

**COUNCIL OF GOVERNORS' MEETING – TUESDAY 3 JUNE 2025  
FROM 14.00 – 16:45 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.

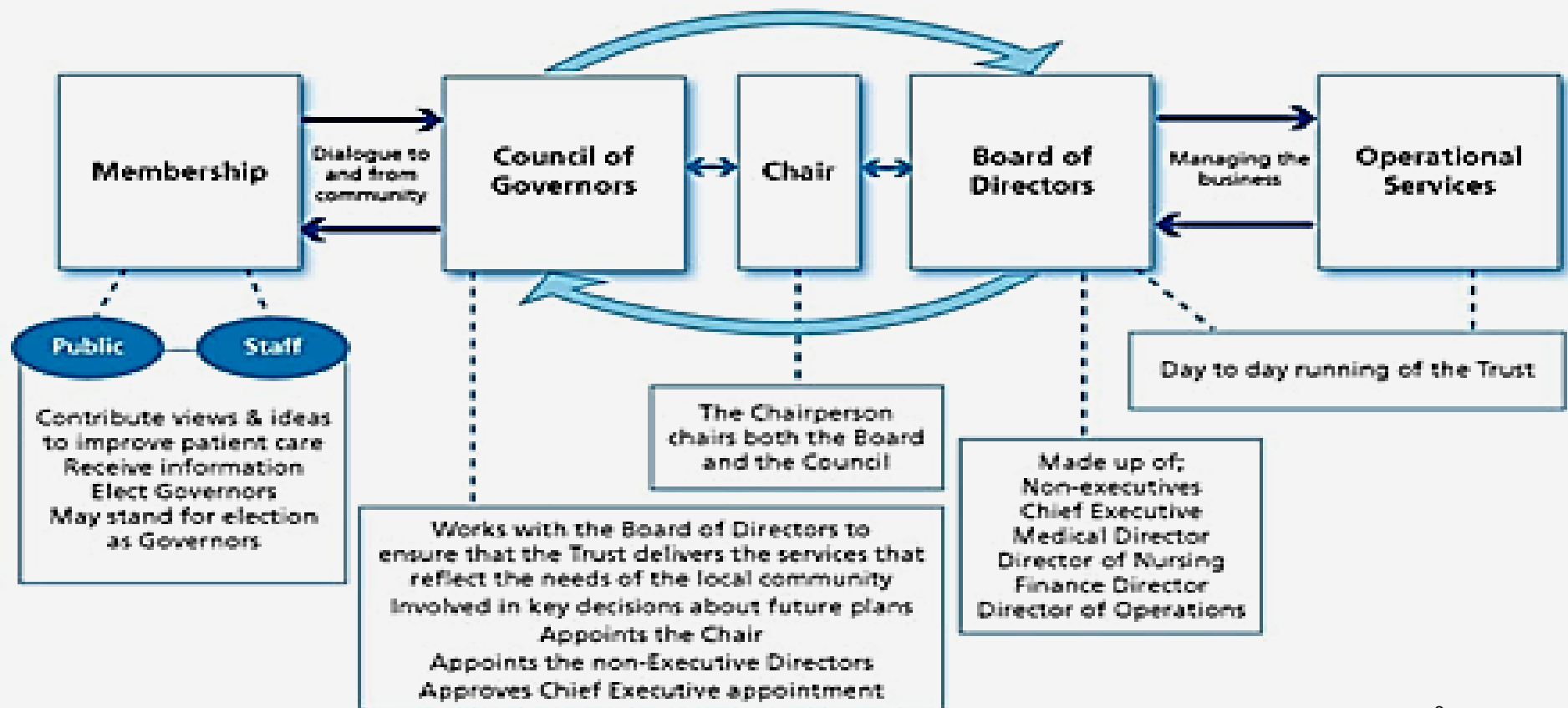
If you are joining virtually – [click here](#)

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 4 March 2025	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 and Remuneration Committee (including reappointment of Non-Executive Director, proposal for Deputy Trust Chair)	Selina Ullah	14.55
7.	Council of Governors Annual Effectiveness Survey	Denise Baxendale	14.50
HOLDING TO ACCOUNT			
8.	Non-Executive Directors Reports	Andrew Harkness/ Ralph Knibbs	14.55
COMFORT BREAK			15.15
9.	Staff Survey Results	Lucy Moorcroft	15.25
10.	Escalation items to the Council of Governors from the Governance Committee (verbal)	Non-Executive Directors	15.40
11.	Integrated Performance Report	Non-Executive Directors	16.10
OTHER MATTERS			
12.	Governance Committee Report	Marie Hickman	16.30
13.	Review Governor Membership Engagement Action Plan	Denise Baxendale	16.35
14.	Any Other Business	Selina Ullah	16.40
15.	Review of meeting effectiveness and following the principles of the Code of Conduct	Selina Ullah	
16.	Close of meeting	Selina Ullah	16.45
FOR INFORMATION			
17.	* Public Board agenda and papers for 3 June 2025 including: <ul style="list-style-type: none"><li>• Minutes of the Public Board meeting held on 3 March 2025</li><li>• Chair’s Report</li><li>• Chief Executive’s Report</li></ul>		
18.	Governor meeting timetable 2025/2026		
Next Meeting: 23 September 2025 from 14:00-17:00 hours.			

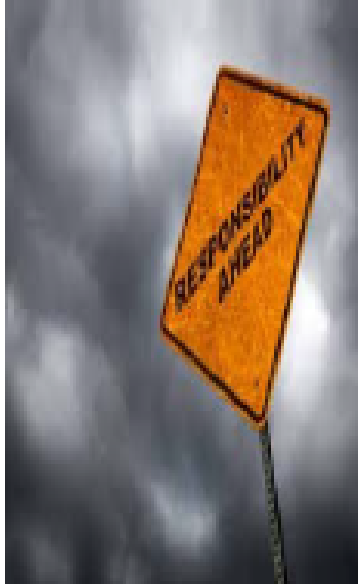
\* Public Board papers will be available to view on the [Trust's website](#). Click on the 2025 drop down menu and select the relevant agenda and papers.

# 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





derbyshirehealthcareft.nhs.uk/about-us/strategy

Our vision, values and strategic priorities are central to everything we do. They are the ‘thread’ that ties together all our work, explaining how we can best serve the people of Derby and Derbyshire and support each other. How does your role form part of that thread?





**MINUTES OF COUNCIL OF GOVERNORS MEETING  
HELD ON TUESDAY 4 MARCH 2025 FROM 14.00 – 16:45 HOURS  
HYBRID MEETING DIGITALLY VIA MICROSOFT TEAMS AND FACE TO FACE**

<b>PRESENT</b>	Selina Ullah*	Trust Chair and Chair of Council of Governors
	Angela Kerry	Public Governor, Amber Valley
	Susan Ryan*	Public Governor, Amber Valley and Lead Governor
	Neil Baker	Public Governor, Bolsover and North East Derbyshire
	Dave Allen*	Public Governor, Chesterfield
	Jill Ryalls	Public Governor, Chesterfield
	Jane Chukwudi*	Public Governor, Derby City East
	Christine Williamson*	Public Governor, Derby City West
	Ruth Day	Public Governor, Derby City West
	Andrew Beaumont	Public Governor, Erewash
	Christopher Williams*	Public Governor, Erewash
	Fiona Birkbeck*	Public Governor, High Peak and Derbyshire Dales
	Brian Edwards*	Public Governor, High Peak and Derbyshire Dales
	Hazel Parkyn	Public Governor, South Derbyshire
	Anson Clark	Public Governor, Rest of England
	Claire Durkin	Staff Governor, Admin and Allied Support
	Fiona Rushbrook*	Staff Governor, Allied Health Professions
	Jo Foster	Staff Governor, Nursing
	Sifo Dlamini	Staff Governor, Nursing
	Mathew Joseph*	Staff Governor, Medical
	Alison Martin*	Appointed Governor, Derby City Council
	Garry Hickton	Appointed Governor, Derbyshire County Council
	Debra Dudley	Appointed Governor, Derbyshire Mental Health Forum
	David Robertshaw	Appointed Governor, University of Derby
<b>IN ATTENDANCE</b>		
	Mark Powell*	Chief Executive
	James Sabin*	Director of Finance
	Justine Fitzjohn*	Director of Corporate Affairs and Trust Secretary
	Denise Baxendale*	Membership and Involvement Manager
	Lynn Andrews*	Non-Executive Director
	Tony Edwards*	Non-Executive Director
	Andrew Harkness*	Non-Executive Director
	Ralph Knibbs*	Non-Executive Director
	Geoff Lewins*	Non-Executive Director

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

## APOLOGIES

Tom Bladen  
Marie Hickman  
Rachel Bounds

Public Governor, Derby City East  
Staff Governor, Admin and Allied Support  
Appointed Governor, Derbyshire Voluntary  
Action

DHCFT/GOV /2025/001	<p><b><u>WELCOME, INTRODUCTIONS AND CHAIR'S OPENING REMARKS, APOLOGIES AND DECLARATIONS OF INTEREST</u></b></p> <p>Selina Ullah, Trust Chair welcomed all to the meeting in particular to the newly elected governors who introduced themselves. Apologies were noted above.</p> <p>Ralph Knibbs, Non-Executive Director declared an interest in item six on the agenda 'Report from Governors Nominations and Remuneration Committee'.</p>
DHCFT/GOV /2025/002	<p><b><u>SUBMITTED QUESTIONS FROM MEMBERS OF THE PUBLIC</u></b></p> <p>Two questions had been received from a Trust member:</p> <p><u>Question one: Attend Anywhere</u></p> <p><i>How often is Attend Anywhere being used, why, is there any intention to sideline it/really give service users a choice? The Attend Anywhere issue is not new. The 'default setting' should be face to face and not, as I suspect, the other way round. It is a better way of doing mental health. It seems that appointments are being defaulted to Attend Anywhere despite requesting face to face.</i></p> <p><i>In my opinion (as a retired psychiatrist) it is simply not as good for most people. Even getting the service is difficult. In my own situation I made sure I was a click away (use the QR code not the alternative way; it doesn't tell you it's very much easier!) well in advance and then with two minutes to go something changed, I couldn't get back in time and when the psychiatrist phoned me – all hot and bothered – we had the interview on my smart phone. Worse than ever!</i></p> <p>It was noted that, in relation to the part of the question regarding the members individual experience of Attend Anywhere, the Membership and Involvement Manager has signposted them to the Trust's Patient Experience Team. However the member also wanted this raised at the Council of Governors.</p> <p>Mark Powell, Chief Executive confirmed that each service that the Trust provides uses Attend Anywhere and he agreed to arrange a response to the Trust member who raised the question.</p> <p>There was a second question and the Chair confirmed that it is not appropriate to respond as it was regarding the physical health of our workforce.</p> <p><b>ACTION: Mark Powell, Chief Executive will arrange for a response to the question regarding Attend Anywhere for the Trust member.</b></p>
DHCFT/GOV /2025/003	<p><b><u>MINUTES OF THE PREVIOUS MEETING, HELD ON 5 NOVEMBER 2024</u></b></p> <p>The minutes of the meeting held on 5 November 2024 were accepted as a correct record.</p>

