Derbyshire Healthcare NHS Foundation Trust

COUNCIL OF GOVERNORS' MEETING
TUESDAY 5 SEPTEMBER 2023 14.00- 16.50 HOURS

This meeting will be conducted digitally via Microsoft Teams – Click here to join the meeting

AGENDA		LED BY	TIME
1.	Welcome, introductions and Chair's opening remarks Apologies and Declaration of Interests	Selina Ullah	2.00
2.	Submitted questions from members of the public	Selina Ullah	2.05
3.	Minutes of the previous meeting held on 9 May 2023	Selina Ullah	2.10
4.	Matters arising and actions matrix	Selina Ullah	2.15
5.	Chief Executive's update (verbal)	Mark Powell	2.20
STATUTORY ROLE			
6.	Presentation of the Annual Report and Accounts 2022/23 and report from the External Auditors	Rachel Leyland, Geoff Lewins and external auditors	2.40
7.	Extension of external audit contract	Geoff Lewins	3.00
HOLDING TO ACCOUNT			
8.	Non-Executive Director reports (including Annual Report of the Audit and Risk Committee)	Geoff Lewins	3.05
9.	Escalation items to the Council of Governors from the Governance Committee (verbal)	Selina Ullah	3.15
COMFORT BREAK			3.30
10.	Verbal summary of Integrated Performance Report (full report provided for information)	Non-Executive Directors	3.40
OTHER MATTERS			
11.	Annual Members Meeting update (verbal)	Denise Baxendale	4.10
12.	Governance Committee Reports – 8 June and 8 August 2023	David Charnock and Marie Hickman	4.20
13.	Governor Membership Engagement Action Plan Update (deferred from 9 May 2023 meeting)	Denise Baxendale	4.30
14.	Any Other Business	Selina Ullah	4.40
15.	Review of meeting effectiveness and following the principles of the Code of Conduct	Selina Ullah	4.45
16.	Close of meeting	Selina Ullah	4.50
FOR INFORMATION			
17.	Minutes of the Public Board meetings held on 6/6/23 and 4/7/23*		
18.	Chair's Report as presented to Public Trust Board on 4/7/23 and 5/9/23*		
19.	Chief Executive's Report as presented to Public Trust Board on 4/7/23 and 5/9/23*		
20.	Governor meetings timetable 2023/24		
21.	Glossary of NHS terms		
Next Meeting: Tuesday 7 November 2023, from 14.00 – 17.00 hours			

* These minutes and reports will be available to view on the Trust's website. Click on the 2023 drop down menus and select the relevant agenda and papers.

NHS
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 work compassionately and supportively with each other and those who use our services. We recognise a well-supported, engaged and empowered workforce is vital to good patient care.
Respect – we respect and value the diversity of our patients, colleagues and partners and for them to feel they belong within our respectful and inclusive environment.
Honesty – we are open and transparent in all we do.
Do your best – we recognise how hard colleagues work and together we want to work smarter, striving to support continuous improvement in all aspects of our work.

TEAM
Derbyshire Healthcare

Making a positive difference

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 !

how do we ask effective questions?

Good questions

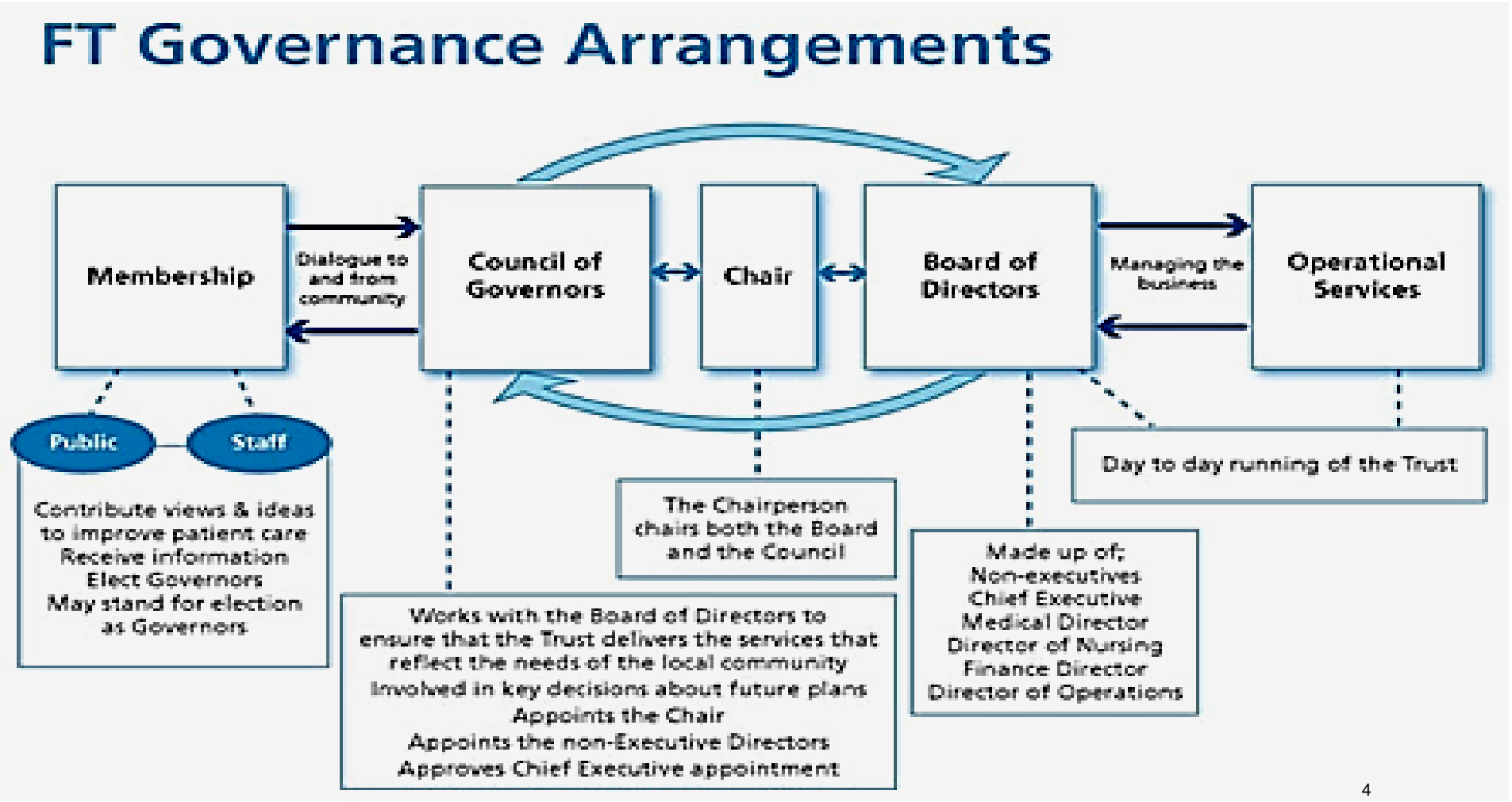
- Help us clarify, explore, open things up, see the whole picture
- Help us identify underlying causes, impacts and patterns
- Help us understand and empathise
- Help us gain fresh perspectives and new ways of seeing
- Help us get to the crux of an issue or problem and reframe it

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

Getting the balance right



Derbyshire Healthcare NHS Foundation Trust

MINUTES OF COUNCIL OF GOVERNORS MEETING
HELD ON TUESDAY 9 MAY 2023 , FROM 14:00-17:00 HOURS
MEETING HELD DIGITALLY VIA MICROSOFT TEAMS

PRESENT	Selina Ullah	Trust Chair and Chair of Council of Governors
	Susan Ryan	Public Governor, Amber Valley
	Angela Kerry	Public Governor, Amber Valley
	Rob Poole	Public Governor, Bolsover and North East Derbyshire
	Jill Ryals	Public Governor, Chesterfield
	Hazel Parkyn	Public Governor, South Derbyshire
	Chris Williamson	Public Governor, Derby City West
	Ogechi Eze	Public Governor, Derby City West
	Andrew Beaumont	Public Governor, Erewash
	Brian Edwards	Public Governor, High Peak and Derbyshire Dales
	Marie Hickman	Staff Governor, Admin and Allied Support Staff
	Jo Foster	Staff Governor, Nursing
	Varria Russell-White	Staff Governor, Nursing
	David Charnock	Appointed Governor, University of Nottingham
	Stephen Wordsworth	Appointed Governor, University of Derby
	Jodie Cook	Appointed Governor, Derbyshire Mental Health Forum
	Rachel Bounds	Appointed Governor, Derbyshire Voluntary Action
	Tom Bladen	Public Governor, Derby City East
	Graeme Blair	Public Governor, Derby City East
IN ATTENDANCE	Vikki Ashton Taylor	Director of Strategy, Partnerships and Transformation
	Rachel Leyland	Interim Director of Finance
	Justine Fitzjohn	Trust Secretary
	Lynn Andrews	Non-Executive Director
	Ashiedu Joel	Non-Executive Director
	Deborah Good	Non-Executive Director
	Ralph Knibbs	Non-Executive Director
	Geoff Lewins	Non-Executive Director
OBSERVING:	Moosa Patel	External Consultant – Office of Modern Governance
	Jane Landick	External Consultant - Office of Modern Governance
	Sarah Boulton	External Consultant - Office of Modern Governance
APOLOGIES	Denise Baxendale	Membership and Involvement Manager
	Tony Edwards	Non-Executive Director
	Laurie Durand	Staff Governor, Medical and Dental
	Ivan Munkley	Public Governor, Bolsover and North East Derbyshire
	Ruth Grice	Public Governor, Chesterfield
	Martyn Ford	Appointed Governor, Derbyshire County Council
	Chris Mitchell	Public Governor, High Peak and Derbyshire Dales
	Jan Nicholson	Staff Governor, Allied Professions
	Kel Sims	Staff Governor, Admin and Allied Support Staff
	Annette Gilliland	Public Governor, Rest of England

ITEM	**ITEM**
DHCFT/GOV/2023/015	**WELCOME, INTRODUCTIONS, APOLOGIES FOR ABSENCE & DECLARATION OF INTERESTS** Selina Ullah, Trust Chair welcomed all to the meeting. She specifically extended a welcome to Mark Powell, the new Chief Executive for the Trust. Moosa Patel, Jane

	Landick and Sarah Boulton were observing the meeting as part of the Well Led Review. Apologies were noted for Laurie Durand and Tony Edwards. Interests were declared by the Chair and Non-Executive Directors as detailed in minute DHCFT/GOV/2023/020 below. There were no other declarations of interest.
DHCFT/GOV/2023/016	**SUBMITTED QUESTIONS FROM MEMBERS OF THE PUBLIC** It was noted that no questions from members of the public have been received.
DHCFT/GOV/2023/017	**MINUTES OF THE MEETING HELD ON 7 MARCH 2023** The minutes of the meeting held on 7 March 2023 were accepted as a correct record.
DHCFT/GOV/2023/018	**MATTERS ARISING AND ACTION MATRIX** No matters were raised and items from the Action Matrix were carried forward to the next meeting.
DHCFT/GOV/2023/019	**CHIEF EXECUTIVE'S UPDATE** Mark Powell gave a presentation which covered his initial approach to the role, his view of the key challenges and the opportunities for working together. The following was covered: • Mark's motivation for returning to the Trust as Chief Executive and his initial view that the Trust is in a good place but there is still lots to do. Over the past few weeks Mark has been visiting a lot of different locations to see the teams and the services as well as to reconnect with colleagues. • His approach – to listen and learn, meeting as many people as he can over the first three to four months and re-affirming the clarity of purpose and direction. This will include taking decisions that need to be made and communicating these clearly and to take the time to develop key priorities, co-created with colleagues and stakeholders • The areas that are important to Mark; including: - Working in partnership with patient and carer groups to improve experiences. - Working closely with stakeholders and partners - Regular staff engagement that is effective and meaningful - Engaging and empowering our leaders - Closing the gap – health inequalities and how we can support population health management • The key challenges were set out as workforce, finances and the significant increases in demand for our services. Mark indicated how keen he was to work with the Council of Governors, asking for the governor's help to enable a greater reach into our communities and support with our community development ambition. He concluded that although there are key challenges the Trust will continue to be a People First organisation, putting patients, staff and other stakeholders at the heart of what we do. Selina thanked Mark for his presentation and the following comments/queries were raised: • David Charnock, Appointed Governor for the University of Nottingham, queried the health inequalities issue, specifically for people with learning disabilities and how we can close the gap there. Mark responded this is a key priority within the Derbyshire Integrated Care System (ICS) and that the

	Trust is already looking at its own services to achieve better outcomes and better access, but will also work in the system to influence the improvements needed. • Jill Ryals, Public Governor for Chesterfield, asked for Mark's view on how we can integrate services to become more efficient and provide a better service for the people of Derbyshire. Mark responded that it was about providing an environment where teams can work better together, harnessing each other's expertise. He added that some great collaborative work is already happening and we have to build on this and break down some organisational barriers. • Varria Russell-White, Staff Governor asked what strategy is in place for staff engagement and building staff morale. Mark repeated his commitment for strong staff engagement adding that it was really important to act on what staff are telling you. He was aware of some of the areas that were leading to low morale such as lack of personal development and the Trust is already looking to improve the opportunities for staff to progress. • Brian Edwards, Public Governor for High Peak and Derbyshire Dales, pointed out the geographic inequality due to the majority of services being focused in the two main population centres, Derby and Chesterfield, which could be a disadvantage to communities such as Buxton. He asked for the Trust to look into geographical re-distribution of services and asked for a focus on mental health in the farming community. Mark responded that he was in Buxton recently where he visited four of the teams in the area. He gave assurance that where people can access services would be included in the wider inequalities work. • Brian also referred to the financial situation of the Trust and would like to ensure that governors all understand the size of the challenge. Mark gave additional information on the financial and operating plan that had just been submitted. He was happy to continue to update governors on finances at the Council of Governors meetings and was aware that governors are also sent the Board reports which will contain the detailed finance reports. • Jodie Cook, Appointed Governor for Derbyshire Mental Health Forum, following up on Brian's point, mentioned the work the voluntary sector does in communities as key members of the ICS. This included running Crisis Cafés in Buxton, Ripley and Swadlincote. She also mentioned the work she is doing with the Deaf Community and the work by the public health team on suicide prevention in farming communities. Both Jodie and Rachel Bounds, Appointed Governor for Derbyshire Voluntary Action, offered to work with the Trust as Appointed Governors to ensure that governors can have that influence as part of ICS. Mark thanked Jodie for her comments and confirmed that both Selina and he are committed to using their influence to ensure that partnership and collaboration happens. • Susan Ryan, Public Governor Amber Valley, referred to the Trust being renowned for the values and support for its staff, and she wondered how we can build further on that and translate it into improving performance. Mark agreed that the values of the Trust, putting people first (including patient and colleagues) is really important and he would be wanting to empower staff to provide the best possible care. • Hazel Parkyn, Public Governor South Derbyshire, mentioned that she also sits on the PLACE meetings for South Derbyshire but not everybody attends meetings like the Trust meetings or the Council of Governors so how will the communities get to know about the latest services and innovations being delivered by system working. Mark offered to meet with Hazel as he would like to obtain some more detail about the issues being raised in the South Derbyshire community and asked her to contact him directly on this.

	Justine Fitzjohn, Trust Secretary, mentioned that the ICS has recognised the demand from governors to know more about system working and how they can be involved. A series of virtual workshops were being planned and the details will be promoted in Governor Connect. Selina thanked Mark for his detailed and interesting presentation. **RESOLVED: The Council of Governors noted the Chief Executive's update.**
DHCFT/GOV/2023/020	**REPORT FROM GOVERNORS NOMINATIONS AND REMUNERATION COMMITTEE ON CHAIR AND NED APPRAISALS** **The Chair and Non-Executive Directors (NEDs) declared an interest in the appraisal updates. The Council of Governors confirmed that it was happy for the NEDs to stay in the meeting while their appraisals were being discussed but it was agreed that the Chair would leave the meeting during the time the Senior Independent Director went through the outcomes for the Chair's appraisal.** The Council of Governors considered a report that provided an update from the meeting of the Governors Nominations and Remuneration Committee held on 25 April. The update was given in three parts: **1) NED appraisals** Selina as Chair reported that she leads the appraisals for the NEDs and explained the process that had been carried out. Yearly appraisals were conducted for Geoff Lewins, Ashiedu Joel and Deborah Good but part year appraisals for Ralph Knibbs, Tony Edwards and Lynn Andrews as they had been in post for less than a year. The full detail had been presented to the Committee which had confirmed its full assurance on the robustness of the appraisals and had congratulated the NEDs on their performance. Selina confirmed that objectives had been set for all the NEDs going forward and that development plans have been agreed with individual NEDS. **At this point in the meeting Geoff Lewis declared an interest and withdrew from the meeting during the time that his re-appointment was discussed** **2) Re-appointment of a Non-Executive Director.** Selina added that one of the roles of the Nominations and Remuneration Committee is to receive updates on the Board NED composition and plan for vacancies to ensure we have the right experience and skills in place. She stated that, given the fact that the Board has a number of newly appointed NEDs and that the Trust was going through a significant period of change in relation to ICS, it was important to retain the corporate memory on the Board. On this basis she asked the Council of Governors to re-appoint Geoff Lewins, the Boards longest standing NED and Chair of the Audit and Risk Committee for a further 12 month term when his second three year term ends at the end of November. The Nominations and Remunerations Committee had been in full support of this proposal, noting that he continues to make a significant contribution as a Board member. The Council of Governors unanimously supported his re-appointment **Geoff re-joined the meeting and was congratulated on his re-appointment**. **3) Year-end reports** A number of year end reports had been received by the Committee: - Time commitment, balance of skills, committee membership and succession planning

	- Annual collective performance of the Committee – this had been included in the agenda pack and confirmed that the Committee had been effective in the 2022/23 period - Terms of Reference had been reviewed and were presented to the Council of Governors for approval. In response to a query from Brian Edwards, on whether we have the right mix of skills and strength on the Board to meet the future challenges, Selina responded that she was confident that there was. She explained that these future challenges had been at the fore during the recruitment of the new Non-Executive Directors, in which governors were involved. There had been careful consideration of the experience so there was a mix of NHS and non NHS, including the commercial sector. Moosa Patel, external consultant for the Well Led review, introduced himself at this point and added that as part of the Well Led review they will be looking at the skill sets on the whole of the Board and will also be meeting with the governors. **4) <u>Chair's appraisal</u>** ***Selina left the meeting at this point and Ralph Knibbs, Senior Independent Director, chair the meeting for this item.*** Ralph explained it was his responsibility, in consultation with the Lead Governor and the Nominations and Remuneration Committee to lead the process for the Chair's appraisal. He explained the process which followed a similar process to the NEDs appraisals but the feedback questionnaire was based on the national competency framework for Chairs and the appraisal report had to be submitted to NHS England by 30 June each year. The questionnaire was also sent to external stakeholders including within the Derbyshire ICB. The feedback had been very positive showing strong performance against the competencies. Ralph added that the themes showed Selina is highly thought of as our Chair. Some development needs have been agreed and new objectives were presented for approval. Susan Ryan, as Lead Governor, agreed that Ralph had given a good summary and encouraged the Council of Governors to approve the Chair's objectives. **RESOLVED: The Council of Governors** **1) Noted the update report from the Nominations and Remuneration Committee held 25 April 2023** **2) Received assurance from the Committee that satisfactory appraisals have taken place for the Trust Chair and Non-Executive Directors** **3) Approved the re-appointment of Geoff Lewins, as Non-Executive Director and Chair of the Audit and Risk Committee, for a further 12 months from 1 December 2023** **4) Approved the five Chair objectives as set out in the report** ***5)*** **Noted the year-end report and approved the Committee's revised Terms of Reference.** *Following the break, Selina Ullah returned to the meeting and took up the Chair for the remainder of the meeting.*
DHCFT/GOV/2023/021	**<u>COUNCIL OF GOVERNORS ANNUAL EFFECTIVENESS SURVEY</u>** Justine presented information on the Governors Annual Effectiveness Survey to ensure that governors had knowledge of the questions; the survey itself will be launched in September 2023.

	RESOLVED: The Council of Governors approved the recommendation to undertake the annual effectiveness survey in 2023.
DHCFT/GOV/2023/022	**NON-EXECUTIVE DIRECTORS REPORTS** Ralph Knibbs presented his report on his activities as a NED, noting he is Chair of the People and Culture Committee, and also the Senior Independent Director. Ralph explained that his background is not NHS but as a Human Resources Professional, working in large multinational companies. He also gave information about his sporting background. He gave a summary of the key activities of the People and Culture Committee and the priorities it is working to within a People First culture. Some of the key areas of focus were noted as: - Mandatory training compliance - The workforce plan that is being developed for the Trust and at the ICS level, including joint recruitment campaigns - Equality, Diversion, and Inclusion to ensure we reflect the communities that we serve - Managing the strategic workforce risks through the Board Assurance Framework - Analysis of the Staff Survey results to bring about improvements. The following questions were raised: 1) Andrew Beaumont queried whether the communication between various Trusts in Derbyshire and Nottinghamshire could be improved, especially with a view to exchanging records when patients transfer from one trust to another. Ralph felt that this definitely can be improved adding that it is one of the objectives for the ICB and ICS to enable that to happen. 2) Brian Edwards asked about the sickness and absence figures and whether the Trust has the right processes and the investment in place to ensure that staff are supported to come back to work healthy and happy. Ralph felt that the investment level is good but agreed that we need to be more focused. The Trust will employ a clinical psychologist shortly to look at absences where a stress factor is present. There is also a suggestion to provide toolkits to support the managers. 3) Angela Kerry remarked on the Staff Survey results that showed a reduction in the response from staff who felt confident that the Trust would address concerns about unsafe clinical practice. Ralph noted the comment adding that this would be addressed via the Improvement Action Plan. He did point out that improvement in the survey results that less staff were feeling that they are being bullied or harassed. Ralph stressed the importance of looking at the survey results, both decreased and increased, in the round and formulate an action plan to address these, as indicated at the Board meeting this morning. Ralph handed over to Ashiedu Joel, Non-Executive Director to present her report on her activities. Ashiedu highlighted some key areas where she has been involved, including being the Chair of the Mental Health Act Committee. She explained that the key priorities of that Committee are to gain assurance around safeguards and provisions, of the mental health legislation. There are moves to reform the Mental Health legislation and the Committee has been working to ensure the Trust can meet the new requirements, however the reforms are currently on hold. One of the key aims of the new legislation is to reduce inequalities and Ashiedu gave the assurance that the Trust was already looking at this including how it improves data collection as

	well as bringing in lived experience to be able to augment some of the improvements. She also outlined the other areas she gets involved in at the Trust, including her role as Non-Executive Director lead for inclusion; however, she noted that it is also for the whole of the staff to ensure that inequalities are challenged robustly. She has also worked pro-actively with the chairs of the Staff Networks. Ashiedu is also a member of the Audit and Risk Committee, the Remuneration and Nominations Committee and the People and Culture Committee. She added that the Committee meetings are held virtually but lately there has been the opportunity to meet face to face as a Board for development days. As part of ongoing development, Ashiedu mentioned her attendance at conferences and training. Ashiedu was pleased to continue working for the Trust as she has been re-appointed for a second term. In response to a question from Susan Ryan whether the Mental Health Act Committee monitors Deprivation of Liberty Safeguards, Ashiedu confirmed that this is the case, but that information is also shared with the Quality and Safeguarding Committee. Selina mentioned that during the Board meeting today, it had been reported that the use of restraint had spiked during February and March. Ashiedu responded that this is one of the areas that is regularly monitored at both the Mental Health Act Committee and also the Quality and Safeguarding Committee as some items overlap. Lynn Andrews, as chair of the Quality and Safeguarding Committee, also attends the Mental Health Act Committee meeting. In response to a question from Hazel Parkyn, about which Committee investigates when there are incidents of assault between staff and patients, it was noted that a number of groups and committees have oversight and will focus on learning from the incident. Staff are also supported after an incident for example with counselling. Selina mentioned that over 100 colleagues attended a Trauma Informed Development Day, which was all about understanding trauma and how it affects the day-to-day work. Ogechi Eze, Public Governor for Derby City West, who works as a GP remarked that it is important that healthcare professions are also recognised as people and gave an example of where patients didn't notice that she was in pain from an ankle injury. Governors agreed that the Trust's People First value was key to our staff wellbeing which in turn leads to them being able to provide the best care to our patients. **RESOLVED: The Council of Governors noted the Non-Executive Directors updates and gained assurance from these.** **Note for minutes:** *the Governance Committee had agreed to defer a Holding to Account escalation item for this meeting to enable more time for the Chief Executive update and for the two NED reports.*
DHCFT/GOV/2023/023	**<u>VERBAL SUMMARY ON THE INTEGRATED PERFORMANCE REPORT</u>** Deborah Good, Non-Executive Director, provided a verbal summary on the Integrated Performance Report as a member of the Finance and Performance Committee. She was pleased to note that the report itself has evolved over the last year and thanked all who were involved in this. Improvements meant a visually clearer report and more effective summaries about areas of challenge, including on waiting lists. Deborah reported that community mental health access is also a key area, as it will help to prevent patients from coming back into services. Another area of focus discussed earlier in the meeting had been on reducing health inequalities and key

	actions and metrics will be monitored. Governors noted that the Trust is leading on the Transforming Care programme for people with learning disabilities and/or autism, the aim will be to reduce the number of patients that are in the wrong environment/setting and therefore not getting the right treatment. Brian Edwards asked whether we would be able to ask another provider to take on autism assessments. Mark Powell confirmed that there are other organisations who could do this but they also have no capacity to take these on. Lynn Andrews added that the Trust has invested in practitioners who also do earlier intervention work. Deborah confirmed that assurance has been sought via the Finance and Performance Committee that patients are supported whilst they are on the waiting lists. Jodie Cook mentioned that there will now be four hubs for Children's Services in Derbyshire, where parents can receive support and information, regardless on whether their children will be taken on as patients. Geoff Lewins presented the finance update, summarising the recent accounting year end, which finished with a planned surplus mainly down to non-recurrent savings. The 2023/24 financial plan would be very challenging with a planned breakeven, meaning the delivery of a 4% savings target. Decisions will be monitored to ensure that we are not impacting on the quality of services. Ralph Knibbs presented the workforce update and added that recruitment and retention is being focused on. He added that the Trust was filling more vacancies but at the same time we need to ensure that we retain staff. It was noted that staff surveys and exit interviews are being undertaken in order to get an overall view as to why staff leave our services. Ralph outlined some of the health and wellbeing support, flexible working and Occupational Health support. Work has also been undertaken to make the appraisal process better which will then lead to a more quality conversation, including the exchange of ideas for improvement and career aspirations with managers.. Lynn Andrews gave the quality update, she added that the Quality and Safeguarding Committee looks at a range of metrics as well as qualitative reports. She particularly drew attention to the physical restraint figures, which have increased. She stressed the importance of ensuring that all our service users have up to date care plans in place, which are reviewed. The Council of Governors had previously received an update on some of the data migration issues and Lynn gave an example of a comment made during a Quality Visit on this issue. Susan Ryan queried the physical restraint and seclusion and asked for more specific information on how in Older Adults restraint is applied. Lynn responded that this depends on the situation, in some cases it may be that the person needs some time to reflect and in other cases they need to be in a room by themselves, but a member of staff is nearby to help if necessary. She added that processes and policies are in place to cover restraint and seclusion. Brian Edwards noted the high bed occupancy numbers and whether this is safe to sustain. Lynn remarked that within the Quality and Safeguarding Committee there is assurance that minimum staffing levels are maintained, whether or not we are up to maximum capacity. If additional staff are required for example for increased observations, then these are drawn from the Bank. Mark Powell noted that we strive to make out bed occupancy lower and use the flexibility of home leave to try and reduce this. However, he echoed the comments from Lynn that the staffing is adequate for the number of patients we have. Selina added that multi-agency discharge work is also being carried out to move patients on who may have been with the Trust for a while.

	Rob Poole, Public Governor for Bolsover, and North East Derbyshire, referred to the restraint issue and queried the recording of these incidents. Lynn noted that these are recorded on our Datix System, a nationally recognised system, where all incidents within the Trust are logged. **RESOLVED: The Council of Governors noted the update provided by the Non-Executive Directors on the Integrated Performance Report and gained assurance from this.**
DHCFT/GOV/2023/024	**GOVERNANCE COMMITTEE REPORT – 18 APRIL 2023** David Charnock, Appointed Governor for the University of Derby, and Co-chair of the Governance Committee presented an overview of the matters discussed at the last Governance Committee. This included the sign off of the draft Membership and Governors section of the Annual Report and also the draft statement from governors for inclusion in the Quality Account which was presented as an appendix for approval by the Council of Governors. Engagement activities were also discussed, which logs where governors visit and their feedback on these visits. David noted that there was no question raised that needed to be escalated to the Council of Governors. A number of training requirements were identified, such as around finance, system working and the role of governors in the new system and also training on the changes to the Mental Health legislation when a date has been confirmed for its implementation. **RESOLVED: The Council of Governors** **1) Noted the information provided in the Governance Committee Report** **2) Agreed the Council of Governors Statement for the Quality Account.**
DHCFT/GOV/2023/025	**REVIEW OF THE GOVERNOR MEMBERSHIP ENGAGEMENT ACTION PLAN** The Governor Membership Engagement Action Plan was included in the papers for this meeting for information. **RESOLVED: The Council of Governors** **1) Noted the Governor Membership Engagement Action Plan for information.**
DHCFT/GOV/2023/026	**ANY OTHER BUSINESS** No items were raised.
DHCFT/GOV/2023/027	**REVIEW OF MEETING EFFECTIVENESS AND FOLLOWING THE PRINCIPLES OF THE CODE OF CONDUCT** It was a good meeting; it was noted that there were themes, raised at the Board meeting in the morning which also were discussed at this Council of Governors meeting. Relevant questions were raised and the two reports from Ralph Knibbs and Ashiedu were very helpful.
DHCFT/GOV/2023/028	**CLOSE OF MEETING** Selina Ullah thanked all for their attendance and input and closed the meeting. The next Council of Governors meeting will be held on ***Tuesday 5 September 2023, from 14.00 hours.***

COUNCIL OF GOVERNORS ACTION MATRIX - AS AT 17 AUGUST 2023							
Date of Minutes	**Minute Reference**	**Item**	**Lead**	**Action**	**Completion by**	**Current Position**	
1.11.22	DHCFT/GOV/2022/076	Feedback from AMM	Denise Baxendale	Denise to seek volunteers for AMM task and finish group	7.3.23	To be followed up. Task and finish group met. COMPLETE	Green
7.3.23	DHCFT/GOV/2023/008	South Derbyshire Place Alliance Group	Jodie Cook	Jodie to attend this meeting and feedback to CoG at the next meeting on 9.5.23	5.9.23	To be updated at next meeting - 5 September 2023	Yellow

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

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 5 September 2023

Title of Paper: Presentation of the Auditor's Annual Report

Purpose of Report: The purpose of this report and presentation is to summarise our audit conclusions and work.

Executive Summary

Issued on 23 June 2023, we gave an unqualified opinion on the financial statements for the year ended 31 March 2023:

"In our opinion, the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2023 and of the Trust's income and expenditure for the year then ended;
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2022/23; and
- have been properly prepared in accordance with the requirements of the National Health Service Act 2006."

