

**COUNCIL OF GOVERNORS' MEETING – TUESDAY 3 SEPTEMBER 2024
FROM 14.00 – 16.30 HOURS**

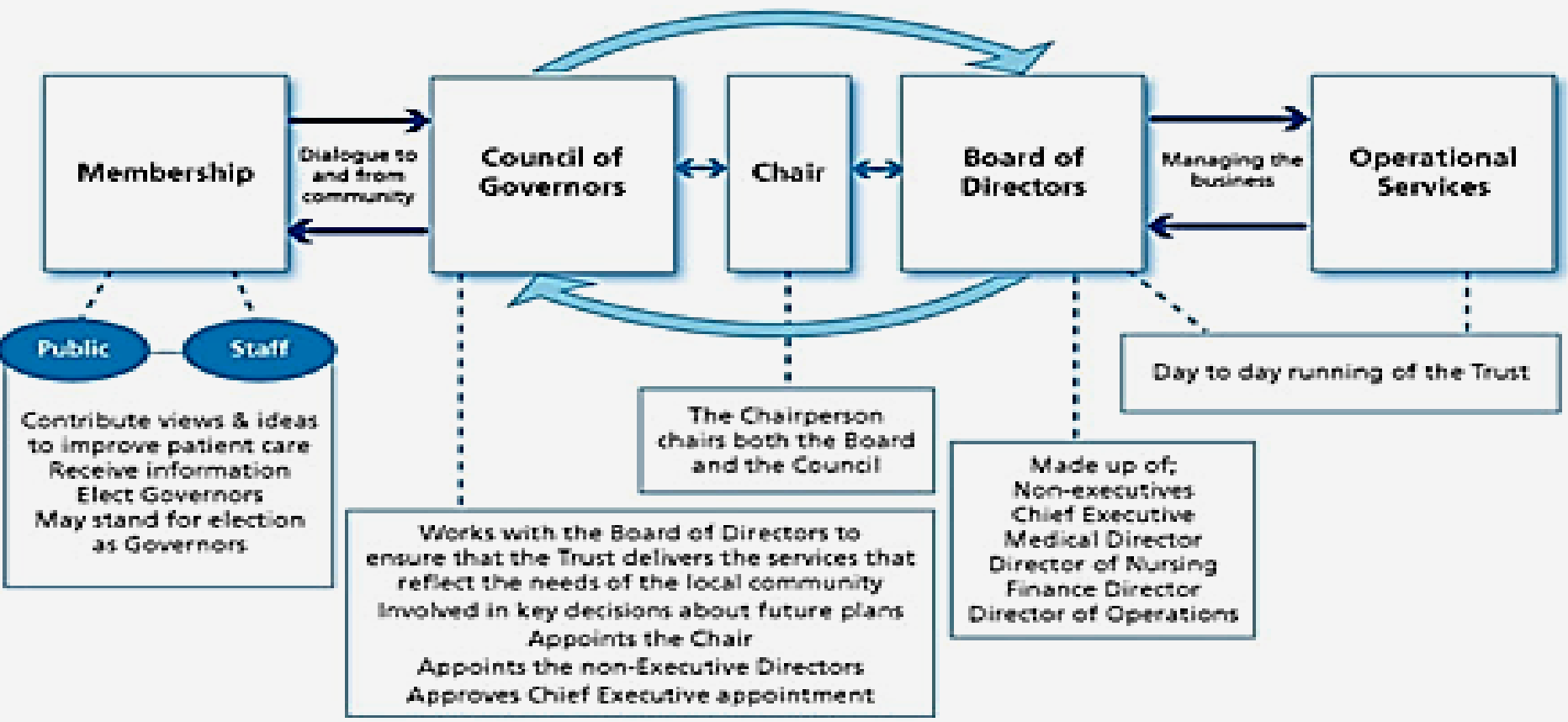
This meeting will be a hybrid meeting. Face to face will be taking place in Conference Rooms A&B, first floor, Centre for Research and Development, Kingsway Hospital site, Kingsway, Derby DE22 3LZ.

If you are joining virtually – [click here to join the meeting](#)

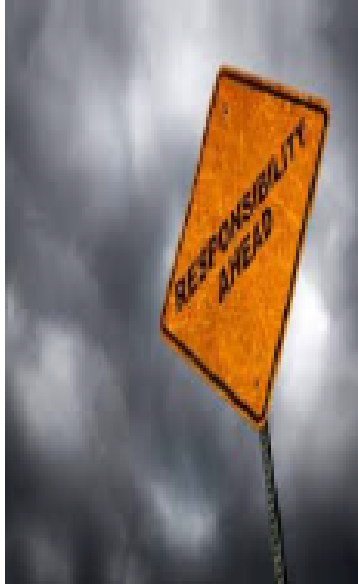
AGENDA		LED BY	TIME
1.	Welcome, introductions and Chair's opening remarks Apologies and Declaration of Interests	Tony Edwards	14.00
2.	Submitted questions from members of the public	Tony Edwards	
3.	Minutes of the previous meeting, held on the 7 May 2024	Tony Edwards	14.05
4.	Matters arising and actions matrix	Tony Edwards	
STATUTORY ROLE			
5.	Presentation of the Annual Report and Accounts 2023/24 and report from the External Auditors	James Sabin, Geoff Lewins, external auditors	14.10
HOLDING TO ACCOUNT			
6.	Non-Executive Directors Report (including the annual report of the Audit and Risk Committee)	Geoff Lewins	14:30
7.	Escalation item to the Council of Governors from the Governance Committee: <ul style="list-style-type: none"> Brief update on Making Room for Dignity Programme (full update for November meeting) 	Tony Edwards Tony Edwards	14:40
8.	Brief update on performance (verbal) – note the Integrated Performance Report will be circulated to Governors via the 1 October Public Board papers	Tony Edwards	14.55
COMFORT BREAK			15.15
OTHER MATTERS			
9.	Living Well Programme update	Laura Mcara, Rob Passey, Ejaz Sarwar	15.25
10.	Report from Governors Nominations & Remuneration Committee – 26 April 2024 and 24 July 2024	Justine Fitzjohn	16.05
11.	Governance Committee Report	David Charnock	16.15
12.	Any Other Business	Tony Edwards	16.20
13.	Review of meeting effectiveness and following the principles of the Code of Conduct	Tony Edwards	16.25
14.	Close of meeting	Tony Edwards	16.30
FOR INFORMATION			
15.	Governor meeting timetable 2024/2025		
16.	Glossary of NHS terms		
Next Meeting: 5 November 2024 from 14:00-17:00 hours.			

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 7 MAY 2024 FROM 14:00-16:45 HOURS
HYBRID MEETING DIGITALLY VIA MICROSOFT TEAMS AND FACE TO FACE**

PRESENT

Selina Ullah*	Trust Chair and Chair of Council of Governors
Angela Kerry*	Public Governor, Amber Valley
Susan Ryan*	Public Governor, Amber Valley
Dave Allen*	Public Governor, Chesterfield
Christine Williamson	Public Governor, Derby City West
Andrew Beaumont*	Public Governor, Erewash
Brian Edwards*	Public Governor, High Peak and Derbyshire Dales
Fiona Birkbeck*	Public Governor, High Peak and Derbyshire Dales
Anson Clark	Public Governor, Rest of England
Hazel Parkyn	Public Governor, South Derbyshire and Deputy Lead Governor
Claire Durkin	Staff Governor, Admin and Allied Support Staff
Marie Hickman*	Staff Governor, Admin and Allied Support Staff
Fiona Rushbrook*	Staff Governor, Allied Professions
Jo Foster	Staff Governor, Nursing
David Robertshaw*	Appointed Governor, University of Derby
David Charnock	Appointed Governor, University of Nottingham
Alison Martin	Appointed Governor, Derby City Council
Garry Hickton	Appointed Governor, Derbyshire County Council
Rachel Bounds	Appointed Governor, Derbyshire Voluntary Action

IN ATTENDANCE

Mark Powell*	Chief Executive
James Sabin	Director of Finance
Denise Baxendale*	Membership and Involvement Manager
Justine Fitzjohn*	Director of Corporate Affairs and Trust Secretary
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
Lucy Moorcroft	Human Resources and Organisational Development Project Lead

For 2024/027

* attendees in Conference Room A&B, Centre for Research and Development, Kingsway Hospital site, Kingsway, Derby.

APOLOGIES

Rob Poole	Public Governor, Bolsover and North East Derbyshire
Jill Ryalls	Public Governor, Chesterfield
Tom Bladen	Public Governor, Derby City East
Graeme Blair	Public Governor, Derby City East
Laurie Durand	Staff Governor, Medical
Sifo Dlamini	Staff Governor, Nursing

ITEM	<u>ITEM</u>
DHCFT/GOV/ 2024/020	<p data-bbox="379 215 1362 286"><u>WELCOME, INTRODUCTIONS, APOLOGIES FOR ABSENCE AND DECLARATION OF INTERESTS</u></p> <p data-bbox="379 309 1461 376">Selina Ullah, Trust Chair welcomed all to the meeting. Apologies were noted above. There were no declarations of interest.</p>
DHCFT/GOV/ 2024/021	<p data-bbox="379 405 1295 439"><u>SUBMITTED QUESTIONS FROM MEMBERS OF THE PUBLIC</u></p> <p data-bbox="379 461 1417 607">It was noted that no questions from members of the public have been received. However, feedback from members of the public are captured in the governor engagement log which is discussed at each Governance Committee meeting.</p>
DHCFT/GOV/ 2024/022	<p data-bbox="379 629 1193 663"><u>MINUTES OF THE MEETING HELD ON 5 MARCH 2024</u></p> <p data-bbox="379 685 1375 752">The minutes of the meeting held on 5 March 2024 were accepted as a correct record.</p>
DHCFT/GOV/ 2024/023	<p data-bbox="379 786 1018 819"><u>MATTERS ARISING AND ACTION MATRIX</u></p> <p data-bbox="379 842 608 875">Matters arising</p> <p data-bbox="379 898 1461 1111">Denise Baxendale, Membership and Involvement Manager, referred to the Council of Governors meeting in March at which concern was raised that Triangle of Care carers champions were not getting protected time to enable them to carry out the role. Denise read out the response from Vikki Ashton Taylor, Deputy Chief Executive/Chief Delivery Officer who had agreed to look into this issue:</p> <p data-bbox="379 1133 1461 1503"><i>We are aware this has been a topic of discussion for some time at both the Carer Engagement Meeting and People and Culture Equality Committee. It was also raised at the carer champion events in February, and carer champions were asked about whether they feel adequately supported in this role. We received a mixed response, with some saying they were given protected time, and others reporting a lack of dedicated time, thus making their situation more difficult. We understand the managerial challenges when resources are tight, however we have established there needs to be a principle of recognising the value of the role and giving over some time for this to be meaningful and productive.</i></p> <p data-bbox="379 1525 1445 1592"><i>With this in mind work has begun to strengthen support for carer champion activity in teams as follows:</i></p> <ul data-bbox="427 1615 1461 2063" style="list-style-type: none"> <li data-bbox="427 1615 1461 1872">• <i>The Deputy Director of Nursing and Quality Governance has agreed to amend the Trust Supervision Policy in respect of managerial supervision to recognise additional roles (carer champion, safeguarding link worker etc.) and agree protected time. This work is in hand and the Carers and Family Project Lead will share with the Deputy Director of Nursing and Quality Governance on his return from leave.</i> <li data-bbox="427 1883 1461 2063">• <i>The Assistant Director of Clinical Professional Practice has asked the Heads of Nursing to take this matter to Area Service Manager's for them to discuss with Service Managers. This will hopefully enable support of the principle whilst allowing for flexibility depending on service needs at any given time. The Assistant Director of Clinical</i>

	<p><i>Professional Practice is attending the Carers Engagement Meeting on the 8 April to feedback to group members.</i></p> <p>Deborah Good, Non-Executive Director and Carers Champion for the Board reiterated the importance of the role and protected time, and suggested that the issue be revisited in sixth months' time.</p> <p>ACTION:</p> <ul style="list-style-type: none"> • An update on carer champions and protected time to be presented to the Council of Governors in November. <p>Action Matrix</p> <p>Governors agreed to close all completed actions. All 'green' actions have been scrutinised to ensure they were fully complete. Updates on actions have been made on the Actions Matrix.</p>
<p>DHCFT/GOV/2024/024</p>	<p><u>CHIEF EXECUTIVE'S UPDATE</u></p> <p>Mark Powell, Chief Executive gave a verbal update on the following:</p> <ul style="list-style-type: none"> • Operational and finance plan 2024/25 – the Trust had submitted its annual plan and is heading into the fifth year of the NHS Long Term Plan LTP), committing to continue to deliver the priorities outlined in the LTP, including reducing inappropriate placing patients out of area. Included in the Financial Plan is a £6.5m deficit position which is a slight increase to the deficit in 2023/24. It was noted that the Joined Up Care Derbyshire (JUCD) wider plan has a greater deficit (£75m) across the Derbyshire system. The challenge is to get the deficit as low as possible without compromising on quality and safety. The Trust has a process to take us into a better position over the next few years. • Care Quality Commission (CQC) – the Trust is continuing to address the improvement actions and have provided assurance to the CQC from the immediate response received. It was noted that the final report will be published and will include positive feedback along with the actions that need to be addressed. • Making Room for Dignity programme – this is continuing at a pace. The new constructions are built, and internal work is now underway. Governors are encouraged to visit the new builds. Recruiting a new workforce for the new facilities is an ongoing challenge (which is a regional and national issue). • Development of a new Trust strategy – Mark gave an overview of the engagement work being undertaken in developing the new Trust strategy. It was noted that the new Trust strategy will be launched later in the year and will reflect the importance of partnership and collaborative working and include more detail around accountability and responsibility, and health inequalities. Governors were reminded that that they will be involved in the engagement process with the first session taking place at the next Governance Committee meeting. • New services – Mark referred to the following: <ul style="list-style-type: none"> - A new website has been developed by Derbyshire Recovery Partnership which offers free support to people struggling with alcohol and drug use

- Promotion of the new Gambling Harms service has taken place across the East Midlands over recent months
- The specialist Eating Disorder service is being expanded
- The Older Adult Day Services team has launched a new Dementia Hub to provide information and advice to people who are living with, or supporting someone with, dementia.

Andrew Beaumont, Public Governor, expressed concern at the number of suicides that had taken place in the Trust over the past year, and asked how this compares to other mental health trusts. Mark agreed to look into this for Andrew.

Susan Ryan, Lead Governor, referred to the Cost Improvement Plan and the particular schemes and plans in place to reduce the deficit; and asked what the public might see. James Sabin, Director of Finance explained that the Trust is working hard to reduce the deficit:

- The new Psychiatric Intensive Care Unit (PICU) is under construction and will reduce out of area placements
- Agency spends are being reduced as staff on the bank increases
- Extracting vacant posts where appropriate
- Rationalising the Trust estates (some are tied into leases)
- All departments to reduce their costs by 4%.

James explained that all cost improvements have to pass the quality impact assessment and assured governors that no cost improvements can be put forward if they are detrimental to service users and safety. Mark explained that the system is looking at cost improvements, but emphasised the need to invest in mental health services. If further cost improvements are required then the Integrated Care Board (ICB) will be looking at all partner organisations cost improvement plans.

Alison Martin, Appointed Governor, referred to the Trust setting a deficit budget and asked if the 6.4% is accumulative or just for 2024/25, and does it include the overspend from last year. Mark confirmed that some of the deficit is carried forward from the previous year and there are a number of cost controls in place. He reiterated that there has been an effective pause on recruitment with only the critical posts being advertised e.g. ward and Making Room for Dignity staff. He also explained that through the year the Board are presented with a report against the deficit plan and if the Trust goes off the plan the Board are required to discuss the reasons with NHS England (NHSE) both regionally and nationally. It was noted that last year the Trust set a balance plan but ended with a deficit and the Trust had challenging conversations with NHSE from which a plan was agreed. Mark also reiterated the need to make recurring savings going forwards.

Brian Edwards, Public Governor, referred to NHSE's requirement to break even financially. He mentioned Labour's manifesto which promises a huge investment in mental health and asked if the Trust's plan includes additional funding if it becomes available under a new government. Mark explained that if further money becomes available this would need to be invested in core services (inpatient and community services). He also explained that money received over the past four/five years has gone into new services not core services, hence the need to redress.

The Chair referred to the Mental Health Investment Standard and the historic inequalities in funding which the Trust has been recipient of. She had recently attended the NHS Confederation Conference at which the Minister of Mental Health attended; and Shaun Duggan, Chair of the NHS Confederation emphasised the importance to continue the Mental Health Investment Standard over at least the next few years.

Alison Martin commented that the Trust needs to continue with its cost improvement plan and not include any possible funding that may be available in November after the general election; and the overspend should be dealt with. The Chair noted the need to be realistic.

Dave Allen, Public Governor, noted that throughout his political career mental health had received the least funding in the NHS. He is hopeful that there will be some funding for mental health following the general election; and hoped that mental health will be prioritised within the system. Dave confirmed that he visited the new facilities and was impressed with the layout; he will be visiting the sites again when more internal work has been completed.

Dave also explained that unlike the NHS, Local Authorities (LAs) are not allowed to manage a deficit budget; and in order to avoid this Derbyshire County Council is proposing closing some services which may impact on the Trust i.e. some children services. Mark assured governors that discussions are taking place around the LA's proposed cuts to services; and the impact this may have on the Trust.

Dave Allen requested information on the Trust's Dementia and Eating Disorder services.

Anson Clark, Public Governor, referred to the single en suite rooms and asked if this is going to be perceived as a luxury going forwards. Mark explained that the Trust is required to eradicate the dormitories and that sharing a room with five other patients when people are acutely unwell is not satisfactory. The new facilities, and the refurbished wards at Walton Hospital in Chesterfield and the Radbourne Unit in Derby will have single en suite rooms.

Andrew Beaumont asked if communications between Trusts in the same area takes place, as he expressed concern that some may not know about procedures in other areas. Mark Powell assured Andrew that collaboration with partners and other organisations is really important. He confirmed that regular catch up sessions take place with Chief Executives and Trust Chairs to ensure that they work together to provide services. He reiterated that there is a genuine desire to collaborate.

RESOLVED: The Council of Governors noted the update.

ACTION:

- **Denise Baxendale will send Dave Allen information on the Trust's Eating Disorders and Dementia services**
- **Mark Powell will send the figures of suicidal rates across comparable trusts to Andrew Beaumont.**

<p>DHCFT/GOV/2024/025</p>	<p><u>REPORT FROM GOVERNORS NOMINATIONS AND REMUNERATION COMMITTEE – 26 APRIL 2024</u></p> <p>Justine Fitzjohn, Director of Corporate Affairs and Trust Secretary, presented an overview of the matters discussed at the last Governors Nominations and Remuneration Committee. This included an outline of:</p> <ul style="list-style-type: none"> • The appraisals for the Trust Chair and the Non-Executive Directors (NEDs) • A proposal for the re-appointment of Geoff Lewins, NED • A proposal for the re-appointment of the Trust Chair • Several year-end governance reports, specifically: <ul style="list-style-type: none"> - Time commitment, balance of skills, committee membership and succession planning - Annual collective performance review of the committee in accordance with its Terms of Reference - Annual review of Terms of Reference before submission to the Council of Governors. <p>RESOLVED: The Council of Governors:</p> <ol style="list-style-type: none"> 1) Noted the update report from the Nominations and Remuneration Committee held on 25 April 2024 2) Received assurance from the Committee that satisfactory appraisals have taken place for the Trust Chair and Non-Executive Directors 3) Approved the re-appointment of Geoff Lewins, as Non-Executive Director and Chair of the Audit and Risk Committee, for a further 12 months from 1 December 2024 4) Approved the re-appointment of Selina Ullah, Trust Chair for a second three year term of office from 14 September 2024 5) Approved the five Chair objectives as set out in the report 6) Noted the year-end report 7) Approved the Committee’s revised Terms of Reference.
<p>DHCFT/GOV/2024/026</p>	<p><u>COUNCIL OF GOVERNORS ANNUAL EFFECTIVENESS SURVEY</u></p> <p>Denise Baxendale presented the report to approve the process for this year’s Governor Annual Effectiveness Survey. She explained that the Council of Governors carries out its annual effectiveness survey in line with best practice. The results are presented to the Governance Committee and then to the Council of Governors.</p> <p>There are 31 questions including one for name and three free text sections for capturing suggestions for training needs, suggestions for improvements and an overall assessment of the Council of Governors effectiveness.</p> <p>Last year, as in previous years, the survey was undertaken in September, with the results being presented to the Governance Committee in October and the Council of Governors in November. It is recommended that the survey this year follows the same process. The survey will be promoted widely in Governor Connect, via governor meetings, and emails encouraging governors to complete the survey.</p> <p>RESOLVED: The Council of Governors:</p> <ol style="list-style-type: none"> 1) Noted the information provided in the report

2) Approved that the survey is undertaken in September 2024.

**DHCFT/GOV/
2024/027**

STAFF SURVEY RESULTS

Lucy Moorcroft, Human Resources and Organisational Development Project Lead, presented the staff survey results which shows the current position of the Trust for the 2023 NHS staff survey.

She reported that there are nine themes that NHS England and Improvement (NHSE/I) uses to report the data and key findings:

- We are compassionate and inclusive
- We are recognised and rewarded
- We each have a voice that counts
- We are safe and healthy
- We are always learning
- We work flexibly
- We are a team
- Staff engagement
- Morale

It was noted that compared to last year the Trust has most improved in:

- We are recognised and rewarded
- We are always learning
- We work flexibly
- Morale

Lucy was pleased to report that 62.96% of colleagues completed the survey. This compares extremely well against 51 other combined mental health/learning disabilities and community trusts (which we are benchmarked against) where the average was 51.76%. However, this means that a significant number of colleagues had not completed the survey and engagement work with teams will be undertaken (once further reports have been published that will allow a deeper focus on themes, trends and team level analysis) to put mechanisms in place to encourage more colleagues to complete the 2024 staff survey.

Susan Ryan was encouraged that vast areas of the results had improved. She referred to questions 20a and 20b about raising concerns and asked if these are linked into the relevant Care Quality Commission (CQC) action plan. Lucy confirmed that they are.

Fiona Birbeck, Public Governor, referred to flexible working in the NHS and the importance of highlighting this as a benefit when recruiting staff. Lucy explained that the Trust is reviewing flexible working and encouraging leaders and managers to see how more flexible working can be offered.

Brian Edwards referred to the 20% of respondents who did not feel they could speak up. He suggested that the Trust share this information with local trade unions to see what they think of the data. Mark Powell explained that the Trust needs to understand why people do not feel confident in speaking up and is keen for more staff to complete the survey and to see the variation being addressed. Mark confirmed that he has a good working relationship with the trade unions and has regular catch ups with them on a monthly basis.

