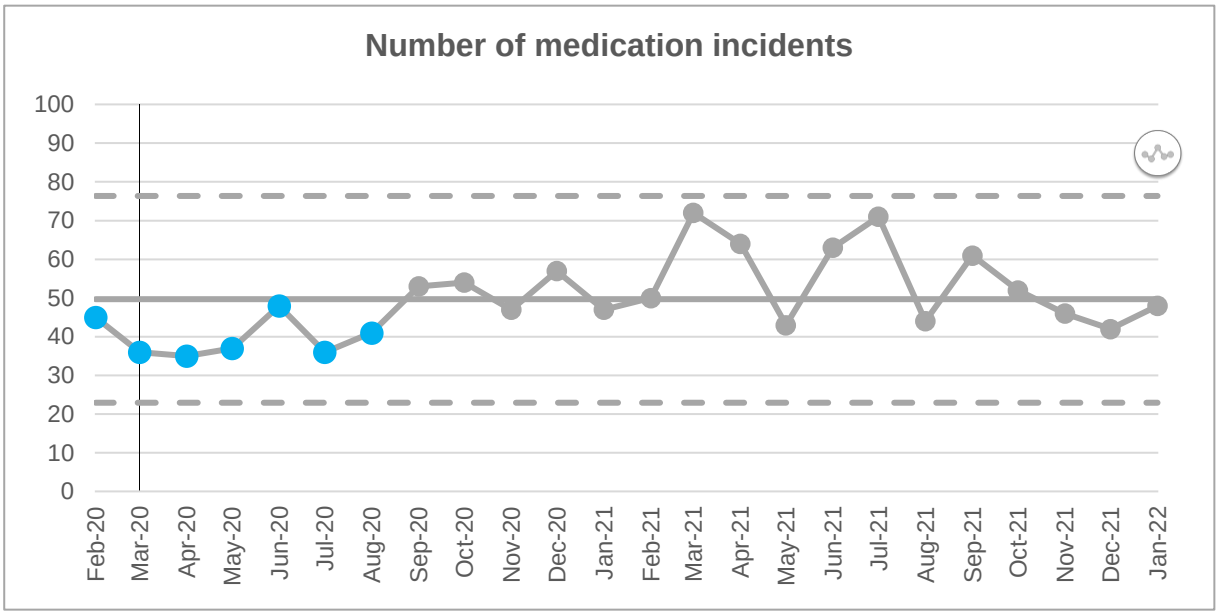
30. Patients in settled accommodation



Around one third of patients have no accommodation status recorded. For those with a recorded status, the breakdown is as follows:

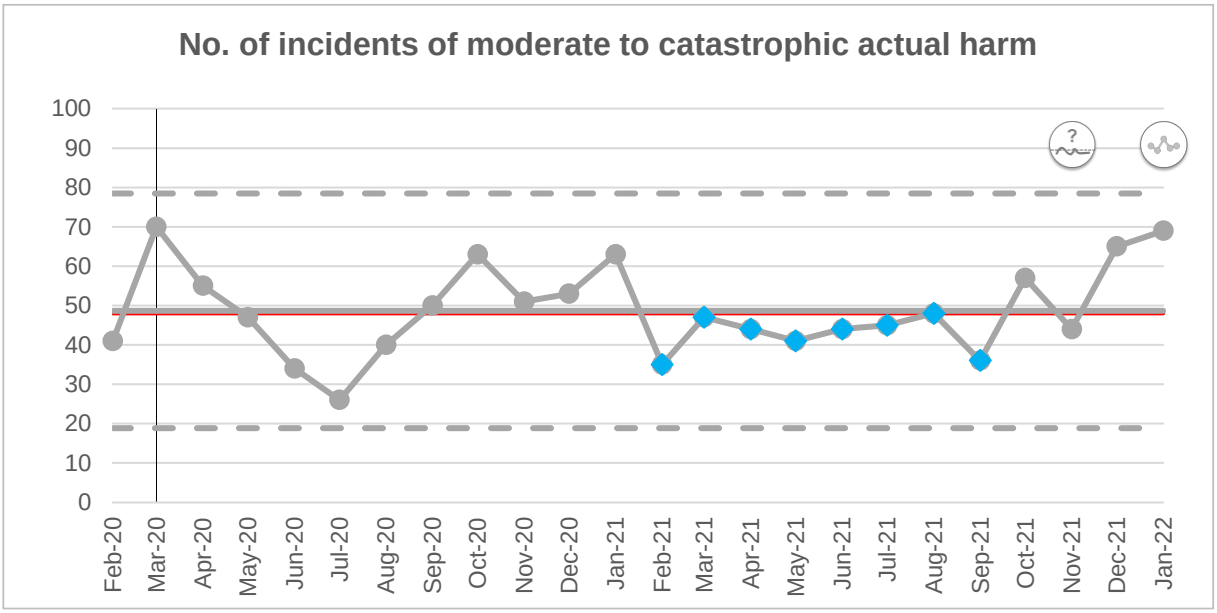
Recorded status	n	%
Mainstream housing	8754	91%
Accommodation mental health care/support	337	3%
Accommodation other care/support	196	2%
Homeless	166	2%
Acute/long Stay hospital	128	1%
Sheltered housing	38	0.4%
Accommodation criminal justice support	14	0.1%
Mobile accommodation	10	0.1%

31. Medication incidents



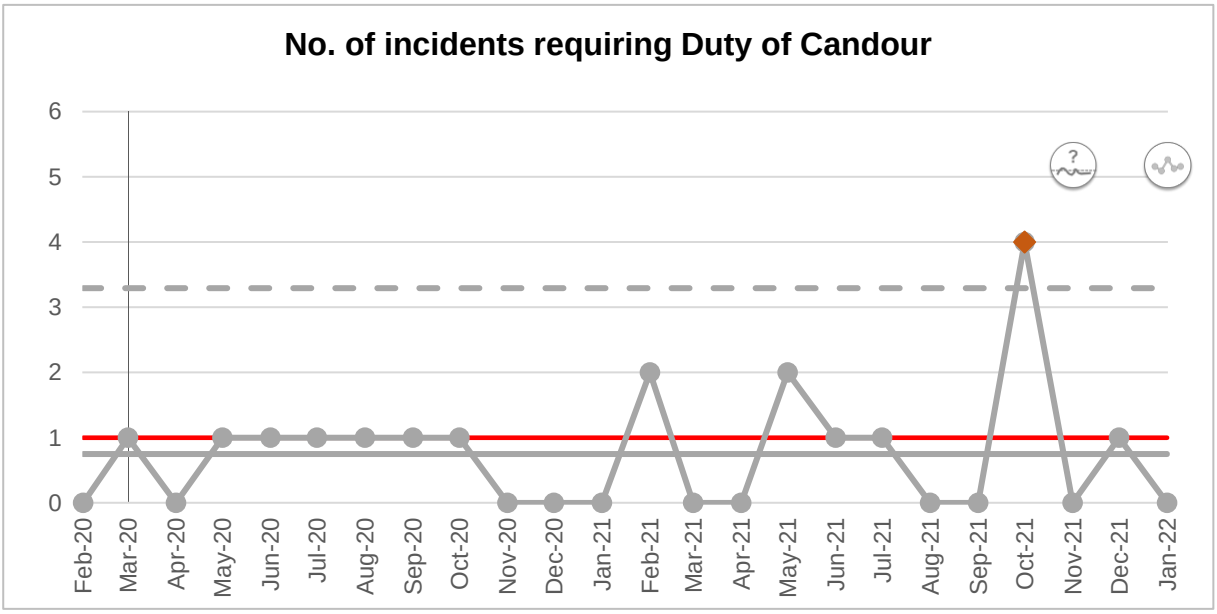
When looking into medication incidents, they take a variety of forms, from missed doses, wrong medication administration, missed fridge temperature recording, prescription error and non-location of medication. As a result, there are several factors that impact such as how busy the ward is, number of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

