



Derbyshire Healthcare NHS Foundation Trust

Council of Governors

virtual MS Teams meeting

6 September 2022 14:00 - 6 September 2022 16:15

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**COUNCIL OF GOVERNORS' MEETING – TUESDAY 6 SEPTEMBER 2022
FROM 2.00-4.15PM**

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

AGENDA		LED BY	TIME
1.	Welcome, introductions and Chair's opening remarks Apologies and Declaration of Interests	Selina Ullah	2.00
2.	Submitted questions from members of the public	Selina Ullah	2.05
3.	Minutes of the previous meetings held on 10 May, 5 July and 26 July 2022	Selina Ullah	2.10
4.	Matters arising and actions matrix	Selina Ullah	2.15
5.	Chief Executive's update including Care Quality Commission update (verbal)	Ifti Majid	2.20
STATUTORY ROLE			
6.	Presentation of the Annual Report and Accounts 2021/22 and report from the External Auditors	Claire Wright, Geoff Lewins, external auditors	2.35
HOLDING TO ACCOUNT			
7.	Non-Executive Directors Deep Dive (including Annual Report of the Audit and Risk Committee)	Geoff Lewins and Sheila Newport	2.50
8.	Escalation items to the Council of Governors from the Governance Committee	Selina Ullah	3.10
COMFORT BREAK			3.15
9.	Verbal summary of Integrated Performance Report (full report provided for information)	Non-Executive Directors	3.25
OTHER MATTERS			
10.	Annual Members Meeting update	Denise Baxendale	3.45
11.	Governance Committee Report – 8 June and 9 August 2022	Ruth Grice	3.50
12.	Review of the Governor Membership Engagement Action Plan	Denise Baxendale	4.00
13.	Any Other Business	Selina Ullah	4.05
14.	Review of meeting effectiveness and following the principles of the Code of Conduct	Selina Ullah	4.10
15.	Close of meeting	Selina Ullah	4.15
FOR INFORMATION			
16.	Minutes of the Public Board meetings held on 10/5/22 and 5/7/22*		
17.	Chair's Report as presented to Public Trust Board on 5/7/22 and 9/9/22*		
18.	Chief Executive's Report as presented to Public Trust Board on 5/7/22 and 9/9/22*		
19.	Governor meeting timetable 2022/2023		
20.	Glossary of NHS terms		
Next Meeting: Tuesday 1 November from 2-4.30pm			

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

Our vision

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

Our values

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

People first – we 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.

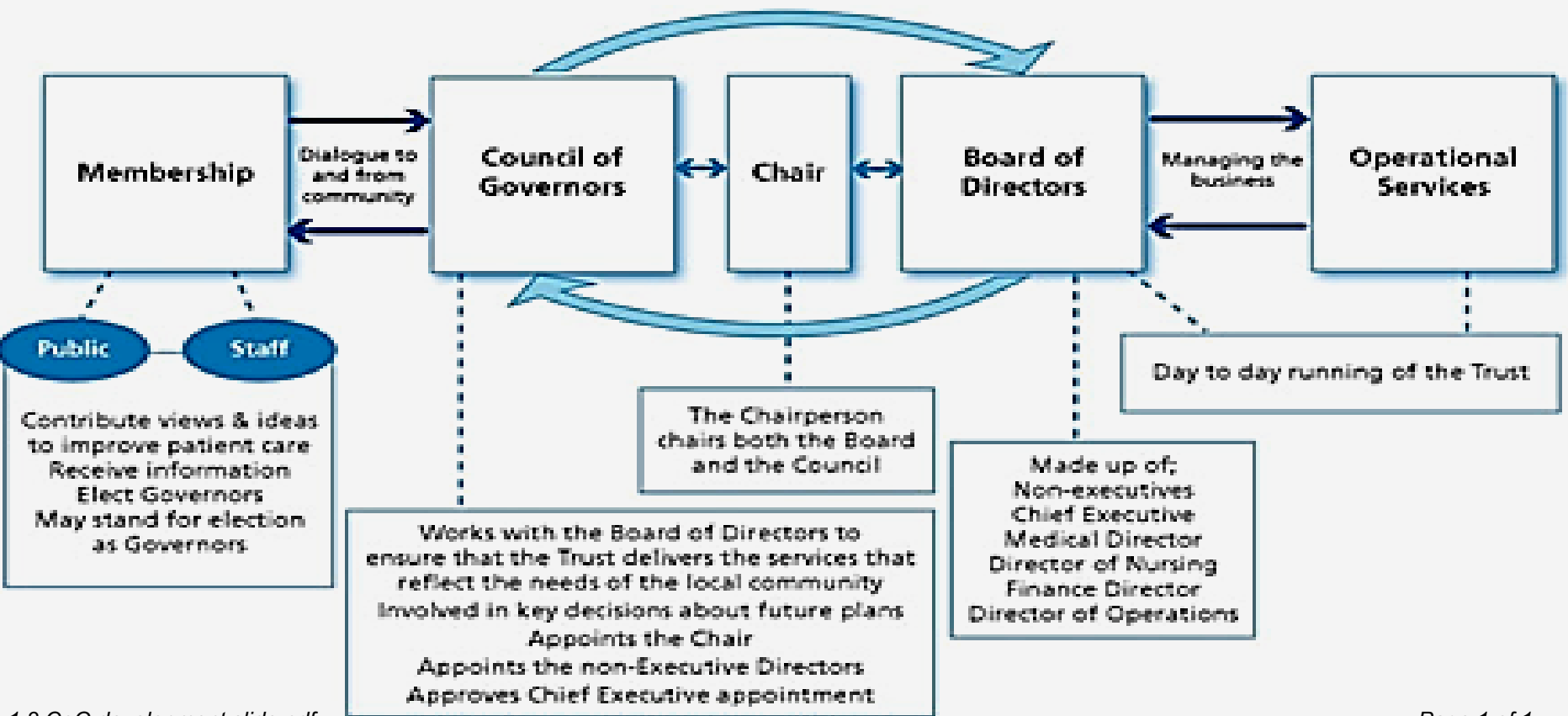
Honesty – we are open and transparent in all we do.

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.



Getting the balance right

FT Governance Arrangements



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

**MINUTES OF COUNCIL OF GOVERNORS MEETING
HELD ON TUESDAY 10 MAY 2022, FROM 14:00-16:20 HOURS
MEETING HELD DIGITALLY VIA MICROSOFT TEAMS**

PRESENT	<p>Selina Ullah Angela Kerry Susan Ryan Ivan Munkley</p> <p>Rob Poole</p> <p>Ruth Grice Graeme Blair Ogechi Eze Orla Smith Andrew Beaumont Julie Boardman Hazel Parkyn Marie Hickman Jo Foster Jodie Cook</p> <p>Martyn Ford Stephen Wordsworth</p>	<p>Trust Chair and Chair of Council of Governors Public Governor, Amber Valley Public Governor, Amber Valley Public Governor, Bolsover and North East Derbyshire Public Governor, Bolsover and North East Derbyshire Public Governor, Chesterfield Public Governor, Derby City East Public Governor, Derby City West Public Governor, Derby City West Public Governor, Erewash Public Governor, High Peak and Derbyshire Dales Public Governor, South Derbyshire Staff Governor, Admin and Allied Support Staff Staff Governor, Nursing Appointed Governor, Derbyshire Mental Health Forum Appointed Governor, Derbyshire County Council Appointed Governor, University of Derby</p>
IN ATTENDANCE	<p>Denise Baxendale Justine Fitzjohn Carolyn Green Sam Harrison</p> <p>Gareth Harry</p> <p>Ifti Majid Rebecca Oakley Margaret Gildea Deborah Good Sheila Newport Richard Wright</p>	<p>Membership and Involvement Manager Trust Secretary Director of Nursing and Patient Experience Programme Lead, East Midlands Perinatal Provider Collaborative Director of Strategy, Partnerships and Transformation Chief Executive Acting Deputy Director of People and Inclusion Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director</p>
APOLOGIES	<p>Jill Ryalls Thomas Comer Chris Mitchell Annette Gilliland Kel Sims Jan Nicholson Varria Russell-White Roy Webb Rachel Bounds</p> <p>David Charnock Geoff Lewins</p>	<p>Public Governor, Chesterfield Public Governor, Erewash Public Governor, High Peak and Derbyshire Dales Public Governor, Rest of England Staff Governor, Admin and Allied Support Staff Governor, Allied Professions Staff Governor, Nursing Appointed Governor, Derby City Council Appointed Governor, Derbyshire Voluntary Association Appointed Governor, University of Nottingham Non-Executive Director</p>

For item DHCFT/
GOV/2022/029

For item DHCFT/
GOV/2022/029

For item DHCFT/
GOV/2022/032

ITEM	<u>ITEM</u>
DHCFT/GO V/2022/024	<p><u>WELCOME, INTRODUCTIONS, APOLOGIES FOR ABSENCE & DECLARATION OF INTERESTS</u></p> <p>Selina Ullah, Trust Chair welcomed all to the meeting. She reminded everyone that the meeting was being held via a public link. Selina particularly welcomed the newly elected governors who bring a wealth of knowledge and experience with them. She is looking forward to getting to know them better and working with them. She reminded public governors that their statutory duties include representing members and the public; and holding the Non-Executive Directors (NEDs) to account for the performance of the Board. This does not include operational performance. To aid governors in their role, Selina referred governors to papers 1.2,1.3 and 1.4 in the papers which outline the governors’ role and give examples of how to frame questions on holding to account.</p> <p>She also welcomed Deborah Good, newly appointed Non-Executive Director (NED) to her first Council of Governors meeting.</p> <p>The apologies were noted.</p> <p>There were no declarations of interest.</p>
DHCFT/GO V/2022/025	<p><u>SUBMITTED QUESTIONS FROM MEMBERS OF THE PUBLIC</u></p> <p>It was noted that no questions from members of the public have been received.</p>
DHCFT/GO V/2022/026	<p><u>MINUTES OF THE MEETING HELD ON 1 MARCH AND 13 APRIL 2022</u></p> <p>The minutes of the meetings held on 1 March 2022 and 13 April 2022 were accepted as correct records.</p>
DHCFT/GO V/2022/027	<p><u>MATTERS ARISING AND ACTIONS MATRIX</u></p> <p>There were no matters arising from the minutes, and no actions outstanding. It was noted that there were no ongoing actions listed on the Actions Matrix.</p> <p>RESOLVED: The Council of Governors noted that all actions on the Actions Matrix had been completed.</p>
DHCFT/GO V/2022/028	<p><u>CHIEF EXECUTIVE’S UPDATE</u></p> <p>Ifti Majid, Chief Executive provided the meeting with an update which included:</p> <ul style="list-style-type: none"> • COVID-19 – although transmission rates are decreasing it is still having an impact on how the Trust operates. Currently 36 colleagues are absent and three patients on the wards have COVID. Ifti conveyed his appreciation to colleagues who have been superb in terms of flexibility and compliance with infection prevention and control measures allowing our rates to be much lower in comparison. • NHS Staff Survey 2021 – 62% of the workforce completed the survey. The Trust was the highest performing organisation for the themes morale, flexible working and health and safety. It was noted that when staff are feeling supported this impacts positively on services and interventions for our service users.

- Electronic patient record (EPR) – the Trust is rolling out a new EPR called SystemOne which will enable records to be seen across the whole system. SystemOne has begun to be rolled out which involved a lot of planning and training. Snagging issues are being addressed as they arise. The Trust is aware that rolling out a new system is stressful for colleagues and help and support continues to be available. Ifti assured the meeting that this will ease over time as people become more familiar with the system.
- Care Quality Commission (CQC) is the regulator of quality in the health and social care sector. The Trust anticipates that it will get a comprehensive review during the summer/autumn and is preparing for the visit. Ifti explained that the CQC are required to monitor the use of the Mental Health Act 1983 (MHA) to provide a safeguard for individual patients whose rights are restricted under the Act. He also explained that CQC will talk to relatives, carers, staff, advocates, Board, governors and managers and they review documents and records. Governors will be kept updated on how the Trust’s work in preparing for the next visit is going.
- Infection prevention and control (IPC) – following on from recent UK Health Security Agency’s (UKHSA) UK IPC guidance the incident management team (IMT) have decided to continue with the Trust’s approach as before (face masks will continue to be worn inside our buildings; use of personal protection equipment (PPE) will continue in our inpatient settings; continue with two metres distance; handwashing and hand sanitising will continue to be encouraged). Ifti outlined the reasons that the Trust is taking a cautious approach as follows:
 - Our services have only just come through a period of intense activity, where we were at times reporting some of our highest COVID-19 rates and, in turn, the highest possible level of operational pressure
 - In our inpatient services, there are still people testing positive for COVID-19 on our wards, often when they are admitted
 - We are currently at a crucial point in our EPR transformation programme, with the launch of SystemOne and we cannot risk placing other additional pressures on colleagues and services.

Ifti explained that IMT recognise that the Trust’s IPC approach will need to change over time, as the pandemic continues to change and recede. But we will continue to take a measured approach to keep colleagues and patients safe, carefully monitoring the impact of any change. The Trust will be shortly introducing a pilot to understand the effects of reducing social distancing requirements to one metre plus.

Referring to the one metre trial, Graeme Blair asked how the Trust is going to measure the success of this. Carolyn Green explained that the Trust will not be carrying out a research trial but will be looking at whether people feel safe, confident and informed on the changes.

RESOLVED: The Council of Governors
1) Noted the Chief Executives update.

**DHCFT/GO
 V/2022/029**

PERINATAL MENTAL HEALTH PROVIDER COLLABORATIVE UPDATE

Sam Harrison, Programme Lead, East Midlands Perinatal Provider Collaborative gave an update on the work by the Trust to become Lead

Provider in the East Midlands Perinatal Mental Health Provider Collaborative. She shared a video produced by NHS England and Improvement (NHSE/I) that outlined the principles, purposes and benefits of Collaboratives.

Sam referred to the following:

- There are currently three established collaboratives in the East Midlands:
 - Forensic Services (called IMPACT) with Nottinghamshire Healthcare NHS FT as Lead Provider
 - CAMHS (Children's and Adolescent Mental Health Services) – Northamptonshire Healthcare NHS FT as Lead Provider
 - Adult Eating Disorders – Leicestershire Partnership NHS Trust as Lead Provider
- The East Midlands Chief Executives' Mental Health and Learning Disability and Autism Alliance (the Alliance) plays an integral role in the development and oversight of the provider collaboratives in our region. Their proposal for Derbyshire Healthcare NHS Foundation Trust (DHCFT) to take the lead for the perinatal collaborative was supported by NHSE/I
- Partners in the Collaborative are:
 - Derbyshire Healthcare NHS Foundation Trust (Lead Provider)
 - Leicestershire Partnership NHS Trust
 - Lincolnshire Partnership NHS Foundation Trust
 - Northamptonshire Healthcare NHS Foundation Trust
 - Nottinghamshire Healthcare NHS Foundation Trust
- The lead provider DHCFT has three main responsibilities:
 - Day to day responsibility for delivery of high-quality compliant services across the provider collaborative, with good patient experience and outcomes
 - A system of governance that has a robust visible mechanism of quality assurance from ward to Boards and into Partnership Boards
 - A robust risk and escalation response for the notification and appropriate management of concerns to include any adverse events/incidents/safeguarding/inability to meet services specification, across the provider collaborative
- Key principles of the provider collaborative are that it is clinically driven and that input from Experts by Experience and community providers are integral to both the planning, development, and oversight of delivery of the model
- Programme governance structure is at the heart of any development and service improvement
- The Collaborative have agreed with NHSE/I that the implementation of the clinical model will go ahead on 1 October. This means that the Trust will take on the Lead Provider role for oversight of quality, performance and safety issues for inpatient perinatal services from that date. The Trust will take on the formal contract (including budgets) from 1 April 2023.
- A business plan is being prepared and the Trust will be required to prepare and participate in a Formal Assurance Panel with NHSE/I to confirm that it is ready as Lead Provider to implement the provider collaborative.

	<p>For the benefit of new governors Justine Fitzjohn explained that governors are not required to approve the Collaborative but that the Trust is keen to keep governors informed of quality issues.</p> <p>RESOLVED: The Council of Governors</p> <ol style="list-style-type: none"> 1) Noted the role of Derbyshire Healthcare NHS Foundation Trust as Lead Provider in the East Midlands Perinatal Mental Health Provider Collaborative 2) Received the update on progress with the development of the Collaborative. <p>ACTION: Denise Baxendale will circulate the link to the video shown to all governors via Governor Connect.</p>
<p>DHCFT/GO V/2022/030</p>	<p><u>REPORT FROM GOVERNORS' NOMINATIONS AND REMUNERATION COMMITTEE</u></p> <p>Selina Ullah declared an interest in this item as it includes the Trust Chair's appraisal. Therefore Justine Fitzjohn, Trust Secretary presented the report and went through the key points in the paper which outlined the Trust Chair and Non-Executive Directors (NEDs) appraisals as well as several year-end governance reports specifically:</p> <ul style="list-style-type: none"> • Time commitment, balance of skills, committee membership and succession planning • Annual collective performance review of the Committee in accordance with its Terms of Reference • Annual review of Terms of Reference before submission to the Council of Governors • Review of the levels of remuneration for NEDs. <p>Governors agreed that as the appraisals for the Trust Chair and NEDs were positive there was no requirement for them to leave the meeting for this item. It was noted that full year appraisals have been carried out for Richard Wright, Margaret Gildea, Ashiedu Joel and Geoff Lewins. Sheila Newport's appraisal has been deferred and will be re-arranged. As this had been the final appraisals for Richard Wright and Margaret Gildea it had been more of a closure conversation. Initial objectives have been agreed with Deborah Good, the Trust's newly appointed NED.</p> <p>Susan Ryan, Lead governor assured the Council that a robust process had been undertaken for the Trust Chair and NED appraisals; and conveyed her appreciation to Margaret Gildea and Justine Fitzjohn for their support.</p> <p>The Committee also signed off the next stage planning for the recruitment of Non-Executive Directors.</p> <p>Justine explained that it is a statutory requirement for the Council of Governors (CoG) to appoint NEDs, be presented with appraisals for the Trust Chair and NEDs. The Nominations and Remuneration Committee follow Terms of Reference to carry out their business.</p> <p>Justine conveyed her appreciation to the Committee members for their involvement over the year.</p> <p>RESOLVED: The Council of Governors</p>

	<ol style="list-style-type: none"> 1) Noted the updated report from the meeting of the Nominations and Remuneration Committee held 25 April 2022 2) Received assurance from the Committee that satisfactory appraisals have taken place for the Trust Chair and Non-Executive Directors 3) Approved the four Chair objectives as set out in the report 4) Approved the annual collective performance review of the Committee in accordance with its Terms of Reference 5) Noted that no further revisions are needed for the Committee's Terms of Reference 6) Noted the next stage for NED recruitment.
<p>DHCFT/GO V/2022/031</p>	<p><u>COUNCIL OF GOVERNORS ANNUAL EFFECTIVENESS SURVEY</u></p> <p>Denise Baxendale presented the report to approve the process for this year's Governor Annual Effectiveness Survey. She explained that the Council of Governors carries out its annual effectiveness survey in line with best practice. The results are presented to the Governance Committee and then to the Council of Governors.</p> <p>There are 28 questions including three free text sections for capturing suggestions for training needs, suggestions for improvements and an overall assessment of the Council of Governors effectiveness.</p> <p>Last year, as in previous years, the survey was undertaken in September, with the results being presented to the Governance Committee in October and the Council of Governors in November. It is recommended that the survey this year follows the same process: to be undertaken in September 2022, with the results being presented to the Governance Committee in October and the Council of Governors in November. The survey will be promoted widely in Governor Connect, via governor meetings, and emails encouraging governors to complete the survey. Denise reminded governors that 100% of them had completed the 2021 survey and she was keen to replicate this for this year's survey.</p> <p>RESOLVED: The Council of Governors</p> <ol style="list-style-type: none"> 1) Noted the information provided in the report 2) Approved that the survey is undertaken in September 2022.
<p>DHCFT/GO V/2022/032</p>	<p><u>STAFF SURVEY RESULTS</u></p> <p>Rebecca Oakley, Acting Deputy Director of People and Inclusion presented the report which shows the current position of the Trust for the 2021 NHS staff survey. She explained that the Trust is</p> <p>She reported that there are nine themes that NHSE/I uses to report the data and key findings:</p> <ul style="list-style-type: none"> • We are compassionate and inclusive • We are recognised and rewarded • We each have a voice that counts • We are safe and healthy • We are always learning • We work flexibly • We are a team • Staff engagement

- Morale

Rebecca was pleased to report that 62% of colleagues completed the survey. This compares extremely well against 51 other combined mental health/learning disabilities and community trusts (which we are benchmarked against) where the average was 52%. However, this means that a significant number of colleagues had not completed the survey and engagement work with teams will be undertaken (once further reports have been published that will allow a deeper focus on themes, trends and team level analysis) to encourage and put mechanisms in place to encourage more colleagues to complete the 2022 staff survey.

Compared to the other 51 mental health trusts we are:

- Best in safe and healthy; work flexibly; and morale
- Above average across all nine themes

It was noted that regionally and across Derbyshire the Trust remains one of the top trusts across all nine themes; and is in the top five mental health trusts in England. Governors acknowledged that this has been achieved during a pandemic and is testament to colleagues, leadership and the ‘people first’ team.

Rebecca also explained that the Trust’s key staff Friends and Family Test (FFT) measure have decreased slightly compared to last year:

- I would recommend my organisation as a place to work (decrease crease from 75%% in 2020 to 72% in 2021)
- If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation (decrease from 73% in 2020 to 71% in 2022).

She explained that COVID-19 could have impacted on the slight decrease and a similar trend of a fall in the FFT questions from the other 51 trusts saw an average of a 4% decrease in the questions.

It was noted that NHS England and Improvement (NHSE/I) have invited the Trust to deliver a presentation at a conference in September of the results of its staff survey. Selina also commented that the Trust can celebrate this achievement by tapping into national awards. Ifti confirmed that internal communications celebrated the results within the organisation and a staff conference planned this year will focus on Team Derbyshire.

Rebecca outlined some of the next steps including:

- Analysis of all free text comments; and more detailed reports which are expected shortly
- Further work and analysis on Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) and protective characteristic data
- Identifying why staff did not complete the survey.

RESOLVED: The Council of Governors

- 1) **Noted the outcome of the NHS Staff Survey 2021.**

DHCFT/GO
V/2022/033

ESCALATION ITEMS TO THE COUNCIL OF GOVERNORS FROM THE GOVERNANCE COMMITTEE

One item of escalation was received from the Governance Committee meeting held on 5 April 2022:

Regarding the Trust's autism service, governors seek assurance that once people have been assessed there are provisions in place to keep people waiting well whilst they wait for treatment provided by other organisations.

The response to the question attached as Appendix 1 to these minutes, was read out at the meeting.

Andrew Beaumont referred to the different types of autism and the difficulty in diagnosis due to different definitions used. Ifti explained that there are frameworks for clinicians who also have access to the latest up to date knowledge on these conditions. He also explained the importance of diagnosing people so that appropriate support can be put in place to help people reach their objectives and goals. Ifti also mentioned that some people with autism also have a co morbid diagnosis e.g. learning disabilities/mental health issues and as such services need to be adapted.

Ogechi Eze asked if the Trust provides assessments for children and young people as she is aware that there are long waiting lists for these. Ifti explained that the Trust provides a service for adults which also includes young people transitioning into adult services. He also explained that the Trust provides paediatric services and long waits are due to more families wanting a diagnosis to help their children.

Ivan Munkley referred to support available to people once they have been diagnosed and asked if this is a primary care issue, as he is aware that some people are not receiving support after diagnosis. Ifti explained that there is lack of provision for people with autism. The system is looking at how resources can be provided so that voluntary organisations can provide some of this support. Jodie Cook confirmed that [Citizens Advice Mid Mercia](#) in Derby are covering some work on supporting people with a diagnosis to work in the community with other voluntary sector agencies and support agencies; and this is likely to emerge in the next few months.

Reference was made to the Trust's Integrated Performance Report included in the papers which acknowledges the long wait times for diagnosis and the need for investment as the demand for the service exceeds commissioned capacity.

**DHCFT/GO
V/2022/034**

VERBAL SUMMARY OF INTEGRATED PERFORMANCE REPORT

The Integrated Performance Report (IPR) was presented to the Council of Governors by the Non-Executive Directors (NEDs). The focus of the report was on workforce, finance, operational delivery and quality performance.

Richard Wright, as Chair of the Finance and Performance Committee updated the meeting on the following:

- There has been intense pressure in the Trust in the last few months due to COVID-19 (staff absences and COVID-19 presentations on the wards). Services have held up well despite these challenges as colleagues have been working extra hours to fill the gaps.
- Waiting times have increased. The Trust is responding to this and is looking at innovative ways to improve the wait times, the national shortage of clinicians has impacted on the wait times.

- Last year the Trust performed well financially and broke even. This was helped by non-recurrent payments for COVID-19 costs and elective recovery funding. This year the Trust is under pressure due to high agency costs due to staff absences, and has submitted a deficit budget as have partners in Joined Up Care Derbyshire.
- The capital programme is ongoing for the dormitory eradication and new builds which will be a massive benefit to our service users. However due to inflation, costs of building material has increased significantly.

Margaret Gildea as Chair of the Quality and Safeguarding Committee and member of People and Culture Committee referred to:

- The recruitment process is speeding up to fill vacancies more quickly; and retention of staff is making an encouraging headway.
- After the last two years of COVID-19, the Trust is focusing on increasing the completion of appraisals, supervision and mandatory training. The progress of this is being monitored by the People and Culture Committee.
- The paediatric wait times have increased. Carolyn Green, Director of Patient and Nursing Experience has implemented a service re-design which should help to alleviate this issue. A complete review of learning disabilities and autism clinical pathway has been undertaken to improve the wait times substantially.
- Face to face and virtual appointments continue to be offered to service users.
- The need for a psychiatric intensive care unit (PICU) increases as complaints are received from people who have to be placed out of area.

In the absence of Geoff Lewins, Chair of the Audit and Risk Committee, Justine Fitzjohn who attends the meetings explained that the Committee has generally been focusing on year end and preparing for the submission of the Annual Report and Accounts.

**DHCFT/GO
V/2022/035**

GOVERNANCE COMMITTEE REPORT – 5 APRIL 2022

The Council of Governors received the report from the Governance Committee meeting which took place on 5 April 2022. Ruth Grice, Chair of the Committee referred to the following:

- The Committee had been given an update on the Trust's Annual Plan
- Presentation of the recommended governors' response to the 2021/22 Quality Account which requires ratification by the Council of Governors
- The Committee's approval of the draft governors and membership section of the Annual Report 2021/22
- Development of a governor engagement toolkit
- Update on the Annual Members' Meeting and governor elections
- Annual review of governors' declarations of interest
- Governor training and development opportunities.

RESOLVED: The Council of Governors:

- 1) Received and noted the contents of the report**

	<p>2) Approved the governors' response to the 2021/22 Quality Account.</p>
<p>DHCFT/GO V/2022/036</p>	<p><u>REVIEW OF THE GOVERNORS' MEMBERSHIP ENGAGEMENT ACTION PLAN</u></p> <p>Denise Baxendale provided an update on the Governors' Membership Engagement Action Plan (the Action Plan). She reminded governors that they are elected to represent their local communities and 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:</p> <ul style="list-style-type: none"> • 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. <p>The Action Plan was last reviewed by the Governance Committee on 8 February 2022 and the updated version was presented to the Council.</p> <p>Despite the pause on face to face events during the COVID-19 pandemic, governors have been able to engage with members and the public via virtual events.</p> <p>RESOLVED: The Council of Governors</p> <ol style="list-style-type: none"> 1) Received the Governors' Membership Engagement Action Plan and noted the progress made 2) Encouraged governors to carry out the actions listed 3) Inform Denise Baxendale of any updates to record on the Action Plan.
<p>DHCFT/GO V/2022/037</p>	<p><u>ELECTION UPDATE</u></p> <p>Denise Baxendale provided the Council of Governors with an update on the recent public and staff governor elections and gave assurance that the election process is undertaken in line with the model election rules as laid out in the Trust's Constitution. The elections were undertaken by Civica Election Services, an organisation which carries out many Foundation Trust elections.</p> <p>Eleven seats were available of which nine were contested. Denise was pleased to announce that the following were elected:</p> <ul style="list-style-type: none"> • Amber Valley – Angela Kerry • Bolsover and North East Derbyshire – Ivan Munkley • Chesterfield – Jill Ryalls • Derby City East – Graeme Blair and Jane Elliott • Derby City West – Dr Ogechi Eze • Erewash – Andrew Beaumont (re-elected) and Thomas Comer • South Derbyshire – Hazel Parkyn • Rest of England – Annette Gilliland • Medical – Dr Laurie Durand

The newly elected governors have attended an induction session and have taken advantage of the “buddy up” system that is provided by more experienced governors to help them in their role.

Governors were asked to note the range of activities that took place to promote the vacancies.

At the time of writing this report Civica were unable to confirm their average turnout rates for similar trusts but were able to provide individual turnout rates which we can benchmark against. Derbyshire Healthcare’s (DHCFT) turnout rates compared favourably to similar mental health trusts:

Trust	Average Public turnout	Average Staff turnout
Derbyshire Healthcare	19.05%	25.80%
1	9.40%	7.23%
2	7.95%	27.30%
3	6.77%	7.20%
4	6.65%	10.30%
5	6.60%	12.95%
6	4.80%	14.85%

RESOLVED: The Council of Governors:

- 1) **Received assurance that the recent governor recruitment exercise was carried out according to election rules as outlined in the Constitution and resulted in recruitment to all vacant posts.**

**DHCFT/GO
V/2022/038**

ANY OTHER BUSINESS

Margaret Gildea and Richard Wright, Non-Executive Directors

Denise Baxendale informed the meeting that this will be Margaret and Richard’s last Council of Governors meeting as they are leaving the Trust to take up their new roles as Non-Executive Members for the Integrated Care Board (ICB) Board on 1 July. Governors conveyed their appreciation to Margaret and Richard in their NED roles for their dedication, commitment and passion for the Trust services. Both Margert and Richard thanked governors for their support.

Newly elected governors

Susan Ryan, Lead Governor, welcomed the newly elected governors, and offered her support to them. She suggested that governors contact Denise Baxendale if they would like to arrange a catch up with herself or Julie Boardman, Deputy Lead Governor.

**DHCFT/GO
V/2022/039**

REVIEW OF MEETING EFFECTIVENESS AND FOLLOWING THE PRINCIPLES OF THE CODE OF CONDUCT

The Council of Governors agreed that:

- The meeting was effectively chaired
- The meeting covered all agenda items with enough time for discussion.

	Hazel Parkyn, newly elected public governor acknowledged the warm welcome she had received and was looking forward to her governor role.
DHCFT/GO V/2022/040	<u>CLOSE OF MEETING</u> The meeting closed at 16:20 hours. The next Council of Governors meeting will be held on Tuesday 6 September from 14.00 hours. There will also be a Board and CoG development session on 5 July from 2pm onwards.

DRAFT

Appendix 1

Escalated items from the Governance Committee held on 5 April 2022

Question:

Regarding the Trust's autism service, governors seek assurance that once people have been assessed there are provisions in place to keep people waiting well whilst they wait for treatment provided by other organisations.

Response

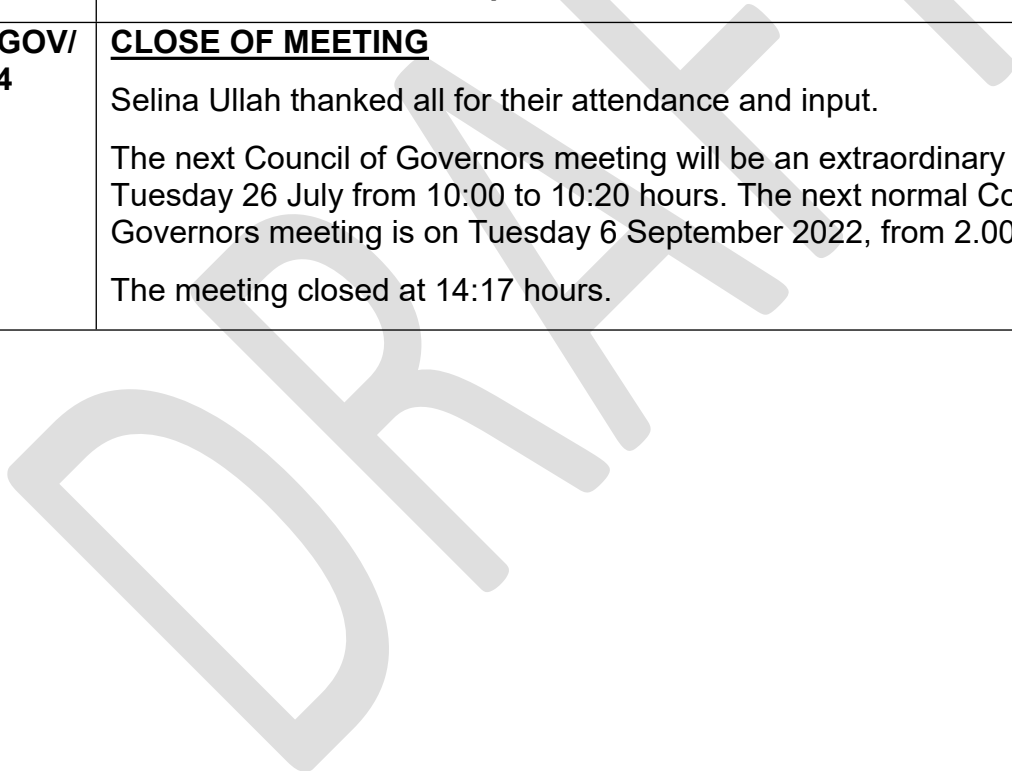
1. **Waiting list:**
We recognise that unfortunately there remains a long waiting list for adult diagnostic services with the average wait is currently 70 weeks and are committed to improving this. We remain commissioned and funded to deliver 26 adult diagnostic assessments a month. They currently receive referrals at an average of 58 per month. The team is fully recruited and is usually made up of six permanent staff, however due to staff absence there has been a period of reduced capacity in the team which has led to the inability to meet the current 26 assessments per month. Staffing options such as bank and agency have been explored however given the speciality of this service and the training in ASD assessment this was not successful in the first instance. Funding has been released to train additional staff from the neurodevelopmental service and steps are being taken to rapidly consider and mobilise options that could streamline the assessment process without risking clinical validity and quality, and to ensure the expected assessment levels are met.
2. **Waiting well:**
All patients on the assessment waiting list once referred are sent a screening tool this indicates that close to 100% of those people referred are likely to be diagnosed with an Autistic Spectrum disorder. Whilst they wait for formal assessment they receive regular telephone or letters letting them know that the team they are waiting and how to access other support services in Derbyshire whilst they wait.
3. **Specialist mental health Teams**
Should anyone on the waiting list for assessment become mentally unwell and require support, crisis and community mental health teams/learning disabilities are available if needed. Being on the waiting list for assessment or having a diagnosis of Autism does not preclude access to services in Derbyshire Healthcare NHS Foundation Trust.
4. **Specialist Autism Team:**
We have recently had some investment to develop a specialist Autism team to support people in the community who are struggling. This team also supports other services like the mental health crisis teams or community mental health teams to make reasonable adjustments to ensure the individual with Autism needs are met. This team will continue to develop over the next 12-18 months.

