

**COUNCIL OF GOVERNORS' MEETING – TUESDAY 7 MAY 2024
FROM 14.00 – 16:30 HOURS**

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

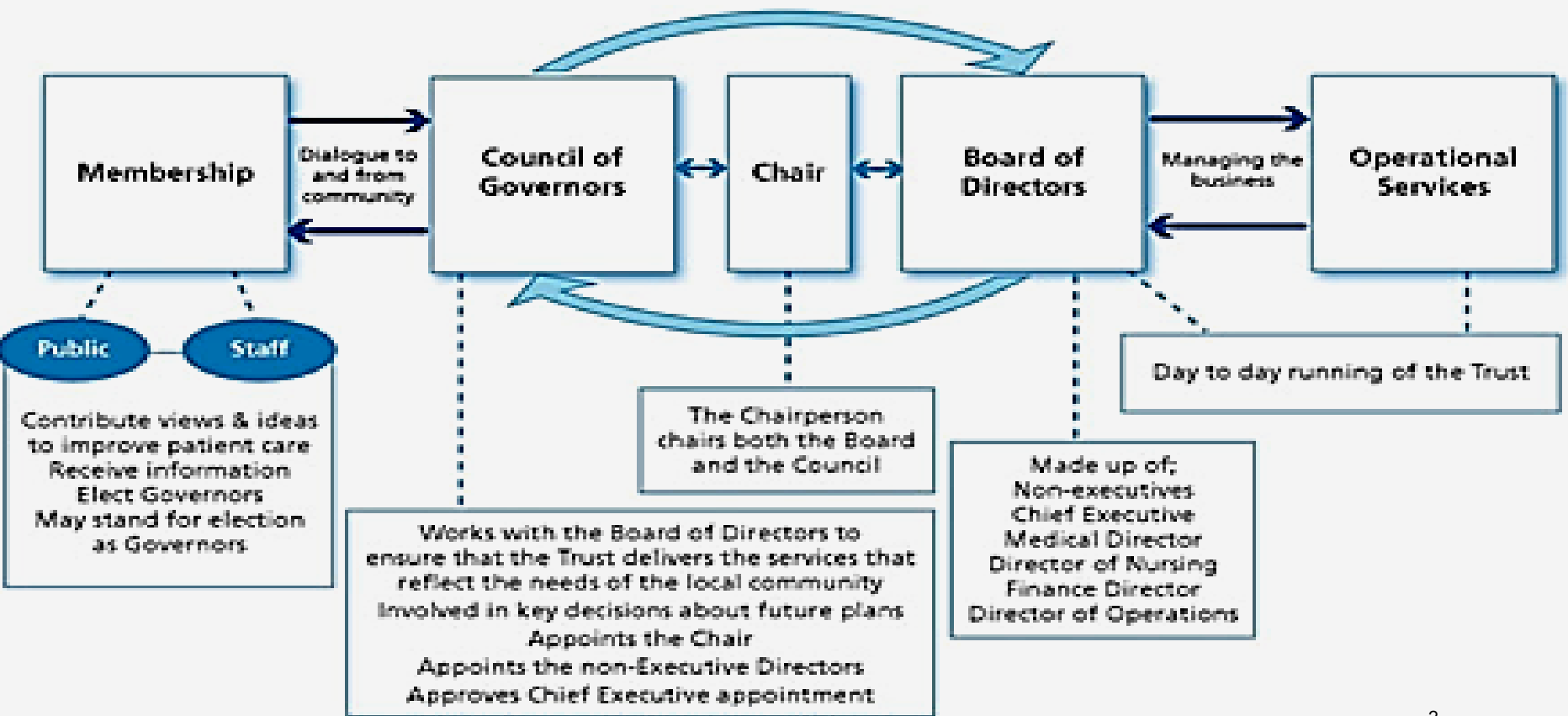
If you are joining virtually – [click here to join the meeting](#)

AGENDA		LED BY	TIME
1.	Welcome, introductions and Chair's opening remarks Apologies and Declaration of Interests	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 5 March 2024	Selina Ullah	14.10
4.	Matters arising and actions matrix	Selina Ullah	14.15
5.	Chief Executive's update (verbal)	Mark Powell	14.20
STATUTORY ROLE			
6.	Report from Governors Nominations & Remuneration Committee – 26 April 2024	Selina Ullah	14.30
7.	Council of Governors Annual Effectiveness Survey	Denise Baxendale	14.40
HOLDING TO ACCOUNT			
8.	Staff Survey Results	Lucy Moorcroft	14.45
9.	Non-Executive Directors Report	Ashiedu Joel and Ralph Knibbs	15.05
COMFORT BREAK			15.25
10.	Escalation items to the Council of Governors from the Governance Committee (verbal)	Selina Ullah	15.40
11.	Verbal summary of Integrated Performance Report (full report provided for information)	Non-Executive Directors	15.50
OTHER MATTERS			
12.	Governance Committee Report	David Charnock	16.10
13.	Review of Governor Engagement Action Plan	Denise Baxendale	16.15
14.	Any Other Business	Selina Ullah	16.20
15.	Review of meeting effectiveness and following the principles of the Code of Conduct	Selina Ullah	16.25
16.	Close of meeting	Selina Ullah	16.30
FOR INFORMATION			
17.	* Public Board agenda and papers for 7 May 2024, including: <ul style="list-style-type: none"> • Minutes of the Public Board meeting held on 5 March 2024 • Chair's Report • Chief Executive's Report 		
18.	Governor meeting timetable 2024/2025		
19.	Glossary of NHS terms		
Next Meeting: 3 September 2024 from 14:00-17:00 hours.			

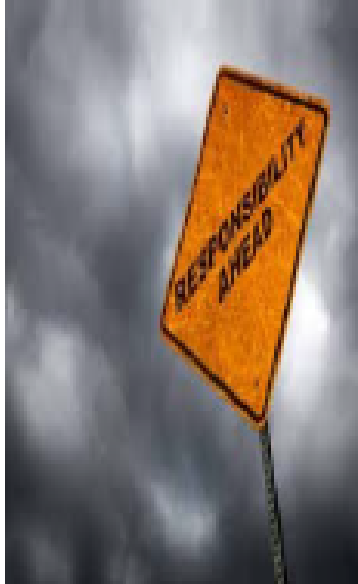
* Public Board papers will be available to view on the [Trust's website](#). Click on the 2024/25 drop down menu and select the relevant agenda and papers.

Getting the balance right

FT Governance Arrangements



The implications for governors and 'holding to account'



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

how do we ask effective questions?

Good questions

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

how do we ask effective questions?

Good questions

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

Our vision

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

Our values

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

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

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

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

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



**MINUTES OF COUNCIL OF GOVERNORS MEETING
HELD ON TUESDAY 5 MARCH 2024 FROM 14:00-16:58 HOURS
HYBRID MEETING DIGITALLY VIA MICROSOFT TEAMS AND FACE TO FACE**

PRESENT	Selina Ullah*	Trust Chair and Chair of Council of Governors
	Angela Kerry*	Public Governor, Amber Valley
	Susan Ryan*	Public Governor, Amber Valley
	Rob Poole	Public Governor, Bolsover and North East Derbyshire
	Jill Ryalls	Public Governor, Chesterfield
	Graeme Blair	Public Governor, Derby City East
	Christine Williamson*	Public Governor, Derby City West
	Andrew Beaumont	Public Governor, Erewash
	Simon Hinchley	Public Governor, Erewash
	Brian Edwards	Public Governor, High Peak and Derbyshire Dales
	Fiona Birkbeck*	Public Governor, High Peak and Derbyshire Dales
	Anson Clark	Public Governor, Rest of England
	Claire Durkin	Staff Governor, Admin and Allied Support Staff
	Marie Hickman*	Staff Governor, Admin and Allied Support Staff
	Fiona Rushbrook*	Staff Governor, Allied Professions
	Sifo Dlamini*	Staff Governor, Nursing
	Jo Foster	Staff Governor, Nursing
	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	Vikki Ashton Taylor*	Director of Strategy, Partnerships and Transformation
	James Sabin	Director of Finance
	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
	Geoff Lewins*	Non-Executive Director
For 2024/006	Becki Priest*	Deputy Director of Practice and Transformation
For 2024/006	Jayne Davies*	Communications and Engagement Manager

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

APOLOGIES	Dave Allen	Public Governor, Chesterfield
	Tom Bladen	Public Governor, Derby City East
	Hazel Parkyn	Public Governor, South Derbyshire and Deputy Lead Governor
	Laurie Durand	Staff Governor, Medical

David Robertshaw
Mark Powell

Appointed Governor, University of Derby
Chief Executive

ITEM	<u>ITEM</u>
DHCFT/GOV/ 2024/001	<u>WELCOME, INTRODUCTIONS, APOLOGIES FOR ABSENCE AND DECLARATION OF INTERESTS</u> Selina Ullah, Trust Chair welcomed all to the meeting and in particular to the newly elected governors who introduced themselves. Apologies were noted above. There were no declarations of interest.
DHCFT/GOV/ 2024/002	<u>SUBMITTED QUESTIONS FROM MEMBERS OF THE PUBLIC</u> It was noted that no questions from members of the public have been received. However, feedback from members of the public are captured in the governor engagement log which is discussed at each Governance Committee meeting.
DHCFT/GOV/ 2024/003	<u>MINUTES OF THE MEETING HELD ON 7 NOVEMBER 2023</u> The minutes of the meeting held on 7 November 2023 were accepted as a correct record.
DHCFT/GOV/ 2024/004	<u>MATTERS ARISING AND ACTION MATRIX</u> 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.
DHCFT/GOV/ 2024/005	<u>CHIEF EXECUTIVE'S UPDATE</u> In the absence of the Chief Executive, Vikki Ashton Taylor, Director of Strategy, Partnerships and Transformation gave a verbal update on the following: <ul style="list-style-type: none">• The Consultants and Junior Doctors industrial action is an ongoing challenge. The process is being managed safely but has an impact both waiting times and on the workforce.• Annual planning is a significant event and the Trust is working with partners to ensure that the right workforce is in place and is sustainable. It was noted that the national guidance was late in being published this year, which has had an impact on the planning process. Further information will be given at today's meeting.• Development of the new Trust Strategy – this is an important piece of work which the Executive team and workforce are heavily involved in. An update is to be given at today's meeting.• Service delivery – there is currently a high use of out of area placements and the Trust is working with partners in Derbyshire to try and improve care for patients and their families. Safe Havens are now in place across the county in order to try and prevent people needing inpatient care and support.• East Midlands Gambling Service, led by the Trust was established in June 2023. There has been significant uptake for the service. Andrew Beaumont, Public Governor referred to the high costs of care for the complex eating disorder patient and asked how this compares to other

trusts. The Trust Chair explained that this patient's situation is unique and cannot be compared to others. The patient has complex needs and we have a duty of care to provide a safe and compassionate service to meet their needs.

Jill Ryalls, Public Governor added that she had attended the Trust's Carers Forum recently where carers shared their concerns about the number of service users being placed out of area. She sought assurance on how patients placed out of area are being tracked by the Trust. Vikki explained the Trust always tries to provide a bed locally but when a bed is not available, provision has to be found outside Derbyshire. The Trust remains in close contact with the facility where the person is being cared for. The continuity of the care team and care package is important, and as soon as it is able, the patient is brought back into Derbyshire so that they can be near to their family/carers. The Trust also ensures that the right discharge package is available if the patient does not need to stay in the facility. Following on from this, Jill asked if Commissioners get involved as out of area placements are costly, and if they are looking at investment with the Trust to provide more beds. Tony Edwards explained that the Trust's Making Room for Dignity (MRFD) programme will create more beds within Derbyshire which will reduce the need to use out of placement facilities. He also confirmed that MRFD includes the construction of a Psychiatric Intensive Care Unit (PICU) which will make a significant difference. He assured governors that the Trust actively look at ways to minimise disruption to people getting beds as near to home as can.

Jo Foster, Staff Governor assured the meeting that in Chesterfield there is a designated team specifically monitoring wards and if there is a need for a more intensive environment. She also explained that people placed out of area are scrutinised on a daily basis and are discharged or referred back into wards at the Hartington and Radbourne Unit if appropriate. Jo also confirmed that when the MRFD programme is complete the new facilities will help to alleviate the need to nurse people out of area. Governors found this very re-assuring.

Rachel Bounds, Appointed Governor, referred to the Safe Havens, particularly the one in Chesterfield and asked what the criteria is for people to be referred to Safe Havens to avoid being sectioned. It was agreed that Becki Priest, Deputy Director of Practice and Transformation will liaise with Rachel on this matter.

Fiona Rushbrook, Staff Governor explained that she is leading a new initiative called Community Enhanced Rehabilitation Team (CERT). This team will be based in the community to support people who have been out of area for care. It is envisaged that this service will reduce inpatient admissions. The team is in place but is waiting for the business case to be approved which is imminent.

Alison Martin, Appointed Governor, referred to the MRFD programme as a positive development. Governors are encouraged to visit the construction sites in Derby and Chesterfield, the dates of which are promoted in *Governor Connect*.

Christine Williamson, Public Governor, referred to the site visits and accessibility for people who are disabled. Selina Ullah explained that a

	<p>'virtual tour ' video of the sites is in the process of being produced and this will be shared with governors when available. It was also noted that once the facilities are more complete they will be accessible to everyone. Becki Priest referred to Audrey House, the newly refurbished enhanced ward for females. The new builds will have the same layout and furniture schemes and it may be possible to arrange a visit for those governors who are unable to access the new facilities under construction.</p> <p>RESOLVED: The Council of Governors noted the update.</p> <p>ACTION: Becki Priest will liaise with Rachel Bounds on Safe Havens.</p>
<p>DHCFT/GOV/2024/006</p>	<p><u>LIVING WELL DERBYSHIRE PROGRAMME UPDATE</u></p> <p>Vikki Ashton Taylor and Becki Priest gave an update on the Living Well Derbyshire programme.</p> <p>For the benefit of new governors, Vikki explained that:</p> <ul style="list-style-type: none"> • 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 their 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. <p>A summary of who the service is for; the key benefits; initial feedback; and training for staff was given. Jayne Davies, Communications and Engagement Manager, referred to two videos that bring the model to life. These will be shared via <i>Governor Connect</i>.</p> <p>It was confirmed that the service has been launched in High Peak, Chesterfield, North East Derbyshire and Bolsover, Amber Valley, Erewash, Derbyshire Dales, and South Derbyshire. The Living Well programme in Derby which is called Derby Wellbeing is ongoing.</p> <p>Reference was also made to the Living Well collaboratives which are an opportunity for governors to get involved.</p> <p>Alison Martin was aware of Derby Wellbeing and asked how people access the service. Becki explained that currently GP's or professionals (including social workers, voluntary sector) can refer people into the service but when phase two begins people will be able to self-refer. Alison requested more information on Derby Wellbeing so that this can be shared with the wider system and people she connects with. Vikki agreed to arrange a meeting with Alison.</p> <p>Susan Ryan, Lead Governor asked why the service in Derby has a different name to the rest of Derbyshire when the offer is the same. Vikki explained that the service had been co-designed and co-produced with people with lived experience and partners who requested this name to differentiate</p>

	<p>themselves from the rest of Derbyshire. The Trust did not feel it appropriate to override this request. Susan also asked if the programme was newly commissioned or a reconfiguration of other services. It was noted that it is a reconfiguration of the Community Mental Health Teams (CMHT's) with some additional funding to populate the new services with involvement from social care and the voluntary sector.</p> <p>Rachel Bounds referred to the Wellbeing collaboratives which are really positive and provide feedback on the offer provided. She agreed to share the collaborative contact details with governors to enable them to create links. Angela Kerry, Public Governor, confirmed she has started to attend the Wellbeing collaborative in Amber Valley which she finds really useful. She also explained that the collaborative is appreciative of her involvement and that it is an opportunity for governors to engage.</p> <p>Anson Clark, Public Governor, suggested that whilst the services are embedding in, mindfulness classness could be incorporated whilst people wait to be referred as it is a useful tool for emotional instability/anxiety issues etc. He also suggested that for those people waiting to be referred, e-learning packages could be developed to help people. Fiona Rushbrook confirmed that short and long term group offers which will be self help are in development; and Vikki Ashton Taylor will share the suggestion of e-learning packages with the Autism service to take forward.</p> <p>With regards to funding, Brian Edwards, Public Governor, asked how secure the funding is for phase one (redeployment) and phase two. Vikki Ashton Taylor assured governors that considerable additional monies have been received in the budget and are secure. She explained that like all services, the Trust is required to look at delivering services in a more cost efficient way but reiterated that the overarching envelope of money is secure as part of the Trust's recurrent budget.</p> <p>RESOLVED: The Council of Governors noted the update.</p> <p>ACTIONS:</p> <ul style="list-style-type: none"> • Vikki will contact Alison Martin to discuss sharing information with the wider system • Rachel Bounds will share collaborative coordinators with Denise Baxendale for governors • Jayne Davies will share links about the programme with governors • Vikki Ashton Taylor will share the suggestion of e-learning packages with the Autism service to take forward.
<p>DHCFT/GOV/2024/007</p>	<p><u>DEVELOPMENT OF ANNUAL PLAN: CONSULT ON ANNUAL PLANNING PROCESS</u></p> <p>Vikki Ashton Taylor and James Sabin, Director of Finance gave a presentation on the NHS planning round.</p> <p>It was noted that all NHS organisations take part in a planning round; the submission is collated as a Derbyshire System with other NHS providers through the Integrated Care Board (ICB) on how we will deliver against the national requirements. The presentation set out a number of performance</p>

targets we are required to deliver and the financial and workforce summaries and what that means in terms of activity.

James Sabin confirmed that the Trust will be £4.4m in deficit, which is part of the £47m Integrated Care System (ICB) deficit for 2023/24. The emphasis on 2024/25 will be on improving the forecast with cost efficiencies. He also explained that the new facilities are on track to be completed in 2024/25.

Justine Fitzjohn, Trust Secretary, stated that the planning processes have changed over the last few years, but it is still important to give governors the chance to view our draft plans. The statutory position is that the Trust must have due regard to the views of the governors on the Annual Plan.

Brian Edwards asked why the plan for 2024/25 was still in development and not complete. James Sabin explained that NHS trusts are still awaiting the publication of the National Guidance which was due December 2023 and is still not available, meaning that development of the plan is three months behind schedule.

Rob Poole, Public Governor asked who the Trust can complain to regarding the delay in producing the National Guidance. James explained that the Trust is unable to make a complaint as it has to remain apolitical. He also explained that the Trust is aware it has to make cost efficiencies, and he confirmed that all mental health trusts are struggling financially, partly due to the reduced level of activity and growth in the NHS. It was also noted that the impact of the COVID-19 pandemic on mental health and wellbeing is also a factor, along with the industrial action of junior doctors and consultants.

Tony Edwards, Non-Executive Director (NED), referred to the finance training governors had received in September 2023 and the update he presented to the joint Board and governors development session in January this year, and suggested that the slides from both sessions be re-circulated to governors. The slides will show governors where funding comes from and how the money is spent (the majority is spent on staff).

Brian Edwards referred to the Integrated Care Board's (ICB) £47m deficit of which £4m is the Trust deficit, and asked if the Trust had a contingency plan. Tony explained that the Trust is currently looking at lots of choices and options of how to spend less whilst delivering safe services. Contingencies are being put in place.

Fiona Birkbeck, Public Governor, noted the importance of recruiting and retaining staff to decrease the use of locum and agency staff. Vikki Ashton Taylor explained that agency staff cost more than employing staff on a substantive basis; and the Trust is continually trying to minimise the use of them. She confirmed that the use of agency staff has been reduced with the recruitment of health care assistants, and this is having a positive impact. The focus continues to be on the recruitment and retention of permanent staff.

RESOLVED: The Council of Governors noted the update.

ACTION:

	<ul style="list-style-type: none"> • Denise Baxendale will re-circulate the slides on finance from the training and development session in September 2023 and from the joint board and governor session in January 2024.
<p>DHCFT/GOV/2024/008</p>	<p><u>UPDATE ON TRUST STRATEGY DEVELOPMENT</u></p> <p>Vikki Ashton Taylor gave an update on the development of the new three-year Trust Strategy which included:</p> <ul style="list-style-type: none"> • An outline of the engagement process which focuses on culture, the Trust’s vision and values, and the Trust’s approach to health inequalities • A summary of initial conversations/surveys/meetings which have taken place with staff • An update that after Easter new priorities will be co-designed; engagement will begin with external stakeholders; and the Trust’s brand and identity will be reviewed • The new Trust Strategy will be launched in September 2024. <p>It was noted that a consultative session with governors has been arranged to take place at the Governance Committee on 16 April.</p> <p>RESOLVED: The Council of Governors noted the update on the development of the new Trust Strategy.</p>
<p>DHCFT/GOV/2024/009</p>	<p><u>REPORT FROM GOVERNORS NOMINATIONS AND REMUNERATION COMMITTEE, HELD ON 13 FEBRUARY 2024</u></p> <p>Selina Ullah presented an overview of the matters discussed at the last Governors Nominations and Remuneration Committee. This included an outline of the appraisal process for the Trust Chair and Non-Executive Directors (NEDs) which are in line with national guidance and Trust values.</p> <p>Selina confirmed that the appraisal process has started and conveyed her appreciation to governors for their feedback and involvement so far in the process.</p> <p>Governors were reminded that governor feedback for NEDs is taking place virtually on 11 March from 2.30pm-3.30pm.</p> <p>RESOLVED: The Council of Governors noted the contents of the report.</p>
<p>DHCFT/GOV/2024/010</p>	<p><u>NON-EXECUTIVE DIRECTORS (NED) REPORT</u></p> <p>Tony Edwards presented his overview report of the last year. He felt assured that there is a lot of good work going on and has noted honesty and transparency in dealing with the challenges that we face. He referred to how the Trust is still recovering from the impact of the COVID-19 pandemic; and the progress of the MRFD programme which is reviewed by the Board on a regular basis. He also explained that he has attended a number of meetings on behalf of the Trust Chair, mainly around strategy for the East Midlands Alliance.</p> <p>Brian Edwards asked who in the Trust is looking at future healthcare provisions (i.e. new skills/drugs). Vikki Taylor explained that the Executive Team are responsible but General Managers within services work with clinical leads to see what is on the horizon. For example, the Trust is looking</p>

	<p>at new dementia drugs which may be available in the next two years and the impact and benefit to patients these may offer. It was also noted that the Trust’s Medical Director and Research and Development Team are involved in finding out about new provisions.</p> <p>Deborah Good, NED, presented her overview report. She gave a summary of what activities she gets involved with, which includes being on the Finance and Performance Committee, Audit and Risk Committee and Remuneration and Appointments Committee. She will join the People and Culture Committee in April to broaden her experience; and will be stepping down from the Finance and Performance Committee but will attend when time and circumstance allows. Deborah is the NED lead for carers and attends the Trust’s Carers Forum and events and is also an advocate for the Carers Champions.</p> <p>Christine Williamson referred to Artcore, of which Deborah is a Trustee and was pleased to see that this arts charity based in Derby is continuing, as it was paused during the COVID-19 pandemic.</p> <p>Fiona Rushbrook referred to the Triangle of Care Champions who are struggling to get protected time to carry out this role. This has been escalated previously but no progress has been made. She explained that the Triangle of Care: Carers scheme is a set of standards and is run by the Carer’s Trust, and the Trust has achieved the two-gold star status. The scheme recognises the Trust’s commitment to working with and supporting Carers at every level of the care journey within Trust services. Deborah assured governors that she is supporting the importance of this work and that protected time is being discussed but there is no definitive answer at this moment in time. Vikki Ashton Taylor agreed to look into this concern.</p> <p>RESOLVED: The Council of Governors noted the Non-Executive Director’s updates and gained assurance from these.,</p> <p>ACTION:</p> <ul style="list-style-type: none"> • Vikki Ashton Taylor will look into the issue of Triangle of Care Champions and protected time.
<p>DHCFT/GOV 2024/011</p>	<p><u>ESCALATION ITEMS TO THE COUNCIL OF GOVERNORS FROM THE GOVERNANCE COMMITTEE</u></p> <p>One item of escalation was received from the Governance Committee meeting held on 12 February 2024:</p> <p><i>“Governors seek assurance from the Non-Executive Directors that Occupational Therapists are focusing on their roles rather than being used regularly to fill gaps in a skill mix.</i></p> <p><i>Are Non-Executive Directors assured that the Trust has adequate staffing resources to fulfil safer staff requirements.”</i></p> <p>The response to the question is attached as Appendix 1 to these minutes, was read out at the meeting.</p> <p>Fiona Rushbrook noted that the response focused on the acute and inpatient wards and suggested that the Trust should have a conversation with Occupational Therapists (OTs) working in the community. In particular,</p>

	<p>she expressed concern at the number of OTs who have left the Derby City Adult Mental Health team.</p> <p>Brian Edwards asked who in the Trust would take the decision to stop a service if staffing reaches unacceptable levels. It was confirmed that the Interim Director of Patient and Nursing Experience, Dave Mason, would be able to advise on this.</p>
<p>DHCFT/GOV/2024/012</p>	<p><u>VERBAL SUMMARY OF INTEGRATED PERFORMANCE REPORT</u></p> <p>The Non-Executive Directors reminded governors that the purpose of this report is to provide an update of how the Trust was performing at the end of January 2024. The report focuses on key finance, performance, and workforce measures.</p> <p>Geoff Lewins, as a member of the Finance and Performance Committee gave the operations update and referred to the most challenging areas:</p> <ul style="list-style-type: none"> • Waiting times for adult autistic spectrum disorder assessment, community paediatric, NHS Talking Therapies waiting times, and Memory Assessment Service. He summarised what the Trust is doing to reduce the wait times and it was noted that over the last six months the wait times for adult autistic spectrum disorder assessments has decreased by 27%. Geoff explained that the Trust is commissioned to do 26 assessments per month and due to the team reviewing and streamlining their processes they are currently able to carry out 50-70 assessments per month • Due to the high level of inpatient activity the Trust is enduring a high level of out of area placements. The new facilities under construction will help to alleviate out of area placements. <p>Geoff also referred to Child and Adolescent Mental Health Services (CAMHS) wait times which continue to decrease, and over the last 12 months the average wait has halved. The dementia diagnosis rate continues to exceed target.</p> <p>Ashiedu Joel, as a member of the People and Culture Committee referred to people issues:</p> <ul style="list-style-type: none"> • There is a significant improvement in completion of annual appraisals • Compulsory training for staff is above the Trust's target • There has been a significant reduction in the use of agency staff and recruitment to substantive roles has increased • Sickness absence is at 7% which is above the Trust's target of 5%, and the Trust is looking at how to address the emerging issues. Work in ongoing to support staff to get back into work including reasonable adjustments. <p>Lynn Andrews, as Chair of the Quality and Safeguarding Committee gave an update which included:</p> <ul style="list-style-type: none"> • The complaints process is being reviewed to ensure it is fit for purpose. Governors were assured that the number of complaints are decreasing • Regarding patient safety the Trust is working in divisions to check actions from incidents that occur. Incidents are recorded on Datex

	<p>(the Trust’s incident reporting system) and the Trust is ensuring that learning from incidents is shared.</p> <p>Susan Ryan raised concerns regarding Memory Assessment Service waiting times which is currently eight months, but in the CMHT’s the wait times are one week. She asked how the Board is assured that the resources for undertaking memory assessment is appropriately distributed given the huge disparities in waiting times for assessment; and what mitigations are in place to minimise further deterioration for people waiting for an assessment. It was agreed that a response to this question will be presented to the Council of Governors on 7 May.</p> <p>Christine Williamson referred to DBS checks and raised concern regarding the waits that some newly qualified Nurses are experiencing whilst these are being carried out. Justine explained that this is due to demand and is also a national issue, where appropriate a waiver is put in place that allows a member of staff to start work whilst waiting for the check, but this is under strict supervision.</p> <p>Brian Edwards noted the progress made on waiting lists and conveyed his appreciation to staff. He also referred to enquiries that other trusts are involved in and asked if the NEDs receive information on complaints that may be held up in the legal system. Justine explained there is a summary in last year’s Annual Report which summarises these. It was also noted that Dave Mason, Interim Director of Nursing and Patient Experience is doing a significant piece of work on complaints, which will include complaints that are caught in the legal system and this will be presented to the Quality and Safeguarding Committee.</p> <p>RESOLVED: The Council of Governors noted the updates from the Non-Executive Directors.</p> <p>ACTION:</p> <ul style="list-style-type: none"> • Denise Baxendale will share the complaints section in last year's Annual Report with governors • The response to the assurance question relating to Memory Assessment Service assessments will be presented to the Council of Governors on 7 May.
<p>DHCFT/GOV/2024/013</p>	<p><u>REVIEW OF GOVERNORS MEMBERSHIP ENGAGEMENT ACTION PLAN</u></p> <p>Denise Baxendale provided an update on the Governors Membership Engagement Action Plan (the Action Plan). She reminded governors that they are elected to represent their local communities and the Action Plan has been developed to increase engagement with members and to promote the governor role. It is aligned to the key objectives for members’ engagement in the Membership Strategy 2021-2024 as follows:</p> <ul style="list-style-type: none"> • Increase membership engagement with the Trust and its governors • Provide mechanisms for members to provide feedback to the Trust • Increase awareness of governors and the role they play • Further develop and enhance member focused communications through the membership magazine and e-bulletin • Include the role and promotion of staff governors in the Trust’s wider focus on staff engagement.