32. Incidents of moderate to catastrophic actual harm



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

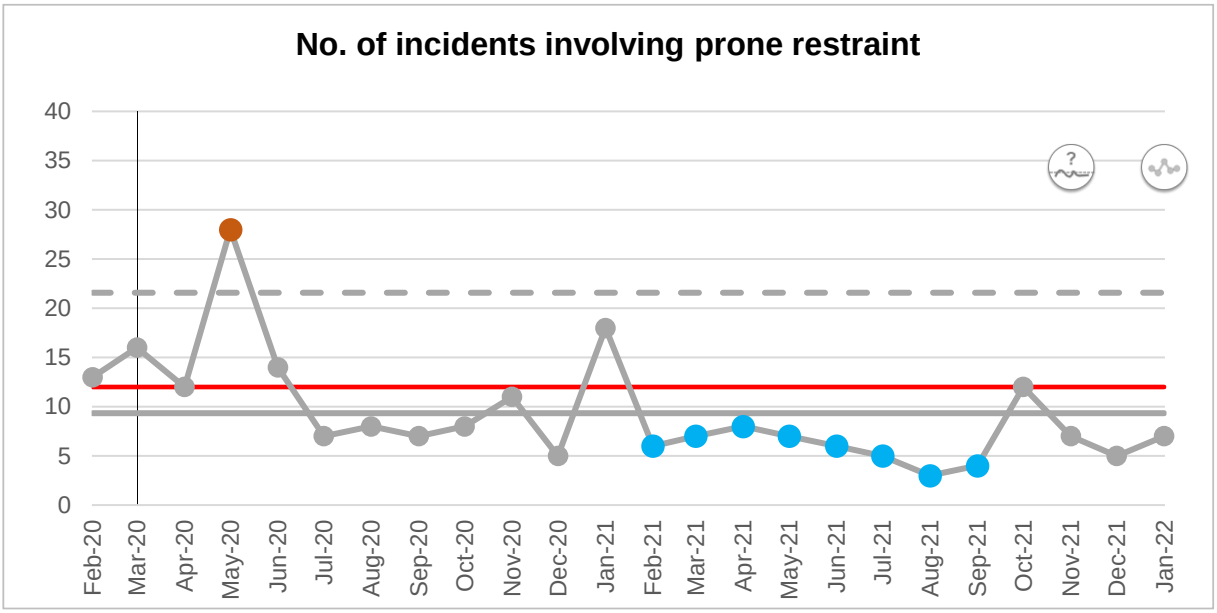
33. Duty of Candour



There has been one instance of Duty of Candour in the last 3 months. This comes in line with reports being finished and signed off by the Executive Serious Incident Group, resulting in pockets

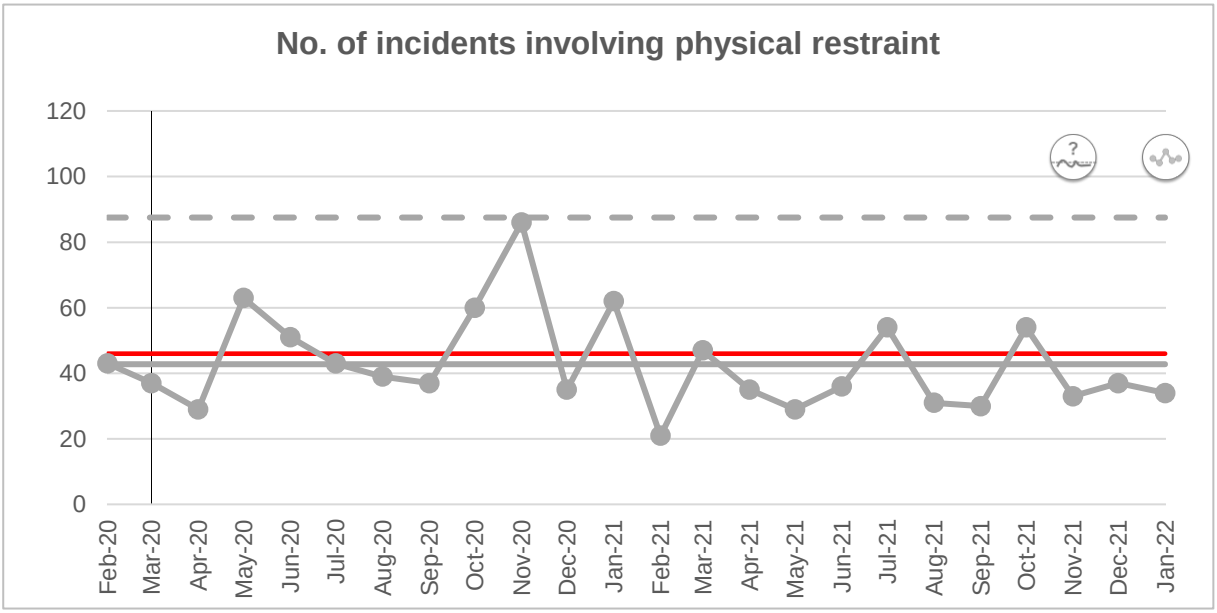
of data increase. This pattern is expected as groups of reports are signed off and Duty of Candour raised. At times this can present high in certain months as they are all reported together rather than as soon as the report has been completed.