DHCFT/GOV /2025/004	<p><b><u>MATTERS ARISING AND ACTIONS MATRIX</u></b></p> <p><b>Matters arising</b></p> <p>There were no matters arising.</p> <p><b>Action Matrix</b></p> <p>Governors agreed to close all completed actions. All ‘green’ actions have been scrutinised to ensure they were fully complete. Updates on actions have been made on the Actions Matrix and below:</p> <p>The Chief Executive confirmed that:</p> <ul style="list-style-type: none"> <li>• 24 weeks is the average wait for referral to the Memory Assessment Service</li> <li>• There is no housing representative on the Integrated Care Board’s (ICB) Clinical Professional Leadership Group.</li> </ul>
DHCFT/GOV /2025/005	<p><b><u>CHIEF EXECUTIVE’S UPDATE</u></b></p> <p>Mark Powell, Chief Executive gave a verbal update which included:</p> <p><b>NHS planning guidance 2025/26</b></p> <p>The NHS priorities and operational planning guidance for 2025/26 was released late in January and sets out a focused, smaller number of national priorities for 2025/26. The Trust is required to respond to the guidance. The focus is on crisis care and increased focus on mental health services for children and young people. The guidance also sets out a policy shift towards a neighbourhood health service to prevent admissions and improve access to care.</p> <p>However, several of the current priorities relating to Mental Health, Learning Disabilities, Autism and Children’s services have been de-prioritised, with no additional funding being identified to make the significant transformation needed across our sector. Mark confirmed that although there is commitment to retaining the Mental Health Investment Standard, this doesn’t come with any more investment, and the Trust will need to work with the commissioners to decide which services and developments that were introduced in previous years can continue.</p> <p>The guidance also sets out the financial landscape for the NHS in 2025/26. Mark added that the level of cost savings required in the coming year is going to be extremely challenging and all healthcare systems will need to take difficult decisions about how to prioritise their resources. As well as achieving the priorities providers will need to reduce their cost base by at least 1% and achieve an additional 4% productivity savings during the year. This is in line with the challenging 5% savings which governors have been made aware of.</p> <p>The Trust is required to submit its plan by the end of March. It has to be part of the system plan which cannot show a deficit of more than £45m.</p> <p>Brian Ewards, Public Governor, High Peak, referred to the priorities in the guidance about reducing the average length of stay in adult acute mental health services and increasing the number of children and young people accessing services; and asked if this means children and young people will be</p>

given priority over adult services. Mark explained that these priorities relate to people being clinically ready for discharge and the delay due to support from other organisations not being available when required. Mark also explained that the guidance does not give details of how children and young people should be prioritised. Despite this the Trust is trying to ensure more joined up services for children and young people. A piece of work has begun on joining up children services across the county with Chesterfield Royal Hospital NHS Foundation Trust and the University Hospitals of Derby and Burton NHS Foundation Trust who also provide children and young people services.

Alison Martin, Appointed Governor, Derby City Council emphasised the importance of connecting children services. At Derby City Council they are looking at connective thinking. Mark confirmed that NHS children services in Derbyshire is fragmented and is confident that a better service can be provided by working in partnership.

Brian Edwards expressed concern that the priority regarding children and young people will mean that adult services will decline. Selina Ullah assured governors that conversations about the priorities were taking place in the system. Jill Ryalls, Public Governor, Chesterfield expressed concern that adult services may be impacted by the children and young people's priority. Parents of some children in services have their own mental health needs and these need to be responded to otherwise it could be detrimental to their children, impacting on the children and future generations. Selina assured governors that the Trust is currently gathering information to be able to have a meaningful conversation with the ICB that will hopefully lead to active decisions.

Dave Allen, Public Governor, Chesterfield referred to the planned deficit and funding cuts and asked if this would affect the Dementia service. He expressed concern that people with dementia remain undiagnosed with a languishing quality of life. Mark explained that Dementia diagnosis is not featured as a priority in the guidance, but the Trust will continue to give the best possible care within its financial constraints. It was noted that the Dementia service is managing to diagnose people at an early stage.

Referring to the cuts, Mark explained that the Trust is in the early stages of looking at cost savings for 2025/26 and is keen to diminish as much as possible the impact on front line services. This will include looking at the best way to structure ourselves with the right management infrastructure which will hopefully alleviate pressure on front line services.

### **Making Room for Dignity programme**

The Bluebell Ward opened at Walton Hospital in January. It is the first of the Trust's new and refurbished facilities to open as part of the Making Room for Dignity programme and provides older adults with a dedicated unit, replacing the provision previously offered through Pleasley Ward at the Hartington Unit.

The programme's remaining facilities continue to develop, with the new Derwent and Carsington Units scheduled to open this Spring. They will be followed by the new enhanced care unit at Audrey House and Kingfisher House, the new Psychiatric Intensive Care Unit (PICU). This will allow the refurbishment of the Radbourne Unit to commence as the final part of the programme. Colleagues are undertaking training in the new model of care that

will be offered across our new services, which aims to achieve purposeful admissions, sensory interventions and a trauma-informed approach to care.

### **Report from the Care Quality Commission (CQC)**

Mark confirmed that the CQC report following their return inspection to the Trust's acute inpatient units has now been published. It reflects significant progress at both the Radbourne and Hartington Units, with a change in the overall rating of the Trust's Acute services from 'requires improvement' to 'good'. There have also been improvements for the safety and well led domains which have also been rated as 'good'. In addition, the CQC also formally removed the temporary conditions on the Trust's registration for Acute services.

### **Talking Therapy services update**

Mark reminded governors that the Trust had not submitted a bid to continue providing the service for financial reasons. In February the Integrated Care Board (ICB) publicly confirmed the Vita Health Group had been selected as the preferred bidder to provide NHS Talking Therapies services in Derby and Derbyshire, from 1 July 2025. The decision to award the contract has taken longer than anticipated. This has presented some significant challenges to the Trust's team who currently provide this service. The team has, through a period of uncertainty for themselves, remained extremely professional in ensuring they continue to provide the best possible service to people who access this service. The transition to a new provider presents risks that will need to be managed. The Trust has, over the course of the last few months, raised several risks to the ICB about the transition. This includes the growing waiting list and therefore, our inability to provide treatment to some people before 1 July. In addition, the Trust is seeing colleagues leave our service to take up roles elsewhere, thus impacting on service capacity to see patients. We have committed to work closely with the ICB and Vita Health Group over the coming months to ensure an effective transition for both staff and patients.

Regarding the transition arrangement and the likelihood that the Trust will need to close wait lists, Susan Ryan, Public Governor, Amber Valley, asked what the impact will be on the service the Trust is currently providing. Mark explained that the Trust is in dialogue with the new provider regarding the transition and TUPE arrangements, they are also aware that as staff leave there are less people to see patients. The Trust has made it clear that the wait list will need to close in April as there are ethical considerations of not being able to complete treatment; and we will also be unable to fulfil the Trust's Waiting Well policy. As part of the transition period, the Trust is working with the ICB to refer people to other services. Susan suggested that a robust communications plan is co-produced with ICB that governors can share with their constituents and the public.

Alison Martin asked why the Trust had not submitted a bid to continue to deliver the service. Mark explained that the ICB had cut the funding for the service from £2m to £1m which would mean that the Trust would not be able to provide an effective and quality service. It had not been an easy decision to make as the Trust had provided the service for over 15 years.

	<b>RESOLVED: The Council of Governors noted the Chief Executive's update.</b>
DHCFT/GOV /2025/006	<p><b><u>REPORT FROM GOVERNORS' NOMINATIONS AND REMUNERATION COMMITTEE</u></b></p> <p>Selina Ullah presented an overview of the matters discussed at the last Governors Nominations and Remuneration Committee held on 3 February 2025. This included:</p> <ul style="list-style-type: none"> <li>• 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. Selina confirmed that the appraisal process has started and conveyed her appreciation to governors for their feedback and involvement so far in the process</li> <li>• A proposal for the reappointment of Ralph Knibbs as NED and Senior Independent Director</li> <li>• Recruitment plan for the two NED appointments to the Trust Board to replace Geoff Lewins and Tony Edwards.</li> </ul> <p><b>RESOLVED: The Council of Governors:</b></p> <ol style="list-style-type: none"> <li>1) <b>Noted the report from the Nominations and Remuneration Committee held on 3 February 2025</b></li> <li>2) <b>Received assurance from the Committee that satisfactory appraisals are taking place for the Trust Chair and Non-Executive Directors</b></li> <li>3) <b>Approved the re-appointment of Ralph Knibbs, NED and Senior Independent Director for a further three years from 1 July 2025</b></li> <li>4) <b>Supported the recruitment plan for the two NED appointments.</b></li> </ol>
DHCFT/GOV /2025/007	<p><b><u>DEVELOPMENT OF ANNUAL PLAN</u></b></p> <p>James Sabin, Director of Finance gave a presentation on the NHS planning round. 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 ICB on how we will deliver against the national requirements. The presentation set out a number of performance targets we are required to deliver and the financial and workforce summaries and what that means in terms of activity.</p> <p>James confirmed that the draft plan remains a deficit of £5.4 and the action plan will be monitored carefully.</p> <p>Justine Fitzjohn, Director of Corporate Affairs and 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.</p> <p>Brian Edwards and Alison Martin acknowledged the financial pressures across the system, including funding cuts by Derby City Council and Derbyshire County Council. Alison also referred to the importance of intervention to avoid people being referred into services. She also referred to Derby City Council's funding cuts to school nurses in Derby City which will have an impact on children and young people.</p>