	<p>RESOLVED: The Council of Governors noted the outcome of the NHS Staff Survey 2023.</p>
<p>DHCFT/GOV/ 2024/028</p>	<p><u>NON-EXECUTIVE DIRECTORS (NED) REPORT</u></p> <p>Ashiedu Joel, NED presented her overview report of the last year and referred specifically to the following:</p> <ul style="list-style-type: none"> • She has continued in her capacity as NED for inclusion, Chair of the Mental Health Act Committee (MHAC) from 2022 and Co-Chair of the EDI Steering Group since 2023 • The MHAC is responsible for obtaining assurance that the safeguards and provisions of the mental health legislation is appropriately applied and effectively implemented • The government is yet to ratify the draft Mental Health Bill published in 2022, which set out a series of proposed reforms to care under the Mental Health Act (MHA). <p>Andrew Beaumont referred to absconsions and asked what the reasons are for service users going off the ward/units. Ashiedu explained that often this relates to being on leave and not recorded as having returned; and people leaving without informing staff. She assured governors that data on absconding is regularly monitored by the MHAC.</p> <p>Ralph Knibbs presented his report on his activities as a NED, noting he is Chair of the People and Culture Committee, and also the Senior Independent Director.</p> <p>He gave a summary of the key activities of the People and Culture Committee and the priorities it is working to. Some of the key areas of focus were noted as:</p> <ul style="list-style-type: none"> • Equality, Diversion, and Inclusion to ensure we reflect the communities that we serve • Mandatory training compliance • Deep dives on recruitment and retention of staff • Overseeing the development and implementation of an effective People Plan which supports the Trust Strategy • Achieving a well led values-driven positive culture at all levels of the organisation • Ensuring workforce plans are ‘fit for purpose’ and have sufficient flexibility to meet the changing needs of the Trust • Having an understanding of the current and future capability required and developing a robust process to inform workforce plans. <p>RESOLVED: The Council of Governors noted the Non-Executive Director’s updates and gained assurance from these.</p>
<p>DHCFT/GOV/ 2024/029</p>	<p><u>ESCALATION ITEMS TO THE COUNCIL OF GOVERNORS FROM THE GOVERNANCE COMMITTEE</u></p> <p>One item of escalation was received from the Council of Governos meeting held on 5 March 2024:</p> <p><i>“How is the Board assured that the resources for undertaking memory assessment is appropriately distributed given the huge disparities in waiting times for assessment. In the Community Mental Health Team (CMHT) it is</i></p>

	<p><i>one week whereas the waiting time for an assessment by the Memory Assessment Service (MAS) is eight months. What mitigations are in place to minimise further deterioration for people waiting for an assessment.”</i></p> <p>The response to the question attached as Appendix 1 to these minutes, was read out at the meeting.</p> <p>Susan Ryan expressed concern that the wait time for MAS is still eight months. Dave Mason, Interim Director of Nursing and Patient Experience, assured governors that a key point is active management of waiting well, where patients move between pathways depending on their needs. Brian Edwards referred to digital tools that are able to screen memory artificially so that focus is given to those who need help. He suggested that the Medical Director will know about digital tools that are available.</p> <p>Alison Martin referred to research commissioned by Dementia UK which states that by 2040 one in two people will have dementia or are caring for someone with dementia and suggested a wider discussion needs to take place regarding this. Selina agreed to meet with Alison to have a reflective discussion on this.</p> <p>Mark Powell confirmed that the Older Adult team does not only see patients with dementia but those who have longstanding depression. He also confirmed that the care for people with dementia is often overseen in primary care by GPs. He assured governors that MAS is carrying out fantastic work to ensure that people are diagnosed as early as possible and confirmed that the Trust is above the national targets for this.</p> <p>One item of escalation was received from the Governance Committee meeting held on 16 April 2024:</p> <p><i>“How is the Board assured that the are fully involved in the Trust plans for improving services in the current financial situation and that AHPs are recognised as key contributors to patient flow and personalised care?”</i></p> <p>The response to the question attached as Appendix 1 to these minutes, was read out at the meeting.</p> <p>Fiona Rushbrook, Staff Governor, referred to the innovations mentioned in the response as positive but explained that there is still improvement needed. Dave Mason conveyed his appreciation to Fiona for her feedback and will take this forward.</p> <p>ACTION:</p> <ul style="list-style-type: none"> • Selina Ullah will arrange to meet with Alison Martin to have a reflective discussion on UK Dementia’s research.
<p>DHCFT/GOV 2024/030</p>	<p><u>VERBAL SUMMARY OF INTEGRATED PERFORMANCE REPORT</u></p> <p>The Non-Executive Directors reminded governors that the purpose of this report is to provide an update of how the Trust was performing at the end of March 2024. The report focuses on key finance, performance, and workforce measures.</p> <p>Tony Edwards, as chair of the Finance and Premises Committee gave the operations update and referred to:</p> <ul style="list-style-type: none"> • Out of area placements

- An increase in demand of our services
- Wait times for adult autistic spectrum disorder assessment, community paediatric, talking therapies, memory assessment services. However the increase in the number of adult autism spectrum disorder assessments have significantly increased
- Recruitment of staff continues to be a challenge
- Children and Adolescent Mental Health Service (CAMHS) waits continue to reduce
- Dementia diagnosis continues to exceed target.

Geoff Lewins as a member of the Finance and Performance Committee gave the finance update and referred to the following:

- At the end of the financial year the position is a deficit of £4.6m. The report details the main reasons for the deficit which included withdrawal of funding, care for a complex patient, and industrial action
- Last year the Trust achieved its Cost Improvement Plan but the majority of savings were non-recurring which will impact on the next financial year
- Agency costs and out of area placements continue to be monitored with improvement plans in place.

Ralph Knibbs as Chair of People and Culture Committee gave an update on people which included:

- Annual appraisals remain below compliance; and a plan is in place to support the areas this relates to
- The Trust has achieved its 85% target for mandatory training
- The challenge of reducing the use of banking and agency staff continues
- Compliance continues to remain a challenge in both clinical supervision and management supervision. The results of the recent assurance audit of supervision processes is expected shortly.

Susan Ryan commented that the whole report has improved with details of action plans for improvement and requested that governors would find it useful to have information on the improvements made. Tony explained that milestones will help to show the improvements; and Mark Powell agreed to pick out a few improvements to show incremental progress for patients and the plan in future reports.

Brian Edwards referred to the Trust's financial situation in relation to the increase in staff due to the new facilities. It was noted that dedicated money has been put aside for staffing the new facilities (230 new roles). Governors were also informed that the Trust has implemented a process of reviewing vacancies for all but critical staff. Mark Powell confirmed that to date approximately 70/80% of these vacancies are not being filled and the plan for this year is to have a reduction of 100 whole time equivalent on the pay roll. This will be carried out by changing roles and transforming the way the Trust runs its services, and not by MARS (mutually agreed resignation scheme) or redundancy.

Fiona Rushbrook referred to supervision and explained that a team is being established to look at the anomalies around reporting supervision. Dave Mason confirmed that he will be reviewing the policy on supervision.

(Due to other commitments, Alison Martin left the meeting.)

Angela Kerry, Public Governor, expressed concern that appraisals remain below compliance. Mark Powell confirmed that the Trust is targeting areas to understand why this is happening. It was noted that in some cases this is due to sickness absence and safe working environments. It was also noted that the same concern was raised at the recent Board meeting and a more significant impact needs to be made. Mark also explained that he and the Executive Directors will be sharing their objectives with colleagues as he is keen to be transparent.

Garry Hickton, Appointed Governor, referred to the reduction of staff but noted that there is an increase in cost. Mark Powell explained that the Trust is recruiting 230 staff to work in the new facilities (Making Room for Dignity programme). This is to ensure that there is safe staffing to care for our service users. He also reiterated, as mentioned earlier, that although staffing has increased because of the new services, the Trust is also reducing staffing elsewhere by 100 full time equivalents.

Tony Edwards, gave a quality update as follows:

- Patients who have had their care plan reviewed and have been on the Care Programme Approach system for over 12 months has increased. It is anticipated that the 85% target will be achieved by the end of May. It was noted that some patients do not require a care plan and it is envisaged that these patients will be excluded for future reporting, with a list of reasons why they would not be given a care plan
- Since the CQC visit and follow up, the Trust is holding fortnightly meetings to ensure the recommendations/actions are being completed
- Incidents of moderate to high harm has increased. Some of these may be due to improved reporting, and the clinical operational team are looking into this to reverse the trend.

Andrew Beaumont referred to care plans and hoped that they are useful and not generic. The Chair explained that care plans are focused on the service user, but sometimes there is an issue relating to quality and compliance but the Trust continues to improve.

Susan Ryan noted that an external review had taken place for the Care Programme Approach and asked if there was optimism that the Trust will be compliant in reviewing 85% of care plans. Dave Mason confirmed that the quality of care plans was really important as they must be meaningful to the patient. The Trust want to reach 100% and where necessary explanations will need to be given by those individuals who have not received one.

RESOLVED: The Council of Governors noted the updates from the Non-Executive Directors.

	<p>David Charnock, Co-Chair of the Governance Committee presented an overview of the matters discussed at the last Governance Committee meeting which was well attended and offered as hybrid meetings. This included:</p> <ul style="list-style-type: none"> • Feedback from governors’ engagement activities • Approval of the draft governor and membership section of the Annual Report 2023/24 • Draft Governor Statement for the Quality Account – which the Committee recommends is approved by the Council of Governors • Review of governors declarations of interest • Consultation on the new Trust Strategy. <p>RESOLVED: The Council of Governors:</p> <ol style="list-style-type: none"> 1) The Council of Governors noted the information provided in the Governance Committee report 2) Approved the governor statement for the Quality Account.
<p>DHCFT/GOV/2024/032</p>	<p><u>REVIEW OF GOVERNORS MEMBERSHIP ENGAGEMENT ACTION PLAN</u></p> <p>Denise Baxendale provided an update on the Governors Membership Engagement Action Plan (the Action Plan). She reminded governors that they are elected to represent their local communities and the Action Plan has been developed to increase engagement with members and to promote the governor role. It is aligned to the key objectives for members’ engagement in the Membership Strategy 2021-2024 as follows:</p> <ul style="list-style-type: none"> • Increase membership engagement with the Trust and its governors • Provide mechanisms for members to provide feedback to the Trust • Increase awareness of governors and the role they play • Further develop and enhance member focused communications through the membership magazine and e-bulletin • Include the role and promotion of staff governors in the Trust’s wider focus on staff engagement. <p>The Action Plan was presented to the Council of Governors in March and since then has been reviewed and updated. Denise referred particularly to the voluntary section which has recently been reviewed by herself and Rachel Bounds, Appointed Governor, Derbyshire Voluntary Association.</p> <p>Denise encouraged all governors to familiarise themselves with the Action Plan to notify her of any updates.</p> <p>RESOLVED: The Council of Governors noted the updates.</p> <p>ACTIONS:</p> <ul style="list-style-type: none"> • Governors to notify Denise Baxendale of any updates that need to be included in the Action plan • The Action Plan will be reviewed by the Governance Committee in June.
<p>DHCFT/GOV/2024/033</p>	<p><u>ANY OTHER BUSINESS</u></p> <p>Governor Update</p>

	<p>Simon Hinchley, Public Governor, Erewash has resigned (30 April 2024) due to personal circumstances and other commitments. He conveyed his appreciation for the support he was given during his time as governor.</p> <p>Denise Baxendale confirmed that Liam Stratham, Jodie Cook’s replacement as Appointed Governor for Derbyshire Mental Health Forum (DMHF) whose term began on 1 May, is now the organisation on 15 May. She is awaiting confirmation from Stella Scott, Chief Executive Officer for DMHF on his replacement.</p> <p>This means that there are three vacancies on the Council of Governors:</p> <ul style="list-style-type: none"> • Public governor – Bolsover and North East Derbyshire • Public Governor – Erewash • Appointed Governor representing Derbyshire Mental Health Forum. <p>The two public governor seats will be included in the next round of elections, the process of which will begin in November 2024.</p> <p>Joint Board and governor session – 2 July 2024</p> <p>For the benefit of new governors Denise explained that twice a year joint board and governor sessions are held in person. At these sessions updates on the Trust are given; and there is plenty of opportunities to network. The next development session is scheduled for 2 July and will be taking place in person at Kingsway. Topics that have been requested by governors are an update on finance and an overview of children services.</p>
<p>DHCFT/GOV/2024/034</p>	<p><u>REVIEW OF MEETING EFFECTIVENESS AND FOLLOWING THE PRINCIPLES OF THE CODE OF CONDUCT</u></p> <p>The hybrid meeting ran very well and the camera visuals were clear. The meeting overran slightly due to the meaningful questions and thought provoking and well thought out responses. The Chair conveyed her appreciation to governors for their engagement and interest.</p>
<p>DHCFT/GOV/2024/035</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 Tuesday 3 September 2024, from 14.00 hours.</p>

Two escalated items to the Council of Governors – 7 May 2024

Question one:

How is the Board assured that the resources for undertaking memory assessment is appropriately distributed given the huge disparities in waiting times for assessment. In the Community Mental Health Team (CMHT) it is one week whereas the waiting time for an assessment by the Memory Assessment Service is eight months. What mitigations are in place to minimise further deterioration for people waiting for an assessment.

Response:

People referred into the CMHT will have a higher level of need with more complexity and co morbidity, and our single point of access for all referrals will identify the correct pathway for those individuals. As an average, CMHT were diagnosing around seven to eight patients with dementia a month, which is much less than the Memory Assessment Service (MAS). However we have now moved MAS 24 (those in 24 hour care who require diagnosis) out of MAS into the CMHT care home project so the sector consultants will be diagnosing this group and this will increase the numbers of assessments by CMHTs. As a Trust we do occasionally diagnose dementia in the Dementia Rapid Response Teams (DRRTs) and Mental Health Liaison Teams. The aim is to diagnose dementia at the earliest opportunity and not just by referring into a Memory Assessment Service.

In terms of the MAS service, we have optimised the dedicated resources we have through the Trust wide continuous improvement process which has resulted in the Trust now achieving the national dementia diagnosis target rate. We are now working on improving our triage and referral process to ensure that the referrals that do go to MAS are appropriate and we are moving towards piloting a process in a couple of CMHTs where a clinician will dedicate a day a week to doing memory assessments in their area and we are working with the medics to support the diagnosis of these people. MAS uses the Waiting Well policy and those that are identified with increased and more immediate need will be seen by the CMHT more urgently.

The Council of Governors can be assured that we diagnose across our pathway and that MAS is a memory assessment service not a diagnostic service so very roughly around 60% of those seen receive a formal dementia type diagnosis with the other 40% being signposted elsewhere for non-dementia related conditions.

Response provided by Vikki Taylor, Deputy Chief Executive; and Director of Strategy, Partnerships and Transformation

Question two:

How is the Board assured that the Allied Health Professions (AHP) workforce are fully involved in the Trust plans for improving services in the current financial situation and that AHPs are recognised as key contributors to patient flow and personalised care?

AHPs meet within their own professions and then connect as a leadership group monthly, director of nursing and managing directors are invited to attend these meetings at regular intervals. AHP leads are active members of the Derbyshire system AHP faculty and AHP council as well as the newly formed nursing and AHP cabinet. The Chief AHP and other AHPs leaders are integral to the creation of the Trusts clinically led acute model of care as well as being key contributors in the community mental health model of care changes. AHP leads are also offered a timed slot within the heads of nursing meeting monthly.

There are opportunities to improve their role and ability to contribute by: reinstating their invitation to the trust leadership committee. Establishing an internal AHP and nursing cabinet where all members have an equal role could further strengthen our existing work. Creating wider mental health alliance for all staff across the midlands region could also further enhance existing work and networks.

Response provided by Dave Mason, Interim Director of Nursing and Patient Experience

COUNCIL OF GOVERNORS ACTION MATRIX - AS AT 14.8.24

Date of Minutes	Minute Reference	Item	Lead	Action	Completion by	Current Position	
7.5.24	DHCFT/GOV/2024/023	Matters arising and action matrix	Dave Mason	An update on carer champions and protected time to be presented to the Council of Governors in September.	3.9.24	Included on the forward plan, and on the agenda for the September meeting. COMPLETE	Green
7.5.24	DHCFT/GOV/2024/024	Chief Executive's Update	Denise Baxendale	Denise Baxendale will send Dave Allen information on the Trust's Eating Disorders and Dementia services.	20.6.24	Denise emailed Dave Allen the information. 18.6.24. COMPLETE	Green
7.5.24	DHCFT/GOV/2024/024	Chief Executive's Update	Mark Powell	Mark Powell will send the figures of suicidal rates across comparable trusts to Andrew Beaumont.	3.6.24	Denise emailed statistics to Andrew Beaumont on 2.7.24. COMPLETE	Green
7.5.24	DHCFT/GOV/2024/029	Escalation items to the Council of Governors from the Governance Committee	Selina Ullah	Selina Ullah will arrange to meet with Alison Martin to have a reflective discussion on UK Dementia's research	3.9.24	This was on hold due to the pre-election period and has been arranged for 22.10.24.	Amber
7.5.24	DHCFT/GOV/2024/032	Review of governors engagement action plan	Governors	Governors to notify Denise Baxendale of any updates that need to be included in the Action plan	12.6.24	No updates from governors received. COMPLETE	Green
7.5.24	DHCFT/GOV/2024/032	Review of governors engagement action plan	Governors	The Action Plan will be reviewed by the Governance Committee in June	12.6.24	Reviewed by Governance Committee on 12.6.24. COMPLETE	Green

Key	Agenda item for future meeting				
			YELLOW	0	0%
			AMBER	1	17%
			GREEN	5	83%
			RED	0	0%
				6	100%

Presentation of the Auditor’s Annual Report

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

Executive Summary

Issued on 26 June 2024, we gave an unqualified opinion on the financial statements for the year ended 31 March 2024:

“In our opinion, the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2024 and of the Trust’s income and expenditure for the year then ended;
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2023/24; and
- have been properly prepared in accordance with the requirements of the National Health Service Act 2006.”

Strategic Considerations

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

Risks and Assurances

The Auditor’s Annual Report for 2023/24 affords reasonable assurance that the Trust is continuing to manage its financial affairs appropriately.

Consultation

The Audit and Risk Committee received the draft Auditor’s Annual Report at its meeting on 19 June 2024 prior to the report being finalised.

Governance or Legal Issues

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

Public Sector Equality Duty & Equality Impact Risk Analysis

We have not identified any significant implications in these areas.

Recommendations

The Council of Governors is requested to note the information in the Auditor's Annual Report for 2023/24 and the associated presentation.

Report presented by: Mark SurrIDGE/Bethan Vance
Role: External Audit, Forvis Mazars

Report prepared by: Mark SurrIDGE/Bethan Vance
Role: External Audit, Forvis Mazars



Presentation to the Council of Governors
Derbyshire Healthcare NHS Foundation Trust – year ended 31 March 2024

September 2024

Introduction



Mark Surridge
Key Audit Partner

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



Bethan Vance
Audit Manager

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

Introduction

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

Scope of our work

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

Who we report to

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

Our work for 2023/24

Scope

Opinion on the financial statements

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

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

Value for money arrangements

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

We report against the following criteria:

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

Wider reporting

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

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

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

Our work for 2023/24

Outcomes

Opinion on the financial statements



COMPLETE

Issued on 26 June 2024, we gave an unqualified opinion on the financial statements for the year ended 31 March 2024:

“In our opinion, the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2024 and of the Trust’s income and expenditure for the year then ended;
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2023/24; and
- have been properly prepared in accordance with the requirements of the National Health Service Act 2006”

Value for money arrangements



COMPLETE

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

Wider reporting



COMPLETE

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

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

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Auditor's Annual Report

Derbyshire Healthcare NHS Foundation Trust – year ended 31 March 2024

June 2024

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

- A** Appendix A: Further information on our audit of the financial statements

01

Introduction



Introduction

Purpose of the Auditor's Annual Report

Our Auditor's Annual Report (AAR) summarises the work we have undertaken as the auditor for Derbyshire Healthcare NHS Foundation Trust ('the Trust') for the year ended 31 March 2024. Although this report is addressed to the Trust, it is designed to be read by a wider audience including members of the public and other external stakeholders.

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



Opinion on the financial statements

We issued our audit report on 26 June 2024. We expect to issue an unqualified opinion.



Value for Money arrangements

We did not identify any significant weaknesses in the Trust's arrangements to secure economy, efficiency and effectiveness in its use of resources. Section 3 provides our commentary on the Trust's arrangements.



Wider reporting responsibilities

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

02

Audit of the financial statements



Audit of the financial statements

Our audit of the financial statements

Our audit was conducted in accordance with the requirements of the Code, and International Standards on Auditing (ISAs). The purpose of our audit is to provide reasonable assurance to users that the financial statements are free from material error. We do this by expressing an opinion on whether the statements are prepared, in all material respects, in line with the financial reporting framework applicable to the Trust and whether they give a true and fair view of the Trust's financial position as at 31 March 2024 and of its financial performance for the year then ended. Our audit report gave an unqualified opinion on the financial statements for the year ended 31 March 2024.

A summary of the significant risks we identified when undertaking our audit of the financial statements and the conclusions we reached on each of these is outlined in Appendix A. In this appendix we also outline the uncorrected misstatements we identified and any internal control recommendations we made.