	<p>The Action Plan was last reviewed by the Governance Committee on 7 February 2024 and the updated version was presented to the Council with further updates as follows:</p> <ul style="list-style-type: none"> • There will be a feature on the newly elected Public Governors in the members magazine <i>Connections</i> • Promoting governors in their areas is underway • How to contact governors is a standing item in the members e-newsletter • The section on working with the voluntary sector is being reviewed by Rachel Bounds and Denise Baxendale • The Governor Engagement Toolkit was reviewed in February 2024 and circulated to all governors on 14 February 2024 • Denise Baxendale has arranged to meet Chesterfield Public Governors in April to discussion membership recruitment and engagement in Chesterfield. <p>RESOLVED: The Council of Governors noted the updates.</p>
<p>DHCFT/GOV/2024/014</p>	<p><u>GOVERNANCE COMMITTEE REPORT – 7 DECEMBER 2023 AND 7 FEBRUARY 2024</u></p> <p>David Charnock, Co-Chair of the Governance Committee presented an overview of the matters discussed at the last Governance Committee meetings which were well attended, and offered as hybrid meetings. This included:</p> <ul style="list-style-type: none"> • The Committee’s approval of David Charnock and Marie Hickman as co-chairs of the Committee for a further year • Feedback from governor engagement activities • Governor engagement opportunities • Agreement of the topics for the joint Board and Governors development session in January 2024 which governors really value • Establishing a task and finish group to review the Trust’s Constitution; recommendations of which will be presented to the Council of Governors in November • Review of membership data and the Governors Membership Engagement Action Plan • Approval of the theme of this year’s Annual Members Meeting (AMM) which is being held on 26 September. The proposed theme ‘The Health of our Children’ and presentations have been approved by the Chair and Chief Executive • Agreement of a holding to account question relating to Occupational Therapists and safer staffing requirements. <p>RESOLVED: The Council of Governors noted the information provided in the Governance Committee report.</p>
<p>DHCFT/GOV/2024/015</p>	<p><u>GOVERNOR TRAINING AND DEVELOPMENT SCHEDULE</u></p> <p>Denise Baxendale referred to training sessions that governors had requested in the comments section on the governors annual effectiveness survey and gave the following update:</p> <ul style="list-style-type: none"> • An overview of Trust services – summaries of the services provided by the Trust can be found on the Trust website

	<ul style="list-style-type: none"> • Finance – an update on finance was given at the joint Trust Board and Council of Governors development session on 16 January 2024. Updates are also provided at Board and Council of Governors meetings • Trust Strategy – a new three-year strategy is being developed and governors will be involved in the consultation process. A brief summary was given at the joint Board and Governor session on 16 January; and an update has been presented today. A consultation with governors has also been arranged during the Governance Committee on 16 April • Trust’s annual plan – Development of Annual Plan was presented at today’s meeting • At the last Governance Committee, governors also requested an overview of childrens services – this will be included in the next joint Board and Governor session on 2 July. <p>Denise also referred to:</p> <ul style="list-style-type: none"> • NHS Providers Governors Focus Conference to be held virtually on 9 July from 10.00am to 4.30pm. Further information will be shared in <i>Governor Connect</i> • GovernWell training courses organised by NHS Providers – the details of which are included in <i>Governor Connect</i>. These include a session of core skills which new governors are encouraged to attend. Governors can also find out more information about these sessions on the NHS Providers website: GovernWell course dates - NHS Providers • Mental health awareness training provided by Derbyshire County Council – the majority of these courses are available to those who reside in Derbyshire and Derby city and are free to join. To find out more information please visit DCC's website. Governors who have attended these courses found them really. <p>Christine Williamson has attended GovernWell sessions and NHS Providers Conferences previously and explained that they are really useful in getting updates and sharing good practice with governors from other organisations.</p>
<p>DHCFT/GOV/2024/016</p>	<p><u>ELECTION UPDATE</u></p> <p>Denise Baxendale provided the Council of Governors with an update on the recent public and staff governor elections and gave assurance that the election process is undertaken in line with the model election rules as laid out in the Trust’s Constitution. The elections were undertaken by Civica Election Services, an organisation which carries out many Foundation Trust elections.</p> <p>The vacancies have been widely promoted across Derby and Derbyshire. This included promoting the elections internally, and externally through our voluntary and community stakeholders.</p> <p>Ten seats were available of which three were contested. Denise was pleased to announce that the following were elected:</p> <p>Public Governors:</p> <ul style="list-style-type: none"> • Bolsover and North East Derbyshire – Rob Poole (re-elected)

	<ul style="list-style-type: none"> • Chesterfield – Dave Allen • Erewash – Simon Hinchley • High Peak and Derbyshire Dales – Fiona Birkbeck • Rest of England – Anson Clark <p>Staff Governors:</p> <ul style="list-style-type: none"> • Admin and Allied Support – Claire Durkin • Allied Professions – Fiona Rushbrook • Nursing – Sifo Dlamini • Nursing – Jo Foster (re-elected) <p>There is still one vacancy for the seat in Bolsover and North East Derbyshire.</p> <p>The newly elected governors have attended an induction session and have taken advantage of the “buddy up” system that is provided by more experienced governors to help them in their role.</p> <p>RESOLVED: The Council of Governors</p> <ol style="list-style-type: none"> 1) Received the update on the governor elections 2) Received assurance on the process for the elections taken.
<p>DHCFT/GOV/2024/017</p>	<p><u>ANY OTHER BUSINESS</u></p> <p>There was no other business to discuss.</p>
<p>DHCFT/GOV/2024/018</p>	<p><u>REVIEW OF MEETING EFFECTIVENESS AND FOLLOWING THE PRINCIPLES OF THE CODE OF CONDUCT</u></p> <p>It was a good meeting with plenty of time for meaningful questions and discussion. The hybrid meeting ran very well and the camera visuals were clear.</p>
<p>DHCFT/GOV/2024/019</p>	<p><u>CLOSE OF MEETING</u></p> <p>Selina Ullah thanked all for their attendance and input and closed the meeting.</p> <p>The next Council of Governors meeting will be held on <i>Tuesday 7 May 2024, from 14.00 hours.</i></p>

Question escalated to Council of Governors from the Governance Committee

Governors seek assurance from the Non-Executive Directors that Occupational Therapists are focusing on their roles rather than being used regularly to fill gaps in a skill mix.

In terms of the models in operation in the Radbourne and Hartington units the ward staffing profile includes ward based Occupational Therapist (OT) staff essentially including an OT as the third professionally registered member of staff. This skill mix was put in place to enrich the staffing and to provide an increased focus on meaningful therapeutic activity through incorporating different professional perspectives into the delivery of the structure of the therapeutic day in ward settings. This does mean that those staff will support some generic ward tasks, as part of their role.

In the Hub, OTs will help out in emergencies, as needed, but they are asked to report this via the DATIX system so the incidence can be monitored and so there is a true reflection of this activity. There has only been one DATIX report in the preceding months.

In addition, the comments have been provided by OT's from the clinical services: as follows.

Forensic service (Kedleston Unit) – occupational Therapists on the Kedleston Unit have reported they are able to focus on their roles for most of their time. In exceptional circumstances, OTs offer to help, for example, supporting patient leaves within the hospital grounds for half an hour. When they are asked to help, they offer support, and they feedback that they have done so through choice and availability and not as an expectation.

Rehabilitation (Cherry Tree) – the OTs in Cherry Tree Close have reported that they are not being used in the numbers, they focus their time on their occupational therapy role i.e., facilitating one to one interventions, group sessions and community visits.

Hartington Unit Acute Adult inpatient service) – the OTs at the Hartington Unit are not regularly being used as part of the safer staffing numbers, although it is recognised that this was very frequently the case a year ago.

Radbourne unit (Acute Adult inpatient service) – OTs on the Radbourne Unit have different experiences of being used for generic tasks. One team of ward-based OTs have reported there have been accounts in the last month of being asked to be in the numbers. However, the OTs report feeling generally quite protected to engage in OT specific activities on the ward.

Older adults inpatient service – The OTs in the older adult services have reported generally that they have been able to focus on therapeutic activities because of an increased understanding of the OT role. They are generally not used for safer staffing duties.

Are Non-Executive Directors assured that the Trust has adequate staffing resources to fulfil safer staff requirements.

The Trust has established minimum safe staffing levels for inpatient areas against which shift fill rates and care hours per patient day (a nationally agreed method of measurement) are monitored.

In addition, safe staffing reviews are undertaken regularly to consider, over a longer period, whether the baseline staffing numbers are meeting the services needs when considering periods where additional staffing may be required, for example, to meet the needs of people who require enhanced observations.

The Trust has also recently experienced a period of high patient dependency, which has led to the deployment of additional numbers of staff which have been supplemented through over recruitment of health care assistants, bank staff and some use of agency staffing.

In respect of current vacancy levels, the Trust has a vacancy rate of 14% for registered nurses whilst it is over-recruited on health care assistants by 10%. In addition to mitigate registered nursing vacancies a number of actions are being taken to progress recruitment including:

- Fast Track recruitment offers to final year Nursing students
- Recruitment fairs and open events.

For assurance a Safer Staffing Report is provided at the Trust Leadership Committee every month for oversight and assurance and an annual report is provided to the Trust's Quality and Safeguarding Committee.

Response provided by Dave Mason, Interim Director of Nursing, Allied Health Professionals (AHPs) and Patient Experience

COUNCIL OF GOVERNORS ACTION MATRIX - AS AT 30 APRIL 2024							
Date of Minutes	Minute Reference	Item	Lead	Action	Completion by	Current Position	
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. COMPLETE	Green
5.3.24	DHCFT/GOV/2024/005	Chief Executive's Update	Becki Priest	Becki Priest will liaise with Rachel Bounds on Safe Havens	7.5.24	Inpatient General Manager connected Rachel to the manager of the safe haven to discuss the individual case and provide resolutions/reassurances about admission process. Feedback has not yet been received from this. A meeting is in the process of being organised.	Amber
5.3.24	DHCFT/GOV/2024/006	Living Well Derbyshire Programme update	Vikki Ashton Taylor	Vikki will contact Alison Martin to discuss sharing information with the wider system	7.5.24	Vikki emailed Alison Martin on 18.3.24. COMPLETE	Green
5.3.24	DHCFT/GOV/2024/006	Living Well Derbyshire Programme update	Rachel Bounds	Rachel will share collaborative coordinators with Denise for governors	7.5.24	Received list of contacts. COMPLETE	Green
5.3.24	DHCFT/GOV/2024/006	Living Well Derbyshire Programme update	Jayne Davies	Jayne will share links about the programme with governors	7.5.24	The links were share with governors in Governor Connect on 6.3.24. COMPLETE	Green
5.3.24	DHCFT/GOV/2024/007	Development of annual plan	Denise Baxendale	Denise will re-circulate the slides on finance form the training and development session in September 2023 and from the join board and governor session in January 2024	7.5.24	Re-circulated in Governor Connect on 6.3.24. COMPLETE	Green
5.3.24	DHCFT/GOV/2024/010	Non-Executive Directors Report	Vikki Ashton Taylor	Vikki will look into the issue of Triangle of Care Champions and protected time	7.5.24	Received an update - to share with governors under matters arising. COMPLETE	Green
5.3.24	DHCFT/GOV/2024/012	Verbal summary of the Integrated Performance report	Denise Baxendale	Denise will share the section in last year's Annual Report regarding complaints with governors.	7.5.24	Circulated in Governor Connect w/c 25.3.24. COMPLETE	Green
5.3.24	DHCFT/GOV/2024/012	Verbal summary of the Integrated Performance report	Denise Baxendale	The assurance question relating to Memory Assessment Service assessments will be presented to the Council of Governors on 7 May.	7.5.24	To be presented to the Council of Governors on 7 May - on the agenda. COMPLETE	Green

Key	Agenda item for future meeting	YELLOW	0	0%
	Action Ongoing/Update Required	AMBER	1	11%
	Resolved	GREEN	8	89%
	Action Overdue	RED	0	0%
			9	100%

Report from the Nominations and Remuneration Committee

Purpose of Report

To provide an update on the issues discussed at the Nominations and Remuneration Committee meeting held on 25 April 2024 and to put forward the Committee’s recommendations for approval by the Council of Governors.

Executive Summary

This report provides an outline of the business discussed at the Nominations and Remuneration Committee meeting held on 25 April 2024 and the Committee’s recommendations.

This meeting covered the appraisals for the Trust Chair and the Non-Executive Directors (NEDs), a proposal for the re-appointment of a NED, a proposal for the re-appointment of the Trust Chair, as well as several year-end governance reports, specifically:

- Time commitment, balance of skills, committee membership and succession planning
- Annual collective performance review of the committee in accordance with its Terms of Reference
- Annual review of Terms of Reference before submission to the Council of Governors.

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

Strategic Considerations

1) We will deliver great care by delivering compassionate, person-centred innovative and safe care	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 Council of Governors can be assured that the Chair and NED appraisals were compliant with the principles of the NHS England guidance and that the Committee acts in line with its Terms of Reference.

Consultation

All Board Members and some support staff were invited to submit feedback for the Chair and NED appraisals and Governors had the opportunity to provide feedback at two focus groups. Stakeholders and external organisations were also invited to submit feedback for the Chair’s appraisals.

Governance or Legal Issues

The NHS Foundation Trust Code of Governance (replaced by the Governance for NHS Provider Trusts from 1 April 2023) outlines the requirements for the annual performance evaluation of members of the Board of Directors as well as the requirements for the recruitment of the NEDs.

In the case of re-appointment of NEDs, the Trust Chair should confirm to the governors that following formal performance evaluation, the performance of the individual proposed for re-appointment continues to be effective and to demonstrate commitment to the role. Re-appointments had previously been guided by the Foundation Trust Code of Governance and the Trust adopted the approach that NEDs may, in exceptional circumstances, serve longer than six years but this should be subject to annual re-appointment.

In the case of the re-appointment of the Trust Chair, the Senior Independent Director (SID) should confirm to the governors that following formal performance evaluation, the performance of the individual proposed for re-appointment continues to be effective and to demonstrate commitment to the role.

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 was 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:

- 1) Note the update report from the Nominations and Remuneration Committee held on 25 April 2024
- 2) Receive assurance from the Committee that satisfactory appraisals have taken place for the Trust Chair and Non-Executive Directors
- 3) Approve the re-appointment of Geoff Lewins, as Non-Executive Director and Chair of the Audit and Risk Committee, for a further 12 months from 1 December 2024
- 4) Approve the re-appointment of Selina Ullah, Trust Chair for a second three year term of office from 14 September 2024
- 5) Approve the five Chair objectives as set out in the report
- 6) Note the year-end report
- 7) Approve the Committee's revised Terms of Reference.

Report prepared and presented by:

Justine Fitzjohn, Trust Secretary

**Derbyshire Healthcare NHS Foundation Trust
Council of Governors – 7 May 2024**

Report from the Nominations and Remuneration Committee

Introduction

Since the last report to the Council of Governors on 5 March 2024, the Committee has met once on 25 April 2024. This report provides an outline of the business discussed at the meeting and the Committee's recommendations:

1) NON-EXECUTIVE DIRECTOR (NED) APPRAISALS

The Chair leads the appraisal process for the NEDs and Selina Ullah presented the results. The appraisals are set out in three parts:

- **PART ONE** – 360 Feedback, from Board and other colleagues
- **PART TWO** – Review of performance against objectives for the year and any reflection on the year just completed
- **PART THREE** – Set of objectives for the next year and any personal development requirements and brief summary statements by appraisee and appraiser.

Full year appraisals have been carried out for Lynn Andrews, Deborah Good, Tony Edwards, Ashiedu Joel, Ralph Knibbs and Geoff Lewins and revised objectives were agreed for 2024/25.

The Chair was pleased to report that the NEDs had met their objectives and all had performed highly in challenging circumstances. The Committee confirmed they had received significant assurance on the NED appraisals and congratulated the NEDs on their performance.

2) RE-APPOINTMENT OF A NON-EXECUTIVE DIRECTOR – GEOFF LEWINS

Geoff's term of office is due to expire on 30 November 2024. He was first appointed 1 December 2017 – 30 November 2020, then reappointed for a second three year term, and then reappointed for a further 12 months to 30 November 2024. The Committee supported the Chair's recommendation to re-appoint Geoff for a further 12 months noting the benefits of continuity and stability to the Board and confirmation that he continues to make a significant contribution as a Board member, particularly in his role as Chair of the Trust's Audit and Risk Committee. His current terms and conditions will be carried over in line with a previous Council of Governors decision. His Trust biography is included at Appendix i.

3) YEAR-END REPORTS

- Time commitment, balance of skills, committee membership and succession planning – the Committee noted the contents of the report including that the roles, skills and commitment of NEDs are regularly reviewed in line with best practice. The Committee noted that the workload continues to increase for the Chair and NEDs as they balance their Trust commitments with their involvement in the Derbyshire system and Regional collaborations and projects.

- Annual collective performance review of the Committee in accordance with its Terms of Reference – this Committee confirmed that it had been effective in 2023/24 and a separate report is included as Appendix ii for approval.
- Annual review of Terms of Reference – some minor amendments are proposed and these are highlighted in yellow in Appendix iii.

4) CHAIR’S APPRAISAL

It is the responsibility of the Senior Independent Director (SID), in conjunction with the Lead Governor and Nominations and Remuneration Committee to lead the process for the Chair’s appraisal. The Senior Independent Director, Ralph Knibbs, presented the results to the Committee.

The appraisal was set out in the same three parts as the NED appraisals but used the template questions from the NHSE provider chair appraisal guidance. This also includes seeking feedback from external stakeholders, primarily from our Joined Up Care Derbyshire partners.

The average scores were mainly in the 80-88%, range of all populations which showed a strong performance across the competency framework. Selina’s self-assessment was generally in line with the cohort scores. The strongest ratings were People, closely followed by Partnerships. The themes from the free text showed that Selina is highly thought of as the Chair. Her compassion and empathy really shines through. There were some areas for awareness and/or development in relation to time management of meetings to allow appropriate discussion and to end on time, providing clear conclusions at the end of discussions during meetings, and the ability to demonstrate the financial governance and actions of the Trust to the governors in response to the current financial deficit.

Selina met her 2023/24 objectives and the following are recommended for approval as the 2024/25 objectives:

1. Provide strong leadership to the Board and the Council of Governors, shaping the agenda and managing relationships internally and externally.
2. Create the right tone at the top, encouraging change and shaping the organisation’s culture.
3. Build system partnerships and balance the organisational governance priorities with the system collaboration.
4. In conjunction with the CEO to socialise the new strategy in the organisation, while embedding the recent well led review action plan.
5. Further develop the unitary Board by implementing the recent well led review action plan, while taking accountability for the overall development and performance of the Board.

5) RE-APPOINTMENT OF TRUST CHAIR – SELINA ULLAH

Selina’s term of office is due to expire on 13 September 2024. The Committee supported the Senior Independent Director’s recommendation to re-appoint Selina as Trust Chair for a second three year term of office from 14 September 2024. The Committee noted Selina has made a significant impact in her first term, leading the Trust within a challenging operational and financial environment as well as through significant change within the Board of Directors. During her tenure there have been

numerous achievements including a positive well led review and national recognition for the Trust's work in many areas. Her current terms and conditions will be carried over in line with a previous Council of Governors decision. Her Trust biography is included at Appendix iv.

Recommendation

The Council of Governors is asked to:

- 1) Note the update report from the Nominations and Remuneration Committee held 25 April 2024
- 2) Receive assurance from the Committee that satisfactory appraisals have taken place for the Trust Chair and Non-Executive Directors
- 3) Approve the re-appointment of Geoff Lewins, as Non-Executive Director and Chair of the Audit and Risk Committee, for a further 12 months from 1 December 2025
- 4) Approve the five Chair objectives as set out in the report
- 5) Approve the re-appointment of Selina Ullah, Trust Chair for a further three year term of office from 14 September 2024
- 6) Note the year-end report and approve the Committee's revised Terms of Reference.

Geoff Lewins' Trust Biography

Geoff Lewins began in post as a Non-Executive Director at Derbyshire Healthcare NHS Foundation Trust on 1 December 2017.

A qualified accountant by background, Geoff is the chair of the Trust's Audit and Risk Committee. He joins colleagues on the Board of Directors in ensuring the organisation provides effective and high quality healthcare services to the local community and is governed properly and that patient interests are fully represented. Geoff is also the Freedom to Speak Up NED lead.

Geoff has more than 30 years' experience in finance, IT and governance, having recently worked as Director of Financial Strategy for Rolls-Royce. He is also a Trustee of The Arkwright Society, an educational charity devoted to the rescue of industrial heritage buildings in Derbyshire.

Geoff was re-appointed for a second three-year term until 30 November 2024.

Governors' Nominations and Remuneration Committee Year End Report 2023/24

Elements of the Committee terms of reference are shown in bold with the evidence relating to carrying out this activity described after each element to clearly demonstrate the range of work undertaken by the Committee during the period 1 April 2023 to 31 March 2024.

1. Nominations

1.1 Periodically review the balance of skills, knowledge, experience and diversity of the Non-Executive Directors (NEDs) and having regard to the views of the Board of Directors and relevant guidance on board composition, make recommendations to the Council of Governors with regard to the outcome of the review.

The high turnover of NEDs recently meant that a separate review has not been necessary as for each appointment the Board gives the Committee its views on the balance of skills, knowledge, experience and diversity of the NEDs and recruitment is targeted where necessary to ensure that the required qualities and experience are reflected on the Trust Board.

1.2 Review the results of the Board of Directors' performance evaluation process that relate to the composition of the Board of Directors.

The performance evaluation process has not highlighted any specific skills gap that would require further appointments to the Board. However, each NED has, through their appraisal process, had areas identified for development to enhance the Board.

1.3 Review annually the time commitment requirement for NEDs.

All NEDs have a terms of service arrangement of four to five days per month, which benchmarks alongside the majority of other Trusts, and the Chair works with all NEDs to keep Trust commitments manageable and appropriate. The Chair time commitment is three days per week (on average).

1.4 Give consideration to succession planning for NEDs, taking into account the challenges and opportunities facing the Trust and the skills and expertise needed on the Board of Directors in the future.

An annual report on this topic is presented to this Committee. The report includes when terms are ending and plans for recruitment/reappointment.

1.5 Make recommendations to the Council of Governors concerning plans for succession.

As each of the respective NEDs, and Trust Chair reach the end of their term the Council of Governors receives this information from the Nominations and Remuneration Committee. In turn the Council of Governors sanctions the Committee to deal with any re-appointments or recruitment and make recommendations back to the Council of Governors.

1.6 Keep the leadership needs of the Trust under review at NED level to ensure the continued ability of the Trust to operate effectively in the health economy.

This has been a point of consideration in each NED appointment process.

1.7 Agree with the Council of Governors a clear process for the nomination of a Non-Executive Director.

In line with previous practice and in line with guidance from NHS England.

1.8 Keep up to date and fully informed about strategic issues and commercial changes affecting the Trust and the environment in which it operates.

Advice is given by the Trust Secretary and the Director of People and Inclusion on issues that may affect nominations and remuneration.

1.9 Take into account the views of the Board of Directors on the qualifications, skills and experience required for each position.

The views of directors will be considered as part of the planning and recruitment processes for the appointment of a Trust Chair and NEDs. The Committee will agree the composition of the interview panel which will ordinarily include the Chief Executive and other appropriate members of the Board as observers/advisors.

1.10 For each appointment of a NED, prepare a description of the role and capabilities and expected time commitment required.

The Committee will provide input into the recruitment and selection process for the Trust Chair and NEDs. Role descriptions, capabilities, qualities, and time commitment are reviewed.

1.11 Identify and nominate suitable candidates to fill vacant posts within the Committee's remit, for appointment by the Council of Governors.

The Committee recommend the re-appointment of a NED during the financial year.

1.12 Ensure that a proposed NED is a 'fit and proper' person as defined in law and regulation and in line with the Trust's Fit and Proper Person Test Policy.

This is built into the recruitment process and the Trust Chair presents an annual declaration of Fit and Proper Person's compliance for all Board members to the Public Trust Board (last one in July 2023).

1.13 Ensure that a proposed Non-Executive Director's other significant commitments are disclosed to the Council of Governors before appointment and that any changes to their commitments are reported to the Council of Governors as they arise.

Up-to-date Directors' declarations of interest are provided as part of Public Board papers and a register is held by the Board Secretary.

1.14 Ensure that proposed appointees disclose any business interests that may result in a conflict of interest prior to appointment and that any future business interests that could result in a conflict of interest are reported. Determine whether or not any NED proposed for appointment is independent (according to the definition in the Foundation Trust Code of Governance and/or in the Trust's constitution or governance procedures).

All business interests are disclosed, and conflicts of interest are sought prior to appointment.

- 1.15 Ensure that on appointment NEDs receive a formal letter of appointment setting out clearly what is expected of them in terms of time commitment, Committee service and involvement outside Board of Director meetings.**

Formal letter/contract sent for the Chair and NED appointments in year.

- 1.16 Advise the Council of Governors in respect of the re-appointment of any NED. Any term beyond six years must be subject to a particularly rigorous review.**

This was done.

- 1.17 Advise the Council of Governors in regard to any matters relating to the removal of office of a NED.**

Not applicable in 2023/24.

- 1.18 Make recommendations to the Council of Governors on the membership of (Council of Governors) Committees as appropriate, in consultation with the chairs of those Committees.**

This is carried out on an annual basis.

2. Remuneration Role

- 2.1 Recommend to the Council of Governors remuneration and terms of service policy for NEDs, taking into account the views of the Chair (except in respect of her own remuneration and terms of service) and the Chief Executive and any external advisers.**

This is done with each appointment.

- 2.2 In accordance with all relevant laws and regulations, recommend to the Council of Governors the remuneration and allowances, and the other terms and conditions of office, of the NEDs.**

The NHSE Chair remuneration framework was applied to the Chair appointment. The national framework for NED remuneration was considered during a review of NED remuneration carried out at the October 2022 meeting. The Council of Governors accepted all the recommendations of the Committee's review and approved a revised remuneration structure at its meeting in November 2022. The Council of Governors adopted the national basic pay for NEDs but agreed a local level of supplementary payments for those currently in the roles of Deputy Chair, Senior Independent Director and the Chair of Audit and Risk Committee with the intention of adjusting the future value of the supplementary payments for any new appointments to better align with the financial limits set out in the guidance. This is in line with the comply and explain principle.

- 2.3 Agree the process and receive and evaluate reports about the performance of individual NEDs and consider this evaluation output when reviewing remuneration levels.**

The Council of Governors has built up a robust appraisal process over the years covering many of the elements of the new NHSE Provider Chair competency framework.

Full appraisals have been carried out for all NEDs. The outcomes of the Chair and NED appraisals will be presented to the Committee on 25 April 2024.

2.4 Input into the NEDs appraisals, including approving the appraisal structure and giving assurance to Council of Governors that satisfactory appraisals have taken place.

See 2.3 above. The Committee reports the assurance to the Council of Governors annually.

2.5 Input into the annual performance appraisal of the Trust Chair, which will be led by the Senior Independent Director (SID) and follow the appraisal structure used for NEDs, giving assurance that a satisfactory appraisal has taken place.

The Trust Chair's appraisal was carried out in March 2024 and will be presented to the Committee on 25 April 2024 by the SID.

2.6 In adhering to all relevant laws and regulations establish levels of remuneration which:

2.6.1 Are sufficient to attract, retain and motivate non-executive directors of the quality and with the skills and experience required to lead the Trust successfully, without paying more than is necessary for this purpose, and at a level which is affordable for the Trust;

2.6.2 Reflect the time commitment and responsibilities of the roles;

2.6.3 Take into account appropriate benchmarking and market-testing, while ensuring that increases are not made where trust or individual performance do not justify them; and

2.6.4 Are sensitive to pay and employment conditions elsewhere in the Trust.

The Committee considers remuneration for each appointment and will continue to consider against the NHSEI remuneration framework. See 2.2.

2.7 Monitor procedure to ensure that existing Directors remain 'fit and proper' persons as defined in law and regulation.

See 1.12.

2.8 Oversee other related arrangements for NEDs.

The job descriptions for the NED appointments were reviewed and amended to reflect the experience of the outgoing candidate and the qualities required from candidates.

3. Membership

3.1 The membership of the Committee shall consist of governors appointed by the Council of Governors.

- **The Lead Governor and four Public Governors**
- **One Appointed Governor**
- **One Staff Governor**
- **Chair of the Trust**

There were some vacancies but this did not impact on the ability to meet and be quorate in 2024/25. All vacancies have been appointed to for 2024/25.

3.2 The Committee will normally be chaired by the Trust Chair. Where the Chair is unavailable, or has a conflict of interest, for example when the Committee is

considering the Chair’s re-appointment or remuneration, the Committee will be chaired by the Deputy Chair. Where the Trust Chair or Vice Chair have declared an interest under b), the Committee will be chaired by a Governor member for the duration of the item where b) applies

The Committee has agreed that the Senior Independent Director will chair the Committee when leading the Chair appraisal and supporting the Chair recruitment.

3.3 A quorum shall be the Chair of the Trust (or their Deputy), three Public Governors members and one other Governor member. Unless b) applies in which case the quorum shall be three Public Governor members and one other Governor member.

Meetings were quorate throughout 2023/24. The Terms of reference will be ratified by the Council of Governors on 7 May 2024. The quorum is two public governors and either the staff governor or the appointed governor.

3.4 By exception, in order to achieve quorum, a governor can be nominated to ‘step in’ from the same category. The step in will be classed as a member of the Committee for that meeting.

This exception was adopted during the year.

3.5 Initial appointment terms shall be to the end of a member governor’s term.

This has been applied. Details are listed below:

Governor	Term is co-terminus with Governor term of office
Hazel Parkyn (Public)	31/1/25
Susan Ryan (Public) Lead Governor	31/1/26
Graeme Blair (Public)	31/1/25
Jill Ryalls (Public)	31/1/25
Annette Gilliland (Public)*	-
David Charnock (Appointed)	13/11/27
Varria Russell-White (Staff)**	-
Brian Edwards (Public)***	31/1/26
Fiona Rushbrook (Staff)****	31/1/27

* resigned as governor 23/1/0/23

** left the Trust 23/6/23 so longer eligible to be a Staff Governor

***replaced Annette and joined the Committee February 2024

**** replaced Varria and joined the Committee April 2024

3.6 Every member of the Committee shall be entitled to one vote on any question to be determined by voting. In the event of there being equal votes cast to a motion, then the person presiding at such a Committee meeting shall have a casting vote subject to having already voted in the initial vote.

The Committee had not exercised its right to vote during the year, but had reached conclusions through discussion, deliberation, and debate.

4. Secretary

4.1 The Trust Secretary shall ensure appropriate administrative support to the Committee.

Support was provided to the Committee to support its work throughout the year.

5. Attendance

5.1 Only members of the Committee have the right to attend Committee meetings.

5.2 At the invitation of the Committee, meetings shall be attended by the Chief Executive, but the Chief Executive is not a member of the Committee and shall have no vote on any matter considered by it.

5.3 The Trust Secretary may attend as a non-member.

5.4 Other persons may be invited by the Committee to attend a meeting so as to assist in deliberations.

A summary of attendance is presented below. As and when required and by invitation the Chief Executive may attend the meeting. The Senior Independent Director attends to present the Chair's appraisal.

Member	25/4/23	13/2/24	Attendance
Jill Ryalls	N	N	0/2
David Charnock (Appointed)	Y	Y	2/2
Hazel Parkyn	Y	Y	2/2
Graeme Blair	Y	Y	2/2
Annette Gilliland (Public)	N	-	0/1
Varria Russell-White (Staff)	Y	N	1/1
Susan Ryan (Public)	Y	Y	2/2
Fiona Rushbrook (Staff)*	-	-	0/0
Brian Edwards (Public)	-	Y	1/1
Selina Ullah	Y	Y	2/2
Justine Fitzjohn (Trust Secretary)	Y	Y	2/2
Emma Warrilow (note taker)	-	Y	1/1
Ralph Knibbs (Senior Independent Director)**	Y	-	1/1

*joined the Committee April 2024

**took over as Chair from the item Chair's appraisal, when Selina left the meeting

6. Frequency of Meetings

6.1 Meetings shall be held as required, but at least twice in each financial year.

In 2023/24 two meetings were held.

7. Minutes and Reporting

7.1 Formal minutes shall be taken of all Committee meetings and approved by the Committee.

Minutes have been received by the Committee but are not routinely circulated due to the confidentiality of issues discussed.

7.2 The Committee will report to the Council of Governors after each meeting.

Summary reports were given to the Council of Governors on the business undertaken at each meeting and recommendations made as and when required.

7.3 The Committee shall receive and agree a description of the work of the Committee, its policies and all Non-Executive Director emoluments in order that these are accurately reported in the required format in the Trust's Annual Report.

Details of the work of the Committee is included in the 'Governors and Membership' section of the annual report and accounts.

7.4 Where remuneration consultants are appointed, a statement should be made available as to whether they have any other connection with the Trust.

No remuneration consultants were engaged during 2023/24.

8. Performance Evaluation

8.1 The Committee shall review annually its collective performance and report this to the Council of Governors.

The Committee's review of its work in 2023/24 will be presented to the Council of Governors at its meeting in May 2024.

9. Review

9.1 The terms of reference of the Committee shall be reviewed by the Council of Governors at least annually.

The annual review of the terms of reference forms part of the forward plan for the Committee and they will continue to be reviewed as and when required.

Terms of Reference of Governors' Nominations and Remuneration Committee

a) Authority

The Council of Governors' Nominations and Remuneration Committee (the Committee) is constituted as a Standing Committee of the Council of Governors. Its Constitution and Terms of Reference shall be as set out below, subject to amendment at future meetings of the Council of Governors. The Committee is authorised by the Council of Governors to act within its Terms of Reference. All members of staff are requested to cooperate with any request made by the Committee.

The Committee is authorised by the Council of Governors, subject to funding approval by the Board of Directors, to request professional advice and request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary for or expedient to the exercise of its functions.

The Committee is also authorised to request such internal information as is necessary and expedient to the fulfilment of its functions.

b) Conflicts of Interest

The Chair of the Trust, or any Non-Executive Director present at Committee meetings, will withdraw from discussions concerning their own re-appointment, appraisal, remuneration or terms of service.

1. Nomination Role

The Committee will:

- 1.1 Periodically review the balance of skills, knowledge, experience and diversity of the Non-Executive Directors (throughout these Terms of Reference treating the Chair as a Non-Executive Director unless otherwise stated) and having regard to the views of the Board of Directors and relevant guidance on board composition, make recommendations to the Council of Governors with regard to the outcome of the review.
- 1.2 Review the results of the Board of Directors' performance evaluation process that relate to the composition of the Board of Directors.
- 1.3 Review annually the time commitment requirement for Non-Executive Directors.
- 1.4 Give consideration to succession planning for Non-Executive Directors, taking into account the challenges and opportunities facing the Trust and the skills and expertise needed on the Board of Directors in the future.
- 1.5 Make recommendations to the Council of Governors concerning plans for succession.