	<b>RESOLVED: The Council of Governors noted the contents of the report.</b>
DHCFT/GOV /2025/008	<p><b><u>REVIEW OF TRUST CONSTITUTION</u></b></p> <p>Justine Fitzjohn confirmed that the amendments to the Trust Constitution had been approved at the Public Trust Board that took place in the morning. She explained that it is a statutory requirement for the Council of Governors to also approve the changes. The amendments were detailed in the report to the Council of Governors and a full copy of the updated Trust Constitution, once approved by the Council of Governors will be available on the Trust website.</p> <p>Justine conveyed her appreciation to Geoff Lewins, NED and the sub-group of governors for their support in reviewing the Trust Constitution.</p> <p><b>RESOLVED: The Council of Governors:</b></p> <ol style="list-style-type: none"> <li><b>1) Noted the contents of the report and the amendments made to the Trust Constitution</b></li> <li><b>2) Approved the amendments to the Trust Constitution.</b></li> </ol>
DHCFT/GOV /2025/009	<p><b><u>NON-EXECUTIVE DIRECTORS REPORT</u></b></p> <p>Tony Edwards presented his overview report of the last year. He explained that it had been an interesting and challenging 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. The report detailed his role as Chair of the Finance and Performance Committee; and the work that the Committee focused on throughout the year.</p> <p>He explained that he really enjoyed the NED role but was unable to continue for a further term due to having moved away from Derbyshire.</p> <p>Governors conveyed their appreciation to Tony and in particular to his ability to explain finance in an understandable way to lay people.</p> <p><b>RESOLVED: The Council of Governors noted the Non-Executive Director's updates and gained assurance from them.</b></p>
DHCFT/GOV /2025/010	<p><b><u>ESCALATION ITEMS TO THE COUNCIL OF GOVERNORS FROM THE GOVERNANCE COMMITTEE</u></b></p> <p>Two items of escalation were received from the Governance Committee meeting held on 5 February 2025:</p> <p><i>"Governors would like feedback from the review that's been undertaken by the Trust on the utilisation of the crisis beds. Governors seek assurance that there's a consistent approach to access the crisis beds in the north and south given the differences in utilisation."</i></p> <p>Governors were informed by Selina that Vikki Ashton Taylor, Deputy Chief Executive/Chief Delivery Officer was undertaking an internal review of the utilisation of crisis beds. Once the report is ready, Vikki will be able to respond to the escalated item. It was indicated by Tony Edwards that the report will be ready end of March.</p> <p><i>"Governors seek assurance that the Trust understands the impact and potential risk to service delivery and patient experience associated with the removal of council discretionary grants and other reductions in voluntary funding,</i></p>



	<p><i>particularly where the Trust relies on or works collaboratively with these organisations.”</i></p> <p>This item related to a discussion around the funding cuts in the voluntary sector and concern around the impact this will have on our services. The following response to the question was read out at the meeting:</p> <p>“We work closely with other NHS providers and the Integrated Care Board to understand Local Authority changes, and impact, to contracts including removal of council discretionary grants and other reductions in voluntary funding. We also monitor any changes to voluntary sector contracts commissioned by the Integrated Care Board. The Trust responds to formal consultations led by the respective Local Authority’s and will escalate concerns through the Integrated Care Partnership Board that covers both Derby and Derbyshire. It is not always easy to quantify impact of changes to voluntary, community and social enterprise (VCSE) sector service provision on our services given the huge range of voluntary, community and social enterprise sector providers across Derby and Derbyshire. We are also mindful of the potential increased burden on carers as a result of such changes.”</p> <p>Alison Martin explained that the City Council has very fragile reserves. They are having ongoing discussions with Community Action Derby; and making sure that voluntary sector voices are represented on the Integrated Care Partnership. She assured governors that the issues regarding the voluntary sector are being taken seriously.</p> <p>Garry Hickton, Appointed Governor, Derbyshire County Council also explained that the County Council was struggling financially and money was being allocated to vulnerable children and adults. Councils have requested additional funding from the government. Alison Martin explained that 70/80% funding goes on adult and childrens care.</p> <p>Brian Edwards had recently attended a Wellbeing Collaborative in the High Peak where the group was most concerned about grants being reduced and the effect this will have on the service. He suggested that other governors attend the Wellbeing Collaboratives in their areas.</p> <p><i>(Due to other commitments Christopher Williams, Mark Powell and Selina Ullah left the meeting.)</i></p> <p><b>Tony Edwards, Trust Deputy Chair chaired the meeting from this point.</b></p>
<p>DHCFT/GOV /2025/011</p>	<p><b><u>VERBAL SUMMARY OF INTEGRATED PERFORMANCE REPORT</u></b></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 and included data up to the end of January 2025. 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:</p> <ul style="list-style-type: none"> <li>• The forecast position remains in line with the planned submission of a £6.4m deficit</li> <li>• There is a significant overspend on out of area placements</li> <li>• Spend on agency costs have reduced</li> </ul>

- Discussion is ongoing on how the Trust will continue to make savings for 2025/26.

Mathew Joseph, Staff Governor, Medical asked if the beds in the new facilities have increased. Geoff explained that there are some extra beds in the new facilities, but that the improved therapeutic environments will hopefully mean that people will recover more quickly, ready to be discharged sooner, thus freeing up beds.

Brian Edwards referred to the surge in people being admitted and asked if this is becoming the norm. His concern related to ensuring that there are the right number of staff to keep patients safe. Lynn Andrews, Non-Executive Director explained that there had been a high occupancy for a number of reasons. She assured governors that assessments are carried out to ensure that the patient is in the appropriate service and that we have the right staff for keeping them safe whilst they are in our care. She also confirmed that although there is currently high occupancy, the Trust continues to scrutinise and carry out individual assessments.

Brian also referred to the neighbouring NHS Trust which has been downgraded by the Care Quality Commission (CQC) due to lack of staffing. It was noted that our Trust has been sharing information with the CQC on admissions and that they are happy that patients are being admitted to the right environment.

Tony Edwards assured governors that staff on the wards are really conscious of the impact of patient admissions on the availability of beds, for example, beds are utilised when patients are on leave and ensuring that patients are discharged when they are ready. Mathew Joseph who is a crisis team consultant expressed concern that high occupancy is being normalised and some patients on leave are being pushed on. He also mentioned that out of area placements are not being used to save on costs. He also confirmed that there is an increased need for beds for neurodiverse patients which increases the workload, and is a concern where wards are understaffed. Mathew also referred to the Drugs and Alcohol service in Derby which continues to struggle.

Brian acknowledged that this is a complicated issue and can see that the Trust is working hard to resolve it.

Alison Martin noted that the Trust is trying to improve flow. She agreed that more beds would alleviate the issue but this is not possible. She explained that often discharging patients is reliant on services provided by Derby City Council to support people and is hopeful that engagement between the Council and Trust will improve this issue.

Fiona Rushbrook, Staff Governor, Allied Health Professions, referred to the increase in mental health issues after the COVID 19 pandemic, and the increase in cost of living, poor housing, the damaging effect of social media on young people and the increased use of drugs and alcohol. She explained that the community services were able to help people get well, but for some that need a bed they cannot be admitted because there is no bed available and this has an impact on caseloads and cost.

	<p>Tony Edwards reminded governors that the Trust has to be apolitical. However, the Trust is working hard without additional funding to keep people safe. He reiterated that services are delivered with a decrease in funding.</p> <p>Mathew Joseph expressed concern that services are expected to do more with less funding and this is having an impact on staff. He stressed the importance of having services in the community that can support people and act as an intervention before the need to admit patients arises. Mathew referred to Living Well and sought assurance that this service is working as it should. He suggested that more intervention is required.</p> <p>Tony Edwards explained that this is a complex situation and there is a lot of positive work taking place across Trust services which show improved care and outcomes.</p> <p>Susan Ryan referred to the Integrated Performance Report (IPR) and noted that a proportion of patients on Care Programme Approach (CPA) had not had their care plan reviewed. For the last two years the percentage is below 72% which is significantly lower than the target of 95%. It was noted that an audit has been carried out and actions put in place. Reference was made to the Valdo Calocane case and Susan expressed concern at what the Trust is doing about patients who disengage from services and who could pose a risk to themselves or others. Lynn Andrews assured governors that she was seeking assurance that the situation is improving, audits continue to be carried out, deep dives are taking place, and actions are being scrutinised. Mathew Joseph asked if CPA is being disbanded. Tony Edwards agreed to find out if CPA has been disbanded. It was suggested that updates on both these matters should be given at the next meeting in June.</p> <p><i>(Geoff Lewins and Alison Martin left the meeting due to prior commitments.)</i></p> <p>Angela Kerry referred to Quality and Safeguarding Committee scrutiny and felt assured that questions are being asked, and that the Trust is investigating why there is a differential between what is being entered on SystemOne and what is being reported.</p> <p><b>RESOLVED: The Council of Governors noted the updates from the Integrated Performance Report.</b></p> <p><b>ACTIONS:</b></p> <ul style="list-style-type: none"> <li>• <b>Tony Edwards agreed to find out if CPA has been disbanded</b></li> <li>• <b>Community Outreach and CPA updates requested for the next meeting.</b></li> </ul>
DHCFT/GOV /2025/012	<p><b><u>GOVERNANCE COMMITTEE REPORT</u></b></p> <p>Denise Baxendale presented an overview of the matters discussed at the last Governance Committee meetings which were well attended. This included:</p> <ul style="list-style-type: none"> <li>• Agreeing the process for the election of Chair and Vice-Chair of the Committee</li> <li>• Governor engagement opportunities and activities</li> <li>• Consideration of holding to account questions to the Council of Governors</li> </ul>

