Derbyshire Healthcare NHS Foundation Trust
Council of Governors' Meeting

digital meeting via MS Teams

3 November 2020 14:00 - 3 November 2020 16:30

INDEX

Derbyshire Healthcare
NHS Foundation Trust

COUNCIL OF GOVERNORS' MEETING – TUESDAY 3 NOVEMBER 2020
FROM 2.00-4.30PM

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

AGENDA		LED BY	TIME
1.	Welcome, introductions and Chair's opening remarks Apologies and Declaration of Interests	Caroline Maley	2.00
2.	Submitted questions from members of the public	Caroline Maley	2.05
3.	Minutes of the previous meetings held on 1 September 2020	Caroline Maley	2.10
4.	Matters arising and actions matrix	Caroline Maley	2.15
5.	Chief Executive's update (verbal)	Ifti Majid	2.20
STATUTORY ROLE			
6.	Governors Annual Effectiveness Survey – results	Denise Baxendale	2.50
7.	Report from Governors Nominations & Remuneration Committee – 21 October 2020	Margaret Gildea	3.00
HOLDING TO ACCOUNT			
8.	Non-Executive Directors Deep Dive	Sheila Newport	3.10
COMFORT BREAK			3.25
9.	Escalation items to the Council of Governors from the Governance Committee (verbal)	Caroline Maley	3.35
10.	Verbal summary of Integrated Performance Report (full report provided for information)	Non-Executive Directors	3.50
OTHER MATTERS			
11.	Governance Committee Report	Julie Lowe	4.10
12.	Any Other Business	Caroline Maley	4.20
13.	Review of meeting effectiveness and following the principles of the Code of Conduct	Caroline Maley	4.25
14.	Close of meeting	Caroline Maley	4.30
FOR INFORMATION			
15.	Minutes of the Public Board meeting held on 7 July 2020 (click on the link to view the minutes on page six)		
16.	* Chair's Report as presented to Public Trust Board on 3 November 2020		
17.	* Chief Executive's Report as presented to Public Trust Board on 3 November 2020		
18.	Governor meeting timetable 2020/21		
19.	Glossary of NHS terms		
Next Meeting: Tuesday 2 March 2021, from 2.00pm. This will be a virtual meeting.			

* Please note that items 16 and 17 will be available to view on the Trust's website. Click on the 2020 drop down menu and select 'November 2020 agenda and papers'.

Derbyshire Healthcare
NHS Foundation Trust

Our vision

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

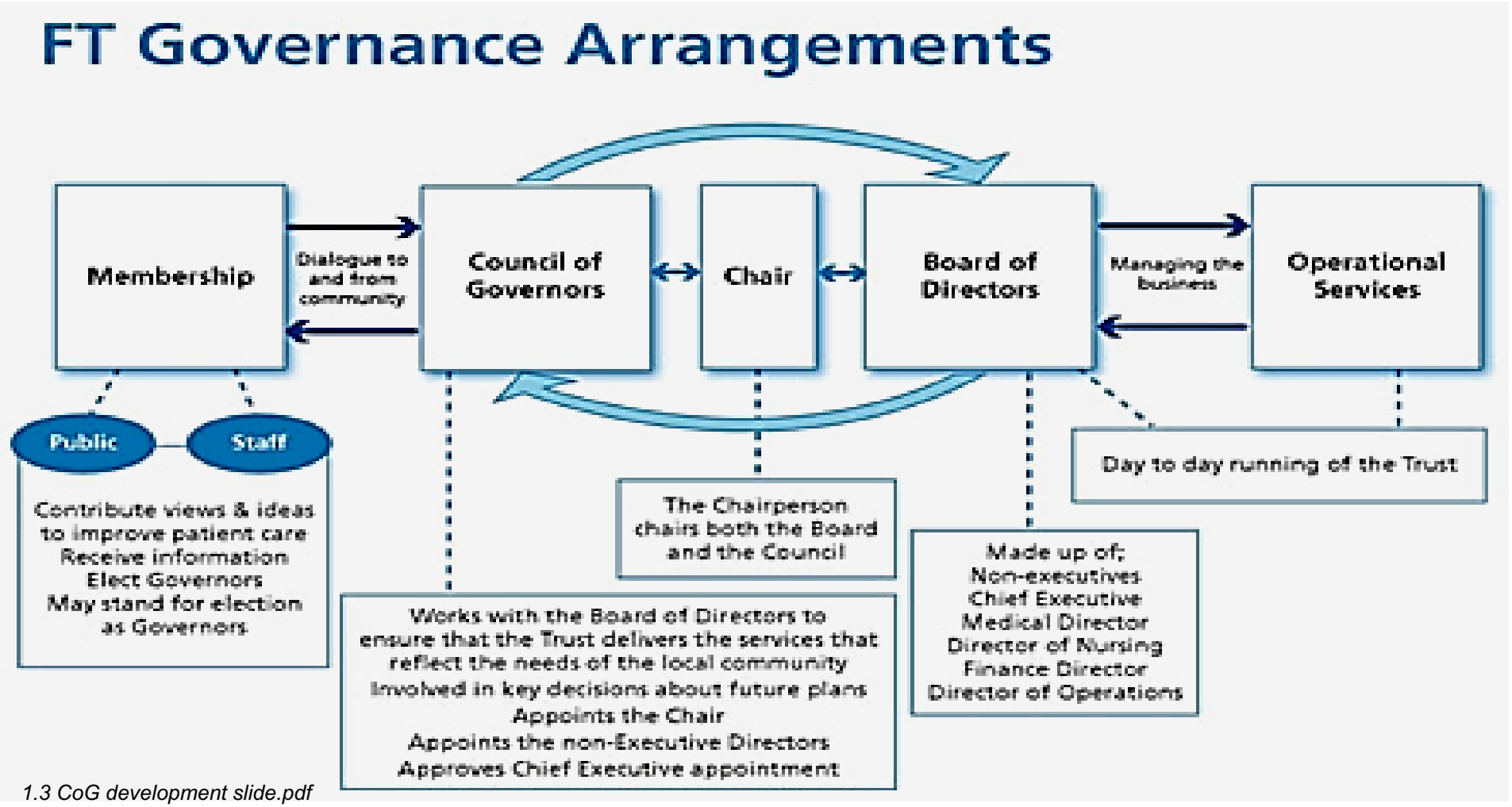
Our values

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



1.3 CoG development slide.pdf

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The implications for governors and 'holding to account'

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

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

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

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how do we ask effective questions?

Good questions

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

CHARIS consultants ltd

how do we ask effective questions?

Good questions

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

Derbyshire Healthcare NHS Foundation Trust

MINUTES OF COUNCIL OF GOVERNORS MEETING
HELD ON TUESDAY 1 SEPTEMBER 2020, FROM 14.00- 15.35 HOURS
MEETING HELD DIGITALLY VIA MICROSOFT TEAMS

PRESENT	Caroline Maley	Trust Chair and Chair of Council of Governors
	Valerie Broom	Public Governor, Amber Valley
	Susan Ryan	Public Governor, Amber Valley
	Rob Poole	Public Governor, Bolsover and North East Derbyshire
	Lynda Langley	Public Governor, Chesterfield and Lead Governor
	Carole Riley	Public Governor, Derby City East
	Orla Smith	Public Governor, Derby City West
	Andrew Beaumont	Public Governor, Erewash
	Carol Sherriff	Public Governor, High Peak and Derbyshire Dales
	Kevin Richards	Public Governor, South Derbyshire
	Rosemary Farkas	Public Governor, Surrounding Areas
	Marie Hickman	Staff Governor, Admin and Allied Support Staff
	Kel Sims	Staff Governor, Admin and Allied Support Staff
	April Saunders	Staff Governor, Allied Professions
	Farina Tahira	Staff Governor, Medical
	David Charnock	Appointed Governor, University of Nottingham
	Angela Kerry	Appointed Governor, Derbyshire Mental Health Forum
	Cllr Jim Perkins	Appointed Governor, Derbyshire County Council
	Roy Webb	Appointed Governor, Derby City Council
IN ATTENDANCE	Margaret Gildea	Non-Executive Director and Senior Independent 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
	Claire Wright	Deputy Chief Executive, Director of Finance
	Justine Fitzjohn	Trust Secretary
	Denise Baxendale	Membership and Involvement Manager
	Mark C Stocks	Grant Thornton Auditors
	Leida Roome	Personal Secretary (note taker)
APOLOGIES	Adrian Rimington	Public Governor, Chesterfield
	Christopher Williams	Public Governor, Erewash
	Ashiedu Joel	Non-Executive Director
	Julie Lowe	Public Governor, Derby City East
	Jo Foster	Staff Governor, Nursing
	Al Munnien	Staff Governor, Nursing
	Rachel Bounds	Appointed Governor, Derbyshire Voluntary Action
	Julie Boardman	Public Governor, High Peak and Derbyshire Dales
	Stuart Mourton	Public Governor, Derby City West

ITEM	**ITEM**
DHCFT/GOV /2020/001	**WELCOME, INTRODUCTIONS, CHAIR'S OPENING REMARKS, APOLOGIES FOR ABSENCE & DECLARATION OF INTERESTS** Caroline Maley welcomed all to the meeting. She reminded everyone that the meeting was being streamed for public viewing and was pleased to see the number of governors who had dialled in. The apologies were noted. No declarations of interest were notified.

DHCFT/GOV /2020/002	**SUBMITTED QUESTIONS FROM MEMBERS OF THE PUBLIC** No questions from members of the public had been received. Adrian Rimington, public governor, had submitted the following question: 'A person consulted with the mental health people and got the impression they were only interested in self-harming and drug addiction in terms of admission to the Hartington Unit. Is this the case? Are we still on our brief regarding a mental health service?' Ifti Majid noted that we cannot comment on individual cases. However, he observed that individuals with addictions or self-harming behaviours needed to get the help and support that they needed. This could be via our inpatient units or the crisis teams. There is no doubt that over the last 6 months the number of patients we are seeing in our in-patient units with psychosis has grown. We are seeing more people who are more acutely unwell and with more complex needs, as well as more people who are new to our services. So whilst we are still providing services to those with mental ill health, we do also need to provide the services to those with additions and self –harming behaviours. Caroline reminded the Council that questions from governors should be presented to the Governance Committee for consideration.
DHCFT/GOV /2020/003	**MINUTES OF THE COUNCIL OF GOVERNORS' MEETINGS ON THE 3 MARCH AND 7 JULY 2020** The minutes of the meetings held on 3 March and 7 July 2020 were accepted as a correct record.
DHCFT/GOV /2020/004	**MATTERS ARISING AND ACTIONS MATRIX** All completed 'green' actions were scrutinised to ensure that they were fully completed. The Council of Governors agreed to close completed actions. Comments were made as follows: ***Item DHCFT/2020/024 – staff survey results*** – due to COVID-19 this item has been deferred. Jaki Lowe, the newly appointed Director of People and Inclusion will now take the lead on this and meet with staff governors to go through the themes from the Staff Survey. ***Item DHCFT/2020/028 – governors' handouts for engagement activities*** – due to COVID-19 this item has been closed. **RESOLVED: The Council of Governors noted the completed actions and comments on the Action Matrix.**
DHCFT/GOV /2020/005	**CHIEF EXECUTIVE UPDATE** Ifti Majid provided the meeting with an update on the current situation regarding the COVID-19 pandemic which included: • The COVID-19 figures for Derbyshire (4.27) and Derby City (10.1). Ifti confirmed that the Trust does not have any COVID-19 positive patients, which is due to the hard work of the staff and the strict infection control and prevention measures which are in place. Valerie Broom, governor, asked if the figures for Amber Valley are available; Ifti advised her that the figures are 0.79. • The Trust has a Covid Secure Policy in place. It was noted that the Trust is still requesting staff, where appropriate, to work from home. • Services are beginning to be restored to pre-COVID-19 levels. However the Trust is anticipating an increase in referrals to the Child and Adolescent Mental Health Services (CAMHS) as children and young people return to school. • A number of development projects have been progressing during the COVID-19 period. The move to replace the patient record system from Paris to OnEPR has

	continued to move forward due to the efforts of the Steering Board and local focus groups. It is planned that CAMHS and LD (Learning Disabilities) will move to the new system at the end of November 2020, followed by Older Adults in March 2021 and Working Age Adults later on in 2021. • Estate work in the Trust is ongoing to ensure that staff can see patients in a COVID-19 secure way; some of the clinical bases need to be re-located. Community bases are also being reviewed to ensure that both patients and staff can meet in a safe environment. • The Trust has submitted a capital bid for the eradication of dormitories; there is a national focus on this. The Trust has also bid for capital monies to provide a Psychiatric Inpatient Care Unit (PICU) in order to reduce the out of area figures and to support Primary Care. • NHS England (NHSE) has published a Phase 3 Restoration Plan letter and actions for this need to be undertaken and completed between now and the end of March 2021. The Trust's restoration plan is due to be submitted imminently. • The COVID-19 pandemic has highlighted health inequalities eg Black, Asian and Ethnic Minority groups. Valerie Broom felt that the Government has now adopted a stricter policy in terms of restoration. Ifti Majid confirmed that this indeed seems to be the case, for example Trusts need to focus on reducing the waiting lists that had increased during the pandemic. Carol Sherriff, governor noted that the High Peak and Derbyshire Dales has a higher rate of COVID-19 cases and asked what advice governors could pass on to the community in order to reduce this. Ifti explained that it would be helpful to cascade the current heath advice around handwashing, keeping a social distance and wearing face coverings. Carol Sherriff also asked what the abolishment of Public Health England (PHE) will mean. Ifti explained that the Government has replaced PHE with a new agency called National Institute for Health Protection (NIHP) that will specifically deal with pandemics. PHE, NHS Test and Trace Service and the Joint Biosecurity Centre have been merged to form NIHP under a single leadership team. Carole Riley, governor, asked whether the Trust is dependent on the Commissioners for the proposed PICU. Ifti Majid explained that the Trust currently does not have a PICU on its sites; hence patients are currently commissioned out of area. The Trust is keen to have a PICU on site so that patients can be cared for locally; and the Commissioners are supportive of this. Caroline Maley thanked Ifti Majid for his comprehensive update. **RESOLVED: The Council of Governors noted the helpful information and explanations provided by Ifti Majid.**
DHCFT/GOV /2020/006	**PRESENTATION OF THE ANNUAL REPORT AND ACCOUNTS 2019/20 AND REPORT FROM THE EXTERNAL AUDITORS, GRANT THORNTON** Claire Wright, Deputy Chief Executive/Director of Finance, reminded governors of their statutory role i.e. governors must be presented with the NHS Foundation Trust's annual accounts, any report from the auditor on them and the annual report at a general meeting of the Council. Claire explained that an overview of the Annual Report and Accounts for 2019/20 will also be presented, consistent with financial reporting, at the Annual Members' Meeting this afternoon. She referred to the governor training and development session on finance which she facilitated in August and conveyed her appreciation to governors for their interaction during this session. Claire introduced Mark Stocks of external auditors, Grant Thornton, who provided a summary of the Annual Audit letter for the Trust. Mark explained that Grant Thornton

	key responsibilities are to: • Give an opinion on the Trust's financial statements • Assess the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources (the value for money conclusion). Mark explained that the audit was completed before the revised deadline, which was testament to the work of the Finance Team and other Trust staff who worked together to present the annual report and accounts. Mark presented a positive annual report letter and confirmed that due to the COVID-19 pandemic, the requirement to comment on the Quality Report has been suspended. *Sheila Newport left the meeting at 14.45 hours.* Lynda Langley extended thanks to Mark Stocks for the information given and for a good report. She explained that one of the duties of the Lead Governor is to represent the Council of Governors at the Audit and Risk Committee meeting to observe the Annual Accounts 'sign off'. Lynda attended the meeting in June along with Grant Thornton and observed Non-Executive Directors (NEDs) receive assurance on the accounts. Lynda conveyed her appreciation to Claire Wright, Deputy Chief Executive/Director of Finance and the Finance Team. Caroline Maley also conveyed her appreciation to Mark Stocks for the positive report. It was noted that this was Mark's last meeting as Grant Thornton had requested to be released early from the contract with the Trust. *Mark Stocks left the meeting at 14.52 hours.* **RESOLVED: The Council of Governors** **1) Received the Annual Report and the Accounts for 2019/20 and noted that the document would be presented to the Annual Members' Meeting this afternoon** **2) Received the Annual Audit Letter summary and assurance from Mark Stocks, Grant Thornton Auditors.**
DHCFT/GOV /2020/007	**<u>GOVERNORS ANNUAL EFFECTIVENESS SURVEY</u>** Denise Baxendale explained that the Governors Annual Effectiveness Survey is carried out yearly in line with best practice. There are 28 questions including three free text sections for capturing suggestions for training needs, suggestions for improvements and an overall assessment of effectiveness. In November 2019, the Council of Governors agreed that the survey should be repeated in September 2020; and that the survey should not be anonymous. This will ensure that any issues or feedback raised are addressed with the appropriate governors. Denise confirmed that the survey will be circulated this week and the deadline for completing the survey will be 18 September. The results of the survey will be presented to the Governance Committee and Council of Governors. A paper copy will be available for those governors unable to complete the survey online. The response rate for last year's survey was 96% and it is hoped that a further improvement can be seen this year. Caroline Maley encouraged all governors to take part in this survey. Any queries should be directed to Denise. **ACTION:** • **Governors are encouraged to complete the Governors Annual Effectiveness Survey.** **RESOLVED: The Council of Governors noted the information on the Governors Annual Effectiveness Survey.**
DHCFT/GOV /2020/008	**<u>NON-EXECUTIVE DIRECTORS DEEP DIVE (INCLUDING ANNUAL REPORT OF AUDIT AND RISK COMMITTEE)</u>**