**MINUTES OF EXTRAORDINARY COUNCIL OF GOVERNORS MEETING
HELD ON TUESDAY 5 JULY 2022, FROM 14:00-14:17 HOURS
MEETING HELD DIGITALLY VIA MICROSOFT TEAMS**

PRESENT	Selina Ullah	Trust Chair and Chair of Council of Governors
	Angela Kerry	Public Governor, Amber Valley
	Susan Ryan	Public Governor, Amber Valley
	Ivan Munkley	Public Governor, Bolsover and North East Derbyshire
	Rob Poole	Public Governor, Bolsover and North East Derbyshire
	Jill Ryalls	Public Governor, Chesterfield
	Ruth Grice	Public Governor, Chesterfield
	Orla Smith	Public Governor, Derby City West
	Andrew Beaumont	Public Governor, Erewash
	Julie Boardman	Public Governor, High Peak and Derbyshire Dales
	Hazel Parkyn	Public Governor, South Derbyshire
	Marie Hickman	Staff Governor, Admin and Allied Support Staff
	Laurie Durand	Staff Governor, Medical
	Jo Foster	Staff Governor, Nursing
	David Charnock	Appointed Governor, University of Nottingham
Jodie Cook	Appointed Governor, Derbyshire Mental Health Forum	
Martyn Ford	Appointed Governor, Derbyshire County Council	
IN ATTENDANCE	Denise Baxendale	Membership and Involvement Manager
	Justine Fitzjohn	Trust Secretary
	Rebecca Oakley	Acting Deputy Director of People and Inclusion
	Ade Odunlade	Chief Operating Officer
	Deborah Good	Non-Executive Director
	Geoff Lewins	Non-Executive Director
APOLOGIES	Graeme Blair	Public Governor, Derby City East
	Ogechi Eze	Public Governor, Derby City West
	Chris Mitchell	Public Governor, High Peak and Derbyshire Dales
	Annette Gilliland	Public Governor, Rest of England
	Jan Nicholson	Staff Governor, Allied Professions
	Varrisa Russell-White	Staff Governor, Nursing
	Kel Sims	Staff Governor, Admin and Allied Support Staff
	Roy Webb	Appointed Governor, Derby City Council
	Stephen Wordsworth	Appointed Governor, University of Derby

ITEM	<u>ITEM</u>
DHCFT/GOV/ 2022/041	<p><u>WELCOME, INTRODUCTIONS, APOLOGIES FOR ABSENCE & DECLARATION OF INTERESTS</u></p> <p>Selina Ullah, Trust Chair welcomed all to the meeting.</p> <p>She explained that this extraordinary meeting had been arranged to approve the recommendations to appoint a Non-Executive Director (NED); and to give an update on the Deputy Chair and Senior Independent Director (SID) roles.</p>
DHCFT/GOV/ 2022/042	<p><u>APPROVAL OF THE APPOINTMENT OF A NEW NON-EXECUTIVE DIRECTOR (FINANCE AND PERFORMANCE)</u></p> <p>Governors noted that the Governors' Nominations and Remuneration Committee had met on 28 June 2022 to make a recommendation to the Council of Governors for the appointment of a Non-Executive Director (NED).</p> <p>Governors received a summary of the recruitment process for a NED, noting compliance with all applicable law and advice. The summary included how the proposed candidate had met the criteria and confirmed that the proposed appointee has the right qualities to meet the job description. Selina Ullah conveyed her appreciation for the support provided by the Governors Nominations and Remuneration Committee; Stakeholder Groups; and the Interview Panel.</p> <p>The Nominations and Remuneration Committee recommended the Council of Governors to approve the appointment of Tony Edwards as a Non-Executive Director for a three year term, at an annual fee of £12,638, with a start date to be confirmed in line with the completion of the fit and proper person test recruitment checks.</p> <p>Tony would be taking up the vacancy left by Richard Wright. The recruitment process for Dr Sheila Newport was on-going and an extraordinary Council of Governors meeting has been arranged on Tuesday 26 July from 10-10.20 am to approve this appointment.</p> <p>Due to the comprehensive report governors had no questions or comments to raise.</p> <p>RESOLVED: The Council of Governors:</p> <ol style="list-style-type: none"> 1) Approved the appointment of Tony Edwards as Non-Executive Director of the Trust Board at an annual fee of £12,638 for a three year term commencing when the necessary recruitment checks have been completed. 2) Noted that all appointments to the Trust Board are subject to satisfactory completion of the Fit and Proper Persons Tests. 3) Noted the ongoing plans for the remaining vacancy.
DHCFT/GOV/ 2022/043	<p><u>DEPUTY CHAIR AND SENIOR INDEPENDENT DIRECTOR ROLES</u></p> <p>Selina explained that the departure of Richard Wright and Margaret Gildea has created vacancies for the Deputy Chair and Senior Independent Director respectively. She outlined the roles of each post and sought approval for the appointment of Sheila Newport as Deputy Chair on an</p>

	<p>interim basis and support for her appointment of Ralph Knibbs as the Senior Independent Director.</p> <p>Governors noted that Sheila had already indicated her intention to leave the Trust once her replacement had been recruited to, hence the interim position. This Deputy Chair situation will be reviewed again once all new Non-Executive Directors are in post.</p> <p>Governors were assured that the proposed appointments have been considered against skills and experience of the Non-Executive Director cohort, taking into account any restrictions on who is eligible to be considered. It was noted that there is a supplementary payment of £1,250pa for each of these roles in addition to the annual NED remuneration.</p> <p>RESOLVED: The Council of Governors:</p> <ol style="list-style-type: none"> 1) Approved Sheila Newport as interim Deputy Chair of the Trust, backdated to 1 July 2022. 2) Supported the appointment of Ralph Knibbs as Senior Independent Director, backdated to 1 July 2022 in line with the revised role description.
<p>DHCFT/GOV/2022/044</p>	<p><u>CLOSE OF MEETING</u></p> <p>Selina Ullah thanked all for their attendance and input.</p> <p>The next Council of Governors meeting will be an extraordinary meeting on Tuesday 26 July from 10:00 to 10:20 hours. The next normal Council of Governors meeting is on Tuesday 6 September 2022, from 2.00pm.</p> <p>The meeting closed at 14:17 hours.</p>



**MINUTES OF EXTRAORDINARY COUNCIL OF GOVERNORS MEETING
HELD ON TUESDAY 26 JULY 2022, FROM 10:00-10:20 HOURS
MEETING HELD DIGITALLY VIA MICROSOFT TEAMS**

PRESENT	Selina Ullah	Trust Chair and Chair of Council of Governors
	Angela Kerry	Public Governor, Amber Valley
	Susan Ryan	Public Governor, Amber Valley
	Graeme Blair	Public Governor, Derby City East
	Andrew Beaumont	Public Governor, Erewash
	Julie Boardman	Public Governor, High Peak and Derbyshire Dales
	Hazel Parkyn	Public Governor, South Derbyshire
	Marie Hickman	Staff Governor, Admin and Allied Support Staff
	Jan Nicholson	Staff Governor, Allied Professions
	Laurie Durand	Staff Governor, Medical
	Jo Foster	Staff Governor, Nursing
	Rachel Bounds	Appointed Governor, Derbyshire Voluntary Association
	David Charnock	Appointed Governor, University of Nottingham
	IN ATTENDANCE	Denise Baxendale
Justine Fitzjohn		Trust Secretary
Ralph Knibbs		Non-Executive Director
Carolyn Green		Director of Nursing and Patient Experience
Vikki Taylor		Director of Strategy, Partnership and Transformation
Ade Odunlade		Chief Operating Officer
APOLOGIES	Ivan Munkley	Public Governor, Bolsover and North East Derbyshire
	Rob Poole	Public Governor, Bolsover and North East Derbyshire
	Ruth Grice	Public Governor, Chesterfield
	Jill Ryalls	Public Governor, Chesterfield
	Ogechi Eze	Public Governor, Derby City West
	Orla Smith	Public Governor, Derby City West
	Chris Mitchell	Public Governor, High Peak and Derbyshire Dales
	Annette Gilliland	Public Governor, Rest of England
	Kel Sims	Staff Governor, Admin and Allied Support Staff
	Roy Webb	Appointed Governor, Derby City Council
	Martyn Ford	Appointed Governor, Derbyshire County Council
	Stephen Wordsworth	Appointed Governor, University of Derby
	Jodie Cook	Appointed Governor, Derbyshire Mental Health Forum

ITEM	<u>ITEM</u>
DHCFT/GOV/ 2022/045	<p><u>WELCOME, INTRODUCTIONS, APOLOGIES FOR ABSENCE & DECLARATION OF INTERESTS</u></p> <p>Selina Ullah, Trust Chair welcomed all to the meeting.</p> <p>She explained that this extraordinary meeting had been arranged to approve the recommendations to appoint a Non-Executive Director (NED).</p>
DHCFT/GOV/ 2022/046	<p><u>APPROVAL OF THE APPOINTMENT OF A NEW NON-EXECUTIVE DIRECTOR (QUALITY)</u></p> <p>Governors noted that the Governors' Nominations and Remuneration Committee had met on 22 July 2022 to make a recommendation to the Council of Governors for the appointment of a Non-Executive Director (NED).</p> <p>Governors received a summary of the recruitment process for a NED, noting compliance with all applicable law and advice. The summary included how the proposed candidate had met the criteria and confirmed that the proposed appointee has the right qualities to meet the job description. Selina Ullah conveyed her appreciation for the support provided by the Governors Nominations and Remuneration Committee; Stakeholder Groups; and the Interview Panel.</p> <p>The Nominations and Remuneration Committee recommended the Council of Governors to approve the appointment of Lynn Andrews as a Non-Executive Director for a three year term, at an annual fee of £12,638, with a start date to be confirmed in line with the completion of the fit and proper person test recruitment checks.</p> <p>Following a period of handover, Lynn will be taking up the vacancy which will be left when Sheila Newport leaves and will focus on clinical/quality and safeguarding.</p> <p>Due to the comprehensive report governors had no questions or comments to raise.</p> <p>Selina conveyed her appreciation to governors and the Board for their involvement in the appointment process.</p> <p>RESOLVED: The Council of Governors:</p> <ol style="list-style-type: none"> 1) Approved the appointment of Lynn Andrews as Non-Executive Director of the Trust Board at an annual fee of £12,638 for a three year term commencing when the necessary recruitment checks have been completed and factoring in an appropriate handover. 2) Noted that all appointments to the Trust Board are subject to satisfactory completion of the Fit and Proper Persons Tests.
DHCFT/GOV/ 2022/047	<p><u>CLOSE OF MEETING</u></p> <p>Selina Ullah thanked all for their attendance and input.</p> <p>The next Council of Governors meeting is on Tuesday 6 September 2022, from 2.00pm.</p> <p>The meeting closed at 10:20 hours.</p>

DRAFT

COUNCIL OF GOVERNORS ACTION MATRIX - AS AT 25.8.22

Date of Minutes	Minute Reference	Item	Lead	Action	Completion by	Current Position
10.5.2022	DHCFT/GOV/2022/029	Perinatal Mental Health Provider Collaborative Update	Denise Baxendale	Denise Baxendale will circulate the link to the video shown to all governors via Governor Connect	20.5.2022	Circulated in Governor Connect on 13 May 2022. COMPLETE

Green

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

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 16 June 2022, we gave an unqualified opinion on the financial statements for the year ended 31 March 2022:

“In our opinion, the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2022 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 2021/22; 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 2021/22 affords reasonable assurance that the Trust is continuing to manage its financial affairs appropriately.

Consultation

Audit and Risk Committee received the draft Auditor’s Annual Report at its meeting on 14 June 2022 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 2021/22 and the associated presentation.

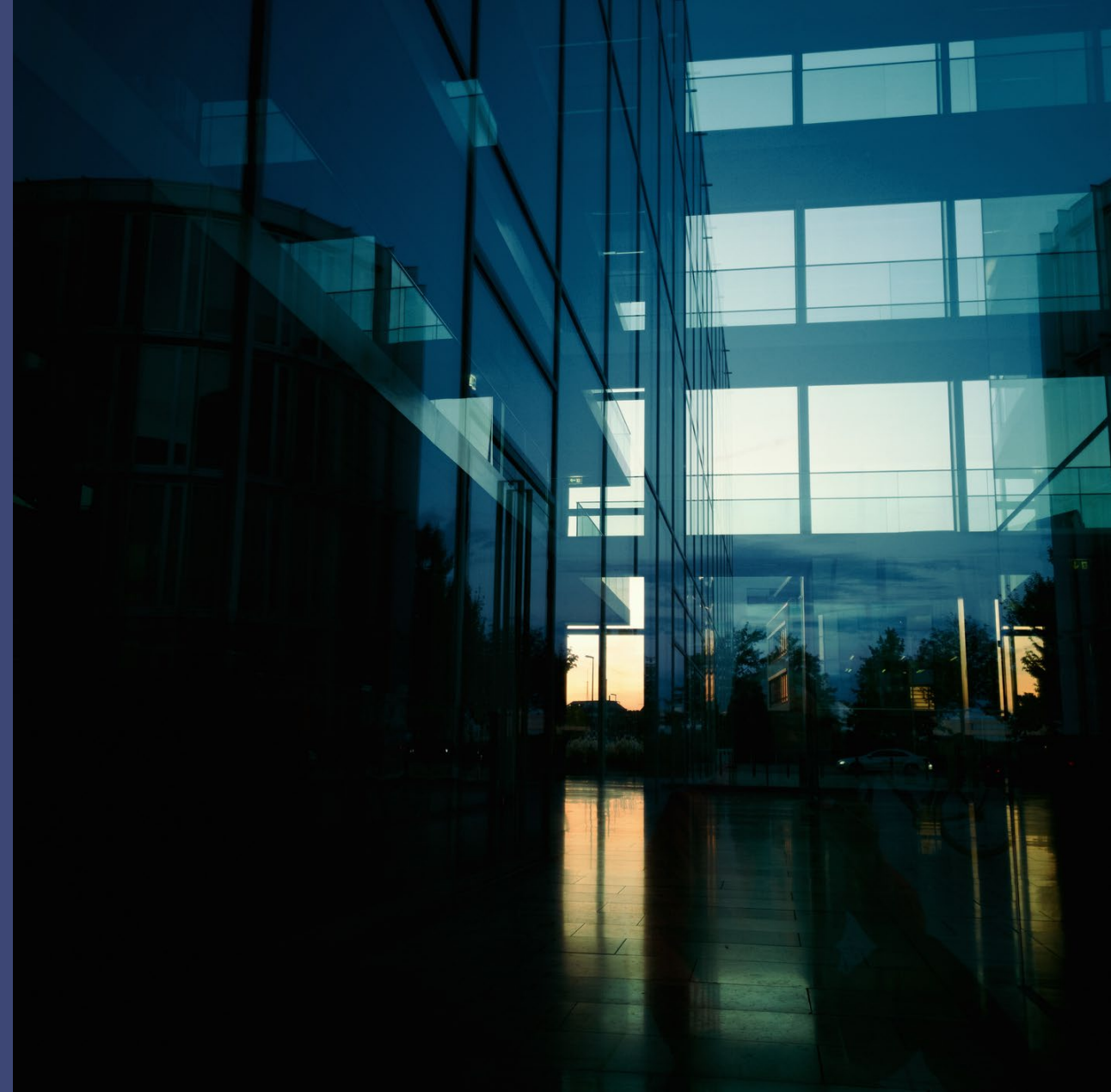
Report presented by: Mark SurrIDGE/John Pressley
Role: External Audit, Mazars

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 2022

August 2022



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 2022)

Our work for 2021/22

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 2021/22

Outcomes

Opinion on the financial statements



COMPLETE

Issued on 16 June 2022, we gave an unqualified opinion on the financial statements for the year ended 31 March 2022:

“In our opinion, the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2022 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 2021/22; 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 2022

June 2022



Contents

- 01** Introduction
- 02** Audit of the financial statements
- 03** Commentary on VFM arrangements
- 04** Other reporting responsibilities

This document is to be regarded as confidential to Derbyshire Healthcare NHS Foundation Hospitals Trust. It has been prepared for the sole use of the Audit & Risk Committee as the appropriate sub-committee charged with governance by the Board of Directors. No responsibility is accepted to any other person in respect of the whole or part of its contents. Our written consent must first be obtained before this document, or any part of it, is disclosed to a third party.

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 2022. 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 16 June 2022. Our opinion on the financial statements was unqualified.



Value for Money arrangements

In our audit report to be issued we report that we have completed our work on the Trust's arrangements to secure economy, efficiency and effectiveness in its use of resources and have 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 plan to report that the Trust's consolidation schedules were consistent with the audited financial statements.

Introduction

Audit of the financial statements

Commentary on VFM arrangements

Other reporting responsibilities

02

Section 02:

Audit of the financial statements

2. Audit of the financial statements

The scope of our audit and the results of our opinion

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 2022 and of its financial performance for the year then ended. The table summarises the key risks we identified to address through our work on the financial statements, how they were addressed and the conclusions we reached.

Audit Risk	Level of audit risk	How we addressed this risk	Audit conclusions
<p>Management override of controls</p> <p>This is a mandatory significant risk on all audits due to the unpredictable way in which such override could occur.</p>	<p>Significant risk: an area that, in our judgment, requires special audit consideration.</p>	<p>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, we made enquiries of management and used our data analytics and interrogation software to extract accounting journals for detailed testing based on specific risk characteristics.</p>	<p>There are no matters to report in respect of management override of controls.</p>
<p>Valuation of land & buildings</p> <p>Land, buildings and assets under construction are a significant balance in the Trust's statement of financial position, accounting for £95.8m of the Trust's £102.5m property, plant and equipment balance at 31 March 2022. The valuation of these assets is complex and is subject to a number of assumptions and judgements,.</p>	<p>Significant risk</p>	<p>We have addressed this risk through a range of procedures, including:</p> <ul style="list-style-type: none"> • testing a sample of valuations, reviewing the valuation methodology used and the underlying data and assumptions; and • considering the reasonableness of the valuation by comparing the valuation output with market intelligence and challenging the Trust's and the valuer's approach. 	<p>Our work has provided the assurance we sought and has not highlighted any issues to bring to your attention.</p>
<p>Recognition of capital expenditure and incorrect capitalisation of revenue spend</p> <p>The Trust has a significant capital programme in place for 2021/22, with £6.9m being capitalised during the year. The level of work in progress (Assets Under Construction) was also high with £7.6m being recorded at the year end. Capital expenditure is met from ring-fenced funding and with the Trust's large capital programme, we set 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.</p>	<p>Enhanced risk: an area of higher assessed risk of material misstatement that requires additional consideration but does not rise to the level of a significant risk.</p>	<p>We have addressed this risk through a range of procedures, including:</p> <ul style="list-style-type: none"> • 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. 	<p>There are no matters to report in respect of the recognition of capital expenditure and the risk of incorrect capitalisation of revenue spend.</p>

Our audit report, issued on 16 June 2022 gave an unqualified opinion on the financial statements for the year ended 31 March 2022.

Introduction

Audit of the financial statements

Commentary on VFM arrangements

Other reporting responsibilities

03

Section 03:

Our work on Value for Money arrangements

3. VFM 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 of 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.

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's 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	2020/21 Actual significant weaknesses identified?	2021/22 Commentary page reference	2021/22 Identified risks of significant weakness?	2021/22 Actual significant weaknesses identified?	2021/22 Other recommendations made?
 Financial sustainability	No	11	No	No new matters arising in 2021/22.	No
 Governance	No	14	No	No new matters arising in 2021/22.	No
 Improving economy, efficiency and effectiveness	No	16	No	No new matters arising in 2021/22.	No

3. VFM 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

Overall commentary on the Financial Sustainability reporting criteria

Significant weakness in 2020/21	Nil.
Significant weaknesses identified in 2021/22	Nil.

Position brought forward from 2020/21

As set out in the table above, there are no indications of a significant weakness in the Trust’s arrangements for financial sustainability from 2020/21.

Background to the NHS financing regime in 2021/22

Following the onset of the Covid-19 pandemic in March 2020, the original NHS Planning Guidance 2020/21 was suspended and a new financial regime was implemented. For the second half of the 2020/21 year (October 2020 to March 2021) there was a move to “system envelopes”, with funding allocations covering most NHS activity made at the system level, including resources to meet the additional costs of the Covid-19 pandemic. The 2021/22 financial year was also split into two halves, with a different funding regime in each. However, the regimes were largely a continuation of those introduced in 2020/21 in response to COVID-19, where system envelopes and block payment arrangements remained in place.

The 2021/22 H1 (April 2021 to September 2021) envelopes comprised of adjusted CCG allocations, system top-up and COVID-19 fixed allocation, based on the H2 2020/21 envelopes, adjusted for known pressures and policy priorities. The 2021/22 H1 NHS guidance also confirmed that block payment arrangements would remain in place for relationships between NHS commissioners and NHS providers. The guidance for H2 (October 2021 to March 2022) confirmed that the arrangements would stay broadly consistent with a continuation of the H1 framework. The 2021/22 H2 “system envelopes” contained adjusted CCG allocations, system top-up and COVID-19 fixed allocation, based on the H1 2021/22 envelopes adjusted for additional known pressures, such

as the impact of pay awards, and increased efficiency requirements.

Over the course of the year and into 2022/23, the focus of the funding regime has shifted from responding to the immediate challenges caused by COVID-19 to supporting recovery in the healthcare system. This has facilitated the need for collaborative working between commissioners and providers, as local systems were expected to work together to deliver a balanced position in 2021/22, with additional funding available for those systems exceeding target activity levels through the Elective Recovery Fund. The planning guidance for 2022/23 supports the transition back to local agreement of contracts, and requires systems to achieve a break even position each year. This will necessitate further collaboration through the planning process, as individual organisations work together to achieve system-level outcomes.

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 2021/22. 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.

3. VFM arrangements – Financial Sustainability

Overall commentary on the Financial Sustainability reporting criteria

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, have received regular reports on financial performance and planning.
- The Trust has well established arrangements for year-end financial reporting, where we have seen consistently good performance each year, despite increasing challenges placed on the finance team concurrent financial reporting and 2022/23 financial planning deadlines.

The Trust’s financial outturn for 2020/21 does not indicate any significant VFM issues.

From the draft Financial Statements prepared for audit, the Trust has positive net assets of £99m and positive cash balance of £44m. The Income and Expenditure Reserve is a positive £11m. The 2021/22 Financial Statements provided for audit showed a £4m operating surplus and final surplus for the year of £63k. As shown in Note 15 of the financial statements, the Trust spent £6.8m on additions to Property, Plant & Equipment and our substantive testing of capital additions did not identify any issues.

The Trust’s arrangements and approach to Financial planning 2022/23

For 2022/23 the NHS will revert to contracting arrangements instead of the current block payments system introduced to simplify arrangements during the Covid pandemic. The Trust continues to work collaboratively with the Integrated Care System (Joined Up Care Derbyshire) through the development of the financial plan for 2021/22 and 2022/23. The system is currently planning for a deficit position, due to a reduction in non-recurrent income as a result of changes to COVID funding, as well as in year cost pressures. The overall system deficit is £65.9m and the Trust’s contribution is a £0.7m deficit.

We reviewed the 2022/23 financial plan and have discussed it with management. The plan forecasts an operating surplus of £5.7m, reducing to an overall deficit for the year of £0.7m, which is dependent on the achievement of efficiency savings of £6m, of which £3.7m are recurrent. In the initial planning guidance, Trust’s were asked to follow NHSE/I assumptions of 2.8% pay inflation (fully funded) and non-pay inflation of 2.7%, the rationale being that many Trust contracts are at a fixed price for 2022/23 (e.g energy) and nil inflation on these contracts will offset higher rises on others. In May 0222, NHSE/I requested all bodies to submit a revised financial plan on 20 June 2022 and the promise of providing detail on what additional funding will be made available to cover inflation above planning assumptions. Based on our discussions with management and our understanding of the approach being adopted by NHSE/I, we do not believe this has any reflection on the quality of the Trust’s arrangements for financial planning.

Through considering the Trust’s arrangements as summarised above, we have not identified a risk of significant weakness in arrangements for 2021/22.

3. VFM arrangements

Governance

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



3. VFM arrangements – Governance

Overall commentary on the Governance reporting criteria

Significant weakness in 2020/21	Nil.
Significant weaknesses identified in 2021/22	Nil.

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:

- Audit and Risk Committee;
- Finance and Performance Committee;
- Mental Health Act Committee;
- Quality and Safeguarding Committee; and
- Remuneration and Safeguarding 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.

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

manage key risks. No significant weakness in internal control identified from our work nor from the work of Internal Audit.

We have attended Audit & 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 & Risk Committee has confirmed there continues to be an appropriate level of effective challenge.

Through considering the Trust’s arrangements as summarised above, we have not identified a risk of significant weakness in arrangements for 2021/22.

3. VFM 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

Overall commentary on the Improving Economy, Efficiency and Effectiveness reporting criteria

Significant weakness in 2020/21	Nil.
Significant weaknesses identified in 2021/22	Nil.

The Trust has in place a performance management and accountability framework, which details how operational, performance and financial issues are identified, stratified and reported through the organisation. 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 Board, with Committees also providing detailed scrutiny challenge of performance reports at their meetings;
- the publication of the Annual Report, and Annual Governance Statement, which are reviewed by the Audit & Risk Committee before adoption by the Trust Board.

Our review of Board and Committee reports confirms that the Finance and Performance Committee and the Trust Board have continued to receive regular Integrated Performance Reports covering Finance, Quality and Operations, and Workforce. Performance is summarised in an assurance summary dashboard, which shows performance against target and over time. Board members are also able to triangulate information from this report with the assurance summaries from each Committee, where more in depth reports are provided. 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.

We have considered that the Care Quality Commission (CQC) report on the Trust, where the Trust remains “Good”. We also reviewed NHSE/1’s website and confirmed, as at 17 May 2022, the Trust is in Segment 2 of the system oversight framework “Plans that have the support of system partners in place to address areas of

challenge”.

The Trust works closely with its local partners in the Derbyshire (‘Joined up Care’) Integrated Care Systems (ICS) and through its representation on relevant leadership and functional groups and workstreams. The Trust has worked with its partners in the ICS and continues to develop ICS level planning arrangements for 2022/23. Our review of Board reports confirms that the Board is regularly briefed on the Trust’s engagement with System partners and any emerging issues.

Through considering the Trust’s arrangements as summarised above, we have not identified a risk of significant weakness in arrangements for 2021/22.

04

Section 04:

Other reporting responsibilities and our fees

4. Other reporting responsibilities and our fees

Matters we report by exception

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

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

We have not exercised any of these statutory reporting powers.

We are also required to report if, in our opinion, the governance statement does not comply with relevant guidance or is inconsistent with our knowledge and understanding of the Trust. We did not identify any matters to report in this regard.

Reporting to the NAO in respect of consolidation data

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 have concluded and reported that the consolidation data is consistent with the audited financial statements.

Mark Surridge

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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.

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 2021 to March 2022 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 and/or the Director of Finance giving an overview of finances in 2021/22, 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 made more difficult by the continued effects of COVID-19 but 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, 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 and the Finance and Performance 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.

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 – 6 September 2022

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 2021 to March 2022 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 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 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'.

As noted in last year's report 2020/21 was the first year of tenure of Mazars as External Auditors. During the year 2021/22 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 apprised of their audit plans and provided assurance that they were liaising with the Trust's Finance team to ensure a smooth process.

As in prior years the actual year end process had to be carried out during a period of COVID-19 restrictions requiring both Trust staff and Mazars to work remotely thus significantly increasing the difficulty of the process. It is a tribute to their hard work and the quality of the planning that the year end activity went so well.

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 Improvement (NHSE/I) 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 we had a separate one to one meeting to provide a briefing on the process and results.

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. During the year the only extreme risk related to the ability of the Trust to meet its Financial Targets for the year however as I attend the Finance and Performance committee where this risk had been subject to repeated and in depth review it was agreed by the Audit and Risk Committee to dispense with its own deep dive.

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. A new cyber risk was added to the BAF in 2021/22.

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 which I find very interesting as I can draw on my previous experience in Finance, Process Improvement and information technology (IT). Following the departure of Julia Tabreham I took over her 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. Additionally I have taken on the NED role supporting the development of the East Midlands Perinatal Mental Health Provider Collaborative (where the Trust will take on the Lead Provider role).

During 2020/21 it became clear that there was opportunity to use the experience of myself and other NEDs to support projects both within the Trust and within the Derbyshire system, this continued into 2021/22.

I have been involved throughout the year with the OnEPR project to migrate the Trust's patient data from PARIS to SystemOne (TPP). This will bring significant patient and efficiency benefits by, amongst other things, enabling much improved data sharing with primary care. The first and second phases of the project were implemented in November 2020 and June 2021 respectively and the final phase was completed 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 SystemOne was a prerequisite for our inclusion in the DSCR and work is now proceeding to this end.

With effect from 1 July the Derbyshire System became an Integrated Care Board (ICB) as part of an Integrated Care System (ICS). During the year I have been part of the 'System Transition Assurance Sub-Committee' which provided assurance on the transition activities to move towards ICS status.

Additionally as reported to the Council of Governors in January I was involved in the process to select External Auditors to operate at a system level. Note that this does not impact on our contract with Mazars.

I have continued to attend national briefings and peer to peer teams and zoom calls hosted by both the good governance institute and NHS digital.

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.

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

Purpose of Report

This paper describes the Board and Sub-Committee activities I have undertaken during the year 2021/22 as a NED with Clinical experience.

Executive Summary

During the year 2021/22 there has been a change in committee leadership within my role.

In February the Chair of Quality Committee passed to me. As a result of this change I would no longer be Chairing or sitting on the Mental Health Act Committee. In addition, when the Deputy Trust Chair moved on to another role I became Deputy Chair in July 2022.

The following describes current responsibilities:

- Deputy Chair from July 2022
- Chair of Quality and Safeguarding Assurance Committee, from February 2022, within which lies the roles of Lead for Safeguarding and Learning from Deaths.
- Chair of Mental Health Act Committee until February 2022
- Member of Remuneration Committee
- Member of People and Culture Committee

I attend Board Meetings and Board Development Sessions. I also attend Cross Committee meetings with the Chair and other NEDs

Within the wider Derbyshire System I sit on the Joint Mental Health, Learning Disability and Autism Delivery Board and on the ICB Quality Assurance Committee.

Unfortunately, because of family illness, I needed to take a prolonged period of leave from February through to May. My colleague, Margaret Gildea, kindly continued to Chair the Quality Assurance Committee during that time.

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

Risks and Assurances

The Year End review for the Quality and Safeguarding Assurance Committee was carried out in April 2022. The committee considered the year end report on its activity and effectiveness and confirmed that it had fulfilled its terms of reference during 2021/22. The report demonstrated the extensive matters covered and evidenced that the Committee had worked effectively. The terms of reference were reviewed and agreed with no changes necessary.

Consultation

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

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

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

Recommendations

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

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

Derbyshire Healthcare NHS Foundation Trust
Council of Governors – September 2022
NED Deep Dive – Sheila Newport

Purpose of Report

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

Quality and Safeguarding Assurance Committee Chair from February 2022

The Quality and Safeguarding Committee meets monthly. It is accountable for assuring the Board and Council of Governors that the trust provides great care.

Each month it reviews the Board Assurance Framework to consider the current status of the Risks for which it holds responsibility and whether any new risks have been identified through assurance processes. The Framework is an evolving document. With the development of cross system working the Committee has needed to look at how to consider risks for which it is responsible but where additionally multiple organisations share responsibility for mitigation. An example of this would be the delivery of a safe service to Learning Disability and Autism patients.

The Committee has an extensive agenda covering all aspects of Safety, Effectiveness and Patient Experience using the Quality Performance Dashboard. It also reviews CQC actions and progress with these. Reports are received quarterly for Safeguarding activity. Summaries of items discussed are given at Public Board Meetings.