- 1.6 Keep the leadership needs of the Trust under review at non-executive level to ensure the continued ability of the Trust to operate effectively in the health economy.
- 1.7 Agree with the Council of Governors a clear process for the nomination of a Non-Executive Director.
- 1.8 Keep up to date and fully informed about strategic issues and commercial changes affecting the Trust and the environment in which it operates.
- 1.9 Take into account the views of the Board of Directors on the qualifications, skills and experience required for each position.
- 1.10 For each appointment of a Non-Executive Director, prepare a description of the role and capabilities (which need to incorporate the domains from the national competency frameworks) and expected time commitment required,.
- 1.11 Identify and nominate suitable candidates to fill vacant posts within the Committee's remit, for appointment by the Council of Governors.
- 1.12 Ensure that a proposed Non-Executive Director is a 'fit and proper' person as defined in law and regulation and in line with the Trust's Fit and Proper Person Test Policy.
- 1.13 Ensure that a proposed Non-Executive Director's other significant commitments are disclosed to the Council of Governors before appointment and that any changes to their commitments are reported to the Council of Governors as they arise.
- 1.14 Ensure that proposed appointees disclose any business interests that may result in a conflict of interest prior to appointment and that any future business interests that could result in a conflict of interest are reported. Determine whether or not any Non-Executive Director proposed for appointment is independent (according to the definition in the Code of Governance for NHS Provider Trusts and/or in the Trust's Constitution or governance procedures).
- 1.15 Ensure that on appointment Non-Executive Directors receive a formal letter of appointment setting out clearly what is expected of them in terms of time commitment, Committee service and involvement outside Board of Director meetings.
- 1.16 Advise the Council of Governors in respect of the re-appointment of any Non-Executive Director, in line with the Code of Governance for NHS Provider Trusts (the Code) which states that re-appointments should be of no more than three years and also NEDs should not remain in post beyond nine years from the date of their first appointment to the Board of Directors and any decision to extend a term beyond six years should be subject to rigorous review. To facilitate effective succession planning and the development of a diverse board, this period of nine years can be extended for a limited time. The need for all extensions should be clearly explained and should have been agreed with NHS England.
- 1.17 Advise the Council of Governors in regard to any matters relating to the removal of office of a Non-Executive Director.

- 1.18 Make recommendations to the Council of Governors on the membership of Committees as appropriate, in consultation with the Chairs of those Committees.

2. Remuneration Role

The Committee will:

- 2.1 Recommend to the Council of Governors remuneration and terms of service policy for Non-Executive Directors, taking into account the views of the Chair (except in respect of their own remuneration and terms of service) and the Chief Executive and any external advisers.
- 2.2 In accordance with all relevant laws and regulations, recommend to the Council of Governors the remuneration and allowances, and the other terms and conditions of office, of the Non-Executive Directors.
- 2.3 Agree the process and receive and evaluate reports about the performance of individual Non-Executive Directors and consider this evaluation output when reviewing remuneration levels.
- 2.4 Input into the Non-Executive Directors appraisals, including approving the appraisal structure **in line with the Code and national guidance and frameworks**, giving assurance to Council of Governors that satisfactory appraisals have taken place.
- 2.5 Input into the annual performance appraisal of the Trust Chair, which will be led by the Senior Independent Director in consultation with the Lead Governor and follow the principles of the national Chair Appraisal Framework, giving assurance that a satisfactory appraisal has taken place.
- 2.6 In adhering to all relevant laws and regulations establish levels of remuneration which:
 - 2.6.1 are sufficient to attract, retain and motivate Non-Executive Directors of the quality and with the skills and experience required to lead the trust successfully, without paying more than is necessary for this purpose, and at a level which is affordable for the Trust;
 - 2.6.2 reflect the time commitment and responsibilities of the roles;
 - 2.6.3 take into account appropriate benchmarking and market-testing, while ensuring that increases are not made where Trust or individual performance do not justify them; and
 - 2.6.4 are sensitive to pay and employment conditions elsewhere in the Trust.
- 2.7 Monitor procedure to ensure that existing Directors remain 'fit and proper' persons as defined in law and regulation;
- 2.8 Oversee other related arrangements for Non-Executive Directors.

3. Membership

- 3.1 The membership of the Committee shall consist of Governors appointed by the Council of Governors:

- The Lead Governor and four other Public Governors
- One Appointed Governor
- One Staff Governor
- Chair of the Trust

- 3.2 The Committee will normally be chaired by the Trust Chair. Where the Trust Chair is unavailable, or has a conflict of interest, for example when the Committee is considering the Chair's re-appointment or remuneration, the Committee will be chaired by the Deputy Chair. Where the Trust Chair or Deputy Chair have declared an interest under b), the Committee will be chaired by a Governor member for the duration of the item where b) applies. The Senior Independent Director (SID) will chair the meeting during the presentation of the Chair's appraisal.
- 3.3 A quorum shall be the Chair of the Trust (or their Deputy/SID), two Public Governor members and one other Governor member. Unless b) applies in which case the quorum shall be two Public Governor members and one other Governor member.
- 3.4 By exception, in order to achieve quorum, a Governor can be nominated to 'step in' from the same category. The step in will be classed as a member of the Committee for that meeting.
- 3.5 Initial appointment terms will be co-terminus with a member Governor's term of office.
- 3.6 Every member of the Committee shall be entitled to one vote on any question to be determined by voting. In the event of there being equal votes cast to a motion, then the person presiding at such a Committee meeting shall have a casting vote subject to having already voted in the initial vote.

4. Secretary

- 4.1 The **Director of Corporate Affairs and** Trust Secretary shall ensure appropriate administrative support to the Committee.

5. Attendance

- 5.1 Only members of the Committee have the right to attend Committee meetings.
- 5.2 At the invitation of the Committee, meetings shall be attended by the Chief Executive, but the Chief Executive is not a member of the Committee and shall have no vote on any matter considered by it.
- 5.3 The **Director of Corporate Affairs and** Trust Secretary may attend as a non-member.
- 5.4 Other persons may be invited by the Committee to attend a meeting so as to assist in deliberations.

6. Frequency of Meetings

- 6.1 Meetings shall be held as required, but at least twice in each financial year.

7. Minutes and Reporting

- 7.1 Formal minutes shall be taken of all Committee meetings and approved by the Committee.
- 7.2 The Committee will report to the Council of Governors after each meeting.
- 7.3 The Committee shall receive and agree a description of the work of the Committee, its policies and all Non-Executive Director remuneration and expenses in order that these are accurately reported in the required format in the Trust's Annual Report.
- 7.4 Where remuneration consultants are appointed, a statement should be made available as to whether they have any other connection with the Trust.

8. Performance Evaluation

- 8.1 The Committee shall review annually its collective performance and report this to the Council of Governors.

9. Review

- 9.1 The Terms of Reference of the Committee shall be reviewed by the Council of Governors at least annually.

To be ratified by the Council of Governors on **7 May 2024**.

Selina Ullah's Trust Biography

Selina Ullah became Chair of Derbyshire Healthcare NHS Foundation Trust on 14 September 2021. This followed a comprehensive recruitment process and Selina's appointment was approved by the Trust's Council of Governors in its meeting on 6 July 2021.

Before joining the Trust Selina had been a Non-Executive Director at Bradford Teaching Hospitals NHS Foundation Trust for six years and became its Vice Chair and Senior Independent Director in 2019.

Selina is a Board member for the Muslim Women's Council, having previously been its Chair for 10 years. She is also a Lay Board Member at the General Pharmaceutical Council.

Council of Governors Annual Effectiveness Survey

Purpose of Report

To approve the process for this year’s Governor Annual Effectiveness Survey.

Executive Summary

The Council of Governors carries out its annual effectiveness survey in line with best practice. The results are presented to the Governance Committee and then to the Council of Governors.

Last year, the Governance Committee considered the survey results at its meeting on 11 October 2023 and a summary was then presented to the 7 November 2023 Council of Governors.

Each year the Governance Committee reviews the content for of the questionnaire to ensure it is still fit for purpose. There are 30 specific questions (excluding governor name), three of which are free text sections for capturing suggestions for training needs, suggestions for improvements and an overall assessment of effectiveness.

It is recommended that the survey this year follows the same process and uses the same questions as last year (see appendix i): to be undertaken in September 2024 with the results being presented to the Governance Committee in October and the Council of Governors in November. The survey will be promoted widely in Governor Connect, via governor meetings, and emails encouraging governors to complete the survey.

Strategic Considerations

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

Assurances

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

Consultation

Through the Governance Committee.

Governance or Legal Issues

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

Equality Impact Risk Analysis

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

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

All governors are given the opportunity to complete the survey. Hard copies will be available to governors who don't have access to a computer with support offered to individuals who may require this.

Recommendations

The Council of Governors is requested to:

- 1) Approve the recommendations to undertake the governors annual effectiveness survey in September 2024.

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

Appendix I – Template for Governors Annual Effectiveness Survey – 2023

Part one: You as a governor

1.	Name
2.	I feel that I am able to contribute positively to the work of the Council of Governors
3.	I have received adequate training and development opportunities to support me in my role as governor
4.	I feel supported by the Trust to carry out my responsibilities as a governor including the fulfilment of my statutory duties The statutory duties of governors are: To appoint and, if appropriate, remove the chair (Nominations and Remuneration Committee) To appoint and, if appropriate, remove the other non-executive directors (Nominations and Remuneration Committee) To decide the remuneration and allowances and other terms and conditions of office of the chairman and the other non-executive directors (Nominations and Remuneration Committee) To approve (or not) any new appointment of a chief executive (Nominations and Remuneration Committee) To appoint and, if appropriate, remove the NHS Foundation Trust's auditor To receive the NHS Foundation Trust's annual accounts, any report of the auditor on them, and the annual report at a general meeting of the Council of Governors To hold the non-executive directors, individually and collectively to account for the performance of the Board of Directors To represent the interests of the member of the Trust as a whole and the interests of the public To approve "significant transactions" To approve an application by the Trust to enter into a merger, acquisition, separation or dissolution. To decide whether the Trust's non-NHS work would significantly interfere with its principal purpose, which is to provide goods and services for the health service in England, or performing its other functions To approve amendments to the Trust's Constitution (joint responsibility with the Board).
5.	Please indicate in the box below any training or development needs that you would like the Trust to support you with within your governor role
6.	Please use this box to list suggestions for improvement or to raise specific issues regarding your governor role

Part two: The effectiveness of the Council of Governors

7.	The Trust's values, mission and priorities have been adequately explained to the Council
8.	The Council is appropriately consulted and engaged in the Trust's strategy and development
9.	The Trust's strategy is informed by the input of governors
10.	Governors are aware of risks to the quality, sustainability and delivery of current and future services

Part three: Capability and culture

11.	The Council of Governors uses the individual skills, experience, knowledge and diversity of its members to its best advantage: in Council meetings
12.	The Council of Governors uses the individual skills, experience, knowledge and diversity of its members to its best advantage: in sub-committees (Governance Committee and Nominations and Remuneration Committee)
13.	The Council of Governors carries out its work: in an open, transparent manner
14.	The Council of Governors carries out its work: with quality as its focus
15.	The relationship between the Governors and Trust Chair works well
16.	The Council communicates with, listens and responds to members and other stakeholders effectively

Part four: Processes and structure

17.	The role of the Council of Governors is clearly defined
18.	The Council of Governors meets at appropriate and regular intervals and receives adequate time and support to function well
19.	Governors' views are taken into account as members of the Council of Governors
20.	The Council of Governors have sufficient opportunity for contact, and good communication, with the Board of Directors: with the Executive Directors
21.	The Council of Governors have sufficient opportunity for contact, and good communication, with the Board of Directors: with the Non-Executive Directors
22.	The Council of Governors has sufficient communication with the members of the Trust, either via the Trust or independently
23.	The Council of Governors has a strong voice
24.	The Council of Governors is able to influence change
25.	Council of Governor sub-committees (Nominations Committee and Governance Committee) are effective and provide quality update reports to the council

Part five: Measurement

26.	The Council of Governors receives sufficient information to hold the Board of Directors to account
27.	Governors can identify the key performance issues facing the Trust
28.	Governors can ask questions regarding performance reports
29.	The Council has agreed a process of dialogue with the non-executive directors and the Trust to enable it to carry out its general duty to hold the non-executive directors individually and collectively to account for the performance of the Board of Directors
30.	Governors ask relevant questions of the non-executive directors about challenge at Board meetings
31.	Governor comments on the effectiveness of the Council of Governors

Derbyshire Healthcare NHS Foundation Trust

Report to the Council of Governors 7 May 2024

NHS Staff Survey 2023 National Results

Purpose of Report

The purpose is to update the Council of Governors on the NHS Staff Survey – NHS England results, which show our position based on the 2023 results.

Executive Summary

This update for Derbyshire Healthcare NHS Foundation Trust contains results for themes and questions from the 2023 NHS Staff Survey.

The 2023 results within each theme and question are presented in the context of the best, average and worst results for similar organisations where appropriate.

In line with the commitment in the NHS 2020/21 People Plan, for 2023 the annual NHS staff survey is aligned with the People Promise. First published in July 2020 as part of People Plan 2020/21: action for us all, the People Promise sets out in the words of our NHS people what we can expect from our leaders and from each other to make the NHS the workplace where people want to stay, to stay well, and where others want to join us.

The people best placed to say when progress has been made towards achieving this are our NHS people. To track this, the People Promise has been integrated with the annual national NHS Staff Survey to ensure colleagues voices are heard.

The results are presented against the seven areas of the NHS People Promise, with additional feedback for staff engagement and morale.

Key information:

- Derbyshire Healthcare NHS Foundation Trust is within the Combined Mental Health/Learning Disability and Community Trusts benchmarking group
- There are 51 organisations in this benchmarking group
- This report outlines the overall direction of the People Promise elements benchmarking results for the Trust. It covers the areas to celebrate as well as areas for improvement for the upcoming year
- This report also highlights key areas of the Workforce Race Equality Standard (WRES) and Workforce Disability Equality (WDES) as well as free text information around discrimination in the workplace.

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

- Assurances around next steps for this data
- Assurances that staff voices are heard, and concerns are addressed.

From the 2023 NHS Staff Survey NHS England results we can see that:

- We are above average in all of the nine themes when benchmarking against the 51 other Combined Mental Health/Learning Disability and Community Trusts for the 2021 NHS Staff Survey
- We are top in the theme of 'We work flexibly' across all of the 51 other trusts
- Across the benchmarking group we are sixth for positive average scores across all themes.

Consultation

- NHS England
- Equality Diversity and Inclusion (EDI) Team – to develop an action plan following Workforce Race Equality Standard (WRES) and Workforce Disability Equality (WDES) results
- To date high level results have been shared with the Executives at the Executive Leadership Team meeting and public board
- All information on our NHS Staff Survey results has been shared via the key Trust channels including an infographic on our intranet, with appropriate stakeholders, governors and all staff now the embargo has been lifted.

Governance or Legal Issues

- Current results are now released from embargo and published on the NHS England website.
- The Care Quality Commission (CQC) analyse the NHS Staff Survey results.
- Staff Friends and Family Test (FFT) questions are reported and benchmarked nationally.

Public Sector Equality Duty & Equality Impact Risk Analysis

In compliance with the Equality Delivery System (EDS2), reports must identify equality-related impacts on the nine protected characteristics age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity (REGARDS people (Race,

Economic disadvantage, Gender, Age, Religion or belief, Disability and Sexual orientation)) including risks, and say how these risks are to be managed.

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

- We will be working closely with the EDI team to ensure that EDI concerns are addressed, and improvements can be made.
- All eligible staff are given the opportunity to complete the NHS Staff Survey every year.
- Our NHS Staff Survey results are broken down by protected characteristics and further analysis is done by the Equality, Diversity and Inclusion Team in conjunction with all Staff Network Groups once all of this data has been received.

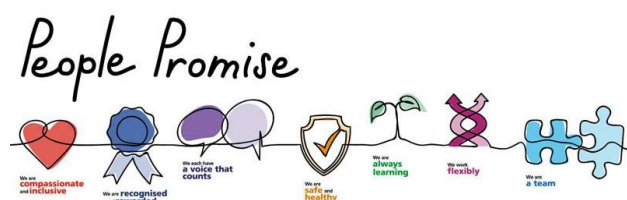
Recommendations

The Council of Governors is requested to receive and review the 2023 NHS Staff Survey – NHS England results.

It is recommended that significant assurance should be given at this point based on:

- The increase in response rate, following a challenging year in 2022
- We are above average in all themes and top in 'We are flexible'
- Final focus areas will be reporting via the People and Culture Committee with ongoing tracking of delivery against focus areas.

**Report presented and prepared by: Lucy Moorcroft
Organisational Development Lead**





Derbyshire Healthcare
NHS Foundation Trust

NHS England National Staff Survey 2023



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Making a
positive
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Background

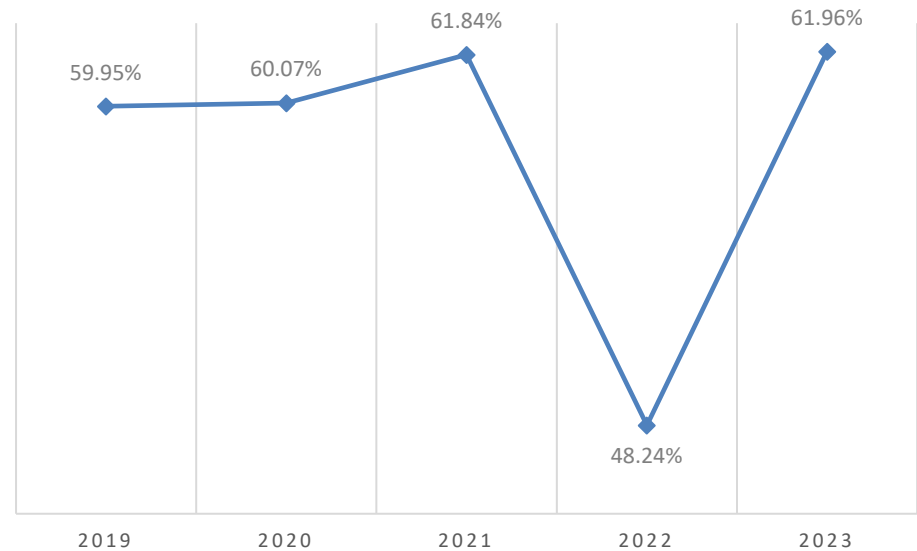
- The Survey was conducted between **September – November 2023**.
- The results are compared against **51 organisations** in our benchmarking group: **Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts**
- The results are divided into the **People Promise themes** below, which cover areas of staff experience helping to present results in these areas in a clear and consistent way. All the themes are scored on a 0-10 scale, where a higher score is more positive than a lower score.



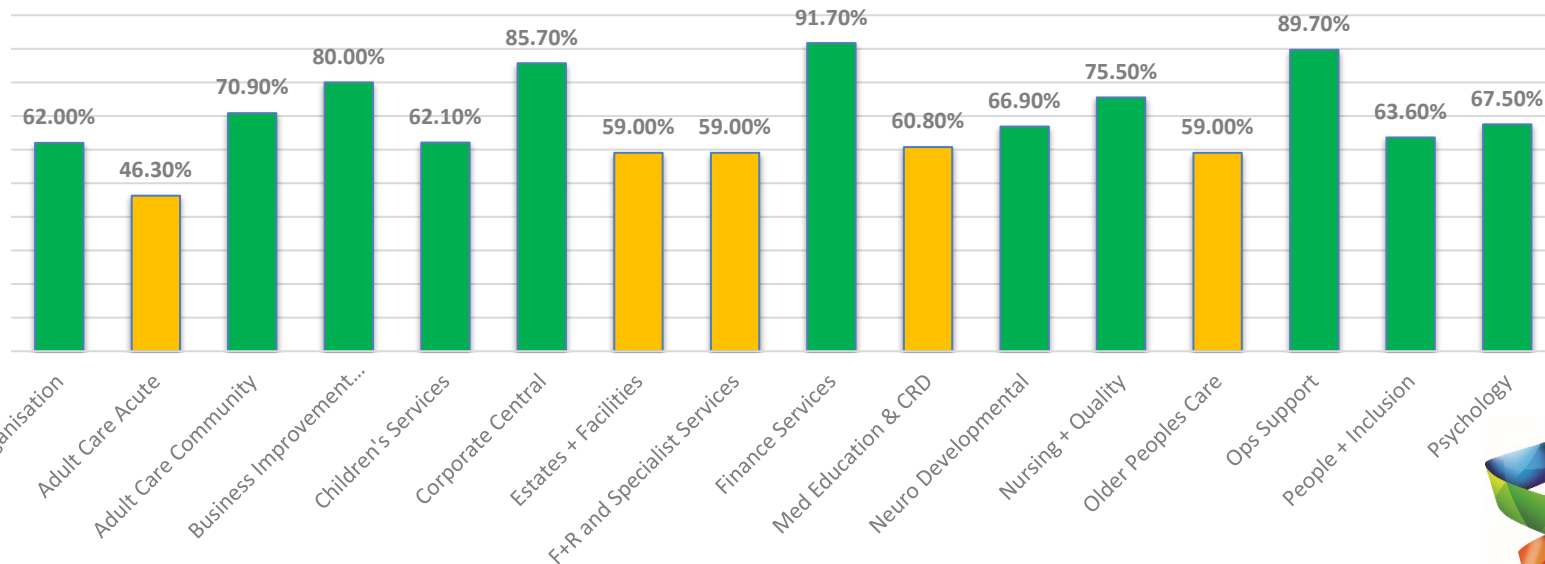
Response Rate

Key Points:

- Record percentage for the trust
- Increase from last year of **13.74%**
- Increase in team engagement

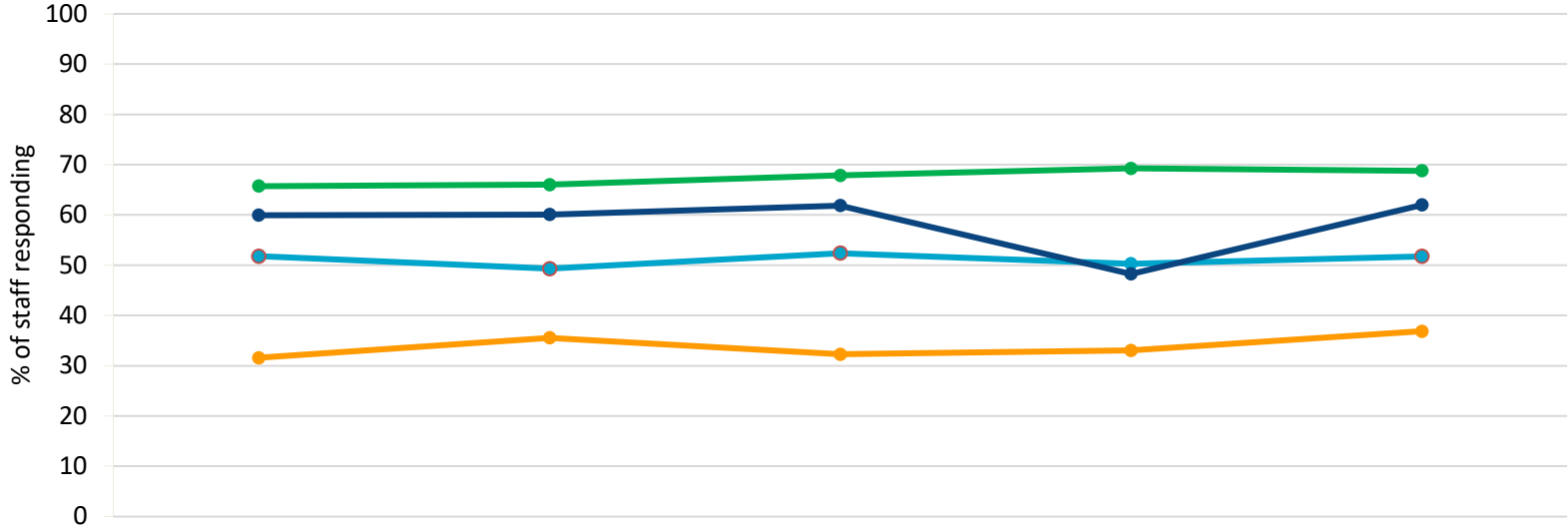


Response Rates



Making a
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Response rate

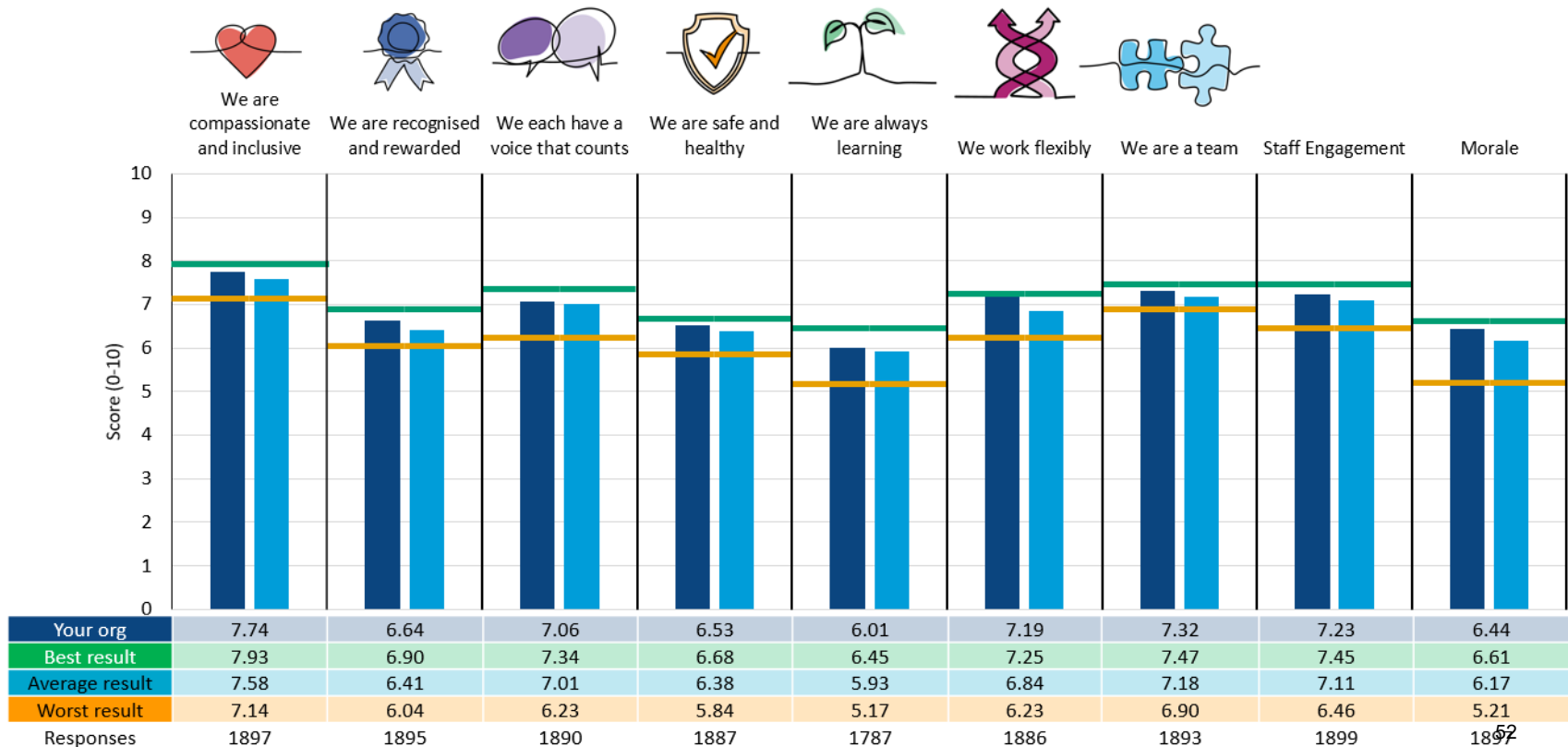


	2019	2020	2021	2022	2023
Your org	59.95%	60.07%	61.84%	48.24%	61.96%
Highest	65.71%	66.02%	67.86%	69.24%	68.76%
Average	51.77%	49.31%	52.40%	50.26%	51.76%
Lowest	31.57%	35.56%	32.27%	33.04%	36.86%
Responses	1515	1604	1703	1412	1901

People Promise Elements

Summary

- When looking at the data across the people promise elements compared to the other 51 organisations we are benchmarked against, we are **above average** in all combined elements. Keeping in mind that there may be specific questions within the theme that may not be above average.



Where have we most improved

People Promise elements	2022 score	2022 respondents	2023 score	2023 respondents	Statistically significant change?
We are compassionate and inclusive	7.71	1408	7.74	1897	Not significant
We are recognised and rewarded	6.46	1411	6.64	1895	Significantly higher
We each have a voice that counts	7.06	1400	7.06	1890	Not significant
We are safe and healthy	6.48	1403	6.53	1887	Not significant
We are always learning	5.71	1343	6.01	1787	Significantly higher
We work flexibly	6.98	1405	7.19	1886	Significantly higher
We are a team	7.25	1408	7.32	1893	Not significant
Themes					
Staff Engagement	7.18	1409	7.23	1899	Not significant
Morale	6.32	1411	6.44	1897	Significantly higher

People Promise Elements



We are
compassionate
and **inclusive**

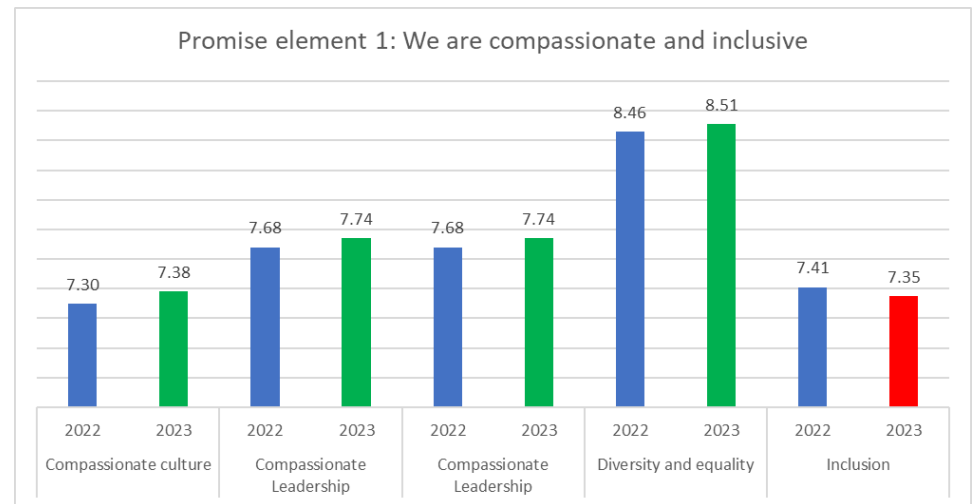
Element 1: We are compassionate and inclusive

This element is underpinned by 4 sub-scores:

- Compassionate culture
- Compassionate leadership
- Diversity and equality
- Inclusion

Key points to note:

- Theme scores are all above average compared to other 51 Trusts.
- There are 4 sub scores within this theme (above)
- Scores have increase by 0.03 of a point since last year
- Inclusion scores have gone down



	2021	2022	2023
Your org	7.76	7.71	7.74
Best result	7.94	7.95	7.93
Average result	7.52	7.54	7.58
Worst result	7.11	6.96	7.14
Responses	1697	1408	1897

People Promise Elements



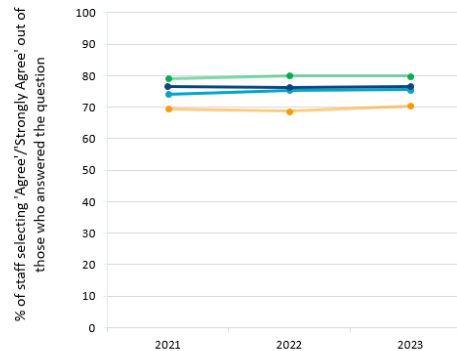
We are **compassionate** and **inclusive**

Inclusion

Inclusion scores include 4 questions, 3 of these have reduced from last year

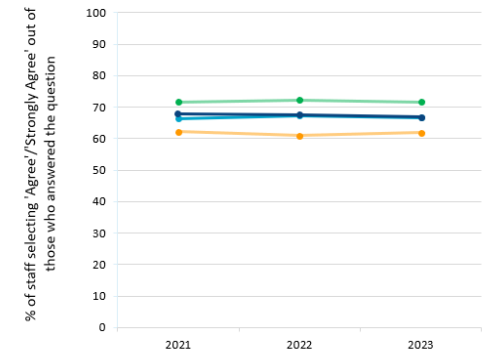


Q7h I feel valued by my team.