Qualitative aspects of the Trust's accounting practices

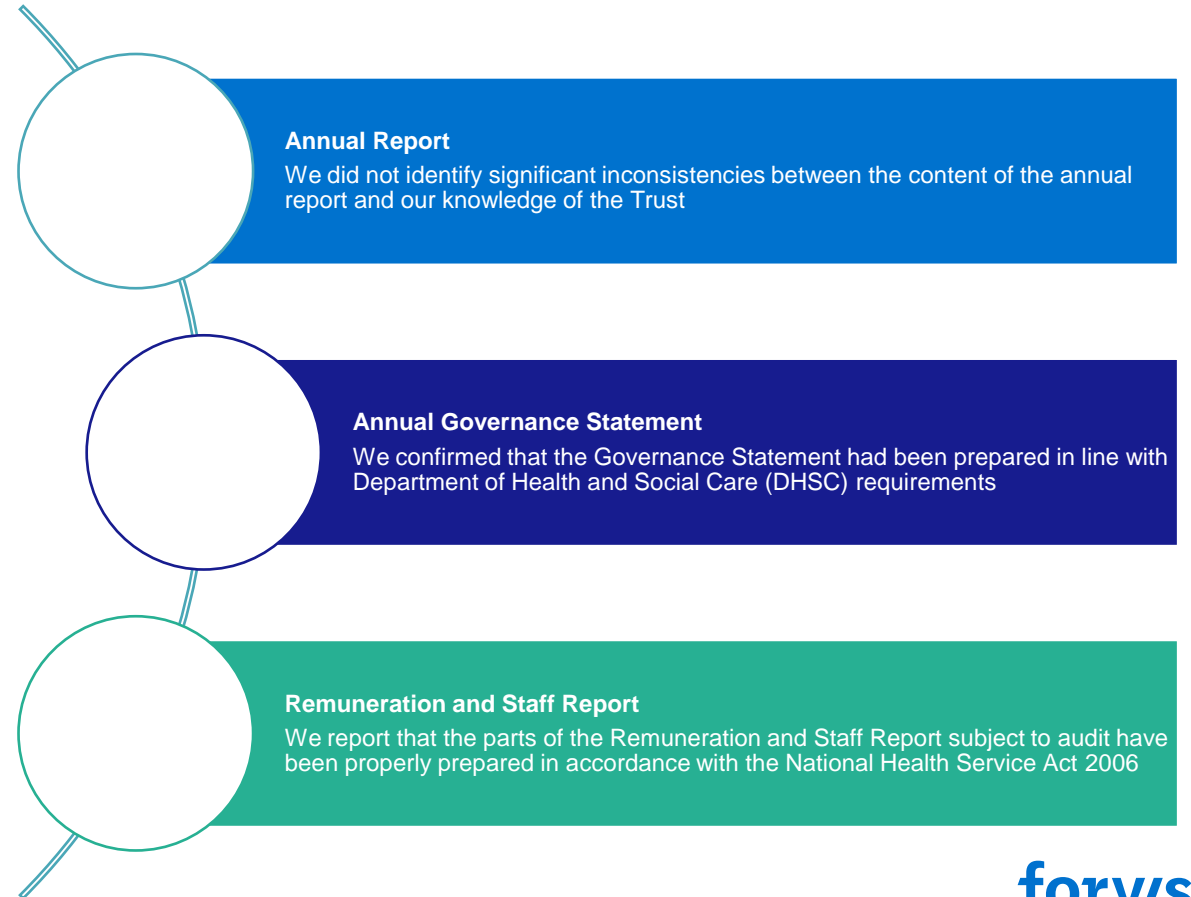
We reviewed the Trust's accounting policies and disclosures and concluded they complied with relevant accounting practice.

Internal Controls

The purpose of our audit was to express an opinion on the financial statements. As part of our audit, we considered the internal controls in place relevant to the preparation of the financial statements in order to design audit procedures to allow us to express an opinion on the financial statements but not for the purpose of expressing an opinion on the effectiveness of internal control or to identify any significant deficiencies in their design or operation.

Our detailed findings and recommendations were included in the Audit Completion Report to the Trust's Audit and Risk Committee in June 2024, confirming there were no 'high' priority recommendations with potential for financial loss, damage to reputation or loss of information that may have implications for the achievement of business strategic objectives for immediate implementation.

Other reporting responsibilities

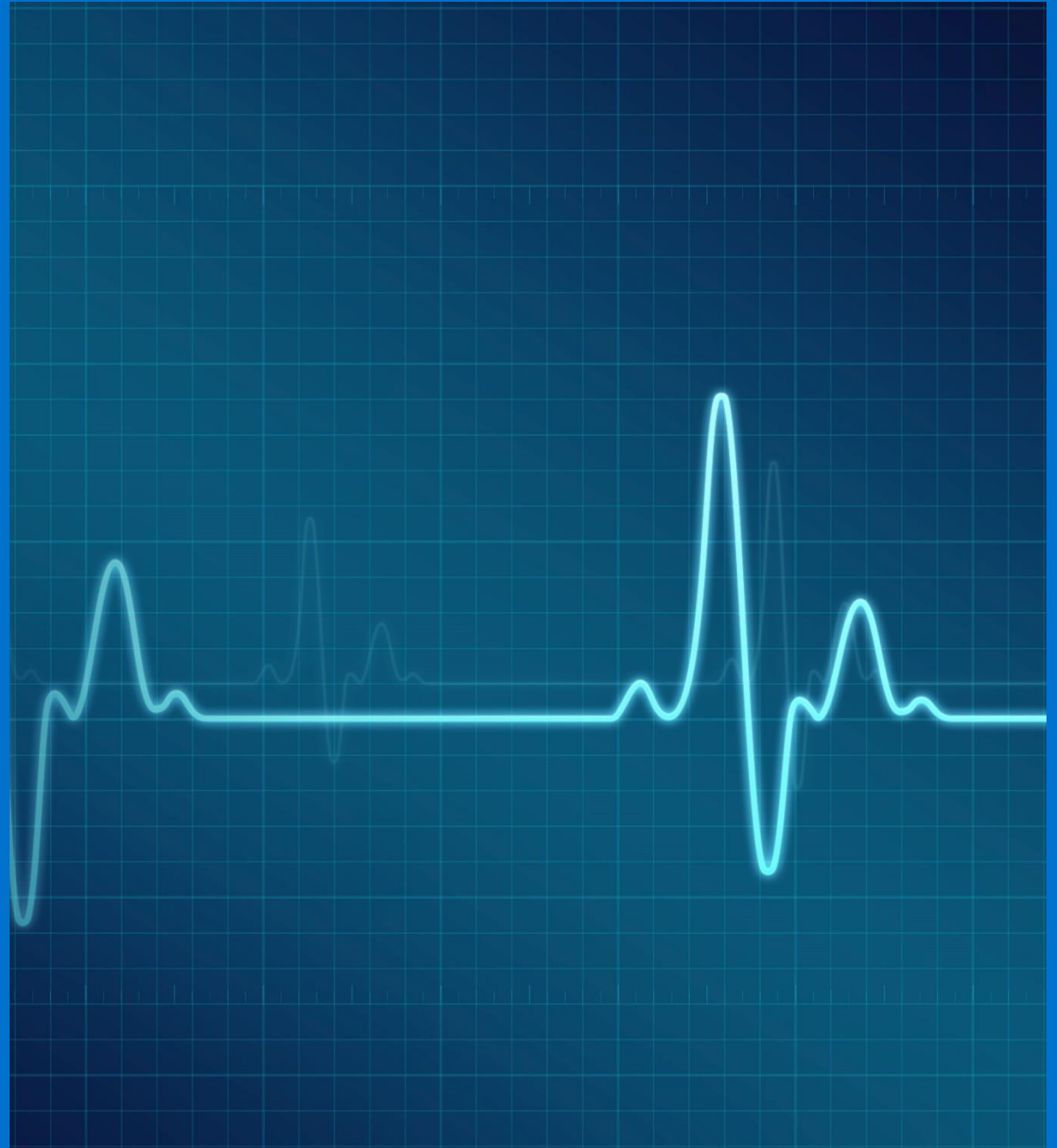


03

Our work on Value for Money arrangements



VFM Arrangements: Overall Summary



VFM arrangements – Overall summary

Approach to Value for Money arrangements work

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



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



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



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

Our work is carried out in three main phases.

Phase 1 - Planning and risk assessment

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

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

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

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

Phase 2 - Additional risk-based procedures and evaluation

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

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

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




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

- **Recommendations arising from significant weaknesses in arrangements** - We make these recommendations for improvement where we have identified a significant weakness in the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources. Where such significant weaknesses in arrangements are identified, we report these (and our associated recommendations) at any point during the course of the audit.
- **Other recommendations** - We make other recommendations when we identify areas for potential improvement or weaknesses in arrangements which we do not consider to be significant but which still require action to be taken.

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

VFM arrangements – Overall summary

Overall summary by reporting criteria

Reporting criteria		Commentary page reference	Identified risks of significant weakness?	Actual significant weaknesses identified?	Other recommendations made?
	Financial sustainability	11	No	No	No
	Governance	18	No	No	No
	Improving economy, efficiency and effectiveness	21	Yes – Conditions applied to the Radbourne Unit	No	Yes

Financial Sustainability

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

Significant weakness in 2022/23	Nil.
Significant weaknesses in 2023/24	Nil.



VFM arrangements – Financial Sustainability

Overall commentary on Financial Sustainability

Position brought forward from 2022/23

As set out in the table above, there were no significant weakness in the Trust's arrangements for financial sustainability brought forward from 2022/23.

Context to NHS spending

The 2021 Spending Review set Government departmental budgets and spending plans for the three years from 2022/23 to 2024/25. The NHS's settlement provided additional funding for elective recovery, but also assumed inflation would be 2% and pay settlements of 2%. The review announced that core day-to-day spending on the NHS would rise by 3.8% between 2021/22 – 2024/25, reaching a total of £152bn in 2024/25.

However:

1. The Consumer Prices Index (CPI) rose by 3.4% in the 12 months to March 2024, down from 10.1% for the 12 months to 2023.
2. The Government announced pay awards for Agenda for Change staff in England which included a 5% consolidated award for 2023/24.
3. The reformed pay scale for consultants; the new offer consisted of an extra £3,000 for senior doctors between four and seven years into their careers, equivalent to a 2.85 per cent uplift, in addition to a 6 per cent rise awarded last year. NHSE will fund the backdated pay relating to the 2023/24 for Providers.

Integrated Care Systems are the key unit for financial planning purposes, with the aim of encouraging greater collaboration and collective responsibility for financial performance. The Integrated Care Board (ICB) allocations for primary medical care services and running cost allocations remained broadly consistent with previous years, reflecting demographics of the serviced populations and broader economic factors.

Funding for elective recovery has operated on a new basis during 2023/24. Each commissioner was set an individual elective activity target that recognised the level of elective activity delivered in 2022/23 by its contracted trusts. Commissioners were then required to agree contracts with their providers. For trusts, almost

all contracts were based on aligned payment and incentive contracts with a fixed and variable element. The fixed element covered funding for the expected level of activity for all services apart from those identified in the variable element. The variable element funded elective activity paid at 100% of the NHS Payment Scheme unit price.

As under previous arrangements, systems were required to achieve a breakeven position. This continued to necessitate further collaboration through the planning process, as individual organisations worked together to achieve system-level outcomes.

General Election

A general election will take place on Thursday 4 July. Parliament was prorogued on Friday 24 May and will be dissolved on Thursday 30 May. Neither House nor their committees will then meet until after the election.

NHS England has provided [guidance](#)¹ regarding the need to remain neutral and impartial during the pre-election period. The guidance explains that Board meetings should be confined to discussing matters that need a board decision or require board oversight and that matters of future strategy should be deferred.

1. www.england.nhs.uk/long-read/pre-election-guidance-for-nhs-organisations-general-election-2024/

VFM arrangements – Financial Sustainability

Overall commentary on Financial Sustainability

Overall responsibilities for financial governance

We have reviewed the Trust's overall governance framework, including Board and committee reports, the Annual Governance Statement, and Annual Report and Accounts for 2023/24. These confirm the Trust Board undertook its responsibility to define the strategic aims and objectives, approve budgets and monitor financial performance against budgets and plans to best meet the needs of the Trust's service users.

The Trust's Finance and Performance Committee has met regularly through the year and reported through to the Board. Within the Committee's remit includes oversight of:

- Financial performance and plans;
- Operational Performance;
- Continuous improvement and transformational change programmes;
- Estates strategy and delivery, including the Making Room for Dignity Programme;
- Information technology and systems strategy and execution;
- Contract delivery and system working (including collaborations and partnerships); and
- Oversight of key risks relating to the above.

In our view, the function and remit is as we would expect for a Trust of this size and complexity and evidence of adequate arrangements in place for financial governance.

The Trust's financial planning and monitoring arrangements

Through the year we have met regularly with management and reviewed relevant board and committee reports and minutes, including the Integrated Performance Report presented to the May 2024 Board.

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

appropriate, and these include:

- Standing Financial Instructions with relevant provisions for budgetary control and reporting;
- Oversight from the Trust Board and its Committees, through an Integrated Performance Report and detailed reports on finance including outturn and financial planning;
- The Trust has well established arrangements for year-end financial reporting, despite increasing challenges placed on the finance team with concurrent financial reporting and 2024/25 financial planning deadlines.

2023/24 financial outturn

Financial performance is regularly reported and scrutinised by the Finance and Performance Committee alongside Audit and Risk Committee. There is regular integrated reporting of financial and performance information to the Board.

The Trust's draft financial statements showed:

- An Operating deficit from continuing operations of **£1.9m deficit** (Prior Year = £6.7m surplus);
- An Overall deficit for the year of **£9.8m deficit** (Prior Year = £2.5m surplus), against gross expenditure of £231m (Prior Year = £204m) – although important to note that £4.5m one-off additional costs as a result of a change in accounting treatment for the measurement of PFI liabilities in 2023/24;
- As shown in the Cashflow statement, the Trust generated £8m positive cash inflow from operating activities (Prior Year = £12m) and ended the year with cash and cash equivalents of £34m ((Prior Year = £54m); and
- As shown in the Balance Sheet, the Trust's Income & Expenditure Reserve is a deficit of £6m (Prior Year = £14m surplus).

Our audit work on the financial statements has not highlighted any material errors and our consideration of the reported financial position does not highlight any specific concerns over the financial sustainability criteria for 2024.

VFM arrangements – Financial Sustainability

Overall commentary on Financial Sustainability

2023/24 financial outturn (continued)

Achieving a sustainable revenue surplus is a measure of success against maintaining financial sustainability, where a sustainable surplus enables the cash generated to be invested in subsequent years, for example maintenance of estates, purchase medical equipment or development of digital infrastructure. The Trust's financial performance for the year is adjusted to remove technical, non-recurrent, accounting adjustments to arrive at an "Adjusted financial performance control total". For 2023/24, the Trust's position was **£4.6m deficit** (Prior Year = £0.02 surplus) against a break-even plan, with the Trust Board being informed that the main drivers were:

- Public Dividend Capital (PDC) funding withdrawal of £2.5m;
- Patient with a complex eating disorder costs of £2.2m (net of a £500k contribution to date);
- Management of operational cost pressures offset by vacancies, interest income, cost reductions and release of balance sheet items.

No issues arose from our testing of revenue in the financial statements. Given the financial performance for the year and as employee expenses make up 75% of operating expenses, we considered pay costs, staff sickness, the NHS staff survey and the achievement of efficiency savings in more detail.

Capital expenditure

As set out in Note 14 of the financial statements, the Trust spent £70.7m on capital additions in 2023/24, mainly on the Dormitory Eradication Programme. Our testing of capital expenditure and capital payables in the 2023/24 financial statements did not identify any significant errors.

Pay costs

Employee costs for 2023/24 are set out in note 8 of the financial statements, showing £122.2m spent on salaries and wages and £8.8m on temporary staffing. Our testing on pay and pay related costs did not highlight any concerns.

From our discussions with management and review of the Integrated Performance Report for 2023/24, we note that agency costs are £3.5m over planned costs, mainly due to £2.8m of additional costs to support a patient with complex needs on one of the wards. The two highest areas of agency usage relate to Consultants and Nursing staff. Excluding the effect of this single issue, agency costs are £0.7m over plan.

The table below also summarises our calculation of temporary costs as a percentage of Trust expenditure on salaries, wages, social security and pension costs as shown in Note 8 of the draft financial statements. It shows that temporary staff costs have remained static over the prior year, with a small increase in the percentage. In our view, this does not demonstrate a risk of significant weakness in arrangements.

Note 8 (draft financial statements £k)	2022/23	2023/24
Agency / contract staff	7,596	8,825
Salaries, wages, social security and pension costs	147,998	157,327
Temporary staff costs as a % of employee benefits expenses	5.1 %	5.6 %

VFM arrangements – Financial Sustainability

Overall commentary on Financial Sustainability

2023/24 financial outturn (continued)

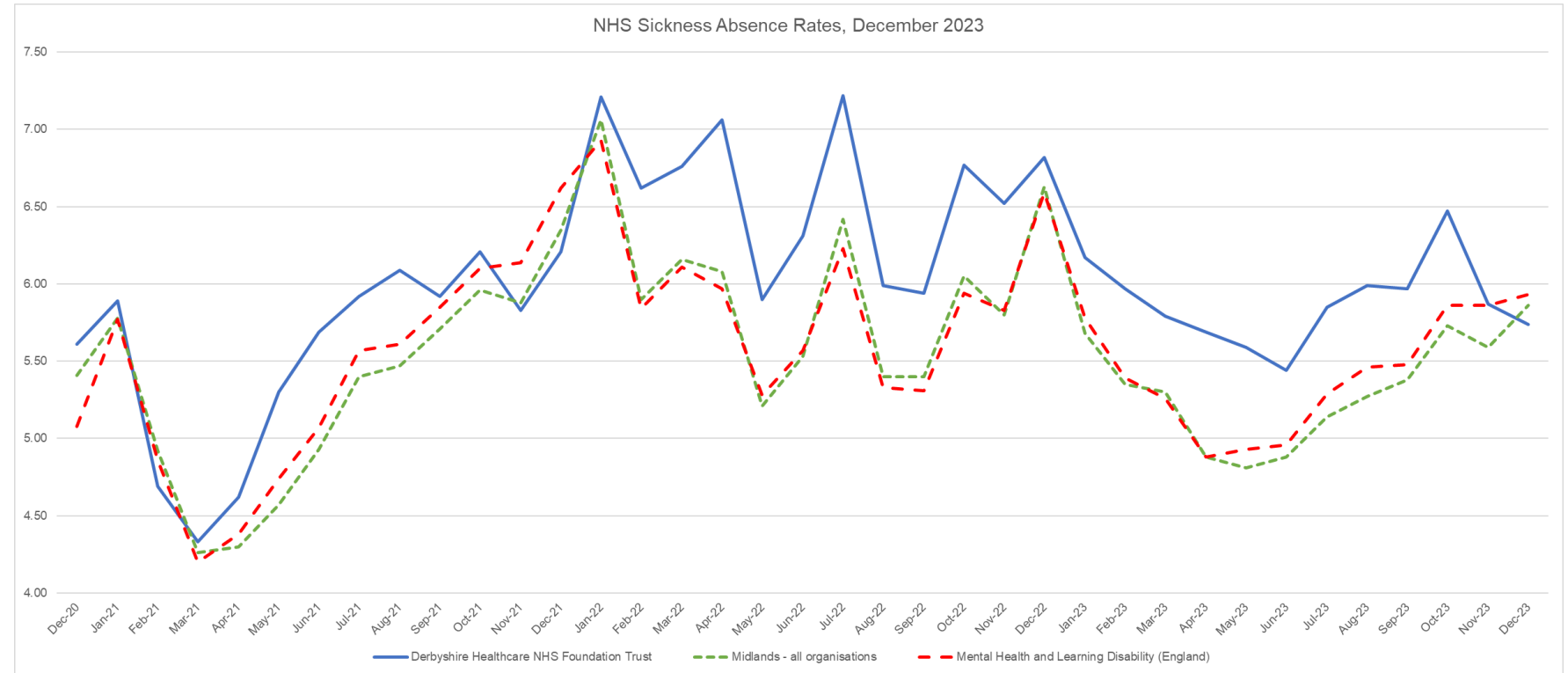
Sickness absence

As reported to the May Board, sickness absence overall is 0.4% lower than in the previous year, running at 6.03%.

We obtained the latest data release on sickness absence, up to the period December 2023 from NHS digital, which shows monthly sickness absence rates of NHS Hospital and Community Health Services staff working in NHS Trusts and other core organisations and NHS Support Organisations and Central Bodies. According to NHS Digital:

- the overall sickness absence rate for England was 5.5%. This has increased slightly since November 2023 (5.3%) but is lower than in December 2022 (6.3%).
- Anxiety/stress/depression/other psychiatric illnesses was the most reported reason for sickness, accounting for over 620,820 full time equivalent days lost and 25.6% of all sickness absence in December 2023. This has decreased slightly since November 2023 (26.2%).

As shown in the chart opposite, the Trust's sickness absence rate has been running at higher levels than other Mental Health Trusts between January 2022 and November 2023, with a particular spike in July 2022 (when the UK experienced a 40 degree heatwave). That long-running trend has an accumulating effect on the need to backfill roles through temporary staffing measures.



VFM arrangements – Financial Sustainability

Overall commentary on Financial Sustainability

2023/24 financial outturn (continued)

NHS Staff survey

The National NHS Staff Survey 2023 was conducted between September and November 2023. We obtained the 2023 NHS Staff Survey published in March 2024 and confirmed the survey results have been received by Board in March 2024.

In our view, the staff survey can provide insights into staff engagement that can correlate into productivity and overall performance. We therefore analysed the results for the current year and reviewed the Trust's scores for two other indicators which, in our view, represent key performance indicators relating to workforce:

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

The outcome of the NHS Staff Survey shows general improvement in most domains and no indicators of a potential risk of significant weakness in the Trust's arrangements.

Survey Area	DH (2021/22)	DH (2022/23)	Derbyshire Healthcare (2023/24)	Best	Average	Worst	Trend
We are compassionate and inclusive	7.8	7.7	7.7	7.9	7.6	7.1	Stable
We are recognised and rewarded	6.6	6.5	6.6	6.9	6.4	6.0	Improving
We each have a voice that counts	7.2	7.1	7.1	7.3	7.0	6.2	Stable
We are safe and healthy	6.6	6.5	Not reported				
We are always learning	5.8	5.7	6.0	6.5	5.9	5.2	Improving
We work flexibly	7.1	7	7.2	7.3	6.8	6.2	Improving
We are a team	7.3	7.3	7.3	7.5	7.2	6.9	Stable
Staff engagement	7.3	7.2	7.2	7.5	7.1	6.5	Stable
Morale	6.5	6.3	6.4	6.6	6.2	5.2	Improving

I would recommend my organisation as a place to work				
	Best	Derbyshire Healthcare (2023/24)	Average	Worst
2021	73.6%	72.1%	63.1%	43.3%
2022	73.0%	68.0%	62.8%	39.6%
2023	75.4%	71.8%	65.6%	39.5%

If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation				
	Best	Derbyshire Healthcare (2023/24)	Average	Worst
2021	82.4%	71.7%	64.9%	45.0%
2022	79.6%	66.5%	63.6%	40.1%
2023	80.4%	67.6%	65.2%	43.6%

VFM arrangements – Financial Sustainability

Overall commentary on Financial Sustainability

2023/24 financial outturn (continued)

Efficiencies delivered 2023/24 and planned for 2024/25

The Trust is required to make financial efficiency savings through schemes known as Cost Improvement Programmes (CIP). The Trust assesses CIP savings each month against the cumulative Year to Date (YTD) planned savings. In 2022/23 and 2023/24 the Trust has delivered 100% of its savings targets.

We reviewed the Integrated Performance Report to the May 2024 Board, which explained that the Trust's 2023/24 financial plan assumed an efficiency requirement of £8.8m, phased equally across the financial year. At the end of the financial year, whilst £8.8m savings were delivered (in line with Plan), the majority (76%) of those savings were non-recurrent in nature. This is consistent with the financial return (TAC) form that accompanies our work on the financial statements.

We obtained and reviewed the 2024/25 financial plan, which is for an adjusted financial performance deficit of £6.4m, depending on £12.5m efficiencies (4.6% of operating expenditure), of which:

- £10.8m are in pay costs, where the majority (£8.1m) are expected from come service re-design;
- the Trust has categorised £3.7m as 'High Risk' of delivery;
- £8.8m are either developed or have plans in progress; and
- 71% are planned to be recurrent.