	Geoff Lewins, as Chair of the Audit and Risk Committee, presented the Deep Dive, which included the annual report of the Audit and Risk Committee, to governors. Geoff explained that the Committee oversees the production of the Annual Report and Accounts which included liaising with the external auditors Grant Thornton. He also explained that preparing and auditing the report and accounts was made considerably more difficult by the COVID-19 pandemic but the Committee had gained significant assurance in the end result. It was also noted that the Audit and Risk Committee also carries out a significant amount of other work during the year reviewing the Trust's system of risk management. Geoff also confirmed that he is a member of the Governance Board for the new patient recording system OnEPR. Angela Kerry, governor, conveyed her appreciation to Geoff and the Audit and Risk Committee for the work they have carried out. **RESOLVED: The Council of Governors received the Deep Dive which included the Annual Report of the Audit and Risk Committee from Geoff Lewins.**
DHCFT/GOV /2020/009	**ESCALATION ITEMS TO THE COUNCIL OF GOVERNORS FROM THE GOVERNANCE COMMITTEE** It was confirmed that no items have been escalated to the Council.
DHCFT/GOV /2020/010	**SUMMARY OF INTEGRATED PERFORMANCE REPORT** The Integrated Performance Report (IPR) was presented to the Council of Governors by the Non-Executive Directors (NEDs). The focus of the report was on workforce, finance, operational delivery and quality performance. Richard Wright as Chair of the Finance and Performance Committee updated the meeting on the following: • During the COVID-19 pandemic the Trust received a monthly top up which amounted to £564,000 in May. According to the phase 3 letter from NHS England the Trust can claim retrospectively until the end of September 2020. • A plan is to be submitted concerning the restoration of services. Further retrospective monies may therefore be required in order to offset the COVID-19 spending • Lessons have been learnt during the pandemic and it is envisaged that these will be taken up in the future, for example virtual consultations. Margaret Gildea as Chair of the Quality Committee referred to: • The positive feedback the Trust has received in how it is responding to the pandemic for example the Trust has received a letter from the Care Quality Commission (CQC) which is complimentary about the services provided at Cubley Court. • The restoration of services; Margaret assured the meeting that work streams are in place to complete actions where services need additional support to be fully restored. • The Flu vaccinations programme is due to be launched and there is a national expectation that all staff should have the vaccine; the response rate last year was 71.9%. A similar take up might be expected for the COVID-19 vaccine when it becomes available. Julia Tabreham as Chair of the People and Culture Committee and NED Lead for Freedom to Speak Up (FTSU) updated the meeting on the workforce which included: • Acknowledging inspirational leadership within the Trust • Virtual meetings using Microsoft Teams is working very well

	• Welcoming Jaki Lowe, newly appointed Director of People and Inclusion to the Trust. Julia explained that the People and Culture Committee will ensure that inclusion is embedded in the People Plan • Working with Tam Howard, FTSU Guardian to build in further reporting mechanisms and to revise the FTSU report which is presented to Trust Board. Susan Ryan, governor, referred to the increase in the use of seclusion and prone restraint in the IPR and asked whether there are plans to reduce the likelihood of restraint and to review the care plans. Margaret Gildea explained that the situation was being closely monitored and a project plan has been established and issues and actions are being reviewed. Caroline Maley also confirmed that these statistics are also monitored by the Mental Health Act Committee. **RESOLVED: The Council of Governors** **1) Noted the information provided in the IPR** **2) Agreed that the NEDs have held the Executive Directors to account.**
DHCFT/GOV /2020/011	**GOVERNANCE COMMITTEE REPORT** The Council of Governors received the report from the Governance Committee meetings which took place on 2 April, 9 June and 11 August. Kel Sims, Chair of the Committee referred the meeting to the annual review of the Governance Committee Terms of Reference. She explained that at the Committee meeting, governors agreed that the Terms of Reference remained fit for purpose and agreed amends regarding membership. Kel Sims conveyed her appreciation to Denise Baxendale for preparing the report, and to Julie Lowe, Deputy Chair of the Committee who had chaired the meetings due to her re-deployment as Personal Protective Equipment (PPE) Lead for the Trust. **RESOLVED: The Council of Governors** **1) Noted the information provided in the Governance Committee Report** **2) Approved the minor amendments to the Governance Committee's Terms of Reference.**
DHCFT/GOV /2020/012	**GOVERNOR ELECTIONS UPDATE** Denise Baxendale gave a verbal update on the situation regarding governor elections. She explained that two governors' terms of office end on 25 September and this will mean there will be two vacancies in the following constituencies: • Chesterfield – one public governor vacancy • Allied Professions – one staff governor vacancy The process to begin the elections for the two vacancies above was planned to begin in June 2020 but guidance issued in March, advised foundation trusts to delay governor elections. Governors were made aware of the delay at the Governance Committee in April. Denise confirmed that in addition to the vacancies outlined above, there is also a vacancy in Bolsover and North East Derbyshire. This seat remains vacant following on from the winter 2019 elections when no nominations for the seat were received. All three vacancies will be included in the 2021 elections by which time there will be a further five vacancies: • Bolsover and North East Derbyshire – one public governor vacancy (this means there will be two vacancies for this area) • High Peak and Derbyshire Dales – one public governor vacancy • Administration and Allied Support Staff – one staff governor vacancy • Nursing – two staff governor vacancies The process for all eight public and staff governor elections will begin in the spring and will be run in line with the guidance included in the Constitution.

	Caroline Maley, on behalf of the Council of Governors, extended her thanks to April Saunders and Adrian Rimington whose terms of office end on 25 September. April conveyed her appreciation to governors for their support during her six years as Staff Governor for Allied Professions.
DHCFT/GOV /2020/013	**ANY OTHER BUSINESS** **Retirement** Angela Kerry notified the meeting that she will be retiring at the end of September; and confirmed that her successor is Jodie Cook. Angela expressed an interest in standing in future public governor elections when a seat becomes vacant in her area. Caroline Maley thanked Angela for her valuable contribution to the Council of Governors over the years that she was an Appointed Governor. **Lead Governors meeting** Lynda Langley notified the meeting that the next Lead Governors meeting is taking place on 17 September; and will feedback to governors via Governor Connect. Lynda conveyed her appreciation to Carole Riley, Deputy Lead Governor for presenting at the Annual Members' Meeting this afternoon. She also extended her thanks to Angela Kerry, Adrian Rimington and April Saunders for their commitment to the governor role. **Covid changes** Susan Ryan asked if the temporary changes to services during the COVID-19 pandemic have impacted on quality. Caroline Maley explained that the impact of COVID-19 on the Trust's services will be covered at the Annual Members Meeting (AMM) today but gave the assurance that the impact was being closely monitored through the Incident Management Team.
DHCFT/GOV /2020/014	**REVIEW OF THE MEETING EFFECTIVENESS AND FOLLOWING THE PRINCIPLES OF THE CODE OF CONDUCT** The Council of Governors agreed that the meeting: - Was efficiently chaired - Covered all agenda items with enough time for discussion.
DHCFT/GOV /2020/015	**CLOSE OF MEETING** Caroline Maley thanked all for their attendance and input and reminded the meeting that the Annual Members' Meeting is to follow shortly, to which all are invited. The next meeting will be on: **Tuesday 3 November 2020, from 2.00pm.** This will be a virtual meeting. The meeting closed at 15.35 hours.

COUNCIL OF GOVERNORS ACTION MATRIX - AS AT 22 OCTOBER 2020							
Date of Minutes	**Minute Reference**	**Item**	**Lead**	**Action**	**Completion by**	**Current Position**	
03/03/2020	DHCFT/GOV/2020/024	Staff Survey Results	Jaki Lowe	To meet with staff governors on staff survey	05/05/2020	Due to the COVID-19 pandemic this item has been deferred. Jaki Lowe, the newly appointed Director of People and Inclusion will now take the lead on this (and not Celestine Stafford) and meet with staff governors to go through the themes from the Staff Survey.	Amber
01/09/2020	DHCFT/GOV/2020/007	Governors' Annual Effectiveness susrvey	Denise Baxendale	All governors are encouraged to complete the survey	18.9.2020	24 governors completed the survey. COMPLETE	Green

Key	**Agenda item for future meeting**		**YELLOW**	0	0%
	Action Ongoing/Update Required		**AMBER**	1	50%
	Resolved		**GREEN**	1	50%
	Action Overdue		**RED**	0	0%
				2	100%

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 3 November 2020

Council of Governors Annual Effectiveness Survey

Purpose of Report

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

Executive Summary

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

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

The survey was undertaken in September 2020 and a total of 24 governors responded – this equates to 92.30% (the current complement of governors at the time the survey was open was 26). The response rate has decreased compared to last year when 96% of governors completed the survey – the complement of governors at that time was 28. The survey was promoted in *Governor Connect*, via governor meetings, and further emails encouraging governors to complete the survey were sent by the Membership and Involvement Manager and the Lead Governor.

The responses to the survey have been benchmarked against last year's responses and for ease of reference a column for the previous year's responses have been included in the data attached.

It is also worth noting that the Council of Governors has a regular turnover, meaning that the survey has been completed by both new and experienced governors. Some of the 'Don't know' responses could be from new governors not being able to fully answer the questions and/or it could identify a training need.

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

Overall 19 of the questions received a positive response rate (over 90%) of strongly agree/agree and for five of these questions a 100% positive response was recorded:

- The Trust's values, mission and priorities have been adequately explained to the Council (question 7)
- The Council of Governors carries out its work in an open, transparent manner (question 12.1)
- The relationship between the governors and Trust Chair works well (question 13)
- The role of the Council of Governors is clearly defined (question 15)
- The Council of Governors meets at appropriate and regular intervals and receives

adequate support to function well (question 16).

For the remaining questions the positive response rates were still high (69% - 89%), although a small percentage responded with 'don't know'/disagree responses.

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

- Governors to establish a Governor Task and Finish Group to review the responses; identify any areas for future governor training and development; discuss any issues raised; and to review the questions for next year
- Continue to develop and evolve the governor-led training and development programme
- Involve the governors in the annual planning process – scheduled for spring 2021
- Continue to support governors with engagement with constituents – a Governor Task and Finish Group has been established to focus on engagement.

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

Denise Baxendale requested the Council of Governors to note the content of the presented report as a positive assessment by governors of their effectiveness.

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	

Assurances

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

Consultation

- Governance Committee reviewed the results of the survey on 8 October 2020.

Governance or Legal Issues

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

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

All governors were given the opportunity to complete the survey. Hard copies were sent to governors who don't have access to a computer with support offered to individuals who may require this. Any training sessions and training materials will be designed in an accessible format and additional support given where required.

Recommendations

The Council of Governors is requested to:

1) Note the outcome of the Council of Governors annual effectiveness survey 2020
2) Agree the survey should be repeated in September 2021.

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

Council of Governors – annual effectiveness survey 2020

Part 1: you as a governor

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

	Response Percent	Response Total
Jo Foster, Kel Sims, Jim Perkins, Kevin Richards, April Saunders, Andrew Beaumont, Marie Hickman, Christopher Williams, Susan Ryan, Rob Poole, Rosemary Farkas, Lynda Langley, Angela Kerry, Julie Boardman, Julie Lowe, Valerie Broom, Adrian Rimington, Stuart Mourton, Orla Smith, Carol Sherriff, Carole Riley, Farina Tahira, Roy Webb, Al Munnien.		
	100%	23

2. I feel that I am able to contribute positively to the work of the Council of Governors

		September 2020		September 2019	
		Response Percent	Response Total	Response Percent	Response Total
Strongly agree		25.00%	6	41.67%	10
Agree		70.83%	17	54.17%	13
Don't know		4.17%	1	0.00%	0
Disagree		0.00%	0	0.00%	0
Strongly disagree		0.00%	0	4.17%	1

3. I have received adequate training and development opportunities to support me in my role as governor

		September 2020		September 2019	
		Response Percent	Response Total	Response Percent	Response Total
Strongly agree		29.17%	7	30.43%	7
Agree		62.50%	15	65.22%	15
Don't know		0.00%	0	0.00%	0
Disagree		8.33%	2	0.00%	0
Strongly disagree		0.00%	0	4.35%	1

4. I feel supported by the Trust to carry out my responsibilities as a governor including the fulfilment of my statutory duties The statutory duties of governors are: To appoint and, if appropriate, remove the chair (Nominations and Remuneration Committee) To appoint and, if appropriate, remove the other non-executive directors (Nominations and Remuneration Committee) To decide the remuneration and allowances and other terms and conditions of office of the chairman and the other non-executive directors (Nominations and Remuneration Committee) To approve (or not) any new appointment of a chief executive (Nominations and Remuneration Committee) To appoint and, if appropriate, remove the NHS Foundation Trust's auditor To receive the NHS Foundation Trust's annual accounts, any report of the auditor on them, and the annual report at a general meeting of the Council of Governors To hold the non-executive directors, individually and collectively to account for the performance of the Board of Directors To represent the interests of the member of the Trust as a whole and the interests of the public To approve "significant transactions" To approve an application by the Trust to enter into a merger, acquisition, separation or dissolution. To decide whether the Trust's non-NHS work would significantly interfere with its principal purpose, which is to provide goods and services for the health service in England, or performing its other functions To approve amendments to the Trust's Constitution (joint responsibility with the Board).

		September 2020		September 2019	
		Response Percent	Response Total	Response Percent	Response Total
Strongly agree		25.00%	6	41.67%	10
Agree		70.83%	17	50.00%	12
Don't know		0.00%	0	4.17%	1
Disagree		4.17%	1	0.00%	0
Strongly disagree		0.00%	0	4.17%	1

5. Please indicate in the box below any training or development needs that you would like the Trust to support you with

	Response Percent	Response Total
Open-Ended Question	100.00%	14

I am happy with the level of training we receive, I take the point from elected governors that it may be interesting for them to hear staff governor perspectives and thoughts at the training sessions.

No further training needs.

None

None at present

Types of most common Mental Health conditions. More information about the Law relating to Mental Health. Areas of ongoing research into Mental Health treatments such as Virtual Reality therapy.

5. Please indicate in the box below any training or development needs that you would like the Trust to support you with	Response Percent	Response Total
Not sure yet, it is probably a case that I don't know what I don't know! I only put disagree because of the COVID situation, it hasn't happened since I have been a governor.		
More help in reaching the general public.		
Lessons learnt from Covid-19 crisis and how these will impact on members. How to engage with members if social distancing continues		
Not relevant at this time.		
During Covid it has been particularly difficult to have the contact with the public that I had at the beginning of the year. So I have been looking at other alternatives and will explore the use of govern well training to come up with some new ideas. Virtual training options will be greatly received on Engagement and any further training on mental health anxiety related to Covid will be much appreciated going forward.		
Strategy & how it is developed. Long term health plan. The Trust's scrutiny protocol. Role in & expectations of JUCD. Services provided by Trust. An insight into conditions & issues which Trust covers. Financial arrangements of Trust.		
Not appropriate as my term is up.		
I became a governor in February 2020 just before lockdown as a result I have not had opportunities to engage with my local area. This is my concern, the trust have support me at all stages in my role.		
My clinical work load has been increased immensely recently and at times I struggle to participate efficiently.		

