

COUNCIL OF GOVERNORS MEETING – TUESDAY 7 NOVEMBER 2023
14:00 – 16:45 HOURS

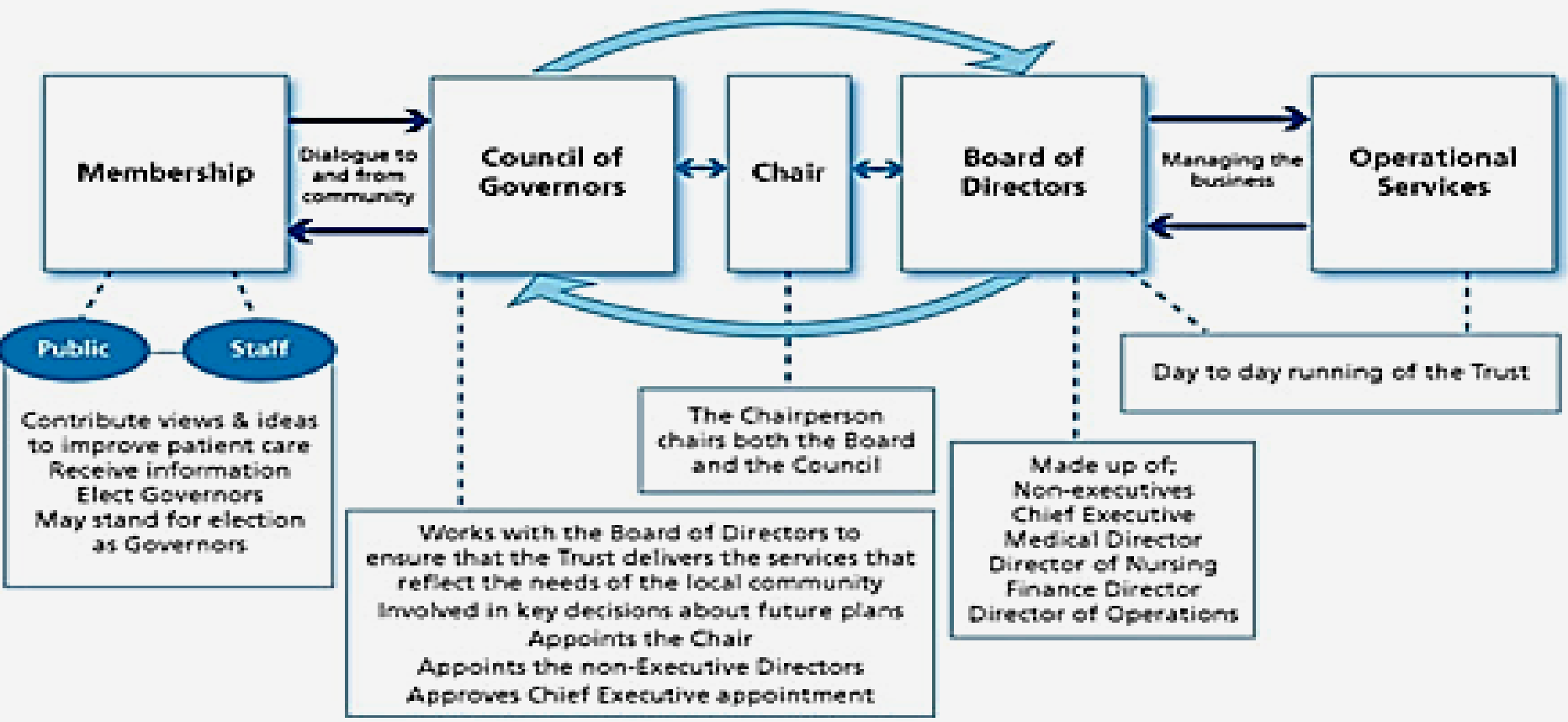
This meeting will be conducted virtually by MS Teams [click here to join the meeting](#).

AGENDA		LED BY	TIME
1.	Welcome, introductions and Chair's opening remarks Apologies and Declaration of Interests	Selina Ullah	2.00
2.	Submitted questions from members of the public	Selina Ullah	
3.	Minutes of the previous meeting held on 5 September 2023	Selina Ullah	2.05
4.	Matters arising and actions matrix	Selina Ullah	
5.	Living Well Derbyshire programme update	Vikki Ashton Taylor	2.15
6.	Chief Executive's update (verbal)	Mark Powell	2.40
STATUTORY ROLE			
7.	Well Led Review update	Selina Ullah	3.00
8.	Council of Governors Annual Effectiveness Survey	Denise Baxendale	3.20
COMFORT BREAK			3.25
HOLDING TO ACCOUNT			
9.	Non-Executive Director report from the Chair of Quality and Safeguarding Committee	Lynn Andrews	3.35
10.	Escalation items to the Council of Governors from the Governance Committee	Selina Ullah	3.45
11.	Verbal summary of Integrated Performance Report (full report provided for information)	Non-Executive Directors	3.50
OTHER MATTERS			
12.	Annual Members Meeting feedback	Denise Baxendale	4.20
13.	Forthcoming governor elections	Denise Baxendale	4.25
14.	Governance Committee Report – 11 October 2023	Marie Hickman	4.30
15.	Any Other Business	Selina Ullah	4.35
16.	Review of meeting effectiveness and following the principles of the Code of Conduct	Selina Ullah	4.40
17.	Close of meeting	Selina Ullah	4.45
FOR INFORMATION			
18.	Minutes of the Public Board meeting held on 5.9.23*		
19.	Chair's Report as presented to Public Trust Board on 7.11.23*		
20.	Chief Executive's Report as presented to Public Trust Board on 7.11.23*		
21.	Governor meeting timetable 2023/24		
22.	Glossary of NHS terms		
Next Meeting: Tuesday 5 March 2024, from 14.00 – 17.00 hours			

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

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

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.



**MINUTES OF COUNCIL OF GOVERNORS MEETING
HELD ON TUESDAY 5 SEPTEMBER 2023 , FROM 14:00-16:37 HOURS
HYBRID MEETING DIGITALLY VIA MICROSOFT TEAMS AND FACE TO FACE**

PRESENT	Selina Ullah*	Trust Chair and Chair of Council of Governors
	Susan Ryan*	Public Governor, Amber Valley and Lead Governor
	Angela Kerry	Public Governor, Amber Valley
	Rob Poole	Public Governor, Bolsover and North East Derbyshire
	Jill Ryalls	Public Governor, Chesterfield
	Chris Williamson	Public Governor, Derby City West
	Andrew Beaumont	Public Governor, Erewash
	Brian Edwards	Public Governor, High Peak and Derbyshire Dales
	Kel Sims	Staff Governor, Admin and Allied Support Staff
	Jo Foster	Staff Governor, Nursing
	David Charnock	Appointed Governor, University of Nottingham
	Jodie Cook	Appointed Governor, Derbyshire Mental Health Forum
	Rachel Bounds	Appointed Governor, Derbyshire Voluntary Action
	Tom Bladen	Public Governor, Derby City East
	Graeme Blair	Public Governor, Derby City East

IN ATTENDANCE

Vikki Ashton Taylor	Director of Strategy, Partnerships and Transformation
Denise Baxendale	Membership and Involvement Manager
Rachel Leyland	Interim Director of Finance
Justine Fitzjohn*	Trust Secretary
John Pressley	External Auditor, Mazars
Lynn Andrews*	Non-Executive Director
Tony Edwards *	Non-Executive Director
Deborah Good*	Non-Executive Director
Ralph Knibbs*	Non-Executive Director
Geoff Lewins*	Non-Executive Director

* some attendees were together in Kingsway Room 10

APOLOGIES	Mark Powell	Chief Executive
	Laurie Durand	Staff Governor, Medical
	Ruth Grice	Public Governor, Chesterfield
	Ogechi Eze	Public Governor, Derby City West
	Chris Mitchell	Public Governor, High Peak and Derbyshire Dales
	Hazel Parkyn	Public Governor, South Derbyshire and Deputy Lead Governor
	Annette Gilliland	Public Governor, Rest of England
	Marie Hickman	Staff Governor, Admin and Allied Support
	Jan Nicholson	Staff Governor, Allied Professions
	Stephen Wordsworth	Appointed Governor, University of Derby
	Ashiedu Joel	Non-Executive Director

ITEM	<u>ITEM</u>
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DHCFT/GOV/ 2023/029	<p><u>WELCOME, INTRODUCTIONS, APOLOGIES FOR ABSENCE AND DECLARATION OF INTERESTS</u></p> <p>Selina Ullah, Trust Chair welcomed all to the meeting. Apologies were noted above. There were no declarations of interest.</p>
DHCFT/GOV/ 2023/030	<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/GOV/ 2023/031	<p><u>MINUTES OF THE MEETING HELD ON 9 MAY 2023</u></p> <p>The minutes of the meeting held on 9 May 2023 were accepted as a correct record.</p>
DHCFT/GOV/ 2023/032	<p><u>MATTERS ARISING AND ACTION MATRIX</u></p> <p>No matters were raised. Governors agreed to close all completed actions. All 'green' actions have been scrutinised to ensure they were fully complete.</p>
DHCFT/GOV/ 2023/033	<p><u>CHIEF EXECUTIVE'S UPDATE</u></p> <p>In Mark Powell's absence, Vikki Ashton Taylor, Director of Strategy, Partnerships and Transformation gave a verbal update on the following:</p> <ul style="list-style-type: none"> • The Trust has been shocked and saddened by the recent trial and conviction of Lucy Letby. It was noted that the full learning will come out of the independent inquiry but as a Trust we will be reviewing NHS England's immediate recommendations and report our compliance with these through our quality governance framework. Vikki assured governors that the workforce is empowered to raise issues • Financial position – at the end of July the Trust had a slight surplus but continues to be challenged financially. The Trust continues to reduce the spend on agency staff which has a positive impact on the budget • The Trust is continuing to manage the consultant and junior doctor industrial action • Trust accolades – a number of staff have been put forward for nominations for awards and been on recognised nationally including: <ul style="list-style-type: none"> - Armed Forces Defence Employer gold scheme for the significant support to staff with an Armed Forces background - Two consultants recognised as fellows by Royal College of Psychiatrists - Two members of staff have been named as finalists for work carried out within the NHS at a national awards scheme run by Asian NHS professionals • The Trust has undertaken considerable work to improve its response and support to people in communities with dementia and diagnosis of dementia and has surpassed the national target for this. <p>Referring to the Lucy Letby case, Brian Edwards, Public Governor asked if the Trust has a medical examiner looking at deaths in the Trust. Lynn Andrews, Non-Executive Director explained that mental health trusts had not been required to use medical examiners and assured governors that the Trust has a robust process in place to investigate deaths. However, moving</p>

forwards the medical examiner role will be used in mental health trusts and they will have independent scrutiny.

Jill Ryalls, Public Governor also referred to the Lucy Letby case and asked how assured the Trust can be that frontline staff have the confidence in speaking up. Geoff Lewins, Speak Up Non-Executive Director, explained that staff are encouraged to speak up and a report on this is presented to the Trust Board by the Freedom To Speak Up Guardian (FTSUG). He assured governors that the Board want to hear from people regarding issues relating to patient safety, equality, diversity and inclusion (EDI), bullying and harassment etc. The report prepared and presented by the FTSUG is extensive in its reporting and assurance is sought that the concerns are dealt with promptly and appropriately. Geoff also explained that the Trust has policies and procedures in place to encourage people to speak up. Selina Ullah explained that raising concerns is triangulated with the staff survey and benchmarking against other trusts, and compares favourably with the national picture. It was also noted that an open and transparent culture is important to empower people to raise concerns without the fear of retribution.

Brian Edwards asked if the NHS is carrying out a review of its hospital buildings to find out which have Reinforced Autoclaved Aerated Concrete (RAAC) , as is currently being undertaken with schools. Geoff Lewins confirmed that the Trust is thought to be clear from this, but as the Trust has a lot of buildings, including those it doesn't own, it will be carrying out its own review.

Brian Edwards referred to the Trust's back log of maintenance and was reassured that this does not include concerns regarding RAAC.

RESOLVED: The Council of Governors noted the update.

**DHCFT/GOV/
2023/034**

PRESENTATION OF THE ANNUAL REPORT AND ACCOUNTS 2022/23 AND REPORT FROM THE EXTERNAL AUDITORS

Rachel Leyland, Interim Director of Finance, reminded governors of their statutory role i.e., governors must be presented with the NHS Foundation Trust's annual report and accounts and any report from the auditor on them.

Rachel explained that an overview of the Annual Report and Accounts for 2022/23 will also be presented, consistent with financial reporting, at the Annual Members Meeting on 20 September 2023.

Rachel introduced John Pressley of external auditors, Mazars, who provided a summary of the Annual Audit letter. John explained that Mazars key responsibilities are to:

- Give an opinion on the Trust's financial statements
- Assess the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources (the value for money conclusion).

John explained that the audit was completed by the deadline and presented a positive annual report letter, confirming that they had not identified any significant weaknesses which would require further work or wider reporting.

Brian Edwards asked if the Trust has an underlying deficit. Rachel Leyland explained that it does and this is due to the non-recurrent cost efficiencies.

	<p>An efficiency programme in 2022/23 was delivered in full and the Trust plans to deliver a break even in 2023/34. However, the Trust is aware of the risks of cost efficiencies not being recurrent; cost pressures from inflation; and the need to reduce agency expenditure.</p> <p>Brian referred to the £14m in reserve and asked what this will be used for. Selina Ullah explained that this is the capital building funds to help to fund the Making Room for Dignity (MRFD) programme as this is not being completely funded from the centre. Lynn Andrews confirmed that there is a back log of maintenance issues and those that affect patient experience or safeguarding will be prioritised.</p> <p>John Pressley explained that many NHS organisations made a lot of non-recurrent savings in 2022/23 and acknowledged this is a challenge for 2023/24 as savings need to be made.</p> <p>Susan Ryan, Lead Governor reminded governors that a governor training and development session on finance (including procurement) has been arranged for 29 September and encouraged all governors to attend.</p> <p>RESOLVED: The Council of Governors noted the report.</p>
<p>DHCFT/GOV/2023/035</p>	<p><u>EXTENSION OF EXTERNAL AUDIT CONTRACT</u></p> <p>Geoff Lewins, reminded governors that one of the Council of Governors roles is to appoint an external auditor, following a recommendation from the Trust’s Audit and Risk Committee.</p> <p>He explained that the current contract with Mazars was approved by the Council of Governors in July 2020. The contract commenced on 1 September 2020 for three years with an option to extend for one year with a further year after that.</p> <p>Geoff confirmed that over the past three years the Trust and Mazars have built up a mutually respectful working relationship and three successful audits have been delivered. He also confirmed that the Audit and Risk Committee recommend that the contract is extended for a further two years.</p> <p>RESOLVED: The Council of Governors approved the recommendation to extend the contract with Mazars for a further two years.</p>
<p>DHCFT/GOV/2023/036</p>	<p><u>NON-EXECUTIVE DIRECTOR REPORT (INCLUDING ANNUAL REPORT OF THE AUDIT AND RISK COMMITTEE)</u></p> <p>Geoff Lewins, as Chair of the Audit and Risk Committee, presented his report, which included the annual report of the Audit and Risk Committee, to governors. Geoff explained that the Committee oversees the production of the Annual Report and Accounts which included liaising with the external auditors Mazars. Geoff confirmed that the Audit and Risk Committee carries out a significant amount of other work during the year reviewing the Trust’s system of risk management.</p> <p>As the Freedom To Speak Up (FTSU) Non-Executive Director (NED) he meets with the FTSU Guardian, Tam Howard, to ensure that she is supported by the Board and wider management of the Trust and to provide an escalation route if necessary.</p>

	<p>Geoff is also the NED supporting the development of the East Midlands Perinatal Mental Health Provider Collaborative (where the Trust will take on the Lead Provider role). He assured governors that the Trust is going through an extensive process of validation to take on this extra activity.</p> <p>Brian Edwards referred to the conflict of interest hospitality register in the report and asked if this is published. Geoff confirmed that the register is published in the publication scheme.</p> <p>RESOLVED: The Council of Governors noted the Non-Executive Director’s updates and gained assurance from these.</p>
<p>DHCFT/GOV/2023/037</p>	<p><u>ESCALATION ITEM TO THE COUNCIL OF GOVERNORS FROM THE GOVERNANCE COMMITTEE</u></p> <p>One item of escalation was received from the Governance Committee meeting held on 8 August 2023:</p> <p><i>What level of assurance do the Non-Executive Directors have that the Trust’s wellbeing support are working and keeping our staff well and how effective is it. If offers of support are not be being taken then why is this?</i></p> <p>The response to the question attached as Appendix 1 to these minutes, was read out at the meeting.</p> <p>Andrew Beaumont, Public Governor mentioned that only six hours of counselling is offered to staff and this may not be adequate in some cases.</p> <p>David Charnock, Appointed Governor asked if the Trust is aware of which groups are not accessing the wellbeing opportunities. Ralph Knibbs offered to find out if this information is available. Brian Edwards commented that people who are most reluctant to seek help are senior people, who may be seeking support outside the Trust.</p> <p>RESOLVED: The Council of Governors noted the response.</p>
<p>DHCFT/GOV/2023/038</p>	<p><u>NON-EXECUTIVE DIRECTORS VERBAL SUMMARY ON THE INTEGRATED PERFORMANCE REPORT</u></p> <p>Tony Edwards, Chair of the Finance and Performance Committee gave an operational view which included:</p> <ul style="list-style-type: none"> • A significant amount of work has been undertaken to improve the report so that it is clear what is going well and what the challenges are. It was agreed the new format was useful to governors • The Trust is under significant pressure due to increases in demand for services and funding issues. He explained that the increase in wait times for adults with autism was mainly due to the increase in demand, and no additional funding had been received to manage the increase • Financial pressures have been impacted by a number of issues including: length of stay, out of area placements, agency expenditure and are overlayed by challenges around recruitment and retention of staff. Tony assured governors that the Finance and Performance Committee scrutinises the budget and request deep dives on waiting lists, productivity etc.

- There has been a large improvement in psychology wait times; and new services have been launched including Gambling Harm Services. The Trust is also the Lead Provider for Perinatal Services
- The new facilities are facing challenges due to the increase in costs in the building and construction market
- The refurbishment programme is underway and the Trust is in the process of re-tendering to ensure value for money.

Christine Williamson, Public Governor asked how many service users have been placed out of area. Tony responded that the most recent increase in the use of out of area placements was due to repair work being undertaken on one of the wards at the Radbourne Unit caused by a fire.

Jo Foster, Staff Governor assured governors that the issue of out of area placements is addressed operationally and clinically.

Brian Edwards expressed concern that a significant number of patients are waiting for an autism spectrum disorder (ASD) assessment. Selina Ullah confirmed that the Trust is contracted for a certain number of assessments and is already exceeding this number and not receiving any additional funding to support this. Brian explained he had made his own enquiries and that there is a provider in Derbyshire who has informed him that they do not have wait times and people are seen within two weeks of referral. Selina explained that the Trust has not been allocated monies to pay for other providers. Vikki Ashton Taylor confirmed that there has been an increase in demand for ASD services nationally where providers are unable to meet the demand. The Trust recognises that as an organisation and system the financial position is very challenged. The system is looking at programmes of work to alleviate pressure, and assured governors that the Trust was trying hard to support the local population and communities.

Vikki also explained that monies received for new services could not be reallocated to services in demand. Tony Edwards assured governors that the Trust was applying judgement around priorities because of the scale of the waiting list. Governors were also assured that people are not being left on the waiting lists without any intervention or support, and that they are piloting different forms of assessment. Brian expressed concern that the NHS is failing families and asked whose responsibility it is to find additional money. Selina explained that funding and agreeing solutions is the responsibility of the Integrated Care Board, but that funding is limited and therefore allocations have to be prioritised. Deborah Good also assured governors that NEDs continuously raise this issue at Board and they are doing all the commissioning activity that they can to increase funding. The Trust is doing everything it can to support people within the financial constraints.

David Charnock, confirmed that as from September, nursing students will all complete some training on autism meaning that all healthcare professionals will be able to understand undiagnosed autism.

Geoff Lewins explained that the majority of the efficiency programme is on plan but there are a number of risks. As already mentioned, non-recurring savings do not appear year on year, whereas recurring savings do. The majority of efficiencies this year are non-recurring, and the Trust is looking at how this can be reversed. Out of area placements and agency costs need

to be reduced. However, Geoff assured governors that any such reductions will be based on the safety perspective of patients and staff and not financial costs.

Angela Kerry, Public Governor asked if the Trust was insured against the fire that took place in the Radbourne Unit. Justine Fitzjohn, Trust Secretary confirmed that it was.

Ralph Knibbs, Chair of People and Culture Committee confirmed that completion of annual appraisals, reducing staff absence and increasing recruitment have improved. People Services is drilling down on these and are engaging with managers/areas to understand what needs to be done to improve sickness absence, vacancies etc.

Lynn Andrews, Chair of Quality and Safeguarding Committee gave the quality update and referred to delayed transfers of care and the out of area capacity. She confirmed that the use of restraints and seclusion on wards have reduced, and that the Trust is maintaining good quality of care despite the increase in demand for our services and issues around funding.

Susan Ryan, referred to Care Programme Approach (CPA) reviews which have been consistently poor over the last year and asked what the Trust is doing to improve the situation. Lynn explained that reports are presented to the Quality and Safeguarding Committee and the Trust is holding teams to account to ensure that the reviews are completed. Weekly and bi-weekly meetings are being held with managers so that progress can be made. The recent consultant and junior doctors industrial action have had an impact on this. Lynn also explained that some staff have fed back that they have completed the reviews electronically but these are not appearing on the system, this has been escalated. Lynn agreed to find out what actions have been implemented and improvements made and will share this with all governors.

Brian Edwards referred to deaf patients and asked if services have improved for them. Jodie Cook, Appointed Governor confirmed that services for deaf people have improved. There has been a lot of talk in the system in supporting deaf people and resources made available including BSL videos which are available on the Wellbeing website. She explained that she is taking a paper to the Mental Health Systems Delivery Board which focuses on deaf people from which an action plan for Derbyshire will be formed. Jodie also confirmed that a health needs assessment for deaf people has been produced and the document is in the final stages of being published. It will be on the Derbyshire Observatory website and Jodie will share it with governors when it is in the public domain.

RESOLVED: The Council of Governors noted the update provided by the Non-Executive Directors on the Integrated Performance Report and gained assurance from this.

ACTIONS:

- **Lynn Andrews will circulate an update on CPA reviews to all governors**
- **Jodie Cook will circulate the health needs assessment for deaf people to all governors when it is published in the public domain.**

<p>DHCFT/GOV/ 2023/039</p>	<p><u>ANNUAL MEMBERS MEETING UPDATE</u></p> <p>Denise Baxendale gave an update on the Annual Members Meeting which included:</p> <ul style="list-style-type: none"> • The AMM is being held as a virtual meeting on 20 September from 4-6pm, using MS Teams • The theme is 'Working with you' • Other than the formal business of presenting the Annual Report and Accounts for last year, and looking at our priorities for this year there will be three presentations focusing on therapeutic activities, service user and carer involvement and a look at the therapeutic areas of our new facilities. The programme also includes highlights of the year from the Council of Governors which the Lead Governor, Susan Ryan and the Deputy Lead Governor, Hazel Parkyn will be presenting. • A formal notice, in line with Constitution has been published • All members, governors, Trust Board and staff have been notified • The AMM has been promoted across Derbyshire – with stakeholders including Healthwatch, Derbyshire Mental Health Forum, Derbyshire Voluntary action, EQUAL Forum, Carers Forum, Derbyshire County Council, Derby City Council, Chesterfield Borough Council, across social media, press releases • Colleagues have been asked to display the poster in patient/staff areas • Governors have been encouraged to promote within their communities • Reminders will be going out across Derbyshire next week. <p>Denise encouraged governors to attend this important meeting.</p> <p>RESOLVED: The Council of Governors noted the update.</p>
<p>DHCFT/GOV/ 2023/040</p>	<p><u>GOVERNANCE COMMITTEE REPORT – 8 JUNE AND 8 AUGUST 2023</u></p> <p>David Charnock, Co-chair of the Governance Committee presented an overview of the matters discussed at the last Governance Committee. This included:</p> <ul style="list-style-type: none"> • An update on the external audit contract • Agreeing that the Committee's Terms of Reference were fit for purpose for a further year • Feedback from governor engagement activities • Reviewing the Governors Membership Engagement Action Plan • A recap on governors holding to account role and developing items to escalate • Formulating an escalated item to the Council of Governors regarding wellbeing support for staff • An update on the Well Led Review • Discussed governor training and development needs • Targeting membership recruitment <p>Brian Edwards requested further information on how governors represent their communities. It was noted that Denise Baxendale has a meeting with Mental Health Together to confirm engagement meetings taking place in High Peak, and Jodie Cook and Rachel Bounds can provide information on</p>

	<p>voluntary organisations in High Peak for Brian to contact. Denise Baxendale also reiterated that part of her role is to support governors in their engagement activities.</p> <p>RESOLVED: The Council of Governors noted the information provided in the Governance Committee Report.</p>
<p>DHCFT/GOV/2023/041</p>	<p><u>GOVERNOR MEMBERSHIP ENGAGEMENT ACTION PLAN UPDATE (DEFERRED FROM 9 MAY 2023 MEETING)</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 August 2023 along with the membership data and the updated version was presented to the Council.</p> <p>Jodie Cook referred to a number of engagement activities that governors can participate in:</p> <ul style="list-style-type: none"> • World Suicide Prevention Day on 10 September <ul style="list-style-type: none"> - volunteers are required to raise awareness at football matches. Information on this was circulated in <i>Governor Connect</i>, the governors e-newsletter - training provided by the National Suicide Prevention Alliance information of which can be found on the Derby and Derbyshire Emotional and Wellbeing website - Celebration of life a non-religious service at Holy Trinity Church in Chesterfield • The Joint Derbyshire Wide Mental Health Forum on 26 September at Coney Green in Claycross which includes presentations on crisis cafes • Children and Young People's Well Being Festival, Strutts Centre, Belper DE56 6UH on 15 September from 10am-4pm <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>ACTION: governors are encouraged to feedback to Denise Baxendale on any actions completed so that the Action Plan can be updated.</p>

<p>DHCFT/GOV/ 2023/042</p>	<p><u>ANY OTHER BUSINESS</u></p> <p>Ivan Munkley</p> <p>Denise Baxendale notified governors that Ivan Munkley had submitted his resignation from the Council of Governors on 15 August 2023. Governors conveyed their appreciation to Ivan for his commitment to the governor role and wished him well.</p> <p>Chief Executives drop in coffee and chat sessions for governors</p> <p>Denise Baxendale reminded governors that these sessions have been set up for governors on 19 September, Derby in the morning and Chesterfield in the afternoon. She explained that these have been widely promoted with governors through various channels.</p> <p>Future meetings</p> <p>Brian Edwards asked if future meetings would continue to be held virtually or if some will be held face to face. The benefits of both were discussed and Justine confirmed that she was investigating the possibility of hybrid meetings. It was noted that governors had been split on whether to hold virtual or face to face meetings going forwards for various reasons.</p> <p>Jodie Cook suggested that hybrid meetings would be better if those in the meeting room could be seen more clearly. Angela Kerry mentioned that Mental Health Together have a mobile camera to facilitate meetings and this seems to work well. It was noted that seeing people more visibly in the room is clearer if the speaker view function is selected.</p>
<p>DHCFT/GOV/ 2023/043</p>	<p><u>REVIEW OF MEETING EFFECTIVENESS AND FOLLOWING THE PRINCIPLES OF THE CODE OF CONDUCT</u></p> <p>It was a good meeting with plenty of time for questions.</p>
<p>DHCFT/GOV/ 2023/044</p>	<p><u>CLOSE OF MEETING</u></p> <p>Selina Ullah thanked all for their attendance and input and closed the meeting.</p> <p>The next Council of Governors meeting will be held on <i>Tuesday 7 November 2023, from 14.00 hours.</i></p>

Response:

The staff of Derbyshire Healthcare are able to access a wide range of health and wellbeing opportunities to support the maintenance and improvement of wellbeing and also support when additional support is required.

Opportunities include all aspects of health and wellbeing such as physical and lifestyle, emotional and psychological, financial, social, occupational and intellectual and team wellbeing.

In 2022 Derbyshire Healthcare, along with partnership organisations across Joined Up Care Derbyshire, participated in the Britain's Healthiest Workplace (BHW) Survey which provided much needed data about the health of our colleagues. As anticipated, awareness of the wellbeing offer was challenged, with only 26% of employees being aware of all of the interventions available to them. However 90% of employees who accessed those interventions reported improved health and wellbeing. To improve awareness we have introduced a new mailing list to provide regular wellbeing updates. We have also begun work in collaboration with People's Services to identify teams who scored poorly in the NHS staff survey in response to the question 'My organisation takes positive action on health and wellbeing'. Teams will be provided with wellbeing information and encouraged to identify a wellbeing champion in their area.

In July 2023 we launched the first 'Your wellbeing survey', to build on the work started with the BHW survey to further understand the health needs of our workforce. The survey closed at the end of July and are anticipating the results in the next few weeks.

This year, we have focussed on raising awareness of the JUCD 'Your wellbeing timetable', a one stop shop that hosts a multitude of wellbeing opportunities, delivered by all the organisations within the Integrated Care Board (ICB). Since January 2023, 652 sessions have been attended by Derbyshire Healthcare colleagues.

With stress continuing to be the primary reason for absence, alongside existing wellbeing support we have scheduled a number of sessions including a stress workshop, stress HIIT sessions and healthy working. To ensure that our sessions are as inclusive as possible we have recently introduced a booking form which gathers important role and demographic data so we may look to target groups who do not access those wellbeing opportunities.

The Resolve service continues to provide a vital service to colleagues, having received over 207 referrals between April 2022 and March 2023, with 100% of staff rating the service they received as good or excellent. The Resolve service also deliver team sessions when there may have been distressing or untoward events with twenty-seven sessions being delivered throughout the year.

COUNCIL OF GOVERNORS ACTION MATRIX - AS AT 30 OCTOBER 2023

Date of Minutes	Minute Reference	Item	Lead	Action	Completion by	Current Position	
5.9.23	DHCFT/GOV/2023/038	Non-Executive Directors verbal summary of the Integrated Performance Report	Lynn Andrews	Lynn will circulate an update on CPA reviews to all governors.	7.11.23	Circulated to all governors via Governor Connect on 6.10.23. COMPLETE	Green
5.9.23	DHCFT/GOV/2023/038	Non-Executive Directors verbal summary of the Integrated Performance Report	Jodie Cook	Jodie will circulate the health needs assessment for deaf people to all governors when it is published in the public domain.	7.11.23	Received from Jodie on 23.10.23. Circulated in Governor Connect - 1.11.23. COMPLETE	Green
5.9.23	DHCFT/GOV/2023/041	Governor membership action plan update	Governors	Governors are encouraged to feedback to Denise Baxendale on any actions completed so that the Action Plan can be updated.	7.11.23	None received to date.	Amber

Key	Agenda item for future meeting	Count	Percentage
	Agenda item for future meeting	0	0%
	Action Ongoing/Update Required	1	33%
	Resolved	2	67%
	Action Overdue	0	0%
	Total	3	100%

An update on the Living Well Derbyshire programme

Purpose of Report

This report is for information to provide an update to the Council of Governors on the county-wide programme to enhance community mental health services in Derby and Derbyshire (Living Well Derbyshire programme), as part of the Community Mental Health Framework.

Executive Summary

The national Community Mental Health Framework (CMHF), which forms part of the NHS Long Term Plan, published in 2019 outlines a vision for place-based community mental health services which offer whole-person, whole-population health approaches, aligned with the new Primary Care Networks (PCNs).

With Community Mental Health Teams (CMHTs) being largely unchanged since they were introduced in the 1980s, the Framework seeks to modernise CMHTs to ensure they are best equipped to meet current challenges. The Framework acknowledges the good levels of service that existing community teams offer, but also the opportunity to build on these services for the benefit of the staff and service users, via multi-agency working.

Living Well Derbyshire is Derbyshire's vision for the delivery of the CMHT and is a service model which builds on the existing CMHTs to encompass a multi-agency team, consisting of colleagues from health, the Voluntary, Community and Social Enterprise (VSCE) sector, social care and the voice of lived experience.

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 mobilisation of each locality will take place prior to 31 March 2024, in line with the CMHF deliverables
- Co-production and lived experience will remain at the forefront of the programme
- The phase two roll out will commence once the programme team has assurance of the stability of phase one
- Funding will continue to be invested into the workforce of the Living Well teams.

