

**COUNCIL OF GOVERNORS' MEETING – TUESDAY 5 MARCH 2024
FROM 14.00 – 17.00 HOURS**

This 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](#).

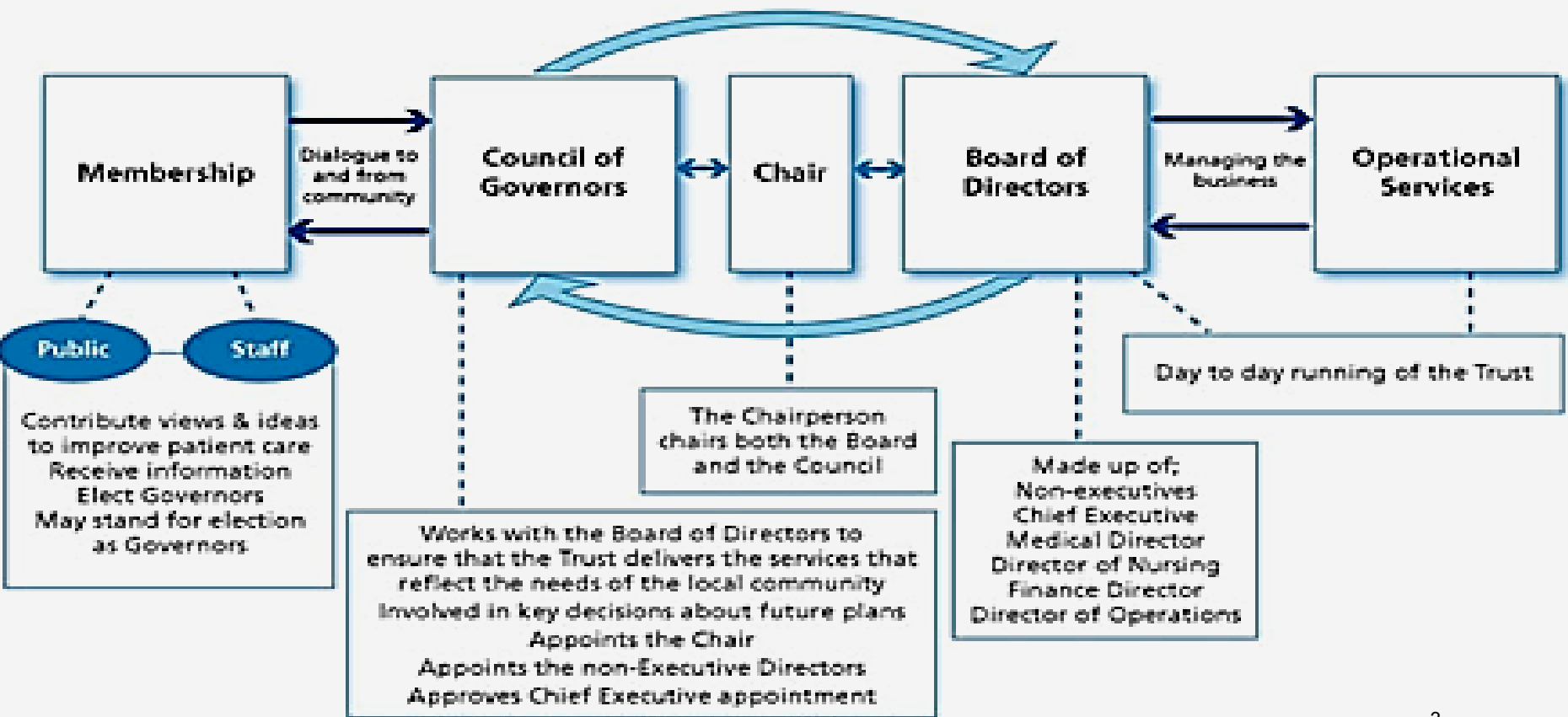
AGENDA		LED BY	TIME
1.	Welcome, introductions and Chair's opening remarks Apologies and Declaration of Interests	Selina Ullah	14.00
2.	Submitted questions from members of the public	Selina Ullah	14.05
3.	Minutes of the previous meeting, held on the 7 November 2023	Selina Ullah	14.10
4.	Matters arising and actions matrix	Selina Ullah	14.15
5.	Chief Executive's update (verbal)	Mark Powell	14.20
6.	Living Well Derbyshire programme update	Vikki Ashton Taylor and Becki Priest	14.30
STATUTORY ROLE			
7.	Development of Annual Plan: consult on annual planning process	Vikki Ashton Taylor and James Sabin	14.45
8.	Update on Trust Strategy development	Vikki Ashton Taylor	15:05
9.	Report from Governors Nominations & Remuneration Committee, held on 13 February 2024	Selina Ullah	15.20
COMFORT BREAK			15.25
HOLDING TO ACCOUNT			
10.	Non-Executive Directors Report	Tony Edwards and Deborah Good	15.35
11.	Escalation items to the Council of Governors from the Governance Committee (verbal)	Selina Ullah	15.55
12.	Verbal summary of Integrated Performance Report (full report provided for information)	Non-Executive Directors	16.05
OTHER MATTERS			
13.	Review of Governors Membership Engagement Action Plan	Denise Baxendale	16.25
14.	Governance Committee Report	David Charnock	16.35
15.	Governor Training and Development Schedule (verbal)	Denise Baxendale	16.40
16.	Election update	Denise Baxendale	16.45
17.	Any Other Business	Selina Ullah	16.50
18.	Review of meeting effectiveness and following the principles of the Code of Conduct	Selina Ullah	16.55
19.	Close of meeting	Selina Ullah	17.00
FOR INFORMATION			
20.	* Public Board agenda and papers for 5 March 2024, including: <ul style="list-style-type: none"> Minutes of the Public Board meeting held on 16 January 2024 		

	<ul style="list-style-type: none"> • Chair's Report • Chief Executive's Report
21.	Governor meeting timetable 2024/2025
22.	Glossary of NHS terms
Next meeting: 7 May 2024 from 14:00-17:00 hours.	

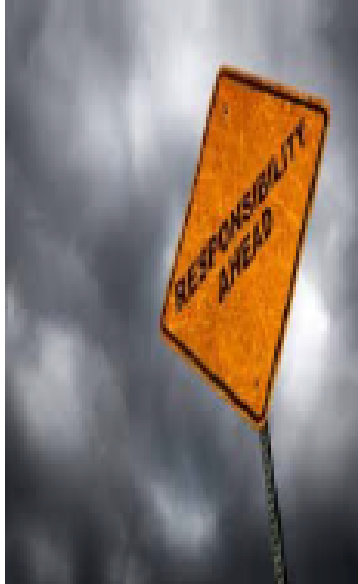
* Public Board papers will be available to view on the [Trust's website](#). Click on the 2024/25 drop down menus and select the relevant agenda and papers.

Getting the balance right

FT Governance Arrangements



The implications for governors and 'holding to account'



- How are the Board complying with best practice – and obligations ?
- How are the Board reaching the right decisions ?
- How are the Board assuring themselves that the trust is delivering safe and effective care ?
- ❖ The performance of the Trust is the Board's concern;
- ❖ The performance of the Board is the Governors' concern !

how do we ask effective questions?

Good questions

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

how do we ask effective questions?

Good questions

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

Our vision

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

Our values

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

People first – we work compassionately and supportively with each other and those who use our services. We recognise a well-supported, engaged and empowered workforce is vital to good patient care.

Respect – we respect and value the diversity of our patients, colleagues and partners and for them to feel they belong within our respectful and inclusive environment.

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

Do your best – we recognise how hard colleagues work and together we want to work smarter, striving to support continuous improvement in all aspects of our work.



**MINUTES OF COUNCIL OF GOVERNORS MEETING
HELD ON TUESDAY 7 NOVEMBER 2023, FROM 14:00-16:56 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
	Rob Poole	Public Governor, Bolsover and North East Derbyshire
	Ruth Grice	Public Governor, Chesterfield
	Jill Ryalls	Public Governor, Chesterfield
	Ogechi Eze	Public Governor, Derby City West
	Chris Williamson	Public Governor, Derby City West
	Andrew Beaumont*	Public Governor, Erewash
	Brian Edwards *	Public Governor, High Peak and Derbyshire Dales
	Hazel Parkyn	Public Governor, South Derbyshire and Deputy Lead Governor
	Marie Hickman*	Staff Governor, Admin and Allied Support Staff
	Kel Sims	Staff Governor, Admin and Allied Support Staff
	Jan Nicholson*	Staff Governor, Allied Professions
	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
	Vikki Ashton Taylor	Director of Strategy, Partnerships and Transformation
	Dave Mason	Interim Director of Nursing and Patient Experience
	David Tucker	Interim Director of Operations
	Denise Baxendale	Membership and Involvement Manager
	Justine Fitzjohn*	Trust Secretary
	Lynn Andrews*	Non-Executive Director
	Tony Edwards *	Non-Executive Director
	Deborah Good	Non-Executive Director
	Ashiedu Joel*	Non-Executive Director
	Ralph Knibbs*	Non-Executive Director
For 2023/049	Becki Priest	Deputy Director of Practice and Transformation,
For 2023/049	Rachel Yates	Living Well Practice Lead
For 2023/049	Laura Mcara	General Manager
For 2023/049	Leanne Walker	Living Well Project Support Officer – Lived Experience

* Denotes the attendees in Kingsway Room 10, Kingsway House, Derby.

APOLOGIES

Susan Ryan	Public Governor, Amber Valley and Lead Governor
Tom Bladen	Public Governor, Derby City East
Graeme Blair	Public Governor, Derby City East

Laurie Durand	Staff Governor, Medical
Jo Foster	Staff Governor, Nursing
Stephen Wordsworth	Appointed Governor, University of Derby
Jodie Cook	Appointed Governor, Derbyshire Mental Health Forum
Geoff Lewins	Non-Executive Director

ITEM	<u>ITEM</u>
DHCFT/GOV/ 2023/045	<p><u>WELCOME, INTRODUCTIONS, APOLOGIES FOR ABSENCE AND DECLARATION OF INTERESTS</u></p> <p>Selina Ullah, Trust Chair welcomed all to the meeting. Apologies were noted above. There were no declarations of interest.</p>
DHCFT/GOV/ 2023/046	<p><u>SUBMITTED QUESTIONS FROM MEMBERS OF THE PUBLIC</u></p> <p>It was noted that no questions from members of the public have been received.</p> <p>Selina Ullah referred to service user presentations at Public Boards which give a useful insight into how people perceive the services provided by the Trust.</p> <p>Selina also referred to the question that had been submitted to the Public Board earlier in the day which looked was asking why the Trust did not provide an alternative to Electroconvulsive therapy (ECT) called Repetitive Transcranial Magnetic Stimulation (rTMS). It was noted that Arun Chidambaram, Medical Director was investigating whether this treatment would be appropriate to use in the services provided by the Trust. Once explored, a business case for funding would be presented to ELT for further consideration. Christine Williamson, Public Governor mentioned that rTMS was discussed at a Quality Visit she had attended and was pleased that the Trust was looking into its appropriateness for service users.</p>
DHCFT/GOV/ 2023/047	<p><u>MINUTES OF THE MEETING HELD ON 5 SEPTEMBER 2023</u></p> <p>The minutes of the meeting held on 5 September 2023 were accepted as a correct record.</p>
DHCFT/GOV/ 2023/048	<p><u>MATTERS ARISING AND ACTION MATRIX</u></p> <p>No matters were raised. Governors agreed to close all completed actions. All 'green' actions have been scrutinised to ensure they were fully complete. Updates on actions have been made on the Actions Matrix.</p>
DHCFT/GOV/ 2023/049	<p><u>LIVING WELL DERBYSHIRE PROGRAMME UPDATE</u></p> <p>Vikki Ashton Taylor, Director of Strategy, Partnerships and Transformation; Laura Mcara, General Manager; Becki Priest, Deputy Director, Chief Allied Health Professionals; Rachel Yates, Living Well Practice Lead; and Leanne Walker, Living Well Project Support Officer – Lived Experience presented an update of the Living Well Derbyshire programme. The update included:</p> <ul style="list-style-type: none"> • An overview of the Living Well Derbyshire programme • Feedback and engagement • Key benefits for patients, carers and colleagues • The roll out of phase one • Planned roll out for phase two

	<ul style="list-style-type: none"> • Timescale for launching services across Derbyshire in 2023/24. <p>Angela Kerry, Public Governor asked if there is an opportunity for governors to attend the meetings to listen to feedback. Laura Meara confirmed that governors are welcome to attend as it is a collaborative.</p> <p>Jill Ryalls, Public Governor asked how people in Derbyshire will be able to engage with Living Well and if people are able to refer themselves into the service. Becki explained that the majority of people will be able to access the service through their GPs and once accessed people will then be able to self refer. Jill also asked if social workers will be able to refer people and Becki confirmed that in the future social workers, voluntary sector, police and primary care workers will also be able to refer people to the service.</p> <p>Leanne Walker explained that this is the largest transformation in adult healthcare across England since the NHS was established. Living Well Derbyshire means that all organisations will be working together as one team.</p> <p>Brian Edwards, Public Governor attended a High Peak and Dales Engagement group organised by Mental Health Together where it was noted that staff were very enthusiastic and want to make it work. He confirmed that he was encouraged by the enthusiasm that colleagues were showing.</p> <p>Discussion took place on the importance of patients not having to tell their story more than once and patient confidentiality. Monitoring of the service was also discussed. Vikki explained that the programme will be monitored as stipulated in the Community Mental Health Framework and there are a number of measures that are monitored regionally and nationally by NHS England (NHSE). Leanne also mentioned that the Trust is working with Mental Health Together (a commissioned engagement service) where feedback is being gathered from service users.</p> <p>Selina Ullah thanked colleagues for the presentation and was pleased to see how the service is being developed. She invited the team to return to give an update once phase two is rolled out.</p> <p>RESOLVED: The Council of Governors noted the update.</p> <p>ACTION: Vikki Ashton Taylor will give an update on the Living Well Programme to the Council of Governors on 5 March 2024.</p>
<p>DHCFT/GOV/2023/050</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"> • The Care Quality Commission (CQC) had recently undertaken an unannounced focused inspection on Ward 35, Radbourne Unit. It was noted that an update on actions from the inspection was presented at the Public Trust Board that took place this morning, which governors are encouraged to read. Apologies were conveyed to the Council of Governors for not notifying them of this before it was available in the public domain. It was noted that the Trust is responding to the recommendations made and that CQC are happy with the progress the Trust is making. Alison Martin, Appointed Governor expressed her disappointment that she had read about the inspection in the

Derby Telegraph, before being notified by the Trust and sought assurance that governors would be made aware of future inspections sooner.

- The Consultants and Junior Doctors ongoing industrial actions is an ongoing challenge. The Trust is endeavouring to reduce the impact on services as much as possible, but some appointments have had to be cancelled and rearranged.
- The Trust is working hard on its financial position. An ongoing programme of work continues to be scrutinised by the Trust's Finance and Performance Committee.
- Right Care Right Person (RCRP) – this is a recent national agreement acknowledging Police are increasingly involved in responding to the public with a range of health or social circumstance needs including those having some form of mental health distress when they are not necessarily the most appropriate agency to respond. Police involvement in these circumstances can result in those people with a mental health need and/or in a crisis experiencing greater distress and having poorer experiences of the mental health care pathway. While there will always be cases where the Police need to be involved in responding to someone in a mental health crisis, the RCRP approach will ensure the Police are only involved in mental health situations where necessary (i.e. absconsions). This means that from the provisional implementation date of April 2024, Police involvement will only occur where there is a real and immediate risk to life or serious harm, or where a crime or potential crime is involved. Mark Powell reiterated that as this is a change in policy there will be no additional funding. Kel Sims, Staff Governors suggested that people need to be made aware of these changes. Mark Powell explained that once guidance has been received a plan will be drawn up with partners.
- A new Trust Strategy, as discussed at the recent Staff Conference is in the process of being produced. This will be developed over a lengthy period of time beginning in January 2024. It is envisaged that the Trust Strategy will be launched in October 2024. Consultations will take place and the Trust is keen that it is co-produced. It was confirmed that governors will be involved in this process.
- New services provided by the Trust have been launched including the East Midlands Perinatal collaborative of which the Trust is the lead.
- A Crisis House and safe haven have been set up in Chesterfield. This is part of a wider programme of partnership activity led by NHS Derby and Derbyshire Integrated Care Board (ICB) and Joined Up Care Derbyshire which aims to improve outcomes for people and reduce the need for people to attend hospital Emergency Departments when they are experiencing immediate mental health needs.
- Achievements and celebrations of Trust staff were outlined in his report to the Board (add link for governors). These included:
 - [Trust Chair, Selina Ullah](#), who was recognised by the HSJ (Health Service Journal) in October as one of the most influential minority ethnic health leaders
 - At the APNA (Asian Professionals National Alliance) conference and awards in September the Trust won the 'Trust of the Year'

	<p>award for promoting equality, diversity and inclusion and Chief Operating Officer, Ade Odunlade was named the ‘Mentoring and Coaching Champion’ of the year</p> <ul style="list-style-type: none"> - Leanne Walker, Living Well Project Support Officer, received the Lived Experience Leader Award at the National Service User Awards on 20 September. <p>Brian Edwards referred to the financial position and the underlying deficit at the end of the year. It was noted that the Trust is not an outlier and many Trusts are feeling challenged by their financial positions. It was also noted that the new Perinatal Service has been commissioned by NHS England and has additional resources to run this collaborated service.</p> <p>RESOLVED: The Council of Governors noted the update.</p>
<p>DHCFT/GOV/2023/051</p>	<p><u>WELL LED REVIEW UPDATE</u></p> <p>Selina Ullah provided the Council of Governors with a summary report from the External Development Review of Leadership and Governance using the Well Led Framework.</p> <p>It was noted that governors have received updates on the Trust’s well led work in terms of preparing for the Board Well Led element of a Care Quality Commission (CQC) inspection but also on the external development review against the Well Led Framework. A Governor Task and Finish Well Led group was set up and governors were involved in a focus group as part of the Well Led Review (WLR) that was carried out by the Office of Modern Governance (OMG), led by Moosa Patel.</p> <p>The final WLR report which includes the recommendations was presented to governors.</p> <p>Discussion followed and governors agreed that the report was a fair assessment and noted that all actions and recommendations will be monitored through the Trust’s Audit and Risk Committee.</p> <p>Brian Edwards commented that it was a good report and mentioned that all enquiries begin with displeased patients. He asked how sensitive the Trust is to patient groups and if governors should be involved in the groups.</p> <p>Selina Ullah explained that there is a structure for patient and carer interest groups and there is a complaint process accessible through the Patient Experience Team. There are lots of ways that the Trust is engaging and listening to people using our services.</p> <p>Mark Powell, Chief Executive reiterated the importance of engagement groups and the formal process that an individual has access to for complaints. He also reiterated that if people are still unsatisfied once they have gone through the formal complaints process he will meet with people to discuss further.</p> <p>Kel Sims, Staff Governor reminded governors that the governor role is not to be involved in operational issues but to have insight and views on Trust services through members and the public. She explained that the role of the Non-Executive Directors (NEDs) is to be responsible for holding the Executive Directors to account for the performance of the Trust and governors to hold NEDs to account for the performance of the Board. The</p>

	<p>importance of receiving feedback from members and the public was emphasised so that any issues/concerns relating to the services we provide can be formulated into assurance questions to escalate to the Council of Governors.</p> <p>RESOLVED: The Council of Governors noted the content of the report and the recommendations overall including those relating to the Council of Governors.</p>
<p>DHCFT/GOV/2023/052</p>	<p><u>COUNCIL OF GOVERNORS ANNUAL EFFECTIVENESS SURVEY</u></p> <p><i>(Due to other commitments Hazel Parkyn left the meeting.)</i></p> <p>Denise Baxendale, Membership and Involvement Manager, presented the results of the Annual Effectiveness Survey of the Council of Governors. It was noted that the survey is carried out yearly in line with best practice. Initially the results were presented and discussed in full at the Governance Committee on 11 October 2023. It was noted that:</p> <ul style="list-style-type: none"> • A total of 13 governors responded, this equated to 52% (compared to 85.18% last year) • The positive response rate remains high • All governors who responded with ‘Disagree’ have been contacted to provide further information • Some questions included responses of ‘Don’t know’ some of these are from new governors, for others it could identify a training need. <p>Jill Ryalls expressed her appreciation to Denise for all her support.</p> <p>RESOLVED: The Council of Governors:</p> <ol style="list-style-type: none"> 1) Noted the outcome of the Council of Governors annual effectiveness survey 2023 2) Agreed that the survey should be repeated in September 2024 3) Noted the proposed additional actions developed in response to the survey feedback to further enhance the effectiveness of the Council of Governors.
<p>DHCFT/GOV/2023/053</p>	<p><u>NON-EXECUTIVE DIRECTOR (NED) REPORT FROM THE CHAIR OF QUALITY AND SAFEGUARDING COMMITTEE</u></p> <p>Lynn Andrews as Chair of Quality and Safeguarding Committee presented her report which summarised her activities as a NED from October 2022 to November 2023. The report focused on the Quality and Safeguarding Committee which Lynn has chaired for almost a year. She explained that the Committee is accountable for assuring the Board and Council of Governors that the Trust provides great care and summaries of items discussed and assurance where required are presented at Board meetings.</p> <p>Lynn explained that the purpose of the Committee is to obtain assurance that the Trust is providing high standards of care, promote safety, ensure risks are managed and that the Trust is complying with Schedule 4 (Quality) of the NHS contract. The Committee is also responsible for ensuring the Trust meets its statutory responsibility for safeguarding to ensure better outcomes for children and vulnerable adults.</p> <p>Selina Ullah conveyed her appreciation to Lynn for proving such an informative report.</p>

	<p>RESOLVED: The Council of Governors noted the Non-Executive Director’s updates and gained assurance from these.</p>
<p>DHCFT/GOV/ 2023/054</p>	<p><u>ESCALATION ITEM TO THE COUNCIL OF GOVERNORS FROM THE GOVERNANCE COMMITTEE</u></p> <p>One item of escalation was received from the Governance Committee meeting held on 11 October 2023:</p> <p><i>“The NHS Derby and Derbyshire Integrated Care Board (ICB) is responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in Derby City and Derbyshire.</i></p> <p><i>Derbyshire Healthcare NHS Trust is a key partner in developing and delivering this plan.</i></p> <p><i>Governors seek assurance on how the Trust is represented on the ICB board and sub-groups. In addition, governors also seek assurance on how the views of Derbyshire Healthcare NHS Trust governors and service users are being represented.”</i></p> <p>The response to the question attached as Appendix 1 to these minutes, was read out at the meeting.</p> <p>Brian Edwards commented that the Integrated Care Board minutes are available to access on Joined Up Care Derbyshire website.</p> <p>Brian Edwards asked who makes the decisions on wait lists for example hip replacements versus Autism. Vikki confirmed that the commissioning function sits with the ICB. She assured governors that collaborative discussions take place around priorities which sits with the Five Year Plan.</p> <p>Alison Martin, Appointed Governor explained that in her capacity as Councillor, she is Chair of the Integrated Care Partnership (ICP). She explained that the ICB is a key partner within the ICP. She also referred to the local health and well being boards and suggested that there is a need to erase duplication across the system. She offered to discuss this further with the Chief Executive.</p> <p>RESOLVED: The Council of Governors noted the response.</p>
<p>DHCFT/GOV/ 2023/055</p>	<p><u>NON-EXECUTIVE DIRECTORS VERBAL SUMMARY ON THE INTEGRATED PERFORMANCE REPORT</u></p> <p>Tony Edwards, Chair of the Finance and Performance Committee gave a summary of the Trust’s operations which included:</p> <ul style="list-style-type: none"> • Waiting times for diagnosis of Autism Spectrum Disorder (ASD) continue to be a challenge. He explained that the Trust was carrying out more assessments than commissioned for; and that the Trust was exploring why some general practitioners (GPs) were referring more people. The outcome of this work will be presented to the Board Committees. Jan Nicholson, Staff Governor also confirmed that the wait times for community paediatric services for people to receive treatment is also challenging.

- Progress is being made with the wait times for Talking Therapies, psychological services and bed occupancy
- Regarding agency and spend Tony explained that the Trust's improvement programme is looking at savings in this year on non-recurring items for example not filling vacancies. However, it was noted that non-recurrent savings do not help the finances year on year and do not help the Trust's underlying position.

Brian Edwards expressed concern that only 51% of people have had their care plan reviewed in the last 12 months. Lynn Andrews confirmed that the Trust is carrying out Deep Dives to look at this issue. She confirmed that NHS Foundation Trusts no longer need to use Care Programme Approach so the willingness for staff to complete Care Plans has waned. Governors were assured that the Interim Director of Nursing and Patient Experience was looking at a strategic approach going forwards. It was also noted that some people are not aware of what a care plan looks like.

Angela Kerry, Public Governor noted that the Trust is not the only provider of Talking Therapies in Derby and Derbyshire, but that we have more interventions which are more costly to support than other organisations. She asked if this is looked at in the system. Mark Powell explained that services are commissioned through specific specification with interventions and no service is paid more for getting better outcomes. He also explained that individuals find it easier to access Trust services and these people often have more complex needs that require more intervention than other talking therapy services provided by other organisations. Selina Ullah also commented that the interventions that are put in place to avoid people going into crisis may be saving the Trust money in the long term.

Ralph Knibbs, Chair of People and Culture Committee referred to the following from a people perspective:

- The Trust is working on an agency reduction programme which is being monitored by the Senior Leadership Teams (SLT) on a weekly basis.
- Clinical and management supervision has plateaued and work is ongoing to increase this. 360 assurance, the Trust's Internal Auditor is looking into the process for supervision. It is envisaged that impact on this will be seen in two to three months. The People and Culture Committee are looking at how success should look. Different indicators by People Services are being introduced to understand how teams can be supported to eradicate the blame culture that is evident in some services.
- The staff survey opened on 25 September and closes on 24 November. Staff are being encouraged to complete the survey. To date it has been completed by 45% of staff. Communications is being rolled out which includes a 'You said, we did' on last year's survey to encourage a higher response rate.