34. Prone restraint



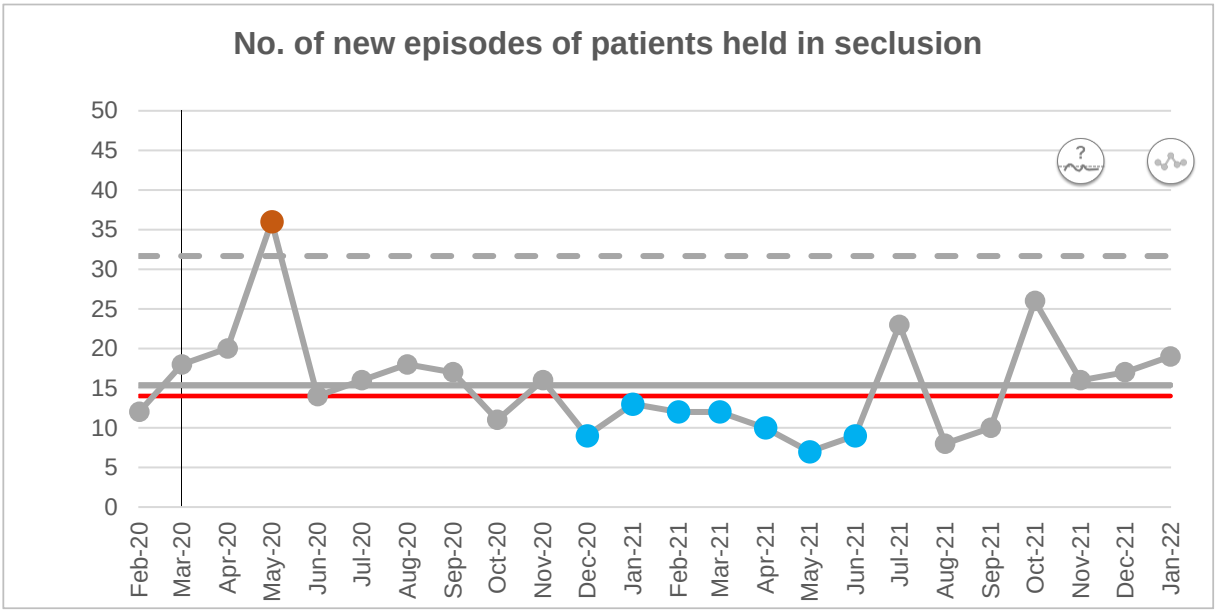
There are ongoing work streams to support the continuing need to reduce restrictive practice, including the introduction of body worn cameras, monitoring of restrictive practice within forums. Data analysis and review has shown that even where restraint and seclusion has increased, the use of prone restraint has continued to reduce. A spike in prone restraint in October has been linked to an increase in seclusion within the same month. A review of the data shows no patterns as incidents are spread across wards, however, largely within the Radbourne unit. A small spike in incidents on ward 35 has resulting in the need for further review and monitoring. Although some spikes in data have occurred in the last 6 months, we still remain low in numbers of prone restraint and much lower than the regional average per bed numbers.

35. Physical restraint



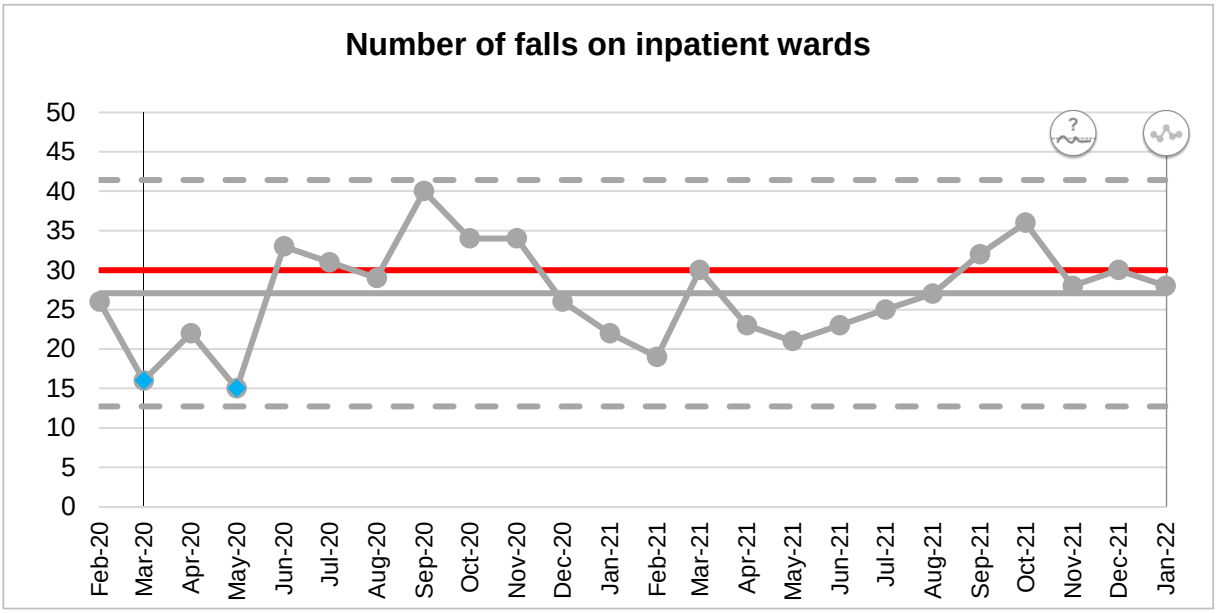
The number of reported incidents involving restraint have remained within common cause variation throughout the reporting period. The changes in numbers are linked to the data above relating to prone restraint and below relating to seclusion. It is important to highlight that a common impacting factor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

36. Seclusion



The use of seclusion was within common cause variation, however, has increased in July and October. In further investigating this trend, there appears to be a link to a small number of patients who have been placed in seclusion on more than one occasion. This data will be monitored for patterns and further support needs for individual areas. Further auditing and investigation will be carried out by the new Head of Nursing for Acute and Assessment Service when they commence in January and is due to be completed in March and will include reviewing PICU admissions.

37. Falls on inpatient wards

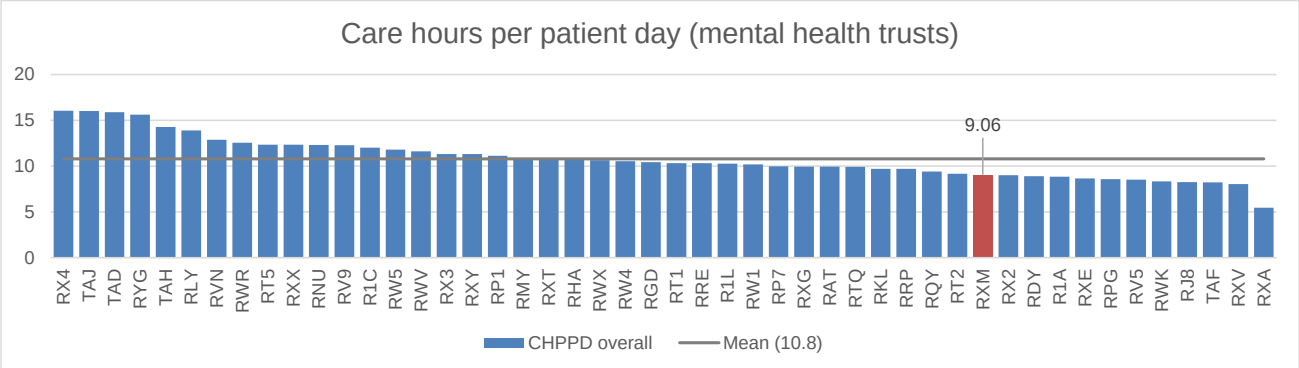


After an increase above the mean line in September and October, the number of falls in November has fallen, similar to previous months. The new Matron and Head of Nursing for the older adult areas have been working on reducing falls across the inpatient areas. It is important to acknowledge that falls have also been occurring on Pleasley Ward, a mixed age older adult and working age adult ward which provides challenge in training and implementing change. Plans are in place for the older adult cohort to move to a new setting in 2022 which will allow for more focused work to occur.