During the pandemic it was not possible for us to continue our Quality Visits programme within the Trust. Quality Visits are a valuable activity allowing us to triangulate what we see in operation with the assurance reports we receive. I have participated in work with Carolyn Green and her team to restart a new programme of these during September. There is great enthusiasm for being able to get out into Trust services again, to meet the staff and understand and experience more of our operation.

Mental Health Act Committee (MHAC) Chair till February 2022

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

The Year End review for the Mental Health Act Committee was carried out in March 2022. Taking account of the priorities and focus undertaken across the year the Committee confirmed it was satisfied that it had fulfilled its responsibilities in obtaining assurance on behalf of the Hospital Managers and the Trust as the detaining authority that the safeguards of the Mental Health Act, Mental Capacity Act, Deprivation of Liberty Safeguards and Human Rights Act have been appropriately applied.

Activity throughout the year included regular review of the use of restrictive practice and seclusion activity and use of Section 135 and 136 detentions in Derbyshire. At each quarterly meeting the Committee has reviewed operational activity reported through its sub-group the Mental Health Act Operational Group. The Committee has also monitored related statute and guidance following Mental Health Act inspections by the Care Quality Commission.

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

At each meeting the Committee receives a verbal report from the Associate Hospital Managers.

People and Culture Committee

I continue to be a member of this Committee. Many of the agenda items are directly relevant to work in the Quality Assurance Committee thus it is valuable to be able to input to the People and Culture work.

Other activities

In addition to formal committee work I have continued my participation in the development of Medical Leadership within the Trust and was a member of the selection panel for our newly appointed Medical Director. I have also been a member of stakeholder groups and selection panels for other appointments.

I have also Chaired a panel for a grievance review.

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

Last year I also became a member of the Joined Up Care Derbyshire System Quality Committee, operating in shadow form, as a NED representative. This Committee is now constituted as part of the Integrated Care Board, I continue to be a member as representative for Derbyshire Healthcare. I am optimistic that through the work of this Committee we will be able to influence a more holistic approach towards looking at quality issues along pathways in order to consider inequalities and the delivery of population health.

Personal Profile – Sheila Newport (NED since January 2020)

Sheila is a former chair and clinical lead of NHS Southern Derbyshire Clinical Commissioning Group (SDCCG) and has the role of clinical lead of the Trust's Non-Executive Directors. She has 18 years' commissioning experience, including her work with Southern Derbyshire CCG from 2011 – 2016, as well as work with organisations that led to the formation of SDCCG. Now retired, Sheila was an experienced GP for 29 years, serving as principal of her practice, and is also experienced as a Board member. She has chaired multi-agency boards through Derby City Health and Wellbeing Board and Southern Derbyshire Integrated Care Board as well as gaining further board experience as Associate Non-Executive Director on the board of Nottingham University Hospitals Trust since she retired in August 2017.

Performance Report

Purpose of Report

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

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

Executive Summary

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

Operations

The transition to SystemOne in May 2022 has resulted in a large number of recording errors which have affected some of the performance measures. Where possible to do so, the position has been manually calculated through auditing each individual record, however in some cases the sheer volume of records concerned has meant it has not been possible, and so those charts contain no data for June and July. The SystemOne project team are still working to address these issues.

Three-day follow-up of all discharged inpatients

The national standard for follow-up has been exceeded throughout the 24-month period. The position in May to July 2022 has been manually calculated by auditing all of the reported breaches.

Data quality maturity index

The level of data quality has been significantly better than expected for the last 3 months. We would expect to consistently exceed the national target.

Early intervention 14-day referral to treatment

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

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

The service 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.

IAPT 18-week referral to treatment

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

IAPT 6-week referral to treatment

The national standard has consistently been exceeded throughout the reporting period.

IAPT patients completing treatment who move to recovery

This is an annual target and year to date we are exceeding target. For the past 24 months the national standard has been achieved.

Patients placed out of area in adult acute wards

There has been no data available re out of area placements since the transition to SystmOne in May 2022, however this is expected to be resolved by the end of August 2022. Trusts are required to submit a snapshot every month of the number of patients placed out of area at month end and the Trust's position was as follows: May: 5, June: 0, July: 3.

Patients placed out of area in psychiatric intensive care units (PICU)

The Trust does not currently have a PICU, so anyone requiring psychiatric intensive care has to be placed out of area. There has been no data available re out of area placements since the transition to SystmOne in May 2022, however this is expected to be resolved by the end of August 2022. Trusts are required to submit a snapshot every month of the number of patients placed out of area at month end and the Trust's position was as follows: May: 23, June: 25, July: 7.

Waiting list for care coordination

The average wait to be seen had been significantly low for 11 months but returned to common cause variation in April 2022. Data since May 2022 is not currently available owing to the SystmOne transition issues. These are expected to be resolved by the end of August 2022.

Waiting list for adult autistic spectrum disorder (ASD) assessment

The average wait is currently 71 weeks and the longest wait is almost 4 years. The situation is likely to continue to worsen until there is an increase to investment in the service, as demand for the service far outstrips commissioned capacity. There has also been a significant reduction in capacity to undertake assessments in the last 6 months owing to long term staff absence, meaning the contracted level of assessments has not been achieved.

Waiting list for psychology

Over the last 11 months, the number of people waiting has continued to gradually reduce. Investment has been made into the service and recruitment to a number of vacant and part-time posts across adult services continues to progress. We continue to review the waiting lists in line with trauma sensitive working in considering how we manage people on a waiting list and we are developing a new waiting well guide for those service users. We are reviewing the structure of psychological service to create a division to better utilise the skills we have in supporting people across the Derbyshire landscape and making sure it is sustainable for the future.

Waiting list for Child and Adolescent Mental Health Services

CAMHS continue to receive a higher number of referrals both via the routine and urgent care pathway. As a consequence, the CAMHS external waiting list is increasing by 10% per quarter. We have agreed to temporarily move all staff into locality teams where they will have a team manager, senior colleagues and a consultant to provide operational and clinical oversight of all patients waiting and open for the allocated geographical patch. This will provide assurance that all children requiring an urgent assessment will be prioritised in addition to those children accessing Children's Emergency Department. We will also prioritise cases open to the service with no allocated worker. This is a temporary measure (initially 3 months). Referrals will still be accepted during this period, and there will be processes to manage the waiting list in accordance with the waiting well policy.

Waiting list for community paediatrics

We continue to see a steady rise in waiting times for referral to treatment in community paediatrics. We are carrying two vacancies which have been advertised. We have appointed to 1 post on a substantive basis and will seek to re-advertise the second role. Sickness absences are still having an impact on clinics. To mitigate we have also brought in some additional capacity at Speciality Doctor level on a temporary basis and will continue to use locum cover where we can. The neuro-developmental pathway development is ongoing. The business case includes a fixed term Speciality Doctor to focus on the autistic spectrum disorder pathway. Securing these posts would have a significant impact on the waiting list. We await final Integrated Care Board approval for the investment requested.

Outpatient appointments cancelled by the Trust

The level of cancellations has been within common cause variation for the last 24 months. There was a spike in May 22 which may be data issues linked to the transition to SystemOne.

Outpatient appointment did not attend

The level of defaulted appointments has remained within common cause variation for the last 24 months and in the current process the trust target of 15% or lower is likely to be consistently achieved.

Finance

At the end of July, the overall year to date position is a deficit of £1.3m compared to the plan deficit of £0.5m, an adverse variance to plan of £0.8m. The main driver for the adverse variance to plan is related to the undelivered CIP which is slightly offset by some additional income.

However, there are significant areas of risk in and outside of that plan driven by the planning assumptions that have been followed, such as the delivery of the required 3% efficiencies, Agency expenditure and the containment of Covid costs.

Efficiencies

The full year plan includes an efficiency requirement of £6.0m phased equally across the financial year. At the end of May there remains an unidentified gap to plan of £3.0m. Work continues with senior leaders across the organisation to identify further efficiencies to close this gap, with a focus on recurrent delivery.

Agency

Agency expenditure YTD totals £2.4m against a plan of £0.9m, an adverse variance to plan of £1.5m. The two highest areas of agency usage relate to Consultants

mainly in CAMHS and Nursing staff. NHSE have confirmed that tighter agency controls will be introduced from September.

Covid costs

The financial plan assumes no expenditure for Covid after the end of May as per the planning guidance. In June there was £0.2m of costs which was a significant reduction of previous months however, there was a slight increase in July up to £0.4m which reflects patient cases and staff absences.

Out of area placements

Expenditure for adult acute out of area placements totals £1.3m to date.

Capital expenditure

Following the resubmission of the capital plan expenditure has been in line with the plan for June and July. The forecast assumes full spend to plan by the end of the financial year.

Better Payment Practice Code (BPPC)

In July the 95% target was achieved across all invoices in terms of value and exceed the target in terms of volume of invoices paid.

People

Annual appraisals

Appraisal levels continue to be below our expectations. There is however a significant improvement over the last 8 months. There is a planned appraisal focus for September which will include communication targeted at those who are non-compliant and an increased focus in the monthly divisional achievement reviews.

Annual turnover

Turnover remains high and above the Trust target range of 8-12%. There has been a small improvement from the previous month. From the latest national NHS staff annual turnover benchmarking data, the Trust was ranked 7th highest mental health trust for stability of the workforce.

Compulsory training

Mandatory training continues to be a key focus and an ongoing recovery position for the Trust. Overall, the 85% target level has been achieved for the last 4 months.

Staff absence

Sickness absence remains high and above the 5% target threshold. July saw a 6.09% increase in COVID absences accounting for 20% of all absences. There was a small reduction in stress/anxiety related absences, but this remains the highest reason for absence. A continued focus on ensuring we are managing and supporting colleagues with sickness absences has taken place over July.

Supervision

Levels of compliance with the clinical and management supervision standards have remained low since the start of the pandemic.

Proportion of posts filled

Staffing levels have remained around 91% in July and we have seen a small reduction in vacancy rate. Nationally, recruitment has been recognised as

needing a significant review of current approaches and an overhauling recruitment programme has been launched.

Bank staff

Actions from the Temporary Strategy Workforce Group have started to impact total agency high cost usage, but this continues to be a local and system focus. Key areas of attention have been developed and presented to key committees, these have been developed to support the temporary workforce and further develop the service to ensure the organisation is supported by a contemporary temporary workforce offer that embodies the organisational values, clinical quality and value for money.

Quality

Compliments

The number of compliments continues to remain below the expected level. A project supporting the electronic patient survey will provide a further method of receiving compliments, complaints, and concerns. With an increase in accessibility, it is expected that a natural increase in patient feedback will occur over the next 6 months.

Complaints

The number of formal complaints is above the trust target; however a number of complaints were received in relation to reduced face to face contact and reduced access to services. As face-to-face contact continues to increase and as services stand back up, it is expected that the number of complaints will reduce.

Delayed transfers of care (DTC)

Since the multi-agency discharge events (MADE) were held, numbers of delayed transfers of care have reduced and now sit below the mean line. Work continues within the rapid review processes and clinical meetings and a housing officer was recruited in May 22 so they will support the identification of placements for patients who do not need to be on a hospital ward. The trust has also recently started a “medically fit for discharge” meeting where any barriers to discharge are identified and discussed.

Care plan reviews

A programme of clinical quality audit is being implemented across the trust divisions which will help to identify those patients whose care plans require review.

Patients in employment

Around one third of patients have no employment status recorded at present and the decline in patients recorded as being in employment coincides with the data migration to SystemOne. The Individual Placement Support (IPS) Service continues to have success in supporting people into employment even during the pandemic and the service is currently expanding. The Trust has also employed two experts by experience to focus on the implementation and management of Health Education England training in relation to peer support working and apprentices.

Patients in settled accommodation

Around one third of patients have no accommodation status recorded and the decline in patients with a recorded settled accommodation status again

coincides with the data migration to SystemOne. Therefore, this may also be a data issue. This will be investigated and reviewed during the next quarter.

Medication incidents

Although there is fluctuation with the number of medication incidents recorded, they are within the common cause variation in relation to the mean. The medicines management operational subgroup is currently revising the medications error procedure, considering Trust values. A report on incidents is also reviewed within the Monthly COAT meeting for each division.

Incidents of moderate to catastrophic actual harm

The number of reported incidents of moderate to catastrophic harm increased from April 22 with a spike between June and July. This increase appears to be related to repeated incidents involving a small number of patients. This is expected to reduce over the next quarter, but it will continue to be monitored by the Heads of Nursing team on a quarterly basis.

Duty of Candour

The increase in Duty of Candour reported incidents as anticipated in the previous report is due to a change in how DOC incidents are reported. Training around accurately reporting DOC continues within clinical teams and a new Family Liaison Officer has now commenced in post and a review into the current process of quality assurance, auditing and reviewing of incidents is underway.

Prone restraint

Data analysis and review has shown that incidents involving prone restraint have increased between June and July 22 related to repeated incidents involving a small number of patients. The overall numbers of prone restraint are lower than the regional average per bed numbers and it is expected that incidents related to prone restraint will reduce over the next quarter. This will continue to be monitored.

Physical restraint

The number of reported incidents involving restraint have remained within common cause variation throughout the reporting period. A common impacting factor to restrictive practice is increased use of bank staff, vacancies, increased sickness, staffing challenges and concerns relating to closed culture.

Seclusion

The use of seclusion has been above the mean common cause variation from October 2021. This is linked to a small number of patients who have been placed in seclusion on more than one occasion on an acute ward and then on the enhanced care ward. Further auditing and investigation will be carried out by the Head of Nursing for Acute and Assessment Services and will also include the links to Psychiatric Intensive Care Unit use.

Falls on inpatient wards

After an abnormal spike of incidents in March 2022, A review of falls was commissioned and identified that a high number of falls were related to the same small number of patients. From this review a bi-weekly falls review meeting, chaired by the Matron for older adult services has been established to identify any specific needs for those patients falling regularly. This appears to have had a positive impact with incidents related to falls reducing.

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. In the latest published national data when benchmarked against other mental health trusts, we were very slightly below average.

Strategic Considerations

1) We will deliver great care by delivering compassionate, person-centred innovative and safe care.	X
2) We will ensure that the Trust is a great place to work by 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 parts of the Oversight Framework and the provision of regulatory compliance returns.

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

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

Recommendations

The Council of Governors is requested to:

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

Report presented by: **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**
Claire Wright, Director of Finance/Deputy Chief Executive
Carolyn Green, Director of Nursing and Patient Experience

Assurance Summary

Metric Name	Variation	Assurance	Latest Value	Target	Lower process limit	Upper Process limit	Mean
1	3 day follow-up		93%	80%	80%	100%	90%
2	Data quality maturity index		99%	95%	97%	98%	98%
3	Early intervention 14 day referral to treatment - complete		67%	60%	68%	105%	86%
4	Early intervention 14 day referral to treatment - incomplete		79%	60%	56%	112%	84%
5	IAPT 18 week referral to treatment		100%	95%	100%	100%	100%
6	IAPT 6 week referral to treatment		83%	75%	83%	96%	89%
7	IAPT patients completing treatment who move to recovery		55%	50%	47%	62%	55%
8a	Average patients out of area per day - adult acute			0.0	-2	13	6
8b	Patients placed out of area - adult acute			0.0	0	21	11
9a	Average patients out of area per day - PICU				8	21	15
9b	Patients placed out of area - PICU				17	32	24
10a	Waiting list - care coordination - average wait to be seen				10	26	18
10b	Waiting list - care coordination - number waiting at month end				15	55	35
11a	Waiting list - ASD assessment - average wait to be seen		72		62	67	64
11b	Waiting list - ASD assessment - number waiting at month end		1,866		1268	1472	1370
11c	ASD assessments		13	26	4	30	17
12a	Waiting list - psychology - average wait to be seen		49		35	47	41
12b	Waiting list - psychology - number waiting at month end		600		720	915	818
13a	Waiting list - CAMHS - average wait to be seen		21		12	20	16
13b	Waiting list - CAMHS - number waiting at month end		538		345	506	425
14a	Waiting list - community paediatrics - average wait to be seen		24		10	16	13
14b	Waiting list - community paediatrics - number waiting at month end		1,423		719	1001	860
15	Outpatient appointments cancelled by the Trust		8%	5%	4%	11%	8%
16	Outpatient appointment "did not attends"		11%	15%	9%	14%	12%
17	Annual appraisals		76%	85%	71%	76%	73%
18	Annual turnover		13%	8-12%	11%	13%	12%
19	Compulsory training		86%	85%	83%	87%	85%
20	Staff absence		6%	5%	5%	8%	6%
21	Clinical supervision		71%	95%	69%	77%	73%
22	Management supervision		73%	95%	72%	78%	75%
23	Filled posts		90%	100%	87%	92%	89%
24	Bank staff use		5%	5%	5%	7%	6%
25	Compliments received		93	119	57	132	94
26	Formal complaints received		19	13	7	28	17
27	Delayed transfers of care		1%	3.5%	-0.6%	1.9%	0.6%
28	CPA reviews		87%	95%	88%	94%	91%
29	Patients in employment		6%		11%	14%	12%
30	Patients in settled accommodation		42%		54%	61%	57%

Key to symbols ¹ :	Variation	Assurance
Special Cause Concerning variation	Special Cause Improving variation	Common Cause
Consistently fail target	Consistently hit target	Hit and miss target subject to random
Consistently fail target	Consistently hit target	Consistently fail target

Blue dots indicate special cause variation, better than expected.

Orange dots indicate special cause variation, worse than expected.

¹The rating symbols were designed by NHS Improvement

Metric Name	Variance	Assurance	Latest Value	Target	Lower process limit	Upper process limit	Mean
31 Number of medication incidents			54		26	84	55
32 No. of incidents of moderate to catastrophic actual harm			94	48	22	81	51
33 No. of incidents requiring Duty of Candour			18	1	-1	10	5
34 No. of incidents involving prone restraint			19	12	-2	18	8
35 No. of incidents involving physical restraint			58	46	-2	93	46
36 No. of new episodes of patients held in seclusion			29	14	1	30	15
37 No. of falls on inpatient wards			37	30	17	46	32

Key to symbols¹:

Variation				Assurance		
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Operational Services Performance Summary

Indicator	Target	Position Jun 2022	National benchmark	Divisional Breakdown ¹							Run Chart
				AA	AC	Ch	F&R	OP	Psy	SC	
● 3-day follow-up	80%	93%	75%	92%			100%	100%		100%	
● Data quality maturity index	95%	97%	81%	91%	97%	85%	92%	98%	98%	98%	
● Early intervention 2-week referral to treatment	60%	72%	69%		72%						
● Early intervention current waits under 2 weeks	60%	73%	28%		73%						
● IAPT 18-week referral to treatment	95%	100%	98.5%							100%	
● IAPT 6-week referral to treatment	75%	83%	89%							83%	
● IAPT recovery rate	50%	55%	50%							55%	
● Adult acute out of area placements – daily average	0	No data	7	No data							
● PICU out of area placements – daily average	0	No data	3	No data							
● Adult ASD assessment average wait (weeks)	n/a	72	n/a							72	
● Adult ASD assessments	26	13	n/a							13	
● Psychology average wait to be seen (weeks)	n/a	49	n/a							49	
● CAMHS average wait to be seen (weeks)	4 ²	21	n/a		21						
● Paediatrics average wait to be seen (weeks)	18	24	12		24						
● Outpatient appointment Trust cancellations	5%	8%	n/a	7%	7%		12%			13%	
● Outpatient appointments not attended (DNAs)	15%	11%	n/a	18%	8%		1%			0%	

¹ Key: AA Adult Acute Care, AC Adult Community Care, Ch Children's Services, F&R Forensic & Mental Health Rehabilitation, Psy Psychology and SC Specialist Care Services

² Proposed access standard (NHSE)

Performance Summary

3-day follow up

The national standard for follow-up exceeded the national average by 17% and has been achieved by all Divisions. This process is tightly monitored by Samantha Shaw, the Trust's Performance Analyst, who routinely chases up the relevant teams prior to any potential breaches to ensure patients get timely support post discharge. As reported last time, investigation into reported breaches has highlighted issues with recording on SystmOne rather than actual breaches. This should improve as people get used to using the new system and the change to how things need to be recorded.

Early intervention

The services continue to perform consistently highly in terms of patients accessing services in a timely manner.

Improving access to psychological therapies (IAPT)

The quality of care provided by IAPT is evident as both national access standards and the national recovery standard have consistently been exceeded.

Data quality maturity index

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

Adult acute inappropriate out of area placements

There is currently no data available owing to the transition to SystmOne. This is expected to be resolved by the end of August.

PICU inappropriate out of area placements

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

Waiting list for adult autistic spectrum disorder (ASD) assessment

The average wait is currently 71 weeks and the longest wait is almost 4 years. The situation is likely to continue to worsen until there is an increase to investment in the service, as demand for the service far outstrips commissioned capacity. There has also been a significant reduction in capacity to undertake assessments in the last 6 months owing to long term staff absence, meaning the contracted level of assessments has not been achieved.

Waiting list for psychology

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12

children requiring an urgent assessment will be prioritised in addition to those children accessing Children’s Emergency Department. We will also prioritise cases open to the service with no allocated worker. This is a temporary measure (initially 3 months). Referrals will still be accepted during this period, and there will be processes to manage the waiting list in accordance with the waiting well policy.

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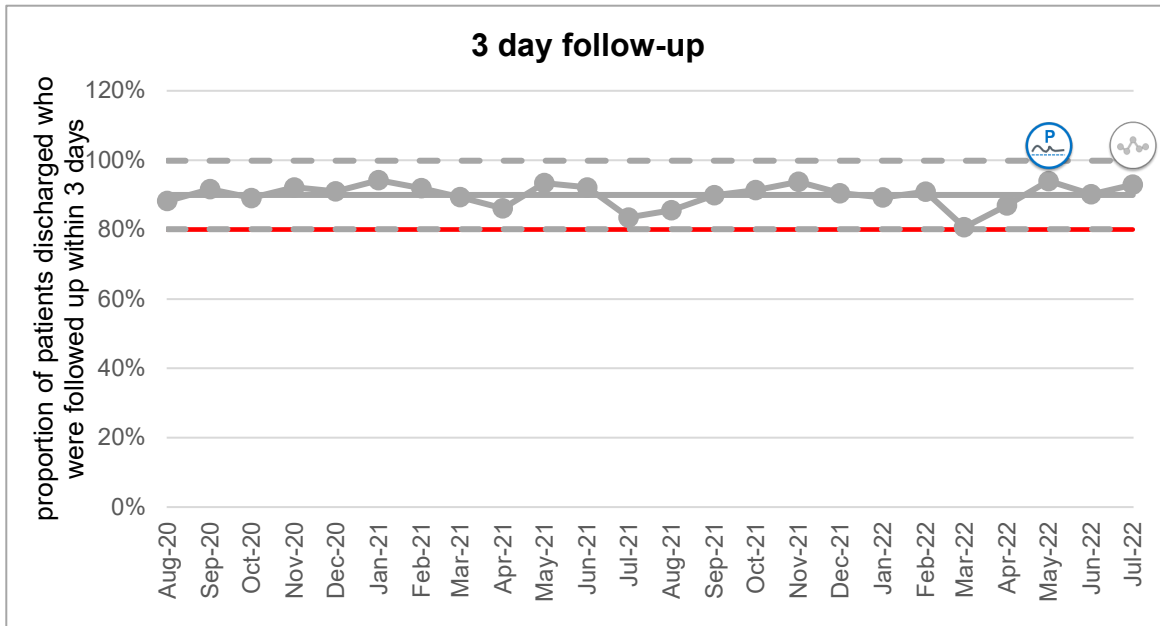
Benchmarking Sources

Measure	Data source	Date
3-day follow-up	Mental Health Statistics	May 22
Data quality maturity index	Data quality - NHS Digital	Apr 22
Early intervention 2-week referral to treatment	MHSDS Monthly Statistics	May 22
Early intervention current waits under 2 weeks	MHSDS Monthly Statistics	May 22
IAPT 18-week referral to treatment	Psychological Therapies: reports	Apr 22
IAPT 6-week referral to treatment	Psychological Therapies: reports	Apr 22
IAPT recovery rate	Psychological Therapies: reports	Apr 22
Adult acute out of area placements – daily average	Out of Area Placements	Apr 22
PICU out of area placements – daily average	Out of Area Placements	Apr 22
Paediatrics average wait to be seen (weeks)	Referral to Treatment Waiting	May 22

Detailed Narrative

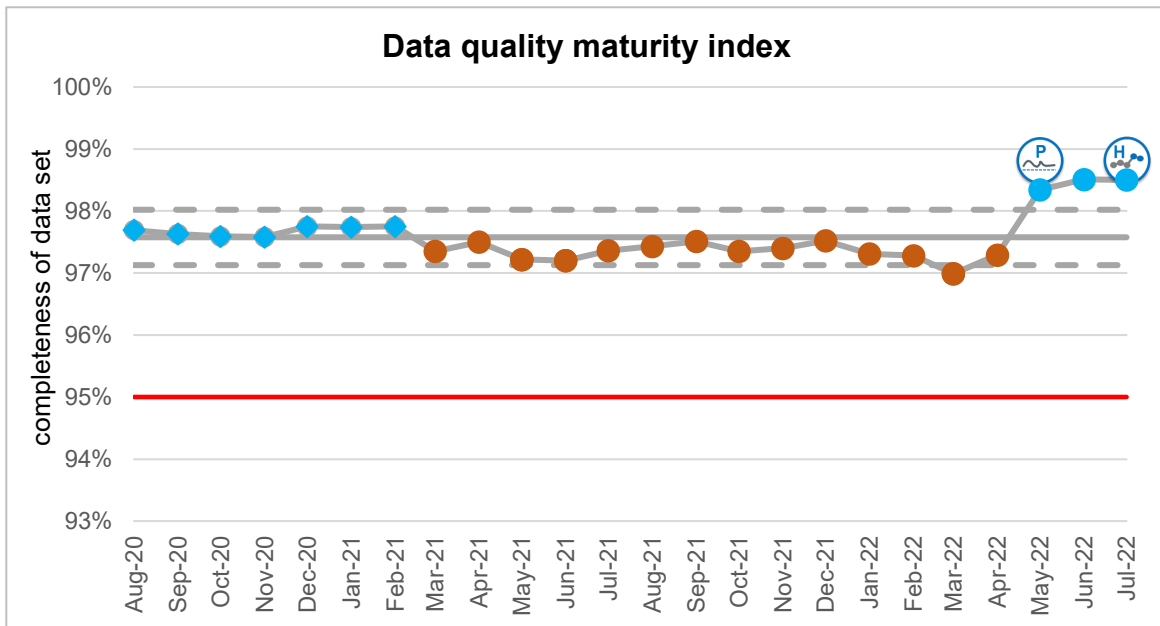
Operations

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



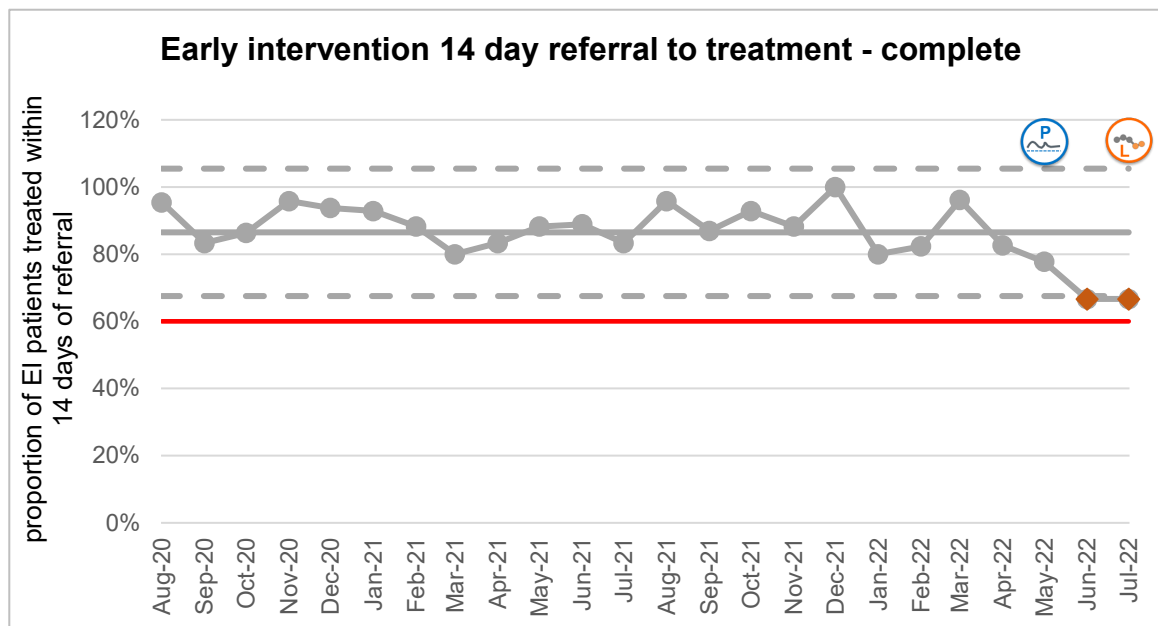
Patients are followed up in the days following discharge from mental health inpatient wards to provide support and ensure their wellbeing during the period when they are potentially at their most vulnerable. The national standard for follow-up has been exceeded throughout the 24-month period. The position in May to July 2022 has been manually calculated by auditing all of the reported breaches.

2. Data quality maturity index



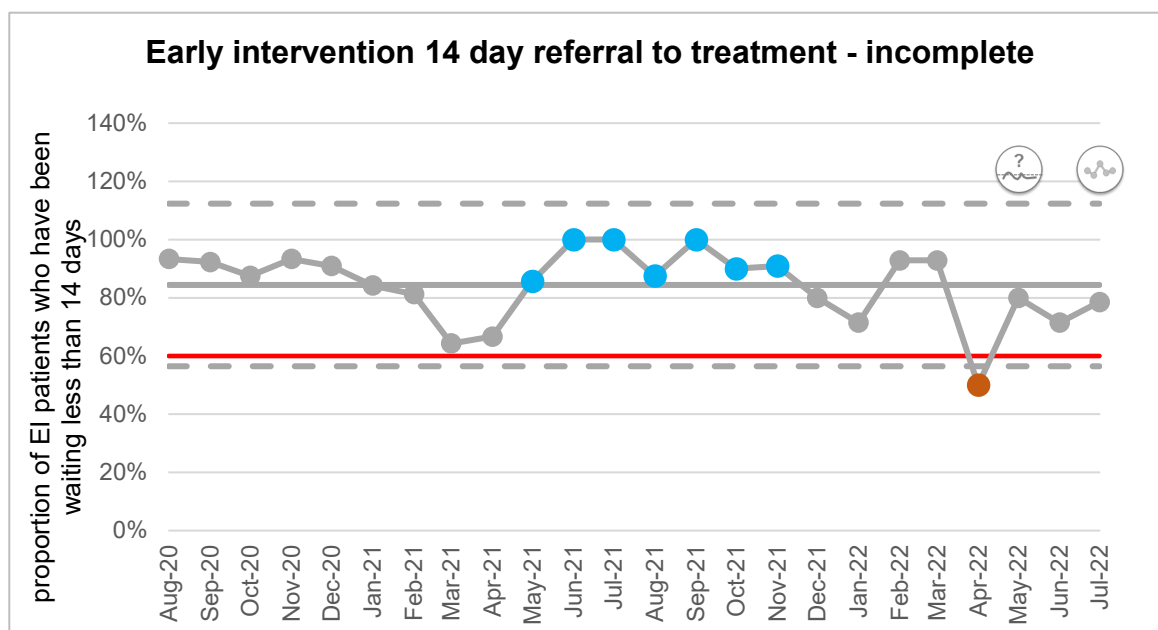
The level of data quality has been significantly better than expected for the last 3 months. We would expect to consistently exceed the national target.

3. Early intervention 14-day referral to treatment



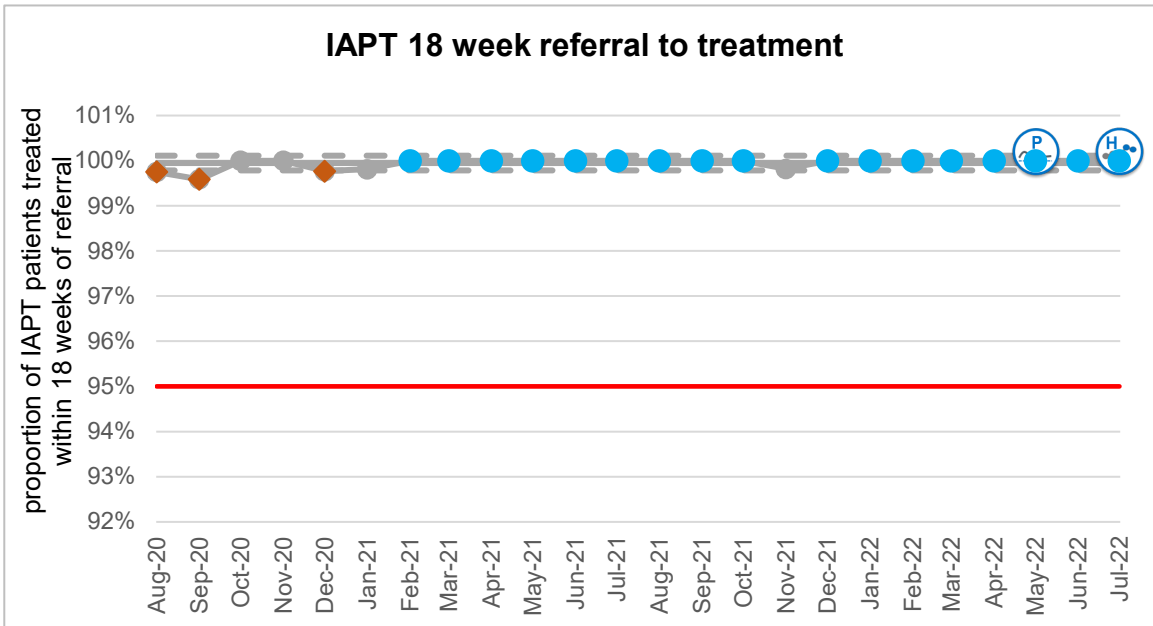
Patients with early onset psychosis are continuing to receive very timely access to the treatment they need.