Lynn Andrews, Chair of Quality and Safeguarding Committee gave the quality update and referred to Care Programme Approach (CPA) and care plans. The Committee is looking at measures to try to balance the operational issues. She confirmed that there has been a slight improvement on bed occupancy. The use of seclusion and restraint has not increased

	<p>and the Trust has recently introduced electronic prescribing which may help to reduce medical incidents.</p> <p>RESOLVED: The Council of Governors noted the update provided by the Non-Executive Directors on the Integrated Performance Report and gained assurance from this.</p>										
<p>DHCFT/GOV/2023/056</p>	<p><u>ANNUAL MEMBERS MEETING FEEDBACK</u></p> <p>Denise Baxendale presented feedback on the Annual Members Meeting (AMM) which took place on 20 September 2023 and included:</p> <ul style="list-style-type: none"> • 57 attendees (although over 70 had booked a place) • Promotion of the AMM – which included press releases, social media, members magazine, stakeholders, voluntary sector • Positive comments relating to the work of the Trust’s Occupational Therapists and how they help and support service users on wards and within the community with a variety of activities • Input from services users, carers and experts by experience and how they are involved in developing and improving services provided by the Trust was welcomed. <p>It was noted that a governors task and finish group was being established to plan next year’s AMM which is taking place on 26 September 2024.</p> <p>Selina Ullah conveyed her appreciation to Denise for her dedication and commitment in organising such a positive AMM.</p> <p>RESOLVED: The Council of Governors noted the update.</p>										
<p>DHCFT/GOV/2023/057</p>	<p><u>FORTHCOMING GOVERNOR ELECTIONS</u></p> <p>Denise Baxendale confirmed that the Council of Governors have the following vacancies. These include the seats of those governors whose term of office ends on 31 January 2024:</p> <ul style="list-style-type: none"> • Public governor vacancies: Bolsover and North East Derbyshire – two vacancies Chesterfield – one vacancy Erewash – one vacancy High Peak and Derbyshire Dales – one vacancy Rest of England – one vacancy • Staff governor vacancies: Admin and Allied Support Staff – one vacancy Allied Professions – one vacancy Nursing – two vacancies <p>She also gave an update on the elections which included revised dates for the election stage:</p> <table border="1" data-bbox="379 1839 1353 2078"> <thead> <tr> <th data-bbox="379 1839 1123 1906">ELECTION STAGE</th> <th data-bbox="1123 1839 1353 1906">TIMETABLE</th> </tr> </thead> <tbody> <tr> <td data-bbox="379 1906 1123 1951">Notice of Election / nomination open</td> <td data-bbox="1123 1906 1353 1951">10.11.23</td> </tr> <tr> <td data-bbox="379 1951 1123 1995">Nominations deadline</td> <td data-bbox="1123 1951 1353 1995">11.12.23</td> </tr> <tr> <td data-bbox="379 1995 1123 2040">Summary of valid nominated candidates published</td> <td data-bbox="1123 1995 1353 2040">12.12.23</td> </tr> <tr> <td data-bbox="379 2040 1123 2078">Final date for candidate withdrawal</td> <td data-bbox="1123 2040 1353 2078">14.12.23</td> </tr> </tbody> </table>	ELECTION STAGE	TIMETABLE	Notice of Election / nomination open	10.11.23	Nominations deadline	11.12.23	Summary of valid nominated candidates published	12.12.23	Final date for candidate withdrawal	14.12.23
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	<table border="1"> <tr> <td>Electoral data to be provided by Trust</td> <td>18.12.23</td> </tr> <tr> <td>Notice of Poll published</td> <td>19.12.23</td> </tr> <tr> <td>Voting packs despatched</td> <td>5.1.23</td> </tr> <tr> <td>Close of election</td> <td>30.1.24</td> </tr> <tr> <td>Declaration of results</td> <td>31.1.24</td> </tr> </table> <p>Activity to promote the elections will be rolled out on 10 November and will cover the whole of Derbyshire using social media, newsletters etc. All governors are encouraged to promote the vacancies.</p> <p>RESOLVED: The Council of Governors noted the progress of the forthcoming elections.</p>	Electoral data to be provided by Trust	18.12.23	Notice of Poll published	19.12.23	Voting packs despatched	5.1.23	Close of election	30.1.24	Declaration of results	31.1.24
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Declaration of results	31.1.24										
DHCFT/GOV/2023/058	<p><u>GOVERNANCE COMMITTEE REPORT – 11 OCTOBER 2023</u></p> <p>Marie Hickman, Co-Chair of the Governance Committee presented an overview of the matters discussed at the last Governance Committee. This included:</p> <ul style="list-style-type: none"> • Feedback from governor engagement activities • Results of the governors Annual Effectiveness Survey • The election programme for 2024 • Holding to account questions for the Non-Executive Directors <p>RESOLVED: The Council of Governors noted the information provided in the Governance Committee report.</p>										
DHCFT/GOV/2023/059	<p><u>ANY OTHER BUSINESS</u></p> <p>Governor updates</p> <p>Due to personal reasons Chris Mitchell, Public Governor for High Peak and Derbyshire Dales and Annette Gilliland, Public Governor for Rest of England have resigned from their governor roles. Governors conveyed their appreciation to Chris and Annette for their commitment to the governor role and in particular to Chris for his support of the Trust’s Carers Forum. It was noted that these vacancies have been included in the elections.</p> <p>Making Room for Dignity Programme</p> <p>Governors are invited to visit the construction sites at Kingsway Hospital site and at Chesterfield Royal Hospital. The visit dates will be circulated to all governors in their e-newsletter <i>Governor Connect</i>.</p> <p>Joint session Board and Governors</p> <p>The next joint Board and governors session is taking place on Tuesday 16 January 2024 from 2pm-5pm in Conference Rooms A & B, first floor, Centre for Research and Development, Kingsway Hospital site, Kingsway, Derby DE22 3LZ. The programme will be discussed at the next Governance Committee. All governors are encouraged to attend this session.</p>										
DHCFT/GOV/2023/060	<p><u>REVIEW OF MEETING EFFECTIVENESS AND FOLLOWING THE PRINCIPLES OF THE CODE OF CONDUCT</u></p> <p>It was a good meeting with plenty of time for questions. The hybrid meeting ran very well and the camera visuals were clear.</p>										

DHCFT/GOV/
2023/061

CLOSE OF MEETING

Selina Ullah thanked all for their attendance and input and closed the meeting.

The next Council of Governors meeting will be held on ***Tuesday 5 March 2024, from 14.00 hours.***

Question escalated to Council of Governors from the Governance Committee

“The NHS Derby and Derbyshire Integrated Care Board (ICB) is responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in Derby City and Derbyshire.

Derbyshire Healthcare NHS Trust is a key partner in developing and delivering this plan.

Governors seek assurance on how the Trust is represented on the ICB board and sub-groups. In addition, governors also seek assurance on how the views of Derbyshire Healthcare NHS Trust governors and service users are being represented.”

Response: provided by Vikki Ashton Taylor, Director of Strategy, Partnerships and Transformation

In terms of formal governance Mark Powell is a member of the Integrated Care Board (ICB) so this means he attends the ICB Board in Public, ICB Confidential Board and all ICB Board development sessions. Mark is therefore able to represent the views of DHCFT and influence the ICB decision making. In addition, the Chief Operating Officer is a member of the ICB Finance subcommittee (formal subcommittee of the ICB Board). From a NED perspective, Ralph and Lynn are members of the System People and Culture Committee and Quality Committees respectively, and one of our governors sits on the Derbyshire Public Partnership Committee.

There is also significant Trust representation on various other ICB and broader system groups, for example the system wide Mental Health, Learning Disability and Autism Delivery Board which Mark Powell chairs, and the Children and Young People (CYP) Delivery Board, Urgent Care Delivery Board and Place Executive. The Mental Health, Learning Disability and Autism Delivery Board has responsibility for overseeing the NHS budget for mental health, learning disability and autism services and arranging for the provision of those health services in Derby City and Derbyshire.

One of our Non-Executive Directors, Geoff Lewins also sits on the system wide Digital Board that leads the development of digital technology, for example the Shared Care Record development which enables NHS clinicians to see patient records so a person should not need to keep repeating their medical history and for example ensure that if a person has an allergy to a drug, this is not given to them at another hospital.

Some other examples of where the Trust is a key partner include the system wide planning group which takes a lead each year in coordinating the development of a system operational plan which sets out the local response to delivering national requirements including how we meet national targets such as the dementia diagnosis rate. In addition, the Trust was a key partner in supporting the creation of the Five Year Joint Forward Plan (JFP) that the ICB are legally required to produce and update on an annual basis. The JFP sets out a plan for meeting the health needs of the population.

In terms of how the views of Derbyshire Healthcare NHS Trust governors and service users are being represented, the ICB have an extensive patient, public, service user and carer engagement team to ensure that people’s views inform developments and service

change. The Lead Governor for Derbyshire Healthcare has a seat on our Public Partnership Committee (PPC) this is one of seven formal sub-committees of the ICB Board. Hazel Parkyn, Deputy Lead Governor currently occupies that seat, and she's very active on the committee, and has already raised issues that she is concerned about. The overall purpose of the Committee is to champion patient and public engagement across the Derbyshire health and care system, providing a watchful eye in scrutinising service developments and to seek assurance, through reports, reviews, and presentations that the public are an integral part of designing, commissioning, transforming, and monitoring services.

The ICB are currently developing the sub-groups to this committee and one of those will be a lay reference group which will have a diverse membership drawn from the population of Derby and Derbyshire, including PPG members, Foundation Trust Governors, our Patient and Public Partners, and any other patient or member of the public who is interested in the work we do around health and care in the system. The Terms of Reference for this sub group are currently being co-designed with a group of lay people.

Derbyshire Healthcare service users are also included in engagement projects commissioned by the ICB, i.e., Mental Health Together and Living Well, to ensure that experts by experience have a say in the design and delivery of services related to Mental Health.

In addition, Derbyshire Dialogue is open to all local stakeholders including patients and members of the public, and covers different topics each month with the opportunity for people to ask questions. The next topic is the Discharge Pathway. Other mechanisms for getting involved are outlined on Joined Up Care Derbyshire's (JUCDs) [website](#).

The ICB are also looking at other innovative ways in which people and communities can have a voice in our decision making, as part of our Insight Framework you can find out more on JUCDs [website](#). There are 20 plus pilot projects linked to this work, all with the aim of listening, learning and taking action on community insight, using community leaders, and existing good practice in localities, to build our knowledge of what really matters to people, to inform our priorities going forward.

COUNCIL OF GOVERNORS ACTION MATRIX - AS AT 16 FEBRUARY 2024							
Date of Minutes	Minute Reference	Item	Lead	Action	Completion by	Current Position	
5.9.23	DHCFT/GOV/2023/041	Governor membership action plan update	Governors	Governors are encouraged to feedback to Denise Baxendale on any actions completed so that the Action Plan can be updated.	7.11.23	None received to date.	Amber
7.11.23	DHCFT/GOV/2023/049	Living Well Derbyshire Programme update	Vikki Ashton Taylor	Update to be presented to the Council of Governors in March 2024	5.3.24	On agenda	Yellow

Key	Agenda item for future meeting				
			YELLOW	1	50%
			AMBER	1	50%
			GREEN	0	0%
			RED	0	0%
				2	100%

Living Well Derbyshire March 2024 update



Living Well
Derbyshire



Joined Up Care
Derbyshire

A recap...

The Community Mental Health Framework

- Provide high-quality mental health care and support within the community.
- Aims to improve people's quality of life.
- Modernise Community Mental Health Teams (CMHTs) to ensure they are best equipped to meet current challenges.

Living Well Derbyshire/Derby Wellbeing

- 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.
- The services are for people who may be too unwell to be supported by existing primary care teams, but do not meet the threshold for current Community Mental Health Team (CMHT) intervention
- Helps those who fall through our 'gaps', or people who need support with different parts of their life that can affect their mental health.

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 focus is on supporting those who cannot have their needs met by other services, e.g., IAPT or primary care
- 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.

Key benefits

Patients/people

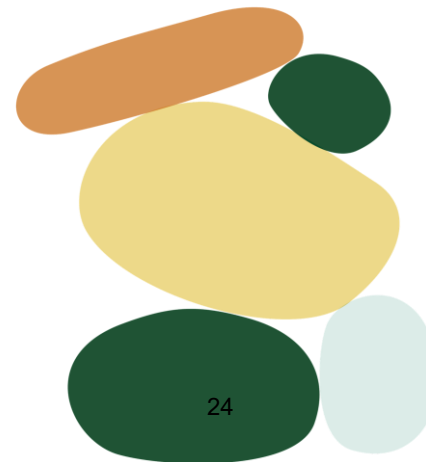
A person won't have to tell their story more than once. It will also enable a faster flow through services for people with less cliff edges when moving through the system.

Carers

The short-term offer should increase community resilience, allowing carers to harness the support of local services.

Colleagues

This offers chance to work in new ways by utilising the support from the short-term offer team.

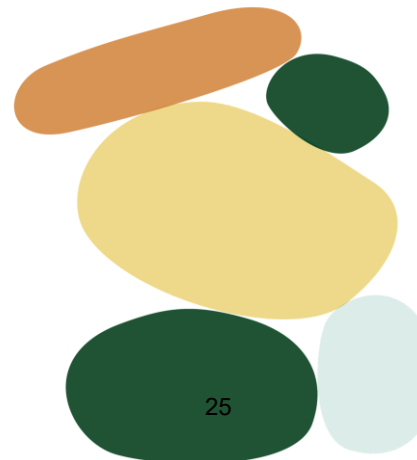


Listening to feedback

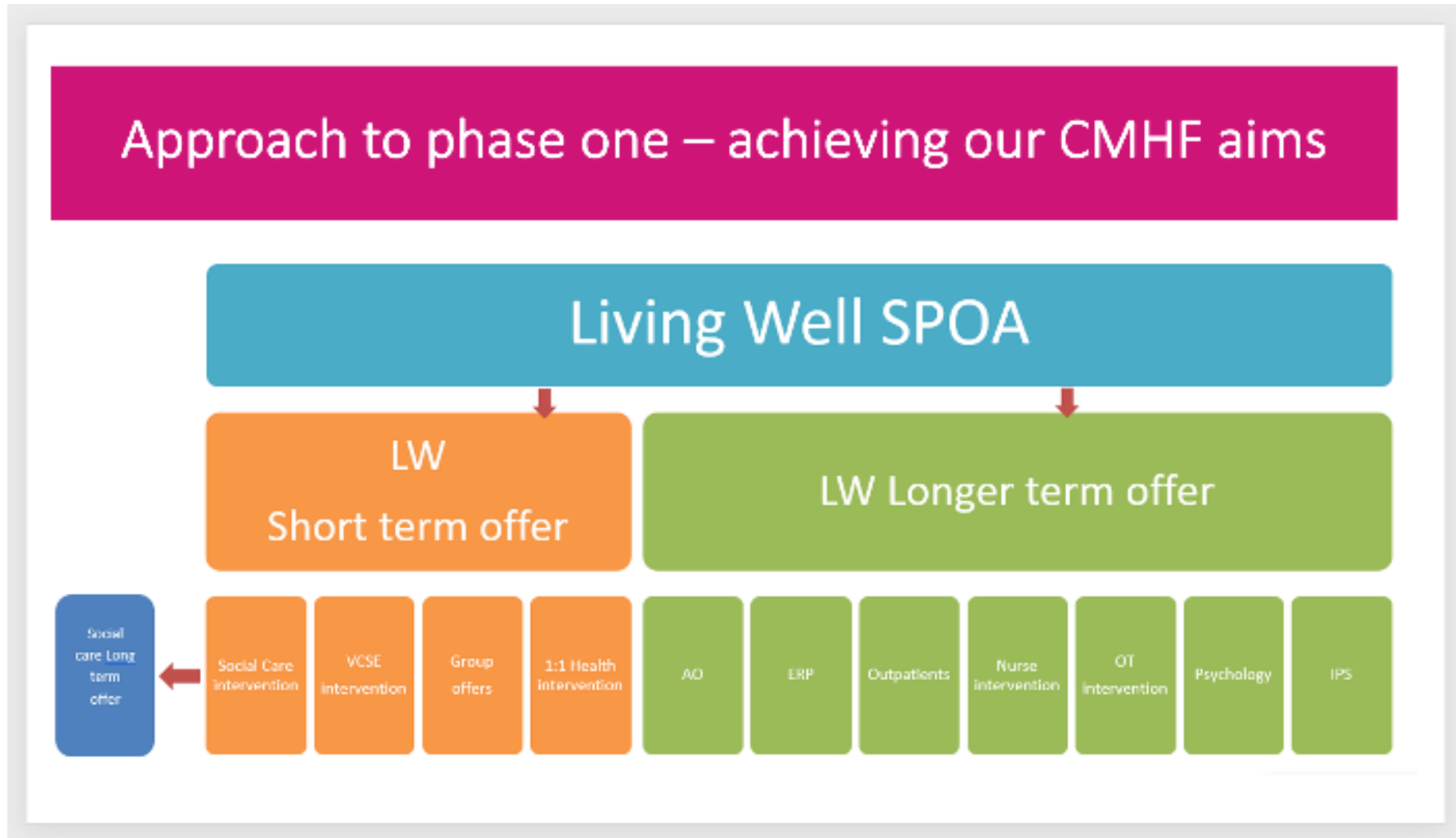
The learnings and feedback received from colleagues and those using the service has enabled the teams to develop a phased approach to re-launch.

Phase one - The new Living Well service will encompass both a shorter-term and longer-term offer. The multi-agency team includes Peer Support Workers, Wellbeing Coaches, Social Care Practitioners, Occupational Therapists and Community Psychiatric Nurses.

Phase two – The ambition is to create one service where people are able to ‘step up and down’ and self-refer.



Phase one



Initial feedback

- “They listened to what I had to say and supported me with things I needed, like filling in forms” – *Derby Wellbeing service user*
- “A person was introduced and discussed at the daily huddle meeting. As a result of this, their records were able to be reviewed by a psychiatrist, where it was identified that the person would benefit from some input from a community psychiatric nurse to explore the most appropriate clinical support that could be offered. This was an outcome the person was happy with” – *High Peak team feedback*
- “It has been great to work more closely with professionals and workers I wouldn't have generally seen that regularly” – *staff feedback*
- “Management in our team has been excellent and supportive” – *staff feedback*
- “The huddles have provided a good link to the different members of the team” – *staff feedback.*

Survey results from colleagues working within the Chesterfield Living Well team

Positive feedback:

The stats at a glance:

- Somewhat/very engaged with the change process - 100%
- Feeling supported within the team - 100%
- Multi-agency team working somewhat/very well - 100%

Everyone communicates effectively and understands their role or limitations.

The communities of practice meetings have been interesting to join and a good forum to ask questions.

Teresa (Chesterfield LW lead) has been great in having time to talk through the living well offer, coordinating and leading the daily meetings. Our administrator Phil has been invaluable in keeping things organised and supporting with admin functions.

It has been great to work more closely with professionals and workers I wouldn't have generally seen that regularly. The huddles allow for us to discuss things and arrange (for example joint visits).

Managers have been supportive and able to offer practical advice and solutions.

Management in our team has been excellent and supportive.

Through Living Well I have been able to offer short term work to people directly from assessment, allowing much greater continuity of care than could be expected in other models of mental health support.

Focus areas for Q1 2024 from your feedback:

Expanding the team to include a pharmacist and psychology assistant.

Enhanced pre-planning and HR involvement.

Roll out of the e-learning package to support with knowledge of roles within the multi-agency team.

Greater clarity in the communication regarding the shift in terminology.

A focus on the courses available to the people within the service.

E-learning package

The e-learning package includes presentations, quizzes and demonstrations with a focus on the key areas, including Living Well values, a welcome call demo, initial conversations and supporting colleagues to hold risk.

Key messages –

- The package is aimed at new Living Well team members and people who want a refresher of the whole model, or the opportunity to cherry pick a subject they need further information on
- It was developed in response to feedback from the teams who requested greater depth of training re: risk, welcome calls, initial conversations, and greater knowledge of the multi-agency roles within the teams
- It has been co-produced with health, social care, VCSE and lived experience partners
- It acts as a function to support teams to sustain the Living Well values
- It complements the face-to-face practice inductions.



E-learning package



Staff Area

ACCESSIBILITY

[Home](#) [Localities](#) [Further Information](#) [Tools & Resources](#) [Join Our Team](#)

Resources for Living Well Derbyshire and Derby Wellbeing

Resources for anyone interested in learning more about Living Well Derbyshire or Derby Wellbeing can be found below. This includes narrated slideshows, videos, Living Well paperwork and links to useful information.

These resources were co-produced by staff members and people with lived experience. Their aim is to welcome colleagues into a way of working that is collaborative, person-centered and effective at supporting better mental health and wellbeing for all.

Who are these resources for?

Anyone wanting to learn more about the Living Well offer. Staff working within Living Well Teams will also access these resources, as part of their induction, through a separate e-learning platform.

Want to learn more?

[Introductory Videos](#)

[Tools and Resources](#)

Back to:

[Resources / Introductory Videos](#)

[The Living Well Model](#)

[Living Well Values](#)

[Living Well Practice](#)

[Working as a Multi Agency Team](#)

[Staff Roles](#)

Staff Roles

This section includes short videos introducing the various staff roles that you should be aware of as part of the Living Well team.

Please browse through these roles by watching the videos below.

The role of Social Care staff at Living Well Derbyshire

Innovation Unit LIVING WELL Derbyshire

Social Care staff

Staff roles

02:32

The role of Wellbeing Coaches at Living Well Derbyshire

Innovation Unit LIVING WELL Derbyshire

Wellbeing Coach

Staff roles

00:53

The role of Peer Support Workers at Living Well Derbyshire

Innovation Unit LIVING WELL Derbyshire

Peer Support Worker

Staff roles

01:08

The role of Mental Health Nurses at Living Well Derbyshire

Innovation Unit LIVING WELL Derbyshire

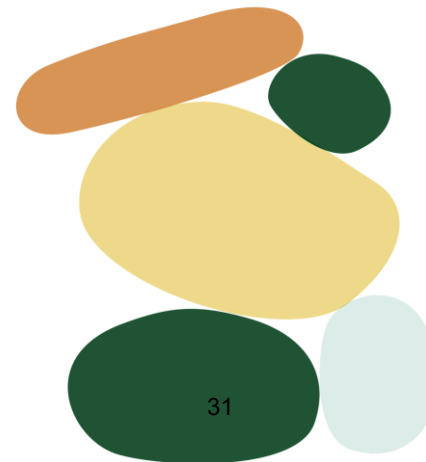
Mental Health Nurse

Staff roles

01:25

Service launches

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



Post April 2024

- As with phase 1, phase 2 will be staggered
- Phase 2 planning will commence post April 2024
- Phase 2 will start with the more established teams, i.e. High Peak and Derby Wellbeing
- As with phase 1, phase 2 will commence with a pilot, rather than full service change.



Getting involved

The collaboratives

You are welcome to join!

To find out more, please contact Ellen Parr, Commissioning Manager, on ellen.parr1@nhs.net.

Find out more

- www.livingwellederbyshire.org.uk
- Look out for the newsletter – email jayne.davies37@nhs.net to be added to the mailing list
- Look out for posters, which have been created with the Experts by Experience forum

 Living Well Derbyshire **February 2024** 

NEWSLETTER

Living Well Derbyshire Derby Wellbeing
Transforming community mental health services for adults in Derby and Derbyshire

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



 LIVING WELL
Derbyshire

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.

33

Joined Up Care Derbyshire www.livingwellederbyshire.org.uk 

Annual planning process – Council of Governor's update 5 March 2024

2024/2025



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High level operational plan

Summary

- Review of last year
- Context – What is shaping our plan
- Strategic priorities

All the above informing the development of the 24/25 planning approach.

- **Service level plans**
 - Quality plan
 - People Plan
 - Workforce plan
- Support plans – digital, estates , procurement
- **Financial plan**
 - Areas for growth. (MHIS and other agreed key developments)
 - Capital
 - Efficiency
- **Key dates and milestones**
- **Oversight and Governance**
- Appendix / Annex – Supporting system documents

2024/25 Planning Approach

The ongoing DHCFT **Operational Plan** for Derbyshire Healthcare NHS Foundation Trust will detail our continued **organisational** contribution to the delivery of the **Joint Forward Plan** (JFP). The Joint Forward Plan outlines the NHS contribution to the Derbyshire system **Integrated Care Strategy**.

The Mental Health, Learning Disabilities and Autism Delivery Program continued to be separated into 5 main areas for planning purposes:

1. **Adult and Older Adults Mental Health**
2. **Children and Young People Mental Health**
3. **Learning Disabilities and Autism**
4. **Dementia services**
5. **Improving Access to Psychological Therapy (IAPT) Services**

This includes services provided by other providers across the system.

Development of the joint plan has followed the following process:

- Review of **pre-identified commitments**
- Robust modelling of **High Cost Budget** lines linked to individual packages of care
- Review of **long standing service** offers to confirm ongoing requirements

A set of '*Key Lines of Enquiry*' have been developed for each area to support the development of the plan

Alignment in plans

- A collaborative approach with the ICB has been taken to develop DHCFT's operational plan
- ICB and Trust colleagues have been involved in triangulation meetings for our clinical service plans
- Plans have been aligned to the 5 workstream areas across the system
- We are continuing alignment through the in-year measurement of delivery against the plans

2024/25 JUCD Approach to Financial Planning – Final Draft

We need to develop an approach and a set of key principles that are flexible enough to respond to our significant financial challenges and to support implementation of the JUCD Joint Forward Plan

- **Over-arching principle of cost containment** – this means mitigating growth in demand / workforce requirements through productivity improvements , demand management , working differently across the system and reprioritisation of resources.
- **Cost / workforce growth over and above that planned for in 2023/24 must be understood and validated by the system** as part of constructing the financial plan for 2024/25
- **We propose that all partners to receive inflationary growth funding** in line with the national cost uplift factor. By exception, some specific system wide costs will be top-sliced from the residual growth once convergence has been applied and subject to agreement across all partners.
- **Beyond this, any further financial flexibility will be extremely unlikely given the need to fund inflationary pressures ,the 24/25 convergence factor applied to the Derbyshire system and the recurrent deficit we are carrying forward into the new financial year**
- **However. we recognise by exception, there may be a need to invest in additional workforce to address significant quality and safety concerns** and respecting the sovereignty of all partner organisations. However, these will be considered in line with the above so that any increases being built into our underlying position are well understood and prioritised in line with system wide objectives and priorities.
- **Thereby taking a “system first” approach** to all our decision-making being aware and taking collective responsibility for impact on sovereign organisations and the overall system plan
- **We will ensure there is 100% transparency of the system’s central allocation and other funding streams**
- **All partners will be required to deliver a baseline level of efficiency in 24/25**
- **We will consider proposals around applying differential efficiencies targets.** This will be linked to our work on relative stretch, any new investment and aligning this to the JUCD strategic aims of investing in prevention, addressing health inequalities and increasing our out of hospital capacity and reducing demand on our acute services.
- **We will agree a set of data driven indicators to determine our relative stretch in plans** and to inform discussions around level of efficiency required within each partner organisation
- **In advance of new financial year we will develop a framework to manage financial risk inherent in our plans** building on our principles of fairness, equity and transparency and ensuring our approach incentivises the right behaviours
- **We will develop a consistent methodology to monitor our relative productivity improvements across all sectors**
- **Overall consideration given to each partner’s liquidity position when finalising income envelopes**
- Taking the learning from last year, we recognise the need for us collectively to be **better prepared for key lines of enquiry from regulators** with a particular focus on workforce growth and our material changes to our UDL.