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 creating a compassionate, skilled and empowered leadership, creating a vibrant culture where colleagues feel they belong, thrive and are valued.	
3) The Trust is a **great partner** and actively embraces collaboration as our way of working.	
4) We will make the **best use of resources** by making financially wise decisions and avoiding wasting resources to ensure financial recovery and long term sustainability.	X

Risks and Assurances
The Auditor's Annual Report for 2022/23 affords reasonable assurance that the Trust is continuing to manage its financial affairs appropriately.

Consultation
The Audit and Risk Committee received the draft Auditor's Annual Report at its meeting on 20 June 2023 prior to the report being finalised.

Governance or Legal Issues
We shared the outcome of our work with the Audit and Risk Committee in June. Now our work is completed, we are sharing our Auditor's Annual Report with the Council of Governors.

Public Sector Equality Duty & Equality Impact Risk Analysis
We have not identified any significant implications in these areas.

Recommendations
The Council of Governors is requested to note the information in the Auditor's Annual Report for 2022/23 and the associated presentation.

Report presented by: **Mark Surridge/John Pressley**
Role: External Audit, Mazars

Report prepared by: **Mark Surridge/John Pressley**
Role: External Audit, Mazars

Presentation to the Council of Governors

Derbyshire Healthcare NHS Foundation Trust – year ended 31 March 2023

August 2023

mazars

Introduction

Mark Surridge

Key Audit Partner

Mark is the key contact for the Board, Audit and Risk Committee and Management. He has overall responsibility for delivering a high quality audit to ensure a ‘safe’ Auditor’s Report to the Trust. Mark attends Audit and Risk Committee meetings.

John Pressley

Audit Manager

John is the key contact for the finance team. He manages the audit using his experience of auditing NHS foundation trusts, NHS trusts, and CCGs. John attends Audit and Risk Committee meetings.

Introduction

Our responsibilities are defined by the Local Audit and Accountability Act 2014 and the Code of Audit Practice ('the Code') issued by the National Audit Office ('the NAO').

Scope of our work

- Opinion on the financial statements
- Value for Money arrangements
- Wider reporting responsibilities

Who we report to

Committee	
Audit Committee	We present an Audit Plan, and then regularly progress against that plan and our findings to the Audit and Risk Committee
Board	The Audit and Risk Committee uses our work to provide assurance to the Board. Occasionally, we may report directly to the Board, but have not needed to do that this year.
Governors	Annually, we issue a summary to the Governors (due September 2023)

Our work for 2022/23
Scope

Opinion on the financial statements

We carry out our audit in accordance with the requirements of the Code of Audit Practice and International Standards on Auditing (ISAs).

The purpose of our audit is to provide reasonable assurance to users that the financial statements are free from material error.

Value for money arrangements

We are required to consider whether the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

We report against the following criteria:

- **Financial sustainability** - How the Trust plans and manages its resources to ensure it can continue to deliver its services
- **Governance** - How the Trust ensures that it makes informed decisions and properly manages its risks
- **Improving economy, efficiency and effectiveness** - How the Trust uses information about its costs and performance to improve the way it manages and delivers its services

Wider reporting

The NHS Act 2006 provides auditors with specific powers where matters come to our attention that, in our judgement, require specific reporting action to be taken. We have the power to:

- issue a report in the public interest; and
- make a referral to the regulator.

We are also required to report if the governance statement does not comply with relevant guidance or is inconsistent with our knowledge and understanding of the Trust.

Our work for 2022/23
Outcomes

Opinion on the financial statements

✓

COMPLETE

Issued on 23 June 2023, we gave an unqualified opinion on the financial statements for the year ended 31 March 2023:

“In our opinion, the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2023 and of the Trust’s income and expenditure for the year then ended;
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2022/23; and
- have been properly prepared in accordance with the requirements of the National Health Service Act 2006.”

Value for money arrangements

✓

COMPLETE

We shared the outcome of this work with the Audit and Risk Committee in June. Now this is completed, we are sharing our Auditors Annual Report with Governors.

Wider reporting

✓

COMPLETE

We have not needed to use any of our reporting powers.

We had no issues to report over the content or format of the Governance Statement

Mark Surridge

Mazars
2 Chamberlain Square
Birmingham
B3 3AX

Mazars is an internationally integrated partnership, specialising in audit, accountancy, advisory, tax and legal services*. Operating in over 90 countries and territories around the world, we draw on the expertise of 40,400 professionals – 24,400 in Mazars' integrated partnership and 16,000 via the Mazars North America Alliance – to assist clients of all sizes at every stage in their development.

*where permitted under applicable country laws.

Auditor’s Annual Report

Derbyshire Healthcare NHS Foundation Trust – year ended 31 March 2023

23 June 2023

mazars

Contents

01

Section 01:

Introduction

1. Introduction

Purpose of the Auditor's Annual Report

Our Auditor's Annual Report (AAR) summarises the work we have undertaken as the auditor for Derbyshire Healthcare NHS Foundation Trust ('the Trust') for the year ended 31 March 2023. Although this report is addressed to the Trust, it is designed to be read by a wider audience including members of the public and other external stakeholders.

Our responsibilities are defined by the Local Audit and Accountability Act 2014 and the Code of Audit Practice ('the Code') issued by the National Audit Office ('the NAO'). The remaining sections of the AAR outline how we have discharged these responsibilities and the findings from our work. These are summarised below.

Opinion on the financial statements

We issued our audit report on 23 June 2023. Our opinion on the financial statements is unqualified.

Value for Money arrangements

In our audit report issued we reported that we had completed our work on the Trust's arrangements to secure economy, efficiency and effectiveness in its use of resources and had not issued recommendations in relation to identified significant weaknesses in those arrangements. Section 3 provides our commentary on the Trust's arrangements;.

Wider reporting responsibilities

In line with group audit instructions issued by the NAO, we reported that the Trust's consolidation schedules are consistent with the audited financial statements.

Other reporting powers

We have not exercised any of our other reporting powers.

02

Section 02:

Audit of the financial statements

2. Audit of the financial statements

Our audit of the financial statements

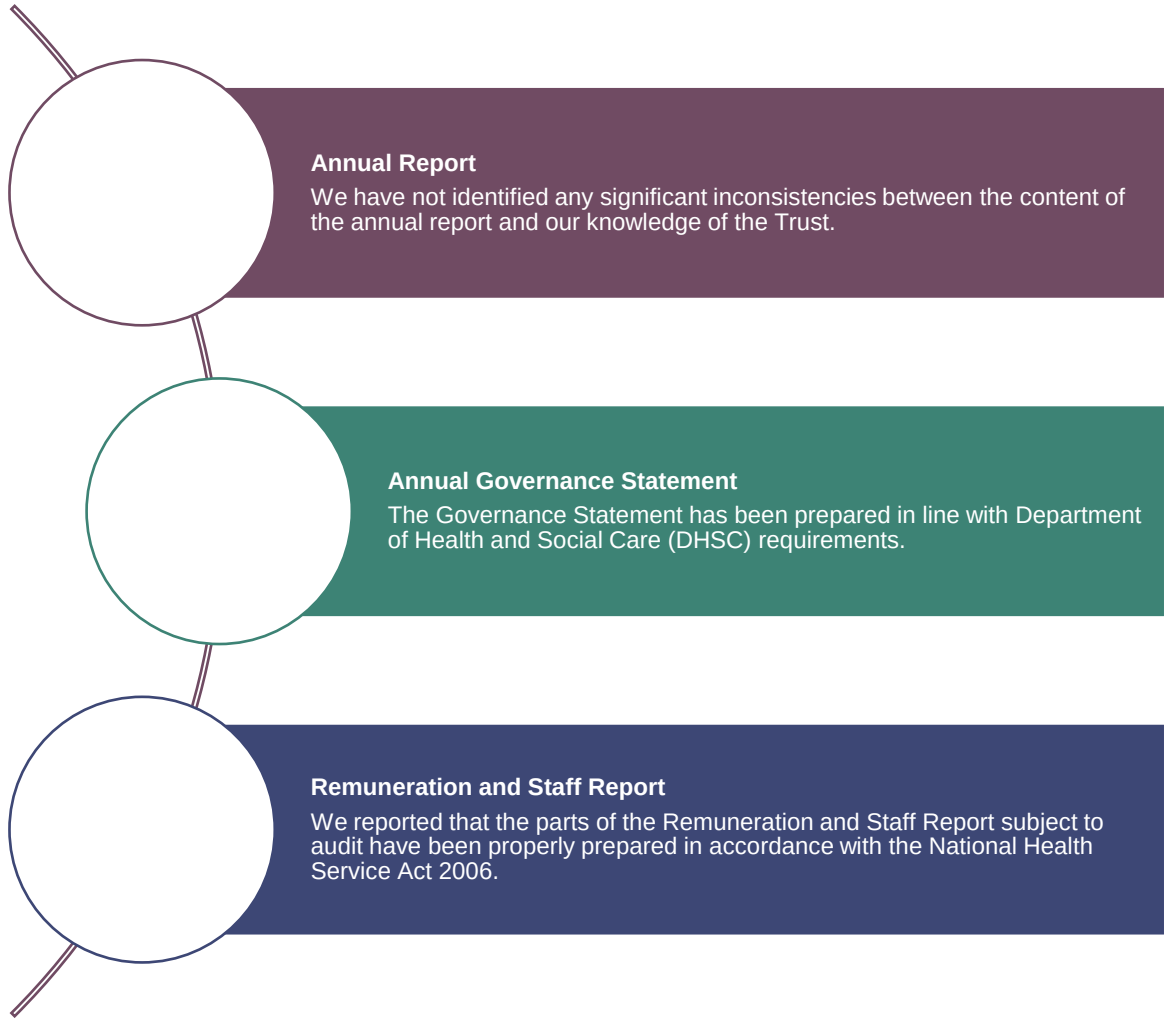
Our audit was conducted in accordance with the requirements of the Code, and International Standards on Auditing (ISAs). The purpose of our audit is to provide reasonable assurance to users that the financial statements are free from material error. We do this by expressing an opinion on whether the statements are prepared, in all material respects, in line with the financial reporting framework applicable to the Trust and whether they give a true and fair view of the Trust's financial position as at 31 March 2023 and of its financial performance for the year then ended. Our audit report, issued in June 2023, gave an unqualified opinion on the financial statements for the year ended 31 March 2023.

A summary of the significant risks we identified when undertaking our audit of the financial statements and the conclusions we reached on each of these is outlined on the following pages.

Qualitative aspects of the Trust's accounting practices

We reviewed the Trust's accounting policies and disclosures and concluded they complied with relevant accounting practice.

Other reporting responsibilities



2. Audit of the financial statements

Main financial statement audit risks and findings

Our audit approach is risk-based and primarily driven by the issues that we consider lead to a higher risk of material misstatement of the accounts. Once we have completed our risk assessment, we develop our audit strategy and design audit procedures in response to this assessment. Following the risk assessment, we identified risks relevant to the audit of financial statements and the significant audit risks and conclusions reached are set out below:

Audit Risk	Level of audit risk	How we addressed the risk	Audit conclusions
Management override of controls This is a mandatory significant risk on all audits due to the unpredictable way in which such override could occur.	**Significant risk:** an area that, in our judgment, requires special audit consideration.	We addressed this risk through performing audit work over accounting estimates, journal entries and considering whether there were any significant transactions outside the normal course of business or otherwise unusual. In addition, our work included, but was not limited to: • Making enquiries of management; and • Using our data analytics and interrogation software to extract journals for detailed testing based on specific risk characteristics.	We have not identified any significant issues in relation to the management override of controls.
Valuation of land & buildings The Trust engages an external expert to value these assets. The valuation of these is complex and is subject to a number of assumptions and judgements, which can involve a greater degree of estimation uncertainty. Changes in the value of land and buildings, as well as additional capital works being completed in the year, may impact on the Statement of Comprehensive Income depending on the circumstances and the specific accounting requirements of the Group Accounting Manual. This risk covers the following balances: • Land (£14,635k – Note 15) • Buildings excluding dwellings (£36,753k - Note 15) • Assets under Construction (£59,481k – Note 15)	**Significant risk**	Our procedures to address this risk included, but was not limited to: • Liaised with management to update our understanding of the approach taken by the Trust in its valuation of Land and Buildings; • Reviewed the work of management's valuation expert and how these valuations have been incorporated into the financial statements; and • For a sample of assets, reviewed the valuation methodology used, including testing the underlying data and assumptions. We determined it was not necessary to engage an auditor's expert to support our work,	We have not identified any signficant issues in relation to the valuation of land & buildings.

2. Audit of the financial statements

Main financial statement audit risks and findings

Our audit approach is risk-based and primarily driven by the issues that we consider lead to a higher risk of material misstatement of the accounts. Once we have completed our risk assessment, we develop our audit strategy and design audit procedures in response to this assessment. Following the risk assessment, we identified risks relevant to the audit of financial statements and the significant audit risks and conclusions reached are set out below:

Audit Risk	Level of audit risk	How we addressed the risk	Audit conclusions
Compliance with IFRS 16 Leases IFRS 16 is applicable from 1 April 2022 and is designed to report information that better shows lease transactions and provides a better basis for users of financial statements to assess the amount, timing and uncertainty of cash flows arising from leases. This accounting standard is complex and there are detailed accounting and disclosure requirements. Given the increased risk of error or incorrect judgement in this first year of implementation we highlight this as an area of enhanced audit risk.	**Enhanced Risk:** areas that require additional consideration but not to the level of a significant risk, these include but may not be limited to key areas of management judgement, including accounting estimates.	Our procedures to address this risk included, but was not limited to: • We liaised with management to update our understanding of the approach taken by the Trust in its compliance with IFRS16; and • For a sample of leases, we reviewed the methodology used, including testing the underlying data and assumptions.	We have not identified any significant issues in relation to compliance with IFRS16.
Recognition of capital expenditure and incorrect capitalisation of revenue spend The Trust has a significant capital programme in place for 2022/23, with £55m being capitalised during the year. The level of work in progress (Assets Under Construction) was also high with £59m being recorded at the year end. The Trust is responsible for ensuring it captures all directly identifiable costs, which can be capitalised, whilst ensuring expenses which are not eligible for being capitalised are identified and charged to revenue in the normal course of business. Capital expenditure is met from ring-fenced funding and with the Trust's large capital programme, we believe there is an enhanced audit risk relating to the need to ensure that expenditure that has been capitalised meets the definition of capital expenditure and is correctly accounted for.	**Enhanced Risk**	Our procedures to address this risk included, but was not limited to: • considering the arrangements the Trust has in place to mitigate the risk of revenue expenditure being incorrectly classified; • substantively testing the appropriateness of a sample of capital additions and considering the Trust's approach to addressing the value added nature of the expenditure; and • considering the arrangements the Trust has in place for ensuring Assets Under Construction are correctly classified and substantively testing a sample of schemes to confirm they are not complete and operational.	We have not identified any significant issues in relation to the recognition of capital expenditure

03

Section 03:

Our work on Value for Money arrangements

3. Value for Money arrangements

Overall Summary

3. VFM arrangements – Overall summary

Approach to Value for Money arrangements work

We are required to consider whether the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. The NAO issues guidance to auditors that underpins the work we are required to carry out and sets out the reporting criteria that we are required to consider. The reporting criteria are:

Financial sustainability - How the Trust plans and manages its resources to ensure it can continue to deliver its services

Governance - How the Trust ensures that it makes informed decisions and properly manages its risks

Improving economy, efficiency and effectiveness - How the Trust uses information about its costs and performance to improve the way it manages and delivers its services

Our work is carried out in three main phases.

Phase 1 - Planning and risk assessment

At the planning stage of the audit, we undertake work so we can understand the arrangements that the Trust has in place under each of the reporting criteria; as part of this work we may identify risks of significant weaknesses in those arrangements.

We obtain our understanding or arrangements for each of the specified reporting criteria using a variety of information sources which may include:

- NAO guidance and supporting information
- Information from internal and external sources including regulators
- Knowledge from previous audits and other audit work undertaken in the year
- Interviews and discussions with staff and directors

Although we describe this work as planning work, we keep our understanding of arrangements under review and update our risk assessment throughout the audit to reflect emerging issues that may suggest there are further risks of significant weaknesses.

Phase 2 - Additional risk-based procedures and evaluation

Where we identify risks of significant weaknesses in arrangements, we design a programme of work to enable us to decide whether there are actual significant weaknesses in arrangements. We use our professional judgement and have regard to guidance issued by the NAO in determining the extent to which an identified weakness is significant.

We outline the risks that we have identified and the work we have done to address those risks on page [x].

Phase 3 - Reporting the outcomes of our work and our recommendations

We are required to provide a summary of the work we have undertaken and the judgments we have reached against each of the specified reporting criteria in this Auditor's Annual Report. We do this as part of our Commentary on VFM arrangements which we set out for each criteria later in this section.

We also make recommendations where we identify weaknesses in arrangements or other matters that require attention from the Trust. We refer to two distinct types of recommendation through the remainder of this report:

- **Recommendations arising from significant weaknesses in arrangements**

  We make these recommendations for improvement where we have identified a significant weakness in the Trust arrangements for securing economy, efficiency and effectiveness in its use of resources. Where such significant weaknesses in arrangements are identified, we report these (and our associated recommendations) at any point during the course of the audit.

- **Other recommendations**

  We make other recommendations when we identify areas for potential improvement or weaknesses in arrangements which we do not consider to be significant but which still require action to be taken

The table on the following page summarises the outcomes of our work against each reporting criteria, including whether we have identified any significant weaknesses in arrangements or made other recommendations.

3. VFM arrangements – Overall summary

Overall summary by reporting criteria

Reporting criteria	2021/22 Actual significant weaknesses identified?	2022/23 Commentary page reference	2022/23 Identified risks of significant weakness?	2022/23 Actual significant weaknesses identified?	2022/23 Other recommendations made?
Financial sustainability	No	13	No	No matters arising in 2022/23.	No
Governance	No	17	No	No matters arising in 2022/23.	No
Improving economy, efficiency and effectiveness	No	19	No	No matters arising in 2022/23.	No

3. Value for Money arrangements

Financial Sustainability

How the body plans and manages its resources to ensure it can continue to deliver its services

3. VFM arrangements – Financial Sustainability

Significant weaknesses in 2021/22	Nil.
Significant weaknesses identified in 2022/23	Nil.

Position brought forward from 2021/22

As set out in the table above, there are no indications of a significant weakness in the Trust's arrangements for financial sustainability brought forward from 2021/22.

Overall commentary on the Financial Sustainability reporting criteria

Background to the NHS financing regime in 2022/23 – Revenue

The 2021 Spending Review set Government departmental budgets and spending plans for the three years from 2022/23 to 2024/25. The NHS's settlement provided additional funding for elective recovery, but also assumed inflation would be 2% and pay settlements of 2%.

The Consumer Prices Index (CPI) rose by 10.1% in the 12 months to March 2023, down from 10.4% in February (Source: ONS).

The Government announced pay awards for Agenda for Change (AfC) staff in England covering 2022/23 and 2023/24:

- A 2% non-consolidated award on top of the 2022/23 pay award, and a one-off NHS backlog bonus worth between £1,250 and £1,600
- A 5% consolidated award for 2023/24

The Trust received £5.8m to fund the 2022/23 pay award accrual, which is included in the financial statements at note 26.

The NHS is expected to plan and deliver further efficiency gains in local health systems of 2.9% and 2.2% in expenditure in 2023/24 and 2024/25.

Capital

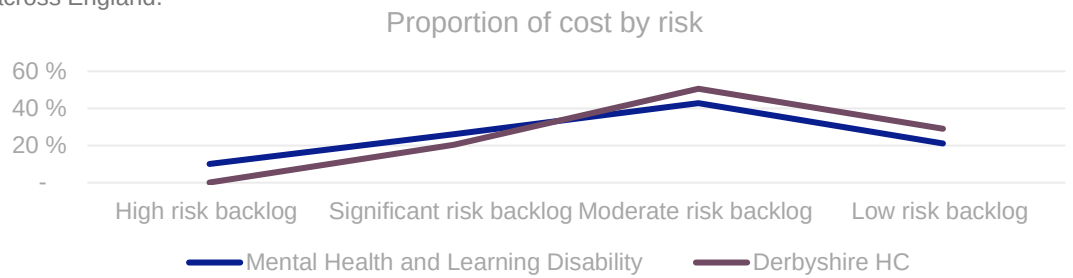
Whilst there has been an increase in the settlement and commitment for further investment in the NHS estate, the construction sector continues to experience the effects of inflation and availability of materials, increasing the cost of delivering capital projects and increasing the challenge of staying within Capital expenditure limits.

We have tested capital additions as part of our financial statement audit with no issues arising and confirmed the Trust stayed within its Capital Resource Limit.

Backlog maintenance

The most up-to-date dataset regarding NHS backlog maintenance, published by NHS Digital in October 2022, uses "Estates Returns Information Collection" provided by NHS trusts and estimated the total cost to eradicate backlog maintenance for the year ending 31 March 2022 was £10.2 billion, an 11% increase over 2020/21.

We have reviewed the data and considered this in context of the NHS as a whole and for other Mental Health and Learning Disability NHS Trusts. Majority of the backlog sits within the moderate to low risk for Derbyshire Healthcare, compared to the wider market. Total costs for Derbyshire Healthcare in respect of backlog maintenance represent £7.3m compared to £659.8m for all Mental Health and Learning Disability providers across England.



The position regarding backlog maintenance does not give rise to a risk of significant weakness in arrangements.

3. VFM arrangements – Financial Sustainability

Overall commentary on the Financial Sustainability reporting criteria (continued)

Overall responsibilities for financial governance

We have reviewed the Trust's overall governance framework, including Board and committee reports, the Annual Governance Statement, and Annual Report and Accounts for 2022/23. These confirm the Trust Board undertook its responsibility to define the strategic aims and objectives, approve budgets and monitor financial performance against budgets and plans to best meet the needs of the Trust's service users.

The Trust's financial planning and monitoring arrangements

Through our review of board and committee reports, meetings with management and relevant work performed on the financial statements, we are satisfied that the Trust's arrangements for budget monitoring remain appropriate, and these include:

- Standing Financial Instructions with relevant provisions for budgetary control and reporting;
- Oversight from the Trust Board and its Committees, through an Integrated Performance Report and detailed reports on finance including outturn and financial planning;
- The Trust has well established arrangements for year-end financial reporting, despite increasing challenges placed on the finance team with concurrent financial reporting and 2023/24 financial planning deadlines.

2022/23 financial outturn

Financial performance is regularly reported and scrutinised by the Finance and Performance Committee alongside Audit and Risk Committee, and we have not identified any significant discrepancies between position reported in the year and the final reported position. There is regular integrated reporting of financial and performance information to the Board.

The Trust's draft financial statements showed:

- An Operating surplus from continuing operations of **£6.7m surplus** (Prior Year = £3.9m surplus);
- An Overall surplus for the year of **£2.6m surplus** (Prior Year = £0.1m surplus), against gross expenditure of £204m (Prior Year = £184m);
- Total Comprehensive Income of **£7.4m surplus** (Prior Year = £4.5m surplus);
- The Trust has positive net assets of **£184.5m** (Prior Year = £126.0m) and positive cash balance of £53.9m (Prior Year = £44.4m; and
- The positive I&E Reserve stands at **£14.0m** (Prior Year = £11.3m).

We tested pay and related costs through our work on the financial statements with no significant issues arising. The table below also summarises our calculation of temporary costs as a percentage of Trust expenditure on salaries, wages, social security and pension costs as shown in Note 8 of the draft financial statements. It shows that temporary staff costs have remained static over the prior year, with a small increase in the percentage. In our view, this does not demonstrate a risk of significant weakness in arrangements.

Note 8 (draft financial statements £k)	2022/23	2021/22
Agency / contract staff	7,596	5,713
Salaries, wages, social security and pension costs	155,595	134,025
Temporary staff costs as a % of employee benefits expenses	4.88%	4.26%

The Trust is required to make financial efficiency savings through schemes known as Cost Improvement Programmes (CIP). The Trust assesses CIP savings each month against the cumulative Year to Date (YTD) planned savings. The target was to achieve 100% of the YTD plan, with the Trust ending the year with an overall performance of 100% (£6m of savings). However, a considerable proportion of these efficiencies were non-recurrent in nature (68%) which has an adverse impact on 2023/24 financial plan.

The Trust's financial outturn for 2022/23 does not indicate a risk of significant weakness in arrangements.

3. VFM arrangements – Financial Sustainability

Overall commentary on the Financial Sustainability reporting criteria (continued)

The Trust's arrangements and approach to Financial planning 2023/24

The Trust continues to work collaboratively with the Integrated Care System (which came effective from 1st April 2022) through the development of the financial plan for 2023/24. Planning negotiations with NHS England for 2023/24 are continuing across the country.

2023/24 Priorities and Operational Planning Guidance was issued on in December 2022. A draft financial plan on behalf of the ICS was submitted on 30/03/23 based on system agreed planning principles. For the draft financial plan submitted to NHSE, the Trust identified a £8.8m CIP target, with £7.5m being from identified schemes leaving a gap of £1.5m. The level of unidentified CIPs does not, in our view, indicate a significant weakness in arrangements. We are aware that Derbyshire Healthcare has undertaken a refresh of the 2023/24 financial plan and a balanced budget has been agreed for 2023/24.

Capital plan 2023/24

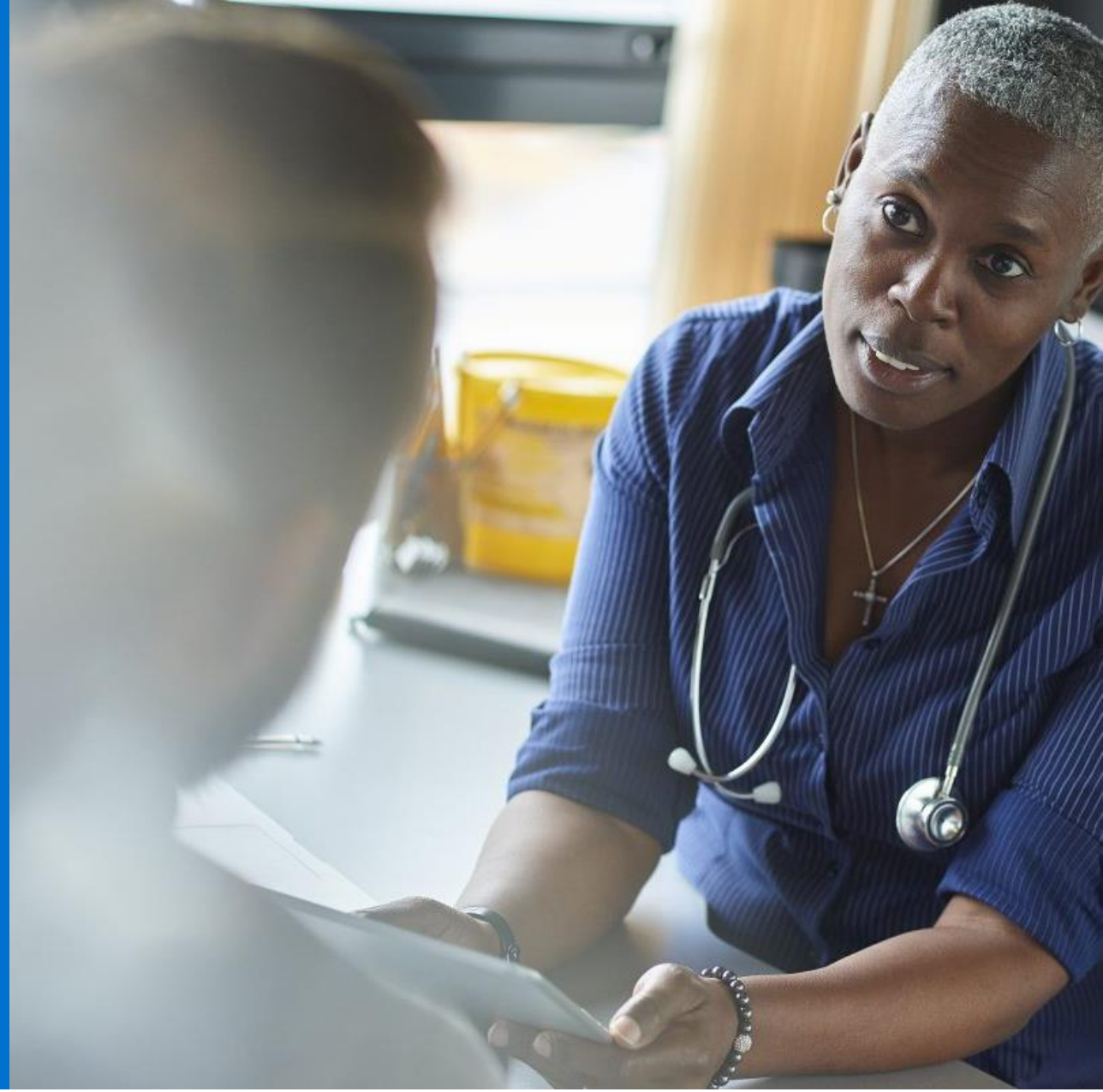
As confirmed in discussions with management Derbyshire Healthcare's capital envelope for 2022/23 is £68.3m. The main area of spending is on the eradication of dormitory accommodation through a combination of Public Dividend Capital and internally generated resources. Progress against the approved programme will be reported to the Finance and Performance Committee, along with the details of any revisions to the plan approved.

Overall, we have not identified any indicators of a significant weakness in the Trust's arrangements relating to the Financial Sustainability criteria.

3. Value for Money arrangements

Governance

How the body ensures that it makes informed decisions and properly manages its risks



3. VFM arrangements – Governance

Significant weakness in 2021/22	Nil.
Significant weaknesses identified in 2022/23	Nil.

Position brought forward from 2021/22

As set out in the table above, there are no indications of a significant weakness in the Trust's arrangements brought forward from 2021/22.

Overall commentary on the Governance reporting criteria

Based on our work, we are satisfied that the Trust has established governance arrangements, consistent with previous years, in place. These are detailed in the Annual Report and Annual Governance Statement. We have considered both documents against our understanding of the Trust as part of our audit.

Our review of the Trust's Annual Report and Governance Structure confirms that the Board of Directors carries the final overall corporate accountability for its strategies, its policies and actions as set out in the Codes of Conduct and Accountability issued by the Secretary of State. In order to discharge its responsibilities for the governance of the Trust, the Board has established a number of Committees of the Board including:

- Audit and Risk Committee;
- Finance and Performance Committee;
- Mental Health Act Committee;
- People and Culture Committee;
- Quality and Safeguarding Committee; and
- Remuneration and Appointments Committee

We consider the committee structure of the Trust is sufficient to provide assurance that decision making, risk and performance management is subject to appropriate levels of oversight and challenge. Minutes are published and reviewed by the Trust Board to evidence the matters discussed, challenge and decisions made.

Our review of Board and Committee papers confirms that reports are appropriately structured, and recommendations are clear.

The Trust has a well-developed risk management process and Board Assurance Framework (BAF). The Audit and Risk Committee and Board oversees significant risk with regular reviews in specific areas. Our review of the BAF and attendance at Audit and Risk Committee confirms that the BAF and risk register is sufficiently detailed to effectively manage key risks.