Extracting information from the 2022/23 financial plan, 2023/24 financial plan, 2023/24 TAC forms and the 2024/25 financial plan (May 2024 version), we prepared the table opposite to summarise the Trust's CIP plans.

Whilst the Trust has a track record of delivering the value of required savings, it has become reliant on non-recurrent measures to deliver financial balance. The Trust's Board Assurance Framework recognises the financial risks in delivering the required efficiencies, with the Audit and Risk Committee receiving a 'deep dive' review in January 2024. The Trust recognises the over-reliance on non-recurrent measures is not sustainable in the long-term because it compounds pressure on future financial years.

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

	2022/23 Financial Plan	2023/24 Financial Plan	2023/24 Outturn	2024/25 Financial Plan
Total efficiencies	6,016	8,770	8,770	12,540
Efficiency Plan Risk				
High Risk	1,171	4,000		3,715
Medium risk	1,963	2,834		7,865
Low Risk	2,882	1,936		960
Efficiency Plan Status				
Fully Developed	2,582	1,936		700
Plans in Progress	0	0		8,125
Opportunity	2,264	5,304		2,300
Unidentified	1,171	1,530		1,415
Operating expenses	174,816	196,168	220,153	261,410
Total Provider efficiency % of operating expenses	3.3%	4.3%	3.9%	4.6%
Recurrent as a % of all efficiencies	61.1%	75.0%	24.2%	71.1%
Non-Recurrent as a % of all efficiencies	38.9%	25.0%	75.8%	28.9%

Governance

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

Significant weakness in 2022/23	Nil.
Significant weaknesses in 2023/24	Nil.



VFM arrangements – Governance

Overall commentary on Governance

Position brought forward from 2022/23

There are no indications of a significant weakness in the Trust's arrangements brought forward from 2022/23.

Overall arrangements for governance

The Trust has a full suite of governance arrangements in place, supported by the Trust's Constitution and Scheme of delegation . These are set out in the Trust's Annual Report and Annual Governance Statement. We reviewed these documents as part of our audit and confirmed they were consistent with our understanding of the Trust's arrangements in place.

Our review of the Trust's governance framework confirms arrangements are in place, with the Trust Board being overall responsible for the performance of the Trust and having a clear set of strategic and supervisory roles. The Trust has established Committees to support these roles, with the following Committees in place:

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

We consider the committee structure of the Trust is sufficient to provide assurance that decision making, risk and performance management is subject to appropriate levels of oversight and challenge.

Our review of Board and committee papers confirms that a template covering report is used for all Board reports, ensuring the purpose, strategic context, governance issues, and recommendations are clear. Minutes are published and reviewed by the Board to evidence the matters discussed, challenge and decisions made.

Monitoring and assessing risk

The Trust records strategic risks in the Board Assurance Framework and our review confirms it is sufficiently detailed to manage the Trust's key risks, identify controls, gaps in controls and obtain the assurance required to work towards a targeted risk score. Our review of reports as well as attendance at Audit and Risk Committee meetings confirms the Board Assurance Framework is regularly updated and in sufficient detail to allow for adequate review including primary risk controls, gaps, plans to improve controls and any additional actions required.

Internal Audit reviewed the Board Assurance Framework for 2023/24 giving it a conclusion rating of “ ”. In our view, we are satisfied this provides further evidence that arrangements are adequate.

The Audit and Risk Committee considers the Board Assurance Framework, Annual Report and Accounts, and Annual Governance Statement and monitors progress against internal and external audit plans. We have attended Committee meetings and reviewed supporting documents and are satisfied that the programme of work is appropriate for the Trust's requirements. Our attendance at Audit and Risk Committee has confirmed there continues to be an appropriate level of effective challenge.

Internal controls

To provide assurance over the effective operation of internal controls, including arrangements to protect and detect fraud, The Trust has appointed independent third parties as internal auditors. Work plans are agreed with management at the start of the financial year and reviewed by the Audit and Risk Committee prior to approval.

We have read Internal Audit's Annual Plan and Annual Report and confirmed the Head of Internal Audit Opinion is reflected in the Annual Governance Statement. From our attendance at Audit and Risk Committee and review of supporting reports and minutes, Internal Audit has not identified any significant weaknesses in the governance, risk and the control environment in the 2023/24 Head of Internal Audit annual opinion.

Our audit of the financial statements did not identify any significant weakness in internal controls.

VFM arrangements – Governance

Overall commentary on Governance

Well led review

The Care Quality Commission defines an organisation that is “Well-Led” as one where the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture.

During 2023/24, the Trust Board received regular updates to prepare for the CQC inspection. The review was carried out by the Office of Modern Governance and the final report which includes the recommendations was issued and discussed by Board in November 2023. The agreed recommendations have been built into an action plan that will be reported to and monitored by the Audit and Risk Committee. We reviewed the report and are satisfied it provides corroborative assurance over arrangements for governance and improving economy, efficiency and effectiveness, with no indication a significant weakness in arrangements, in particular noting the following statements:

- “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.”
- “Board, operational and clinical assurance systems are comprehensive enabling performance issues to be escalated appropriately.”

We say more on CQC and regulatory reporting under the criteria for Improving Economy, Efficiency and Effectiveness in the next section of our report.

Budgetary control and financial reporting

The Trust has well established arrangements for financial reporting, with no significant matters arising from our work on the financial statements or in our detailed Audit Completion Report, issued to the Audit and Risk Committee in June 2024. As set out under our commentary for financial sustainability, the Trust delivered against the revised financial control total for 2023/24.

2024/25 budget setting

Our review of the Trust’s 2024/25 financial plan did not identify any evidence of deviation from planning guidance.

We reviewed the May 2024 Board meeting of Derbyshire Integrated Care Board (ICB) confirmed the Trust developed its 2024/25 operating and financial plan alongside system partners. As a system, the overall financial projection generates an underlying trading deficit of £68.8m for the ICB and five Foundation Trusts (inclusive of East Midlands Ambulance Services) combined, with deficit plans for the Chesterfield Royal Hospitals FT, University Hospitals of Derby & Burton FT, and Derbyshire Healthcare FT.

In addition, we have discussed financial performance with management and reviewed the position at Month 1 as reported to the Finance and Performance Committee in May 2024, which showed the Trust’s financial performance was in line with plan and was playing an active role in the local health system (Joined up Care Derbyshire).

We have not identified any indicators of a significant weakness in the Trust’s arrangements relating to the Governance criteria.

Improving Economy, Efficiency and Effectiveness

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

Significant weakness in 2022/23	Nil.
Significant weaknesses in 2023/24	Nil.



VFM arrangements – Improving Economy, Efficiency and Effectiveness

Overall commentary on Improving Economy, Efficiency and Effectiveness

Position brought forward from 2022/23

There are no concerns arising from prior years and overall arrangements for improving economy, efficiency and effectiveness are not significantly different in 2023/24.

Risks of significant weaknesses in arrangements in relation to improving economy, efficiency and effectiveness

We have outlined below the risk of significant weaknesses in arrangements that we identified as part of our continuous planning procedures, and the work undertaken to respond to it.

Risk of significant weakness	Work undertaken and the results of our work
<p>Care Quality Commission (CQC) imposed conditions on the Radbourne Unit</p> <p>In April 2024, the CQC commenced an unannounced inspection of the Trust’s acute mental health services. At the end of the inspection, the Trust received some initial feedback, where the CQC highlighted areas for improvement, including some immediate environmental changes to ensure patient safety alongside a Section 31 Notice of Decision to impose conditions on the Trust’s registration as a service provider in respect of its regulated activities. Written findings, draft or otherwise, have not been issued as at 19 June 2024.</p>	<p>Work undertaken</p> <p>We reviewed the CQC’s website, where condition of registration relating to carrying out this regulated activity have been applied to Ward 33 and 35 of Radbourne Unit. The Trust was required to provide a report to CQC on 19 April 2024 and weekly thereafter setting out the steps and progress undertaken to implement the actions as detailed in the above conditions. We noted that Section 31 is used where the CQC believes a person will “or may” be exposed to a “risk of harm” – this does not require that there “will” be “serious harm”.</p> <p>We reviewed the financial ledger which showed:</p> <ul style="list-style-type: none"> • Costs associated with Wards 33, 34, 35 and 36 of the Radbourne Unit were c£7.9m in 2023/24 – c3.6% of total operating expenditure in the financial statements. • Expenditure on just Ward 33 and Ward 35 of the Radbourne Unit was c£4m in 2023/24 – which is equivalent to c1.9% of the Trust’s operating expenditure for 2023/24. <p>We have considered the Trust’s arrangements it has in place relating to performance, including:</p> <ul style="list-style-type: none"> • An Integrated Performance Report is presented at each Board meeting covering operational performance, quality of care, workforce 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. • Performance is monitored and tracked using dashboards linked to the electronic patient records that can be drilled down from a strategic, to a divisional and then down to a team level. <p>From our review of board and committee reports and minutes, there is evidence to show that mental health acute services and risks associated with provision of care are included Board Reports and the Board Assurance Framework.</p> <p>Results of our work</p> <p>In considering the results of our work, we have taken into account that:</p> <ul style="list-style-type: none"> • The Trust’s overall CQC rating remains “Good” and the published CQC rating of acute services is “Requires Improvement”. • No evidence has been presented that indicates the issues raised by the CQC are replicated across other services. • The conditions apply to two of the wards in the Radbourne Unit. <p>As a consequence, we have concluded that this is not a significant weakness in arrangements for the year ending 31 March 2024.</p> <p>“Other” Recommendation</p> <p>The Trust should continue to monitor and track the implementation of its action plans and ensure improvements are sustained. On receipt of the report from the CQC, it should also consider whether to seek specific assurance whether any matters arising could be more widespread in the services it provides.</p> <p>Management response</p> <p>The Trust took immediate action to respond to and address the CQC findings and has put in place a robust action plan which has been agreed with the CQC. We continue to report progress into the CQC and provider regular assurance reports through our own governance structures into Board on the progress and effectiveness of these actions. The includes a range of measures, some of which are already resolved and others continue to monitored for ongoing compliance, consistency of application and effectiveness. The Trust has also taken measures to review and ensure it is sighted on all our clinical services, so similar issues don’t re-occur elsewhere. The detail of the above action plan and wider quality assurance work is overseen by our Quality & Safeguarding Committee</p>

VFM arrangements – Improving Economy, Efficiency and Effectiveness

Overall commentary on Improving Economy, Efficiency and Effectiveness

Overall arrangements

We have reviewed key reports issued by the Board and confirmed the Trust reports its performance in several different ways:

- an Integrated Performance Report to each Board meeting
- the publication of the Quality Report, Annual Report and Accounts, and Annual Governance Statement, which are reviewed by the Audit and Risk Committee before adoption by the Board.

Our review of Trust Board and committee reports and minutes confirms that regular Integrated Performance Reports have been received. Performance is summarised in format which shows performance against target and over time. Board members are also able to triangulate information from this report with the assurance summaries from supporting committees, where committee chairs draw attention to assurances provided or matters escalated for the full Board's attention.

Our review confirms the reports provide sufficient detail to understand performance and published minutes demonstrate sufficient challenge from non-executive directors on the Trust's costs, performance and service delivery. In our view, the Trust's reports are adequately laid out and sufficiently detailed to monitor performance and take corrective action where required, which may include updating the Board Assurance Framework.

The Performance Report in the Annual Report 2023/24 sets out, amongst other things, the Trust's performance against the nationally set Long Term Plan targets. This also outlines performance in the Trusts financial position, the workforce, recognition, regulatory performance, quality performance as well as equality, diversity and inclusion.

Procurement

There are established procurement Strategy procedures in place with a requirement to procure via open competition, framework agreements or to seek prior approval via a waiver. Waiver requests are reviewed before approval and are reported to Audit and Risk Committee. The Trust's Standing Financial Instructions set out the procedures, controls and the authorisation sign offs that are required for the commissioning or procurement of

services. There is a professional procurement team in place, operated in collaboration with a neighbouring Trust. There are processes in place to ensure that the selected option and supplier gives best value for money. Legally compliant Framework Agreements are used where appropriate and there are instructions in place regarding the levels for delegated approval of expenditure. The Trust has policies in place regarding expected standards of business conduct, and gifts and hospitality, to mitigate the risk of conflicts of interests arising.

Partnerships

Our review of Board minutes and discussions with management confirms the Trust continues to work in close partnership with other health and social care organisations in the area. This is evidenced through the agreement of the 2023/24 outturn position and the 2024/25 plan with partners in the Integrated Care System.

Consideration of regulatory oversight

NHS England: Single oversight framework

NHS England applies a framework to allocate trusts into one of four segments depending on its view of the level and nature of support required, ranging from no specific support needs (segment 1) to a requirement for mandated intensive support (segment 4).

The most recent update was published on 31 May 2024, placing the Trust in segment 2 (plans that have the support of system partners in place to address areas of challenge). We are satisfied there is no evidence of a weakness in the Trust's arrangements.

Care Quality Commission (CQC)

We have reviewed board reports and minutes during the year, including those to the Council of Governors (November 2023), Trust Board and held meetings with management. We examined the CQC's website, where the Trust's overall rating is "good", with "requires improvement" over the safe domain.

Acute mental health services are formally rated "requires improvement as at 19 June 2024.

04

Other reporting responsibilities and our fees



Other reporting responsibilities and our fees

Other reporting responsibilities

Public interest reports

Auditors have the power to make a report if they consider a matter is sufficiently important to be brought to the audited body or the public as a matter of urgency, including matters which may already be known to the public, but where it is in the public interest for the auditor to publish their independent view.

We did not make a report in the public interest during 2023/24.

Schedule 10 referrals

Under Schedule 10 of the NHS Act 2006, auditors of a Foundation Trust have a duty to consider whether there are any issues arising during their work that indicate possible or actual unlawful expenditure or action leading to a possible or actual loss or deficiency that should be reported to the relevant NHS regulatory body.

We have not reported any such matters because no unlawful expenditure was identified.

Reporting to the National Audit Office (NAO)

The NAO, as group auditor, requires us to report to them whether consolidation data that the Trust has submitted is consistent with the audited financial statements. The NAO also included the Trust in its sample of component bodies for the purpose of its audit of the DHSC group.

We expect to report to the NAO that consolidation data was consistent with the audited financial statements. We will report to the NAO in line with its group audit instructions.

Fees for our work as the Trust's auditor

We reported our proposed fees for the delivery of our work under the Code of Audit Practice in our Audit Strategy Memorandum presented to the Audit and Risk Committee in March 2024. Having completed our work for the 2023/24 financial year, we can confirm that our fees are as follows:

Area of work	2023/24 fees	2022/23 fees
Planned fee in respect of our work under the Code of Audit Practice	£82,000	£76,998
Total fees	£82,000	£76,998

Fees for other work

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

Appendices

A: Further information on our audit of the financial statements

Appendix A: Further information on our audit of the financial statements

Significant risks and audit findings

Our audit approach is risk-based and primarily driven by the issues that we consider lead to a higher risk of material misstatement of the accounts. Once we have completed our risk assessment, we develop our audit strategy and design audit procedures in response to this assessment. On completion of our work, we report the detailed findings to the Audit & Risk Committee, which included the following risks relevant to our audit of the financial statements.

Audit area	Level of audit risk	How we addressed the risk	Audit conclusions
<p>Management override of controls</p> <p>This is a mandatory significant risk on all audits due to the unpredictable way in which such override could occur.</p>	<p>Significant risk: an area that, in our judgment, requires special audit consideration.</p>	<p>We addressed the risk through performing work over accounting estimates, journal entries and considering whether there were any significant transactions outside the normal course of business or otherwise unusual. In addition, we made enquiries of management and used our data analytics and interrogation software to extract accounting journals for detailed testing on specific risk characteristics.</p>	<p>There are no significant matters to report in respect of management override of controls.</p>
<p>Valuation of land, buildings and dwellings</p> <p>The valuation of these properties is complex and is subject to a number of management assumptions, judgements and a high degree of estimation uncertainty.</p>	<p>Significant risk</p>	<p>Our procedures to address this risk included, but was not limited to:</p> <ul style="list-style-type: none"> liaising with management to update our understanding of the approach taken by the Trust in its valuation of land, buildings and dwellings. This included understanding how capital additions and backlog maintenance is considered; reviewing the work of management’s valuation expert and how these have been incorporated into the financial statements; testing a sample of valuations, reviewing the valuation methodology used and the underlying data and assumptions. 	<p>There are no significant matters to report in respect of valuation of land, building and dwelling assets.</p>
<p>Risk of fraud in expenditure recognition</p> <p>The risk of fraud in expenditure recognition is presumed to be a significant risk on all audits due to the potential to inappropriately shift the timing and basis of expenditure recognition as well as the potential to record fictitious revenues or fail to record actual expenditure.</p>	<p>Significant risk</p>	<p>We evaluated the design and implementation of controls the Trust has in place which mitigate the risk of expenditure being recognised in the wrong year. In addition we undertook a range of substantive procedures including:</p> <ul style="list-style-type: none"> testing payments in the pre and post year end period to ensure they have been recognised in the right year; testing year end accruals to confirm they are complete and are recorded at the correct value; reviewing intra-NHS reconciliations and data matches provided by the Department of Health. 	<p>There are no significant matters to report in respect of management override of controls.</p>

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Non-Executive Director (NED) Report – Geoff Lewins

Purpose of Report

This paper provides both a description of my activities during the year and information covering the Annual Report of the Audit and Risk Committee. The paper primarily covers the year from April 2023 to March 2024 but will also include activities since March where relevant.

Executive Summary

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

- 1) The Audit and Risk Committee’s work to oversee the production of the Annual Report and Accounts. Since this Council will already have had a presentation from the External Auditors supported by the Director of Finance giving an overview of finances in 2023/24, I have focused on the process undertaken and the assurances gained rather than the financial results themselves. In summary the process of preparing and auditing the report and accounts was effectively managed; all involved in the process performed admirably and the Audit and Risk Committee gained significant assurance in the end result.
- 2) The Audit and Risk Committee also carried out a significant amount of other work during the year reviewing the Trust’s system of risk management. This included regular reviews of the Board Assurance Framework (BAF), specific areas within its own remit and annual reports on the activities of other board committees. Our Internal Auditors, 360 Assurance, attended all meetings and provided assurance on Internal Audit and Counter Fraud.

Additionally as a NED I attend Board meetings, Board Development meetings and am a member of the Remuneration Committee, the Finance and Performance Committee and the Mental Health Act Committee. During the year I have continued to support both the Trust and the System, particularly in digital related matters.

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

Strategic Considerations

1) We will deliver great care by delivering compassionate, person-centred innovative and safe care	X
2) We will ensure that the Trust is a great place to work by creating a compassionate, skilled and empowered leadership, creating a vibrant culture where colleagues feel they belong, thrive and are valued.	X
3) The Trust is a great partner and actively embraces collaboration as our way of working.	X

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

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

Consultation

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

Governance or Legal Issues

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

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

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

Recommendations

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

Report prepared and presented by: Geoff Lewins, Non-Executive Director

Council of Governors – 3 September 2024

NED Report – Geoff Lewins

Purpose of Report

This paper provides both a description of my activities during the year and information covering the Annual Report of the Audit and Risk Committee. The paper primarily covers the year from April 2023 to March 2024 but will also include activities since March where relevant.

Audit and Risk Committee

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

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

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

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

Mazars (now Forvis Mazars) have now been our External Auditors for four years of a five year term and have a good understanding of the Trust and its finances, During the year 2023/24 Mazars attended all meetings of the Audit and Risk Committee with the exception of confidential Audit and Risk Committee meetings. Forvis Mazars have kept the Committee apprised of their audit plans and provided assurance that they were liaising with the Trust's Finance Team to ensure a smooth process.

The Committee continued to meet virtually throughout the year. At the meeting held to sign off the accounts Forvis Mazars confirmed that they were able to sign off the accounts with an unqualified opinion. However in addition to their work on the finances Forvis Mazars must also express a 'value for money' opinion which covers a wide range of operational and governance issues. In this respect the timing of the Care Quality Commission (CQC) visit in April caused some difficulty as the report was not available at the time of the audit. After some further work, Forvis Mazars were however able to satisfy themselves sufficiently to sign off the value for money

opinion as well which enabled timely submission of documents to NHS England and laying of the accounts before Parliament.

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

Internal Audit

Our Internal Auditors, 360 Assurance, attend all Audit and Risk Committee meetings and, in addition to the Head of Internal Audit opinion in the Annual Report and Accounts, provide regular reports on the Internal Control Framework and on their Counter Fraud activity. The Audit and Risk Committee approves an Internal Audit plan and during the year a number of Internal Audit reports are produced in accordance with the plan. The Audit and Risk Committee reviews the reports and also monitors the action plan of agreed management actions arising from the Internal Audit reports. The Head of Internal Audit Opinion for 2023/24 was one of 'significant assurance' and the NHS Counter Fraud Authority Functional Return confirmed that Trust's counter fraud, bribery and corruption arrangements are embedded.

Board Assurance Framework (BAF)

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

In addition to the 'top down' strategic risks in the BAF the Trust maintains a detailed operational risk register on the Datix system. The BAF papers include extreme risks from this 'bottom up' risk register to allow effective triangulation with the BAF. The Audit and Risk Committee receives a quarterly report to provide assurance that the operational risks are being effectively managed.

Year-End Effectiveness Reports from Board Committees

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

Other areas of Audit and Risk Committee responsibility

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

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

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

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

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

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

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

Well Led Action Plan – the Committee monitors the implementation of the action plan following the external assessment of the Well Led Framework, undertaken in 2023 by the Office of Modern Governance.

Other Activities Outside of the Audit and Risk Committee

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

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

I have a NED role supporting the development of the East Midlands Perinatal Mental Health Provider Collaborative (where the Trust has taken on the Lead Provider role). This role was primarily covering governance during the lengthy bid process and as we move to business as usual I would expect oversight to be taken up by the relevant board committees.

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

The Trust has set up a Clinical Digital Board to oversee digital activity within the Trust as I sit on this in an advisory role given my previous experience in IT projects. On a similar theme I have been involved with the Derbyshire System in the implementation of the 'Derbyshire shared care record' (DSCR). This will enable sharing (subject to appropriate information security) of citizen records across NHS and social services which should provide further benefits in care across the county. This system was implemented in February 2022 for the majority of NHS organisations in the County with Social Care to follow. Migration of the Trust from Paris to SystmOne was a prerequisite for our inclusion in the DSCR and this work is now complete.

There has recently been a move to partner NEDs with clinical divisions of the Trust. I have been partnered with the Neurodevelopmental division. Thus far I have had a briefing from Libby Runcie and visited the Ash Green facility.

Personal Profile – Geoff Lewins (NED since December 2017)

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

I have now been a NED at the trust for almost seven years and have agreed to stay on for a further year until December 2025.