6. Please use this box to list suggestions for improvement or to raise specific issues	Response Percent	Response Total
Open-Ended Question	100.00%	14
I think there's ample opportunity and formats to do this, but some Governors do seem to forget the routes to raise questions and concerns so maybe this could be stressed more when new Governors join.		
None		
Mental Health Act		
In spite of the gallant work by the Trust and Government initiatives - I still feel there is a) little awareness with the general public that someone is on the verge of suicide, or b) an innate knowledge of how to cope and relate to such a person.		
To meaningfully engage in the development of the Trust strategy it would be helpful to understand more about key risks and mitigation plans, i.e. those key risks that effect quality, service delivery, finance and current and future service development. Governors appreciate some of the risks maybe system wide risks as well as individual trust risks but a summary on how Key risks are being managed, mitigated and monitored may assist in our		

6. Please use this box to list suggestions for improvement or to raise specific issues	Response Percent	Response Total
ability to hold non-executive directors to account for the performance of the trust and may also assist Governors in identifying and better understanding the key performance issues facing the Trust.		
More help in reaching the general public. A skills register for governors?		
More about quality issues: how selected and dealt with. I don't feel I know enough about ongoing concerns. That includes current clinical challenges.		
Concerns regarding new governors not being able to meet their members.		
None.		
would like to raise how are quality visits going to be conducted in the future as for over 6 months now these have been on hold and wondered if they are going to be held a virtual meetings going forward.		
Difficult in these strange times to develop the 'soft' side of the Governor's role with colleagues. Engagement - not sure how this should/can be carried out virtually particularly in collecting points & issues to feed back to Trust rather than just disseminating information. Scrutiny - feels difficult to carry out at moment.		
People should have knowledge of mental health and for those who do not, there should be a recommended list of reading matter.		
These are extraordinary times, I know in normal times that I would have had many opportunities to get out into my local area, meeting people and passing on their concerns. I am looking forward to when it is safe to resume normal social interaction and I can fulfil my role.		
I need my job planning being reviewed. I need some extra time to get engaged in training sessions to fulfil my duties as governor.		

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

7. The Trust's values, mission and priorities have been adequately explained to the Council		September 2020		September 2019	
		Response Percent	Response Total	Response Percent	Response Total
Strongly agree		50.00%	12	62.50%	15
Agree		50.00%	12	25.00%	6
Don't know		0.00%	0	8.33%	2
Disagree		0.00%	0	0.00%	0
Strongly disagree		0.00%	0	4.17%	1

8. The Council is appropriately consulted and engaged in the Trust's strategy and development

		September 2020		September 2019	
		Response Percent	Response Total	Response Percent	Response Total
Strongly agree		33.33%	8	58.33%	14
+Agree		58.33%	14	29.17%	7
Don't know		8.33%	2	12.50%	3
Disagree		0.00%	0	0.00%	0
Strongly disagree		0.00%	0	0.00%	0

9. The Trust's strategy is informed by the input of governors

		September 2020		September 2019	
		Response Percent	Response Total	Response Percent	Response Total
Strongly agree		29.17%	7	33.33%	8
Agree		62.50%	15	45.83%	11
Don't know		8.33%	2	20.83%	5
Disagree		0.00%	0	0.00%	0
Strongly disagree		0.00%	0	0.00%	0

10. Governors are aware of risks to the quality, sustainability and delivery of current and future services

		September 2020		September 2019	
		Response Percent	Response Total	Response Percent	Response Total
Strongly agree		25.00%	6	25.00%	6
Agree		66.67%	16	54.17%	13
Don't know		8.33%	2	12.50%	3
Disagree		0.00%	0	8.33%	2
Strongly disagree		0.00%	0	0.00%	0

Part 2: Domain 2 – capability and culture

11.1. The Council of Governors uses the individual skills, experience, knowledge and diversity of its members to its best advantage: in Council meetings

		September 2020		September 2019	
		Response Percent	Response Total	Response Percent	Response Total
Strongly agree		25.0%	6	29.2%	7
Agree		66.7%	16	58.3%	14
Don't know		8.3%	2	12.5%	3
Disagree		0.0%	0	0.0%	0
Strongly disagree		0.0%	0	0.0%	0

11.2. The Council of Governors uses the individual skills, experience, knowledge and diversity of its members to its best advantage: in sub-committees

		September 2020		September 2019	
		Response Percent	Response Total	Response Percent	Response Total
Strongly agree		20.8%	5	39.1%	9
Agree		50.0%	12	34.8%	8
Don't know		29.2%	7	26.1%	6
Disagree		0.0%	0	0.0%	0
Strongly disagree		0.0%	0	0.0%	0

12.1. The Council of Governors carries out its work: in an open, transparent manner

		September 2020		September 2019	
		Response Percent	Response Total	Response Percent	Response Total
Strongly agree		54.2%	13	62.5%	15
Agree		45.8%	11	37.5%	9
Don't know		0.0%	0	0.0%	0
Disagree		0.0%	0	0.0%	0
Strongly disagree		0.0%	0	0.0%	0

12.2. The Council of Governors carries out its work: with quality as its focus					
		September 2020		September 2019	
		Response Percent	Response Total	Response Percent	Response Total
Strongly agree		45.8%	11	58.3%	14
Agree		50.0%	12	37.5%	9
Don't know		4.2%	1	4.2%	1
Disagree		0.0%	0	0.0%	0
Strongly disagree		0.0%	0	0.0%	0

13. The relationship between the Governors and Trust Chair works well					
		September 2020		September 2019	
		Response Percent	Response Total	Response Percent	Response Total
Strongly agree		52.17%	12	75.00%	18
Agree		47.83%	11	25.00%	6
Don't know		0.00%	0	0.00%	0
Disagree		0.00%	0	0.00%	0
Strongly disagree		0.00%	0	0.00%	0

14. The Council communicates with, listens and responds to members and other stakeholders effectively					
		September 2020		September 2019	
		Response Percent	Response Total	Response Percent	Response Total
Strongly agree		25.00%	6	29.17%	7
Agree		66.67%	16	54.17%	13
Don't know		8.33%	2	12.50%	3
Disagree		0.00%	0	4.17%	1
Strongly disagree		0.00%	0	0.00%	0

Part 2: Domain 3 – processes and structure

15. The role of the Council of Governors is clearly defined					
		September 2020		September 2019	
		Response Percent	Response Total	Response Percent	Response Total
Strongly agree		37.50%	9	50.00%	12
Agree		62.50%	15	50.00%	12
Don't know		0.00%	0	0.00%	0
Disagree		0.00%	0	0.00%	0
Strongly disagree		0.00%	0	0.00%	0

16. The Council of Governors meets at appropriate and regular intervals and receives adequate time and support to function well					
		September 2020		September 2019	
		Response Percent	Response Total	Response Percent	Response Total
Strongly agree		37.50%	9	54.17%	13
Agree		62.50%	15	41.67%	10
Don't know		0.00%	0	0.00%	0
Disagree		0.00%	0	4.17%	1
Strongly disagree		0.00%	0	0.00%	0

17. Governors' views are taken into account as members of the Council of Governors					
		September 2020		September 2019	
		Response Percent	Response Total	Response Percent	Response Total
Strongly agree		29.17%	7	45.83%	11
Agree		66.67%	16	54.17%	13
Don't know		4.17%	1	0.00%	0
Disagree		0.00%	0	0.00%	0
Strongly disagree		0.00%	0	0.00%	0

18.1 The Council of Governors have sufficient opportunity for contact, and good communication, with the Board of Directors: with the Executive Directors		September 2020		September 2019	
		Response Percent	Response Total	Response Percent	Response Total
Strongly agree		25.0%	6	37.5%	9
Agree		66.7%	16	54.2%	13
Don't know		8.3%	2	8.3%	2
Disagree		0.0%	0	0.0%	0
Strongly disagree		0.0%	0	0.0%	0

18.2 The Council of Governors have sufficient opportunity for contact, and good communication, with the Board of Directors: with the Non-Executive Directors		September 2020		September 2019	
		Response Percent	Response Total	Response Percent	Response Total
Strongly agree		30.4%	7	33.3%	8
Agree		60.9%	14	58.3%	14
Don't know		8.7%	2	4.2%	1
Disagree		0.0%	0	4.2%	1
Strongly disagree		0.0%	0	0.0%	0

19. The Council of Governors has sufficient communication with the members of the Trust, either via the Trust or independently		September 2020		September 2019	
		Response Percent	Response Total	Response Percent	Response Total
Strongly agree		20.83%	5	30.43%	7
Agree		54.17%	13	43.48%	10
Don't know		20.83%	5	17.39%	4
Disagree		4.17%	1	4.35%	1
Strongly disagree		0.00%	0	4.35%	1

20. The Council of Governors has a strong voice					
		September 2020		September 2019	
		Response Percent	Response Total	Response Percent	Response Total
Strongly agree		25.00%	6	30.43%	7
Agree		54.17%	13	60.87%	14
Don't know		20.83%	5	8.70%	2
Disagree		0.00%	0	0.00%	0
Strongly disagree		0.00%	0	0.00%	0

21. The Council of Governors is able to influence change					
		September 2020		September 2019	
		Response Percent	Response Total	Response Percent	Response Total
Strongly agree		16.67%	4	41.67%	10
Agree		58.33%	14	41.67%	10
Don't know		25.00%	6	12.50%	3
Disagree		0.00%	0	4.17%	1
Strongly disagree		0.00%	0	0.00%	0

22. Council of Governor sub-committees (Nominations Committee and Governance Committee) are effective and provide quality update reports to the council					
		September 2020		September 2019	
		Response Percent	Response Total	Response Percent	Response Total
Strongly agree		22.73%	5	43.48%	10
Agree		68.18%	15	47.83%	11
Don't know		9.09%	2	8.70%	2
Disagree		0.00%	0	0.00%	0
Strongly disagree		0.00%	0	0.00%	0

Part 2: Domain 4 – measurement

23. The Council of Governors receives sufficient information to hold the Board of Directors to account		September 2020		September 2019	
		Response Percent	Response Total	Response Percent	Response Total
Strongly agree		21.74%	5	37.50%	9
Agree		60.87%	14	50.00%	12
Don't know		17.39%	4	12.50%	3
Disagree		0.00%	0	0.00%	0
Strongly disagree		0.00%	0	0.00%	0

24. Governors can identify the key performance issues facing the Trust		September 2020		September 2019	
		Response Percent	Response Total	Response Percent	Response Total
Strongly agree		30.43%	7	29.17%	7
Agree		56.52%	13	66.67%	16
Don't know		13.04%	3	4.17%	1
Disagree		0.00%	0	0.00%	0
Strongly disagree		0.00%	0	0.00%	0

25. Governors can ask questions regarding performance reports		September 2020		September 2019	
		Response Percent	Response Total	Response Percent	Response Total
Strongly agree		39.13%	9	66.67%	16
Agree		60.87%	14	25.00%	6
Don't know		0.00%	0	4.17%	1
Disagree		0.00%	0	4.17%	1
Strongly disagree		0.00%	0	0.00%	0

26. The Council has agreed a process of dialogue with the non-executive directors and the Trust to enable it to carry out its general duty to hold the non-executive directors individually and collectively to account for the performance of the Board of Directors		September 2020		September 2019	
		Response Percent	Response Total	Response Percent	Response Total
Strongly agree		26.09%	6	26.09%	6
Agree		60.87%	14	73.91%	17
Don't know		13.04%	3	0.00%	0
Disagree		0.00%	0	0.00%	0
Strongly disagree		0.00%	0	0.00%	0

27. Governors ask relevant questions of the non-executive directors about challenge at Board meetings		September 2020		September 2019	
		Response Percent	Response Total	Response Percent	Response Total
Strongly agree		20.83%	5	45.83%	11
Agree		66.67%	16	50.00%	12
Don't know		8.33%	2	4.17%	1
Disagree		4.17%	1	0.00%	0
Strongly disagree		0.00%	0	0.00%	0

28. Governor comments on the effectiveness of the Council of Governors	Response Percent	Response Total
Open-Ended Question	100.00%	15

I think we are a force to be reckoned with and recently, despite COVID 19 the team has become strong and more effective.

Prior to COVID 19 I would agree but since the pandemic and lock down it is difficult due to all working remotely and having virtual TEAMS meeting and also with NHS IT system issues

Um, some governors seem to ask more questions than others do :) I used to work at Queens. The NHS is like a very large oil tanker. Changes in direction do not happen overnight :)

This is difficult to measure. What would ""effectiveness"" feel/look like? Often Governors' meetings do not constructively challenge items.

It's a suitable forum for receiving information and making relevant decisions and works well.

Even in the current situation I feel that the Council have continued to be effective in their support of the Trust. There has still been opportunities to hold the NEDs to account and the statutory duties of the Council have been carried out.

Overall, I think it is very effective. However, the formal nature of the Council of Governor meeting sometimes makes it a little daunting to contribute. That is why I value the Governance Committee so highly as this is where we can ask questions and explore issues

28. Governor comments on the effectiveness of the Council of Governors	Response Percent	Response Total
in more depth.		
The Council of governors virtual meetings well inform governors and deep dives extremely helpful and effective. The trusts progress especially during the pandemic have been really informative and how they plan to work going forward. Both the CEO and Chair are exceptional in the feedback and all conclusions are good. Their approach during these difficult times has been very good		
Seems to work given my limited experience of the CoG & the special circumstances in which we find ourselves. However a lot I don't know because of the above.		
It is valid to have CoG.		
Meetings are always very well planned and run very efficiently		
Some of my disagree comments are because the middle is don't know, whereas I do know but I don't entirely agree. So I do think governors can ask questions that hold the non-executive directors to account but there is no system for follow through. It is Q and A most of the time and not dialogue. One of the strengths of the Governors is knowledge of their local area and this is often seen as being parochial but actually that is our role and should help a non-exec and exec make sure they are offering a quality service across the patch.		
Always a work in progress as new governors join. Generally effective		
Looks like its working well.		
I find the Council of Governors to be a diverse and effective group of people who can strongly support the Trust in carrying out its duties and are able to offer effective support and challenge when required.		
The Council of Governors is very well led and Governors are very well supported in their roles.		

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 3 November 2020

Report from the Nominations and Remuneration Committee – review of Chair/Non-Executive Director (NED) appraisal process

Purpose of Report
To put forward revisions to the Chair/NED appraisal process in light of NHS Improvement (NHSI) guidance, for approval.

Executive Summary
The Governors' Nominations and Remuneration Committee met on 21 October 2020 and reviewed the Trust's current process for the Chair's appraisal in light of NHSI guidance. The Committee recommends an additional step as part of the Chair's appraisal in relation to stakeholder feedback and a re-phasing of the Chair/NED appraisal schedule for the 2020/21 round.

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

Assurances
The Council of Governors can be assured that the previous Chair and NED appraisals were compliant with the principles of the NHSI guidance.

Consultation
This Governors' Nominations & Remuneration Committee have carried out a gap analysis in advance of the 2020/21 Chair/NED appraisal process to see if any adjustments will be required as a consequence of the NHSI guidance.

Governance or Legal Issues
The NHS Foundation Trust Code of Governance (the Code) outlines the requirements for the annual performance evaluation of members of the Board of Directors.

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

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

Stakeholder feedback on the Trust Chair/NEDs will be reasonably adjusted to ensure participation across REGARDS characteristics.

Recommendation

The Council of Governors is asked to:

Approve the revised appraisal process for the Trust Chair and NEDs as set out in the report.

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

Report presented by: **Margaret Gildea, Senior Independent Director**

Derbyshire Healthcare NHS Foundation Trust
Council of Governors – 3 November 2020

Report from the Nominations and Remuneration Committee – review of Chair/NED appraisal process

Background

The NHS Foundation Trust Code of Governance (the Code) states that the Board of Directors should undertake a formal, rigorous annual evaluation of individual directors[1]. The Code goes on to say that the Council of Governors should take the lead on agreeing a process for the evaluation of the Chair and Non-Executive Directors. The Chair is responsible for leading the process for Non-Executive Directors. The Senior Independent Director (SID) is responsible for leading the process for the Chair in conjunction with the Lead Governor.

In practical terms the Governors' Nominations & Remuneration Committee (the Committee) oversees the appraisal process and gives assurance to Council of Governors that satisfactory appraisals have taken place.

New guidance

In late 2019, NHS Improvement (NHSI) published the Development and Appraisal Framework for Trust Chairs. The Committee reviewed the guidance at the time and did not feel it was necessary to adjust the 2019/20 process, which had already commenced. This was on the basis that the Trust's current process was robust and also compliant with the general principles of the guidance.

The Committee did agree to carry out a gap analysis before the 2020/21 Chair appraisal process commences and they met on 21 October for this purpose.