No significant weaknesses in internal control have been identified from our work to date and Internal Audit have not identified or raised any concerns that warrant a change to our risk profile of the Trust.

We have reviewed the Internal audit plan for both 2022/23 and 2023/23 alongside progress reports presented to the Audit and Risk Committee on a regular basis. The Head of Internal Audit Opinion for 2022/23 provides a 'Significant assurance' conclusion.

We have attended Audit and Risk Committee meetings and reviewed supporting documents and are satisfied that the programme of work is appropriate for the Trust's requirements. Our attendance at Audit and Risk Committee has confirmed there continues to be an appropriate level of effective challenge.

Overall, we have not identified any indicators of a significant weakness in the Trust's arrangements relating to the Governance criteria..

3. Value for Money arrangements

Improving Economy, Efficiency and Effectiveness

How the body uses information about its costs and performance to improve the way it manages and delivers its services

3. VFM arrangements – Improving Economy, Efficiency and Effectiveness

Significant weakness in 2021/22	Nil.
Significant weaknesses identified in 2022/23	Nil.

Position brought forward from 2021/22

As set out in the table above, there are no indications of a significant weakness in the Trust's arrangements brought forward from 2021/22.

Overall commentary on the Improving Economy, Efficiency and Effectiveness criteria

The Trust has performance management systems in place, this details how operational, performance and financial issues are identified and acted upon. We have reviewed key reports issued by the Board and confirmed the Trust reports its performance in several different ways including:

- an Integrated Performance Report to each Board meeting, with Committees also providing detailed scrutiny challenge of performance reports at their meetings; and
- the publication of the Annual Report, and Annual Governance Statement, which are reviewed by the Audit and Risk Committee before adoption by the Trust Board.

Our review of Trust Board and committee reports and minutes confirms that regular Integrated Performance Reports have been received. Performance is summarised in a format which shows performance against target and over time. Board members are also able to triangulate information from this report with the assurance summaries from supporting committees, where committee chairs draw attention to assurances provided or matters escalated for the full Board's attention. Our review confirms the reports provide sufficient detail to understand performance and published minutes demonstrate sufficient challenge from non-executive directors on the Trust's costs, performance and service delivery. In our view, the Trust's reports are adequately laid out and sufficiently detailed to monitor performance and take corrective action where required, which may include updating the Board Assurance Framework.

Consideration of regulatory oversight

We have reviewed board reports and minutes during the year, including those of the Quality and Safeguarding Committee. This Committee receives a regular update on the CQC Action Plan, with evidence of oversight and challenge on actions. We reviewed the CQC's website and confirmed the Trust's overall rating of "Good" has not changed since the last full inspection in November 2019.

Following the last full inspection undertaken in November 2019, the following services were also rated;

- Community health services for children, young people and families (rating of 'Outstanding')
- Community mental health services with learning disabilities or autism (rating of 'Good')
- Mental health crisis services and health-based places of safety (rating of 'Good')
- Acute wards for adults of working age and psychiatric intensive care units (rating of 'Requires Improvement')
- Community-based mental health services for adults of working age (rating of 'Requires Improvement')

Based on the overall published CQC rating of 'Good', we are satisfied there is no evidence of a significant weakness in arrangements.

Partnerships

Our review of Board minutes and discussions with management confirms the Trust continues to work in close partnership with other health and social care organisations in the area. This is evidenced through the agreement of the 2022/23 outturn position and the 2023/24 plan with partners in the Integrated Care System.

3. VFM arrangements – Improving Economy, Efficiency and Effectiveness

Overall commentary on the Improving Economy, Efficiency and Effectiveness criteria (continued)

Workforce indicators: NHS Staff Survey

We obtained the 2022 NHS Staff Survey published in March 2023 and reviewed Trust Board and committee papers, confirming the survey results received an appropriate level of scrutiny. The overall theme scores are shown in the table below, with the Trust being average or above in all categories, but showing no improvement compared to the previous year's scores.

Survey Area	DH (2021/22)	DH (2022/23)	Best	Average	Worst	Trend
We are compassionate and inclusive	7.8	**7.7**	7.9	7.5	7.0	**Same**
We are recognised and rewarded	6.6	**6.5**	6.6	6.3	5.9	**Lower**
We each have a voice that counts	7.2	**7.1**	7.4	7.0	6.1	**Lower**
We are safe and healthy	6.6	**6.5**	6.6	6.2	5.7	**Same**
We are always learning	5.8	**5.7**	6.1	5.7	4.6	**Same**
We work flexibly	7.1	**7.0**	7.2	6.7	6.2	**Same**
We are a team	7.3	**7.3**	7.4	7.1	6.7	**Same**
Staff engagement	7.3	**7.2**	7.4	7.0	6.2	**Lower**
Morale	6.5	**6.3**	6.5	6.0	5.2	**Lower**

We also reviewed the Trust's scores in relation to two other indicators which, in our view, represent key performance indicators relating to workforce:

- Percentage of people that would recommend the Trust as a place to work
- Percentage of people happy with the standard of care Friends and Family would receive.

I would recommend my organisation as a place to work				
	Best	DH	Average	Worst
2021	73.6%	**72.1%**	63.1%	43.3%
2022	73.0%	**68.0%**	62.8%	39.6%

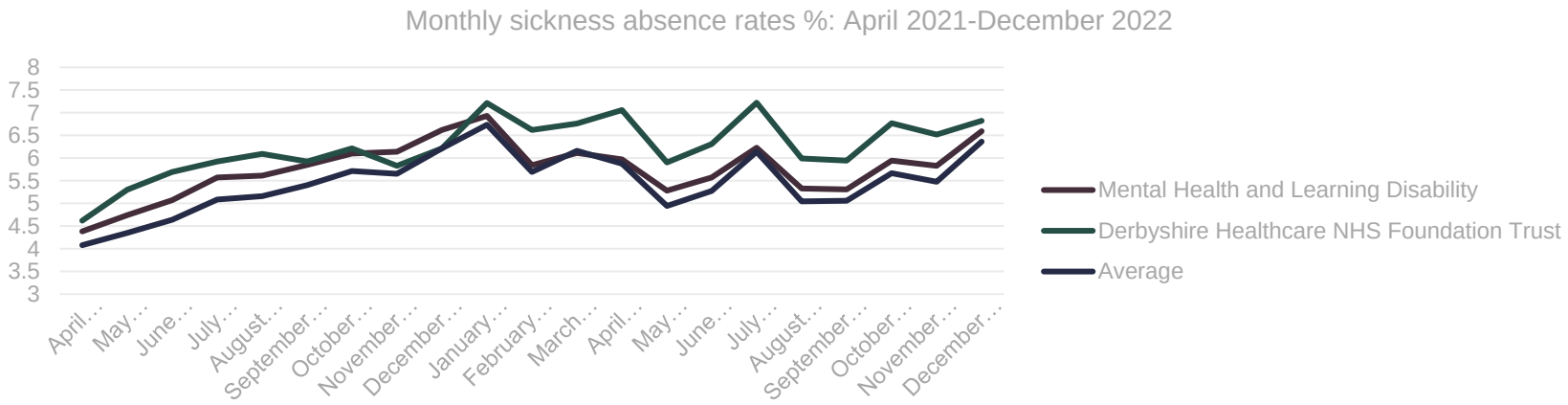
3. VFM arrangements – Improving Economy, Efficiency and Effectiveness

Overall commentary on the Improving Economy, Efficiency and Effectiveness criteria (continued)

If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation				
	Best	DH	Average	Worst
2021	82.4%	71.7%	64.9%	45.0%
2022	79.6%	66.5%	63.6%	40.1%

Workforce indicators: sickness absence

We also obtained staff sickness data from NHS digital in May 2023, where the most recent data was up to December 2022. We compared Derbyshire Healthcare against other Mental Health and Learning Disability providers in England and the average across all regions within England. As you can see from the data below, the Trust has been running at a higher than average rate of sickness absence.



From our review of board papers and discussions with management, we are aware that staff engagement is a priority for the Trust. Outcome measures such as staff sickness lag behind actions simply due to the timing of when the data is captured. As a result, we do not believe these workforce indicators lead to a risk of significant weakness in the Trust's arrangements for improving economy, efficiency and effectiveness.

Overall, we have not identified any indicators of a significant weakness in the Trust's arrangements relating to the for improving economy, efficiency and effectiveness criteria..

04

Section 04:

Other reporting responsibilities and our fees

4. Other reporting responsibilities and our fees

Other reporting responsibilities

Statutory recommendations and public interest reports

Under section 7 of the Local Audit and Accountability Act 2014, auditors of an NHS body can make written recommendation to audited bodies. Auditors also have the power to make a report if they consider a matter is sufficiently important to be brought to the audited body or the public as a matter of urgency, including matters which may already be known to the public, but where it is in the public interest for the auditor to publish their independent view.

We did not issue any statutory recommendations or exercised our power to make a report in the public interest during 2022/23.

Reporting to the National Audit Office (NAO)

The NAO, as group auditor, requires us to report to them whether consolidation data that the Trust has submitted is consistent with the audited financial statements. We reported to the NAO that consolidation data was consistent with the audited financial statements. We reported to the NAO in line with its group audit instructions.

Fees for our work as the Trust's auditor

We reported our proposed fees for the delivery of our work under the Code of Audit Practice in our Audit Strategy Memorandum presented to the Audit Committee in March 2023. Having completed our work for the 2022/23 financial year, we can confirm that our fees are as follows:

Area of work	2022/23 fees
Planned fee in respect of our work under the Code of Audit Practice	£76,998
Total fees	**£76,998**

Fees for other work

We confirm that we have not undertaken any non-audit services for the Trust in the year.

Mark Surridge

Key Audit Partner

Mazars

2 Chamberlain Square

Birmingham

B3 3AX

Mazars is an internationally integrated partnership, specialising in audit, accountancy, advisory, tax and legal services*. Operating in over 90 countries and territories around the world, we draw on the expertise of 40,400 professionals – 24,400 in Mazars' integrated partnership and 16,000 via the Mazars North America Alliance – to assist clients of all sizes at every stage in their development.

*where permitted under applicable country laws.

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 5 September 2023

Extension of External Audit Contract

Purpose of Report

To receive a recommendation from the Audit and Risk Committee (ARC) to extend the current contract for the provision of external audit services with Mazars for a further two years.

Executive Summary

This paper sets out the rationale for recommending that the Council of Governors approve extending the current contract with Mazars LLP for a further two years.

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 creating a compassionate, skilled, and empowered leadership, creating a vibrant culture where colleagues feel they belong, thrive, and are valued.	
3) The Trust is a **great partner** and actively embraces collaboration as our way of working.	X
4) We will make the **best use of resources** by making financially wise decisions and avoiding wasting resources to ensure financial recovery and long-term sustainability.	X

Assurances

Appointment of the external auditor takes place in line with the Trust's Constitution and procurement rules.

Consultation

Through the Audit and Risk Committee.

Governance or Legal Issues

It is a legal requirement under the 2006 NHS Act that Foundation Trusts have an external auditor in place at all times.

Paragraph 33 of the Trust's Constitution states:

33. Auditor

33.1 The Trust shall have an auditor.

33.2 The Council of Governors shall appoint or remove the auditor at a general meeting of the Council of Governors.

To support the Council of Governors in this role support will be provided from the Audit and

Risk Committee, as per its Terms of Reference:

External audit

7.12 To make a recommendation to the Council of Governors in respect of the appointment, re-appointment and removal of an external auditor and related fees as applicable. To the extent that the recommendation is not adopted by the Council of Governors, this shall be included in the annual report, along with the reasons that the recommendation was not adopted.

7.14 To assess the External Auditor's work and fees each year and based on this assessment, to make the recommendation above to the Council of Governors with respect to the re-appointment or removal of the Auditor. This assessment should include the review and monitoring of the External Auditor's independence and objectivity and effectiveness of the audit process in light of relevant professional and regulatory standards.

7.15 To oversee the conduct of a market testing exercise for the appointment of an auditor at least once every five years and, based on the outcome, make a recommendation to the Council of Governors with respect to the appointment of the Auditor.

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:

No impacts identified.

Recommendation

The Council of Governors is requested to:

1) Approve the two year extension of the contract for the provision of external audit services to Mazars.

Report presented by: **Geoff Lewins, ARC Chair**

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

DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST

Council of Governors – 5 September 2023

Background

The Trust's current contract with Mazars was approved by the Council of Governors in July 2020 and commenced on 1 September 2020 for an initial term of three years, with an option to extend for one year plus one further year after that.

The initial term ends at the point at which they issue their Auditor's Annual Report to the Council of Governors, which would be 5 September 2023, unless the option to extend the contract is exercised.

The Audit and Risk Committee met on 20 July to discuss the contract. Mazars have confirmed that they are happy to continue as the Trust's external auditor for the extended period and that they retain appropriate capacity and capability to complete their work efficiently and effectively. The Committee also received a report from Mazars outlining their table of fees for 2023/24 and 2024/25, an overview of their quality assurance arrangements and the positive outcomes of the Key Performance Indicators for the 2022/23 contract period.

Over the past three years the Trust and Mazars have built up a mutually respectful working relationship and three successful audits have been delivered. The Committee receives a report each year on any learning from the audit process for continual improvement.

The Council of Governors will recall the challenges with the external audit market which necessitated a direct award to Mazars back in 2020, at that stage value for money was demonstrated and their fee increases are in line with Consumer Pricing Index (CPI) as stipulated in the agreed contract.

Next steps

Based on the above factors, the Audit and Risk Committee unanimously supported exercising the option to extend the contract. It is proposed that the extension period is for two straight years, rather than one plus one as this will give greater continuity. At the end of the two years, the contract would need to be awarded via market testing.

Recommendation

The Council of Governors is requested to:

1. Approve the two year extension of the contract for the provision of external audit services to Mazars.

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 5 September 2023

Non-Executive Director (NED) Deep Dive – Geoff Lewins

Purpose of Report
This paper provides both a description of my activities during the year and information covering the Annual Report of the Audit and Risk Committee. The paper primarily covers the year from April 2022 to March 2023 but will also include activities since March where relevant.

Executive Summary
As Chair of the Audit and Risk Committee this paper is principally concerned with my activities in that role and the assurances gained through that Committee. This broadly falls into two parts:

1) The Audit and Risk Committee's work to oversee the production of the Annual Report and Accounts. Since this Council will already have had a presentation from the External Auditors supported by the Interim Director of Finance giving an overview of finances in 2022/23, I have focused on the process undertaken and the assurances gained rather than the financial results themselves. In summary the process of preparing and auditing the report and accounts was effectively managed; all involved in the process performed admirably and the Audit and Risk Committee gained significant assurance in the end result.
2) The Audit and Risk Committee also carried out a significant amount of other work during the year reviewing the Trust's system of risk management. This included regular reviews of the Board Assurance Framework (BAF), specific areas within its own remit and annual reports on the activities of other board committees. Our Internal Auditors, 360 Assurance, attended all meetings and provided assurance on Internal Audit and Counter Fraud.

Additionally as a NED I attend Board meetings, Board Development meetings and am a member of the Remuneration Committee, the Finance and Performance Committee and the Mental Health Act Committee. During the year I have supported the Trust project to develop a single Electronic Patient Record and have continued to engage with Derbyshire System activities.

Note: in view of the number of new governors I have included a short personal profile at the end of the document.

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 creating a compassionate, skilled and empowered leadership, creating a vibrant culture where colleagues feel they belong, thrive and are valued.	X
3) The Trust is a **great partner** and actively embraces collaboration as our way of working.	X

4) We will make the **best use of resources** by making financially wise decisions and avoiding wasting resources to ensure financial recovery and long term sustainability.	X

Assurances

- The Trust's system of Risk Management is adequate in identifying risks and allowing the Board to understand the appropriate management of those risks
- The Audit and Committee has reviewed and used the Board Assurance Framework and believes that it is fit for purpose
- There are no outstanding areas of significant duplication or omission in the Trust's system of governance that have come to our attention.

Consultation

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

Governance or Legal Issues

- Every NHS organisation is required to have an Audit Committee.

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 EDI objectives of the Audit and Risk Committee are included within its terms of reference. The Committee reviewed how well these objectives had been met and confirmed that papers considered by the Committee had, in large part, made relevant reference to equality, diversity and inclusion matters.

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: Geoff Lewins, Non-Executive Director

Council of Governors – 5 September 2023

NED Deep Dive – Geoff Lewins

Purpose of Report

This paper provides both a description of my activities during the year and information covering the Annual Report of the Audit and Risk Committee. The paper primarily covers the year from April 2022 to March 2023 but will also include activities since March where relevant.

Audit and Risk Committee

As Chair of the Audit and Risk Committee this paper is principally concerned with my activities in that role and the Assurances gained through that Committee. This broadly falls into two parts.

1) The Audit and Risk Committee work to oversee the production of the Annual Report and Accounts. Since the Council of Governors will already have had a presentation from the External Auditors, supported by the Interim Director of Finance I have focused on the process undertaken and the assurances gained rather than the financial results themselves. Governors receive regular finance performance updates within the Integrated Performance Report (IPR).
2) The Audit and Risk Committee also carried out significant amount of other work during the year reviewing the Trust's system of risk management.

Audit and Risk Committee work to oversee the production of the Annual Report and Accounts

From December onwards the Trust Secretary and the Interim Director of Finance maintained a plan of activities necessary for production of the Annual Report and Accounts which was regularly reviewed by the Audit and Risk Committee. This plan was informed by a review of the prior year process to identify opportunities for improvement and a review of accounting policies and new technical requirements prepared by the Finance team. The External Auditors and the Finance team continued to liaise effectively during the year and during the audit process to ensure 'no surprises'.

2022/23 was the third year of tenure of Mazars as External Auditors, during these three years their performance has been good. During the year 2022/23 Mazars attended all meetings of the Audit and Risk Committee with the exception of confidential Audit and Risk Committee meetings. Mazars have kept the Committee appraised of their audit plans and provided assurance that they were liaising with the Trust's Finance Team to ensure a smooth process.

The Committee continued to meet virtually throughout the year. At the meeting held to sign off the accounts Mazars confirmed that they were able to sign off the accounts with an unqualified opinion which enabled timely submission of documents to NHS England and laying of the accounts before Parliament. In accordance with good practice the Lead Governor was invited to attend that meeting, however as she was unable to attend I communicated with her separately to ensure that she was satisfied with the overall process.

Once again, I would like to express my thanks for the exceptional work carried out by the Finance team during this process.

Internal Audit

Our Internal Auditors, 360 Assurance, attend all Audit and Risk Committee meetings and, in addition to the Head of Internal Audit opinion in the Report and Accounts, provide regular reports on the Internal Control Framework and on their Counter Fraud activity. The Audit and Risk Committee approves an Internal Audit plan and during the year a number of Internal Audit reports are produced in accordance with the plan. The Audit and Risk Committee reviews the reports and also monitors the action plan of agreed management actions arising from the Internal Audit reports.

Board Assurance Framework (BAF)

The Audit and Risk Committee reviews the quarterly iterations of the BAF prior to its formal approval by the Board. Each of the items on the BAF is the responsibility of one of the Board Committees which will carry out a deep dive to confirm risk assessment and assess adequacy of mitigating actions. In addition, risks rated as extreme are subject to a deep dive at the Audit and Risk Committee.

In addition to the 'top down' strategic risks in the BAF the Trust maintains a detailed operational risk register on the Datix system. The BAF papers include extreme risks from this 'bottom up' risk register to allow effective triangulation with the BAF. In accordance with the Internal Audit plan 360 Assurance carried out an audit of the Datix system and identified areas for improvement in the management of the system. These improvements have been implemented and the Audit and Risk Committee now receives a quarterly report to provide assurance that the operational risks are being effectively managed.

Year-End Effectiveness Reports from Board Committees

Board Committees represent key parts of the overall risk management framework of the Trust. At the end of the year each Committee prepares a report on its activities and how it has met its objectives. The Audit and Risk Committee reviews these reports as part of its overview of the risk management framework.

Other areas of Audit and Risk Committee responsibility

The Committee has responsibility, within its objectives, for a number of important areas of activity within the Trust. Reports on these areas are scrutinised during the year.

Data Security and Protection – this is an area of strength for the Trust where the team has performed well when benchmarked against other Trusts and when reviewed by Internal Audit. We cannot be complacent however as the risk of Cyber attacks remains high across the NHS.

Standing Financial Instructions (SFIs) – an important part of the Trust control framework is a set of SFIs which govern how the Trust enters into Financial commitments. Occasionally it is not possible to follow these in which case there is a formal process of management review to waive them culminating in an Audit and Risk Committee review of the appropriateness of those waivers.

Freedom to Speak Up (FTSU) – enabling colleagues to speak up without fear if they feel the need is very important and responsibility for ensuring this process is working satisfactory is shared between the Audit and Risk Committee, which oversees the process in place, and the People and Culture Committee which focuses on the issues surfacing through the FTSU process.

Clinical Audit – similarly to FTSU, responsibility is shared between the Quality and Safeguarding Committee which reviews the findings of Clinical Audit work and the Audit and Risk Committee which looks at the process including resourcing and effectiveness.

Data Quality – it is important that the Trust retains a high level of data quality to ensure that its decision making and reporting to regulatory authorities remains sound. This is a challenge facing all organisations and the Audit and Risk Committee receives reports from Management and Internal Audit in this area.

Conflict of Interest – the Audit and Risk Committee receives reports on gifts and hospitality and secondary employment which could potentially lead to conflicts of interest. In addition there are exercises focused on Board members and Decision Making staff to ensure comprehensive coverage.

Other Activities Outside of the Audit and Risk Committee

In addition to attendance at Board meetings, Council of Governors and Board Development days I am a member of the Finance and Performance Committee and the Mental Health Act Committee.

I have a role as Freedom To Speak Up NED which involves regular meetings with the FTSU Guardian to ensure that she continues to feel supported by the management of the Trust and to provide an escalation route if necessary.

I have a NED role supporting the development of the East Midlands Perinatal Mental Health Provider Collaborative (where the Trust will take on the Lead Provider role).

As the Derbyshire System continues to develop it has become clear that there are opportunities to use the experience of myself and other NEDs to support projects both within the Trust and within the Derbyshire system.

I have been involved throughout the year with the OnEPR project to migrate the Trust's patient data from PARIS to SystmOne (TPP). This will bring significant patient and efficiency benefits by, amongst other things, enabling much improved data sharing with primary care. The final phase of this project was implemented in May 2022. Further work is ongoing to deliver more benefit through optimisation of the system as implemented and deployment of Electronic Prescribing.

On a similar theme I have been involved with the Derbyshire System in the implementation of a linked IT system – the 'Derbyshire shared care record' (DSCR). This will enable sharing (subject to appropriate information security) of citizen records across NHS and social services which should provide further benefits in care across the county. This system was implemented in February 2022 for the majority of NHS organisations in the County with Social Care to follow. Migration of the Trust from Paris to SystmOne was a prerequisite for our inclusion in the DSCR and this work is now complete.

Personal Profile – Geoff Lewins (NED since December 2017)

Originally from the North East of England I trained as a chartered accountant and after some time in practice I joined Rolls-Royce in Derby where I spent 26 years in a range of Finance, IT and Business Improvement roles. During this time I was Head of the Company's Internal Audit function and spent several years as Director of Finance Strategy where I was responsible for global Finance transformation activity running teams in USA, Germany, Singapore, Norway and Brazil in addition to the UK. Since leaving Rolls-Royce I had my own consultancy for a while and continue to be very active as a Trustee of the Arkwright Society which manages the historic Cromford Mills complex, part of the Derwent Valley Mills UNESCO world heritage site. My

interests include history, sport (watching rather than playing) and my four grandchildren.

I have now been a NED at the trust for almost six years and have agreed to stay on for a further year until December 2024.

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 5 September 2023

Integrated Performance Report

Purpose of Report

This paper provides Council of Governors with an integrated overview of performance at the end of July 2023. The focus of the report is on key finance, performance and workforce measures.

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

Executive Summary

The report provides the Committee with information that demonstrates how the Trust is performing against a suite of key operational targets and measures. The aim of which is to provide the Board a greater level of assurance on actions being taken to address areas of underperformance. Recovery action plans have been devised and are summarised in the main body of this report. Performance against the relevant NHS national long term plan priority areas is also included.

Operational Performance

This chapter has been developed to provide a greater level of assurance to the Board on actions being taken to address areas of underperformance. The chapter includes performance against the relevant NHS national long term plan priority areas. This month includes a section on the recently formed East Midlands Gambling Harm Service, and a section on bed occupancy and length of stay.

Most challenging areas:

Waiting times for adult autistic spectrum disorder assessment
Paediatric outpatients 18-week referral to treatment
Inappropriate out of area placements
NHS Talking Therapies waiting times

Most improved areas:

Psychological services waiting times continuing to reduce month on month
CAMHS waits continuing to reduce

Key next steps:

Measuring our progress: The DHcFT Productivity Group are developing a suite of metrics for Productivity – to enable us to monitor and evidence improvements in Productivity

High intensity users with personality disorder – a programme planned to explore and review these using a collaborative system wide approach with a view to avoid non-appropriate conveyances to Emergency Departments and help direct patients to the right pathway of care.
Improving flow: The establishment of a multi agency admission and Discharge Hub to oversee the flow of patients in hospital helping to reduce longer length of stays.
MHRV: Reducing avoidable conveyance: The system has also committed to a Mental Health Response Vehicle via NHSE procurement for 2024/25 in line with the LTP initiative. This service will include a Paramedic and Mental Health Nurse response. The service will be aimed at reducing the ambulance stack, ambulance dispatch and inappropriate mental health attendances to ED.
'Plan on a page' – for Reducing Health Inequalities. We will be working with all service lines across the organisation to build a 'plan on a page' on how they will evolve and adapt our services to ensure we are actively working to reduce health inequalities using a strategic approach linking in with the VCSE sector using population insights and census information to focus our efforts and understand disparities in order to effectively reduce them.
RCRP – We are internally forming a working group to strategically work with the system to formulate our response to 'Right care Right place'

Finance

At the end of July the year to date position is a surplus of £1.0m against a planned surplus of £0.9m, a favourable variance of £0.1m. This is mainly driven by the improvement in the efficiency programme which continues to be on plan at the end of July. Agency expenditure is being partially offset by vacancies and interest income being ahead of plan. The forecast position at month 4 is breakeven against a plan of breakeven. The forecast assumes that we deliver efficiencies in full and find mitigations to offset the emerging cost pressures associated with pay award inflation, agency costs and pressures related to a complex patient who is being supported on one of our wards.

The Board Assurance Framework (BAF) risk that the *Trust fails to deliver its revenue and capital financial plans*, is rated as Extreme for 2023/24 due to the inherent risks that are built into the financial plan.

<u>Efficiencies</u>
The plan includes an efficiency requirement of £8.8m phased equally across the financial year. As at the end of July £2.9m was achieved against a YTD target of £2.9m. The forecast assumes that all efficiencies are delivered, currently £7.4m of the £8.8m has been identified.

Key next steps
Develop and sign off plans for the full £8.8m efficiency requirement
Development of recurrent plans to minimise impact into 2024/25 currently 83% are non recurrent

<u>Agency</u>
Agency expenditure YTD totals £3.4m against a plan of £1.8m, an adverse variance to plan of £1.6m. This includes £0.9m of additional costs to support a complex patient on one of our wards. The two highest areas of agency usage continue to relate to Consultants and Nursing staff. The agency expenditure as a proportion of total pay for July is 6.3%. The plan for the year is set at 3.5% which just below the target set by NHSE in the planning guidance of 3.7%.
<u>Out of Area Placements</u>

The plan for out of area expenditure has been reduced by £1.0m in 2023/24 as part of the £8.8m efficiency programme. As at the end of July there was an overspend of £257k against the revised plan and a forecast overspend of £685k for the end of the financial year. There were 12 out of area patients at the end of July, the forecast assumes from month 7 patient numbers reduce to the plan of 4.

Capital Expenditure
Capital expenditure at the end of July is slightly under plan, the forecast is to be on plan by the end of the financial year.

Better Payment Practice Code (BPPC)
In July the target of 95% was exceeded by both value and volume.

Cash and Liquidity
Cash at the end of July is at £40.2m the same as the previous month and is forecast to be at planned levels of £23.6m by the end of the financial year.

People

Annual appraisals
Appraisal levels continue to be below our expectations, however significant positive progress has been made for the last 10 months.

Annual turnover
Turnover remains in line with national and regional comparators and is within the target range of 8-12%.

Compulsory training
Overall, the 85% target level has been achieved for the last 16 months. Immediate Life Support (ILS) and Positive and Safe training compliance continue to remain in a stable position.

Staff absence
Sickness has been significantly lower than normal for the last 7 months but remains above the target of 5%.

Key next steps:
Divisional wellbeing summits are planned to take place from September

Proportion of posts filled
The overall position at the end of July was 93%.

Key next steps:
The Strategic Recruitment and Retention Lead has now commenced in post and is working closely with teams to develop bespoke campaigns and recruitment approaches

Bank & agency staff
Agency fill has decreased again slightly this month. The highest usage is medical grades.

Key next steps:
Consider an incentive to bring additional clinically experienced workforce into the Acute Inpatient Wards for Adults of Working Age.

Establishing protocol to cover the circumstances where the various levels of Agency workforce can be utilised, and level of authorisation required.
Across the system an agency reduction programme is being established

Supervision
The overall level of compliance with the clinical and management supervision targets has remained low since the start of the pandemic, however improvements are being made. Currently 124 teams are 100% compliant with management supervision, 77 teams are 100% compliant with clinical supervision and 53 teams are 100% compliant with both.

Key next steps:
Improvement plan in place in Operational Services, with weekly monitoring of progress
Escalation of those people who have not been supervised for 3 months

Quality

Compliments
The number of compliments has increased above the mean and remains within common cause variation.

Complaints
The number of complaints received per month remains stable. No specific theme has been identified. Information around complaints is reviewed by the Heads of Nursing/Practice in a quarterly patient experience committee report which is sent to the Trust Quality and Safeguarding committee for assurance.

Delayed transfers of care (DTOC)
7% of service users met the criteria as clinically ready for discharge in July. The most common reason for delay is the identification of appropriate housing or social care placements. A recent review identified that in older adult inpatient services, 76% of patients do not return to the environment they were referred from.

Key next steps:
Twice weekly discharge meetings to continue to identify and address any barriers to discharge
The Older People's division are currently supporting the scoping of a Dementia Care Unit for Derbyshire which is due to open in 2024.

Care plan reviews
The current percentage of patients who have had their care plan reviewed and have been on CPA for over 12 months is 52%, an increase of 3% between and May and July 2023.
Key next steps:
A process for monitoring compliance and quality will be implemented in each division and monitored via the monthly Fundamentals of Care meeting, (in Inpatients, the Clinical Reference Group) and the Divisional Clinical Operational Assurance Team (COAT) meetings.

Patients in employment and in settled accommodation
Around one third of patients have no employment status or accommodation status recorded at present.

Key next steps:

A report has been developed which informs teams if there are gaps in the current Data Quality Maturity Index. Ward and Service Managers review this report weekly and action any gaps identified. Monitored via monthly service specific operational meetings.

Medication incidents

Between May to July 2023 there has been a 30% decrease in the number of medication incidents reported following a spike that took the number of medication incidents outside of common cause variation.