	<ul style="list-style-type: none"> <li>• Review of the membership data and governors Membership Engagement Action Plan</li> <li>• Feedback from governor engagement activities</li> <li>• Update on public and staff governor elections</li> <li>• Update on the Trust's Annual Plan.</li> </ul> <p><b>RESOLVED: The Council of Governors noted the information provided in the Governance Committee report.</b></p>
DHCFT/GOV /2025/013	<p><b><u>REVIEW GOVERNOR ENGAGEMENT ACTION PLAN</u></b></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 Plan 2025-2028 as follows:</p> <ul style="list-style-type: none"> <li>• Increase membership engagement with the Trust and its governors</li> <li>• Provide mechanisms for members to provide feedback to the Trust</li> <li>• Increase awareness of governors and the role they play</li> <li>• Further develop and enhance member focused communications through the membership magazine and e-bulletin</li> <li>• Include the role and promotion of staff governors in the Trust's wider focus on staff engagement.</li> </ul> <p>The updated version was presented to the Council with further updates as follows:</p> <ul style="list-style-type: none"> <li>• Susan Ryan is meeting with the Lead Governors in Derbyshire to discuss the possibility of a second system governor event with the ICB Chair</li> <li>• An updated staff governor poster has been produced by Denise and circulated within the Trust to display in staff areas and to share at induction for new employees</li> <li>• 'Grab a governor' sessions with staff governors have been organised for this year</li> <li>• Denise has arranged to meet with the newly appointed Equality, Diversity and Inclusion Lead to discuss engaging with underrepresented communities</li> <li>• Denise has met with the Trust's Communications and Engagement Manager to discuss the contents of the new Community and Stakeholder Engagement Plan which focuses on engaging with BME and Deaf Communities</li> <li>• There will be a feature on the newly elected Public Governors in the members magazine <i>Connect</i></li> <li>• Promoting governors in their areas is underway</li> <li>• How to contact governors is a standing item in the members e-newsletter</li> <li>• The section on working with the voluntary sector will be reviewed by Rachel Bounds, Debra Dudley and Denise Baxendale</li> <li>• The Governor Engagement Toolkit has been reviewed and was circulated to governors</li> </ul>

	<ul style="list-style-type: none"> <li>The theme for the Annual Members Meeting has been sent to the Chief Executive and Trust Chair for approval</li> <li>Denise has followed up the work with the Apprenticeship Customer Support Manager at Derby University to promote Trust membership and the governor role with new student cohorts.</li> </ul> <p><b>RESOLVED: The Council of Governors:</b></p> <ol style="list-style-type: none"> <li><b>1) Noted the contents of the Action Plan</b></li> <li><b>2) Noted the updates to be included on the Action Plan.</b></li> </ol>
DHCFT/GOV /2025/014	<p><b><u>GOVERNOR TRAINING, AWARENESS AND DEVELOPMENT SCHEDULE FOR THE YEAR (VERBAL)</u></b></p> <p>Denise Baxendale referred to training, awareness and development sessions that governors had requested and gave the following update:</p> <p>In-house sessions:</p> <ul style="list-style-type: none"> <li>Finance – an update has been given at the joint board and governor session on 14 January and shared with all governors. A further update will be presented later in the year</li> <li>Overview of 10 year health plan – had been given at the joint board and governor session 14 January. The slides were circulated to all governors</li> <li>CQC update – had been given at the joint board and governor session 14 January. The slides were shared with all governors</li> <li>How to read Control charts (which are in the Integrated Performance Report). The slides from a previous session were circulated to all governors</li> <li>Refresh of the governor role – the governor induction slides were shared with all governors.</li> </ul> <p>As requested by governors' awareness sessions will be arranged on of trauma informed practice; and risk.</p> <p>It was also noted that governors have access to the following training provided by GovernWell and Derbyshire County Council respectively:</p> <ul style="list-style-type: none"> <li>Core skills training</li> <li>Mental health awareness training</li> </ul> <p>Susan Ryan suggested that a future awareness session could be presented on the key objectives of 10 year health plan.</p> <p><b>RESOLVED: The Council of Governors:</b></p> <ol style="list-style-type: none"> <li><b>1) Noted the training and awareness sessions already undertaken</b></li> <li><b>2) Noted the training and awareness sessions to be organised.</b></li> </ol>
DHCFT/GOV /2025/015	<p><b><u>UPDATE ON GOVERNOR ELECTIONS</u></b></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> <ul style="list-style-type: none"> <li>• Amber Valley – Angela Kerry (re-elected for a second term of office)</li> <li>• Bolsover and North East Derbyshire – Neil Baker</li> <li>• Chesterfield – Jill Ryalls (re-elected for a second term of office)</li> <li>• Derby City East – Jane Chukwudi</li> <li>• Derby City West – Ruth Day</li> <li>• Erewash – Andrew Beaumont (re-elected for a third term of office)</li> <li>• Erewash – Christopher Williams</li> <li>• South Derbyshire – Hazel Parkyn (re-elected for a second term of office)</li> </ul> <p>Staff Governor:</p> <ul style="list-style-type: none"> <li>• Medical – Dr Mathew Joseph</li> </ul> <p>There is still one vacancy for the seat in Bolsover and North East Derbyshire and this will be carried forward to the elections in 2026.</p> <p>Justine Fitzjohn conveyed her appreciation to governors for promoting the elections and to Denise Baxendale for her hard work in organising them.</p> <p><b>RESOLVED: The Council of Governors noted the results of the elections.</b></p>
DHCFT/GOV /2025/016	<p><b><u>DEPUTY LEAD GOVERNOR ELECTIONS</u></b></p> <p>Justine Fitzjohn confirmed that Hazel Parkyn’s Deputy Lead Governor term of office ended on 31 January 2025. Hazel was re-elected and has expressed an interest in continuing as Deputy Lead Governor if no other governor wishes to. Governors who are interested in the role should contact Denise Baxendale. If no other expressions of interest are received in the role, then Hazel will be elected until her term of office ends on 31 January 2028.</p> <p><b>ACTION: Governors interested in the Deputy Lead Governors role should contact Denise as soon as possible.</b></p>
DHCFT/GOV /2025/017	<p><b><u>ANY OTHER BUSINESS</u></b></p> <p><b><i>Impact of Council cuts on support groups</i></b></p> <p>Hazel Parkyn expressed her concern at the forthcoming Council cuts to public libraries. Opening hours are being reduced which will impact on groups which meet in the libraries. A lot of people are referred to these groups for support with their mental wellbeing. From 1 April these groups will not be able to continue and Hazel expressed concern at the impact this will have on people who attend the groups, and the possible impact this will have on our services. She explained that in her area she continues to champion these concerns within her community.</p> <p><b><i>Trust Chair’s appraisal process</i></b></p> <p>Governors were reminded that a governors focus group is taking place immediately after this meeting to provide feedback for the Trust Chair’s appraisal.</p>

DHCFT/GOV /2025/018	<p><b><u>REVIEW OF MEETING EFFECTIVENESS AND FOLLOWING THE PRINCIPLES OF THE CODE OF CONDUCT</u></b></p> <p>The meeting over ran and governors requested that for future meetings additional time is allocated to the Chief Executive's update to allow for questions and contributions from attendees.</p> <p>Fiona Birkbeck confirmed that she had found the meeting really valuable and had a greater understanding of the Trust and its financial constraints.</p> <p>Christine Williamson expressed her appreciation to Denise for the support she had received in attending the meeting in person.</p> <p>Susan Ryan expressed her appreciation to the NEDs for their attendance.</p>
DHCFT/GOV /2025/019	<p><b><u>CLOSE OF MEETING</u></b></p> <p>The meeting closed at 16:45 hours.</p> <p>The next Council of Governors meeting will be held on <b>Tuesday 3 June 2025</b>, from 14:00-17:00 hours. It will be held as a hybrid meeting.</p>

COUNCIL OF GOVERNORS ACTION MATRIX - AS AT 14.5.25						
Date of Minutes	Minute Reference	Item	Lead	Action	Completion by	Current Position
4.3.25	DHCFT/GOV/2025/002	Submitted questions from members of the public	Mark Powell	Mark Powell will arrange a response to the question on Attend Anywhere	20.5.25	Response formulated and emailed to the member who raised the question. 12.5.25, COMPLETE
4.3.25	DHCFT/GOV/2025/011	Verbal summary of Integrated Performance Report	Tony Edwards	Tony Edwards agreed to find out if Care Programme Approach has been disbanded	3.6.25	Lynn Andrew's response dated 14.5.25 "Tumi Banda brought information to the Quality and Safeguarding Committee this month describing the current National consultation process that proposes a new framework to replace the Care Programme Approach, to be called 'Personalised Care Framework'. The framework is being consulted on nationally with a plan to implement nationally in Quarter 2 of 2025/26. The Trust is supportive of the framework and its development in the consultation."
4.3.25	DHCFT/GOV/2025/011	Verbal summary of Integrated Performance Report		Community Outreach and CPA updates requested for the next meeting.	3.6.25	To update under matters arising. NB: there is a paper going to June board on the community outreach - which is the Valdo Calocane issue
4.3.25	DHCFT/GOV/2025/016	Deputy Lead Governor Elections	Governors	Governors interested in the Deputy Lead Governor role should contact Denise Baxendale as soon as possible	31.3.25	One expression of interest received from Hazel Parkyn. COMPLETE

Key	Agenda item for future meeting		YELLOW	0	0%
	Action Ongoing/Update Required		AMBER	1	25%
	Resolved		GREEN	3	75%
	Action Overdue		RED	0	0%
				4	100%



## **Report from the Nominations and Remuneration Committee**

### **Purpose of Report**

To provide an outline of the business discussed at the Governors' Nominations and Remuneration Committee meeting held on 12 May 2025 and to put forward the Committee's recommendations for approval by the Council of Governors. The report also sets out the circumstances for appointing to the Finance and Performance Committee Chair Non-Executive Director (NED).

### **Executive Summary**

The Nominations and Remuneration Committee meeting held on 12 May 2025 covered the following business:

- The appraisals for the Trust Chair and the NEDs
- A proposal for the re-appointment of a NED and approval of a new Deputy Trust Chair
- 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.