Performance

Performance summary

Areas of Improvement	Areas of Challenge
<p>Operations</p> <ul style="list-style-type: none"> • Adult ASD assessments completed – highest level to date and after 2 months 46% of the full year target has been achieved already. • Psychological services waiting times continue to reduce and the number of people waiting has dropped significantly. • CAMHS waiting times continue to reduce. • NHS Talking Therapies 6-week referral to treatment has significantly improved 	<ul style="list-style-type: none"> • Adult community mental health waiting times – impact of budget reduction on long term plan transformation. • Adult ASD assessment waiting times – to date over 200 people have been waiting over 2 years. • Community paediatric waiting times continue to increase month on month • NHS Talking Therapies waiting times from 1st to 2nd treatment • Memory Assessment Service waiting times – around 35 weeks. • Inappropriate out of area placements • Inpatient bed occupancy levels and length of stay remain high
<p>Finance</p> <ul style="list-style-type: none"> • Adult acute out of area expenditure has improved in May and early June. • Agency expenditure reduction continues to reduce excluding those driven by CQC and the high cost exceptional case. • Outline CIP plans have a larger proportion of recurrent schemes but QEIA process still to conclude 	<ul style="list-style-type: none"> • Financial deficit and achievement of the financial plan. • Effective management/mitigation of cost pressures including those CQC driven aspects. • Ensuring efficiency delivery in full with as much identified recurrently as possible. • Capital expenditure constraints restricting ability to drive environmental improvements and efficiency. • Long term plans to progress back to financial sustainability and balance
<p>People</p> <ul style="list-style-type: none"> • Annual appraisals • Compulsory training • Supervision continues to improve overall 	<ul style="list-style-type: none"> • Staff absence • Bank staff use • Agency staff use
<p>Quality</p> <ul style="list-style-type: none"> • Reduction in formal complaints • Care plan reviews gradual improvement continues • Friends and family test feedback remains positive 	<ul style="list-style-type: none"> • Clinically ready for discharge increased significantly • Incidents of moderate to catastrophic harm remains high • Physical restraint • Care hours per patient day

1. Operational Services

Summary

Most challenging areas:

- Waiting times for adult autistic spectrum disorder assessment – **demand continues to outstrip capacity**, resulting in increasing waits of 2 years plus.
- Community paediatric waiting times continue to increase month on month – **ongoing recruitment challenges, high levels of demand and pathway issues.**
- NHS Talking Therapies waiting times from 1st to 2nd treatment.
- Memory Assessment Service waiting times – waits from referral to assessment are currently around 35 weeks. **Ongoing significant demand for the service, which continues to exceed capacity.**
- Inappropriate out of area placements and inpatient bed occupancy levels – enduring high-level of need for inpatient treatment. **The adult acute inappropriate out of area position has much improved recently, which should be reflected in the data next time.**

Most improved areas:

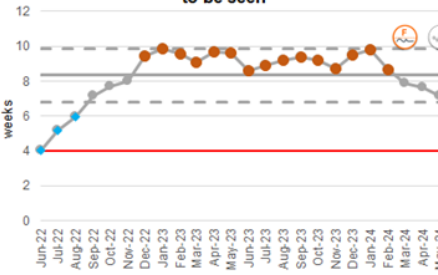
- The number of adult autistic spectrum disorder assessments completed each month has increased significantly for the last 9 months and **46% of the annual target has been exceeded already, after just 2 months**
- Psychological services waiting times continue to reduce and the number of people waiting has dropped significantly
- Child and Adolescent Mental Health services (CAMHS) waits continue to reduce. The level of assessments completed is being carefully managed in order to enable services further down the system to cope with the demand, while at the same time not having a negative impact on assessment waits.
- NHS Talking Therapies 6-week referral to treatment has significantly improved and **the target has been achieved** for the past 2 months.
- The NHS long term plan targets for dementia diagnosis, perinatal access, and community mental health access were all achieved.

Areas of ongoing success:

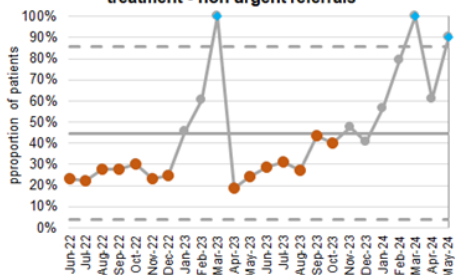
- National standards for early intervention in psychosis 2-week referral to treatment, NHS Talking therapies 18-week referral to treatment, and 3-day follow-up of discharged inpatients are all consistently achieved.
- The rate of 28-day readmissions post discharge remains very low.

Waiting times

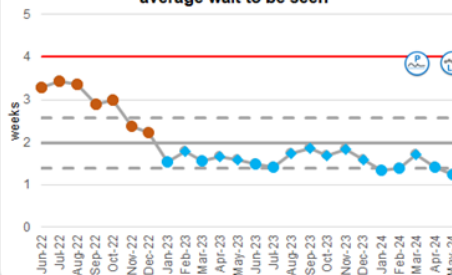
Waiting list - adult CMHT SPOA - average wait to be seen



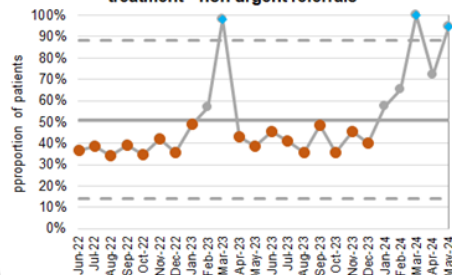
Adult mental health 4 week referral to treatment - non urgent referrals



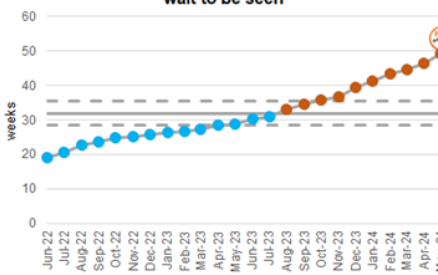
Waiting list - older people CMHT SPOA - average wait to be seen



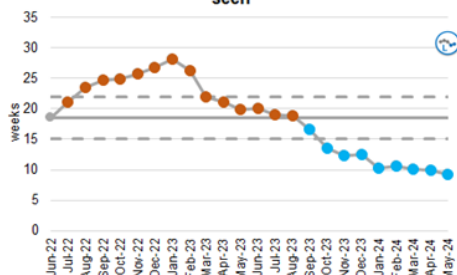
Older people mental health 4 week referral to treatment - non urgent referrals



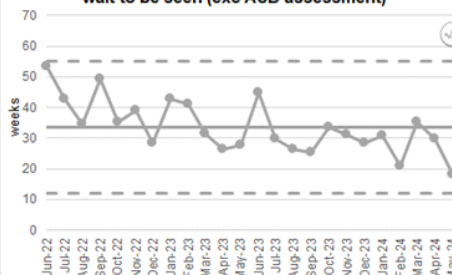
Waiting list - community paediatrics - average wait to be seen



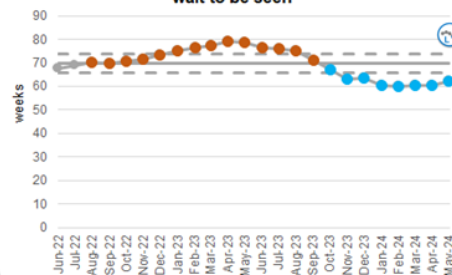
Waiting list - CAMHS - average wait to be seen



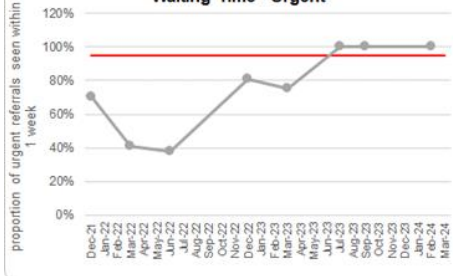
Waiting list - psychological services - average wait to be seen (exc ASD assessment)



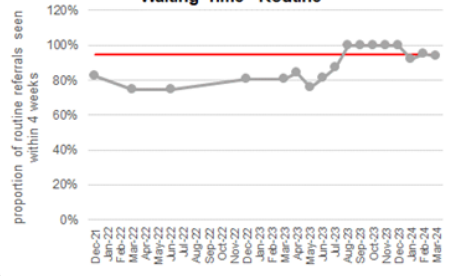
Waiting list - adult ASD assessment - average wait to be seen



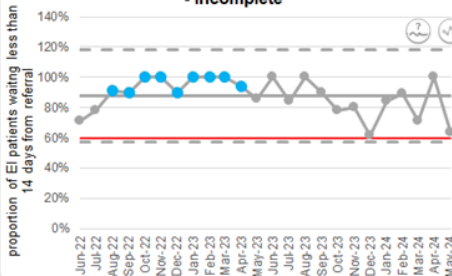
Children & Young People Eating Disorder Waiting Time - Urgent



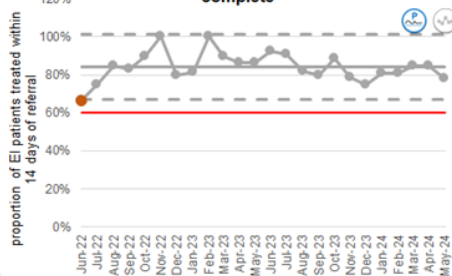
Children & Young People Eating Disorder Waiting Time - Routine



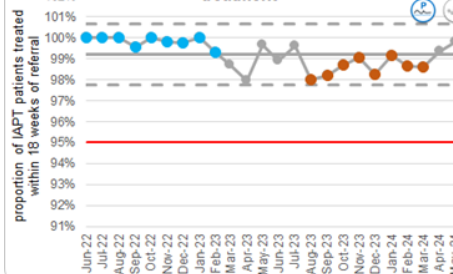
Early intervention 14 day referral to treatment - incomplete



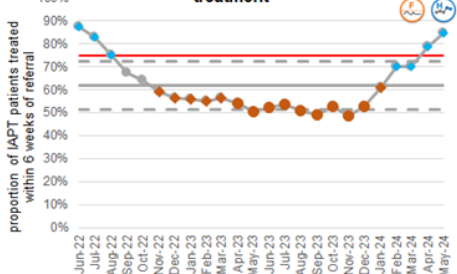
Early intervention 14 day referral to treatment - complete



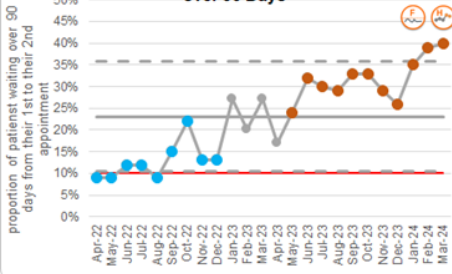
NHS Talking Therapies 18 week referral to treatment



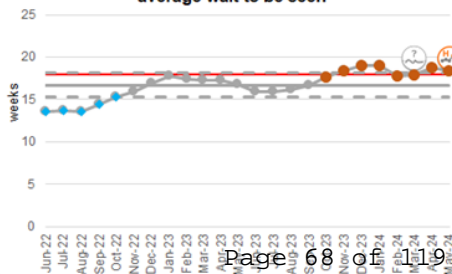
NHS Talking Therapies 6 week referral to treatment



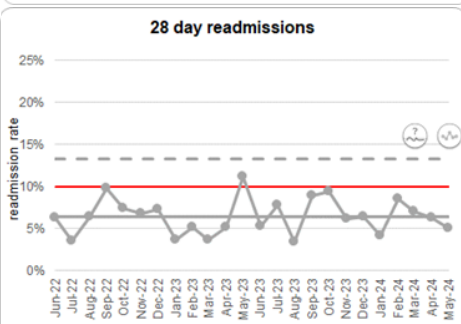
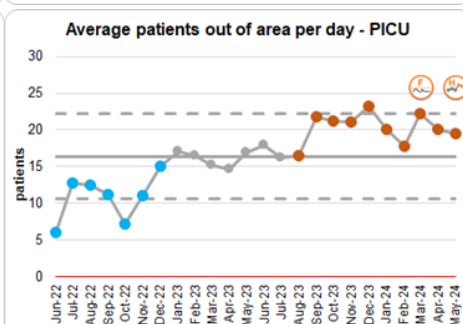
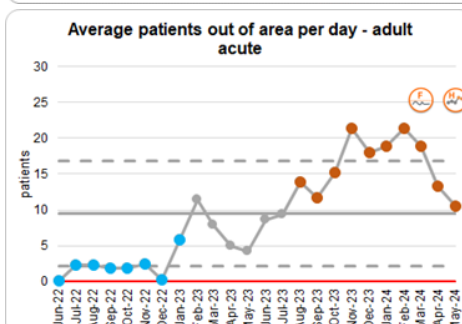
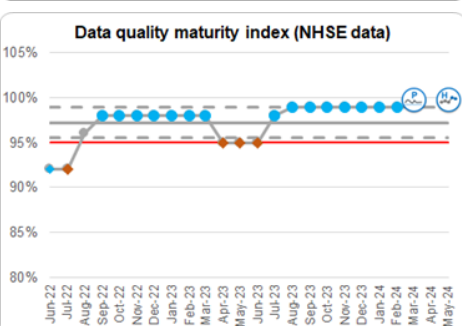
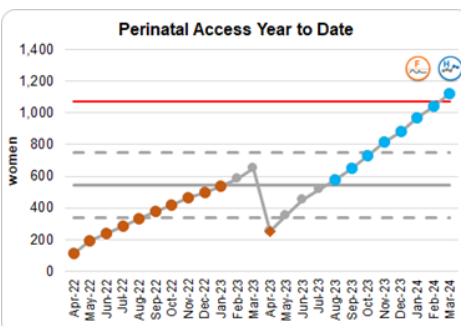
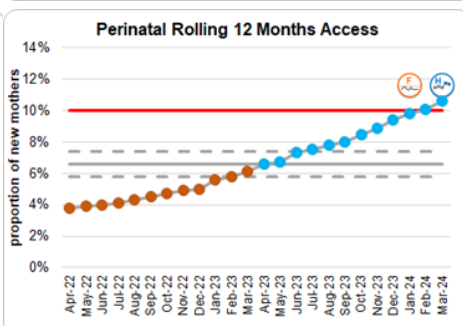
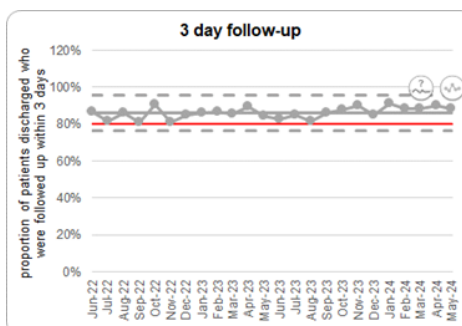
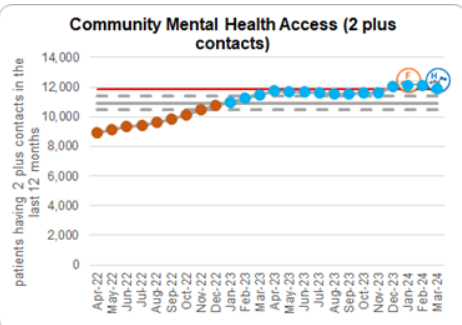
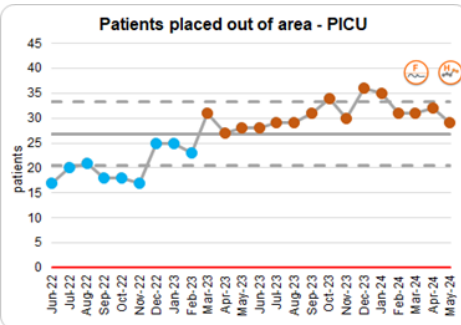
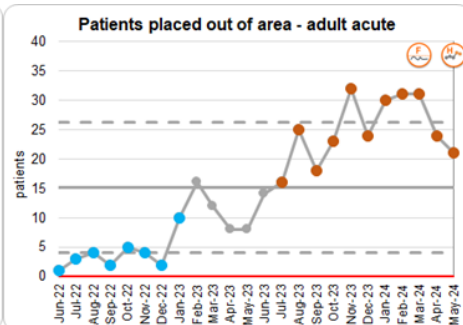
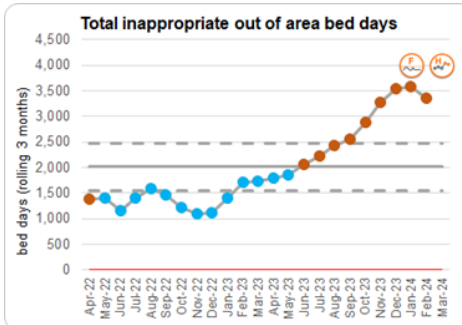
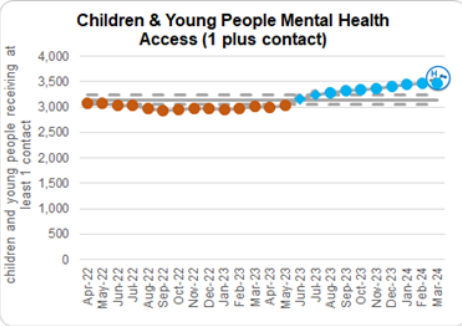
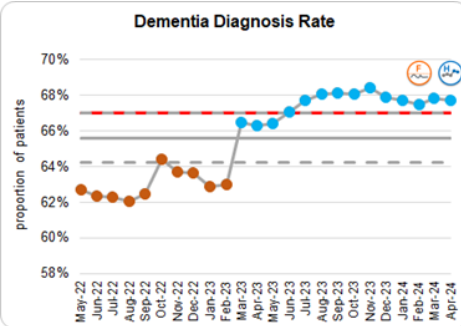
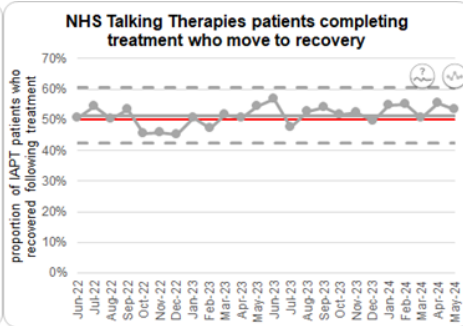
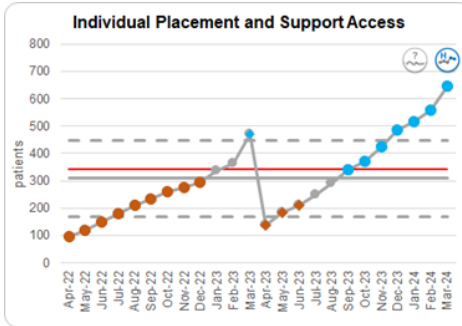
NHS Talking Therapies 1st to 2nd Treatment over 90 Days



Waiting list - Memory Assessment Service - average wait to be seen



Activity and outcomes



Adult ASD assessments

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
2016					19	7	22	5	4	19	20	15	13
2017	35	37	47	22	22	18	30	16	24	34	30	12	
2018	20	15	23	18	19	20	22	11	13	14	20	20	
2019	33	24	25	24	19	18	15	11	26	30	34	15	
2020	28	27	22	1	5	11	20	16	18	29	18	15	
2021	20	17	22	22	17	12	14	14	24	24	15	6	
2022	12	12	21	13	10	14	8	6	20	22	20	15	
2023	22	28	24	26	20	33	34	35	66	53	73	47	
2024	68	74	66	60	82								

2. Finance

Summary

At the end of May, the year to date (YTD) position is a deficit of £1.9m which is on plan.

The forecast position remains in line with the plan submission of £6.4m deficit.

The financial plan for 2024/25 has recently been submitted on 12 June. The previous plan deficit of £6.4m remains.

The risks discussed as part of the planning sign off remain:

- Delivery of the £12.5m efficiency programme in full with a significant proportion delivered recurrently
- Management of Adult Acute out of area expenditure in line with the reducing trajectory
- Management of in-patient expenditure to a reduced run rate
- Additional costs related to supporting the complex patient
- Management of agency expenditure within budget

The Board Assurance Framework (BAF) risk that the *Trust fails to deliver its revenue and capital financial plans*, remains rated as **Extreme** for 2024/25 due to the inherent risks that are built into the financial plan.

Efficiencies

The plan includes an efficiency requirement of £12.5m with a higher proportion phased from quarter 2. The plan assumes that 71% of savings are delivered recurrently.

At the end of May efficiencies were behind plan by £0.3m. However, work continues in progressing the identified schemes through the sign off process. A significant proportion of schemes will be transacted in month 3 as they progress through the sign off process.

Key next steps

- **Continuation of the QEIA process to sign off the remaining schemes that have been identified.**
- **Identify new initiatives to close the current gap.**

Agency

Agency expenditure YTD totals £1.1m which is on plan. This includes £0.4m of additional costs to support a complex patient.

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 May is 4.6%. NHSE use of resources includes an action to improve workforce productivity and reduce agency spend to a maximum of 3.2% of the total pay bill across 2024/25.

The full year plan for agency expenditure totals £6.3m which is 3.7% of total pay expenditure.

Summary (2)

Out of area placements

The plan for out of area expenditure has been set at £3.5m and is based on a reducing trajectory from 22 to zero beds by the end of the financial year.

At the end of May expenditure for OOA placements of £1.1m was £151k above the budget. Expenditure in the month of May was only slightly above plan by £2k, therefore showing a reduction in actual placements compared to April. Further improvements have been made throughout June and therefore expenditure is likely to be within plan by the end of quarter 1.

Capital expenditure

At the end of May, very little capital expenditure has been committed. A total of £73k has been committed against Estates staffing, backlog maintenance and urgent requests. The phasing of the resubmitted capital plan reflects the YTD actuals.

The capital plan resubmission has been adjusted to reflect the issues that the system will no longer receive the additional performance allocation and that we need to be compliant with the IFRS16 allocation. The new allocation also takes into account a further reduction in capital in light of the new financial regime. This has meant that our Business as Usual (BAU) capital expenditure has reduced by a further £0.3m.

It is important to note that the BAU plan includes the 5% planning assumption, which will need to be managed in year.