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



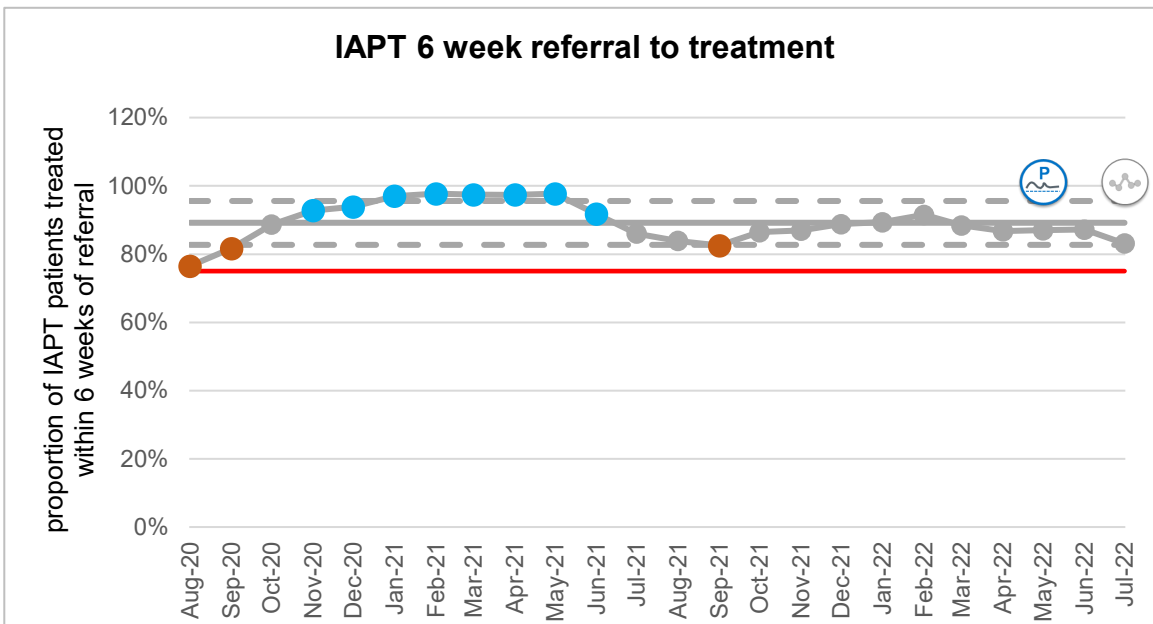
The service has exceeded the national 14-day referral to treatment standard of 60% or more people on the waiting list to have been waiting no more than 2 weeks to be seen in all but one month. Reasons people were waiting longer than 2 weeks included difficulty making contact owing to wrong numbers being provided by GPs, people not answering the phone, people not being at home when cold-called and people not attending their agreed appointments.

5. IAPT 18-week referral to treatment



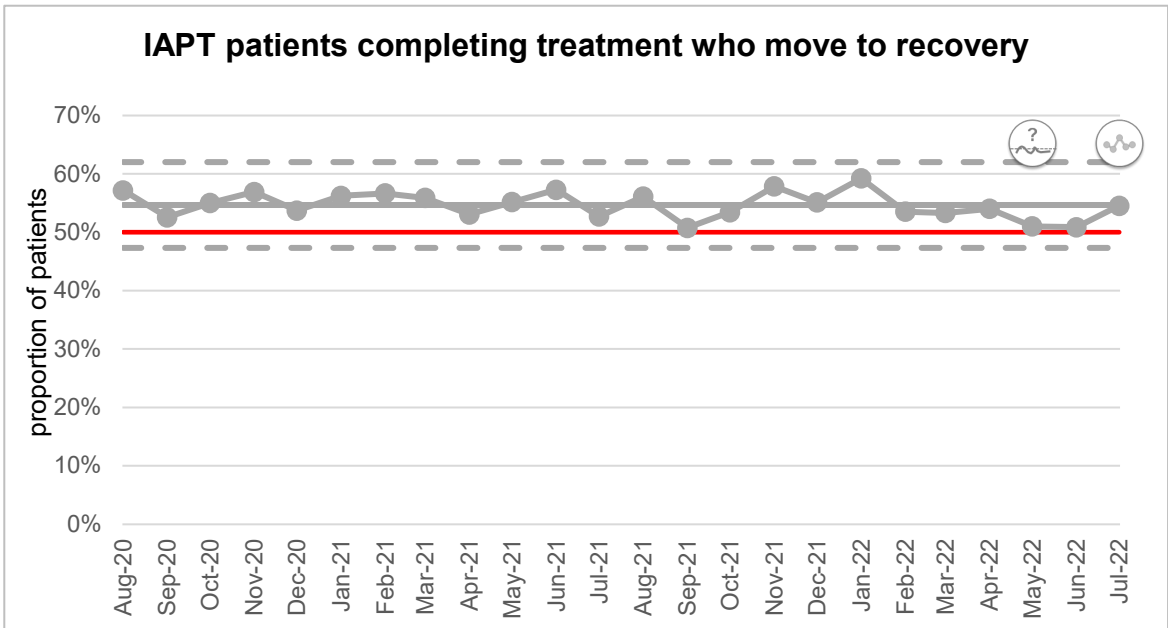
This is an example of a very tightly controlled process, and we would expect to consistently exceed the 95% standard.

6. IAPT 6-week referral to treatment



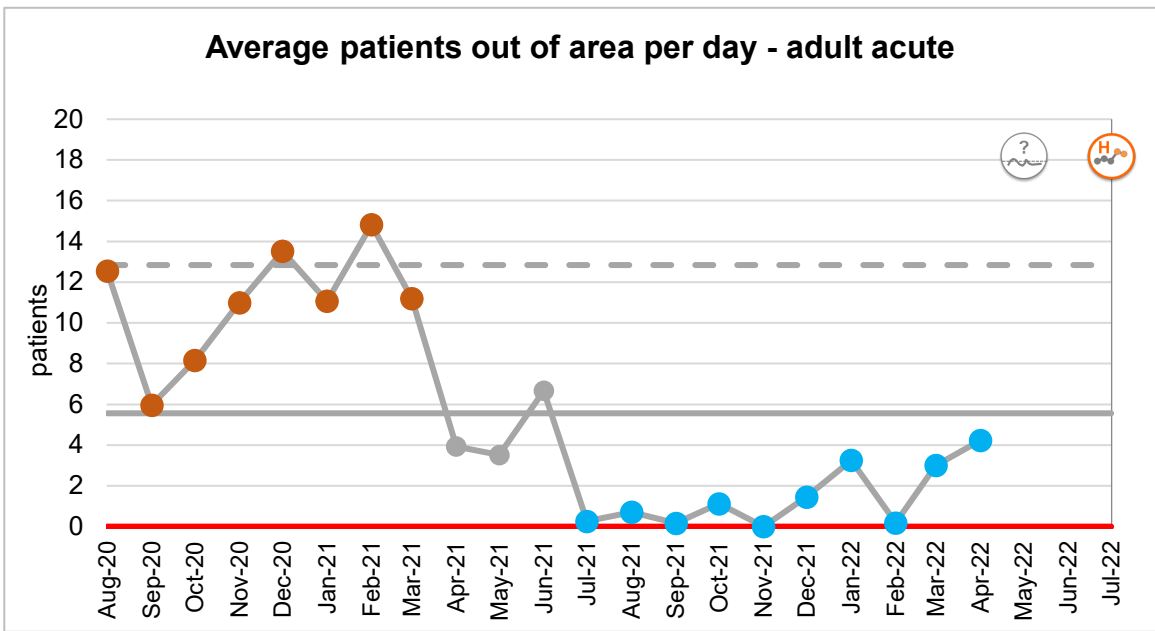
The national standard has consistently been exceeded throughout the reporting period.

7. IAPT patients completing treatment who move to recovery



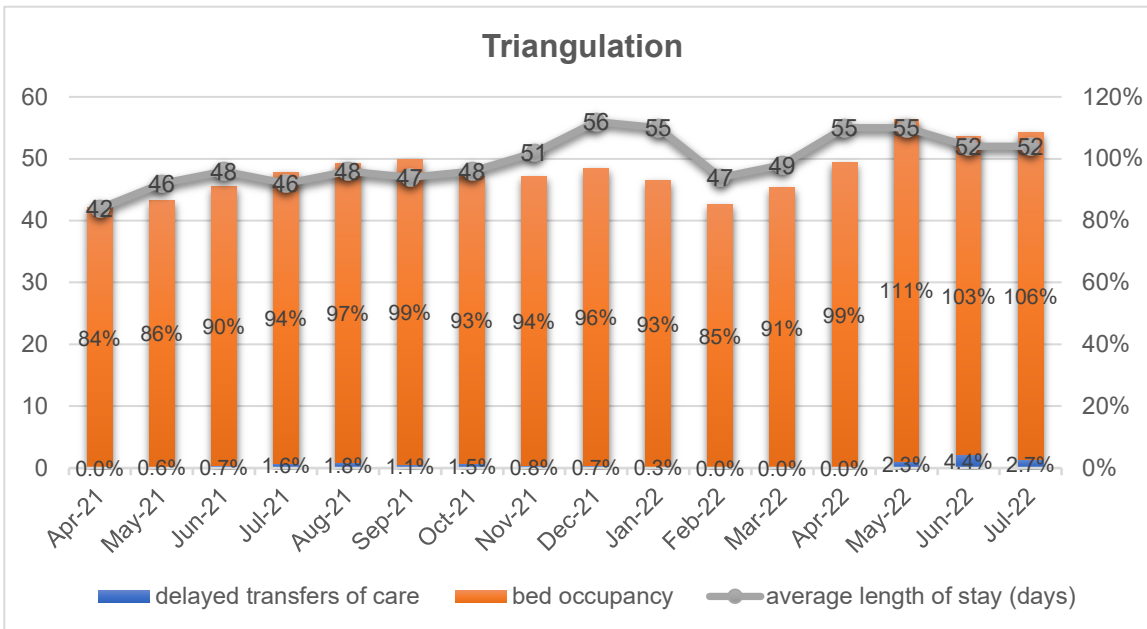
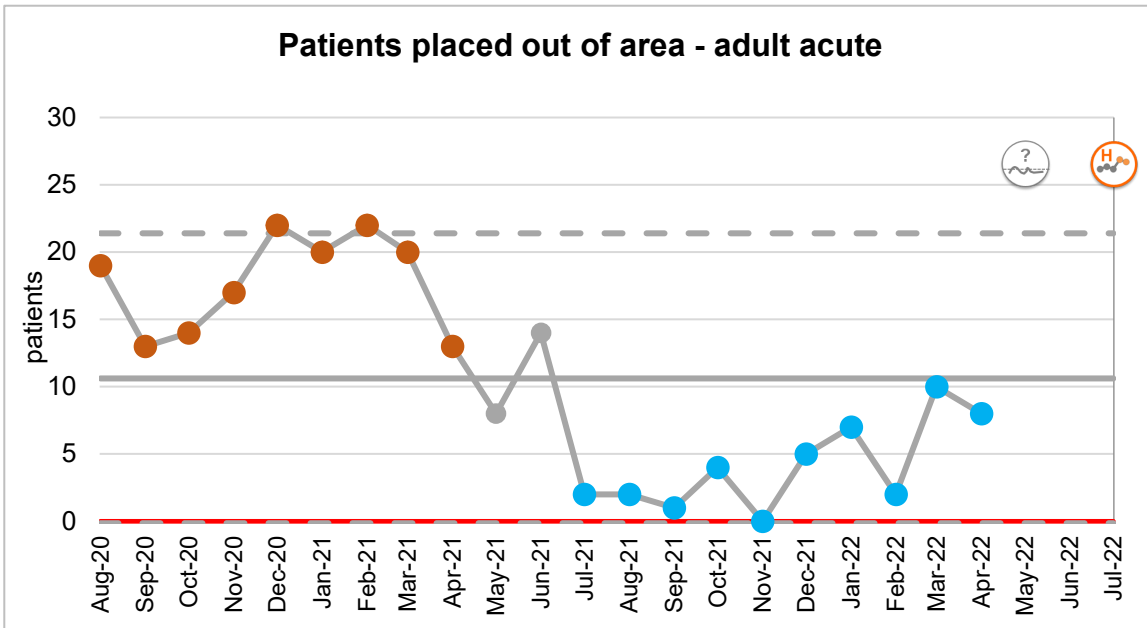
This is an annual target and year to date we are exceeding target. For the past 24 months the national standard has been achieved, with common cause variation seen throughout the data period.

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



The significant reduction in inappropriate out of area placements was difficult to maintain during the most recent spike in the COVID-19 pandemic. Given our significant dormitory bed base and the requirement to ensure social distancing and effective and safe cohorting arrangements, it resulted in a temporary increase in inappropriate out of area bed use in March and April. A number of actions were put in place which have proven to be effective. There has been no data available since the transition to SystmOne in May 22, however this is expected to be resolved by the end of August 22. Trusts are required to submit a snapshot every month of the number of patients placed out of area at month end. The Trust's position for inappropriate out of area acute placements at month end was as follows: May 5, June 0, July 3.

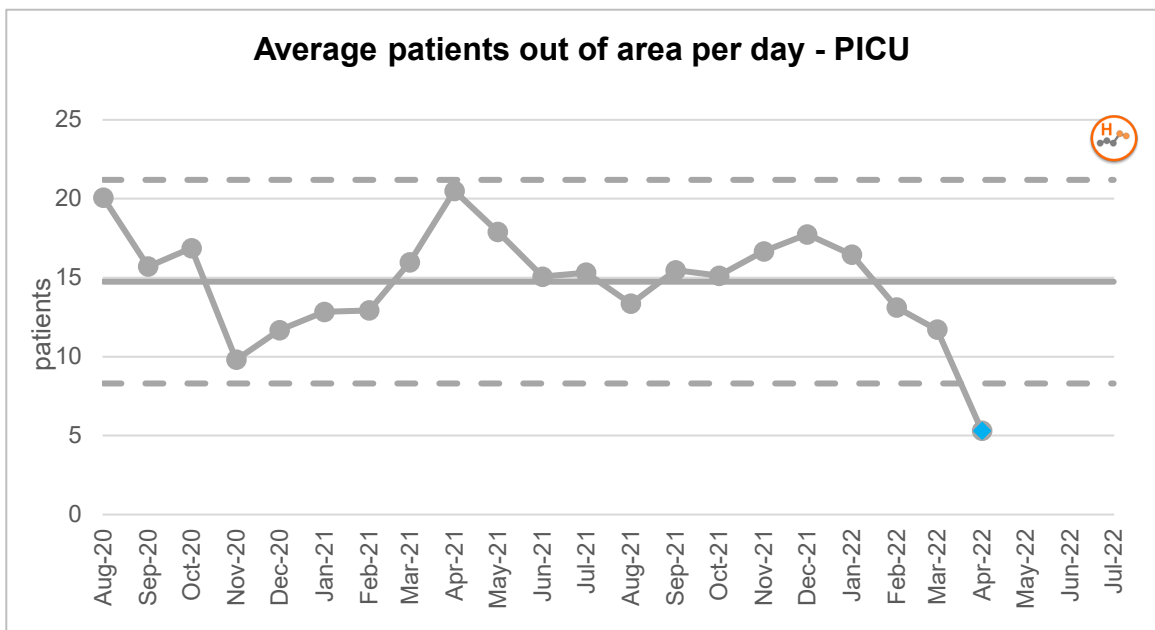
8b. Patients placed out of area per month – adult acute



The level of inappropriate out of area acute placements is being impacted upon by high levels of bed occupancy, delayed transfers of care and above average length of stay. In recent months occupancy has exceeded 100%. This is where patients have returned home for a period of trial home leave and their beds have been occupied by new admissions. From queuing theory, to enable flow of patients through the system bed occupancy should not exceed 85% (the Erlang equation)¹.

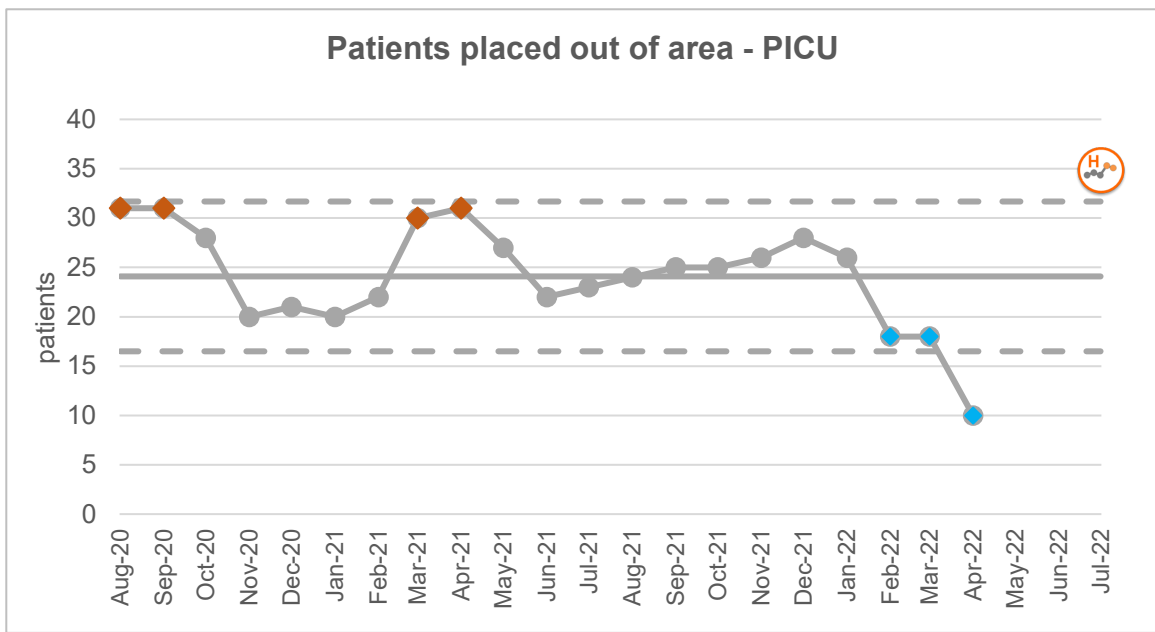
¹ Jones R (2013) Optimum bed occupancy in psychiatric hospitals. Psychiatry On-line http://www.priory.com/psychiatry/psychiatric_beds.htm

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

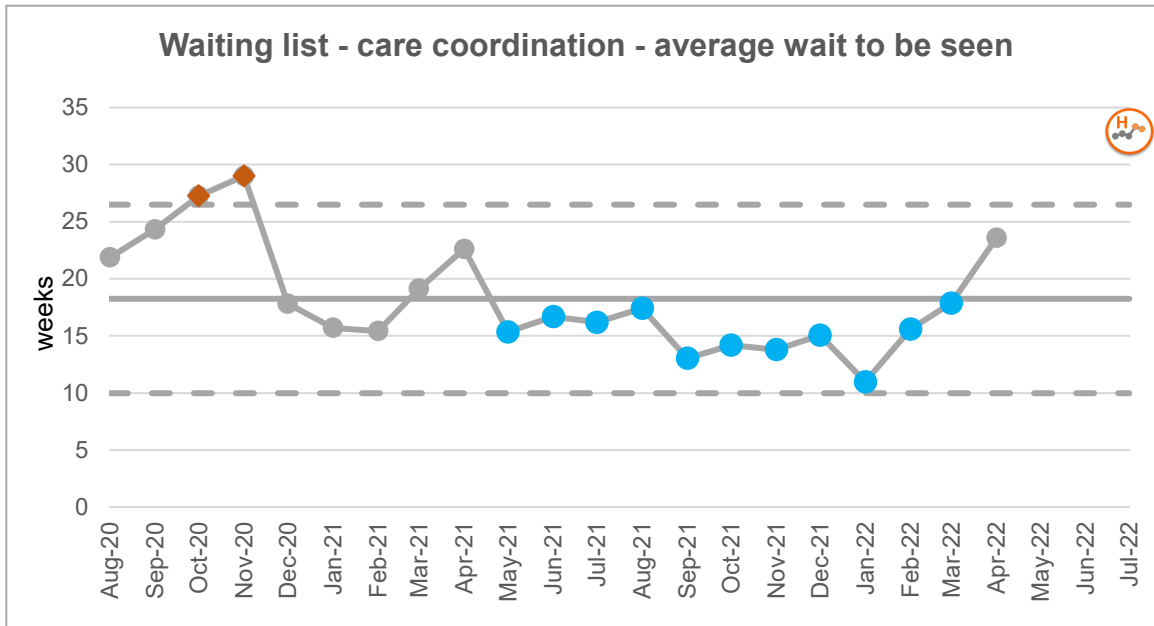


There is no local PICU provision, so anyone needing psychiatric intensive care needs to be placed out of area, however, work is in progress towards a new build PICU provision in Derbyshire. NHS Improvement continuity of care principles have been established with 2 PICU providers: Northamptonshire Healthcare NHS Foundation Trust and Elysium, as agreed in partnership with Derbyshire Urgent Care Steering Board. Trusts are required to submit a snapshot every month of the number of patients placed out of area at month end. There has been no data available since the transition to SystmOne in May 22, however this is expected to be resolved by the end of August 22. The Trust’s position for inappropriate out of area PICU placements at month end was as follows: May 23, June 25, July 7.

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

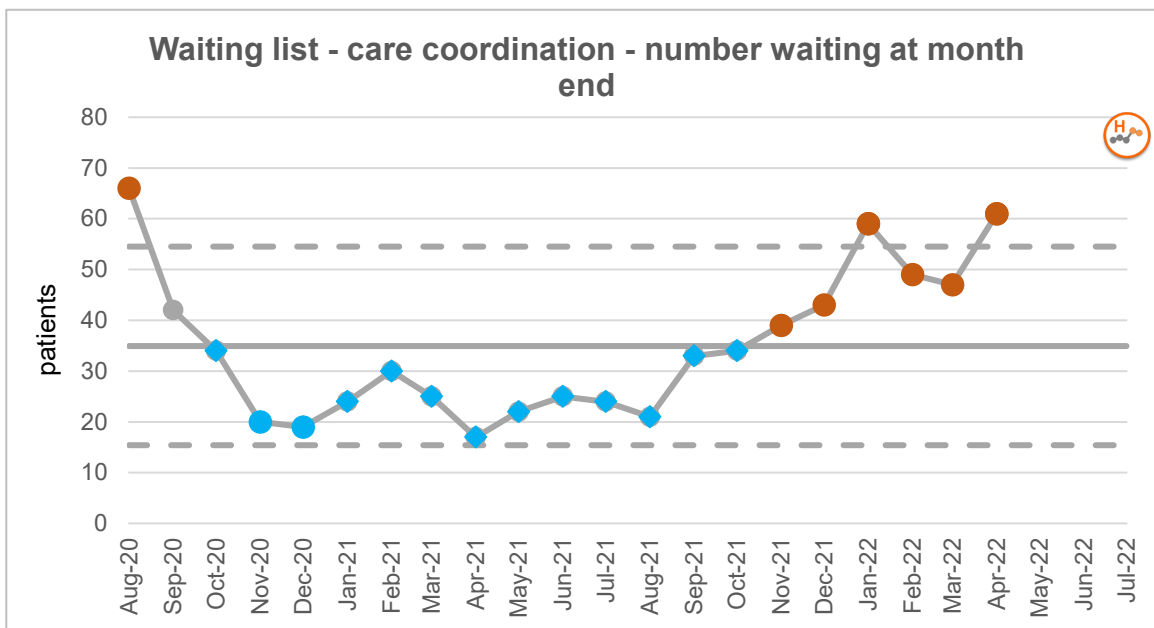


10a. Waiting list for care coordination – average wait



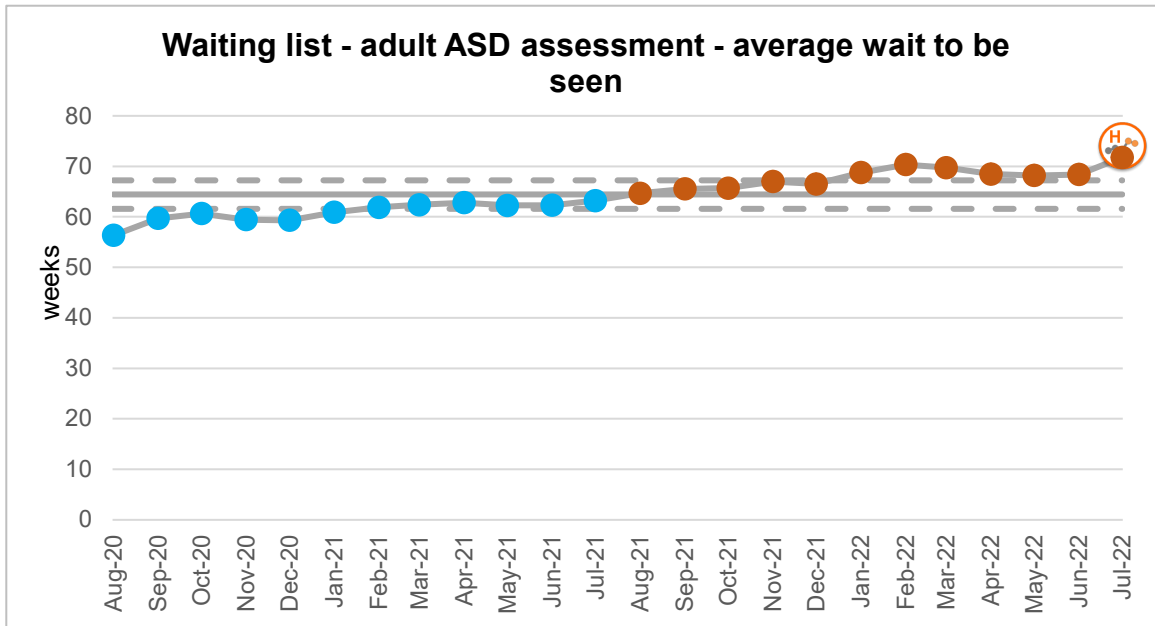
The average wait to be seen had been significantly low for 11 months but returned to common cause variation in April. Data since May 2022 is not currently available owing to the SystmOne transition issues. These are expected to be resolved by the end of August 2022.

10b. Waiting list for care coordination – number waiting



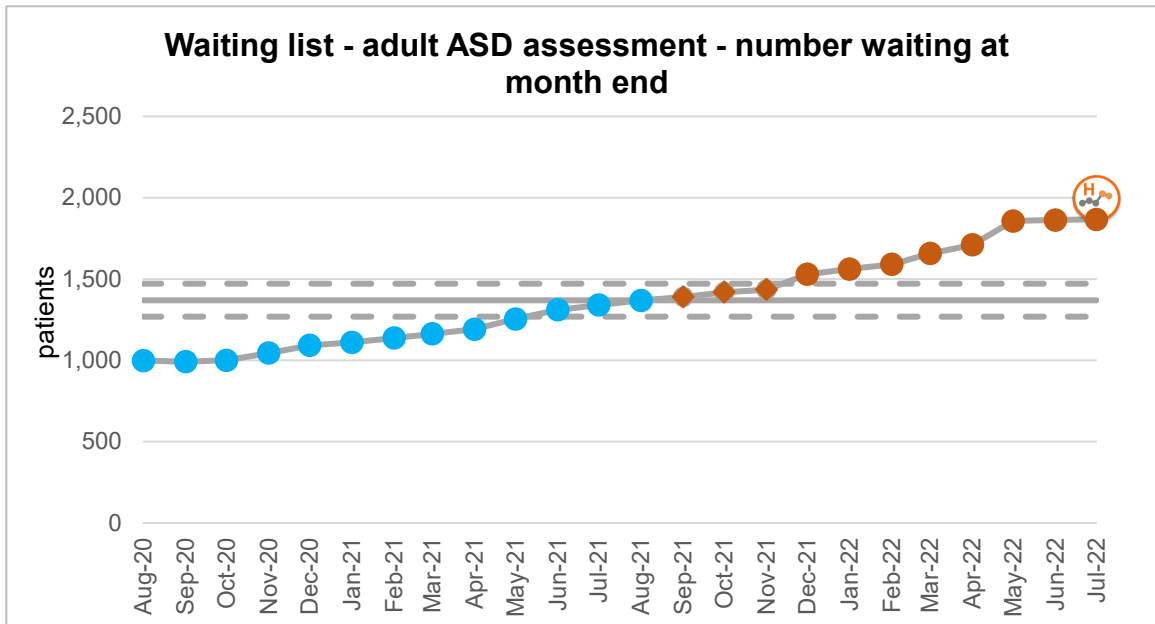
Data since May 2022 is not currently available owing to the SystmOne transition issues. These are expected to be resolved by the end of August 2022.

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



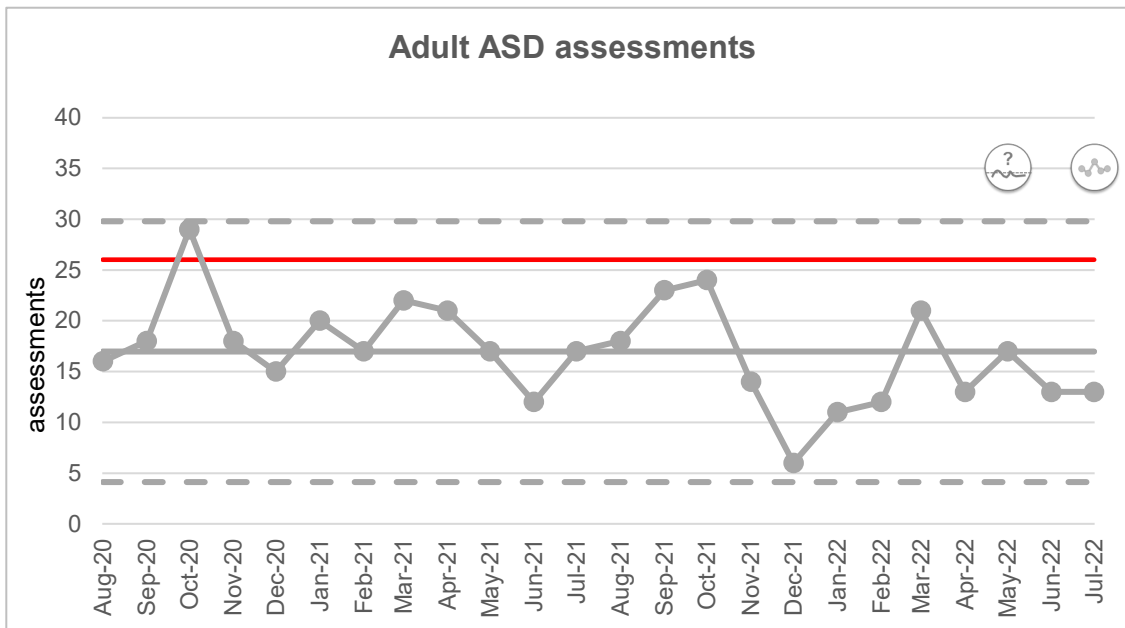
The average wait is currently 71 weeks and the longest wait is almost 4 years. The situation is likely to continue to worsen until there is an increase to investment in the service, as demand for the service far outstrips commissioned capacity: referrals have increased from 66 per month to 86 per month this financial year to date, but the team is only commissioned to undertake 26 assessments per month.

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



At the end of July 2022 there were 1,874 people waiting for adult ASD assessment, which is an increase of 87% over the 2-year period.

11c. Adult autistic spectrum disorder assessments per month



There has been a significant reduction in capacity to undertake assessments in the last 6 months owing to long term staff absence, meaning the contracted level of assessments has not been achieved. The team has also had notice from a very experienced assessor that they will be retiring. This now means that only 1.4 wte in the team is completing assessments.

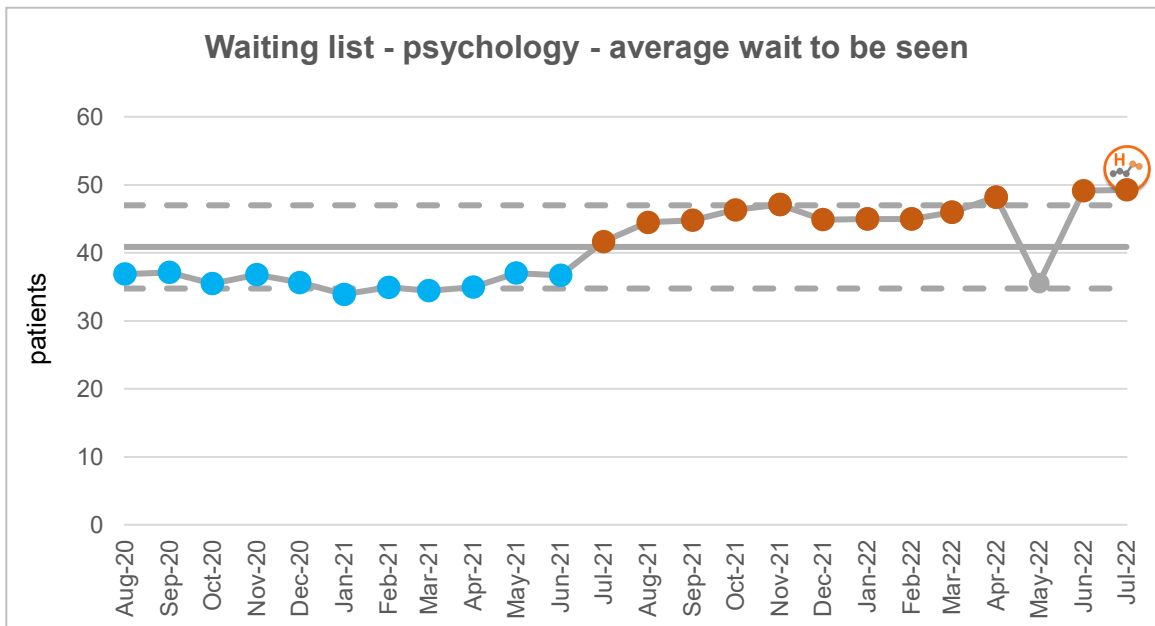
Listening to feedback from the assessment team, the monotonous assessment-only routine is not fulfilling for clinicians and patients and therefore an urgent review of the vacancies and a restructure has meant that we have put the Specialist Autism Team and the diagnostic team together to recruit posts that complete both assessment and intervention/support. These posts are due to close for shortlisting mid-August and have already attracted a number of suitable applicants.