Consultation

- N/A

Governance or Legal Issues

- N/A

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:

A key aim of the Living Well programme is to ensure that health inequalities in local areas are addressed, providing services which are easier access and community focussed.

The model for Derbyshire has been co-produced with colleagues from across the health, social care and Voluntary, Community and Social Enterprise (VCSE) system. Experts by experience have been a fundamental part of the design and delivery of the new services.

The Derby city (Derby Wellbeing) service has worked with Children First Derby, Community One, Deaf-initely Women, Derbyshire Autism Services, Derbyshire Mind, Disability Direct, Staywell Derby and YMCA Derbyshire.

Recommendations

The Council of Governors is requested to:

- 1) Note the development of the phased approach in order to deliver the programme in-line with the ambitions of the CMHF
- 2) Note the launch dates for their respective constituencies
- 3) Note the invitation to join to collaboratives.

Report presented by: Vikki Ashton Taylor, Director of Strategy, Partnerships and Transformation and Senior Responsible Officer for the Living Well Derbyshire programme
Laura McAra, General Manager, Community Mental Health Services for Adults of Working Age

Report prepared by: Vikki Ashton Taylor, Director of Strategy, Partnerships and Transformation and Senior Responsible Officer for the Living Well Derbyshire programme

Living Well Derbyshire November 2023 update



Living Well
Derbyshire



Joined Up Care
Derbyshire
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The Community Mental Health Framework

- The aim of the Community Mental Health Framework is to provide high-quality mental health care and support within a community setting.
- The Framework emphasises an aim to improve people's quality of life, including supporting individuals to contribute to and participate in their communities as fully as possible, connect with meaningful activities, and create or fulfil personal hopes and aspirations.
- The Framework seeks to modernise Community Mental Health Teams (CMHTs) to ensure they are best equipped to meet current challenges.



What is Living Well Derbyshire?

- Living Well Derbyshire is a service model which builds on existing Community Mental Health Teams (CMHTs) to encompass a multi-agency team, consisting of colleagues from the Voluntary, Community and Social Enterprise (VSCE) sector, social care, health and the voice of lived experience.
- Short term care packages (up to 12 weeks) for people who may be too unwell to be supported by existing primary care teams, but do not meet the threshold for current Community Mental Health Team (CMHT) intervention.
- Assists those who fall through our 'gaps', or people who need support with different aspects of their life that can affect their mental health, such as housing advice, loneliness support or physical healthcare needs. This is a needs led, goal based, person-centred approach to supporting people within the community.



The background of Living Well Derbyshire

- 2018 - Derbyshire started to co-produce a new vision for mental health and began the journey of codesigning and implementing Living Well in the High Peak. The co-production included health, social care, VSCE and the voice of lived experience.
- 2019 - The release of the CMHF meant that ambitions towards the Living Well model in Derbyshire grew, and the goal became to create a seamless community offer inclusive of all CMHT staff and wider services.
- 2020 – A Derbyshire-specific Living Well vision was co-produced with local organisations and communities.
- 2021 – Due to the success of the prototype it was agreed that this short term offer would be integrated with the long term CMHT offer.



2022 - When work happened to bring the Living Well prototype team and the CMHT together in new practice and configurations, many benefits emerged including:

- new working relationships between health, social care and VCSE
- the opportunity to learn from Peer Support colleagues to develop new ways of engaging with service users
- a slicker way to process paperwork
- an increase in community engagement and involvement in the system and service delivery.

A number of challenges also emerged and it was acknowledged that:

- more leadership capacity was required to support the team through this process
- more time and support were required to embrace the new model, fully understand it and begin to grow confidence to implement it
- greater clarity around roles and responsibilities was required for all partners working within the team
- a clear plan identifying how and where changes to the approach are needed in supporting people across Derbyshire through what is the most significant live transformation programme in mental health
- a focus and 're-set', concentrating on the aims and delivery of the CMHF.

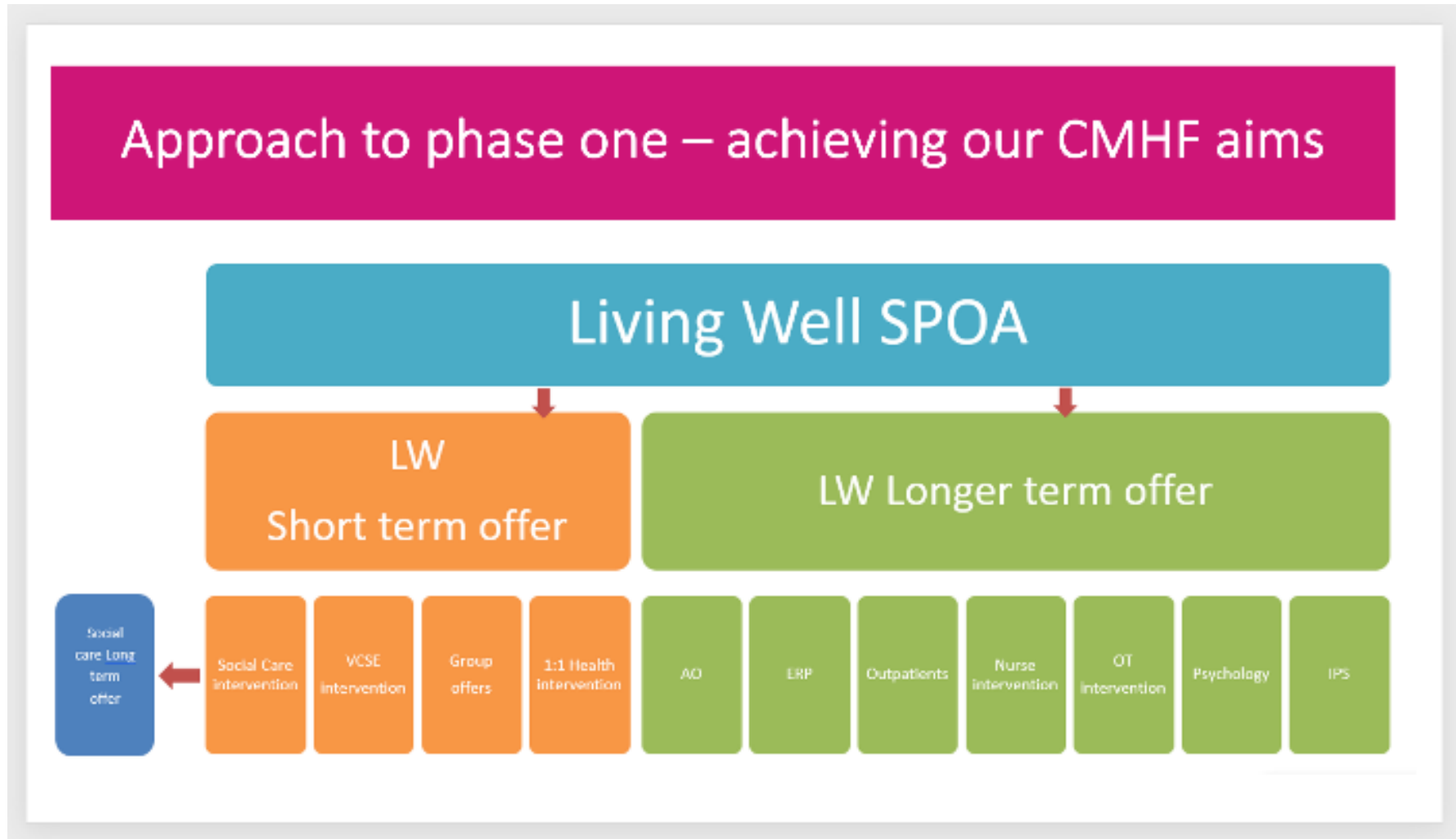
Listening to feedback

The learnings and feedback received from colleagues and those using the service has enabled the teams to develop a phased approach to re-launch.

Phase one - The new Living Well service will encompass both a shorter-term and longer term offer. The service will be accessed by a multi-agency service single point of access (SPOA) with referrals via the GP. The multi-agency team includes Peer Support Workers, Wellbeing Coaches, Social Care Practitioners, Occupational Therapists and Community Psychiatric Nurses.

Phase two – The ambition is to create one service where people are able to ‘step up and down’ and self refer. This means that colleagues will have the chance to work in new ways by utilising the support from the short term offer team. In addition to providing people with a wider range of support, this approach should have a positive impact on referral numbers to the traditional CMHT and an opportunity to reduce caseload numbers of people who require a shorter term intervention.

Phase one



Key benefits

Patients/people –

A person won't have to tell their story more than once. This is something people have told us they find difficult when they are supported by different services and will therefore improve the experience of people accessing care. It will also enable a faster flow through services for people with less cliff edges when moving through the system.

Carers –

The short term offer should increase community resilience, allowing carers to harness the support of local services. In turn this should create less pressure solely for those provide care, increasing wellbeing with both the person accessing care and the carer.

Colleagues –

This offers chance to work in new ways by utilising the support from the short term offer team. In addition to providing people with a wider range of support, this approach should have a positive impact on referral numbers to the traditional CMHT and an opportunity to reduce caseload numbers of people who require a shorter term intervention.

Feedback from colleagues working within the High Peak Living Well Community Mental Health Team

Communications and engagement

More information shared **this time**, paperwork supplied before remobilisation, our manager has been very good at communication

Yes during the **morning huddle** and through my manager, also forms and meetings

All information has been **well communicated**

Opportunity for **discussion** about queries etc

Focus areas:
More details around roles and responsibilities
More opportunities to give specific feedback

Change management process

Joanne Green has been **amazing** at keeping the team grounded !!

Everything seems to have been well thought through and the **joint working** is written and fed through all of the documentation

To date the change has been **well managed** and there has been time to address any queries that have come up

Focus areas:
Continued opportunity for colleagues to input into the service offer

The multi-agency team

Huddles/MDT are **working well**.

Currently the huddles have provided a **good link** to the different members of the team

Focus areas:
Training for initial conversations

Service launches

- High Peak – August 23
- Derby Wellbeing – Ongoing from 2022
- Chesterfield – October 2023
- North East Derbyshire & Bolsover – January 2024
- Amber Valley – February 2024
- Erewash – February 2024
- Derbyshire Dales – February 2024
- South Derbyshire – March 2024



Getting involved

The collaboratives

You are welcome to join. To find out more, please contact Ellen Parr, Commissioning Manager, on ellen.parr1@nhs.net.



Well Led Review Update

Purpose of Report

To provide the Council of Governors with a summary report from the External Development Review of Leadership and Governance using the Well Led Framework. The Council is asked to note the content of the report and the recommendations overall including those relating to the Council of Governors. A presentation will be delivered by the Chair at the meeting to support a discussion.

Executive Summary

Governors have received updates on the Trust's well led work in terms of preparing for the Board Well Led element of a Care Quality Commission (CQC) inspection but also on the external development review against the Well Led Framework. A Governor Task and Finish Well Led group was set up and Governors were involved in a focus group as part of the Well Led Review (WLR) that was carried out by the Office of Modern Governance (OMG), led by Moosa Patel.

The final WLR report which includes the recommendations has been issued. The agreed recommendations have been built into an action plan that will be reported to and monitored by the Audit and Risk Committee.

Attached is the summary report, the findings from the report will be shared internally as well as with the Trust's Regulators.

As a reminder, the WLR will help to:

- deepen the Board's own understanding of its leadership and governance through objective and constructive review and challenge;
- identify key development actions in relation to the Well Led framework (that may supplement the action areas already highlighted by the CQC and in turn help provide evidence for any future CQC inspection); and
- enable some skills transfer and knowledge sharing from the external provider who will have experience of undertaking similar reviews elsewhere.

The high level summary of the assessment of the Trust's governance arrangements against the well led review framework in the report is a positive one. During the course of the review OMG indicate they observed many elements of good or leading-edge leadership and governance practice. This is balanced by the highlighting of areas where a sharpening or subtle refocusing of the Trust approach will accelerate the journey of improvement the Trust is on. These areas have been reflected in the recommendations.

The report recommends a review of the Trust Constitution, taking account of the addendum to the Statutory Guide for Governors and specifically how the legal duties of the Council of Governors support system working and collaboration. We know this is an area of focus for governors and we would like governors to be involved in this review work.

Strategic Considerations

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

Assurances

The WLR report is a positive evaluation of the Trust's Leadership and Governance against the Joint NHSE/CQC Well Led Framework and provides the Board with assurance of compliance.

Consultation

Updates on the well led work has been reported at Public Board, Audit and Risk Committee and the Council of Governors.

Governance or Legal Issues

- CQC inspection framework for all registrants includes an assessment of current performance of well led, which is explicitly linked to the well led framework. Failure to demonstrate that we are well led and have robust governance processes in place may lead to enforcement and regulatory actions.
- One of the actions from the 2020 CQC Well Led report was for the Trust to progress its plans for an external Well Led Development Review based on NHSE expectations that all providers to carry out an externally facilitated review every three to five years. Our last review was carried out in 2017. The Board can confirm the review has now been carried out and also explain why it had been delayed.

Public Sector Equality Duty and Equality Impact Risk Analysis

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

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

Governance of the Trust includes broad consideration of equality and diversity issues for example as a key part of Board Committee business, and as an important element of governor training and development to ensure that decision making encompasses equality impact considerations.

Well Led Key Lines of Enquiry (KLOEs) 3 and 7 include prompts relating to Equality, Diversity and Inclusion. The Leaders' Pack narrative will address those questions with relevant evidence to support them.

Well Led - KLOE 3

W3.8 Are equality and diversity promoted within and beyond the organisation? Do all staff, including those with particular protected characteristics under the Equality Act, feel they are treated equitably?

Well Led - KLOE 7

W7.1 Are people's views and experiences gathered and acted on to shape and improve the services and culture? Does this include people in a range of equality groups?

W7.2 Are people who use services, those close to them and their representatives actively engaged and involved in decision-making to shape services and culture? Does this include people in a range of equality groups?

W7.3 Are staff actively engaged so that their views are reflected in the planning and delivery of services and in shaping the culture? Does this include those with a protected equality characteristic?

Recommendations

The Council of Governors is asked to discuss and note the contents of the summary report.

**Report presented by: Selina Ullah
Trust Chair**

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



Office of Modern **Governance**

Derbyshire Healthcare NHS Foundation Trust

Well Led **Review**

Final Report

6 October **2023**

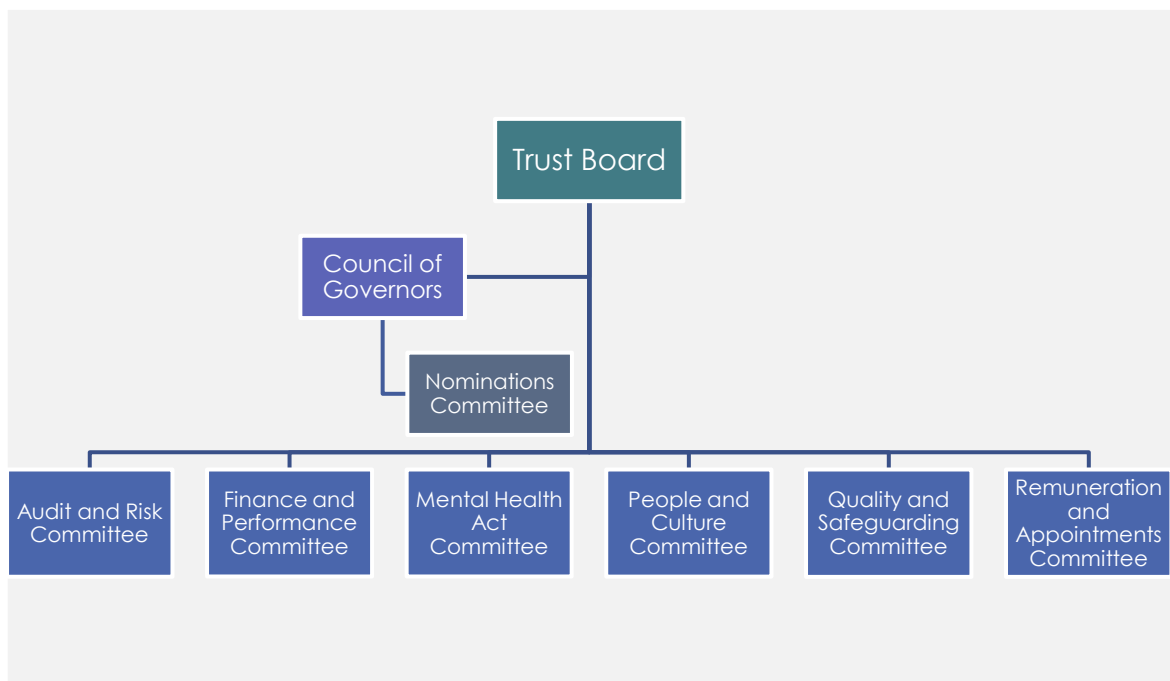


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1. Background and Context

- 1.1 Derbyshire Healthcare NHS Foundation Trust (referred to hereafter as the Trust or DHC) was established in February 2011 as an NHS Foundation Trust and is a provider of NHS mental health, learning disabilities and substance misuse (drug and alcohol) services in Derby city and Derbyshire county. DHC also provides a wide range of children's services.
- 1.2 The Trust employs more than 2,800 staff providing services from a number of community bases across the whole of Derbyshire. Across the County and the City, the Trust serves a combined population of approximately one million people across a geographical footprint that covers circa 1,000 square miles. The rural, semi-rural and urban landscape gives rise to a mixture of affluent and seriously deprived areas, which is in sharp contrast to the City of Derby which is home to a diverse population where over 300 languages are spoken.
- 1.3 The Trust has an embedded Committee structure which broadly aligns with its strategic priorities. The structure is shown below.



- 1.4 DHC structured around eight clinical divisions; and which are shown below:

Adult Mental Health Services for Adults of a Working Age	Children's Care Services	Community Mental Health Services for Adults of a Working Age	Forensic and Mental Health Rehabilitation Services
Mental Health Services for Older People	Neurodevelopmental Services	Psychology and Psychological Therapies Division	Specialist Care Services

- 1.5 The Trust vision is *"to make a positive difference in people's lives by improving health and wellbeing"*.
- 1.6 The last full Care Quality Commission inspection of the Trust took place between the 26 to 28 November 2019 with the report published on the 6 March 2020 when the Trust as a whole was rated as "good". This represented an improvement from its previous Care Quality Commission inspection in 2016. The detailed inspection ratings are shown below:

Domain	Rating	Domain	Rating
Safe	Requires improvement	Responsive	Good
Effective	Good	Well led	Good
Caring	Good		

- 1.7** A great deal has however happened since that inspection and which are important contextual elements for this developmental well-led review.
- 1.8** It is particularly worth noting that the Board has undergone significant natural change since that Care Quality Commission inspection in November 2019. Of the fifteen individuals (as set out in Section 2) that currently comprise the Board or who are attendees to the Board only three were in their current role at the time that inspection was undertaken, representing a significant renewal of the Board. Two thirds of the Board have only been in post since 2021 (five Non-Executive Director appointments and five Executive Director appointments). It is to the credit of the Trust that it has acted swiftly to provide interim arrangements to cover the Executive posts and recruited quickly to the Non-Executive posts.¹
- 1.9** Significantly at the time we conducted our review, the Trust, like all parts of the NHS, had a sizeable change agenda to deliver. Alongside the priorities every NHS trusts faces around delivering safe and high-quality services, the Trust is operating within financially challenged times, undergoing a major programme of investment in its facilities and care environments alongside difficulties in recruiting and retaining staff, and working with system partners as part of the Derby and Derbyshire Integrated Care System (ICS).
- 1.10** Furthermore, these pressures need to be seen against the backdrop of a global pandemic, the likes of which has never been seen before. DHC has had to adapt to that, across all of its functions, with staff who are exhausted and facing personal challenges through over two years of the pandemic, and a subsequent costs of living crisis for many. As a consequence of the pandemic, DHC service users and carers are experiencing changes never seen before and are likely to see a deterioration in their physical and mental health condition, develop new health needs, experience wider inequalities and may struggle to access services provided by the Trust.
- 1.11** At the time of our review, the Board is incrementally migrating towards face-to-face meetings, after a prolonged period of virtual meetings. The meetings we observed as part of this review were, all but one, undertaken virtually. Virtual meetings have understandably stifled the natural flow of conversation - and deprived those who attend meetings as members or attendees of visual cues that are a key feature of all meetings.
- 1.12** It has also meant that because meetings are taking place virtually, meeting members and attendees have been deprived of the side conversations with each other, informal conversations with Trust staff perhaps ahead of or after meetings that are so crucial for absorbing informal intelligence and which is not possible to replicate in the virtual meeting format.
- 1.13** Our observation of all the meetings and the conclusions we have drawn therefore need to be read within that context.
- 1.14** We next set out in Section 2 our review methodology and then in Section 3 we have set out our detailed observations against each of the eight well-led framework KLOEs.
- 1.15** Finally, Section 4 sets out our principal recommendations, though Board members will wish to note that as they read our detailed findings, other smaller improvements are suggested which could form part of an overall Trust action plan that seeks to take the review findings forward.

¹ Of these changes, three Non-Executive Directors and the Chair left having served two terms of office. The vacancies in the Executive Director cohort were down to retirements and promotions.

2. Methodology

2.1 Our extensive review methodology for DHC comprised the following key stages:

Background documentation

2.2 We reviewed a range of background documentation which we requested of the Trust and which included past Board and Committee papers, terms of reference, work programmes, standing financial instructions, constitution, key policies, relevant risk and strategy documents.

Meeting observations

2.3 We observed meetings of the Board and a Council of Governors (CoG) meeting as shown below:

Board of Directors Public Meeting, 9 May 2023	Board Development Session, 17 May 2023	CoG, 9 May 2023.
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2.4 We also observed the following Committees of the Board:

Audit and Risk Committee, 25 May 2023	People and Culture Committee, 14 June 2023
Finance and Performance Committee, 23 May 2023	Quality and Safeguarding Committee, 11 May 2023
Mental Health Act Committee, 9 June 2023	

2.5 We observed a couple of meetings across the Divisional structure of the Trust:

Trust Oversight Operational Leadership Group, 1 June 2023	Mental Health Services for Older People Clinical and Operational Assurance Team, 5 July 2023
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Board member interviews

2.6 We undertook confidential non-attributable interviews with the following Board Members or attendees to the Board:

Name	Designation	Date
Dr Arun Chidambaram	Medical Director	12 May 2023
Ade Odunlade	Chief Operating Officer	16 May 2023
Tony Edwards	Deputy Chair and Non-Executive Director	17 May 2023
Geoff Lewins	Non-Executive Director	18 May 2023
Ralph Knibbs	Senior Independent Director and Non-Executive Director	18 May 2023
Carolyn Green	Director of Nursing and Patient Experience	18 May 2023
Ashiedu Joel	Non-Executive Director	23 May 2023
Lynn Andrews	Non-Executive Director	6 June 2023
Deborah Good	Non-Executive Director	7 June 2023
Rachel Leyland	Interim Executive Director of Finance	7 June 2023
Justine Fitzjohn	Trust Secretary	12 June 2023
Mark Powell	Chief Executive	13 June 2023
Selina Ullah	Chair	13 June 2023
Vikki Ashton-Taylor	Director of Strategy, Partnerships and Transformation	14 June 2023
Rebecca Oakley	Deputy Director of People and Inclusion (deputising for the Director of People and Inclusion)	29 June 2023

Divisional leadership interviews

- 2.7 We undertook two meetings with a cross section of seventeen individuals that comprise the leadership teams across the different divisions in the Trust.

Stakeholder interviews

- 2.8 We undertook confidential and non-attributable interviews with a nineteen stakeholders which were identified by us in conjunction with the Trust. These were drawn from neighbouring NHS organisations, local government, the voluntary sector, the Derby and Derbyshire ICS, as well as internal and external stakeholders, the Care Quality Commission, and NHS England.

Senior leaders

- 2.9 We undertook a focused session with twelve senior leaders across the Trust.

Focus groups

- 2.10 We undertook a series of focus groups to gain a further granular understanding of the Trust. These are listed below:

Group	Number who took part	Date
CoG Focus Group 1	7	6 June 2023
CoG Focus Group 2	11	8 June 2023
Staff - Focus Group 1	14	8 June 2023
Staff - Focus Group 2	12	12 June 2023
Service User and Carer Focus Group 1	7	9 June 2023
Service User and Carer Focus Group 2	5	12 June 2023

- 2.11 In addition to the staff focus groups, we also drew upon the NHS Staff Survey 2022 results for the Trust which were presented to the Board at its May 2023 meeting.

3. Key Findings and Commentary by KLOE

1. We have undertaken a review of governance arrangements at DHC against NHS England's Well-Led Governance Framework, which was last updated in June 2017. We want to thank the Trust for commissioning ourselves to undertake this review and we thank the Board, senior leadership, and particularly the Chair, Chief Executive and the Trust Secretary and her team for their support throughout our review, as well as service users and carers, members of the CoG, staff and stakeholder organisations for taking the time to participate in our review.
2. The last full Care Quality Commission inspection report for the Trust was published in March 2020 when the Trust as a whole was rated as "good". A great deal has however happened since then and which are important contextual elements for this developmental well-led review. It is particularly worth noting that Board composition has undergone significant natural change and renewal since that Care Quality Commission inspection. It is to the credit of the Trust that it has acted swiftly to provide interim arrangements and give confidence that it has built resilience and a consistency of purpose and values into the Board at a time of change.
3. It is also important to acknowledge that at the time we conducted our review, the Trust, like all parts of the NHS, had a sizeable change agenda to deliver. Alongside the priorities every NHS organisation faces around delivering safe and high-quality services, the Trust is operating within financially challenged times, undergoing a major programme of investment in its facilities and care environments alongside difficulties in recruiting and retaining staff, and working with system partners as part of the emerging Derby and Derbyshire ICS. Furthermore, these pressures and challenges need to be seen against the backdrop of a global pandemic, the likes of which has never been seen before, and its ongoing impact on staff and on the communities DHC serves.
4. At the time of our review, the Board is incrementally migrating towards face-to-face meetings, after a prolonged period of virtual meetings. All but one of the meetings we observed as part of this review were undertaken virtually. Virtual meetings have understandably stifled the natural flow of conversation - and deprived those who attend meetings as members or attendees of visual cues that are a key feature of all meetings, and our review findings need to be seen within this context.
5. Our high-level summary of DHC against the well-led review framework is a positive one and we have during the course of our review observed many elements of good or leading-edge leadership and governance practice. There are areas where a sharpening or subtle refocusing of the Trust approach will accelerate the journey of improvement the Trust is on.
6. Perhaps the biggest challenge, which the Trust is fully sighted to or already progressing, is the recognition that the newness of the Board creates a unique set of challenges. These will lessen over time as the Board becomes more experienced but creates short to medium term risks. This inevitably bleeds out into a need to clarify roles and responsibilities between Executive Directors and the Divisional leadership teams and a need to address the development of leadership teams at the Divisional level, and creating a much clearer accountability framework; and recasting the Trust Strategy 2022-2025 to reflect greater system working and the challenges the Trust now faces.
7. Alongside these challenges, perhaps the other significant issue is the need to better understand and then address stakeholder perceptions of the Trust. The Trust has a strong record and reputation for stakeholder engagement but a sizeable minority of external stakeholders highlighted inconsistencies in messages coming from the Trust and the reality of delivery.
8. We have throughout our review discerned a collective sense of renewal at all levels and across all our meetings and interactions with DHC. This has created a great deal of positive energy and momentum within DHC. There are several reasons for this, such as the appointment of a new Chief Executive in April 2023 and the listening exercise he has embarked upon which will support a refocusing of the Trust ambitions for the years ahead, the huge opportunities created by the significant investment in facilities, the emergence from the pandemic, and the appointment of new Non-Executive Directors and Executive Directors. We feel this sense of renewal and refresh, can act as a powerful springboard to drive DHC forward and provide the required focus to ensure our review findings are progressed in a timely manner.
9. We have below provided assessment of DHC against the eight well-led framework KLOE.

KLOE 1: Leadership, Capacity and Capability

10. DHC has the leadership capacity and capability to deliver high-quality, sustainable care to the citizens of Derby and Derbyshire which is tempered to the extent that the majority of Executive and Non-Executive Board leaders are relatively newly appointed in post. While this change at the top brings many positives in terms of energy, impetus and fresh thinking it will inevitably bring a change to priorities and the way things are done, which in the short term creates some vulnerabilities for the Board, as it grows and matures over time through experience.
11. There are also pressures on the capacity of Divisional and Clinical leaders at times, who do not always feel they have dedicated time, resources or support to undertake their leadership role alongside a demanding clinical workload within the context of operational pressures and workforce shortages.
12. Board members comprise a range of complementary skills, backgrounds and experiences and the Board is diverse from a gender, ethnicity and thought perspective. We observed a cohesive Board, with trust, respect and candour at its heart. The unitary working of the Board could be further developed and enhanced through a structured development programme.
13. Observation of meetings, interactions with leaders and staff provided evidence of a strong commitment to values in how Board leaders act, speak and conduct themselves. The values of 'compassion,' 'caring,' 'person-centred,' 'supportive' and 'collaborative' were most frequently used to describe the leadership culture within the Trust and we certainly observed this in practice. The Board places a strong emphasis on staff well-being and culture. In particular the 'People First' value resonated strongly with leaders at all levels within the Trust. 'People First' however needs to be revisited to ensure it means the same thing to everyone and to clarify the balance and link between staff and service users.
14. Board leaders are recruited and appraised using values as a key element of the recruitment and selection process. For newly appointed Board leaders, while they certainly bring relevant and complementary skills, knowledge and fresh perspectives to the challenges of the Trust, what they lack is: specific knowledge and experience; corporate memory; knowledge of the Trust and its services; and of the NHS and how it operates.
15. Board and senior leaders we spoke to identified financial and workforce pressures as providing the main challenges to quality and sustainability and in relation to workforce could clearly identify the actions being taken to address them. Actions taken to address the cost improvement challenge were not as advanced nor as well worked through.
16. Staff we spoke to as part of the review largely perceived the Trust to be well led and governed. In particular, the Chair and Chief Executive demonstrate a sound values base and have the confidence to challenge and provide strong and effective leadership, whilst remaining respectful and compassionate.
17. The newly appointed Chief Executive in particular was cited for his visibility as well as his open and listening approach as he met and visited staff right across the Trust. A number of Executive Directors are similarly perceived to be approachable and listening. The Chair is also visible, known and seen to be listening in all parts of the Trust and wider Derby and Derbyshire healthcare system, though the Non-Executive Directors much less so. Quality visits and walkabouts have not yet resumed in a consistent and systematic way.
18. The Chair and Chief Executive are highly regarded as engaged and active leaders within the wider Derby and Derbyshire ICS but for executive team members and other senior leaders this is variable, with little evidence they are embedded within the wider activities of the system.
19. The Board has identified clear priorities to develop a consistent approach to inclusive, compassionate and people centred leadership and to provide active leadership within the Derby and Derbyshire ICS. Several leadership development initiatives are offered to support delivery of this ambition, but there is not a holistic and clear strategy linking these together with a clear vision on what needs to be achieved.