Key next steps:

Development of a medicine ward folder where the medicine management quick reference guides relating to key policies and procedures will be available This is currently being trialled in the North with a plan to roll out in the South impatient wards if it is ratified in April 2024.

DHCFT Pharmacy are feeding back to ward managers on a quarterly basis about shared learning from meetings with Chesterfield Royal Hospital pharmacy.

Incidents of moderate to catastrophic actual harm

This data demonstrates the number of DATIX incidents occurring recorded as moderate to catastrophic harm. There has an 49% increase in incidents between May and July. Analysis suggests that this is due to both a number of new types of incidents reported in these months and a general increase in the number of incidents that are routinely reported with a specific rise in incidents recorded as “aggression/abuse”. This is consistent with anecdotal reports from staff that acuity on the inpatient wards is increasing.

Duty of Candour

Duty of Candour reported incidents remain within expected thresholds. The Trust Family Liaison Office has created information leaflets and standing operating procedures to support staff in completing duty of candour communications.

Prone restraint

Prone restraint has decreased by a total of 11 incidents between May and July 2023 and is now below both the Trust target of 12 incidents and the mean of 10.

Physical restraint

Physical restraints have remained at around 90 incidents between May and July 2023 with a spike up to around 120 in June.

This is being reviewed within the Reducing Restrictive Practice Group and the Trust Positive and Safe Support Team continue to offer extra training sessions to improve training availability for staff.

Seclusion

Seclusions between May and July 2023 have reduced by 40% and are now in line with the Trust target of 12.

Falls on inpatient wards

The Biweekly falls meeting started in April 2022 appears to have had a positive impact with incidents related to falls plateauing at 32, below the Mean of 35 May and July 2023. This is monitored via the Head of Nursing and Clinical Matron and learning from the Biweekly falls meeting is reviewed in the monthly Divisional

COAT meeting.

Care hours per patient day (CHPPD)
In the latest published national data when benchmarked against other mental health trusts, our staffing levels were average overall.

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 creating a compassionate, skilled and empowered leadership, creating a vibrant culture where colleagues feel they belong, thrive and are valued.	X
3) The Trust is a **great partner** and actively embraces collaboration as our way of working.	X
4) We will make the **best use of resources** by making financially wise decisions and avoiding wasting resources to ensure financial recovery and long-term sustainability.	X

Risks and 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 common cause and special cause variation.

Consultation

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

Governance or Legal Issues

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

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

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

Recommendations

The Council of Governors is requested to:

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: **Tony Edwards, Non-Executive Director**
Deborah Good, Non-Executive Director
Ashiedu Joel, Non-Executive Director
Ralph Knibbs, Non-Executive Director
Geoff Lewins, Non-Executive Director
Shelia Newport, Non-Executive Director

Report prepared by: **Ade Odunlade, Chief Operating Officer**
Rachel Leyland, Interim Director of Finance
Carolyn Green, Director of Nursing and Patient Experience

Integrated Performance Report Performance Key Insights

Bed pressure

- There continues to be a **high level of occupancy** on the adult acute wards – **currently 104%** - which is impacting on capacity for admissions. This calendar year to date **72% of admissions have been under the Mental Health Act,** which is significantly higher than previous years. We are also seeing a significant increase in the number of adult acute inpatients with a length of stay of 60 plus days. These factors would **suggest an increasing level of acuity** in the patient group being cared for. A bid has been submitted for a portion of the Integrated Care Board's adult social care discharge funding, which would be used to support discharge and free up beds through improving timely discharge.
- There has been a spike in out of area beds despite acute bed usage at typical levels. Admissions are at average weekly levels; discharges are below average weekly levels since the school holidays commenced. This is the same trend as last July, but discharges were high ahead of school holidays last year. Long stayers are showing a trend increase linked to discharge slow down. Male occupancy is consistent; female had a spike in January and follows out of area bed trend suggesting female bed capacity may be the out of area demand need. North wards had low discharges in late June/ early July; south had normal levels of discharging, suggesting north is a bigger issue.
- 40% of bed occupancy relates to readmitters. Readmitters are skewed towards females. The median length of stay is 15 days for 30-day re-admissions, and 17 days for any readmission within a year. There is double the relative number of people with personality disorders for readmitters versus non-readmitters. There is no significant difference in ethnicity versus general inpatient population. Readmitters are more likely to flow from Liaison Psychiatry, and are twice as likely versus non readmitters to be clustered as non-psychotic chaotic and challenging disorders and ongoing or recurrent psychosis (high disability). It is less likely for the next service contact following discharge to be with CMHT, early intervention, or home treatment, and much more likely to be Liaison Psychiatry. This suggests that there may be a significant personality disorder readmission issue and an opportunity to deliver care in the community as an alternative to a short stay.

Paediatric Outpatients

- Prior to March 2021 the referrals received was a level of demand that the service could manage, however Since March 2021 the volume of **referrals received has risen by 42%** and **this higher level of demand has persisted to date.** In 2019, the British Association for Community Child Health reported on the **longstanding workforce shortages** in community child healthcare which were having an adverse impact on waiting times and service delivery, leading to unacceptable delays for patients across the country. At that time, the Royal College of Paediatrics and Child Health estimated that an additional 856 paediatric consultants were needed to meet demand in the UK. This workforce shortage has continued. The Trust itself currently has 2 vacancies and a number of consultants reaching retirement age. A review of pathways is ongoing. The Royal College of Paediatrics and Child Health's paediatric training is now moving to a new training pathway structure which will reduce the time to complete to seven years, instead of eight, and will consist of two levels instead of three.

Adult Autistic Spectrum Disorder Assessment

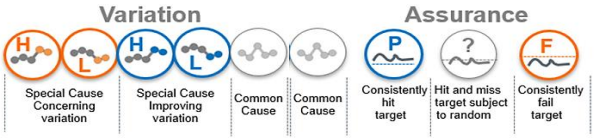
- The service continues to experience long waits to be seen for assessment. This is a national problem: the number of people waiting in England has **increased by 169%** since pre-COVID to 140,000 (**Autism assessment waiting times 2023**). In the Trust the level of funded capacity has fallen far short of the demand for the service for many years, as a result of financial pressures on the system. **This has inevitably resulted in increased waits**. Actions are being taken to **maximise capacity within the existing financial envelope**.

Assurance Summary

A. Operations

	Metric Name	Performance	Assurance	Latest Value	Target	Lower process limit	Upper process limit	Mean
1a	Waiting list - care coordination - average wait to be seen			27		19	31	25
1b	Waiting list - care coordination - number waiting at month end			127		50	89	69
2a	Waiting list - ASD assessment - average wait to be seen			77		68	73	71
2b	Waiting list - ASD assessment - number waiting at month end			2,225		1786	1983	1884
2c	ASD assessments			30	26	5	34	19
3a	Waiting list - psychology - average wait to be seen			34		46	56	51
3b	Waiting list - psychology - number waiting at month end			602		812	1033	923
4a	Waiting list - CAMHS - average wait to be seen			21		15	25	20
4b	Waiting list - CAMHS - number waiting at month end			284		374	568	471
5a	Waiting list - community paediatrics - average wait to be seen			37		19	25	22
5b	Waiting list - community paediatrics - number waiting at month end			2,081		1522	1939	1730
6	Outpatient appointments cancelled by the Trust			5%	5%	4%	11%	7%
7	Outpatient appointment "did not attends"			14%	15%	10%	14%	12%
B1	3 day follow-up			86%	80%	79%	96%	87%
D1	Community Mental Health Access (2 plus contacts)			11,324	11,899	9000	9823	9411
E1	Children & Young People Mental Health Access (1 plus contact)			2,975		2887	3064	2975
E4	Community Mental Health Access (2 plus contacts)			73%	95%	56%	93%	75%
E5	Children & Young People Mental Health Access (1 plus contact)			100%	95%	15%	110%	63%
G3	Early intervention 14 day referral to treatment - complete			90%	60%	64%	110%	87%
G3	Early intervention 14 day referral to treatment - incomplete			86%	60%	58%	117%	88%
H0	IAPT 6 week referral to treatment			54%	75%	66%	79%	73%
H1	IAPT 18 week referral to treatment			100%	95%	99%	100%	100%
H2	IAPT 1st to 2nd Treatment over 90 Days			32%	10%	2%	21%	11%
H7	IAPT patients completing treatment who move to recovery			48%	50%	43%	61%	52%
I1	Individual Placement and Support Access			220	343	104	384	244
K2	Total inappropriate out of area bed days			2,036		1,197	1,909	1,553
K2	Average patients out of area per day - adult acute			10	0	0	9	3
K2	Patients placed out of area - adult acute			17	0	0	15	6
K2	Average patients out of area per day - PICU			15	0	6	19	13
K2	Patients placed out of area - PICU			28	0	12	31	21
L1	Perinatal Rolling 12 Months Access			7%	10%	4%	5%	4%
L2	Perinatal Access Year to Date			441	1,070	156	506	331
N4	Data quality maturity index			98%	95%	98%	98%	98%

Key to symbols[1]:



Blue dots indicate special cause variation, better than expected.

Orange dots indicate special cause variation, worse than expected.

[1]The rating symbols were designed by NHS Improvement

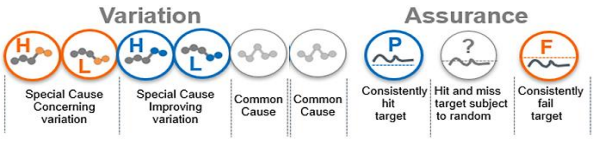
B. People

	Metric Name	Variation	Assurance	Latest Value	Target	Lower process limit	Upper process limit	Mean
1	Annual appraisals			84%	90%	74%	79%	77%
2	Annual turnover			12%	8-12%	12%	14%	13%
3	Compulsory training			89%	85%	85%	88%	87%
4	Staff absence			6%	5%	5%	8%	7%
5	Clinical supervision			78%	95%	72%	77%	75%
6	Management supervision			77%	95%	70%	76%	73%
7	Filled posts			93%	100%	88%	94%	91%
8	Bank staff use			6%	5%	5%	7%	6%

C. Quality

	Metric Name	Performance	Assurance	Latest Value	Target	Lower process limit	Upper process limit	Mean
1	Compliments received			120	119	72	142	107
2	Formal complaints received			22	13	6	30	18
3	Delayed transfers of care			8%	3.5%	2.4%	8.8%	5.6%
4	CPA reviews			52%	95%	70%	83%	76%
5	Patients in employment			12%		10%	14%	12%
6	Patients in settled accommodation			33%		40%	51%	45%
7	Number of medication incidents			96		39	105	72
8	No. of incidents of moderate to catastrophic actual harm			82	48	17	83	50
9	No. of incidents requiring Duty of Candour			0	1	0	6	2
10	No. of incidents involving prone restraint			7	12	0	22	10
11	No. of incidents involving physical restraint			89	46	25	105	65
12	No. of new episodes of patients held in seclusion			14	14	1	37	19
13	No. of falls on inpatient wards			32	30	22	50	36

Key to symbols[1]:



Blue dots indicate special cause variation, better than expected.

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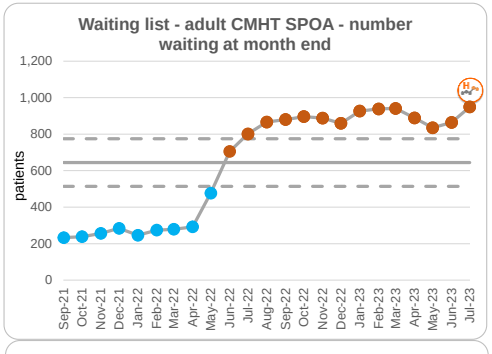
[1]The rating symbols were designed by NHS Improvement

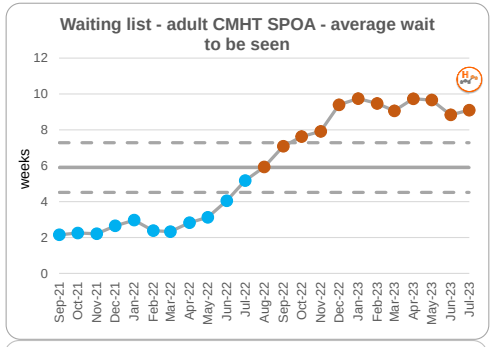
Derbyshire Healthcare
NHS Foundation Trust

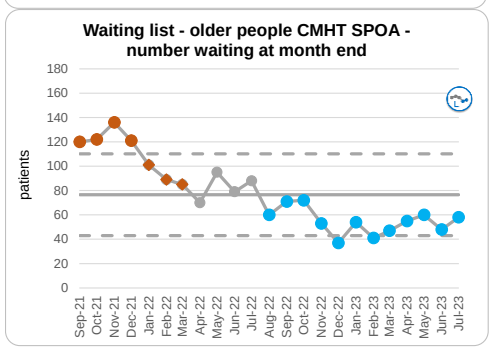
Operations

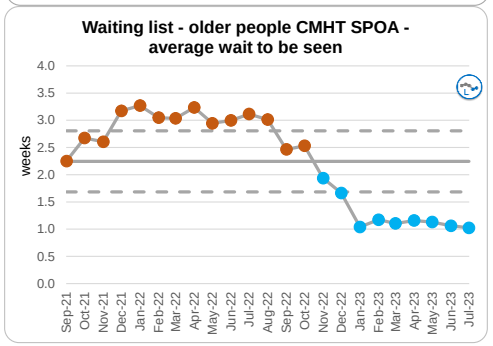
Operational Performance

Waiting Times – Community Mental Health









SPOA = single point of access – the route for external referrals into the services

Summary

The number waiting is increasing over time in adult SPOAs but reducing in older adult SPOAs. The average wait is fairly stable in adult at around 9 weeks, and is very low in older adult at around 1 week.

The working age adult community teams continue to get more cases in comparison to the older adult teams. Working age adult teams also hold a significant number of patients over the age of 65. This has previously been explored and it was found to be difficult to move over a lot of patients to older people's teams owing to concerns raised by older adult medics and also the need for continuity of care in some cases.

In the most recently published benchmarking data, the Trust's median length of stay in community mental health services from referral to discharge was 125 days, which is considerably higher than the national median of 60 days. The Trust's average community mental health caseload size as a proportion of total trust caseload was 45.8%. In comparisons, the national median was 28.1%. Our caseloads are high, and with high caseloads it is difficult for the teams to have capacity to pick up new cases. (https://model.nhs.uk/).

Cost of living is having an impact on the mental health of our communities, and as a result we are seeing more referrals because of anxiety and depression.

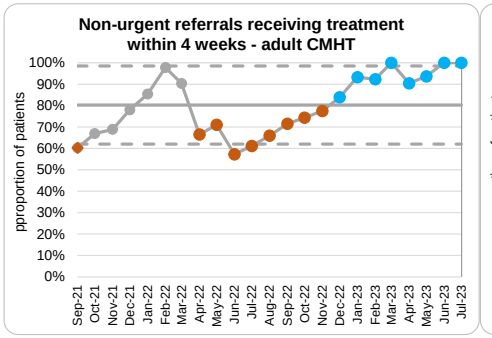
Some teams continue to experience significant staffing gaps, resulting in reduced capacity to pick up routine assessments, as they have to concentrate on the urgent and essential tasks, including hospital avoidance.

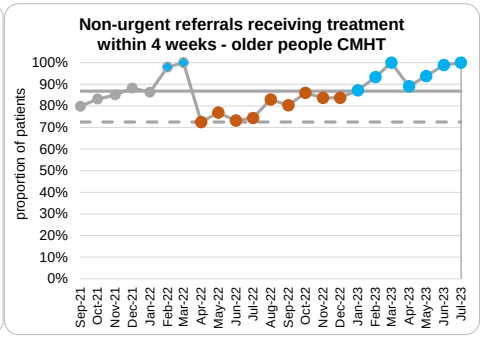
Actions

- Area Service Managers are currently working with the SPOA nurses regarding the number of assessments SPOA nurses should be completing (one suggestion is that a 1.0 wte SPOA nurse should complete 5 new assessments a week), at present, we are seeing some SPOA nurses completing 1-2 new assessments a week, which correlates to teams with higher waits.
- In comparison to the national median of 9.1%, the discharge rate from Trust community health services as a proportion of caseload was 7.7%. This means that we discharge fewer people and with the flow of referrals, our waiting list will continue to be high. The work in Living Well will mitigate this, as we will be working with the multiagency teams to proactively move on people in the community. Clinical leads are currently undertaking caseload reviews with staff. We are also exploring nationally where secondary services offer time limited interventions.
- Data recording and accuracy remains an ongoing issue, with some contacts not being counted and therefore people remaining on waiting lists when they should be removed. Information management have developed a weekly email to go to individual clinicians and managers to try and address and improve recording in SystmOne.

NHS England Proposed Access Standards

In 2022 NHSE proposed several access standards for mental health, including that adults and older adults accessing community-based services for non-urgent mental health care should start to receive help within four weeks of referral. The proposals are yet to be implemented. The charts below give an indication of how the Trust might be performing against the proposed standard, giving the proportion of patients receiving their second contact in the month who were seen within 4 weeks of referral.

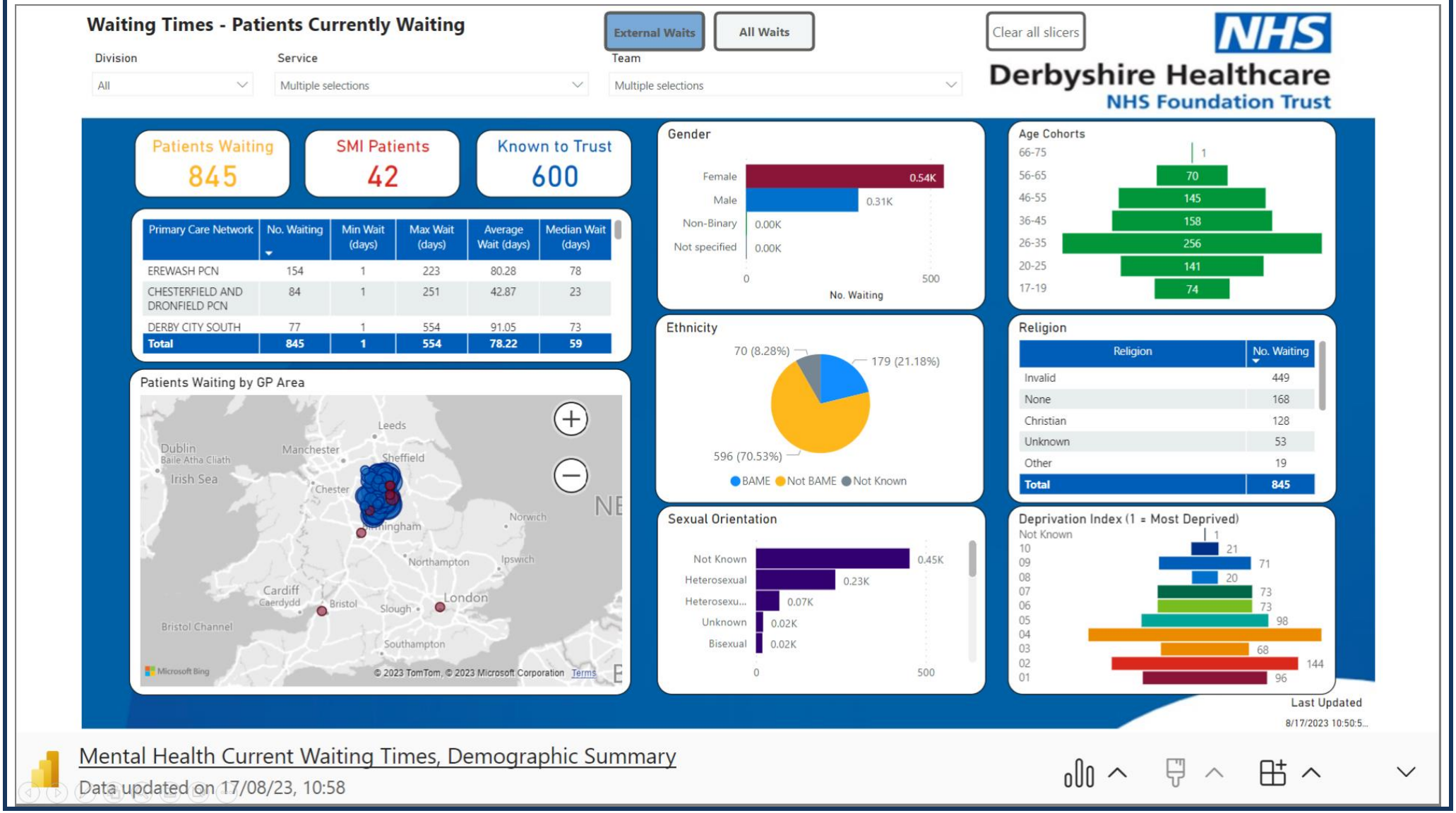




Operational Performance

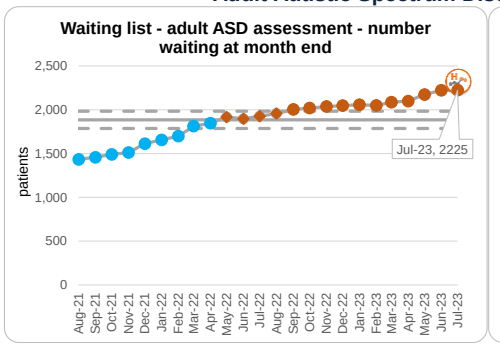
Waiting Times Dashboards

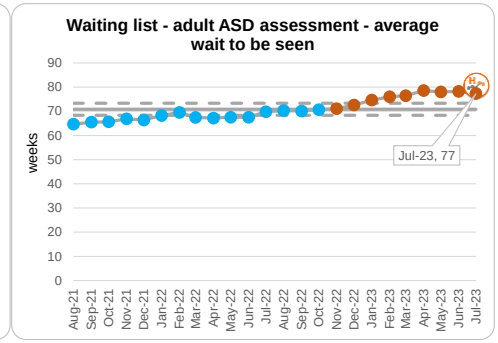
The Information Management & Technology Team are in the process of developing waiting times dashboards for the various services within the Trust. The dashboards can be filtered by multiple demographic factors, including gender, ethnicity, deprivation, sexual orientation, age and religion, and by Primary Care Network, Service and Team. The data updates daily overnight and is drillable down to patient level. This is an excellent piece of work that will support Operational Services with the monitoring of equity of access and reduction of waiting times. Below is an example screenshot:



Operational Performance

Adult Autistic Spectrum Disorder Assessment Service





Referrals

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2016				18	15	20	23	28	31	26	27	18
2017	19	17	9	20	23	21	25	22	27	43	30	29
2018	29	34	32	41	47	40	62	41	45	54	48	22
2019	92	65	52	50	82	71	77	49	59	34	55	46
2020	83	32	28	45	20	46	17	27	14	48	77	74
2021	43	56	58	59	85	80	64	56	51	70	55	114
2022	62	62	141	74	100	97	50	70	88	65	70	52
2023	40	10	43	41	110	89	79					

Assessments

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2016				19	7	22	5	4	19	20	15	13
2017	35	37	47	22	22	18	30	16	24	34	30	12
2018	20	15	23	18	19	20	22	11	13	14	20	20
2019	33	24	25	24	19	18	15	11	26	30	34	15
2020	28	27	22	1	5	11	20	16	18	29	18	15
2021	20	17	22	22	17	12	14	14	24	24	15	6
2022	12	12	21	13	10	14	8	6	20	22	20	15
2023	22	28	24	22	18	31	30					

Summary

Demand for the service continues to outstrip capacity (commissioned to undertake 26 assessments per month but receiving around 80 referrals per month this financial year). At the end of July 2023 there were 2,225 adults waiting for adult ASD assessment, which is an increase of 126 since the last report. A revised approach to waiting list management is being mobilised and should start to have an impact from quarter 4 2023/24. Referrals peaked in April 2022 at 141. The number of completed assessments per month has increased and we are on track to achieve the full year contractual target of 312 by March 24.

Actions

- Clinical efficacies: processes and pathways are not fully standardised with lengthy time for completion of assessment. Review of clinical processes to increase screening success and increase the number of ASD assessments completed, pathways to be streamlined, and implementation of an all age pathway which is focusing actions and joint work with CYP services to minimise confusion and duplication of wait and process at transition .Currently a pilot is in place starting next month to action an increase in assessments.
- Improving skill mix and developing a flexible /responsive workforce: as the autism assessment team is a small team any unavailability impacts significantly on performance. A specialist bank has been designed to offer team cover and flexibility whilst building a multi professional skill mix. This is alongside rolling recruitment to all vacant posts is now having an impact and forms part of the pilot to increase assessments from next month
- Support of individuals on the diagnostic pathway is now in place and taking referrals with a focus to increase the numbers - whilst this won't reduce wait time for diagnosis, it will improve the experience and will alert people to options available to them. Pathway is disjointed and support has previously been limited between the various stages of the diagnostic pathway.
- Increased support to individuals pre and post diagnosis will improve their experience, understanding, and support any management of anxiety reducing the risk of sudden need to access services ,earlier awareness can be raised through signposting from the support services to the specialist teams
- Healios contract is now extended for 18-25 year olds: these individuals in transition are currently on the adult wait list, with several passed from children's services. Fast track to assessment for this group which will enable earlier support to be recommended and will allow for links between children and adult services and ongoing development of an all-age pathway
- Health Education England funding secured for a 12-month proof of concept around diagnostic tool, using screening tool as indicative diagnosis

Transforming Care Programme

Indicator	Target	Actual	Latest period
Number of adults in ICB commissioned inpatient care	35	30	Jun-23
Number of adults in secure inpatient care	19	18	Jun-23
Number of CYP in specialised/ secure inpatient care	6	4	Jun-23

Summary

The current targets are being achieved in all 3 areas. New, challenging trajectories have been agreed from July 2023 onwards. Significant performance improvements & transformation are required for JUCD to meet its end of year trajectory for the number of ASC&/LD people who are in receipt of inpatient care. Overreliance on inpatient care and a lack of credible community-based alternatives are the primary areas of concern. Currently, inpatient numbers remain above agreed national targets and out of line with projected performance levels. Improvements in position fluctuate and need to be sustainably managed.

Actions

Adults:

A Rapid Improvement Plan is currently in place, with 3 focused actions:

1. Reduce adult mental health inpatient admissions through improved admission avoidance processes, increased preventative offers, and intensive work with the Community Mental Health and Crisis Resolution and Home Treatment Teams,
2. Improved discharge planning and processes (including repatriation) for long-stay OOA Locked Rehab, Secure, and ATU patients;
3. Improved discharge planning and processes for local ATU inpatients and increased local step-down offers. Underpinning the RIP is a detailed Recovery Action Plan, with 9 themed areas of actions. Together, the actions aim to achieve our agreed forecast modelling and trajectory of a reduction of Adult mental health inpatient admissions from 5.54 a month to 4 a month.

Children:

- We now have an established permanent Strategic Escalation team to support MDTs to support CYP in crisis, this will be further developed in year to be community facing.
- Collaboration with LA partners in the development of an all age DSR.
- CAMHS urgent care team based TCP worker being recruited providing early support and intervention.
- CYP Case Managers being bought into the Mental Health trust from outside agency to improve links.
- Build on the successful CYP ICB escalation pathway.
- Improved care crisis services response to CYP with LD&A– ICB Investment into Complex Behaviour Service to increase community support for CYP with LD&A
- Roll out of 5 Community ND hubs across Derbyshire
- Recruitment to additional Specialty Dr across CAMHS ID and CBS
- DHCFT CYP Community ID and CAMHS ID teams under single management structure

Operational Performance

Psychology & Psychological Therapies

Introduction
The Division of Psychology and Psychological Therapies was formed in April 2023 and significant work continues to create the new structure within the various data systems to enable reporting across all psychological services. The waiting list data below excludes adult ASD assessment waits and NHS Talking Therapies waits which are reported on separately in this report.

Workforce update
The systems team continue to progress on working on a solution to allow us to access our data. Presently this is not possible. An issue with ESR being incorrect has also further slowed progress, but this will be resolved this month. Sickness within the division is an average of 5% overall and NHS Talking Therapies (IAPT) has reduced to 7%. Morale remains positive, but individuals are feeling the pressure and challenges of the waiting list and the vacancies we currently do have. The vacancy rate is up slightly on last month at just over 6%. This is due to roles being offered to newly qualified psychologists, who will be on the HCPC register in October and therefore able to start work. This does mean that we will have a gap over the next couple of months.

The new structure continues to get positive feedback from members. Following debate and discussion, training standards for psychotherapists have been published internally. This is about keeping our standards of skill and therefore care high. CBT roles in particular have been highlighted at equivalence through KSA guidance, however, this does not replace having a core profession and therefore statutory regulation for regulated activity.

In relation to hybrid working, the majority of staff in the division prefer to work this way, meeting the needs of patients as well as supporting wellbeing and work-life balance for staff and includes telephone consultation, MS Teams and Attend Anywhere.

There has now been agreement for DHCFT to manage the delivery of psychological care in the north of the county for our LD colleagues. This process now needs to go through a management of change, agreement and signing of the SLA. We are inheriting an underfunded and desolate service, where all psychologists have left, but will work hard to recruit so service users in the North have support.

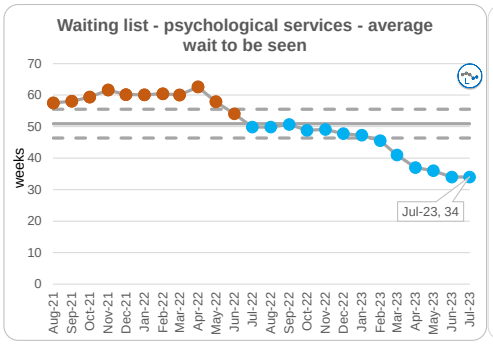
The system has approached us to develop our health services, asking if we could consider recruiting to a post in diabetes care. However, the challenge of short term funding is showing.

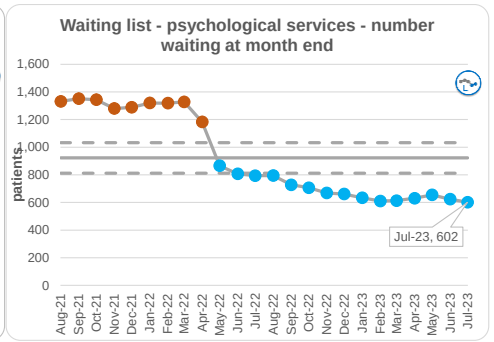
Friends & Family Test
Friends and Family Test, where reported, continues to show excellent feedback. In the last 12 months:

- Cognitive Behavioural Therapy received 49 responses and 100% were positive
- Amber Valley Adult Psychology received 11 responses and 73% were positive
- Amber Valley Older Adult Psychology received 1 response and it was positive
- Adult ASD Assessment Service received 1 response and it was positive
- Psychodynamic Psychotherapy received 2 responses which were both positive
- NHS Talking Therapies received 1,865 responses and 98% were positive.

Partnership, system and PLACE working
Teams continue to develop local working relationships with the specialist teams now inputting into the North of the county, where they have never previously been commissioned to do so. This has taken careful persuasion for staff to work out of less familiar areas.
There remain challenges with funding from the ICB, whereby we have been asked to recruit and then the money has been pulled. This is creating challenges for finance and people management.
The work with the University of Nottingham is ongoing. The new consultant psychologist post funded by the Universities of Nottingham & Lincoln has now settled in and we continue to provide the most placements for trainees within the region. When looking across the midlands region more widely, we are in a very strong position comparatively.