NHSI, in providing the framework, are aiming to establish a more standardised approach but they also recognise that many providers have developed and implemented local processes that are equally comprehensive, and which reflect specific contexts and existing good practice. Therefore, it is not intended that the framework is prescriptive: rather, provided it can be shown that local variations are consistent with the broad principles established by the framework and include mechanisms for adequate multi-source assessment against the components of the provider chair competency framework, context-specific flexibility can be maintained.

A summary of the framework and link to the full guidance is included as Appendix 1.

Proposed changes

Overall the Committee felt that the Council of Governors has built up a robust appraisal process over the years already covering many of the elements set out in the framework and did not feel that any significant changes were needed.

[1] The Chair carries out the Chief Executive's appraisal and responsibility for the other Executive Director appraisals rests with the Chief Executive. Executive appraisal results are reported to the Remuneration Committee, a NED Committee of the Board.

In light of the guidance however, it recommends the following changes:

1. **Stakeholders**

One gap identified was around the list of stakeholders asked for feedback about the Chair. The framework states this should come from a range of internal and external stakeholders. Currently only Board members, Governors and other key support staff are asked. This should be extended to include a number of external stakeholders. Suggestions include the integrated care system chair, commissioners and other system partners, patient and public representative leads and a peer(s) from another trust(s). The Committee would approve the final list.

2. **Combined assessments**

Assessment criteria under the NHSI framework is competency based, underpinned by five competency domains set out in Appendix 1. In comparison the Trust assessment is values based and set out below:

- People First
- Respect
- Honesty
- Do your best
- Leading others
- Management of meetings when Chair (where appropriate)

The Chair was keen not to lose the richness in the feedback received through the values based assessment, particularly as the rest of the Board would continue with this.

The Committee therefore supported that the Chair and NED appraisals continue through Lumus 360 (assessment software) but a smaller group of internal stakeholders, together with an agreed list of external stakeholders would be asked to provide feedback using the NHSI assessment template. This will all be combined as part of the appraisal meeting and appraisal report.

3. **Additional steps**

The Trust will adopt the following additional steps from the framework:

- A preparatory conversation between the SID and the NHSI Regional Director to ascertain whether they consider that any areas of competency should receive particular focus.
- The requirement to complete all stages of the process by the end of Quarter 1(June) in any given year.
- The requirement to send copies of the final appraisal report to NHSI; the Regional Director and the NHSI Chair and Chief Operating Officer by 30 June each year.

4. Re-scheduling the appraisal timescales

Ordinarily appraisals are scheduled in the month following the anniversary of Chair/NED start dates with the Trust, allowing for some phasing across the year. The above requirement will require us to re-set the appraisal timelines to the financial year end. In practical terms, preparation will commence in the new calendar year with appraisal meetings held in February/March. Outcomes can all then be reported to a Nominations and Remuneration Committee in April and the Council of Governors in May. For 2020/21 this will mean that the appraisal period is extended for the Chair and some NEDs.

5. Impact on NED appraisals

The NHSI framework currently only applies to Chairs and it is proposed that NED appraisals continue in line with current processes, with the exception of re-scheduling them around the financial year end.

Recommendation

The Council of Governors is asked to:

Approve the revised appraisal process for the Trust Chair and NEDs as set out in the report.

Appendix 1

Framework for conducting annual appraisals of NHS Provider Chairs

One of the actions in the interim NHS People Plan published in June 2019 was to develop competency frameworks for senior NHS leadership roles to assist in the recruitment, development and appraisal of NHS leaders. The beginning of this work has been to develop provider Chair development and appraisal frameworks.

The competency framework describes the core competencies required in the NHS provider Chair's role, in the context of the NHS principles and values in the NHS Constitution. This is a standard framework within which annual appraisals for Provider Chairs are applied and managed. The principal aim is to ensure the annual appraisal is a valuable and valued undertaking that provides an honest and objective assessment of a chair's impact and effectiveness, while enabling potential support and development needs to be recognised and fully considered. The framework is fully aligned with the Provider Chair Competency Framework, which is underpinned by the following five competency domains and informed by multi-source feedback.

- Strategic
- Partnerships
- People
- Professional acumen
- Outcomes Focus

Note for background reading, the full guidance document, issued in November 2019 can be accessed via this link**:**

https://improvement.nhs.uk/documents/6107/Provider_Chair_Appraisal_Framework_1nov.pdf

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 3 November 2020

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

Purpose of Report

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

Executive Summary

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

I am a member of the Quality and Assurance Committee, Audit and Risk Committee and Remuneration Committee.

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

I attend Board Meetings and Board Development Sessions. In addition, within the Trust, I have taken part in Quality visits and Consultant Excellence awards.

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

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

Risks and Assurances

The YEAR-END effectiveness report for the Mental Health Act Committee provided significant assurance in the effectiveness of the Committee in fulfilling its Terms of Service and primary purpose.

Consultation

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

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

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

Recommendations

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

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

Derbyshire Healthcare NHS Foundation Trust

Council of Governors – 3 November 2020

NED Deep Dive – Sheila Newport

Purpose of Report

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

Mental Health Act Committee (MHAC) Chair

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

The Year-End Effectiveness report received by the MHAC in March 2020 provided significant assurance of the effectiveness of the Committee in fulfilling its Terms of Reference and primary purpose in 2019/20.

In June and September the Committee met via Microsoft Teams due to the Covid-19 pandemic.

In addition to the regular assurance reports the Committee has received in depth reports regarding two issues. The first of these concerned apparent increase of the use of seclusion and restraint through the early months of the pandemic, this allowed detailed discussion of the impact of changing patterns of clinical presentation and redeployment of staff during the crisis.

The second concerned an increase in Section 136 detentions from April through to August 2020. The Committee received a report from the Section 135/136 MHA group presenting the data and describing actions to be taken.

Provisions for changes to Mental Health Act and Mental Capacity Act were made in the Coronavirus Act 2020. To date these changes have not needed to be enacted.

Forthcoming changes to the MHA and Mental Capacity Act with regard to MHA and Liberty protection standards have been further delayed due to the Covid-19 pandemic.

At each meeting the Committee receives a verbal report from the Associate Hospital Managers who have embraced necessary changes to their work. Since April they have been undertaking hearings virtually. High levels of satisfaction have been reported from participants including service users. In order to learn more about this I will be attending some virtual hearings in the forthcoming months.

Quality and Safeguarding Committee (QSC) Member

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

Assurance for Safeguarding is now taken through QSC on a quarterly basis. Reports received regarding safeguarding activity for both children and adults have provided significant assurance. As a relatively new member of the Trust Board I would like to have interacted more with Safeguarding staff to understand their work in more depth. This has not been possible to date during the Covid-19 pandemic. However, arrangements are now being made for me to shadow virtually in various meetings.

The Learning from Deaths report is received at QSC quarterly prior to presentation at Trust Board. The reports have fulfilled national standards on reporting requirements. Following discussion at QSC there is now work underway to align Learning from Deaths reporting and Serious Incident reporting in order to maximise learning across the Trust. As Clinical NED, when appropriate, I receive briefings on Serious Incidents from the Director of Nursing.

Audit and Risk Committee Member

Through membership of this committee I have been able to participate in all aspects of its work as described at the September Council of Governors.

Other activities

In addition to formal committee work prior to the pandemic I have participated in a Quality visit to one of our Community Teams in Derby City. I was impressed by the enthusiasm and commitment of the team and the evidence they presented regarding Quality Improvement activities.

I also participated in the process of Clinical Excellence Awards for Consultant staff. Through assessing the detailed applications presented I gained an insight to the scope of clinical work, research and audit, innovation and quality improvement undertaken by Consultant colleagues.

Prior to my appointment I have undertaken work on the development of Integrated Care Systems. On joining the Trust Board I was pleased to become the NED representative on the Joint Mental Health, Learning Disability and Autism Delivery Board of Joined Up Care Derbyshire. This Board meets monthly to oversee the changing development and delivery of services across organisations.

During the pandemic I have also attended a number of peer to peer virtual meetings held by the Good Governance Institute. These have provided helpful insights from across the country into how other organisations have met the challenges related to Covid-19.

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 3 November 2020

Performance Report

Purpose of Report

The purpose of this report is to provide the Council of Governors with a brief update of how the Trust was performing at the end of September 2020 during this extremely challenging period. The report focuses on key finance, performance and workforce measures.

Executive Summary

The report provides the Board of Directors with information that demonstrates how the Trust is performing against a suite of key targets and measures. Performance is summarised in an assurance summary dashboard with targets identified, where a specific target has been agreed. Where a specific target has not been agreed or specifically commissioned, colleagues will be able to track performance over time and discuss/challenge any specific variation that may be of concern or unusual. Further detailed statistical process control charts for the measures are included in appendix 2. The main areas to draw to the Board's attention to are as follows:

Finance

Revenue: In order to 'true-up' to breakeven we accrued top-up income amounting to £458k for September 2020. This brings the top ups that have been required in the first half of the financial year to a total of £2.5m.

Within the overall costs for the month we incurred £780k for COVID-19-related costs. For the first half of the financial year our COVID-19-related costs have been £4.5m. Agency costs, particularly COVID-19-related, are quite high for the early part of the year which means that we have spent £1.7m on agency staff in the first half of the financial year compared to the ceiling of £1.5m. The forecast assumes agency costs are above the ceiling of £3.03m by £265k (8.7%), however this does include a level of contingency of £325k for any current unknown agency posts.

Our Adult Acute out of area costs are also increasing which is above the planned reducing trajectory by £0.8m. Out of area placements are required because not all Trust beds are available for use due to the need to maintain COVID-19-secure inpatient environment. This is the case even if 'vacant' bed numbers exceed the number of out of area placements.

The forecast at month 6 is in line with the recent month 7-12 plan submission (see separate paper) with a deficit of £0.6m. The forecast is based on the block income payments which have been notified to us by NHSI along with Local Authority income based on agreed contracts and an assumption for other non-clinical income. The forecast income does include a COVID-19 top up allocation of £0.7m per month (£4.2m), which has been agreed by the System and a share of the System top up allocation of £0.7m. There is also £3.1m of income included in the forecast from the System growth allocation in order to fund the MHIS investments. These investments have been covered in month 1-6 through the 'true-up' to breakeven financial regime.

From an expenditure point of view there are some costs that are unfunded that are included in the forecast, which mainly relate to the revenue consequences of the national Capital bids for the Eradication of Dorms. The bids have been submitted but not yet approved by the Treasury, so this is a prudent approach to include these costs in the forecast.

Capital: For 'business and usual' capital we are behind plan by £1.2m. However this is offset by the unfunded COVID-19 capital expenditure for laptops of £1.2m. The COVID-19 capital bid has been approved by the NHSI regional Team for submission to the National team, of which we are still waiting confirmation of funding.

Beyond the 'business as usual' capital requirements, the Board will be aware of our need for substantial refurbishment and new build in order to eradicate dormitories. We have submitted several versions of the bids following discussions with the regional capital team, however at the time of writing we have not heard an outcome. We are told that the size of our requirements mean that our submission will have a longer national approval process.

A verbal update will be provided to Board on any further feedback or progress on these matters.

Operations

Seven day follow-up of patients on CPA, up to March 2020, then three day follow-up of all patients, from April 2020

To date the revised standard has consistently been achieved.

Data quality maturity index

The level of data quality remains well above target and within normal variation. Services are being restored and patient contact activity is increasing, which should start to positively impact on data quality.

IAPT six week referral to treatment and people completing treatment who move to recovery

With the service having re-opened to digital referrals on 6 July and all staff having returned to their substantive posts by 6 September, this meant that there was capacity to achieve the two targets, with further improvement expected next month.

Patients placed out of area – adult acute

The number of patients in acute out of area beds has been reducing. We have increased commissioning of beds at Mill Lodge Hospital, Kegworth. Work is underway to improve the interface with Mill Lodge in order to enable the delivery of continuity of care.

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

The number of patients in PICU out of area beds is reducing. We are holding weekly meetings with the Clinical Commissioning Group (CCG) in order to monitor bed use and explore alternative arrangements.

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

CAMHS continue to utilise telephone and Attend Anywhere as vehicles to support clinical contacts; face to face appointments are offered only when clinically indicated. This is having a positive impact on the size of the waiting list.

Waiting list for community paediatrics

Significant progress continues to be made to reduce waits and the volume of activity undertaken in September was the highest to date. At the end of September the number of children on the waiting list was at the lowest level achieved to date. When the

neurodevelopmental assessment pathway opens we anticipate a large increase in the number of referrals.

Waiting list for autistic spectrum disorder (ASD) assessment

Following the return of redeployed ASD staff to the team and a successful pilot of Attend Anywhere, the team has been undertaking ASD assessments since September, either remotely or where required via home visit. The current ASD waiting list is 972. The longest wait is around 2.5 years, with the assessment hiatus in March-July having had a further negative impact on overall waiting times.

Waiting list for psychology

The average wait to be seen continues to increase and has been higher than normal for the last 5 months. Conversely the number of patients on the waiting list has been lower than normal for the past four months. Activity is largely being undertaken remotely using telephone or video (Attend Anywhere), with a phasing down of non-critical work.

Admissions

a. Adult Acute

There has been a sustained level of acuity in adult acute inpatients, which can be seen in the reasons for admission, with “in crisis” or “ongoing or recurrent psychosis” accounting for over two thirds of all admissions. In September almost half of the admissions were people admitted under the Mental Health Act. This increased acuity results in an associated increase in activity, clinical care and observations.

b. Older Adult

There has also been a sustained level of acuity in older adult inpatients, with the majority of admissions being under the Mental Health Act. This increased acuity results in an associated increase in clinical care, observations and activity and has also resulted in an increase in incidents of patient aggression towards staff and other patients.

Phase 3 of the NHS response to the COVID-19 pandemic

As reported previously, to help address some of the wider health inequalities persisting in society that have been exposed by COVID-19, the NHS has been tasked with a number of actions. One of these is that all NHS organisations should proactively review and ensure the completeness of patient ethnicity data. Although as a Trust our level of data completeness has been consistently high for a number of years, the pandemic is having a negative impact on recorded ethnicity. Despite this slight deterioration in recorded ethnicities during the pandemic, the large volume of ethnicities that have been recorded is statistically reflective of the patient population as a whole.

Workforce

In order to reduce the burden and release capacity to manage the COVID-19 pandemic, all NHS organisations were instructed to suspend appraisals and revalidation and to reduce the volume of mandatory training as appropriate. This “pause” has now been re-started and the backlog that has resulted is now being addressed.

Compulsory training

As part of the restoration phase a Training Cell within the Incident Management Team (IMT) has been convened to support the Divisions with regards to critical areas covering statutory, mandatory and role-specific training for professional development. The Cell will monitor progress against agreed training recovery plans following the period where

training was paused owing to the pandemic. Particular focus is being given to ILS and Infection control training in our inpatient areas. All areas of training where there is lack of compliance are being monitored weekly through a dashboard. There are ongoing efforts to address demand and capacity to ensure there is enough face to face training being delivered. Further support is being given to encourage the use of E Learning where this is a suitable alternative in many of the areas showing low levels of compliance.

Staff absence

This month's sickness absence levels have risen above the Trusts target to 5.12%. Sickness absence rates increased by 1.15% when compared to last month. Generally over the last 6 months the absence rates for short and long term sickness have improved with August 2020 showing the lowest rate of absence at 3.97%. COVID-19 absence includes both suspected and confirmed cases with suspected cases accounting for 4.38% of the total absence figure and confirmed cases accounting for 1.91%. There is now a slight rise in cases being reported which is in line with national test and trace results and the increase nationally in COVID-19 cases.

Annual appraisals

The level of annual appraisals completed dropped below normal for the first time in almost 2 years. Appraisals both medical and non-medical were paused as part of the COVID-19 response, these have now been stood back up as part of the recovery phase and efforts are ongoing to improve levels of compliance

Supervision

The levels of compliance with the clinical and managerial supervision targets have remained lower than normal since the start of the pandemic.

Quality

Incidents

We are currently seeing an increase in the number of incidents of moderate to catastrophic harm, this being significantly impacted by deaths of people within our substance misuse services.

Seclusion and restraint

The use of seclusion and restraint was within normal variation, although with a potentially reducing trend in physical restraint and prone restraint linked to ongoing reducing restrictive practice work being undertaken.

Complaints, concerns and compliments

The number of complaints increased between June and September to more usual levels as we began to re-establish services, with a particular theme in both concerns and complaints being around access to services

Number of falls on inpatient wards

Reported falls are increasing over recent months, linked to enhanced reporting and a national increase in falls due to older people being less active during COVID-19 lockdown.