Cash

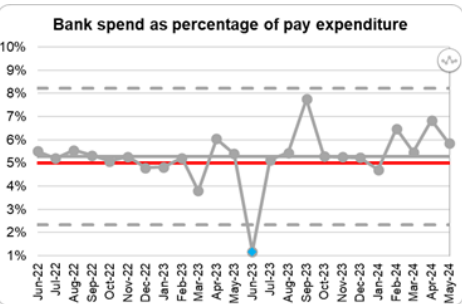
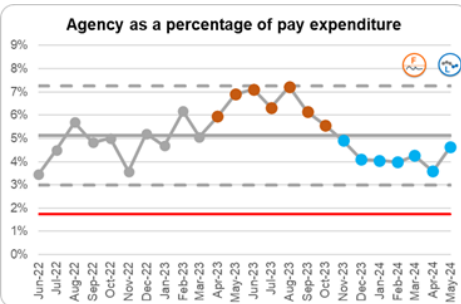
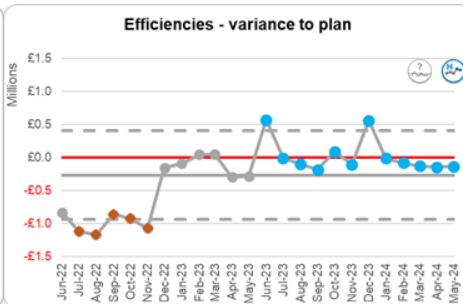
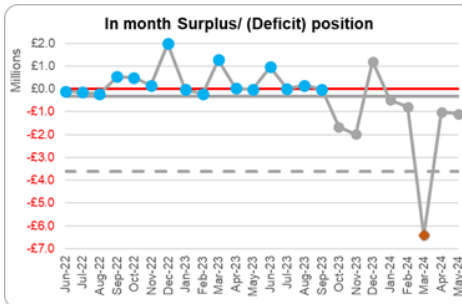
Cash at the end of May is at £24.0m (£33.2 last month) which is slightly below plan by £0.4m. The reduction in cash levels at the end of May is due to the payment of some high value capital invoices related to the Eradication of Dorms schemes.

2023/24 Annual Accounts

Annual Accounts for 2023/24 have been approved by the Audit and Risk Committee on 19 June 2024, following the external audit sign off. No changes to the financial statements have been made, only minor presentational changes to the disclosure notes.

All supporting documents were submitted to NHS England on 28th June.

Financial performance



Summary

At the end of May the position is a deficit of £1.9m which is on plan. The forecast position remains in line with the plan submission of £6.4m deficit.

Risks:

- Delivery of efficiencies in full
- Management of Adult Acute out of area expenditure
- Management of in-patient expenditure to budget
- Additional costs of complex patient
- Management of agency expenditure within budget

The Board Assurance Framework (BAF) risk *that the Trust fails to deliver its revenue and capital financial plans for 2024/25*, remains rated as EXTREME due to the financial risks above

Summary

The plan includes an efficiency requirement of £12.5m with a proportion phased from quarter 2. The plan assumes 71% of the savings are delivered recurrently.

At the end of May efficiencies are behind plan by £0.3m. Work continues in progressing sign-off of the project initiation documents (PIDs) and quality & equality impact assessments (QEIAs). A higher proportion of schemes will be transacted at month 3 as they move through the approval process.

The weekly Efficiency Delivery Group has been revised and will now become a fortnightly meeting, with Executive Director leadership once a month. The revised format of the group will provide greater governance and support going forward.

Summary

Agency expenditure YTD totals £1.1m which is on plan. This includes £0.4m of additional costs to support a complex patient.

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 May is 4.6%.

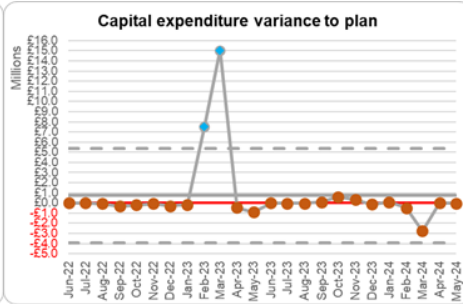
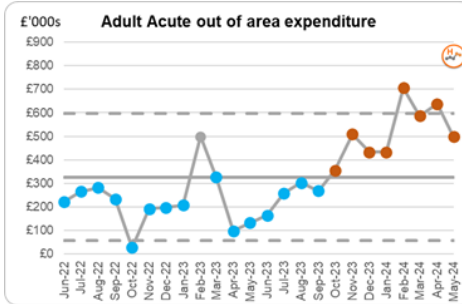
NHSE use of resources includes an action to improve workforce productivity and reduce agency spend to a maximum of 3.2% of the total pay bill across 2024/25.

Summary

Bank expenditure YTD totals £1.8m, which is above plan by £0.4m.

Some of the additional staff on the wards in relation to CQC actions are through bank use, where the plan was set against agency.

Financial performance (2)



Summary

The plan for out of area expenditure is based on a reducing trajectory from 22 to zero beds by the end of the financial year.

At the end of May expenditure is £1.1m which is £151k above plan. The number of placements in May reduced compared to April and continues to reduce further throughout June.

Summary

Capital expenditure at the end of May is slightly below plan by £0.2m. The capital plan has been reduced by £0.3m and rephased across the year in the plan resubmission that took place on 12th June.

The revised plan still includes an additional 5% of capital expenditure which will need to be managed in year.

Additional risks relate to any new leases, which due to the changes in accounting treatment, will now need to be funded from the capital allocation.

The plan does include £4.8m of national funded capital in relation to the Eradication of Dorms scheme.

Summary

Cash at the end of May is at £24.0m (£33.2 last month) which is slightly below plan by £0.4m.

The reduction in May is due to the payment of some high value capital invoices related to the Eradication of Dorms schemes.

Other areas to note

Annual Accounts for 2023/24 have been approved by the Audit and Risk Committee on 19th June 2024, following the external audit sign off. No changes to the financial statements have been made, only minor presentational changes to the disclosure notes. All supporting documents are due to be submitted to NHS England on 28th June.

The financial plan for 2024/25 has been resubmitted on 12th June. There have been no changes to the previous revenue plan deficit of £6.4m. The capital plan has been reduced by £0.3m to £2.6m for business as usual capital expenditure.

3. People

Summary

Annual appraisals

Appraisal compliance continues to remain high, seeing a month on month increase to 89.36% falling just short of the 90% target. The low compliance rate within Corporate Services remains a particular challenge, however measures put in place continue to support gradual improvements, seeing an increase 4.5% since the last reporting period. The improvement plan remains in place to support the two lowest performing corporate areas.

Annual turnover

Overall turnover continues to remain in line with national and regional comparators, despite a slight increase seen since the last reporting period.

Compulsory training

Overall, the 85% target has been achieved for the last 24 months. Operational Services are currently 92% compliant and Corporate Services are at 87%, both seeing a slight increase in compliance since the last reporting period. Whilst overall compliance of the 20 training elements remains high, there have been challenges with two mandatory training elements dropping just slightly below target in the reporting period and two role-specific compulsory training elements which are classroom based. Plans are in place to work towards bringing them back within target.

Staff absence

The annual sickness absence rate is running at 6.09% and compared to the same period last year remains 0.19% lower. Anxiety, stress or depression related illness remains the highest reason for sickness absence, followed by other musculoskeletal problems and gastrointestinal problems (joint second highest reason) and surgery as the third highest reason for absence.

A Clinical Psychologist, who is aligned to the Employee Relations team, continues to support absences relating to anxiety, stress or depression related illness, with a particular focus on early intervention, however the contract is due to end in July. A formal review of all long-term cases each month is now a standing action.

Summary (2)

Proportion of posts filled

At the end of May, 89% of funded posts overall were filled with contracted staff. At the start of the financial year, new investment is released which creates brand new vacancies, initially reducing the percentage of funded posts filled. This year will see a staged release of funding throughout the year.

Bank and agency staff

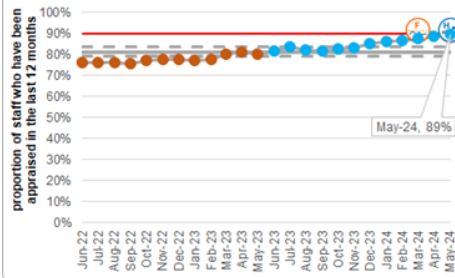
Agency usage has reduced significantly over recent months, however there has been a temporary increase in agency usage this period due to a requirement for increased clinical observations. Agency usage still remains high overall and further work is required, particularly on long term medical agency usage, to reduce this further. Compared to the peak in agency usage in autumn 2022 through to autumn 2023, agency-spend and usage is significantly lower. The Authorisation Panel to oversee agency requests across the Trust continues to remain in place and the eradication of all non-clinical agency use continues to be enforced.

Supervision

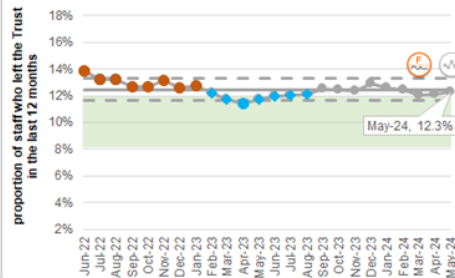
Compliance continues to remain a challenge in both clinical supervision at 82% (an increase of 4% since the last reporting period) and management supervision at 84% (an increase of 2% since the last reporting period). A slight decrease in compliance has been seen from last month and efforts continue towards achieving the 100% target. An audit of supervision processes has now been completed, undertaken by 360 Assurance. The outcome of the audit was limited assurance and several recommendations have been made which will now assist the Trust towards achieving its target for both clinical and non-clinical supervision.

People performance

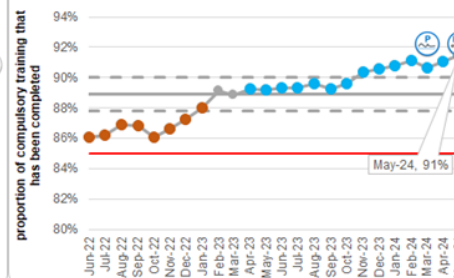
Annual appraisals



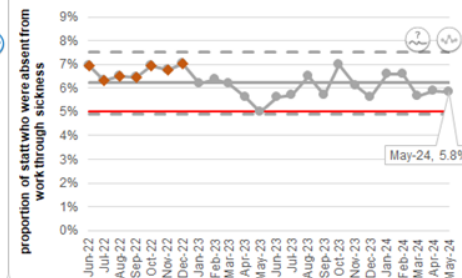
Annual turnover (target 8-12%)



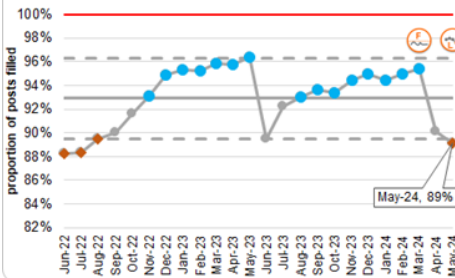
Compulsory training



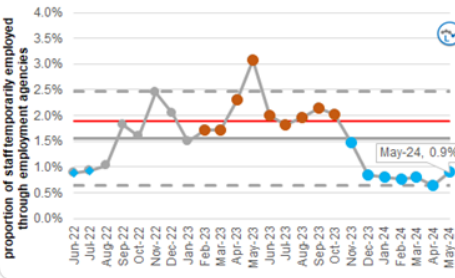
Staff absence



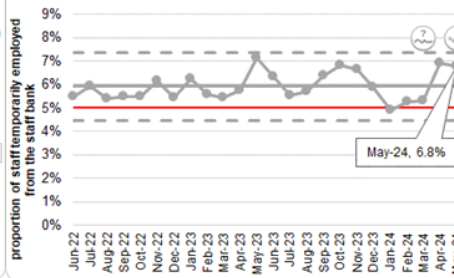
Filled posts



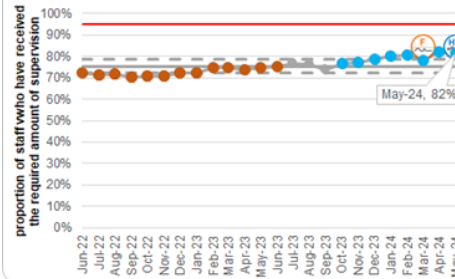
Agency staff use



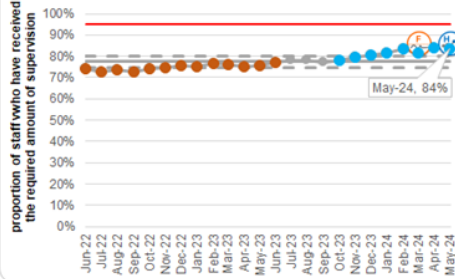
Bank staff use



Clinical supervision



Management supervision



4. Quality

Summary

Compliments

Between March and May 2024, an average of 122 compliments per month were received which is 9% increase. In relation to patient feedback, there are over 100 teams (including sub-teams) that are live on the platform, with over 600 patient feedback responses across the teams received to date. This is currently undergoing an evaluation which will be published in July with recommendations in relation to what resource will be required to ensure the sustainability of the project.

Complaints

The number of complaints received reduced from 11 to 5 and continues to be under the Trust target of 12 complaints. The Trust total proportion of patients under the Care Programme Approach (CPA) who have had their care plan reviewed within 12 months has increased by 16% between March and May 2024 and is currently at 86% as per the Trust CPA review compliance report.

Clinically ready for discharge

The number of patients who are clinically ready for discharge (CRD) increased from 11% to 13% between March and May 2024. The lack of identification of appropriate housing, establishing funding, and availability of social care placements continue to be cited as the main barriers for discharge. A twice weekly CRD meeting is in place and the Trust have appointed a Strategic Integrated Flow Lead who chairs a weekly meeting designed to improve flow, which includes social care stakeholders. The impact of this is monitored in the monthly Acute and Assessment Services Operational meeting. A Trust transformation project manager is currently reviewing learning from the Multi Agency Discharge Event (MADE) in April 2024 on this will be used to improve system wide flow.

Summary

Employment and settled accommodation

Patients open to the Trust in settled accommodation has reduced from 50% to 48% between March and May 2024 and the number of patients open to employment has continued to remain consistent at 12% since August 2022.

This measure continues to be monitored by individual services and a report which informs teams if there are gaps in the current Data Quality Maturity Index information recorded on referral is available to Ward and Service Managers who have been asked to review this report weekly and action any gaps identified.

Incidents

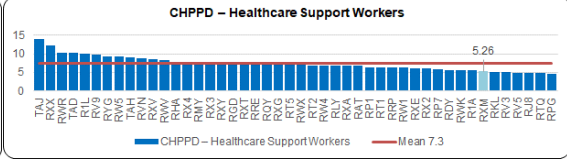
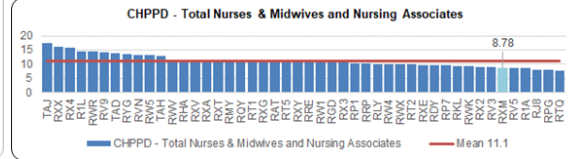
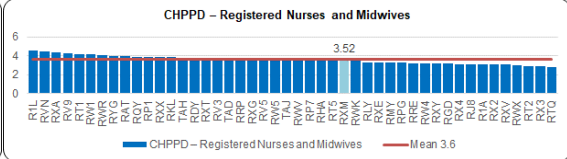
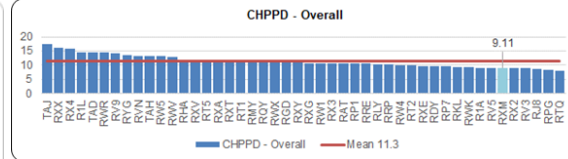
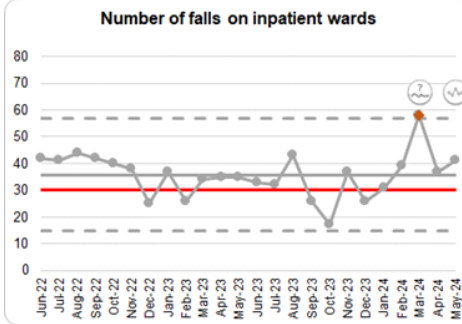
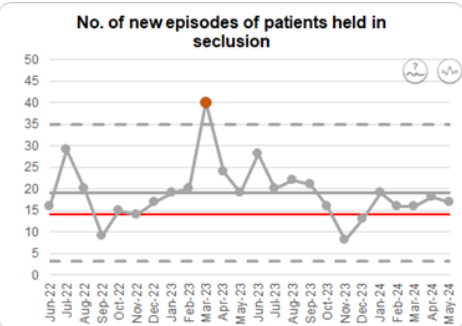
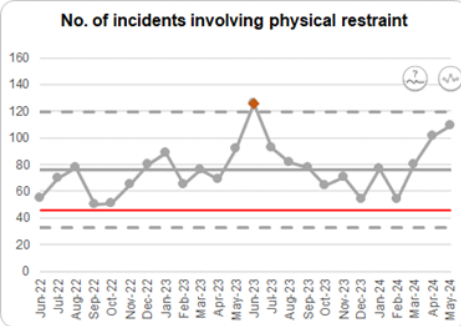
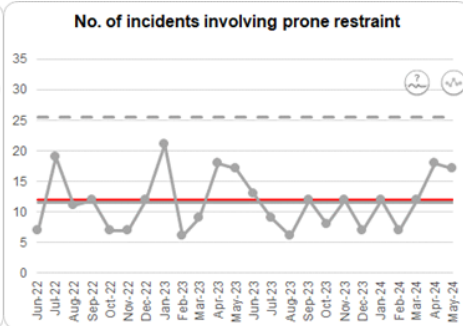
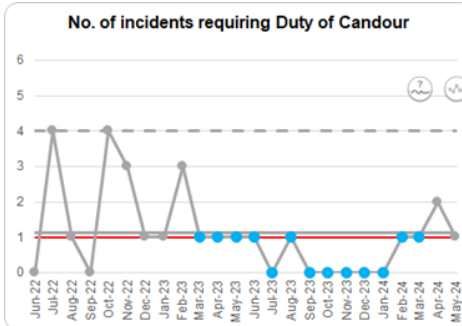
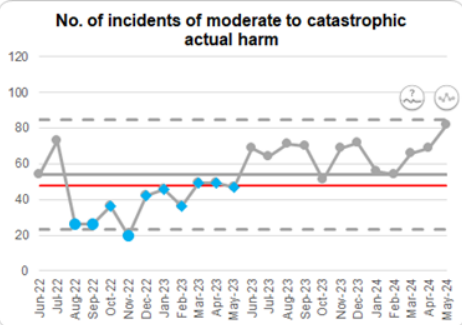
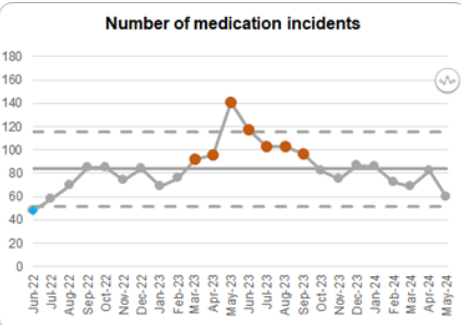
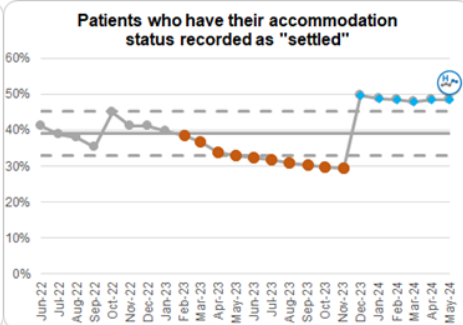
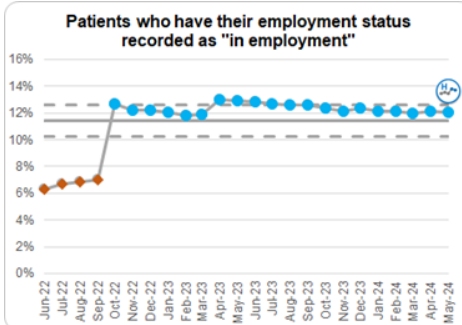
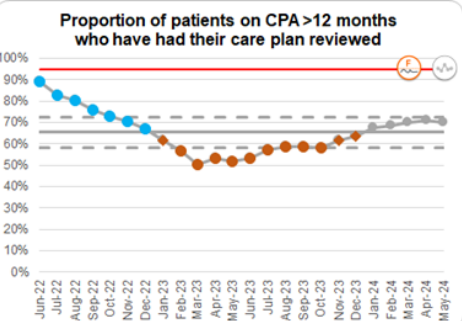
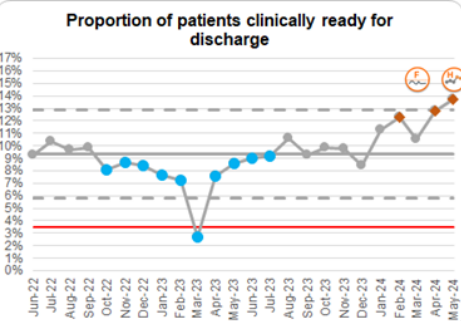
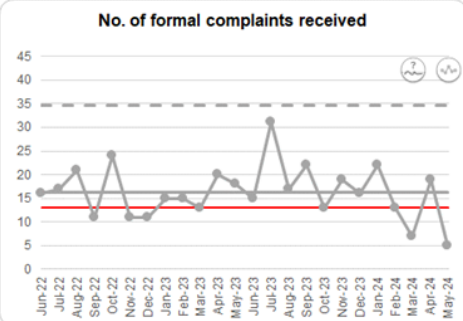
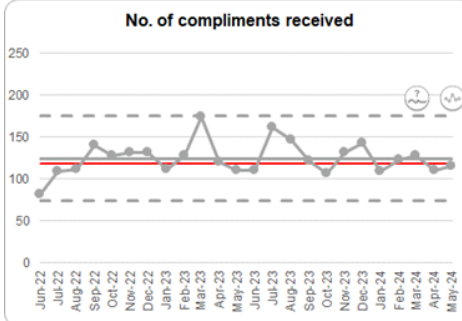
The number of medication incidents between March and May 2024 has fallen from 72 to 60 (17%) and continues in line with common cause variation. It should be noted that the medication incidents reported continue to be categorised as of low-level harm.

The Number of DATIX incidents occurring recorded as moderate at catastrophic harm have increased from 65 to 85 between March and May 2024. Analysis suggests that this is due to a sustained increase in the number of incidents routinely reported by staff and a sustained rise in incidents recorded as “self-harm” and physical assault from patients to staff and patient to patient.

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 the increase in physical restraint of 48% and a 41% increase Prone restraint between March and May 2024.

The female acute wards and older adult wards continue to have the majority of incidents attributed to them. The increase in episodes of physical restraint is attributed to the sustained rise in self-harm incidents and staff intervention required to prevent individuals harming themselves or to prevent further harm. There was also an overall increase in physical restraint incidents on the perinatal ward which is unusual for this area and a reduction is expected in the next report. This data is monitored by the Patient Safety team and the Heads of Nursing/Practice and learning from incidents is fed back to individual teams along with action plans to address any issues which are monitored via Divisional monthly Clinical Operational Assurance Team meetings (COAT).