KLOE 2: Vision and Strategy

20. There is a clear vision and credible strategy to deliver high-quality sustainable care to the people of Derby and Derbyshire and there are robust plans to deliver it. This would be considerably enhanced through the articulation and integration of a Clinical Strategy to really drive delivery of the key strategic priorities. The reality of the delivery plans needs to be further tested and sense checked within the context of increasing demand and tightening of finances.
21. There is a clear vision in place 'To make a positive difference in people's lives by improving health and wellbeing' which is underpinned by four values of 'People First, Respect, Honesty and Do Your Best.' Quality and sustainability are very much at the heart of the four strategic priorities of 'Great Care, Great Place to Work, Great Partner and Best Use of Resources.'
22. The Trust Strategy is clear and structured in setting out its ambition, aims and expected outcomes. It describes the key activities or 'Building Blocks' which will enable achievement of each of the four strategic objectives. The aim of each set of Building Block strategic activities is to bring about an improvement in the basics, to embed continuous improvement approaches and to effect larger scale transformation. Critically, there remains further work to be done in the sense that there is a strong need for a clearly articulated Clinical Strategy to really integrate and drive forward the Trust Strategy, building on the already published Clinical Ambition.
23. An annual delivery plan for each year of the life of the Trust Strategy identifies the essential areas to focus on for that year together with detailed plans on how that will be delivered. The Operational Plan identifies priorities for 2023/24 aligned to the Trust Strategy alongside key transformation programmes. It also outlines Performance Improvement Deliverables to enable progress to be monitored and reviewed.
24. For 2023/24, the reality of delivering this plan in full, given the wider environment of greater financial challenge within the context of increased demand for Trust services has been recognised and acknowledged. There is a Board ambition to ensure care remains high quality and sustainable by taking a quality improvement approach to strategic execution in order to improve the efficiency and effectiveness of service delivery and ways of working. And to work more closely with partners in seeking new ways of doing things.
25. However, given the scale of the pressures, the achievement of this ambition remains at risk, and there may be a need for the Board to further test this and reset the level of ambition.
26. The vision, values and Trust Strategy have been developed using a structured planning process in collaboration with staff, service users and other stakeholders. In refreshing this Strategy in 2022, staff and the CoG were further engaged using on-line surveys, a staff conference and other communication routes.
27. The vision, values and strategic objectives feature as part of the recruitment and appraisal process and is a core element of corporate induction. In our focus groups and discussions with leaders and staff throughout the Trust there was a good level of understanding in broad terms of the Trust strategic direction and also of the DHC values and what that in turn means for how they undertake their respective roles.
28. Because of the newness of the Board there is not always a consistent level of understanding of the Trust Strategy. That same inconsistency of understanding is also true for system partners who were not always able to clearly describe their understanding of DHC's Strategy.
29. The Trust Strategy is set within the context of the wider health and social care system across Derby and Derbyshire. Through its collaboration with partners in the Derby and Derbyshire ICS, DHC has made a commitment to deliver integration of care as part of Joined Up Care Derbyshire (JUCCD). This also sets the DHC Strategy within the system ambition to address health inequalities.
30. Progress against delivery of the DHC Strategy is monitored and reviewed through the DAR and through quarterly progress reports on delivery to the Board, and annually through a Roadmap. Additionally, the Board Assurance Framework (BAF) outlines risks to the delivery of the Trust Strategy and is presented to the Board and its Committees on a regular basis.

KLOE 3: Culture

31. There is a recognisable and distinctive DHC culture which is characterised by openness, respect and support and is exemplified in the Trust value of 'People First.' Those who work in the Trust, at all levels recognise the culture and are proud of it and it is equally recognised by system partners and other stakeholders. It is a culture which should support the delivery of high-quality sustainable care.
32. In 'People First' there is the recognition that a well-supported, engaged and empowered workforce is vital to good care. And the ambition is that staff will work compassionately and supportively with each other and with service users and carers. They recognise the Board focus on the safety and wellbeing of staff.
33. We spoke to a number of staff and leaders individually and in focus groups. In the majority of cases, they feel supported, respected and valued. They are proud to work for DHC and feel positive about its leadership and direction.
34. The Board has established a People and Culture Committee to provide oversight of all workforce and staff culture issues, which monitors and reviews delivery of support and improvements in this area including appraisals, turnover, training, sickness absence, recruitment, retention, clinical supervision, Freedom to Speak Up (FTSU) and bank/agency staff usage. The Board Integrated Performance Report (IPR) has a dedicated workforce section.
35. There is an active Staff Forum which meets every other month with the Executive Leadership Team (ELT) which has led on improvements in working practices across the Trust which is focussed on making the Trust a 'Great Place to Work.'
36. What we heard and observed in focus groups was that in the main, staff have cooperative and supportive relationships within their teams and work collaboratively, sharing responsibility and dealing with differences in a respectful way.
37. There are a number of service user and carer groups. The CoG has a particular focus on service users. Also, the EQUAL forum brings together carers and people with lived experiences who represent the interests of a wider group of voices.
38. The vision and values are used in a variety of ways to calibrate standards of behaviour and performance. For example, through selection and recruitment processes, through induction, appraisals, and supervision.
39. The Team Derbyshire Healthcare promise aims to bring the values to life by making Trust commitments to health, wellbeing and value of staff and asking for commitments around behaviour and action in return.
40. The Trust value of 'honesty' represents the Board and Trust aspiration to be open and transparent in all it does.
41. We heard in the focus groups that Board leaders role model a culture of openness and listening, and we heard that in the main, staff feel listened to and heard. They receive responses and feedback. We heard many times that the Chair and Chief Executive exemplify this culture of openness and listening.
42. For a minority of staff, though leaders are listening they do not feel their voice is being heard or acknowledged.
43. There are well embedded FTSU arrangements in place and a FTSU Policy with regular updates on activity and cases coming the People and Culture Committee. And employment policies are embedded with 'Just Culture' principles.
44. The Board itself is diverse in terms of gender, ethnicity and thought. That is however not reflected in the levels below where there is much less ethnic diversity. There are active Staff Networks in place covering each of the protected characteristics whose aim is to advocate and engage on behalf of their members.
45. A minority of staff do not feel they are treated equitably and they are more likely to come from a particular protected characteristic; this being one of the development areas highlighted in the NHS Staff Survey 2022 results.

KLOE 4: Roles and Governance

46. There is a strong and embedded governance framework in place that facilitates Board oversight of good quality service provision and the execution of the Trust Strategy. It compares well with other mental health foundation trusts. Governance and management arrangements at all levels generally work well together but further clarity is required around Divisional accountability and oversight arrangements and around the multiplicity of meetings post-pandemic whose remit and escalation route is unclear. This has blurred the line of sight from Divisions through to the Committees and then upwards to the Board.
47. There are effective and well embedded structures, processes and systems of accountability to facilitate the delivery of the Trust Strategy and good quality sustainable services. The DHC governance structure provides an effective flow of decision making, assurance and escalation of issues.
48. The Board oversees the delivery of the Trust Strategy and the provision of good quality services and is supported by a governance infrastructure comprising the Board Committees of Audit and Risk, Finance and Performance, Mental Health Act, People and Culture, Quality and Safeguarding, and Remuneration and Appointments. Their focus on areas where performance is challenged needs to be stronger and Committee reporting to the Board would benefit from being more clearly focused around assurance.
49. Consideration should be given to establishing a Digital and Information Committee, given the scale of the digital transformation agenda.
50. Arrangements are in place to regularly review and improve all elements of the governance structures. Board and Committee performance is evaluated annually. All Board Directors receive an annual appraisal based on achievement of their objectives which are aligned with the Trust's strategic plans and objectives. All appraisal processes observed represented best practice, and included 360° feedback for the Chair and the Non-Executive Directors.
51. The CoG holds the Non-Executive Directors to account individually and collectively for Board performance, and evaluates its performance on an ongoing basis, regularly feeding back through the Chair.
52. The ELT provides a conduit between the governance and management systems and sets the tone by promoting a culture of empowerment, inclusivity and devolution of responsibility with accountability.
53. Governance and management levels generally function effectively and interact with each other appropriately though further work is required to reduce the multiplicity of meetings in Divisions and ensure there is clarity of purpose in the primary Divisional oversight and governance meetings.
54. The primary oversight meetings of the Divisions - the Divisional Achievement Reviews (DAR) and Trust Oversight Operational Leadership (TOOL), and within the Divisions through the Clinical and Operational Assurance Team (COAT) have several positive elements but their purpose needs revisiting, in order to offer assurance and escalation routes into the ELT, and Board and Committee governance, and Executive Directors need to better hold Divisional leadership to account for delivery.
55. Divisional oversight and governance meetings revealed duplication of discussions, lack of clarity around reporting of issues, strong in terms of information exchange and co-ordination, less clear in terms of decision making.
56. It is not always clear where Divisional outcomes are reported back in through the Board governance processes.
57. This lack of clarity is further impacted by what has been described by many we spoke to as an 'explosion' of meetings post-pandemic. Clinical and Divisional staff attend and/or report in to a range of operational meetings in addition to DAR, TOOL and COAT, and it is not clear to them on what their remit is, what value they have and if there is any escalation route.

- 58. There is an experienced, committed and highly functioning corporate governance team providing excellent support to the Board in all aspects of its role. At times, this team leads on governance matters rather than simply supports and there is a need for newer Board leaders to develop more fully their own commitment and delivery of governance.
- 59. Staff at all levels individually seem clear about their roles and they understand what they are accountable for, and to whom.
- 60. It is clear that the Board maintains a clear strategic focus and appropriate independence and distance in its oversight of operational delivery. The boundaries between Non-Executive Director and Executive Director roles are clear and well understood, and Non-Executive Directors are conscious to remain strategic, but need to be consistently more challenging.
- 61. DHC is an integral and committed member of JUCD and has a strong record of accomplishment of providing a range of clinical and community services with NHS and voluntary sector organisations across the local health and social care system. These arrangements with partners are, in the main, managed effectively though there is a renewed commitment by DHC to ensure the Trust delivers with its partner, Derbyshire Community Health NHS Foundation Trust, high-quality person-centred care in relation to the jointly provided Learning Disabilities and Autism service.
- 62. Observation of the Mental Health Act Committee which monitors and obtains assurance that the safeguards of the Mental Health Act and Mental Capacity Act are upheld provided strong evidence of good discussion and debate on the specifics of compliance requirements and robust levels of scrutiny and challenge.

KLOE 5: Risks and Performance

- 63. Board, operational and clinical assurance systems are comprehensive enabling performance issues to be escalated appropriately.
- 64. The Trust measures its performance using a range of online reports and dashboards that are linked to the electronic patient records and are updated daily overnight, providing an almost live view. These 'dashboards' give comprehensive oversight of key performance and workforce measures, which drill down from a strategic, to a divisional and then down to a team level. The aim is to ensure that all staff and all meetings utilise a common set of data sources - 'a single version of the truth.'
- 65. Operational and quality performance management in the Divisions has been reviewed in the last two years and is now overseen by TOOL. This team has established an Executive Governance and Delivery operational infrastructure. Each of the clinical Divisions holds a monthly COAT meeting, which monitors and manages Divisional level performance. Further, oversight of the Divisions is through a DAR meeting every six to eight weeks with some members of ELT.
- 66. TOOL's approach is one of positive challenge and confirmation, encouraging empowerment and autonomy of decision making within the clinical Divisions, but as already noted, its role needs revisiting. This performance management system facilitates escalation of issues through the clear structure. As noted above further work is needed to clarify what is being escalated for governance purposes, and what is being escalated for management purposes and where and how these escalations are reported.
- 67. A comprehensive IPR is presented at each Board meeting which covers detailed information on operational performance, quality of care delivery, workforce and culture metrics and finances. Each Board Committee receives its own section of the dashboard at each meeting for detailed discussion, scrutiny and challenge so that it is able to provide assurance to the Trust Board.
- 68. Observation of Boards and Committees suggests the performance dashboards are not being employed fully and consistently. For example, in Board meetings and at the Finance and Performance Committee in particular, scrutiny and challenge of dashboards could be much stronger. For the Committees we observed, Quality and Safeguarding did not have a quality dashboard on the agenda, and the timing of Finance and Performance and People and Culture was such that they were presented with dashboards that had already been received and scrutinised at a Board meeting. This suggests that the sequencing of Committees needs to be looked at to ensure the Board fully benefits from scrutiny and challenge applied at the Committee level.

69. In regard to the future, DHC has taken a system perspective to form a Reducing Health Inequalities Delivery Board to bring together Trust teams and services to collectively identify, address and reduce the health inequalities being experienced locally through performance management of whole pathways of care in Derby and Derbyshire.
70. The Audit and Risk Committee oversees the planning, delivery and implementation of improvement actions of an annual Internal Audit Plan to monitor quality, operational and financial processes. and systems to identify where action should be taken, and there are further relevant close links on the internal audit programme via the Quality and Safeguarding Committee.
71. There is an active Clinical Audit as well as a Research and Development team and a planned annual Clinical Audit Programme in addition to internal clinical reviews and deep dives into specific service areas.
72. There are well embedded and well understood systems and processes in place for identifying, recording and managing risks in all areas of the Trust. The overall Trust approach to risk management is sound, as is the construction of the BAF and Corporate Risk Register and Board and organisational focus on risks is good. There is strong alignment between Board members on what the top strategic risks are, and also between recorded risks and what staff say is on their worry list.
73. There is positive discussion of the BAF across the Committees and at the Board and good evidence that shows that the BAF has become more embedded with strong discussions on strategic risks management, underpinned by clear scrutiny and challenge. The Board needs to revisit its risks appetite which feels to us to need review within the context of the strategic aims and objectives of DHC.
74. There are well developed systems and processes for taking potential risks into account when planning services, including in the areas of Business Continuity and Emergency Planning, Winter Pressures, Emergency Preparedness, Resilience and Response and the ability to stand up an Incident Management Team to support rapid decision-making should the need arise.
75. The Quality and Safeguarding Committee oversees a process to assess the impact on quality and patient safety of each of the individual schemes in the Trust wide Cost Improvement Programme with evidence that these schemes can be rejected if there is the risk of compromising care.

KLOE 6: Information

76. Quality and sustainable performance both receive sufficient coverage in meetings at all levels and this has been enhanced by significant investment in analytics, a clinical data centre and Real World Health together with the use of NHS Benchmarking to improve the use of information and performance.
77. All staff have access to information via Connect Intelligence - a reporting tool that collates multiple sources of data into one place. The Trust measures its performance using a range of online dashboards and reports that are linked to the electronic patient records and updated daily overnight.
78. This 'single version of truth' includes both quality and sustainability measures and is discussed, challenged and interrogated at all levels - at team level, COAT, TOOL, DAR, Committee and Board as described above.
79. A comprehensive IPR is presented at each Board meeting which covers detailed information on operational performance, quality of care delivery, workforce and culture metrics and finances. Each target, goal, metric is shown on a run chart using Statistical Control Measures to highlight progress. Each chart is accompanied by a narrative summary and actions being taken to address delivery. These service performance measures are clear.
80. The Trust should now look to build on this by adopting a pyramid reporting approach - with information being filtered as it moves across the governance architecture of the Trust so that by the time it comes to the Board, it is very much a high-level exception-based overview, informed by the discussions and deliberations that have taken place at the Committee level and the levels below that.

- 81. Information is used not only to provide assurance but also to measure for improvement. For example, there are clear plans outlined in the Quality Improvement Strategy and good evidence of learning from the themes and changes made to Trust services as a result of feedback on incidents and complaints. The Trust has set up a Productivity Board to better understand how productivity could be improved by using information to identify opportunities to deploy resources to better effect.
- 82. Performance and quality information system technology includes data quality validation checks. This is sense checked by operation and quality teams.
- 83. Presentation of information in dashboards at Board and Committees includes narrative alongside KPIs in which executive judgement is used to triangulate and connect information.
- 84. A Digital Strategy is driving transformation in the use of IT to monitor and improve the quality of care. The migration to a new electronic patient record - SystemOne, enables the Trust to more effectively integrate across the whole system and pathways of care. Other successes include the increase in the use of video consultations and hybrid working arrangements across the Trust.
- 85. The digital agenda needs to gather pace and have greater ambition, if DHC is to capitalise on and unlock the benefits of this agenda.
- 86. Information Governance arrangements remain fully compliant with evidence of learning from the small number of occasions when there have been data security breaches.

KLOE 7: External Partners Engaged

- 87. DHC has a strong record and reputation for stakeholder engagement both internally and outside the Trust. It uses a variety of means to gather service user, carer, staff and partner views and experience to shape and improve services and culture. The Trust engages via a range of structures, groups and networks. Crucially, the open and transparent engagement culture means that services benefit from hearing and responding to a variety of voices.
- 88. There is an open and constructive relationship with the CoG and significant engagement, in addition to the governance and accountability role at the Trust of the CoG. For example, Governors participate in quality visits where they are encouraged to engage with staff, understand and learn about services delivered and provide feedback on their experiences. Governors also play a vital role for the Trust in engaging with local voluntary organisations, service users and carer groups, local consultative forums, their members and the public and bringing their views, issues and feedback back into the Trust. An Engagement Log enables a formal record of this varied activity to be recorded from which themes and issues can be identified.
- 89. Service users and carers are able to use their lived experience and knowledge to work with the Trust through the EQUAL group to focus on service improvements.
- 90. There is active engagement with staff in many ways. There is a Staff Forum and Staff Support Networks representing those with protected characteristics.
- 91. The work around the Workforce Race Equality Standard and Workforce Disability Equality Standard is informed by this work and network suggestions feature in the action plans. The annual NHS Staff Survey, pulse surveys and the monthly executive led all staff briefing are also an opportunity to embrace staff views and questions.
- 92. As noted in the previous section, DHC is an integral and committed member of JUCD and demonstrates this in a variety of ways. The Chief Executive chairs and is Accountable Officer for the Mental Health System Delivery Board and the Director of Strategy, Partnerships and Transformation is the Senior Responsible Officer for the Mental Health Programme. The Chief Executive is leading the work across the system to establish Integrated Care Partnerships across the City and County. The Trust Chief Executive is the Chief Executive Provider Collaborative representative on the Derby and Derbyshire Integrated Care Board.
- 93. DHC is an active partner with other mental health providers through the East Midlands Alliance.

94. DHC has a strong history of working well with partners across the health and social care economy and provides several clinical services in partnership with other providers across the NHS and voluntary sector. The belief is that this collaborative approach will bring benefits to service users and carers through wider learning, sharing information and expertise to help provide the best possible care.
95. As noted earlier, the Trust is, in the main, viewed by its stakeholders, both internal and external, as an open, honest, inclusive and listening Trust. This is mirrored by the Board. It should be acknowledged that in spite of the above, a sizeable minority of external stakeholders highlighted inconsistencies in messages coming from the Trust and the reality of delivery. The phrase used in these instances was that the Trust 'talks the talk but does not always walk the walk.' The example consistently quoted to illustrate this was the decision by the Trust to unilaterally change terms and conditions of service of community staff without any prior communication with or reference back to system partners.

KLOE 8: Learning, Improvement and Innovation

96. There is evidence of continuous learning, improvement and innovation in DHC. The Trust has a 'Building Block' strategic commitment to enhance and embed learning and innovation and to underpin this a refreshed Quality Improvement Strategy is in place, accompanied by an implementation plan.
97. A Trust Transformation Team has been formed and is active in progressing a range of improvement ideas and a pipeline of transformation projects. At this stage, the programme of work for quality improvement is currently under developed though there is clear ambition to expand it and to link it much more explicitly to other strategies, for example education and training.
98. Continuous progress can be seen in a number of areas activity and in many cases, are part of business as usual. The Trust focus has been on embedding learning following the 2019 Care Quality Commission inspection and during the pandemic, with the aim of developing and maintaining sustained quality improvements across a range of areas. For example, learning from Serious Incidents and how these are fed back into changes to Trust practices for improvement are reported into Quality and Safeguarding Committee and other governance routes as evidence of learning. This includes mortality events and learning from deaths.
99. Trust research and development efforts were paused during the pandemic as staff were redeployed to pandemic related activities. This has now resumed and targeted at national public health priorities related to pandemic learnings.
100. DHC employs standardised improvement tools and methods, rolling out a quality improvement methodology for staff in areas targeted for change and a number of staff have been trained in quality improvement methodology. LifeQI systems and Quality Improvement health platform forms part of this and while there are an increasing number of staff trained, the number remains relatively small and it would be helpful to roll this out more comprehensively around the Trust.
101. There is an appetite for innovation and a need for it, given the scale of challenges in different areas of Trust activity. Staff do sometimes take the opportunity to take time out to review clinical practices and implement innovations, supported by data and quality improvement methodology. There is ambition to go much further and this forms part of the Quality Improvement implementation plan.
102. There is evidence of communication within and across the Trust of numerous improvements and innovations that have been introduced, raising awareness and celebrating achievement. That said, some staff we spoke to feel the Trust needed to promote improvements and innovations better, internally and externally, and adopt a more commercial approach around innovations developed by the Trust.

4. Concluding Remarks and Recommendations

Concluding remarks

- 4.1 The boards of all NHS providers have a sizeable and challenging strategic and operational agenda to address over the next few years.
- 4.2 Alongside a range of Trust specific issues, there are external challenges around addressing the regulatory landscape, operating in a post pandemic world, and greater system working.
- 4.3 For the Trust to successfully address this agenda will require continued effective development of the Board as a collective and sustained Board leadership, using the recommendations we have made as the primary focus for that.
- 4.4 Whilst our review has identified some development areas, we also observed a sense of renewal and refresh at DHC signalled by the arrival in particular of the new Chief Executive and observed and heard so many positive examples of good leadership and governance to demonstrate across the eight well-led framework KLOEs that there is a very exciting agenda ahead for the Board and the organisation more widely.
- 4.5 In that sense this review and its findings can act as a launch pad for moving DHC to the next stage of its journey.
- 4.6 We also strongly believe that the Trust Board has all the constituent elements to be effective and is serious about board leadership, board processes and continued effective governance, and alongside which, we have observed considerable commitment to this review by the Trust.
- 4.7 In that sense, this review presents a unique opportunity to further renew and reinvigorate the governance arrangements within the Trust and our recommendations in this concluding section of our report seeks to do that.
- 4.8 Addressing the areas for development that we have identified as part of this review in a systematic manner, building on progress to date and drawing on learning from other sectors will, we have no doubt, noticeably accelerate Board leadership and governance arrangements at the Trust.

Recommendations

- 4.9 In order to take the issues, we have identified in our report forward, we have made a number of recommendations which are set out below.
- 4.10 We suggest that the Board considers the findings outlined within this report and develop a response in relation to the matters raised. This response should clearly outline how the Board proposes to implement our various recommendations and describe how the Board will monitor progress going forward.
- 4.11 We have given each recommendation a priority and a suggested timescale for implementation, but recognise that the Board will wish to review these carefully to ensure that the subsequent implementation plan is owned and deliverable.

	Actions to be implemented within 6 months of this review	Actions to be implemented within 12 months of this review
KLOE 1: Leadership, Capacity and Capability	<p>R1. Devise and implement a planned and structured two-year Board Development Programme. At its core this should include activities to support the collective and unitary acumen of the Board including soft skills development and a grounding in effective boardroom behaviours. In addition, there should be separate elements to support the collective and individual development of Executive Directors and the individual development of Non-Executive Directors</p> <p>R2. Devise a Leadership Strategy based on the vision of inclusive, compassionate and people centred skills. This should be clear on priorities, actions and outcomes and should enable connection with the various leadership initiatives underway</p> <p>R3. Fully expand the existing Talent and Succession Plan to support the identification and development of talented and emerging leaders at all levels in the Trust. An integral part of this should be a Board Succession Plan to ensure arrangements are in place to support the sustainability of a balanced board with the requisite skills and experience to achieve the long-term strategy</p>	
KLOE 2: Vision and Strategy	<p>R4. The Board to sense check and challenge the current Trust Strategy to establish stretching and realistic outcomes given:</p> <ul style="list-style-type: none"> - The scale of the ambitious programme of commitments in the two years remaining of the current Trust Strategy - Significant changes in the external environment including the need to address the system deficit <p>R5. Follow through and complete work currently underway to tap in to the clinical expertise of the workforce to integrate the Clinical Strategy, aligning it to the overarching Trust Strategy</p> <p>R6. Review the priority actions identified to monitor progress of the Trust Strategy with a view to identifying corresponding high level KPIs that are connected directly to the two clinical priorities and the four strategic priorities</p>	
KLOE 3: Culture	<p>R7. Board discussion on 'People First' to clarify what it means in practise and establish common understanding and agreement</p>	<p>R14. Board to explicitly define the desired culture in DHC and identify a sub-set of overarching workforce indicators to enable the Board to understand when the culture is changing</p>
KLOE 4: Roles and Governance	<p>R8a. Develop more manageable and forward-looking Board agendas by creating a stronger linkage to the BAF and through the introduction of consent agendas</p>	<p>R15. Review the role and purpose and reporting lines for all meetings below the Committee level to ensure they have a clear role and remit, and disestablish those that do not serve a clear assurance purpose</p>

	Actions to be implemented within 6 months of this review	Actions to be implemented within 12months of this review
KLOE 4: Roles and Governance	<p>R9. Agree a prescriptive Trust-wide approach for Board and Committee papers, accompanied by the development of a clear 'glide path' for their production, and create space for greater ELT focus and ownership of Board and Committee papers</p> <p>R10. Review the sequencing of Committee meetings in relation to Board meetings to ensure that the Board fully benefits from the work of the Committees</p> <p>R11. Consider a revised reporting template for Committee reporting to the Board and consider placing these report more prominently on the Board agenda</p>	<p>R16. Consider establishing a Digital and Information Committee, given the scale of the digital transformation agenda DHC has to progress. An early action for the Committee needs to be oversight of a programme of work designed to inject greater pace and ambition in relation to implementation of the Digital Strategy</p> <p>R17. Undertake a review of the Trust Constitution. This review should take account of the addendum to the Statutory Guide for Governors and specifically how the legal duties of the CoG support system working and collaboration and the principles regarding collaboration and system working in the June 2021 ICS Design Framework</p>
KLOE 5: Risks and Performance	<p>R12. Clarify the role and purpose of the primary Divisional oversight and governance meetings at the Trust, most notably, DAR, COAT and TOOL and ensure across a greater element of holding to account</p>	<p>R18. Revise BAF reporting to the Board by adopting a more streamlined 'pyramid report' approach that better reflects the scrutiny and challenge applied at the Committee level</p> <p>R19. Undertake a review of the number of open Trust wide risks and Corporate Services risks</p> <p>R20. Review the Trust risk appetite annually and within the context of evolving strategic and operational issues</p>
KLOE 6: Information	<p>R8b. In conjunction with R8a, consider any further actions to refresh and refine the Trust approach to reporting at Board, Committee and at the Divisional level</p>	<p>R21. Explore how Quality Improvement and processes could be improved and better aligned to the delivery of key strategic objectives</p>
KLOE 7: External Partners Engaged	<p>R13. Explore as part of a structured development programme stakeholder perceptions of the Trust and how comments and feedback in our review can be built upon positively</p>	<p>R22. In collaboration with the CoG, commission a programme of development for the CoG, which includes how the CoG can provide enhanced scrutiny and challenge and use this review as a platform for looking at the CoG induction programme and how engagement with the membership can be enhanced</p> <p>R23. Consider how various engagement activities undertaken by the Trust to engage further with service users and carers get themed to drive change strategically</p>
KLOE 8: Learning, Improvement and Innovation		<p>R24. Explore how areas of innovative practice at DHC could be better promoted, internally and externally</p>

Annual Effectiveness Survey Council of Governors

Purpose of Report

To present the results of the Governors Annual Effectiveness Survey of the Council of Governors (attached as appendix i).

Executive Summary

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 on to the Council of Governors.

Each year the Governance Committee reviews the content of the questionnaire to ensure it is still fit for purpose.

The questionnaire is not anonymised so that any issues or concerns raised can be discussed with individuals who have raised the issues/concerns if further information is required.

The survey was undertaken in September/October 2023 and a total of 13 governors responded, this equates to 52% (compared to 85.18% last year). The survey was promoted in *Governor Connect*, via governor meetings, and further emails encouraging governors to complete the survey were sent by the Membership and Involvement Manager. The deadline was extended to encourage governors who had not completed the survey to participate. All governors were offered additional support if they had difficulty in completing the online form.

The following is worth noting:

- Positive response rates of strongly agree/agree was recorded for 11 of the questions
- The positive response rates for the rest of the questions remains high
- Some questions include responses of 'Don't know' – some of these are from new governors not being able to fully answer the questions/for others it could identify a training need
- Those governors who have responded with 'Disagree' have been contacted by the Membership and Involvement Manager requesting further information
- The survey included sections for free text to enable governors to make suggestions and comments regarding governor training and development needs; suggestions for improvement or to raise specific issues; and comments on the effectiveness of the Council of Governors. These comments were discussed at the Governance Committee on 11 October 2023.

It is worth noting that the Council of Governors has a regular turnover, meaning that the survey has been completed by both new and experienced governors.

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

- Continue to develop and evolve the governor-led training and development programme

- Continue to offer hybrid meetings/face to face meetings where possible – face to face meetings have taken place this year including the joint Board and CoG sessions, Well Led Review sessions, Governance Committee meetings, informal governor meetings held in Chesterfield and Erewash
- Build on the Board and Council of Governor relationship – through the joint Board and CoG sessions which take place in January and July of each year. Informal sessions have also been arranged for governors with the Chief Executive and Chair
- Build on governors relationships – we will continue to offer governors the opportunity of getting together prior to meetings to enable them to get to know each other; and encourage governors to contact each other outside of the organised meetings
- Continue to support governors with engagement with constituents – through the Governors Membership Engagement Action Plan, encouraging governors to attend events/forums and support from the Membership and Involvement Manager.

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

Strategic Considerations

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

Assurances

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

Consultation

The Governance Committee reviewed the results of the survey on 11 October 2023.

Governance or Legal Issues

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

Equality Impact Risk Analysis

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

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

All governors were given the opportunity to complete the survey and support was offered to individuals who may need additional help. Any training sessions and training materials will be designed in an accessible format and additional support given where required.

Recommendations

The Council of Governors is requested to:

- 1) Note the outcome of the Council of Governors annual effectiveness survey 2023 as a positive assessment by governors of their effectiveness.
- 2) Agree the survey should be repeated in September 2024.

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

Governors Annual Effectiveness Survey – 2023

1. Name 13 responses

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

● Strongly agree	5
● Agree	8
● Don't know	0
● Disagree	0
● Strongly disagree	0



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

● Strongly agree	7
● Agree	6
● Don't know	0
● Disagree	0
● Strongly disagree	0



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

● Strongly agree	6
● Agree	7
● Don't know	0
● Disagree	0
● Strongly disagree	0



5. Please indicate in the box below any training or development needs that you would like the Trust to support you within your governor role – five responses

6. Please use this box to list suggestions for improvement or to raise specific issues regarding your governor role – six responses

7. The Trust's values, mission and priorities have been adequately explained to the Council

● Strongly agree	7
● Agree	6
● Don't know	0
● Disagree	0
● Strongly disagree	0



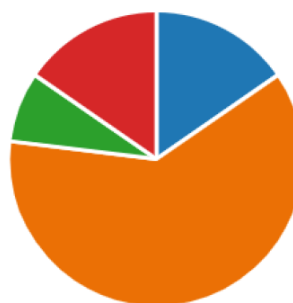
8. The Council is appropriately consulted and engaged in the Trust's strategy and development

● Strongly agree	4
● Agree	9
● Don't know	0
● Disagree	0
● Strongly disagree	0



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

● Strongly agree	2
● Agree	8
● Don't know	1
● Disagree	2
● Strongly disagree	0



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

● Strongly agree	5
● Agree	8
● Don't know	0
● Disagree	0
● Strongly disagree	0



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

● Strongly agree	5
● Agree	5
● Don't know	2
● Disagree	1
● Strongly disagree	0



12. The Council of Governors uses the individual skills, experience, knowledge and diversity of its members to its best advantage in sub-committees (Governance Committee and Nominations and Remuneration Committee)

● Strongly agree	3
● Agree	8
● Don't know	2
● Disagree	0
● Strongly disagree	0



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

● Strongly agree	7
● Agree	6
● Don't know	0
● Disagree	0
● Strongly disagree	0



14. The Council of Governors carries out its work with quality as its focus

● Strongly agree	6
● Agree	6
● Don't know	1
● Disagree	0
● Strongly disagree	0



15. The relationship between the Governors and Trust Chair works well

● Strongly agree	5
● Agree	6
● Don't know	2
● Disagree	0
● Strongly disagree	0



16. The Council communicates with, listens and responds to members and other stakeholders effectively

● Strongly agree	2
● Agree	9
● Don't know	2
● Disagree	0
● Strongly disagree	0



17. The role of the Council of Governors is clearly defined

● Strongly agree	5
● Agree	8
● Don't know	0
● Disagree	0
● Strongly disagree	0



18. The Council of Governors meets at appropriate and regular intervals and receives adequate time and support to function well

● Strongly agree	6
● Agree	5
● Don't know	1
● Disagree	1
● Strongly disagree	0



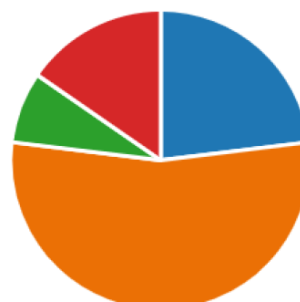
19. Governors' views are taken into account as members of the Council of Governors

● Strongly agree	4
● Agree	7
● Don't know	2
● Disagree	0
● Strongly disagree	0



20. The Council of Governors have sufficient opportunity for contact, and good communication, with the Board of Directors - Executive Directors

● Strongly agree	3
● Agree	7
● Don't know	1
● Disagree	2
● Strongly disagree	0



21. The Council of Governors have sufficient opportunity for contact, and good communication, with the Board of Directors - Non-Executive Directors

● Strongly agree	5
● Agree	7
● Don't know	0
● Disagree	1
● Strongly disagree	0



22. The Council of Governors has sufficient communication with the members of the Trust, either via the Trust or independently

● Strongly agree	3
● Agree	7
● Don't know	3
● Disagree	0
● Strongly disagree	0



23. The Council of Governors has a strong voice

● Strongly agree	1
● Agree	7
● Don't know	5
● Disagree	0
● Strongly disagree	0



24. The Council of Governors is able to influence change

● Strongly agree	2
● Agree	6
● Don't know	5
● Disagree	0
● Strongly disagree	0



25. Council of Governor sub-committees (Nominations and Remuneration Committee and Governance Committee) are effective and provide quality update reports to the council

● Strongly agree	3
● Agree	10
● Don't know	0
● Disagree	0
● Strongly disagree	0



26. The Council of Governors receives sufficient information to hold the Board of Directors to account

● Strongly agree	2
● Agree	11
● Don't know	0
● Disagree	0
● Strongly disagree	0



27. Governors can identify the key performance issues facing the Trust

● Strongly agree	2
● Agree	10
● Don't know	1
● Disagree	0
● Strongly disagree	0



28. Governors can ask questions regarding performance reports

● Strongly agree	6
● Agree	7
● Don't know	0
● Disagree	0
● Strongly disagree	0



29. The Council has agreed a process of dialogue with the Non-Executive Directors and the Trust to enable it to carry out its general duty to hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors

● Strongly agree	3
● Agree	9
● Don't know	1
● Disagree	0
● Strongly disagree	0



30. Governors ask relevant questions of the non-executive directors about challenge at Board meetings

● Strongly agree	4
● Agree	8
● Don't know	0
● Disagree	1
● Strongly disagree	0



31. Governor comments on the effectiveness of the Council of Governors – six responses.

Non-Executive Director (NED) Report – Lynn Andrews

Purpose of Report

This paper describes the activities I have undertaken as a Non-Executive Director during the year 2022/23.