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

Assurances

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

Consultation

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

Governance or Legal Issues

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

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

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

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

Recommendations

1) The Council of Governors is requested to consider the content of the paper as presented from the perspective of the Non-Executive Directors on how they have held the Executive Directors to account through their role.

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

1. Assurance Summary

Indicator	Rating[1]	Data Quality	Indicator	Rating[1]
Operational				
CPA 7 day follow-up to Mar 20, then 3 day follow-up all patients	?		Waiting list for care coordination – number waiting	See chart
Data Quality Maturity Index (DQMI) - MHSDS data score	P		Waiting list for care coordination – average wait	See chart
Early Intervention (EIP) RTT within 14 days - complete	P		Waiting list for ASD assessment – number waiting	See chart
EIP RTT within 14 Days - incomplete	P		Waiting list for ASD assessment – average wait	See chart
IAPT referral to treatment (RTT) within 18 weeks	P		Waiting list for psychology – number waiting	See chart
IAPT referral to treatment within 6 weeks	P		Waiting list for psychology – average wait	See chart
IAPT people completing treatment who move to recovery	?		Waiting list for CAMHS – number waiting	See chart
Patients placed out of area - adult acute	See chart		Waiting list for CAMHS – average wait	See chart
Patients out of area at month end - adult acute	See chart		Waiting list for community paediatrics – number waiting	See chart
Patients placed out of area - PICU	See chart		Waiting list for community paediatrics – average wait	See chart
Patients out of area at month end - PICU	See chart			
Workforce				
Annual appraisals	F		Clinical supervision	F
Annual turnover	?		Management supervision	F
Compulsory training	?		Vacancies	F
Sickness absence	?		Bank staff use	?

[1]The rating symbols were designed by NHS Improvement

Key:

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

2. Detailed Narrative

Operations

A. Seven day follow-up of patients on CPA, up to March 2020, then three day follow-up of all patients, from April 2020

In line with the recommendations of the annual National Confidential Inquiries[1], which have consistently found that people are at most risk of self-harm or suicide in the first two to three days following discharge, from April 2020 the national standard for follow-up post discharge from inpatient wards was reduced from seven days to 72 hours and revised to include all patients, not just those on the Care Programme Approach (CPA). To date the revised standard has consistently been achieved. Confidence limits will be calculated for the new standard once there are enough data points: SPC charts require a minimum of 10 data points in order to create a valid chart, although there is increased reliability when using 20 or more data points[2].

B. Data quality maturity index

The level of data quality remains well above target and within normal variation. Services are being restored in line with national instruction[3] and patient contact activity is increasing. This will positively impact on data quality, which is likely to start to be reflected next month.

C. IAPT 6 week referral to treatment and people completing treatment who move to recovery

With the service having re-opened to digital referrals on 6 July and all staff having returned to their substantive posts by 6 September, this meant that there was capacity to achieve the two targets, with further improvement expected next month.

D. Patients placed out of area – adult acute

The number of patients in acute out of area beds has been reducing. We have increased commissioning of beds at Mill Lodge Hospital, Kegworth and this is now stands at 11. Work is underway to improve the pathway to and from Mill Lodge and also on how DHCFT services keep in touch with patients at Mill Lodge. This will enable the delivery of continuity of care and enable beds to be regarded as appropriate out of area beds.

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

The number of patients in PICU out of area beds is reducing. Currently there are 10 male and 8 female patients which is a significant change to the previous gender profile. We are holding weekly meetings with the Clinical Commissioning Group (CCG) in order to monitor bed use and explore alternative arrangements. The CCG are looking to block contract with providers. There may be an opportunity to develop “continuity of care” principles with providers in order to enable placements to be regarded as “appropriate” out of area beds.

F. Waiting list - Child and Adolescent Mental Health Services (CAMHS)

CAMHS continue to utilise telephone and Attend Anywhere as vehicles to support clinical contacts; face to face appointments are offered only when clinically indicated. This is having a positive impact on the size of the waiting list and for the last 3 months the waiting list has remained within normal levels (appendix 2 page 16.)

The number of referrals dropped significantly for several months as a result of the pandemic but has started to return to normal. However CAMHS Eating Disorder referrals over the last 3 months have increased in both number and acuity.

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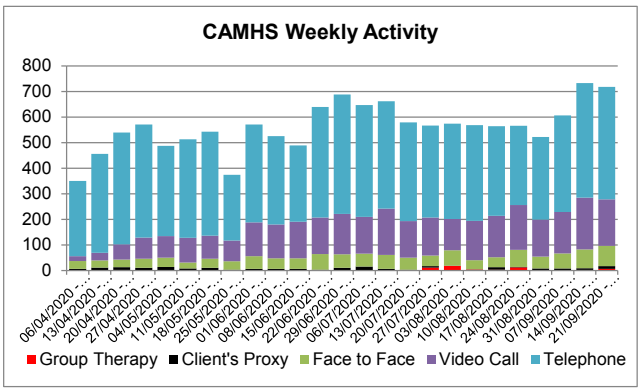
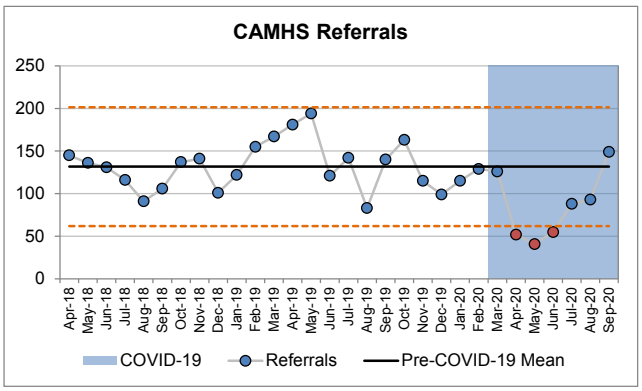
[1] https://sites.manchester.ac.uk/ncish/reports/annual-report-2019-england-northern-ireland-scotland-and-wales/

[2] https://www.england.nhs.uk/improvement-hub/wp-content/uploads/sites/44/2017/11/An-Overview-of-Statistical-Process-Control-SPC.pdf

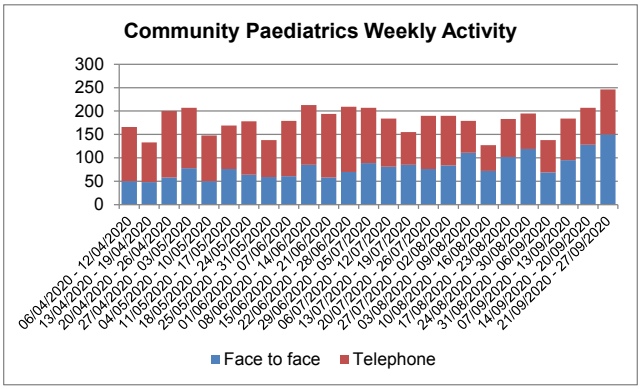
[3] https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/07/Phase-3-letter-July-31-2020.pdf

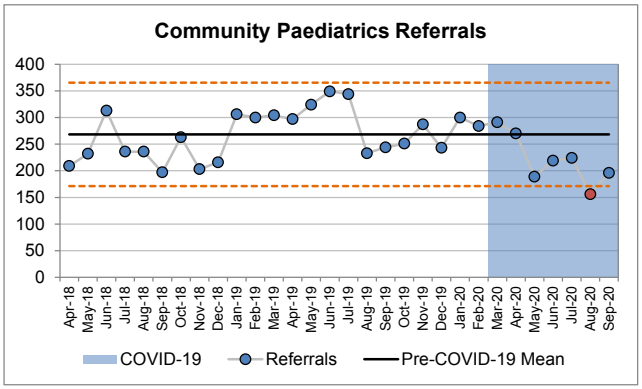




G. Waiting list for community paediatrics

Significant progress continues to be made to reduce waits and the volume of activity undertaken in September was the highest to date. At the end of September the number of children on the waiting list was at the lowest level achieved to date. The number of referrals received has been below average for the last 5 months and was significantly low in August 2020. This reduction was expected because of cross-service closure of the neurodevelopmental assessment pathway. Community paediatrics have agreed to be the service which opens for the starting point (the assessments of children under 6 years old) and so when the full pathway opens we anticipate a large increase in the number of referrals.



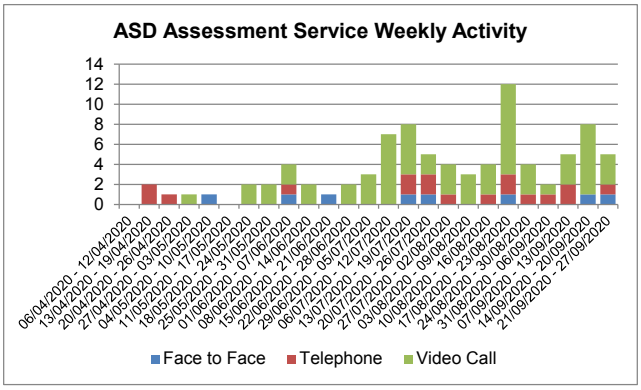


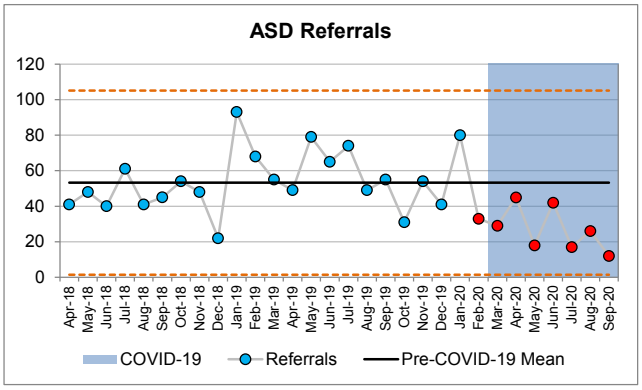
H. Waiting list for autistic spectrum disorder (ASD) assessment

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

The referral rate for 2020/21 is currently the lowest over the past 24 months but still averaging over 150 in 2020/21 so far. The current ASD waiting list is 972 with the longest wait being around 2.5 years, with the assessment hiatus in March-July having had a further negative impact on overall waiting times.

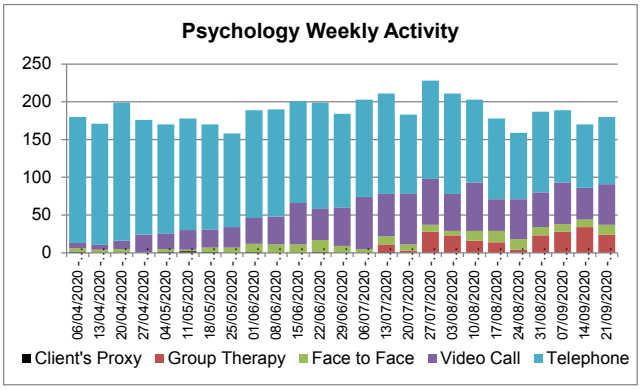
The length of face to face time required for ASD assessments (4 hours) has meant remote assessments are preferred at present whilst a pilot of face to face assessments is being planned to be undertaken at Rivermead to consider viability. There is a potential likelihood that this may lead to a two tier assessment waiting list, with more rapid access for those who can access remote technology.

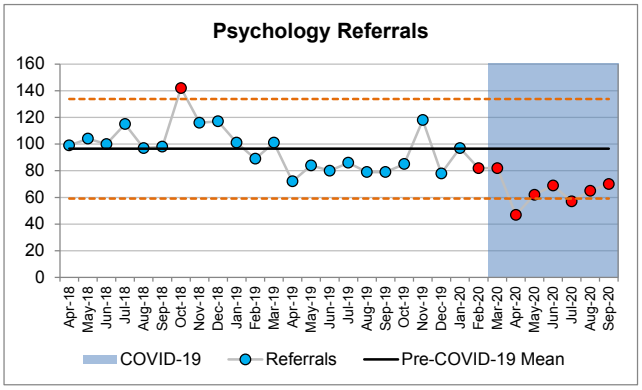




I. Waiting list for psychology

The average wait to be seen continues to increase and has been higher than normal for the last 5 months. Conversely the number of patients on the waiting list has been lower than normal for the past four months. The number of referrals received each month during the pandemic is also lower than normal. Activity is largely being undertaken remotely using telephone or video (Attend Anywhere), with a phasing down of non-critical work.

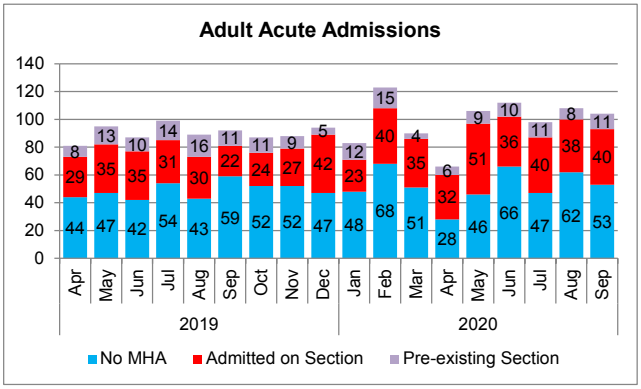


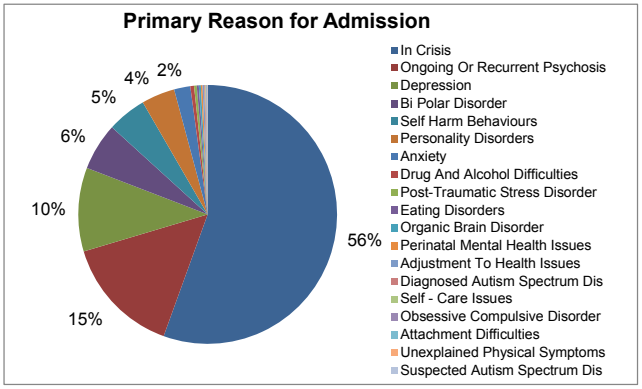


J. Admissions

Adult Acute

There has been a sustained level of acuity in adult acute inpatients, which can be seen in the reasons for admission, with “in crisis” or “ongoing or recurrent psychosis” accounting for over two thirds of all admissions. In September almost half of the admissions were people admitted under the Mental Health Act. This increased acuity results in an associated increase in activity, clinical care and observations.

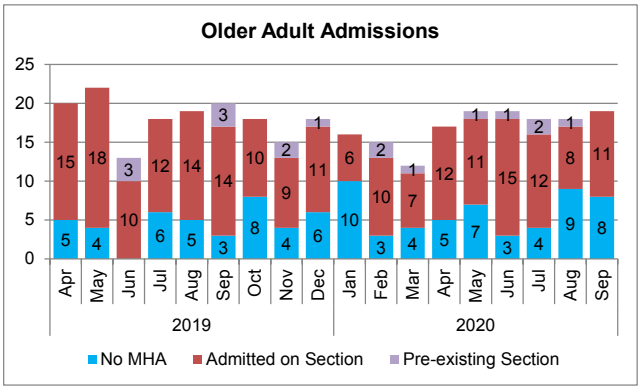


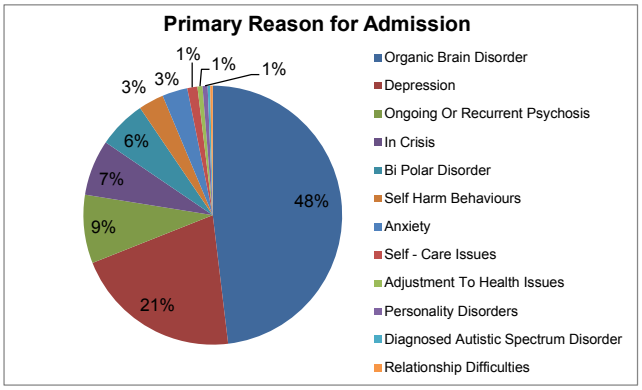


Older Adult

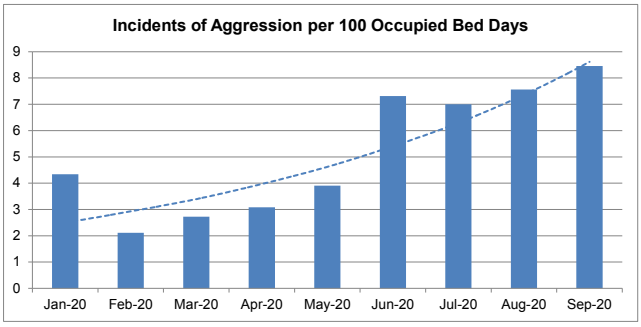
There has also been a sustained level of acuity in older adult inpatients, with the majority of admissions being under the Mental Health Act. This increased acuity results in an associated

increase in clinical care, observations and activity and has also resulted in an increase in incidents of aggression towards staff and other patients.