Quality performance



Trust Code	Total Responses	Total Eligible	Percentage Positive
	23,245	865,001	86%
	22,547	853,658	86%
	23,245	865,001	86%
RR7	22	140	100%
RBBBU	5	5	100%
RIF	34	2,330	100%
RJK	13	1,614	100%
RKL	34	3,550	100%
RQ3	36	29	97%
COF3D	102	274	97%
R6B	159	1,900	97%
R19	125	6,933	96%
R1L	81	15,373	96%
NNF	171	2,700	96%
TAJ	207	17,311	96%
RKL	103	3,426	95%
RY6	563	3,132	95%
RW4	201	20,389	94%
RT1	210	2,775	93%
R1W	573	6,509	93%
RDY	399	6,686	93%
R1N	201	15,264	92%
R1P	87	15,046	91%
R1X	360	17,519	91%

Living Well Derbyshire September 2024 update



Living Well
Derbyshire



Joined Up Care
Derbyshire
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A recap –

Living Well Derbyshire/Derby Wellbeing

- Living Well Derbyshire offers short term care (up to 12 weeks) for people who need support with their mental health and wellbeing.
- The Living Well teams include people from health, social care and voluntary sector organisations to ensure those using the service can use a wide range of support which will help people to keep well within communities.

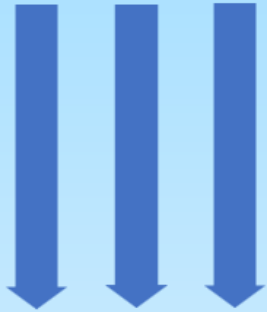
Who is the service for

- Living Well is for people who are experiencing symptoms of mental ill health that are significantly impacting on their daily functioning, causing disruption to their lives and risk to their wellbeing
- The services focuses on supporting people who may be too unwell to be supported by existing primary care teams or IAPT, but do not meet the threshold for current Community Mental Health Team (CMHT) intervention
- Living Well is based on offering a range of multidisciplinary interventions and treatment to support people aged 18+
- The team will work with people to identify when support is best delivered by the team and when the team should make a warm introduction to another organisation that is better placed to meet people's needs
- The team may also work in partnership with other organisations to provide joined up support.

Living Well Derbyshire in the system

Primary Care

GP referral routes for mental health



IAPT MHP Other*
(if applicable)

*including Social Prescribers, Health and Wellbeing Coaches, weight management and exercise, smoking cessation, alcohol support services and the Citizens Advice Bureau.

Mental health needs not met within primary care or IAPT (refer to)



Single Point Of Access

Living Well Triage

New Service
Living Well short-term offer
Shorter-Term Support

Living Well long-term offer (previously CMHT)
Longer-Term Support

Too unwell for primary care, but do not meet the criteria for long-term offer (previously CMHT).**

Support for up to 12 weeks/sessions from a Multi-Agency Team.

Multi-Agency Team - health, social care and voluntary, community and social enterprises (VCSE) - may consist of:

- Social Workers
- Occupational Therapists
- Physical Health Workers
- Psychologists
- Registered Nurses
- Substance Misuse Workers
- Peer Support Workers (VCSE)
- Wellbeing Coaches (VCSE).

Needs cannot be met by the Living Well short-term offer.

**examples/criteria of appropriate Living Well referrals to be provided.

The focus until March 2025 includes:

- An expansion of each SPOA to receive referrals from wider primary care pathways, social care, mental health services which includes self re-introduction by person (patient) or their carer (within 24 months of accessing the Living Well/Derby Wellbeing service)
- The development of local networks and community support, which includes voluntary, community or social enterprise (VCSE) community groups and other support within the local community to continue to improve flow through local network agreement
- Developing pathways with, perinatal, forensic, substance misuse, eating disorders, community rehab team and other specialist services as well as developing a tailored offer for young adults
- Creating a seamless movement of people accessing long, and short term offers within Living Well
- During phase two, teams will undertake local capacity and demand modelling, including considering self-referral after phase two, and the impact this would have on the wider system, with a commitment to quantifying the impact and the difference the services are making through the use of quality measures.

Impact

- Since the launch of the new services, there has been a notable impact to CMHT caseloads which evidences the increase in community resilience, with less dependence on medical interventions and diagnoses, and the impact of the new Living Well services.
- Performance is being reviewed with the development of both quantitative and qualitative data capturing.



Initial feedback from people who have used the services across the county

- *"I felt the call has been a life changer, I'm very grateful. Thank you. This is a BRILLIANT service."*
- *"Extremely useful, I felt such relief. I felt that someone was finally listening to all that I was suffering with and could direct me to different help I could have and try. I can remember crying with huge relief saying Finally!! I've got the help I've been asking for, for over a year."*
- *"The Wellbeing Coach (WBC) has really helped with my self-esteem. I completed goals which I found very difficult at first. For me this was a great achievement. The WBC always tried to boost my confidence. Before I was stuck inside all the time, even a small walk was helpful and the push forward to get out more and spend less time on the sofa and my phone. The WBC inspired me to continue making music which is my passion. And I learnt that I need to be kind to myself. He gave me hope and belief in myself and what I could achieve."*
- *"Thank you for all the help and support you have given me I really do appreciate you. Words can't describe how much you helped me."*

Working together for the people of Derby and Derbyshire

The Living Well programme team would like to thank the Experts by Experience Forum for sharing their insight and experience to help with the development of the new GP posters.



If you would like a copy of either the Derby Wellbeing or Living Well Derbyshire posters, please email dhcft.engagement@nhs.net



Work Your Way (IPS employment service)



People using Living Well Derbyshire/Derby Wellbeing services are eligible to access Derbyshire Healthcare's 'Work Your Way' employment service. A team of employment specialists and peer support workers are there to support people with all aspects of finding paid employment, including writing a tailored CV, interview practice, undertaking a 'better off' calculation to look at finances, confidence building, route planning, as well as application completion. Find out more by visiting www.workyourway.net

Getting involved

The collaboratives


You are welcome to join!

To find out more, please contact:

- Derby Wellbeing (Derby city) – Brett Sentance, brett.sentance@communityactionderby.org.uk.
- Chesterfield/North East Derbyshire & Bolsover – Ellie Scott, ellie@dva.org.uk.
- Derbyshire Dales/High Peak – Mandy Goodall, Mandy@highpeakcvs.org.uk.
- Amber Valley/Erewash/South Derbyshire – James Bromley, james@erewashcvs.org.uk


Find out more

- www.livingwellderbyshire.org.uk
- Look out for posters, which have been created with the Experts by Experience forum.



How can Community Mental Health Services in Derbyshire help you?

Mental health services in the Derbyshire community are developing and improving, with a new service called Living Well Derbyshire.



What is the new service?


Living Well Derbyshire offers short term care packages (up to 12 weeks) for people who need support with their mental health and wellbeing. The Living Well teams include people from health, social care and voluntary sector organisations to ensure those using the service can use a wide range of support which will help people to keep well within communities.

You can talk to your GP about your options and how to be referred into the service.

If you are currently using a Community Mental Health Team service, there will be no change to your support.

There are key benefits for patients and carers

People/patients	Carers
The aim is that a person won't have to tell their story more than once. This is something people find difficult when they are supported by different services.	The short-term offer should support carers, by opening up a range of offers in the community. This should increase wellbeing with both the person using the service care and the carer.

Joined Up Care Derbyshire **To find out more visit** www.livingwellderbyshire.org.uk 

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Report from the Nominations and Remuneration Committee

Purpose of Report

To provide an update on the issues discussed at the Nominations and Remuneration Committee meeting held on 24 July 2024 and to put forward the Committee’s recommendations for approval by the Council of Governors.

Executive Summary

This report provides an outline of the business discussed at the Nominations and Remuneration Committee meeting held on 24 July 2024 and the Committee’s recommendations.

This meeting covered:

- Confirmation that the summary of the Trust Chair’s appraisal has been submitted to NHS England (NHSE)
- An outline of the process for the Non-Executive Director recruitment
- Re-appointment of a Non-Executive Director
- Review of the Chair and Non-Executive Directors Expenses Policy.

The Committee’s recommendations are listed in the body of the report.

Strategic Considerations

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

Assurances

The Council of Governors can be assured that the Committee acts in line with its Terms of Reference.

The Committee is complying with its Terms of Reference by advising the Council of Governors in respect of the recruitment and re-appointment of any Non-Executive Director and the review of the expenses policy.

Consultation

The Committee regularly reviews the terms of office for NEDs.

The Committee received the views of the Board of Directors on the recruitment process in general and the qualifications, skills and experience required for the NED vacancy.

The Committee reviews the Chair and Non-Executive Directors Expenses Policy at minimum, every three years.

Governance or Legal Issues

The NHS Foundation Trust Code of Governance (replaced by the Governance for NHS Provider Trusts from 1 April 2023) outlines the requirements for the recruitment of the NEDs.

It is the statutory role of the Governors to appoint NEDs and determine their remuneration, allowances and other terms and conditions.

The Trust's Constitution (paragraph 21.1) states that:

21.1 The Council of Governors at a general meeting of the Council of Governors shall appoint or remove the Chairman of the Trust and the other Non-Executive Directors.

Annex 5 of the Trust's Constitution sets out functions of the Nominations [and Remuneration] Committee in relation to the appointment of Non-Executive Directors, which includes:

9.4.1 to determine the criteria and process for the selection of candidates for office as Chair or other Non-Executive Directors of the Trust having first consulted with the Board of Directors and Governors as to those matters and having regard to such views as may be expressed by the Board of Directors and Council of Governors;

9.4.2 to assess and select for interview such candidates as are considered appropriate and in doing so the Nominations Committee for Non-Executive Directors shall be at liberty to seek advice and assistance from persons other than members of the Nominations Committee for Non-Executive Directors or of the Council of Governors;

9.4.3 to make recommendation to the Council of Governors as to potential candidates for appointment as Chair or other Non-Executive Director, as the case may be.

Annex 5 also states:

9.6 The Council of Governors shall resolve in general meeting to appoint such candidate or candidates (as the case may be) as it considers appropriate and in reaching its decision it shall have regard to the views of the Board of Directors and of the Nominations Committee for Non-Executive Directors as to the suitability of the available candidates and the remuneration and allowances and other terms and conditions of office.

The Trust has a Fit and Proper Persons Test Policy which meets the requirements of statutory guidance and its licence conditions in ensuring no unfit person is appointed as a NED.

In the case of re-appointment of NEDs, the Trust Chair should confirm to the governors that following formal performance evaluation, the performance of the individual proposed for re-appointment continues to be effective and to demonstrate commitment to the role. Re-appointments had previously been guided by the Foundation Trust Code of Governance.

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 Committee and Director of Corporate Affairs and Trust Secretary will be working with the Trust's recruitment team and/or recruitment partner to comply with agreed practise
- The recruitment process will follow the Trust's standards in respect of inclusive recruitment practice, including involvement of a Recruitment Inclusion Guardian
- The benefits of diversity on the Board will be actively encouraged throughout the search and recruitment process, including maximising community networks
- The Fit and Proper Person Test Policy is applied to all Board members equally
- The revised expenses policy includes fair provision for expenses.

Recommendation

The Council of Governors is asked to:

- 1) Approve the proposal to work in partnership with Nottinghamshire Healthcare NHS Foundation Trust on the recruitment campaign for the NED appointment to the Trust Board**
- 2) Approve the re-appointment of Deborah Good, as Non-Executive Director, for a further three years from 1 March 2025**
- 3) Approve the revised Chair and Non-Executive Directors Expenses Policy.**

Report prepared by: Denise Baxendale, Membership and Involvement Manager

Report presented by: Justine Fitzjohn, Director of Corporate Affairs and Trust Secretary

**Derbyshire Healthcare NHS Foundation Trust
Council of Governors – 3 September 2024**

Report from the Nominations and Remuneration Committee

Introduction

Since the last report to the Council of Governors on 7 May 2024, the Committee has met once on 24 July 2024. This report provides an outline of the business discussed at the meeting and the Committee's recommendations:

1) Confirmation that the summary of the Trust Chair's appraisal has been submitted to NHS England (NHSE)

Justine Fitzjohn confirmed that she had submitted the summary of the Trust Chair's appraisal to NHS England (NHSE) which is in line with their new framework. Although not currently required, Justine had also submitted the Non-Executive Directors (NEDs) training needs to NHSE.

2) Non-Executive Director (NED) Recruitment

The Committee considered the plans to replace Ashiedu Joel who has recently resigned to take up a NED position at Nottinghamshire Healthcare NHS Foundation Trust (NHCFT) from 1 August 2024.

The Committee supported the proposal to work in partnership with NHCFT on the recruitment campaign effectively adding our vacancy into their wider NED recruitment.

The qualifications, skills and experience for the vacancy were confirmed as:

- Health and social care integration
- Public health/population health
- Experience/knowledge of leading digital transformation (desirable rather than essential)
- Experience of using quality improvement and leading transformation programmes.

The above would be in addition to previous expectations, specifically:

- Working in collaboration not competition
- Performing well during change and evolution – living with uncertainty
- Inclusion.

The timeline is expected to be 4-5 months, aiming for a January 2025 start date. During this time the current NED cohort has agreed to provide cover.

The Committee agreed to recommend the above approach for approval by the Council of Governors.

3) Re-appointment of a Non-Executive Director – Deborah Good

Deborah's term of office is due to expire on 28 February 2025. Deborah was appointed to her first three year term on 1 March 2022. The Committee supported the Chair's recommendation to re-appoint Deborah for a further three years noting

the benefits of continuity and stability to the Board, and confirmation that she continues to make a significant contribution, particularly in her role as NED lead for sustainability and for the NED link to Carers. Deborah has also taken on the role of Chair of the Trust's Mental Health Act Committee, replacing Ashiedu Joel who left the Trust at the end of July.

This Committee has received a positive appraisal out-turn for Deborah, as reported to the Council of Governors at its last meeting and is recommending that the Council of Governors approves this re-appointment.

Deborah's current terms and conditions will be carried over in line with a previous Council of Governors decision. Her Trust biography is included at Appendix i.

4) Review of the Chair and Non-Executive Directors Expenses Policy

There is a statutory duty placed on NHS Foundation Trust governors to determine the remuneration, allowances and other terms and conditions for Chairs and NEDs. A formal expenses policy was approved by the Council of Governors on 2 November 2021 and was reviewed by the Committee on 24 July 2024. The Committee agreed that the mileage and subsistence rates should be paid at the prevailing rates payable to Derbyshire Healthcare staff in line with the current Agenda for Change (AfC) at the time of claim. The Committee will review the policy in 12 months and is recommending the approval of the policy. The policy is included at Appendix ii.

Recommendations

The Council of Governors is asked to:

- 1) Approve the proposal to work in partnership with Nottinghamshire Healthcare NHS Foundation Trust on the recruitment campaign for the Non-Executive Director appointment to the Trust Board**
- 2) Approve the re-appointment of Deborah Good, as Non-Executive Director, for a further three years from 1 March 2025**
- 3) Approve the revised Chair and Non-Executive Directors Expenses Policy.**

Deborah Good's Trust Biography

Deborah Good was appointed as Non-Executive Director at Derbyshire Healthcare NHS Foundation Trust on 1 March 2022.

Deborah, a former Housing Director, holds a BA and a Postgraduate Diploma in Housing. She has spent most of her career in the social housing sector, working to improve the quality of services for local communities.

Deborah has experience of serving on various multi-agency boards, including in her role as Executive Director of Customer Experience and Business Support at Solihull Community Housing and as Non-Executive Director at Derwent Living.

Deborah lives in Derbyshire and is a current Trustee of Artcore, a provider of visual arts to diverse communities across Derbyshire.

In her role as Non-Executive Director, Deborah will be a member of the Finance and Performance Committee, overseeing all aspects of financial management and operational performance. She will also sit on the Audit and Risk Committee, which ensures that the Trust has an effective system of integrated governance, risk management and internal control.

Deborah has been appointed for a three-year term of office, ending in March 2025.



Chair and Non-Executive Directors Expenses Policy

Service area	Issue date	Issue no.	Review date	
Trust Board	1 October 2024	2	30 September 2027	
Approved by:	Approval date	Responsibility for review:		
Council of Governors	3 September 2024 tbc	Governors' Nominations and Remuneration Committee		

Summary (Plain English) Summarise the main points of the policy below in a style that is clear and easy to understand. Ensure the whole policy is written in plain English, using simple language where possible and avoiding convoluted sentences and obscure words. The resulting policy should be easy to read, understand and use,

The policy describes expense rates that can be claimed by the Trust Chair and Non-Executive Directors.

Name / Title of policy/procedure	Chair and Non-Executive Directors expenses policy
Aim of Policy	<p>Chairs and Non-Executive Directors (NEDs) are entitled to claim expenses for travel, subsistence and other legitimate expenditure needed to perform their role effectively. They are also entitled to receive expenses for all legitimate travel costs from home to any place visited on Trust business and back to home again at the prevailing mileage rates.</p> <p>The Council of Governors sets the remuneration, allowances and other terms and conditions for Chairs and Non-Executive Directors.</p> <p>This policy sets out the expense rates that can be claimed.</p>
Sponsor (Director lead)	Director of Corporate Affairs and Trust Secretary
Author(s)	Director of Corporate Affairs and Trust Secretary

Name of policy being replaced	New Policy in 2021	Version No of previous policy: 1
Reason for document production:	To set out the expenses levels and any limitations.	
Commissioning individual or group:	Council of Governors via the Governors' Nominations and Remuneration Committee	

Version control (for minor amendments)

Date	Author	Comment
17 July 2024	Director of Corporate Affairs and Trust Secretary	First three-year review. Job titles amended and mileage rates section updated to reflect that the mileage rates mirror the rates payable to Trust staff.

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4	Overnight accommodation and other expenses	6
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6	Equality Act 2010	6

1 General

- a. Expenses are paid to the Trust Chair and Non-Executive Directors (NEDs) at rates set by the Council of Governors.
- b. With the exception of overnight accommodation and advance rail travel booked by the Trust through the Trust's travel provider, currently Click Travel, Chairs and NEDs will claim mileage and other expenses through the Trust's EASY expenses system. Receipts will need to be uploaded onto this system for approval.
- c. Claims should be submitted monthly on the EASY expenses system. Claims over three months old will be rejected and may need separate authorisation.
- d. For mileage claims, claimants must be authorised as a registered car user and upload the required documentation into the EASY expenses system as required, including a valid driving licence, valid insurance cover stipulating business use and if applicable a valid MOT.
- e. The Trust will not reimburse any parking fines or Road Traffic Offence tickets (i.e. speeding tickets, use of mobile phone whilst driving fine etc).
- f. NEDs (including the Chair) are members of the Board who are not employees of the Trust or holders of executive office, appointed under a contract for services.
- g. The remuneration and terms and conditions of appointment of NEDs are different to Executive Directors' who are on Very Senior Managers (VSM) terms and conditions, those of staff employed under Agenda for Change Terms and Conditions of Service (AfC) and those medical and dental staff employed on national terms and conditions of service (TCS) and pay arrangements. As an NHS Foundation Trust, Derbyshire Healthcare is free to determine its own terms and conditions of the contract for appointment for NEDs with due reference to NHS England's remuneration structure for Chairs and NEDs.

2 Travelling expenses

2.1 Home to office/base expenses

- Chair and NEDs are entitled to receive payment of 'home to office/base' expenses. The first and last journey of the day (home and back) is wholly taxable and the tax liability will be deducted at source through payroll. Office/base will be classed as the Ashbourne Centre, Kingsway Hospital.

- All other mileage will be classed as normal business miles. The first 45p paid per business mile is non-taxable as per current HMRC regulations and anything above is taxable through payroll.
- The EASY expenses system separates the two different mileage levels when claiming.

2.2 Mileage rates

- These are paid at the prevailing mileage rates payable to Derbyshire Healthcare staff at the time of claim, this includes passenger miles and the same rates for motorcycles and pedal cycles..

2.3 Public Transport

- The cost of travel by rail, bus and/or coach will be met. For clarity, this is limited to standard rail travel/fares only. Where practical, Chairs and NEDs should take advantage of any reduced fares available. Tickets for rail journeys planned in advance can be booked through the Trust's travel provider, currently Click Travel, booking the most economic rate available, ensuring value for money is secured.
- In addition, the cost of any seat reservation, storage of luggage and sleeping accommodation on any overnight journey will be met.
- Where there is a need for urgency, there is no public transport reasonably available or the Chair or NED has a disability or other need which would make the use of public transport impractical, the cost of any taxi fare will be met.
- Where there is a cost benefit (in term of travel and subsistence) or the organisation decides that the saving in time is so substantial as to justify travel by air, the costs of an economy flight and any airport taxes will be met. Any air travel will need to be pre-authorised.

3 Subsistence

- These are paid in line with the current Agenda for Change (AfC) rates applicable at the time of claim. Rates as of 1 October 2024 are set out in Annex 14 of the AfC regulations and replicated below. Receipts must be uploaded onto the EASY expense system.

Meal Allowance 24 hour period: £20

Evening meal: £15

Lunch: £5.00

4 Overnight accommodation and other expenses

- For the Chair or NEDs that live a significant distance from Derbyshire a cap of £100 expenses per night is applicable for overnight and breakfast accommodation. The number of overnight stays will be kept to a minimum level required to effectively carry out duties for the role and accommodation will be booked through the Trust's travel provider, currently Click Travel, booking the most economic rate available, ensuring value for money is secured.
- Claims for miscellaneous expenses such as parking or taxi fares will need to be supported by the original receipt which must be uploaded with the claim in the EASY expenses system.

5 Carer expenses

- Chairs and NEDs can claim re-imbusement of expenses incurred while on NHS business in relation to the provision of a carer for any relatives for whom they are responsible. The carer responsibility may be for a child or an elderly or infirm relative. The expenses must be receipted and in line with costs of providing such care in the locality. The care provider should be registered.
- The HMRC class payments made under these arrangements are a taxable benefit and will require tax to be deducted at source.

6 Equality Act 2010

- All reasonable adjustments will be met to ensure that no one covered by this Policy receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

Appendix 1 – Equality Impact Assessment

REGARDS EIRA: Assessing Equality Relevance (Stage 1)

1. Name of the service/policy/project or proposal (give a brief description):

Chair and Non-Executive Directors expenses policy

2. Answer the questions in the table below to determine equality relevance:

	Yes	No	Insufficient data / info to determine
Does the project/proposal affect service users, employees or the wider community, and potentially have a significant effect in terms of equality?		No	
Is it a major project/proposal, significantly affecting how functions are delivered in terms of equality?		No	
Will the project/proposal have a significant effect on how other organisations operate in terms of equality?		No	
Does the decision/proposal relate to functions that previous engagement has identified as being important to particular protected groups?		No	
Does or could the decision/proposal affect different protected groups differently?		No	
Does it relate to an area with known inequalities?		No	
Does it relate to an area where equality objectives have been set by our organisation?		No	

3. On a scale of high, medium or low assess the policy in terms of equality relevance.

	Tick below:	Notes:
High		If ticked all 'Yes' or 'Insufficient data'
Medium		If ticked some 'Yes' and / or 'Insufficient data' and some 'No'
Low	X	If ticked all 'No'

EIRA completed by: Director of Corporate Affairs and Trust Secretary

Date: 17 July 2024

Report from the Governance Committee

Purpose of Report

The Governance Committee of the Council of Governors (CoG) has met twice since its last report to the Council of Governors on 7 May 2024. This report provides a summary of those meetings on 12 June and 6 August including actions and recommendations made.