System Planning Approach

Moving beyond the JFP Strategy – the operational planning and delivery focus over the next two years

JFP Strategy

2024/25 to 2025/26 Operational Plan

Guiding policy

Aim

Objectives

Allocate resources to enhance the scale and quality of NHS prevention activity

To provide high quality:

- Primary prevention
- Secondary prevention
- Treatment, care and support

Organised into 8 themes...

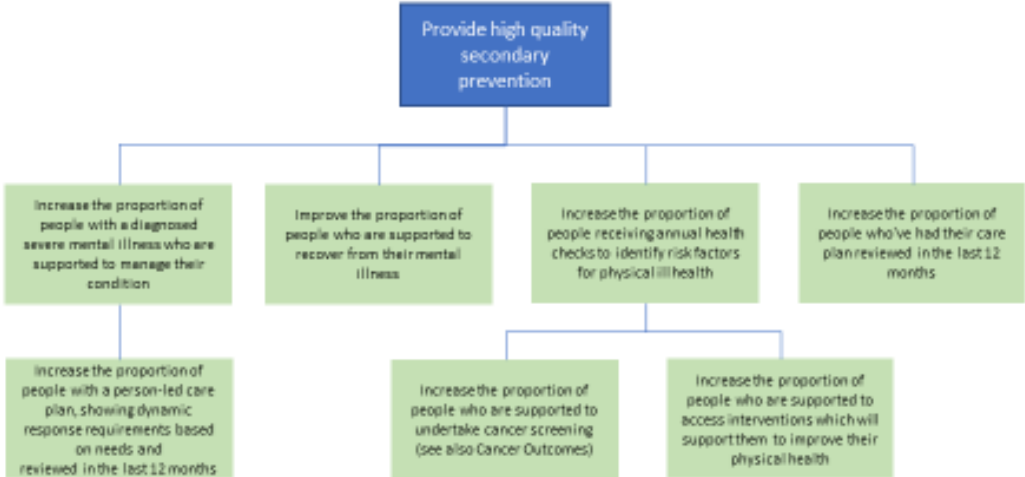
- | | |
|--------------------|--------------------|
| 1. Cancer | 2. Respiratory |
| 3. Cardiometabolic | 4. Musculoskeletal |
| 5. Older persons | 6. Maternal & CYP |
| 7. MH, LD & A | 8. Cross-cutting |

... and framed at two connected, yet distinct levels.

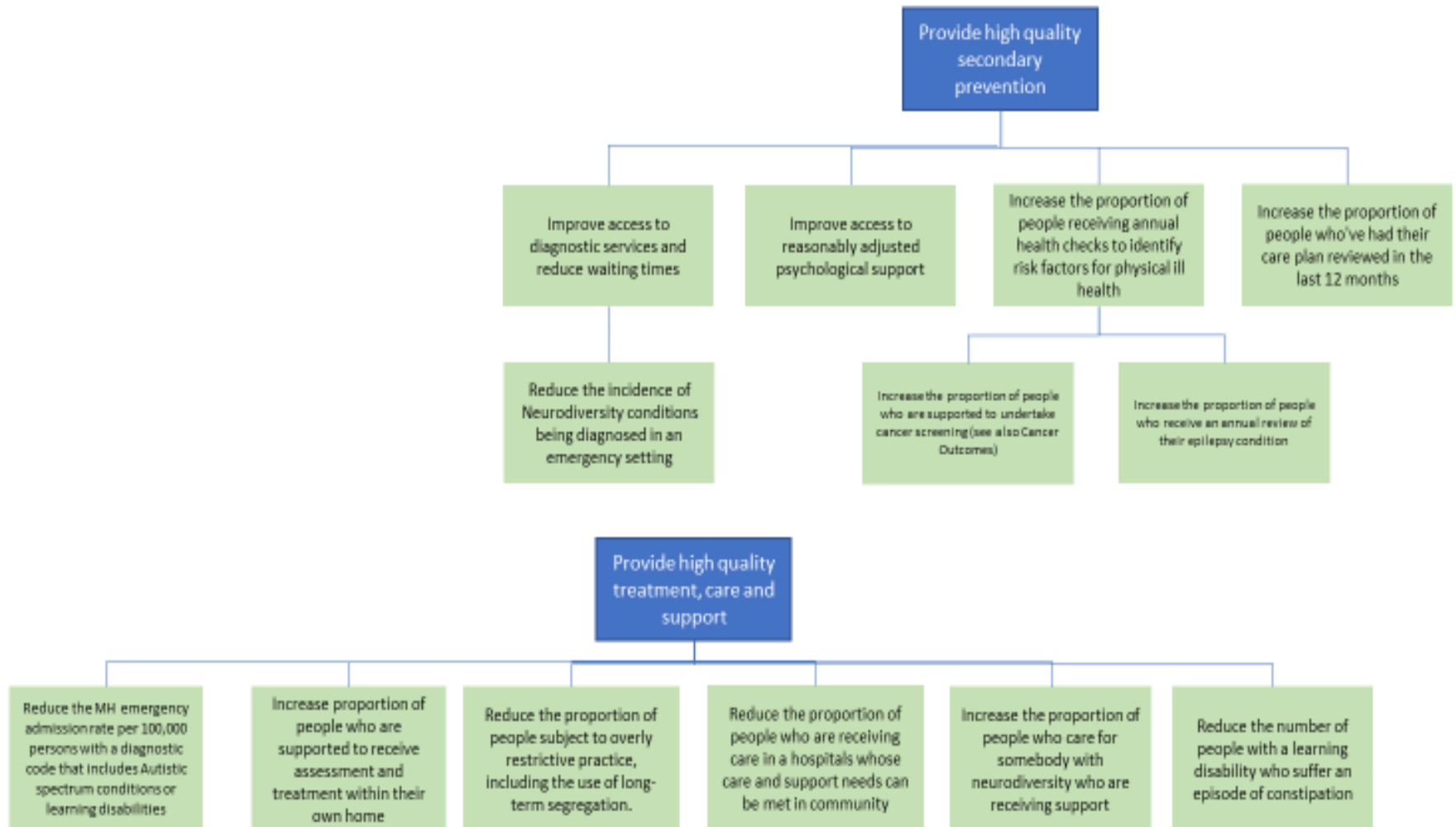
- Macro: Sector/Service level objectives.
- Meso: population cohort specific.

“schedule of improvement objectives”

Severe Mental Illness



Neurodiversity / LD & Autistic Spectrum Conditions



Financial Plan

- Deliver on the 23/24 forecast outturn.
 - I & E (revenue perspective)
 - Capital CDEL position.
- Updated understanding of the underlying deficit. Opening 24/25 financial challenge. Impacted by
 - amount of non-recurrent system income in 23/24 which is not guaranteed to continue in 24/25.
 - The level of CIP/Efficiency delivered non recurrently in 2024/25.
 - Other new emerging pressures
- Current CIP/Efficiency performance won't be sufficient. Needs stepped change.
 - Plan needs to be challenging, but realistic and delivered.
- Some difficult choices need to be debated and agreed via a QEIA process.
- All the above whilst continuing to meet the MHIS, tackling inequalities and reducing waits.
- Continue to develop our local operational plans,
 - Whilst feeding into the wider system ICB plans.
 - Whilst awaiting clarity of national guidance.

2024/25 Planning Timeline (subject to change)

Timeline	Executive Leadership Team	Finance and Performance Committee	Board
November - February 2024	System wide planning principles and timeline Discussion re pressures to leave in underlying position / budget setting process / Including reviewing rebasing options.	Planning update including underlying position	
February/March 2024 (under development)	System position including Trust cost pressures, investment priorities, activity, workforce and first draft Trust Service Delivery Plans	System wide planning principles and timeline	System wide planning principles and timeline and key considerations for the Trust
March/April 2024 (Not yet ready)	Organisational and System wide position and triangulation of workforce, finance and activity	Organisational and system wide position including Trust cost pressures, investment priorities and finance, workforce and activity triangulation	Interim approval of Trust implications of 2024/25 system and organisational plan
April 2024 and beyond	Review of system and organisational plan prior to Trust Board approval	Final Trust Service Development plans	Approval of Trust implications of 2024/25 system and organisational plan

Trust Strategy Development

Organisational culture



DHCFT



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Trust Strategy development

- In February we started the engagement process to develop a new three-year Trust Strategy
- Engagement sessions will continue to take place over the coming months, which will vary in topic over time – building on feedback shared at the Staff Conference in October
- Initial conversations focus on culture, the Trust’s vision and values, and our approach to health inequalities (linking to the development of a new Clinical Strategy)
- After Easter we will start to co-design our new priorities – through the lens of partnerships and collaboration – take a look at the Trust’s brand identity and start to engage external stakeholders
- The sessions take place in person and via MS Teams, with conversations also taking place in existing Trust-wide meetings and team visits
- There are also short online surveys which will replicate the conversations taking place in the sessions, for people unable to attend.
- We plan to have the final strategy ready to launch in September 24.

Culture – our starting point

In the October Staff Conference colleagues shared that whilst we have a positive culture and a clear sense of belonging, there is more we could do to build on this, by:

- Having time to care, reducing the time we spend in meetings
- Keeping things simple and getting the basics right
- Feeling supported when things go wrong, or when mistakes are made
- Balancing staff engagement with patient and carer involvement
- Having more opportunity to focus on quality improvements.

Whilst these are topics we have started to discuss and develop new processes for, these themes will remain central to the development of a new Trust Strategy.

Engagement has covered:

- What's working well?
- What's the one thing we want to improve?
- What do you need from our Trust culture, to thrive and deliver the best possible service and care for patients?

Feedback: What we don't want to lose

There are many positive aspects of Trust culture that colleagues identify as being different to elsewhere, that we don't want to lose:

- Treating people with kindness and compassion
- Our focus on people
- The strength of our values-based approach
- Supportive flexible working approaches in many teams.

Feedback: What we want to improve

- Visible, values-based leadership
- Getting the basics right
- The need to strengthen individual and collective accountability
- Providing colleagues and teams with the tools to do the job (including space, time, training)
- Learning about how to respond when things go wrong
- Clarity on what we will not tolerate (verbal or physical abuse, bullying and harassment)
- A reduction in meetings, allowing more time to care (for staff and each other)
- Communication within and between teams (and as an effective leadership tool)
- Consistent flexible working practices
- Psychological safety for staff and patients
- Streamlined hierarchies with clarity of roles and equitable development
- Staff and board expectations through the Trust Promise
- A balance between staff and patient engagement
- Stronger co-production and acceptance of new workforce roles.

Health inequalities

Health inequalities and collaboration will be key themes in the new Strategy, using data to:

- Identify high impact areas
- Understand the needs of our local population
- Understand current use of our services – who does and doesn't access which services and identify where there may be gaps
- Identify and address any barriers to accessing our services
- Bring together existing work on health inequalities, including:
 - Reducing Health Inequalities Delivery Group
 - Local Health Needs Assessments
 - Feedback from the MDT staff survey
 - Physical healthcare (improving vaccination, screening and interventions to improve physical health outcomes and reduce variance in morbidity and quality of life)
 - Work within individual departments such as IPS to support people with mental ill health get work, and to stay in work.

A system approach

What are we doing already?

- System-wide Integrated Care Strategy brings partners together to provide care that is more integrated and provides better outcomes for local people
- Overall aim to improve the health of the local population and work to reduce unfair differences in health outcomes, experiences, and access to healthcare
- The health and care needs of the people of Derby and Derbyshire have been identified through a Joint Strategic Needs Assessment
- These assessments help to identify and understand the health and wellbeing needs and priorities of our local communities
- The Five-Year Joint Forward Plan sets out the NHS role and contribution to addressing these needs and priorities
- This information is used by Joined Up Care Derbyshire to plan and commission services that help address those needs.

Feedback to date – what we need

- Greater understanding of our local communities, their population needs and use of our services
- Agreement about what tools and data we will use to determine our approach
- Identification of potential barriers
- Further development of pathways and transitions
- Focus on data to drive evidence-based service delivery
- An understanding of safe staffing levels in the community and inpatient settings
- Greater collaboration with system partners, voluntary sector and external businesses
- To capture more data about our patients using our own systems – encourage and empower staff to do this
- Understanding of Place and how this work fits
- Challenging conversations around funding and commissioning arrangements
- Greater flexibility on how we structure our services to meet local needs
- Support staff not to feel overwhelmed.

Phase one engagement

Topic	Date	Time	Venue
Organisational culture	Thursday 1 February	3.30-4.30pm	Virtual via Teams
Organisational culture	Tuesday 6 February	2-3.30pm	Conference Rooms A&B, Kingsway Hospital
Organisational culture	Friday 9 February	1-2.30pm	Conference Rooms A&B, Kingsway Hospital
Clinical Strategy and health inequalities	Monday 12 February	10-11.30am	Conference Rooms A&B, Kingsway Hospital
Clinical Strategy and health inequalities	Thursday 15 February	1-2pm	Virtual via Teams
Vision and values	Thursday 29 February	2-3.30pm	Conference Rooms A&B, Kingsway Hospital
Clinical Strategy and health inequalities	Wednesday 6 March	10-11.30am	Virtual via Teams
Vision and values	Thursday 7 March	2-3pm	Virtual via Teams
Vision and values	Thursday 21 March	2-3pm	Virtual via Teams

Focused engagement with members of the Council of Governors will take place on **Tuesday 16 April** in the Governor Committee.

Report from the Nominations and Remuneration Committee

Purpose of Report

To provide an outline of the business discussed at the Nominations and Remuneration Committee meeting held on 13 February 2024.

Executive Summary

The Committee met on 13 February to note the appraisal process for the Chair and the Non-Executive Directors (NEDs) for 2023/24. Assurance was received that there is a formal and rigorous annual evaluation process in place, compliant with national guidance and the Code of Conduct.

The Committee will meet again in April to receive the appraisal outcomes and will then be reporting back to the Council of Governors in May that satisfactory appraisals have taken place and recommend approval of the Chair’s objectives for the next 12 months.

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.	

Assurances

The Council of Governors can be assured that the Chair and NED appraisal process is compliant with NHS England guidance and the Code of Governance for NHS Provider Trusts.

Consultation

The Governors’ Nominations & Remuneration Committee provides annual confirmation that the appraisal process meets the requirements.

Governance or Legal Issues

The Code of Governance for NHS Provider Trusts (the Code) states that there should be a formal and rigorous annual evaluation of the Chair and individual Directors and for NHS Foundation Trusts, the Council of Governors should take

the lead on agreeing a process for the evaluation of the Chair and NEDs. The Chair is responsible for leading the process for NEDs. The Senior Independent Director (SID) is responsible for leading the process for the Chair in conjunction with the Lead Governor.

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:

Support will be available for completion of online appraisal and also at the focus group. All NEDs are members of Board Committees and there is an equality and inclusion objective within all Committee Terms of Reference.

Recommendation

The Council of Governors is asked to note the update report from the Nominations and Remuneration Committee held 13 February 2024.

Report presented by: Selina Ullah, Trust Chair

Report prepared by: Justine Fitzjohn, Trust Secretary

Non-Executive Director (NED) Report – Tony Edwards

Purpose of Report

This paper provides both a description of my activities as a Non-Executive Director and Deputy Chair since 7 March 2023 and information covering the activities of the Finance and Performance Committee (F&PC), of which I am the Chair.

Executive Summary

As Chair of the F&PC this paper is principally concerned with my activities in that role and the assurances gained through that Committee. In broad terms F&PC oversees:

- 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)
- Health and safety
- Oversight of key risks relating to the above.

The paper gives further detail with regard to F&PC's key areas of activity since 7 March 2023. It also summarises my key personal activity in addition to regular Board membership.

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

Strategic Considerations

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

Assurances

- F&PC has gained assurance across a range of areas as detailed in the report
- F&PC has used and, where relevant, helped with the continued development of the Board Assurance Framework (BAF).

Consultation

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

Governance or Legal Issues

- Nothing additional.

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 Equality, Diversity and Inclusion (EDI) objectives of F&PC are included within its terms of reference.

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: Tony Edwards
Non-Executive Director and Deputy Chair**

Council of Governors – 5 March 2024

NED Report – Tony Edwards

Purpose of Report

This paper provides both a description of my activities as a Non-Executive Director and Deputy Chair since my last report on 7 March 2023 and information covering the activities of the Finance and Performance Committee (F&PC), of which I am the Chair.

Finance & Performance Committee

As Chair of the F&PC this paper is principally concerned with my activities in that role and the assurances gained through that Committee. In broad terms F&PC oversees:

- 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)
- Health and safety
- Oversight of key risks relating to the above.

Membership:

In addition to myself as Chair, F&PC has two other NED members, Deborah Good and Geoff Lewins. Other NED's are permitted to observe and since March 2023 this has included Selina Ullah and Lynn Andrews. The Lead Executive Director on F&PC is the Director of Finance (covered during this period by Rachel Leyland and, more recently, Joanne Wilson). The other Executive Directors on F&PC are the Chief Operating Officer (Ade Odunlade and more recently covered by Lee Doyle and David Tucker), and the Director of Strategy, Partnerships and Transformation (Vikki Ashton Taylor). Mark Powell also joined F&PC meetings when we had a particularly lengthy and detailed discussion of our current financial challenges. Other senior managers attend all or part of the meeting where it is appropriate to the agenda.

Meetings held:

Since 7 March 2023 F&PC has met five times, on 21 March 2023, 23 May 2023, 18 July 2023, 26 September 2023, 21 November 2023 and 23 January 2024. The next meeting will be held on 19 March 2024 and there is likely to be one or more ad hoc meetings as part of the development of the 2024/25 financial plan.

Specific points of note and assurance from my perspective as Chair:

- We have monitored both the actual and forecast financial performance of the Trust. The quality of the underlying data has been robust in this regard which has enabled us to satisfactorily scrutinise the information provided.

- As is well known to governors, 2022/23 has been an extremely challenging year for the NHS in Derbyshire, including for our Trust, both operationally and financially, and monitoring this and considering recovery plans in many areas has been a notable aspect of F&PC's work in 2023/24. We are already engaging in the planning process for 2024/25 and it is clear the challenges are likely to increase not decrease in the short term and that full financial recovery will be a multi-year process.
- The delivery of financial savings through continuous improvement is one of our key topics. The Executive Team have done well to deliver £8.8m of Cost Improvement Programme (CIP) savings in the current year. However, 75% of this has been non-recurrent and so will not repeat in future years and this is a concern that will need to be addressed through the 2024/25 planning round.
- Productivity remains a challenge for the Trust as we continue to recover from the impacts of the COVID-19 pandemic. Whilst there has been progress made there remains much to do and some refreshed approaches are being encouraged.
- We have carefully monitored progress of the Making Room for Dignity Programme. The programme continues to be very well managed. We have continued to face cost and funding pressures but have so far managed to keep the programme largely on track. We secured a notable positive result with HMRC which has enabled us to recover the majority of the VAT incurred, which has not only helped our programme but has set a precedent for the recovery of VAT on new builds for many other mental health trusts.
- We continue to monitor the implementation of new systems in the Trust and the development and execution of our wider Digital Strategy. This remains an area of opportunity for the Trust.
- The most recent NHS reorganisation requires that individual Trusts play a fuller and more collaborative role as part of the wider NHS system. In our case this means both within Derbyshire and also in partnership with other Trusts with similar responsibilities on a regional and national basis. F&PC monitors this work and has been reported to in a number of specific areas, for example the East Midlands Perinatal Collaborative where we have been selected as Lead Provider.
- We have received annual reports from a number of areas that fall within our responsibility. This has included the management of the current estate, of Health and Safety and of Information and Management Technology. In all cases we have received transparent reporting that has demonstrated that we have made progress and have plans in place to drive further improvement in pursuit of the Trust Strategy.
- We have received reports on a number of tenders and contracts for key services.
- We have played our part in the Board Assurance Framework process.
- We have continually sought to improve the quality of papers and reporting to F&PC with the primary aim of enhancing the focus on key issues, evidence, action to improve performance and delivery of important change for the better and the celebration of success.
- We also monitor constitutional standards and I am pleased to report a positive performance.

Other responsibilities & activities

In addition to participating in the wider activities of the Board I have personally:

- Attended the monthly programme review meetings with respect to the Making Room for Dignity Programme.
- Been a member of the Remuneration, and Quality and Safeguarding Committees.
- Been a member of the long listing, short listing, and selection panel for the new Director of Finance (James Sabin join us at the start of February).
- Attended a number of informal meetings with other F&PC Chairs across the Derbyshire NHS.
- Attended a number of meetings on behalf of Selina Ullah, Trust Chair, for example Council of Governors, on Derbyshire ICS strategy and on East Midlands Alliance strategy.
- Worked with our Interim Director of Finance to prepare and present a financial awareness session for governors and also a financial situation update for governors in the light of current system wide challenges.

Personal Background

- I have a degree in Accounting and Finance from Nottingham Trent University and am a Chartered Accountant, qualifying with what was then Price Waterhouse in 1985.
- I spent the first half of my career in manufacturing finance, including for a packaging business in the East Midlands.
- I spent the second half of my career as a Managing Director of manufacturing businesses which operated internationally but were headquartered in the East Midlands. The first was a packaging business, the second a manufacturer of high-pressure gas cylinders, for example for medical oxygen and environmentally friendly alternative fuel systems.
- I spent 11 years as a governor of Nottingham Trent University and have been a governor of University of Derby since 2019. At the University of Derby I Chair the Performance, People and Resources Committee which has a similar remit to F&PC/People and Culture Committee at our Trust. I also Chair a Governor Reference Group which oversees governance for the building of a new Business School in the City Centre.
- I volunteer for the Derbyshire Historic Buildings Trust.
- Although born and raised in West London, I studied in Nottingham, lived near Newark for four years and have lived in Derbyshire since 2005.
- I am married with three children in their 20's.



Non-Executive Director (NED) Report – Deborah Good

Purpose of Report

This paper describes the Board and Sub-Committee and wider activities I have undertaken during the last year.

Executive Summary

I have now completed two full years with the Trust with activity centred around Board and committee membership as well as wider leadership roles, for example, in relation to Carer engagement.

The following describes current responsibilities:

- Audit and Risk Committee Member from March 2022
- Finance and Performance Committee Member from March 2022
- Member of Remuneration Committee from March 2022

I also attend Board Meetings and Board Development Sessions and have been involved in the recruitment of Senior Leaders including the new Director of Finance. Along with other Board members I have welcomed involvement in the relaunched schedule of visits to services.

I act as the Non-Executive Director (NED) lead for Carers attending regular Forums and events and am looking forward to providing greater support for service user involvement and engagement more widely to further develop positive relationships and outcomes.

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

Strategic Considerations

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

Assurances

- The Audit and Risk Committee has regularly reviewed and used the Board Assurance Framework and has carried out a significant amount of other work during the year reviewing the Trust's system of risk management.
- Finance and Performance Committee has gained assurance across a range of areas with a particular focus on challenging financial performance and plans as well as operational performance and health and safety. The Committee has sought and received assurance on the Trust's Estates Strategy with a particular focus on the Making Room for Dignity programme.

Consultation

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

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

The Finance and Performance Committee and the Audit and Risk Committee are required within its terms of reference to ensure that consideration has been given to equality impact related risks.

Recommendations

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

**Report prepared and presented by: Deborah Good
Non-Executive Director**

Derbyshire Healthcare NHS Foundation Trust
Council of Governors – 5 March 2024
NED Report – Deborah Good

Purpose of Report

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

Finance and Performance Committee

I am a member of the Finance and Performance Committee which monitors and seeks assurance across a range of areas. The difficult financial environment alongside significant service pressures and waiting times have provided a very clear focus for the Committee and the wider Board over the last year. Given the scale of the financial challenges faced by the Trust and other system partners the Committee is currently meeting on a more frequent basis to ensure members are regularly updated and can discuss, support and help shape outcomes in relation to the Financial Plan. The Committee has also sought and received regular assurance on the Trust's Estates Strategy with a particular focus on the Making Room for Dignity programme.

Audit and Risk Committee Member

This is the principal committee for seeking independent assurance on the general effectiveness of the Trust's internal control and risk management systems. My membership of the Committee has enabled me to continue to triangulate the work of the other committees and to continue to gain greater insight into how risk is effectively handled in the Trust. The Committee has a key role in overseeing the Board Assurance Framework (BAF) and commenting on whether it is fit for purpose. It also considers the Annual Report and Accounts, Annual Governance Statement as well as progress with internal and external audit plans. The Committee has an important role in seeking assurance about speaking up processes with regular updates from the Trusts Freedom to Speak Up Guardian.

Other activities

In addition to formal committee work I also act as the NED lead for Carers attending the monthly Carers Engagement meeting and relevant Forums and events where possible. I meet regularly with the Care Standards Co-ordinator and advocate for the role of Carer champions across all services and the importance of achieving the Triangle of Care accreditation standards awarded by the Carers Trust. The Triangle of Care is a therapeutic alliance between service user, staff member and carer that promotes safety, supports recovery, and sustains wellbeing. I recently took part in a carers video along with carer representatives from the Trust to highlight the work of carers to teams across the Trust.

I am pleased that a revised schedule of Board service visits is now up and running and I recently attended the High Peak and North Dales Older Adults Community Mental Health Team (CMHT) along with the Interim Director of Nursing, Dave Mason and Public Governor, Brian Edwards. It was helpful to hear about some of the challenges of managing staff across different sites but also the successes of initiatives such as the Care Home Project which links Trust staff with care homes in the area. Over the next few weeks, I am looking forward to visiting the Child and

Adolescent Mental Health Services (CAMHS) team at Temple House and also the Kedleston unit at Kingsway House.

Looking ahead to the next 12 months I am looking forward to further broadening my committee experience by joining the People and Culture Committee. This means I will be stepping down from the Finance and Performance Committee although I will continue to take a keen interest in its activities attending as an observer when possible.

I am also looking forward to supporting the Trust in moving forward with its sustainability agenda, working with James Sabin, our new Director of Finance, to progress and champion implementation of the Green Plan.

In addition to my role as carer champion I also welcome the opportunity to champion greater support for service user involvement and engagement more widely to further develop positive relationships and outcomes.

Personal Profile – Deborah Good (NED since March 2022)

I have spent most of my career in the social housing sector, working to improve the quality of services for local communities. After achieving a post graduate Diploma in Housing from the London School of economics I worked for a number of London based organisations including the homeless charity, St Mungo's and the London Boroughs of Hammersmith and Fulham and Tower Hamlets.



I returned to Derby in the early 1990s where I held various management roles with Derby City Council before joining the Audit Commission in 2000 as a Housing Inspector and eventually Head of Housing. After a spell as a consultant with the Chartered Institute of Housing I was appointed as Executive Director of Customer Experience and Business Support at Solihull Community Housing. I have also held positions as a Non-Executive Director at Derwent Living and Berneslai Homes.