Executive Summary

This report is a summary of my work with the Trust over the last 12 months (October 2022 to September 2023).

The report indicates that I am fully compliant with training and development, fitness to practice as a Non-Executive Director member and that I have a current appraisal.

The following describes the current responsibilities:

- Trust Board member
- Chair of Quality and Safeguarding Assurance Committee
- Member of Mental Health Act Committee
- Member of People and Culture Committee
- Member of Remuneration Committee
- Attendance at the Council of Governors
- Attendance at Committee Chair meetings with my NED colleagues
- NED Board Champion for Childrens Services
- Member of NHS Derby and Derbyshire System Integrated Care Boards Quality and Performance Committee
- Member of Integrated Care Board (ICB) Mental Health, Learning Disability, and Autism Board.

The report has a focus on the Quality and Safeguarding Committee which I have chaired for nearly a year, membership of other committees, and other work I have carried out for the Trust.

During the year I have supported the Trust in its preparedness for a Care Quality Commission (CQC) Well Led review.

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 2023. The committee considered the year end report on it's activity and effectiveness and confirmed that it had fulfilled its terms of reference during 2022/23. 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 significant changes.

Consultation

This report has been prepared solely and specifically for 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:

The Quality and Safeguarding Committee is required within its terms of reference to ensure that consideration has been given to equality impact related risks and explore aspects of Health Inequalities within subject areas.

Recommendations

The Council of Governors is requested to consider the content of this report, take significant assurance that I am undertaking the responsibilities of the Non-Executive Director role and to ask for any clarification or further information.

**Report prepared and presented by: Lynn Andrews
Non-Executive Director**

Derbyshire Healthcare NHS Foundation Trust
Council of Governors – November 2023
Non-Executive Report – Lynn Andrews

Purpose of Report

This paper provides a description of my activities as a Non-Executive Director (NED) with Derbyshire Healthcare Foundation Trust from October 2022 to September 2023.

Background

This is the first year of my term of office as a Non-Executive Director (NED). I commenced in post on 5 September 2022 in shadow (non-voting) form until the 11 January 2023 when NED Sheila Newport retired from her role. The transition enabled a handing over of the ropes, to start to develop an understanding of the Trust and build relationships.

Contractual obligations

In the NED role there is an expectation that you will devote the reasonable necessary time to undertake Trust business which is notionally a minimum of four to five days per month. I am expected to attend all meetings of the Board of Directors (unless urgent and avoidable circumstances prevent me from doing so). I have attended all meetings in the 12-month period. Appendix 1 summarises the full range of activities I have undertaken each month which demonstrates that I devote the time necessary to undertake my role in line with the role responsibilities and my appraisal objectives.

I submitted my annual Fit and Proper Persons declaration to the Trust Secretary in August 2023 confirming that I am meeting my contractual obligations as a Non-Executive Director in compliance with Care Quality Committee Regulations 5 Fit and Proper Person requirements. After a period of settling into the role I had my appraisal with the Trust chair in March 2023. I am fully compliant with all the training identified as role specific for NEDs.

In my NED capacity I have the lead responsibility for assuring quality and safety of the care provided and for making sure that care meets the regulations of the Health and Care Act 2022. I do this through the Chair of the Quality and Safeguarding Committee; being a member of other key related meetings and service visits.

Board Committees

- Trust Board member
- Chair of Quality and Safeguarding Assurance Committee
- Member of Mental Health Act Committee from February 2023
- Member of People and Culture Committee
- Member of Remuneration Committee

Meetings

- Council of Governors
- Committee Chair meetings with my NED colleagues
- NHS Derby and Derbyshire System Integrated Care Boards Quality and Performance Committee
- Mental Health, Learning Disability and Autism Delivery Board.

Quality and Safeguarding Committee – Chair

The Quality and Safeguarding Committee meets monthly (August break). It is accountable for assuring the Board and Council of Governors that the Trust provides great care. Summaries of items discussed and assurances where required are given at Public Board Meetings.

The purpose of the Committee is to obtain assurance that the Trust is providing high standards of care, promote safety, ensure risks are managed and that we are complying with Schedule 4 (Quality) of the NHS contract. The Committee is also responsible for ensuring the Trust meets its statutory responsibility for safeguarding to ensure better outcomes for children and vulnerable adults.

Each month the Committee 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. This is a live document reflecting the risk profile of quality and safety issues within the Trust.

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.

A Quality and Safeguarding Assurance Dashboard has been developed to measure compliance with the Quality Schedule and sets these out within the CQC domains (Appendix 2). The dashboard is reviewed in depth at meetings quarterly. This report content and layout continues to develop and is reviewed annually to ensure relevant measures are monitored and assurance offered. Patient experience feedback is an area in further development.

The Committee also has the responsibility for the assurance that we comply with the national Learning from Deaths process and reviews and ensuring our doctors in training receive the appropriate support and training which is reported through the Guarding of Safe Working.

The Committee commissioned three quality deep dives within the last year; the Care Planning Approach, Neurodevelopment Services and Quality Visits where a greater understanding of the challenges being faced and key actions to mitigate the position have been discussed.

Other activities outside of the Quality and Safeguarding Committee:

People and Culture Committee

I am a member of this Committee and many of the agenda items are cross related in terms of the provision of quality, safe and effective care. It has been very useful to be able to triangulate issues, such as supervision and training and is a reminder of the challenges clinicians face every day in keeping our service users safe.

Mental Health Act Committee

I am a member of this committee which has strong links to both the Quality and Safeguarding and to People and Culture Committees. It is useful to cross reference issues within the Quality Performance Dashboard.

Remuneration Committee Member

Along with all the NEDS I am a member of the Remuneration Committee which has addressed executive and very senior management pay awards, changes in the Medical Director's role, recruitment and interim Director arrangements and succession planning. We are working on developing our succession and talent spotting plans.

Committee Chairs Member

This is a valuable forum for cross-Committee discussion and action.

Other activities

A key theme of my role is to understand and seek assurance on quality issues within the Trust, across services and providers. The meetings I am a member of support this responsibility.

I am a member of **NHS Derby and Derbyshire Integrated Care Boards Quality and Performance Committee** which aims to enable system alignment on quality, understanding variation and risks to quality, including early warning signs. It also aims to drive a collaborative approach to promote multi-professional leadership and a culture of learning and improvement to ensure provision of high-quality sustainable services. This evolving group is still working through the best way to monitor cross provider pathways and consider inequalities and the delivery of population health.

I am also delighted to have taken on the role of **Childrens Services Board Champion** providing a link directly to Board. I am hoping this helps to raise the profile of the excellent work of Children's services within the Trust and externally. I am currently in the process of visiting different areas, meeting staff and understanding their challenges and hearing about their success to ascertain where I can be of greatest support to them.

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

I have contributed to the preparations for the CQC Well Led review providing input into Board and Council of Governor development sessions.

I have also been a member of stakeholder groups for selection panels for other appointments.

Personal Profile – Lynn Andrews

My roots are in Scotland where I qualified as a Registered General Nurse (RGN) before moving to the Midlands where I have worked in healthcare since 1987. I am registered with the Nursing and Midwifery Council and hold a BSc in Health Studies, the Nye Bevan NHS Leadership qualification and a Master's in Health Policy.



I have worked in roles requiring professional, clinical and governance knowledge and skills. My previous Board post was at Chesterfield Royal Hospital NHS Foundation Trust as Executive Director of Nursing and Patient Care and lead for quality, with a portfolio responsibility including quality improvement, patient experience and safety, safeguarding and infection control.

I have a strong commitment and passion to improving quality and experience for all patients and staff. Working with the East Midlands Strategic Health Authority and with the national NHS Teams, I have gained an excellent understanding of healthcare and the requirements for regulation. I have lived in Derbyshire for over 20 years, enjoy running in South Derbyshire and the Peak District.

Appendix 1. Summary of Activities involved with by Month.

October 2022	November 2022	December 2022
Trust Induction Board Development - Quality Improvement Series of Induction meetings with Directors and NEDs DON 1:1 Quality & Safeguarding Committee DDON 1:1 EM Perinatal Mental Health meeting Board Committee Chairs meeting REMCO	Trust Board COG Staff Conference Staff Listening event DDON 1:1 Governor and NED – get to know one another Quality & Safeguarding Committee Board Development Coaching Session Quality and Safeguarding Committee agenda setting Childrens & Adults Safeguarding Leads Finance & Performance Committee NED 1:1 Medical Director 1:1 Introduction to Provider Collaboratives Staff Engagement Hour Board development Day People & Culture Committee All Staff Q & A session	Trust Secretary re: Quality & Safeguarding agenda NEDs meeting Confidential Trust Board Quality & Safeguarding Committee Board Development Mental Health Act (MHA) Committee REMCO
Services Visits Making Room for Dignity – site visit World Mental Health Day – CAMHS	Services Visits High Peak Crisis Team – Matlock	Services Visits No visits took place this month
January 2023	February 2023	March 2023
VSCE meeting NHS Provider Network - 2 days Interim DON 1:1 Trust Board REMCO COG Quality & Safeguarding Committee agenda setting Finance & Performance Committee Staff Q & A – bedded care Derbyshire Mental Health Forum South Derbyshire Forum ICB Quality & Performance meeting Governors – Well Led session	Board Development – Well Led ICB Quality & Performance meeting Board Development – BAF Medical Advisory Committee Interim DON 1:1 Board Development – AQUA Board People & Culture Committee	Coaching session Trust Board Council of Governors MH. LD, Autism & Children & Young People Board NED 1:1 Interim DON 1:1 Safeguarding Childrens Operational meeting Board Development – Well Led ICB Quality & Performance meeting CEO 1:1 Introduction JUCD – discussion about governance and committees Finance & Performance Committee Quality & Safeguarding Committee People & Culture Committee Confidential Board Appraisal meeting
Services Visits No visits took place this month	Services Visits - Discussion on visit methodology	Services Visits - Chesterfield and Kingsway Ground breaking events

	- Research & Development	- Hartington Unit
April 2023	May 2023	June 2023
Board Engagement All staff engagement MH, LD, Autism & CYP Quality & Safeguarding Committee Confidential Board ICB Quality and performance	NED 1 on 1 discussion Confidential Board Board Development -Building Leadership for Inclusion BLFII Trust Board DON 1:1 COG Staff Networks Conference Quality and Safeguarding Committee Children & Young People Eating Disorders DDON 1:1 Board Development ICB Quality and performance Consultant Interviews VCSE meeting	MH, LD, Autism & CYP Chair – 1:1 Board Development session – PLACE EPRR training Mental Health Act Committee Trust strategy meeting Quality & Safeguarding Committee People & Culture Committee Chairs and NEDS meeting Confidential Board DDON 1:1 re Quality Visits
Services Visits - Tissington - North Dales CMHT	Services visits - summary meeting North Dales	Services visits - Erewash Older Adults CMHT
July 2023	August 2023	September 2023
Trust Board DON 1:1 Board and COG development MH,LD, Autism and CYP CEO -catch up Quality & Safeguarding Committee Finance & Performance Committee BLFII DON1:1 CEO engagement hour Remuneration & Appointments Committee ICB Quality and performance	No NHS meetings in this month due to it being the summer break period	Medical Director & Assistant Director of Corporate, Legal & Mental Health Legislation Trust Board, REMCO COG CEO Engagement Hour Clinical Lead Childrens Services Quality & Safeguarding Committee Board Development Head of Nursing - Childrens Services VSCE & NEDS MHA Committee People & Culture Committee Board Development – BLFII Review Trust Strategy meeting REMCO CEO 1:1
Services Visit - Hartington MH Liaison Team North - Childrens services – CAMHS, Health Visiting, Infant Feeding, Asylum Seekers Team, Disabilities Therapies team	Services visits Hartington Unit – several wards Eating Disorder - Reflective Practice meeting Bed Management meeting	Services visits No visits took place this month

Appendix 2. Quality Performance Dashboard areas of interest.

Patient Safety	Responsiveness & Patient Experience	Effective and Caring	Well Led
Use of Force <ul style="list-style-type: none"> • Seclusion • Physical Restraint • Prone Restrain PICU Out of Area placements Incidents Physical assault Restrictive Practise Falls Absconsion Duty of Candour Self harm Staffing level incidents Sexual Assault COVID infections	Complaints Compliments Concerns CQC actions & progress	Clinical Standards Safety plan Care Planning Care Programme Approach Delayed transfers of care Discharge letters to GPs (24hrs) Clinic letters to GPs (7 days) Patient in employment Patients in settle accommodation Health checks Length of stay adults and older adults	Flu vaccine compliance Policies in date Risk assessments in date

Integrated Performance Report

Purpose of Report

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

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

Executive Summary

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

Operational Performance

This chapter has been developed to provide a greater level of assurance to the Board on actions being taken to address areas of underperformance. The chapter includes performance against the relevant NHS national long term plan priority areas.

Most challenging areas:

- Waiting times for adult autistic spectrum disorder assessment – demand continues to outstrip commissioned capacity; activity levels have increased significantly however we have now achieved the contractual target.
- Paediatric outpatients 18-week referral to treatment
- Inappropriate out of area placements
- NHS Talking Therapies waiting times
- Mean Length of stay has increased from 52 days to 54 days (August 2023).

Most improved areas:

- Psychological services waiting times continuing to reduce month on month.
- CAMHS waits are continuing to reduce.
- Bed Occupancy: The proportion of adult acute mental health bed occupancy classed as clinically ready for discharge (%) has improved and stands at 3.78%, better than the peer average of 5.09%. A decrease in this proportion can be seen to release much-needed capacity in mental health provider settings.

Key next steps:

- **Measuring our progress:** The DHCFT Productivity Group are progressing with the development of a suite of metrics for productivity. A productivity dashboard prototype has now been produced as well as a 'Plan on page' to help drive improving the productivity of our clinical teams – help standardise (where we are able to do so clinically) and using insights give us a regional and trust wide view of our service line productivity.
- **Development of the Waiting Times Dashboard by IM&T.**

- **Divisional Performance reviews** to drive rigour and assurance to CQC framework and improve compliance in areas of challenge.
- **High intensity users with personality disorder** – a programme planned to explore and review this patient group using a collaborative system wide approach with a view to avoid non-appropriate conveyances to Emergency Departments and help direct patients to the right pathway of care.
- **Improving flow:** Discharge Priority Funding being utilised to support flow and discharge - system integrated flow function with clinical support. An Integrated flow model anchored within CMHT will be live by December 2023.
- **‘Plan on a page’ – for Reducing Health Inequalities.** We are now working with all service lines across the organisation to build a ‘plan on a page’ on how they will evolve and adapt services to ensure we are actively working to reduce health inequalities using a strategic approach linking in with the VCSE sector, using population insights and census information to focus our efforts and understand disparities in order to effectively reduce them.
- **RCRP** – The Right Care Right Place implementation group is fully established, having provided key recommendations to the system Executives on implementation of the national programme in September 2023, the group are now working on a workstream basis to formulate a RCRP SOP with a view to roll out the programme across the System in Quarter 1 of 2024/25.

Finance

At the end of September, the year to date position is a surplus of £1.1m against a planned surplus of £1.0m, a favourable variance of £0.1m. Agency expenditure is partially being offset by vacancies and interest income being ahead of plan. The forecast position is breakeven against a plan of breakeven. The forecast assumes that we deliver efficiencies in full and find mitigations to offset cost pressures associated with pay award inflation, agency costs, out of area expenditure, industrial action and pressures related to a complex patient who is being supported on one of our wards.

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

Efficiencies

The plan includes an efficiency requirement of £8.8m phased equally across the financial year. As at the end of September £4.1m was achieved against a year to date (YTD) target of £4.4m. The forecast assumes that all efficiencies are delivered, currently £7.3m of the £8.8m has been identified.

Key next steps

- **Develop and sign off plans for the full £8.8m efficiency requirement**
- **Development of recurrent plans to minimise impact into 2024/25 currently 84% are non-recurrent**
- **Deep dive planned in November 2023 to monitor and evaluate progress against the CIP plan.**

Agency

Agency expenditure YTD totals £5.2m against a plan of £2.6m, an adverse variance to plan of £2.6m. This includes £1.5m of additional costs to support a complex patient on one of our wards. The two highest areas of agency usage continue to relate to Consultants and Nursing staff. The agency expenditure as a proportion of total pay for September is 6.1%. The plan for the year is set at 3.5% which is just below the target set by NHSE in the planning guidance of 3.7%. Agency is forecast to be above plan by £3.4m, of which £2.2m relates to the complex patient that is being supported. The Trust’s first Medical Bank is currently being established, having recently procured the ‘Patchwork’ system to help facilitate this.

Out of Area Placements

The plan for out of area expenditure has been reduced by £1.0m in 2023/24 as part of the £8.8m efficiency programme. As at the end of September there was an overspend of £0.7m against the revised plan and a forecast overspend of £1.0m for the end of the financial year. There were 15 out of area patients at the end of September, the forecast assumes a gradual reduction to 4 from M9 onwards.

Capital Expenditure

Capital expenditure at the end of September is slightly above plan, the forecast is to be on plan by the end of the financial year.

Better Payment Practice Code (BPPC)

In September the target of 95% was exceeded by value but was very slightly under at 94.9% on volume.

Cash and Liquidity

Cash at the end of September is at £37.9m and is forecast to be at planned levels of £23.6m by the end of the financial year.

People

Annual appraisals

Appraisal levels continue to be below expectations, however significant positive progress has been made month on month.

Annual turnover

Overall turnover is currently very slightly over 12%, but has been significantly lower than normal for the last 10 months and remains in line with national and regional comparators.

Compulsory training

Overall, the 85% target level has been achieved for the last 18 months. Immediate Life Support (ILS) and Positive and Safe training compliance continue to remain in a stable position. Derbyshire Community Health Services NHS Trust's workforce team have been undertaking a large piece of work to the Electronic Staff Record (ESR) to correct the alignment of resuscitation training to staff roles. This is impacting on the accuracy of reporting of resuscitation compliance, but is due to be completed this month.

Staff absence

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

Key next steps:

- ***Divisional wellbeing summits commenced in September and are providing a focus on both long-term and short-term absences in each division.***

Proportion of posts filled

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

Key next steps:

- ***A number of recruitment events have taken place and there is a large Trust-wide event planned for the end of October at Chesterfield Football Club.***

Bank and agency staff

Bank staff use has remained above the 5% target for most of the last 24 months. This is mainly owing to a combination of vacancies and increased levels of occupancy and acuity on the adult acute wards. Agency use has been above target for the last 3 months.

Key next steps:

- ***Authorisation Panel – to establish process to authorise agency requests across DHCFT utilising a panel – weekly panel from 1 November.***

- ***Business case to propose recruitment of additional Healthcare Assistant workforce to cover the clinical activity rather than reliance on temporary staffing.***
- ***Across the system an agency reduction programme has been established.***

Supervision

The overall level of compliance with the clinical and management supervision targets has remained low since the start of the pandemic, however improvements continue to be made. Currently 131 teams are 100% compliant with management supervision, 83 teams are 100% compliant with clinical supervision and 65 teams are now 100% compliant with both.

Key next steps:

- ***Improvement plan in place in Operational Services***
- ***An audit of supervision processes is currently in progress, which is being undertaken by 360 Assurance. The overall objective of the audit is to assess the actions the Trust is taking to improve supervision performance and accurate recording of supervision time for both clinical and non-clinical staff.***

Quality

Compliments

The number of compliments received remains within common cause variation.

Complaints

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

Delayed transfers of care (DTC)

7% of service users met the criteria as clinically ready for discharge in July. The most common reason for delay is the identification of appropriate housing or social care placements.

Key next steps:

- ***Twice weekly clinically ready for discharge meetings where any barriers to discharge are identified and discussed to support resolution***
- ***The Older People's division are supporting the scoping of a Dementia Care Unit for Derbyshire which is due to open in 2024.***

Care plan reviews

The current percentage of patients who have had their care plan reviewed and have been on CPA for over 12 months is 51%.

Key next steps:

- ***A process for monitoring compliance and quality will be implemented in each division and monitored via the monthly Fundamentals of Care meeting***
- ***The Community Mental Health Teams have been set a target to achieve 60% compliance for patients who have had their care plan reviewed and have been on CPA for over 12 months by December 2023 and 85% compliance by April 2024.***

Patients in employment and in settled accommodation

Around one third of patients have no employment status or accommodation status recorded at present.

Key next steps:

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

Medication incidents

Between July and September 2023 there has been a 20% decrease in the number of medication incidents reported. Medication incidents are largely of low-level harm and therefore reflect accurate reporting and learning opportunities and reporting is actively encouraged.

Key next steps:

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

Incidents of moderate to catastrophic actual harm

This data demonstrates the number of DATIX incidents occurring recorded as moderate to catastrophic harm. There has been an increase of 20 incidents between July and September which has taken the number of incidents reported outside of common cause variation. Ongoing Monitoring by the Patient Safety Team and the Heads of Nursing/Practice.

Duty of Candour

Duty of Candour reported incidents remain within expected thresholds. The Trust Family Liaison Office has created information leaflets and standing operating procedures to support staff in completing duty of candour. Training around accurately reporting duty of candour continues within clinical teams.

Prone restraint

Prone restraint has increased from nine to 12 incidents between July and September 2023. Over the next six months there are plans for Simulation Training including seclusion, self-harm and ligature simulation. A programme manager and clinical lead have been recruited and the project is currently in the scoping phase with plans for training the trainer sessions to start in October 2023.

Physical restraint

Physical restraints have reduced to around 80 incidents between July and September 2023 bringing incidents involving physical restraint back in line with common cause variation.

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

Seclusion

Seclusions between July and September 2023 have continued in line within common cause variation and under the mean average of 20 episodes of seclusion.

Falls on inpatient wards

A spike of falls was seen between July and September due to numerous falls reported for the same individual. This has now been resolved and the number of falls reported

is at its lowest since February 2023.

Care hours per patient day (CHPPD)

In the latest published national data when benchmarked against other mental health trusts, our staffing levels were slightly below average overall.

Strategic Considerations	
1) We will deliver great care by delivering compassionate, person-centred innovative and safe care.	X
2) We will ensure that the Trust is a great place to work by creating a compassionate, skilled and empowered leadership, creating a vibrant culture where colleagues feel they belong, thrive and are valued.	X
3) The Trust is a great partner and actively embraces collaboration as our way of working.	X
4) We will make the best use of resources by making financially wise decisions and avoiding wasting resources to ensure financial recovery and long-term sustainability.	X

Risks and Assurances

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

Consultation

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

Governance or Legal Issues

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

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

- This report reflects performance related to all of the Trust’s service portfolio and therefore any decisions that are taken as a result of the information provided in this

report is likely to affect members of those populations with protected characteristics in the REGARDS groups.

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

Recommendations

The Council of Governors is requested to:

- 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 prepared by: Chief Operating Officer
Interim Director of Finance
Interim Director of Nursing and Patient Experience

Report presented by: Lynn Andrews, Non-Executive Director
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

Bed pressure

- There is a persistently **high level of bed occupancy** on the adult acute wards – **currently 101%** - which is impacting on capacity for further admissions and resulting in an increasing number of out of area acute placements. This calendar year to date **67% of admissions have been under the Mental Health Act**, which is significantly higher than previous years. We are also seeing a significant increase in the number of adult acute inpatients with a length of stay of 60 plus days. These factors would **suggest an increasing level of acuity** in the patient group being cared for. A bid for a portion of the Integrated Care Board's adult social care discharge funding was successful and from October 2023 is being used to support discharge and free up beds through improving timely discharge.
- Over the past few years, patients open to Derby City B and Derby City C Community Mental Health Teams have accounted for almost a third of all adult acute admissions. The postcode area from which the highest numbers of patients were admitted was Derby DE23. **The newly established Derby Crisis House** is based in DE23 so potentially could have a positive impact on reducing admissions from that area.
- In England, according to the latest data published by NHS England, over 12 months there were almost 231,000 inappropriate out of area placement bed days, of which 95% were with private providers, at an average cost of £648 per day. That equates to **£142 million** of money from the NHS budget. **In the Trust, 79% of inappropriate placements were at Psychiatric Intensive Care Units**, so once the Trust has its own PICU there should be a significant reduction. The trust's inappropriate adult acute placements were below average when compared to our peers. ([Out of Area Placements in Mental Health Services, July 2023 - NHS Digital](#))

NHS Talking Therapies

- Demand for the service continues to be high and the number of referrals received this financial year has increased by 12% compared with the previous year. In addition, there has been a loss of capacity for provision of Cognitive Behavioural Therapy (CBT) and Step 2 treatment within our sub-contractor, which the Trust's budgets are not able to mitigate. This **increased demand and reduction in treatment capacity** is inevitably impacting on waiting times. Longer waiting lists also require more administration and clinical support for call backs and waiting well support which further takes away capacity. **The Trust has a higher average number of contacts per treatment** than our counterparts in Derbyshire. There is a push to increase discharge numbers, which has a downward pressure on contacts per treatment. This creates a tension between correct doses for presenting problems versus discharge numbers.

Adult Autistic Spectrum Disorder Assessment

- The service continues to experience long waits to be seen for assessment. This is a national problem: the number of people waiting in England has **increased to 143,000**. ([Autism Statistics, July 2022 to June 2023 - NHS Digital](#)). In the Trust, the level of funded capacity has fallen far short of the demand for the service for many years, as a result of financial pressures on the system. **This has inevitably resulted in increased waits**. Actions have been taken to **maximise capacity within the existing financial envelope**, which are predicted to result in the annual target for assessments being exceeded for the first time this financial year.

Assurance Summary

A. Operations

Metric Name	Performance	Assurance	Latest Value	Target	Lower process limit	Upper process limit	Mean
1a	Waiting list - care coordination - average wait to be seen		30		20	32	26
1b	Waiting list - care coordination - number waiting at month end		104		53	98	75
2a	Waiting list - ASD assessment - average wait to be seen		79		70	75	72
2b	Waiting list - ASD assessment - number waiting at month end		1,850		1776	2027	1901
2c	ASD assessments		65	26	4	40	22
3a	Waiting list - psychology - average wait to be seen		23		1	73	37
3b	Waiting list - psychology - number waiting at month end		578		751	954	853
4a	Waiting list - CAMHS - average wait to be seen		16		16	25	20
4b	Waiting list - CAMHS - number waiting at month end		219		367	542	454
5a	Waiting list - community paediatrics - average wait to be seen		38		21	27	24
5b	Waiting list - community paediatrics - number waiting at month end		2,257		1653	2066	1860
6	Outpatient appointments cancelled by the Trust		8%	5%	4%	11%	7%
7	Outpatient appointment "did not attends"		13%	15%	10%	14%	12%
B1	3 day follow-up		86%	80%	78%	96%	87%
D1	Community Mental Health Access (2 plus contacts)		11,420	11,899	9101	9875	9488
E1	Children & Young People Mental Health Access (1 plus contact)		3,235		2893	3091	2992
E4	Community Mental Health Access (2 plus contacts)		100%	95%	55%	103%	79%
E5	Children & Young People Mental Health Access (1 plus contact)		100%	95%	24%	109%	66%
G3	Early intervention 14 day referral to treatment - complete		79%	60%	64%	108%	86%
G3	Early intervention 14 day referral to treatment - incomplete		92%	60%	59%	117%	88%
H0	IAPT 6 week referral to treatment		48%	75%	63%	77%	70%
H1	IAPT 18 week referral to treatment		98%	95%	99%	100%	100%
H2	IAPT 1st to 2nd Treatment over 90 Days		30%	10%	2%	21%	12%
H7	IAPT patients completing treatment who move to recovery		54%	50%	43%	61%	52%
I1	Individual Placement and Support Access		260	343	106	384	245
K2	Total inappropriate out of area bed days		2,235		1,216	1,941	1,578
K2	Average patients out of area per day - adult acute		14	0	0	10	4
K2	Patients placed out of area - adult acute		20	0	0	18	8
K2	Average patients out of area per day - PICU		21	0	7	20	13
K2	Patients placed out of area - PICU		31	0	13	31	22
L1	Perinatal Rolling 12 Months Access		8%	10%	4%	5%	4%
L2	Perinatal Access Year to Date		520	1,070	162	514	338
N4	Data quality maturity index		98%	95%	98%	98%	98%

Key to symbols¹:

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

Blue dots indicate special cause variation, better than expected.

Orange dots indicate special cause variation, worse than expected.

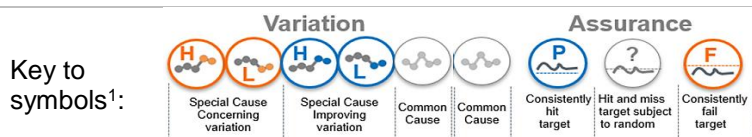
¹The rating symbols were designed by NHS Improvement

B. People

Metric Name	Variation	Assurance	Latest Value	Target	Lower process limit	Upper process limit	Mean
1 Annual appraisals			82%	90%	75%	80%	77%
2 Annual turnover			13%	8-12%	12%	14%	13%
3 Compulsory training			89%	85%	86%	88%	87%
4 Staff absence			6%	5%	5%	8%	7%
5 Clinical supervision			77%	95%	72%	77%	75%
6 Management supervision			74%	95%	70%	76%	73%
7 Filled posts			93%	100%	89%	95%	92%
8 Bank staff use			7%	5%	5%	7%	6%

C. Quality

Metric Name	Performance	Assurance	Latest Value	Target	Lower process limit	Upper process limit	Mean
1 Compliments received			103	119	72	150	111
2 Formal complaints received			13	13	4	32	18
3 Delayed transfers of care			7%	3.5%	3.0%	9.4%	6.2%
4 CPA reviews			57%	95%	67%	80%	73%
5 Patients in employment			12%		10%	14%	12%
6 Patients in settled accommodation			30%		37%	49%	43%
7 Number of medication incidents			87		45	107	76
8 No. of incidents of moderate to catastrophic actual harm			92	48	20	85	53
9 No. of incidents requiring Duty of Candour			0	1	0	6	2
10 No. of incidents involving prone restraint			12	12	0	23	11
11 No. of incidents involving physical restraint			78	46	31	107	69
12 No. of new episodes of patients held in seclusion			19	14	4	36	20
13 No. of falls on inpatient wards			25	30	19	53	36



Blue dots indicate special cause variation, better than expected.

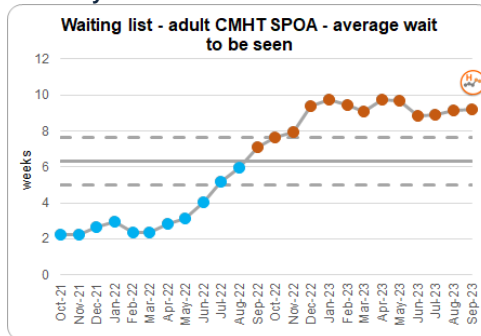
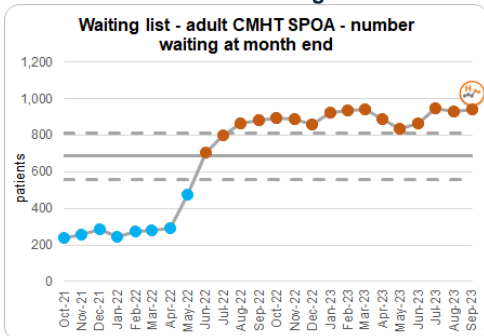
Orange dots indicate special cause variation, worse than expected.