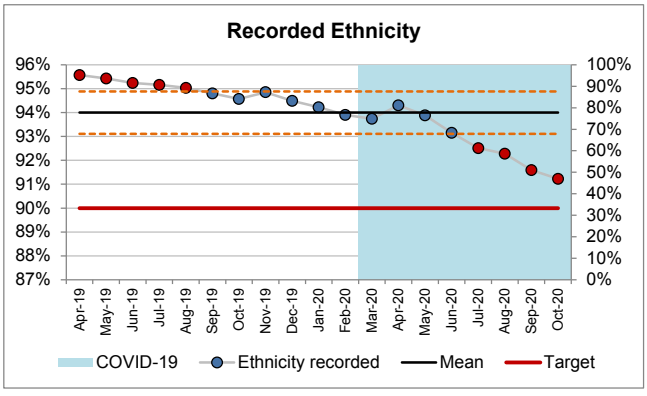
Incidents of aggression:



K. Phase 3 of the NHS response to the COVID-19 pandemic

As reported previously, to help address some of the wider health inequalities persisting in society that have been exposed by COVID-19, the NHS has been tasked with a number of actions[4]. One of these is that all NHS organisations should proactively review and ensure the completeness of patient ethnicity data by no later than 31 December 2020, with general practice prioritising those groups at significant risk of COVID-19 from 1 September 2020.

Although as a Trust our level of data completeness has been consistently high for a number of years, the pandemic is having a negative impact on recorded ethnicity:



The majority of patients without their ethnicity recorded are people who have been referred to us but who are yet to be seen. Up to now GPs have not been required to provide patient ethnicity when making referrals to mental health services and there is no option for the GP to provide ethnicity if they use the national electronic referral system, even if they wanted to. An exception report is sent out weekly to the relevant teams to enable data quality improvement action to be undertaken where possible.

Despite this slight deterioration in recorded ethnicities during the pandemic, the large volume of ethnicities that have been recorded means that statistically we can be 99.9% confident that the known patient ethnicity breakdown is within 0.3% of the ethnicity breakdown of the patient population as a whole. The patient ethnicity breakdown compared with the population we serve is as follows:

[4] https://www.england.nhs.uk/wp-content/uploads/2020/08/implementing-phase-3-of-the-nhs-response-to-covid-19.pdf

Ethnic Group	Patients	Derby & Derbyshire Population
Asian or Asian British	2.8%	3.9%
Black or Black British	1.4%	1.0%
Mixed	1.9%	1.4%
Other Ethnic Group	1.3%	0.4%
White	92.6%	93.3%

Workforce

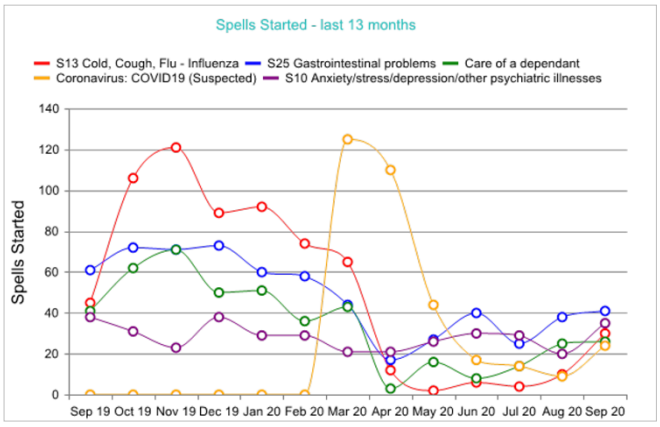
In order to reduce the burden and release capacity to manage the COVID-19 pandemic, all NHS organisations were instructed by Amanda Pritchard, Chief Operating Officer, NHS England and NHS Improvement[5], to suspend appraisals and revalidation and to reduce the volume of mandatory training as appropriate. This has naturally resulted in a backlog of training and appraisals, which now need to be addressed over the coming months. Recent communications have now confirmed that appraisals and revalidations need to recommence and work is ongoing to get the levels of compliance back on track.

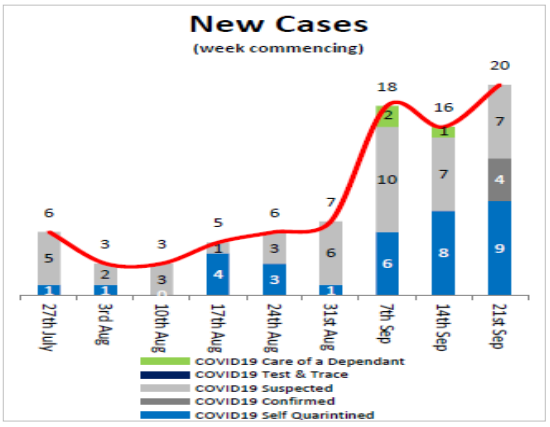
A. Compulsory training

As part of the restoration phase a Training Cell, part of the Incident Management Team (IMT) has been convened to support the Divisions with regards to critical areas covering statutory, mandatory and role-specific training for professional development. The Cell will monitor progress against training recovery plans following the period where training was paused for four months owing to the pandemic. The Divisions are now being provided with regular reports of available training slots and of staff members who did not attend their booked training slot. A Marquee has been installed at Kingsway Hospital to enable delivery of face-to-face training in a safe environment, including induction of new starters.

B. Staff absence

Sickness levels have reduced over the last 6 months with August showing the lowest percentage for the last two years at 3.94%, of which COVID-19 related absence was at 2.86%. This month's sickness levels (September) have begun to rise with the monthly rate of 5.12% of which COVID-19 absence accounted for 6.29% of the absences. Having fallen steadily for a number of months, COVID-19 related absences are now beginning to rise in line with increased numbers of staff self isolating, symptomatic staff and confirmed cases which is in line with the local and national picture. As part of the Incident Management Team response, a Staff Check and Trace cell has been set up to trace and check in with any staff who may have been exposed to the virus, to be able to offer support and guidance and to ensure staff are complying with our infection prevention and control rules and guidance.





C. Annual appraisals

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

The level of annual appraisals completed fell below normal for the first time in almost 2 years. This is now an area of focus to get compliance back on track across all medical and non-medical appraisals.

D. Supervision

The levels of compliance with the clinical and managerial supervision targets have remained lower than normal since the start of the pandemic.

Quality

A. Incidents

We are currently seeing an increase in the number of incidents of moderate to catastrophic harm. Part of this increase when comparing data for the August and September period is due to an increase in deaths, in particular within our substance misuse population.

B. Seclusion and restraint

The use of seclusion and restraint was within normal variation, although with a potentially reducing trend in physical restraint and prone restraint. This might be in line with pieces of work that have been ongoing with regards to reducing restrictive practices such as the introduction of body worn cameras, monitoring of restrictive practice within the “reducing restrictive practice forum” and monthly thematic reviews carried out by the Head of Nursing. This may also be linked to ongoing projects to reduce the need for prone restraint, such as the introduction of safety pods and alternative depot medication injection site procedure and training.

C. Patients in settled accommodation and patients in employment

There are some slight variances in this data, but the very small range on the vertical axis of the graph means that the significance of visible change needs to be approached with some caution. Accommodation and employment will clearly be affected by the current pandemic and its financial consequences, so this data will continue to be monitored closely.

D. Care plan reviews

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

E. Complaints, concerns and compliments

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

F. Duty of Candour

In this report there are two instances of Duty of Candour. The first of these relates to a patient who killed themselves whilst on leave from one of our wards. We treat this as Duty of Candour and record as such by the very nature of the incident. We have met with the person's family and the serious incident investigation is ongoing.

The second incident relates to concerns with regards to an inpatient's care and determining the person's potential risk to health through re-feeding and their need for subsequent transfer to an acute hospital. This patient safety incident is being finalised and we are looking at the systemic learning and how we can reduce this type of incident reoccurring.

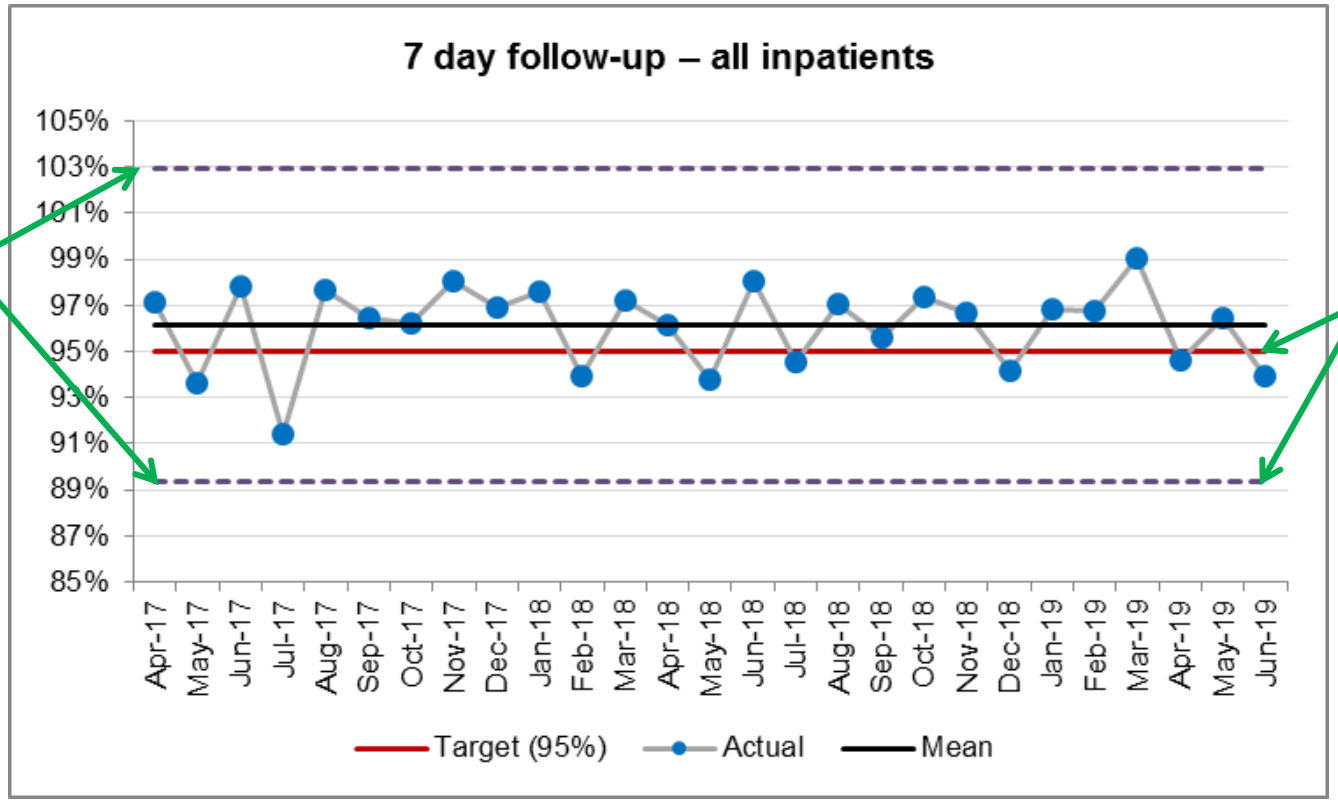
G. Number of falls on inpatient wards

We are reporting an overall increase over recent months, and three things are likely to be influencing this. The first is a particular promotion in training of the good practice of staff recording all falls, including where a person might have only lowered themselves to the floor. The second is the presence of one particular patient on a ward who recorded multiple falls each day, including lowering themselves to the floor, in spite of significant efforts in how that person's care was approached. The third is that nationally we are likely to see an increase in falls generally. This is as a result of people being de-conditioned from exercising less and not going out during the COVID-19 lockdown.

Appendix 1

How to Interpret a Statistical Process Control Chart (SPC)

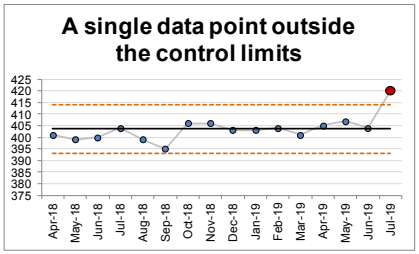
The dotted lines are the "control limits". Any performance between these 2 lines is normal for the current system. This is known as "normal variation"

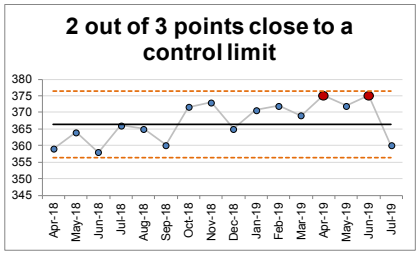


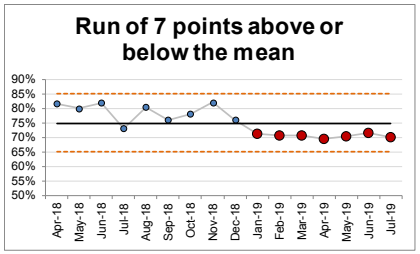
If the system is effective, the **lower** control limit will be above the target line (for targets where higher is better) or the **upper** control limit will be below the target line (for targets where lower is better). In that scenario we have nothing to worry about and can be assured our system is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

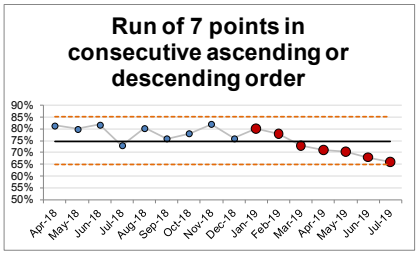
In this case the target line is above the lower control limit which indicates that the system is ineffective.

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



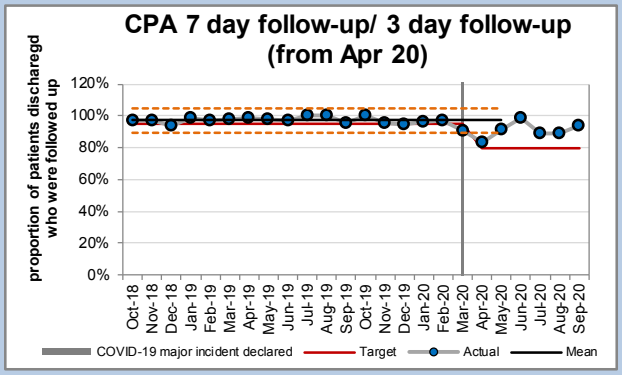


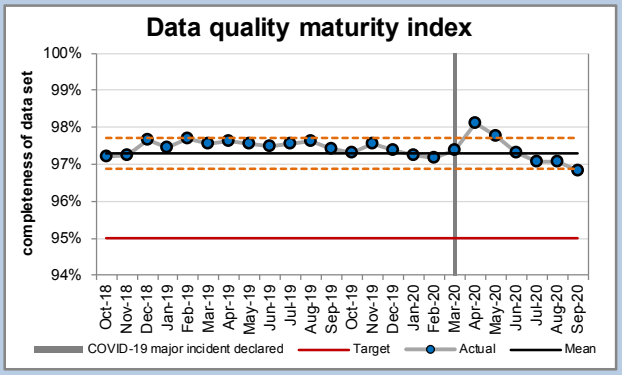


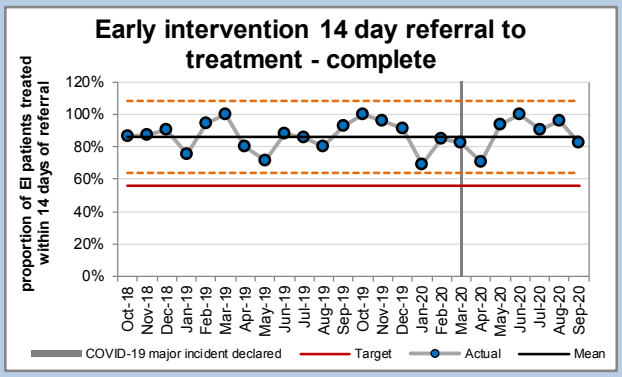


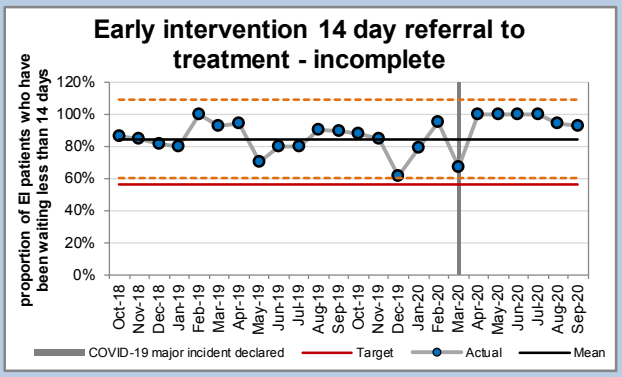
Appendix 2 – Charts[6]