	2021	2022	2023
Your org	76.57%	76.56%	76.61%
Best result	79.13%	79.88%	79.87%
Average result	74.22%	75.41%	75.51%

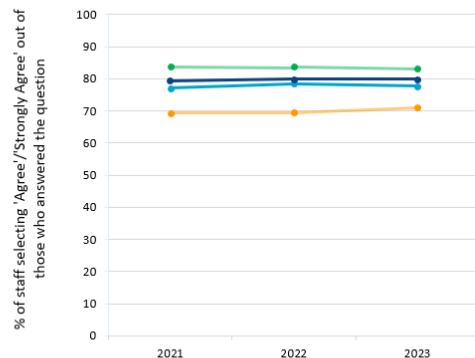
Q7i I feel a strong personal attachment to my team.



	2021	2022	2023
Your org	67.73%	67.58%	66.78%
Best result	71.67%	72.18%	71.66%
Average result	66.37%	67.28%	66.73%

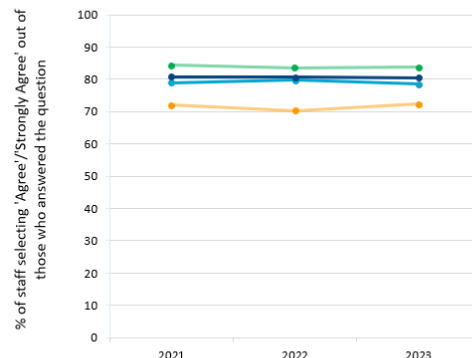


Q8b The people I work with are understanding and kind to one another.



	2021	2022	2023
Your org	79.20%	79.80%	79.79%
Best result	83.68%	83.67%	83.09%
Average result	77.06%	78.47%	77.62%

Q8c The people I work with are polite and treat each other with respect.



	2021	2022	2023
Your org	80.62%	80.75%	80.56%
Best result	84.34%	83.56%	83.69%
Average result	78.95%	79.73%	78.60%

People Promise Elements

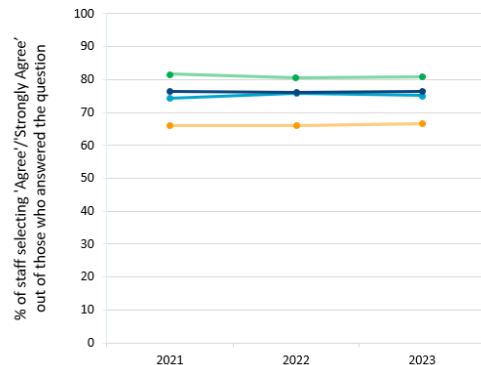
Element 2 – We are Recognised and Rewarded



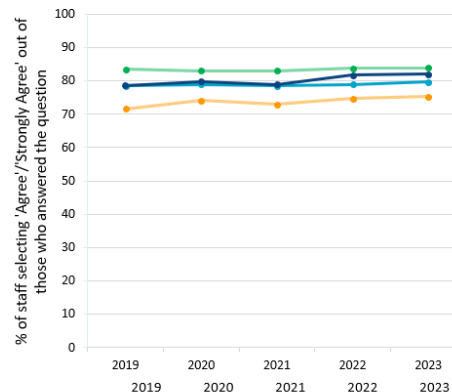
This element does not have any sub scores



Q8d The people I work with show appreciation to one another.



Q9e My immediate manager values my work.



Key points to note:

- Theme score above average compared to other 51 Trusts.
- Themes score is the highest it has been in the last 3 years.
- There are no sub scores and 5 questions.
- Questions 8d and 9e are the highest they have been (left)

	2021	2022	2023
Your org	76.45%	76.36%	76.52%
Best result	81.59%	80.65%	80.97%
Average result	74.33%	75.83%	75.15%
Worst result	66.07%	66.10%	66.70%
Responses	1691	1409	1890

	2019	2020	2021	2022	2023
Your org	78.63%	79.86%	78.96%	81.77%	82.03%
Best result	83.46%	82.82%	83.03%	83.77%	83.85%
Average result	78.55%	78.95%	78.46%	79.01%	79.73%
Worst result	71.62%	74.11%	72.87%	74.74%	75.31%
Responses	1493	1594	1696	1407	1892

	2021	2022	2023
Your org	6.60	6.46	6.64
Best result	6.84	6.64	6.90
Average result	6.35	6.29	6.41
Worst result	5.94	5.94	6.04
Responses	1691	1411	1895

People Promise Elements

Element 3 – We each have a voice that counts.


This element is underpinned by 2 sub-scores:

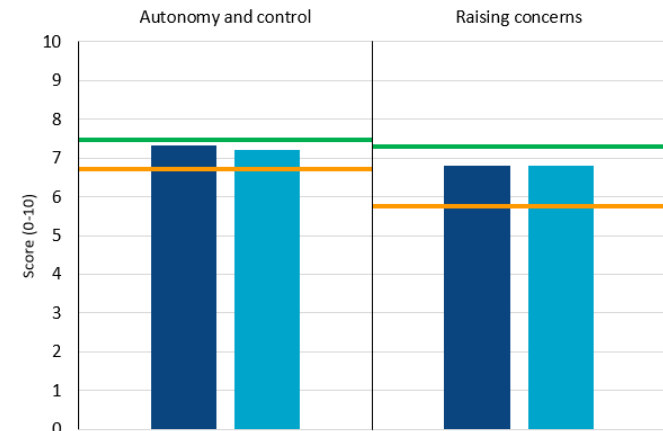
- Autonomy and control
- Raising concerns

Key points to note:

- Stayed the same for the overall theme score
- Includes 2 sub scores and 11 questions.



 Promise element 3: We each have a voice that counts



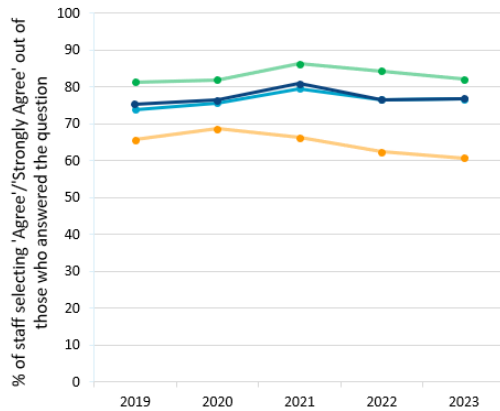
Your org	7.33	6.80
Best result	7.46	7.31
Average result	7.22	6.80
Worst result	6.70	5.76
Responses	1898	1890

	2021	2022	2023
Your org	7.19	7.06	7.06
Best result	7.40	7.41	7.34
Average result	6.99	6.97	7.01
Worst result	6.35	6.08	6.23
Responses	1687	1400	1890



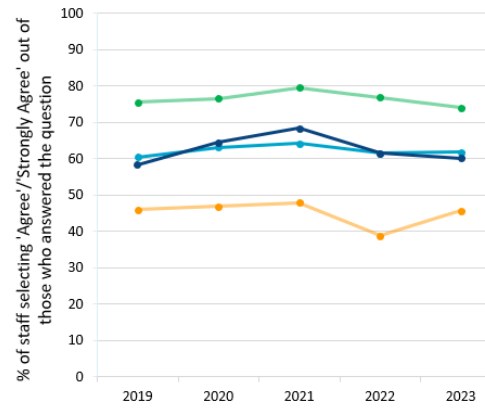


Q20a I would feel secure raising concerns about unsafe clinical practice.



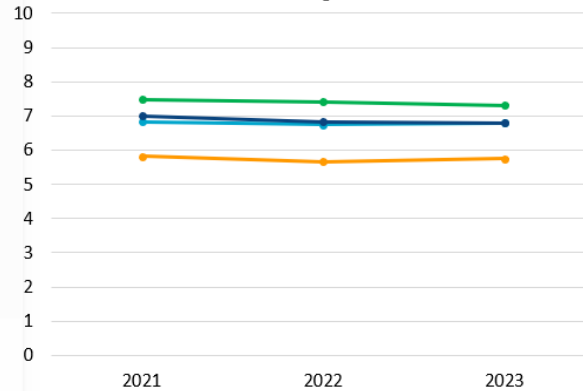
	2019	2020	2021	2022	2023
Your org	75.23%	76.44%	80.93%	76.65%	76.93%
Best result	81.42%	82.01%	86.26%	84.31%	82.15%
Average result	73.88%	75.68%	79.63%	76.65%	76.82%
Worst result	65.70%	68.68%	66.32%	62.41%	60.85%
Responses	1481	1593	1689	1406	1893

Q20b I am confident that my organisation would address my concern.



	2019	2020	2021	2022	2023
Your org	58.17%	64.45%	68.33%	61.53%	60.11%
Best result	75.56%	76.63%	79.57%	76.84%	74.10%
Average result	60.51%	63.12%	64.22%	61.53%	61.79%
Worst result	46.01%	46.89%	48.01%	38.82%	45.73%
Responses	1480	1592	1690	1406	1895

Raising concerns



	2021	2022	2023
Your org	7.00	6.84	6.80
Best result	7.49	7.42	7.31
Average result	6.83	6.75	6.80
Worst result	5.82	5.67	5.76
Responses	1689	1400	1890



People Promise Elements



Element 4 - We are safe and Healthy.

This element is underpinned by 3 sub-scores:

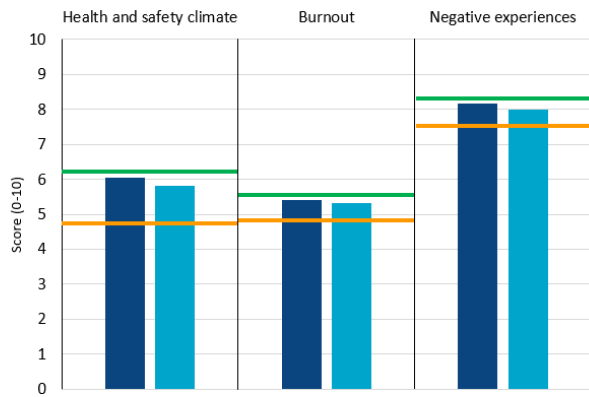
- Health and safety climate
- Burnout
- Negative experiences

Key points to note:

- Stayed the same for the overall theme score
- Includes 3 sub scores and 23 questions.
- Increased positive score for overall theme.



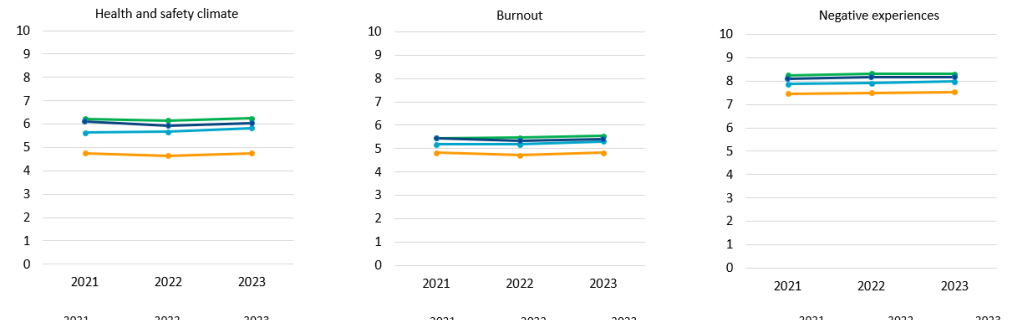
Promise element 4: We are safe and healthy



	2021	2022	2023
Your org	6.03	5.42	8.16
Best result	6.24	5.55	8.30
Average result	5.83	5.31	7.98
Worst result	4.75	4.83	7.53
Responses	1898	1898	1888



Promise element 4: We are safe and healthy



	2021	2022	2023
Your org	6.11	5.92	6.03
Best result	6.22	6.15	6.24
Average result	5.64	5.67	5.83
Worst result	4.76	4.65	4.75
Responses	1699	1411	1898

	2021	2022	2023
Your org	5.44	5.34	5.42
Best result	5.44	5.47	5.55
Average result	5.17	5.18	5.31
Worst result	4.82	4.72	4.83
Responses	1695	1409	1898

	2021	2022	2023
Your org	8.12	8.18	8.16
Best result	8.26	8.32	8.30
Average result	7.88	7.91	7.98
Worst result	7.46	7.50	7.53
Responses	1692	1406	1888

	2021	2022	2023
Your org	6.56	6.48	6.53
Best result	6.56	6.57	6.68
Average result	6.22	6.24	6.38
Worst result	5.83	5.73	5.84
Responses	1685	1403	1887

People Promise Elements

Element 5 - We are always learning.



This element is underpinned by 2 sub-scores:

- Development
- Appraisals

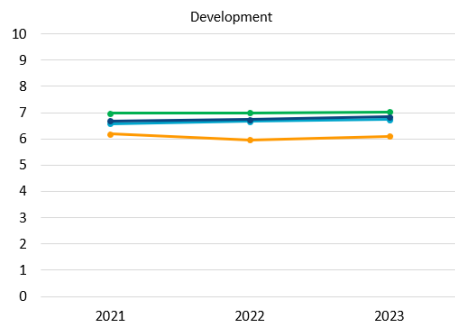
Key points to note:

- Theme scores average compared to other 51 Combined Mental Health / Learning Disability and Community Trusts
- Stayed the same for the overall theme score
- Includes 2 sub scores and 9 questions.
- Increased positive score for overall theme.

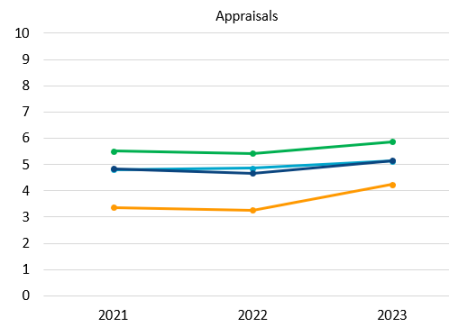


Promise element 5: We are always learning

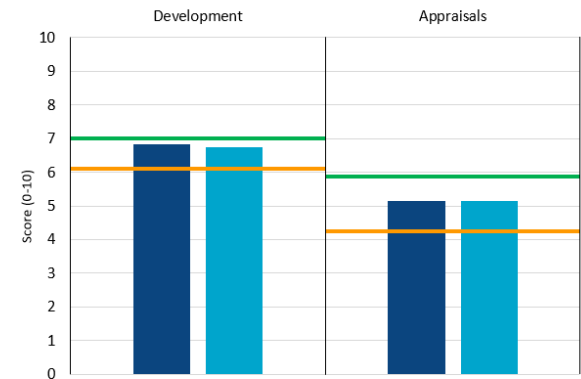
Promise element 5: We are always learning



	2021	2022	2023
Your org	6.68	6.74	6.84
Best result	6.98	6.99	7.02
Average result	6.58	6.67	6.74
Worst result	6.19	5.96	6.11
Responses	1698	1405	1897



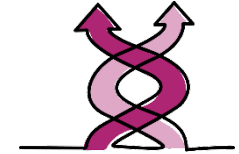
	2021	2022	2023
Your org	4.84	4.68	5.15
Best result	5.52	5.43	5.86
Average result	4.81	4.86	5.13
Worst result	3.37	3.26	4.24
Responses	1599	1348	1787



	2021	2023
Your org	6.84	5.15
Best result	7.02	5.86
Average result	6.74	5.13
Worst result	6.11	4.24
Responses	1897	1787

	2021	2022	2023
Your org	5.78	5.71	6.01
Best result	6.15	6.14	6.45
Average result	5.64	5.72	5.93
Worst result	4.79	4.63	5.17
Responses	1596	1343	1787

People Promise Elements



We work flexibly

Element 6 - We work Flexibly.

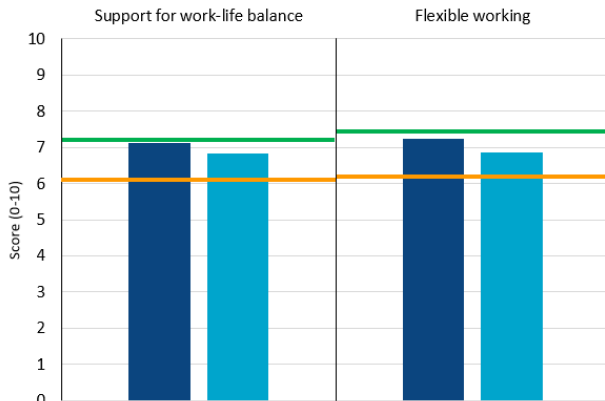
This element is underpinned by 2 sub-scores:

- Support for work life balance
- Flexible working

Key points to note:

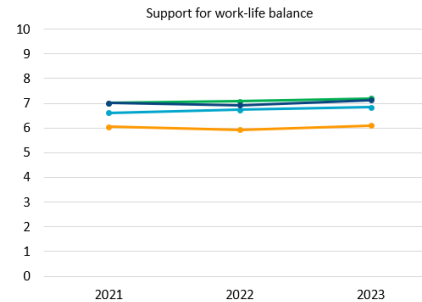
- Theme scores average compared to other 51 Trusts
- Stayed the same for the overall theme score
- Includes 2 sub scores and 4 questions.
- You can see from the table that the score has increased significantly this year following a slight drop in 2022 results.

Promise element 6: We work flexibly

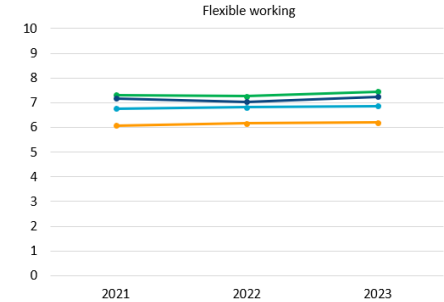


	2021	2022
Your org	7.13	7.24
Best result	7.20	7.46
Average result	6.83	6.87
Worst result	6.09	6.20
Responses	1896	1888

Promise element 6: We work flexibly



	2021	2022	2023
Your org	7.01	6.92	7.13
Best result	7.01	7.08	7.20
Average result	6.62	6.73	6.83
Worst result	6.05	5.93	6.09
Responses	1698	1410	1896



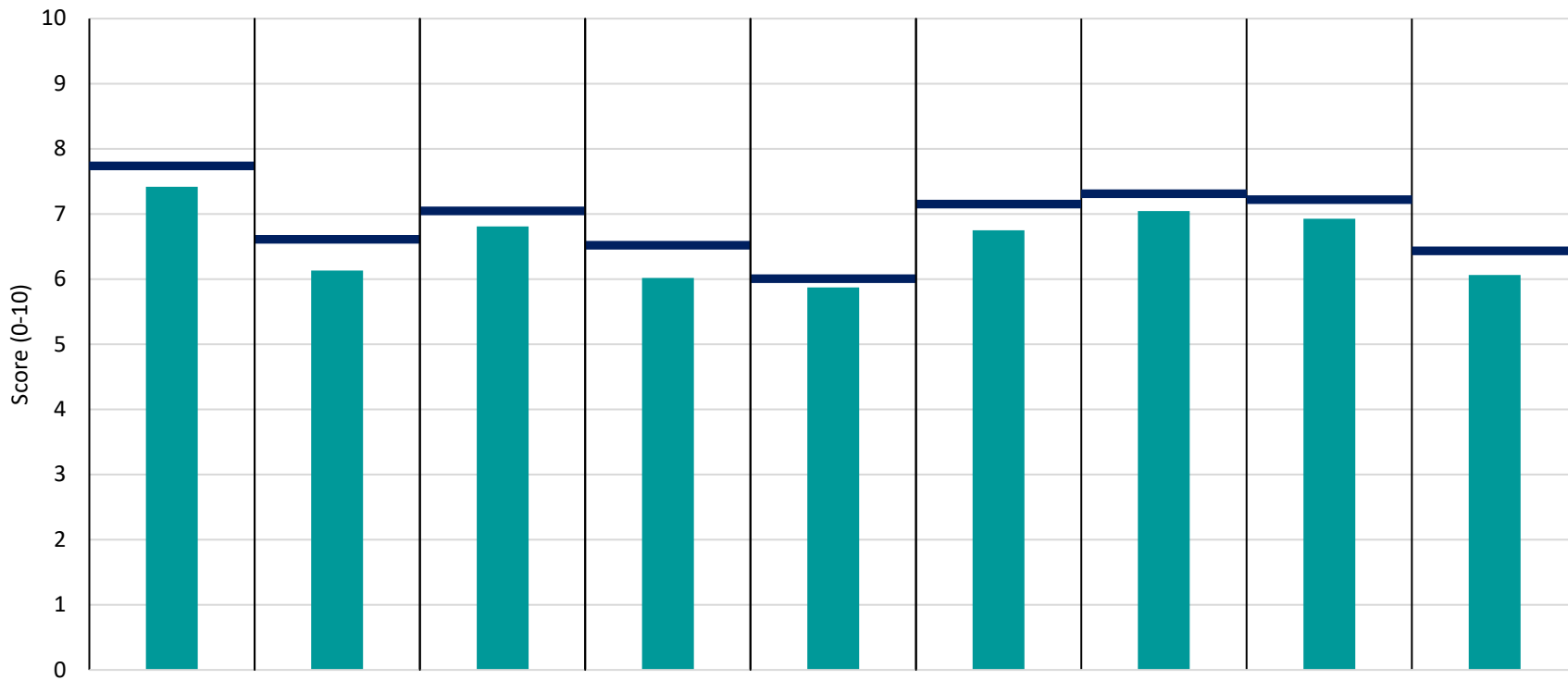
	2021	2022	2023
Your org	7.17	7.04	7.24
Best result	7.32	7.26	7.46
Average result	6.76	6.82	6.87
Worst result	6.08	6.16	6.20
Responses	1684	1407	1888

	2021	2022	2023
Your org	7.09	6.98	7.19
Best result	7.16	7.17	7.25
Average result	6.71	6.75	6.84
Worst result	6.07	6.24	6.23
Responses	1681	1405	1886

Adult Care Acute



We are compassionate and caring
We are inclusive and have reached our goals
We have a voice and our views are heard
We are safe and secure
We are always learning and improving
We work flexibly
We are a team
Staff Engagement
Morale

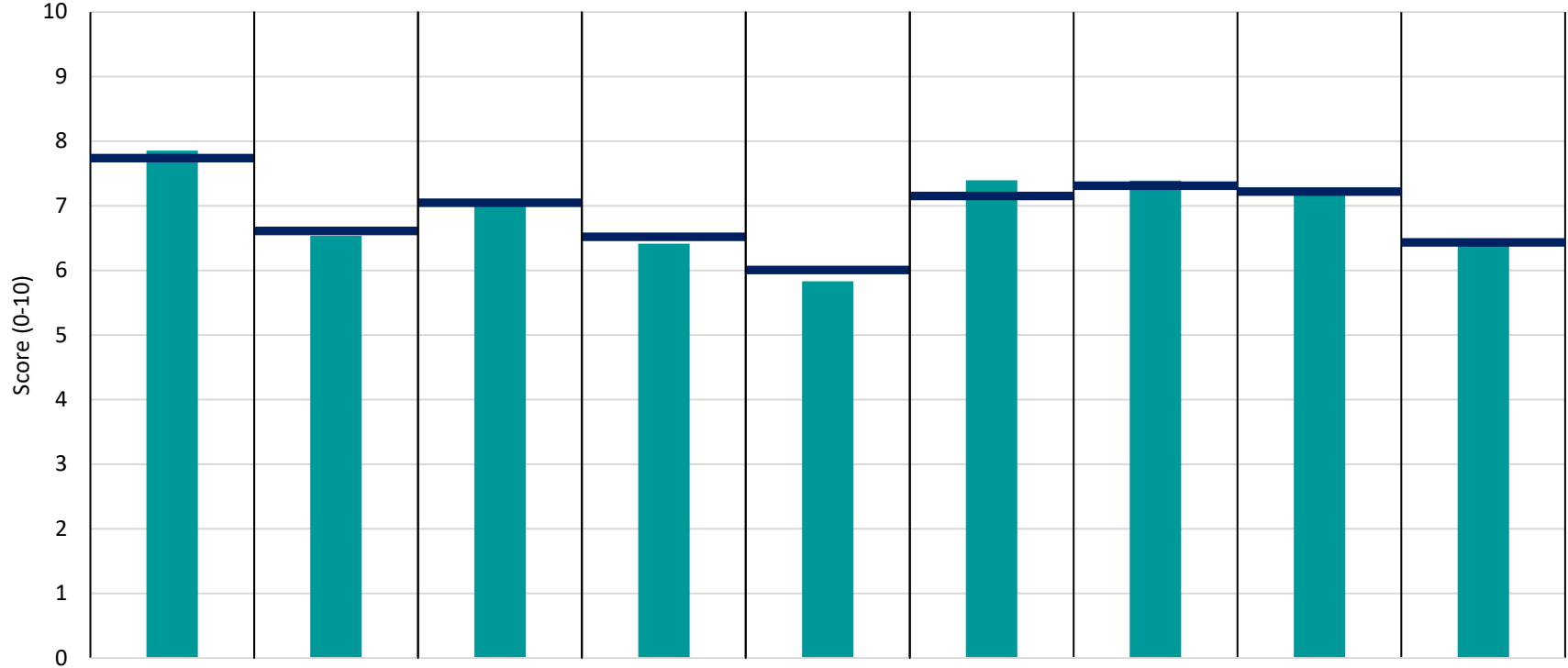


Breakdown	7.41	6.13	6.81	6.02	5.87	6.75	7.05	6.92	6.06
Your org	7.74	6.61	7.05	6.52	6.01	7.15	7.31	7.22	6.44
Responses	223	223	223	223	207	222	223	223	223

Adult Care Community



We are compassionate and caring | We are inclusive and have a voice | We are safe and healthy | We are always learning | We work flexibly | We are a team | Staff Engagement | Morale



Breakdown	7.85	6.54	7.03	6.41	5.83	7.40	7.39	7.23	6.40
Your org	7.74	6.61	7.05	6.52	6.01	7.15	7.31	7.22	6.44
Responses	292	292	290	292	268	290	292	292	292

People Promise Elements

Element 7 - We are a team.



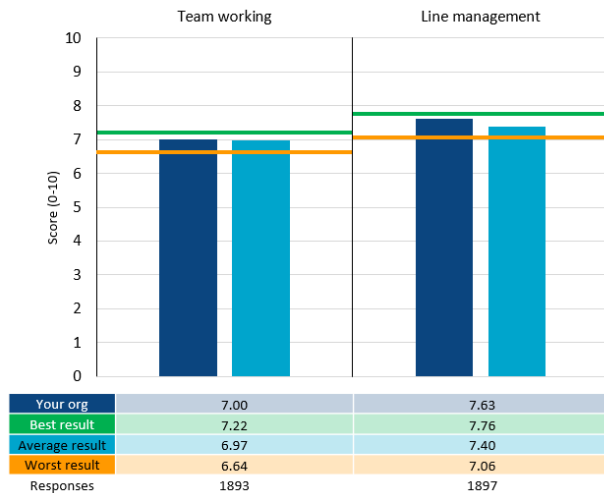
This element is underpinned by 2 sub-scores:

- Team working
- Line management

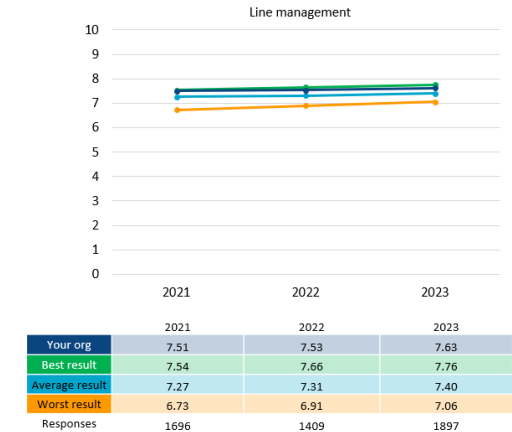
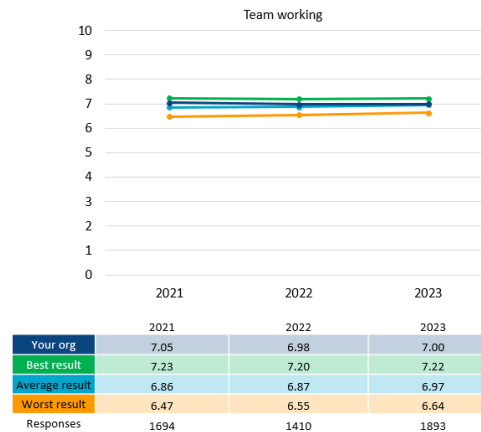
Key points to note:

- Theme scores average compared to other 51 Trusts
- Stayed the same for the overall theme score
- Includes 2 sub scores and 12 questions.
- You can see from the table that the score has increased this year following a slight drop in 2022 results.

Promise element 7: We are a team



Promise element 7: We are a team



	2021	2022	2023
Your org	7.28	7.25	7.32
Best result	7.37	7.40	7.47
Average result	7.06	7.10	7.18
Worst result	6.60	6.73	6.90
Responses	1691	1408	1893

People Promise Elements

Staff engagement.

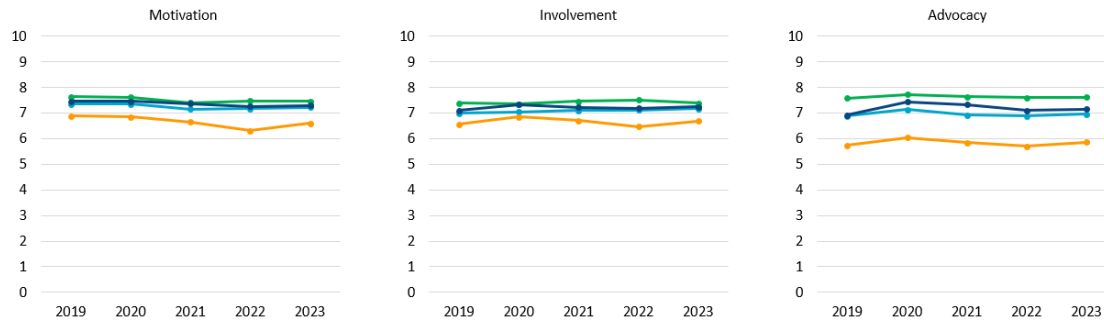
Key points to note:

This element is underpinned by 3 sub-scores:

- Motivation
- Involvement
- Advocacy

- Theme scores average compared to other 51 Trusts
- Stayed the same for the overall theme score
- Includes 3 sub scores and 9 questions.
- You can see from the table that the score has increased this year following a slight drop in 2022 results.

Theme: Staff Engagement



	2019	2020	2021	2022	2023
Your org	7.46	7.47	7.36	7.26	7.30
Best result	7.64	7.61	7.41	7.48	7.46
Average result	7.35	7.35	7.16	7.18	7.22
Worst result	6.89	6.84	6.65	6.31	6.60
Responses	1498	1589	1685	1396	1883

	2019	2020	2021	2022	2023
Your org	7.11	7.34	7.23	7.19	7.24
Best result	7.39	7.35	7.46	7.50	7.39
Average result	7.00	7.04	7.09	7.12	7.18
Worst result	6.57	6.84	6.71	6.47	6.69
Responses	1510	1598	1697	1411	1899

	2019	2020	2021	2022	2023
Your org	6.93	7.44	7.34	7.09	7.16
Best result	7.59	7.73	7.64	7.60	7.62
Average result	6.89	7.14	6.91	6.88	6.95
Worst result	5.74	6.05	5.85	5.71	5.87
Responses	1479	1599	1700	1403	1895

	2019	2020	2021	2022	2023
Your org	7.16	7.41	7.31	7.18	7.23
Best result	7.49	7.53	7.41	7.44	7.45
Average result	7.06	7.15	7.03	7.05	7.11
Worst result	6.53	6.58	6.46	6.19	6.46
Responses	1511	1600	1700	1409	1899

People Promise Elements

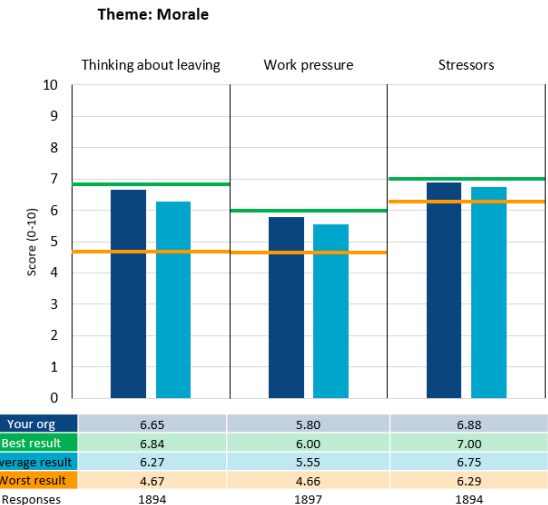
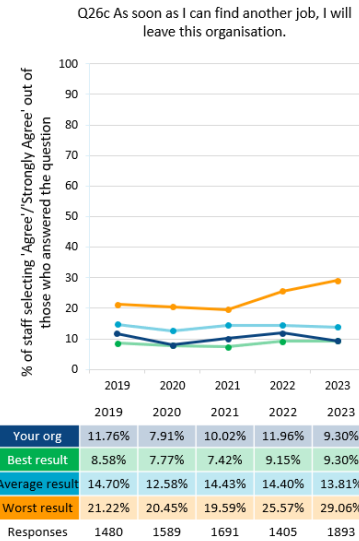
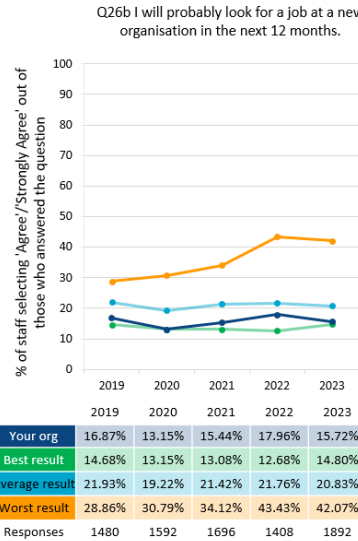
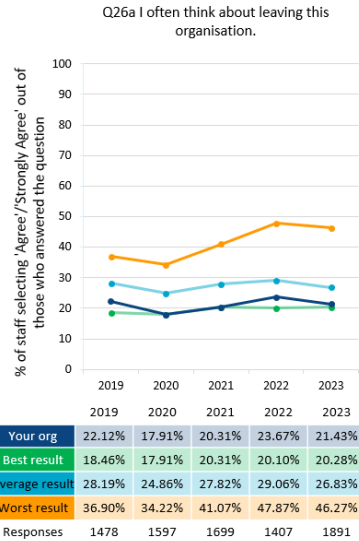
Morale.