Care Hours Per Patient Day (CHPPD)

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

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

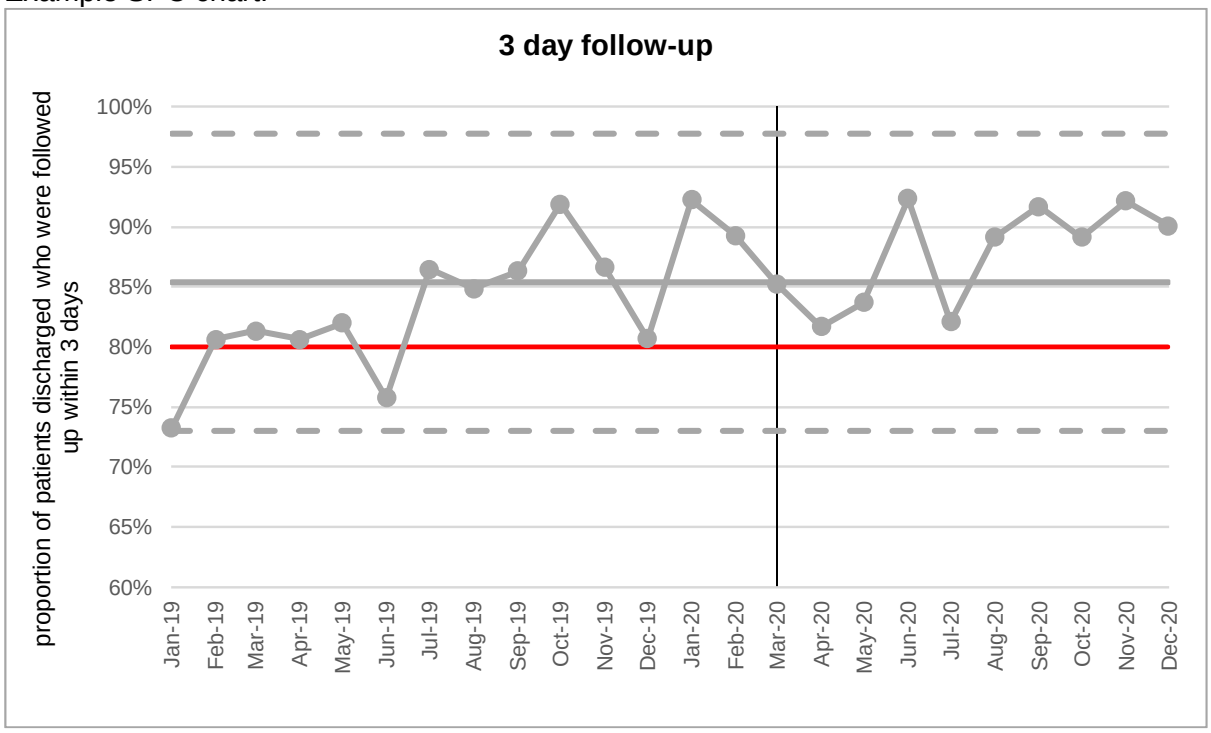


Data source: NHS England » Care hours per patient day (CHPPD) data

Appendix 1

Statistical Process Control Chart (SPC) Guidance

Example SPC chart:



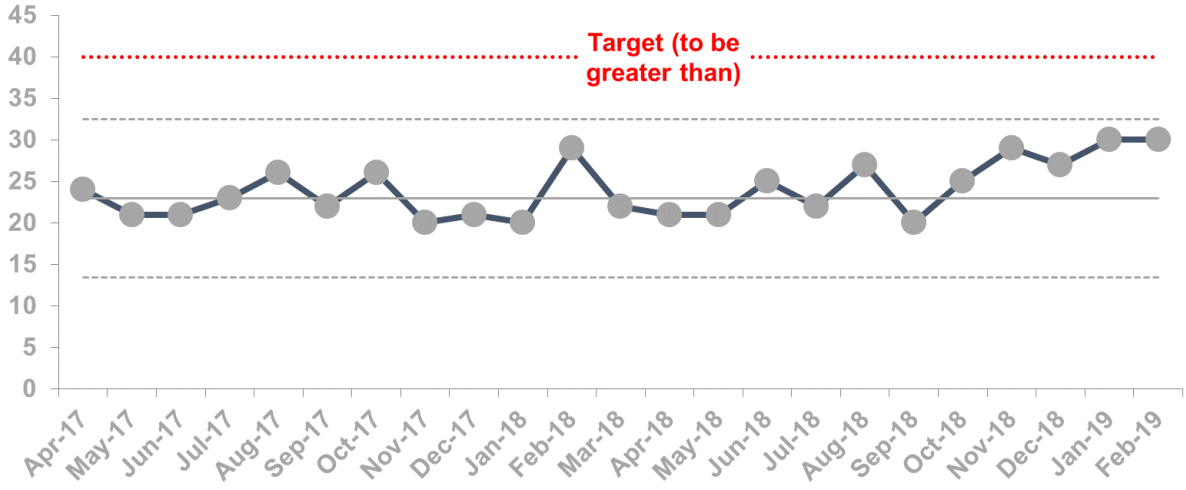
- The red line is the target.
- The grey dots are the actual performance each month. They are coloured grey as performance each month is normal in this example.
- The solid grey line is the average (mean) of all the grey dots.
- The grey dotted lines are called process limits, or control limits.

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

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

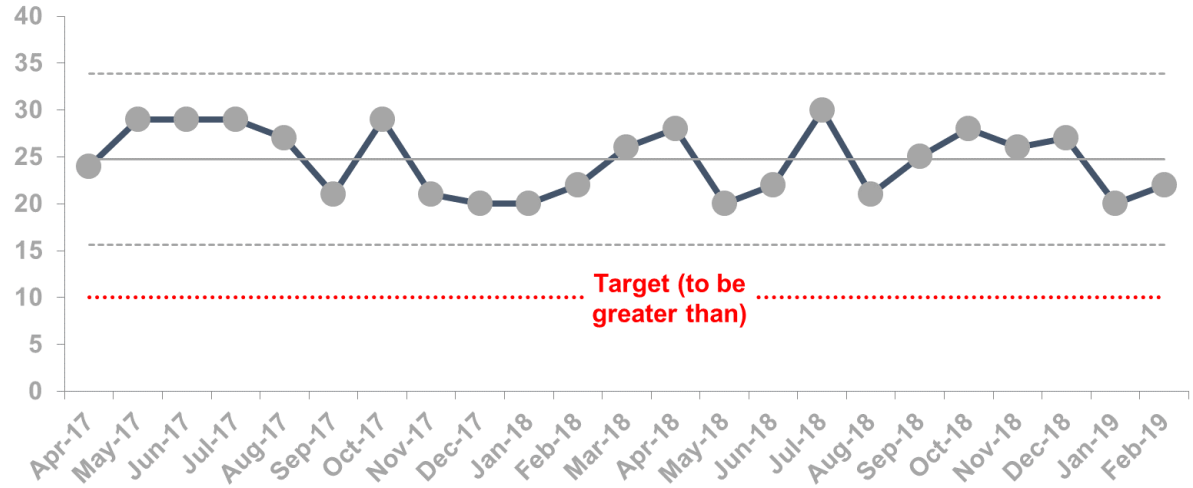
Things to look out for:

1. A process that is not working



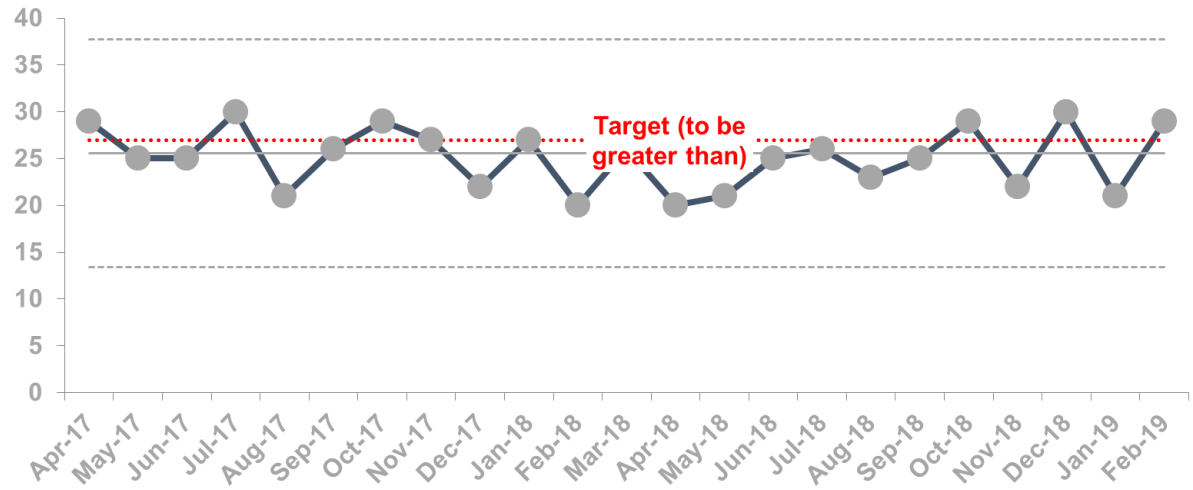
In this example the target is higher than the upper dotted grey line. This means that the target will never be achieved. To achieve the target, we need to change how we do things.

2. A capable process



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

3. An unreliable system

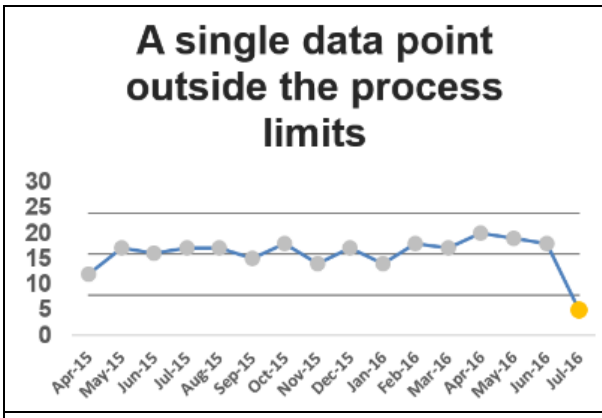
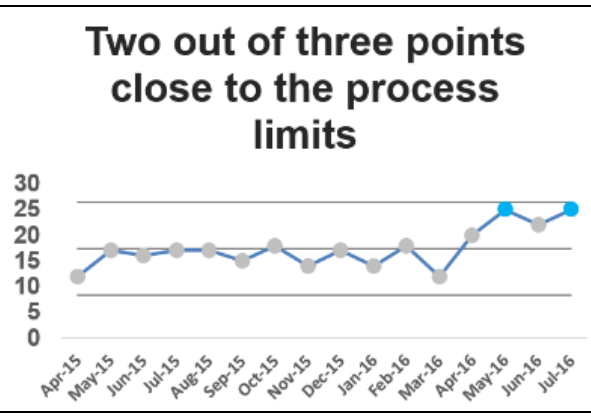


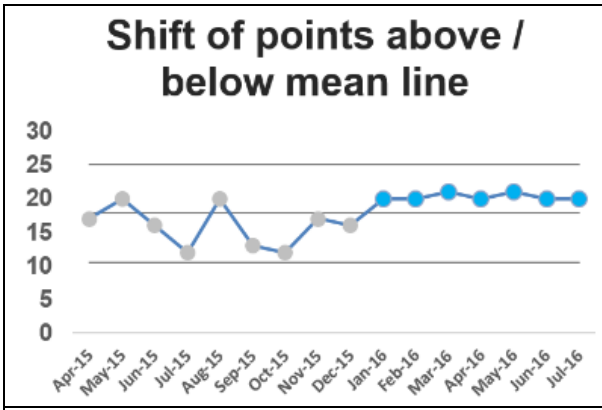
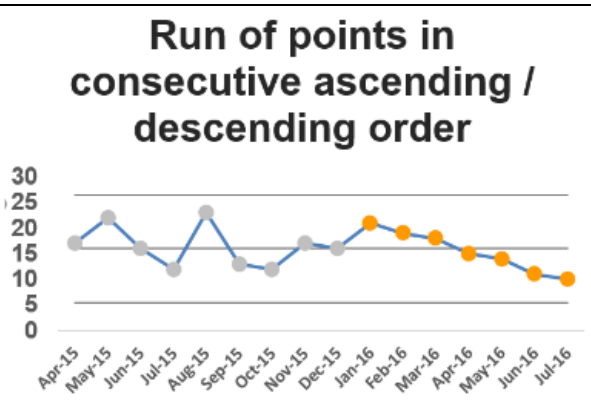
In this example the target line sits between the 2 grey dotted lines. As it is normal for the grey dots to fall anywhere between the 2 dotted grey lines, this means that it is entirely random as to whether or not the target will be achieved. So, this system is unreliable and needs to be redesigned if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

4. Unusual patterns in the data

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

There are four scenarios where this can happen:

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

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

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

Appendix 2 – Data Quality Maturity Index Benchmarking Data

PROVIDER NAME	October 2021	September 2021	August 2021
National Average	85.1	82.1	81.1
DEVON PARTNERSHIP NHS TRUST	99.7	89.1	89.1
GREATER MANCHESTER MENTAL HEALTH NHS FOUNDATION TRUST	99.6	98.2	98.4
NORFOLK AND SUFFOLK NHS FOUNDATION TRUST	99.5	95.3	95.4
TEES, ESK AND WEAR VALLEYS NHS FOUNDATION TRUST	99.3	98.2	98.0
BIRMINGHAM AND SOLIHULL MENTAL HEALTH NHS FOUNDATION TRUST	99.2	98.0	98.6
LINCOLNSHIRE PARTNERSHIP NHS FOUNDATION TRUST	99.2	95.6	95.3
BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST	99.1	98.4	97.2
CAMDEN AND ISLINGTON NHS FOUNDATION TRUST	98.9	97.1	97.1
PENNINE CARE NHS FOUNDATION TRUST	98.8	92.5	92.5
SURREY AND BORDERS PARTNERSHIP NHS FOUNDATION TRUST	98.4	92.5	92.7
SOUTH LONDON AND MAUDSLEY NHS FOUNDATION TRUST	98.2	93.0	93.6
NORTH STAFFORDSHIRE COMBINED HEALTHCARE NHS TRUST	97.4	97.8	97.8
NOTTINGHAMSHIRE HEALTHCARE NHS FOUNDATION TRUST	95.6	96.2	96.3
ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST	95.6	96.4	96.5
CAMBRIDGESHIRE AND PETERBOROUGH NHS FOUNDATION TRUST	95.4	73.5	97.5
DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST	94.5	96.4	96.1
MIDLANDS PARTNERSHIP NHS FOUNDATION TRUST	94.3	94.4	93.1
CUMBRIA, NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST	94.1	93.7	93.8
CORNWALL PARTNERSHIP NHS FOUNDATION TRUST	93.8	90.5	90.6
WORCESTERSHIRE HEALTH AND CARE NHS TRUST	93.6	94.0	94.0
BRADFORD DISTRICT CARE NHS FOUNDATION TRUST	93.2	93.2	93.3
HERTFORDSHIRE PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST	92.5	94.9	94.8
ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST	92.3	93.9	93.9
SOUTH WEST LONDON AND ST GEORGE'S MENTAL HEALTH NHS TRUST	92.3	95.2	95.3
LEICESTERSHIRE PARTNERSHIP NHS TRUST	92.2	92.5	92.3
SOLENT NHS TRUST	92.2	91.4	91.4
LANCASHIRE & SOUTH CUMBRIA NHS FOUNDATION TRUST	91.5	90.9	91.0
CENTRAL AND NORTH WEST LONDON NHS FOUNDATION TRUST	91.2	92.4	92.3
OXLEAS NHS FOUNDATION TRUST	90.9	91.7	91.7
SOUTH WEST YORKSHIRE PARTNERSHIP NHS FOUNDATION TRUST	90.8	93.9	94.0
WEST LONDON NHS TRUST	90.7	94.7	94.8
CHESHIRE AND WIRRAL PARTNERSHIP NHS FOUNDATION TRUST	90.5	88.9	88.1
AVON AND WILTSHIRE MENTAL HEALTH PARTNERSHIP NHS TRUST	90.4	92.3	93.1
SUSSEX PARTNERSHIP NHS FOUNDATION TRUST	90.4	92.9	92.7
DORSET HEALTHCARE UNIVERSITY NHS FOUNDATION TRUST	89.6	90.1	88.4
NORTHAMPTONSHIRE HEALTHCARE NHS FOUNDATION TRUST	88.7	91.5	91.8
SOUTHERN HEALTH NHS FOUNDATION TRUST	86.9	89.0	89.5
BLACK COUNTRY PARTNERSHIP NHS FOUNDATION TRUST	86.8	90.5	87.1
GLOUCESTERSHIRE HEALTH AND CARE NHS FOUNDATION TRUST	85.3	88.7	89.4
EAST LONDON NHS FOUNDATION TRUST	85.2	93.1	93.7
NORTH EAST LONDON NHS FOUNDATION TRUST	84.4	85.8	86.4
COVENTRY AND WARWICKSHIRE PARTNERSHIP NHS TRUST	81.2	85.9	86.0
SHEFFIELD HEALTH & SOCIAL CARE NHS FOUNDATION TRUST	81.1	88.5	88.7
OXFORD HEALTH NHS FOUNDATION TRUST	75.3	81.9	82.4
BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST	38.0	50.4	49.9
MERSEY CARE NHS FOUNDATION TRUST	37.1	49.8	50.1
HUMBER TEACHING NHS FOUNDATION TRUST	22.4	68.1	36.6

Data source: Data quality - NHS Digital

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 1 March 2022

Report from the 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 September the Governance Committee has met twice on 8 December 2021 and 8 February 2022. Following national guidance on keeping people safe during the COVID-19 pandemic, both meetings was conducted digitally using Microsoft Teams.

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

Assurances

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

Consultation

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

Governance or Legal Issues

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

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

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

Recommendations

The Council of Governors is requested to note the report made of the Governance Committee meetings held on 8 December 2021 and 8 February 2022.

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

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

Report from the Governance Committee – 8 December 2021

13 governors (50.00% of the Council of Governors) attended the meeting held on 8 December 2021.

Public consultation – mental health services for older people

Governors received an overview:

- Of the public consultation about the proposal to relocate the older adult mental health service from the Hartington Unit, Chesterfield Royal Hospital to Walton Hospital, Chesterfield
- To make permanent the temporary relocation of the older adult mental health service from Ward 1, London Road Community Hospital, Derby, to Tissington House at Kingsway Hospital, Derby.

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

- The Committee discussed the contents listed in the Governor Engagement Activity log and agreed to escalate two items (see below).

Governor engagement opportunities

- Governors were invited to the next Derbyshire Mental Health Forum on Tuesday 1 February from 1.30-3.30pm. This is an opportunity for governors to get to know voluntary organisations and engage with their local communities.
- Governors were encouraged to subscribe to Derbyshire Mental Health Forum News and Derbyshire Voluntary Action's e-bulletin as a means of getting to know groups in their areas
- The governor engagement crib sheet was reviewed by the Committee.

Agree the Process for Electing Chair and Deputy Chair of the Governance Committee

- Marie Hickman was elected as the Deputy Chair (this role was vacant)
- The Chair will be elected at the next Governance Committee meeting in February.

Election Programme

- An update on the process for the forthcoming elections was given
- There are 10 public governor vacancies and one staff governor vacancy
- Governors were encouraged to promote the vacancies once the promotional material becomes available.

Consideration of Holding to Account Questions to Council of Governors

- Two questions to escalate relating to: Roy’s story presented to Public Board on 2 November 2021; and communication with patients and carers when appointments are cancelled.

Analysis of The Council of Governors Annual Effectiveness Survey

The following was proposed:

- The questionnaire is repeated in September 2022
- The same questions should be used

- To include the text in bold to question five ‘Please indicate in the box below any training or development needs that you would like the Trust to support you **within your governor role**’
- The results will be benchmarked against the previous year’s results.

Governor Training and Development

Governor were given information on:

- The GovernWell training programme
- Derbyshire County Council’s mental health training

Report from the Governance Committee – 8 February 2022

13 governors (50.00% of the Council of Governors) attended the meeting held on 8 February 2022.

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

- The Committee discussed the contents listed in the Governor Engagement Activity log and agreed to escalate two items (see details below).

Governors Membership Engagement Action Plan

- Governors reviewed and updated the Governors Membership Engagement Action Plan which will be presented to the Council of Governors on 1 March 2022.

Membership Data

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

Election of Chair of the Governance Committee

- Ruth Grice was elected as Chair of the Governance Committee.

Public and Staff Governor elections update

- Nominations closed on 7 February and candidates have until 10 February to withdraw
- Candidates need to be verified and a full report will be presented to the Council of Governors on 1 March 2022.

Consideration of holding to account questions to council of governors

- Two questions to escalated on: issues from staff network groups; and support for staff during the pandemic and/or diagnosed with long COVID

Nominations and Remuneration membership/Lead Governor

- The Governance Committee supported the Nominations and Remunerations Committee proposal for Susan Ryan to act in a ‘designate’ Lead Governor Role for a period of six months from 21 March 2022
- Julie Boardman was elected as the Deputy Lead Governor
- Orla Smith, Julie Boardman and Valerie Broom agreed to join the Nominations and Remuneration Committee

Governor training and development

- Governors agreed that sessions on Finance (to coincide with the Annual Accounts); engagement; and a refresh on the governor role should be arranged in house should be arranged
- Governors were given information on GovernWell training sessions, organised by NHS Providers; and Derbyshire mental health training provided by Derbyshire County Council.

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 1 March 2022

Update on the Current Public Governor and Staff Governor Elections

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

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

The Council of Governors have the following vacancies (these include two seats that are currently vacant (Bolsover and North East Derbyshire, and South Derbyshire):

- Public governor vacancies:
  - Amber Valley (one vacancy)
  - Bolsover and North East Derbyshire (one vacancy)
  - Chesterfield (one vacancy)
  - Derby City East (two vacancies)
  - Derby City West (one vacancy)
  - Erewash (two vacancies)
  - South Derbyshire (one vacancy)
  - Rest of England (one vacancy)

- Staff governor vacancies:
  - Medical (one vacancy).