Waiting lists and referrals
Demand for psychological services continues to outstrip delivery causing pockets of longer waits. Overall waiting lists do however continue to reduce. At the end of July 2023, 602 people across Derbyshire were waiting to be seen by psychological services, with an average wait time of 34 weeks. Following a reduction in recent months, the number waiting and waiting times have stabilised. There is more work to be done here. We are exploring the use of new technology to manage the wait lists and re booking systems is supporting this. The longest reported wait has been in Amber Valley Adult Psychology Team. This was due to a staff member not being at work for an extended period of time. This person has now left the Trust and we are able to recruit into that role.





Trust wide staff wellbeing
We continue to receive requests from across the workforce for more psychological team support and reflective practice. Our new counselling psychologist started at the beginning of August and she has already received a team and individual referral, via special request prior to the service officially being open.

Supervision & appraisal
Clinical supervision is currently being reported as 89% for the division. Our aim is for 100% and this is raised at the monthly Leads meeting as well as within our Divisional COAT. Appraisal completion is also monitored and is at 88%.

Increasing trauma and psychological awareness
The Bite size psychological teaching sessions continue to have good attendance with a range of topics being delivered. Following the trauma informed launch conference on the 5th May, a series of follow up workshops, sessions and training have been delivered. The TIC oversight board is focussing on development and delivery Trust wide. This co-produced strategy, training and teaching is supported by two psychologists on brief secondments (6 moths part time) to lead this.

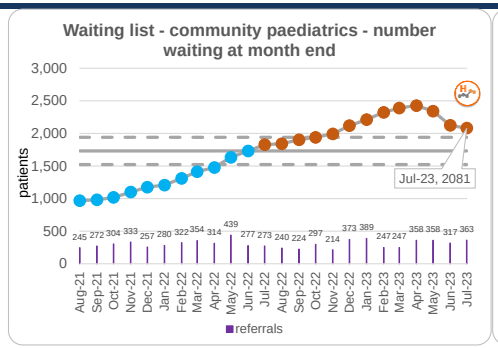
Benchmarking and productivity
Due to the lack of benchmarking national data in relation to psychological services (outside of specialised commissioned services), we are working with Nottinghamshire Healthcare NHS Foundation Trust, Leicestershire Partnership NHS Trust and Lincolnshire Partnership NHS Foundation Trust to pull together and better understand our regional standards. This remains ongoing and is challenge due to differing data recording.

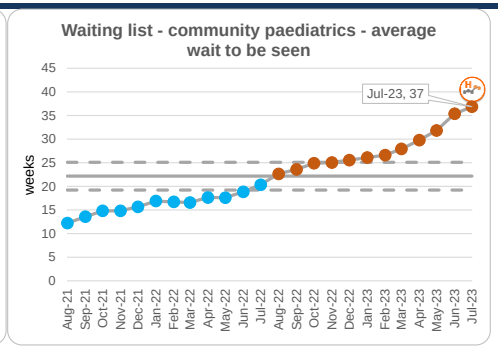
Conference 2023: "Thriving not surviving"
We are holding our first divisional conference in September to highlight good practice. We have Professor Paul Gilbert as our Key Note speaker to kick start a day of learning, CPD, connectivity and sharing good practice. This will improve morale, a sense of belonging and provide a safe opportunity for staff to present posters and presentations.

Operational Performance

Ongoing actions • Regional benchmarking • Reduce vacancies further • Build up offering for ND in the north of the county • Consider different type / ways / innovations for delivery of psychological care • To continue to deliver psychological awareness and trauma informed training • To continue to understand and build psychological safety within the division and wider trust • Lead on work around relational boundaries and safety • To complete the Division of Psychology and Psychological Therapies through finalising ESR and hierarchy as well as for data reporting • Continued work with systems team to improve accuracy of SystemOne reporting and data capture • Improve compliance with appraisals and supervision	

Operational Performance





Summary

At the end of July 2023 there were 2,081 children waiting. The average wait time was 37 weeks.

Internal factors:

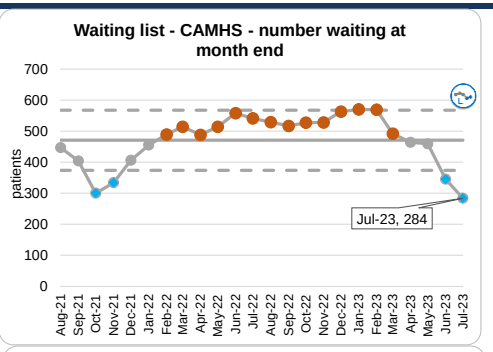
- Challenges to recruitment- 2 Consultant vacancies; retirement age for many of our Paediatricians; national shortage; increased cost per hour for external locums.
- Pathways are unclear and single point of referral does not effectively manage children being referred into the service.
- Difficulty in discharging children under NICE guidance and shared care agreements in relation to medication for ADHD – specialist nursing team caseloads continue to expand causing problems with flow from the Comm Paeds service.
- Lack of suitable clinical working space remains.

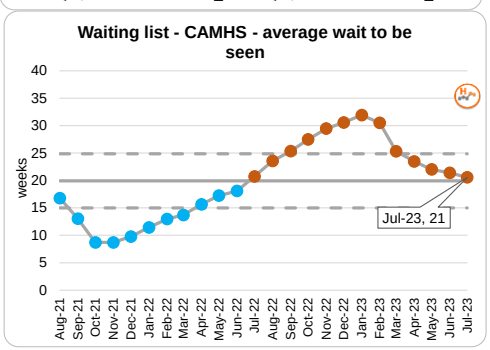
External factors contributing to increased demand on Community Paediatricians:

- Prior to March 2021 the referrals received was a level of demand that the service could manage, however Since March 2021 the volume of referrals received has risen and this higher level of demand has persisted to date.
- ASD/ADHD demand for specialist assessment increased 400% from 2018 to 2023 (22/23 4575 referrals per annum) with maximum South Derbyshire system capacity to assess 1900 per year)
- Developmental delay referrals to community paediatricians increased following the pandemic
- Appointment duration has increased due to the increased complexity of CYP presenting needs post the pandemic.
- Delay in mobilisation of the Community Hubs, and waiting times for other support services has also increased which have impacted on ability to signpost outside of our own service.

Mitigation:

- Neurodevelopmental (ND) business case 400k received January 2023 (75% less than proposed business case to address current demand) – Update, clinical posts have been appointed to including triage nurse to support pathways to the community hubs and interviews for the clinical psychologist are planned for next week. Review of current pathways is ongoing, including engagement with the transformation team to support changes and proposals.
- Engagement with the community hubs, internal and external partners is underway with a view of providing a number of options to make small and targeted changes to current pathways and referral points which has been highlighted as a priority.
- Clinic space remains under constant review – Oakwood Children's centre will hopefully be opened up over the next few weeks which will provide a hub for ND work and support joined up working with the hope this could become a 'one stop shop' for children and families in the city.
- Review of vacant consultant posts and workforce.
- Review of active signposting and resources for families to access for support, advice and information, updates to website planned.
- Ongoing Quality Improvement – C&YP ND transformation (phase 1) started May 2023



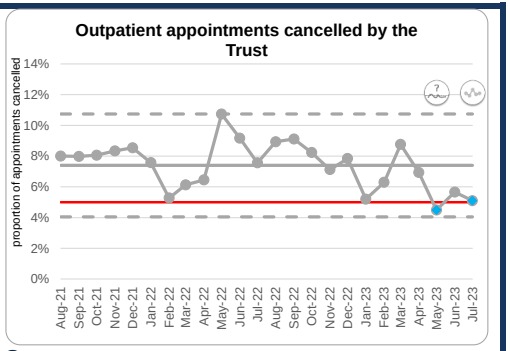


Summary

At the end of July 2023, 284 children were waiting to be seen, with an average wait time of 21 weeks. The Triage and Assessment Team is continuing to have a positive impact on waits.

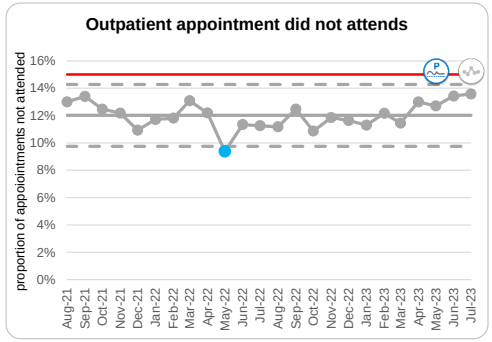
Actions

- By the end of June 2023, it was expected that 5 clinicians would be fully up and running with triaging, soon to be 6. However, although there have been further applicants joining the team, owing to sickness and still waiting on one individual's DBS check to clear, the team is currently at 70% establishment and therefore, still not working at optimum efficiency.
- Clearly though, the model is continuing to have a significant positive impact on waiting times and average waits, with the number of children awaiting an assessment, the lowest it has been (284) since this reporting period began in August 2021. If the current trajectory continues, the average wait target will be achieved by the time of the next report.



Summary

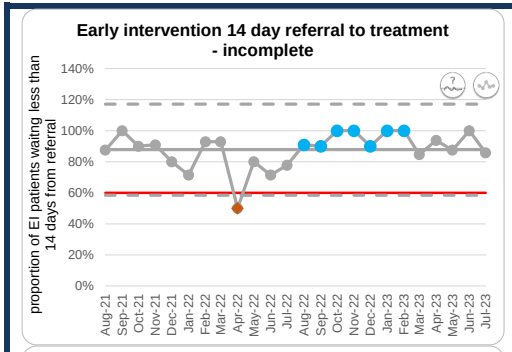
This indicator was introduced as a measure of patient inconvenience some years ago and when cancelling appointments, the administrators should identify whether or not the patient was aware of the appointment in order to enable differentiation between cancellation of virtual and actual appointments. Recording accuracy needed to improve and so further training in the use of SystmOne was arranged for those concerned. As a result, the level of reported cancellations is very close to the target threshold.

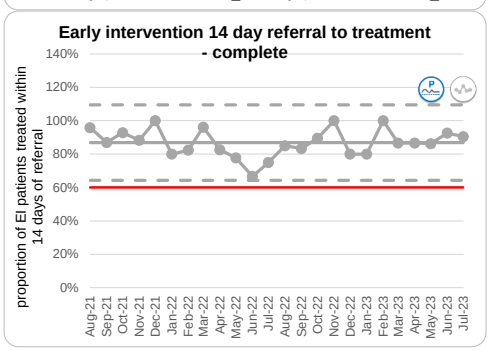


Summary

The level of defaulted appointments has remained within common cause variation, averaging just under 12% and in the current process the trust target of 15% or lower is likely to be consistently achieved.

Operational Performance

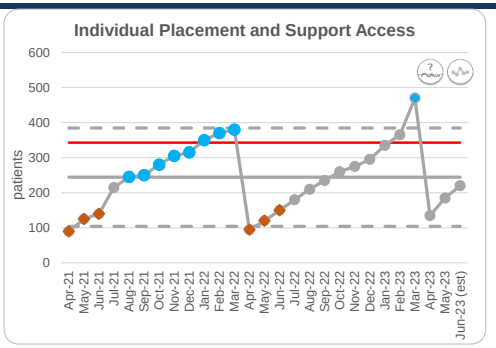




Summary

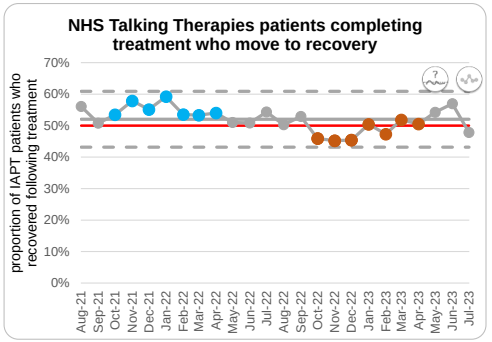
Patients with early onset psychosis are continuing to receive very timely access to the treatment they need. Occasionally delays result from difficulties contacting patients to arrange appointments, or patients not attending their planned appointments.

The service is very responsive and has exceeded the national 14-day referral to treatment standard of 60% or more people on the waiting list to have been waiting no more than 2 weeks to be seen in all but one month over the past 2 years.



Summary

This is a year-end target for the number of new people accessing the individual placement and support services within the financial year. The target was achieved in 2021/22, achieved a month early in 2022/23 and is on target year to date this financial year.

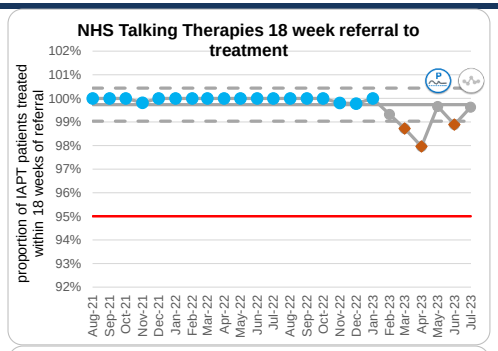


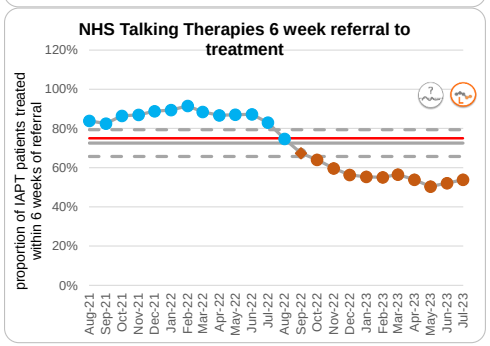
Summary

Recovery rates exceeded target for the first months of the year, giving a year to date figure in excess of 50%. There has been a reduction in performance in July, however this will be monitored going forwards.

Actions

- Work continues on informing clinicians of their own performance via service management.
- Service wide meetings discussing performance and updating clinicians on plans and progress continue.





Summary

The 95% standard for 18-week waits from referral to treatment continues to be consistently exceeded.

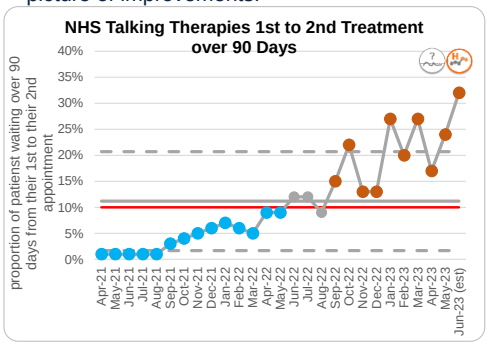
6 week waits have been below standard for 11 months. There are marginal improvements in achievement from May to July 2023.

Wait times from referral to assessment/treatment and 1st to 2nd treatment have been lengthening.

Referrals continue at, or above, pre pandemic levels with a 12.5% increase in May compared to April, this adds to pressures on wait times in the coming weeks and months. There is continued pressure on the PWP team who conduct most of the service assessments, as there are vacancies which we have struggled to recruit to. This has been further exacerbated by a reduction in PWPs and CBT qualified staff amongst our sub-contractor DRCS. PWPs are eligible for Hi Intensity training after 2 years post qualification. There is a risk that we will lose more PWPs to this training as TMHD does not have funding for trainees this financial year from HEE or the ICB. There are September and March cohorts which could be challenging.

Actions

- Recent PWP recruitment has been more successful with staff being recruited. The service continues to recruit and is hopeful of more successful appointments.
- To improve the referral to assessment/ treatment rates, assessments have started to flow to Xyla, funded from deferred income.
- Online bookable appointments have been rolled out to all PWPs appointments, there are some reductions in DNAs, but time will give a better picture of improvements.



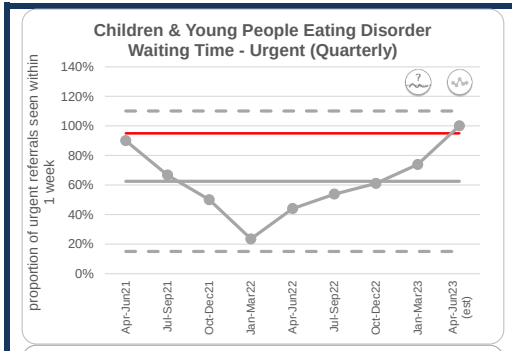
Summary

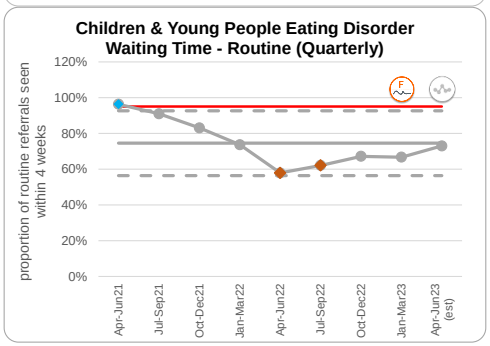
1st to 2nd treatment waits have been significantly high and above target for the last 7 months.

Actions

- Monthly service Manager discussion over longest waiters to reduce outliers. Standing agenda item. This has had a significant impact on the longest waiters.
- Supportive caseload management frameworks have been introduced to give better scrutiny of productivity in relation to average contacts.
- Further work is in progress with IESO with a work plan of promotion of the service, crib sheets for assessing clinicians and rolling attendance at service wide meetings.
- Maintain a focus on attendance and reduction of DNAs
- Review acceptance criteria to achieve more appropriate referrals.
- Bookable appointment slots are rolled out to all PWPs assessors, these also allow for cancellations being re-offered to patients should someone cancel their appointment.
- Working towards cross provider agreements to advertise wait times for all providers offering better patient choice reducing wait times.

Operational Performance

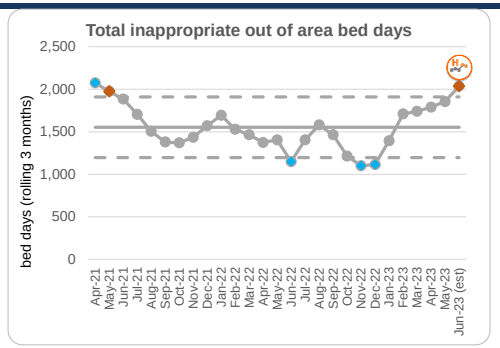




Summary

The two waiting time standards are that children and young people (up to the age of 19), referred for assessment or treatment for an eating disorder, should receive NICE-approved treatment with a designated healthcare professional within one week for urgent cases, and four weeks for every other case (target 95%). The Trust's Child & Adolescent Eating Disorder Service is generally achieving around 100% for both standards, but unfortunately although the NHS England national standard states that *"CLOCK STARTS on the date the referral is received by the Community Eating Disorder Service for Children & Young People (CEDS-CYP) or generic CAMHS where the reason for referral is for a suspected eating disorder"*, the national measure is not based on service, it is purely based on anyone under 19 with a referral reason of eating disorder, and so referrals made to adult services are being included and are negatively impacting on the reported position.

The Division is now also internally monitoring the C&YP Eating Disorder Service waits from 1st to 2nd contact. In quarter 1 the average wait was 11 days, and the median wait was 7 days.



Summary

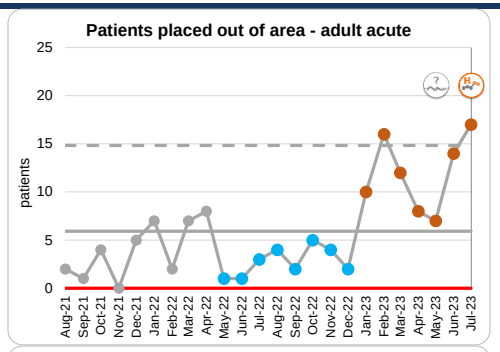
This is a national measure giving a combination of inappropriate out of area adult acute placements and inappropriate out of area psychiatric intensive care unit placements, calculated on a rolling 3 months' basis.

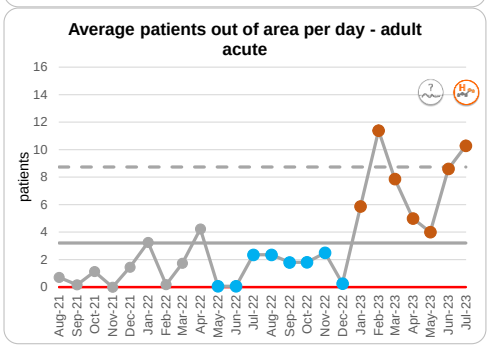
There is an ongoing demand for inpatient beds. This has been a consistent factor over many weeks now and we are not seeing any significant change in that. Some of this is expected as a result of seasonal variation but the demand has been continuous for longer than anticipated. Generally, we are finding people are more acutely unwell and acuity is much higher than we would usually expect. As a result, people are taking longer to recover. The increase in acuity is also apparent when we look at the number of patients in PICU.

The crisis teams are working with caseloads higher than usual in attempt to avoid admissions to hospital wherever possible.

There have also been a few disruptions/delays to service offers that we were hoping would impact presentations and clinical pathways:

- Step Down – unfortunately the 5 step down beds did not open in March as initially hoped. Works to comply with health and Safety requirements are underway and hoping that these will be available to open from 14th August 2023.
- Chesterfield safe haven & Crisis House – Unfortunately the 4 bedded Chesterfield Crisis House and safe haven have been delayed until September 2023.
- Ripley and Swadlincote crisis café – delayed due to open in December 2023.
- Derby Crisis House – temporary reduction in capacity due to works on one of the bedrooms.





Actions

- Changes have been made to the authorisation protocol for out of area beds. This is now escalated to Managing Director and Director on Call.
- Gatekeeping and Purposeful Admission protocols being developed and to be implemented when agreed.
- Community based medication initiation being developed and implemented when available.
- Street triage pilot has resumed providing more suitable pathway to assessment and decision making in the community.
- Step down beds – now Aug 23
- Chesterfield safe haven and crisis house – now Sep 23
- Ripley & Swadlincote crisis café – now Dec 23

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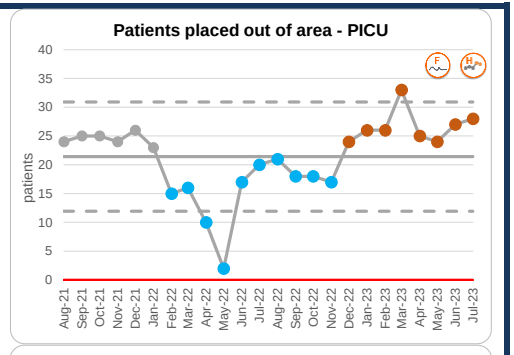
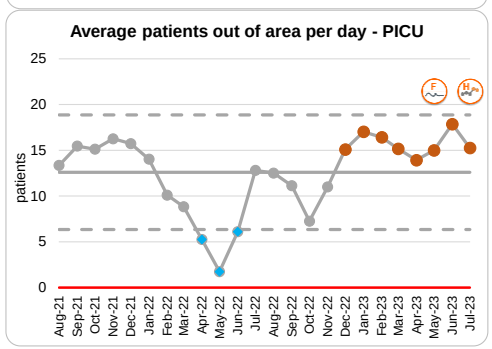




Summary

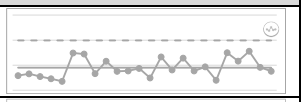
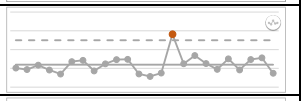
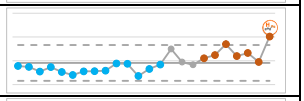
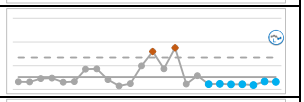
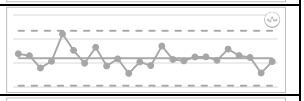
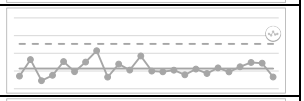
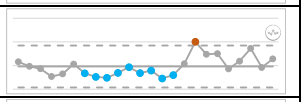
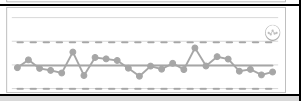
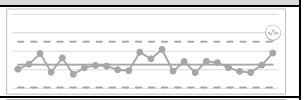
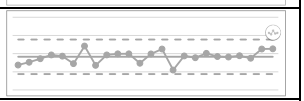
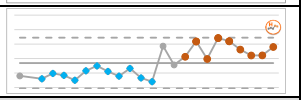
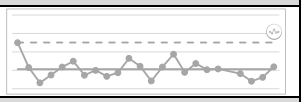
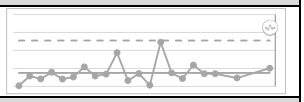
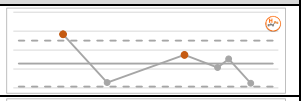
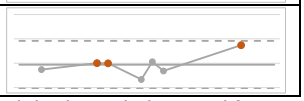
There is no local PICU provision, so anyone needing psychiatric intensive care must be placed out of area, however, work continues on the provision of a new build PICU in Derbyshire. As a result of actions there has been some reduction in PICU placements and at the time of writing there are a total of 15 patients placed in PICU beds.

Actions

- Provision of a PICU in Derbyshire in order to be able to admit to a unit that forms part of a patient's usual local network of services in a location which helps the patient to retain the contact they want to maintain with family, carers and friends, and to feel as familiar as possible with the local environment.
- To generate improved flow and admission capacity in adult acute inpatients, working closely with community teams, creating capacity to repatriate PICU patients when appropriate to do so and a reduction in requirement for psychiatric intensive care.

Operational Performance

Length of stay (days)

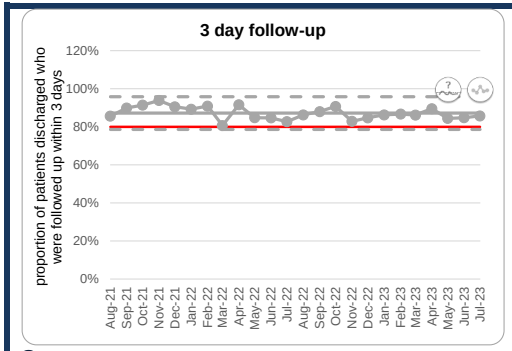
Clinical area	Beds	Bed occupancy July-23	Average duration of stay to date (days) of current inpatients	Average length of stay (days) July-23 discharged	Change versus previous month discharged	Change over time – average length of stay of discharged inpatients
Adult Acute						
Morton	20	103%	31	38	↘	
Pleasley	20	100%	49	37	↘	
Tansley	20	100%	51	101	↗	
Enhanced Care	10	100%	92	32	↘	
Ward 33	20	103%	71	53	↗	
Ward 34	20	108%	43	33	↘	
Ward 35	20	106%	35	64	↗	
Ward 36	20	113%	57	35	↗	
Older People						
Tissington	18	101%	56	95	↗	
Cubley Female	18	79%	74	113	→	
Cubley Male	18	97%	77	140	↗	
Perinatal						
The Beeches	6	98%	30	59	↗	
Rehabilitation						
Cherry Tree Close	23	86%	359	506	n/a	
Low Secure						
Curzon Ward	8	99%	347	n/a	n/a	
Scarsdale Ward	12	72%	836	n/a	n/a	

Explanatory note: where occupancy is over 100% this means that patients are on periods of trial home leave and their beds are being used for new admissions while they are at home. Leave beds used are predominantly safe planned leave, so leave would normally be extended, where safe to do so, to prevent 2 patients being in one bed. Patients are encouraged to not spend too much time in their room, so even if a patient was to return we would have the day to look at where we can shift beds around. It is a constant daily challenge for the Bed Management Team, who do a sterling job.

The average lengths of stay of patients discharged in July from Tansley, Cubley Female and Cubley Male were unusually high owing to discharges of several patients from each ward with very long lengths of stay, which will have a positive impact on length of stay going forward.

Research based on Erlang's queuing theory suggests that with the size of our bed base there should be a maximum occupancy of 85% in order to have readily available beds to enable management of acutely ill patients to occur in a safe and appropriate setting, and in order to protect both patients and staff from untoward incidents arising from busyness. https://www.priory.com/psychiatry/psychiatric_beds.htm

Operational Performance

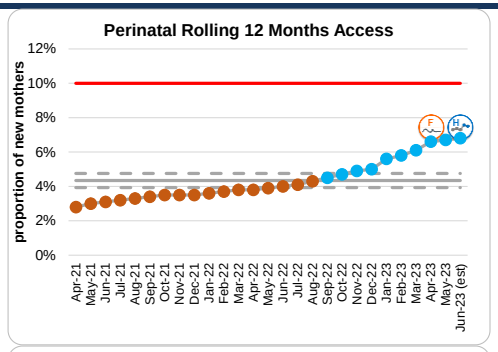


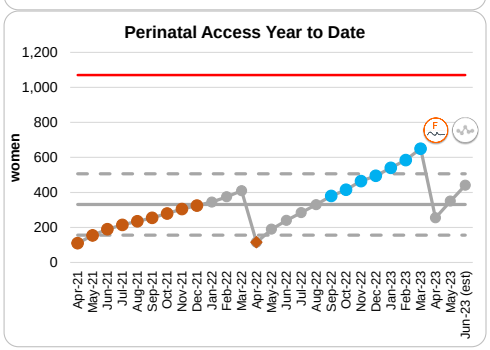
Summary

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

Actions

- Regular audit of follow-ups to ensure improved accuracy of reporting
- Completion of breach reports for any follow-ups that were not achieved and to enable any learning from breaches





Summary

This is a measure of the number of women accessing services in the 12-month period as a percentage of Office for National Statistics (ONS) 2016 births (target 10%). There has been a significant increase in access when compared with last financial year.

The number of live births in Derby & Derbyshire has been lower each subsequent year than when the target was set, which makes it more challenging to achieve as there are fewer mothers who potentially need perinatal mental health support:

Live Births	Derby	Derbyshire	Total	Difference v 2016
2021	2896	7366	10262	-852
2020	2908	7002	9910	-1204
2019	3009	7336	10345	-769
2018	3174	7416	10590	-524
2017	3184	7563	10747	-367
2016	3294	7820	11114	

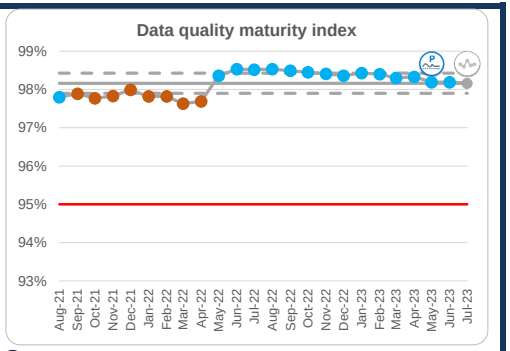
The official data from NHS England is published several months in arrears, so the June 23 position has been estimated using internal data.

Capacity continues to be demonstrated within the system to offer 90 assessments a month. Over 91 assessments were recorded locally within June. The rolling 12-month access remains on an upward trajectory.

July's figures are likely to be under target due to a large percentage of DNA's and reduction in staffing due to annual leave, sickness and industrial action.