This element is underpinned by 3 sub-scores:

- Thinking about leaving
- Work pressure
- Stressors

Key points to note:

- Theme scores average compared to other 51 Trusts
- Stayed the same for the overall theme score
- Includes 3 sub scores and 13 questions.
- You can see from the table that the score has increased this year following a slight drop in 2022 results.



	2019	2020	2021	2022	2023
Your org	6.28	6.73	6.48	6.32	6.44
Best result	6.49	6.73	6.52	6.50	6.61
Average result	6.01	6.23	6.02	6.04	6.17
Worst result	5.59	5.76	5.48	5.15	5.21
Responses	1506	1599	1700	1411	1897

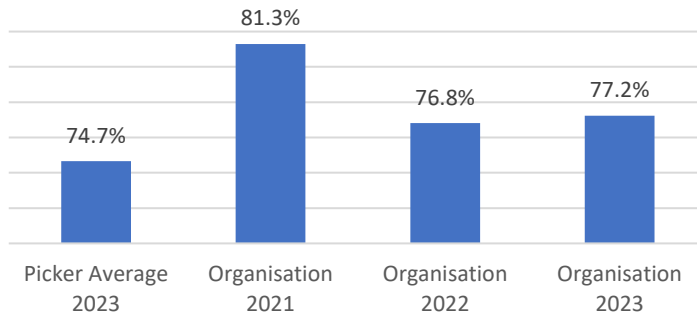
Freedom to Speak Up



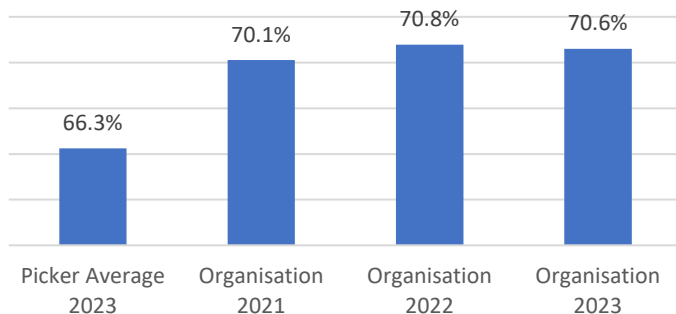
There are 4 questions that feed into the freedom to speak up results.

Q	Description
q20a	Would feel secure raising concerns about unsafe clinical practice
q20b	Would feel confident that organisation would address concerns about unsafe clinical practice
q25e	Feel safe to speak up about anything that concerns me in this organisation
q25f	Feel organisation would address any concerns I raised

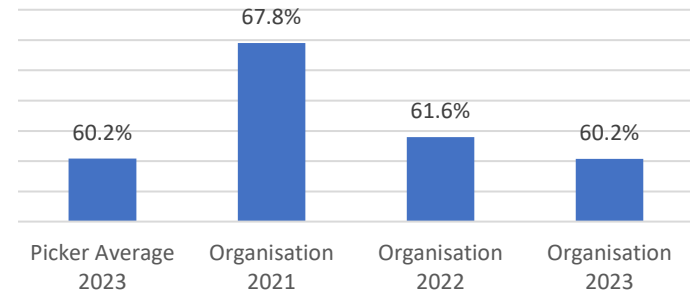
Would feel secure raising concerns about unsafe clinical practice



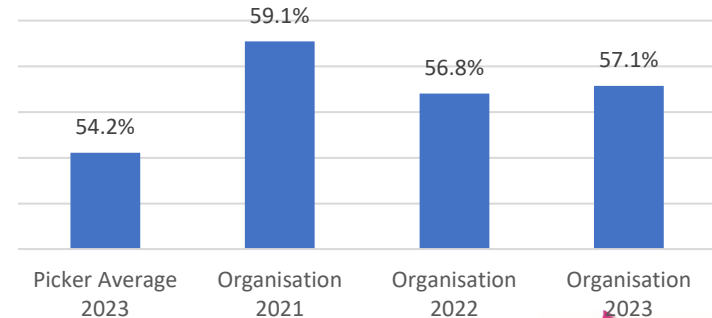
Feel safe to speak up about anything that concerns me in this organisation



Would feel confident that organisation would address concerns about unsafe clinical practice



Feel organisation would address any concerns I raised



Staff Survey Priorities

01



RAISING AND ADDRESSING CONCERNS

- How we respond and address all concerns raised
- How we share lessons learnt



02



CULTURE OF INCLUSION & RESPECT FOR ALL

- No tolerance approach to discrimination.
- Tackling bullying and harassment concerns (staff to staff and patient to staff)
- Clear approach to violence and aggression



03



WELLBEING

- Continue to build on our current wellbeing offer
- Keep wellbeing at the heart of everything we do
- Research and develop innovative wellbeing support
- Working with the Joined Up Care Derbyshire system to ensure access to all support available



Priority	Accountable team	Accountable Lead	Accountable officers	Actions
<p>1. Raising and addressing concerns</p> <ul style="list-style-type: none"> •How we respond and address all concerns raised •How we share lessons learnt 	Freedom to Speak up	Tamera Howard	Freedom to Speak up Guardians network Lucy Moorcroft	<ul style="list-style-type: none"> Review data from last few years FTSU concerns Highlight hot spot areas from the survey Board Level training Review the speaking up process Improve access to Freedom to speak up for all staff Alternative ways to promote staff speaking up Site visits Additional manager training
<p>1. Culture of Inclusion & Respect for all</p> <ul style="list-style-type: none"> •No tolerance approach to discrimination. •Tackling bullying and harassment concerns (staff to staff and patient to staff) •Clear approach to violence and aggression 	Equality, Diversity & Inclusion Team	Tom Harrison	Amany Rashwan Lucy Moorcroft	<ul style="list-style-type: none"> Review of EDI data from staff survey, exit interviews and leavers data Staff Networks Conference Civility and Respect training Bullying and harassment intervention - F&R to provide an example (police commissioner) Anti-racism strategy National Culture of Care programme Hot spot areas - targetted intervention
<p>1. Wellbeing</p> <ul style="list-style-type: none"> •Continue to build on our current wellbeing offer •Keep wellbeing at the heart of everything we do <ul style="list-style-type: none"> •Research and develop innovative wellbeing support •Working with the Joined-Up Care Derbyshire system to ensure access to all support available 	People & Inclusion	Rebecca Oakley	Debbie Creaser	<ul style="list-style-type: none"> Increase in trained Mental Health First aiders Additional New starter support and signposting Long COVID support Professional nurse advocates Bereavement first aiders Preceptorship programme Senior leadership programme Site visits from wellbeing lead New ways to engage staff in wellbeing opportunities

Non-Executive Director (NED) Report – Ashiedu Joel

Purpose of Report

This paper describes the Board and Sub-Committee and wider activities I have undertaken as a Non-Executive Director in the Trust and the NED for inclusion over the last year.

Executive Summary

I have met as planned during the year with Selina Ullah, Chair for our quarterly catch-up and annual appraisal. I have continued in my capacity as NED for inclusion, Chair of the Mental Health Act Committee (MHAC) from 2022 and Co-Chair of the EDI Steering Group since 2023.

The MHAC is responsible for obtaining assurance that the safeguards and provisions of the mental health legislation is appropriately applied and effectively implemented. The government is yet to ratify the draft Mental Health Bill published in 2022, which set out a series of proposed reforms to care under the Mental Health Act (MHA). The reforms focus on achieving four overarching aims:

- Detaining fewer people under the MHA
- Ensuring treatment is purposeful and therapeutic
- Making sure people have more choice and autonomy over their treatment
- Reducing inequalities in outcome and experience under the MHA (including inequalities experienced by people from racialised communities, autistic people and people with a learning disability).

As a Board we have had a development session focusing on health inequalities, facilitated by Dr Arun Chidambaram and delivered by Professor Bola Owolabi, National Director for Healthcare Inequalities Improvement Programme at NHS England.

The MHAC meets quarterly, has an agreed annual forward plan and over the last year the committee has met on:

- 8 March 2024
- 8 December 2023
- 8 September 2023
- 1 June 2023

In each of these meetings, there are designated standing items including:

- The Mental Health Act Managers Quarterly report
- A report from the MHA Operational group
- An update on reducing restrictive practice, restraint and seclusion by the Assistant Director of Clinical Professional Practice.

The Equality, Diversity and Inclusion (EDI) Steering Group is tasked with providing strategic leadership and direction on the implementation of the Trust's EDI Framework, which is aimed at monitoring and reviewing performance against the strategic equality objectives. The group does this via a range of mechanisms. Assurance to the Board of Directors will be via the People and Culture Committee. I

co-chair this group with the acting Director of People and Inclusion and meet regularly with the Chair of the PCC as part of my role.

My other Board responsibilities are:

- Member of the Audit and Risk Committee
- Member of the Remunerations Committee
- I have recently joined the Finance and Performance Committee
- NED lead for Forensic and Rehab Specialist Services
- Strategy Refresh Task and Finish Group with Geoff Lewins, Lynn Andrews and Vicki Ashton Taylor.

I have attended Board Meetings and Board Development Sessions. I have planned Board visits arranged from June 2024 and will be feeding back to Board and colleagues. I have previously been a member of the People and Culture Committee and the Quality and Safeguarding Committee.

Profile Update:

- Lay Member Audit Committee – University of Sheffield
- School of Business and Law Advisory Board Member – De Montfort University
- Independent Chair – Derby and Derbyshire Drug and Alcohol Strategic Partnership
- Leadership Fellow – Society of Leadership Fellows Windsor Castle
- Elected Member – Leicester City Council
- Justice of the Peace – Leicester, Leicestershire and Rutland Magistracy.

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 Year End review for the Mental Health Act Committee was carried out in March 2024. Taking account of the priorities and focus undertaken across the year the Committee confirmed it was satisfied that it had fulfilled its responsibilities in obtaining assurance on behalf of the Hospital Managers and the Trust as the detaining authority that the safeguards of the Mental Health Act, Mental Capacity Act, Deprivation of Liberty Safeguards and Human Rights Act have been appropriately applied.
- The Audit and Risk Committee, Chaired by Geoff Lewins has consistently and proactively 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 in partnership with both the internal and external auditors.

- The People and Culture Committee, Chaired by Ralph Knibbs (Senior Independent Director) has made significant progress over the last year in driving the intelligent use of our data and the depth of review of our qualitative and quantitative data and strengthened our culture, strategy refresh as well as our approach to leadership, succession planning, recruitment and retention.

Consultation

This report has been prepared specifically for information 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 various committees and networks are fully engaged in making continuous improvement and progress. The Board has embarked on a Building Leadership for Inclusion initiative, in addition to its Cultural Intelligence programme, both intended to strengthen the competencies and capabilities of the Board to model inclusive behaviours, drive and lead inclusive cultures to foster a feeling and sense of belonging and inclusion, addressing and reducing systemic inequalities across the Trust. Recruitment, disciplinary and grievance procedures have been modified to this end and our Freedom to Speak Up Guardian (FTSUG) is a key part of this exercise to build trust with staff.

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: Ashiedu Joel, Non-Executive Director

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 7 May 2024

Non-Executive Director (NED) Report – Ralph Knibbs

Purpose of Report

This paper provides both a description of my activities over the past 12 months as a Non-Executive Director and information covering the activities of the People and Culture Committee (PCC), of which I am the Chair.

Executive Summary

As Chair of the PCC this paper is principally concerned with my activities in that role and the assurances gained through that Committee.

The Terms of Reference for the purpose of the People and Culture Committee states:

- The Committee supports the organisation to achieve a well-led, values driven and inclusive positive culture. The Committee is to provide assurance to the Board that the appropriate structures, processes and systems are in place to ensure an effective capable workforce to meet the Trust’s current and future needs including workforce engagement and development.

This paper gives further detail regarding the PCC’s key areas of activities over the last 12 months.

It also highlights other activities I have undertaken in my role as a Non-Executive Director.

Note: In view of the number of new governors, I have included a short personal profile at the end of the report.

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

- PCC has gained assurance across a range of areas as detailed in the report.

- PCC has used and, where relevant, helped with the continued development of the Board Assurance Framework.

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 EDI objectives of PCC 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: Ralph Knibbs
Non-Executive Director (NED)**

Council of Governors – 7 May 2024

NED Report – Ralph Knibbs

Purpose of Report

This paper provides both a description of my activities over the past 12 months and information covering the key activities of the People and Culture Committee (PCC), of which I am the Chair.

People and Culture Committee

As Chair of the PCC this paper is principally concerned with my activities in that role and the assurances gained through that Committee.

The role of the PCC is to support the organisation to achieve a well led, values-driven positive culture. The Committee is to provide assurance to the Board that the appropriate structures, processes and systems are in place to ensure an effective capable workforce to meet the Trust's current and future needs by:

- Overseeing the development and implementation of an effective People Plan which supports the Trust Strategy
- Ensuring that the People Plan and associated plans are aligned and focused on meeting the needs of the organisation
- Overseeing compliance with requirements of equality and diversity legislation and development of a culture which supports and embeds equality and diversity for staff, service and patients
- Achieving a well led values-driven positive culture at all levels of the organisation
- Ensuring a systematic approach to the management of change to deliver an empowered, high-performing workforce
- Ensuring workforce plans are 'fit for purpose' and have sufficient flexibility to meet the changing needs of the Trust
- Having an understanding of the current and future capability required and developing a robust process to inform workforce plans
- Ensuring there are robust performance processes in place for the effective management of the workforce to ensure the Trust meets its priorities.
- Driving a positive culture and high staff engagement
- Ensuring the learning and education needs of the organisation are understood and met.

Membership:

Ralph Knibbs	Senior Independent Director and Committee Chair
Lynn Andrews	Non-Executive Director
Ashiedu Joel	Non-Executive Director
Rebecca Oakley	Interim Director of People and Inclusion and Executive Lead of the Committee
Dr Arun Chidambaram	Medical Director
Dave Mason	Interim Director of Nursing and Patient Experience

Membership changes from 1 April 2024:

Deborah Good replaced Ashiedu Joel	Non-Executive Director
Vikki Ashton Taylor replaced Dr Arun Chidambaram	Director of Delivery
Tony Edwards will attend ad hoc in an informal capacity	Non-Executive Director

Meetings held:

The PCC meets by-monthly. There have been six meetings in the last 12 months. They occurred 15 June, 25 July, 19 September, 28 November, 30 January and 26 March.

Key Areas of Activities

The agendas and forward plan are adjusted throughout the year accordingly to focus on a full agenda of essential business which incorporates a range of discussions.

To enable the committee to have confidence in any assurance provided, there is normally a couple of deep dives at each Committee meeting, plus relevant people are often invited to explain their learned experience.

Below are the deep dive subject matters covered by the Committee since June 2023:

- Leadership Development
- Temporary Staffing Workforce (including Agency)
- Team Cultures – Trust Wide Learning, Culture and Safety
- Staff Survey: 2022 results, 2023 engagement plans, 2023 results and draft 2024 plans
- Workforce plan
- Employee relations case management
- Equality, Diversity and Inclusion (EDI): Workforce Race Equality Standard, Workforce Disability Equality Standard, EDI Framework
- Training Evaluation Report Specifically for Safeguarding Training
- Strategic Priorities for People.

The standard agenda items for every PCC are:

- Review of the Board Assurance Framework (BAF) risks
- People and Inclusion Assurance Dashboard
- Update on system developments
- Forward plan
- Items escalated to Board or other Committees
- Meeting effectiveness

Other responsibilities and activities

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

- Been a member of the Nominations and Remuneration Committee and Quality and Safeguarding Committee
- Attended the DAWN staff network meetings
- Attended and participate in Board development sessions

- Attended the staff strategic engagement sessions
- Met with the Chairs of the staff networks
- Attended some service visits
- Recently become the Non-Executive Director service lead for the Acute services
- Attended the PCC for the Derbyshire Integrated Care Board (ICB), with other PCC Chairs across the system
- As the Senior Independent Director:
 - Conducted the annual appraisal and objective setting for the Chair in conjunction with the Chair of Governors
 - Been involved in various confidential and sensitive matters on behalf of the Trust
 - Conducted the Chair re-appointment process.

Personal Profile

- I am a Fellow of the Chartered Institute of Personnel and Development
- I have gained over 30 years leadership experience in being a Senior Strategic HR business partner. Across the full range of generalist people functions within elite sport, leading blue-chip organisations and public sector
- I moved to Derbyshire c20 years ago, as I was an HR Director for one of the Rolls-Royce plc businesses
- Currently Employed as Head of HR for UK Athletics
- Founding Member of the Rugby Black List, Member of Steering Committee.
- Trustee of the Star*Scheme Charity. Their mission is, through the sport of rugby, to make a material difference in the lives of young people who have Adverse Childhood and community Experiences (ACEs), poverty or mental health issues.
- Guest speaker on master leadership programmes at Warwick University and Henley Business School
- Played rugby union at a professional level, represented Bristol, Gloucestershire, Southwest of England and England at U23s, B and 7s.
- Received a commendation by the African National Congress (ANC) Party for declining an invitation to play for England Rugby against the South African Springbok Rugby Team. I declined due to the then apartheid regime and Nelson Mandela's imprisonment
- Parents are from Jamaica, I was born and raised in Bristol, I am married with three children in their 20's.

Integrated Performance Report

Purpose of Report

This paper provides Council of Governors with an integrated overview of performance at the end of March 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 capacity**, resulting in increasing waits.
- Community paediatric waiting times – **ongoing high levels of demand, pathway issues and recruitment challenges**.
- NHS Talking Therapies waiting times have begun to increase for step 2 and 3 owing to a reduction in capacity. Ongoing discussions with the ICB to explore options.
- Memory Assessment Service waiting times – waits from referral to actually being assessed are currently around 34-35 weeks. There is **ongoing significant demand for the service which exceeds capacity**. Quality improvement work is in progress to optimise performance within existing workforce constraints.
- Inappropriate out of area placements and inpatient bed occupancy levels – enduring high level of need for inpatient treatment. **A multi-agency discharge event is planned** in order to expedite discharges where appropriate and free up bed capacity in house.

Most improved areas and areas of success:

- The number of adult autistic spectrum disorder assessments completed each month has increased significantly for the last seven months and the **annual target has been exceeded by 91%**.
- CAMHS waits continue to reduce and over the last 12 months **the average wait to be seen has halved**. The level of assessments completed is now being controlled in order to enable services further down the system to cope with the demand.
- Work Your Way, the Trust's Individual Placement and Support Service, helps people using community mental health services in Derbyshire to find work and stay in work. **To date the team has supported 560 people to access the service and has supported 171 people to find permanent roles in jobs of their choice**.
- Dementia diagnosis rate **continues to exceed target**.
- Community perinatal access levels continue to increase and by February 2024 **the full year target has been exceeded**.
- Community mental health **access levels have been achieved** for the last few months.

Finance

At the end of the financial year the position is a deficit of £9.0m, however adjusting for technical adjustments related to impairments and IFRS16 PFI remeasurement, the adjusted deficit is £4.6m, as previously forecast, against a breakeven plan.

Our year end deficit position of £4.6m is driven by the following:

- Public Dividend Capital (PDC) funding withdrawal of £2.5m
- Complex Eating Disorder patient costs of £2.2m (net of a £500k contribution to date.)
- Industrial action of £0.2m
- Pay award cost pressures of £0.2m
- Excess inflation related to the PFI contract of £0.4m
- 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. At the end of the financial year the full £8.8m of savings have been delivered. However, a significant proportion (76%) of those savings are non-recurrent in nature which is adversely impacting into next financial year.

Key next steps

- **Development of plans to deliver the efficiency requirements for 2024/25.**

Agency

Agency expenditure for the full year totals £8.8m against a plan of £5.3m, an adverse variance to plan of £3.5m. This includes £2.8m 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.

Agency expenditure has been running at an average of £0.5m per month over the last four months, which is a significant reduction on the earlier months of the financial, with the highest level at £1.0m in August.

The agency expenditure as a proportion of total pay for March is 4.3%. 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%.

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. At the end of the financial year, expenditure on out of area placements exceeded the reduced plan by £2.9m. The number of placements has continued to increase during 2023/24. This is likely to continue into the early months of next financial year.

Capital Expenditure

Capital expenditure at the end of March is above plan by £3.2m. This is driven by additional PDC funding of £1.5m, £0.9m additional self-funded expenditure and £0.8m of expenditure related to operating leases. Further adjustments for remeasurement of lease liabilities and terminations of leases reduced the capital position down to £2.8m above plan.

The capital expenditure was delivered aligned to the Trust CDEL limit, when accounting for some late system wide ICB agreed adjustments. This was therefore considered a positive outcome, delivering aligned to forecast and agreement. This has also had a positive impact on reducing our carried forward cost pressure in relation to the new build.

Better Payment Practice Code (BPPC)

In March, the target of 95% was exceeded by value by 97.9% but was very slightly under at 94.7% on volume.

Cash and Liquidity

Cash at the end of March has reduced to £33.6m but remains no cause for concern at this present time.

People

Annual Appraisals

Appraisal levels continue to remain below compliance, however significant positive progress continues month on month. The low compliance rate within Corporate Services remains a particular challenge, however measures put in place continue to support gradual improvements, seeing an increase 1.5% since the last reporting period. A specific plan is now in place to support the two lowest performing Corporate areas.

Annual Turnover

Overall turnover continues to reduce month on month and is now running at 12.04%, just fractionally over the 12% upper tolerance limit. Turnover remains in line with national and regional comparators.

Compulsory Training

Overall, the 85% target has been achieved for the last 22 months. Operational Services are currently 91.5% compliant and Corporate Services are 86%. 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 and plans are now in place to work towards bringing them back within target.

Staff Absence

The annual sickness absence rate is running at 6.03% and compared to the same period last year is 0.40% lower. Anxiety, stress or depression related illness remains the highest *reason for sickness* absence. A Clinical Psychologist who is aligned to the Employee Relations team, continues to support absences relating to anxiety, stress or depression related illness with a particular focus on early intervention, however the contract ends in July. A formal review of all long term cases each month is now a standing action.

Proportion of Posts Filled

At the end of March, 95% of funded posts overall were filled.

Bank & Agency Staff

Agency usage continues to fall, but remains high and further work is required, particularly on long term medical agency usage, to reduce this further. Compared to the peak in agency usage in autumn 2022 through to autumn 2023, agency spend and usage is significantly lower. The Authorisation Panel to oversee agency requests across the Trust continues to remain in place and the eradication of all non-clinical agency use continues to be enforced.

Supervision

Compliance continues to remain a challenge in both clinical supervision (78%) and management supervision (82%) over the last 12 months and efforts continue towards achieving the 100% target. The results of the 360 Assurance audit of supervision processes is expected shortly. The overall objective of the audit was 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.

Quality

This report will give a bi-monthly update on the Trust's progress against key clinical performance indicators as identified in the main body of the report. Between January and March 2024 an average of 112 compliments per month were received which is in line with common cause variation. In relation to patient feedback, there are now over 100 teams signed up to the electronic patient survey and there have been 599 patient feedback responses since the implementation in September 2023. This is over a 100% improvement in some services.

The number of complaints received reduced from 22 to 11 and is under the Trust target of 12 complaints. The proportion of patients under the care programme approach who have had their care plan reviewed within 12 months has increased by 9% between January and March 2024 and is currently at 74% compliant against the target of 85% however, it should be noted that the community mental health teams are 85% compliant on average it is expected that all teams will be at 85% compliance by the end of May 2024.

The number of patients who are clinically ready for discharge (CRD) is currently at 11%, above the target of 4% with the lack of identification of appropriate housing, establishing funding, and availability of social care placements the main barriers for discharge. A twice weekly CRD meeting is in place and the Trust have appointed a Strategic Integrated Flow Lead who chairs a weekly meeting designed to improve flow,

which includes social care stakeholders. The impact of this is monitored in the monthly Acute and Assessment Services Operational meeting. A multi-agency discharge event is to be held week commencing 29 April across the two adult acute units.

Patients open to the Trust in settled accommodation has reduced from 50% to 48% between January and April 202 and the number of patients open to employment has continued to remain consistent at 12% since August 2022. This measure continues to be monitored by individual services and a report which informs teams if there are gaps in the current Data Quality Maturity Index information recorded on referral is available to Ward and Service Managers who have been asked to review this report weekly and action any gaps identified.

The number of medication incidents between January and March 2024 has fallen from 83 to 53 (36%) and continues in line with common cause variation. It should be noted that the medication incidents reported are largely of low-level harm.

The Number of DATIX incidents occurring recorded as moderate at catastrophic harm have increased from 53 to 82 between January to March 2024. Analysis suggests that this is due to an increase in the number of incidents routinely reported by staff and a rise in incidents recorded as “self-harm” and physical assault from patients to staff, mainly on the female Acute wards and medical incidents on the Older Adult wards. This data is monitored by the Patient Safety team and the Heads of Nursing/Practice and learning from incidents is fed back to individual teams along with action plans to address any issues which are monitored via Divisional monthly Clinical Operational Team meeting (COAT).

Strategic Considerations

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

Risks and Assurances

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

Consultation

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

Governance or Legal Issues

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

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

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

Recommendations

The Council of Governors is requested to:

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

Report presented by: 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: 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"> • Adult ASD assessments completed • Psychology waiting times reducing • CAMHS waiting times maintained • Early intervention in psychosis waiting times • Dementia diagnosis rate achieved • Perinatal access rate achieved • Community mental health access achieved • Individual placement and support • 3-day follow-up of discharged inpatients • 	<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 • Agency expenditure • Better Practice Payment Code 	<ul style="list-style-type: none"> • Financial deficit • Adult acute out of area expenditure • Liquidity
People	
<ul style="list-style-type: none"> • Annual appraisals • Compulsory training • Reduction in agency staff use • Supervision continues to improve 	<ul style="list-style-type: none"> • Staff absence • Bank staff use
Quality	
<ul style="list-style-type: none"> • Duty of candour incidents • Care plan reviews on improving trajectory 	<ul style="list-style-type: none"> • Clinically ready for discharge • Incidents of moderate to catastrophic harm • Falls on inpatient wards • Care hours per patient day

Assurance Summary

A. Operations

Metric Name	Performance	Assurance	Latest Value	Target	Lower process limit	Upper process limit	Mean
1a	Waiting list - adult CMHT - average wait to be seen		8	4	6	10	8
1b	Waiting list - older adult CMHT - average wait to be seen		2	4	2	3	2
2a	Waiting list - ASD assessment - average wait to be seen		62		66	74	70
2b	Waiting list - ASD assessment - number waiting at month end		2,151		2017	2251	2134
2c	ASD assessments		65	26	11	57	34
3a	Waiting list - psychology - average wait to be seen		16		0	30	15
3b	Waiting list - psychology - number waiting at month end		530		671	905	788
4a	Waiting list - CAMHS - average wait to be seen		10		16	24	20
4b	Waiting list - CAMHS - number waiting at month end		325		381	539	460
5a	Waiting list - community paediatrics - average wait to be seen		45		26	33	29
5b	Waiting list - community paediatrics - number waiting at month end		2,331		2052	2434	2243
6	Outpatient appointments cancelled by the Trust		8%	5%	2%	13%	7%
7	Outpatient appointment "did not attends"		12%	15%	10%	15%	12%
B1	3 day follow-up		88%	80%	77%	96%	86%
D1	Community Mental Health Access (2 plus contacts)		11,905	11,899	9541	10278	9909
E1	Children & Young People Mental Health Access (1 plus contact)		3,465		2975	3160	3068
E4	Children & Young People Eating Disorder Waiting Time - Routine		95%	95%			
E5	Children & Young People Eating Disorder Waiting Time - Urgent		100%	95%			
G3	Early intervention 14 day referral to treatment - complete		85%	60%	64%	105%	84%
G3	Early intervention 14 day referral to treatment - incomplete		71%	60%	60%	113%	87%
H0	IAPT 6 week referral to treatment		70%	75%	54%	71%	62%
H1	IAPT 18 week referral to treatment		99%	95%	98%	101%	99%
H2	IAPT 1st to 2nd Treatment over 90 Days		39%	10%	6%	25%	16%
H7	IAPT patients completing treatment who move to recovery		51%	50%	43%	60%	51%
I1	Individual Placement and Support Access		560	343	148	414	281
K2	Total inappropriate out of area bed days			0	1,432	2,243	1,838
K2	Average patients out of area per day - adult acute		20	0	2	16	9
K2	Patients placed out of area - adult acute		32	0	3	25	14
K2	Average patients out of area per day - PICU		22	0	9	21	15
K2	Patients placed out of area - PICU		31	0	16	34	25
L1	Perinatal Rolling 12 Months Access		10.1%	10%	5%	6%	5%
L2	Perinatal Access Year to Date		1,025	1,070	251	611	431
N4	Data quality maturity index		99%	95%	99%	99%	99%

Key to symbols¹:

Variation

Special Cause Concerning variation

Special Cause Improving variation

Common Cause

Common Cause

Assurance

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.

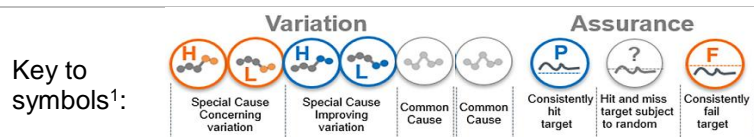
¹The rating symbols were designed by NHS Improvement

B. People

Metric Name		Variation	Assurance	Latest Value	Target	Lower process limit	Upper process limit	Mean
1	Annual appraisals			88%	90%	78%	83%	80%
2	Annual turnover			12%	8-12%	12%	14%	13%
3	Compulsory training			91%	85%	87%	90%	88%
4	Staff absence			5%	5%	5%	8%	6%
5	Clinical supervision			82%	95%	74%	79%	77%
6	Management supervision			78%	95%	71%	78%	74%
7	Filled posts			95%	100%	90%	96%	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.

Orange dots indicate special cause variation, worse than expected.