The Trust has also asked the psychological therapists to consider assessment being core to all functions rather than just a few and are looking at rolling out a training programme that will increase the number of assessments across all teams. We will talk to General Manager colleagues to ensure that volunteers for training come forward, and that they will be supported to release them for training.

Whilst there is a significant financial and staffing time cost to this, the benefits are as follows:

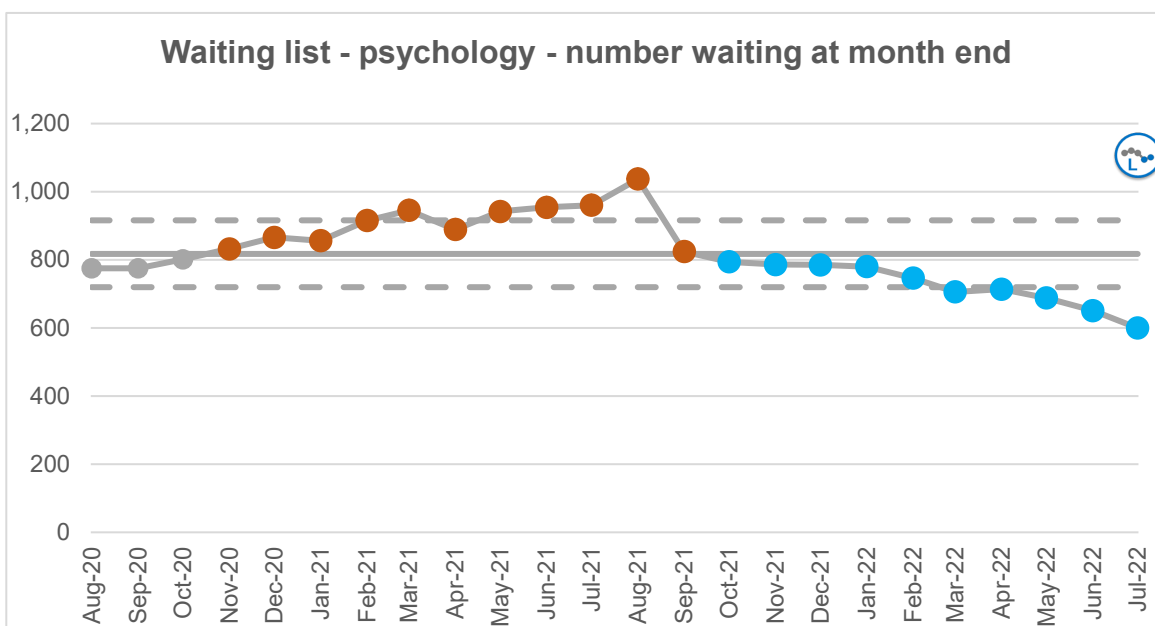
- Patients would not then end up on the adult ASD assessment waiting list
- Patients would get diagnoses and support in the same place they were receiving their other mental health support
- The numbers of adult ASD diagnostic assessments delivered through the trust would increase, meeting the 26 contractual requirement
- We would start to meet more of the need of the population right across the landscape, more in line with place
- The osmosis of upskilling around ASD knowledge within non-neurodevelopmental services will increase awareness and should support the early identification of patients and reduce hospital admissions across this cohort.

12a. Waiting list for psychology – average wait



Last month the average wait to be seen reduced to 36 weeks, but this has risen this month to 46 weeks. Many patients are still waiting owing to the pandemic and a personal preference to be seen face to face as opposed to by video call. There is a further impact due to vacant posts as we continue to struggle to recruit qualified staff.

12b. Waiting list for psychology – number waiting



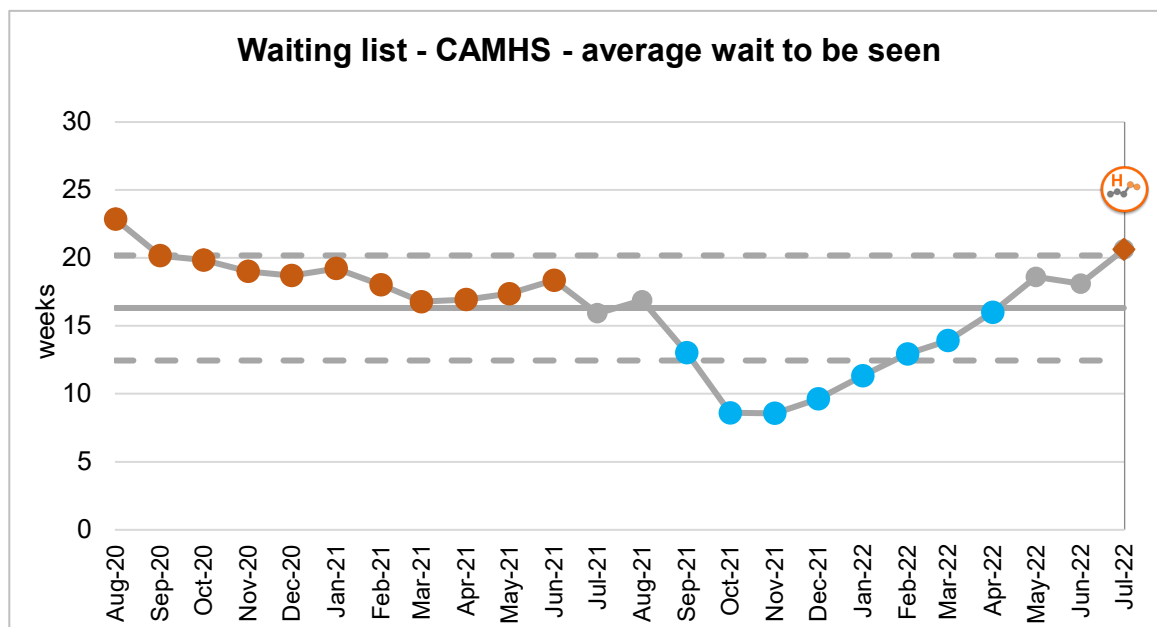
Over the last 11 months, the number of people waiting has continued to gradually reduce and the reduction is statistically significant. Although this is the correct trajectory, we must note that investment has been made into the service and recruitment to a number of vacant and part-time posts across adult services continues to progress. One of the pockets of challenge where the waiting times are above the average are the city teams. We now have two new starters to the City CMHTs in the next month. We are utilising monies to recruit to short term Assistant Psychologist posts to support those qualified staff delivering treatment and care. There remains a national shortage of qualified psychologists, with all Trusts struggling to recruit. We remain in line with our regional colleagues with this figure.

After some delay in getting the new psychological therapies recruitment website up and running this went live at the beginning of July 22. We have had some interest, but although this has yet to translate into applications for roles, we are hopeful. We continue to look at other models of delivery such as digital and remote working and have created more flexible roles. We are also looking at other models of treatment such as group work, to see if this can support greater access to psychological care. We are also building some psychological training resources to support our nursing, occupational therapy and medical colleagues with working more psychologically.

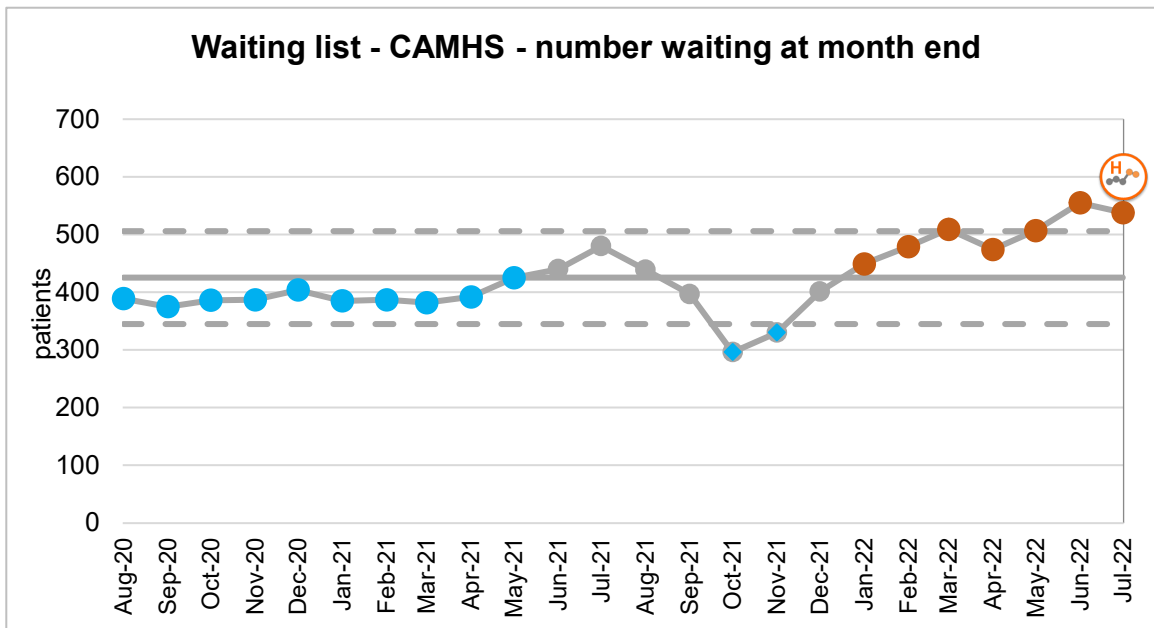
We continue to review the waiting lists in line with trauma sensitive working in considering how we manage people on a waiting list and we are developing a new waiting well guide for those service users. Barriers of movement between services remain high priority to remove. This work continues to develop as the Living Well transformation takes place.

We are reviewing the structure of psychological service to create a division to try and better utilise the skills we have in supporting people across the Derbyshire landscape and making sure it is sustainable for the future. Discussions are now taking place in different forums about how best to deliver this structural change.

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



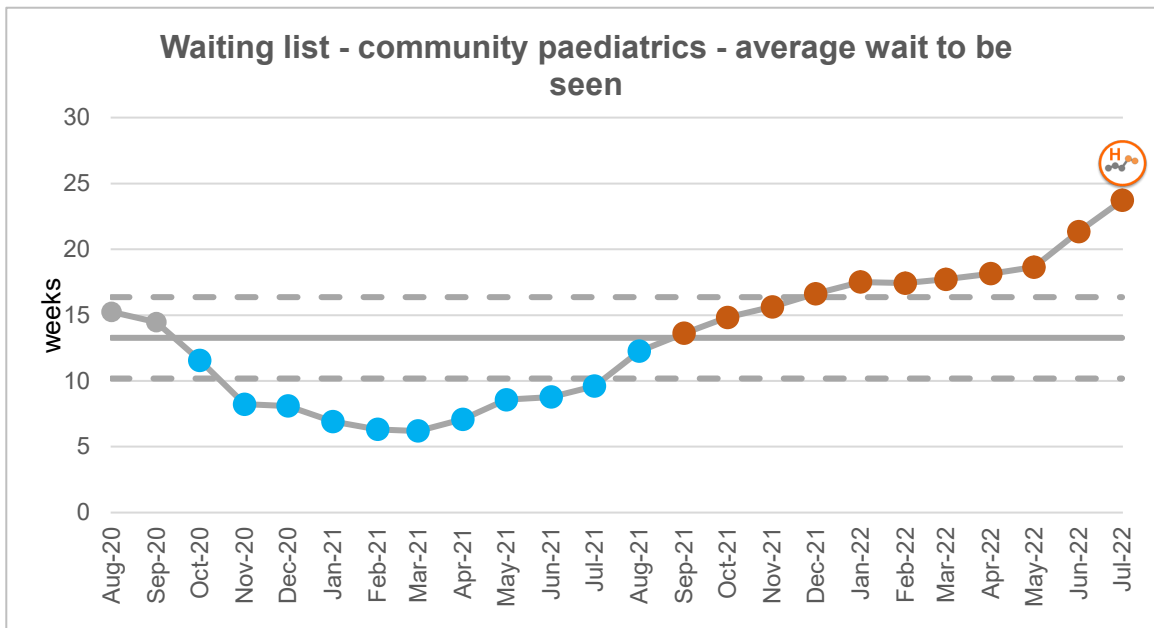
13b. Waiting list for Child and Adolescent Mental Health Services – number waiting



CAMHS continue to receive a higher number of referrals both via the routine and urgent care pathway. Workforce challenges, increased complexity of presentations and reduced community services for additional support have resulted in the CAMHS external waiting list increasing by 10% per quarter. Teams are operating with limited clinical oversight or access to a consultant, and we have a higher number of children in service than ever before. Following an urgent review of the CAMHS model which took place on 19 August by Dominic Pitter, Area Service Manager, Scott Lunn, Divisional Clinical Lead and Chloe Martin, Deputy Area Service Manager, the decision was made – locally – to focus on urgent/priority assessments, and all internal unallocated cases, and to ensure that all staff fall within an established team with clear clinical and operational support. We have agreed to temporarily move all staff into locality teams where they will have a team manager, senior colleagues and a consultant to provide the operational and clinical oversight of all patients waiting and open for the allocated geographical patch. This will provide assurance that all children requiring an urgent assessment will be prioritised in addition to those children accessing Children’s Emergency Department. We will also prioritise cases open to the service with no allocated worker.

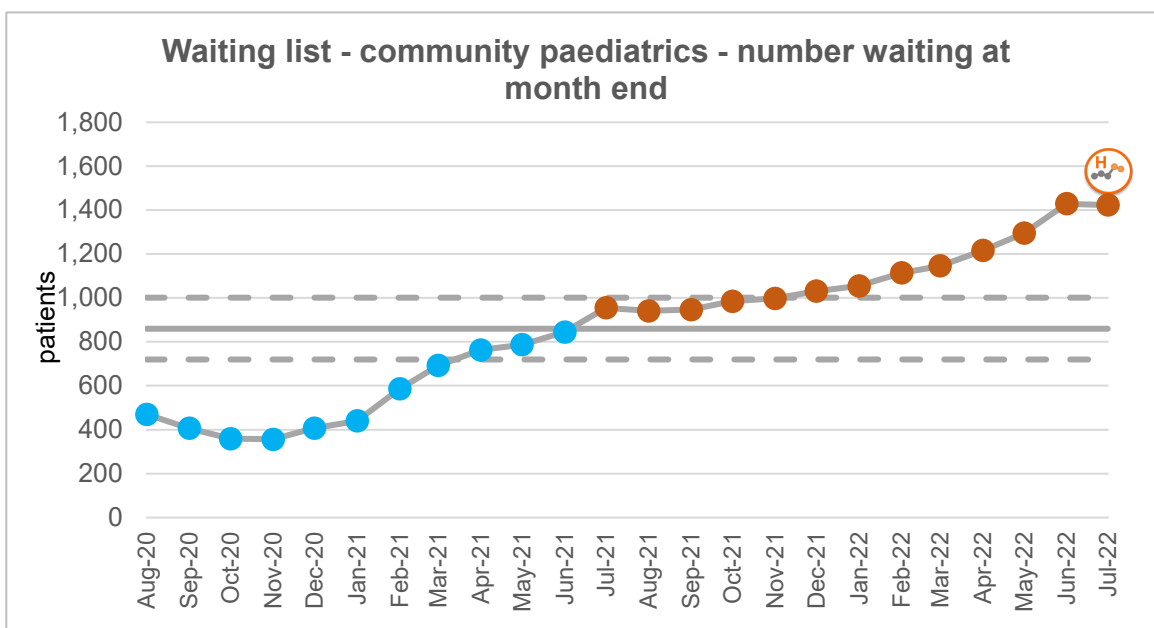
This is a temporary measure (initially 3 months). Referrals will still be accepted during this period, and there will be processes to manage the waiting list in accordance with the waiting well policy.

14a. Waiting list for community paediatrics – average wait



We continue to see a steady rise in waiting times for referral to treatment in community paediatrics. The longest wait time is now in excess of 56 weeks and currently sits on the risk register as a high risk. We are carrying two vacancies which have been advertised and redesigned to a more generic post. We have appointed to 1 post on a substantive basis and will seek to re-advertise the second role. Sickness absences are still having an impact on clinics and overall wellbeing and health issues are and will continue to impact on the availability of new appointment and follow up clinic slots. To mitigate we have also brought in some additional capacity at Speciality Doctor level on a temporary basis and will continue to use locum cover where we can. We recognise that flow is an issue for the service and are working to review the Core offer and what we could do differently to help manage the increasing waiting list.

14b. Waiting list for community paediatrics – number waiting

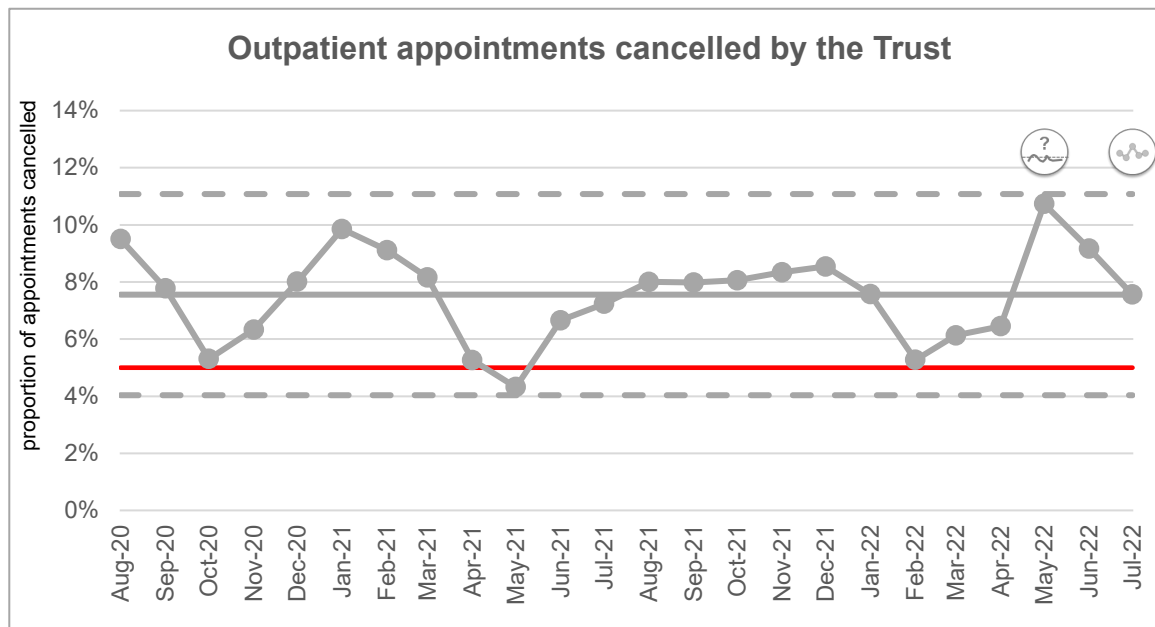


The neuro-developmental pathway development is ongoing, and we have recently advertised the Speciality Doctor post into a full-time substantive post. The business case also includes a second fixed term Speciality Doctor to focus on the autistic spectrum disorder pathway. Securing these

posts will have a significant impact on the waiting list. This is a really positive development for the service line. We await final Integrated Care Board approval for the investment requested.

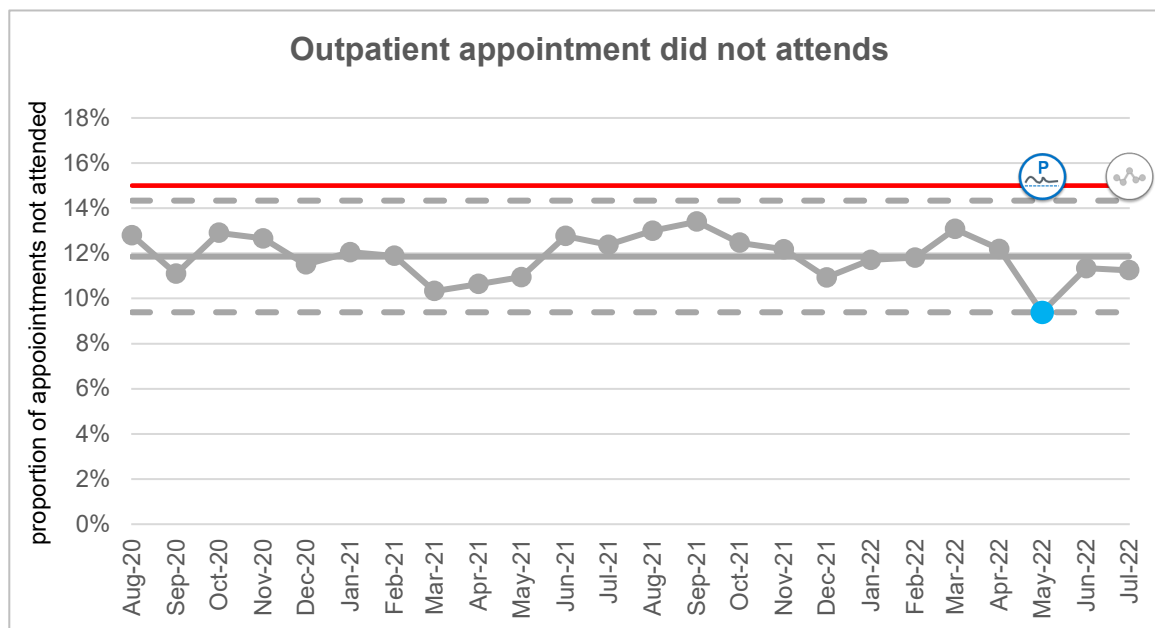
We have plans to further review the whole medical structure: what is working well, where the gaps are and where we need more support. Review of the referral pathways and website is ongoing. We hope to improve the experience for children, families, carers, and professionals who access our services.

15. Outpatient appointments cancelled by the Trust



The level of cancellations has been within common cause variation for the last 24 months. There was a spike in May 22 which may be data issues linked to the transition to SystemOne.

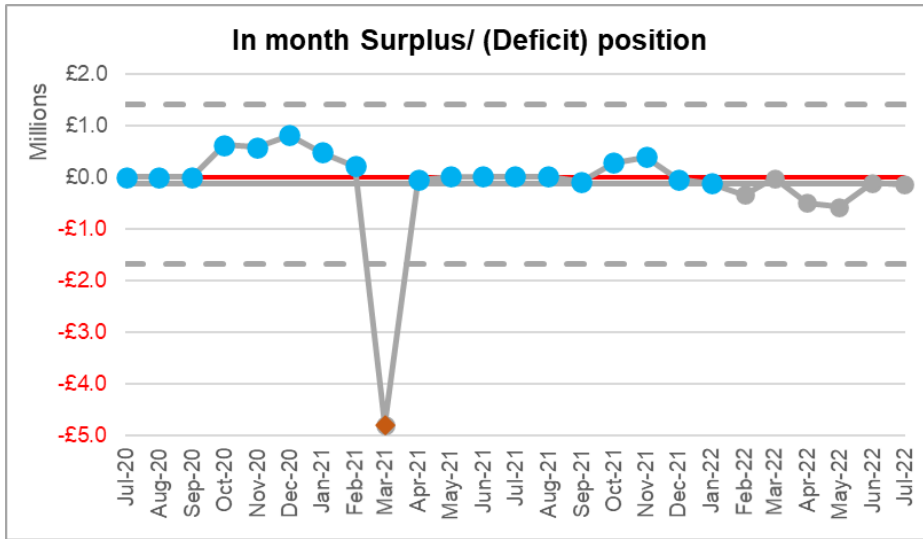
16. Outpatient appointment did not attend



The level of defaulted appointments has remained within common cause variation for the last 24 months and in the current process the trust target of 15% or lower is likely to be consistently achieved.

Finance

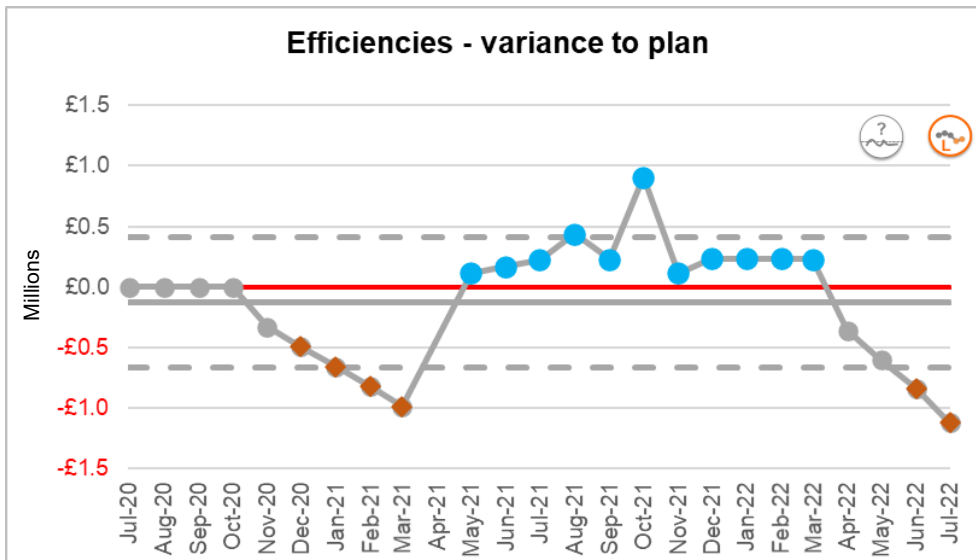
Overall Financial Position



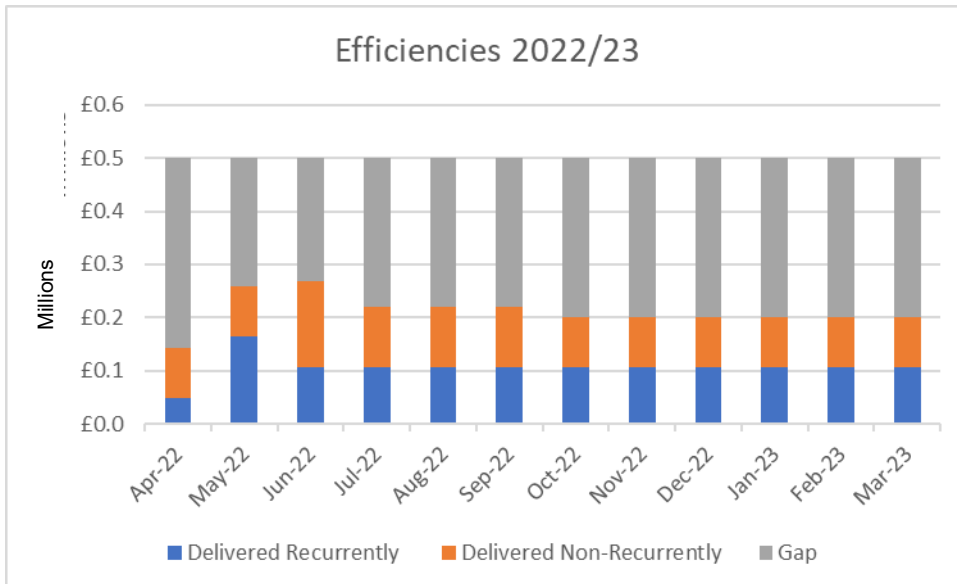
At the end of July, the overall year to date position is a deficit of £1.3m compared to the plan deficit of £0.5m, an adverse variance to plan of £0.8m. The main driver for the adverse variance to plan is related to the undelivered CIP which is slightly offset by some additional income.

However, there are significant areas of risk in and outside of that plan driven by the planning assumptions that have been followed, such as the delivery of the required 3% efficiencies, Agency expenditure and the containment of Covid costs.

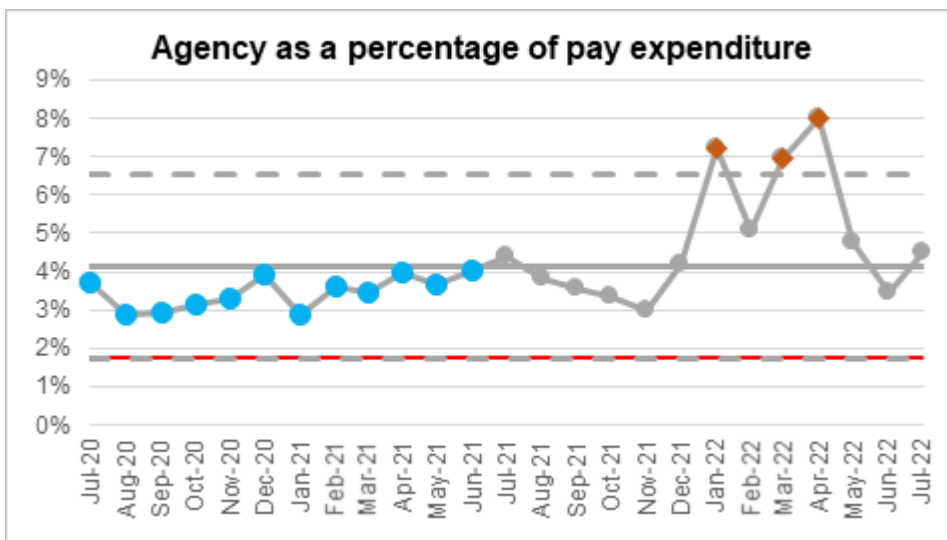
Efficiencies



The full year plan includes an efficiency requirement of £6.0m phased equally across the financial year. At the end of July there is a gap to delivery of £1.1m, with a full year gap of £3.0m. A further £0.5m of schemes are currently progressing through the Quality and Equality Impact Assessment process. Work continues with senior leaders across the organisation to identify further efficiencies to close this gap, with a focus on recurrent delivery.



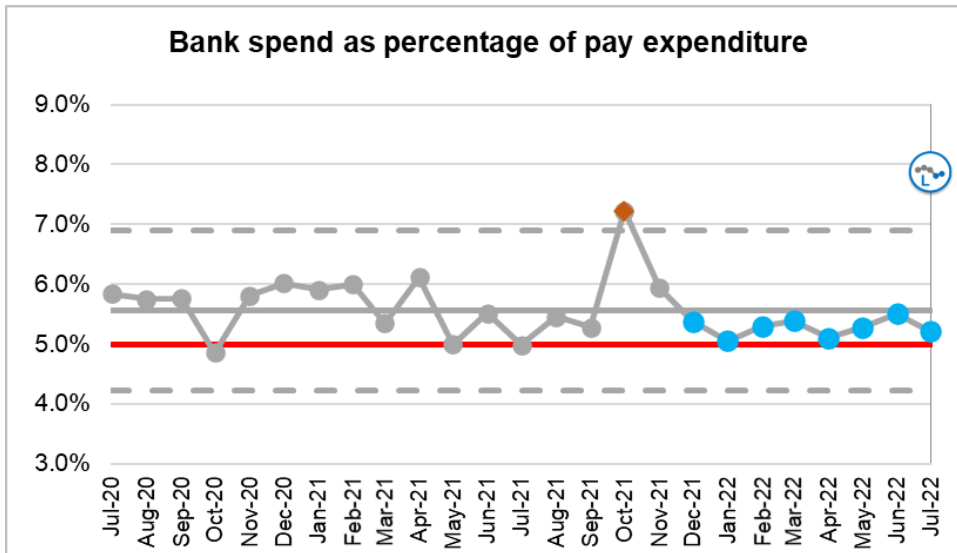
Temporary Staffing



Agency expenditure Year to date (YTD) totals £2.4m against a plan of £0.9m, an adverse variance to plan of £1.5m. The two highest areas of agency usage relate to consultants - mainly in CAMHS - and nursing staff. Agency expenditure did reduce significantly in June to £0.4m but has slightly increased in July to £0.5m.

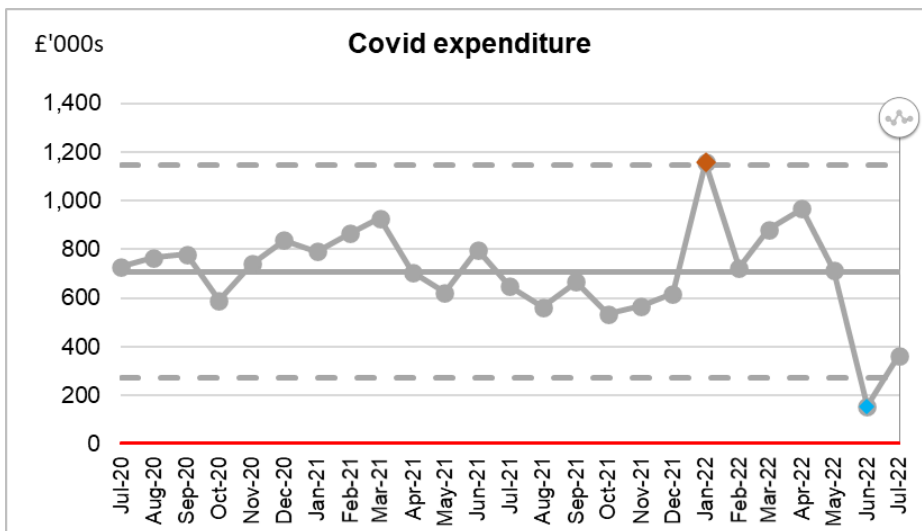
NHSE have confirmed that tighter agency controls will be introduced from September covering the following:

- establishing agency expenditure limits at system level with the Joined Up Care Derbyshire limit confirmed at £22.462m
- reintroducing agency staffing performance and monitoring within the NHS Oversight Framework
- monitoring performance against existing requirements on agency shifts through on-framework providers and within national capped rates, allowing for existing 'break glass' rules
- implementing toolkits and resources to help systems and providers to better utilise substantive and bank staff.