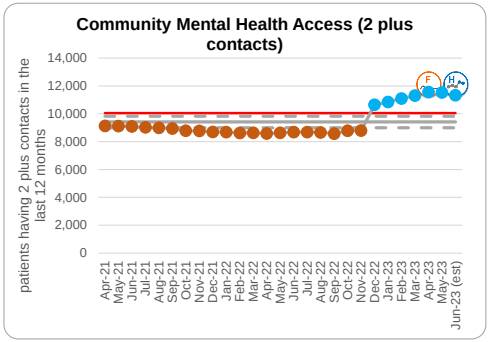
Actions

- The Data Warehouse team have been able to identify areas of recording on SystmOne that are impacting nationally reported data and an action plan has been commenced to address this within teams.
- Referrals into the service have increased since April/May. The introduction of self-referrals, satellite clinics, joint antenatal clinics and community outreach working aim to further maximise future assessment opportunities.
- Early data from the DNA pilot has highlighted areas for improvement in terms of service processes and communications.
- The service is utilising Trust productivity and health inequality forums to underpin patient flow processes and ensure parity of access.
- Further recruitment into Psychology posts are needed to increase capacity across the service.



Summary

The level of data quality has been significantly better than expected for 14 of the last 15 months. It is expected that the national target will be consistently exceeded.



Summary

The Trust was set a challenging target to increase the number of adults and older adults receiving 2 or more contacts in a year from community mental health services to 10,044 by the end of March 2023, which was an increase of 14% on current performance. A recovery action plan was put in place and successfully implemented, resulting in activity exceeding the target for each of the last 4 months of the financial year.

This financial year the year-end target has been increased to 11,899. and is on target to be achieved by year end.

Operational Performance

Patients not seen for over 12 months

Count of Appt booked	Appt booked?		
Team	No	Yes	Total
ADULT CARE COMMUNITY	**132**	**120**	**252**
COUNTY NORTH	**25**	**26**	**51**
BOLS & CC ADULT CMHT - OUTPATIENTS	11	20	31
CHESTERFIELD C ADULT CMHT - COMMUNITY	1		1
CHESTERFIELD C ADULT CMHT - OUTPATIENTS	1	3	4
EI NTH	1		1
HP & N DALES ADULT CMHT - COMMUNITY	1		1
HP & N DALES ADULT CMHT - OUTPATIENTS	10		10
KILLMSH & NC ADULT CMHT - OUTPATIENTS		3	3
COUNTY SOUTH	**34**	**26**	**60**
AMBER VALLEY ADULT CMHT - OUTPATIENTS	26	14	40
EREWASH ADULT CMHT - COMMUNITY	3		3
EREWASH ADULT CMHT - OUTPATIENTS		2	2
EREWASH ADULT CMHT - SPOA	1		1
SOUTH & DALES ADULT CMHT - COMMUNITY	2		2
SOUTH & DALES ADULT CMHT - OUTPATIENTS	1	9	10
SOUTH & DALES ADULT CMHT - SPOA	1	1	2
DERBY CITY	**73**	**68**	**141**
DERBY CITY ADULT CMHT B - OUTPATIENTS	14	27	41
DERBY CITY ADULT CMHT C - COMMUNITY	1		1
DERBY CITY ADULT CMHT C - OUTPATIENTS	51	40	91
PHYS HEALTH MONITORING	7	1	8
OLDER PEOPLES CARE	**53**	**11**	**64**
OLDER PEOPLES COMITY CARE	**53**	**11**	**64**
AMBER VALLEY OA CMHT - OUTPATIENTS	22	1	23
BOLS & CC OA CMHT - SPOA	1		1
CHESTERFIELD C OA CMHT - OUTPATIENTS	3		3
DERBY CITY OA CMHT - OUTPATIENTS	4	1	5
KILLMSH & NC OA CMHT - OUTPATIENTS		1	1
MAS NORTH - MAS	8	7	15
MAS NORTH - MAS 24		1	1
MAS NORTH - PSYCHOLOGY	1		1
MAS SOUTH - MAS	9		9
MAS SOUTH - PSYCHOLOGY	5		5
Total	**185**	**131**	**316**

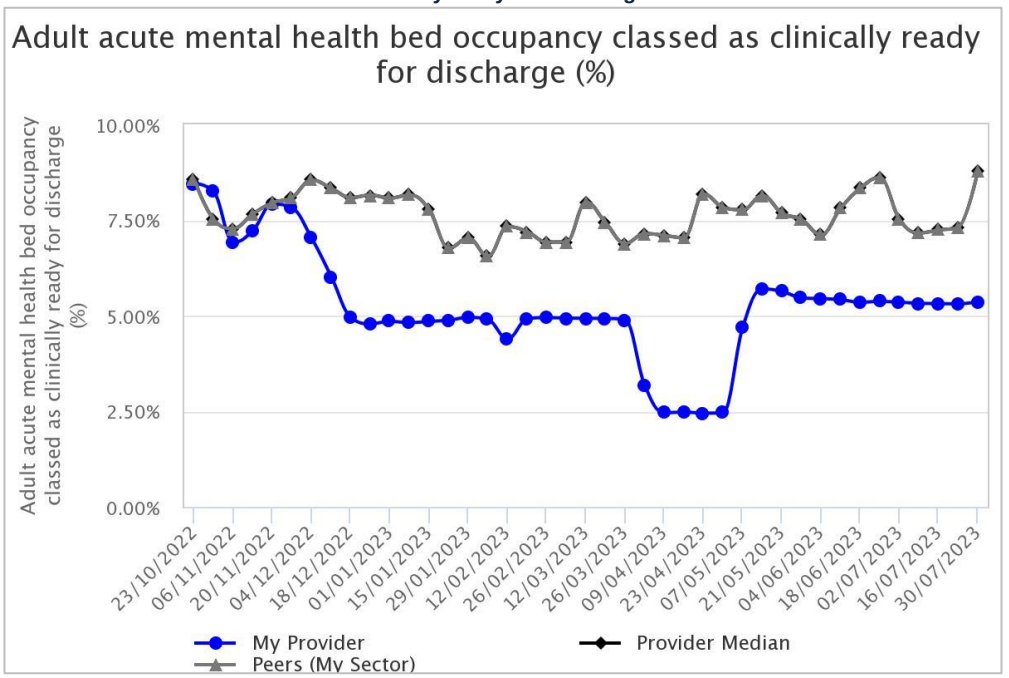
Summary

There are 316 patients on community mental health caseloads who have not been seen for over 12 months, according to their records. Some will be people who have been discharged but the discharge has not been recorded on the electronic patient record.

Actions

- Currently the performance team report weekly to the teams concerned, in order to ensure that records are corrected, and that people are given appointments who need them. However, this is a safety net approach, and it is important that teams take ownership of their own caseloads.
- Services to review the cases concerned and correct any errors on the patient records.
- Services to arrange appointments where required.
- Action is being taken to embed a culture of caseload ownership, review and management within all services of the organisation.

Clinically ready for discharge



Adult acute mental health bed occupancy classed as clinically ready for discharge (%) - Model Mental Health

Summary

This shows the proportion of adult acute mental health patients classed as clinically ready for discharge but continuing to reside in mental health hospitals against the total number of occupied beds. In the most recently published data, the Trust's clinically ready for discharge rate was 5.4%, which compares favourably with the overall provider median of 8.8% but continues to negatively impact on bed availability for people who need inpatient care.

Actions

The pilot of the Discharge Tracking Tool went live as planned on the 3 July 2023 on Tansley Ward. It is a live working document displayed on the TV screen, enabling ward staff to view the current status of the discharge planning position for each patient. There are currently dedicated staff taking responsibility for keeping the document up to date throughout the pilot stage, with some changes and updates to the document contents being under review. The use and benefits of the document is being reviewed fortnightly with the intention that once we have it in a position to be proving it is beneficial it will be taken to the daily rapid reviews to inform the management of red to green, estimated discharge date and provide a task management approach.

Appointments not reconciled

Service	Current	Previous	Change
COUNTY SOUTH ADULT	472	590	-118
OLDER PEOPLES COMMUNITY CARE	391	512	-121
COUNTY NORTH ADULT	332	342	-10
CAMHS	263	251	12
PSYCHOLOGY ASM3	200	217	-17
DERBY CITY ADULT	158	246	-88
PERINATAL	157	180	-23
ACUTE INPATIENT NORTH	149	126	23
NOT KNOWN	131	77	54
ACUTE INPATIENT SOUTH	111	70	41
ADULT URGENT ASSESSMENT	88	108	-20
LEARNING DISABILITIES	78	97	-19
OLDER PEOPLES ACUTE CARE	70	83	-13
COMPLEX CARE	33	37	-4
SPECIALIST CARE MGT	28	41	-13
PSYCHOLOGY ASM2	18	29	-11
PSYCHOLOGY ASM1	15	51	-36
SUBSTANCE MISUSE	13	0	13
SPECIALIST CARE	7	11	-4
HEALTH PROTECTION UNIT	2	0	2
OVERALL	2716	3068	-352

Summary

There are a number of appointments where the attendance outcome of the appointment has not been recorded, i.e. whether the patient attended or not. This will be impacting on reported waits, activity levels and reported did not attend rates. This is linked to the move to SystmOne and people getting used to how to record activity. There has been significant improvement over the last 12 months, and a further 12% improvement since the last report.

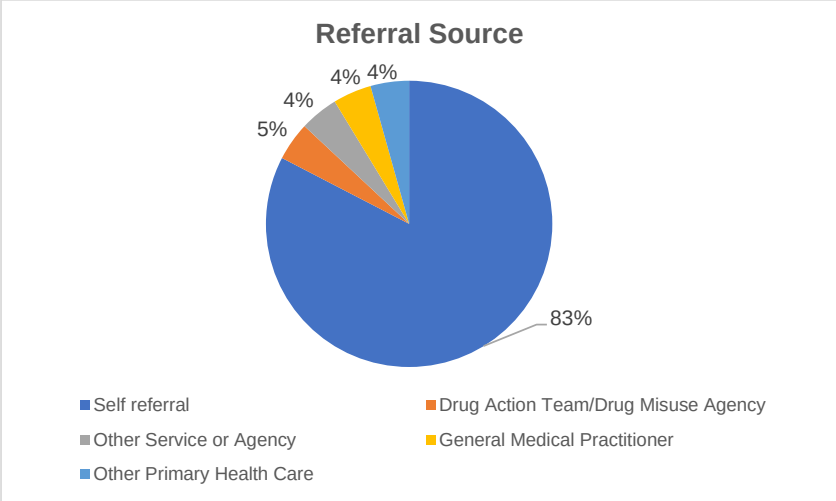
Actions

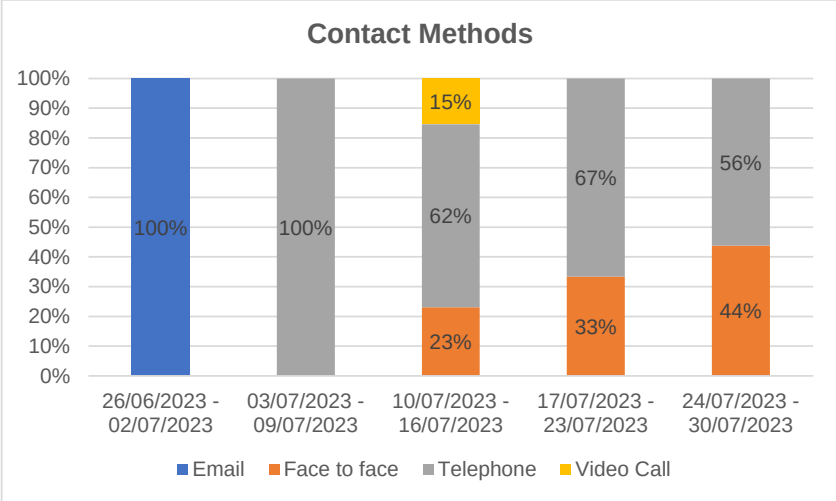
- Weekly reporting to the teams and clinicians concerned
- Monthly reporting to Divisional General Managers
- Monitoring at Divisional Achievement Reviews
- IM&T are developing a weekly automated report to individual clinicians and managers which will highlight any data quality issues within their caseload on SystmOne, to enable ongoing monitoring and for corrective action to be taken. This is currently being tested with a community team.

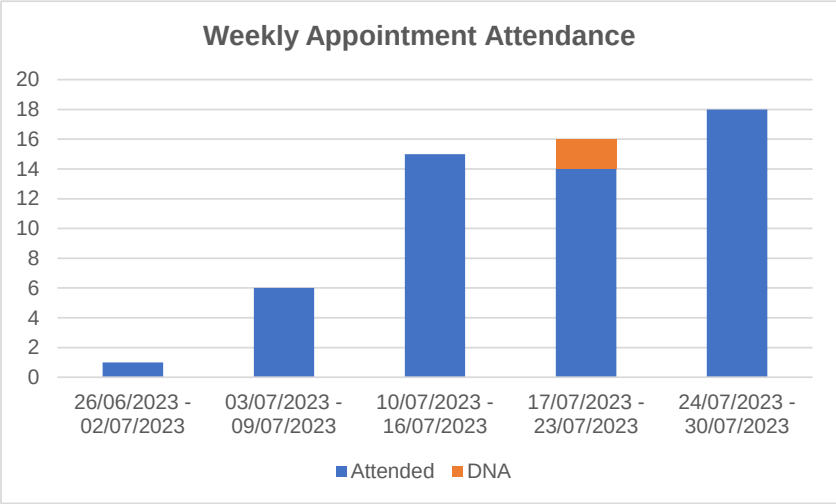
Operational Performance

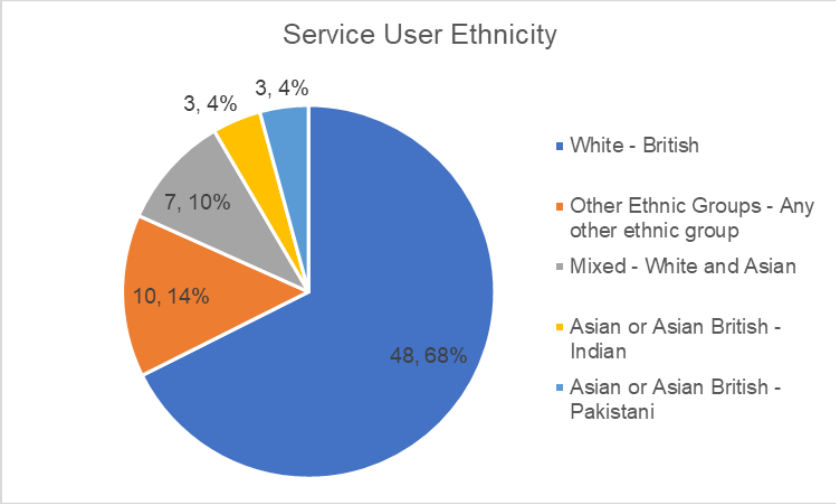
East Midlands Gambling Harms Service

The NHS East Midlands Gambling Harms Service was launched on 20 June 2023. The Service offers specialist treatment and support to people struggling with problem gambling across Derbyshire, Leicestershire, Lincolnshire, Northamptonshire, Nottinghamshire and Rutland. The Service is managed by Derbyshire Healthcare NHS Foundation Trust, and receives support from some of the Trust's partner organisations, working with other healthcare providers in the region through the East Midlands Alliance for Mental Health, Learning Disabilities and Autism. The Service is one of a number of NHS gambling services now in operation across the country, funded by NHS England as part of the NHS Long Term Plan. The Service is a clinical team made up of psychologists, therapists, mental health practitioners and psychiatrists. Within the team there are also experts by experience – people who have recovered from a gambling addiction themselves. The team is based in Derby but offers support to people across the East Midlands. Most of this support is provided through virtual treatment programmes, but face-to-face support may be an option where it is considered more appropriate. The team offers additional help with specific problems experienced by individuals, and support and advice to family members and carers. The team works alongside many other agencies and services that can help with problems such as mental health, debt management and housing.





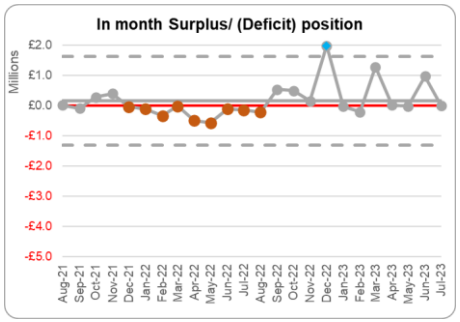




Derbyshire Healthcare
NHS Foundation Trust

Finance

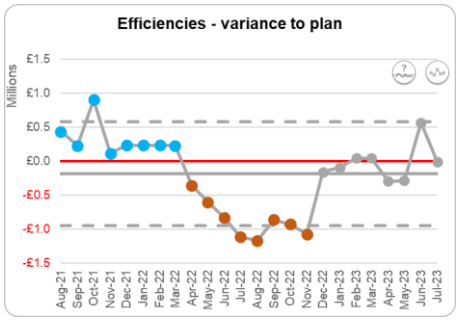
Financial Performance



Summary

At the end of July the YTD position is a surplus of £1.0m against a planned surplus of £0.9m, a favourable variance of £0.1m. This is mainly driven by the improvement in the efficiency programme which continues to be on plan at the end of July. Agency expenditure is being partially offset by vacancies and interest income being ahead of plan. The forecast position at month 4 is breakeven against a plan of breakeven. The forecast assumes that we deliver efficiencies in full and find mitigations to offset the emerging cost pressures associated with pay award inflation, agency costs and pressures related to a complex patient that is being supported on one of our wards.

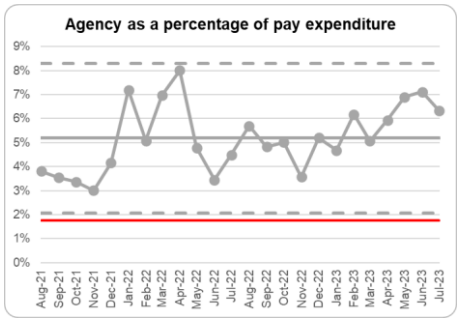
The Board Assurance Framework (BAF) risk *that the Trust fails to deliver its revenue and capital financial plans for 2023/24,* is rated as EXTREME due to the financial risks that are inherent in the 2023/24 financial plan.



Summary

The plan includes an efficiency requirement of £8.8m phased equally across the financial year. As at month 4 £2.9m was delivered against a target of £2.9m. The forecast assumes that all efficiencies are delivered. Currently £7.4m of the £8.8m target has been found with further work on-going to identify plans for the balance. Further work is also required to ensure plans are delivered recurrently, as 83% of the £7.4m is currently identified as non-recurrent.

Delivery of the transformation initiatives contributing to the efficiency programme is being overseen by a weekly Transformation Programme Delivery Group.
The group seeks assurance that initiatives are on track and identifies additional support and intervention where schemes are off trajectory. Initiatives which are off trajectory and/or forecast to be off trajectory are expected to provide a situation, background, assessment and recommendation report including suggested mitigations to take forward.

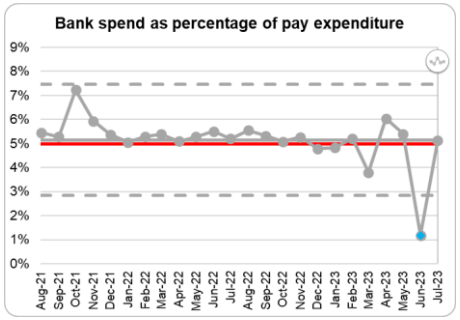


Summary

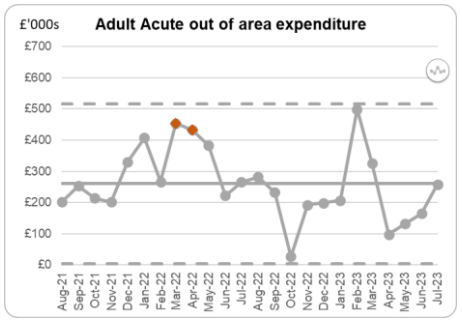
Agency expenditure YTD totals £3.4m against a plan of £1.8m, an adverse variance to plan of £1.6m. This includes £0.9m of additional costs to support a complex patient on one of our wards. The two highest areas of agency usage continue to relate to Consultants and Nursing staff.

The agency expenditure as a proportion of total pay for July is 6.3%. The plan for the year is set at 3.5% which just below the target set by NHSE in the planning guidance of 3.7%.

Agency is forecast to be above plan by £2.6m, of which £1.5m relates to the complex patient that is being supported.



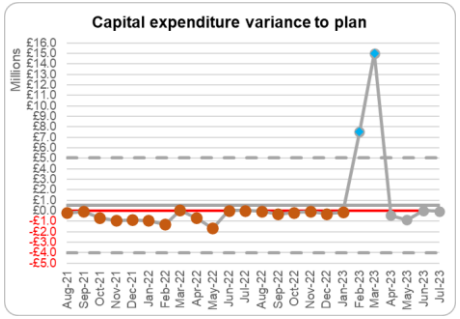
Bank expenditure YTD totals £2.3m against a plan of £2.6m, a favourable variance to plan of £0.3m, this includes releasing an accrual in month 3 for assumed back pay. The forecast is a favourable variance of £0.6m.



Summary

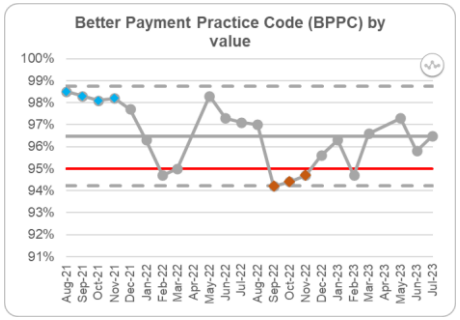
The plan for out of area expenditure has been reduced by £1.0m in 2023/24 as this is one of the transformation schemes identified as part of the £8.8m efficiency requirement. As at the end of July there was an overspend against the reduced plan of £257k with a forecast overspend of £685k. Out of area patient numbers were at 12 at the end of July, the forecast assumes from month 7 patient numbers reduce to plan of 4.

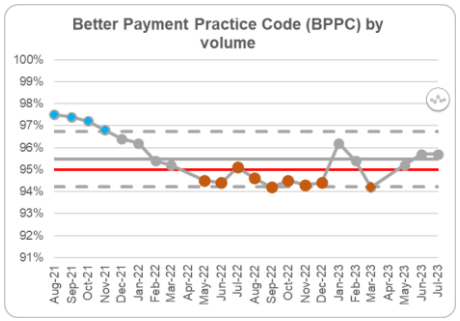
Financial Performance



Summary
Capital expenditure at the end of July is slightly under plan, the forecast is to be on plan by the end of the financial year.

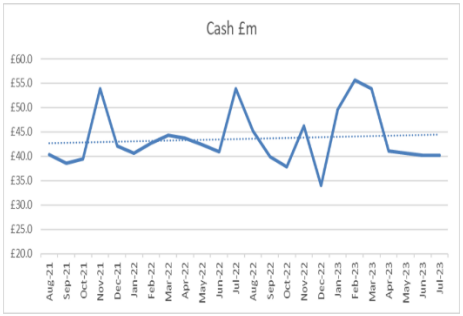
Capital expenditure was above plan in the last two months of 2022/23 due to the additional capital expenditure related to the dorms project (which came with additional funding that was not originally in the plan).



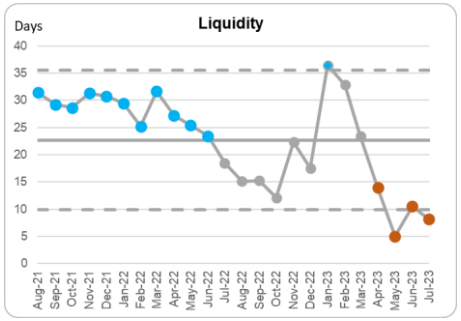


Summary
The Better Payment Practice Code (BPPC) sets a target for 95% of all invoices to be paid within 30 days. BPPC is measured across both invoice value and volume of invoices.

At the end of July, the value of invoices exceeded the target at 96.5% and by volume at 95.7%.



Summary
Cash increased in February and March due to the additional funding for the Dorms capital projects that was drawn down. Cash reduced in April and May due to payment of capital invoices. Cash at the end of July is at £40.2m the same as the previous month and is forecast to be at planned levels of £23.6m by the end of the financial year. The in-year reduction is driven by the reduction in capital accruals from 2022/23 and the level of capital expenditure planned for 2023/24.



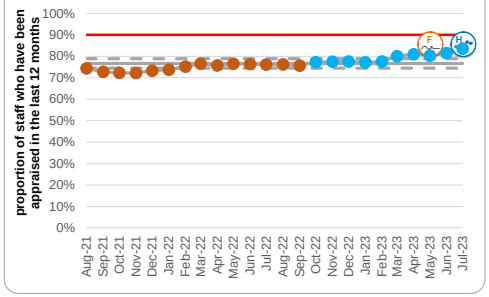
Summary
The chart above shows the liquidity levels over the last two years. Liquidity levels were high in 2021/22. In 2022/23 the liquidity reduced until the last quarter due to the timing of cash receipts related to the centrally funded capital schemes for the eradication of dorms. The Public Dividend Capital (PDC) drawdown requests caught up in January which drove the increased level in January. The PDC drawdown for 2023/24 came into effect in month 3.

Derbyshire Healthcare
NHS Foundation Trust

People

People Performance

Annual appraisals



Summary

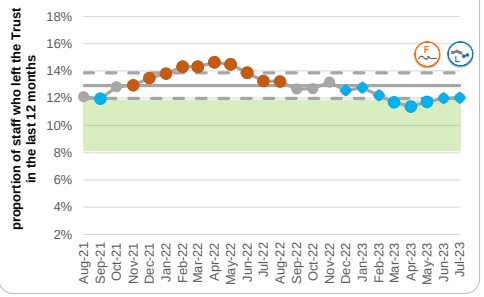
Appraisal levels continue to be below our expectations with Operational Services currently at 85% and Corporate Services at 79%. Overall, significant improvement has been made month on month for the last 10 months.

In Operational Services a recovery action plan has been put in place, with progress continuing to be monitored weekly by senior management.

Key actions include:

- Managers to review the current reported position and inform correction of Electronic Staff Records (ESR) where any recording errors are found.
- Managers to book appraisal dates for all overdue appraisals and to schedule in appraisals for all their remaining team members, to take place a month before they are due to expire and share the yearly planner with their ASM for assurance.
- Ongoing monitoring of compliance for appraisals in service line and divisional operational meetings.

Annual turnover (target 8-12%)



Summary

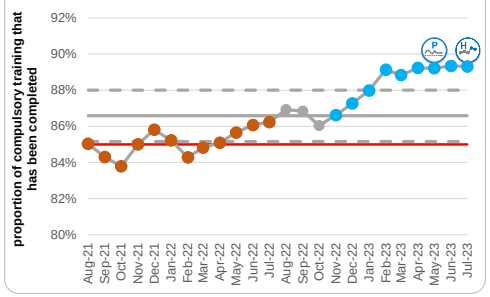
Turnover remains at 12%, within the target range of 8-12% and in line with national and regional comparators.

Actions

Actions taken from the staff survey results 2022/23 to support retention and improve turnover include:

- Strengthen and grow wellbeing champions in every team to support health and wellbeing and Charitable funding secured to provide small budget for team wellbeing initiatives.
- Health check programme commissioned with rollout commencing September.
- Review of staff benefits to support engagement and retention with full benefits offer launch planned for Autumn.
- Relaunch of Coaching Network with focus on career conversation via a coach to support development discussions and growth opportunities.

Compulsory training



Summary

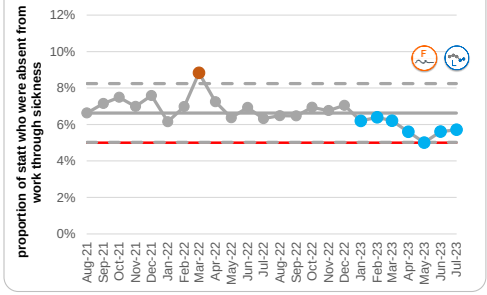
Overall, the 85% target level has been achieved for the last 16 months. Operational Services are currently 91% compliant and Corporate Services slightly lower at 83%.

Immediate Life Support (ILS) and Positive and Safe training compliance continue to remain in a stable position.

Actions

- A six week cleanse of ESR training data has commenced to support colleagues to access all virtual training as easily as possible.
- Non-compliance at divisional level is being fed into Divisional Achievement Reviews (DAR).

Staff absence



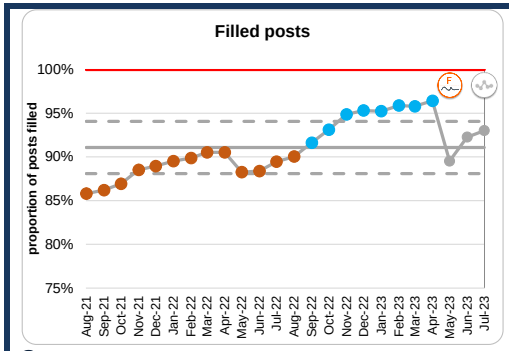
Summary

Sickness absence has been significantly lower than normal for the past 7 months. In July 23 the overall absence rate was 5.7% (Operational 6%, Corporate 4%). In the most recently published national data, the average absence rate for mental health trusts was 5.3% and nationally the main reason for absence continues to be stress and anxiety, accounting for over 24% of all absence. NHS Sickness Absence Rates, March 2023 - NHS Digital

Actions

- Divisional wellbeing summits are planned to take place from September to provide a focus on both short term and long term absences in each division and to ensure there is a robust wellbeing plan in place and all support is being provided to each absence.
- Occupational Health (OH) are currently attending management and team meetings to ensure managers are fully maximising the support available for colleagues and working with OH to ensure the management referral and outcome is utilised to its full potential for both individuals and managers.

People Performance

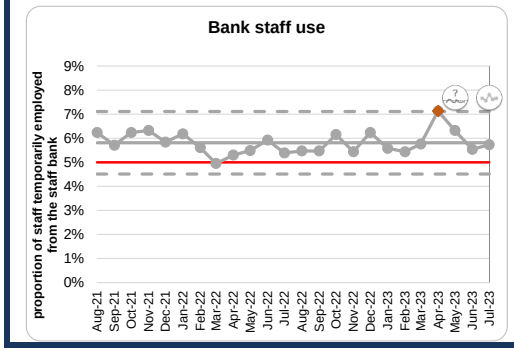


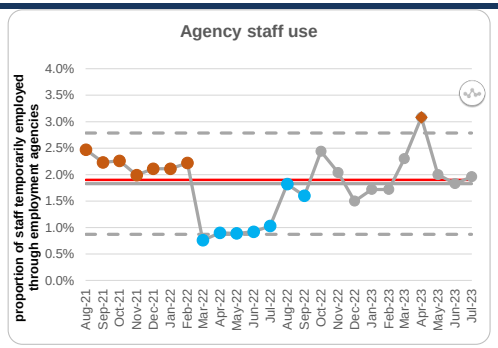
Summary

The overall position as at the end of July was 93%.