The Council of Governors will also be asked to approve the appointment of the Finance and Performance Committee Chair NED, with the preferred candidate being proposed verbally at the meeting.

### **Strategic Considerations**

**Patient Focus:** Our care and clinical decisions will be respectful of and responsive to the needs and values of our service users, patients, children, families and carers.

**People:** We will attract, involve and retain staff creating a positive culture and sense of belonging.

X

**Productive:** We will improve our productivity and design and deliver services that are financially sustainable.

**Partnerships:** We will work together with our system partners, explore new opportunities to support our communities and work with local people to shape our services and priorities.

## **Assurances**

The Council of Governors can be assured that the Chair and NED appraisals were compliant with the principles of the NHS England guidance. The Committee is complying with its Terms of Reference by advising the Council of Governors in respect of the recruitment and re-appointment of any NED and confirming to the Council of Governors it is carrying out its functions in relation to year-end effectiveness reporting. The Trust's recruitment processes were followed for the NED vacancies.

## **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.

The Governors' Nominations and Remuneration Committee provides annual confirmation that the appraisal process meets the requirements. The Committee received the views of the Board of Directors on the recruitment process in general and the qualifications, skills and experience required for the NED vacancies.

## **Governance or Legal Issues**

The Code of Governance for NHS Provider Trusts (the Code) states that there should be a formal and rigorous annual evaluation of the performance of the Board of Directors, its committees, the Chair and individual directors. The Council of Governors should take the lead on agreeing a process for the evaluation of the Chair and Non-Executive Directors.

In line with Trust practise, the Chair is responsible for leading the process for Non-Executive Directors. The SID is responsible for leading the process for the Chair in conjunction with the Lead Governor and the Governors' Nominations and Remuneration Committee. Responsibility for the Executive Directors rests with the Chief Executive. Further, the Chair should act on the results of the evaluation by recognising the strengths and addressing any weaknesses of the Board of Directors. Each director should engage with the process and take appropriate action where development needs are identified.

Governors have a statutory role to appoint Non-Executive Directors. The Trust's Constitution (paragraph 21.1) states that:

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

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

- 9.4.1 to determine the criteria and process for the selection of candidates for office as Chair or other Non-Executive Director of the Trust having first consulted with the Board of Directors and Governors as to those

matters and having regard to such views as may be expressed by the Board of Directors and Council of Governors;

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

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

Annex 5 also states:

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

**For clarity, voting on resolutions** by the Council of Governors is as follows (paragraph 3.12 of the Council of Governors Standing Orders):

Save as otherwise provided in the Constitution and/or the 2006 Act, if the Chairman so determines or if a Governor requests, a question at a meeting shall be determined by a majority of the votes of the Governors present and voting on the question and, in the case of any equality of votes, the person presiding shall have a casting vote.

The Code also states that Chair and NED re-appointments should be of no more than three years and individuals should not remain in post beyond nine years from the date of their first appointment to the Board of Directors. Any decision to extend a term beyond six years should be subject to rigorous review.

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 demonstrates commitment to the role.

The Council of Governors appoints the Deputy Chair.

### **Public Sector Equality Duty and Equality Impact Risk Analysis**

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

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

Support was available for completion of online appraisals 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.

The recruitment process complied with best practice around inclusive recruitment. Some of the areas of best practice included:

- Full national advertisement with targeted recruitment as part of our positive action approach
- Trained inclusion guardian from a Trust network involved in the shortlisting meetings and a member of the final panel interview
- All Trust Networks were invited to be represented at the stakeholder session
- Service Users and Carers represented on the stakeholder group
- Questions around inclusion featured in the final panel interview
- Equality, Diversity and Inclusion objectives will continue to be integral to the appraisal and Committee processes.

### **Recommendation**

The Council of Governors is asked to:

1. Note the update report from the Nominations and Remuneration Committee held 12 May 2025
2. Receive assurance from the Committee that satisfactory appraisals have taken place for the Trust Chair and Non-Executive Directors
3. Approve the Chair's objectives as set out in the report
4. Approve the appointment of Lynn Andrews as the Trust's Deputy Chair from 1 August 2025, noting the position attracts an additional £1,000 on top of the annual NED remuneration
5. Approve the re-appointment of Lynn Andrews, as Non-Executive Director for a further 3 year term from 11 January 2026, at the annual NED remuneration rate of £13,000
6. Note the year-end report
7. Approve the Committee's Terms of Reference
8. Note that there will be a proposal to appoint to the Chair of the Finance and Performance Committee NED role at the meeting.

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

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

## **Report from the Nominations and Remuneration Committee**

### Introduction

This report provides an outline of the business discussed at the meeting on 12 May 2025 and the Committee's recommendations. It also contains an update on the appointment to the Finance and Performance Committee Chair Non-Executive Director (NED) role.

### **1) NON-EXECUTIVE DIRECTOR 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 (noting the caveats for three of the NEDs)
- **PART THREE** – Set of objectives for the next year and any personal development requirements and brief summary statements by appraisee and appraiser
- Fit and Proper Person (FPP) declaration.

Full year appraisals have been carried out for Lynn Andrews, Ralph Knibbs and Geoff Lewins. A briefer appraisal has been carried out for Tony Edwards as he is leaving his NED role at the end of July. Deborah Good's appraisal has been paused due to an on-going period of absence, and outline objectives have been set for Andrew Harkness, who joined the Trust as a NED in January 2025.

The Chair was pleased to report that, where appraised, those 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) 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.

This appraisal is based on the National Chair appraisal framework and comes in seven parts:

- **PART ONE:** 360 multi source feedback from Board, other colleagues, Governors and external stakeholders
- **PART TWO:** Self-reflection
- **PART THREE:** Personal development and support
- **PART FOUR:** Principal objectives – review and setting
- **PART FIVE:** Fit and Proper Person

- **PART SIX:** Overall Assessment Rating and Confirmation
- **PART SEVEN:** Confirmation.

The average scores ranged from 81-90%, which means Selina is demonstrating strong performance across the competency framework. Highest scores were for creating a compassionate, just and positive culture and for management of meetings. Lowest score being for setting strategy and delivering long term transformation. The average scores in comparison with Selina's self-assessment were generally in line with the cohort scores.

The themes from the free text showed that Selina is highly thought of as the Chair. In addition to leading a compassionate, just and positive culture; she also scored strongly in, and for, promoting equality inclusion and reducing health inequalities.

Some of the feedback was contradictory but areas for awareness and/or development were in relation to enabling the Board to focus on creating the appropriate strategic plans to achieve the new Trust strategy, time management of meetings and ensuring governors have enough time to express their views.

The SID has suggested that the Council of Governors meeting agendas could be reviewed and amended to have more time for discussion with Selina, Executives and NEDS on Integrated Performance Report/core operational matters.

Selina met her 2024/25 objectives and the following are recommended for approval as the 2025/26 objectives:

- 1) To support the Chief Executive to deliver the Strategy, to hold the executives to account to deliver the core programmes such as: Making Room for Dignity (benefits of model for care), financial stability, operational performance, implement the new operational model etc.
- 2) Start the journey to become a University Trust
- 3) Provide strong leadership to the Board and the Council of Governors, shaping the agenda and managing relationships internally and externally
- 4) Create the right tone at the top, encouraging change and shaping the organisation's culture
- 5) Build system partnerships and balance the organisational governance priorities with the system collaboration.

New for this year is an overall assessment rating (the two options are satisfactory or cause for concern).

The confirmed rating was:

### **1) Satisfactory**

(confirmation that the Chair continues to meet their formal expectations)

### **3) RE-APPOINTMENT OF A NON-EXECUTIVE DIRECTOR – LYNN ANDREWS AND PROPOSAL FOR DEPUTY TRUST CHAIR**

Lynn Andrew's term of office is not due to expire until 10 January 2026 but due to the imminent departure of the current Deputy Trust Chair, the departure later in the year

of our longest serving NED, and recent NED re-appointments, the Chair had early discussions with Lynn about her intentions and ambitions in her NED role.

Lynn has expressed her interest in the Deputy Chair role and coupled with this, her wish to be re-appointed for a second term. This was put forward and fully supported by the Committee, noting the benefit of continuity and stability to the Board and confirmation that she continues to make a significant contribution to the Board particularly in her role as Chair of the Trust's Quality and Safeguarding Committee and Clinical NED.

The proposal is that Lynn is re-appointment as a NED for a second term, and in the meantime is appointed as the Deputy Trust Chair, taking over from Tony from 1 August 2025.

Lynn's Trust biography is included at Appendix 1.

#### **4) 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 and the challenges the Trust is facing. In terms of succession planning, it was noted that the majority of NEDs had term end dates in 2028 so this would need to be carefully managed, noting it is usual to seek the intentions of the NEDs approximately six months before the end of their terms so that adequate planning can be carried out for either re-appointments or new appointments
- Annual collective performance review of the Committee in accordance with its Terms of Reference – this Committee confirmed that it had been effective in 2024/25 and a separate report is included as Appendix 2 for approval
- Annual review of Terms of Reference – no amendments were proposed, so the Council of Governors is asked to affirm the current version at Appendix 3.

#### **5) APPOINTMENT OF THE NEW CHAIR OF THE FINANCE AND PERFORMANCE COMMITTEE**

At the Extraordinary Confidential Council of Governors meeting on 14 May 2025, the Chair reported that, following deliberations, the panel could not decide between two very strong candidates and therefore a further meeting with both candidates would be arranged in order to recommend a preferred candidate for approval.

The Council of Governors supported this additional step, noting that the Trust Chair, current Deputy Trust Chair and Chair of Finance and Performance Committee and Lead Governor would meet the two candidates on 2 June, therefore a verbal recommendation will be made at the 3 June meeting. Details of all other elements of the NED recruitment process were shared at the extraordinary confidential meeting, when the Council approved the appointment of the new NED Chair of the Trust's Audit and Risk Committee.

Start dates for the two new NEDs will commence on completion of the necessary recruitment checks, factoring in an appropriate handover. All appointments to the Trust Board are subject to satisfactory completion of the Fit and Proper Persons Test.