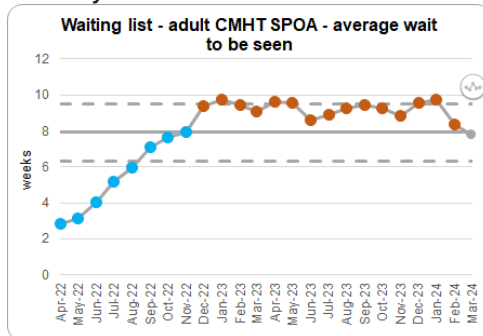
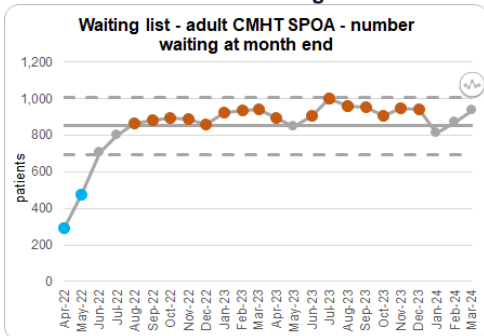
¹The rating symbols were designed by NHS Improvement



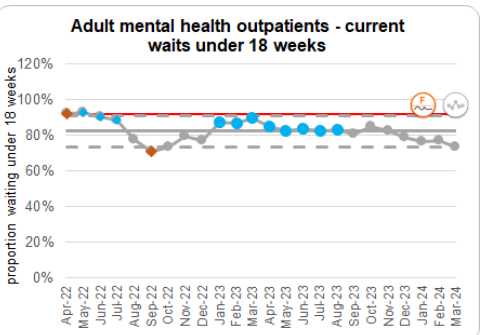
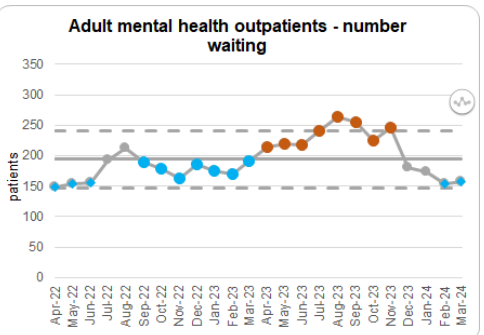
Operations

Operational Performance

Waiting Times – Adult Community Mental Health



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



Summary

For adult CMHT, the average wait to be seen is around 8 weeks. The outpatient waiting lists have reduced for the last 4 months, but the proportion of people waiting over 18 weeks remains high.

The working age adult community teams continue to receive more referrals in comparison with the older adult teams, and more referrals in comparison to discharges. 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 days between referral to community mental health team and first contact was 27 days, which was above the peer median of 27 days. Median length of stay in community mental health services from referral to discharge was 148 days, which was considerably higher than the national median of 58 days. (<https://model.nhs.uk/>)

Reasons for underperformance

The delay in recruitment to the wave 3 transformation sites, owing to a reduction in the funding and the need to review the workforce plans to fit within the financial envelope, has started to negatively impact on capacity to be responsive to the demand of referrals. The additional funding for extra workforce has been reduced by £400k and is 9 months behind the recruitment trajectory against the additional Community Mental Health Framework (CMHF) transformation investment. This has resulted in some teams having to mobilise the new short-term Living Well model without the additional resource in place owing to these recruitment delays and reduced workforce plans.

Recovery action plan

The Adults of Working Age Community Mental Health Services division have developed a productivity plan and associated recovery action plan. To address the waiting lists, reducing numbers waiting and length of time waiting, there is 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:

3-month plan – 31/1/2024:

- 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 SystmOne
- Commence scoping for screens in team bases to display compliance with KPIs*
- Proactive facilitation of safe discharges in order to create CPN/OT capacity

6-month plan – 30/04/2024:

- 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*
- Referrals and discharges data is being shared with the clinical leads and service managers as a way of raising awareness. It will also help in management supervision, and to identify staff who need support to discharge (as long as our discharge rate is lower than incoming referrals, it will be hard to reduce the waiting list).
- Our clinical educator has also commenced strength-based approach sessions in order to support enhanced care planning.

12-month plan – 31/10/2024:

- 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
- QI approach to outpatient caseload management

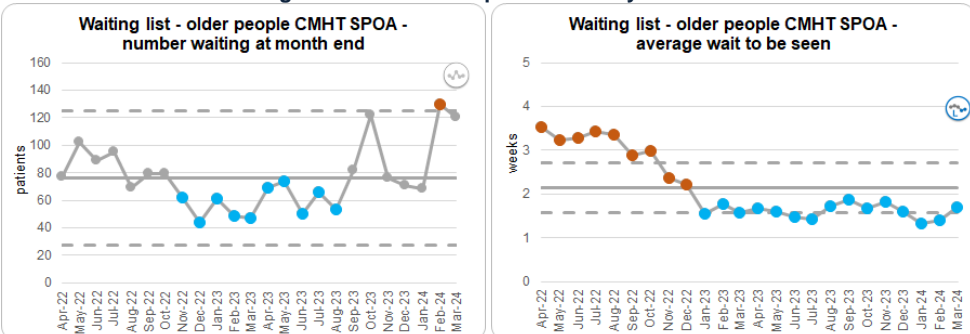
*This project is for Adult and Older Adult CMHTs. Given the current financial position of the Trust, it has been agreed to pause this project whilst Cost Improvement Programmes are worked through. 12 screens have been identified by IM&T that could be repurposed for this project, however, the CMHTs would be charged full price for these screens, which currently there is no funding for. 3 pilot sites have been identified for this project in the first instance if the pilot can go ahead.

By when we will have recovered the position

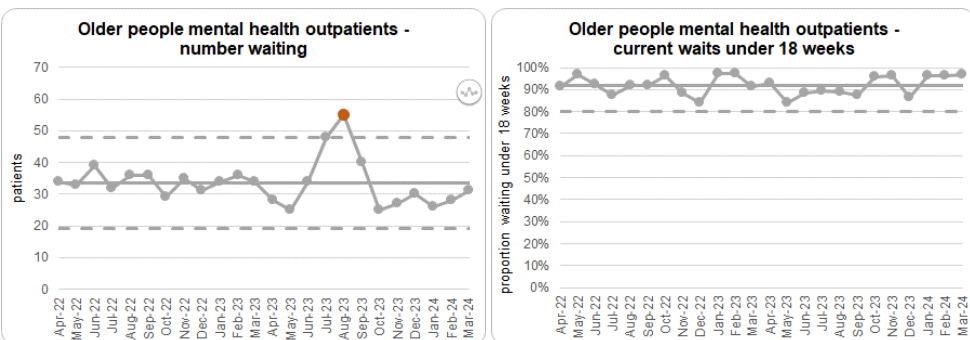
The plan is expected to have positively impacted on waiting times by the end of October 2024

Operational Performance

Waiting Times – Older People Community Mental Health



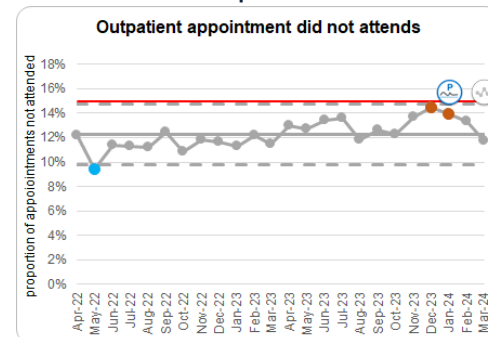
SPOA = single point of access – the route for external referrals into the services



Summary

The number waiting for older people CMHT SPOA has increased in recent months, however the average wait time remains very low. A small number of people are waiting for each older people outpatient service across the County and waiting times remain on target.

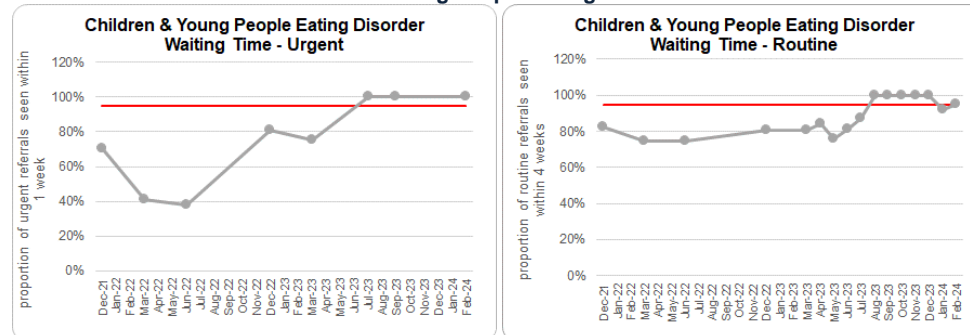
Outpatients



Summary

The level of defaulted appointments (did not attend) 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. When a person does not attend their appointment, the consultant will attempt to make contact by telephone to conduct the appointment over the phone if appropriate to do so.

Children & Young People Eating Disorder Team

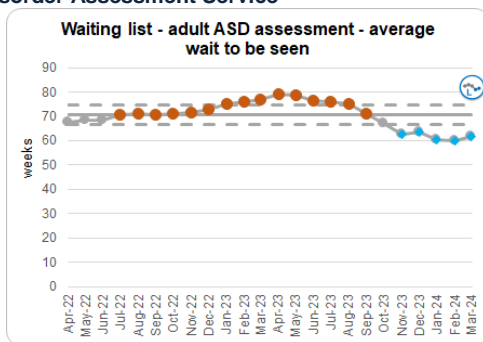
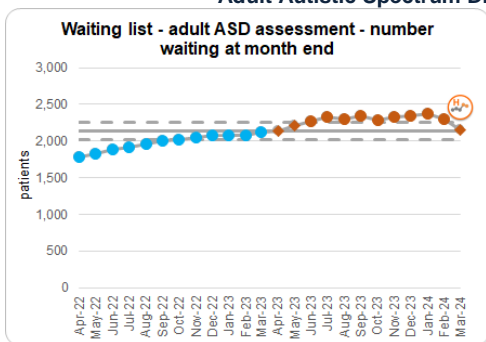


Summary

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. NHSE have switched to monthly reporting from April 2023 and suppress data if numbers are very low. The Division internally monitors the C&YP Eating Disorder Service waits from 1st to 2nd contact: quarter 1 - 11 days, quarter 2 - 4 days, quarter 3 - 4 days, and quarter 4 – 8 days.

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	116	166	96
2024	165	60	59									

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	53	71	50
2024	66	74	65									

Summary

The number of completed assessments per month has remained high and the full year contractual target was exceeded by 91%, which is a significant achievement.

Demand for the service continues to outstrip capacity (contracted to undertake 26 assessments per month but now receiving around 107 referrals per month this financial year). Please note that an issue has been identified with the way letters have been uploaded to the system which was impacting on reported waits. This has now been corrected, resulting in an increase in the reported number waiting at month end. At the end of March 2024 there were 2,151 adults waiting for assessment.

Recovery action plan fully implemented with successful outcome

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.

Ongoing actions to optimise productivity within current resources

- Clinical efficacies: as reported last time, a review of clinical processes to increase the number of ASD assessments completed has resulted in a marked and sustained increase in assessments completed in recent months, with no reported loss of quality or service user satisfaction.
- Support of individuals on the diagnostic pathway remains 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 improves the service user experience and alerts people to options available to them.
- Increased support to individuals pre and post diagnosis is in place and improving their experience, understanding, and is supporting 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

As of Tuesday 16 April 2024, current inpatient numbers are: ICB = 18, 1 over stretch trajectory; adult provider collaborative = 17, on target trajectory, and Children & Young people = 3, on target trajectory. These are based on the new agreed trajectories for 2024/25.

Actions

Reducing Inflow

- LD&Adult Social Care Support and Intervention Team (SIT) continues to support hospital avoidance with positive impact. (Awaiting future SFD funding from ICB to be confirmed to continue into 24/25)
- 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.
- DSP SOP and linked documentation all signed off with aim to go 'live' in April/May 2024, with a review in 12 months' time allowing time for the new process to become embedded. JUCD webpage currently in development for ease of access across the system. Work to be completed to embed and integrate processes and documentation with system partner software (e.g., SystemOne, Mosaic). There will be promotional work carried out for the DSP, LAEP and C(E)TRs, including the DSP being introduced, through newsletters to other teams including Primary Care. Development of workshops and training started to roll out the new DSP together with new LAEP and C(E)TR processes and how they align across the system.

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 – 16 March 2024).
- No of discharges into the community by hospital type:
 - Locked Rehab = 5 discharges
 - ATU = 6 discharges
 - Spec Comm = 3 discharges
 - CYP = 2 discharges
- The combined total length of stay (LoS) for all discharges since June 23 is just over 31 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

Final AHC results in. Number completed 5,000 = 70%, against a target of 5,353.

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 remains the employer of choice. We currently have 2.6% vacancy. We are working hard to manage the shrinking budgets to still maintain our values, support and deliverables. Tweaks to structure have been made to allow reduction in senior leader time across the division.

Workforce update highlights:

Sickness & morale: Sickness within the division has returned to its ongoing low level (4%).

Trainees: taking trainees & delivering training at local universities, continues to form part of our sustainability plan and the income generated improves the continuing professional development (CPD) offering for divisional staff.

LD psychology in the North of the county: We have started the recruitment for posts in the north of the county. We have over half the team now recruited to and due to start in the next two months. We are currently working to recruit the final few posts purchasable within the financial envelope.

Health psychology: Pilot with Team Up Derbyshire: integrating stroke services - mental and physical health. Also; development of psychological wellbeing practitioner roles to work into palliative care at UHDB; & ENT looking to develop end of life care psychology role.

TMHD: See separate report; but notable the changes in delivery impacting over the next 6-12 months will bring likely increases in referrals to other parts of the psychological system.

Rough Sleeping Response: In partnership with the police and Derby homes we are providing supervision and RP to this team through two clinical psychologists. The money from the partnership will support internal CPD and staff development.

Friends & Family Test

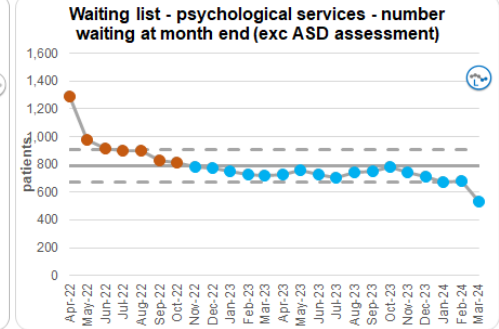
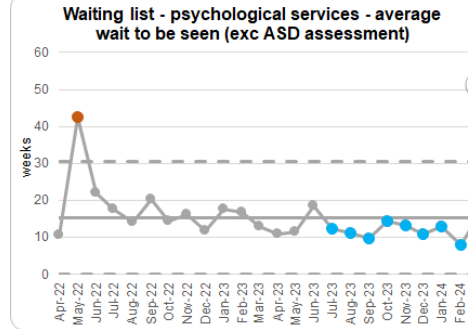
Friends and Family Test, where reported, continues to show excellent feedback. In the last 12 months:

- Cognitive Behavioural Therapy received 32 responses and 100% were positive
- Amber Valley Adult Psychology received 11 responses and 100% were positive
- Psychodynamic Psychotherapy received 2 responses and 100% were positive
- NHS Talking Therapies received 1,762 responses and 98% were positive.
- South & Dales Older Adult Psychology received 2 responses and 100% were positive

Trust wide staff wellbeing

Wellbeing 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 but there is risk of loss of this post due to financial constraints. Psychologists embedded in teams are starting to offer RP in line with trauma informed developments and good practice.

Data: there does remain a challenge with gaining accurate data re job role, expectation, head count and training. We are working with the Training & Development team and ESR colleagues to rectify this.



Waiting lists and referrals

Overall, there has been ongoing sustained reduction in the number of people waiting for psychological input from 40 weeks to 16, although this is a slight rise on last month. QI projects (LD, OA & AWA) have supported reduction. Movement of staff, offering different ways of delivering care (e.g. groups) combined with service evaluation has also reduced waiting times. Referral numbers remain high, and the focus will stay on maintaining the average wait to 16 weeks or below. There are no RAP plans active currently.

KPIs

Supervision, appraisal: clinical and managerial supervision remain at 92.7 and 95.2% respectively. IPR completion has risen to above 93%. We continue to push further through governance systems and are tackling recording issues to increase to 100%.

Mandatory training: All areas of mandatory training for the division are above requirement at 90% or higher. Role specific basic life support / resuscitation falls short at 65%. This is being addressed through supervision and monthly governance meetings as a priority over the next 3 months. The overall divisional performance on mandatory training is 92%.

Increasing psychological awareness

- 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; now to be reviewed in ELT.

Benchmarking, Productivity & Finance

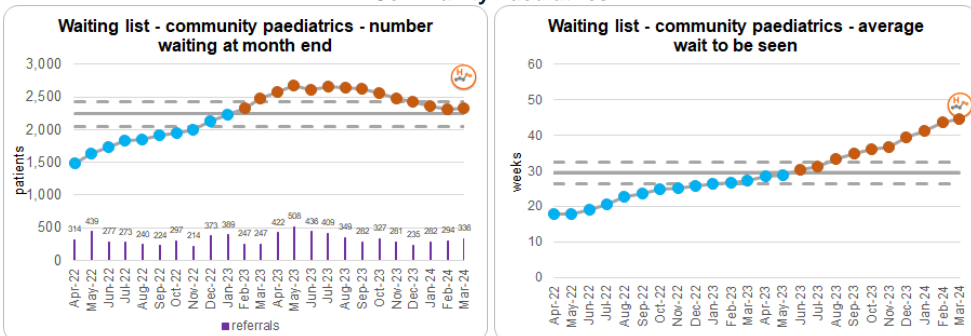
Financially, we remain within budget, have no unfunded posts or roles, agency or bank. We have submitted a full CIP plan for the required recurrent CIP to 2025. BPS national guidance being used to consider benchmarking, productivity and role delivery.

Safety and quality

We have no outstanding risk assessments of DATIX actions. Teams continue to complete a monthly managers update with all performance metrics. Psychological care planning contribution and use of formulation is now a focus.

Operational Performance

Community Paediatrics



Summary

At the end of March 2024 there were 2,331 children waiting to be seen and the average wait time was 45 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.

Internal factors:

- There is limited triage of cases coming into services prior to them being placed on the paediatricians' waiting lists.
- 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.
- ADHD supply issues impacting on demand and management of cases needing to be expedited.

Actions:

- 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.
- Implementation of the 2022 ND business case
- 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.
- 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.

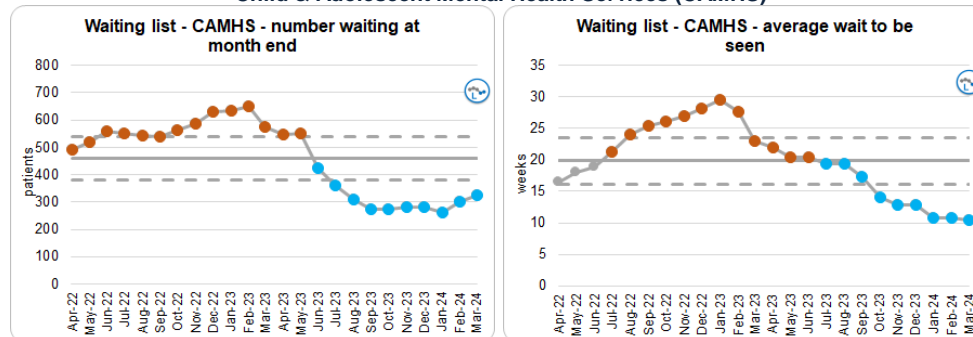
Actions (cont.):

- 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.

Trajectory for community paediatric wait times:

Wait times for Community Paediatrics are likely to continue to rise. Our challenge is to reduce the growth/speed at which this takes place.

Child & Adolescent Mental Health Services (CAMHS)



Summary

At the end of March 2024, 325 children were waiting to be seen and the average wait time was 10 weeks.

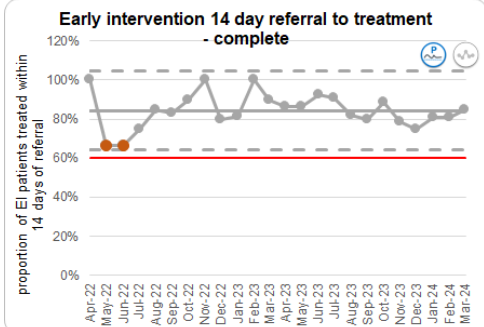
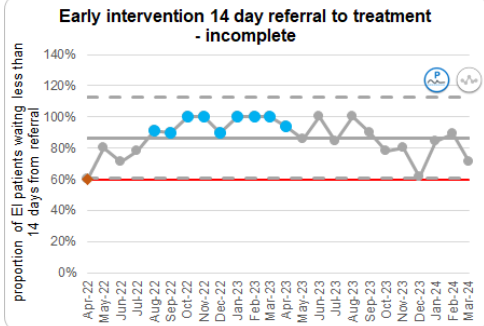
Actions

- The triage and assessment team are continuing to positively impact on external waiting times and are adhering to the Trust waiting well policy. As reported last month, the team has reduced the number of assessments the clinicians are doing per week from 8 to 6, in order to relieve pressure on services further along the pathway by reducing flow. This has resulted in an increase in the number of people on the waiting list for assessment. This will be assessed at regular intervals.
- Business case worked up with the ICB to access long term plan children & young people (CYP) services transformation money for 2024/25.
- Waits and CAMHS performance oversight in COAT and reported to Trust Leadership Team. Also oversight at the CYP Mental Health Board.
- Escalation via the ICB Fragile Services Committee – monthly updates provided.

Recovery timescales:

Average wait is below 18 weeks however a national target of 4 weeks is being requested by the system – suggested timeframe for delivery with the proposed additional funds is 18 months.

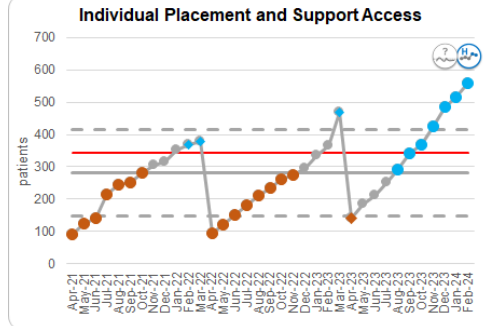
Operational Performance



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.

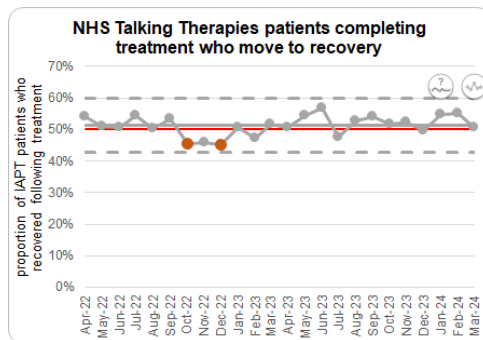
The service continues to be extremely responsive and over the past 2 years has consistently achieved or exceeded the national 14-day referral to treatment standard of 60% or more people on the waiting list to have been waiting no more than 2 weeks to be seen.



Summary

Work Your Way is a team of employment specialists and peer support workers helping people using community mental health services in Derbyshire to find work and stay in work. The team is continuing to be extremely productive and in the financial year to date (Feb 24) has supported 560 people to access the service, according to the NHSE official data, and supported 171 people to find permanent work in roles of their choice.

NHS Talking Therapies

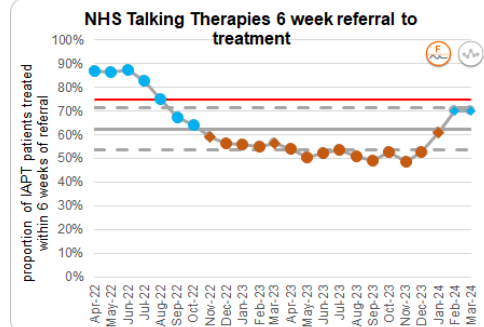
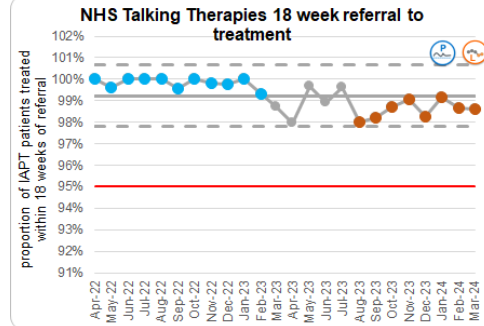


Summary

Recovery rates exceeded the 50% at year end with a recovery rate of 50.47% in March and a full year achievement of 52.49%

Actions

- Monthly performance reports are shared with individual managers, and with the Head of Psychological Therapies. Recovery action plans are shared at TMT meetings.



Summary

- 18-week referral to treatment performance continues to exceed target. The target is 95%.
- The 6-week wait for referral to assessment/ 1st treatment has now shown improvement and is closer to the target. This is due to the improvements in assessment wait times at the beginning of treatments for those discharged.

Reasons for underperformance

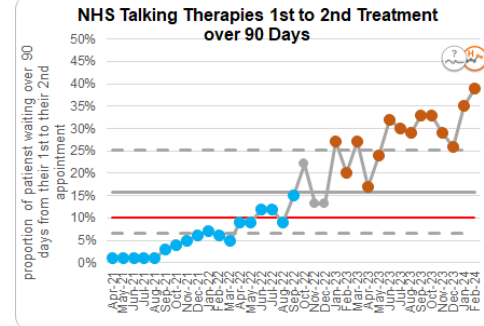
- Referrals average between 1000 and 1100 per month, however the reduction in capacity within sub-contractors (8.3 WTE CBT therapists), increased maternity leave, and the loss of Step 3 staff in the Trust service means that the CBT and trauma wait lists continue to increase.

Actions

- In house productivity reporting against agreed therapist targets has improved booked contacts.
- Step 2 Psychological Wellbeing Practitioners are all in post and continue to maintain the referral to assessment waits at around 3 weeks now.

By when we will have recovered the position

- End of Quarter 1 2024



Summary

1st to 2nd treatment waits remain significantly high and continue to increase for CBT and trauma work.

Recovery action plan

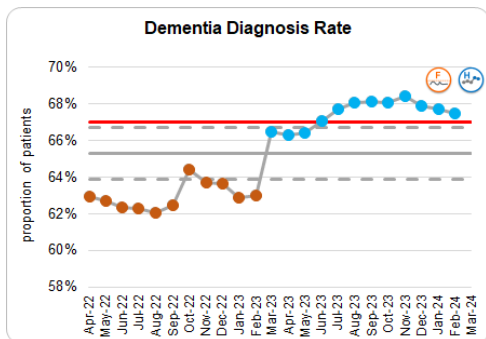
- Wait list ratification, contacting longest waiters to confirm they are still willing to wait.
- Supportive caseload management frameworks introduced to give better scrutiny of productivity re average contacts.
- IESO, one of our sub-contractors continues to have some spare capacity for CBT treatment and awareness sessions at regional staff meetings have taken place.
- Maintain a focus on attendance and reduction of DNAs. New, more assertive DNA guidance has been rolled out in the service.
- Further information is circulated on booked contacts versus agreed targets broken down by clinician and month to promote individual improvements in performance.
- Review of severity criteria for the service to re-balance wait lists with reduced severity and increased discharges will be proposed.
- 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. These have not been published as yet, however.

By when we will have recovered the position

- Reductions in capacity for CBT cannot be mitigated without significant redesign of the service offer. Ongoing discussions with the ICB to explore options.

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.

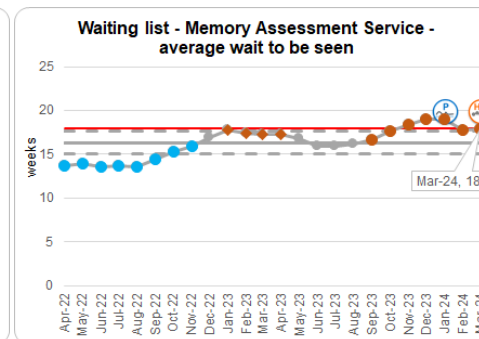
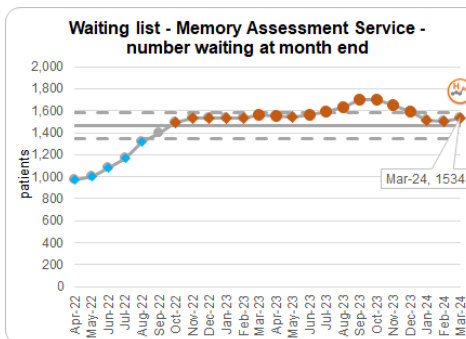
Dementia Diagnosis Benchmarking Data

Type	Code	Diagnosis rate
National	ENG	64.5
ICB	QF7	75.5
ICB	QOP	73.2
ICB	QWE	72.1
ICB	QNC	71.9
ICB	QT1	70.3
ICB	QKK	69.7
ICB	QWO	68.9
ICB	QE1	68.4
ICB	QUY	68.3
ICB	QHM	68.1
ICB	QHG	67.5
ICB	QMJ	67.5
ICB	QJ2	67.5
ICB	QNG	67.1
ICB	QYG	66.8
ICB	QXU	66.7
ICB	QJM	65.8
ICB	QH8	65.5
ICB	QK1	65.3
ICB	QRV	65.1
ICB	QM7	64.4
ICB	QUA	63.8
ICB	QR1	63.5
ICB	QPM	63.5
ICB	QNX	63.1
ICB	QU9	61.9
ICB	QRL	61.8
ICB	QMM	61.2
ICB	QOC	61.1
ICB	QMF	60.4
ICB	QHL	60.4
ICB	QJG	60.2
ICB	QT6	59.6
ICB	QOX	59.2
ICB	QKS	59.1
ICB	QUE	59.1
ICB	QOQ	58.6
ICB	QJK	57.7
ICB	QWU	57.1
ICB	QVV	56.5
ICB	QSL	54.8
ICB	QGH	53.9
Region	NORTH WEST	69.4
Region	NORTH EAST AND YORKSHIRE	67.2
Region	LONDON	66.9
Region	MIDLANDS	64.1
Region	EAST OF ENGLAND	62.9
Region	SOUTH EAST	62.5
Region	SOUTH WEST	59.7

Primary Care Dementia Data, February 2024 - NHS England Digital

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

Dementia Diagnosis Waiting Times



Summary

At the end of March 2024 there were 1,534 people on the waiting list, with an average wait of just under 18 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 34 -35 weeks.

Reasons for underperformance

- There continues to be an extremely high demand for the service which exceeds capacity.
- The prevalence of dementia is predicted to increase significantly by the end of the decade so the situation is unlikely to improve.

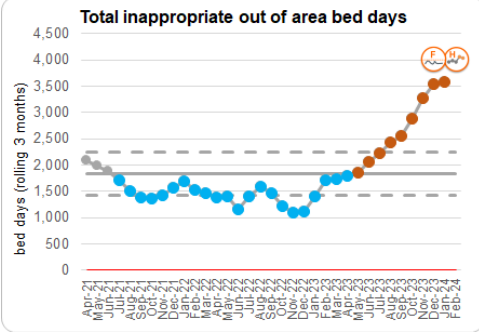
Action plan

- Completion of quality improvement project to maximise and make best use of current resource, to ensure maximum capacity and quality of current provision. The focus currently being on the medical workforce and diagnostic capacity.
- MAS 24 has now been fully absorbed into the CMHT Care Homes Project.
- Reducing the DNA rate.
- Work is underway on the Dementia Assessment Pathway (DAP). Revised referral information has been communicated out to all referrers and implemented from 01/04/2024. Triage training has been delivered to all the CMHT's whose SPOA are working hard to ensure that those being referred into services are in the correct pathway. MAS are supporting with this piece of work.
- 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.
- Complex case/ under 55 pathway review
- Medical workforce review

By when we will have recovered the position

Quality improvement actions to optimise performance within the current service offer and financial envelope will be fully implemented by September 2024.

Operational Performance

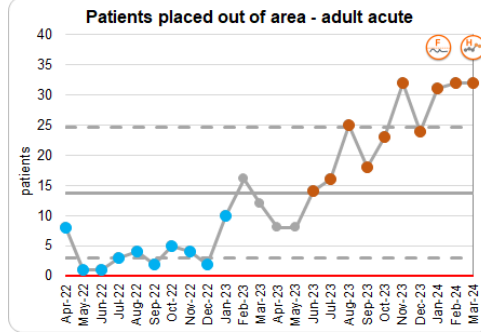


Reasons for underperformance

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 remains persistently high, resulting in the need for PICU beds and represented by 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 for most of the year. The opening of additional Step-Down beds has not impacted this and there is now a move back to spot purchase which will reduce the amount of availability. The impact of the additional crisis house on admissions is also yet to be established. The level 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.

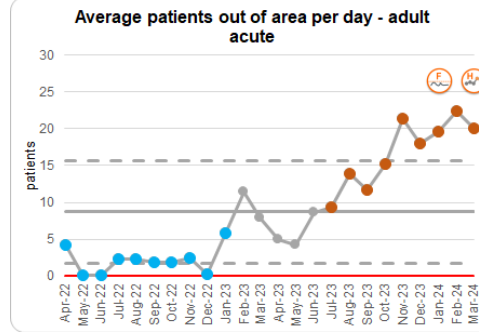
Recovery action plan

- The opening of the Ripley and Swadlincote crisis café was delayed but opened in December 2023. Additional comms needed re all crisis alternatives, to embedded in care plans and contingency planning.
- Work in progress to move inappropriate OOA patients to male ward at Sherwood. 12 beds to be utilised by 06/05/2024
- Fiona White and Dr Rais Ahmed have been appointed to roles to support the improved flow of patients into and out of hospital.