Bank staff expenditure YTD totals £2.4m against a plan of £2.4m with average spend of £0.6 per month with the exception of October where that increased to £0.8m. The areas of bank spend relate to Qualified Nursing and support workers on the wards along with Domestics.

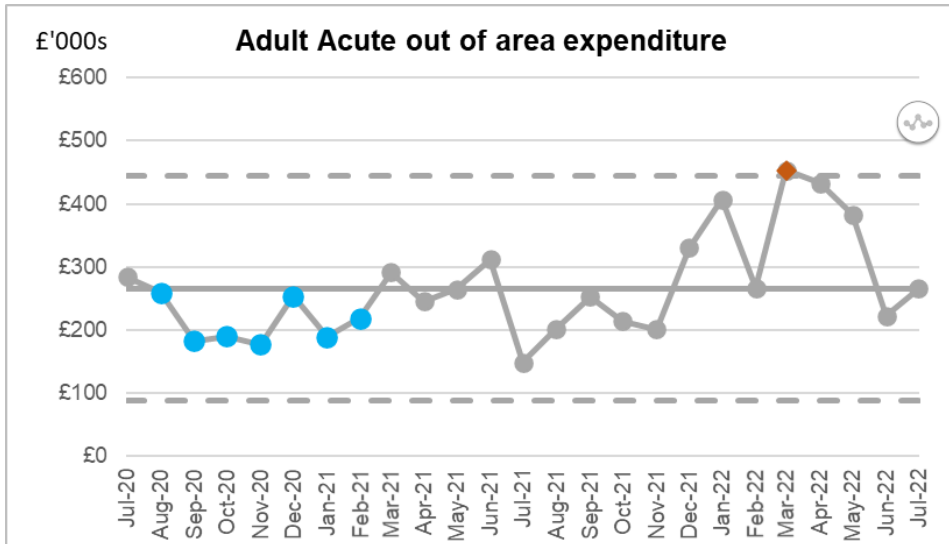
Covid costs



The Trust has an income allocation of £0.3m a month for the financial year for Covid-related expenditure. The financial plan assumes no expenditure after the end of May as per the planning guidance.

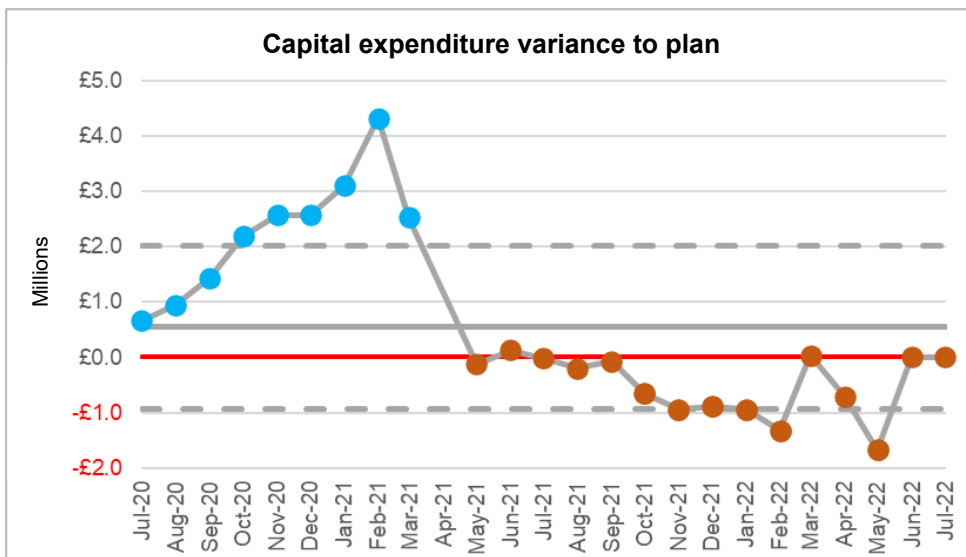
June's expenditure significantly reduced down to £0.2m but has slightly increased in July to £0.4m which reflects patient cases on the wards and staff absences.

Out of Area Placements



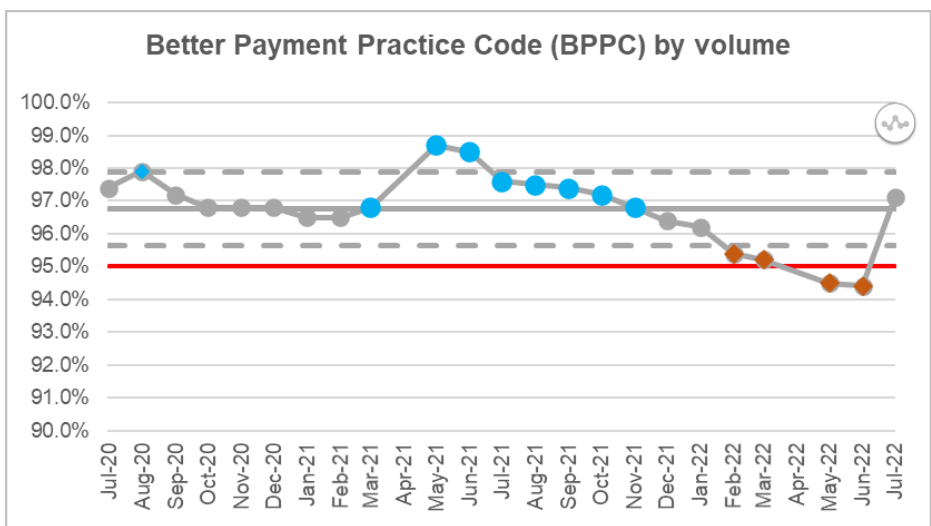
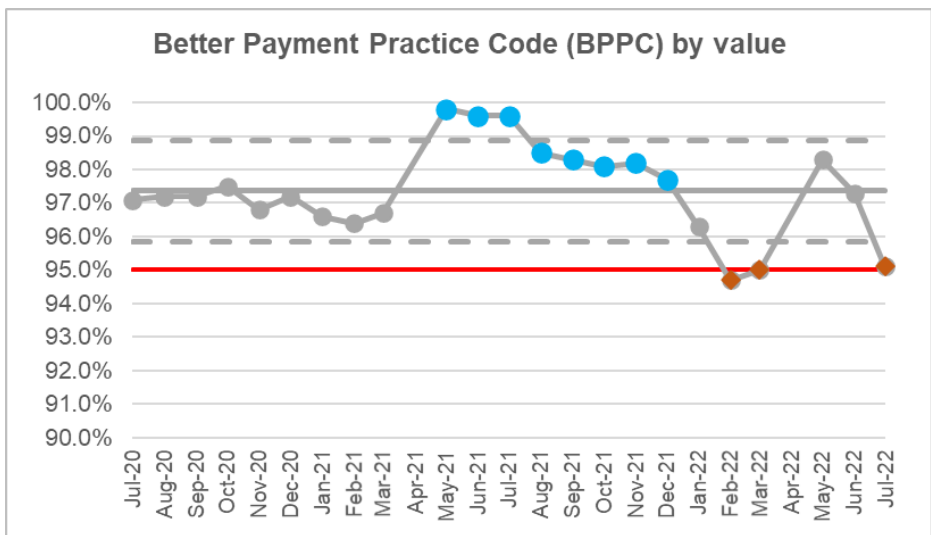
Expenditure for adult acute out of area placements including block purchased beds and cost per case beds has started to reduce compared to more recent levels. YTD £1.3m has been spend on placements.

Capital Expenditure



Capital expenditure was showing behind plan in April and May, however that was against the April plan submission. The capital plan was resubmitted in June which changed the capital system allocation to reflect the requirement of the self-funded elements of the Making Room for Dignity project. Capital expenditure is now on plan YTD and forecast to achieve full planned spend by the end of the financial year.

Better Payment Practice Code (BPPC)

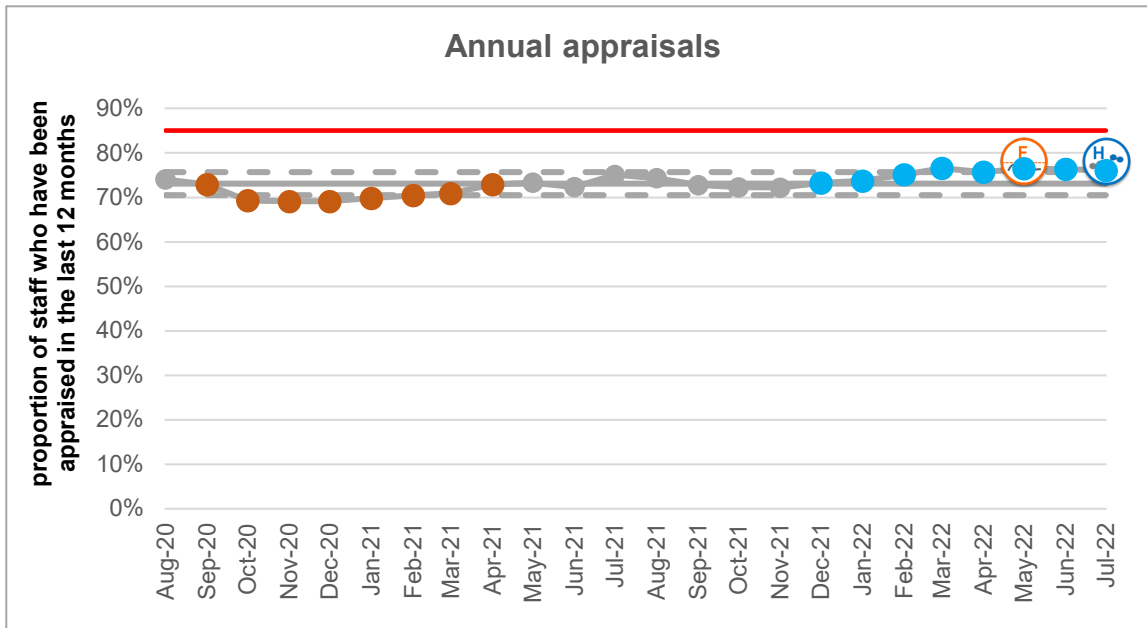


The Better Payment Practice Code sets a target for 95% of all invoices to be paid within 30 days. BPPC is measured across both invoice value and volume of invoices.

At the end of July, non-NHS invoices achieved the target for volume at 95.2% and exceed the target by value at 97.5%. However, NHS invoices were both at 94.7% for volume and value.

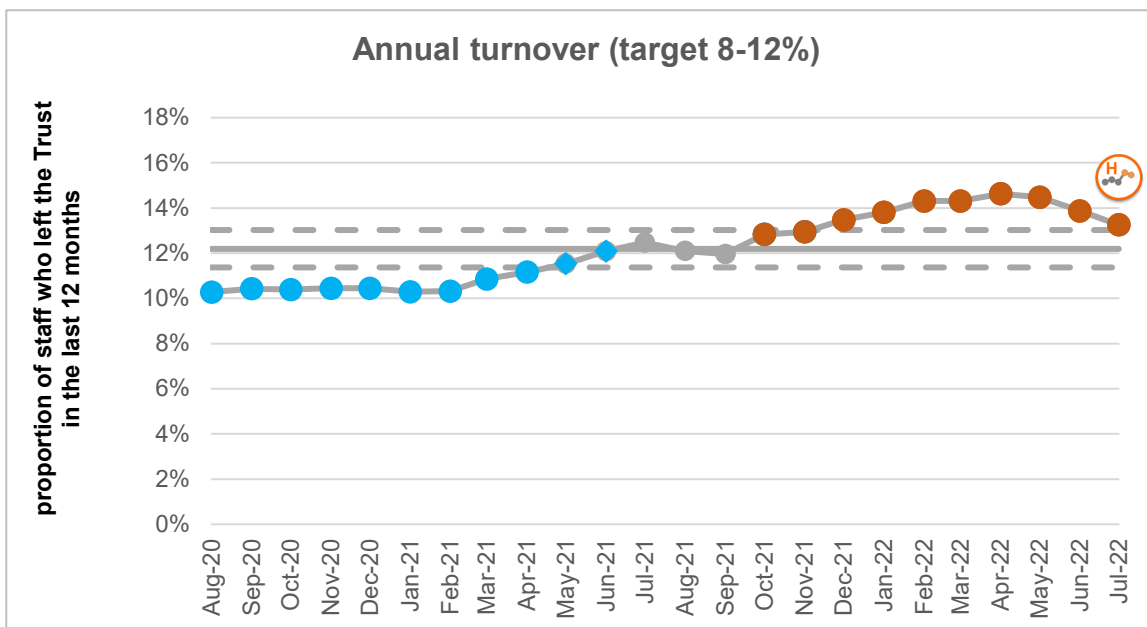
People

17. Annual appraisals

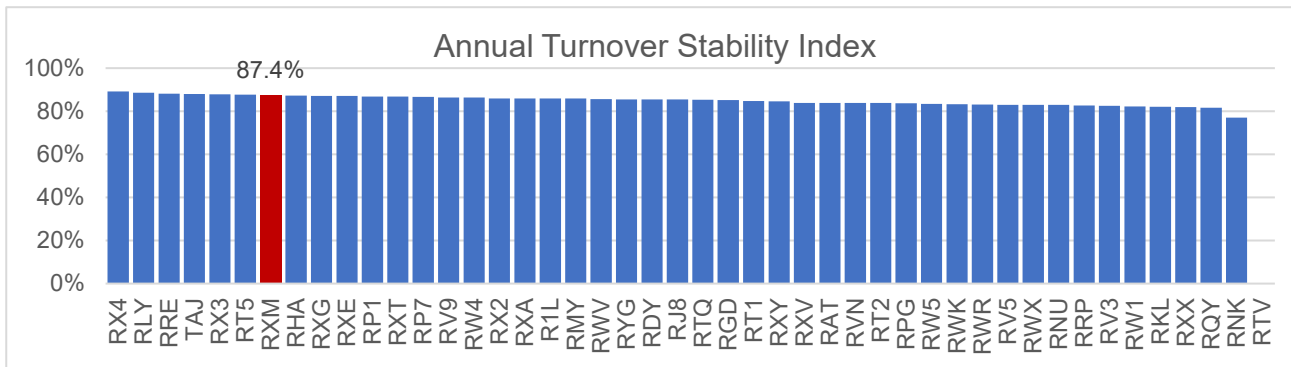


Appraisal levels continue to be below our expectations with Operational Services currently at 83% and Corporate Services at 48%. Colleagues have been taking more leave during this period which in part will have impacted. There is however a significant improvement over the last 8 months. There is a planned appraisal focus for September which will include communication targeted at those who are non-compliant and an increased focus in the monthly divisional achievement reviews.

18. Annual turnover

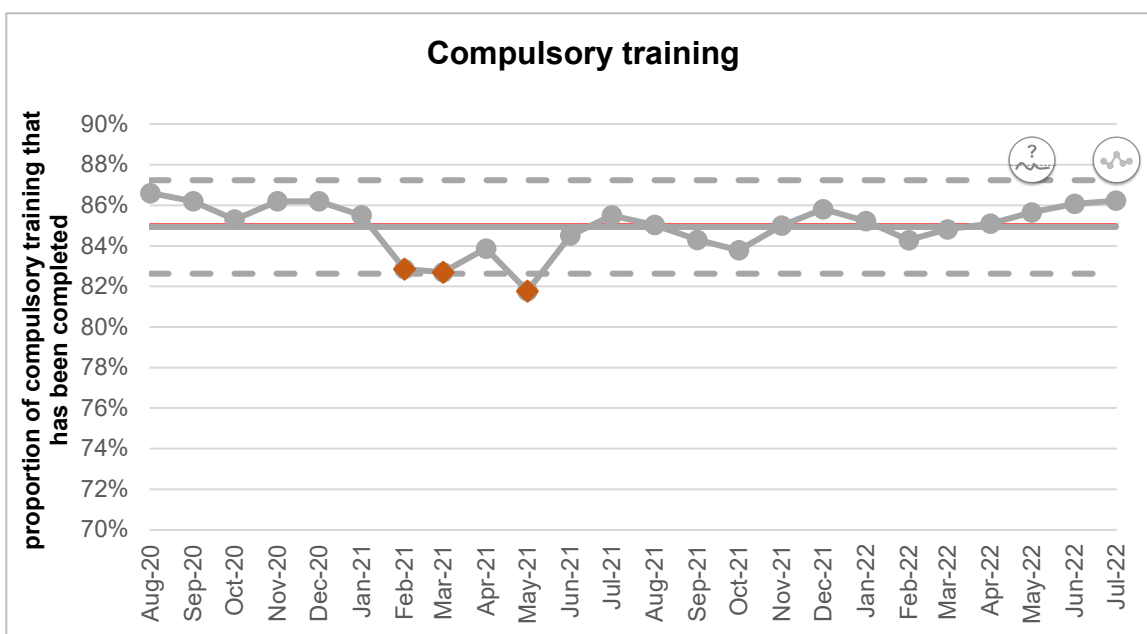


Turnover remains high and above the Trust target range of 8-12%. There has been a small improvement from the previous month with a 0.6% reduction. From the latest national NHS staff annual turnover benchmarking data, the Trust was ranked 7th highest mental health trust for stability of the workforce and we have a number of schemes targeting specific issues such as high levels of turnover in those with under 2 years' service.



<https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/april-2022>

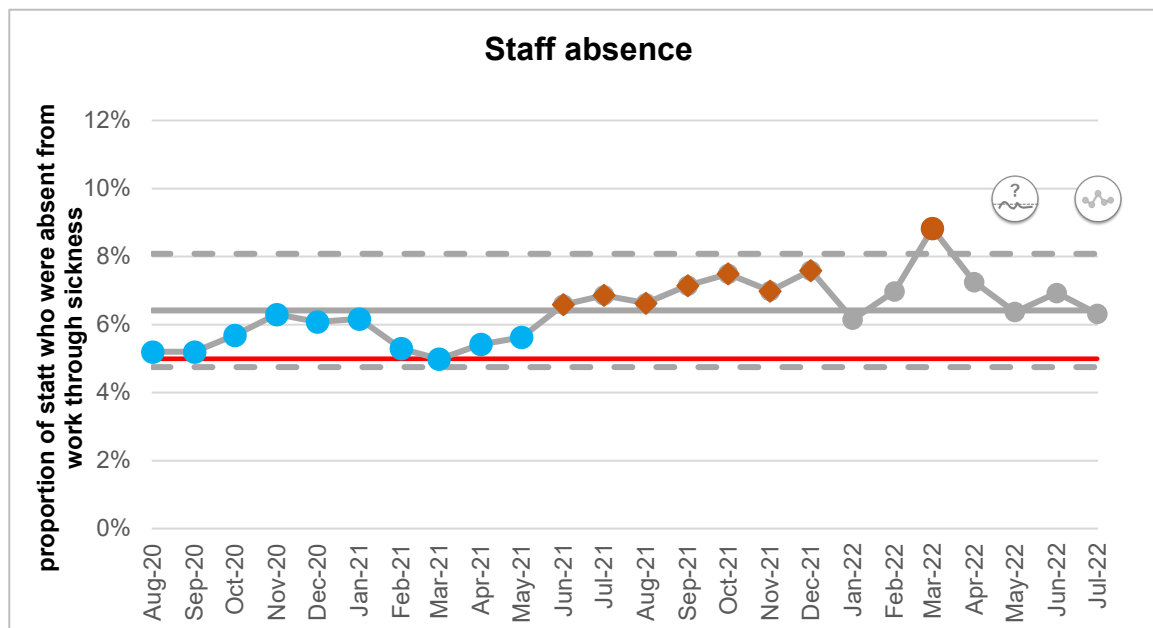
19. Compulsory training



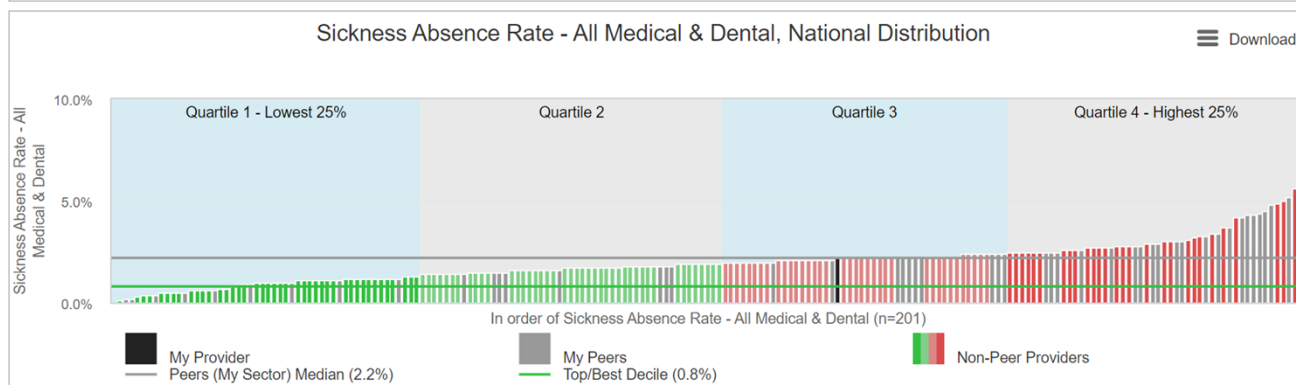
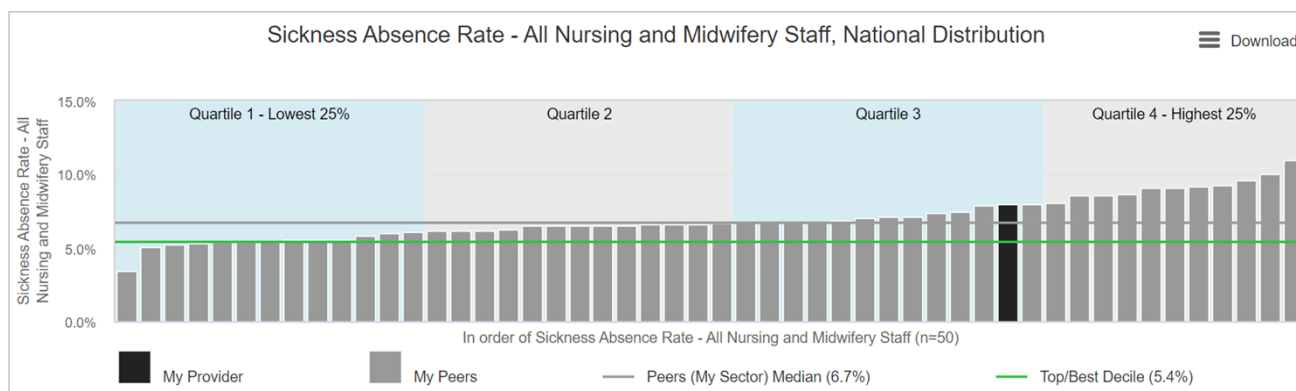
Mandatory training continues to be a key focus and an ongoing recovery position for the Trust. Overall, the 85% target level has been achieved for the last 4 months. Operational Services are currently 89% compliant and Corporate Services slightly lower at 75%.

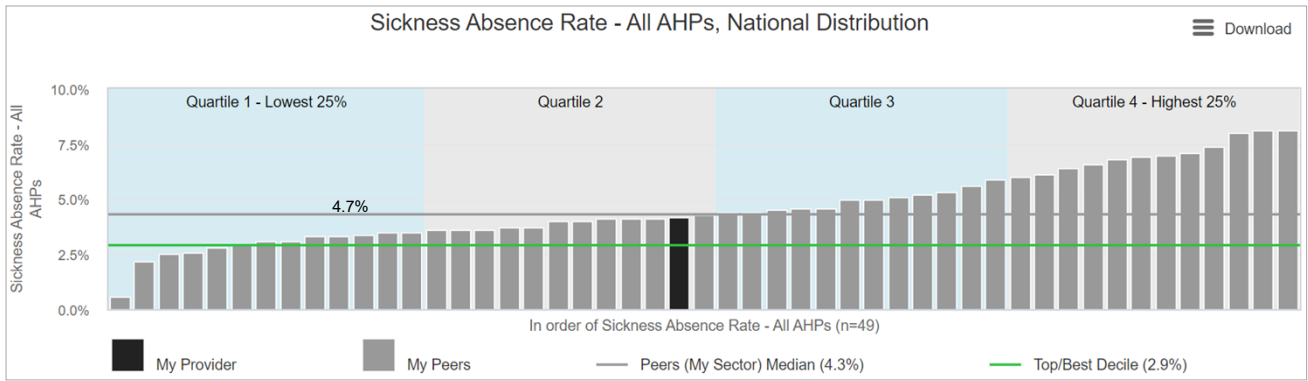
The training team have focused on Immediate Life Support and Positive and Safe training to improve compliance against these two key training programmes. Non-compliant colleagues have been contacted and booked onto a training programme. Block training approaches have been developed and applied in acute areas. We are now focusing on reviewing the current training passport to ensure all training is appropriate and relevant to individual roles. A review date has been set for the end of September at which point we will assess other actions that may need to be addressed.

20. Staff absence

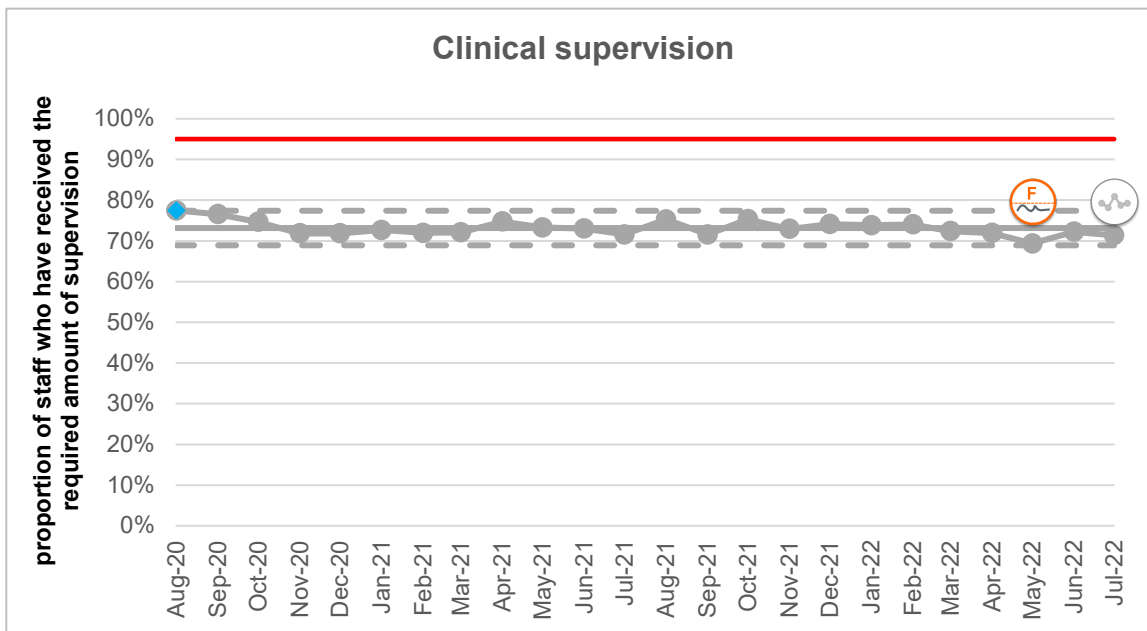


Sickness absence remains high and above the 5% target threshold. July saw a 6.09% increase in COVID absences accounting for 20% of all absences. There was a small reduction in stress/anxiety related absences, but this remains the highest reason for absence. A continued focus on ensuring we are managing and supporting colleagues with sickness absences has taken place over July. The benchmarking data below compare the sickness absence levels of the Trust by different staff groups, with the absence levels of other organisations. The Trust is denoted by the black columns. (Data source: <https://model.nhs.uk/>).





21. Clinical supervision

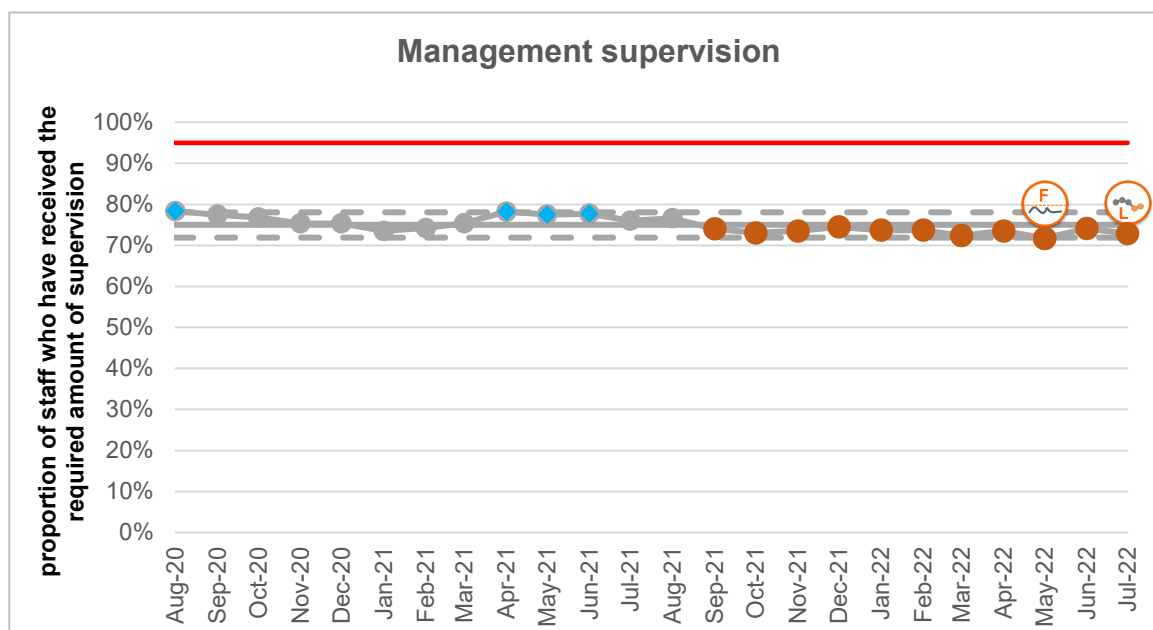


The required amounts of supervision per 12 months - in line with the Trust's Supervision Policy - are as follows:

- Management supervision – a minimum of 5 hours per 12 months, adjusted for part-time staff
- Clinical supervision – a minimum of 6 hours per 12 months, adjusted for part-time staff

Compliance is the percentage of staff who have completed the amount of supervision required over the 12-month period. Data is adjusted to allow for staff who are not at work and the appropriate levels of supervision required are also flexed if returning to work following a period of absence. Staff who are unable to be supervised based on their assignment status or owing to long term sickness are excluded.

22. Management supervision

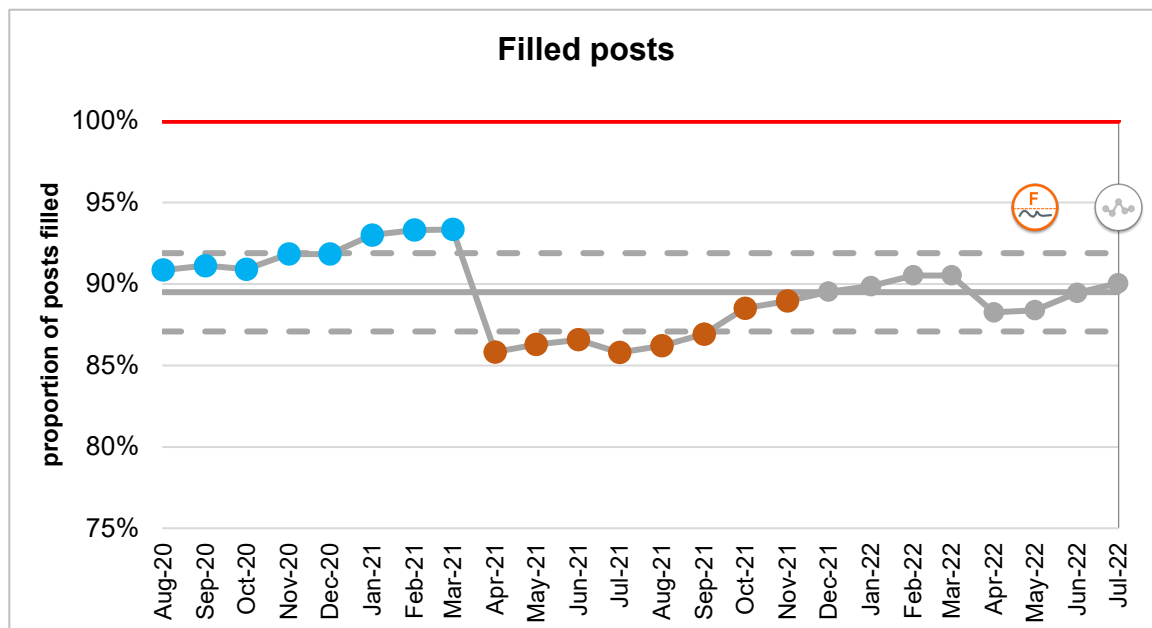


The levels of compliance with the clinical and management supervision targets have remained low since the start of the pandemic. As seen with compulsory training and appraisals, Operational Services continue to perform at a considerably higher level than Corporate Services for both types of supervision (management: 76% versus 60% and clinical: 71% versus 17%).