¹The rating symbols were designed by NHS Improvement

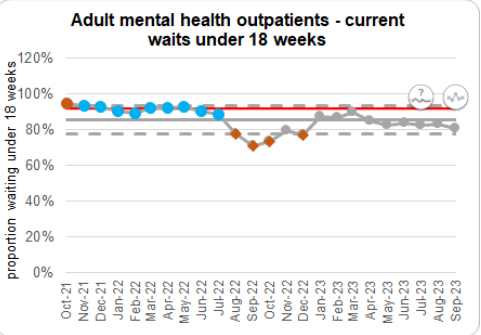
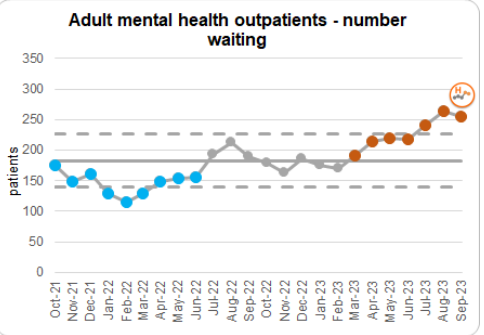
Operations

Operational Performance

Waiting Times – Adult Community Mental Health



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



Summary

The number waiting is increasing over time. The average wait is fairly stable at around 9 weeks. The outpatient waiting lists have been increasing significantly for the last 7 months and the proportion of people waiting over 18 weeks is increasing.

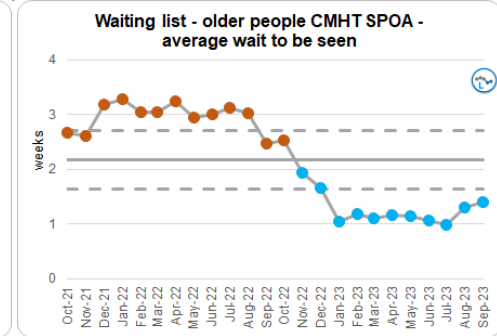
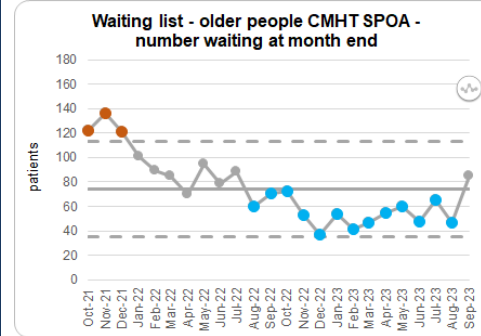
The working age adult community teams continue to receive more referrals in comparison with the older adult teams. Working age adult teams also hold a significant number of patients over the age of 65, accounting for 4% of the total caseload. This has previously been explored and it was found to be difficult to move over a lot of patients to older people's teams owing to concerns raised by older adult medics and also the need for continuity of care in some cases.

In the most recently published national benchmarking data, the Trust's median length of stay in community mental health services from referral to discharge was 108 days, which is higher than the national median of 70 days, but has reduced by 14% since last reported. The Trust's average community mental health caseload size as a proportion of total trust caseload was 43.1%. In comparison, the national median was 30.7%. Caseloads are high, and with high caseloads it is difficult for teams to have capacity to pick up new cases. (<https://model.nhs.uk/>).

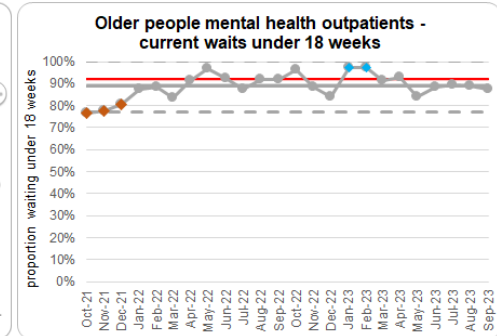
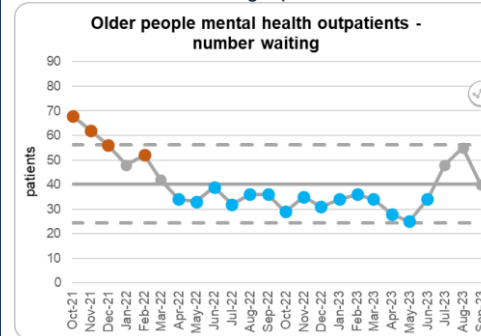
Actions

- Implementation of MaST to support with caseload reviews, flow and waiting lists. Managers and Clinical Leads will be using this to inform conversations in supervision with their teams instead of the Data Science Platform
- Away day with service managers and clinical leads for adults of working age and older adult CMHTs focusing on data, productivity and performance – the key message is around the leads and their teams owning their data, ensuring it is accurate and taking actions to address
- Information Management & Technology Team have supported to develop a weekly email to managers and individual clinicians to highlight where data is missing in SystmOne, which impacts data quality and activity count
- An activity expectation has been agreed and shared with the adult and older adult CMHT leads along with a guide on what counts as 'meaningful' activity
- The Transformation Team are leading a piece of work to define expectations around length of time it should take to complete welcome calls and initial conversations to help in understanding capacity versus demand

Waiting Times – Older People Community Mental Health



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



Summary

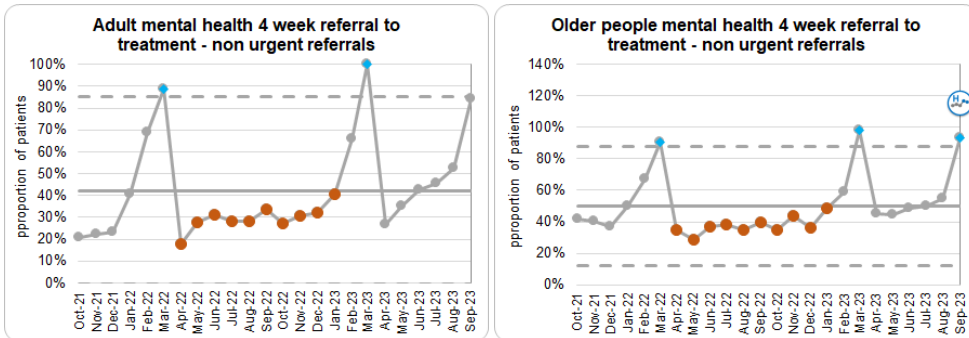
The number waiting is reducing in older adult SPOAs. The average wait is very low at around 1 week. A small number of people are waiting for each outpatient service but waits are too long in Amber Valley.

Actions

- An improvement plan is in place to address the number of unreconciled appointments. There is also now a non-medical prescriber in post within the team to increase the outpatient clinic capacity.

Operational Performance

Waiting Times – 4 Week Waits for Non-urgent Community Mental Health Referrals



Summary

The data above is indicative only. The charts show waiting times in non-urgent CMHT teams based on referral to second contact. The measures do not include patients who are currently waiting for their second contact. Currently showing phase 1 compliance and does not take into account SNOMED or specific interventions. All data is for episodes referred within the selected year.

At a recent webinar, providers were advised that NHSE intend to start publishing waits data publicly from the end of the financial year, using the mental health services data set data that is submitted by all mental health providers to NHSE monthly. The published waits will be system level, not provider level. There will be no waiting times standards set, but they will likely be introduced further down the line.

NHSE's Reporting intention:

What will we be reporting?

Proportion of people waiting 4 weeks or less to start receiving help

Including those who have started to receive help, and those still waiting

Note, not currently setting a standard for what % of people should be seen within 4 weeks

Additional contextual metrics

- % of people stopping the clock by receiving care plan vs. intervention (adult)
- % of people stopping the clock by receiving advice / signposting vs care plan vs consultation vs intervention (CYP)
- % of people receiving all clock-stops except baseline outcome measure
- Performance for those still waiting to receive help

Median percentile waiting times

The middle value

Half of patients have waited less time, and half of patients have waited more time than the median value.

90th percentile waiting times

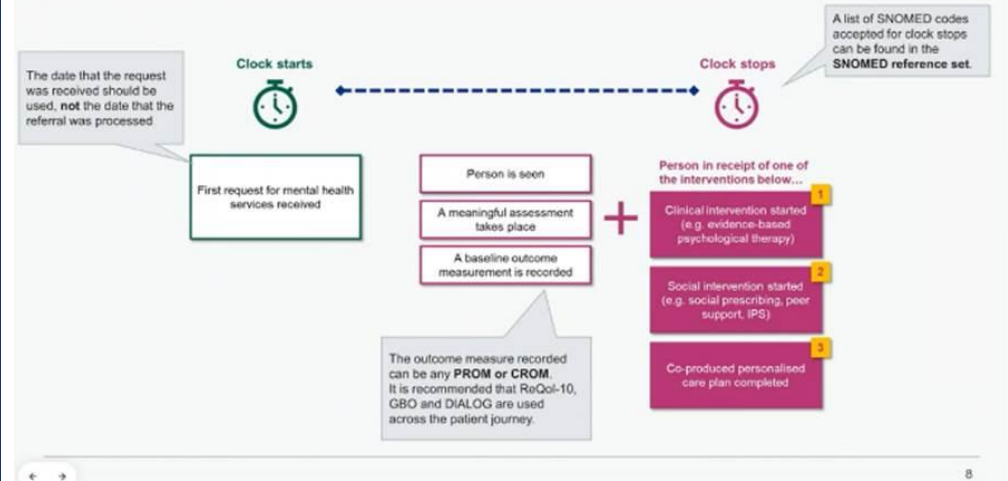
The minimum time waited among the longest 10% of waits

I.e. the top 10% have waited at least [90th percentile]

The official NHSE technical guidance is yet to be published. The concept of a pathway will bring in more complexity, which will need to be understood, for example who would take responsibility for a patient referral if it is split across several teams. When NHSE start to produce national data, the IM&T team will be able to review it and see how something similar might be derived locally to use for monitoring and reporting purposes internally.

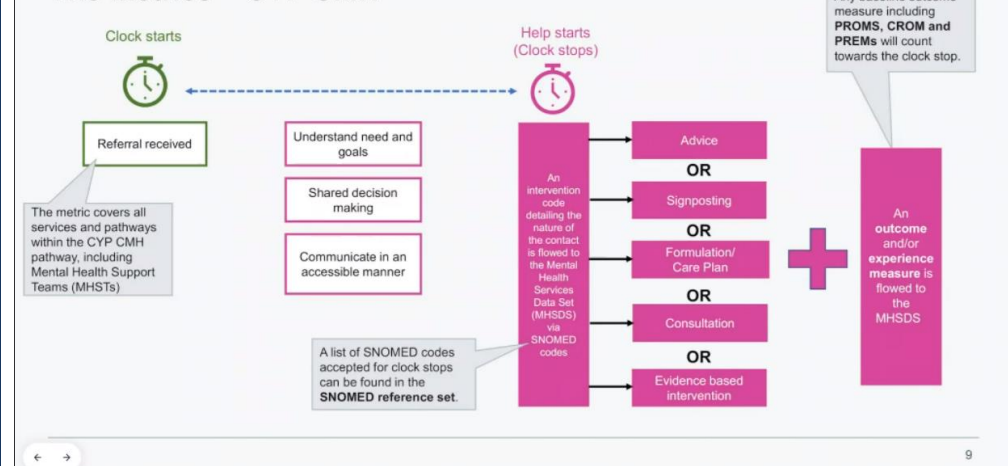
For adult and older adult community mental health teams (CMHT), to stop the clock, a patient will have to be seen, to have a meaningful assessment plus a clinical intervention, a social intervention, or a completed, co-produced personalised care plan, and to have 3 completed baseline outcome measures. Providing advice or guidance no longer stops the clock in adult & older adult services:

The metrics – Adult and Older Adult CMH Services



For children & young people, the clock stops following provision of advice, or signposting, or formulation/care plan, or consultation, or evidence based intervention, PLUS a completed outcome or experience measure:

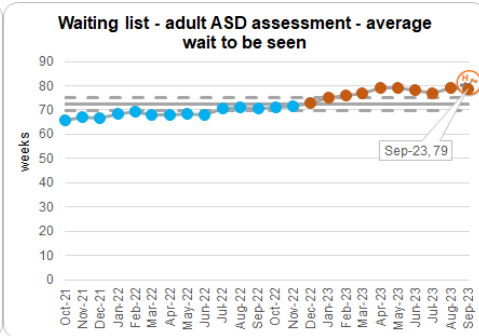
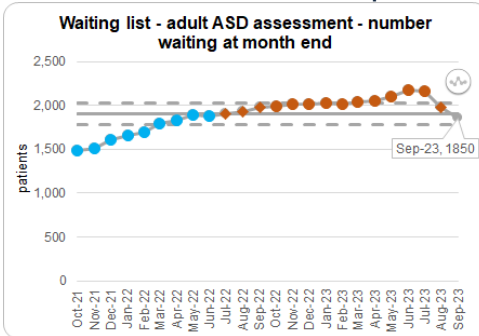
The metrics – CYP CMH



(slides © NHS England 2023)

Operational Performance

Adult Autistic Spectrum Disorder Assessment Service



Referrals

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

Assessments

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2016				19	7	22		5	4	19	20	13
2017	35	37	47	22	22	18	30	16	24	34	30	12
2018	20	15	23	18	19	20	22	11	13	14	20	20
2019	33	24	25	24	19	18	15	11	26	30	34	15
2020	28	27	22	1	5	11	20	16	18	29	18	15
2021	20	17	22	22	17	12	14	14	24	24	15	6
2022	12	12	21	13	10	14	8	6	20	22	20	15
2023	22	28	24	22	18	31	30	35	65			

Summary

Demand for the service continues to outstrip capacity (commissioned to undertake 26 assessments per month but receiving around 80 referrals per month this financial year). At the end of September 2023 there were 1850 adults waiting for assessment, which is a reduction of 375 since the last report. A revised approach to waiting list management is being mobilised and should start to have an impact from quarter 4 2023/24. Referrals peaked in April 2022 at 141. The number of completed assessments per month has increased and the year-to-date contractual target is now being exceeded by 28%.

Actions

- Clinical efficacies: Review of clinical processes to increase the number of ASD assessments completed has resulted in a marked increase in assessments completed in September.
- Support of individuals on the diagnostic pathway is now in place and taking referrals with a focus to increase the numbers of uptake which has been lower than anticipated (some of this due to slow or no responses from those contacted) - whilst this won't reduce wait time for diagnosis, it will improve the experience and will alert people to options available to them.
- Increased support to individuals pre and post diagnosis will improve their experience, understanding, and support any management of anxiety reducing the risk of sudden need to access services, earlier awareness can be raised through signposting from the support services to the specialist teams.
- Healios contract for 18-25 year olds continues.

Transforming Care Programme

Area	Measure	Month	Target	Actual
Inpatient services	Number of adults in ICB commissioned beds	Aug-23	25	26
	Number of adults in Secure inpatient care	Aug-23	18	19
	Number of CYP In Specialised/secure inpatient care	Aug-23	3	1
Reduction in health inequalities	Number of annual health checks	Aug-23	298	346
LeDeR Program	Achievement of LeDeR timescales	Jul-23	-	99%
	Achievement of LeDeR standards	Jul-23	-	78%

Summary

New, challenging trajectories have been agreed from July 2023 onwards. Significant performance improvements & transformation are required for JUCD to meet its end of year trajectory for the number of ASC/LD people who are in receipt of inpatient care. Overreliance on inpatient care and a lack of credible community-based alternatives are the primary areas of concern. Currently, inpatient numbers remain above agreed national targets and out of line with projected performance levels. Improvements in position fluctuate and need to be sustainably managed. Adults in ICB commissioned beds: The end of August position was +1 over trajectory. This was due to an admission to Ashgreen ATU for a person who was at serious risk to self and had been violent to others. Admitted to Hillside August for a period of assessment and treatment. Adults in secure inpatient care: The end of August position was +1 over trajectory. This was due to an admission to an eating disorder bed in August for assessment and treatment.

Actions

Reducing Inflow: non-Clinical in-reach now fully mobilised. Revised action plans on LAEP, DSR and CTRs processes. RCA evidencing that when clinically challenged around function of behaviours versus treatable mental illness alternatives to hospital are being explored and admissions avoided. ND elements being fed into new design framework for flow for adult acute mental health – including practical packages element to eliminate MFFDs. Pilot of ASD case management for 6 months support for high intensity and High ED/acute frequency patients.

Improving Flow: implementing new cohorting approach for RAG-rating of discharge planning, attached to LoS expectations, DSR usage and systematic escalation processes. Recruited a lead to coordinate all the AMH, out of area locked rehabs/ATU and spec com beds and plan repatriation back to Derbyshire. Including setting up community services for these individuals including contracting linking in with ICB (started on 4th July 2023). Non-clinical in reach extending scope to include mobilisation of a high intensity/high frequency service user expediting discharge from AMH. Key working tendered to Affinity and strategic manager recruited – targeted resource for 0-25 yrs 'Go live' August 2023 referrals starting to be received.

Expediting complex discharges / Improving outflow: introduction of new cohorting approach with attached escalation and management. This will include ensuring 12 step discharge planning is commenced immediately, that barriers to discharges are identified at earliest stage and where possible processes run in parallel. New bi-weekly LDA/AMH discharge meetings underway, jointly chaired by Managing Directors covering acute mental health and neurodevelopmental with attendance from consultants, matrons, TCP leads and other operational colleagues. Note position below accounts for September 23 and October 23 under revised RAG approach. Future months' work is underway to apply new approach to validate current RAG position.

Annual health checks: Q1 performance 811 against a target of 850. Achievement of 305 AHC's during July & 346 during August. This performance is above trajectory requirement for the quarter so far. Flag added to SystemOne to identify to secondary care clinicians individual's AHC status so they can promote and undertake (if appropriate) within secondary care consultation. GP training – Strategic Health Facilitation Team (SHFT) deliver continual training to GPs, inc. bespoke action plans for surgeries below 75% compliance in 2022-23. Targeted work with Specialist schools to promote AHC to 14 yr +.

Operational Performance

Psychology & Psychological Therapies

Introduction

The Division of Psychology and Psychological Therapies was formed in April 2023 and significant work continues to create the new structure within the various data systems to enable reporting across all psychological services. The waiting list data below excludes adult ASD assessment waits and NHS Talking Therapies waits which are reported on separately in this report. The Division is gaining an excellent reputation in the region for being a fantastic place for psychologists to work.

Workforce update

ESR is now all but resolved. The last few niggly issues are being dealt with presently. The next stage is to be able to access and use the data locally. Sickness within the division is at 6.4%, slightly higher than the previous month (5.07%).

Morale remains positive, but staff are impacted by all the changes in the system and Trust. The vacancy rate within the Division is at 5.7%, which is an amazing achievement considering where we were a year ago. The new structure continues to get positive feedback from members, providing connection, belonging and a space to share ideas. Following debate and discussion, training standards for psychotherapists have been published internally and average caseloads are currently being reviewed and agreed by band.

In relation to hybrid working, the majority of staff in the division continue to work this way, meeting the needs of patients as well as supporting wellbeing and work-life balance for staff and includes telephone consultation, MS Teams and Attend Anywhere. Services continue to grow and stretch themselves, with new asks arriving often.

LD psychology in the North of the county has joined the DP&PT. 4 staff will TUPE over to us in November (the process is currently underway). We have started the recruitment process for staff to work in this part of the county and have successfully recruited 0.2 of FST so far. This will be one of the biggest challenges for the team given the lack of psychologists available to recruit and the diminishing services in that part of the county over the last 12 months.

We now have 6 Multi-professional ACs in training and two qualified. These exciting new roles will help offer flexibility for people who use our services, and some stability and leadership to the workforce.

Friends & Family Test

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

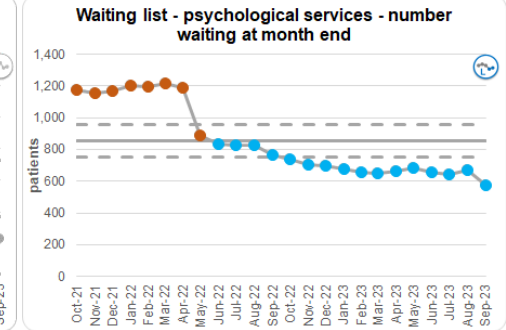
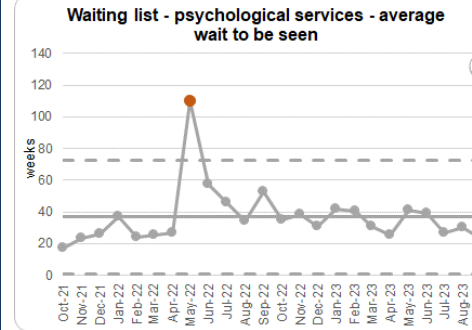
- Cognitive Behavioural Therapy received 40 responses and 100% were positive
- Amber Valley Adult Psychology received 13 responses and 85% were positive
- Adult ASD Assessment Service received 2 responses which were both positive
- Psychodynamic Psychotherapy received 2 responses which were both positive
- NHS Talking Therapies received 1,889 responses and 97% were positive.

Partnership, system and PLACE working

This continues to grow and develop in line with the living well. Staff are working across the landscape and linking in with GP services and VCSE sector.

Waiting lists and referrals

The headlines remain that demand continues to outstrip supply, despite different ways of working and increased productivity. Due to these changes in practice, validation of waiting lists and a focus on productivity all wait times are reducing and the trajectory remains positive. At the end of September 2023, 602 people across Derbyshire were waiting to be seen by psychological services, with an average wait time of 23 weeks. There has been focused QI work around OA, LD and some WAA teams to achieve this.



Trust wide staff wellbeing

The requirement for psychological support in the form of reflective practice, team debriefs and 1:1 intervention continues to grow. We cannot meet the need even with our staff wellbeing service now set up and offering drop-in sessions as well as 1:1 and team support (referred through HR or psychology). This need remains a pressure and this service is now at capacity.

Supervision & appraisal

Clinical supervision is currently being reported as 88.24% for the division. Whilst this remains high, our aim is for 100%. This is raised at the monthly Leads meeting as well as within our Divisional COAT. Appraisal completion is also monitored and is at 83.3% a drop of around 5% from last month. This will hopefully rise again next month once all September's appraisals are recorded.

Increasing trauma and psychological awareness

The Bite size psychological teaching sessions continue to have good attendance with a range of topics being delivered. Requests are out for the planning for 24/25. The trauma informed Board has met for the 3rd time and is now beginning to form the strategy and recommendations for the Trust.

Benchmarking and productivity

We have started this process, although the challenge is different metrics in each area. As a start, we will be trying to pull together comparisons of waiting times and caseloads. Each trust has also used transformation monies in different ways, creating different type of service.

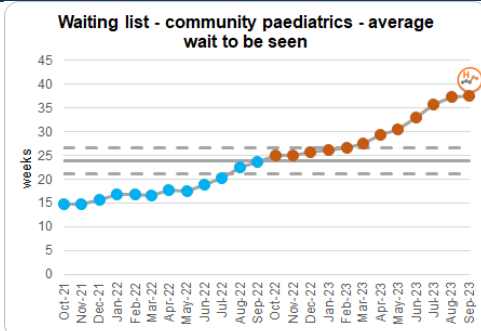
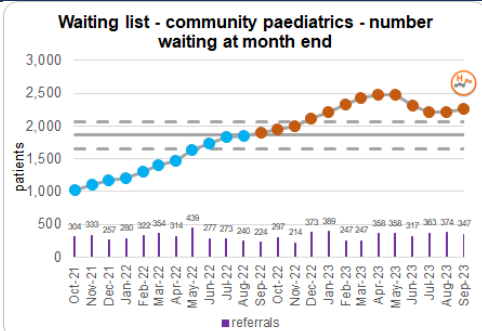
Conference 2023: "Thriving not surviving"

We held our first divisional conference in September to highlight good practice. As well as Professor Paul Gilbert as our keynote, we had 14 presentations from staff in the division and a range of interesting and thought-provoking posters. The day was well attended and feedback was overwhelmingly positive, especially in relation to building connection and relationships and sharing good practice. Everyone requested a yearly conference going forwards based on the energy and increased motivation this has brought.

Ongoing actions

- Expanding services
- Breaking down barriers between services and improving patient pathway
- Promoting importance of psychological safety
- Building and promoting trauma informed working (including strategy development and a model for inpatient acute care)
- Increasing productivity by review of data through individual teams. Setting standards for average caseloads as part of this work.
- Working with Asylum seekers

Operational Performance



Summary

At the end of September 2023 there were 2,257 children waiting. The average wait time was 38 weeks. Of note the current shortage and subsequent loss of ADHD medication will mean that children on specific medications will need to be reviewed as a matter of urgency as withdrawal has physical health implications. These children on current prescriptions will be prioritised and this will again impact and increase waiting times for children. We are trying to decipher the number of children across complex health services who are currently prescribed medication for ADHD as this is a significant number. In addition, this will put extra demands on secretaries, Dr's and nurse prescribers as we try to mitigate the impact of this on the children and families. This is under review currently.

Internal factors:

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

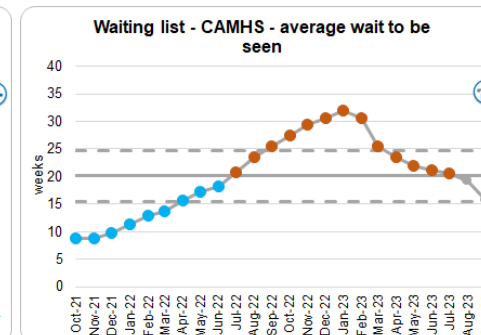
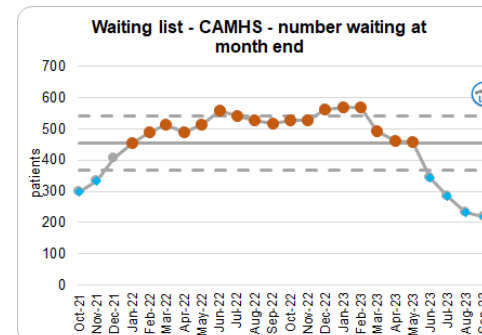
External factors contributing to increased demand on Community Paediatricians:

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

Mitigation:

- Appointed DASM post to lead on transformation work for the ND pathway. As part of this role there will be a review of pathways active signposting and resources for families to access for support, advice and information and updates to website planned. This will also include Ongoing Quality Improvement for the C&YP ND transformation.
- Recruitment update – newly appointed clinical psychologist starting in January 24, Waiting list coordinator and triage nurse in post. Review of remaining funds and appropriate recruitment continues.
- Engagement with the community hubs continues. We are working with the appointed triage nurse to work collaboratively to identify how service will work together to improve CYP and family experience.

- Clinic space remains under constant review – Oakwood Children's centre is now open and being used by the Community Paediatricians and ADHD nursing team, also some joint appointments are starting in this space with speech and language teams.
- Review of vacant consultant posts and workforce continues, including consideration for skill mixing some of these posts. Working with recruitment team to update job descriptions to make them more attractive to potential applicants. Currently advertised posts include Specialty Doctor, Consultant Paediatrician ND & generic work and also Named Doctor for safeguarding – consultant.

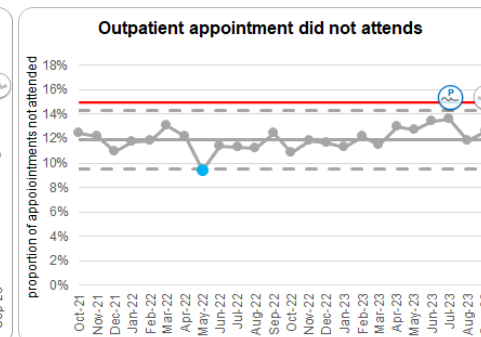
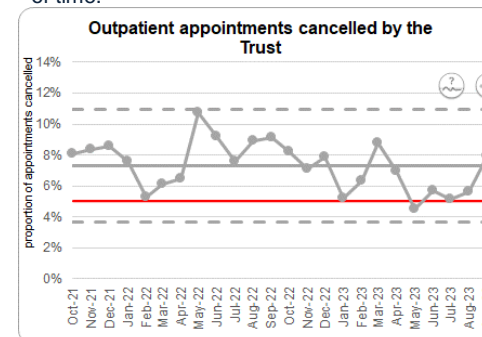


Summary

At the end of September 2023, 219 children were reportedly waiting to be seen, with an average wait time of 16 weeks. The Triage and Assessment Team is continuing to have a positive impact on waits.

Actions

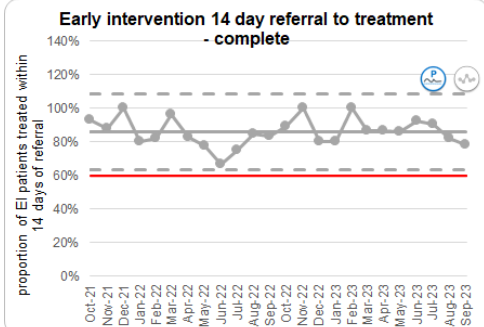
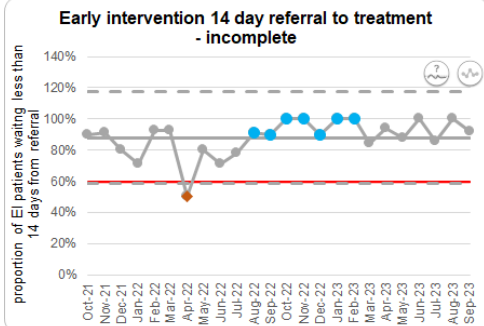
- The triage assessors are now all in post.
- The model is continuing to have a significant positive impact on waiting times.
- A data quality issue has been identified following implementation of the new model, of telephone triage appointments mistakenly being treated as initial assessments, which is affecting reporting. Once addressed, it is expected to result in an increase to the reported waiting list but a further reduction in waiting times. The team has been working with IM&T to resolve and going forward a more accurate picture will be reflected. By November, the service will be booking people in for assessment who have been waiting 36-38 weeks. These longest waits are the shortest they have been for a significant period of time.



Summary

There was an increase in cancellations in September owing to strike action, with those appointments rearranged. The level of defaulted appointments (did not attend) has remained within common cause variation, averaging just under 12% and in the current process the trust target of 15% or lower is likely to be consistently achieved.

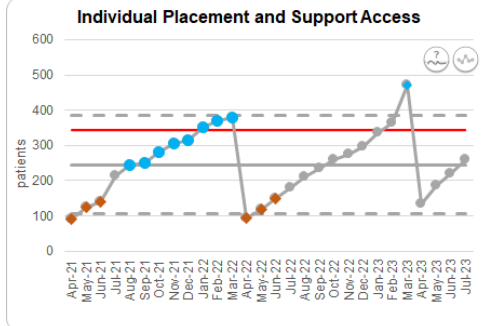
Operational Performance



Summary

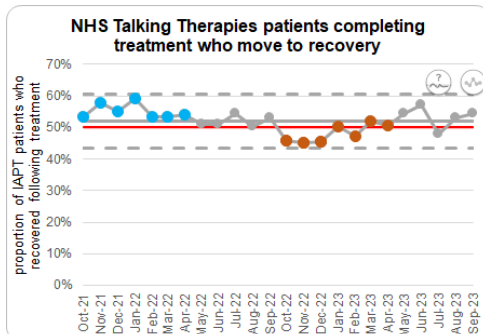
Patients with early onset psychosis are continuing to receive very timely access to the treatment they need. Occasionally delays result from difficulties contacting patients to arrange appointments, or patients not attending their planned appointments.

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



Summary

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

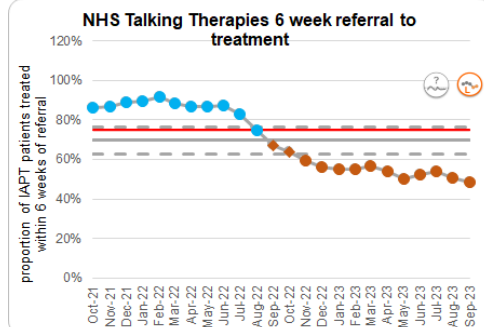
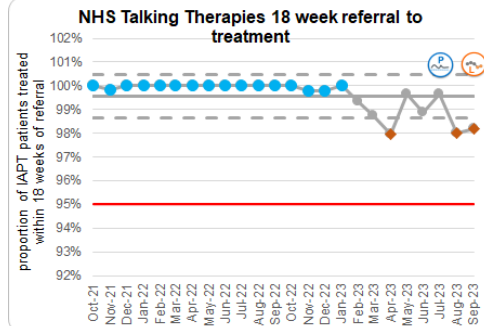


Summary

Recovery rates have exceeded 50% for 5 out of the 6 months for this financial year with September exceeding 54%. Year to date at M6 is 52.91%

Actions

- Work continues on informing clinicians of their own performance via service management.
- Service wide meetings discussing performance and updating clinicians on plans and progress continue.
- Further discussions clarifying acceptance criteria and plans for assessment workshops have started.