Actions (cont.)

- 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.
- Increasing amount of clinically ready for discharge – escalation meetings with social care now in place.
- 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.
- Liaison with the ICB regarding commissioning of inpatient service for people living in High Peak
- 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.
- Gatekeeping function and purposeful admission to comply with the crisis fidelity model. 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.

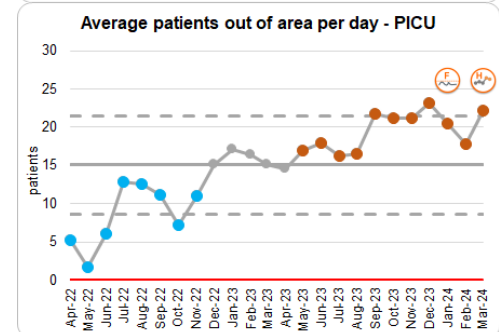
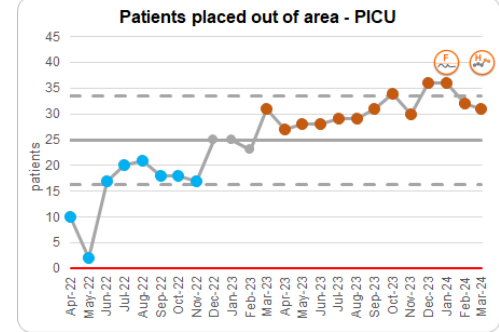


Actions (cont.)

- Street triage pilot due to end 31.03.24 has been extended till 31.05.24, with 1 car as opposed to 2 staffed by police officer and mental health nurse. 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.
- Cascade a communication to staff seeking a focus/support to improve flow and reduce inappropriate out of area placements.
- Cascade specific communication to medics
- Review, refine and cascade OPEL differentiated actions.
- Actively increase the use of crisis beds.
- Develop and implement criteria led discharge guidance.
- Initial one-off review/scrutiny of inappropriate out of area patients by a medic.
- Immediate review of all inpatients who are post planned discharge date.
- Immediate review of admission list.
- Expedite moving inappropriate out of area patients to Sherwood
- Scope and set up a multi-agency discharge event (MADE) – to be held week commencing 29 April 2024 – in order to expedite discharges where appropriate and free up bed capacity in house.

By when we will have recovered the position

- End of March 2025



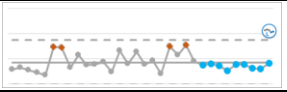
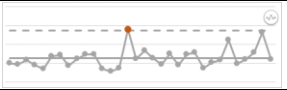
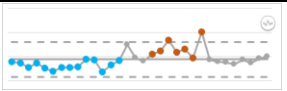
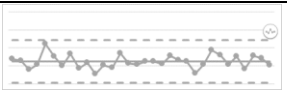

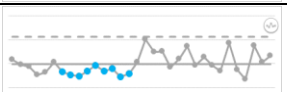



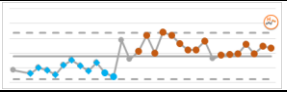

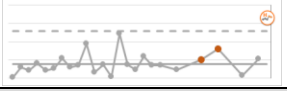
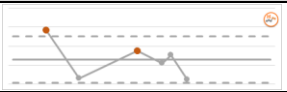

Summary

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

Actions

- Provision of a PICU and enhanced care ward 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

Length of stay (days)						
Clinical area	Beds	Bed occupancy Mar-24	Average duration of stay to date (days) of current inpatients	Average length of stay (days) Mar-24 discharged	Change versus previous month discharged	Change over time – average length of stay of discharged inpatients
Adult Acute						
Morton	20	104%	58	42	↗	
Pleasley	21	98%	86	60	↘	
Tansley	21	101%	55	50	↗	
Ward 33	20	104%	101	51	↘	
Ward 34	20	111%	72	34	↘	
Ward 35	21	104%	61	66	↗	
Ward 36	21	113%	83	98	↗	
Older People						
Tissington	18	98%	73	56	↘	
Cubley Female	18	66%	69	59	↘	
Cubley Male	18	80%	60	116	↘	
Perinatal						
The Beeches	6	78%	46	29	↘	
Rehabilitation						
Cherry Tree Close	23	74%	309	n/a	n/a	
Low Secure						
Curzon Ward	8	94%	437	n/a	n/a	
Scarsdale Ward	10	83%	906	n/a	n/a	

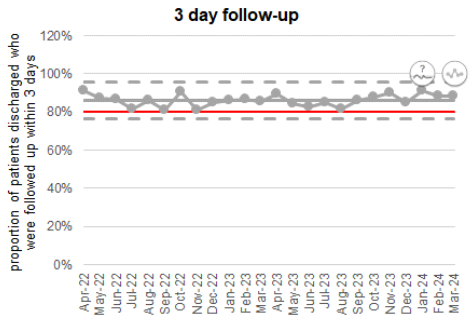
Explanatory note: where occupancy is over 100% this means that patients are on periods of trial home leave and their beds are being used for new admissions while they are at home. Leave beds used are predominantly safe planned leave, so leave would normally be extended, where safe to do so, to prevent 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	12	10	Jan-24
Older Adult Acute Long LoS (90+ days)	8	11	11	Jan-24

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

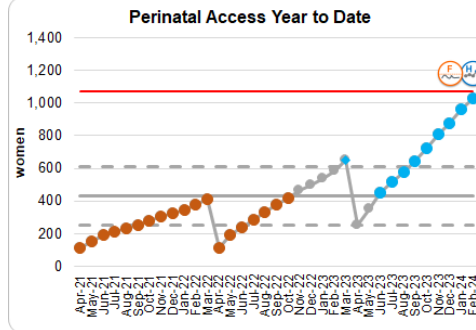
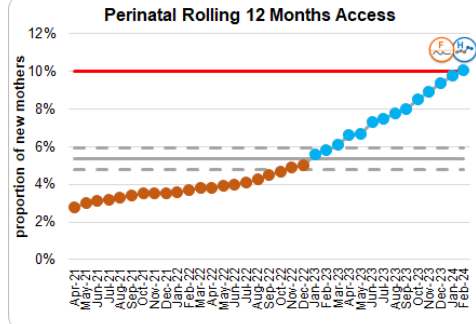


Summary

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	

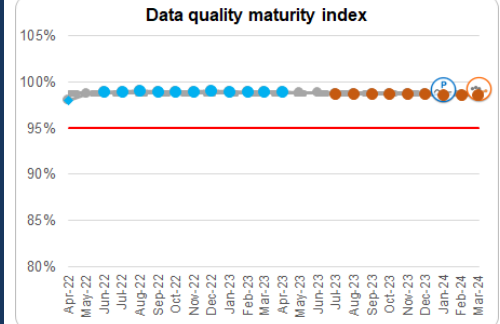
The full year 10% target has been achieved in February 24 (10.1%) as a result of significant developments and quality improvement activities within teams.

Referrals into the service have been positively impacted by the introduction of self-referral processes, stakeholder engagements and community outreach workstreams.

Capacity continues to be demonstrated within the system to offer over 90 assessments a month. Maintenance of the target requires recruitment into current vacancies which are paused as per Trust financial position.

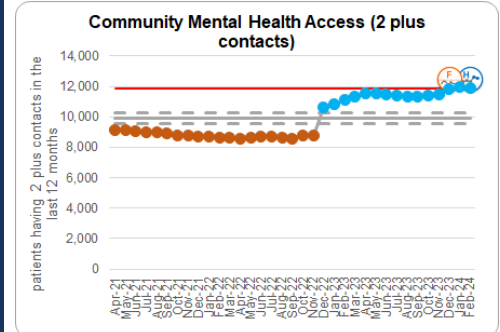
Actions needed to maintain target

- Agreed CPN job plans and target caseloads to be maintained.
- Teams to be fully recruited to.
- Specialist assessor role across North and South teams.
- Further stakeholder event, to ensure referrers are up to date with care pathways and referral processes.
- Service to continue strategic direction to address health inequalities and potential barriers to access.
- Recovery action plan in place regarding community waiting lists for community teams.
- 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.



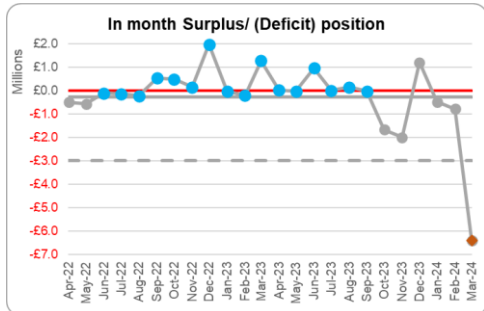
Summary

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. Services remain on target to achieved it by year end and have exceeded target level in the latest published data.

Finance

Financial Performance



Summary

At the end of the financial year the position is a deficit of £9.0m, however adjusting for technical adjustments related to impairments and IFRS16 PFI remeasurement, the adjusted deficit is £4.6m as previously forecast against a breakeven plan.

The deficit position of £4.6m is driven by the following:

- PDC funding withdrawal £2.5m
- Complex patient additional cost £2.2m (net of income contribution)
- Industrial action £0.2m
- Pay award cost pressure £0.2m
- Excess inflation related to PFI £0.4m
- 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.

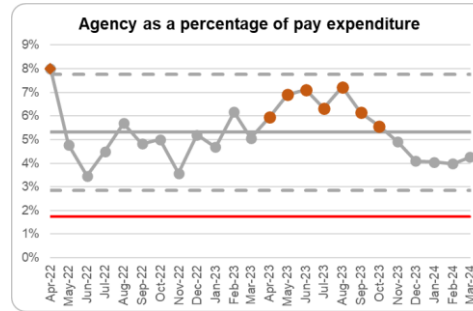


Summary

The plan includes an efficiency requirement of £8.8m phased equally across the financial year. The requirement of £8.8m has been delivered in full at the end of the financial year, however a significant proportion of savings are non-recurrent in nature.

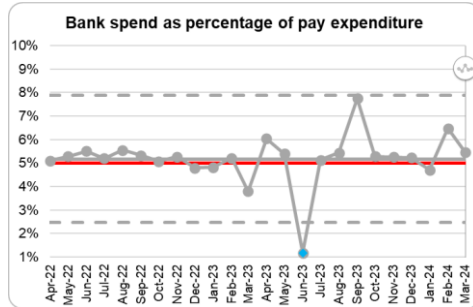
Focus is now on developing the full programme of savings for 2024/25, with a focus on recurrent delivery.

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.

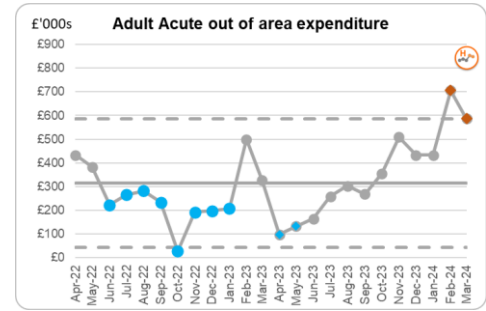


Summary

Agency expenditure YTD totals £8.8m against a plan of £5.3m, an adverse variance to plan of £3.5m. This includes £2.8m of additional costs to support a complex patient. The two highest areas of agency usage continue to relate to consultants and nursing staff. The agency expenditure as a proportion of total pay for March is 4.3%. 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%.



Bank expenditure YTD totals £8.4m against a plan of £7.8m, an adverse variance to plan of £0.6m. 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.

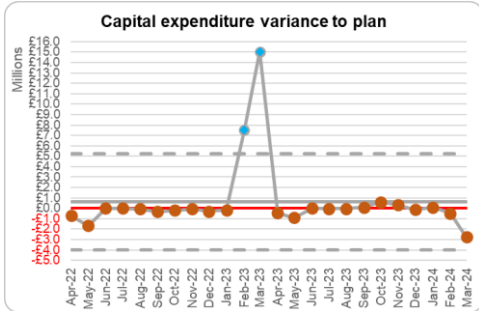


Summary

The plan for out of area expenditure has been reduced by £1.0m in 2023/24 as part of the £8.8m efficiency requirement.

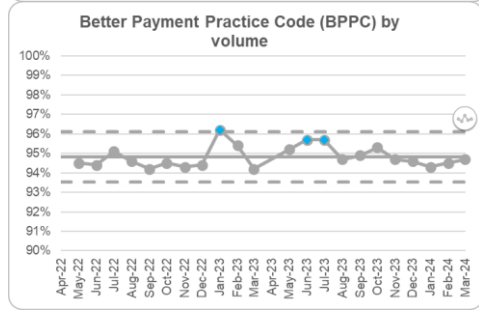
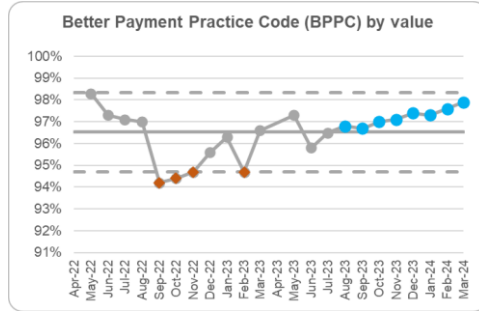
Expenditure on out of area placements has continued to rise throughout 2023/24. At the end of the financial year there was an overspend against the reduced plan of £2.9m.

Financial Performance



Summary

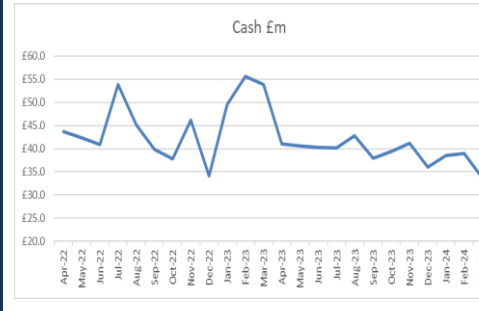
Capital expenditure at the end of March is above plan by £3.2m. This is driven by additional PDC funding of £1.5m, £0.9m additional self-funded expenditure and £0.8m of expenditure related to operating leases. Further adjustments for remeasurement of lease liabilities and terminations of leases reduced the capital position down to £2.8m above plan.



Summary

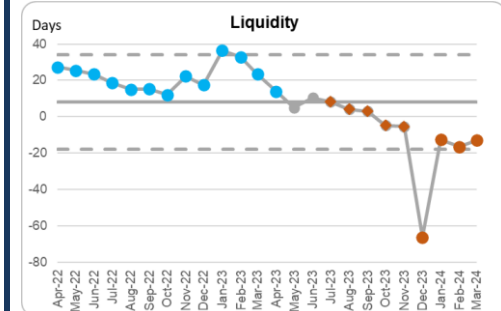
The Better Payment Practice Code (BPPC) sets a target for 95% of all invoices to be paid within 30 days. BPPC is measured across both invoice value and volume of invoices.

At the end of January, the value of invoices exceeded the target at 97.9% and by volume was slightly under the target at 94.7%.



Summary

Cash increased in February 2023 and March 2023 due to the additional funding for the Dorms capital projects that was drawn down. Cash then reduced in April and May due to payment of capital invoices. Cash at the end of March reduced to £33.6m. The in-year reduction is driven by the reduction in capital accruals and the level of capital expenditure planned for 2023/24.

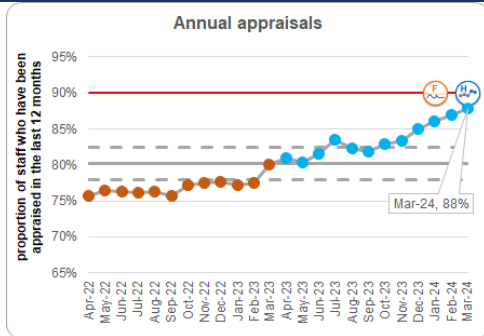


Summary

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.

People

People Performance



Summary

Operational Services currently at 89.9% and Corporate Services at 77.5%, against a target of 90%. Overall, significant improvement has been seen month on month for the last 12 months.

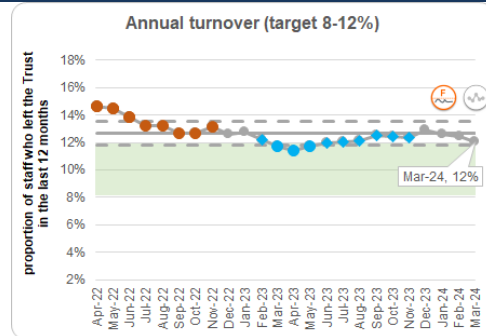
Actions

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.

Compliance rates within Corporate Services have increased by 1.5% since the last reporting period, however, more needs to be done to increase this further. The two services within Corporate Services with the lowest compliance are Nursing & Quality directorate at 48% and Estates & Facilities at 74% and the following measures are now in place to increase compliance:

- Reports on lapsed appraisals 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.

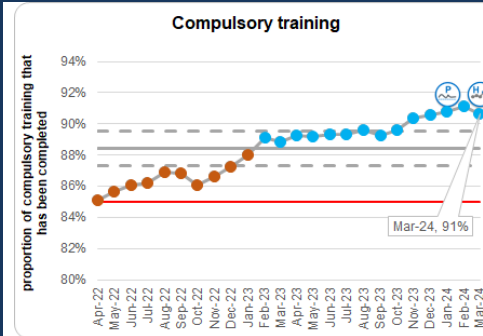


Summary

Overall turnover has been slightly above 12% for the last 9 months but remains in line with national and regional comparators. Turnover has decreased month on month since December 2023 and is now running at 12.04%.

Actions

- 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.
- The Trust continues to run a vacancy control panel to monitor all recruitment activity.

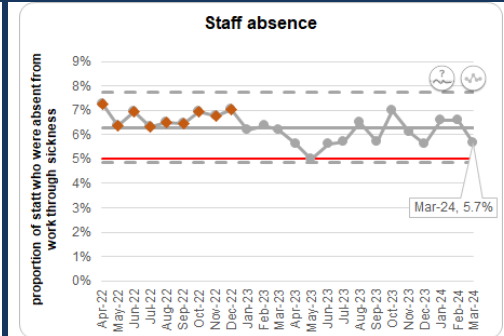


Summary

Overall, the 85% compliance target has been achieved for the last 24 months. Operational Services are currently 91.5% compliant and Corporate Services are 86%.

Actions

- Whilst overall compliance with the 22 training elements remains high, we continue to work closely with operational colleagues to ensure compliance in all mandatory and role specific training is both maintained and improved where needed. The following actions have been implemented to support this:
- A review and monitoring of all 'did not attend' (DNA's) occurrences is now regularly fed back to ensure all employees re-book in a timely manner.
 - A targeted campaign of prioritising compulsory training elements that have been out of date the longest has been undertaken.
 - The Training and Education Group continue to oversee and review training compliance, changes and challenges.



Summary

Sickness absence remains slightly above target and has averaged 6.3% over the 24-month period. In March 2024 the overall absence rate was 5.68% (Operational 5.7%, Corporate 5%).

Actions

Anxiety, stress or depression related illness remains the highest reason for sickness absence, followed by cold, cough, flu – influenza and this remains unchanged as the highest two reasons for absence since the last reporting period. The 3rd highest reason for absence is now chest & respiratory problems.

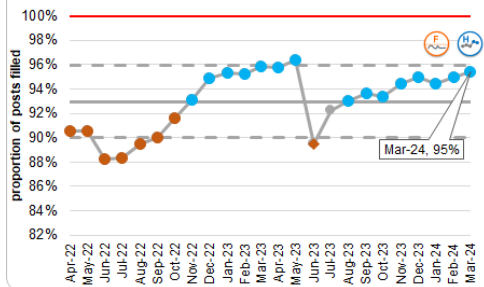
Long-term sickness absence represents 54% of all sickness absence and short-term represents 46%. Compared to the previous reporting period, both long term and short-term sickness absence have decreased.

Actions:

- A review is currently taking place with a view to ensure early intervention takes place earlier.
- All long-term absences are now reviewed each month with the Acting HRD and ER lead to ensure a supportive and robust approach is being taken to managing all absences.
- An event was held at Cubley Court to raise awareness of musculoskeletal (MSK) issues and how to avoid them took place following an increase in MSK absences in the area. This included a series of stands, activities and advice.

People Performance

Filled posts



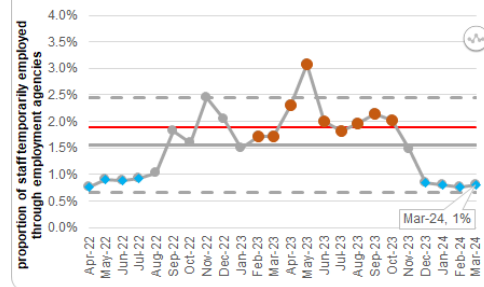
Summary

At the end of March 2024, 95% of posts overall were filled.

Actions

- Work continues towards planning for successfully recruiting into the Trust's key transformation project 'Making Room for Dignity' programme.

Agency staff use



Summary

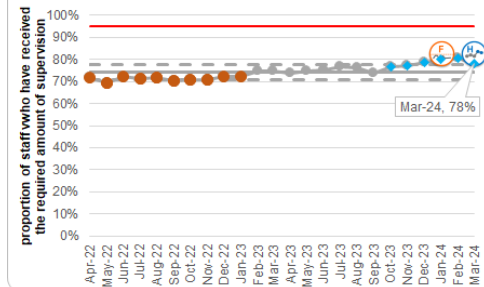
Agency usage has fallen significantly for the last 4 months.

Actions

The actions previously identified below, continue to remain in place and operational as business as usual.

- Weekly Authorisation Panel continues to oversee agency requests across the Trust.
- All admin and clerical agency usage remains eliminated.
- All facilities and IT agency usage remains 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, alternative workforce roles where appropriate and continued increase of availability of temporary staffing through the Trust's medical bank function.

Clinical supervision



Summary

Overall compliance is 78% 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: 85% versus 63% and clinical: 81% versus 28%).

Actions

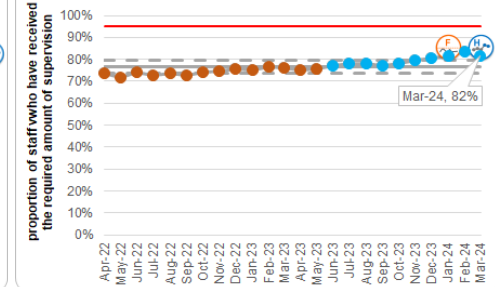
In Operational Services, incremental progress continues to be made, which is statistically significant. Review of progress takes place at operational meetings and via weekly reporting to senior operational management for ongoing monitoring and action.

An audit of supervision processes has now been completed, undertaken by 360 Assurance. The audit objective was 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. The outcome of the audit is expected shortly and is likely to recommend further actions to improve the position.

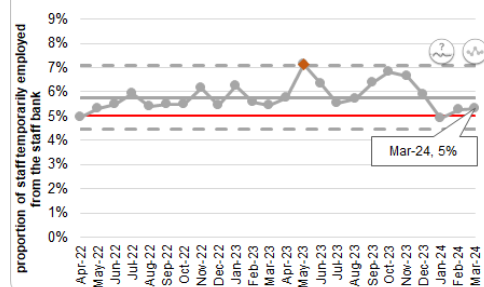
The audit covered the following areas:

- 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 that the Trust has put in place to improve the percentage of staff receiving supervision.

Management supervision



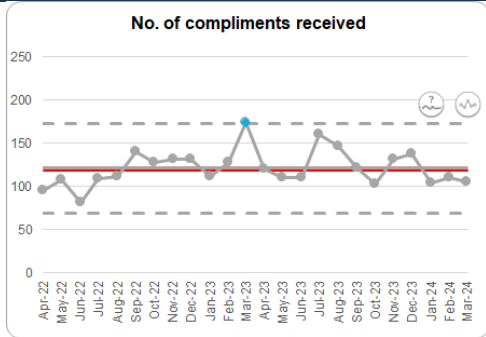
Bank staff use



The proportion of staff employed from the bank ranges from 4-7% per month. Bank staff are predominantly employed on inpatient wards. Reasons for temporary staffing include cover for vacancies, sickness and maternity leave, and for increased levels of observations.

Quality

Quality Performance

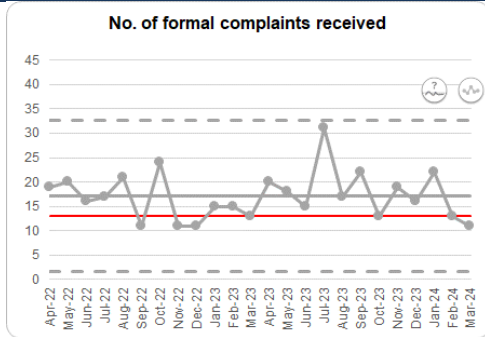


Summary

Between January and March 2024, the number of compliments recorded remained within common cause variation between 104 and 120.

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. Recording of compliments is explored 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) was rolled out across the Trust from September 2023 due to additional support provided to add teams on to the platform. As of April 2024, there are over 100 teams (including sub-teams) that are live on the platform, with 599 patient feedback responses across the teams received to date.
- 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.

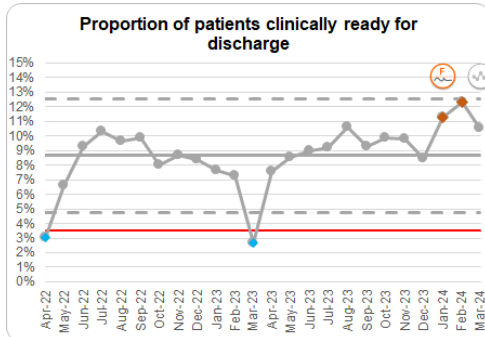


Summary

The number of complaints reduced from 22 to 11 between January and March 2024 and is currently 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.

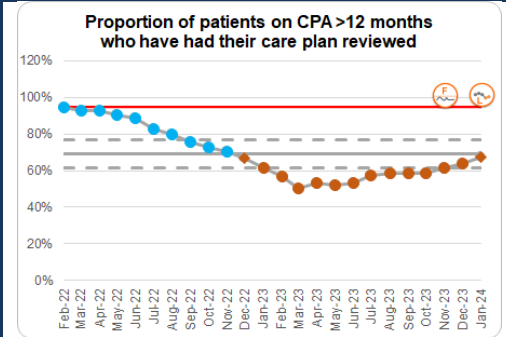


Summary

Between January and March 2024, the number of service users meeting the criteria as Clinically Ready for Discharge (CRD) (formally called Delayed Transfer of Care (DTOC)), increased to 14% in February and decreased to 11% in March 2024. The most common reason for patients meeting the criteria for CRD is the lack of identification of appropriate housing, establishing funding, and availability of social care placements. Other barriers to discharge over the past three months include issues of who needs discharge meeting Court of Protection criteria.

Actions

- The Trust has a twice weekly CRD meeting where any barriers to discharge are identified and discussed to support resolution.
- The Older Adult 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.
- The Trust has appointed a Strategic Integrated Flow Lead who chairs a weekly meeting designed to improve flow, which includes social care stakeholders. This is expected to resolve barriers more quickly so patients can be discharged to environments 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 74%, an increase of 9% between January and March 2024.

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

Actions

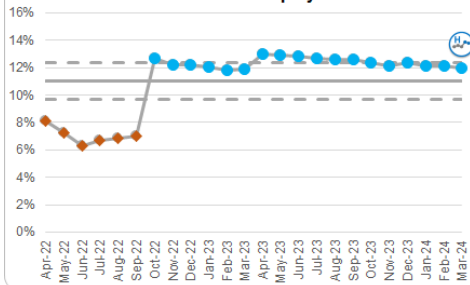
Compliance around CPA has been the subject of a commissioned 360 review by an external company and is part of an action plan to improve compliance in fundamental care standards including CPA.

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

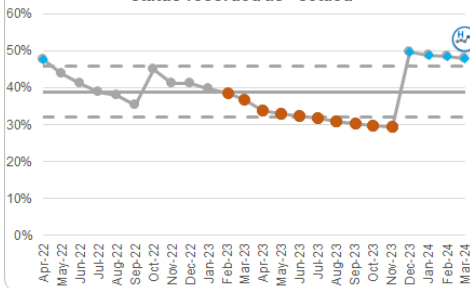
- A new data platform was introduced to the Trust in November 2023 so each team has been asked to review the new report and cleanse the data to ensure that non-eligible patients are excluded.
- A process for monitoring compliance and quality has been implemented in each division and monitored via the 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 had a target to achieve 85% compliance by April 2024. As of March 2024, they are 85% compliant on average, with an expectation that all teams will be at 85% by the end of May 2024.

Quality Performance

Patients who have their employment status recorded as "in employment"



Patients who have their accommodation status recorded as "settled"



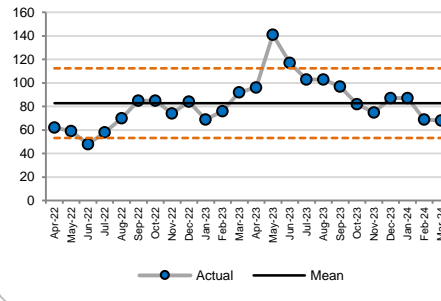
Summary

Patients open to the Trust in settled accommodation has reduced from 50% to 48% between January and April 202 and the number of patients open to employment has continued to remain consistent since August 2022. This measure continues to be monitored by individual services.

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.

Number of medication incidents



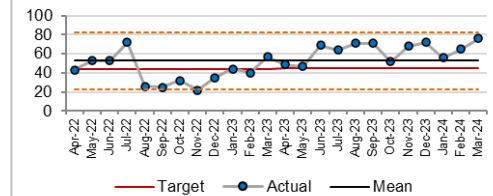
Summary

The number of medication incidents between January and March 2024 has fallen from 83 to 53 (36%) and continues in line with common cause variation. It should be noted that the medication incidents reported are largely of low-level harm.

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 has been made 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.

No of incidents of moderate to catastrophic actual harm



Summary

This data demonstrates the number of DATIX incidents occurring recorded as moderate at catastrophic harm. From January to March 2024, incidents have increased from 53 to 82.

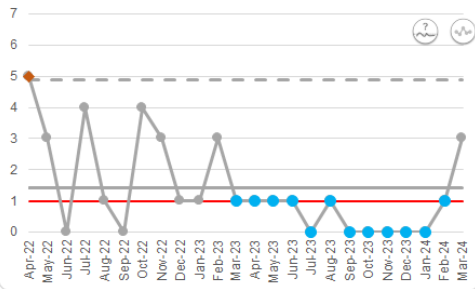
Analysis suggests that this is due to an increase in the number of incidents routinely reported by staff following support from the Patient Safety team and a rise in incidents recorded as "self-harm" and physical assault from patients to staff, mainly on the female acute wards.

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 and this is most prevalent on the female acute wards. There has also been increased reporting from the mental health helpline and support service.

There have also been incidents reported from the Older Adult service in relation to medical issues and falls which is consistent with the increase of falls reported over the past three months. This data is monitored by the Patient Safety team and the Heads of Nursing/Practice and learning from incidents is fed back to individual teams.

Quality Performance

No. of incidents requiring Duty of Candour



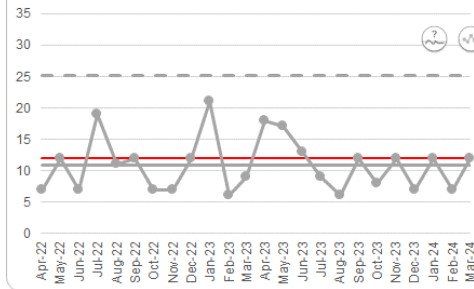
Summary

Between January and March 2024 the number of incidents meeting the threshold for Duty of Candour (DoC) has increased from 1 to 3. 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



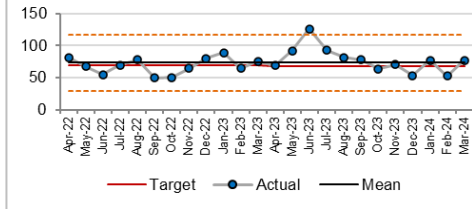
Summary

Incidents of prone restraint have consistently fluctuated between 6 and 12 between August 2023 and March 2024. This is in line with the Trust target of 12 incidents

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 and the first session is due to take place in May 2024 following engagement sessions in April 2024. This will include interventions that would be expected to maintain low levels of prone restraint.
- The PSST have developed training around alternative injection sites and a poster produced in collaboration with the pharmacy department is now available to staff identifying which route common medications can be given. The training is due to start in April 2024. These interventions are expected to further reduce the need for prone restraint.