Compliance with the 12-month supervision targets by Division:

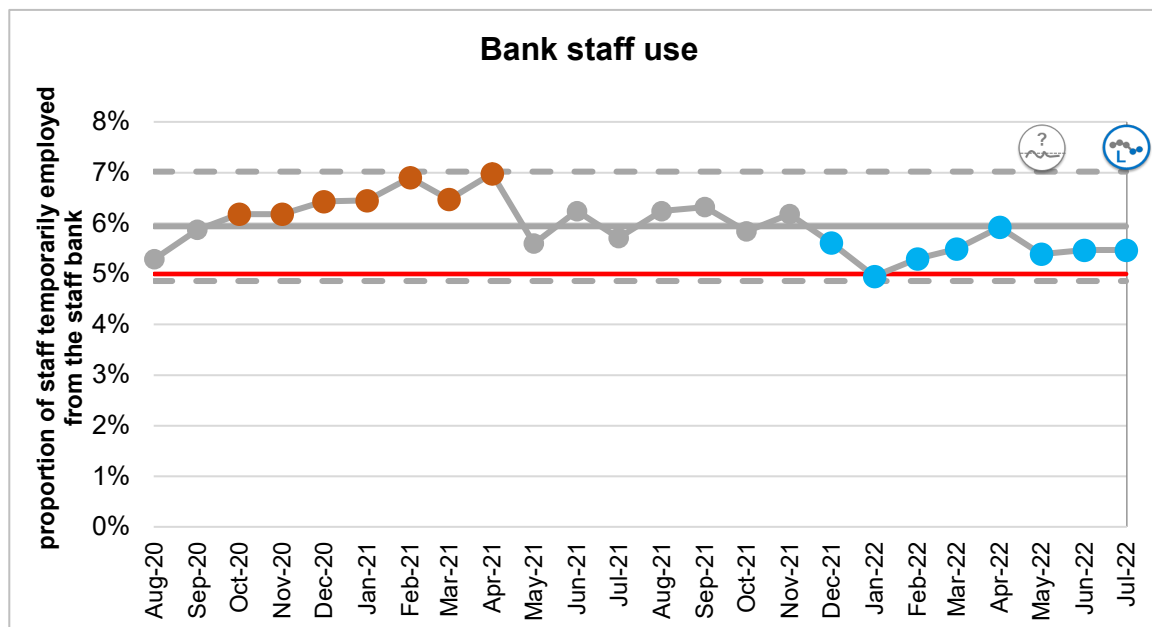
Division	Service Line	Staff	Management	Clinical
Corporate Services	Business Improvement + Transformation	9	100%	N/A
	Corporate Central	51	75%	0%
	Estates + Facilities	172	67%	N/A
	Finance Services	22	91%	N/A
	Med Education & CRD	114	30%	23%
	Nursing + Quality	56	52%	24%
	Ops Support	58	95%	0%
	People + Inclusion	42	33%	5%
	Total	524	60%	17%
Operational Services	Adult Care Acute	470	70%	64%
	Adult Care Community	353	69%	78%
	Children's Services	463	83%	74%
	Clinical Serv Management	15	67%	0%
	Forensic + MH Rehab	134	77%	83%
	Neuro Developmental	111	77%	66%
	Older Peoples Care	402	87%	88%
	Performance Delivery Clustering	4	100%	N/A
	Psychology	112	63%	79%
	Specialist Care Services	214	70%	72%
	Total	2278	76%	75%
Total	2802	73%	71%	

23. Proportion of posts filled



Staffing levels have remained around 91% in July and we have seen a small reduction in vacancy rate. Nationally, recruitment has been recognised as needing a significant review of current approaches and an overhauling recruitment programme has been launched which will deliver six packages of work and will start with collecting evidence which leads to better recruitment outcomes that are inclusive and equitable and also define the key performance indicators which will form the basis of how we measure longer term impact. This will also include building national core competencies for recruitment teams in order to locally deliver on the overhauling recruitment actions.

24. Bank staff

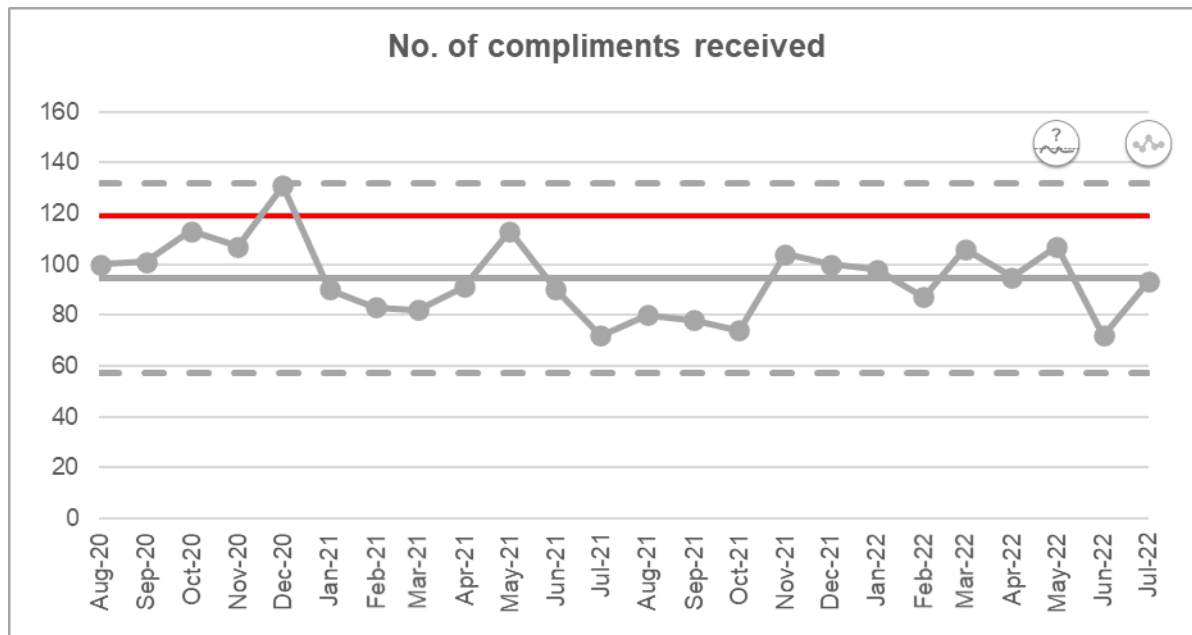


Actions from the Temporary Strategy Workforce group have started to impact total agency high cost usage, but this continues to be a local and system focus. Key areas of attention have been developed and presented to key committees, these have been developed to support the temporary workforce and further develop the service to ensure the organisation is supported by a contemporary temporary workforce offer that embodies the organisational

values, clinical quality and value for money. Bank worker engagement has also been a priority with a successful listening event, input into the national workstream that is designing the bank worker survey and engaging with NHS England to ensure the national focus on temporary workforce is understood and benefits are realised at a local level.

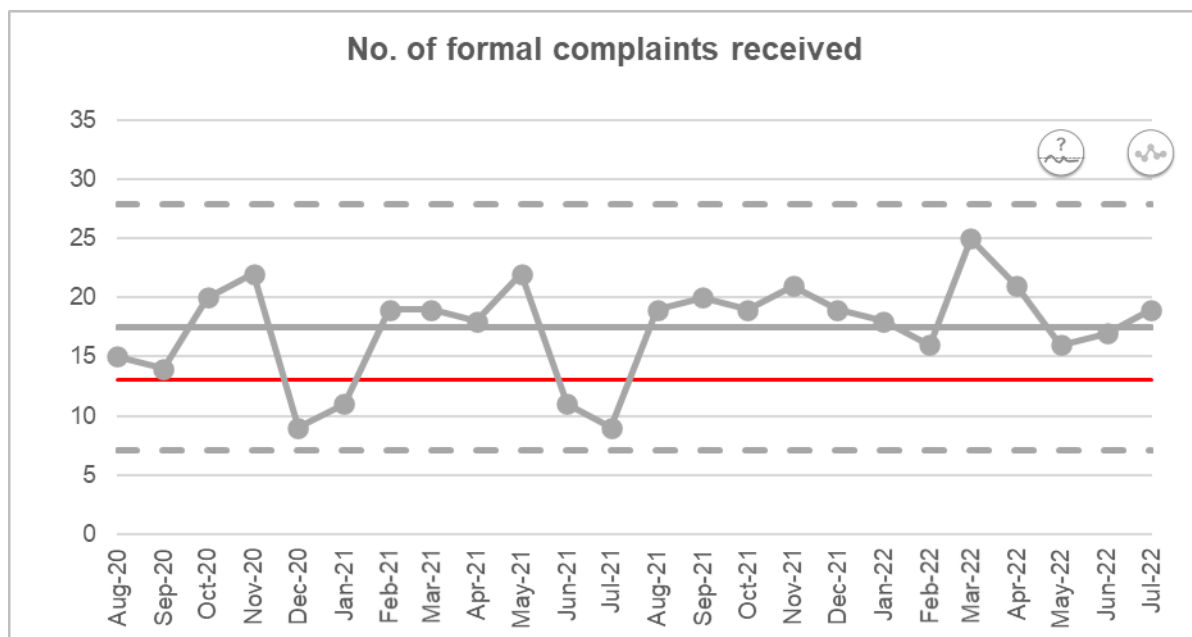
Quality

25. Compliments



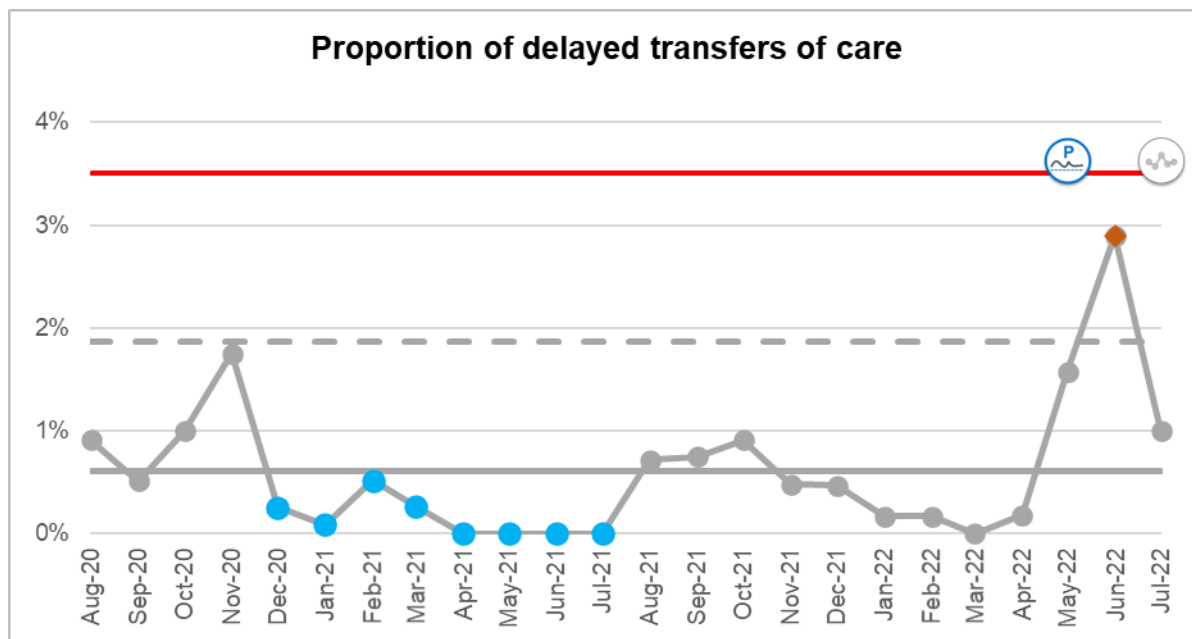
The number of compliments continues to remain below the expected level. This is due to compliments mostly being received verbally and then staff not accurately recording them. The Heads of Nursing have been asked provide assurance that compliments are accurately recorded and a project supporting the electronic patient survey will provide a further method of receiving compliments, complaints, and concerns. With an increase in accessibility, it is expected that a natural increase in compliments, complaints and concerns will occur over the next 6 months.

26. Complaints



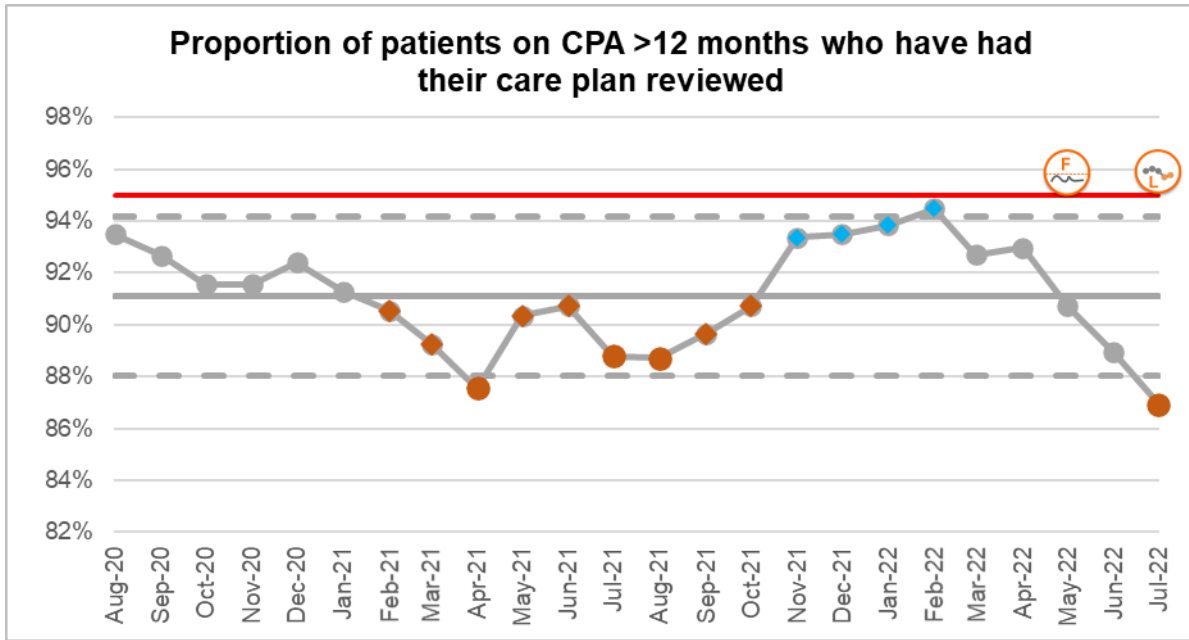
The number of formal complaints received continues to be within common cause variation in relation to the mean. The number of formal complaints is above the trust target; however a number of complaints were received in relation to reduced face to face contact and reduced access to services. As face-to-face contact continues to increase and as services stand back up, it is expected that the number of complaints will reduce. The implementation of the electronic patient survey should also give patients another way of feeding back without having to make a formal complaint.

27. Delayed transfers of care (DTC)



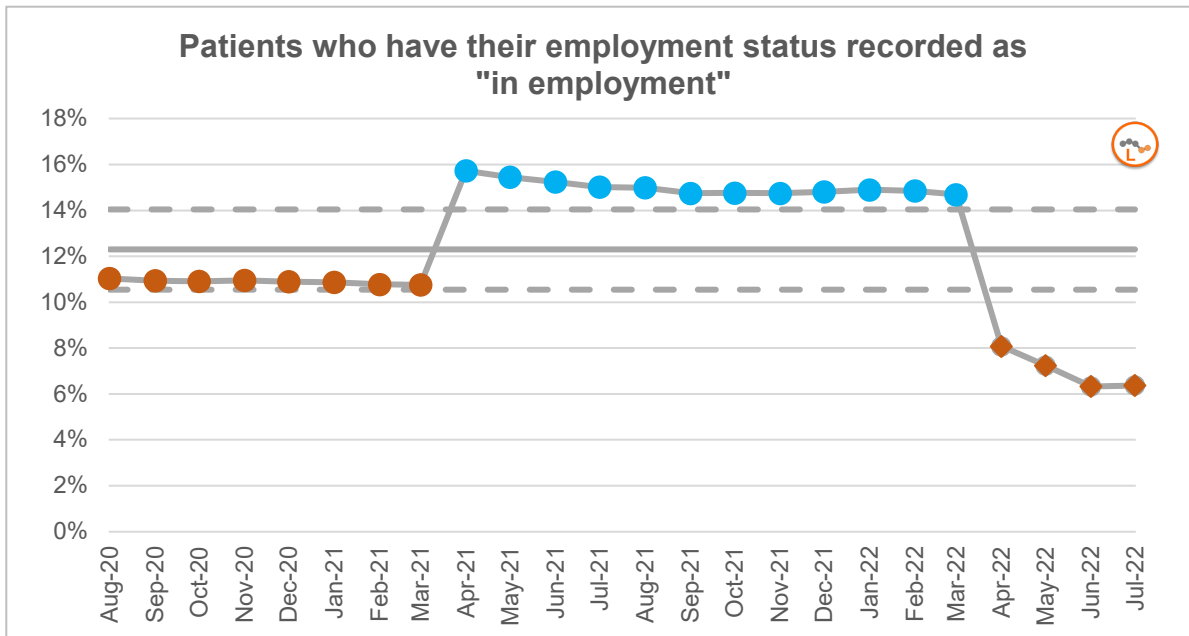
Since the multi-agency discharge events (MADE) were held, numbers of delayed transfers of care have reduced and now sit below the mean line. Work continues within the rapid review processes and clinical meetings and a housing officer was recruited in May 22 so they will support the identification of placements for patients who do not need to be on a hospital ward. The trust has also recently started a “medically fit for discharge” meeting where any barriers to discharge are identified and discussed. The way DTC is reported has also recently changed so this could account for the sudden increase recorded. It is expected that this will reduce over the next quarter.

28. Care plan reviews



The proportion of patients whose care plans have been reviewed continues to be recorded as lower than expected and is currently on a downward trajectory. This is likely due to care plans that have not yet been migrated over to SystmOne and data quality issues with how this information is being captured. A programme of clinical quality audit is being implemented across the trust divisions, led by the Heads of Nursing, which will help to identify those patients whose care plans require review. This will be monitored over the next six months, and we expect the trajectory to improve.

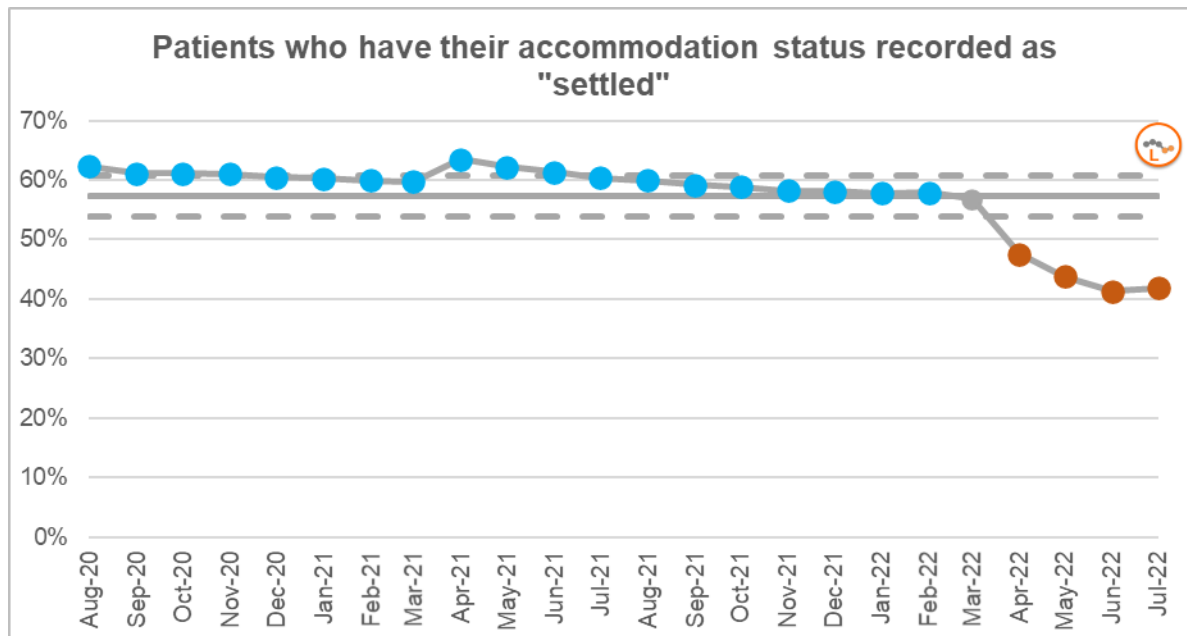
29. Patients in employment



Around one third of patients have no employment status recorded at present and the decline in patients recorded as being in employment coincides with the data migration to SystmOne. Therefore, this may be a data quality issue. This will be investigated and reviewed during the next quarter. The Individual Placement Support (IPS) Service continues to have success in supporting people into employment even during the pandemic and the service is currently expanding. They currently have 11 employment support workers, and this is planned to expand to 18 by March 2023 and to 23 by March 2024. The IPS Service has employed 2 peer support workers to support service

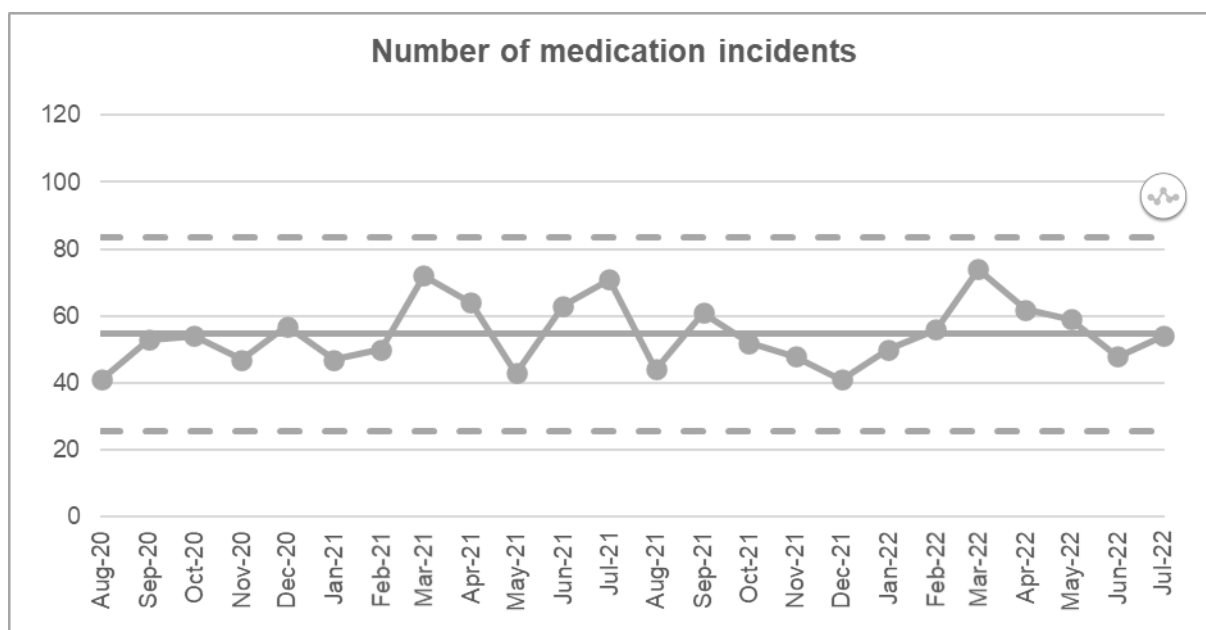
users back into work and to help them manage worries and anxieties and two team leaders have now been appointed. The Trust has also employed two experts by experience to focus on the implementation and management of Health Education England training in relation to peer support working and apprentices. As a result, the number of patients in employment is expected to improve over the next quarter.

30. Patients in settled accommodation



Around one third of patients have no accommodation status recorded and the decline in patients with a recorded settled accommodation status again coincides with the data migration to SystemOne. Therefore, this may also be a data issue and this will be investigated and reviewed during the next quarter.

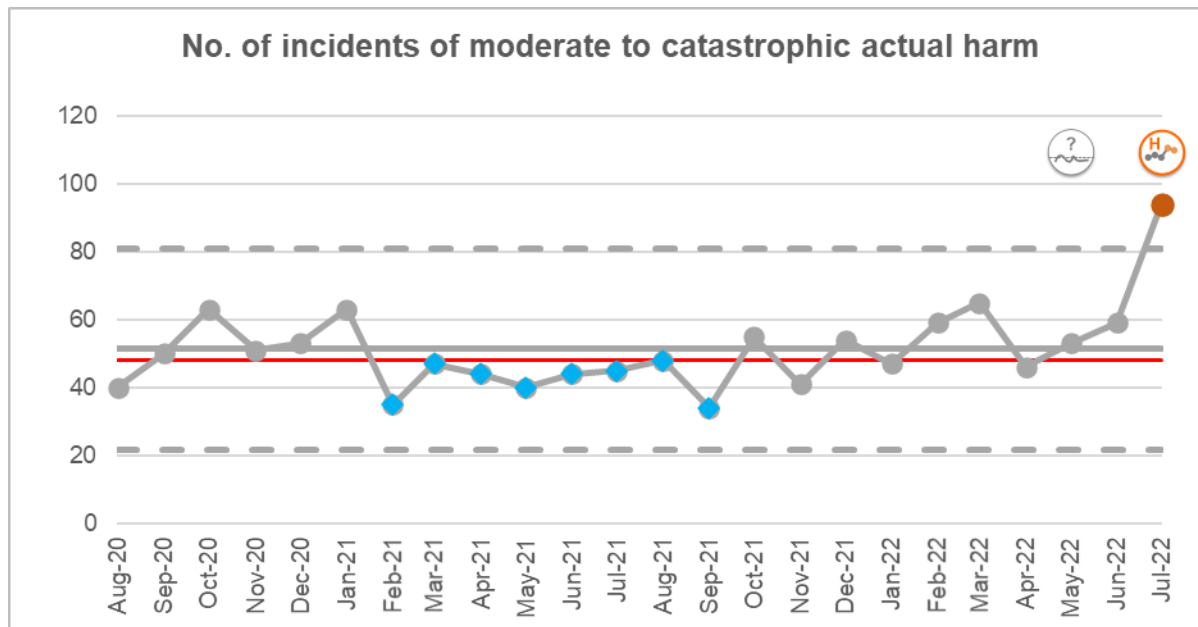
31. Medication incidents



Although there is fluctuation with the number of medication incidents recorded, they are within the common cause variation in relation to the mean. When looking into medication incidents, they take a variety of forms, from missed doses, wrong medication administration, missed fridge temperature

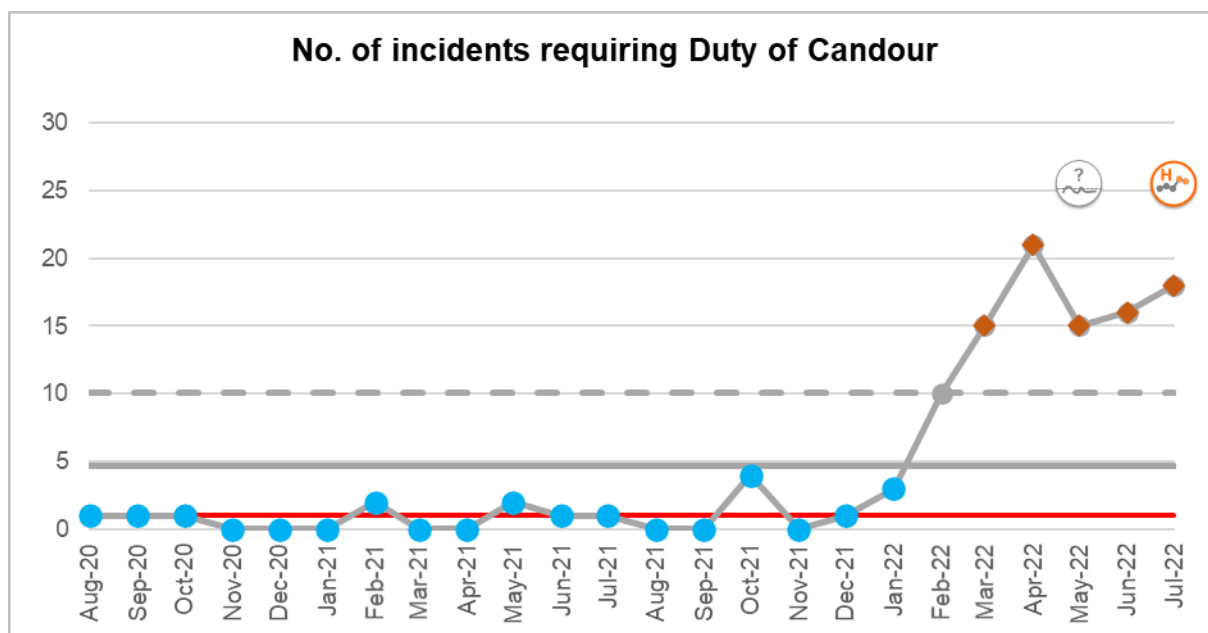
recording, prescription error and documenting errors. The medicines management operational subgroup is currently revising the medications error procedure, considering Trust values, and the Acute Inpatient Matrons and Head of Nursing are in the process of updating the relevant policies which will reduce the number of insignificant incidents. A report on incidents is also reviewed within the Monthly COAT meeting for each division.

32. Incidents of moderate to catastrophic actual harm



The number of reported incidents of moderate to catastrophic harm increased from April 22 with a spike between June and July. This increase appears to be related to repeated incidents involving a small number of patients. This is expected to reduce over the next quarter, but it will continue to be monitored by the Heads of Nursing team on a quarterly basis and fed into the relevant COAT meetings.

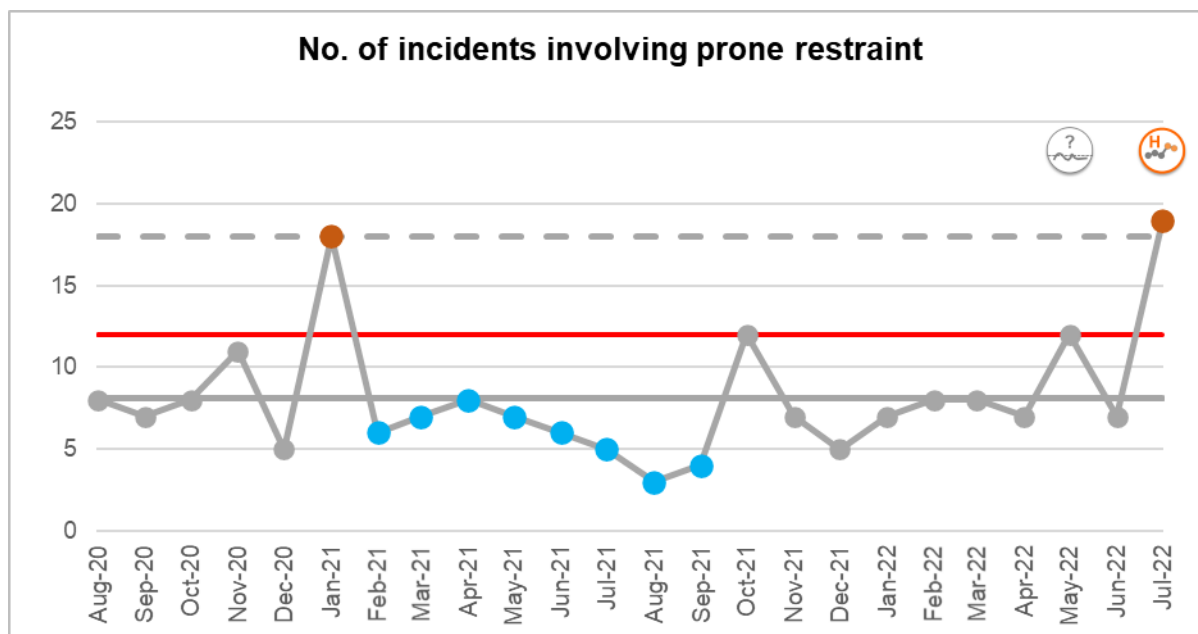
33. Duty of Candour



The increase in Duty of Candour reported incidents as anticipated in the previous report is due to a change in how DOC incidents are reported on the DATIX reporting system and a greater awareness

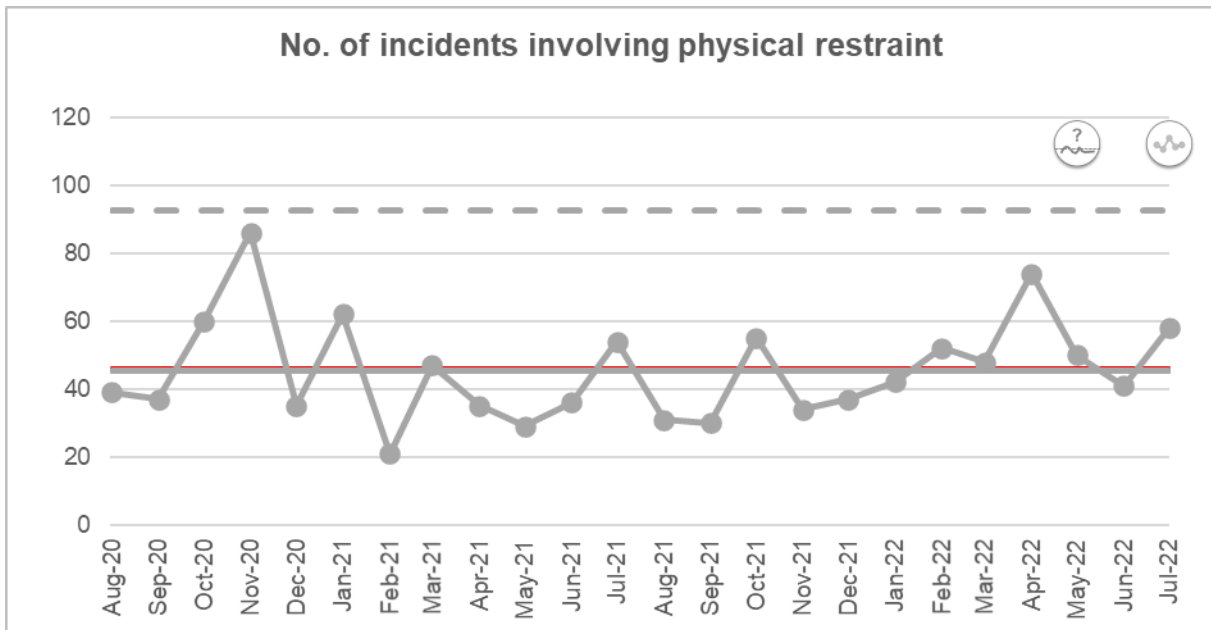
around reporting in clinical teams. This commenced in February 2022. From May 2022, the Patient Safety Team have undertaken training with Service Managers and Heads of Nursing to support them in understanding and interpreting new national guidance related to DOC which has allowed for a more accurate and consistent approach to DOC and better adherence to policy. Training around accurately reporting DOC continues within clinical teams and a new Family Liaison Officer has now commenced in post and a review into the current process of quality assurance, auditing and reviewing of incidents is underway. Due to these developments, it is expected that over the next quarter the number of incidents reported requiring DOC will stabilise and a more accurate mean will be established.