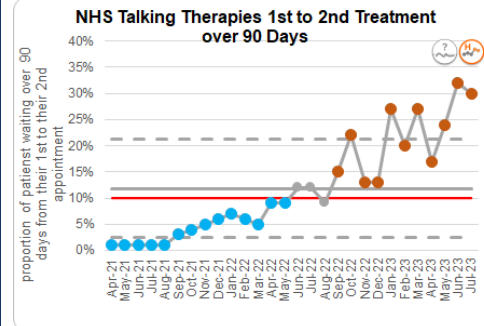


Summary

- The 95% standard for 18-week waits from referral to treatment continues to be consistently exceeded.
- The 6 week wait for referral to treatment continues to decline. This graph picks up a percentage of discharges who met the 6 week target.
- However there are improvements month on month for 6 week compliance for entering treatment, this should reflect an improvement when discharged following treatment but there will be a delay before this starts to improve.
- Referrals continue to maintain a pre pandemic levels and treatment wait lists are longer due to a loss of resource amongst our sub contracting organisation which our fixed budget cannot mitigate.

Actions

- Recent PWP recruitment has been more successful with staff being recruited. The service continues to recruit and now has only 1WTE vacant.
- To improve the referral to assessment/ treatment rates, assessments have started to flow to Xyla, funded from deferred income. This has had a 40% plus improvement on referral to treatment



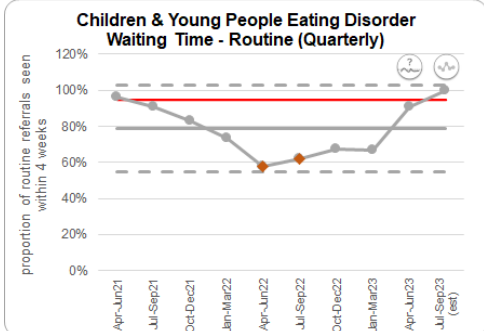
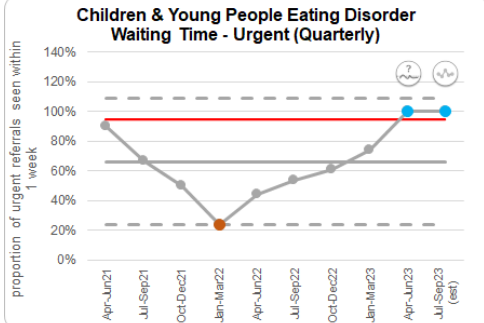
Summary

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

Actions

- Monthly service Manager discussion over longest waiters to reduce outliers. Standing agenda item. This has had a significant impact on the longest waiters.
- Supportive caseload management frameworks have been introduced to give better scrutiny of productivity in relation to average contacts. This has had 10% impact on average contacts per treatment.
- Further work is in progress with IESO with a work plan of promotion of the service, crib sheets for assessing clinicians and rolling attendance at service wide meetings.
- Maintain a focus on attendance and reduction of DNAs. Booked contacts in September were the highest year to date, however DNAs increased negating the gains. Consideration of the timings of appointment reminders continues.
- Review acceptance criteria to achieve more appropriate referrals.
- Bookable appointment slots are rolled out to all PWP's assessors, these also allow for cancellations being re-offered to patients should someone cancel their appointment. We are awaiting further functionality to inform referrers when their appointment is, this is in development by Mayden who manage IAPTUS.
- Working towards cross provider agreements to advertise wait times for all providers offering better patient choice reducing wait times. This has been agreed by commissioners and agreed that providers will provide this information for average waits.

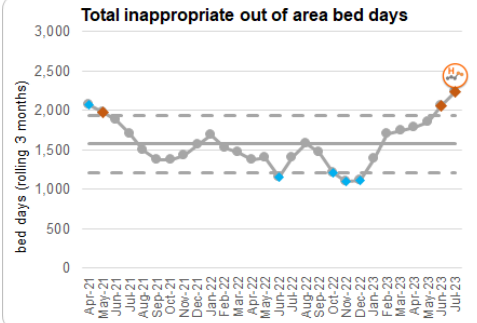
Operational Performance



Summary

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

The Division also internally monitors the C&YP Eating Disorder Service waits from 1st to 2nd contact. In quarter 1 the average wait was 11 days, and in quarter 2 it was 4 days.



Summary

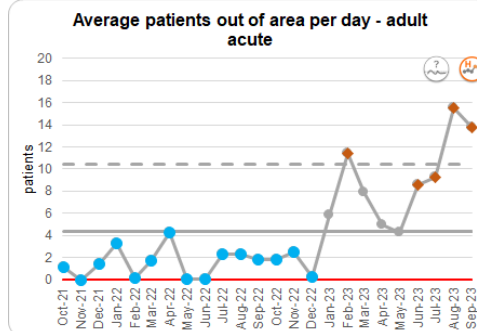
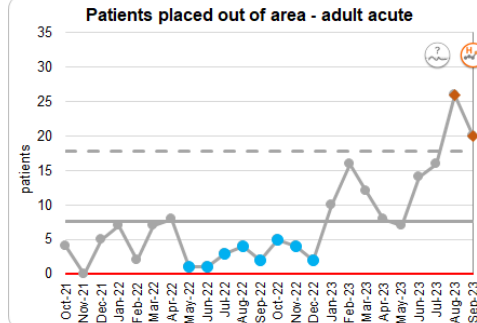
This is a national measure giving a combination of inappropriate out of area adult acute placements and inappropriate out of area psychiatric intensive care unit placements, calculated on a rolling 3 months' basis.

There is an ongoing demand for inpatient beds. This has been a consistent factor over many weeks. Generally, we are finding people are more acutely unwell and acuity is much higher than we would usually expect: two thirds of all patients admitted to hospital are detained under the Mental Health Act. As a result, people are taking longer to recover. The increase in acuity is also apparent when we look at the number of patients in PICU.

The crisis teams are working with higher than usual caseloads in an attempt to avoid admissions to hospital wherever possible and appropriate. The teams are effective at reducing admissions, managing to treat 94% of people in the community without requiring admission.

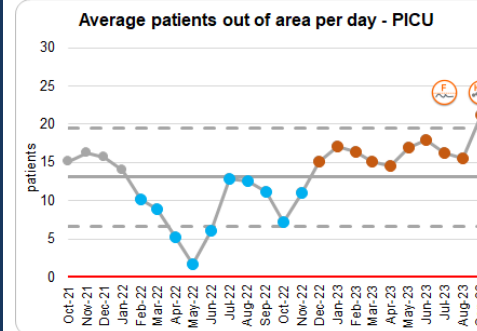
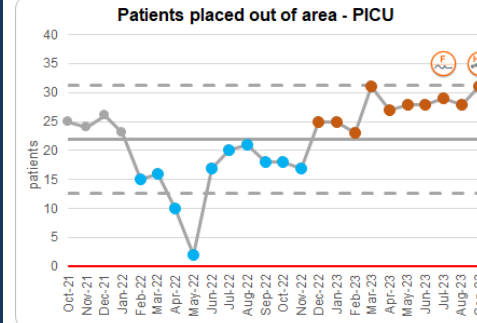
A few disruptions/ delays to service offers introduced to impact presentations and clinical pathways have been experienced:

- Step Down – unfortunately the 5 step down beds did not open in March as initially hoped. The works to comply with health and safety requirements are now complete and the service opened in August 23.
- The 4 bedded Chesterfield Crisis House and safe haven was delayed until September 2023.
- Ripley and Swadincote crisis café – delayed due to open in December 2023.
- Derby Crisis House – the temporary reduction in capacity due to works on one of the bedrooms has now been resolved and the 4 beds are full.



Actions

- Liaison with ICB regarding adjustments to the commissioning arrangements for High Peak patients.
- Transition of Care Navigator post to be appointed to support patients on step down pathway.
- The increase in demand for inpatient beds for LD&A patients continues. Changes to the pathway to improve assessment and decision making have been implemented. Twice weekly meeting to monitor current inpatients.
- Reviewing of the gatekeeping function to comply with the fidelity model.
- Purposeful admission workstream.
- Updated flow structure has been developed and will be implemented. This will provide a multi-agency response to the admission and discharge challenges experienced.
- Derbyshire Mental Health Response Vehicle is due to be implemented in April 2024.
- To enhance the impact from the community Emotional Regulation Pathway to support prevention of admission to hospital and/or facilitate early discharge.
- To enhance the inpatient offer regarding Trauma Informed Care.



Summary

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

Actions

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

Operational Performance

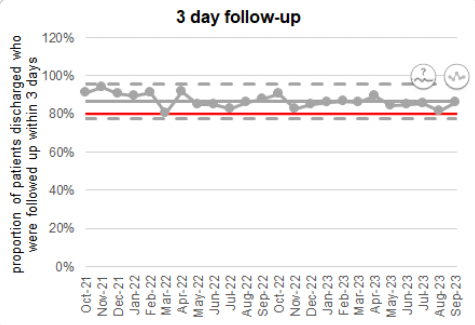
Clinical area	Beds	Length of stay (days)				Change over time – average length of stay of discharged inpatients
		Bed occupancy Sep-23	Average duration of stay to date (days) of current inpatients	Average length of stay (days) Sep-23 discharged	Change versus previous month discharged	
Adult Acute						
Morton	20	98%	30	38	↘	
Pleasley	20	106%	59	61	↗	
Tansley	20	99%	47	40	↘	
Enhanced Care	10	38%	181	215	↗	
Ward 33	20	99%	57	79	↘	
Ward 34	20	96%	57	76	↘	
Ward 35	20	101%	42	35	↘	
Ward 36	20	107%	88	40	↘	
Older People						
Tissington	18	103%	74	86	↗	
Cubley Female	18	84%	67	75	↘	
Cubley Male	18	89%	70	93	↗	
Perinatal						
The Beeches	6	57%	3	58	↗	
Rehabilitation						
Cherry Tree Close	23	78%	330	806	n/a	
Low Secure						
Curzon Ward	8	100%	412	n/a	n/a	
Scarsdale Ward	10	83%	814	n/a	n/a	

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

In the latest [Model Mental Health Trust](#) data, the Trust's average length of stay of discharged patients of 53.9 days was in the **lowest 25% of Trusts**, well below the provider median of 73.7 days.

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

Operational Performance

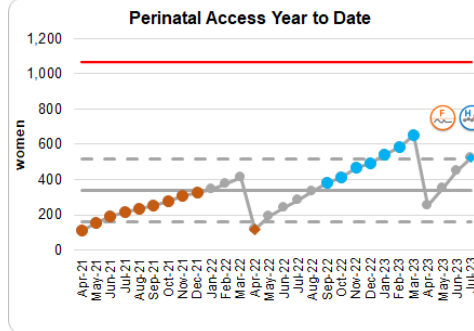
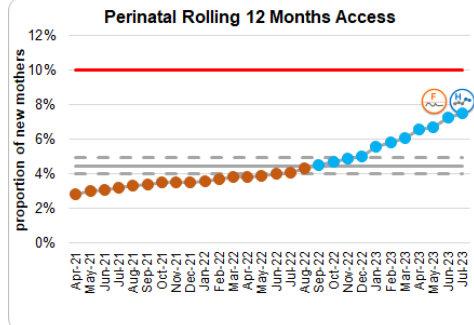


Summary

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

Actions

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



Summary

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

The number of live births in Derby & Derbyshire has been lower each subsequent year than when the target was set, which makes it more challenging to achieve as there are fewer mothers who potentially need perinatal mental health support (awaiting publication of 2021 data):

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

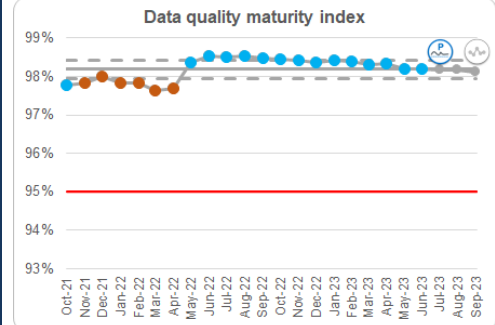
There is now an identified demand for the service following an increase in referrals which remain on an upward trajectory.

Capacity continues to be demonstrated within the system to offer over 90 assessments a month. Achieved target within service level data in June.

Monthly access since then has been impacted by DNA rates and staff sickness.

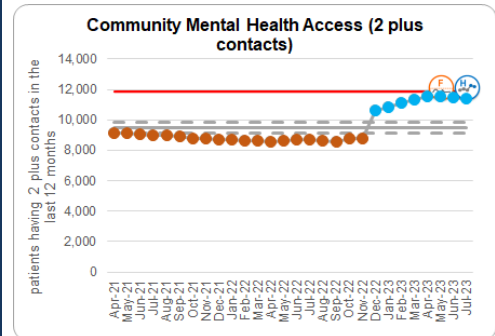
Actions

- Rapid review undertaken supported by Trust performance team and RWH to address residual reporting, data issues. Separation of North and South community data facilitated with individual cost codes.
- Caseload demand and capacity modelling in development. Team specific job plans in development to address unwarranted variation and improve patient flow within community teams.
- Community outreach worker funded from Start for Life programme and Specialist assessor role introduced in the South CMHT.
- Service has strategic direction to address health inequalities and potential barriers to access.
- Initial assessments by the maternal mental health service are lower than expected due to complexity of cases and hence longer time in treatment than anticipated. Psychology assessments are often completed for women already open to the service. Recording issue on SystmOne recently identified.
- Waiting well offer in place to support patients whilst on the waiting lists.



Summary

The level of data quality is consistently high. It is expected that the national target will continue to be exceeded.



Summary

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

This financial year the year-end target has been increased to 11,899 and services are on target to achieved it by year end.

Operational Performance

Patients not seen for over 12 months

Count of Appt booked	Appt booked?		Total
	No	Yes	
Service			
ADULT CARE COMMUNITY	127	84	211
COUNTY NORTH	9	22	31
BOLS & CC ADULT CMHT - OUTPATIENTS	8	11	19
CHESTERFIELD C ADULT CMHT - OUTPATIENTS	5	5	5
EJ NTH	1	1	1
KILLMSH & NC ADULT CMHT - OUTPATIENTS	6	6	6
COUNTY SOUTH	36	16	52
AMBER VALLEY ADULT CMHT - OUTPATIENTS	33	2	35
EREWASH ADULT CMHT - OUTPATIENTS	1	2	3
SOUTH & DALES ADULT CMHT - COMMUNITY	2	2	2
SOUTH & DALES ADULT CMHT - OUTPATIENTS	11	11	11
SOUTH & DALES ADULT CMHT - SPOA	1	1	1
DERBY CITY	82	46	128
DERBY CITY ADULT CMHT B - OUTPATIENTS	5	17	22
DERBY CITY ADULT CMHT B - SPOA	1	1	1
DERBY CITY ADULT CMHT C - OUTPATIENTS	58	29	87
PHYS HEALTH MONITORING	18	18	18
OLDER PEOPLES CARE	38	8	46
OLDER PEOPLES COMITY CARE	38	8	46
AMBER VALLEY OA CMHT - OUTPATIENTS	25	2	27
CHESTERFIELD C OA CMHT - COMMUNITY	1	1	1
CHESTERFIELD C OA CMHT - OUTPATIENTS	3	3	3
DERBY CITY OA CMHT - OUTPATIENTS	1	1	1
MAS NORTH - MAS	1	2	3
MAS NORTH - PSYCHOLOGY	1	1	1
MAS SOUTH - MAS	6	1	7
MAS SOUTH - PSYCHOLOGY	3	3	3
Total	165	92	257

Summary

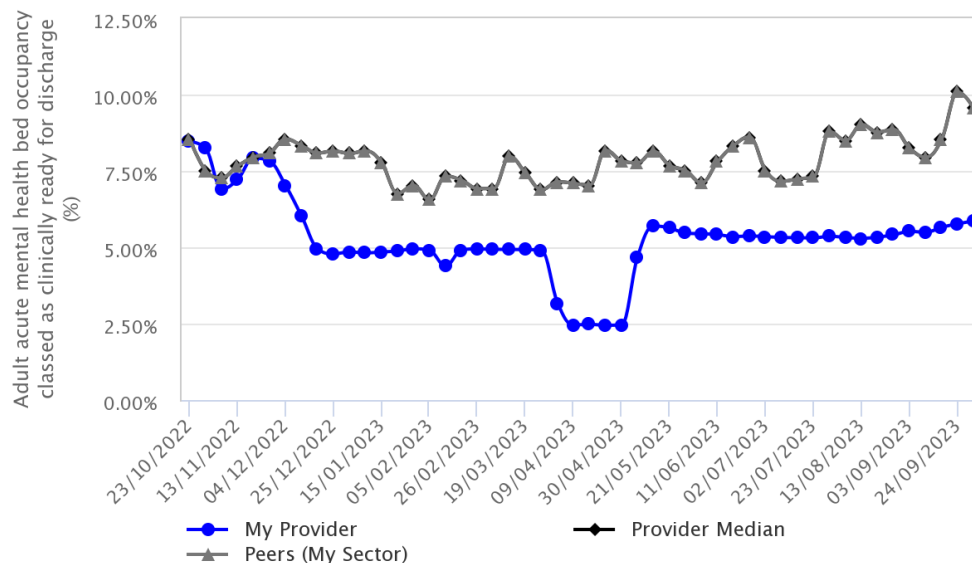
There are 257 patients on community mental health caseloads who have not been seen for over 12 months, according to their records. This is a 19% reduction since the last report. Some will be people who have been discharged but the discharge has not been recorded on the electronic patient record.

Actions

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

Clinically ready for discharge

Adult acute mental health bed occupancy classed as clinically ready for discharge (%)



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

Summary

This shows the proportion of adult acute mental health patients classed as clinically ready for discharge but continuing to reside in mental health hospitals against the total number of occupied beds. In the most recently published data, the Trust's clinically ready for discharge rate was 5.9%, which compares favourably with the overall provider median of 9.6% but continues to negatively impact on bed availability for people who need inpatient care.

Actions

- The pilot of the discharge tracking tool on Tansley with ward-led management of the tool proved unsuccessful owing to issues of capacity and competing priorities of the clinical team to drive this forward.
- In adult, a twice weekly clinically ready for discharge meeting is held with the discharge coordinators, and with attendance from social care. Actions are then taken away to escalate as required.
- In older adult, delays in discharge are predominately placement issues in specialist 24-hour care settings. The teams hold twice weekly rapid review meetings with social care in attendance. Actions are taken from this and escalated as necessary. Ward flow coordinators chase placements requests and funding processes. On average every successful placement has been preceded by 8 to 10 providers declining to offer placement. Other reasons for delay are funding related, social care delays and family related issues.

Appointments not reconciled

Service	Current	Previous	Change
COUNTY SOUTH ADULT	565	472	93
OLDER PEOPLES COMMUNITY CARE	457	391	66
COUNTY NORTH ADULT	286	332	-46
CAMHS	167	263	-96
PSYCHOLOGY ASM3	306	200	106
DERBY CITY ADULT	169	158	11
PERINATAL	143	157	-14
ACUTE INPATIENT NORTH	177	149	28
NOT KNOWN	177	131	46
ACUTE INPATIENT SOUTH	113	111	2
ADULT URGENT ASSESSMENT	66	88	-22
LEARNING DISABILITIES	70	78	-8
OLDER PEOPLES ACUTE CARE	38	70	-32
COMPLEX CARE	18	33	-15
SPECIALIST CARE MGT	24	28	-4
PSYCHOLOGY ASM2	11	18	-7
PSYCHOLOGY ASM1	21	15	6
SUBSTANCE MISUSE	24	13	11
SPECIALIST CARE	40	7	33
HEALTH PROTECTION UNIT	0	2	-2
OVERALL	2872	2716	156

Summary

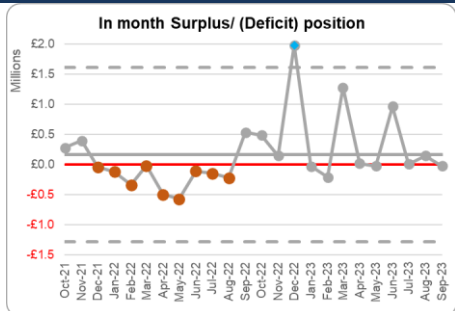
There are a number of appointments where the attendance outcome of the appointment has not been recorded, i.e. whether the patient attended or not. This will be impacting on reported waits, activity levels and reported did not attend rates. This is linked to the move to SystmOne and people getting used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

Actions

- Weekly reporting to the teams and clinicians concerned.
- IM&T are developing a weekly automated report to individual clinicians and managers which will highlight any data quality issues within their caseload on SystmOne, to enable ongoing monitoring and for corrective action to be taken. The pilot has been extended to several teams and is approaching completion.
- Away day with service managers and clinical leads for adult and older adult CMHTs focusing on data, productivity and performance – the key message is around the leads and their teams owning their data, ensuring it is accurate and taking actions to address

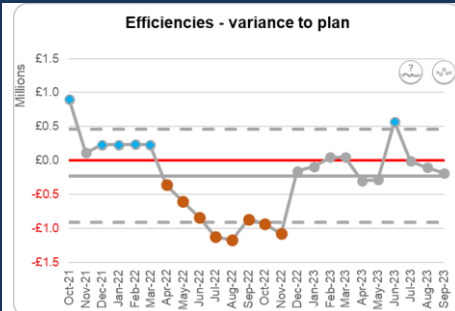
Finance

Financial Performance



Summary
At the end of September, the YTD position is a surplus of £1.1m against a planned surplus of £1.0m, a favourable variance of £0.1m. Agency expenditure is being partially offset by vacancies and interest income being ahead of plan. The forecast position is breakeven against a plan of breakeven. The forecast assumes that we deliver efficiencies in full and find mitigations to offset the emerging cost pressures associated with pay award inflation, agency costs, out of area expenditure, industrial action and pressures related to a complex patient that is being supported on one of our wards.

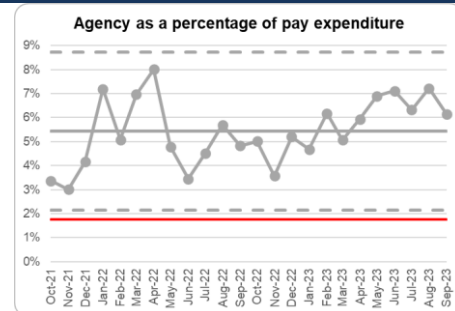
The Board Assurance Framework (BAF) risk *that the Trust fails to deliver its revenue and capital financial plans for 2023/24*, is rated as EXTREME due to the financial risks that are inherent in the 2023/24 financial plan.



Summary
The plan includes an efficiency requirement of £8.8m phased equally across the financial year. As at the end of September £4.1m was delivered against a target of £4.4m. The forecast assumes that all efficiencies are delivered. Currently £7.3m of the £8.8m target has been found with further work on-going to identify plans for the balance. Further work is also required to ensure plans are delivered recurrently, as 84% of the £7.3m is currently identified as non-recurrent.

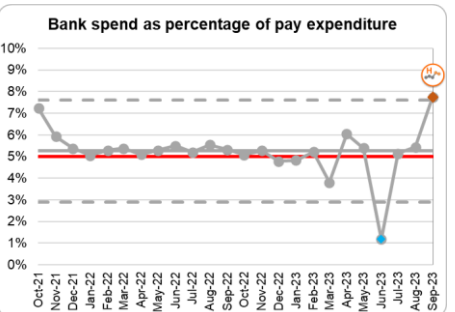
Delivery of the transformation initiatives contributing to the efficiency programme is being overseen by a weekly Transformation Programme Delivery Group.

The group seeks assurance that initiatives are on track and identifies additional support and intervention where schemes are off trajectory. Initiatives which are off trajectory and/or forecast to be off trajectory are expected to provide a situation, background, assessment and recommendation report including suggested mitigations to take forward.

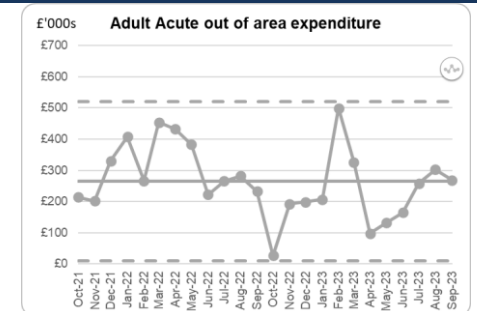


Summary
Agency expenditure YTD totals £5.2m against a plan of £2.6m, an adverse variance to plan of £2.6m. This includes £1.5m of additional costs to support a complex patient on one of our wards. The two highest areas of agency usage continue to relate to Consultants and Nursing staff. The agency expenditure as a proportion of total pay for September is 6.1%. The plan for the year is set at 3.5% which is just below the target set by NHSE in the planning guidance of 3.7%.

Agency is forecast to be above plan by £3.4m, of which £2.2m relates to the complex patient that is being supported.

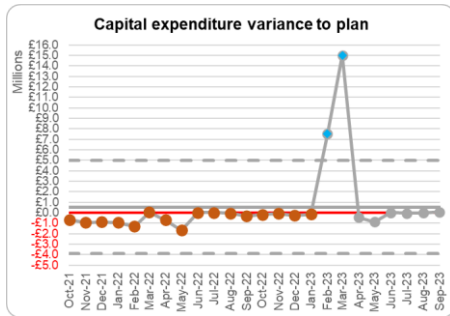


Bank expenditure YTD totals £4.1m against a plan of £3.9m, an adverse variance to plan of £0.2m. In July there was an accrual release for backdated pay which then was partially reversed in September due to ELT agreement to backdate B2-B3 increase to April 2022. The forecast is an adverse variance of £0.1m.



Summary
The plan for out of area expenditure has been reduced by £1.0m in 2023/24 as this is one of the transformation schemes identified as part of the £8.8m efficiency requirement. As at the end of September there was an overspend against the reduced plan of £0.7m with a forecast overspend of £1.0m. Out of area patient numbers were at 15 at the end of September, the forecast assumes a gradual reduction to 4 from M9 onwards.

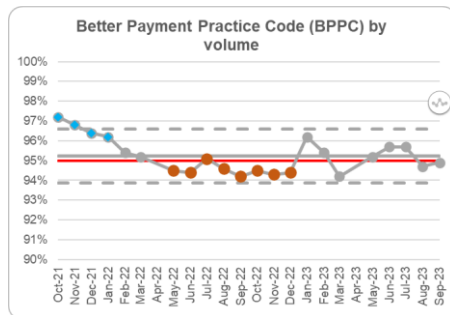
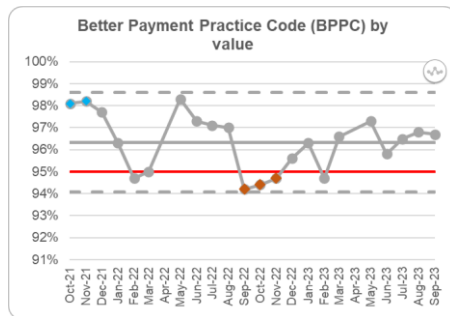
Financial Performance



Summary

Capital expenditure at the end of September is slightly above plan, the forecast is to be on plan by the end of the financial year.

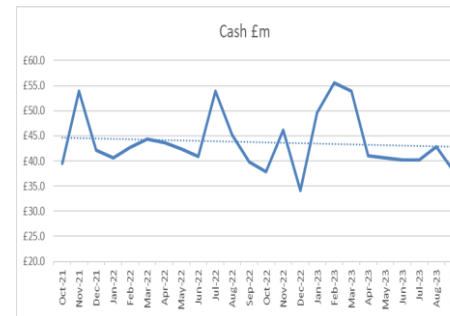
Capital expenditure was above plan in the last two months of 2022/23 due to the additional capital expenditure related to the dorms project (which came with additional funding that was not originally in the plan).



Summary

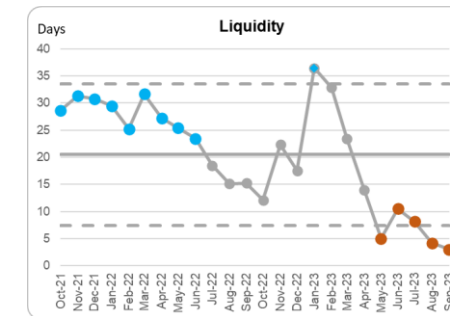
The Better Payment Practice Code (BPPC) sets a target for 95% of all invoices to be paid within 30 days. BPPC is measured across both invoice value and volume of invoices.

At the end of September, the value of invoices exceeded the target at 96.7% and by volume was slightly under the target at 94.9%.



Summary

Cash increased in February and March due to the additional funding for the Dorms capital projects that was drawn down. Cash reduced in April and May due to payment of capital invoices. Cash at the end of September is at £37.9m and is forecast to be at planned levels of £23.6m by the end of the financial year. The in-year reduction is driven by the reduction in capital accruals from 2022/23 and the level of capital expenditure planned for 2023/24.



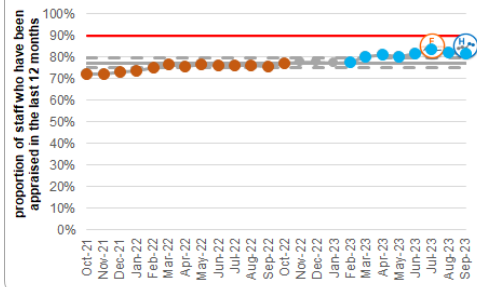
Summary

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

People

People Performance

Annual appraisals



Summary

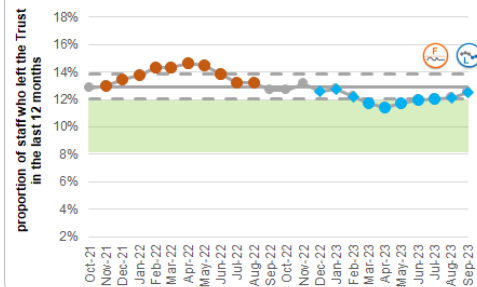
Appraisal levels continue to be below our expectations with Operational Services currently at 85% and Corporate Services at 69%, against a target of 90%. Overall, significant improvement has been seen month on month for the last 8 months.

Actions

- In Operational Services a recovery action plan has been put in place, with progress continuing to be monitored weekly by senior management. Key actions include:
- Managers to review the current reported position and inform correction of Electronic Staff Records (ESR) where any recording errors are found.
 - Managers to book appraisal dates for all overdue appraisals and to schedule in appraisals for all their remaining team members, to take place a month before they are due to expire and share the yearly planner with their ASM for assurance.
 - Ongoing monitoring of compliance for appraisals in service line and divisional operational meetings.

Compliance also continues to be monitored by the People & Culture Committee and through TOOL.

Annual turnover (target 8-12%)



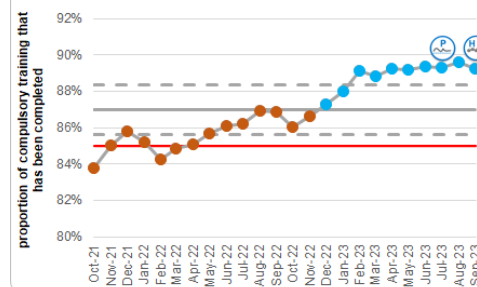
Summary

Overall turnover is currently very slightly over 12%, but has been significantly lower than normal for the last 10 months and remains in line with national and regional comparators.

Actions

- Actions taken from the staff survey results 2022/23 to support retention and improve turnover include:
- Continue to strengthen and grow wellbeing champions in every team in order to support health and wellbeing.
 - Charitable funding has been secured to provide additional wellbeing support and team development.
 - A health check programme has been commissioned and rollout commenced this September.
 - Review of staff benefits to support engagement and retention with full benefits offer has commenced.
 - The Coaching Network has now been relaunched and is focusing on career conversations via a coach in order to support personal development and growth opportunities, thereby enhancing staff retention.

Compulsory training



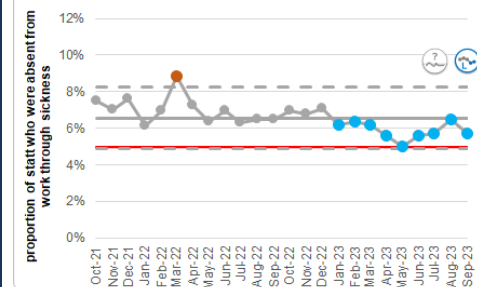
Summary

Overall, the 85% target level has been achieved for the last 18 months. Operational Services are currently 90% compliant and Corporate Services slightly lower at 84%.