I am currently a Trustee of Artcore, a multi-cultural arts charity based in Derby. It has a thriving community hub based in one of the most deprived areas of Derby (Charnwood Street) and also gallery and activity space in the centre of Derby offering a number of creative activities for adults and young people from all backgrounds and abilities.

Integrated Performance Report

Purpose of Report

This paper provides Council of Governors with an integrated overview of performance at the end of January 2024. The focus of the report is on key finance, performance and workforce measures.

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

Executive Summary

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

Operational Performance

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

Most challenging areas:

- Waiting times for adult autistic spectrum disorder assessment – demand continues to outstrip commissioned capacity and as a result the average wait to be seen is around 76 weeks. Activity levels have increased significantly, which is having a positive impact, and over the last six months the waiting list has reduced by 27%.
- Community paediatric waiting times – ongoing high levels of demand, pathway issues and recruitment challenges.
- NHS Talking Therapies waiting times – recent recruitment should start to have a positive impact on waits from the end of January
- Memory Assessment Service waiting times – waits from referral to actually being assessed are currently around 32-34 weeks. There is ongoing significant demand for the service which exceeds funded capacity.
- Inappropriate out of area placements and inpatient bed occupancy levels – enduring high level of need for inpatient treatment

Most improved areas:

- CAMHS waits continue to reduce and over the last 12 months the average wait to be seen has halved
- Dementia diagnosis rate continues to exceed target

- Community perinatal access levels continue to increase. Capacity continues to be demonstrated within the system to offer over 90 assessments a month. Achieved target within service level data in 6/23 and 1/24. Currently achieving 9.4% of the 10% target with 127% growth in activity over the years 2020/21 to 2023/24.

Finance

At the end of January 2024 (month 10), the year to date (YTD) position is a deficit of £2.3m (after adjusting for the impairment loss on Audrey House) against a planned surplus of £1.0m, an adverse variance of £2.9m.

Last month (month nine) our forecast position moved from being breakeven to a deficit of £4.4m, with the Derbyshire system reporting a forecast deficit position of £47.7m. This is due to emerging cost pressures now being recognised in the forecast outturn.

Our year end deficit position of £4.4m is driven by the following:

- Public Dividend Capital (PDC) funding withdrawal of £2.5m
- Complex Eating Disorder patient income risk of £2.5m
- Industrial action of £0.2m
- Pay award cost pressures of £0.2m
- Excess inflation related to the Private Finance Initiative (PFI) contract of £0.4m
- IFRS16 accounting benefit of £0.8m non-recurrent (change to right of use accounting for St Andrews House)
- Management of operational cost pressures offset by vacancies, interest income, cost reductions and release of balance sheet items.

The Board Assurance Framework (BAF) risk that the *Trust fails to deliver its revenue and capital financial plans*, remains rated as **Extreme** for 2023/24 due to the inherent risks that are built into the financial plan along with risks that have emerged during the financial year. A deep dive into this BAF risk was presented to the Audit and Risk Committee in January 2024.

Efficiencies

The plan includes an efficiency requirement of £8.8m phased equally across the financial year. As at the end of January £7.5m was achieved against a YTD target of £7.3m. The full £8.8m of savings have been identified and the forecast assumes that they are delivered in full, although the risk remains that a significant proportion of these savings are being delivered non-recurrently, impacting adversely into next financial year.

Key next steps

- **Development of recurrent plans to minimise the adverse impact into 2024/25 as currently 75% are being delivered non recurrently.**

Agency

Agency expenditure YTD totals £7.8m against a plan of £4.4m, an adverse variance to plan of £3.4m. This includes £2.4m of additional costs to support a complex patient on one of our wards. The two highest areas of agency usage continue to relate to Consultants and Nursing staff. The agency expenditure as a proportion of total pay for January is 4.1%. The agency plan for the year is set at 3.5% of total pay expenditure which is just below the target set by NHSE in the planning guidance of 3.7%. Agency is forecast to be above plan by £3.7m, of which £2.9m relates to the complex patient that is being supported.

Out of Area Placements

The plan for out of area expenditure has been reduced by £1.0m in 2023/24 as part of the £8.8m efficiency programme. As at the end of January there was an overspend against the reduced plan of £1.8m with a forecast overspend of £2.5m for the end of the financial year. The forecast assumes 22 out of area patients each month for the remainder of the financial year.

Capital Expenditure

Capital expenditure at the end of January is slightly behind plan due to the impact of IFRS16 leases. The IFRS16 lease change along with additional IT expenditure impacts on the forecast with capital expenditure for the year being slightly above plan by £0.5m.

Better Payment Practice Code (BPPC)

In January, the target of 95% was exceeded by value by 97.3% but was very slightly under at 94.9% on volume.

Cash and Liquidity

Cash at the end of January is at £38.5m and is forecast to be at planned levels of £23.7m by the end of the financial year.

Quality

Compliments and complaints

The number of compliments and complaints received remain within common cause variation. Complaints have fallen for the last three months.

Clinically ready for discharge

The number of service users meeting the criteria of clinically ready for discharge (CRD) has been significantly high for the last nine months. The most common reason for patients meeting the criteria for CRD continues to be the identification of appropriate housing or social care placements.

Key next steps:

- ***Twice weekly CRD meeting where any barriers to discharge are identified and discussed to support resolution***
- ***The Older People's division continue to work in collaboration with Joined Up Care Derbyshire to identify patient centred solutions for those service users awaiting placements that meet their needs.***

Care plan reviews

The current percentage of patients who have had their care plan reviewed and have been on Care Programme Approach (CPA) for over 12 months is 70%, an increase of 9% between November 2023 and January 2024.

Key next steps:

- ***A new data hub was introduced to the Trust for each team to use to review the new report and cleanse the data***
- ***A process for monitoring compliance and quality has been implemented in each division and monitored via the monthly Fundamentals of Care meeting, (in Inpatients, the Clinical Reference Group) and the Divisional Clinical Operational Assurance Team (COAT) meetings***
- ***The Community Mental Health Teams have been set a target to achieve 85% compliance by April 2024. It is expected that this target will be met within the identified time frame (currently 70%).***

Patients in employment and in settled accommodation

Following an update in how the data related to patients having their accommodation status recorded as was completed in December 2023, the number has increased by 20%. There has been no change in the number of patients recorded as in employment.

Medication incidents

The number of medication incidents reported is now back in line with common cause variation.

Incidents of moderate to catastrophic actual harm

There has been an increase in the number of incidents routinely reported by staff, following support from the Patient Safety team, and a rise in incidents recorded as “self-harm” and physical assault of staff by patients. The Trust Positive and Safe team are to complete a thematic review to identify learning points to reduce incidents of this type. The results of this review are expected in April 2024.

Duty of Candour

The number of incidents meeting the threshold for Duty of Candour has remained within expected thresholds.

Prone restraint

Prone restraint remained consistently under the Trust target of 12 incidents between November 2023 and January 2024.

Key next steps:

- ***A project to introduce simulation-based training is expected to start in March 2024. This will include interventions that would be expected to maintain low levels of prone restraint.***

Physical restraint

Incidents involving physical restraint have increased by 4% between November 2023 and January 2024. This is continuously reviewed within the Reducing Restrictive Practice Group and the Trust Positive and Safe Support Team continue to offer extra training sessions to improve training availability for staff.

Seclusion

Seclusions between November 2023 and January 2024 have increased from eight to 15 but are still below the mean average of 20 episodes of seclusion.

Falls on inpatient wards

The number of falls recorded between November 2023 and January 2024 has reduced from 39 to 29 and is below the Trust target of 30.

Care hours per patient day (CHPPD)

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

Strategic Considerations

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

Risks and Assurances

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

Consultation

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

Governance or Legal Issues

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

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

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

Recommendations

The Council of Governors is requested to:

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

Report presented by: Lynn Andrews, Non-Executive Director
Tony Edwards, Non-Executive Director
Deborah Good, Non-Executive Director
Ashiedu Joel, Non-Executive Director
Ralph Knibbs, Non-Executive Director
Geoff Lewins, Non-Executive Director

Report prepared by: Lee Doyle, Interim Executive Director of Operations
David Tucker, Interim Executive Director of Operations
James Sabin, Executive Director of Finance
Rebecca Oakley, Interim Director of People & Inclusion
Dave Mason, Interim Director of Nursing and Patient Experience

Performance Summary

Areas of Improvement	Areas of Challenge
Operations	
<ul style="list-style-type: none"> Transforming care programme – discharges and annual health checks Psychology waiting times CAMHS waiting times Dementia diagnosis rate Perinatal access 	<ul style="list-style-type: none"> Community mental health waiting times Adult ASD assessment waiting times Community paediatric waiting times NHS Talking Therapies waiting times Memory Assessment Service waiting times Inappropriate out of area placements Inpatient bed occupancy levels
Finance	
<ul style="list-style-type: none"> Efficiency Better Practice Payment Code 	<ul style="list-style-type: none"> Financial deficit Agency expenditure Liquidity
People	
<ul style="list-style-type: none"> Annual appraisals Compulsory training Filled posts Reduction in agency staff use 	<ul style="list-style-type: none"> Staff absence Bank staff use Supervision
Quality	
<ul style="list-style-type: none"> Duty of candour incidents Care plan reviews 	<ul style="list-style-type: none"> Clinically ready for discharge Incidents of moderate to catastrophic harm

Assurance Summary

A. Operations

Metric Name	Performance	Assurance	Latest Value	Target	Lower process limit	Upper process limit	Mean	
1a	Waiting list - care coordination - average wait to be seen				23	35	29	
1b	Waiting list - care coordination - number waiting at month end				60	104	82	
2a	Waiting list - ASD assessment - average wait to be seen		73		70	76	73	
2b	Waiting list - ASD assessment - number waiting at month end		1,593		1782	2040	1911	
2c	ASD assessments			66	26	7	52	30
3a	Waiting list - psychology - average wait to be seen		34		2	69	36	
3b	Waiting list - psychology - number waiting at month end		556		728	971	849	
4a	Waiting list - CAMHS - average wait to be seen		14		16	24	20	
4b	Waiting list - CAMHS - number waiting at month end		328		402	590	496	
5a	Waiting list - community paediatrics - average wait to be seen		43		24	31	27	
5b	Waiting list - community paediatrics - number waiting at month end		2,220		1931	2348	2139	
6	Outpatient appointments cancelled by the Trust			7%	5%	3%	12%	7%
7	Outpatient appointment "did not attends"			14%	15%	10%	15%	12%
B1	3 day follow-up			93%	80%	77%	96%	86%
D1	Community Mental Health Access (2 plus contacts)			11,820	11,899	9410	10165	9787
E1	Children & Young People Mental Health Access (1 plus contact)			3,405		2949	3144	3046
E4	Children & Young People Eating Disorder Waiting Time - Routine			100%	95%			
E5	Children & Young People Eating Disorder Waiting Time - Urgent			n/a	95%			
G3	Early intervention 14 day referral to treatment - complete			79%	60%	64%	106%	85%
G3	Early intervention 14 day referral to treatment - incomplete			81%	60%	56%	117%	86%
H0	IAPT 6 week referral to treatment			61%	75%	55%	73%	64%
H1	IAPT 18 week referral to treatment			99%	95%	98%	101%	99%
H2	IAPT 1st to 2nd Treatment over 90 Days			26%	10%	6%	24%	15%
H7	IAPT patients completing treatment who move to recovery			55%	50%	43%	59%	51%
I1	Individual Placement and Support Access			485	343	130	400	265
K2	Total inappropriate out of area bed days			3,285	0	1,384	2,170	1,777
K2	Average patients out of area per day - adult acute			17	0	0	14	7
K2	Patients placed out of area - adult acute			28	0	0	23	11
K2	Average patients out of area per day - PICU			20	0	8	21	14
K2	Patients placed out of area - PICU			35	0	14	33	23
L1	Perinatal Rolling 12 Months Access			9%	10%	5%	6%	5%
L2	Perinatal Access Year to Date			875	1,070	219	575	397
N4	Data quality maturity index			99%	95%	98%	99%	99%

Key to symbols¹:

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

Blue dots indicate special cause variation, better than expected.

Orange dots indicate special cause variation, worse than expected.

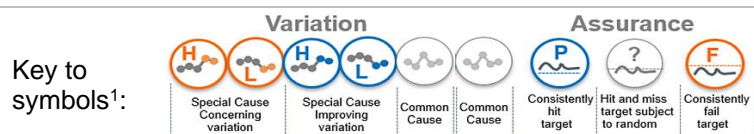
¹The rating symbols were designed by NHS Improvement

B. People

Metric Name	Variation	Assurance	Latest Value	Target	Lower process limit	Upper process limit	Mean
1 Annual appraisals			86%	90%	77%	82%	79%
2 Annual turnover			13%	8-12%	12%	14%	13%
3 Compulsory training			91%	85%	87%	89%	88%
4 Staff absence			7%	5%	5%	8%	6%
5 Clinical supervision			82%	95%	73%	78%	76%
6 Management supervision			80%	95%	71%	77%	74%
7 Filled posts			94%	100%	90%	95%	93%
8 Bank staff use			5%	5%	4%	7%	6%

C. Quality

Metric Name	Performance	Assurance	Latest Value	Target	Lower process limit	Upper process limit	Mean
1 Compliments received			90	119	72	165	118
2 Formal complaints received			9	13	4	32	18
3 Proportion of patients clinically ready for discharge			11%	3.5%	4.1%	11.6%	7.9%
4 CPA reviews			67%	95%	62%	77%	69%
5 Patients in employment			12%		9%	13%	11%
6 Patients in settled accommodation			49%		32%	48%	40%
7 Number of medication incidents			87		51	113	82
8 No. of incidents of moderate to catastrophic actual harm			94	48	26	87	56
9 No. of incidents requiring Duty of Candour			0	1	0	5	1
10 No. of incidents involving prone restraint			10	12	0	24	11
11 No. of incidents involving physical restraint			75	46	33	113	73
12 No. of new episodes of patients held in seclusion			15	14	3	35	19
13 No. of falls on inpatient wards			29	30	16	55	36



Blue dots indicate special cause variation, better than expected.

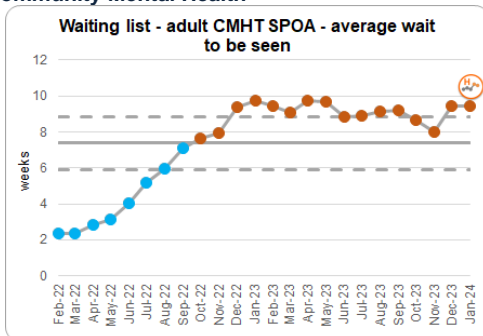
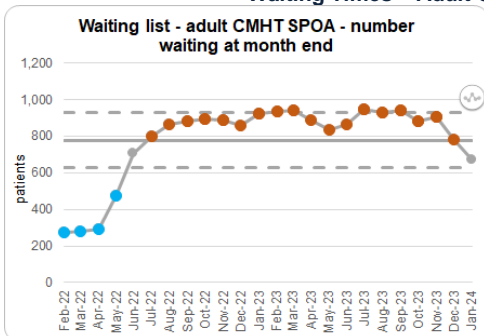
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¹The rating symbols were designed by NHS Improvement

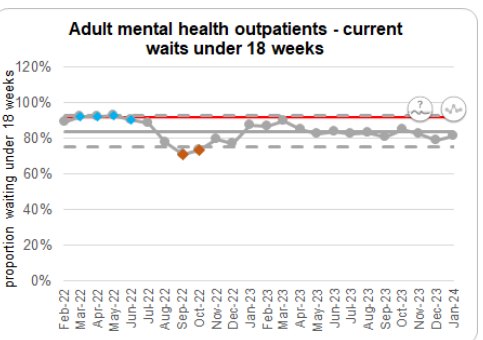
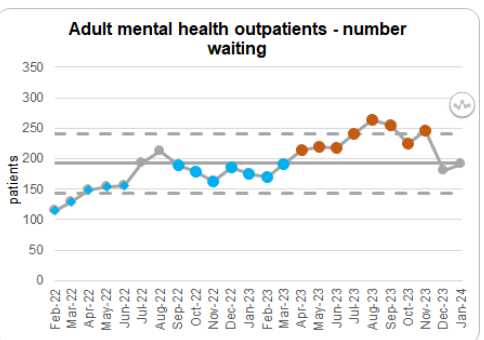
Operations

Operational Performance

Waiting Times – Adult Community Mental Health



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



Summary

For adult CMHT, the number waiting has been on a downward trajectory, although the average wait has started to increase again since November 2023. The outpatient waiting lists have been increasing significantly for the last 9 months, although had a reduction in December 2023. The proportion of people waiting over 18 weeks remains too high.

The working age adult community teams continue to receive more referrals in comparison with the older adult teams. Working age adult teams also hold a significant number of patients over the age of 65, accounting for 4% of the total caseload and these continue to be reviewed on an individual basis to assess the most appropriate service to meet their needs.

In the most recently published national benchmarking data, the Trust's median length of stay in community mental health services from referral to discharge was 111 days, which is considerably higher than the national median of 57 days. The Trust's average community mental health caseload size as a proportion of total trust caseload was 42.8%. In comparison, the national median was 30.5% (<https://model.nhs.uk/>)

Outpatient caseloads are particularly high in some teams, and with high caseloads it is difficult for teams to have capacity to pick up new cases and be responsive to those most in need. To address the waiting lists, reducing numbers waiting and length of time waiting, there needs to be a focus on productivity within all parts of the service pathway to ensure we increase flow, reduce unwarranted variation, and get best value for money.

The Adults of Working Age Community Mental Health Services division have developed a productivity plan on a page and associated action plan:

3-month plan:

- Targeted messaging – accountability, back to basics, getting it right
- Implementation of MaST*
- Setting expectations – number of contacts; caseload numbers vs productivity
- Understanding reporting and variance
- Increased face to face training and support around recording in SystemOne
- Commence scoping for screens in team bases to display compliance with KPIs**

6-month plan:

- Consistent continued messaging around accountability, back to basics, getting it right
- Embedding MaST into business as usual*
- Regular monitoring of performance against agreed expectations for contacts, caseloads and productivity
- Consistent use of the Employee Improvement Policy and Procedure
- Improved data accuracy
- Roll out of screens in team bases displaying data, productivity and performance**
- QI approach to outpatient caseload management

12-month plan:

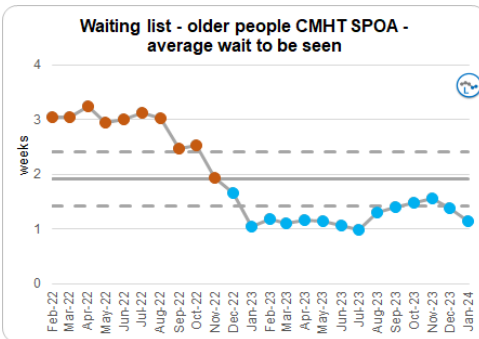
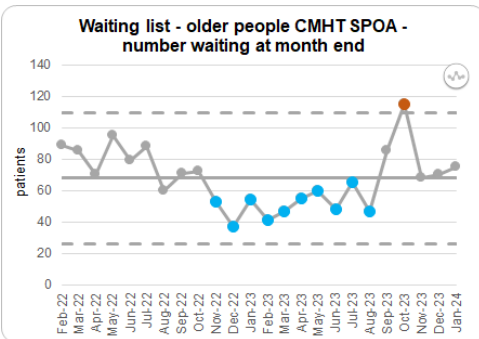
- Data, productivity and performance conversations are business as usual via use of screens in team bases displaying relevant dashboards**
- Fully embedded use of MaST*
- Optimised caseloads within the long-term offer
- Increased compliance with 4-week referral to treatment
- Accurate waiting lists that are reflected across all reporting dashboards
- Improved staff wellbeing – increase in positive response in staff survey
- Apply the learning from the outpatient caseload management QI project and embed as business as usual

*The funding for year 1 of MaST comes to an end in May 2024 and there is a significant risk that the funding for year 2 will not be approved (business case currently being written). The benefits of MaST will not be seen until at least year 2, so if funding is not approved it will have a significant impact on the productivity action plan.

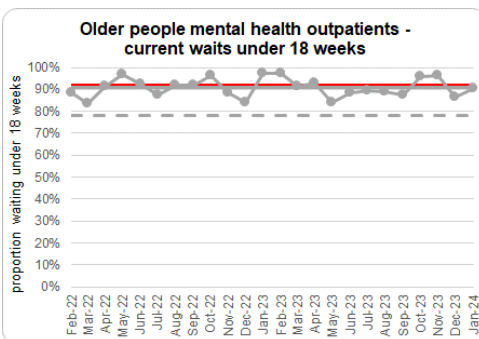
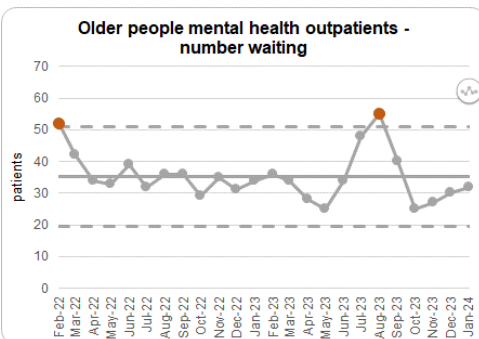
**This project is for Adult and Older Adult CMHTs. Given the current financial position of the Trust, there is a risk that funding will not be agreed to support the implementation of the data screens. 12 screens have been identified by IM&T that could be repurposed for this project, however, the CMHTs would be charged full price for these screens. 3 pilot sites have been identified for this project in the first instance.

Operational Performance

Waiting Times – Older People Community Mental Health



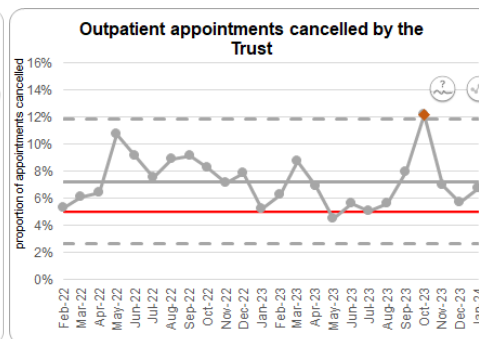
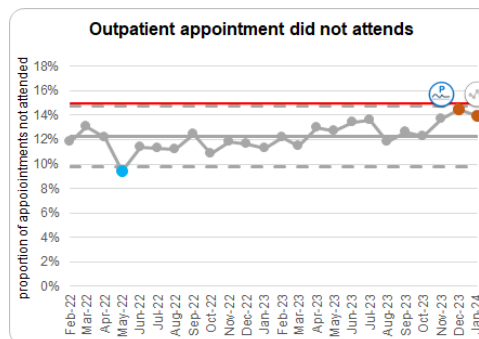
SPOA = single point of access – the route for external referrals into the services



Summary

The number waiting is continuing to reduce in older adult SPOAs. The average wait remains very low at around 1 week. A small number of people are waiting for each outpatient service.

Outpatients

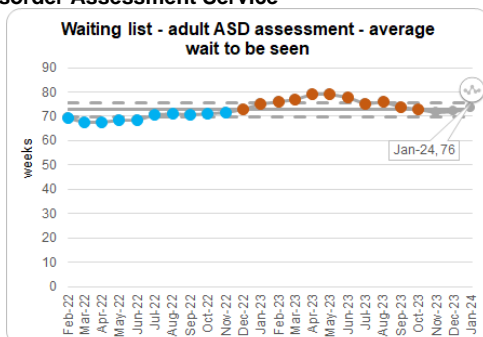
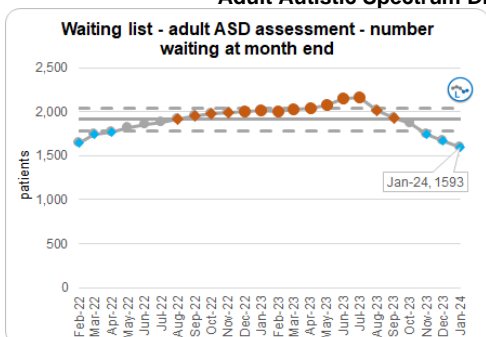


Summary

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

Operational Performance

Adult Autistic Spectrum Disorder Assessment Service



Referrals

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2016				18	15	20	23	28	31	26	27	18
2017	19	17	9	20	23	21	25	22	27	43	30	29
2018	29	34	32	41	47	40	62	41	45	54	48	22
2019	92	65	52	50	82	71	77	49	59	34	55	46
2020	83	32	28	45	20	46	17	27	14	48	77	74
2021	43	56	58	59	85	80	64	56	51	70	55	114
2022	62	62	141	74	100	97	50	70	88	65	70	52
2023	40	10	43	42	111	125	122	58	160	115	166	87
2024	93											

Assessments

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2016				19	7	22	5	4	19	20	15	13
2017	35	37	47	22	22	18	30	16	24	34	30	12
2018	20	15	23	18	19	20	22	11	13	14	20	20
2019	33	24	25	24	19	18	15	11	26	30	34	15
2020	28	27	22	1	5	11	20	16	18	29	18	15
2021	20	17	22	22	17	12	14	14	24	24	15	6
2022	12	12	21	13	10	14	8	6	20	22	20	15
2023	22	28	24	22	18	31	30	35	65	54	70	50
2024	66											

Summary

Demand for the service continues to outstrip capacity (commissioned to undertake 26 assessments per month but now receiving around 100 referrals per month this financial year). The process for assessments has been significantly streamlined to reduce assessment time and create capacity to carry out more assessments hence seeing an increase in recent months. At the end of January 2024 there were 1,593 adults waiting for assessment, which is a significant reduction. The number of completed assessments per month has increased and the full year contractual target has already been achieved. Due to data quality issues and some changes at point of entry there continues to be some slight anomalies in data accuracy, and we continue to run a manual and automated report whilst we work through this. Month on month this is improving, and the trends and data are close to alignment.

Actions

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

Transforming Care Programme

Summary

Current inpatient numbers are: ICB +1 over stretch trajectory, spec com is +2 over trajectory and CYP +1 over stretch trajectory.

Actions

Reducing Inflow

- LD&ASC Support and Intervention Team (SIT) continues to support hospital avoidance with positive impact.
- Enhanced Community Support (ESC) workstream co-led with revised action plans on Local Area Emergency Protocol (LAEP), Dynamic Support Pathway (DSP) and Care (Education) and Treatment Reviews (C(E)TRs) near completion.
- The DSP re-design is near completion. New DSP Standard Operating Procedure (SOP) and all linked DSP documentation are currently out for final comments from key stakeholders across the system, with the aim to go 'live' in March 2024, with a review in 12 months' time allowing time for the new process to be embedded. Workshops and training will then be developed and fully launched together with the LAEP and CTR processes across the system.
- JUCD webpage currently being developed to present all DSP information and 'house' all related documentation for ease of access for people with a learning disability and/or autism, families, carers and health and social care colleagues across Derby & Derbyshire

Improving Flow

- Substantial work undertaken to improve flow with dedicated leads coordinating all the AMH, out of area locked rehabs/ATU and spec com beds and plan repatriation back to Derbyshire. Including setting up community services for individuals including contracting linking in with ICB. Significant improvements in out of area over the last 8 months (June 2023 – 14 February 2024).
- No of discharges into the community by hospital type:
 - Locked Rehab = 5 discharges
 - ATU = 5 discharges
 - Spec Comm = 2 discharges
 - CYP = 1 discharge
- The combined total length of stay (LoS) for all discharges since June 23 is just over 30 years. As part of that total LoS, there have been some significant discharges from Assessment and Treatment Unit (ATU) and Locked Rehab (LR) which totalled Locked Rehab = 7426 and ATU = 3517, there was also provider collaborative patients who combined LoS was 145 days. Progress has also been made on transferring from MSU to locked rehab, with one patient LoS in MSU of 2159 days stepping to LR. In addition to this there was also a step down from Tier 4 to LR. This patient had a LoS in Tier 4 of 841 days (these are not counted in the 30 years above as these patients are still in a hospital setting).