34. Prone restraint



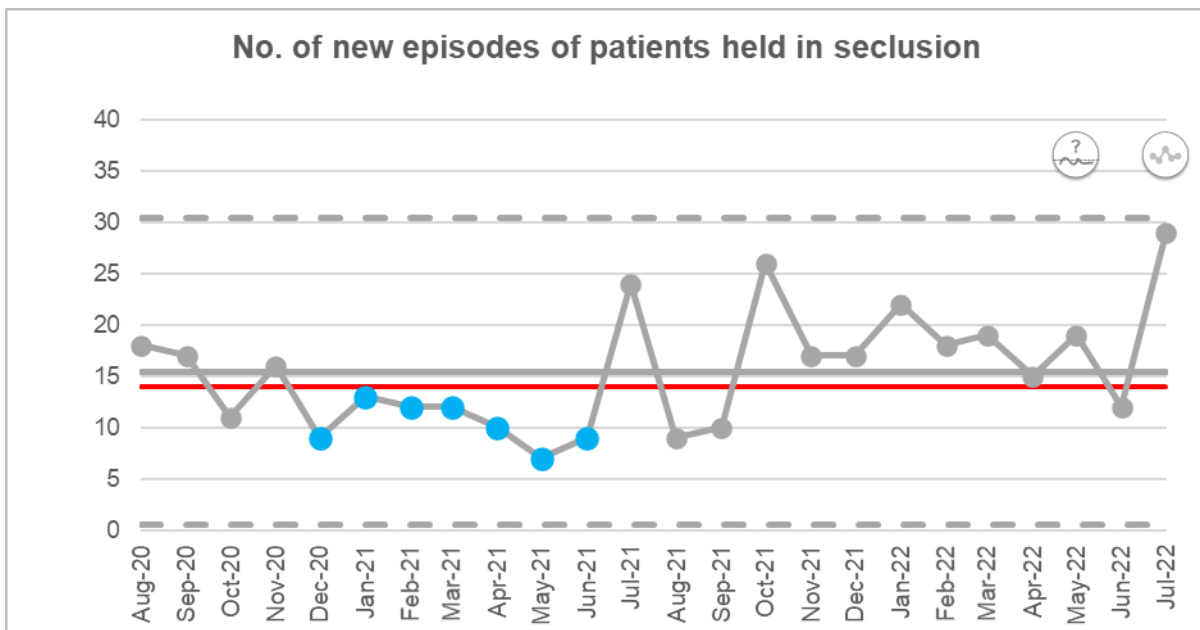
There are ongoing workstreams to support the continuing need to reduce restrictive practice, including the work around introducing body worn cameras. The monitoring of restrictive practice is done within specific forums and data analysis and review has shown that incidents involving prone restraint have increased between June and July 22 related to repeated incidents involving a small number of patients. The overall numbers of prone restraint are lower than the regional average per bed numbers and it is expected of incidents related to prone restraint will reduce over the next quarter. This will continue to be monitored.

35. Physical restraint



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

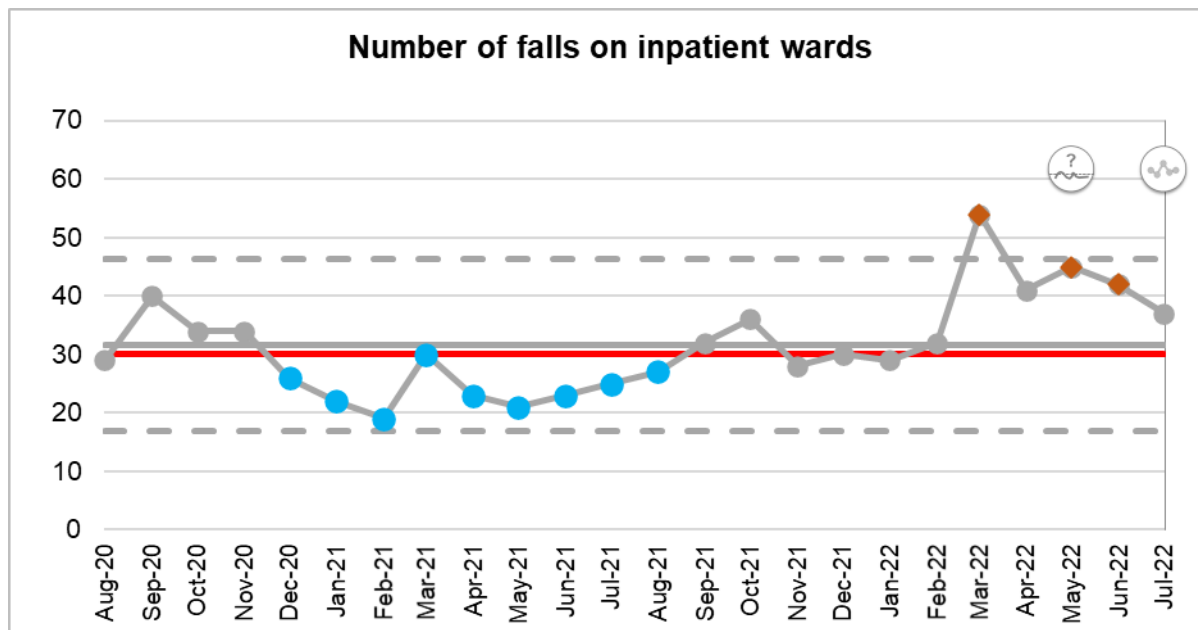
36. Seclusion



The use of seclusion has been above the mean common cause variation from October 2021. On further investigation of this trend, there is a link to a small number of patients who have been placed in seclusion on more than one occasion on an acute ward and then the enhanced care ward. This data will be monitored for patterns and further support needs for individual areas. Further auditing

and investigation will be carried out by the Head of Nursing for Acute and Assessment Services and will also include the links to Psychiatric Intensive Care Unit use.

37. Falls on inpatient wards

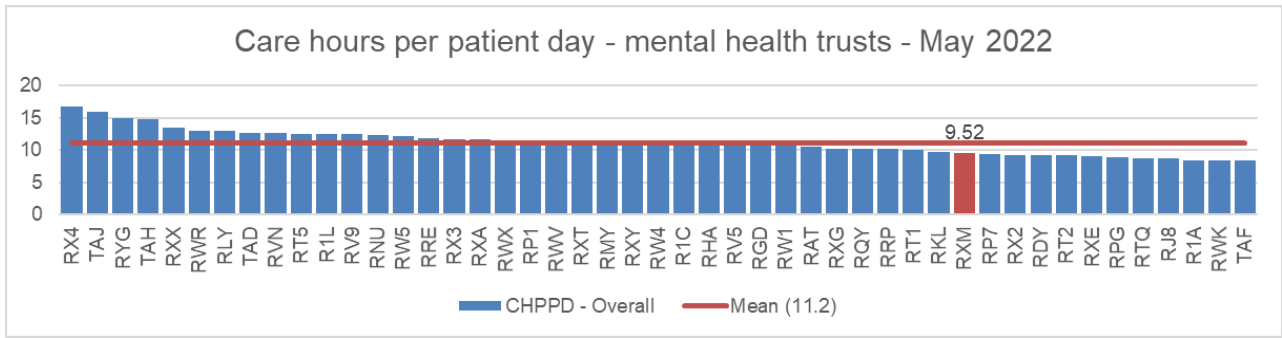


After an abnormal spike of incident in March 2022, A review of falls was commissioned and identified that a high number of falls were related to the same small number of patients. From this review a bi-weekly falls review meeting, chaired by the Matron for older adult services, has been established to identify any specific needs for those patients falling regularly. This appears to have had a positive impact with incidents related to falls reducing and continuing a downward trajectory between April and July 22. This will continue to be monitored over the next quarter.

Care Hours Per Patient Day (CHPPD)

CHPPD is rolling data updated monthly, to show staffing levels in relation to patient numbers on an inpatient ward. Every month, the hours worked during day shifts and night shifts by registered nurses and midwives and by healthcare assistants are added together. Each day, the number of patients occupying beds at midnight is recorded. These figures are added up for the whole month and divided by the number of days in the month to calculate a daily average. Then the figure for total hours worked is divided by the daily average number of patients to produce the rate of care hours per patient day. Work is underway to implement processes relating to staffing levels and how they are recorded in line with CHPPD and patient acuity. This will be in the form of the MHOST reporting system and SafeCare module within E-Roster. The Trust have MHOST training organised for October with participants identified from all inpatient areas. The Trust has also employed a new e-roster manager who came into post in July.

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

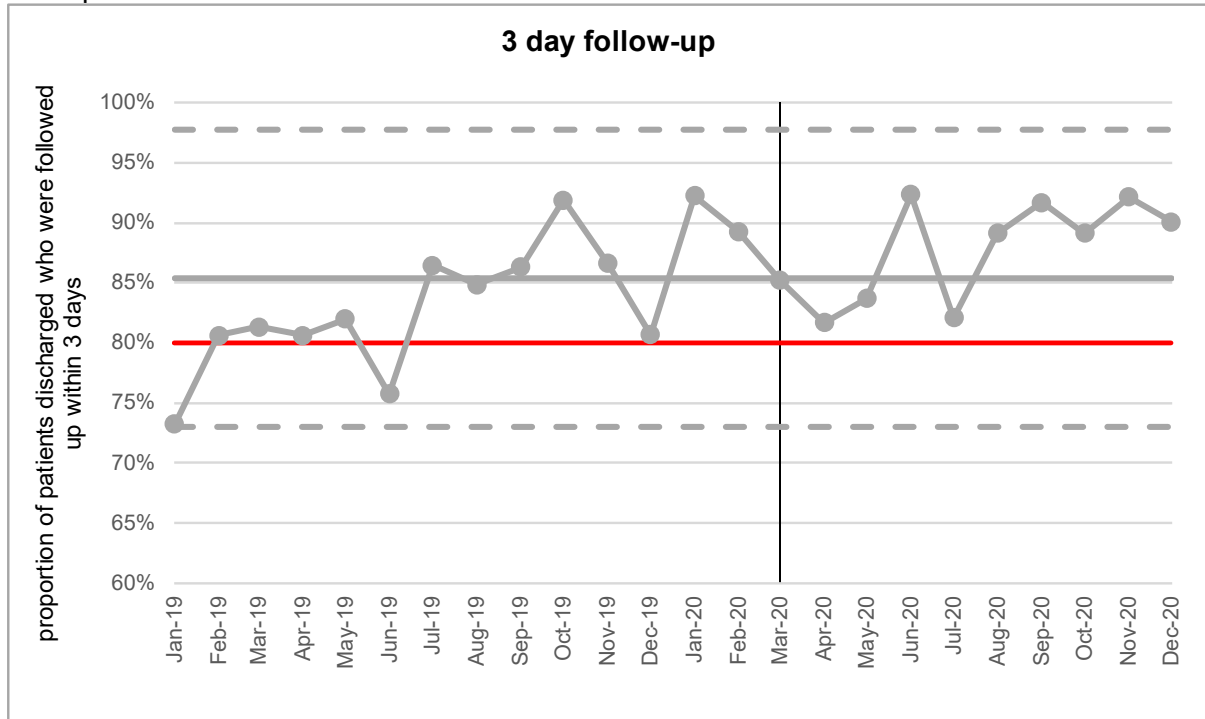


Data source: [NHS England » Care hours per patient day \(CHPPD\) data](#)

Appendix 1

Statistical Process Control Chart (SPC) Guidance

Example SPC chart:



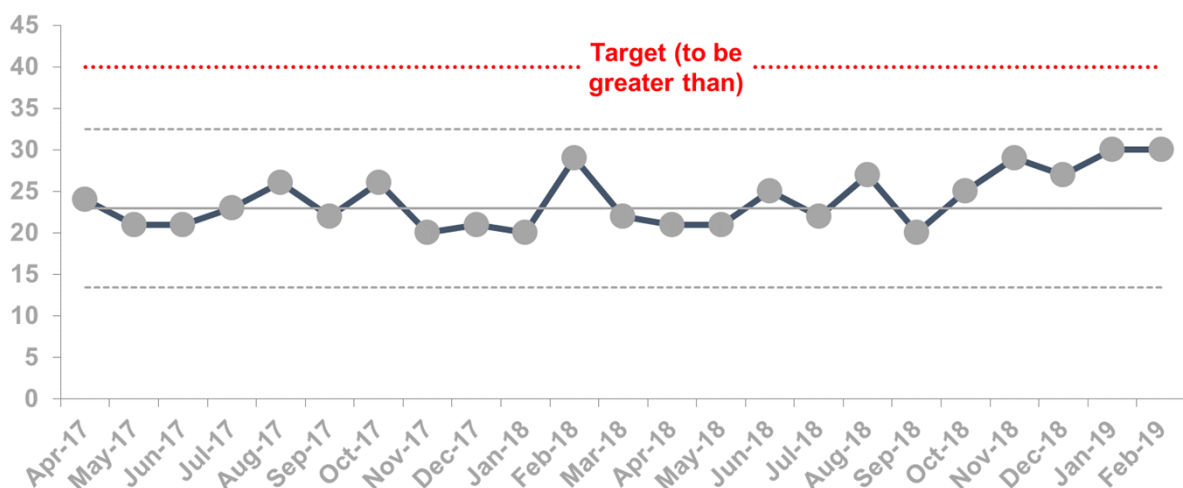
- The red line is the target.
- The grey dots are the actual performance each month. They are coloured grey as performance each month is normal in this example.
- The solid grey line is the average (mean) of all the grey dots.
- The grey dotted lines are called process limits, or control limits.

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

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

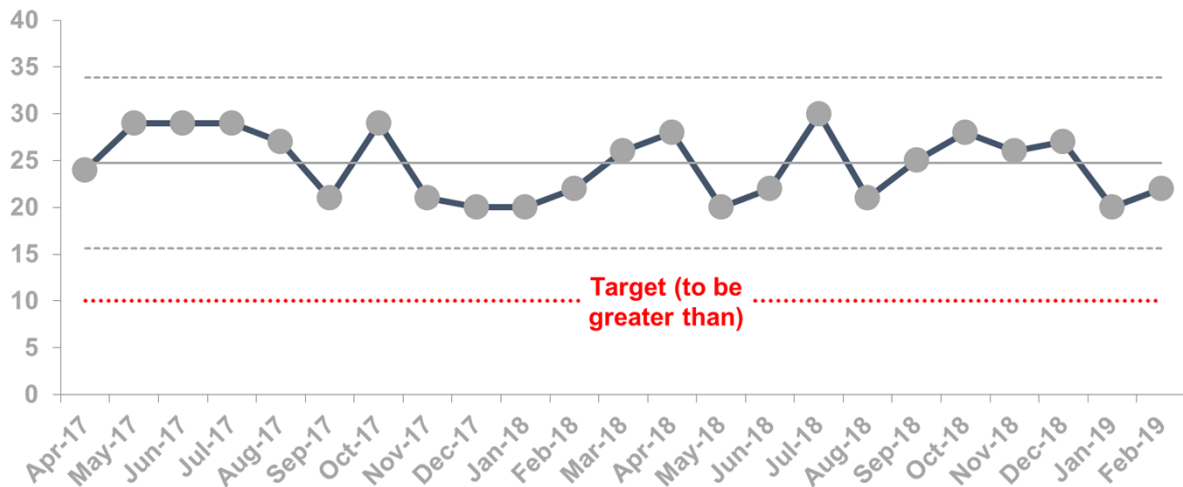
Things to look out for:

1. A process that is not working



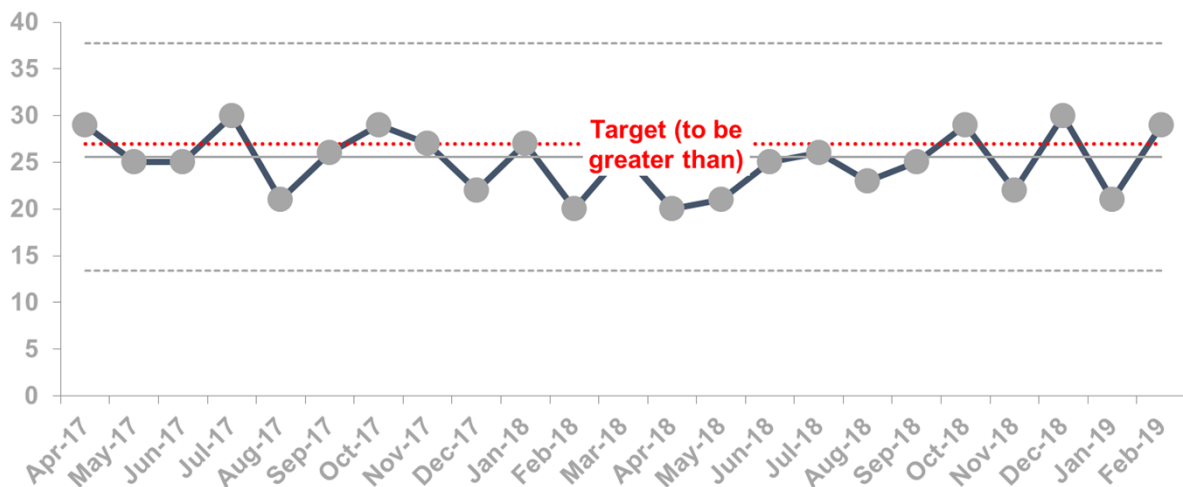
In this example the target is higher than the upper dotted grey line. This means that the target will never be achieved. To achieve the target, we need to change how we do things.

2. A capable process



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

3. An unreliable system

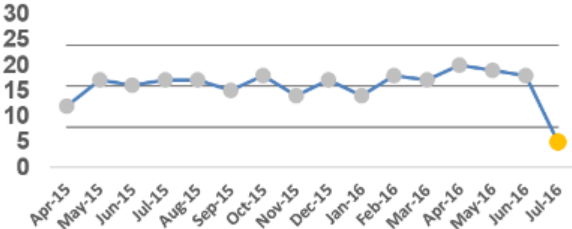
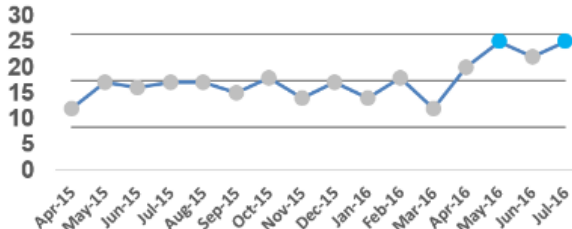
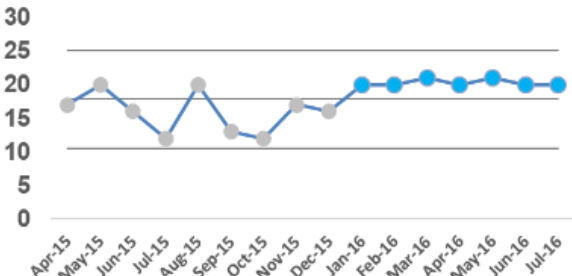
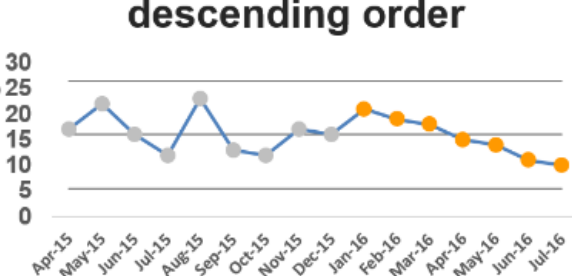


In this example the target line sits between the 2 grey dotted lines. As it is normal for the grey dots to fall anywhere between the 2 dotted grey lines, this means that it is entirely random as to whether or not the target will be achieved. So, this system is unreliable and needs to be redesigned if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

4. Unusual patterns in the data

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

There are four scenarios where this can happen:

<p style="text-align: center;">A single data point outside the process limits</p>  <p>The chart shows a line graph with a mean line at 15 and control limits at 10 and 20. The data points are generally stable around the mean until July 2016, where they drop significantly below the lower control limit. The July 2016 point is highlighted in orange.</p>	<p style="text-align: center;">Two out of three points close to the process limits</p>  <p>The chart shows a line graph with a mean line at 15 and control limits at 10 and 20. The data points are generally stable around the mean until May 2016, where they rise significantly above the upper control limit. The May, June, and July 2016 points are highlighted in blue.</p>
<p>In this example the July 16 performance is significantly lower than expected and falls beneath the lower grey dotted line.</p>	<p>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.</p>
<p style="text-align: center;">Shift of points above / below mean line</p>  <p>The chart shows a line graph with a mean line at 15 and control limits at 10 and 20. The data points fluctuate around the mean until January 2016, where they shift significantly above the mean line and remain there through July 2016. The points from Jan-16 to Jul-16 are highlighted in blue.</p>	<p style="text-align: center;">Run of points in consecutive ascending / descending order</p>  <p>The chart shows a line graph with a mean line at 15 and control limits at 10 and 20. The data points fluctuate around the mean until January 2016, where they start a consecutive run of descending order, ending in July 2016. The points from Jan-16 to Jul-16 are highlighted in orange.</p>
<p>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.</p>	<p>A run of 7 points in consecutive ascending or descending order is significant. In this example things are getting worse over time.</p>

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

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 9 August 2022. Both meetings were conducted digitally using Microsoft Teams.

Strategic Considerations

1) We will deliver great care by delivering compassionate, person-centred innovative and safe care.	
2) We will ensure that the Trust is a great place to work by 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 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 9 August 2022.

Report presented by: **Ruth Grice**
Public Governor, Chesterfield and Chair of the Governance Committee

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

Report from the Governance Committee meeting – 8 June 2022

18 governors (64.28% of the Council of Governors) attended the meeting on 8 June 2022.

Review Progress of the 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.

Results of the Membership Survey

- The results will be published in *Connections* the members magazine.

Governor Engagement Opportunities

- Forthcoming engagement opportunities were shared with governors who were encouraged to attend. The events included League of Friends Summer Fayre, Chesterfield Pride, Pride in Belper and Derby Pride.

Update on the Annual Members Meeting – 21 September 2022

- 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.

Strategy Refresh

- The presentation outlined the areas which the Trust will be focusing on in 2022/23
- The revised strategy will be:
 - presented to the Trust Public Board on 5 July for ratification
 - discussed at the joint Board and Governors development session on 5 July so that governors have a greater understanding of the Strategy and will then be able to act as Trust ambassadors and share what the Trust is trying to achieve within their communities.

Governor Training and Development Including Governor Conference

- Governors were encouraged to attend the NHS Providers Governor Conference on 5, 6 and 7 July
- Governors requested that a governor engagement session be arranged
- Governors were made aware of training sessions organised by GovernWell; and of mental health awareness training offered by Derbyshire County Council.

Governor email addresses

- For consistency and confidentiality all governors will be set up with nhs.net email accounts.

Report from the Governance Committee meeting – 9 August 2022

14 governors (51.85% of the Council of Governors) attended the meeting on 9 August 2022.

Terms of Reference Annual Review

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

Membership Data

- A governor Engagement Task and Finish group will be established to discuss increasing membership in Chesterfield and High Peak and Derbyshire Dales and in the age range 17-21 years.

Update on the Annual Members Meeting – 21 September 2022

- The Lead Governor and Deputy Lead Governor will present the governor section 'reflections and highlights of the year from the Council of Governors'

Feedback from Governor Engagement Activities

- Rachel Bounds will investigate issues around funding for support groups and will give an update at the next meeting in October
- An update on the wait times to be given by Tony Edwards, Non-Executive Director at the Council of Governors on 6 September
- Ralph Knibbs, Non-Executive Director will give an update on staff retention during his Deep Dive at the Council of Governors in November 2022

Agree the Process for the Governor's 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.

Well Led and Care Quality Commission Update

- A Well Led working group will be arranged in September/October
- An informal session will be arranged for governors and Non-Executive Directors to get to know each other

Consideration of Holding to Account Questions to Council of Governors

- One item was escalated to the Council of Governors: Governors want to seek assurance around the implications of leadership changes and any potential impact these changes will have on the impending Care Quality Commission Inspection.

Attendance at Council of Governors Meetings

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

Arrangements for Future Meetings

- Governors agreed that the next Governance Committee will be a combination of virtual and face to face.

Trust Quality Visits

- Governors who are interested in participating in the Trust's Quality Visits should contact Denise Baxendale as soon as possible.

Governor Membership Engagement Action Plan Update

Purpose of Report

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

Executive Summary

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

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

It was first approved at the Council of Governors in August 2018. Since then it has been reviewed and updated by the Governance Committee on a regular basis. It was last presented to the Council of Governors in May. 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 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.

	Activity with comments/actions	Lead and support	Timescale
1	General events – governors encouraged to let Denise Baxendale know of any appropriate events that are taking	All governors.	Some public face to face events are taking place. Governors to check their areas for face to face event – update to be given 8.9.22
	Patient Participation Groups (PPG)/ Joined Up Care Derbyshire (JUCD) Citizens Panel. This is an opportunity to promote the governor role/request feedback on Trust services. No need to attend every meeting. Governors to make contact with local PPGs to see if they can publish information electronically in the waiting rooms about governors and how to contact them. Denise has produced a document that she is rolling out to governors. It includes information on the Trust services, governor role, how to contact a governor. Amber Valley governors have received this. Staff governors have been promoted in the staff newsletter and there will also be a section in the staff magazine.	Governors are encouraged to join their PPG (if there is one) and JUCD Citizens Panel 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 2022 – consider having a governor stall at events arranged by Public Health. Nearer the time, Denise Baxendale will establish if the Trust is having a stall to celebrate and if so if governors can also have a stall. This will be dependent on the situation with COVID-19.	Denise Baxendale plus elected governors	Revisit summer 2022
	BME targeted engagement – Chesterfield and North East Derbyshire – establish links and promote direct links. NB Lynda Langley has established links with Mike Evans, organiser Chesterfield BME. Denise	Need to consider the next step.	Denise has contacted Mike Evans. January 2022

	has produced a piece about the Trust how to contact governors, membership, becoming a governor etc. for the BME forum – this can be adapted for other organisations. Rachel, Lynda and Denise attended Chesterfield BME Forum. Jodie will investigate BME forum in Derby.	Denise attended Derby City Council's Racial Equality Hub on 9 June	Discuss on 12 October – need to consider next steps
	Joined Up Care Derbyshire Engagement Committee	Chris Mitchell represents governors on this Committee	Ongoing – updates given at Governance Committee
	Social media – All governors on Twitter or Facebook to follow DHCFT. Governors can promote governor role/Council of Governors/governor vacancies/how to contact governors and how to become a member. Denise sent link for joining leaflet, address for Trust Twitter and Facebook page. Governors to include social media engagement on the governor engagement log 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 for Derby City youth groups etc. Which other groups should be targeted?	Denise Baxendale – letters being rolled out	Requested a list of BME and youth groups from Derbyshire County Council; and a list of BME groups from Derby City Council. Update to be given in October 2022.
2	Annual Members Meeting (AMM) – Encourage members to attend and participate in the meeting when visiting local events/engaging with members and the public. All governors to attend the virtual meeting. Date for AMM is 21 September.	All governors	Promotion is ongoing – circulated booking link and info about the AMM, along with arts and crafts competition. All governors to promote the event and attend if possible.
	AMM Task and Finish group to plan – Marie Hickman, Julie Boardman, Rob Poole and Orla Smith (other governors welcome to join the group)	Denise Baxendale	Complete – proposals presented to Governance Committee in April

3	<p>Working with the Voluntary Sector</p> <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 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 	<p>All governors</p> <p>Rachel Bounds/Jodie Cook Rachel Bounds/Jodie Cook</p> <p>Rachel Bounds/Jodie Cook All governors All governors</p> <p>All governors</p>	<p>All governors have been encouraged to subscribe. The links will be included in the induction pack for new governors</p>
4	<p>Communicating with Trust members</p> <p>To consider how governors communicate with members. Email each constituency details of their governor(s) and how to contact them</p>	<p>Governors</p>	<p>October 2022 – already begun to promote governors to members etc.</p>
5	<p>Staff</p> <p>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</p>	<p>Staff Governors</p>	<p>“Grab a governor” sessions are ongoing</p>

	<p>promoted in staff communications (i.e. Staff Facebook group, staff magazine and e-newsletter)</p> <p>Staff governor poster to be produced and circulated to all staff</p>	Denise Baxendale	Promoted across the trust to colleagues. COMPLETE
7	<p>Protocols for Governor Engagement Task and finish group to meet to develop the toolkit – Valerie Broom and Orla Smith (other governors are welcome to join the group).</p> <p>Leaflet on the Trust services needs to be updated</p>	Denise Baxendale and governors	Information produced and used at League of Friends Summer Fayre, Chesterfield and Belper Pride. COMPLETE
		Denise Baxendale	To share with governors October/November
	<p>Increasing membership Look at key messages for increasing membership in Chesterfield and High Peak and Derbyshire Dales, and with younger people. Jill Ryalls, Marie Hickman, Rob Poole, Angela Kerry, Orla Smith and Rachel Bounds expressed an interest to join the group.</p>	Governor Engagement task and finish group	First meeting to be arranged in September/October
	<p>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</p>	All Governors	Ongoing – standing agenda item for the Governance Committee

Last reviewed by the Governance Committee on 9 August 2022

Governor Meeting Timetable September 2022 – March 2023

DATE	TIME	EVENT	LOCATION/COMMENTS
6/9/22	9.30am onwards	Public Trust Board	Virtual
6/9/22	2.00pm onwards	Council of Governors meeting	Virtual
21/9/22	4.00-6.00pm	Annual Members' Meeting	Virtual
4/10/22	10.00-12.00pm	Governor get together – to meet face to face and to chat about engagement and voluntary groups	The Hub, Low Pavement, Chesterfield
12/10/22	10.00am-12.30pm	Governance Committee	Combination of virtual and face to face
12/10/22	1.00-2.00pm	Governor engagement session	Combination of virtual and face to face
1/11/22	9.30am onwards	Public Trust Board	TBC – virtual or Conference Room A&B, Kingsway Hospital, Derby
1/11/22	2.00pm onwards	Council of Governors meeting	TBC – virtual or Conference Room A&B, Kingsway Hospital, Derby
13/12/22	10.00am-12.30pm	Governance Committee	TBC – virtual or Rooms 1&2, Kingsway Hospital, Derby
17/1/23	9.30am onwards	Public Trust Board	TBC – virtual or Conference Room A&B, Kingsway Hospital, Derby
17/1/23	2pm onwards	Council of Governors and Trust Board development session	TBC – virtual or A&B, Kingsway Hospital, Derby
7/2/23	12.30-1.30pm	Governor focus group – NED appraisals	TBC – virtual or Rooms 1&2, Kingsway Hospital, Derby
7/2/23	2.00-4.30pm	Governance Committee	TBC – virtual or Rooms 1&2, Kingsway Hospital, Derby
7/3/23	9.30am onwards	Public Trust Board	TBC – virtual or Conference Room A&B, Kingsway Hospital, Derby
7/3/23	2.00pm onwards	Council of Governors meeting	TBC – virtual or Conference Room A&B, Kingsway Hospital, Derby

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
COO	Chief Operating Officer
CPA	Care Programme Approach
CPD	Continuing Professional Development
CPN	Community Psychiatric Nurse
CPR	Child Protection Register

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS

NHS Term / Abbreviation	Terms in Full
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
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

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS

NHS Term / Abbreviation	Terms in Full
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
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

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS

NHS Term / Abbreviation	Terms in Full
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
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

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS

NHS Term / Abbreviation	Terms in Full
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)
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

**GLOSSARY OF NHS AND
DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS**

NHS Term / Abbreviation	Terms in Full
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
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
SystemOne	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	

**GLOSSARY OF NHS AND
DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS**

NHS Term / Abbreviation	Terms in Full
WDES	Workforce Disability Equality Standard
WRES	Workforce Race Equality Standard
WTE	Whole Time Equivalent
Y	
YTD	Year to Date

(updated 14 June 2022)