## **Recommendation**

### **The Council of Governors is asked to:**

1. Note the update report from the Nominations and Remuneration Committee held 12 May 2025
2. Receive assurance from the Committee that satisfactory appraisals have taken place for the Trust Chair and Non-Executive Directors
3. Approve the Chair's objectives as set out in the report
4. Approve the appointment of Lynn Andrews as the Trust's Deputy Chair from 1 August 2025, noting the position attracts an additional £1,000 on top of the annual NED remuneration
5. Approve the re-appointment of Lynn Andrews, as Non-Executive Director for a further three year term from 11 January 2026, at the annual NED remuneration rate of £13,000
6. Note the year-end report
7. Approve the Committee's Terms of Reference
8. Note that there will be a proposal to appoint to the Chair of the Finance and Performance Committee NED role at the meeting



## **Lynn Andrew's biography**

Lynn first joined in a designate role in the Autumn of 2022 as part of a handover for the clinical Non-Executive Director role before joining formally as a Non-Executive Director on 11 January 2023. She is the Chair of the Trust's Quality and Safeguarding Committee.

Lynn's roots are in Scotland where she qualified as a Registered Nurse before moving to the Midlands where she has worked in healthcare since 1987. Lynn has gained qualifications in nursing and NHS management and has a Master's in Health Policy.

Throughout Lynn's nursing career she has always worked in roles requiring ongoing professional, clinical and governance knowledge and skills. Lynn's most recent post was on the Board at Chesterfield Royal Hospital NHS Foundation Trust as Executive Director of Nursing and Patient Care and lead for quality, with a portfolio responsibility including quality improvement, patient experience and safety, safeguarding and infection control.

Lynn has a strong commitment and passion to improving quality and experience for all patients and staff. Working with the East Midlands Strategic Health Authority and with the national NHS Teams, Lynn has gained an excellent understanding of healthcare and the requirements for regulation.

Lynn has lived in Derbyshire for over 20 years, enjoys running in South Derbyshire and the Peak District and was appointed for a three year term of office.



## **Governors' Nominations and Remuneration Committee Year End Report 2024/25**

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 2024 to 31 March 2025.

### **1. Nominations**

#### **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.**

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 Non-Executive Directors (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 Director or Corporate Affairs and Trust Secretary, and the Director of People, Organisational Development 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 has agreed principles around the composition of the interview panel which will ordinarily include the Chair (who Chairs the panel), the Lead Governor, a mix of public, staff or appointed governors, a Recruitment Inclusion Guardian and other appropriate observers/advisors. A board member stakeholder group is also common practice.

**1.10 For each appointment of a NED, prepare a description of the role and capabilities (which need to incorporate the domains from the national competency frameworks) 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 recommended the re-appointment of the Trust Chair and three NEDs and the appointment of a new 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 2 July 2024).

**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 Corporate Governance Officer.

**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 NED appointment in the year.

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

This was carried out in respect of the Trust Chair and three NEDs.

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

Not applicable during 2024/25.

**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's re-appointment. The national framework for NED remuneration was considered for the re-appointment of three NEDs and for the appointment of a new NED.

**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 the elements of the NHSE Provider Chair competency framework.

Full appraisals have been carried out for three NEDs, initial objectives have been agreed for the new NED, one appraisal has been paused due to illness and a lighter touch exit appraisal has been carried out for a NED whose term of office ends in July. The outcomes of the Chair and NED appraisals will be presented to the Committee on 12 May 2025.

**2.4 Input into the NEDs appraisals, including approving the appraisal structure in line with the Code and national guidance and frameworks, 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 April 2025 and will be presented to the Committee on 12 May 2025 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 NHSE 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 appointment was 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 other 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 (stand in governors were used). All vacancies have been appointed to for 2025/26.

**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.**

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/SID), three 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.**

Meetings were quorate throughout 2024/25. The Terms of reference were reviewed in April 2024 and ratified by the Council of Governors in May 2024. The quorum is two Public Governors and either the Staff Governor or the Appointed Governor.

Public and Staff Governor stand ins were used at some meetings to avoid issues with quoracy.

**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 will be co-terminus with a member Governor’s term of office.**

This has been applied. Details are listed below:

Members	Term is co-terminus with Governor term of office
Susan Ryan, Public Governor, Amber Valley (Lead Governor)	31/1/2026
Jill Ryalls, Public Governor, Chesterfield	31/1/2028
Tom Bladen, Public Governor, Derby City East	31/1/2026
Graeme Blair, Public Governor, Derby City East	31/1/2025
Christine Williamson, Public Governor, Derby City West	31/1/2026
Brian Edwards, Public Governor, High Peak	31/1/2026
Hazel Parkyn, Public Governor, South Derbyshire (Deputy Lead Governor)	31/1/2028
Fiona Rushbrook, Staff Governor, Allied Health Professions	31/1/2027
Marie Hickman, Staff Governor, Admin and Allied Support	31/1/2026
David Charnock, Appointed Governor, University of Nottingham	31/12/24*
Debra Dudley, Appointed Governor, Derbyshire Mental Health Forum	18/8/2027**

\*retired from role at the University therefore not eligible to continue as Appointed Governor

\*\*replaced D Charnock on the Committee

**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 Director of Corporate Affairs and 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 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.**

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	25/4/24	24/7/24	10/12/24	3/2/25	Attendance
Selina Ullah (Chair)	Y	Y	Y	Y	4/4
Ralph Knibbs, Senior Independent Director*	Y	-	-	-	1/1
Susan Ryan, Public Governor, Amber Valley (Lead Governor)	N	Y	Y	Y	3/4
Jill Ryalls, Public Governor, Chesterfield	N	Y	Y	Y	3/4
Tom Bladen, Public Governor, Derby City East**	-	-	-	-	0/0
Graeme Blair, Public Governor, Derby City East***	Y	Y	Y	-	3/3
Christine Williamson, Public Governor, Derby City West****	Y	Y	-	Y	3/3
Brian Edwards, Public Governor, High Peak	Y	N	Y	Y	3/4
Hazel Parkyn, Public Governor, South Derbyshire (Deputy Lead Governor)	Y	Y	Y	N	3/4
Fiona Rushbrook, Staff Governor, Allied Health Professions	N	Y	Y	N	2/4
Marie Hickman, Staff Governor, Admin and Allied Support*****	Y	-	-	-	1/1
Debra Dudley, Appointed Governor, Derbyshire Mental Health Forum*****	-	-	-	Y	1/1
David Charnock, Appointed Governor, University of Nottingham*****	Y	Y	N	-	2/3
Justine Fitzjohn, Director of Corporate Affairs and Trust Secretary	Y	Y	Y	Y	4/4
Denise Baxendale, Membership and Involvement Manager (note taker)	Y	Y	Y	Y	4/4
Alex Dougall, Recruitment Manager	-	-	Y	-	1/1

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

\*\*Tom Bladen joined the Committee 19.3.25

\*\*\*Graeme Blair's term of office ended 31.1.25

\*\*\*\* Christine Williamson stand in for Jill Ryalls (24.4.24) Brian Edwards (24.7.24) and Hazel Parkyn (3.2.25)

\*\*\*\*\*Marie Hickman stand in for Fiona Rushbrook

\*\*\*\*\*Debra Dudley joined the Committee January 2025

\*\*\*\*\*David Charnock retired December 2024

## **6. Frequency of Meetings**

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

In 2024/25 four 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 to the Council of Governors 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 2024/25.

## **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 2024/25 will be presented to the Council of Governors at its meeting 12 May 2025.

## **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 & 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 term beyond six years must be subject to a particularly 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 NHS England appraisal structure for Trust Chairs, 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 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 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 shall be to the end of a member Governor's term.
- 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.

Ratified by the Council of Governors on ~~7 May 2024~~ **3 June 2025**

**Derbyshire Healthcare NHS Foundation Trust**  
 Report to the Council of Governors – 3 June 2025  
**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 15 October 2024 and a summary was then presented to the 5 November 2024 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 2025 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** (All applicable strategic considerations to be marked with X in end column)

**Patient Focus:** Our care and clinical decisions will be respectful of and responsive to the needs and values of our service users, patients, children, families and carers.

**People:** We will attract, involve and retain staff creating a positive culture and sense of belonging.

**Productive:** We will improve our productivity and design and deliver services that are financially sustainable.

**Partnerships:** We will work together with our system partners, explore new opportunities to support our communities and work with local people to shape our services and priorities.

### **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. Support is also 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 2025.

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



## Appendix I Questions for Governors Annual Effectiveness Survey – 2025

### 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

## **Non-Executive Director (NED) Report – Andrew Harkness**

### **Purpose of Report**

This paper describes the Board and Sub-Committee and wider activities I have undertaken during my first four months in post.

### **Executive Summary**

I have now completed four months with the Trust having commenced in post in mid-January 2025. My activity to-date has focused on induction, orientation and defining my responsibilities as Non-Executive Director.

The following describes my current responsibilities:

- Audit and Risk Committee
- Finance and Performance Committee
- Mental Health Act Committee
- Remuneration Committee

I also attend Board meetings, Board Development sessions and extra ordinary meetings convened, for example, to discuss annual operational plan submissions and other priorities.

I have been involved in the recruitment of Senior Leaders in the Trust, including Non-Executive Director and Medical Consultant roles. I have commenced and welcomed visits to services alongside other Board members and Govenors.

I am the Non-Executive Director lead for Forensic, Specialist and Rehabilitation services. I have had an introduction meeting with David Hurn, General Manager, to find out more about these services and look forward to meeting teams and exploring how I may advocate and support them in the future.

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

### **Strategic Considerations**

1) We will deliver <b>great care</b> by delivering compassionate, person-centred innovative and safe care	X
2) We will ensure that the Trust is a <b>great place to work</b> 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 <b>great partner</b> and actively embraces collaboration as our way of working.	X
4) We will make the <b>best use of resources</b> by making financially wise decisions and avoiding wasting resources to ensure financial recovery and long-term sustainability.	X

### **Assurances**

- 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 my time in role reviewing the Trust's system of risk management in partnership with both the internal and external auditors.
- The Finance and Performance Committee, Chaired by Tony Edwards has gained assurance across a range of areas with a particular focus on challenging financial performance and plans as well as operational performance and health and safety. The Committee has sought and received assurance on the Trust's Estates Strategy with a particular focus on the Making Room for Dignity programme.
- I will attend my first Mental Health Act Committee in June 2025. I have not been able to attend the January 2025 meeting due to pre-planned annual leave and March 2025 meeting due to a NHS Providers induction event.