Actions

- Derbyshire Community Health Services NHS Trust's workforce team have been undertaking a large piece of work to the Electronic Staff Record (ESR) to correct the alignment of resuscitation training to staff roles. This is impacting on the accuracy of reporting of resuscitation compliance, but is due to be completed this month.
- A cleanse of ESR training data to support colleagues to access all virtual training as easily as possible is nearing completion.
 - Compliance at divisional level is monitored at regular Divisional Achievement Reviews (DAR).

Staff absence



Summary

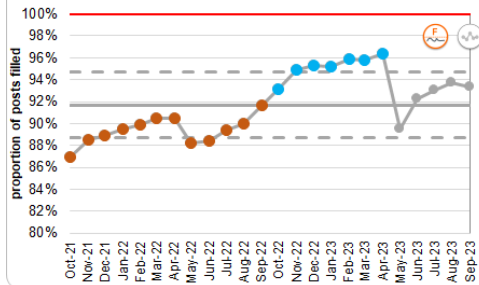
Sickness absence has been significantly lower than normal for the past 9 months. In Sep 23 the overall absence rate was 5.7% (Operational 6%, Corporate 4%). Stress, anxiety or depression is the main reason for absence, but has reduced by 6%. There has been an increase in cases of coronavirus recently. In the most recently published national data, the average absence rate for mental health trusts was 4.9% and nationally the main reason for absence continues to be stress, anxiety, or depression, accounting for over 26% of all absence. [NHS Sickness Absence Rates, May 2023 - NHS Digital](#)

Actions

- Divisional wellbeing summits commenced in September and are providing a focus on both long-term and short-term absences in each division. This is to ensure that robust wellbeing plans are in place and that all support is being provided to each absent employee.
- Occupational Health (OH) have attended team and management meetings to ensure managers are fully maximising the support available for colleagues who are unwell.
- Continuing to work with OH to ensure the management referral and outcome is utilised to its full potential for both individuals and managers.

People Performance

Filled posts



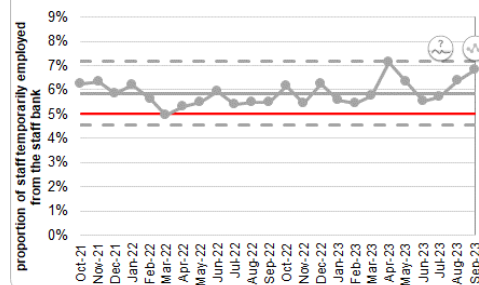
Summary

At the end of September, 93% of posts overall were filled.

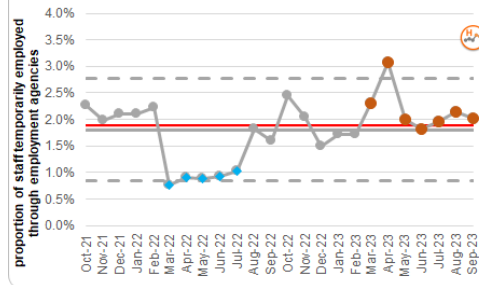
Actions

- A number of recruitment events have taken place and there is a large Trust-wide event planned for the end of October at Chesterfield Football Club
- Strategic Recruitment and Retention Lead working closely with teams on bespoke campaigns and recruitment approaches.
- Actions, support and tracking have been agreed for divisional workforce plans to realise the workforce requirements for 2023/24.
- Ongoing sessions to support colleagues to explore new roles such as Associate Physicians and Advanced Clinical Practitioners (ACPs)

Bank staff use



Agency staff use



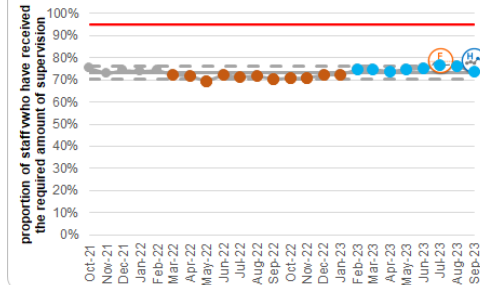
Summary

Bank staff use has remained above the 5% target for most of the last 24 months. This is mainly owing to a combination of vacancies and increased levels of occupancy and acuity on the adult acute wards. Agency use has been above target for the last 3 months.

Actions

- Further actions to reduce agency use have been identified and are being implemented, as follows:
- Authorisation Panel - to establish process to authorise agency requests across DHcFT utilising a panel commenced weekly panel from 1st November.
 - Develop exit strategy to eradicate all non-clinical agency use by 1st December 2023.
 - To review the pay rates for bank staff
 - Business case to propose recruitment of additional Healthcare Assistant workforce to cover the clinical activity rather than reliance on temporary staffing.
 - The development of a medical bank.
 - Establishing protocol to cover the circumstances where the various levels of Agency workforce (including Thornbury) relates to enhanced, safer and emergency staffing levels.
 - To recruit additional Registered General Nurses
 - Across the system an agency reduction programme has been established, led by the Deputy HR Director at Chesterfield Royal Hospital

Clinical supervision



Summary

As seen with compulsory training and appraisals, Operational Services continue to perform at a considerably higher level than Corporate Services for both types of supervision (management: 83% versus 63% and clinical: 79% versus 28%). Progress continues to be made. At a team level, 131 teams are 100% compliant with management supervision and 83 teams are 100% compliant with management supervision, with 65 teams now 100% compliant with both types of supervision.

Actions

- A recovery action plan is in place in Operational Services, with progress being monitored weekly. The key actions in place are as follows:
- Data cleanse ongoing to ensure all completed supervisions are recorded correctly and to ensure that all staff are aligned to the correct budget code and line manager within ESR.
 - Ongoing monitoring of compliance in service line and divisional operational meetings for both management and clinical
 - Supervision report has been produced by IM&T to highlight in red anyone where no supervision has been undertaken in past 3 months. This is distributed weekly to senior operational management for action.
 - Ongoing monitoring of supervision through regular monthly performance meetings with Area Service Managers and Operational leads - issues escalated to divisional operational meeting as needed

An audit of supervision processes is currently in progress, which is being undertaken by 360 Assurance. The overall objective of the audit is to assess the actions the Trust is taking to improve supervision performance and accurate recording of supervision time for both clinical and non-clinical staff.

This includes:

- Understanding the Trust's system for recording supervision
- Confirming what arrangements are in place to remind staff supervision should take place
- Confirming responsibilities of line managers/staff for initiating, documenting and recording supervision
- Assessing the arrangements the Trust has put in place to improve the percentage of staff receiving supervision.
- Undertaking a staff survey for all staff who would normally be expected to have supervision.

People Performance

Hotspots and Triangulation September 2023

The hot spot and triangulation focus list for key workforce metrics identifies teams that are most in need of attention and support. The table lists the top 20 teams in need of attention and support. Teams with an x also featured in the Top 20 last quarter. Please note that to fall into the focus list a team must have at least 10 employees.

Sickness Absence September 2023			HC	%	Appraisal Compliance September 2023			HC	%
Catering Radbourne	Estates + Facilities	10	24.48%	*	Domestics MH Properties	Estates + Facilities	18	11.11%	
Chesterfield C OA CMHT	Older Peoples Care	14	23.82%	*	SUI	Nursing + Quality	10	22.22%	
Ward 35 RU 'IP'	Adult Care Acute	31	22.18%	*	Management Adult Acute	Adult Care Acute	14	23.08%	
0-19 Across Localities	Children's Services	41	14.97%	*	MH Liaison Team Nth	Adult Care Acute	23	27.27%	
0-19 Locality 2	Children's Services	37	14.59%	*	Tansley Ward HU 'IP'	Adult Care Acute	32	27.59%	
Pleasley Ward HU 'IP'	Adult Care Acute	33	14.31%	*	Domestic Kingsway	Estates + Facilities	63	27.87%	
Ward 33 RU 'IP'	Adult Care Acute	32	11.90%	*	Medical School	Med Education & CRD	10	33.33%	
CAMHS Admin	Children's Services	27	11.41%	*	Medic Adult Comm Sth	Adult Care Community	12	40.00%	
CAMHS EA Assist	Children's Services	10	11.36%	*	Medic OA Inpatient 'IP'	Older Peoples Care	11	40.00%	
Memory Assessment Service	Older Peoples Care	20	11.25%	*	Domestic Psychiatric Unit	Estates + Facilities	16	43.75%	
Tissington Ward 'IP'	Older Peoples Care	43	11.07%	*	County South Receptionists	Estates + Facilities	13	46.15%	
CRHT City	Adult Care Acute	23	10.88%	*	Derby City C Adult CMHT	Adult Care Community	14	46.15%	
CRHT HP+N Dales	Adult Care Acute	11	10.85%	*	Eating Disorders Service	F+R & Specialist Services	13	46.15%	
Low Secure Kedleston Kway'IP'	F+R & Specialist Services	52	10.81%	*	Nursing and Operations Management	Nursing + Quality	16	46.67%	
Mental Health Act	Corporate Central	11	10.50%	*	Enhanced Care Ward RU 'IP'	Adult Care Acute	25	50.00%	
LD Admin	Neuro Developmental	12	10.44%	*	Medic Adult Comm City	Adult Care Community	11	50.00%	
CRHT Chesterfield	Adult Care Acute	28	10.25%	*	CRHT HP+N Dales	Adult Care Acute	11	60.00%	
EI Sth + City	Adult Care Community	22	10.23%	*	Medic Adult Comm Nth	Adult Care Community	13	60.00%	
Erewash OA CMHT	Older Peoples Care	18	10.18%	*	Catering Radbourne	Estates + Facilities	10	62.50%	
H P + NDales OA CMHT	Older Peoples Care	22	10.02%	*	Sth Derbyshire Adult CMHT	Adult Care Community	16	62.50%	

Compulsory Training Compliance September 2023			HC	%	Annual Turnover September 2023			HC	%
County South Training Grades	Med Education & CRD	17	54.73%	*	County South Receptionists	Estates + Facilities	13	38.96%	
County South Receptionists	Estates + Facilities	13	60.00%	*	Childrens Physiotherapy	Children's Services	22	34.95%	
Domestics MH Properties	Estates + Facilities	18	62.22%	*	Trust Wide CLDT Physio	Neuro Developmental	10	31.30%	
County North Training Grades	Med Education & CRD	19	66.46%	*	Transforming Care Programme	Neuro Developmental	18	30.00%	
Paediatric Medics	Children's Services	20	69.04%	*	Physiotherapy	F+R & Specialist Services	11	27.27%	
Catering MH	Estates + Facilities	16	70.70%	*	SUI	Nursing + Quality	10	26.87%	
Maintenance	Estates + Facilities	29	73.21%	*	UPC Management	Clinical Serv Manage	10	26.87%	
Medic OA Inpatient 'IP'	Older Peoples Care	11	74.39%	*	Ward 35 RU 'IP'	Adult Care Acute	31	26.84%	
Domestic Kingsway	Estates + Facilities	63	74.59%	*	0-19 Locality 1 + 5	Children's Services	31	26.02%	
Tansley Ward HU 'IP'	Adult Care Acute	32	75.69%	*	IP'S Com Mental Health	Adult Care Community	24	25.86%	
DerbyshireSubstanceMisuse	F+R & Specialist Services	25	75.71%	*	CAMHS SC Eating Disorders	Children's Services	15	23.84%	
Domestic Psychiatric Unit	Estates + Facilities	16	76.25%	*	Amber Valley OA CMHT	Older Peoples Care	17	23.53%	
UPC Management	Clinical Serv Manage	10	77.01%	*	Ward 34 RU 'IP'	Adult Care Acute	24	23.15%	
CAMHS SC Eating Disorders	Children's Services	15	77.61%	*	Operational Admin	Children's Services	13	22.93%	
Management Adult Acute	Adult Care Acute	14	78.05%	*	LD Admin	Neuro Developmental	12	22.36%	
Medic Adult Comm Nth	Adult Care Community	13	78.38%	*	The Hub RU 'IP'	Adult Care Acute	23	21.90%	
County Elderly Service Medical	Older Peoples Care	16	78.71%	*	Living Well Prog City	Adult Care Community	19	21.43%	
Derby City C Adult CMHT	Adult Care Community	14	80.00%	*	Enhanced Care Ward RU 'IP'	Adult Care Acute	25	21.24%	
Morton Ward HU 'IP'	Adult Care Acute	36	80.23%	*	Liaison + Diversion	F+R & Specialist Services	25	21.05%	
Sth Derbyshire Adult CMHT	Adult Care Community	16	81.10%	*	Killmsh + N C Adult CMHT	Adult Care Community	21	20.69%	

Bank Usage September 2023			HC	%	Agency Usage September 2023			HC	%
Ward 33 RU 'IP'	Adult Care Acute	32	69.86%	*	OOA Bed Management Team	Adult Care Acute	10	27.64%	
Ward 35 RU 'IP'	Adult Care Acute	31	56.28%	*	Tansley Ward HU 'IP'	Adult Care Acute	32	23.53%	
Enhanced Care Ward RU 'IP'	Adult Care Acute	25	44.96%	*	Medic Adult Comm Nth	Adult Care Community	13	20.83%	
Ward 34 RU 'IP'	Adult Care Acute	24	39.39%	*	Pleasley Ward HU 'IP'	Adult Care Acute	33	18.54%	
Ward 36 RU 'IP'	Adult Care Acute	29	37.19%	*	Ward 35 RU 'IP'	Adult Care Acute	31	15.16%	
Morton Ward HU 'IP'	Adult Care Acute	36	27.35%	*	Morton Ward HU 'IP'	Adult Care Acute	36	13.92%	
Cubley Female KWay 'IP'	Older Peoples Care	54	23.53%	*	CAMHS SC Eating Disorders	Children's Services	15	10.23%	
Inpat Rehab CTC KWay 'IP'	F+R & Specialist Services	36	22.59%	*	Medic Adult Comm City	Adult Care Community	11	7.22%	
Cubley Male KWay 'IP'	Older Peoples Care	49	22.42%	*	Ward 33 RU 'IP'	Adult Care Acute	32	7.20%	
Perinatal inpatient RU 'IP'	F+R & Specialist Services	31	18.47%	*	Enhanced Care Ward RU 'IP'	Adult Care Acute	25	7.12%	
CRHT South	Adult Care Acute	26	17.90%	*	CRHT City	Adult Care Acute	23	6.49%	
Tansley Ward HU 'IP'	Adult Care Acute	32	17.84%	*	County Elderly Service Medical	Older Peoples Care	16	6.17%	
Tissington Ward 'IP'	Older Peoples Care	43	17.57%	*	Paediatric Medics	Children's Services	20	5.71%	
Pleasley Ward HU 'IP'	Adult Care Acute	33	17.45%	*	Living Well Prog City	Adult Care Community	19	5.20%	
CRHT HP+N Dales	Adult Care Acute	11	13.72%	*	High Peak Living Well	Adult Care Community	12	4.66%	
Low Secure Kedleston KWay 'IP'	F+R & Specialist Services	52	12.27%	*	Ward 34 RU 'IP'	Adult Care Acute	24	4.39%	
CRHT Chesterfield	Adult Care Acute	28	11.56%	*	Catering MH	Estates + Facilities	16	4.17%	
Medical School	Med Education & CRD	10	8.22%	*	MH Helpline + Support Srvs	Adult Care Acute	18	1.55%	
Domestic Kingsway	Estates + Facilities	63	7.97%	*	Pharmacy	Med Education & CRD	49	1.44%	
CRHT City	Adult Care Acute	23	7.95%	*	Cubley Female KWay 'IP'	Older Peoples Care	54	1.00%	

Staff Survey 2023



The 2023 National NHS staff survey offers a snapshot in time of how people experience their working lives, gathered at the same time each year. Its strength is in capturing a national picture alongside local detail, enabling a range of organisations to understand what it is like for staff across different parts of the NHS and work to make improvements. This year the survey was launched on the **25th September** and is due to close on the **24th November**.

We are currently (as at 20th October) at a **34%** response rate for the organisation, which is above average when compared to other Mental Health Trust response rates.

Staff Engagement Plan

Prior to the launch of the survey, we have worked with the communications team to plan a way with colleagues as much as possible to support response rates. This includes weekly updates shared to staff covering the response rates and encouragement to complete – asking leaders to support colleagues to have protected time during working hours to complete the survey. We have utilised the NHS England Engagement tool kit including promotional posters and myth busting.

Staff Survey Week

13th-17th November we will be launching Staff Survey week to focus on engaging with any staff who are yet to complete the survey, sessions will be held at a number of sites and a communications campaign will be run over the week.

November 13th - 17th Staff Survey Week					
	Monday 13th November	Tuesday 14th November	Wednesday 15th November	Thursday 16th November	Friday 17th November
AM	Kingsway Drop-in session	The Radbourne Unit drop-in session/Ward visits	Hartington Unit drop-in session and ward visits: Pleasley Ward Morton Ward Tansley Ward	Bayheath House Visit/Drop-in session Walton Hospital Visit	Albany House, Ashbourne Centre, Bramble House, Tissington Unit visit and drop in
PM	Cherry Tree/Cubley court/Kedleston Unit/IT/Finance Visits	St Andrews drop-in session/team visits	Virtual Drop-in	Walton Hospital Visit	Virtual Drop-in

Visibility of Leaders

Leaders across the organisation are working in collaboration with the OD Lead to understand the needs of each service, specifically if any additional support is needed for individuals to complete the survey.

Prior to the survey launching, leaders engaged with staff in all teams to understand if paper copies were required. This enabled us to offer more inclusive ways for the survey to be complete.

Onsite visits have been offered to all teams, the OD Lead and the Divisional People Lead for each area are currently organising visits to sites to hold drop-in sessions within the staff survey week or at a different time/date to suit the service needs.

The Staff Survey will close on the **24th November**, and we will start to receive first look results end of December/early January 2024.

Learning from 2022

The implementation of actions from the 2022 staff survey is ongoing both at Trust and Divisional Level.

Key actions taken over the last quarter include:

New Appraisal documentation	<ul style="list-style-type: none"> New appraisal documents launched to support career moves across system to talent management/succession plan more effectively and support staff in their careers. New training package rolled out to support appraiser and appraisee to ensure a meaningful appraisal Launching November - objective setting virtual bite sized sessions to support clear, meaningful objectives to be set at individual and team level
Career Conversation	<ul style="list-style-type: none"> The opportunity to have a more in-depth career conversation is now included as part of the appraisal conversation Talent management and succession planning pilot has commenced at senior level
Health & Wellbeing	<ul style="list-style-type: none"> New in-house staff psychologist to support employee wellbeing commenced in post in July We have strengthened our offer from resolve to enable more team support following incidents We have increased our in-house reflective practice offer through increasing capacity of our clinical psychologists to enable more teams to have a regular opportunity for reflection and support together
Flexible Working	<ul style="list-style-type: none"> Hybrid working clarity and principles developed Flexible working review commenced

People Performance

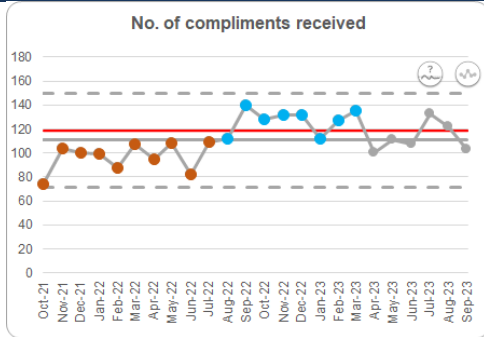
Directorates have their own detailed, focused plan that is tailored with the leaders and the DPLs to reflect the results and the ongoing feedback from staff.

This includes workstreams for:

- Creating a supportive and open culture
- Employee Engagement
- Health and Wellbeing
- Consistent People-Centred Leadership
- Appraisals with Clear objectives
- Team working
- Team development
- Succession planning
- Staff development

Quality

Quality Performance



Summary

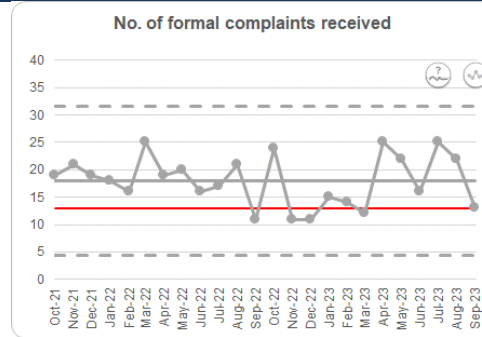
Between July and September, the number of compliments has fallen from 130 to 110. This is consistent with common cause variation

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

Actions

- The Heads of Nursing (HoN) have been asked to provide assurance that compliments are being accurately recorded and that a clear process is identified. This is raised within the divisional Clinical reference groups to encourage staff to record compliments and for teams to consider the method of compliment recording. This is monitored through the quarterly Patient Experience Committee report.
- An option for teams to use an electronic patient survey went live in July 2023 and provides another method for Trust services to obtain feedback including compliments and concerns.

So far over 60 teams have signed up to this platform. The electronic patient survey platform gives teams the opportunity to create a QR code which allows service users to feedback directly to the team. service receivers are also given the opportunity to feedback verbally and via paper forms if this is preferred.

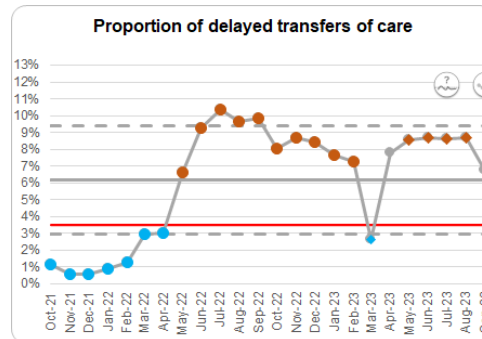


Summary

The number of formal complaints received by the Trust has fallen from 25 to 14 between July and September. This is in line with the trust target of 12 complaints and below the mean, in line with common cause variation when viewed across past two years.

Actions

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



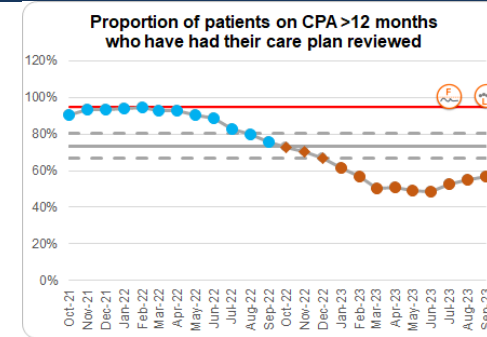
Summary

Between July and September, the number of service users meeting the criteria as Clinically ready for discharge (CRD) (formally called delayed transfer of care (DTOC) has decreased from 9% to 7%.

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

Actions

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



Summary

The current percentage of patients who have had their care plan reviewed and have been on CPA for over 12 months is 51%, a fall of 1% between and July and September 2023.

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

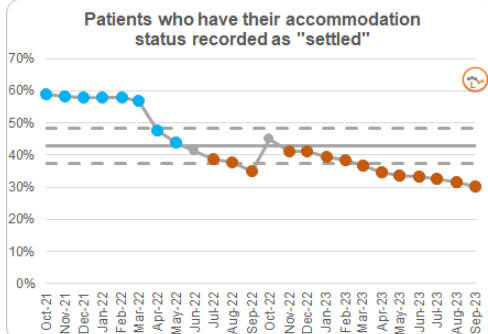
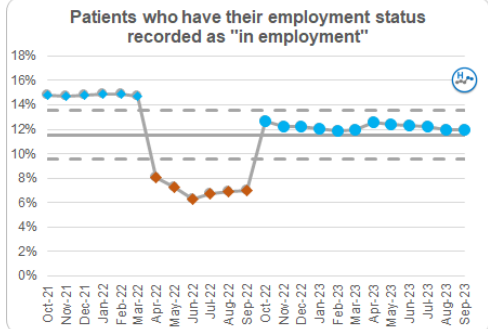
Actions

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

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

- Each team has been asked to review the current report and cleanse the data to ensure that non-eligible patients are excluded.
- A process for monitoring compliance and quality will be implemented in each division and monitored via the monthly Fundamentals of Care meeting, (in Inpatients, the Clinical Reference Group) and the Divisional Clinical Operational Assurance Team (COAT) meetings.
- The Community Mental Health Team have a target to achieve 60% compliance for patients who have had their care plan reviewed and have been on CPA for over 12 months by December 2023 and 85% compliance by April 2024.

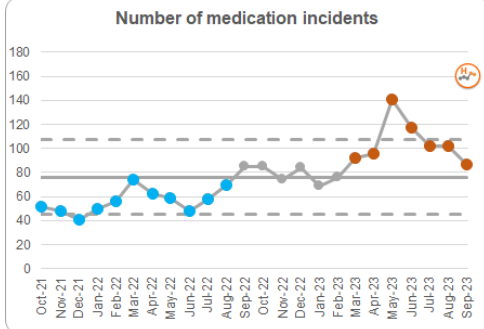
Quality Performance



Summary
 Around one third of patients have no employment status or accommodation status recorded at present and the decline in patients recorded as being in employment coincides with the data migration to SystemOne. There has been no change in the number of patients recorded as in employment between July and September 2023. The number of patients who have their accommodation status recorded as settled fallen by 3% over this same period.

Actions

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



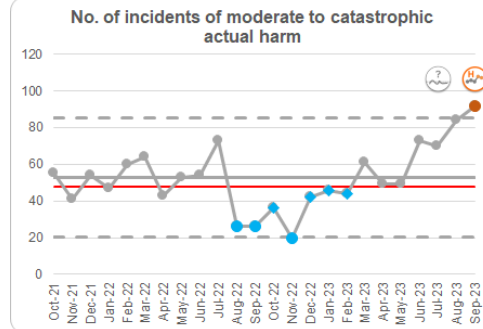
Summary
 Between July and September 2023 there has been a 20% decrease in the number of medication incidents. Medication incidents are largely of low-level harm and therefore reflect accurate reporting and learning opportunities and reporting is actively encouraged.

The number of medication incidents reported is now coming back in line with common cause variation when compared with data from the past two years.

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

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

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



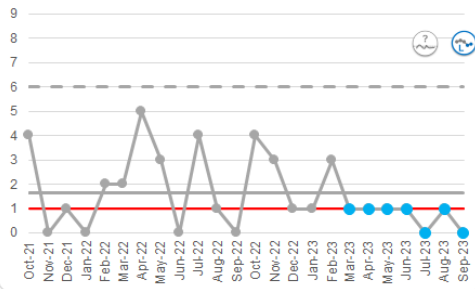
Summary
 This data demonstrates the number of DATIX incidents occurring recorded as moderate to catastrophic harm. There has been an increase of 20 incidents between July and September which has taken the number of incidents reported outside of common cause variation.

Analysis suggests that this is due to an increase in the number of incidents routinely reported by staff following support from the Patient Safety team and a rise in incidents recorded as "self harm". The increase in self harm incidents is attributed to a high number of repeated incidents involving to a small group of patients. This is consistent with anecdotal reports from staff that acuity on the inpatient wards is increasing.

This will be monitored by the Patient Safety team and the Heads of Nursing/Practice.

Quality Performance

No. of incidents requiring Duty of Candour



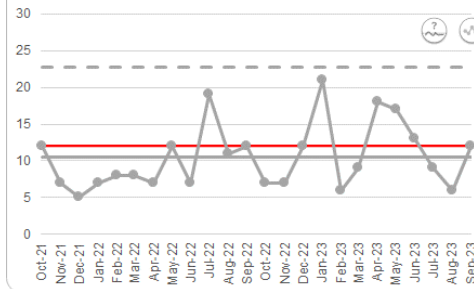
Summary

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

Actions

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

No. of incidents involving prone restraint



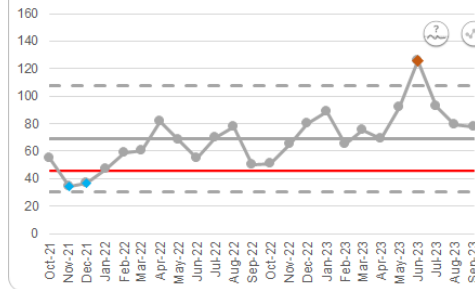
Summary

Prone restraint has increased from 9 to 12 incidents July and September 2023 in line with the Trust target of 12 incidents.

Actions

- Over the next six months there are plans for Simulation Training including seclusion, self-harm and ligature simulation. A programme manager and clinical lead have been recruited and the project is currently in the scoping phase with plans for training the trainer sessions to start in October 2023.
- The PSST have developed training around alternative injection sites which should reduce the need for prone restraint. Training dates are due to be sent out to staff in December 2023.

No. of incidents involving physical restraint



Summary

Physical restraints have reduced to around 80 incidents between July and September 2023 bringing incidents involving physical restraint back in line with common cause variation when compared with the previous two years.

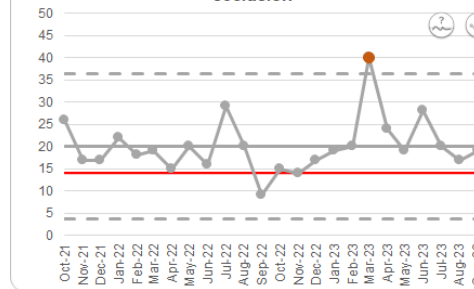
This is reviewed within the Reducing Restrictive Practice Group and the Trust Positive and Safe Support Team continue to offer extra training sessions to improve training availability for staff.

The previous increase in physical restraint appears to have been related to the increased acuity of patients in inpatient settings and a high number of repeated incidents attributed to a small group of patients who are awaiting specialist placements and require the bespoke support. The reduction is consistent with some of these patients being discharged.

Actions

- The Trust Positive and Safe Support Team are placing extra training sessions to improve training availability for staff. Compliance with positive and safe training is currently at 70% for teamwork and 46% for breakaway training. The drop in compliance in breakaway training was due to a new staff group being added to the mandatory cohort who are all currently non-compliant until they have received the training. This is however on an upward trend. Furthermore, the PSST continue to spend time in clinical areas to support and train clinical staff, live during practice.

No. of new episodes of patients held in seclusion



Summary

Seclusions between July and September 2023 have continued in line within common cause variation and under the mean average of 20 episodes of seclusion.

Actions

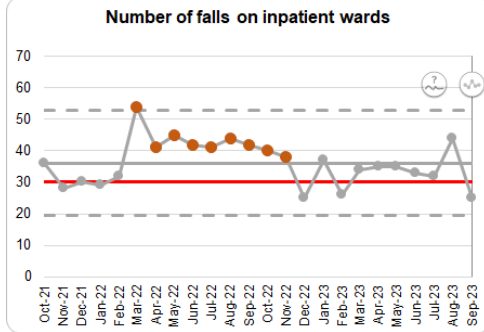
- Episodes of seclusion will continue to be monitored via the reducing restrictive practise group.
- A review focused on peer support including debrief started in May 2023 and is expected to have an impact on further reducing the number of seclusion incidents when it is completed at the end of 2023.
- This review will be presented and monitored through the Reducing Restrictive Practise Group

Quality Performance

Care Hours per Patient Day (CHPPD)

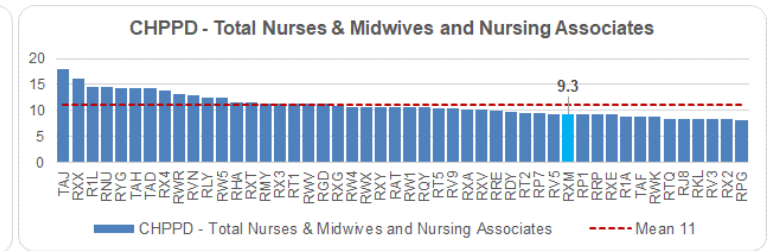
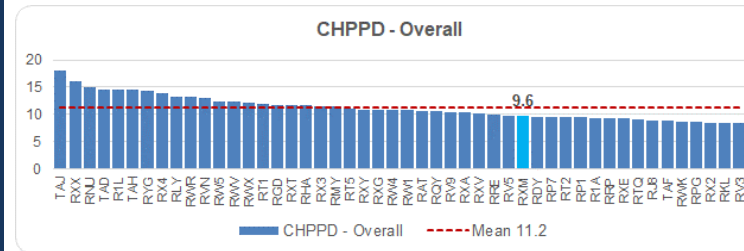
CHPPD is rolling data updated monthly, to show staffing levels in relation to patient numbers on an inpatient ward. Every month, the hours worked during day shifts and night shifts by registered nurses and midwives and by healthcare assistants are added together. Each day, the number of patients occupying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

The charts below indicate that the Trust's CHPPD overall achieved 9.6 hours, which was below average when benchmarked against other mental health trusts in the country. For total nurses and nursing associates the Trust achieved 9.3 hours against the national average of 11 hours:

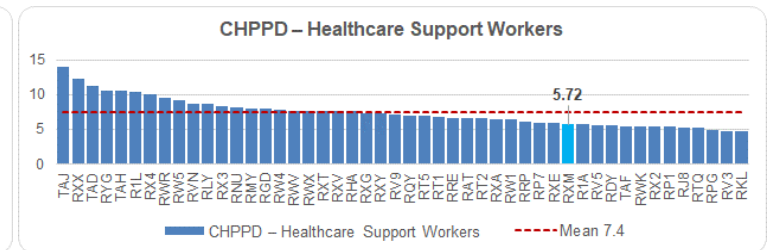
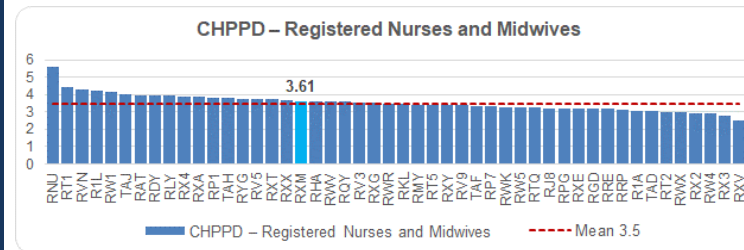


Summary

- The Biweekly falls meeting started in April 2022 appears to have had a positive impact with incidents related to falls plateauing, below the Mean of 35. A spike of falls was seen between July and September due to numerous falls reported for the same individual this has now resolved and the number of falls reported is at its lowest since February 2023. The number of falls reported is monitored via the Head of Nursing and Clinical Matron and learning from the Biweekly falls meeting is reviewed in the monthly Divisional COAT meeting.