Actions

- A number of Recruitment events across our sites are planned to take place in the Autumn with a large Trust wide event planned for the end of October at the Chesterfield Football Club
- The Strategic Recruitment and Retention Lead has now commenced in post and is working closely with teams to develop bespoke campaigns and recruitment approaches.
- A Workforce Summit was held in July to review all Divisional Workforce Plans and ensure actions, support and tracking are agreed for divisions to realise the workforce requirements for 2023/24.
- A New Roles Summit was held in August and ongoing sessions are planned to support colleagues to explore new roles such as Associate Physicians and Advanced Clinical Practitioners (ACPs)





Summary

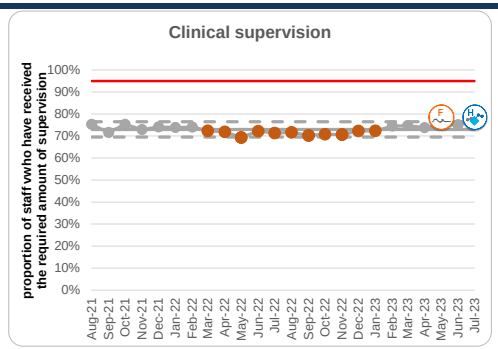
Agency fill has decreased slightly this month. Highest usage in medical grades (in excess of 300 shifts). Thornbury usage continues to be minimal with 21 bookings in June. Only 1 unregistered grade usage for Thornbury.

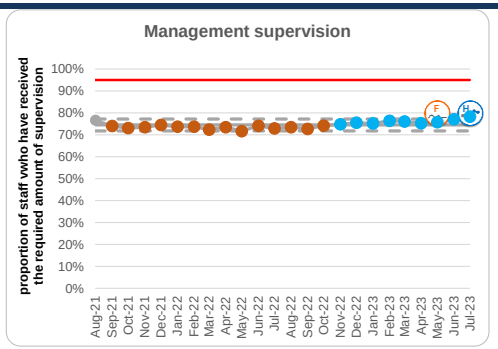
Actions

A further Agency Summit was held in July to review progress against actions and consider further steps to ensure we minimise agency usage. Further actions identified and now being implemented include:

- The need to review the clinical offer within adult acute wards to deliver a therapeutic and clinically safe offer managing clinical risk and reducing likelihood of burnout within staff team.
- Consider an incentive to bring additional clinically experienced workforce into the Acute Inpatient Wards for Adults of Working Age.
- Establishing protocol to cover the circumstances where the various levels of Agency workforce can be utilised, and level of authorisation required.

Across the system an agency reduction programme is being established, led by the Deputy HR Director at Chesterfield Royal Hospital.





Summary

As seen with compulsory training and appraisals, Operational Services continue to perform at a considerably higher level than Corporate Services for both types of supervision (management: 82% versus 63% and clinical: 80% versus 33%). The overall level of compliance with the clinical and management supervision targets became low as a result of the pandemic, but steady progress is being made to improve compliance. At a team level, 124 teams are 100% compliant with management supervision and 77 teams are 100% compliant with management supervision, with 53 teams now 100% compliant with both types of supervision.

Actions

A recovery action plan is in place in Operational Services, with progress being monitored weekly. The key actions in place are as follows:

- Data cleanse to take place to ensure all completed supervisions are recorded correctly and to ensure that all staff are aligned to the correct budget code and line manager within ESR – in progress.
- Operational managers to ensure supervision tree structures are in place for each team, with identified clinical supervisors for all staff in a clinical facing role
- Ongoing monitoring of compliance in service line and divisional operational meetings for both management and clinical
- Review of criteria for clinical supervision for Operational Managers at Area Service Manager and above, and consider professional supervision as an alternative in line with the supervision policy – complete
- All Adult Acute Care Service Managers have completed supervision trees to highlight managerial and clinical supervisors. Supervision trees also highlight any use of groups/group supervision (primarily for clinical supervision).
- Supervision report has been produced by IM&T to highlight in red anyone where no supervision has been undertaken in past 3 months. This is now distributed weekly to senior operational management for action.
- Children's Services Head of Nursing is offering group clinical supervision to Special Schools and LD community teams
- Staffing pressures in the smaller teams within Children's Services mean that the operational manager is regularly pulled into clinical care. Plan to review the leadership of these teams with change management proposals progressing.
- Ongoing monitoring of supervision through regular monthly performance meetings with Area Service Managers and Operational leads - issues escalated to divisional operational meeting as needed

People Performance

Hotspots and Triangulation July 2023

The hot spot and triangulation focus list for key Workforce metrics identify Wards/Teams that are most in need of attention and support. The table lists the top 20 teams in need of attention and support by Workforce KPI. Teams with a x also featured in the Top 20 last quarter. Please note that to fall into the focus list a Ward/Team must have at least 10 employees.

Sickness Absence June 2023		HC	%	
Catering Radbourne	Estates + Facilities	10	20.75%	x
CRHT HP+N Dales	Adult Care Acute	11	17.47%	x
Nursing and Operations Management	Nursing + Quality	14	16.53%	x
Morton Ward HU 'IP'	Adult Care Acute	35	15.87%	
High Peak Adult CMHT	Adult Care Community	11	14.64%	x
Patient Records	Ops Support	10	14.63%	
Cubley Female KWay 'IP'	Older Peoples Care	54	12.53%	x
Trust Wide CLDT Physio	Neuro Developmental	10	12.30%	
Ward 35 RU 'IP'	Adult Care Acute	26	12.18%	
Ward 33 RU 'IP'	Adult Care Acute	32	12.09%	
CAMHS SC Recovery	Children's Services	21	11.28%	x
Domestic Psychiatric Unit	Estates + Facilities	16	11.12%	
0-19 Locality 2	Children's Services	36	10.95%	x
DRRT Chesterfld + NED + B	Older Peoples Care	22	10.87%	
Domestics MH Properties	Estates + Facilities	19	10.61%	
0-19 Locality 1 + 5	Children's Services	28	10.50%	x
IAPT	Psychology	82	10.46%	
Bols + CC OA CMHT	Adult Care Community	12	10.42%	
Killmsh + N C OA CMHT	Older Peoples Care	10	10.31%	
Chesterfield C OA CMHT	Older Peoples Care	13	9.96%	

Appraisal Compliance June 2023		HC	%	
County South Receptionists	Estates + Facilities	13	15.38%	
SUI	Nursing + Quality	10	22.22%	x
DerbyshireSubstanceMisuse	F+R & Specialist Services	26	25.00%	x
MH Liaison Team Nth	Adult Care Acute	22	28.57%	x
Nursing and Operations Management	Nursing + Quality	14	30.77%	
Medic Adult Comm City	Adult Care Community	14	33.33%	x
Tansley Ward HU 'IP'	Adult Care Acute	34	36.67%	
Enhanced Care Ward RU 'IP'	Adult Care Acute	28	38.46%	
Management Adult Acute	Adult Care Acute	14	38.46%	x
Physiotherapy	F+R & Specialist Services	12	41.67%	
Medic OA Inpatient	Older Peoples Care	10	44.44%	
Medic Adult Comm Sth	Adult Care Community	14	50.00%	
Sth Derbyshire Adult CMHT	Adult Care Community	15	53.33%	x
CAMHS SC Eating Disorders	Children's Services	11	54.55%	
MH Helpline + Support Srvs	Adult Care Acute	18	58.82%	x
Eating Disorders Service	F+R & Specialist Services	22	59.09%	
Ward 35 RU 'IP'	Adult Care Acute	26	60.00%	
CRHT HP+N Dales	Adult Care Acute	11	60.00%	
LD Admin	Neuro Developmental	10	60.00%	x
Specialist Autism Team	Neuro Developmental	11	60.00%	x

Compulsory Training Compliance June 2023		HC	%	
Domestics MH Properties	Estates + Facilities	19	52.78%	x
County South Training Grades	Med Education & CRD	21	56.38%	x
County South Receptionists	Estates + Facilities	13	61.54%	x
County North Training Grades	Med Education & CRD	15	66.10%	x
Maintenance	Estates + Facilities	29	71.43%	x
Domestic Kingsway	Estates + Facilities	61	71.69%	x
Paediatric Medics	Children's Services	20	72.16%	x
UPC Management	Clinical Serv Management	10	72.62%	
DerbyshireSubstanceMisuse	F+R & Specialist Services	26	73.46%	x
Medic Adult Comm Nth	Adult Care Community	13	74.58%	x
County Elderly Service Medical	Older Peoples Care	16	75.17%	x
Nursing and Operations Management	Nursing + Quality	14	77.19%	x
Management Adult Acute	Adult Care Acute	14	77.24%	x
Medic OA Inpatient	Older Peoples Care	10	77.65%	
Catering MH	Estates + Facilities	16	78.98%	x
Domestic Psychiatric Unit	Estates + Facilities	16	80.00%	x
Specialist Autism Team	Neuro Developmental	11	80.00%	
CAMHS SC Recovery	Children's Services	21	81.34%	
CAMHS SC Eating Disorders	Children's Services	11	81.48%	
Morton Ward HU 'IP'	Adult Care Acute	35	81.58%	

Annual Turnover June 2023		HC	%	
High Peak Adult CMHT	Adult Care Community	11	34.29%	x
CAMHS SC Eating Disorders	Children's Services	11	34.04%	x
Catering Radbourne	Estates + Facilities	10	32.14%	x
The Hub RU	Adult Care Acute	23	31.70%	x
IPS Com Mental Health	Adult Care Community	20	29.70%	
Ward 35 RU 'IP'	Adult Care Acute	26	28.97%	
Phys Health Monitoring	Adult Care Community	13	27.91%	x
Physiotherapy	F+R & Specialist Services	12	26.87%	x
PSGY LD	Psychology	10	26.47%	x
County Elderly Service Medical	Older Peoples Care	16	26.23%	x
SUI	Nursing + Quality	10	25.71%	
MH Helpline + Support Srvs	Adult Care Acute	18	25.40%	x
Operational Admin	Children's Services	13	22.50%	
South + Dales OA CMHT	Older Peoples Care	15	22.50%	
Killmsh + N C Adult CMHT	Adult Care Community	20	21.92%	x
Living Well Prog City	Adult Care Community	11	21.82%	
Trust Wide CLDT Physio	Neuro Developmental	10	21.62%	
Information Technology Department	Ops Support	39	20.24%	
Trust Board	Corporate Central	16	19.83%	x
0-19 Locality 1 + 5	Children's Services	28	19.57%	

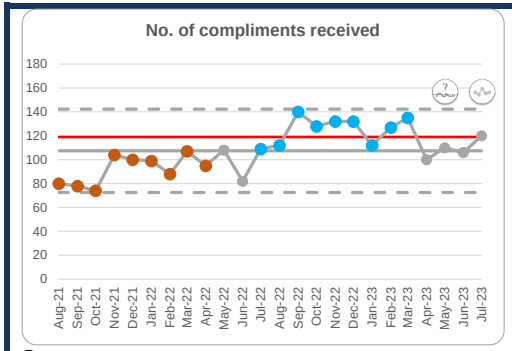
Bank Usage June 2023		HC	%	
Ward 33 RU 'IP'	Adult Care Acute	32	48.05%	x
Enhanced Care Ward RU 'IP'	Adult Care Acute	28	47.35%	x
Ward 35 RU 'IP'	Adult Care Acute	26	44.90%	x
Ward 34 RU 'IP'	Adult Care Acute	25	35.07%	
Ward 36 RU 'IP'	Adult Care Acute	31	27.14%	x
Morton Ward HU 'IP'	Adult Care Acute	35	23.24%	x
Cubley Male KWay 'IP'	Older Peoples Care	48	22.24%	x
Cubley Female KWay 'IP'	Older Peoples Care	54	21.05%	x
Tissington Ward 'IP'	Older Peoples Care	43	19.92%	x
Pleasley Ward HU 'IP'	Adult Care Acute	29	19.85%	x
Tansley Ward HU 'IP'	Adult Care Acute	34	19.84%	x
CRHT South	Adult Care Acute	25	15.53%	
County South Receptionists	Estates + Facilities	13	11.31%	x
Domestic Kingsway	Estates + Facilities	61	10.95%	x
Low Secure Kedleston KWay 'IP'	F+R & Specialist Services	49	10.51%	x
Inpat Rehab CTC KWay 'IP'	F+R & Specialist Services	35	10.48%	x
MH Liaison Team Sth	Adult Care Acute	28	10.16%	
Medical School	Med Education & CRD	11	10.14%	
CRHT City	Adult Care Acute	23	8.24%	
MH Helpline + Support Srvs	Adult Care Acute	18	8.07%	

Agency Usage June 2023		HC	%	
Medic Adult Comm Nth	Adult Care Community	13	19.14%	
Tansley Ward HU 'IP'	Adult Care Acute	34	16.12%	x
Pleasley Ward HU 'IP'	Adult Care Acute	29	15.81%	x
Ward 35 RU 'IP'	Adult Care Acute	26	14.83%	x
Medic Adult Comm City	Adult Care Community	14	13.47%	
Enhanced Care Ward RU 'IP'	Adult Care Acute	28	12.50%	x
Morton Ward HU 'IP'	Adult Care Acute	35	10.81%	x
CAMHS SC Eating Disorders	Children's Services	11	10.23%	
MH Helpline + Support Srvs	Adult Care Acute	18	8.26%	
Living Well Prog City	Adult Care Community	11	6.71%	
County Elderly Service Medical	Older Peoples Care	16	6.17%	
CRHT Chesterfield	Adult Care Acute	27	5.65%	
Paediatric Medics	Children's Services	20	5.55%	
CRHT City	Adult Care Acute	23	5.01%	
Ward 36 RU 'IP'	Adult Care Acute	31	4.84%	x
Ward 33 RU 'IP'	Adult Care Acute	32	4.42%	x
County South Training Grades	Med Education & CRD	21	2.86%	
Ward 34 RU 'IP'	Adult Care Acute	25	2.45%	
IAPT	Psychology	82	1.44%	x
Cubley Female KWay 'IP'	Older Peoples Care	54	1.29%	

Derbyshire Healthcare
NHS Foundation Trust

Quality

Quality Performance



Summary

Between May and July 2023 the number of compliments has increased overall from 110 to 120 and is now above the mean of 110.

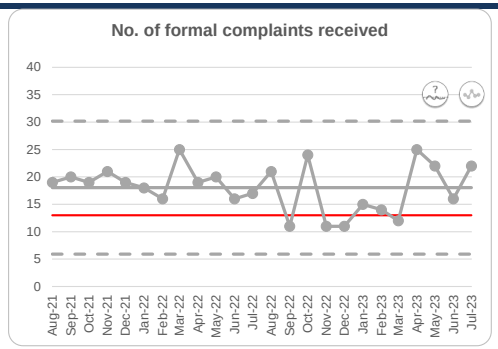
It is not currently possible to identify a specific reason for the fluctuation in compliments recorded as compliments are mostly received verbally and staff do not always accurately record them and there is no consistent process of recording them across the Trust, however, actions are being taken to ensure that all compliments received by services are recorded.

Actions

- The Heads of Nursing (HoN) have been asked to provide assurance that compliments are being accurately recorded and that a clear process is identified. This has been raised within the divisional Clinical reference groups to encourage staff to record compliments and for teams to consider the method of compliment recording. This is monitored through the quarterly Patient Experience Committee report.

- An option for teams to use an electronic patient survey went live in July 2023 and provides another method for Trust services to obtain feedback including compliments and concerns.

  With an increase in accessibility, it is expected that an increase in compliments, and concerns will occur over the next 6 months. The electronic patient survey platform also gives teams the opportunity to create a QR code which allows service users to feedback directly to the team. service receivers are also given the opportunity to feedback verbally and via paper forms if this is preferred.

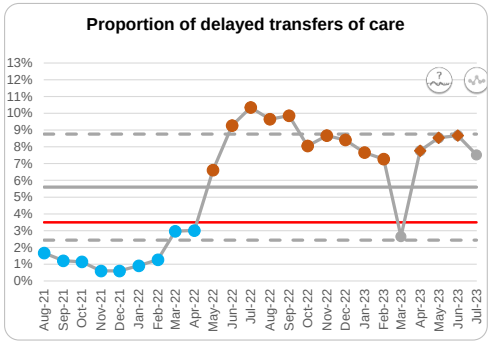


Summary

The number of formal complaints received by the Trust has stayed the same at 22 between May and July 2023. This is above the trust target of 12 complaints but is close to the mean and in line with common cause variation when viewed across past two years.

Actions

The complaints team are monitoring this, but no specific theme has been identified. Information around complaints is reviewed by the Heads of Nursing/Practice in a quarterly patient experience committee report which is sent to the Trust Quality and Safeguarding committee for assurance.



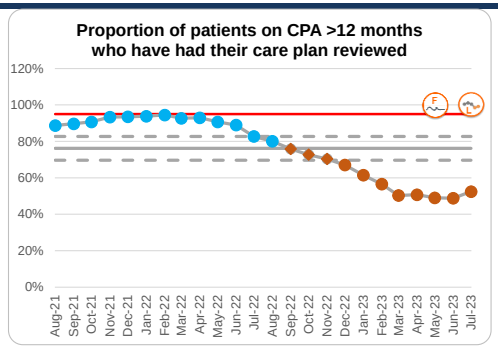
Summary

Between May and July 2023, the number of service users meeting the criteria as Clinically ready for discharge (CRD) (formally called delayed transfer of care (DTOC) has decreased from 8% to 7%.

The most common reason for patients meeting the criteria for CRD is the identification of appropriate housing or social care placements. A recent review identified that in older adult inpatient services, 76% of patients do not return to the environment they were referred from.

Actions

- The Trust has a Twice weekly CRD meeting where any barriers to discharge are identified and discussed to support resolution.
- The OA division are currently supporting the scoping of a Dementia Care Unit for Derbyshire which is due to open in 2024.



Summary

The current percentage of patients who have had their care plan reviewed and have been on CPA for over 12 months is 52%, an increase of 3% between and May and July 2023.

However, care plan compliance in the CMHT has increased to 77%. A 7% increase from May 2023

Staff vacancies, sickness, industrial action and patient acuity have all contributed to the current percentage of patients who have had their care plan reviewed and have been on CPA for over 12 months.

Actions

Compliance around CPA has been the subject of a commissioned 360 review by an external company and is part of an action plan to improve compliance in fundamental care standards including CPA.

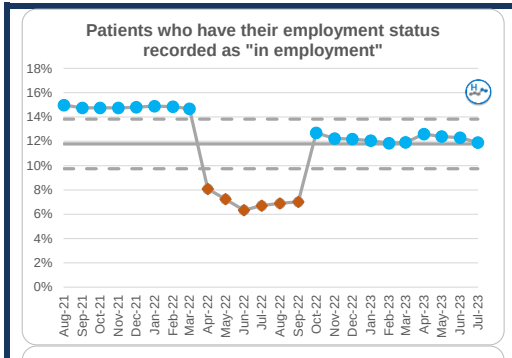
The Trust services have identified action plans to improve care plan, risk screen and CPA compliance as below:

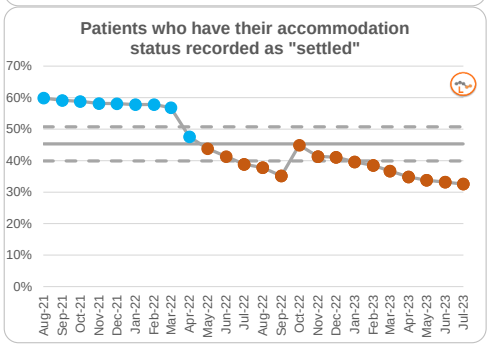
.

- Each team has been asked to review the current report and cleanse the data to ensure that non-eligible patients are not included.

- A process for monitoring compliance and quality will be implemented in each division and monitored via the monthly Fundamentals of Care meeting, (in Inpatients, the Clinical Reference Group) and the Divisional Clinical Operational Assurance Team (COAT) meetings.

Quality Performance



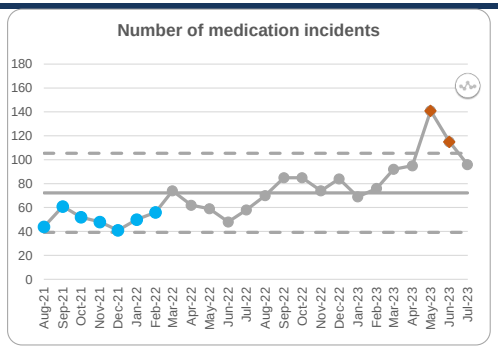


Summary

Around one third of patients have no employment status or accommodation status recorded at present and the decline in patients recorded as being in employment coincides with the data migration to SystmOne. There has been no change in the number of patients recorded as in employment between May and June 2023. The number of patients who have their accommodation status recorded as settled has also remain the same between may and June 2023

Actions

- A report has been developed which informs teams if there are gaps in the current Data Quality Maturity Index information recorded on referral and Ward and Service Managers have been asked to review this report weekly and action any gaps identified. This will be monitored via monthly service specific operational meetings.



Summary

Between May to July 2023 there has been a 30% decrease in the number of medication incidents reported following a spike that took the number of medication incidents outside of common cause variation. The Pharmacy department reported that the spike correlated to a planned approach to raise awareness and improve Trust reporting around medication incidents in response to concerns around underreporting over previous years. When considered the incidents are largely of low-level harm and therefore reflect better reporting and learning opportunities and should be actively encouraged.

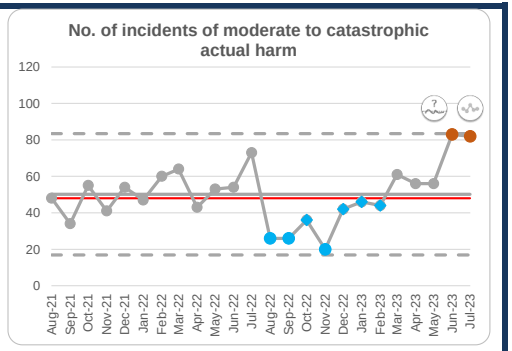
The decrease in medication incidents is likely related resolution of the factors that were contributing to the spike such as the bank holidays (due to more prevalence of agency and bank staff on these occasions), a Junior Doctors strike and the launch of the Electronic Patient Medication Administration (ePMA) which has impacted on type of incidents and reporting numbers.

Actions

To support services, the Pharmacy team have identified some learning points including:

- Development of a medicine ward folder where the medicine management quick reference guides relating to key policies and procedures will be available This is currently being trialled in the North with a plan to roll out in the South impatient wards if it is ratified in April 2024.
- DHCFT Pharmacy are feeding back to ward managers on a quarterly basis about shared learning from meetings with Chesterfield Royal Hospital pharmacy.

The number of medication incidents is reviewed via the monthly medication management subgroup and is reported on within the quarterly thematic “Feedback Intelligence Group” (FIG) report by the Heads of Nursing/Practice and is included in the Serious Incidents Bi-monthly report. Any actions identified are reviewed via the medicines management subgroup and the Serious Incidents Bi-monthly report is taken quarterly to the Quality & Safety Committee (QSC) for assurance.



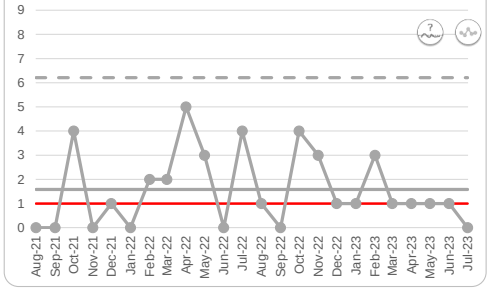
Summary

This data demonstrates the number of DATIX incidents occurring recorded as moderate to catastrophic harm. There has an 49% increase in incidents between May and July. Analysis suggests that this is due to both a number of new types of incidents reported in these months and a general increase in the number of incidents that are routinely reported with a specific rise in incidents recorded as “aggression/abuse”. This is consistent with anecdotal reports from staff that acuity on the inpatient wards is increasing.

This will be continue to be monitored by the patient safety team.

Quality Performance

No. of incidents requiring Duty of Candour



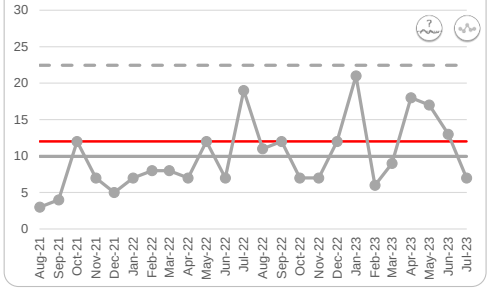
Summary

Duty of Candour (DoC) reported incidents remain within expected thresholds. The Trust Family Liaison Office has created information leaflets and standing operating procedures to support staff in completing duty of candour communications. Furthermore, these are reviewed twice weekly within serious incident groups.

Actions

- Training around accurately reporting DOC continues within clinical teams and the Family Liaison Officer with support from the patient safety team review each DOC incident as they occur and request support from the HoN team as required.

No. of incidents involving prone restraint



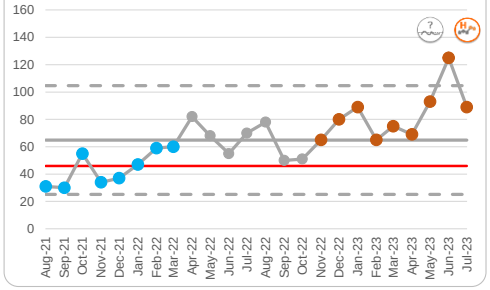
Summary

Prone restraint has decreased by a total of 11 incidents between May and July 2023 and is now below both the Trust target of 12 incidents and the mean of 10.

Actions

- Over the next six months there are plans for Simulation Training including seclusion, self-harm and ligature simulation. A programme manager and clinical lead have been recruited and the project is currently in the scoping phase with plans for training the trainer sessions to start in October 2023.
- The PSST are also in the process of planning training around alternative injection sites which should reduce the need for prone restraint and this should be ready for implementation by October 2023.

No. of incidents involving physical restraint



Summary

Physical restraints have remained at around 90 incidents between May and July 2023 with a spike up to around 120 in June.

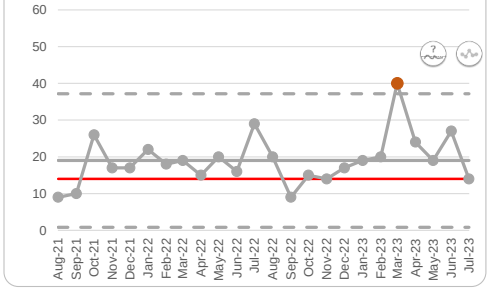
This is being reviewed within the Reducing Restrictive Practice Group and the Trust Positive and Safe Support Team continue to offer extra training sessions to improve training availability for staff.

The average increase in physical restraint and the spike in June appear to be related to the increased acuity of patients in inpatient settings and a high number of repeated incidents attributed to a small group of patients who are awaiting specialist placements and require the bespoke support.

Actions

- The Trust Positive and Safe Support Team are placing extra training sessions to improve training availability for staff. Compliance with positive and safe training is currently at 73% for teamwork and 40% for breakaway training. the drop in compliance in breakaway training is due to a new staff group being added to the mandatory cohort who are all currently non-compliant until they have received the training. Furthermore, the PSST continue to spend time in clinical areas to support and train clinical staff, live during practice.

No. of new episodes of patients held in seclusion



Summary

Seclusions between May and July 2023 have reduced by 40% and are now in line with the Trust target of 12.

Actions

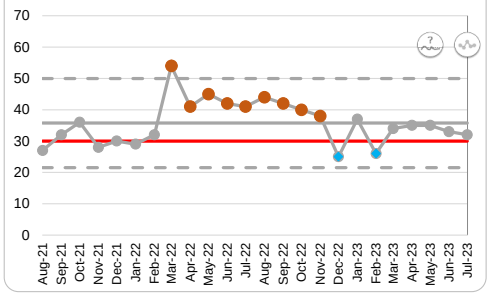
Episodes of seclusion will continue to be monitored via the reducing restrictive practise group.

A review focused on peer support including debrief started in May 2023 and is expected to have an impact on further reducing the number of seclusion incidents when it is completed at the end of 2023

This review will be presented and monitored through the Reducing Restrictive Practise Group

Quality Performance

Number of falls on inpatient wards



Summary

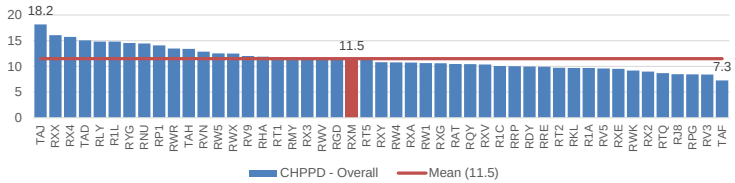
- The Biweekly falls meeting started in April 2022 appears to have had a positive impact with incidents related to falls plateauing at 32, below the Mean of 35 May and July 2023. This is monitored via the Head of Nursing and Clinical Matron and learning from the Biweekly falls meeting is reviewed in the monthly Divisional COAT meeting.

Care Hours per Patient Day (CHPPD)

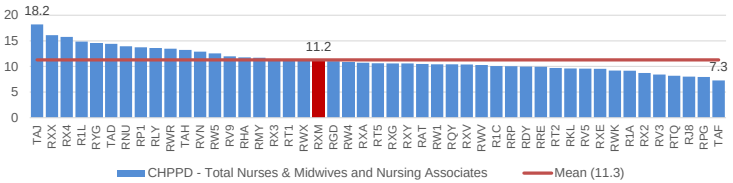
CHPPD is rolling data updated monthly, to show staffing levels in relation to patient numbers on an inpatient ward. Every month, the hours worked during day shifts and night shifts by registered nurses and midwives and by healthcare assistants are added together. Each day, the number of patients occupying beds at midnight is recorded. These figures are added up for the whole month and divided by the number of days in the month to calculate a daily average. Then the figure for total hours worked is divided by the daily average number of patients to produce the rate of care hours per patient day.