No of incidents involving physical restraint



Summary

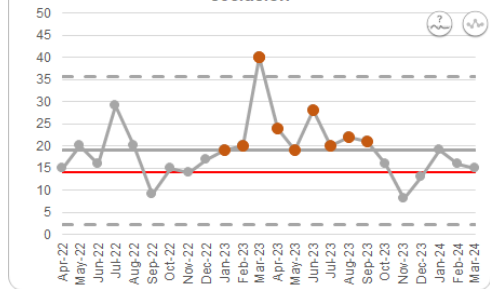
Physical restraints have fluctuated between 74 and 30 incidents between January and March 2024 and are above the Trust target of 69 incidents with the female Acute wards and Older Adult wards identified as having the most incidents attributed to them as in previous months. Recruitment continues to improve in the inpatient services which means less bank and agency staff are being used.

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 continues to offer supplementary training sessions to improve training availability for staff and compliance with positive and safe training is currently at 74% for teamwork and 67% for breakaway training. The slower than anticipated increase in compliance was due to the new staff group being added to the mandatory cohort who are all non-compliant until they have received the training and a number of school holidays which have meant more staff on leave and less up taking training over the past two months. It is expected that both breakaway and teamwork training will reach 85% by July 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

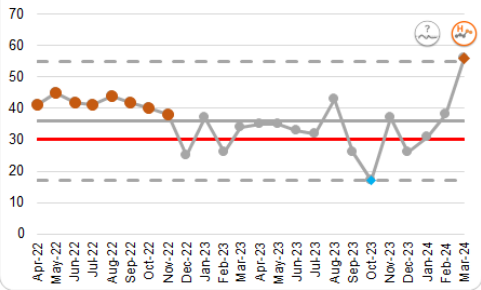
Seclusions between January and March 2024 have increased by 15% from 13 to 15 episodes of seclusion. This is in line with common cause variation.

Actions

- Episodes of seclusion will continue to be monitored via the reducing restrictive practice group.
- A review focused on peer support including debrief is expected to have an impact on reducing the number of seclusion incidents when it is completed in June 2024.
- This review will be presented, and progress monitored through the monthly Trust Reducing Restrictive Practice Group

Quality Performance

Number of falls on inpatient wards



Summary

The number of falls recorded between January and March 2024 has increased from 31 to 55. This increase is due to several repeated incidents attributed to a small group of patients with challenging conditions.

Actions

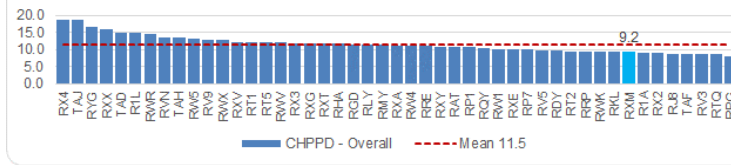
- These patients all have fall prevention care plans in place and a dedicated falls prevention Physiotherapist returned following a long absence in April 2024.
- The number of falls reported is monitored via the Falls Lead Occupational Therapist, Head of Nursing and Clinical Matron and learning from the bi-weekly falls meeting is reviewed in the monthly Divisional COAT meeting. Following this meeting any outstanding actions are reviewed and new actions allocated dependent on the need of the patients.

Care Hours per Patient Day (CHPPD)

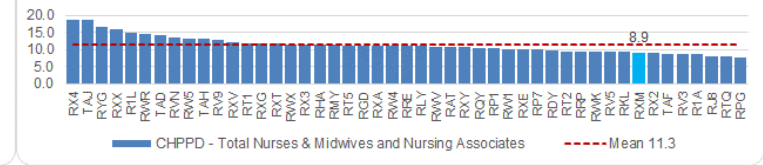
CHPPD is rolling data updated monthly, to show staffing levels in relation to patient numbers on an inpatient ward. Every month, the hours worked during day shifts and night shifts by registered nurses and midwives and by healthcare assistants are added together. Each day, the number of patients occupying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

The charts below indicate that the Trust's CHPPD overall achieved 9.2 hours, which was below average when benchmarked against other mental health trusts in the country. For total nurses and nursing associates the Trust achieved 8.9 hours against the national average of 11.3 hours:

CHPPD - Overall

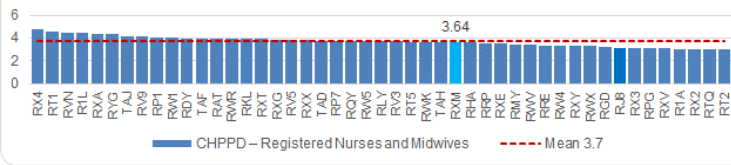


CHPPD - Total Nurses & Midwives and Nursing Associates

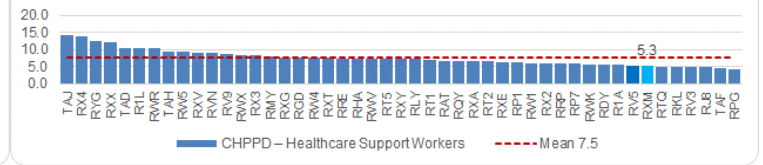


For registered nurses the Trust achieved 3.76 hours against the national average of 3.6 hours. For healthcare support workers the Trust achieved 6.11 hours against the national average of 7.5 hours:

CHPPD - Registered Nurses and Midwives



CHPPD - Healthcare Support Workers



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

Quality Performance

Friends and Family Test

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

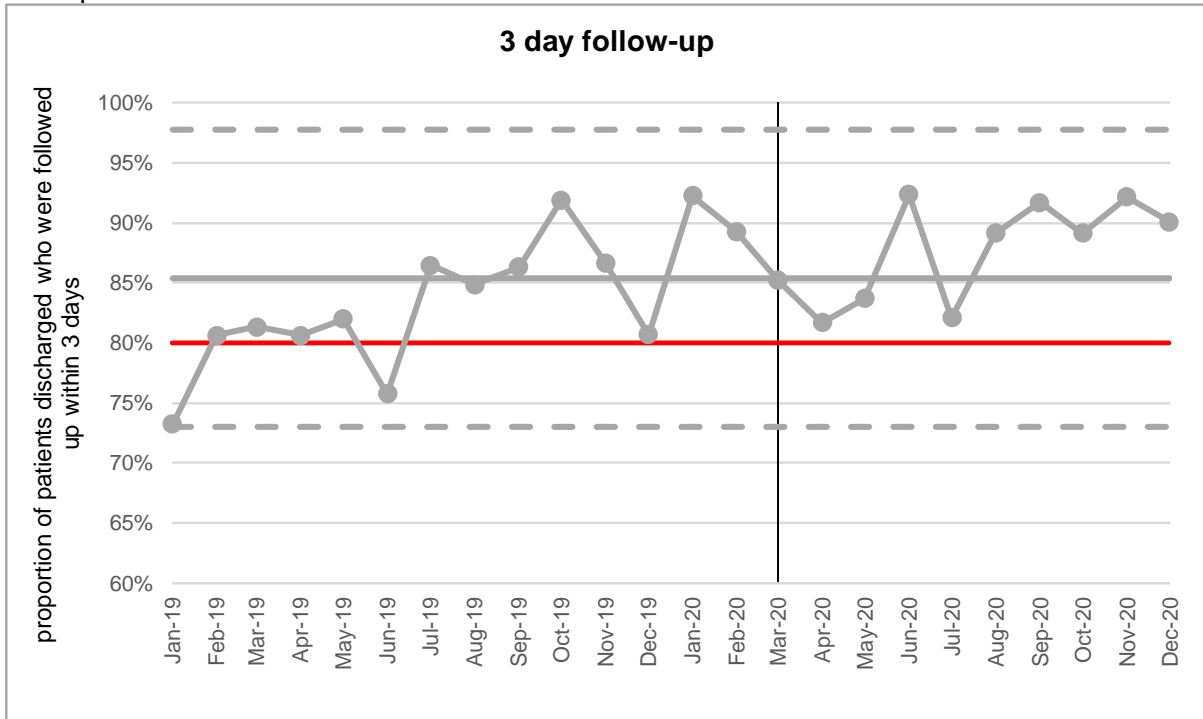
Trust Code	Total Responses	Total Eligible	Percentage Positive	Percentage Negative	Mode of Collection						
					Mode Electronic Discharge	Mode Electronic Home	Mode Paper Discharge	Mode Paper Home	Mode Telephone	Mode Online	Mode Other
	23,168	865,817	87%	6%	1,803	266	5,873	1,708	414	8,687	1,781
	22,425	854,271	87%	6%	1,655	266	5,715	1,708	414	8,601	1,474
	23,168	865,817	87%	6%	1,802	266	5,819	1,641	414	8,681	1,413
RR7	14	142	100%	0%	0	0	14	0	0	0	193
RY4	5	749	100%	0%	0	0	0	0	0	5	0
RYK	23	1,930	100%	0%	0	0	0	0	0	0	0
NDK	5	10	100%	0%	0	0	5	0	0	0	0
O2F3D	112	241	100%	0%	0	0	112	0	0	0	0
NNF	155	2,838	98%	0%	0	0	41	0	0	86	0
NQL	96	3,557	98%	0%	0	0	0	0	0	0	0
R1F	79	2,339	97%	0%	0	0	0	79	0	0	0
RV9	258	5,032	97%	1%	0	0	258	0	0	0	0
R1L	94	15,522	97%	2%	0	0	25	0	0	69	5
TAJ	207	17,311	96%	0%	0	0	0	0	0	0	0
RT2	1,002	12,160	96%	1%	0	0	623	0	54	186	0
RNK	67	2,759	96%	0%	*	*	*	*	*	*	0
RW4	795	20,859	95%	1%	372	0	246	0	0	177	0
RXL	125	1,460	94%	0%	0	0	0	74	0	50	43
ROB	168	1,993	94%	2%	0	0	123	0	0	45	0
RX3	1,612	149,411	94%	1%	284	0	1,163	0	0	91	0
RWV	204	5,867	94%	0%	0	0	0	47	3	154	0
R1C	271	2,117	92%	3%	0	152	0	0	0	58	0
RXG	389	13,161	91%	4%	26	0	0	132	0	231	0
RP7	986	5,001	91%	1%	16	0	114	0	0	851	*
RLY	237	13,356	91%	4%	0	0	0	147	0	88	*
RT1	192	10	91%	3%	50	0	0	69	0	70	*
RGD	161	7,530	90%	6%	0	0	0	39	0	122	*
RHA	109	15,134	90%	8%	0	0	0	86	0	9	43
RQ3	59	23	90%	7%	59	0	0	0	0	0	2
RDY	269	6,919	90%	6%	0	38	0	28	0	202	0
RXA	671	13,088	90%	4%	*	*	*	*	*	*	0
RXX	322	9,190	89%	4%	38	0	27	0	0	253	447
RXE	471	19,470	89%	6%	0	0	80	0	0	0	0
RXV	447	35,316	89%	5%	0	0	0	0	0	0	0
TAF	213	1,629	89%	3%	11	0	0	31	0	171	0
RWX	516	29,860	89%	3%	71	0	17	0	0	428	0
RRP	653	8,989	89%	4%	0	0	653	0	0	0	0
TAH	54	3,997	89%	4%	*	*	*	*	*	*	0
RQY	692	21,536	89%	5%	401	0	0	0	0	0	0
RVN	604	6,384	89%	4%	0	0	96	384	0	124	0
RY6	60	1,149	88%	10%	0	0	0	0	0	60	0
RW5	1,442	45,985	88%	7%	115	0	0	0	346	981	0
RXM	268	17,951	88%	5%	0	0	141	0	0	127	0
RTQ	290	3,902	87%	6%	0	0	0	0	0	290	207
RXY	452	14,541	87%	6%	0	0	422	0	0	30	23
RRE	365	25,206	86%	9%	0	0	0	0	0	322	0
RX4	538	35,107	86%	8%	0	0	345	0	0	0	0
RAT	604	7,355	84%	8%	0	0	0	0	0	604	143
RWR	688	12,602	84%	8%	0	0	282	0	0	146	0
RXT	375	19,772	84%	7%	0	0	323	0	0	52	0
RX2	742	12,873	83%	10%	0	0	0	0	0	742	0
RTF	46	868	83%	7%	0	0	0	0	0	0	0
RV5	420	38,915	82%	5%	0	0	127	0	0	293	0
RP1	117	8,383	81%	15%	41	0	0	68	0	6	*
RMV	368	28,325	80%	14%	*	*	*	*	*	*	*
RPG	856	15,401	80%	8%	75	76	130	130	0	160	0
RV3	261	25,782	79%	6%	3	0	70	0	0	188	28
TAD	89	10,040	79%	10%	79	0	2	0	2	6	0
NR5	227	2,325	78%	7%	0	0	0	0	0	0	0
RWK	523	34,777	77%	10%	0	0	0	40	0	379	0
RW1	1,314	11,174	74%	19%	0	0	358	287	0	669	183
RT5	509	11,674	73%	17%	13	0	0	0	9	56	96
NMJ	148	2,115	64%	13%	148	0	0	0	0	0	0
RKL	122	10,332	63%	25%	0	0	22	0	0	100	0

Data source: <https://www.england.nhs.uk/wp-content/uploads/2024/04/fft-mh-feb-24.xlsx>

Appendix 1

Statistical Process Control Chart (SPC) Guidance

Example SPC chart:



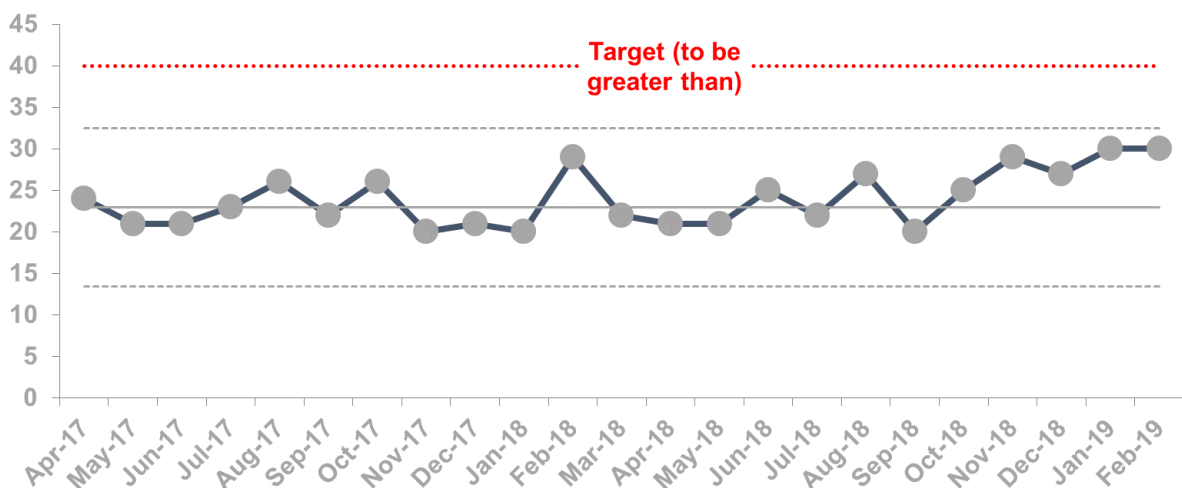
- The red line is the target.
- The grey dots are the actual performance each month. They are coloured grey as performance each month is normal in this example.
- The solid grey line is the average (mean) of all the grey dots.
- The grey dotted lines are called process limits, or control limits.

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.

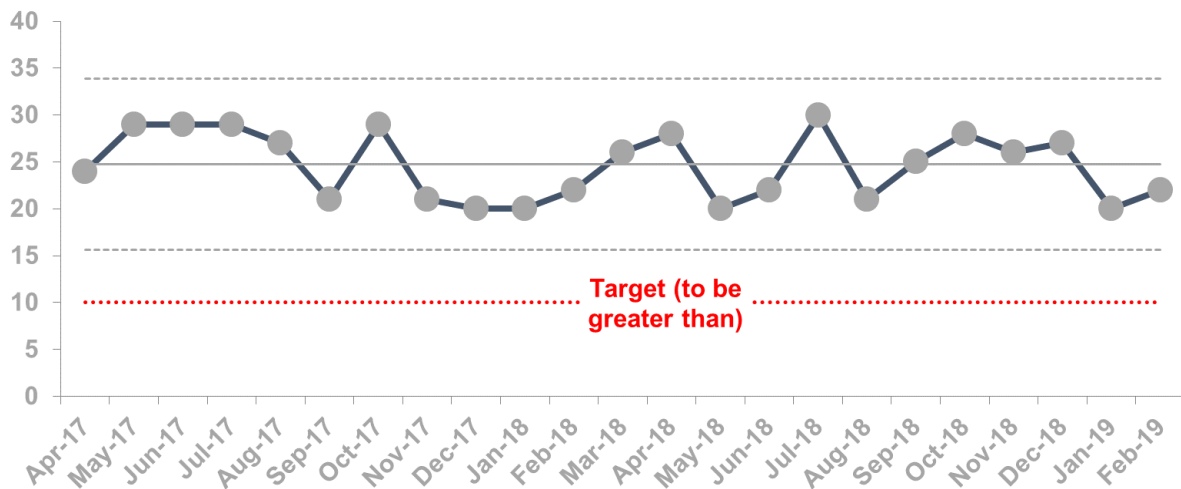
Things to look out for:

1. A process that is not working



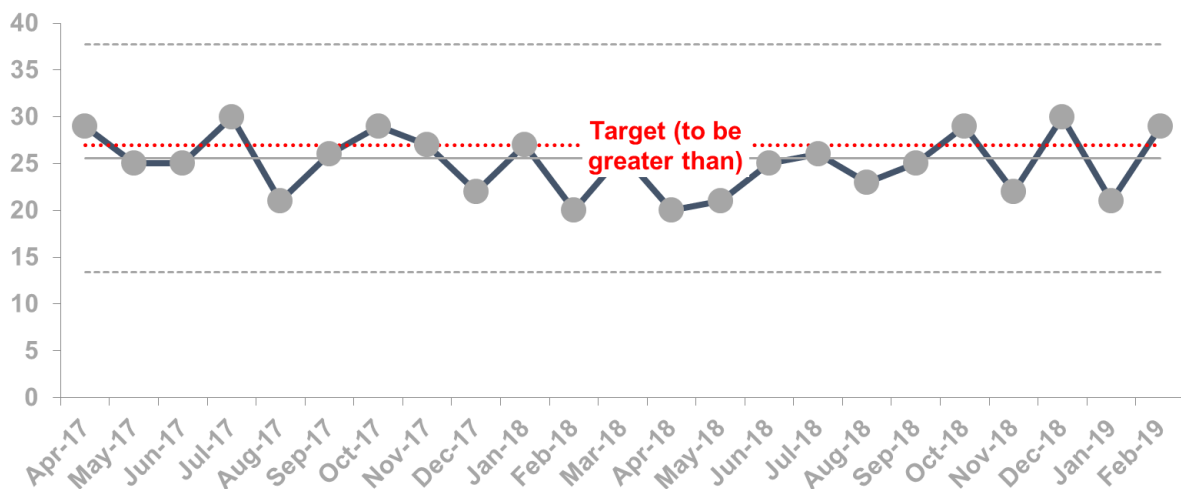
In this example the target is higher than the upper dotted grey line. This means that the target will never be achieved. To achieve the target, we need to change how we do things.

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

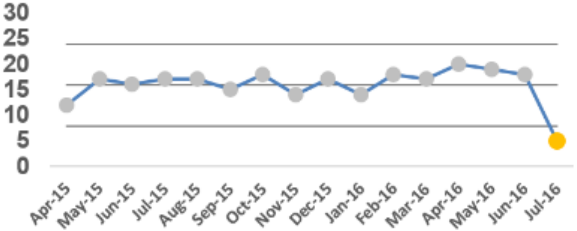
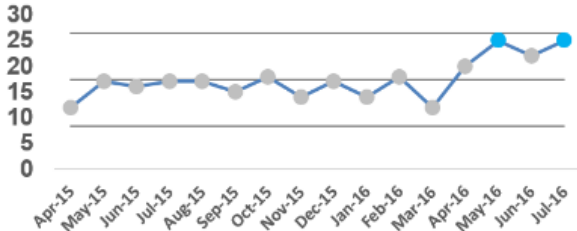
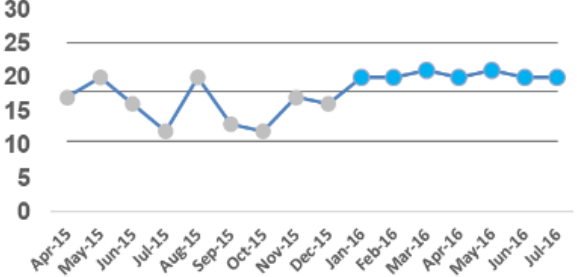
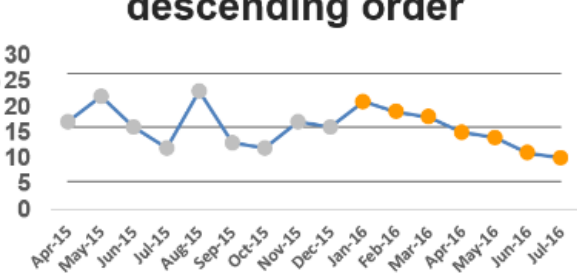


In this example the target line sits between the 2 grey dotted lines. As it is normal for the grey dots to fall anywhere between the 2 dotted grey lines, this means that it is entirely random as to whether or not the target will be achieved. So, this system is unreliable and needs to be redesigned if 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 data points from April 2015 to July 2016. The y-axis ranges from 0 to 30. Two horizontal grey dotted lines are drawn at approximately 10 and 20. Most data points are grey and fluctuate between 10 and 20. The final data point in July 2016 is significantly lower, around 5, and is colored orange.</p>	<p style="text-align: center;">Two out of three points close to the process limits</p>  <p>The chart shows a line graph with data points from April 2015 to July 2016. The y-axis ranges from 0 to 30. Two horizontal grey dotted lines are drawn at approximately 10 and 20. Most data points are grey and fluctuate between 10 and 20. The last three data points (May, June, and July 2016) are significantly higher, around 25, and are colored blue.</p>
<p>In this example the July 16 performance is significantly lower than expected and falls beneath the lower grey dotted line.</p>	<p>2 out of 3 points close to one of the grey dotted lines is statistically significant, in this case they are blue, indicating better than expected performance.</p>
<p style="text-align: center;">Shift of points above / below mean line</p>  <p>The chart shows a line graph with data points from April 2015 to July 2016. The y-axis ranges from 0 to 30. Two horizontal grey dotted lines are drawn at approximately 10 and 20. The data points fluctuate around the 15 mark until January 2016. From January 2016 onwards, the points consistently rise above the 20 mark, indicating a shift in the process mean.</p>	<p style="text-align: center;">Run of points in consecutive ascending / descending order</p>  <p>The chart shows a line graph with data points from April 2015 to July 2016. The y-axis ranges from 0 to 30. Two horizontal grey dotted lines are drawn at approximately 10 and 20. The data points show a clear downward trend from a peak of about 22 in August 2015 to a low of about 10 in July 2016. The last seven points (from Jan 2016 to Jul 2016) are colored orange, indicating a significant run of points in descending order.</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)

Report from the Governance Committee

Purpose of Report

The Governance Committee of the Council of Governors (CoG) has met once since its last report to the Council of Governors on 5 March 2023. This report provides a summary of that meeting on 16 April including actions and recommendations made.

Executive Summary

Key matters discussed at the meeting had been:

- Feedback from governors’ engagement activities
- Draft governor and membership section of the Annual Report 2023/24
- Quality Account – Draft Governor Statement
- Declarations of interest
- Consultation on the new Trust Strategy.

Strategic Considerations

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

Risks and Assurances

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

Consultation

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

Governance or Legal Issues

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

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

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

Recommendations

The Council of Governors is requested to:

- 1) Note the report made of the Governance Committee meeting held on the 18 April 2023
- 2) Approve the governor statement for the Quality Account.

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

Report prepared by: Denise Baxendale, Membership and Involvement
Manager

Council of Governors – 7 May 2024

Report from the Governance Committee meeting held on 16 April 2024

16 (61.54%) governors attended the meeting.

Feedback From Governors' Engagement Activities

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

Draft Governor and Membership Section Of The Annual Report 2023/24

The draft governor and membership section for the Trust's Annual Report content for 2023/24 was agreed.

Quality Account – Draft Governor Statement

The Lead Governor has been working with the Trust's lead for the Quality Report to draft a governor statement for inclusion in the document. This is included as Appendix i to this report for the Council of Governors approval.

Declarations Of Interest Report – Annual Update

The Annual Review of the Declarations of Interests Register was presented for information. In line with paragraph 30.1.3 of the Trust's Constitution, relevant declaration of interests for governors are recorded. Where a nil return has been recorded, it signifies that the declaration of interests form has been returned with no interests declared.

Consideration of Holding to Account Questions to Council Of Governors

There was one item to escalate from this meeting to the Council of Governors regarding Occupational Therapists involvement in improving services. It was noted at the meeting that there was also an escalated item regarding Memory Assessments that was raised at the last Council of Governors in March.

Trust Strategy: consult governors on the development of the new Trust Strategy

Governors were consulted on the development of the new Trust Strategy. Those governors unable to attend were sent the questions shared at the meeting for their comments.

Draft Governors' Response to the 2023/24 Quality Account

During 2023/24, the Council had the opportunity, both through formal performance assurance reports to the Council of Governors meetings and in joint Board and governor sessions, to seek and gain assurance regarding the delivery of quality services to our service users and their carers.

This year's report reflects the complexity of the work being undertaken by the Trust. The report is balanced, and the content triangulates with other documents that have been received by the Council of Governors or where governors have requested further information on performance and outcomes.

Governors recognise the changing landscape of the NHS and the value of partnership working. We were pleased to see examples of collaborative working in action, including the unification of the Neurodevelopmental Services across Derbyshire, creating a new collaborative ensuring all Derbyshire residents are offered the same level of service, and the expansion of Perinatal services, which saw Derbyshire Healthcare become the responsible partner for the East Midlands Perinatal Mental Health Collaborative.

Another area of note has been the 'Making Room for Dignity' programme, particularly the planned construction of a male Psychiatric Intensive Care Unit (PICU) and the refurbishment of Audrey House into a female Enhanced Care Unit. During 2023/24, governors asked questions about the use of out-of-area placements and the impact on service users. Governors were therefore delighted that this part of the Making Room for Dignity programme aims to eradicate the use of out-of-area placements, bringing people closer to home for treatment, ensuring service users, their families, and communities remain an integral part of treatment and recovery.

In 2023/24, waiting lists continued to be the most frequently raised question from constituents. Governors were pleased to see that Derbyshire Healthcare NHS Foundation Trust (DHCFT) saw the implementation of all remaining Living Well Teams, paving the way for 2024/25. Over the next year, governors look forward to seeing further engagement between Living Well teams and partners across the voluntary sector and primary care, working together to remove barriers and delivering a positive impact on waiting lists and improved experience.

Importantly, the report continues to demonstrate the enormous amount of work undertaken during a time of unprecedented challenge to the NHS. The resilience and commitment of staff to meaningful engagement, coupled with a focus on work to reduce health inequalities and improve access to high-quality care, upholds the vision and values set out by DHCFT.

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

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

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	Governors are encouraged to join their PPG (if there is one) and JUCD Citizens Panel	Governors to feedback on engagement via the governor engagement log which is presented at each Governance Committee meeting. Ongoing
	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.	Denise rolling out promotional material on governors to members	To be picked up by Denise – June/July 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.	Governance Committee to discuss at their June meeting.
	Joined Up Care Derbyshire Engagement Committee – now called Public Partnerships Committee	Hazel Parkyn has agreed to attend these	Ongoing – updates are 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	Discuss at Governance Committee in June
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	Members have been contacted to save the date. Promotion to start in earnest end of July. All governors to promote the event.
	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"> Governors are encouraged to sign up to the voluntary forum e-newsletters. Subscribe online: Bulletin Updates Derbyshire Voluntary Action (dva.org.uk) and Derbyshire Mental Health Forum (erewashvoluntaryaction.org.uk) Governors are encouraged to attend the joint mental health forum organised by DVA and DMHF in March and September each year. These are currently held face to face. Governors are encouraged to attend the DVA and DMHF forums. Each organisation has three meetings a year. Find out the dates on their websites: Derbyshire Mental Health Forum (erewashvoluntaryaction.org.uk) and Derbyshire Voluntary Action (dva.org.uk) DVA and DMHF will inform governors of events they will be attending in public governors localities so that they can attend. Governors to check out the voluntary organisations in their locality (Community Mental Health Support Map Derbyshire – Google My Maps) and let Denise Baxendale know which one(s) they would like to link in with. Denise will then see if this is possible and make the necessary introductions 	<p>All governors</p> <p>Public/Appointed Governors</p> <p>Public/Appointed Governors</p> <p>Public/Appointed Governors</p> <p>Public Governors</p>	<p>Please note that this section was reviewed and updated by Denise Baxendale and Rachel Bounds on 2.4.24.</p>
<p>4</p>	<p>Communicating with Trust members</p> <p>To consider how governors communicate with members. Email each constituency details of their governor(s) and how to contact them. Including a ‘getting to know’ your governors – i.e. hobbies, why they became a governor, why they want to hear from you.</p>	<p>Governors</p>	<p>Denise Baxendale has begun this action – February 2024. New governors will also be featured in the summer edition of ‘Connections’ magazine</p>
<p>5</p>	<p>Staff</p> <p>Staff Governors meeting regularly with staff through “Grab a Governor” scheme. Will feedback through Staff Governor Engagement Logs to Denise Baxendale alongside other governor feedback. Since the pandemic, these sessions have been virtual. The governor role is also promoted in staff communications (i.e., Staff Facebook group, staff e-newsletter and the intranet)</p>	<p>Staff Governors</p>	<p>“Grab a governor” sessions are to continue in 2024</p>

	Staff governor poster to be produced and circulated to all staff	Denise Baxendale	Updated and circulated to staff governors, and Communication to share with staff 20.2.24 COMPLETE
7	Protocols for Governor Engagement Governor engagement toolkit	Denise Baxendale and governors	Information produced and emailed to governors February 2024. COMPLETE
	Leaflet on the Trust services needs to be updated	Denise Baxendale	Denise to update the information August 2024
	Increasing membership Look at key messages for increasing membership in Chesterfield and High Peak and Derbyshire Dales, and with younger people.	Governance Committee	To discuss at the June Committee meeting
	Governor Feedback – all governors are encouraged to complete the Governor Engagement Log at least two weeks prior to scheduled Governance Committee meetings so they can be included in the engagement log	All Governors	Ongoing – standing agenda item for the Governance Committee

Last reviewed by Council of Governors 5.3.24

Last updated 24.4.24

Governor Meeting Timetable May 2024 – March 2025

DATE	TIME	EVENT	LOCATION/COMMENTS
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.
5/6/24*	3.30pm-4.30pm	Virtual informal catch up with Selina Ullah	MS Teams (for governors unable to meet with Selina in person in Chesterfield or Kingsway)
12/6/24	10am 12.30pm	Governance Committee	Hybrid –Kingsway Room 10, Kingsway House, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
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
5/8/24*	11.00am-12.00pm	Virtual informal catch up with Selina Ullah	MS Teams (for governors unable to meet with Selina in person in Chesterfield or Kingsway)
6/8/24	10am 12.30pm	Governance Committee	Hybrid – room 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
7/10/24*	11.00am-12.00pm	Virtual informal catch up with Selina Ullah	MS Teams (for governors unable to meet with Selina in person in Chesterfield or Kingsway)
15/10/24	10am 12.30pm	Governance Committee	Hybrid – room 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
2/12/24*	11.00am-12.00pm	Virtual informal catch up with Selina Ullah	MS Teams (for governors unable to meet with Selina in person in Chesterfield or Kingsway)
4/12/24	2.30pm-5.00pm	Governance Committee	Hybrid – room 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
3/2/25*	11.00am-12.00pm	Virtual informal catch up with Selina Ullah	MS Teams (for governors unable to meet with Selina in person in Chesterfield or Kingsway)
5/2/25	10am-12.30pm	Governance Committee (includes NED appraisals)	Hybrid – room 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 – these virtual informal chat sessions with Selina Ullah, Trust Chair have been organised for those governors who are unable to attend the sessions in person in Chesterfield and at Kingsway Hospital site in Derby.

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

**GLOSSARY OF NHS AND
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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	Data 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
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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)