For registered nurses the Trust achieved 3.6 hours against the national average of 3.5 hours. For healthcare support workers the Trust achieved 5.7 hours against the national average of 7.4 hours:



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

Quality Performance

Friends and Family Test

NHS England have resumed publication of the friends and family test data. The latest position for mental health Trusts was as follows:

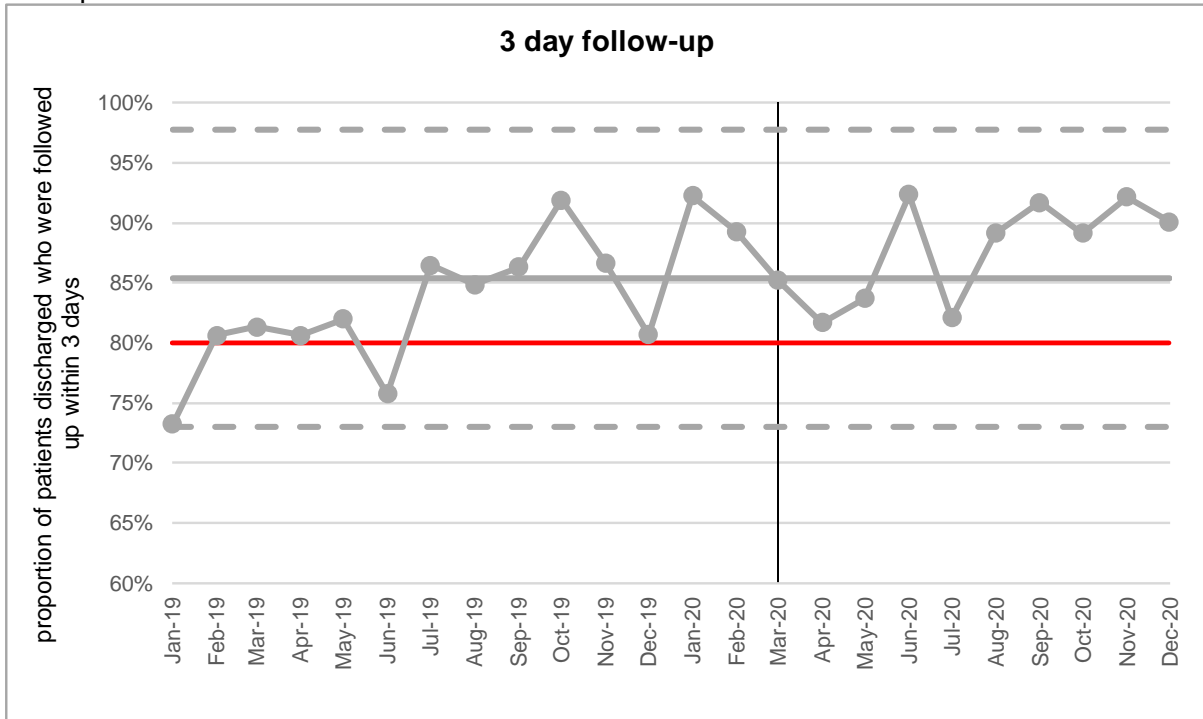
Trust Name	Total Responses	Total Eligible	Percentage Positive	Percentage Negative
England (including Independent Sector Providers)	21,990	838,617	87%	6%
England (excluding Independent Sector Providers)	21,147	826,902	87%	6%
Selection (excluding suppressed data)	21,990	838,617	87%	6%
HERTFORDSHIRE COMMUNITY NHS TRUST	29	907	100%	0%
DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST	29	1,834	100%	0%
FRESHNEY PELHAM CARE LIMITED	5	10	100%	0%
THE HUNTERCOMBE GROUP	6	215	100%	0%
CITY HEALTH CARE PARTNERSHIP CIC	196	3,060	98%	2%
BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST	94	1,340	98%	1%
ST MATTHEWS HEALTHCARE	43	502	98%	2%
SOUTH TYNESIDE AND SUNDERLAND NHS FOUNDATION TRUST	115	1,782	97%	1%
NAVIGO HEALTH AND SOCIAL CARE CIC	161	3,341	96%	1%
BLACK COUNTRY HEALTHCARE NHS FOUNDATION TRUST	211	17,629	96%	3%
GATESHEAD HEALTH NHS FOUNDATION TRUST	23	165	96%	0%
BIRMINGHAM WOMEN'S AND CHILDREN'S NHS FOUNDATION TRUST	63	28	95%	3%
ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST	54	15,150	94%	4%
NORTHAMPTONSHIRE HEALTHCARE NHS FOUNDATION TRUST	36	8,270	94%	6%
CYGNET HEALTH CARE LIMITED	86	2,106	94%	5%
DEVON PARTNERSHIP NHS TRUST	274	3,365	94%	1%
DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST	222	17,098	94%	2%
SUTTON MENTAL HEALTH FOUNDATION	117	289	94%	2%
HUMBER TEACHING NHS FOUNDATION TRUST	208	4,990	93%	2%
SHEFFIELD HEALTH & SOCIAL CARE NHS FOUNDATION TRUST	66	6,797	92%	2%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	24	352	92%	8%
MIDLANDS PARTNERSHIP NHS FOUNDATION TRUST	274	23,591	92%	3%
WEST LONDON NHS TRUST	133	8,915	91%	3%
TEES, ESK AND WEAR VALLEYS NHS FOUNDATION TRUST	1,905	140,689	91%	2%
BRADFORD DISTRICT CARE NHS FOUNDATION TRUST	94	9,646	90%	6%
SOUTH WEST YORKSHIRE PARTNERSHIP NHS FOUNDATION TRUST	434	13,175	90%	5%
BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST	746	9,095	90%	3%
LEEDS COMMUNITY HEALTHCARE NHS TRUST	50	1,125	90%	8%
SOUTHERN HEALTH NHS FOUNDATION TRUST	875	15,504	90%	6%
SURREY AND BORDERS PARTNERSHIP NHS FOUNDATION TRUST	272	9,190	90%	4%
MERSEY CARE NHS FOUNDATION TRUST	594	20,722	89%	4%
DORSET HEALTHCARE UNIVERSITY NHS FOUNDATION TRUST	344	6,648	89%	6%
CHESHIRE AND WIRRAL PARTNERSHIP NHS FOUNDATION TRUST	643	12,565	89%	7%
BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST	688	28,926	89%	6%
ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST	207	19,470	89%	5%
SOLENT NHS TRUST	215	1,940	89%	6%
LINCOLNSHIRE PARTNERSHIP NHS FOUNDATION TRUST	729	4,923	89%	2%
NORTH STAFFORDSHIRE COMBINED HEALTHCARE NHS TRUST	315	14,880	89%	5%
CAMBRIDGESHIRE AND PETERBOROUGH NHS FOUNDATION TRUST	214	2,554	88%	5%
PENNINE CARE NHS FOUNDATION TRUST	948	11,716	88%	3%
CENTRAL AND NORTH WEST LONDON NHS FOUNDATION TRUST	356	24,357	88%	4%
SOUTH WEST LONDON AND ST GEORGE'S MENTAL HEALTH NHS TRUST	536	20,382	88%	7%
CUMBRIA, NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST	545	34,894	88%	5%
LANCASHIRE & SOUTH CUMBRIA NHS FOUNDATION TRUST	1,391	41,861	88%	8%
ISLE OF WIGHT NHS TRUST	47	2,487	87%	4%
LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST	177	7,317	86%	7%
KENT AND MEDWAY NHS AND SOCIAL CARE PARTNERSHIP TRUST	675	14,217	86%	4%
NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST	64	829	86%	5%
CAMDEN AND ISLINGTON NHS FOUNDATION TRUST	234	1,693	85%	6%
TAVISTOCK AND PORTMAN NHS FOUNDATION TRUST	55	3,058	85%	2%
SOUTH LONDON AND MAUDSLEY NHS FOUNDATION TRUST	410	38,395	85%	4%
AVON AND WILTSHIRE MENTAL HEALTH PARTNERSHIP NHS TRUST	553	6,031	85%	4%
SUSSEX PARTNERSHIP NHS FOUNDATION TRUST	123	14,282	85%	4%
GREATER MANCHESTER MENTAL HEALTH NHS FOUNDATION TRUST	633	25,100	84%	11%
SOMERSET NHS FOUNDATION TRUST	12	7,841	83%	17%
LIVWELL SOUTHWEST	229	2,192	82%	5%
BIRMINGHAM AND SOLIHULL MENTAL HEALTH NHS FOUNDATION TRUST	401	18,420	82%	10%
GLOUCESTERSHIRE HEALTH AND CARE NHS FOUNDATION TRUST	157	1,391	82%	7%
NORTH EAST LONDON NHS FOUNDATION TRUST	635	6,780	81%	8%
HERTFORDSHIRE PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST	708	11,853	81%	9%
NORFOLK AND SUFFOLK NHS FOUNDATION TRUST	280	27,457	78%	16%
EAST LONDON NHS FOUNDATION TRUST	551	34,131	78%	11%
OXLEAS NHS FOUNDATION TRUST	822	17,689	78%	8%
NOTTINGHAMSHIRE HEALTHCARE NHS FOUNDATION TRUST	98	13,833	73%	17%
LEICESTERSHIRE PARTNERSHIP NHS TRUST	479	11,762	68%	23%
CORNWALL PARTNERSHIP NHS FOUNDATION TRUST	71	4,778	48%	32%

Data source: <https://www.england.nhs.uk/publication/friends-and-family-test-data-july-2023/>

Appendix 1

Statistical Process Control Chart (SPC) Guidance

Example SPC chart:



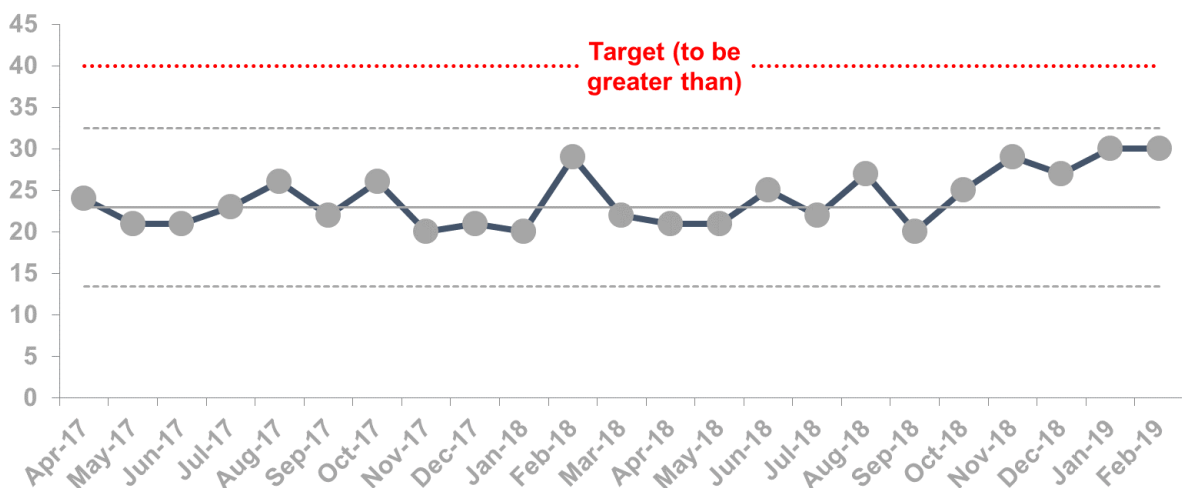
- The red line is the target.
- The grey dots are the actual performance each month. They are coloured grey as performance each month is normal in this example.
- The solid grey line is the average (mean) of all the grey dots.
- The grey dotted lines are called process limits, or control limits.

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.

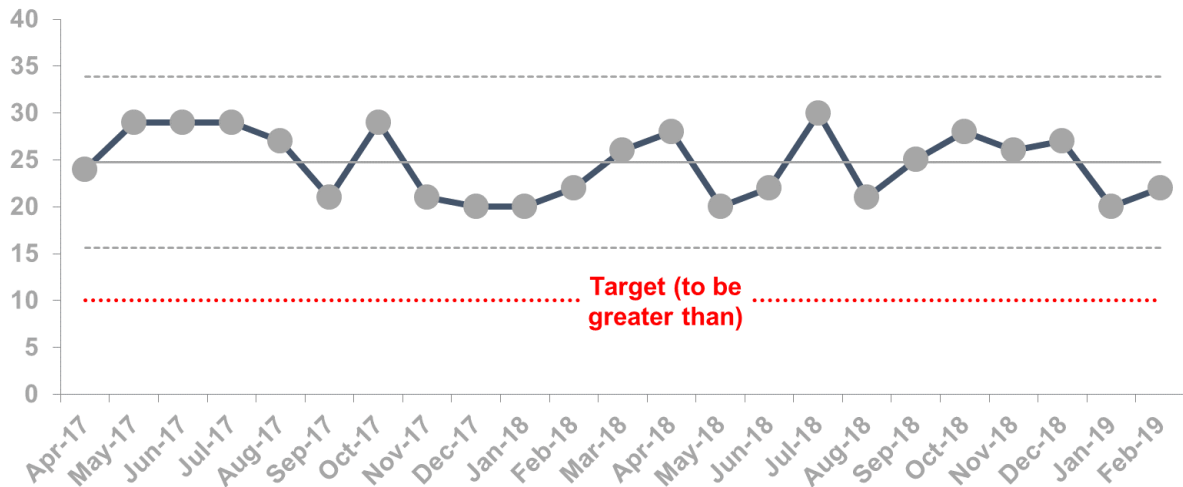
Things to look out for:

1. A process that is not working



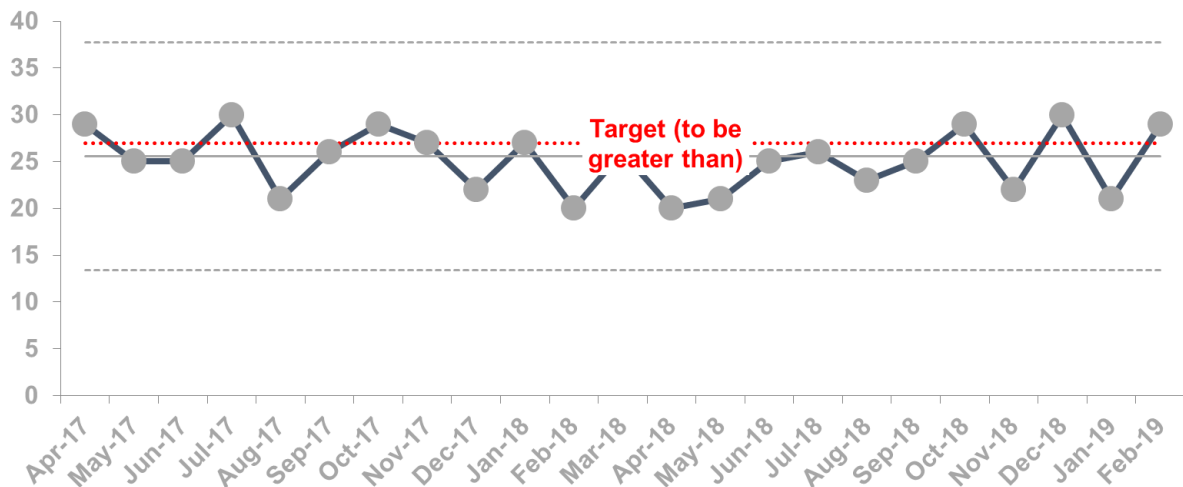
In this example the target is higher than the upper dotted grey line. This means that the target will never be achieved. To achieve the target, we need to change how we do things.

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

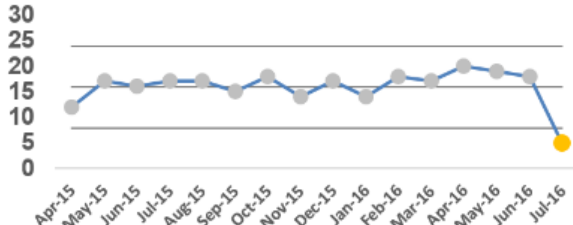
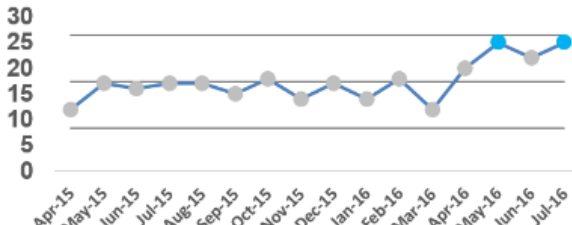
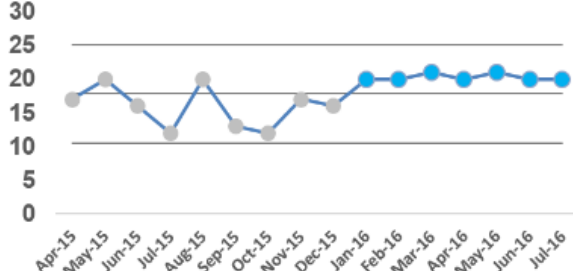
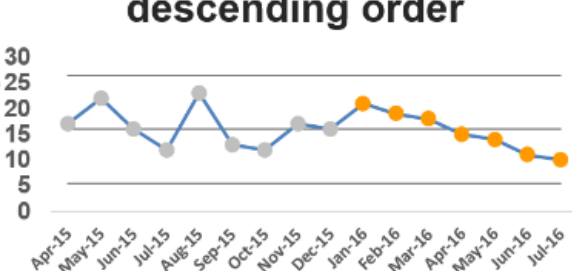


In this example the target line sits between the 2 grey dotted lines. As it is normal for the grey dots to fall anywhere between the 2 dotted grey lines, this means that it is entirely random as to whether or not the target will be achieved. So, this system is unreliable and needs to be redesigned if 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 for Apr-15 to Jun-16 are mostly between 10 and 20. The point for Jul-16 is significantly lower, around 5, and is colored 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 for Apr-15 to Jun-16 are mostly between 10 and 20. The points for May-16, Jun-16, and Jul-16 are significantly higher, around 25, and are colored 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 for Apr-15 to Dec-15 fluctuate around the mean. Starting in Jan-16, the points shift significantly above the mean, around 20, and are colored 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 for Apr-15 to Dec-15 fluctuate around the mean. Starting in Jan-16, the points show a clear downward trend, from around 20 to 10, and are colored 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>

Frequently seen in the NHS:

“**Spuddling**” - To make a lot of [fuss](#) about [trivial](#) things, as if they were [important](#).

Spuddling leads to tampering and tampering nearly always increases variation.

Sometimes the first and most important thing we need to react to is the degree of variation in a process.

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

Feedback from the Annual Members Meeting

Purpose of Report

To provide feedback on the Trust’s Annual Members Meeting which took place on 20 September 2023.

Executive Summary

This year the Annual Members Meeting (AMM) took place on Wednesday 20 September virtually using Microsoft Teams.

57 people attended which included Trust members, the public, staff members, Trust Board and governors.

The AMM had been promoted widely including:

- Press releases to local papers/local radio stations
- Posted on the Trust website in latest news and the members section
- Posted on social media (Twitter, Facebook)
- To all staff via the staff e-newsletter and intranet
- To all members via the members’ e-newsletter and magazine with reminders leading up to the event
- To all stakeholders and services
- Within the voluntary sector (including Derbyshire Voluntary Association, Derbyshire Carers Association; Derbyshire Mental Health Forum, Derby City and Southern Derbyshire Mental Health Carers Forum, Healthwatch, Erewash Voluntary Action).

Governors were also encouraged to promote the AMM within their communities.

Positive feedback was received that the AMM was a good mix of information about services/new facilities and formal business.

Attendees particularly liked hearing about how the Trust’s Occupational Therapists help and support service users on wards and within the community with a variety of activities including gardening, walking, visiting places, arts and crafts, sensory creativity, creative writing and baking. They also really liked the input from experts by experience, service users and carers on how they are involved in developing and improving services which many found inspiring.

At the recent Governance Committee, governors agreed to establish a task and finish group to plan for next year’s AMM.

The AMM for 2024 will be taking place on Thursday 26 September. It is hoped that this will be a face to face event in the Centre for Research and Development, Kingsway Hospital Site, Derby.

Proposed Actions for the Council of Governors:

- Establish a Task and Finish Group to plan next year’s AMM.

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 Annual Members Meeting was held in accordance with the guidance included in the Trust's Constitution.

Consultation

Feedback on the Annual Members Meeting was discussed in detail by the Governance Committee on 11 October 2023.

Governance or Legal Issues

In accordance with additional responsibilities for NHS foundation trusts following the amendment of the 2006 Act by the 2012 Act the Trust must hold an Annual Members Meeting.

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:

We proactively sought to promote the Annual Members Meeting to all members of the community.

Recommendations

The Council of Governors is requested to:

- 1) Receive the report
- 2) Establish a Task and Finish group to discuss the Annual Members' Meeting for 2024.

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

Update on the forthcoming governor elections

Purpose of Report

To update governors on preparations for the forthcoming staff governor and public governor elections and provide assurance on the process being taken.

Executive Summary

This year the election process will be undertaken by CIVICA, an independent company used by many Foundation Trusts to run their elections.

The Council of Governors have the following vacancies (these include the seats for those governors whose term of office end on 31 January 2024):

- Public governor vacancies:
 Bolsover and North East Derbyshire – two vacancies
 Chesterfield – one vacancy
 Erewash – one vacancy
 High Peak and Derbyshire Dales – one vacancy
 Rest of England – once vacancy
- Staff governor vacancies:
 Admin and Allied Support Staff – one vacancy
 Allied Professions – one vacancy
 Nursing – two vacancies

The timeline for the elections is as follows:

ELECTION STAGE	DRAFT TIMETABLE
Notice of Election / nomination open	Friday, 10 Nov 2023
Nominations deadline	Friday, 8 Dec 2023
Summary of valid nominated candidates published	Monday, 11 Dec 2023
Final date for candidate withdrawal	Wednesday, 13 Dec 2023
Electoral data to be provided by Trust	Monday, 18 Dec 2023
Notice of Poll published	Wednesday, 3 Jan 2024
Voting packs despatched	Thursday, 4 Jan 2024
Close of election	Monday, 29 Jan 2024
Declaration of results	Tuesday, 30 Jan 2024

Terms of office for newly elected governors will begin on 1 February 2024.

Activity to promote the public governor vacancies will be rolled out when the election notice is published on 10 November. Information will be sent to Trust members, stakeholders, the public, councils, voluntary organisations and also promoted on the Trust’s website and social media platforms. The elections will also be published in the Trust’s membership magazine *Connections* which is circulated to all members (hard copies of which are sent to those members who do not have an email address). The magazine is also published on the Trust website in the public domain.

Activity to promote the staff governor vacancies will be promoted in the staff e-newsletter, staff Facebook page and on the staff Intranet page.

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

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

Consultation
This paper has not been considered at any other Trust meeting to date. The Governance Committee received an update on the forthcoming elections at their meeting on 11 October.

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

Public Sector Equality Duty & Equality Impact Risk Analysis
In compliance with the Equality Delivery System (EDS2), reports must identify equality-related impacts on the nine protected characteristics age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity (REGARDS people (race, economic disadvantage, gender, age, religion or belief, disability and sexual orientation)) including risks, and say how these risks are to be managed.
Below is a summary of the equality-related impacts of the report:
We will proactively seek to promote public governor vacancies to all members and the public across the communities where there are vacancies. We will also proactively seek to promote staff governor vacancies to all colleagues within the Admin and Allied Support Staff, Allied Professions and Nursing categories.

Recommendations
The Council of Governors is requested to:
1) Receive the report
2) Note the timescales of the elections

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

Report from the Governance Committee

Purpose of Report

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

Executive Summary

Since the last summary was provided in September the Governance Committee has met once on 11 October 2023.

Strategic Considerations

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

Risks and Assurances

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

Consultation

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

Governance or Legal Issues

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

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

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

Recommendations

The Council of Governors is requested to note the report made of the Governance Committee meeting held on 11 October 2023

Report presented by: **Marie Hickman**
Joint Chair of the Governance Committee

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

Report from the Governance Committee meeting – 11 October 2023

14 governors (56% of the Council of Governors) attended this meeting. This meeting was conducted digitally using Microsoft Teams.

Feedback from the Annual Members Meeting

- Feedback on the Annual Members Meeting which was held on 20 September 2023 was very positive.

Feedback from governors engagement activities

- Governors fed back on their engagement activities.

Governors annual effectiveness survey results

- The results were presented to the Committee
- Those who responded with 'disagree' will be contacted.

Election programme for 2024

- The outline of the process and timeline was shared with the meeting.

Consideration of Holding to Account Questions to the Council of Governors

- The Committee agreed that there was one item to escalate to the Council of Governors regarding the Integrated Care Board and how the Trust is represented, and how the views of Trust governors and service users are being represented.

Well led review update

- A verbal update was presented to governors. A full report will be presented to the Council of Governors on 7 November.

Attendance at Council of Governors Meetings

- The Membership and Involvement Manager and Lead Governor will contact the governor who has not attended several Council of Governor meetings to offer support.

Governor training and development: including feedback from governors on sessions they have attended

- Positive feedback was received from governors who attended the in-house finance training and development session on 29 September. Copies of the presentation were circulated to all governors
- Two governors had attended the governor workshops in September which were organised by NHS Providers. Copies of the papers were circulated to all governors.

Governor meeting timetable 2023/24

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

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS	
NHS Term / Abbreviation	Terms in Full
A	
A&E	Accident & Emergency
ACCT	Assessment, Care in Custody & Teamwork
ACE	Adverse Childhood Experiences
ADHD	Attention Deficit Hyperactivity Disorder
AfC	Agenda for Change
AHP	Allied Health Professional
AIMS	Royal College of Psychiatrists Accreditation for Inpatient Mental Health Services Standards
ALB	Arms-length body such as NHS Improvement (NHSI) and NHS England (NHSE)
AMM	Annual Members' Meeting
AMHP	Approved Mental Health Professional
ANP	Advanced Nurse Practitioner
AO	Accountable Officer
ASD	Autism Spectrum Disorder
ASM	Area Service Manager
B	
BAF	Board Assurance Framework
BLS	Basic Life Support (ILS Immediate Life Support)
BMA	British Medical Association
BME	Black, & Minority Ethnic group
BoD	Board of Directors
C	
CAMHS	Child and Adolescent Mental Health Services
CASSH	Care and Support Specialised Housing
CBT	Cognitive Behavioural Therapy
CCG	Clinical Commissioning Group (defunct from 1 July 2022)
CCT	Community Care Team
CDMI	Clinical Digital Maturity Index
CE	Chief Executive
CEO	Chief Executive Officer
CGA	Comprehensive Geriatric Assessment
CHPPD	Care Hours Per Patient Day
CIP	Cost Improvement Programme
CMDG	Contract Management Delivery Group
CMHF	Community Mental Health Framework
CMHT	Community Mental Health Team
CNST	Clinical Negligence Scheme for Trusts
COAT	Clinical Operational Assurance Team
COF	Commissioning Outcomes Framework
CoG	Council of Governors

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

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

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

NHS Term / Abbreviation	Terms in Full
ECW	Enhanced Care Ward
ED	Emergency Department
EDS2	Equality Delivery System 2
EHIC	European Health Insurance Card
EHR	Electronic Health Record
EI	Early Intervention
EIA	Equality Impact Assessment
EIP	Early Intervention In Psychosis
ELT	Executive Leadership Team
EMDR	Eye Movement Desensitising & Reprocessing Therapy
EMR	Electronic Medical Record
EPR	Electronic Patient Record
ERIC	Estates Return Information Collection
ESR	Electronic Staff Record
EUPD	Emotionally Unstable Personality Disorder
EWTD	European Working Time Directive
F	
FBC	Full Business Case
FFT	Friends and Family Test
FOI	Freedom of Information
FSR	Full Service Record
FT	Foundation Trust
FTE	Full-time Equivalent
FTN	Foundation Trust Network
FTSU	Freedom to Speak Up
FTSUG	Freedom to Speak Up Guardian
F&P	Finance and Performance
5YFV	Five Year Forward View
G	
GDPR	General Data Protection Regulation
GGI	Good Governance Institute
GIRFT	Getting it Right First Time
GMC	General Medical Council
GP	General Practitioner
GPFV	General Practice Forward View
H	
HCA	Healthcare Assistant
H1	First half of a fiscal year (April through September)
H2	Second half of a fiscal year (October through the following March)
HEE	Health Education England
HES	Hospital Episode Statistics
HoNOS	Health of the Nation Outcome Scores
HSCIC	Health and Social Care Information Centre

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

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

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

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

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

NHS Term / Abbreviation	Terms in Full
PARIS	This is an electronic patient record system
PbR	Payment by Results
PCC	Police & Crime Commissioner
PCC	People and Culture Committee
PCN	Primary Care Networks
PDSA	Plan, Do, Study, Act
PHE	Public Health England
PICU	Psychiatric Intensive Care Unit
PID	Project Initiation Document
PiPoT	People in Positions of Trust
PLIC	Patient Level Information Costs
PMLD	Profound and Multiple Disability
PPE	Personal Protection Equipment
PPI	Patient and Public Involvement
PPT	Partnership and Pathway Team
PREM	Patient Reported Experience Measure
PROMS	Patient Reported Outcome Measure
PSF	Provider Sustainability Fund
PSIRF	Patient Safety Incident Review Framework
Q	
QAG	Quality Assurance Group
Q&SC	Quality and Safeguarding Committee
QIA	Quality Impact Assessment
QIPP	Quality, Innovation, Productivity Programme
R	
RAID	Rapid Assessment, Interface and Discharge
RCGP	Royal College of General Practitioners
RCI	Reference Cost Index
REGARDS	Race, Economic disadvantage, Gender, Age, Religion or belief, Disability and Sexual orientation
RTT	Referral to Treatment
S	
SAAF	Safeguarding Adults Assurance Framework
SBARD	Situation, Background, Assessment, Recommendation and Decision (SBARD) tool
SBS	Shared Business Services
SEND	Special Educational Needs and Disabilities
SFI	Standing Financial Instructions
SI	Serious Incidents
SID	Senior Independent Director
SIRI	Serious Incident Requiring Investigation
SLA	Service Level Agreement
SLR	Service Line Reporting
SMI	Severe Mental Illness

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

NHS Term / Abbreviation	Terms in Full
SOC	Strategic Options Case
SOF	Single Operating Framework
SPOA	Single Point of Access
SPOE	Single Point of Entry
SPOR	Single Point of Referral
STEIS	Strategic Executive Information System
STF	Sustainability and Transformation Fund
STP	Sustainability and Transformation Partnership
SUI	Serious (Untoward) Incident
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	
WDES	Workforce Disability Equality Standard
WRES	Workforce Race Equality Standard
WTE	Whole Time Equivalent
Y	
YTD	Year to Date

(updated 14 June 2022)