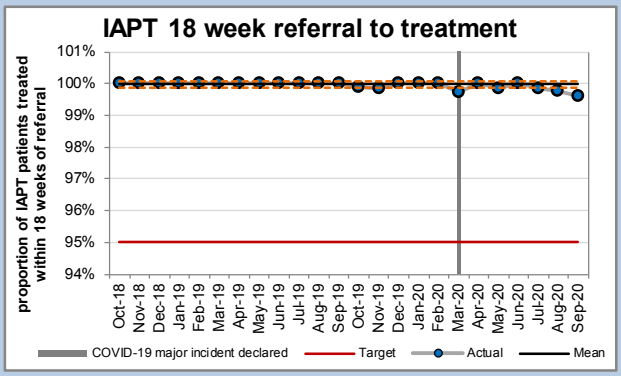
Operational indicators

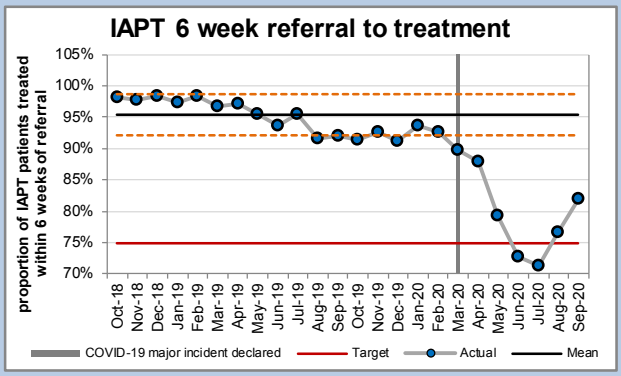


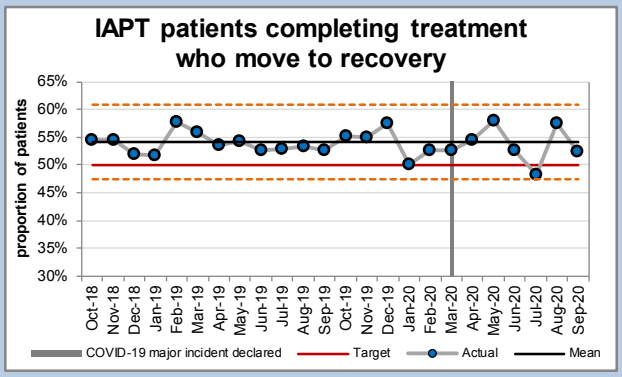






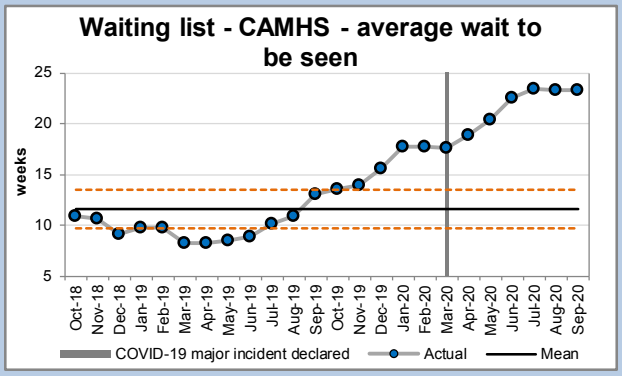


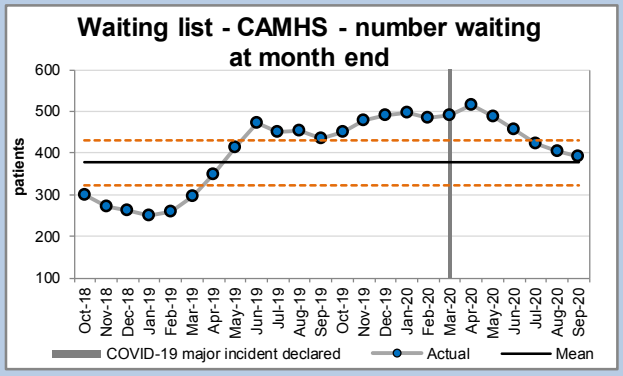


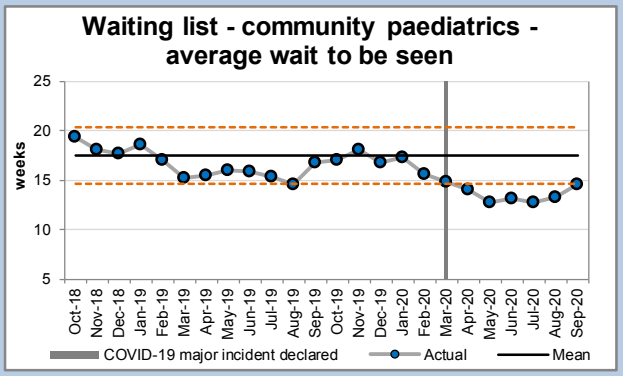


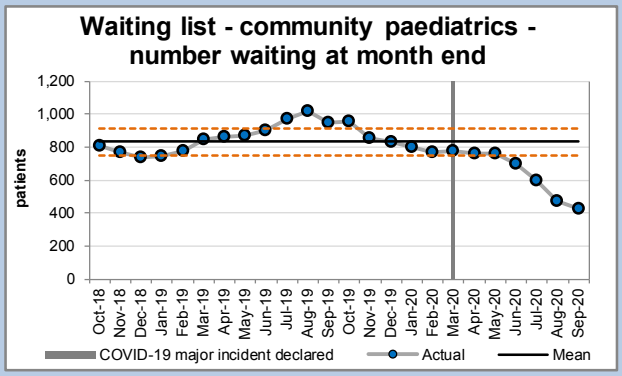
[6] The control limits have been fixed at pre-COVID-19 levels to enable tracking of performance against the norm during the pandemic.