### **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 three committees I am a member of are required within their terms of reference to ensure that consideration has been given to equality impact related risks.

### **Recommendations**

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

**Report prepared and presented by: Andrew Harkness, Non-Executive Director**

**Derbyshire Healthcare NHS Foundation Trust**  
**Council of Governors – 3 June 2025**  
**NED Report – Andrew Harkness**

## **Purpose of Report**

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

## **Finance and Performance Committee**

I am a member of the Finance and Performance Committee which monitors and seeks assurance across a range of areas. The challenging financial environment, substantial service pressures and waiting times have provided a very clear focus for the Committee and the wider Board over the last few months whilst in role. This environment alongside the requirement to submit our operating plan for 2025/26 has necessitated additional extra-ordinary meetings to be held to update members, discuss, seek support and assurance. The Committee has also sought and received regular assurance on the Trust's Estates Strategy with a particular focus on the Making Room for Dignity programme.

## **Audit and Risk Committee Member**

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

## **Mental Health Act Committee**

I am a member of the Mental Health Act committee and will be attending my first meeting in June 2025.

## **Other activities**

Organisational induction programme

- Mandatory training identified and completed.
- Suite of induction meetings planned and concluded.
- Attended Trust staff induction day.
- Attended NHS England Chair and NED induction day.
- Attended NHS Providers NED induction training (2 days).
- Personal annual objectives agreed with Chair for 2025/26.

I am the Non-Executive Director lead for Forensic, Specialist and Rehabilitation services. Following an inductory meeting with David Hurn, General Manager, I look forward to meeting, advocating and supporting the various teams in the future.

I have agreed to be the lead NED for the Undergraduate Medical Education placements we provide for Nottingham University students.

In May I visited the Paediatric Therapy team based at St Pauls House with colleagues as part of the scheduled Board service visits. It was a great opportunity to meet the teams and hear about the great work they are doing and also the challenges they face as a service. I look forward to the future visits I have planned in the next couple of months.

I have been involved in the recruitment of Senior Leaders in the Trust, including Non-Executive Director and Medical Consultant roles. I am participating in planned Senior Leader appointments in the next few months.

Looking ahead to the next 12 months:

- I am looking forward to attending as an observer when possible both the Quality and Safety committee and People and Culture committee.
- I am keen to utilise my knowledge and experience in supporting and challenging on the delivery of our strategy, ensuring as an organisation we drive a transformative agenda to support the national priorities of prevention reduced health inequalities and more community provision.
- In a period of significant change in the NHS, system and partnership working will be increasingly important and I look forward to exploring how I may support this agenda.

### **Personal Profile – Andrew Harkness (NED since January 2025)**

My career has predominantly been within the public sector, working for the NHS and also within Local Authority. I am a clinician by background, initially working as a pharmacist and then following re-training as Consultant in Public Health. I have worked across a variety of health and care settings from local to national level. I have many years of Board experience both as an Executive Director and in a Specialist Advisory role.

I have also worked within the Charity sector as a Chief Executive Officer of a Hospice creating a three year strategy and delivery plan to ensure a sustainable future.



Originally from the North West having grown up near Liverpool and then attending the University of Manchester, I moved to the Midlands in 2005. I initially lived in Derby for a number of years prior to moving to the Lichfield area.

I am a qualified triathlon coach and volunteer to support training sessions at my local club Lichfield and Burntwood Triathlon Club. I am currently training to complete my first full distance triathlon (2.4 mile swim, 112 mile bike ride and 26.2 mile run) in July 2025.

**Derbyshire Healthcare NHS Foundation Trust**  
Report to the Council of Governors – 3 June 2025

**Non-Executive Director (NED) Report – Ralph Knibbs**

<p><b>Purpose of Report</b></p> <p>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.</p>
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<p><b>Executive Summary</b></p> <p>As Chair of the PCC this paper is principally concerned with my activities in that role and the assurances gained through that Committee.</p> <p>The Terms of Reference for the purpose of the People and Culture Committee states:</p> <ul style="list-style-type: none"> <li>• 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.</li> </ul> <p>This paper gives further detail regarding the PCC's key areas of activities over the last 12 months.</p> <p>It also highlights other activities I have undertaken in my role as a Non-Executive Director.</p> <p><b>Note:</b> In view of the number of new governors, I have included a short personal profile at the end of the report.</p>
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<p><b>Strategic Considerations</b> (All applicable strategic considerations to be marked with X in end column)</p>	
<p><b>Patient Focus:</b> Our care and clinical decisions will be respectful of and responsive to the needs and values of our service users, patients, children, families and carers.</p>	X
<p><b>People:</b> We will attract, involve and retain staff creating a positive culture and sense of belonging.</p>	X
<p><b>Productive:</b> We will improve our productivity and design and deliver services that are financially sustainable.</p>	X
<p><b>Partnerships:</b> We will work together with our system partners, explore new opportunities to support our communities and work with local people to shape our services and priorities.</p>	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 equality, diversity and inclusion (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 – 3 June 2025**

### **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 achievement of 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
Deborah Good	Non-Executive Director
Rebecca Oakley	Director of People and Inclusion and Executive Lead of the Committee
Vikki Ashston-Taylor	Deputy Chief Executive/Chief Delivery Officer
Tumi Banda	Director of Nursing and Patient Experience

#### **Meetings held:**

The PCC meets by-monthly. There have been seven meetings in the last 12 months. They occurred 28 May, 30 July, 24 September, 26 November, 28 January, 25 March and 1 May.

### **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 May 2024:

- Leadership Development
- Temporary Staffing Workforce (including Agency)
- Health and Wellbeing
- Absence
- Staff Survey: 2023 results, 2024 engagement plans, 2024 results and draft 2025 plans
- Recruitment
- Exit Interviews/Leaver Narratives
- Talent Management/Succession Planning
- 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
- Making Room for Dignity Programme.

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**

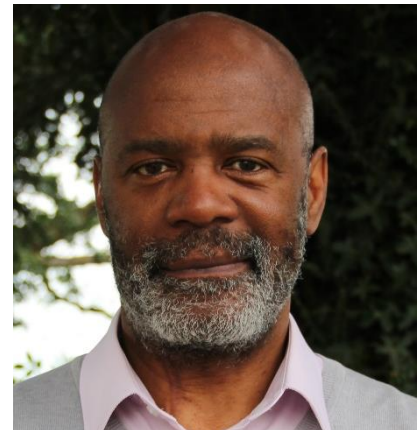
In addition to participating in the wider activities of the Board I have personally:

- Been a member of the Nominations and Remuneration Committee; Quality and Safeguarding Committee; Audit and Risk Committee
- Attend the DAWN staff network meetings
- Attend and participate in Board development sessions
- Attended various staff engagement sessions
- Attend the meeting of Chairs of the staff networks
- Attended various service visits across the Trust
- Currently participating in the Trust's Partners in Progress Programme, a reciprocal mentoring programme where I have been matched with an employee

- Attended the PCC for the Derbyshire Integrated Care Board (ICB), with other PCC Chairs across the system until it was disbanded in 2025
- 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. With the aims: to celebrate black achievement on and off the pitch of rugby union at all levels; and highlight black role models in rugby, to inspire the current and future generation of leaders
- 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
- 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 in 1984 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
- I am a keen cyclist and in the last 12 months have taken up golf.



## NHS Staff Survey 2024 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 2024 results.

### Executive Summary

This update for Derbyshire Healthcare NHS Foundation Trust contains results for themes and questions from the 2024 NHS Staff Survey.

The 2024 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 2024 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 50 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 <b>great care</b> by delivering compassionate, person-centred innovative and safe care.	X
2)	We will ensure that the Trust is a <b>great place to work</b> 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 <b>great partner</b> and actively embraces collaboration as our way of working.	
4)	We will make the <b>best use of resources</b> by making financially wise decisions and avoiding wasting resources to ensure financial recovery and long-term sustainability.	

### Assurances

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

### 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.

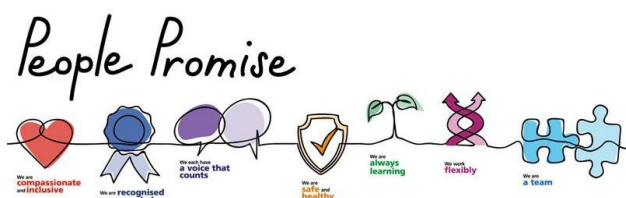
## Recommendations

The Council of Governors is requested to receive and review the 2024 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.
- We are above average or equal in all themes.
- Further reporting on the survey will take place via the People and Culture Committee and will include ongoing tracking of delivery against focus areas.

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





Derbyshire Healthcare  
NHS Foundation Trust

# NHS Staff Survey 2024



# Background

The Survey was conducted between **September – November 2024**.