Expediting complex discharges / Improving outflow

- To eliminate MFFDs due to placement availability, system work to improve provider capacity and capability. Stratification and discharge planning workshop took place in November for all ATU, Locked Rehab & Secure inpatients and community placements and this work continues. This is now fed into the Joint Solutions Group (JSG) meeting where it continues to be reviewed to ensure continued progress & links are made to strategic commissioning as needed. The JSG meeting, also allows for any 'themes' that are raised through the DSP, LAEPs, C(E)TRs and hospital discharge planning to be discussed and reviewed.

Annual health checks:

*AHCs - Q3 target = 1338, Q3 actual completed = 1256. 94% of Q3 target. In January 24, achieved 666 against a target of 714.

Operational Performance

Psychology & Psychological Therapies

Introduction

The Division has maintained its excellent reputation in the region for being a fantastic place for psychologists to work and is the employer of choice. We currently have 4.5% vacancy. We are working hard to manage the shrinking budgets to still maintain our values, support and deliverables. CIP plan currently in place to meet required amount recurrently. There is still some further work to do on correctly aligning the divisional structures.

Workforce update

Sickness & morale: Sickness within the division was unusually high at 7.2% in January as a result of coughs, colds and influenza. We also have staff off with physical health issues. Although finding the workplace tough, there are no staff off with stress and anxiety related issues. We have little long-term sickness. Morale remains largely positive, but staff are worried about the financial situation and the impact of the cost improvement plan. The staff survey shows positive feedback about the formation of the division and immediate managers and teams. It does, however, reflect challenges relating to high workloads, parking and accommodation.

Trainees: we continue to take a wide range of trainees into our services as part of our sustainability plan. They include CBT, DCLinPsy and psychotherapy trainees. We also continue to provide training for professional courses locally.

Hybrid working and travel: Staff in the division continue to work broadly to a 60/40 split. The aim is to maintain this.

LD psychology in the North of the county: We have started the recruitment for posts in the north of the county. Over the next 6 months we will build a service to support people with a learning disability to parallel the service in the south and city. Whilst we will work hard to provide equity of care across the county, the financial envelope is notably small.

Health psychology: The health psychology team continue to work with the ICB and partners in the system to provide care across a range of specialities (stroke, pain, cancer). They remain engaged in a JUCD review of all stroke services in the county.

Friends & Family Test

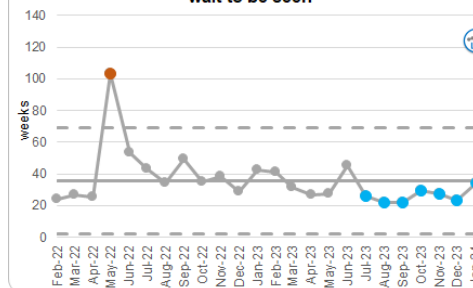
Friends and Family Test, where reported, continues to show excellent feedback. In the last 12 months:

- Cognitive Behavioural Therapy received 27 responses and 100% were positive
- Amber Valley Adult Psychology received 11 responses and 100% were positive
- Psychodynamic Psychotherapy received 4 responses and 100% were positive
- NHS Talking Therapies received 1,797 responses and 98% were positive.
- South & Dales Older Adult Psychology received 1 response which was positive

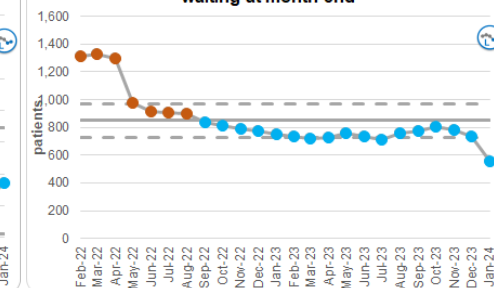
Partnership, system and PLACE working

This continues to grow and develop in line with the living well. Staff are working across the landscape and linking in with GP services and VCSE sector. We are providing support to our police colleagues working with homelessness by way of reflective practice sessions, and looking to see how we can partner up for further MH support and prevention work in the system.

Waiting list - psychological services - average wait to be seen



Waiting list - psychological services - number waiting at month end



Waiting lists and referrals

Overall, there has again been a reduction in the number of people waiting for psychological input, although the average wait to be seen has risen slightly. Focused quality improvement work around older adult, learning disability and some working age adult teams to manage and reduce the waiting lists across the division has resulted in a significant reduction in waiting times and numbers waiting. Referral numbers remain high.

Trust wide staff wellbeing

Wellbeing, trust wide remains a priority for all teams. Our in-house service provision of psychological support is actively working with the sickness specialists within the employee relations team, to plan a pathway to support those people with anxiety / depression / stress at the heart of their challenge. This service continues to support individuals with psychological needs within our workforce.

Supervision & appraisal

Clinical supervision is currently at 96.2% for the division. Whilst this remains above trust target, our aim is for 100% to be maintained. This is raised at the monthly Leads meeting as well as within our Divisional COAT. Management supervision is at 94.7% whilst appraisal completion currently stands at 89.3%. We are tackling the issue with recording and uploading the IPRs through the system.

Increasing psychological awareness

The Bite size psychological teaching sessions continue to have good attendance with a range of topics being delivered. The timetable for 24/25 is now out.

The trauma informed Board has developed the strategy and plans for training regarding Trauma informed working and this has been reviewed and agreed at Trust Leadership Team.

Benchmarking, Productivity & Finance

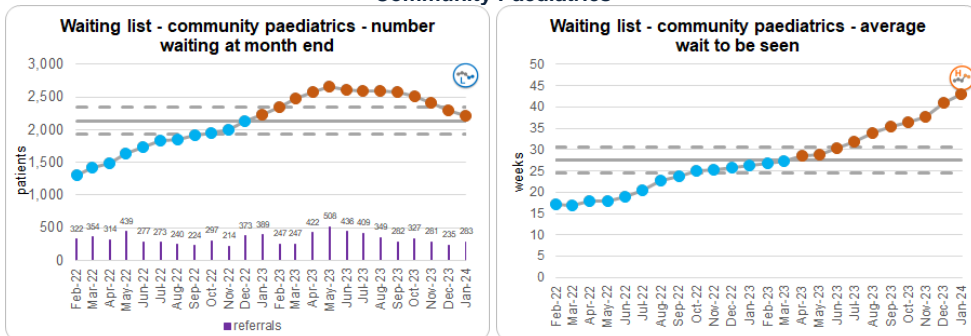
This is part of an ongoing national discussion. Financially, we remain within budget, have no unfunded posts or roles, agency or bank. We have submitted a full CIP plan for the required recurrent CIP to 2025. BPS guidance being used to consider benchmarking.

Safety and quality

We remain focused on productivity. The SOP for EMDR was completed and shared at COAT and Trust Leadership Team for approval. Preparation is underway for the Divisional Review in April. Governance processes are in place. Teams also complete a monthly managers update with all performance metrics.

Operational Performance

Community Paediatrics



Summary

At the end of January 2024 there were 2,220 children waiting. The average wait time was 43 weeks. The ongoing shortage of ADHD medication has meant that children on specific medications have been reviewed as a matter of urgency as withdrawal has physical health implications. Children on current prescriptions have therefore been prioritised. There has been an increase in calls and demand on the medical secretaries, admin, Dr's and the ADHD nursing team in order to manage this subsequently further impacting on waiting times for children – as medications now start to become available the reiteration of this will continue to have an impact on waiting times.

Internal factors:

- There is limited triage of cases coming into services prior to them being placed on the paediatricians waiting lists. Some of the internal pathways are unclear.
- Difficulty in discharging children under NICE guidance and shared care agreements in relation to medication for ADHD – specialist nursing team caseloads continue to expand causing problems with flow from the Comm Paeds service.
- Community Paediatrician vacancies and skill mix.

External factors contributing to increased demand on Community Paediatricians:

- Prior to March 2021 the referrals received was a level of demand that the service could manage, however since March 2021 the volume of referrals received has risen and this higher level of demand has persisted to date.
- ASD/ADHD demand for specialist assessment increased 400% from 2018 to 2023 (22/23 4575 referrals per annum) with maximum South Derbyshire system capacity to assess 1900 per year)
- Developmental delay referrals to community paediatricians increased following the pandemic.
- Appointment duration has increased due to the increased complexity of children & young people (CYP) presenting needs post the pandemic.
- Demand for ASD and ADHD assessments is linked to an increase in SEND in schools, school pressures, cost of living crisis and reduced community support.

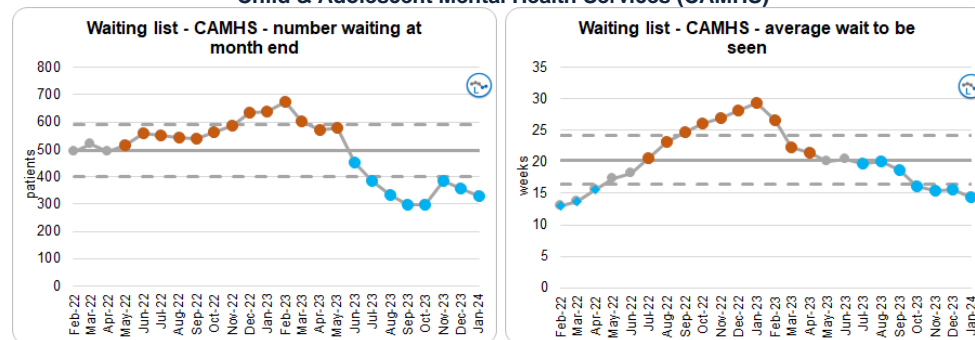
Mitigation:

- Deputy Area Service Manager is now leading on transformation work for the CYP neurodevelopmental (ND) pathway, an oversight group has been set up for governance and clinical decision making, ongoing review of pathways active signposting and resources for families to access for support, advice and information and updates to website. This will also include ongoing quality improvement for the CYP ND transformation.

Mitigation (cont.):

- Recruitment update – Psychologist, Triage Nurse x 2 are now in post. Of the 2 Consultant vacancies – 1 applicant will be offered fixed term SAS Dr with a view to becoming substantive Consultant due to limited experience at Consultant level. Conditional offer to be sent next week. Second Consultant post is being reinterviewed in Feb/March 2024.
- Triage work is currently reviewing long waiters, system decision to focus on education / schools in order to prevent referrals by offering advice, support and signposting as needed. Pilot will be implemented over coming weeks targeting schools with high levels of referrals.
- Senior leadership attendance at system ND meetings to highlight risks and increase the Local Authority, Education and Primary Care accountability for the increasing demand.
- Clinic space remains under constant review.
- Review of vacant consultant posts and workforce continues, including consideration for skill mixing some of these posts. Working with recruitment team to update job descriptions to make them more attractive to potential applicants. Currently advertised posts include Specialty Doctor, Consultant Paediatrician ND & generic work and also Named Doctor for safeguarding – consultant.

Child & Adolescent Mental Health Services (CAMHS)



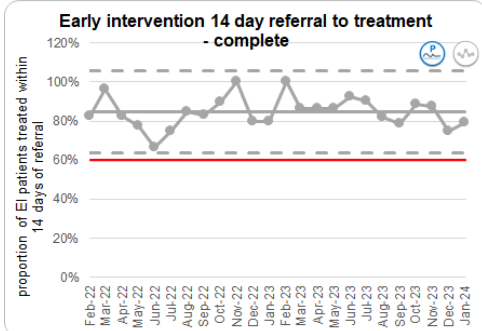
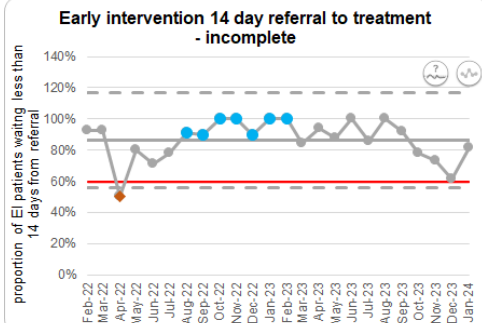
Summary

At the end of January 2024, 328 children were waiting to be seen. The average wait time was 14 weeks.

Actions

The triage and assessment team is now fully recruited into. They have been continuing to make strides with the external waits and are adhering to the Trust waiting well policy. They have though, due to the efficiency of the service, noted that waits for input from other services further along the pathway have increased. As a result, the team has decided to reduce the number of assessments the clinicians are doing per week, from 8 to 6. The aim is to stem the flow. This will be assessed at regular intervals, although inevitably, the external wait list will likely increase.

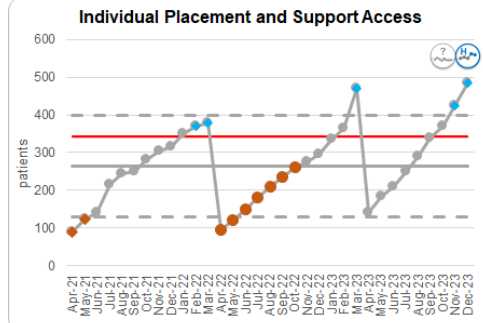
Operational Performance



Summary

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

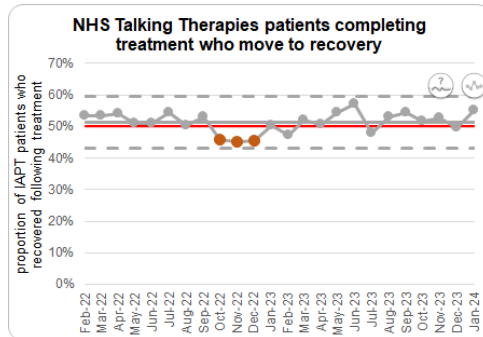
The service continues to be extremely responsive and has exceeded the national 14-day referral to treatment standard of 60% or more people on the waiting list to have been waiting no more than 2 weeks to be seen in all but one month over the past 2 years.



Summary

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

NHS Talking Therapies

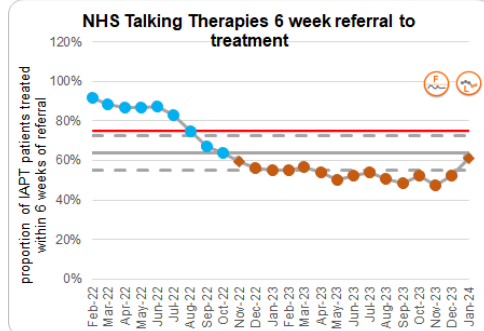
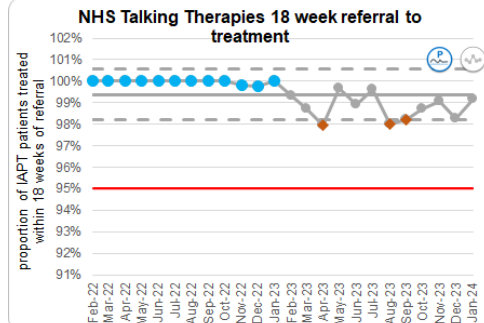


Summary

Recovery rates exceeded the 50% target in January achieving 54.9% with a year to date performance of 52.6%.

Actions

- Monthly performance reports are shared with individual managers, and with the Head of Psychological Therapies.

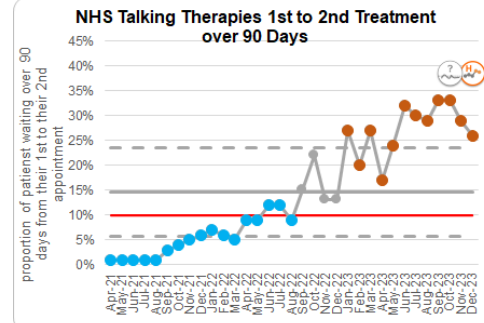


Summary

- 18-week referral to treatment performance continues to exceed target. This is for people who have been discharged. Those entering treatment have maintained the improvement in recent months and should show a continued improvement in the coming months reporting.
- The 6 week wait from referral to treatment has now shown improvement for the last two months for those discharged in month. Those entering treatment continues to show marked improvement which is now starting to show in the discharge figures.
- Referrals are slightly below pre pandemic levels, however the reduction in capacity within sub contractors and increased maternity leave remains challenging.

Actions

- The PWP recruitment has reduced the need for support within the Step 2 team for assessment to bridge the gap. Both recent recruits are now in post and are working towards their target contacts.
- The use of spot purchasing for assessments has now come to an end as the allocated number have been used up.



Summary

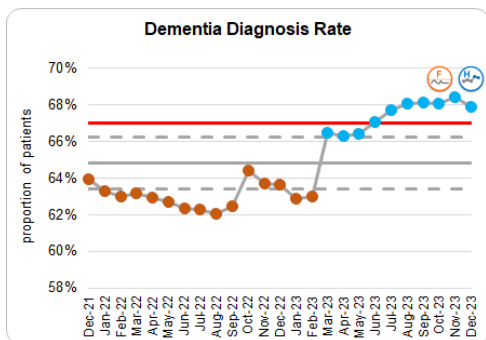
1st to 2nd treatment waits have been significantly high and above target for the last 11 months.

Actions

- Monthly Service Manager review of longest waiters to reduce outliers. This has had a significant impact on the longest waiters particularly for CBT.
- Supportive caseload management frameworks introduced to give better scrutiny of productivity re average contacts.
- IESO, one of our sub contractors continues to have some spare capacity for CBT treatment and awareness sessions at regional staff meetings have been booked.
- Maintain a focus on attendance and reduction of DNAs. DNA information is now circulated to service managers. This too forms part of caseload management.
- Further information is also circulated on booked contacts versus agreed targets broken down by clinician and month to promote individual improvements in performance.
- Review of acceptance criteria to achieve more appropriate referrals is ongoing and will include updated treatment contracting with patients. Assessment workshops have commenced with the first ones with PWPs in early Feb.
- Bookable appointment slots rolled out to all PWP assessors, these now allow for re-booking of appts and confirmation of appt dates and times.
- Average wait times for referral to assessment and referral to treatment are now shared with commissioners awaiting publication on the ICB website to promote patient choice.
- Wait list clarification for longest waiters has commenced to clarify if patients still require a service, this has been rolled out for the trauma wait list and a staged approach is being undertaken geographically.

Operational Performance

Dementia Diagnosis Rate



Summary

There has been a national drive to increase the proportion of people estimated to have dementia, who have a coded diagnosis of dementia. The target for Derby & Derbyshire ICB has been achieved since June 2023.

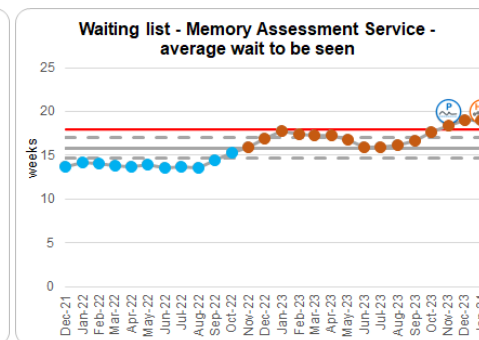
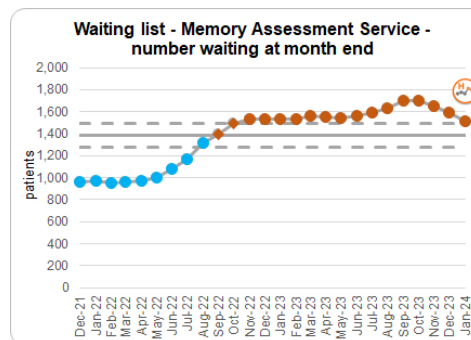
Dementia Diagnosis Benchmarking Data

Type	ODS Code	Diagnosis rate (%)
National	ENGLAND	64.6
Region	LONDON	66.7
Region	SOUTH WEST	59.7
Region	SOUTH EAST	62.8
Region	MIDLANDS	64.3
Region	EAST OF ENGLAND	62.9
Region	NORTH WEST	69.3
Region	NORTH EAST AND YORKSHIRE	67.4
ICB	QE1	68.8
ICB	QF7	74.7
ICB	QGH	53.7
ICB	QH8	64.9
ICB	QHG	67.8
ICB	QHL	60.7
ICB	QHM	68.6
ICB	QJ2	67.9
ICB	QJG	60.3
ICB	QJK	57.7
ICB	QJM	65.6
ICB	QK1	65.8
ICB	QKK	69.6
ICB	QKS	59.4
ICB	QM7	64.8
ICB	QMF	60.4
ICB	QMJ	68.2
ICB	QMM	61.4
ICB	QNC	72.2
ICB	QNG	67.6
ICB	QNX	63.7
ICB	QOC	60.8
ICB	QOP	73.0
ICB	QOQ	59.0
ICB	QOX	58.7
ICB	QPM	64.3
ICB	QR1	63.7
ICB	QRL	62.1
ICB	QRV	63.6
ICB	QSL	55.3
ICB	QT1	70.7
ICB	QT6	59.2
ICB	QU9	62.0
ICB	QUA	64.1
ICB	QUE	58.4
ICB	QUY	68.7
ICB	QVV	56.5
ICB	QWE	72.6
ICB	QWO	69.2
ICB	QWU	57.3
ICB	QXU	67.0
ICB	QYG	66.4

[Primary Care Dementia Data, December 2023 - NHS Digital](#)

The diagnosis rate in Derby & Derbyshire compares very favourably with other areas.

Dementia Diagnosis Waiting Times



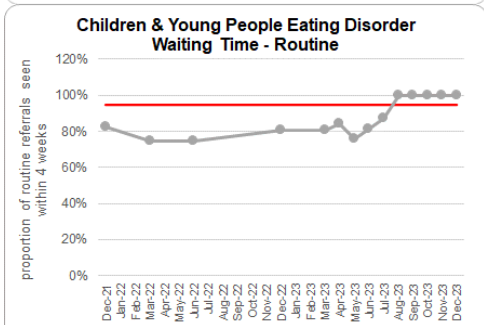
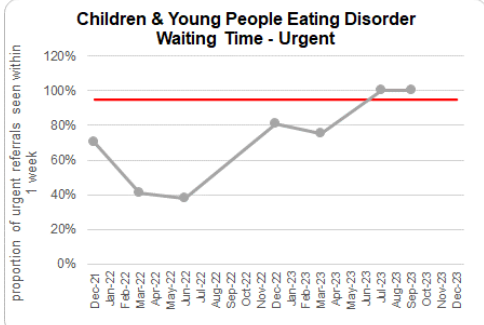
Summary

There continues to be an extremely high demand for the service which exceeds funded capacity, and at the end of January 2024 there were 1,511 people on the waiting list, with an average wait of just over 19 weeks, which includes people currently waiting as well as those who were assessed in month. Waits from referral to actually being assessed are currently around 32-34 weeks.

Actions

- Completion of quality improvement project to maximise and make best use of current resource, to ensure maximum capacity and quality of current provision
- Move diagnostic pathway for MAS 24 into CMHT: patients requiring diagnosis who are residing in 24 hour care will now be assessed and diagnosed under the care home project based in CMHTs
- Review of referral criteria for CMHTs and MAS, leading to a review of triaging to ensure robust processes are in place. 2 away days with CMHT and MAS managers have now taken place which involved reviewing referral criteria and review of triaging. Task & finish group led by Head of Nursing.
- Reducing the DNA rate
- Weekly emails to staff with individual performance data to ensure individual accountability for service provision
- Regular monitoring of wait times and data cleansing
- Continued focus on staff wellbeing and support

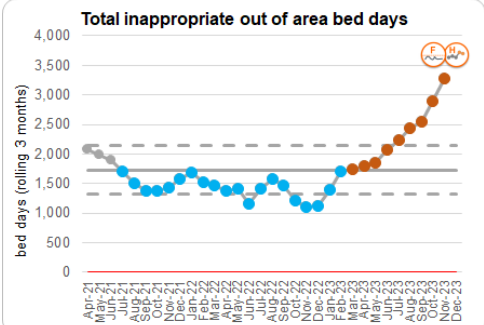
Operational Performance



Summary

The waiting time standards are that children and young people (up to the age of 19), referred for assessment or treatment for an eating disorder, should receive NICE-approved treatment with a designated healthcare professional within one week for urgent cases, and four weeks for every other case (target 95%). The Trust's Child & Adolescent Eating Disorder Service is generally achieving around 100% for both standards, but unfortunately although the [NHS England national standard](#) states that "CLOCK STARTS on the date the referral is received by the Community Eating Disorder Service for Children & Young People (CEDS-CYP) or generic CAMHS where the reason for referral is for a suspected eating disorder", the national measure is not based on service, it is purely based on anyone under 19 with a referral reason of eating disorder, and so referrals made to adult services are being included and are negatively impacting on the reported position. NHSE have switched to monthly reporting from April 2023.

The Division internally monitors the C&YP Eating Disorder Service waits from 1st to 2nd contact. In quarter 1 the average wait was 11 days, quarter 2 was 4 days and quarter 3 was 4 days.

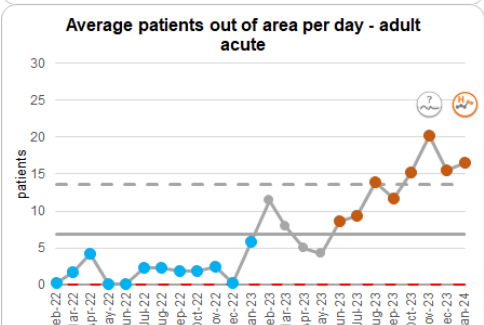
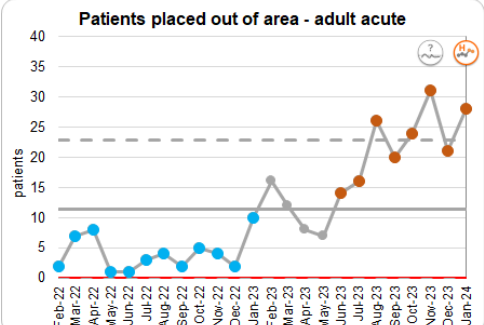


Summary

This is a national measure giving a combination of inappropriate out of area adult acute placements and inappropriate out of area psychiatric intensive care unit placements, calculated on a rolling 3 months' basis. There is an ongoing high level of demand for acute and PICU beds. The level of acuity is high necessitating the need for PICU beds and represented in the increase in admissions under the mental health act. There are no PICU beds in Derbyshire at this time and therefore all patients placed in PICU are placed in Out of area beds. Currently adult acute wards are working on capacity of around 108% as leave beds are utilised to support additional admissions. This has been a consistent factor over several months now. The opening of additional Step Down and Crisis House beds has not impacted this. As yet the impact of the crisis cafes on admissions is also yet to be established. The levels of acuity also results in people often taking longer to recover. The crisis teams continue to work with higher than usual caseloads in an attempt to avoid admissions to hospital wherever possible and appropriate.