Executive Summary

Key matters discussed at the meetings had been:

- Feedback from governors’ engagement activities
- Consultation on the Trust’s new vision and values
- Consultation on the Trust’s new brand identity
- Reviewing the Committee’s Terms of Reference

Strategic Considerations

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

Risks and Assurances

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

Consultation

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

Governance or Legal Issues

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

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

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

Recommendations

The Council of Governors is requested to:

- 1) Note the report made of the Governance Committee meetings held on 12 June and 6 August
- 2) Approve the revised Governance Committee's Terms of Reference.

Report presented by: David Charnock, Co-Chair of the Committee
Appointed Governor, University of Nottingham

Report prepared by: Denise Baxendale, Membership and Involvement
Manager

Council of Governors – 3 September 2024

Report from the Governance Committee meeting held on 12 June 2024

13 (52%) governors attended the meeting.

Feedback From Governors' Engagement Activities

The Committee reviewed the activity log relating to the membership engagement by governors.

Review Governors Membership Engagement Action Plan

The Committee discussed different ways of engaging with members and the public and were encouraged to send Denise Baxendale updates to include in the Action Plan.

Consideration of Holding to Account Questions to Council Of Governors

There was one item to escalate from this meeting to the Council of Governors regarding the April Care Quality Commission (CQC) visit to the inpatient wards.

Governor Training and Development Including Feedback from Governors Who Have Attending Training Sessions

The Committee was given an overview of training and development received to date; and encouraged to attend the NHS Providers virtual governor conference on 9 July.

Consultation on new vision and values

The Deputy Chief Executive and Chief Delivery Officer gave an overview of the engagement work that is taking place to develop the new Trust Strategy and its vision and values. Governors comments were noted by the Deputy Chief Executive and Chief Delivery Officer.

Consultation On Brand Identity

The Trust's Digital and Design Officer and Communications Manager gave a presentation on the proposed brand identity which will replace the current branding when the new Trust Strategy is launched in November; and made a note of the Committee's feedback.

Report from the Governance Committee meeting held on 6 August 2024

16 (64%) governors attended the meeting.

Terms of Reference Annual Review

The Terms of Reference was reviewed by the Committee who noted Justine Fitzjohn's new job title (Director of Corporate Affairs and Trust Secretary).

The Committee recommends that the Council of Governors ratifies the amended Terms of Reference (see appendix i).

Update on Annual Members Meeting

The Annual Reports and Accounts for last year which will be presented at the meeting have now been laid before parliament and published on the Trust [website](#).

Governors were encouraged to attend the Annual Members Meeting.

Membership Data update and review of the Governors Engagement Action Plan

The membership data and governors engagement action plan is reviewed by governors every six months.

Feedback from governor engagement activities; and governor engagement

The Committee noted the engagement activities carried out by governors.

Process for governors annual effectiveness survey

The survey will be launched in September. All governors are encouraged to complete the survey.

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

Update on new Trust Strategy

The Deputy Chief Executive and Chief Delivery Officer gave an overview of the engagement work that is taking place to develop the new Trust Strategy and its vision and values.

Consideration of holding to account questions to the Council of Governors

Governors discussed the progress of the Making Room for Dignity Programme (MRFD) and requested that a briefing on this be presented to the Council of Governors in September followed by a fuller update in November.

Governor training and development

Governors fed back that the governor and board development session on 2 July was really beneficial in building on the relationship between the Council of Governors and Trust Board.

Governors also fed back on the governor system event that took place on 31 July. The Lead Governor will discuss next steps with her peers from the three other foundation trusts in Derbyshire.

Terms of Reference of the Governance Committee

Authority

The Council of Governors Governance Committee is constituted as a Committee of the Council of Governors. The Governance Committee 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.

1. Role

The Council of Governors Governance Committee shall be responsible for advice and support on:

1.1 Code of Conduct

1.1.1 Maintaining an overview of governor attendance and contribution in line with the Governors' Code of Conduct and best practice, ensuring effective processes are in place to deal with any non-compliance, behaviour or conduct issues.

1.1.2 Annual review of the Governors' Code of Conduct.

1.2 Membership & Engagement

1.2.1 Ensure governors have an agreed approach to member engagement and recruitment and that the Council of Governors' responsibilities are met in this respect.

1.2.2 To assist in creating opportunities to engage with governors constituents and to create new members and engage with existing members.

1.2.3 To assist in the recruitment of governors and in preparing them to fulfil their responsibilities.

1.2.4 Regularly review the Trust's membership data.

1.2.5 Maintain an oversight of governor involvement in Trust activities, ensure that those activities are coordinated and reported back to the Council of Governors.

1.2.6 Advise on arrangements for the Annual Members Meeting.

1.3 Quality

1.3.1 To consider the Trust's Quality Account and support the coordination of the governors' statement.

1.4 Holding to Account

1.4.1 Oversee engagement activities with Non-Executive Directors.

1.4.2 Make proposals for the Council's forward work programme, including items related to holding the board to account.

1.5 Training & Development

1.5.1 To consider the learning and development needs of the Council of Governors required to enable governors to undertake their role and responsibilities efficiently and effectively.

1.5.2 To reflect upon the training and development undertaken and review feedback received from governor development sessions.

1.6 Governance

1.6.1 Give due consideration to laws and regulations and the provisions of the NHS Foundation Trust Code of Governance.

1.6.2 Ensure the Council of Governors' annual effectiveness review is undertaken and outcomes presented to the Council of Governors with any required recommendations to discharge its role.

1.6.3 Review of any proposed changes to the Trust's constitution, making recommendations as required.

2. The Council of Governors shall not delegate any of its powers to the Governance Committee and the Governance Committee shall not exercise any of the powers of the Council of Governors.

3. Membership of the Committee

3.1 The Governance Committee shall comprise of elected Public Governors, Staff Governors and Appointed Governors.

3.2 The following are also invited to attend:

- Trust Chair (Chair of Council of Governors)
- Deputy Trust Chair in the absence of the Trust Chair
- **Director of Corporate Affairs and** Trust Secretary
- Membership and Involvement Manager.

4. Quorum

A Quorum shall comprise:

- a) Six governors
- b) One member of Trust staff, aside from Staff Governors.

5. Frequency of Meetings

5.1 The Committee shall meet bi-monthly and report regularly to the Council of Governors.

6. Planning & Administration of Meetings

6.1 Yearly the Committee shall elect from its membership, a governor to serve as Chair of the Committee who will be eligible for re-election after the term has expired.

6.2 The Committee shall elect from its membership, a governor to serve as a Deputy Chair.

6.3 The Membership and Involvement Manager will support the planning and administration of the Committee.

6.4 A suitably qualified member of staff should attend each meeting.

7. Review

7.1 The terms of reference of the Committee shall be reviewed by the Governance Committee annually and changes submitted to the Council of Governors for approval.

Governor Meeting Timetable May 2024 – March 2025

DATE	TIME	EVENT	LOCATION/COMMENTS
3/9/24	2pm – 5pm	Council of Governors meeting	Hybrid – face to face in Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
16/9/24	3pm-4pm	Informal catch up with Selina Ullah	Virtual
26/9/24	2.30pm-6.00pm	Annual Members Meeting	Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
1.10.24*	10.00 am onwards	Public Trust Board	Hybrid – Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
7/10/24	11.00am-12.00pm	Virtual informal catch up with Selina Ullah	MS Teams (for governors unable to meet with Selina in person in Chesterfield or Kingsway)
15/10/24	10am 12.30pm	Governance Committee	Hybrid –Kingsway Room 10, Kingsway House, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
5/11/24	9.30am onwards	Public Trust Board	Hybrid – Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
5/11/24	2pm – 5pm	Council of Governors meeting	Hybrid – face to face in Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
21/11/24	10am-12pm	Informal catch up with Selina Ullah	Coffee Lounge, Ashbourne Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
26/11/24	10am-12pm	Informal catch up with Selina Ullah	Bayheath House, Rose Hill West, Chesterfield, S40 1JF
2/12/24	11.00am-12.00pm	Virtual informal catch up with Selina Ullah	MS Teams (for governors unable to meet with Selina in person in Chesterfield or Kingsway)

4/12/24	2.30pm-5.00pm	Governance Committee	Hybrid –Kingsway Room 10, Kingsway House, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
14/1/25	9.30am onwards	Public Trust Board	Hybrid – Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
14/1/25	2pm – 5pm	Council of Governors and Trust Board development session	Conference Room A&B
3/2/25	11.00am-12.00pm	Virtual informal catch up with Selina Ullah	MS Teams (for governors unable to meet with Selina in person in Chesterfield or Kingsway)
5/2/25	10am-12.30pm	Governance Committee (includes NED appraisals)	Hybrid –Kingsway Room 10, Kingsway House, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
4/3/25	9.30am onwards	Public Trust Board	Hybrid – Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
4/3/25	2.00pm onwards	Council of Governors meeting	Hybrid – face to face in Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ

*this Public Trust Board has been rescheduled from 3.9.24 – please update your diaries

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

NHS Abbreviation	Term in Full
A	
A&E	Accident & Emergency
ACCT	Assessment, Care in Custody & Teamwork
ACE	Adverse Childhood Experiences
AC/RC	Approved Clinician/Responsible Clinician
ADHD	Attention Deficit Hyperactivity Disorder
ADI-R	Autism Diagnostic Interview-Revised
ADOS	Autism Diagnostic Observation Schedule (assessment)
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
AOVPN	AlwaysOn VPD (secure network access)
ASD	Autism Spectrum Disorder
ASM	Area Service Manager
ATR	Alcohol Treatment Requirement
ATU	Acute Treatment Unit
B	
BAF	Board Assurance Framework
BCP	Business Continuity Plan
BLS	Basic Life Support (ILS Immediate Life Support)
BMA	British Medical Association
BME	Black and Minority Ethnic group
BoD	Board of Directors
BPD	Borderline Personality Disorder
BPPC	Better Payment Practice Code
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
CDEL	Capital Departmental Expenditure Limit
CD-LIN	Controlled Drug Local Intelligence Network
CDMI	Clinical Digital Maturity Index
CE	Chief Executive
CEO	Chief Executive Officer
CESR	Certificate of Eligibility for Specialist Registration
CGA	Comprehensive Geriatric Assessment
CHPPD	Care Hours Per Patient Day
CIN	Children in Need
CIP	Cost Improvement Programme
CMDG	Contract Management Delivery Group
CMHF	Community Mental Health Framework
CMHT	Community Mental Health Team

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

NHS Abbreviation	Term in Full
CNST	Clinical Negligence Scheme for Trusts
COAT	Clinical Operational Assurance Team
COF	Commissioning Outcomes Framework
CoG	Council of Governors
COO	Chief Operating Officer
CP	Child Protection
CPA	Care Programme Approach
CPD	Continuing Professional Development
CPN	Community Psychiatric Nurse
CPR	Child Protection Register
CPRG	Clinical Professional Reference Group
CQC	Care Quality Commission
CQI	Clinical Quality Indicator
CQRG	Care Quality Review Group
CQUIN	Commissioning for Quality and Innovation
CRD	Clinically Ready for Discharge
CRG	Clinical Reference Group
CRH	Chesterfield Royal Hospital
CRHT	Crisis Resolution and Home Treatment
CROMS	Clinician Reported Outcome Measures
CRR	Case Record Reviews
CRS	(NHS) Care Records Service
CRS	Commissioner Requested Services
CSDS	Community Services Data Set
CSF	Commissioner Sustainability Fund
CSPR	Child Safeguarding Practice Review
CTO	Community Treatment Order
CTR	Care and Treatment Review
CYP	Children and Young People
D	
DAR	Divisional Assurance Review
DASP	Drug and Alcohol Strategic Partnership
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
DHR	Domestic Homicide Review
DISCO	Diagnostic Interview for Social and Communication Disorders (assessment)
DIT	Dynamic Interpersonal Therapy
DME	Director of Medical Education
DNA	Did Not Attend
DoC	Duty of Candour
DOF	Director of Finance
DoH	Department of Health
DOL	Deprivation of Liberty
DoLS	Deprivation of Liberty Safeguards
DON	Director of Nursing

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

NHS Abbreviation	Term in Full
DPA	Data Protection Act
DPI	Director of People and Inclusion
DPR	Divisional Performance Review
DPS	Data Protection and Security
DQMR	Data Quality Maturity Index
DRR	Drug Rehabilitation Requirement
DRRT	Dementia Rapid Response Team
DSAB	Derby and Derbyshire Safeguarding Adult Board
DSP	Data Security and Protection
DSCB	Derby and Derbyshire Safeguarding children Board
DSPT	Director of Strategy, Partnerships and Transformation
DTOC	Delayed Transfer of Care
DVA	Derbyshire Voluntary Action (formerly North Derbyshire Voluntary Action)
DWP	Department for Work and Pensions
E	
EbE	Expert by Experience
ECT	Enhanced Care Team
ECW	Enhanced Care Ward
ED	Emergency Department
EDS2	Equality Delivery System 2
EHCP	Education, Health and Care Plan
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 and Reprocessing Therapy
EMR	Electronic Medical Record
EPMA	Electronic Prescribing and Medicine Administration
ePMO	Electronic Programme Management Office
EPR	Electronic Patient Record
EPRR	Emergency Preparedness, Resilience and Response
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

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

NHS Abbreviation	Term in Full
GGI	Good Governance Institute
GIRFT	Getting it Right First Time
GMC	General Medical Council
GMP	Guaranteed Maximum Price
GP	General Practitioner
GPFV	General Practice Forward View
H	
HCA	Healthcare Assistant
HCP	Healthy Child Programme
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
HFMA	Healthcare Financial Management Association
HoNOS	Health of the Nation Outcome Scores
HoP	Head of Practice
HOPE(s)	The HOPE(s) model is an ambitious human rights-based approach to working with individuals in segregation, developed from research and clinical practice
HSCIC	Health and Social Care Information Centre
HSE	Health and Safety Executive
HV	Health Visitor
HWB	Health and Wellbeing Board
I	
IAPT	Improving Access to Psychological Therapies
Icare	Increase Confidence, Attract, Retain, Educate
ICB	Integrated Care Board
iCIMS	Internet Collaborative Information Management System
ICM	Insertable Cardiac Monitor
ICO	Information Commissioner's Office
ICS	Integrated Care System
ICT	Information and Communication Technology
ICU	Intensive Care Unit
IDVAs	Independent Domestic Violence Advisors
IFRS	International Financial Reporting Standards
IG	Information Governance
ILS	Immediate Life Support (BLS – Basic Life Support)
IMHA	Independent Mental Health Advocate
IMT	Incident Management Team
IMT&R	Information Management, Technology and Records
INQUEST	
IPP	Imprisonment for Public Protection
IPR	Integrated Performance Report
IPS	Individual Placement and Support
IPT	Interpersonal Psychotherapy
IRHTT	In-reach Home Treatment Team
IRT	Incident Review Tool
J	
JCVI	Joint Committee on Vaccination and Immunisation
JDF	Junior Doctor Forum
JLNC	Joint Local Negotiating Committee
JNCC	Joint Negotiating Consultative Committee

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

NHS Abbreviation	Term in Full
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
LAC	Looked After Children
LCFS	Local Counter Fraud Specialist
LA – CYPD	Local Authority – Children and Young People Divisions
LADO	Local Authority Designated Officer
LD	Learning Disabilities
LD/A	Learning Disability and Autism
LeDeR	Learning Disabilities Mortality Review
LFPSE	Learn from Patient Safety Events
LHP	Local Health Plan
LHWP	Local Health and Wellbeing Board
LNC	Local Negotiating Committee
LOS	Length of Stay
LPS	Liberty Protection Safeguards
LTP	Long Term Plan
LTS	Long Term Segregation
LWSTO	Living Well Short-Term Offer
M	
MADE	Multi-agency Discharge Event
MAPPA	Multi-agency Public Protection Arrangements
MARAC	Multi-agency Risk Assessment Conference (meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, probation, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs) and other specialists from the statutory and voluntary sectors)
MARS	Mutually Agreed Resignation Scheme
MAS	Memory Assessment Service
MASH	Multi-Agency Safeguarding Hub
MAST	Management and Supervision Tool
MAU	Medical Assessment Unit
MBU	Mother and Baby Unit
MCA	Mental Capacity Act
MD	Medical Director
MDA	Medical Device Alert
MDM	Multi-Disciplinary Meeting
MDT	Multi-Disciplinary Team
MFA	Multi-Factor Authentication
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

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

NHS Abbreviation	Term in Full
MHOST	Mental Health Optimal Staffing Tool
MHRA	Medical and Healthcare products Regulatory Agency
MHRT	Mental Health Review Tribunal
MHSDS	Mental Health Services Data Set
MMC	Medicines Management Committee
MoU	Memorandum of Understanding
MPAC	Multi-Professional Approved Clinician
MSC	Medical Staff Committee
MSK	Musculoskeletal (conditions)
MSP	Medicines Safety and Practice
MST	Multisystemic Therapy
MSU	Medium Secure Unit
N	
NCRS	National Cancer Registration Service
ND	Neuro-development
NED	Non-Executive Director
NETS	National Educational Training Survey
NHS	National Health Service
NHSE	National Health Service England
NHSI	National Health Service Improvement
NHSEI	NHS England and NHS Improvement
NICE	National Institute for Health and Care Excellence
NIHR	National Institute for Health Research
NIMS	National Incident Management System
NIVS	National Immunisation and Vaccination System
NPS	National Probation Service
NQB	National Quality Board
O	
OBC	Outline Business Case
ODG	Operational Delivery Group
OOA	Outside of Area
OPMO	Older People's Mental Health Services
OP	Outpatient
OSC	Overview and Scrutiny Committee
OT	Occupational Therapy
P	
PAB	Programme Assurance Board
PAG	Programme Advisory Group
PALS	Patient Advice and Liaison Service
PAM	Payment Activity Matrix
PARC	Psychosis and the reduction of cannabis (and other drugs)
PARIS	This is an electronic patient record system
PbR	Payment by Results
PCC	Police & Crime Commissioner
PCC	People and Culture Committee
PCN	Primary Care Networks
PDSA	Plan, Do, Study, Act
PFI	Private Finance Initiative
PFF	Probation Feedback Form
PHC	Public Health Commissioners
PHCIC	Physical Healthcare and Infection Control Committee

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

NHS Abbreviation	Term in Full
PHE	Public Health England
PICU	Psychiatric Intensive Care Unit
PID	Project Initiation Document
PiPoT	Persons in a Position of Trust
PLACE	Patient-Led Assessments of the Care Environment
PLIC	Patient Level Information Costs
PMF	Performance Management Framework
PMH	Perinatal Mental Health
PMLD	Profound and Multiple Disability
PPE	Personal Protection Equipment
PPI	Patient and Public Involvement
PPT	Partnership and Pathway Team
PQN	Perinatal Quality Network
PREM	Patient Reported Experience Measure
PROMS	Patient Reported Outcome Measures
PSF	Provider Sustainability Fund
PSII	Patient Safety Incident Investigations
PSIRF	Patient Safety Incident Review Framework
PSQG	Patient Safety and Quality Group
Q	
QAG	Quality Assurance Group
QASI	Quality Assurance Serious Incidents
Q&SC	Quality and Safeguarding Committee
QEIA	Quality and Equality Impact Assessment
QIA	Quality Impact Assessment
QIPP	Quality, Innovation, Productivity Programme
R	
RAID	Rapid Assessment, Interface and Discharge
RAP	Recovery Action Plan
RCGP	Royal College of General Practitioners
RCI	Reference Cost Index
REGARDS	Race, Economic disadvantage, Gender, Age, Religion or belief, Disability and Sexual orientation
ReQoL	Recovering Quality of Life
ROM	Reported Outcome Measure
RRP	Recruitment Retention Proposal
RTT	Referral to Treatment
S	
s132	Section 132 of the Mental Health Act: As soon as a patient is detained under the Act the patient must be given their rights orally and in writing unless it is not practicable at that time. If this is the case, it must be documented in the patient's electronic care record
s136	Section 136 of the Mental Health Act: Police can use emergency powers if they think you have a mental disorder, you're in a public place and need immediate help. They can take you or keep you in a place of safety, where your mental health will be assessed.
SAAF	Safeguarding Adults Assurance Framework
SAR	Safeguarding Adult Review
SAS Doctor	Specialist, Associate Specialist and Specialty Doctor
SBARD	Situation, Background, Assessment, Recommendation and Decision (SBARD) tool
SBS	Shared Business Services

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

NHS Abbreviation	Term in Full
SCPHN	Specialist Community Public Health Nurse
SEND	Special Educational Needs and Disabilities
SFI	Standing Financial Instructions
SI	Serious Incidents
SIG	Serious Incident Group
SID	Senior Independent Director
SIDS	Sudden Infant Death Syndrome
SIRI	Serious Incident Requiring Investigation
SLA	Service Level Agreement
SLaM	South London and Maudsley NHS Trust
SLR	Service Line Reporting
SMI	Severe Mental Illness
SNOMED CT	Systemised Nomenclature of Medicine – Clinical Terms
SOAD	Second Opinion Appointed Doctor
SOC	Strategic Options Case
SOF	Single Operating Framework
SOP	Standard Operating Procedure
SPOA or SPA	Single Point of Access
SPOE	Single Point of Entry
SPOR	Single Point of Referral
SSQD	Specialised Services Quality Dashboards
STEIS	Strategic Executive Information System
STF	Sustainability and Transformation Fund
STOMP/STAMP	Stopping The Over-Medication of children and young People with a learning disability, autism or both / Supporting Treatment and Appropriate Medication in Paediatrics
STP	Sustainability and Transformation Partnership
SUI	Serious (Untoward) Incident
SW	Social Worker
SystemOne	Electronic patient record system
T	
TAV	Team Around the Family
TARN	Trauma Audit and Research Network
TCP	Transforming Care Partnerships
TCS	Transforming Community Services
TDA	Trust Development Authority
TIC	Trauma Informed Care
TLT	Trust Leadership Team
TMAC	Trust Medical Advisory Committee (now Medical Senate)
TMT	Trust Management Team
TMTC	Trust Medical Training Committee
TOIL	Time Off In Lieu
TOOL	Trust Operational Oversight Leadership
TUPE	Transfer of Undertakings (Protection of Employment) Regulations 1981
U	
UHDB	University Hospitals of Derby and Burton
UEC	Urgent and Emergency Care
V	
VARM	Vulnerable Adult Risk Management
VCOD	Vaccination as a Condition of Deployment
VFM	Value For Money

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

NHS Abbreviation	Term in Full
VO	Vertical Observatory
VTE	Venous Thromboembolism
W	
WDES	Workforce Disability Equality Standard
WRES	Workforce Race Equality Standard
WTE	Whole Time Equivalent
Y	
YTD	Year to Date

(Updated 19 August 2024)