Governors are requested to note the activities undertaken to promote the vacancies and identify individuals interested in the governor vacancies which included:

- Public governor vacancies
  - To all stakeholders including: Derbyshire Mind, Sight Support Derbyshire, First Steps, Healthwatch Derby/Derbyshire, Derby City Life Links, Derbyshire Voluntary Association, LGBT+, Derby West Indian Community Association, Women's Work, Disability Direct, Erewash Voluntary Action CVS, YMCA Derbyshire, Age UK Derby and Derbyshire, Head High, Alzheimer's Society (Chesterfield), Amber Trust/P3, Citizens Advice Bureau (Chesterfield and North East Derbyshire), The Samaritans, Community Action, Peaks and Dales Advocacy Forum, Disability Derbyshire Coalition for Inclusive Living, Stepping Stones, Hope Springs, Borderline Arts, Derbyshire Gypsy Liaison Group, Derby Pakistani Community Centre, Derbyshire Chinese Welfare Association, Derby City and Southern Derbyshire Mental Health Carers Forum, Derbyshire Carers Association, Mental Health Action Group, Mental Health Together, Derbyshire Recovery and Peer Support Service, Derbyshire Federation for Mental Health, Grapevine Wellbeing Centre (Buxton), Richmond Fellowship
  - Published in Dimensions (the Trust's stakeholder e-newsletter)

- South Derbyshire CVS, Erewash CVS, The Volunteer Centre Chesterfield and North East Derbyshire, Mental Health Together, Black Lives Matter, Rhubarb Farm
- To Trust members via Connections Magazine and e-newsletters, and targeted individual areas via email
- Press releases to local papers/radio stations
- Derbyshire County Council, Derby City Council, Bolsover District Council, North East Derbyshire District Council, Erewash Borough Council, Amber Valley Borough Council, Chesterfield Borough Council, South Derbyshire Council, University of Derby
- Joined Up Care Derbyshire, and Derby and Derbyshire Clinical Commissioning Group
- The Trust's EQUAL Forum/Equality Diversity and Inclusion Forum
- Chesterfield Borough Council's BME Forum and Equality and Diversity Forum
- Social media (Trust Facebook, website and Twitter)
- Local Facebook groups (e.g., Spotted, In your Area)
- Requested support from governors to promote the elections via email, the Governance Committee and in governors e-newsletter 'Governor Connect'. Governors have shared the information on social media (Facebook, Twitter, LinkedIn, WhatsApp)

- Staff governor vacancy
  - Medical Director; Deputy Medical Director, clinical directors
  - Chair of the Trust Medical Advisory Committee
  - Medics WhatsApp group
  - Chairs of staff network groups (BME Network, Wellness and Disability Network, Christian Network, Multi-Faith Network, Armed forces Network, Gender Network, LGBT+ Network)
  - Chief Executive's before/after the weekend emails to staff
  - Intranet, social media (staff Facebook group)
  - Weekly Connect (staff e-newsletter)
  - Emails to colleagues in the medical category

The vacancies have been widely promoted across Derby and Derbyshire. We are aware that the information has been circulated by several organisations including: Joined Up Care Derbyshire, South Derbyshire CVS, Derbyshire Mental Health Forum, Erewash CVS, The Volunteer Centre Chesterfield and North East Derbyshire, Derbyshire County Council, Carer's Network, Bolsover District Council, Amber Valley Borough council, South Derbyshire Council, Mental health together, EQUAL Forum, Chesterfield Borough Council's BME Forum, Rhubarb Farm.

Nominations opened on 19 January and closed at 5pm on 7 February. The situation is as follows:

- Amber Valley – contested with two nominations
- Bolsover and North East Derbyshire – contested with two nominations
- Chesterfield – contested with two nominations
- Derby City East – uncontested with two nominations
- Derby City West – contested with three nominations
- Erewash – uncontested with two nominations
- South Derbyshire – contested with three nominations

- Rest of England – contested with two nominations
- Staff governor, medical – contested with two nominations

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

ELECTION STAGE	TIMESCALE
Notice of Poll published	Thursday 24 February 2022
Voting packs despatched	Friday 25 February 2022
Close of election	Thursday 17 March
Declaration of results	Friday 18 March 2022

Following elections to these eleven governor seats, the Council of Governors will have a full complement of governors. Governors terms of office will begin on 21 March 2022.

The newly elected governors will be invited to attend an induction session on 23 March; and be encouraged to take advantage of the 'buddy up' system that is provided by more experienced governors to help them in their role.

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

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

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

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

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

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

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

Recommendations
The Council of Governors is requested to:

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

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

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 1 March 2022

Governor Membership Engagement Action Plan Update

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

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

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

It was first approved at the Council of Governors in August 2018. Since then it has been reviewed and updated by the Governance Committee. It was last reviewed by the Governors Committee on 8 February 2022. The Committee discussed the work in detail and updated the actions. The updated version of the Action Plan is attached to this report.

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

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

Strategic Considerations	
1) We will provide **great care** by delivering compassionate, person-centred innovative and safe care; ensuring choice, empowerment and shared decision making is the norm.	
2) We will ensure that the Trust is a **great place to work** by attracting colleagues to work with us who we develop, retain and support by excellent management and leadership; creating an empowered, compassionate and inclusive culture that actively embraces diversity.	X

3) We will make the **best use of our money** by making financially-wise decisions every day and avoid wasting resources. We will always strive for best value by finding ways to make our money go further.	X

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

Consultation
This paper has not been considered at any other Trust meeting. Governors present at the Governance Committee in February 2022 have had input into the revision of the Action Plan.

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

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

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

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

Recommendations
The Council of Governors is requested to:

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

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

DHCFT Governors Membership Engagement Action Plan

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

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

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

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

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

	pandemic, these sessions have been virtual. The governor role is also promoted in staff communications (i.e. Staff Facebook group, staff magazine and e-newsletter)		
7	**Protocols for Governor Engagement** Task and finish group to meet to develop the toolkit – Valerie Broom and Orla Smith (other governors are welcome to join the group).	Denise and governors	To arrange a meeting March 2022
	Governor Feedback – all governors are encouraged to complete the Governor Engagement Log at least two weeks prior to scheduled Governance Committee meetings so they can be included in the engagement log	All Governors	Ongoing – standing agenda item for the Governance Committee