The charts below show how we compared in the latest published national data when benchmarked against other mental health trusts. The Trust was exactly average overall, very slightly below average for total nurses & nursing associates, above average for registered nurses, and below average for healthcare support workers:

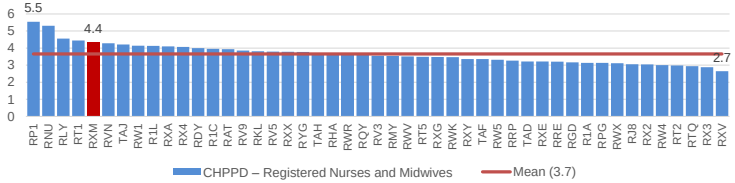
CHPPD - Overall



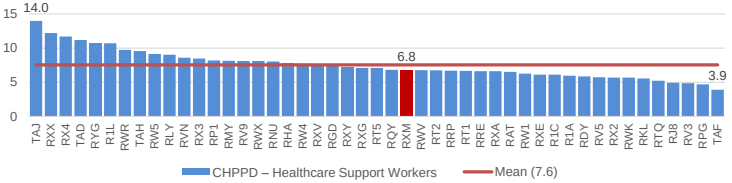
CHPPD - Total Nurses & Midwives and Nursing Associates



CHPPD – Registered Nurses and Midwives



CHPPD – Healthcare Support Workers

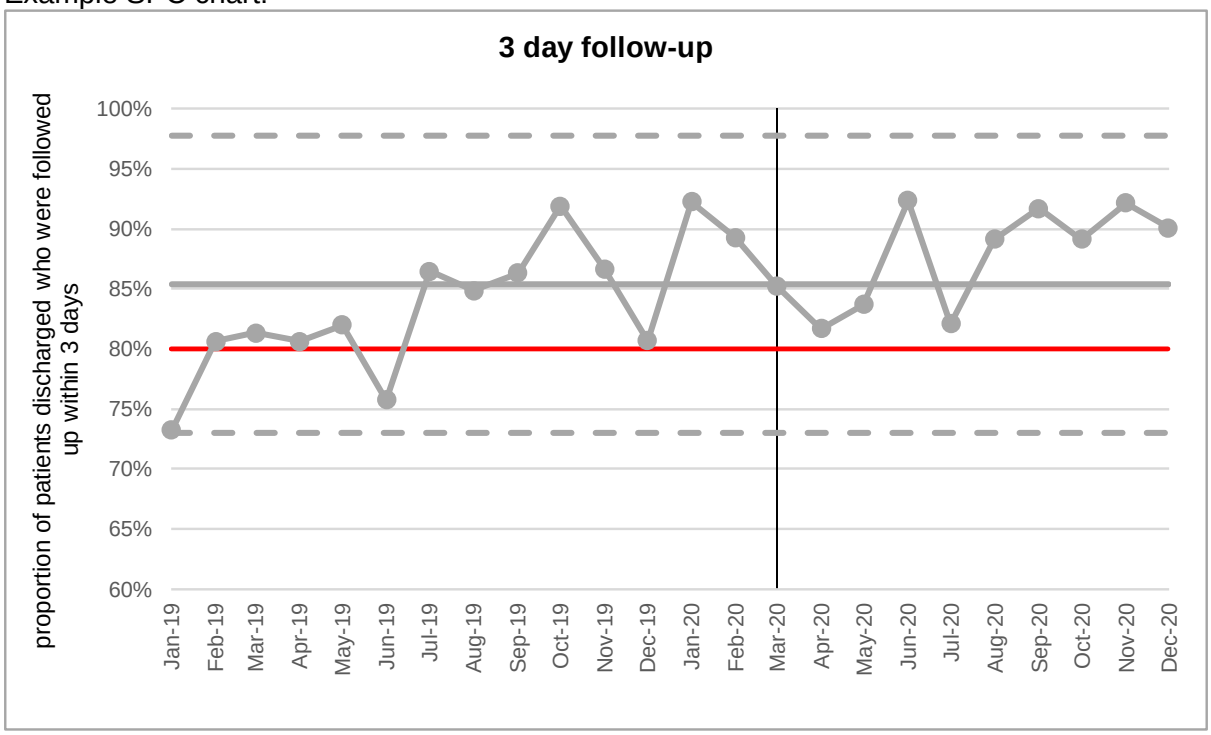


https://www.england.nhs.uk/publication/care-hours-per-patient-day-chppd-data/

Appendix 1

Statistical Process Control Chart (SPC) Guidance

Example SPC chart:



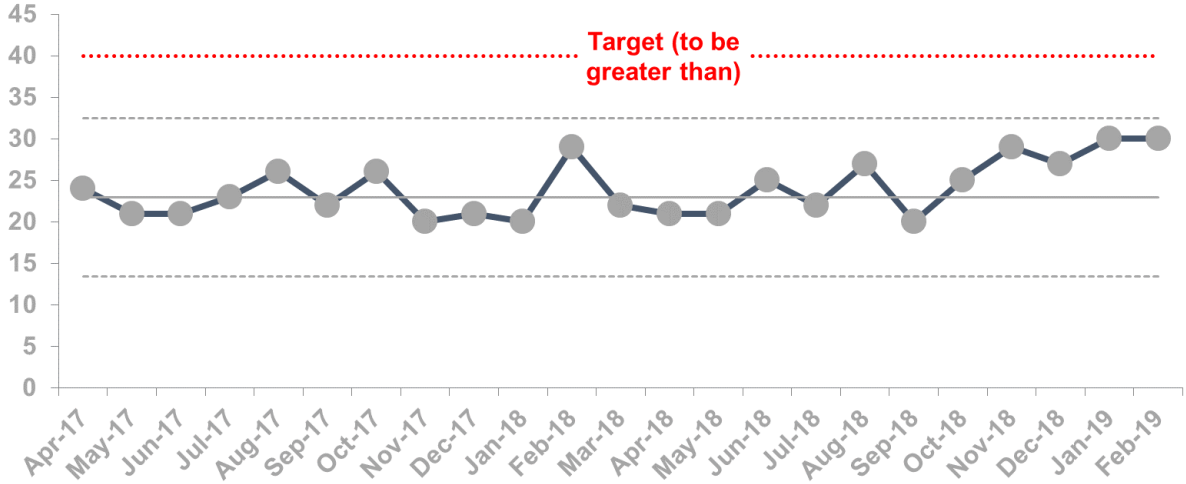
- The red line is the target.
- The grey dots are the actual performance each month. They are coloured grey as performance each month is normal in this example.
- The solid grey line is the average (mean) of all the grey dots.
- The grey dotted lines are called process limits, or control limits.

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

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

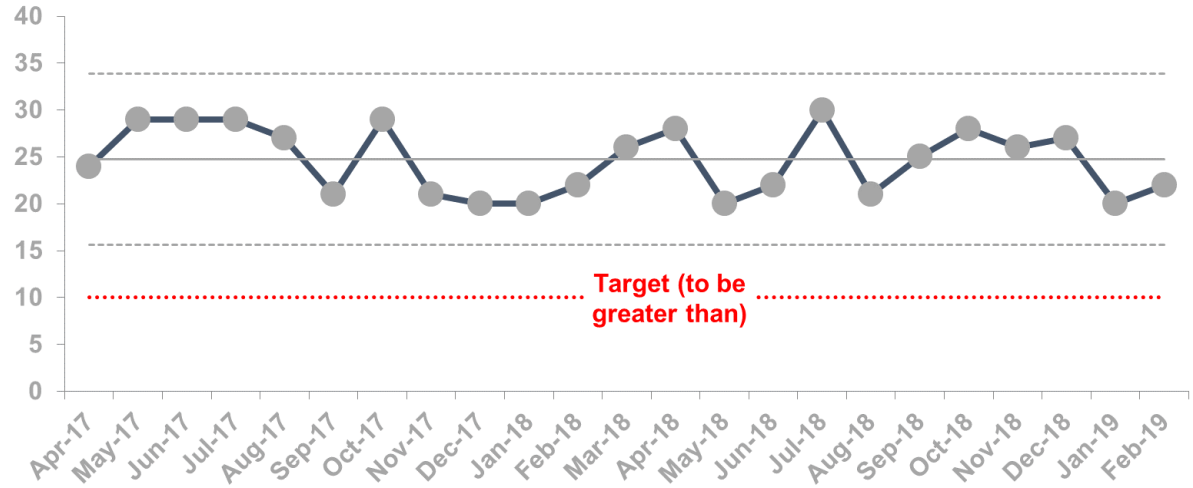
Things to look out for:

1. A process that is not working



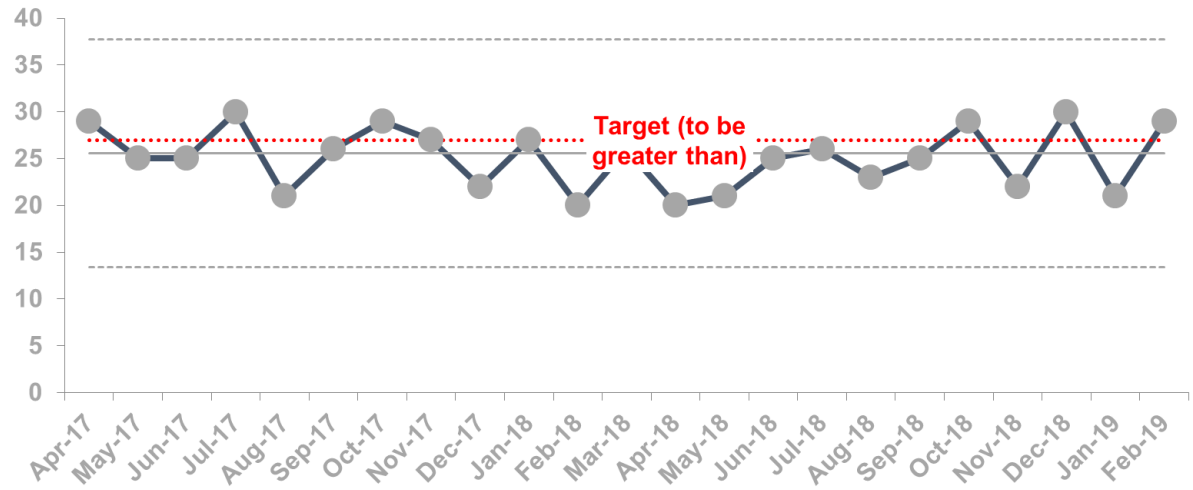
In this example the target is higher than the upper dotted grey line. This means that the target will never be achieved. To achieve the target, we need to change how we do things.

2. A capable process



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

3. An unreliable system

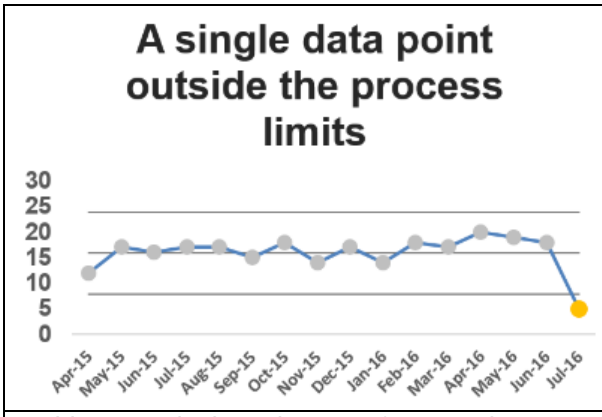
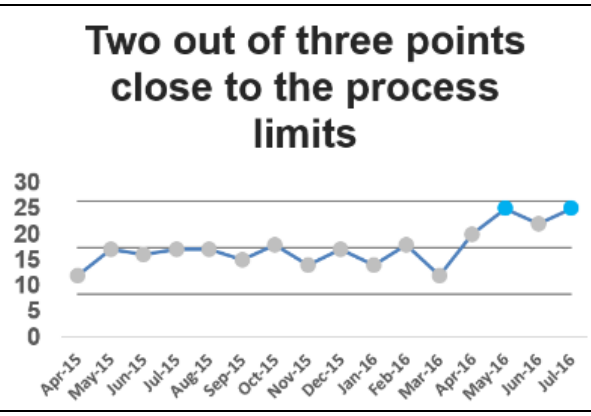
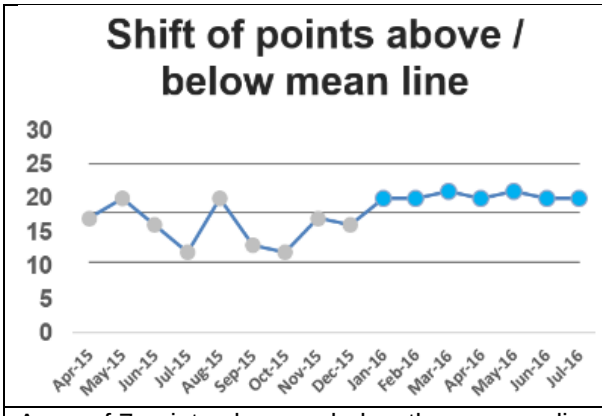
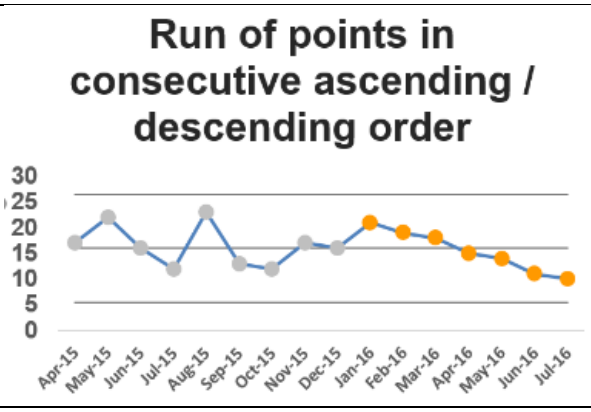


In this example the target line sits between the 2 grey dotted lines. As it is normal for the grey dots to fall anywhere between the 2 dotted grey lines, this means that it is entirely random as to whether or not the target will be achieved. So, this system is unreliable and needs to be redesigned if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

4. Unusual patterns in the data

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

There are four scenarios where this can happen:

<table>
<tr>
<td> 
</td>
<td> 
</td>
</tr>
<tr>
<td>In this example the July 16 perfomance is significantly lower than expected and falls beneath the lower grey dotted line.</td>
<td>2 out of 3 points close to one of the grey dotted lines is statistically significant, in this case they are blue, indicating better than expected performance.</td>
</tr>
<tr>
<td> 
</td>
<td> 
</td>
</tr>
<tr>
<td>A run of 7 points above or below the average line is significant. In this example it might indicate that an improvement was made to the process in Jan 16 that has proven to be effective.</td>
<td>A run of 7 points in consecutive ascending or descending order is significant. In this example things are getting worse over time.</td>
</tr>
</table>

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

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 5 September 2023

Report from the Governance Committee

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

Executive Summary
Since the last summary was provided in May the Governance Committee has met twice on 8 June and 8 August 2023.

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 creating a compassionate, skilled and empowered leadership, creating a vibrant culture where colleagues feel they belong, thrive and are valued.	x
3) The Trust is a **great partner** and actively embraces collaboration as our way of working.	x
4) We will make the **best use of resources** by making financially wise decisions and avoiding wasting resources to ensure financial recovery and long term sustainability.	x

Risks and 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 a disability and/or access issues.

Recommendations

The Council of Governors is requested to note the report made of the Governance Committee meetings held on 8 June and 8 August 2023.

Report presented by: **David Charnock and Marie Hickman the Joint Chairs of the Governance Committee**

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

Report from the Governance Committee meeting – 8 June 2023

17 governors (65.38% of the Council of Governors) attended this meeting. This meeting was conducted digitally using Microsoft Teams.

External Audit Contract

- Governors were reminded that one of the duties of the Council of Governors is to appoint the Trust's external auditors. A report is being presented to the Council of Governors on 5 September to extend the contract.

Feedback from Governors' Engagement Activities

- Governors discussed the items on the governors engagement activities log.

Governor's Membership Engagement Action Plan

- Governors discussed the progress made
- Governors will send updates for the Action Plan to Denise Baxendale to include
- Denise Baxendale will update the Action Plan.

Update on the Annual Members Meeting – 20 September 2023

- Governors were asked to consider how they would like to present their section of the Annual Members Meeting: Reflections and highlights of the year from the Council of Governors. It was agreed that the Lead Governor and Deputy Lead Governor will present on behalf of the Council of Governors.

Holding to account role

- Justine Fitzjohn gave a short presentation to governors as a reminder that holding to account means seeking assurance of the performance of the Board through Non-Executive Directors by:
  - Scrutinising how well the Board is working
  - Challenging the Board in respect of its effectiveness
  - Asking the Board to demonstrate it has sufficient quality assurance in respect of its performance
  - Questioning Non-Executive Directors about their assurance of the performance of the Trust.

Consideration of Holding to Account Questions to the Council of Governors

- Three topics were considered around preparedness for the Care Quality inspection, are the Trust's operational and financial plans aligned to the relevant system plans, and staff wellbeing. It was agreed to discuss these further at the next Governance Committee in August.

Draft training plan

- Governors requested that a training and development session on finance (including procurement) be arranged for end of September.

Governor Engagement Opportunities

- Forthcoming engagement opportunities were shared with governors who were encouraged to attend – this included League of Friends Summer Fayre.

Report from the Governance Committee meeting – 8 August 2023

14 governors (53.84% of the Council of Governors) attended the meeting. This meeting was conducted as a combination of face to face and digitally using Microsoft Teams.

Terms of Reference Annual Review

- The Committee agreed that the terms of reference remain fit for purpose and no amends were made.

Membership Data Update

- Governors discussed areas they need to focus on including communities that are currently under-represented, recruiting more members from Chesterfield and outlying Chesterfield, possible engagement activities, the governor engagement tool kit
- Governors were encouraged to find out if there are any events taking place that they may be able to attend within their constituencies.

Update on the Annual Members Meeting (AMM) – 20 September 2023

- The theme is 'Working with you' and will include presentations on the new facilities, service user and carer involvement, and therapeutic activities as well as the presentation of the Annual Report and Accounts 2022/23, and reflections and highlights from the Council of Governors
- The Membership and Involvement Manager has produced a poster to promote the AMM and governors were encouraged to circulate this within their communities.

Feedback from Governor Engagement Activities

- Governors discussed the items on the governors engagement activities log.

Governors Annual Effectiveness Survey

- The survey will be launched in September
- The results will be presented to the Governance Committee in October and to the Council of Governors in November.

Consideration of Holding to Account Questions to Council of Governors

- One item was escalated to the Council of Governors regarding wellbeing support for staff.

Well Led Review Update

- Selina Ullah, Trust Chair gave an update on the Well Led Review and outlined the eight key lines of enquiry (KLOE) which the reviewers assessed. The report has yet to be published, but the review was positive with green to amber ratings.

Attendance at Council of Governors Meetings

- Denise Baxendale and Susan Ryan wll contact those governors who have not attended Council of Governor meetings to offer support.

Governor training and development

- Governor were encouraged to attend the inhouse training session they requested on finance which is being held on 29 September
- Governors were encouraged to attend NHS Providers GovernWell workshops and to attend GovernWell training courses.

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 5 September 2023

Governor Membership Engagement Action Plan Update

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

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

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

It was first approved at the Council of Governors in August 2018 and has been developed since then. The Action Plan is reviewed and updated by the Governance Committee on a regular basis. The latest version of the Action Plan is attached to this report.

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

Governors have been able to engage with members and the public via virtual and face to face events.

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 creating a compassionate, skilled and empowered leadership, creating a vibrant culture where colleagues feel they belong, thrive and are valued.	x
3) The Trust is a **great partner** and actively embraces collaboration as our way of working.	x

4) We will make the **best use of resources** by making financially wise decisions and avoiding wasting resources to ensure financial recovery and long term sustainability.	x

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

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

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

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

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

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

Recommendations
The Council of Governors is requested to:

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

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

DHCFT Governors Membership Engagement Action Plan

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

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

	Activity with comments/actions	**Lead and support**	**Actions/Timescale**
1	**General events** – governors encouraged to let Denise Baxendale know of any appropriate events that are taking place.	Governors to check their areas for events that are taking place that may be appropriate to attend	Ongoing
	Patient Participation Groups (PPG)/ Joined Up Care Derbyshire (JUCD) Citizens Panel. This is an opportunity to promote the governor role/request feedback on Trust services. No need to attend every meeting. Governors to make contact with local PPGs to see if they can publish information electronically in the waiting rooms about governors and how to contact them. Denise has produced a document that she is rolling out to governors. It includes information on the Trust services, governor role, how to contact a governor. Amber Valley governors have received this. Staff governors have been promoted in the staff newsletter and on the intranet.	Governors are encouraged to join their PPG (if there is one) and JUCD Citizens Panel Denise rolling out promotional material on governors to members	Complete the governor engagement log for Governance Committee. Feedback on engagement is a standing item on the Committee's agenda
	World Mental Health Day (WMHD) 10 October each year – consider having a governor stall at events arranged by Public Health. Nearer the time, Denise Baxendale will see what the Trust is organising and if governors can be involved	Denise Baxendale plus elected governors	Revisit summer 2023
	BME targeted engagement – Chesterfield and North East Derbyshire – establish links and promote direct links. Denise has had contact with Mike Evans, organiser Chesterfield BME. Denise had produced a piece	Need to consider the next step.	Denise has contacted Mike Evans. January 2022

	about the Trust how to contact governors, membership, becoming a governor etc. for the BME forum – this can be adapted for other organisations.		Discussed by the Governance Committee on 8 August 2023. Next steps?
	Joined Up Care Derbyshire Engagement Committee – now called Public Partnerships Committee	Hazel Parkyn has agreed to attend these	Ongoing – updates will be given at Governance Committee
	Social media – All governors on Twitter or Facebook to follow DHCFT. Governors can promote governor role/Council of Governors/governor vacancies/how to contact governors and how to become a member. Denise sent link for joining leaflet, address for Trust Twitter and Facebook page. Governors to include social media engagement on the governor engagement log if any issues/feedback relating to the Trust arises. Governors to promote the use of DHCFT Twitter and Facebook specifically for membership messages and encourage members to follow the Trust.	All governors	Ongoing – have any governors received any feedback to share with governors?
	Letter produced by Orla Smith (former governor) for Derby City youth groups etc. NB Denise is communicating with Derbyshire County Council for list of you groups and BME groups; and list of BME groups from Derby City Council	Denise Baxendale will roll out letters	Which other groups should be targeted?
2	**Annual Members Meeting (AMM)** – Encourage members to attend and participate in the meeting when visiting local events/engaging with members and the public. All governors to attend the virtual meeting. Date for AMM is 20 September.	All governors	Promotion to begin in August. All governors to promote the event and attend if possible.
	AMM Task and Finish group to plan – Marie Hickman, Rob Poole , Christine Williamson	Denise Baxendale	Complete – proposals presented to Governance Committee in June
	Plan AMM for September 2024		Discuss establishing governors' task and finish group. December 2023

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

	Staff Governors meeting regularly with staff through “Grab a Governor” scheme. Will feedback through Staff Governor Engagement Logs to Denise Baxendale alongside other governor feedback. Since the pandemic, these sessions have been virtual. The governor role is also promoted in staff communications (i.e., Staff Facebook group, staff e-newsletter and the intranet) Staff governor poster to be produced and circulated to all staff	 Denise Baxendale	 Needs to be updated and recirculated
7	**Protocols for Governor Engagement** Task and finish group to meet to develop the toolkit Leaflet on the Trust services needs to be updated	Denise Baxendale and governors Denise Baxendale	Information produced and used at League of Friends Summer Fayre COMPLETE Autumn 2023
	Increasing membership Look at key messages for increasing membership in Chesterfield and High Peak and Derbyshire Dales, and with younger people.	Governors	To discuss at the October 2023 Governance Committee meeting
	Governor Feedback – all governors are encouraged to complete the Governor Engagement Log at least two weeks prior to scheduled Governance Committee meetings so they can be included in the engagement log	All Governors	Ongoing – standing agenda item for the Governance Committee

Last reviewed by the Governance Committee on 8 August 2023

Governor meeting timetable 2023/24

DATE	TIME	EVENT	LOCATION/COMMENTS
5/9/23	9.30am onwards	Public Trust Board	face to face, Conference Room A&B, Kingsway hospital site, Kingsway, Derby, DE22 3LZ
5/9/23	2.00pm – 5.00pm	Council of Governors meeting	virtual
19/9/23	9.30am-11.00am	Coffee and chat with Mark Powell, Chief Executive	Executive corridor, Ashbourne Centre, Kingsway hospital site, Kingsway, Derby, DE22 3LZ
19/9/23	1.00pm-2.30pm	Coffee and chat with Mark Powell, Chief Executive	Big Counselling Room, Bayheath House, Rose Hill West, Chesterfield, S40 1JF
20/9/23	4.00pm – 6.00pm	Annual Members' Meeting	virtual
29/9/23	10am-12noon	Finance training	virtual
11/10/23	10am – 12.30pm	Governance Committee	virtual or hybrid TBC
7/11/23	9.30am onwards	Public Trust Board	face to face, Conference Room A&B, Kingsway hospital site, Kingsway, Derby, DE22 3LZ
7/11/23	2.00pm – 5.00pm	Council of Governors meeting	TBC – virtual or face to face, Conference Room A&B, Kingsway hospital site, Kingsway, Derby, DE22 3LZ
7/12/23	10am – 12.30pm	Governance Committee	Virtual or hybrid TBC
16/1/24	9.30am onwards	Public Trust Board	face to face, Conference Room A&B, Kingsway hospital site, Kingsway, Derby, DE22 3LZ
16/1/24	2.00pm – 5.00pm	Council of Governors and Trust Board development session	TBC – virtual or face to face, Conference Room A&B, Kingsway hospital site, Kingsway, Derby, DE22 3LZ
7/2/24	10am – 12.30pm	Governance Committee	Virtual or hybrid TBC
5/3/24	9.30am onwards	Public Trust Board	face to face, Conference Room A&B, **Kingsway, Derby, DE22 3LZ**
5/3/24	2.00pm – 5.00pm	Council of Governors meeting	TBC – virtual or face to face, Conference Room A&B, Kingsway hospital site, Kingsway, Derby, DE22 3LZ

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
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
BME	Black,& Minority Ethnic group
BoD	Board of Directors
C	
CAMHS	Child and Adolescent Mental Health Services
CASSH	Care and Support Specialised Housing
CBT	Cognitive Behavioural Therapy
CCG	Clinical Commissioning Group (defunct from 1 July 2022)
CCT	Community Care Team
CDMI	Clinical Digital Maturity Index
CE	Chief Executive
CEO	Chief Executive Officer
CGA	Comprehensive Geriatric Assessment
CHPPD	Care Hours Per Patient Day
CIP	Cost Improvement Programme
CMDG	Contract Management Delivery Group
CMHF	Community Mental Health Framework
CMHT	Community Mental Health Team
CNST	Clinical Negligence Scheme for Trusts
COAT	Clinical Operational Assurance Team
COF	Commissioning Outcomes Framework
CoG	Council of Governors

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS	
NHS Term / Abbreviation	**Terms in Full**
COO	Chief Operating Officer
CPA	Care Programme Approach
CPD	Continuing Professional Development
CPN	Community Psychiatric Nurse
CPR	Child Protection Register
CQC	Care Quality Commission
CQI	Clinical Quality Indicator
CQUIN	Commissioning for Quality and Innovation
CRG	Clinical Reference Group
CRH	Chesterfield Royal Hospital
CRHT	Crisis resolution and home treatment
CRS	(NHS) Care Records Service
CRS	Commissioner Requested Services
CSF	Commissioner Sustainability Fund
CTO	Community Treatment Order
CTR	Care and Treatment Review
D	
DAT	Drug Action Team
Datix	Trust's electronic incident reporting system of an event that causes a loss, injury or a near miss to a patient, staff or others
DBS	Disclosure and Barring Service
DBT	Dialectical Behavioural Therapy
DfE	Department for Education
DCHS	Derbyshire Community Health Services NHS Foundation Trust
DDCCG	Derby and Derbyshire Clinical Commissioning Group
DHCFT	Derbyshire Healthcare NHS Foundation Trust
DIT	Dynamic Interpersonal Therapy
DNA	Did Not Attend
DoH	Department of Health
DoLS	Deprivation of Liberty Safeguards
DSPT	Director of Strategy, Partnerships and Transformation
DOF	Director of Finance
DON	Director of Nursing
DPI	Director of People and Inclusion
DPS	Date Protection and Security
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

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS	
NHS Term / Abbreviation	**Terms in Full**
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
FSR	Full Service Record
FT	Foundation Trust
FTE	Full-time Equivalent
FTN	Foundation Trust Network
FTSU	Freedom to Speak Up
FTSUG	Freedom to Speak Up Guardian
F&P	Finance and Performance
5YFV	Five Year Forward View
G	
GDPR	General Data Protection Regulation
GGI	Good Governance Institute
GIRFT	Getting it Right First Time
GMC	General Medical Council
GP	General Practitioner
GPFV	General Practice Forward View
H	
HCA	Healthcare Assistant
H1	First half of a fiscal year (April through September)
H2	Second half of a fiscal year (October through the following March)
HEE	Health Education England
HES	Hospital Episode Statistics
HoNOS	Health of the Nation Outcome Scores
HSCIC	Health and Social Care Information Centre

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS	
NHS Term / Abbreviation	**Terms in Full**
HSE	Health and Safety Executive
HWB	Health and Wellbeing Board
I	
IAPT	Improving Access to Psychological Therapies
ICB	Integrated Care Board
ICM	Insertable Cardiac Monitor
ICS	Integrated Care System
ICT	Information and Communication Technology
ICU	Intensive Care Unit
IDVAs	Independent Domestic Violence Advisors
IG	Information Governance
ILS	Immediate Life Support (BLS – Basic Life Support)
IMT	Incident Management Team
IM&T	Information Management and Technology
OOA	Outside of Area
IPP	Imprisonment for Public Protection
IPR	Integrated Performance Report
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	
KLOE	Key Lines of Enquiry (CQC)
KPI	Key Performance Indicator
KSF	Knowledge and Skills Framework
L	
LA	Local Authority
LCFS	Local Counter Fraud Specialist
LD	Learning Disabilities
LD/A	Learning Disability and Autism
LHP	Local Health Plan
LHWB	Local Health and Wellbeing Board
LOS	Length of Stay
LPS	Liberty Protection Safeguards
LTP	Long Term Plan
M	
MADE	Multi-agency Discharge Event
MARS	Mutually Agreed Resignation Scheme
MAU	Medical Assessment Unit
MAS	Memory Assessment Service
MAPPA	Multi-agency Public Protection Arrangements

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS	
NHS Term / Abbreviation	**Terms in Full**
MARAC	Multi-agency Risk Assessment Conference (meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, probation, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs) and other specialists from the statutory and voluntary sectors.
MASH	Multi-Agency Safeguarding Hub
MCA	Mental Capacity Act
MD	Medical Director
MDA	Medical Device Alert
MDM	Multi-Disciplinary Meeting
MDT	Multi-Disciplinary Team
MFF	Market Forces Factor
MHA	Mental Health Act
MHAC	Mental Health Act Committee
MHIN	Mental Health Intelligence Network
MHIS	Mental Health Investment Standard
MHLT	Mental Health Liaison Team
MHRT	Mental Health Review Tribunal
MSC	Medical Staff Committee
MSK	Musculoskeletal (conditions)
MSU	Medium secure unit
N	
NCRS	National Cancer Registration Service
NED	Non-Executive Director
NICE	National Institute for Health and Care Excellence
NHS	National Health Service
NHSE	National Health Service England
NHSI	National Health Service Improvement
NHSEI	NHS England and NHS Improvement
NIHR	National Institute for Health Research
O	
OBC	Outline Business Case
ODG	Operational Delivery Group
OPMO	Older People's Mental Health Services
OP	Outpatient
OSC	Overview and Scrutiny Committee
OT	Occupational therapy
P	
PAB	Programme Assurance Board
PAG	Programme Advisory Group
PALS	Patient Advice and Liaison Service
PAM	Payment Activity Matrix
PARC	Psychosis and the reduction of cannabis (and other drugs)

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS	
NHS Term / Abbreviation	**Terms in Full**
PARIS	This is an electronic patient record system
PbR	Payment by Results
PCC	Police & Crime Commissioner
PCC	People and Culture Committee
PCN	Primary Care Networks
PDSA	Plan, Do, Study, Act
PHE	Public Health England
PICU	Psychiatric Intensive Care Unit
PID	Project Initiation Document
PiPoT	People in Positions of Trust
PLIC	Patient Level Information Costs
PMLD	Profound and Multiple Disability
PPE	Personal Protection Equipment
PPI	Patient and Public Involvement
PPT	Partnership and Pathway Team
PREM	Patient Reported Experience Measure
PROMS	Patient Reported Outcome Measure
PSF	Provider Sustainability Fund
PSIRF	Patient Safety Incident Review Framework
Q	
QAG	Quality Assurance Group
Q&SC	Quality and Safeguarding 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
SFI	Standing Financial Instructions
SI	Serious Incidents
SID	Senior Independent Director
SIRI	Serious Incident Requiring Investigation
SLA	Service Level Agreement
SLR	Service Line Reporting
SMI	Severe Mental Illness

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

(updated 14 June 2022)