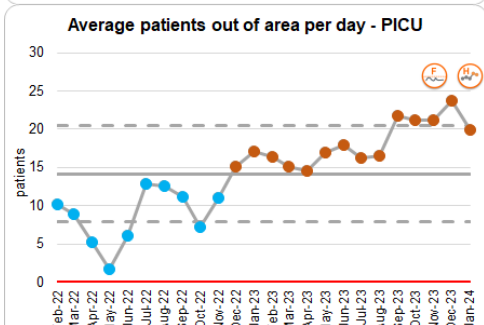
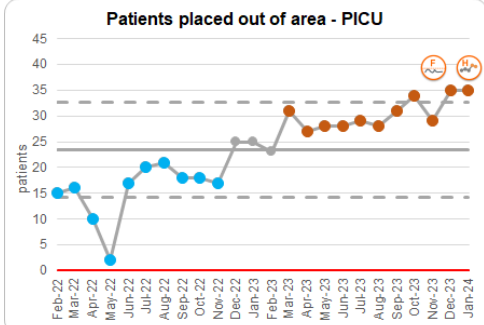
Actions

- The opening of the Ripley and Swadlincote crisis café was delayed but opened in December 2023.
- The demand for inpatient beds for LD&A patients continues. Changes to the pathway to improve assessment and decision making have been implemented which have helped to manage this to ensure community alternatives are explored prior to admission.
- Fiona White and Dr Rais Ahmed have been appointed to roles to support the flow of patients into and out of hospital.
- Liaison with the ICB regarding commissioning of inpatient service for people living in High Peak



Actions (cont.)

- Flow structure to be implemented to provide a multi-agency response to the admission and discharge challenges.
- Implementation of community based Clozaril initiation, avoiding need for admission to hospital.
- Review gatekeeping function and purposeful admission to comply with the crisis fidelity model. Pilot due to commence on 1st March 24, full roll out planned for 1st April 2024.
- Enhance the impact of the Emotional Regulation Pathway to support prevention of admission to hospital and/or facilitate early discharge.
- Derbyshire Mental Health Response Vehicle is due to be implemented in June 24. This will be one vehicle staffed by a paramedic and a mental health nurse. Currently there are 2 street triage cars operating in Derbyshire staffed by police officer and mental health nurse which is expected to stand down when Response Vehicle is established. Both services operate 7 days a week covering 4pm to midnight.
- To implement MAST in CMHTs ensuring focused input to those at greatest need and risk of admission.
- To enhance the inpatient offer regarding Trauma Informed Care - to pilot on ward 33.



Summary

There is no local PICU provision, so anyone needing psychiatric intensive care must be placed out of area, however, work continues on the provision of a new build PICU in Derbyshire.

Actions

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

Operational Performance

Clinical area	Beds	Length of stay (days)		Change versus previous month discharged	Change over time – average length of stay of discharged inpatients	
		Bed occupancy Jan-24	Average duration of stay to date (days) of current inpatients			Average length of stay (days) Jan-24 discharged
Adult Acute						
Morton	20	104%	34	31	↘	
Pleasley	21	95%	68	78	↗	
Tansley	21	102%	47	37	↘	
Ward 33	20	105%	89	78	↗	
Ward 34	20	110%	59	60	↘	
Ward 35	21	116%	54	87	↗	
Ward 36	21	109%	82	31	↘	
Older People						
Tissington	18	96%	106	77	↘	
Cubley Female	18	81%	89	87	↘	
Cubley Male	18	92%	66	98	↘	
Perinatal						
The Beeches	6	87%	28	77	↗	
Rehabilitation						
Cherry Tree Close	23	72%	356	n/a	n/a	
Low Secure						
Curzon Ward	8	100%	517	n/a	n/a	
Scarsdale Ward	10	83%	849	n/a	n/a	

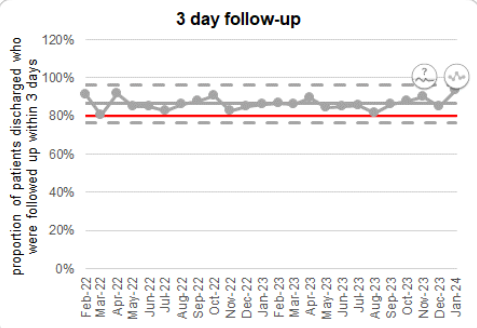
Explanatory note: where occupancy is over 100% this means that patients are on periods of trial home leave and their beds are being used for new admissions while they are at home. Leave beds used are predominantly safe planned leave, so leave would normally be extended, where safe to do so, to prevent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

NHS England measure and publish discharges per 100,000 population of adult acute inpatients with a length of stay of 60 plus days and of older adult inpatients with a length of stay of 90 plus days. The latest published position was as follows:

Indicator	Target	Actual	National Benchmark	Latest period
Adult Acute Long LoS (60+ days)	8	10	10	Nov-23
Older Adult Acute Long LoS (90+ days)	8	9	11	Nov-23

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

Operational Performance

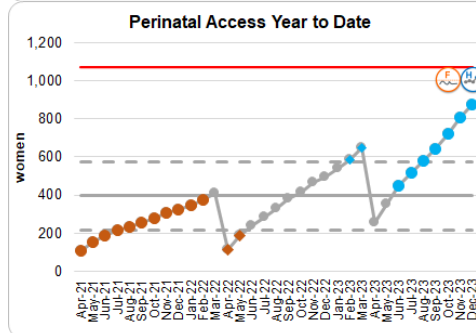
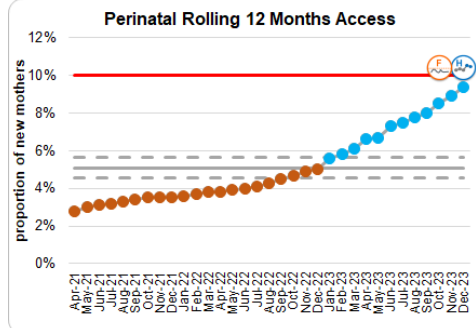


Summary

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

Actions

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



Summary

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

The number of live births in Derby & Derbyshire has been lower each subsequent year than when the target was set, which makes it more challenging to achieve as there are fewer and fewer mothers who potentially need perinatal mental health support. 2022 data has now been published and there were over a thousand fewer births than when the target was set:

Live Births	Derby	Derbyshire	Total	Difference v 2016
2022	2864	7217	10081	-1033
2021	2896	7366	10262	-852
2020	2908	7002	9910	-1204
2019	3009	7336	10345	-769
2018	3174	7416	10590	-524
2017	3184	7563	10747	-387
2016	3294	7820	11114	

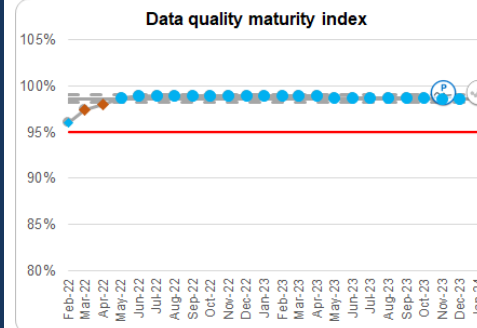
Referrals into the service continue to remain on an upward trajectory. Referral rates have been positively impacted by self-referral process, stakeholder engagements and community outreach workstreams.

Capacity continues to be demonstrated within the system to offer over 90 assessments a month. Achieved target within service level data in 6/23 and 1/24. Currently achieving 9.4% of the 10% target and 127% growth in activity over the years 2020/21 to 2023/24 as of 10/23.

Current factors impacting achievement of target include DNA rates, staff sickness, vacancies, and delays in current Trust recruitment processes.

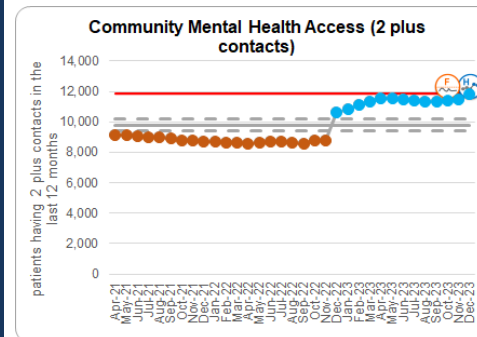
Actions

- CPN job plans and target caseloads in place based on demand and capacity modelling and the need to reduce unwarranted variation and improve patient flow.
- Identified need for specialist assessor role across North and South Teams.
- Stakeholder event, to ensure referrers are up to date with care pathways and referral processes.
- Service has strategic direction to address health inequalities and potential barriers to access.
- Recovery action plan in place regarding community waiting lists (referral to assessment and referral to treatment). Service wide approach to support waiting lists across both teams, has included additional clinics and support from inpatient team.
- Waiting well offer in place to support patients whilst on the waiting lists.
- DNA action plan



Summary

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



Summary

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

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

Operational Performance

Patients not seen for over 12 months

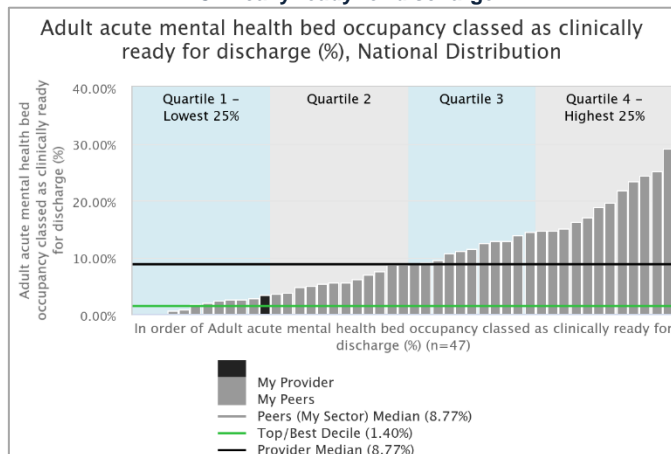
Summary

There are 268 patients on community mental health caseloads who have not been seen for over 12 months, according to their records. This is a reduction since last time. The majority are patients open to outpatients. Some will be people who have been discharged but the discharge has not been recorded correctly on the electronic patient record. Patient choice is a significant factor: over 60% of these patients did not attend, or cancelled, their planned appointments.

Actions

- The performance team escalate weekly to the senior managers concerned.
- Services to review the cases concerned and correct any errors on the patient records.
- Services to arrange appointments where required.
- Action is being taken to embed a culture of team caseload ownership, review and management within all services of the organisation.
- To be monitored at Trust Leadership Team Committee meetings
- MaST,
- Weekly IM&T data quality reports to managers and clinicians
- Weekly monitoring and progress updates by the Performance Manager
- Productivity plan on a page and action plan, as well as
- review of the lists by the clinical leads and offers of recovery focused assessments where appropriate

Clinically ready for discharge



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

Summary

This shows the proportion of adult acute mental health patients classed as clinically ready for discharge but continuing to reside in mental health hospitals against the total number of occupied beds. In the most recently published data, the Trust's clinically ready for discharge rate was 3.4%, which compares favourably with the overall provider median of 8.8% but continues to negatively impact on bed availability for people who need inpatient care. At the time of writing there are 25 patients clinically ready for discharge, which is an increase of 7 since the last report. The reasons for delay are as follows:

Delay reason	Rehabilitation	Older Adult	Adult	Grand Total	Average Days Delayed
Awaiting care package in own home		4	1	5	89
Awaiting further non-acute care	1		2	3	108
Awaiting nursing care home placement		4	1	5	82
Awaiting public funding			1	1	25
Awaiting residential care home placement		2	3	5	87
Disputes			1	1	29
Patient or family choice - care home with nursing placement		5		5	86
Grand Total	1	15	9	25	84

Actions

- In adult acute inpatients, a twice weekly clinically ready for discharge meeting is held with the discharge coordinators, and with attendance from social care. Actions are then taken away to escalate as required. There is also a weekly multi agency meeting to review all admission and discharges too.
- In older adult inpatients, delays in discharge are predominately placement issues in specialist 24-hour care settings. The teams hold twice weekly rapid review meetings with social care in attendance. Actions are taken from this and escalated as necessary. Ward flow coordinators chase placements requests and funding processes. On average every successful placement has been preceded by 8 to 10 providers declining to offer placement. Other reasons for delay are funding related, social care delays and family related issues.

Appointments not reconciled

Service	Appts	Change
ACUTE INPATIENT NORTH	271	↓
ACUTE INPATIENT SOUTH	170	↔
ADULT URGENT ASSESSMENT	25	↓
CAMHS	160	↓
COMPLEX CARE	94	↓
COUNTY NORTH	385	↔
COUNTY SOUTH	572	↓
DERBY CITY	196	↓
LEARNING DISABILITIES	139	↔
NOT KNOWN	287	↔
OLDER PEOPLES ACUTE CARE	65	↓
OLDER PEOPLES COMITY CARE	427	↔
PERINATAL	150	↓
PSGY ASM1	26	↔
PSGY ASM2	60	↔
PSGY ASM3	184	↓
SPECIALIST CARE	30	↔
SPECIALIST CARE MGT	31	↔

Summary

There is a large number of past appointments where the attendance outcome of the appointment has not been recorded, i.e. whether the patient attended or not. This continues to impact on reported waits, activity levels and reported did not attend rates. This data quality issue is linked to the move to SystemOne and people getting used to how to record activity. There has been significant improvement over the last 12 months, however further improvement is needed.

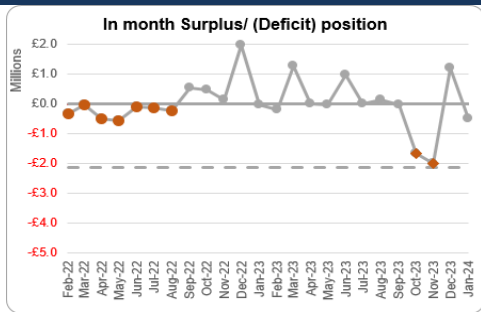
Actions

- IM&T have developed a weekly automated report to individual clinicians and managers which highlights any data quality issues within their caseload on SystemOne, to enable ongoing monitoring by managers and individual clinicians and identify areas where corrective action should be taken. The report includes unreconciled appointments. The report became fully operational 2 months ago following a successful pilot and over time should start to have a positive impact on data quality. It is early days and there are mixed results so far, with 50% of services showing an improvement but the other 50% showing an increased number of unreconciled appointments.
- Performance reports and MaST are helping to identify where the issue is a team or individual, enabling targeted training plans



Finance

Financial Performance



Summary

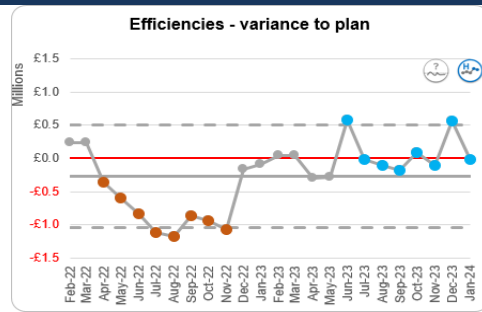
At the end of January, the YTD position is a deficit of £2.3m (after adjusting for the impairment loss on Audrey House) against a planned surplus of £1.0m, an adverse variance of £2.9m. In October we recognised the YTD impact of the PDC income loss and in November we recognised the YTD impact of the income risk for the complex eating disorder (ED) patient.

Last month (month 9) our forecast position moved from being breakeven to a deficit of £4.4m, with the Derbyshire system reporting a forecast deficit position of £47.7m. This is due to emerging cost pressures now being recognised in the forecast outturn.

Our forecast deficit position of £4.4m is driven by the following:

- PDC funding withdrawal £2.5m.
- Complex ED patient income risk £2.5m
- Industrial action £0.2m
- Pay award cost pressure £0.2m
- Excess inflation related to PFI £0.4m
- IFRS16 benefit £0.8m non-recurrent (change to Right of use accounting for St Andrews)
- Management of operational cost pressures offset by vacancies, interest income, cost reduction and release of balance sheet.

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



Summary

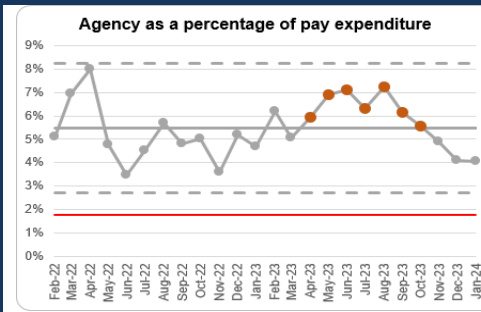
The plan includes an efficiency requirement of £8.8m phased equally across the financial year. As at the end of January £7.5m was delivered against a target of £7.3m. The requirement of £8.8m has been delivered in full, however the risk remains that a significant proportion of savings are non-recurrent in nature.

Further work is required to ensure plans are delivered recurrently as approximately 75% of the forecast is identified as non-recurrent adversely impacting 2024/25.

An executive vacancy panel which was established in December continues.

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

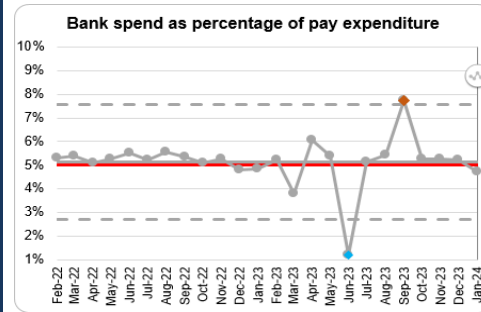
The group seeks assurance that initiatives are on track and identifies additional support and intervention where schemes are off trajectory. Initiatives which are off trajectory and/or forecast to be off trajectory are expected to provide a situation, background, assessment, and recommendation report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



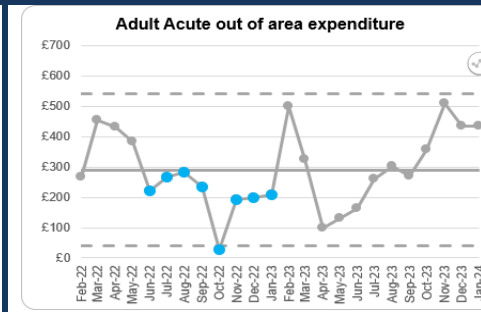
Summary

Agency expenditure YTD totals £7.8m against a plan of £4.4m, an adverse variance to plan of £3.3m. This includes £2.4m of additional costs to support a complex eating disorders 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 January is 4.1%. The agency plan for the year is set at 3.5% which is just below the target set by NHSE in the planning guidance of 3.7%.

Agency is forecast to be above plan by £3.7m, of which £2.9m relates to the complex patient that is being supported.



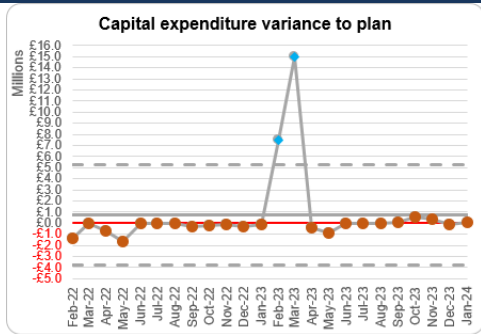
Bank expenditure YTD totals £6.9m against a plan of £6.5m, an adverse variance to plan of £0.4m. In July there was an accrual release for backdated pay which then was partially reversed in September due to an agreement to backdate the Band 2-Band 3 increase to April 2022. The forecast is an adverse variance of £0.5m.



Summary

The plan for out of area expenditure has been reduced by £1.0m in 2023/24 as part of the £8.8m efficiency requirement. As at the end of January there was an overspend against the reduced plan of £1.8m with a forecast overspend of £2.5m. The forecast assumes 22 placements in the last two months of the financial year.

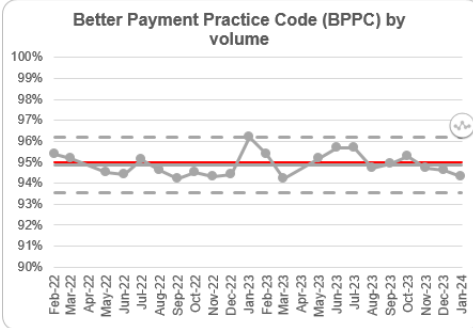
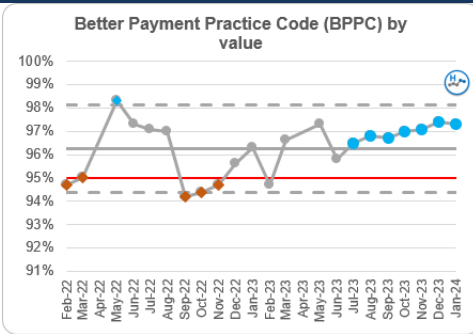
Financial Performance



Summary

Capital expenditure at the end of January is slightly behind plan by £0.7m due to the impact IFRS16 leases. Against the revised reduced system allocation, we are forecasting an overspend due to increases in IT equipment prices. There is also additional central funding that was not in the original plan.

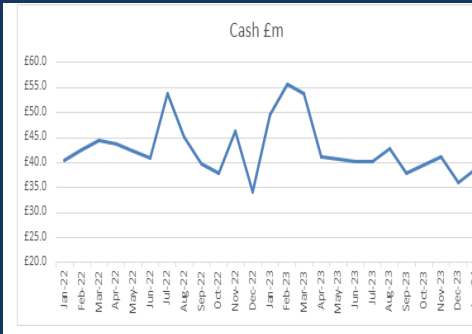
Capital expenditure was above plan in the last two months of 2022/23 due to the additional capital expenditure related to the dorms project (which came with additional funding that was not originally in the plan).



Summary

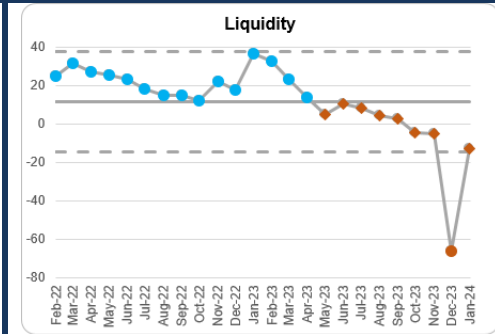
The Better Payment Practice Code (BPPC) sets a target for 95% of all invoices to be paid within 30 days. BPPC is measured across both invoice value and volume of invoices.

At the end of January, the value of invoices exceeded the target at 97.3% and by volume was slightly under the target at 94.3%.



Summary

Cash increased in February 2023 and March 2023 due to the additional funding for the Dorms capital projects that was drawn down. Cash reduced in April and May due to payment of capital invoices. Cash at the end of January is at £38.5m and is forecast to be at planned levels of £23.6m by the end of the financial year. The in-year reduction is driven by the reduction in capital accruals and the level of capital expenditure planned for 2023/24.

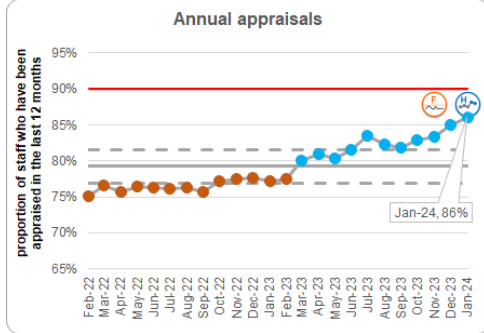


Summary

The chart above shows the liquidity levels over the last two years. Liquidity levels were high in 2021/22 however in 2022/23 the liquidity reduced until the last quarter due to the timing of cash receipts related to the centrally funded capital schemes for the eradication of dorms. The Public Dividend Capital (PDC) drawdown requests caught up in January which drove the increased level in January. The PDC drawdown for 2023/24 came into effect in June. Liquidity level reductions were included within the plan. Levels are forecast to continue to reduce during the remainder of 2023/24.

People

People Performance



Summary

Operational Services currently at 88% and Corporate Services at 76%, against a target of 90%. Overall, significant improvement has been seen month on month for the last 11 months.

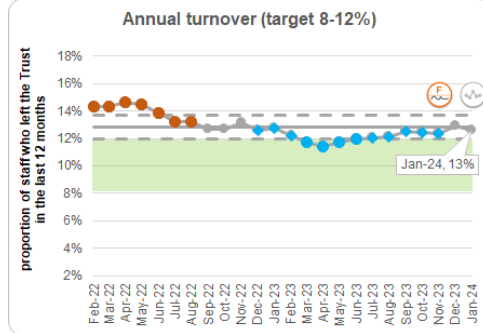
Actions

To both maintain and improve compliance the following actions have been completed or remain in progress to assist managers:

- Horizon scanning of appraisal dates that will expire over the next three months has been completed by contacting both managers and employees directly.
- A targeted campaign of appraisals that have already lapsed has been completed
- Work continues to address data quality challenges with recording of appraisal dates within the Electronic Staff Record (ESR) system
- Compliance also continues to be monitored by the People & Culture Committee and through the Trust Leadership Team Committee.

The low compliance rate within Corporate Services remains a particular challenge and the following measures have been put in place to increase compliance:

- Reports on lapsed appraisals regularly sent to operational managers to request completion dates along with support to record on ESR.
- Regular oversight and monitoring with local operational managers to agree plans increase compliance rates.
- Since the last reporting period, Corporate compliance has increased by 7% so far.

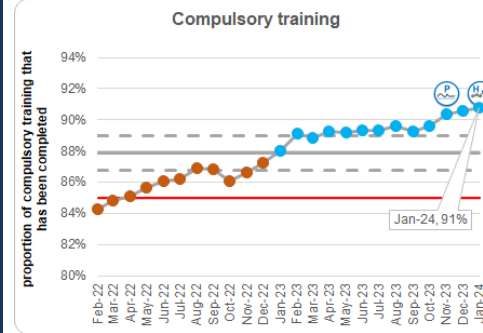


Summary

Overall turnover has been slightly above 12% for the last 7 months but remains in line with national and regional comparators.

Actions

- A workforce planning review has taken place to assist with the current and future workforce challenge. The programme will initially focus on workforce supply, internal turnover and develop a case study to demonstrate the impact of new ways of working and embracing flexible working has already had on staff satisfaction and retention for teams within the Trust.
- The latest staff survey results for 2023/24 were released in January 2024 and are now forming part of an overall action plan at Trust and Divisional levels to improve retention and reduce turnover.
- Work continues to strengthen and grow wellbeing champions in every team to support health and wellbeing, the impact on teams who have already increased champions has been evidenced in their improved staff survey health and wellbeing results.
- A review of staff benefits to support engagement and retention has commenced, which includes a review of the Trusts salary sacrifice schemes. A new intranet page is being developed to promote all options and packages available on one page for ease of use.