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

Governor Meeting Timetable April 2022 – March 2023

DATE	TIME	EVENT	LOCATION/COMMENTS
1/3/22	1.30-2.00pm	Trust Chair's appraisal	Virtual meeting
1/3/22	2.15pm onwards	Council of Governors	Virtual meeting
5/4/22	2-4.30pm	Governance Committee	Virtual meeting
13/4/22	12-1.00pm	Extraordinary Council of Governors	Virtual meeting
10/5/22	9.30am onwards	Public Trust Board	TBC – virtual or Conference Room A&B, Kingsway Hospital, Derby
10/5/22	2.00pm onwards	Council of Governors	TBC – virtual or Conference Room A&B, Kingsway Hospital, Derby
8/6/22	10.00am-12.30pm	Governance Committee	TBC – virtual or Conference Room A&B, Kingsway Hospital, Derby
5/7/22	9.30am onwards	Public Trust Board	TBC – virtual or Conference Room A&B
5/7/22	2pm onwards	Council of Governors and Trust Board development session	TBC – virtual or Conference Room A&B, Kingsway Hospital, Derby
9/8/22	10.00am-12.30pm	Governance Committee	TBC – virtual or Rooms 1&2, Kingsway Hospital, Derby
6/9/22	9.30am onwards	Public Trust Board	TBC – virtual or Conference Room A&B, Kingsway Hospital, Derby
6/9/22	2.00pm onwards	Council of Governors meeting	TBC – virtual or Conference Room A&B, Kingsway Hospital, Derby
21/9/22	Afternoon – TBC	Annual Members' Meeting	TBC – virtual or Conference Room A&B, Kingsway Hospital, Derby
12/10/22	10.00am-12.30pm	Governance Committee	TBC – virtual or Conference Room A&B, Kingsway Hospital, Derby
1/11/22	9.30am onwards	Public Trust Board	TBC – virtual or Conference Room A&B, Kingsway Hospital, Derby
1/11/22	2.00pm onwards	Council of Governors meeting	TBC – virtual or Conference Room A&B, Kingsway Hospital, Derby
13/12/22	10.00am-12.30pm	Governance Committee	TBC – virtual or Rooms 1&2, Kingsway Hospital, Derby
17/1/23	9.30am onwards	Public Trust Board	TBC – virtual or Conference Room A&B, Kingsway Hospital, Derby
17/1/23	2pm onwards	Council of Governors and Trust Board development session	TBC – virtual or A&B, Kingsway Hospital, Derby
7/2/23	10.00am-12.30pm	Governance Committee	TBC – virtual or Conference Room A&B, Kingsway Hospital, Derby
7/3/23	9.30am onwards	Public Trust Board	TBC – virtual or Conference Room A&B, Kingsway Hospital, Derby
7/3/23	2.00pm onwards	Council of Governors meeting	TBC – virtual or Conference Room A&B, Kingsway Hospital, Derby

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

Updated 9 February 2022

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

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS	
NHS Term / Abbreviation	**Terms in Full**
CPN	Community Psychiatric Nurse
CPR	Child Protection Register
CQC	Care Quality Commission
CQI	Clinical Quality Indicator
CQUIN	Commissioning for Quality and Innovation
CRB	Criminal Records Bureau
CRG	Clinical Reference Group
CRHT	Crisis resolution and home treatment
CRS	(NHS) Care Records Service
CRS	Commissioner Requested Services
CSF	Commissioner Sustainability Fund
CTO	Community Treatment Order
CTR	Care and Treatment Review
D	
DAT	Drug Action Team
DBS	Disclosure and Barring Service
DBT	Dialectical Behavioural Therapy
DfE	Department for Education
DCHS	Derbyshire Community Health Services NHS Foundation Trust
DDCCG	Derby and Derbyshire Clinical Commissioning Group
DHCFT	Derbyshire Healthcare NHS Foundation Trust
DIT	Dynamic Interpersonal Therapy
DNA	Did Not Attend
DH	Department of Health
DoLS	Deprivation of Liberty Safeguards
DBIT	Director of Business Improvement and Transformation
DOF	Director of Finance
DON	Director of Nursing
DPI	Director of People and Inclusion
DNA	Did not attend
DPA	Data Protection Act
DRRT	Dementia Rapid Response Team
DTOC	Delayed Transfer of Care
DVA	Derbyshire Voluntary Action (formerly North Derbyshire Voluntary Action)
DWP	Department for Work and Pensions
E	
ECT	Enhanced Care Team
ECW	Enhanced Care Ward
ED	Emergency Department
EDS2	Equality Delivery System 2
EHIC	European Health Insurance Card
EHR	Electronic Health Record
EI	Early Intervention
EIA	Equality Impact Assessment
EIP	Early Intervention In Psychosis
ELT	Executive Leadership Team
EMDR	Eye Movement Desensitising & Reprocessing Therapy
EMR	Electronic Medical Record

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

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

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS	
NHS Term / Abbreviation	**Terms in Full**
NICE	National Institute for Health and Care Excellence
NHS	National Health Service
NHSE	National Health Service England
NHSI	National Health Service Improvement
NHSEI	NHS England and NHS Improvement
NIHR	National Institute for Health Research
O	
OBC	Outline Business Case
ODG	Operational Delivery Group
OPMO	Older People's Mental Health Services
OP	Outpatient
OSC	Overview and Scrutiny Committee
OT	Occupational therapy
P	
PAB	Programme Assurance Board
PAG	Programme Advisory Group
PALS	Patient Advice and Liaison Service
PAM	Payment Activity Matrix
PARC	Psychosis and the reduction of cannabis (and other drugs)
PARIS	This is an electronic patient record system
PbR	Payment by Results
PCC	Police & Crime Commissioner
PCN	Primary Care Networks
PDSA	Plan, Do, Study, Act
PHE	Public Health England
PICU	Psychiatric Intensive Care Unit
PID	Project Initiation Document
PiPoT	People in Positions of Trust
PLIC	Patient Level Information Costs
PMLD	Profound and Multiple Disability
PPE	Personal Protection Equipment
PPI	Patient and Public Involvement
PPT	Partnership and Pathway Team
PREM	Patient Reported Experience Measure
PROMS	Patient Reported Outcome Measure
PSF	Provider Sustainability Fund
PSIRF	Patient Safety Incident Review Framework
Q	
QAG	Quality Assurance Group
QC	Quality Committee
QIA	Quality Impact Assessment
QIPP	Quality, Innovation, Productivity Programme
R	
RAID	Rapid Assessment, Interface and Discharge
RCGP	Royal College of General Practitioners
RCI	Reference Cost Index
REGARDS	Race, Economic disadvantage, Gender, Age, Religion or belief, Disability and Sexual orientation

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS	
NHS Term / Abbreviation	**Terms in Full**
RTT	Referral to Treatment
S	
SAAF	Safeguarding Adults Assurance Framework
SBARD	Situation, Background, Assessment, Recommendation and Decision (SBARD) tool
SBS	Shared Business Services
SEND	Special Educational Needs and Disabilities
SI	Serious Incidents
SID	Senior Independent Director
SIRI	Serious Incident Requiring Investigation
SLA	Service Level Agreement
SLR	Service Line Reporting
SMI	Severe Mental Illness
SOC	Strategic Options Case
SOF	Single Operating Framework
SPOA	Single Point of Access
SPOE	Single Point of Entry
SPOR	Single Point of Referral
STEIS	Strategic Executive Information System
STF	Sustainability and Transformation Fund
STP	Sustainability and Transformation Partnership
SUI	Serious (Untoward) Incident
SystmOne	Electronic patient record system
T	
TARN	Trauma Audit and Research Network
TCP	Transforming Care Partnerships
TCS	Transforming Community Services
TDA	Trust Development Authority
TMT	Trust Management Team
TUPE	Transfer of Undertakings (Protection of Employment) Regulations 1981
TMAC	Trust Medical Advisory Committee
TOOL	Trust Operational Oversight Leadership (replaced IMT)
U	
UDBH	University Hospitals of Derby and Burton
UEC	Urgent and emergency care
V	
VARM)	Vulnerable Adult Risk Management
VO	Vertical Observatory
W	
WDES	Workforce Disability Equality Standard
WRES	Workforce Race Equality Standard
WTE	Whole Time Equivalent
Y	
YTD	Year to Date

(updated 11 January 2022)