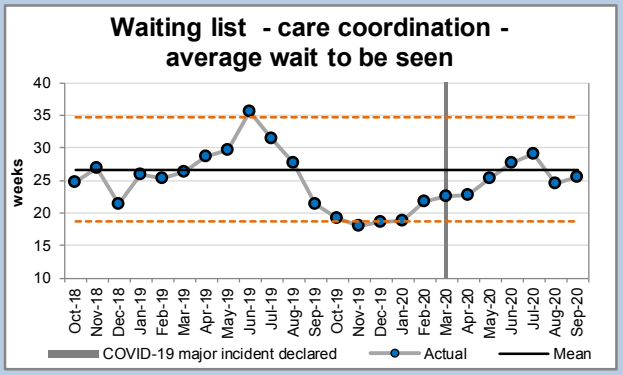
Operational indicators

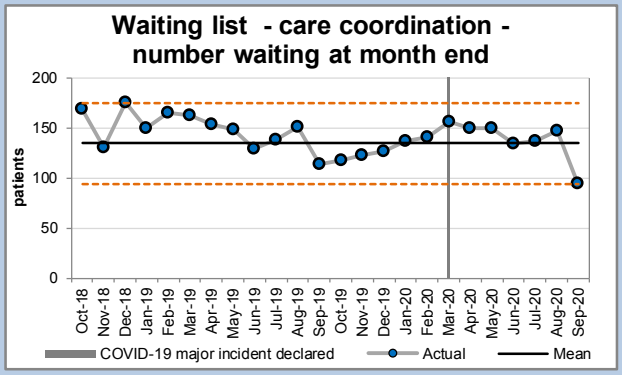


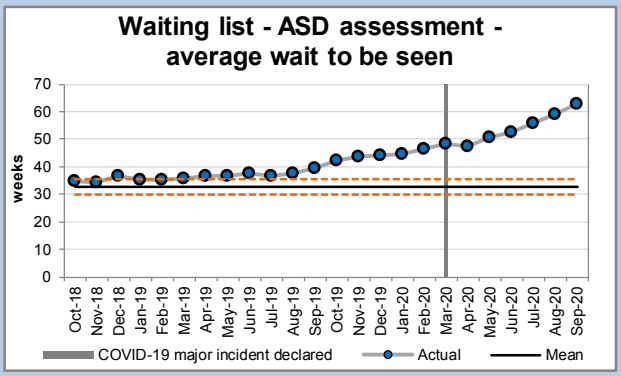


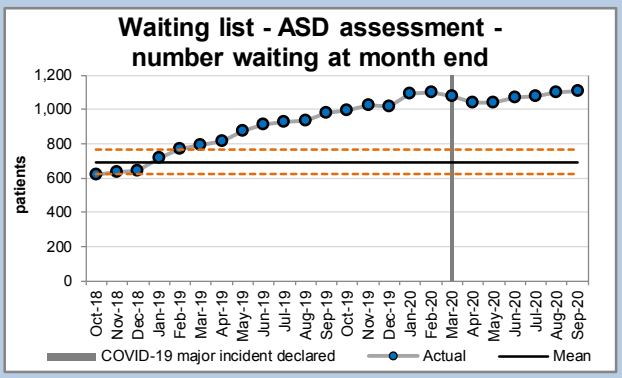


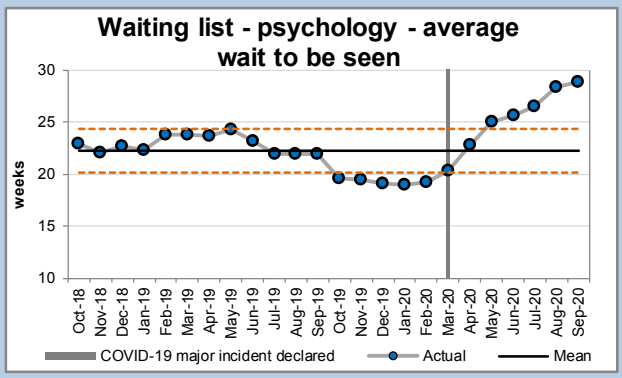


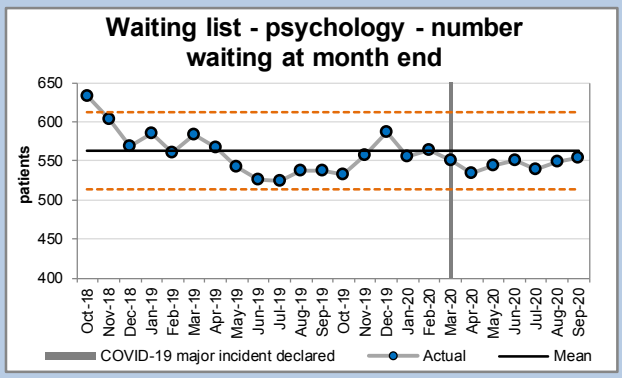




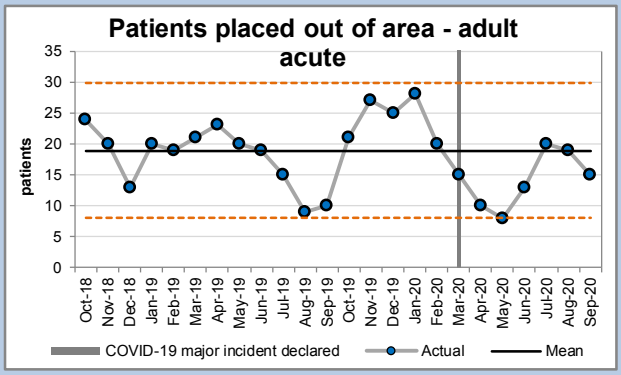


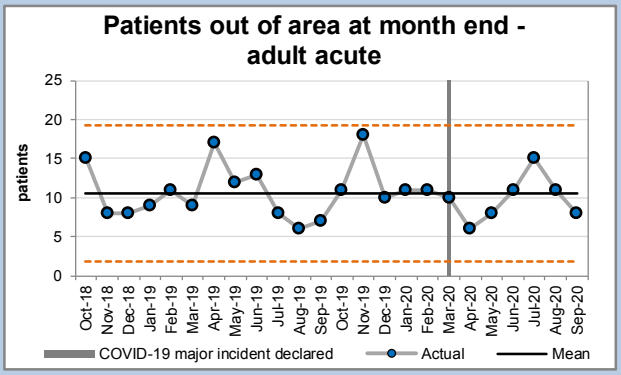


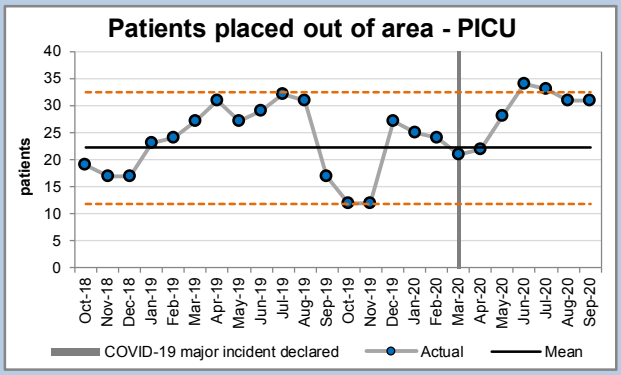


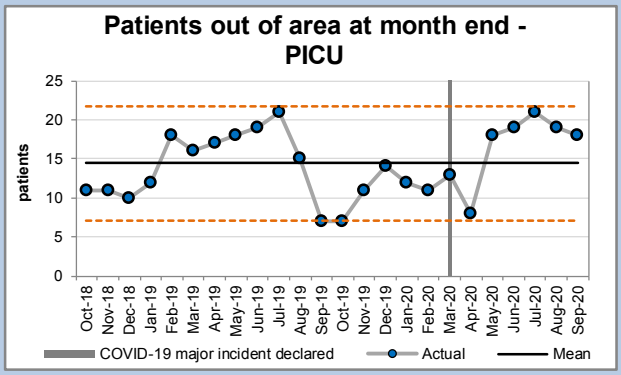


Operational indicators

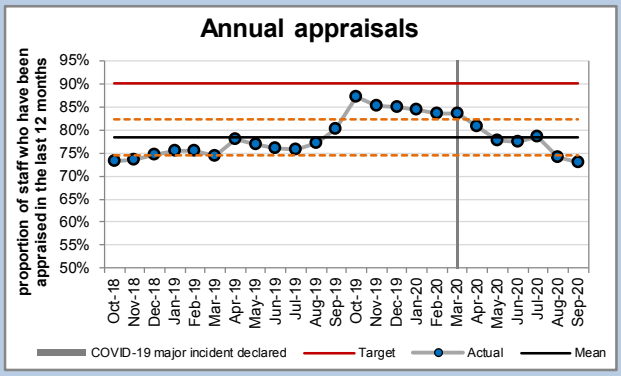


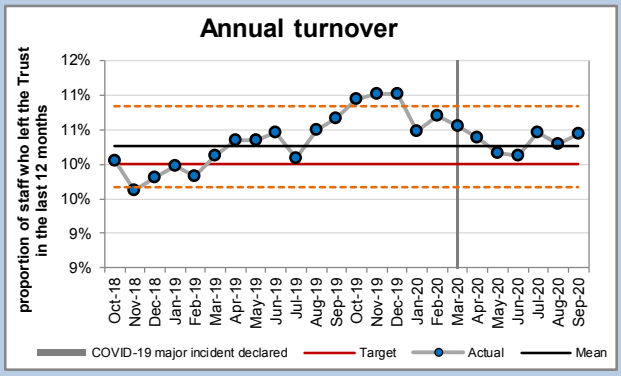


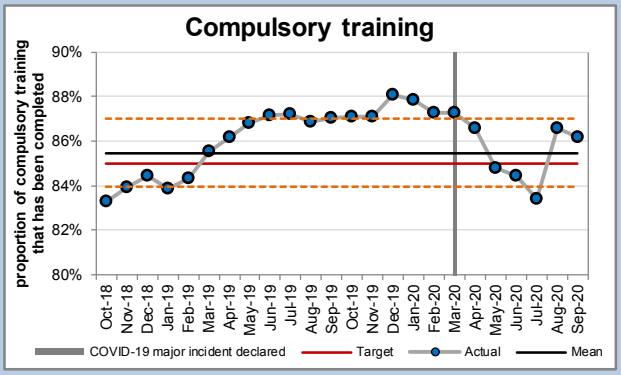


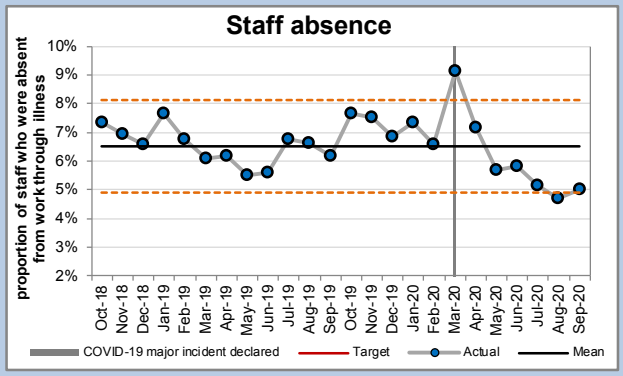


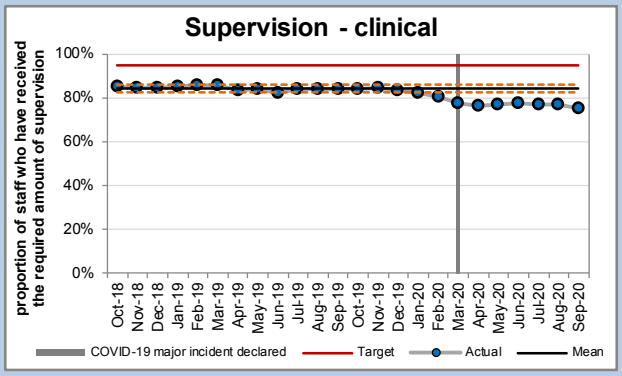
Workforce indicators

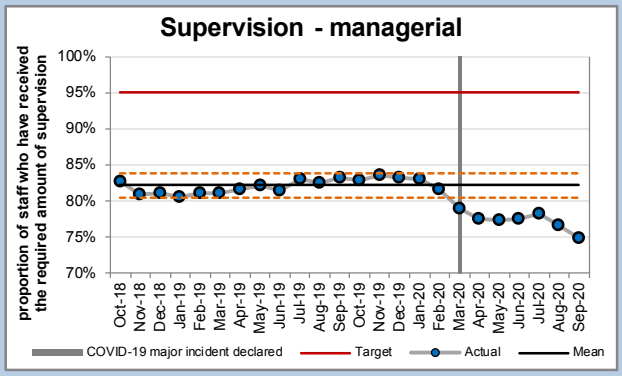


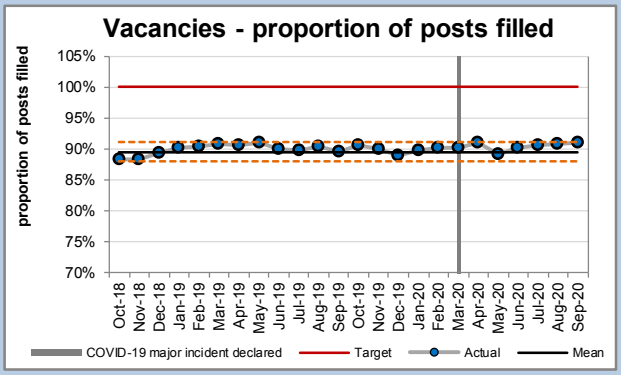


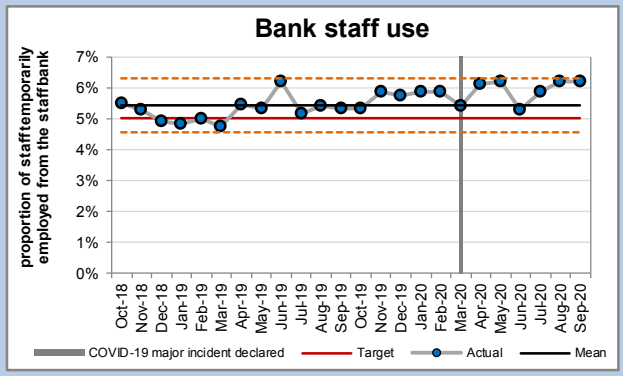








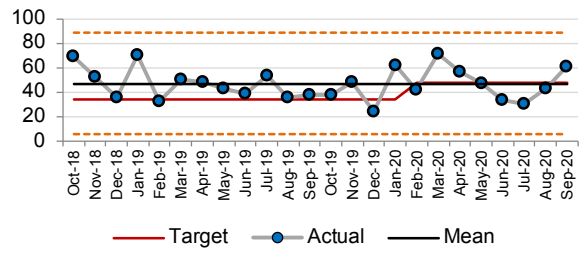




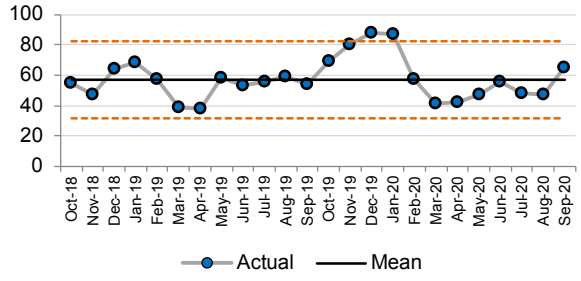
Quality Indicators

Safe

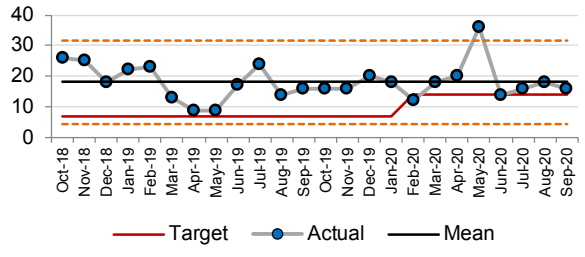
No of incidents of moderate to catastrophic actual harm



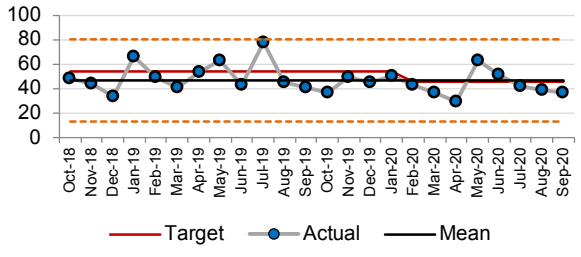
Number of medication incidents



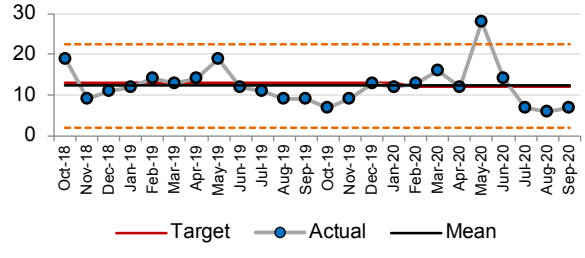
No of new episodes of patients held in seclusion



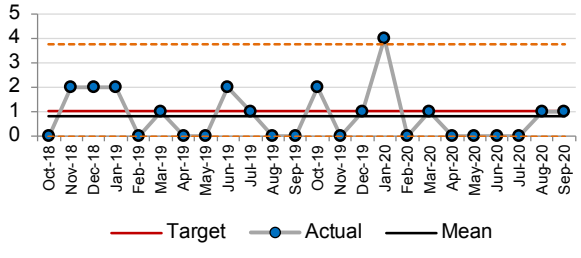
No of incidents involving physical restraint



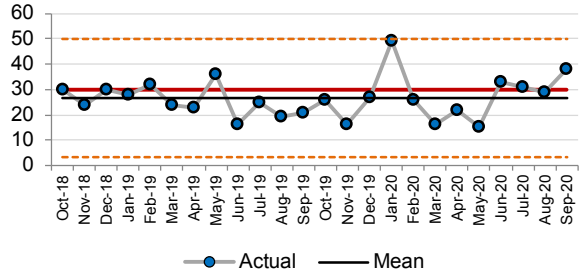
No of incidents involving prone restraint



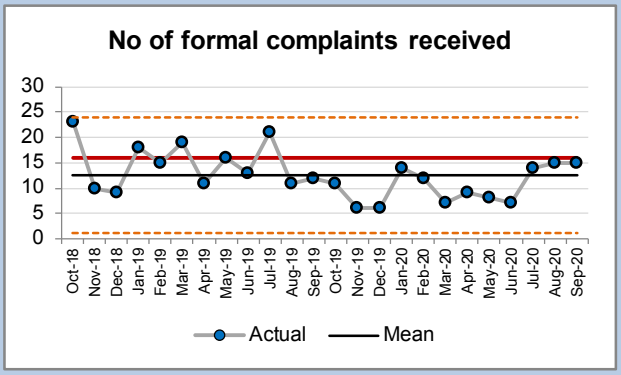
No of incidents requiring Duty of Candour

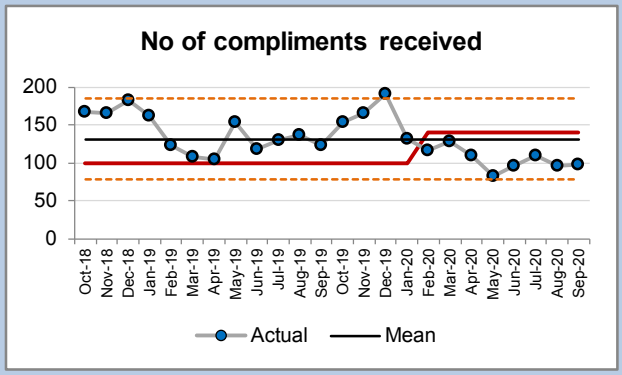


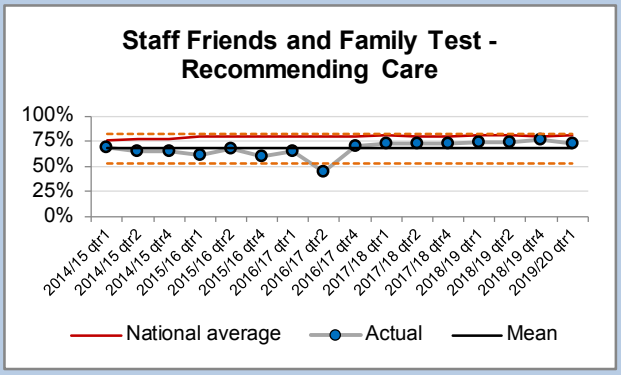
No of falls on in-patient wards



Caring







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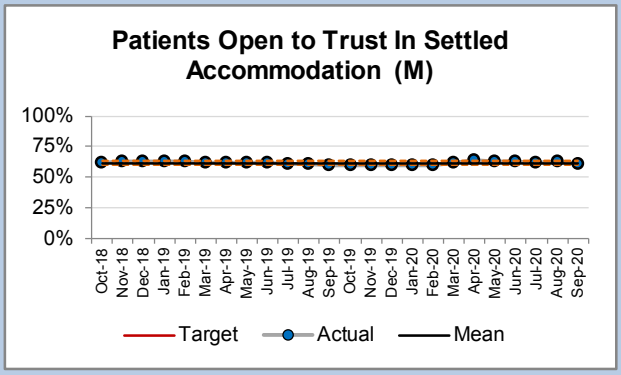

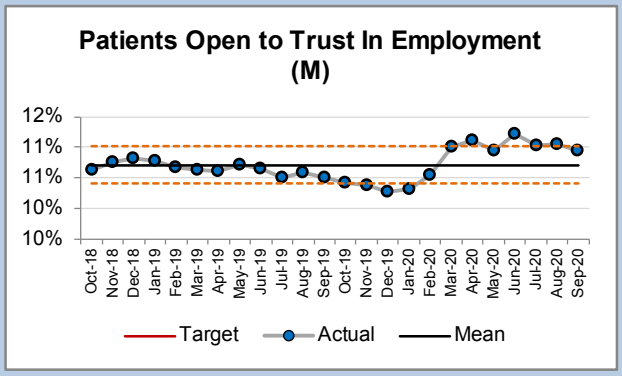

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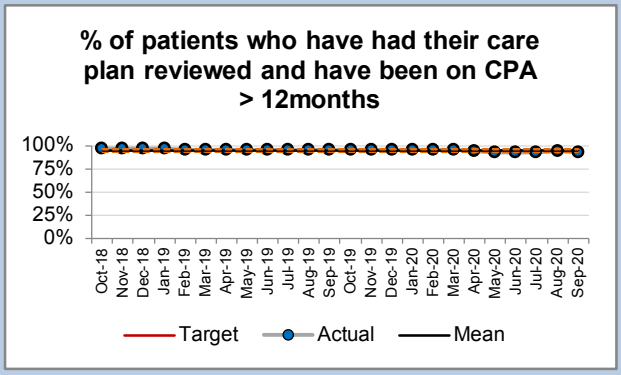

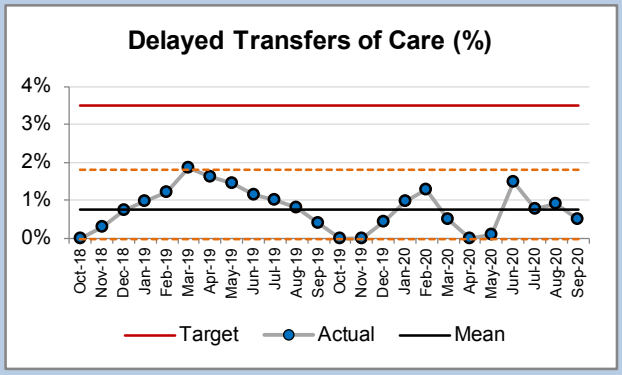

Appendix 3 – Data Quality Kite Mark

Background

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

Approach

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

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

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

KPI Data Quality Reviews

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

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 3 November 2020

Report from Governance Committee

Purpose of Report

The Governance Committee of the Council of Governors (CoG) has met once since its last report to the Council of Governors in September. 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 once on 8 October 2020. Following national guidance on keeping people safe during the COVID-19 pandemic, this meeting was conducted digitally using Microsoft Teams. A dialling in function was available for those governors unable to access 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:

1) Note the report made of the Governance Committee meetings 8 October 2020.

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

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

Report from the Governance Committee – 8 October 2020

Twenty governors (80% of the Council of Governors) attended this meeting held on 8 October 2020.

Feedback on Annual Members' Meeting

- Feedback was positive
- Governor Task and Finish Group has been established to plan next year's Annual Members' Meeting. The Group includes Andrew Beaumont, Valerie Broom, Rachel Bounds, Marie Hickman, Lynda Langley and Julie Lowe.

Membership Data Review

- Governors were encouraged to look at the data presented at the meeting and to contact Denise Baxendale with any questions/queries
- Stephen Wordsworth will send the contact details for the University of Derby's multi-faith group to Denise
- Roy Webb will send the contact details for the Youth Groups/Forums in Derby City to Denise
- The Derby City governors will draft a letter to the Youth Group/Forums
- Rachel Bounds will contact the minority forums and feedback to Denise**.**

Review Membership Strategy 2018-2021 and review Governor Membership Engagement Action Plan

- Denise Baxendale will meet with Rachel Bounds and Jodie Cook to update the action plan Rachel Bounds and Jodie Cook will collate a list of voluntary groups that are meeting virtually
- A Governor Task and Finish Group to be established to review the Strategy and Action Plan and agree priorities for the next six months.

Governors Annual Effectiveness Survey

- Results to be presented to the Council of Governors on 3 November
- Governor Task and Finish Group to be established to review the responses; identify any areas for future governor training and development; discuss any issues raised; and to review the questions for next year.

Governor Code of Conduct

- The review of the Governor Code of Conduct was deferred to the meeting in December.

Consideration of holding to account questions to the Council of Governors

- The Governance Committee agreed to escalate two questions to the Council of Governors relating to people who keep returning to services; and the process for staff exit interviews.

Governor Meeting Timetable 2020/2021

DATE	TIME	EVENT	LOCATION/COMMENTS
3/11/20	9.30am onwards	Trust Board Meeting	This will be a virtual meeting
3/11/20	2.00pm onwards	Council of Governors meeting	This will be a virtual meeting
10/12/20	10.00am-12.30pm	Governance Committee	This will be a virtual meeting
13/1/21	9.30am onwards	Trust Board Meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
13/1/21	2.00pm onwards	Council of Governors and Trust Board development session	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
9/2/21	10.00am-12.30pm	Governance Committee	Meeting Room 1, Albany House, Kingsway Site, Derby DE22 3LZ
2/3/21	9.30am onwards	Trust Board Meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
2/3/21	2.00pm onwards	Council of Governors meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ

NB meetings in 2021 are likely to be virtual meetings.

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

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

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

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

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

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