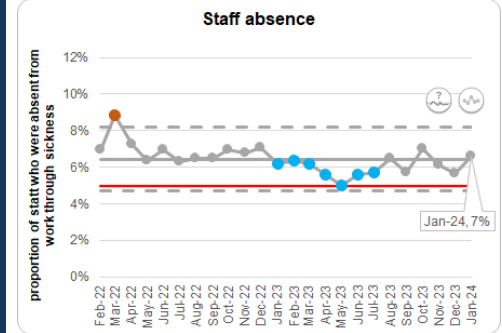
Summary

Overall, the 85% compliance target has been achieved for the last 20 months. Operational Services are currently 92% compliant and Corporate Services are 86%.

Actions

Whilst overall compliance of the 22 training elements remains high, there have been challenges with two role specific compulsory training elements which are classroom based. To both maintain and significantly improve compliance the following actions have either been completed or are in progress to assist managers:

- Horizon scanning of compulsory training elements that will expire over the next three months has been completed and will ensure employees are pre-booked in classroom courses.
- A review and monitoring of all 'Did Not Attend' (DNA's) occurrences continues, to ensure all employee's re-book in a timely manner.
- A targeted campaign of prioritising compulsory training elements that have been out of date the longest is underway.
- The Training and Education Group continue to oversee and review training compliance, changes and challenges.
- During a short absence of a trainer due to promotion we have engaged with Derbyshire County Council to provide additional support to ensure we minimise the gap and impact on training compliance. This has proved successful and ongoing work is taking place on how we can work in partnership with other providers on training requirements.



Summary

Sickness absence returned to common cause variation for the last 6 months and has averaged 6.4% over the 24-month period. In January 2024 the overall absence rate was 6.6% (Operational 6.8%, Corporate 5.6%). The absence rate in January 2024 was 0.42% higher than in the same period last year, which will slightly increase the annual sickness absence rate. The annual sickness absence rate has risen by 0.01% to 5.99%.

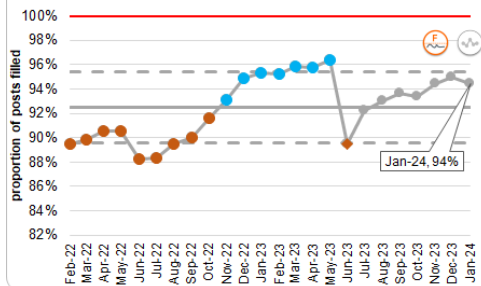
Anxiety / stress / depression related illness remains the highest reason for sickness absence, followed by Cold, Cough, Flu – Influenza, Other Musculoskeletal problems and Surgery. The highest three reasons for absences remain the same as last reported.

Actions:

- Using existing resource within the Trust a clinical psychologist is now aligned with the Employee Relations team to support absences relating to anxiety /stress / depression related illness, with a particularly focus on early intervention.
- All long-term absences are now reviewed each month with the Interim HRD and ER lead to ensure a supportive and robust approach is being taken to managing all absences.

People Performance

Filled posts



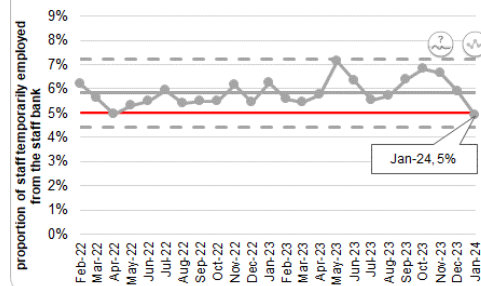
Summary

At the end of January 2024, 94% of posts overall were filled.

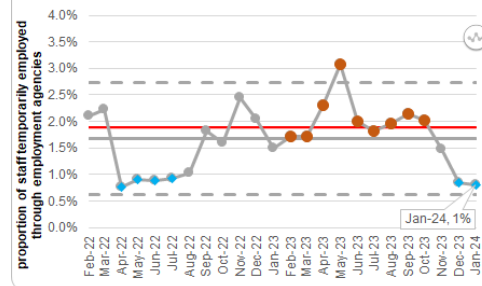
Actions

- Work continues towards planning for recruiting into the Trusts transformation projects which includes the Living Well programme and the Making Room for Dignity programme.

Bank staff use



Agency staff use



Summary

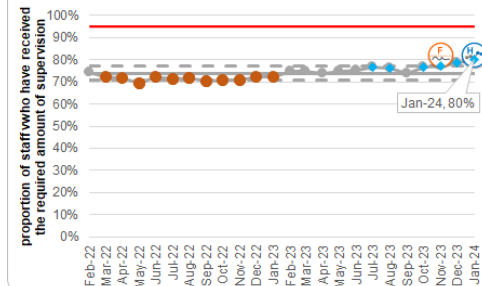
Agency usage has fallen significantly for the last 2 months. Agency usage still remains high and further work is required, particularly on longer term agency usage, to reduce this further.

Actions

The actions previously identified below, are now all in place and operational.

- Authorisation Panel meets weekly to oversee agency requests across the Trust.
- All admin and clerical agency usage has been eliminated.
- All facilities and IT agency usage has been eliminated.
- Clear protocols are in place to cover the circumstances where the various levels of Agency workforce (including Thornbury) relate to enhanced, safer and emergency staffing levels.
- Ongoing actions are taking place to support the reduction in medical agency, these include creative recruitment campaigns and alternative workforce roles where appropriate.

Clinical supervision



Summary

Overall compliance is 80% for clinical supervision and 82% for management supervision. As seen with compulsory training and appraisals, Operational Services continue to perform at a considerably higher level than Corporate Services for both types of supervision (management: 86% versus 60% and clinical: 83% versus 28%).

Actions

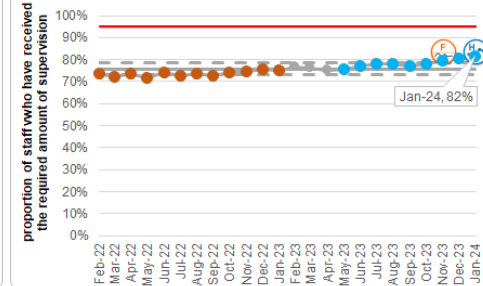
A recovery action plan was implemented in Operational Services several months ago and continues to make incremental improvements to both positions. Monitoring of progress takes place at operational meetings and via the weekly report to senior operational management for review and action.

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

This includes:

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

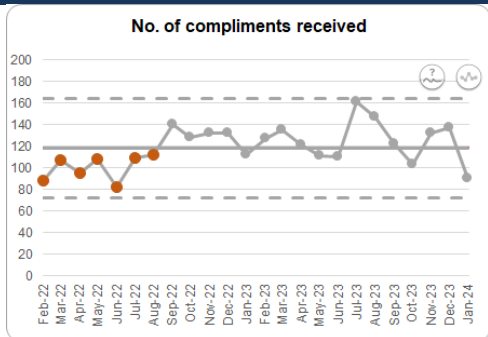
Management supervision





Quality

Quality Performance



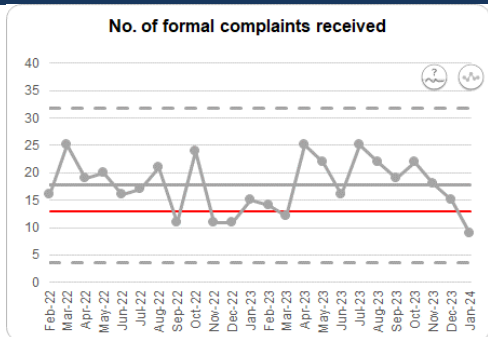
Summary
Between November 2023 and January 2024, the number of compliments has fallen from 140 to 90.

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

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

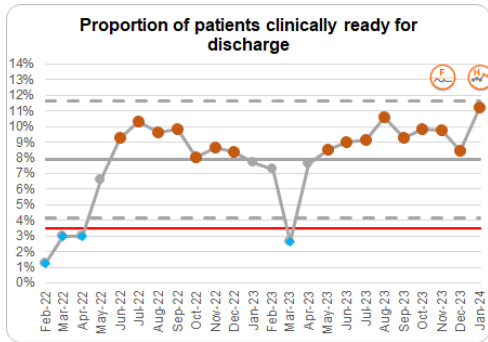
- An option for teams to use an Electronic Patient Survey (EPS) went live in July 2023 and provides another method for Trust services to obtain feedback including compliments and concerns.

So far over 100 teams have signed up to this platform. The EPS platform gives teams the opportunity to create a QR code which allows service users to feedback directly to the team. service receivers are also given the opportunity to feedback verbally and via paper forms if this is preferred. A thematic review of the feedback from the EPS along with any actions or learning identified by services is included in the quarterly Patient Experience Committee report.



Summary
The number of formal complaints received by the Trust has fallen from 17 to 9 between November 2023 and January 2024. This continues the trend of being under the Trust target of 12 complaints and below the mean of 19.

Actions
The complaints team monitor complaints and where specific themes are identified, these are passed on to the HoN/P Team and explored in a quarterly Patient Experience Committee (PEC) report which is sent to both the PEC and the Trust Quality and Safeguarding committee for assurance.

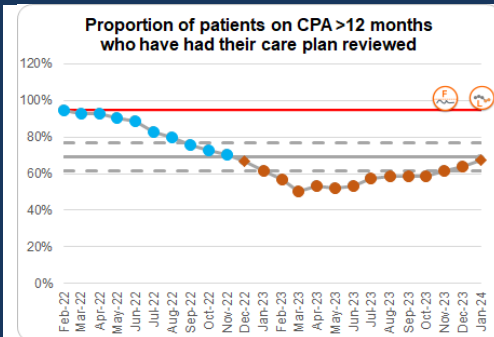


Summary
Between September and November, the number of service users meeting the criteria as clinically ready for discharge (CRD) (formally called delayed transfers of care) has increased from 10% to 12%. A fluctuation of between 2% and 4% has been consistent over the past 12 months and a new mean has been established due to more accurate reporting by services since June 2022.

The most common reason for patients meeting the criteria for CRD continues to be the identification of appropriate housing or social care placements.

The OA division were involved in the scoping of a Dementia Care Unit for Derbyshire, however there are no plans to Commission this in the foreseeable future

- Actions**
- The Trust has a Twice weekly CRD meeting where any barriers to discharge are identified and discussed to support resolution.
 - The OA division continue to work in collaboration with Joined Up Care Derbyshire to identify patient centred solutions for those service users awaiting placements that meet their needs.



Summary
The current percentage of patients who have had their care plan reviewed and have been on CPA for over 12 months is 70%, an increase of 9% between November 2023 and January 2024.

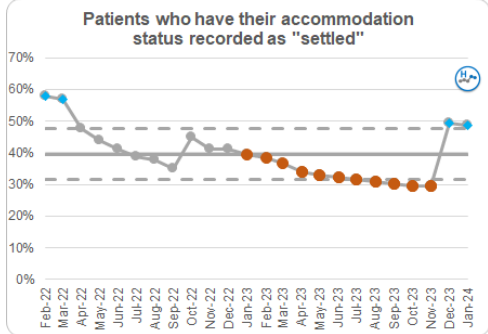
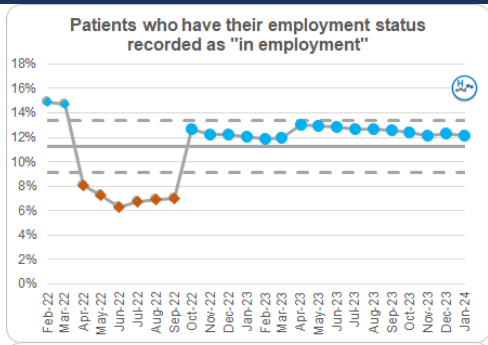
Staff vacancies, sickness, and patient acuity have all contributed to the percentage of patients who have had their care plan reviewed and have been on CPA for over 12 months.

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

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

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

Quality Performance

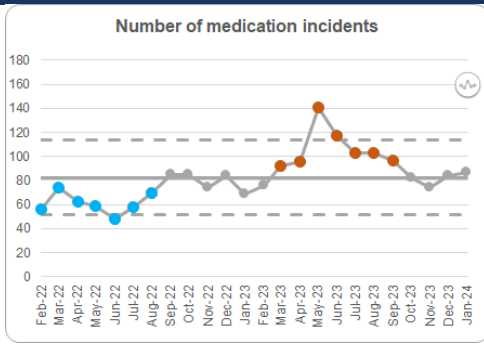


Summary

Following an update in how the data related to patients having their accommodation status recorded as was completed in December 2023, the number has increased by 20%. There has been no change in the number of patients recorded as in employment between November 2023 and January 2024.

Actions

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



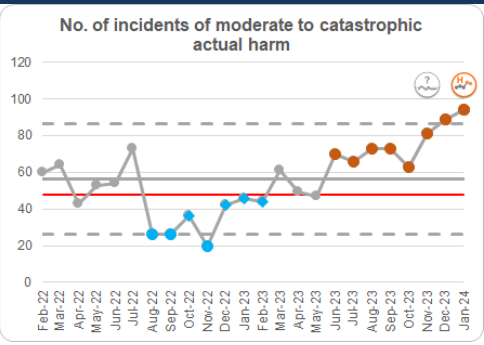
Summary

Between November 2023 and January 2024, there has been a 17% increase in the number of medication incidents reported. However, following a deep dive into this data by the Pharmacy team, the evidence suggests this rise is attributed to a small number of patients who have care plans in place in relation to medication management. It should be noted that the medication incidents reported are largely of low-level harm.

The number of medication incidents reported is now back in line with common cause variation when compared with data from the past 18 months.

Actions

- To support services, the Pharmacy team have developed a medicine ward folder where the medicine management quick reference guides relating to key policies and procedures including the process for Clozapine initiation, monitoring and bloods, Storage of medicines and temperature monitoring are available to all inpatient areas of the Trust
- To improve medicine temperature monitoring a task and finish group including heads of nursing, pharmacy and clinical leads started in January 2024 and is expected to reduce the number of incidents recorded following its conclusion. This is expected to have an impact from May 2024
- DHCFT Pharmacy are feeding back to ward managers on a quarterly basis about shared learning from Monthly meetings with Chesterfield Royal Hospital pharmacy.
- A Process for Clozapine initiation, monitoring and bloods, Storage of medicines and Temperature monitoring has been developed and was ratified by the medicines management committee in January 2024
- The number of medication incidents is reviewed via the monthly medication management subgroup and is reported on within the quarterly thematic "Feedback Intelligence Group" (FIG) report by the Heads of Nursing/Practice and is included in the Serious Incidents Bi-monthly report. Any actions identified are reviewed via the medicines management subgroup and the Serious Incidents Bi-monthly report is taken quarterly to the Quality & Safety Committee (QSC) for assurance.



Summary

This data demonstrates the number of DATIX incidents occurring recorded as moderate to catastrophic harm. There has been an increase of 15 incidents between November 2023 and January 2024 which indicates an increasing trend in this category of incident.

Analysis suggests that this is due to an increase in the number of incidents routinely reported by staff following support from the Patient Safety team and a rise in incidents recorded as "self-harm" and physical assault from patients to staff.

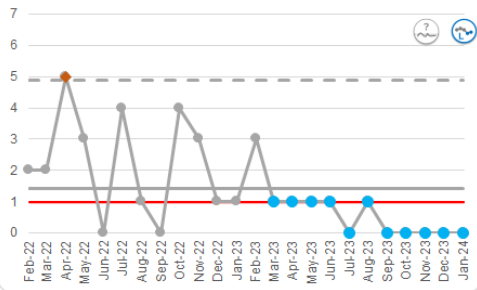
The Trust Positive and Safe team agreed to do a thematic review of this data and identify learning points to reduce incidents of this type. The results of this review are expected in April 2024

The increase in self-harm incidents is attributed to a high number of repeated incidents involving to a small group of patients. This is consistent with anecdotal reports from staff that acuity on the inpatient wards is increasing. The overall increase in reported incidents can also be attributed to increased reporting from the mental health helpline and support service.

This data is monitored by the Patient Safety Team and the Heads of Nursing/Practice via the monthly Reducing Restrictive Practice meeting.

Quality Performance

No. of incidents requiring Duty of Candour



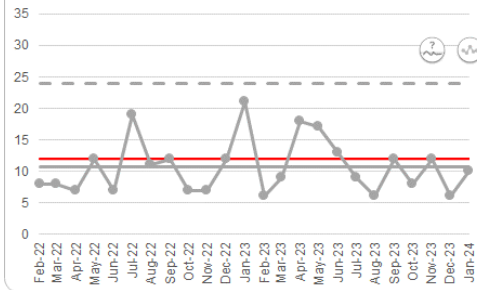
Summary

Between November 2023 and January 2024 the number of incidents meeting the threshold for Duty of Candour (DoC) has remained within expected limits. The Trust Family Liaison Office has created information leaflets and standing operating procedures to support staff in completing duty of candour communications. Furthermore, these are reviewed twice weekly within serious incident groups.

Actions

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

No. of incidents involving prone restraint



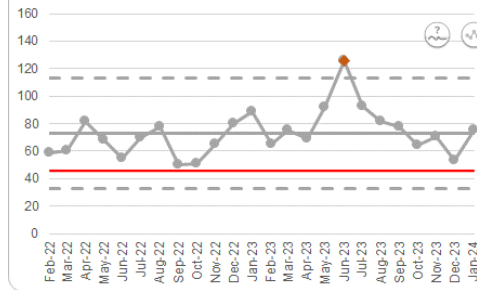
Summary

Prone restraint remained consistently under the Trust target of 12 incidents between November 2023 and January 2024.

Actions

- Following a successful funding bid from the South London and Maudsley Trust (SLaM) the Assistant Director for Digital Clinical Practice is leading a project to introduce simulation-based training is expected to start in March 2024. This will include interventions that would be expected to maintain low levels of prone restraint.
- The PSST are in the process of planning training around alternative injection sites which should reduce the need for prone restraint, and this is expected to start in March 2024.

No. of incidents involving physical restraint



Summary

Incidents involving physical restraint have increased by 4% between November 2023 and January 2024.

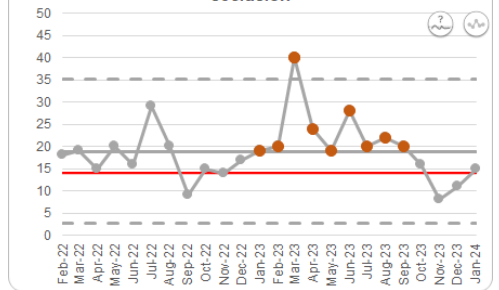
Recruitment has improved in the inpatient services which means less bank and agency staff are being used which has also had a positive impact.

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

Actions

- The Trust Positive and Safe Support Team continue to offer supplementary training sessions to improve training availability for staff and compliance with positive and safe training is currently at 75% for teamwork and 61% for breakaway training. The drop in compliance in training was due to a new staff group being added to the mandatory cohort who are all non-compliant until they have received the training, however, compliance is increasing every month by around 4% respectively and the PSST team expects to increase both breakaway and teamwork training to 85% by April 2024
- The PSST continue to spend time in clinical areas to support and train clinical staff, live during practice.

No. of new episodes of patients held in seclusion



Summary

Seclusions between November 2023 and January 2024 have increased from 8 to 15 but are still under both the mean average of 20 episodes of seclusion.

Actions

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

Quality Performance

Friends and Family Test

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

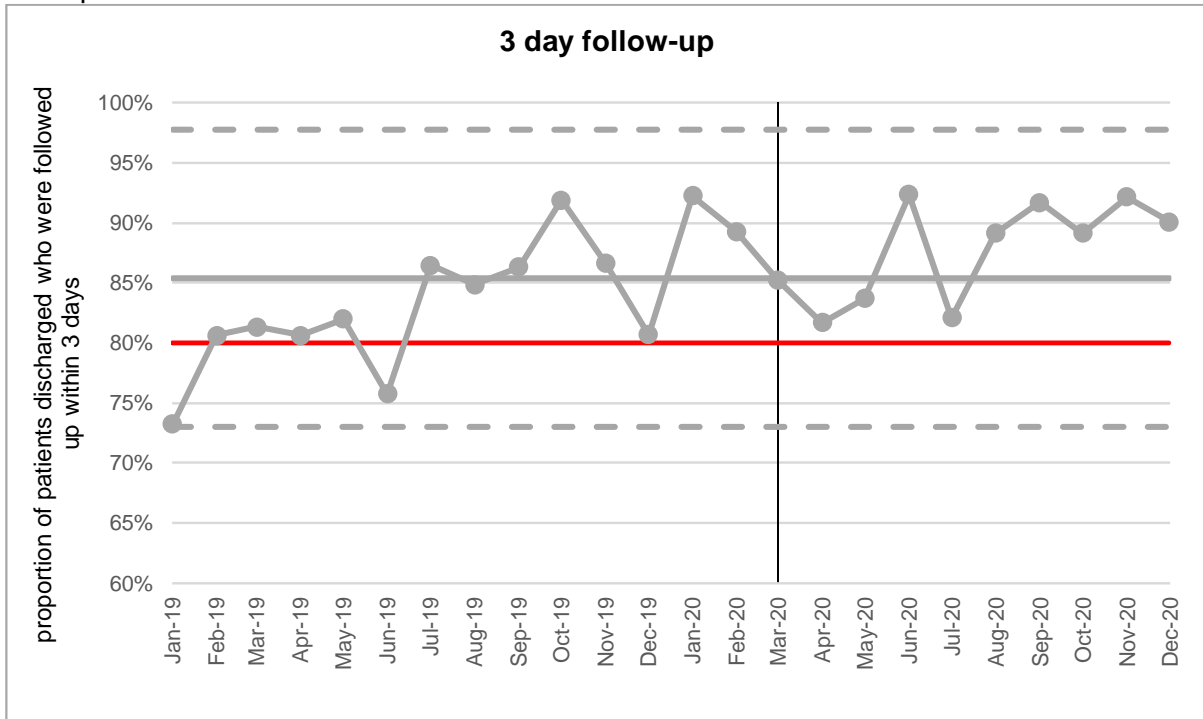
Trust Code	Total Responses	Total Eligible	Percentage Positive	Percentage Negative	Mode of Collection						
					Mode Electronic Discharge	Mode Electronic Home	Mode Paper Discharge	Mode Paper Home	Mode Telephone	Mode Online	Mode Other
	22,083	889,823	88%	6%	2,171	128	6,283	2,102	522	6,565	1,970
	21,397	878,043	88%	6%	1,983	128	6,262	2,070	522	6,453	1,675
	22,083	889,823	88%	6%	2,171	102	6,283	2,096	522	6,565	1,970
TAH	26	4,082	100%	0%	*	*	*	*	*	*	0
RY4	13	835	100%	0%	0	0	0	0	0	13	0
RH5	17	8,080	100%	0%	0	0	0	0	0	17	212
RYK	24	1,901	100%	0%	0	0	0	0	0	0	*
NDK	5	10	100%	0%	0	0	5	0	0	0	*
NQL	142	3,434	98%	1%	0	0	0	0	0	0	0
TAJ	244	18,169	97%	2%	0	0	0	0	0	0	0
NNF	192	3,271	97%	2%	0	0	0	32	0	112	0
R0B	148	2,058	96%	1%	0	0	101	0	0	47	0
RX2	408	15,126	96%	2%	0	0	0	0	0	408	0
R1F	113	2,578	96%	1%	0	0	0	113	0	0	0
RP7	465	4,892	94%	1%	12	0	452	0	0	0	8
RXL	125	1,127	94%	1%	0	0	0	84	0	38	0
RJ8	17	5,099	94%	0%	0	0	5	0	0	12	0
RX3	1,777	146,195	94%	2%	393	0	1,123	0	0	86	0
RT1	215	2,735	93%	1%	55	0	5	89	0	50	0
RNK	46	3,072	93%	2%	0	0	0	46	0	0	76
RW4	717	21,487	93%	1%	472	0	193	0	0	52	0
RRP	650	9,094	93%	2%	0	0	650	0	0	0	0
RXM	299	18,207	92%	2%	0	0	145	0	0	154	0
R1L	86	15,828	92%	1%	0	0	0	37	0	49	0
RDY	251	7,261	92%	6%	37	0	17	0	0	196	0
RQ3	59	30	92%	3%	0	0	0	0	0	59	0
RRE	317	24,395	91%	3%	0	0	0	0	0	298	0
RT2	1,127	12,417	91%	2%	0	0	522	0	138	298	353
RV9	208	5,105	91%	3%	0	0	208	0	0	0	19
RWV	276	6,002	90%	4%	0	0	74	0	0	202	1
RXA	748	13,072	90%	5%	0	0	0	0	0	1	0
RP1	172	8,659	90%	1%	0	3	0	122	0	47	0
TAF	253	1,615	89%	5%	2	0	0	37	0	214	565
RXY	631	14,773	89%	3%	0	0	602	0	0	29	0
RHA	132	15,014	89%	3%	0	0	0	104	0	0	0
RXG	353	13,449	88%	6%	41	0	102	0	0	209	0
RWX	493	29,113	88%	6%	6	0	16	0	0	471	0
RW5	1,373	46,802	88%	8%	83	0	0	0	336	954	0
RX4	492	36,291	88%	7%	0	0	280	0	0	0	0
RVN	606	6,628	88%	4%	0	0	111	427	0	68	0
RQY	777	22,215	87%	6%	469	0	0	0	0	0	0
RXV	565	35,910	87%	7%	0	0	0	0	0	0	0
R1C	236	2,033	87%	7%	0	0	115	0	0	66	0
RY6	52	724	87%	12%	0	0	0	0	0	52	0
RXX	379	9,190	86%	5%	56	0	83	0	0	234	0
RXT	622	20,219	86%	7%	0	0	587	0	0	35	0
RV5	318	37,664	86%	4%	0	0	114	0	0	204	244
RWR	316	12,805	86%	7%	0	0	0	211	0	54	24
RV3	313	25,011	86%	6%	0	0	112	0	0	201	0
RXE	339	19,470	86%	6%	0	0	339	0	0	0	0
RW1	809	11,603	86%	9%	0	0	94	389	21	305	173
RTF	54	961	85%	6%	*	*	*	*	*	*	0
RGD	228	7,627	85%	4%	0	0	0	89	0	139	0
TAD	119	10,059	84%	10%	93	0	0	0	13	13	0
RAT	660	8,442	84%	8%	0	0	0	0	0	660	0
RMY	353	28,977	83%	12%	0	0	0	0	0	0	0
NR5	143	2,315	81%	10%	0	0	0	0	0	0	0
RLY	387	13,498	80%	9%	0	0	0	212	0	0	0
RRV	5	14	80%	20%	0	0	0	0	0	0	0
RTQ	149	1,386	80%	10%	0	0	0	0	0	149	48
RNU	228	10,781	80%	6%	81	0	99	0	0	48	0
RWK	495	37,045	79%	12%	67	0	0	0	0	259	0
RKL	9	10,017	78%	22%	0	0	9	0	0	0	0
NMJ	188	2,118	77%	8%	188	0	0	0	0	0	105
RPG	627	14,717	76%	9%	98	99	104	104	0	5	142
O2F3D	16	192	75%	13%	0	0	16	0	0	0	0
RT5	470	12,176	67%	22%	18	0	0	0	14	57	0

Data source: NHS England » Friends and Family Test data – November 2023

Appendix 1

Statistical Process Control Chart (SPC) Guidance

Example SPC chart:



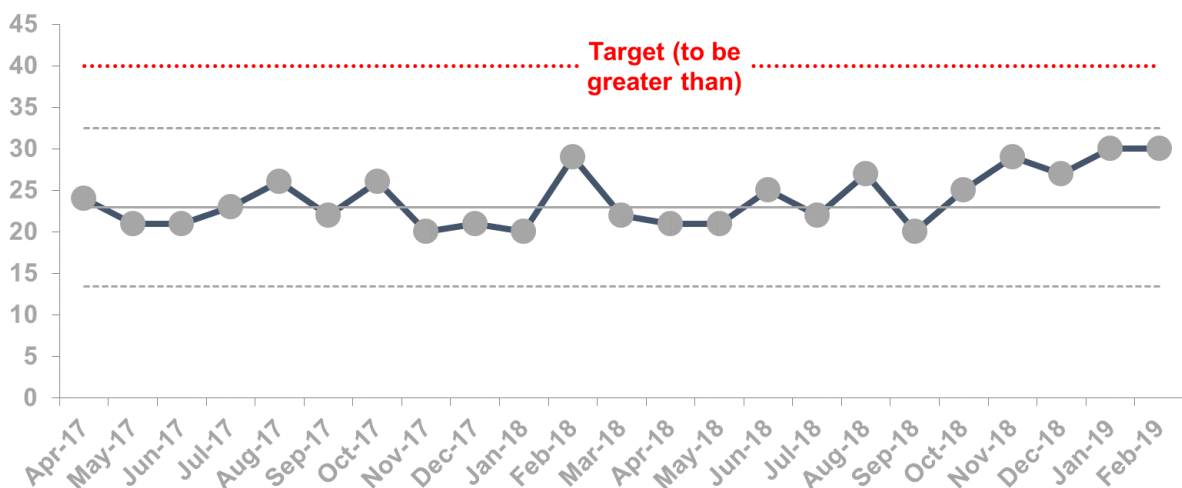
- The red line is the target.
- The grey dots are the actual performance each month. They are coloured grey as performance each month is normal in this example.
- The solid grey line is the average (mean) of all the grey dots.
- The grey dotted lines are called process limits, or control limits.

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

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

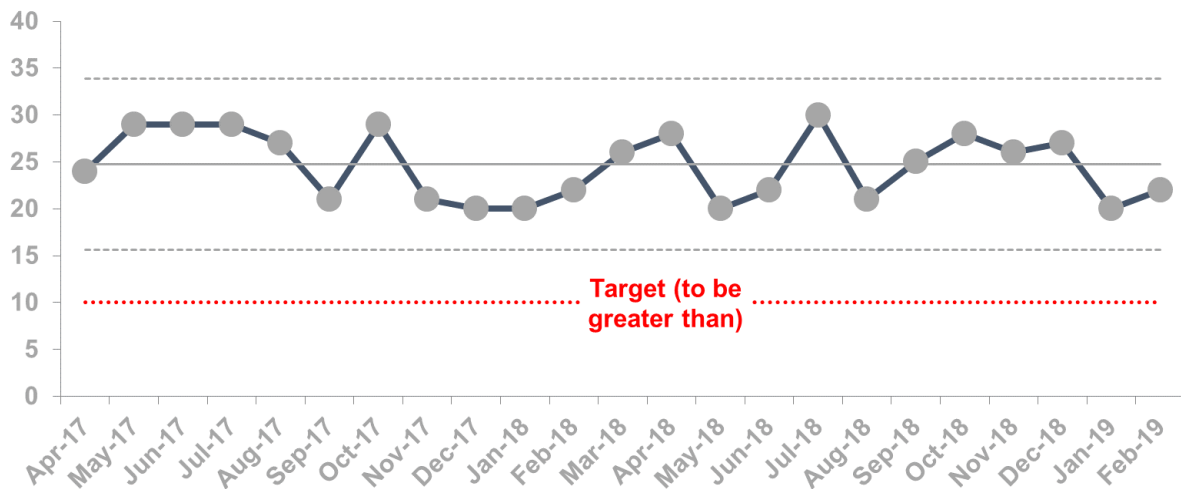
Things to look out for:

1. A process that is not working



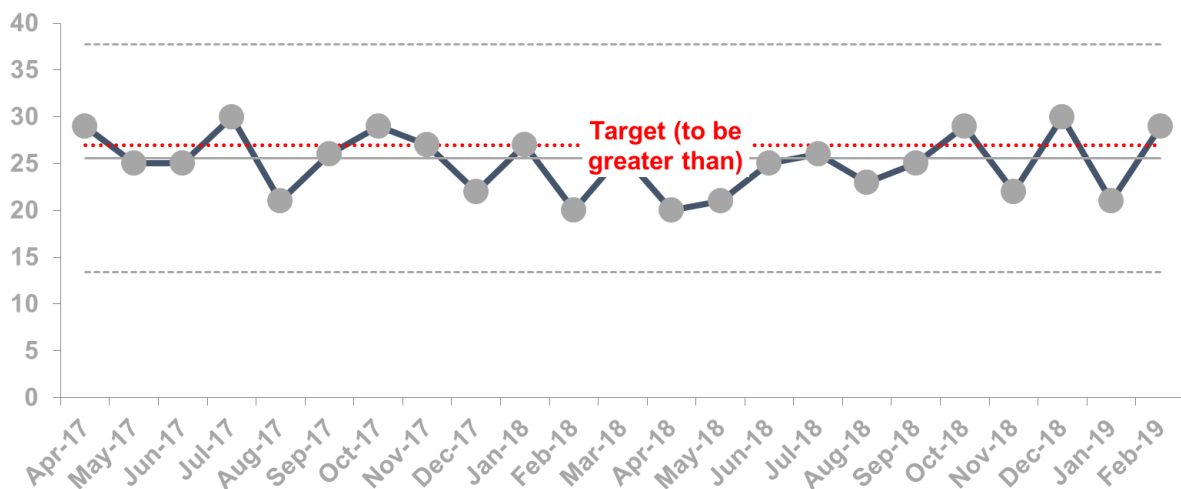
In this example the target is higher than the upper dotted grey line. This means that the target will never be achieved. To achieve the target, we need to change how we do things.

2. A capable process



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

3. An unreliable system

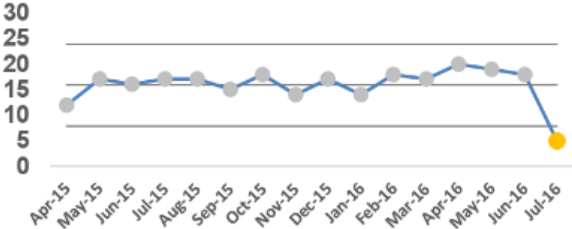
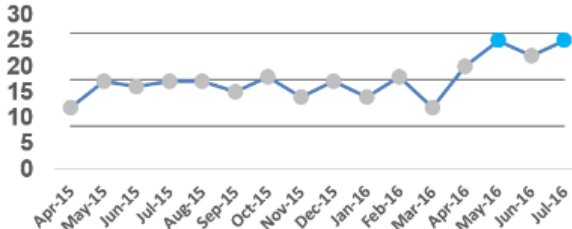
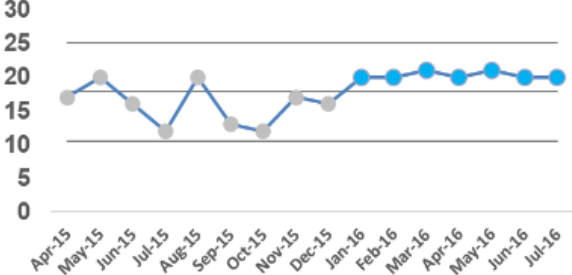
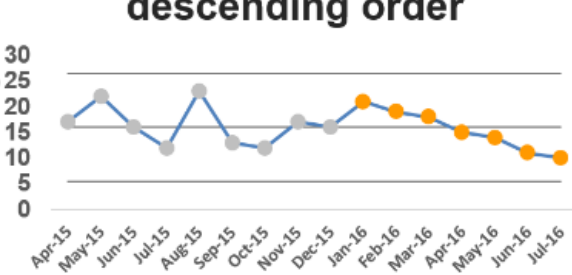


In this example the target line sits between the 2 grey dotted lines. As it is normal for the grey dots to fall anywhere between the 2 dotted grey lines, this means that it is entirely random as to whether or not the target will be achieved. So, this system is unreliable and needs to be redesigned if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

4. Unusual patterns in the data

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

There are four scenarios where this can happen:

<p style="text-align: center;">A single data point outside the process limits</p>  <p>The chart shows a line graph with a mean line at 15 and process limits at 10 and 20. The data points for April 2015 to June 2016 fluctuate around the mean. The final data point for July 2016 is significantly lower, at approximately 5, and is colored orange.</p>	<p style="text-align: center;">Two out of three points close to the process limits</p>  <p>The chart shows a line graph with a mean line at 15 and process limits at 10 and 20. The data points for April 2015 to April 2016 fluctuate around the mean. The final three data points for May, June, and July 2016 are significantly higher, at approximately 25, 23, and 24 respectively, and are colored blue.</p>
<p>In this example the July 16 performance is significantly lower than expected and falls beneath the lower grey dotted line.</p>	<p>2 out of 3 points close to one of the grey dotted lines is statistically significant, in this case they are blue, indicating better than expected performance.</p>
<p style="text-align: center;">Shift of points above / below mean line</p>  <p>The chart shows a line graph with a mean line at 15 and process limits at 10 and 20. The data points for April 2015 to December 2015 fluctuate around the mean. Starting in January 2016, the data points shift significantly above the mean, staying between 20 and 22, and are colored blue.</p>	<p style="text-align: center;">Run of points in consecutive ascending / descending order</p>  <p>The chart shows a line graph with a mean line at 15 and process limits at 10 and 20. The data points for April 2015 to December 2015 fluctuate around the mean. From January 2016 to July 2016, the data points show a clear downward trend, starting at approximately 21 and ending at approximately 10, and are colored orange.</p>
<p>A run of 7 points above or below the average line is significant. In this example it might indicate that an improvement was made to the process in Jan 16 that has proven to be effective.</p>	<p>A run of 7 points in consecutive ascending or descending order is significant. In this example things are getting worse over time.</p>

Frequently seen in the NHS:

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

Spuddling leads to tampering and tampering nearly always increases variation.

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

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

Governors Membership Engagement Action Plan Update

Purpose of Report

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

Executive Summary

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

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

The Action Plan is reviewed and updated by the Governance Committee on a regular basis. The latest version of the Action Plan is attached to this report.

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

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

Strategic Considerations

1) We will deliver great care by delivering compassionate, person-centred innovative and safe care.	
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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
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3) The Trust is a great partner and actively embraces collaboration as our way of working.	x
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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

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

Consultation

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

Governance or Legal Issues

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

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

Recommendations

The Council of Governors is requested to:

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

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

DHCFT Governors Membership Engagement Action Plan

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

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

	Activity with comments/actions	Lead and support	Updates/timescales
1	General events – governors encouraged to let Denise Baxendale know of any appropriate events that are taking place.	Governors to check their areas for events that are taking place that may be appropriate to attend	Ongoing
	Patient Participation Groups (PPG)/ Joined Up Care Derbyshire (JUCD) Citizens Panel. This is an opportunity to promote the governor role/request feedback on Trust services. No need to attend every meeting. Governors to make contact with local PPGs to see if they can publish information electronically in the waiting rooms about governors and how to contact them. Note to find out if there is a PPG in your area you can email Hannah Morton hannah.morton10@nhs.net Denise has produced a document that she is rolling out to governors. It includes information on the Trust services, governor role, how to contact a governor. Amber Valley governors have received this. Staff governors have been promoted in the staff newsletter and on the intranet.	Governors are encouraged to join their PPG (if there is one) and JUCD Citizens Panel Denise rolling out promotional material on governors to members	Governors to feedback on engagement via the governor engagement log which is presented at each Governance Committee meeting. Ongoing To be picked up by Denise – Spring 2024
	World Mental Health Day (WMHD) 10 October each year – consider having a governor stall at events arranged by Public Health. Nearer the time, Denise Baxendale will see what the Trust is organising and if governors can be involved	Denise Baxendale plus elected governors	Revisit summer 2024

	BME targeted engagement – Chesterfield and North East Derbyshire – establish links and promote direct links. Denise has had contact with Mike Evans, organiser Chesterfield BME. Denise had produced a piece about the Trust how to contact governors, membership, becoming a governor etc. for the BME forum – this can be adapted for other organisations.	Need to consider the next step.	Next steps? Governors to discuss
	Joined Up Care Derbyshire Engagement Committee – now called Public Partnerships Committee	Hazel Parkyn has agreed to attend these	Ongoing – updates will be given by Hazel at Governance Committee
	Social media – All governors on Twitter or Facebook to follow DHCFT. Governors can promote governor role/Council of Governors/governor vacancies/how to contact governors and how to become a member. Denise sent link for joining leaflet, address for Trust Twitter and Facebook page. Governors to include social media engagement on the governor engagement log if any issues/feedback relating to the Trust arises. Governors to promote the use of DHCFT Twitter and Facebook specifically for membership messages and encourage members to follow the Trust.	All governors All governors	Ongoing
	Letter produced by Orla Smith (former governor) for Derby City youth groups etc. BME groups to look at – Denise to check with Derby City and Derbyshire County councils to see if there is a list.	Denise Baxendale will roll out letters	Which other groups should be targeted?
2	Annual Members Meeting (AMM) – Encourage members to attend and participate in the meeting when visiting local events/engaging with members and the public. All governors to attend the virtual meeting. Date for AMM is 26 September.	All governors	Promotion to begin in August. All governors to promote the event and attend if possible.
	AMM Task and Finish group to propose theme for AMM– Denise Baxendale, Brian Edwards, Marie Hickman, Hazel Parkyn and Rob Poole. Group met on 25 January 2024.	Denise Baxendale	Complete – proposals presented to Governance Committee on 7.2.24 and forwarded to Chief Executive for approval

<p>3</p>	<p>Working with the Voluntary Sector</p> <ul style="list-style-type: none"> • Collaboration between Appointed Governors and elected/staff governors • CVS's – RB and JC to give each public governor details of their local CVS to sign up to bulletins. If you haven't already done so click here Bulletin Updates Derbyshire Voluntary Action (dva.org.uk) to subscribe to Derbyshire Voluntary Action News Bulletin. Click here Derbyshire Mental Health Forum (erewashvoluntaryaction.org.uk) to subscribe to Forum News e-bulletins • RB and JC to work with individual elected governors to share stories and feature in voluntary sector bulletins. • All governors encouraged to attend the joint mental health forum organised by DVA and DMHF twice a year (target minimum of four public governors in attendance). Note the next joint mental health forum is taking place on 21 March 2024 from 1.30-3.30pm in Claycross. • All governors encouraged to attend the DVA and DMHF forums. For the North this is DVA and for the south this is DMHF (target of minimum of two public governors in attendance). Find out the dates on their websites: for Derbyshire Mental Health Forums - Derbyshire Mental Health Forum (erewashvoluntaryaction.org.uk) and for Derbyshire Voluntary Action - Derbyshire Voluntary Action (dva.org.uk) • All governors encouraged to take it in turns to attend the Derbyshire mental health community groups network to hear from grass roots groups • JC and RB to invite elected governors to voluntary and community sector events within the public governors localities. • Consult governors to identify need for brokerage of introductions to voluntary sector organisations who work with service users in Autism, Carers to hear experiences of the Trust 	<p>All governors</p> <p>Rachel Bounds/Jodie Cook</p> <p>Rachel Bounds/Jodie Cook</p> <p>All governors</p> <p>All governors</p> <p>All governors</p>	<p>This whole section needs to be reviewed. Note Jodie Cook no longer works in the voluntary sector. Suggest Denise and Rachel have a meeting to update this section.</p>
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4	<p>Communicating with Trust members To consider how governors communicate with members. Email each constituency details of their governor(s) and how to contact them. Including a 'getting to know' your governors – i.e. hobbies, why they became a governor, why they want to hear from you.</p>	Governors	Denise Baxendale has begun this action – February 2024
5	<p>Staff Staff Governors meeting regularly with staff through “Grab a Governor” scheme. Will feedback through Staff Governor Engagement Logs to Denise Baxendale alongside other governor feedback. Since the pandemic, these sessions have been virtual. The governor role is also promoted in staff communications (i.e., Staff Facebook group, staff e-newsletter and the intranet)</p> <p>Staff governor poster to be produced and circulated to all staff</p>	<p>Staff Governors</p> <p>Denise Baxendale</p>	<p>“Grab a governor” sessions are to continue in 2024</p> <p>Updated and circulated to staff governors, and Communication to share with staff 20.2.24 COMPLETE</p>
7	<p>Protocols for Governor Engagement Governor engagement toolkit</p> <p>Leaflet on the Trust services needs to be updated</p> <p>Increasing membership Look at key messages for increasing membership in Chesterfield and High Peak and Derbyshire Dales, and with younger people.</p> <p>Governor Feedback – all governors are encouraged to complete the Governor Engagement Log at least two weeks prior to scheduled Governance Committee meetings so they can be included in the engagement log</p>	<p>Denise Baxendale and governors</p> <p>Denise Baxendale</p> <p>Governor Engagement task and finish group</p> <p>All Governors</p>	<p>Information produced and emailed to governors February 2024. COMPLETE</p> <p>Denise to update the information</p> <p>To discuss at the April Committee meeting</p> <p>Ongoing – standing agenda item for the Governance Committee</p>

Reviewed and updated by the Governance Committee – 7 February 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 in November. This report provides a summary of the meeting including actions and recommendations made.

Executive Summary

Since the last summary was provided in November the Governance Committee has met 7 December 2023 and 7 February 2024.

Strategic Considerations

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

Risks and Assurances

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

Consultation

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

Governance or Legal Issues

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

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

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

Recommendations

The Council of Governors is requested to note the report made of the Governance Committee meetings held on 7 December 2023 and 7 February 2024

**Report presented by: David Charnock
Joint Chair of the Governance Committee**

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

Report from the Governance Committee meeting – 7 December 2023

15 governors (68% of the Council of Governors) attended this meeting. The meeting was conducted digitally using Microsoft Teams and held face to face in Kingsway House on the Kingsway Hospital site in Derby.

Election of Chair and Deputy Chair of Committee – Terms End February 2024

- A call for nominations for the Chair and Deputy Chair of the Committee was made
- Appreciation was conveyed to David Charnock and Marie Hickman who have Co-Chaired the Committee for the past year.

Feedback from governors engagement activities

- Governors fed back on their engagement activities.

Governor Engagement Opportunities

- Governors, who haven't already done so were encouraged to sign up to the Derbyshire Mental Health Forum and Derbyshire Voluntary Action e-newsletters as a means of engaging with groups
- Governors were encouraged to attend the meetings organised by Derbyshire Mental Health Forum and Derbyshire Voluntary Action as a means of meeting people from their areas and establishing links.

Election update

- A progress of the election process was provided.

Attendance at Council of Governors Meetings

- A report was presented and no issues regarding attendance was raised.

Future meetings

- Governors agreed that going forwards:
 - Joint board and governor sessions held in January and July will be in person
 - Council of Governors and Governance Committee meetings will be held as hybrid meetings.

Council of Governors and Board Development Session – 16 January 2024

- Governors agreed that topics should focus on finance; the operational plan; development of the new Trust Strategy; the new Board visits; and time allocated for networking.

Governance Committee – 7 February 2024

18 governors (69% of the Council of Governors) attended this meeting. This meeting was conducted digitally using Microsoft Teams and held face to face in Kingsway House on the Kingsway Hospital site in Derby.

Constitution

- A governors task and finish group is being established to review the Constitution
- Recommendations will be presented to the Council of Governors in November.

Governor elections update

- An update was given – a report will be presented to the Council of Governors on 5 March 2024.

Election of Chair and Deputy Chair of the Governance Committee

- It was agreed that David Charnock and Marie Hickman would continue as Co-Chairs of the Committee for another year.

Membership Data and Review of Governors Membership Engagement Action Plan

- Governors discussed the data and reviewed the Governors Membership Engagement Action Plan.

Feedback from governors engagement activities

- Governors fed back on their engagement activities.

Feedback From Annual Members Meeting Task and Finish Group

- The Annual Members Meeting (AMM) will be held on Thursday 26 September in the afternoon from 4pm-6pm
- The Conference Room in the Research and Development Centre at the Kingsway Hospital site has been booked for the event
- The proposed theme is 'The Health of our Children' with presentations from Children Services and Child and Adolescent Mental Health Services (CAMHS)
- To run a childrens writing competition and to announce the winners at the end of the AMM
- To have an information area/marketplace for services to display posters etc.

Consideration of Holding to Account Questions to the Council of Governors

- There was one item to escalate to the Council of Governors regarding Occupational Therapists and safer staffing requirements.

Attendance at Council of Governors Meetings

- A report was presented and no issues regarding attendance was raised
- Governors were encouraged to confirm their attendance/register their apologies for future meetings with the Membership and Involvement Manager.

Governor Training and Development

- An outline of training for this year was presented to governors
- A report will be presented to the Council of Governors in March.

Governor Elections update 2024

Purpose of Report

To update governors on the 2024 round of public governor and staff governor elections and provide assurance on the process taken.

Executive Summary

The election process was undertaken by Civica, an independent company used by many Foundation Trusts to run their elections.

For the 2024 elections, the Council of Governors had the following vacancies:

- Public Governor vacancies
 - Bolsover and North East Derbyshire (two vacancies)
 - Chesterfield (one vacancy)
 - Erewash (one vacancy)
 - High Peak and Derbyshire Dales (one vacancy)
 - Rest of England (one vacancy)
- Staff Governor vacancies
 - Admin and Allied Support staff (one vacancy)
 - Allied Professions (one vacancy)
 - Nursing (two vacancies)

As in previous elections a significant number of activities were undertaken to promote the vacancies and identify individuals interested in the governor vacancies. This includes contacting a comprehensive list of voluntary and community stakeholders and promoting internally and externally.

Nominations opened on 10 November 2023 and closed on 11 December 2023. The situation at close of nomination was as follows:

- Bolsover and North East Derbyshire (uncontested with one nomination)
- Chesterfield (contested with two nominations)
- Erewash (uncontested with one nomination)
- High Peak and Derbyshire Dales (uncontested with one nomination)
- Rest of England (contested with two nominations)
- Admin and Allied Support staff (contested with three nominations)
- Allied Professions (uncontested with one nomination)
- Nursing (uncontested with two nominations)

For the contested election voting opened on 5 January 2024 and closed on 30 January 2024.

The election results for 2024 are as follows:

- Bolsover and North East Derbyshire – Rob Poole – re-elected
- Chesterfield – Dave Allen – elected
- Erewash – Simon Hinchley – elected
- High Peak and Derbyshire Dales – Fiona Birkbeck – elected
- Rest of England – Anson Clark – elected

- Staff – Admin and Allied Support staff – Claire Durkin – elected
- Staff – Allied Professions – Fiona Rushbrook – elected
- Staff – Nursing – Sifo Dlamini – elected
- Staff – Nursing – Jo Foster – re-elected

Apart from the one vacancy for the one Bolsover and North East Derbyshire seat, the Council of Governors has a full complement of governors. The latest Governors terms of office began on 1 February 2024 for a three year period.

All newly elected (and re-elected) governors were invited to attend an induction/refresher session on 6 February and the new governors have been encouraged to take advantage of the ‘buddy up’ system that is provided by more experienced governors to help them in their role.

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.	

Assurances

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

Consultation

This paper has not been considered at any other Trust meeting to date.

Governance or Legal Issues

These elections are being run in line with the guidance included in the Constitution.

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

We have proactively sought to promote governor vacancies to all members of the community. We also provide support to any current or prospective governors to enable them to carry out their role to address any specific needs they may have.

Recommendations

The Council of Governors is requested to:

- 1) Receive and note the report.

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

Governor Meeting Timetable March 2024 – March 2025

DATE	TIME	EVENT	LOCATION/COMMENTS
5/3/24	9.30am onwards	Public Trust Board	Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
5/3/24	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
11/3/24	2,30pm-3.30pm	Governor feedback on Non-Executive Directors	Virtual meeting, facilitated by Trust Chair, Selina Ullah
16/4/24	2.00pm-4.30pm	Governance Committee	Hybrid – room at Kingsway to be confirmed
7/5/24	9.30am onwards	Public Trust Board	Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
7/5/24	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
21/5/24	10am-12pm	Informal catch up with Selina Ullah	The Hub @Low Pavement, Chesterfield town centre.
12/6/24	10am 12.30pm	Governance Committee	Hybrid – room at Kingsway to be confirmed
18/6/24*	10am-12pm	Informal catch up with Selina Ullah	Coffee Lounge, Ashbourne Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
2/7/24	9.30am onwards	Public Trust Board	Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
2/7/24	2pm – 5pm	Council of Governors and Trust Board development session	Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
6/8/24	10am 12.30pm	Governance Committee	Hybrid – room at Kingsway to be confirmed
6/8/24**	1pm-2.30pm	Informal catch up with Selina Ullah	Coffee Lounge, Ashbourne Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ

20/8/24	10am-12pm	Informal catch up with Selina Ullah	Bayheath House, Rose Hill West, Chesterfield, S40 1JF
3/9/24	9.30am onwards	Public Trust Board	Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
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
26/9/23	2.30pm-6.00pm	Annual Members Meeting	Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
15/10/24	10am 12.30pm	Governance Committee	Hybrid – room at Kingsway to be confirmed
5/11/24	9.30am onwards	Public Trust Board	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
4/12/24	2.30pm-5.00pm	Governance Committee	Hybrid – room at Kingsway to be confirmed
14/1/25	9.30am onwards	Public Trust Board	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
5/2/25	10am-12.30pm	Governance Committee (includes NED appraisals)	Hybrid – room at Kingsway to be confirmed
4/3/25	9.30am onwards	Public Trust Board	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

*Note – this is now being held in The Hub @ Low Pavement in Chesterfield town centre rather than at Bayheath House in Chesterfield

**Note – this was originally scheduled for 13.8. 24 – please update your diaries. I have amended the invite in your outlook calendars

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

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

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

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

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

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

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

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

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

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

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

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

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

(updated 14 June 2022)