The results are compared against **50 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 Rates

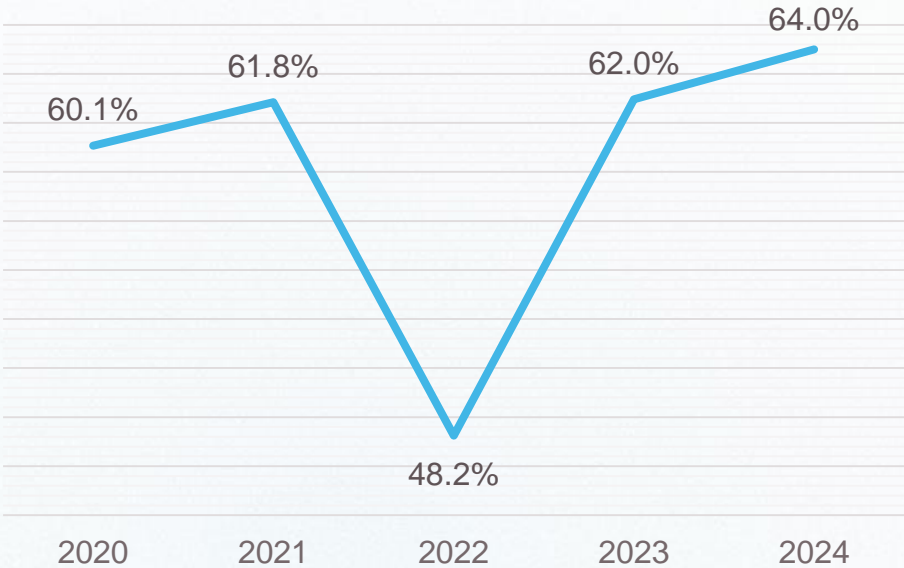


Derbyshire Healthcare  
NHS Foundation Trust

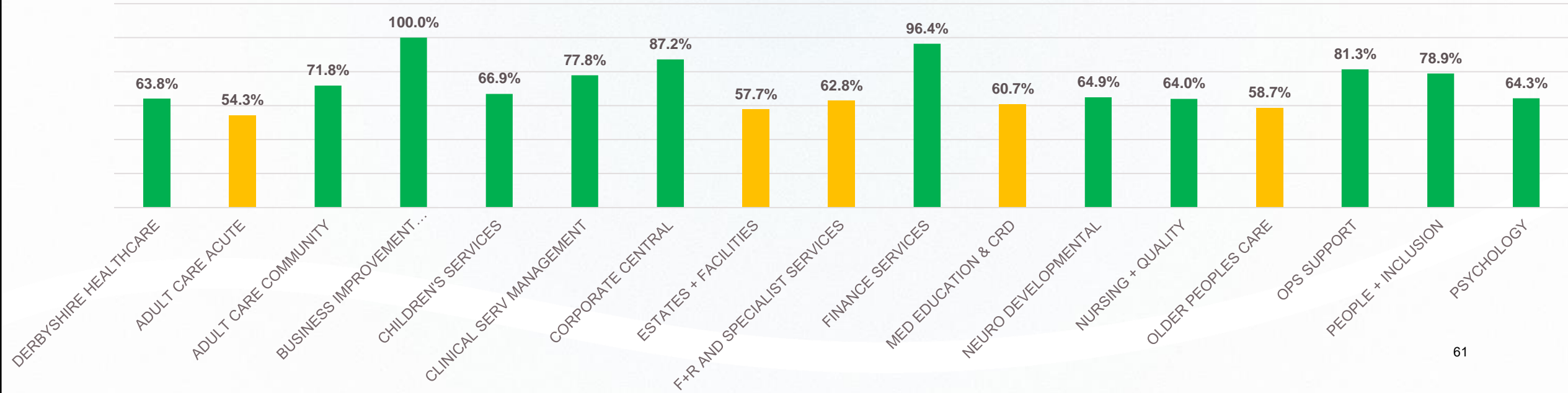
Completed questionnaires **2081**  
2024 response rate **64%**

Key Points:

- Record percentage for the trust
- Increase from last year of **2%**
- Increase in team engagement

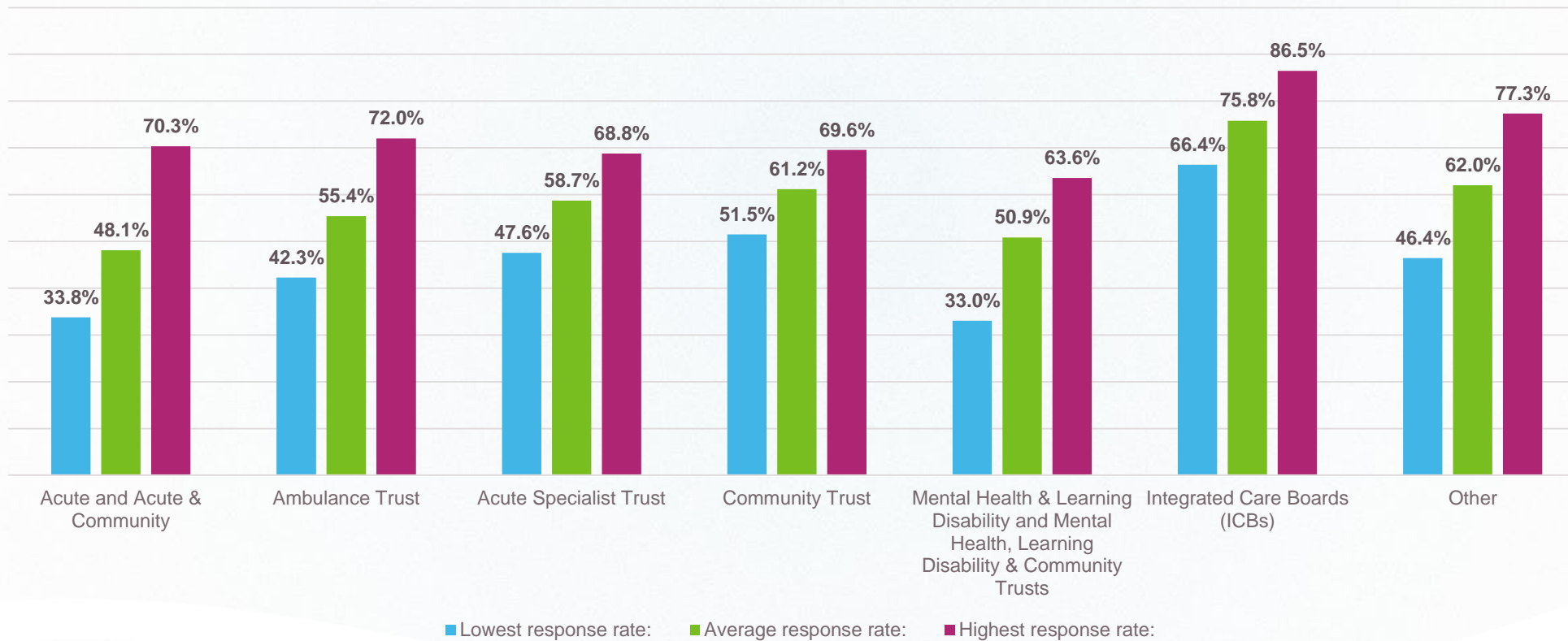


Response Rate



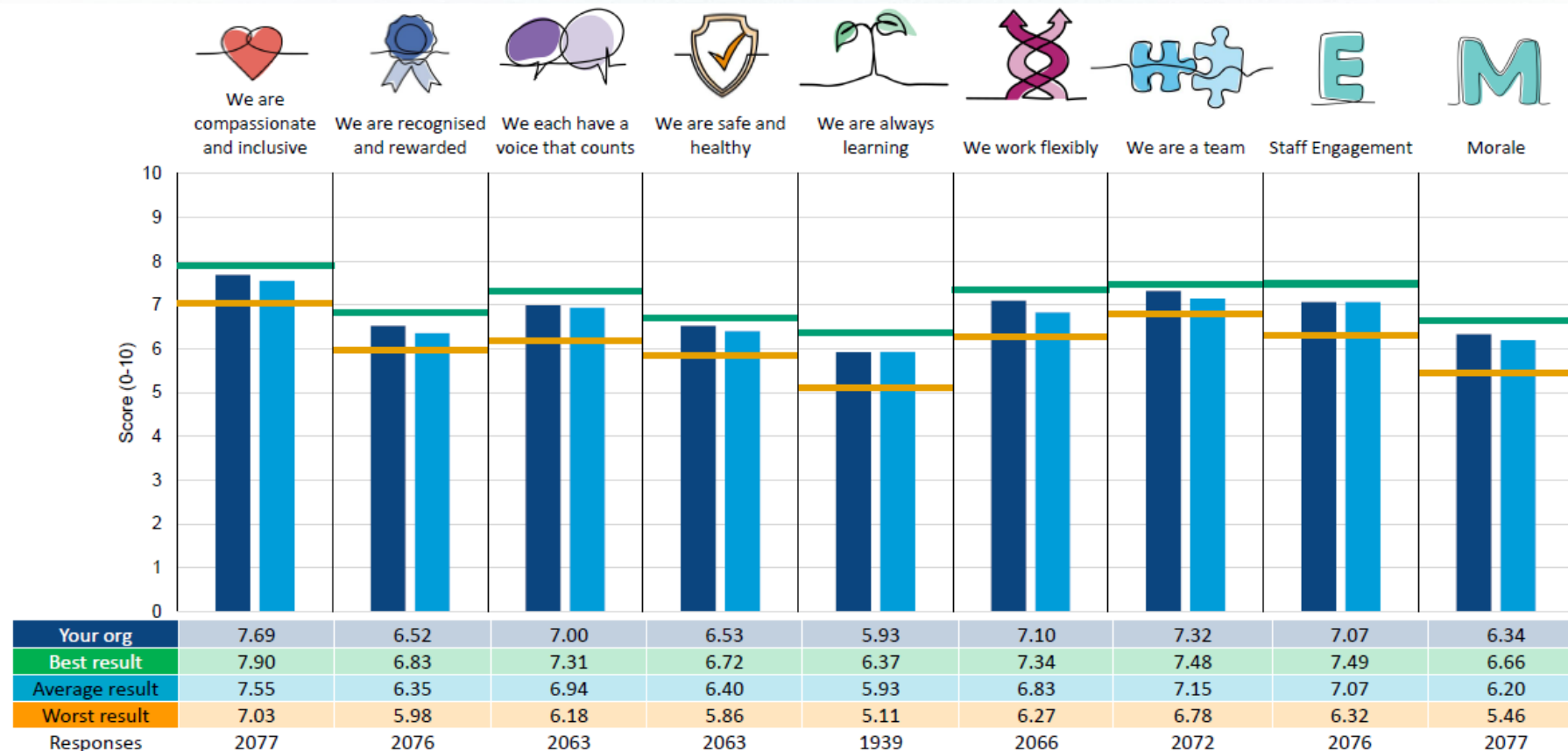
# Response Rate Benchmarking

Organisational Response Rates



# People Promise Elements

When looking at the data across the people promise elements compared to the other 50 organisations we are benchmarked against, we are **above or equal** to the average score in all combined elements. Keeping in mind that there may be specific questions within the theme that may not be above average.



# People Promise Elements

## Element 1: We are compassionate and inclusive

This element is underpinned by 4 sub-scores:

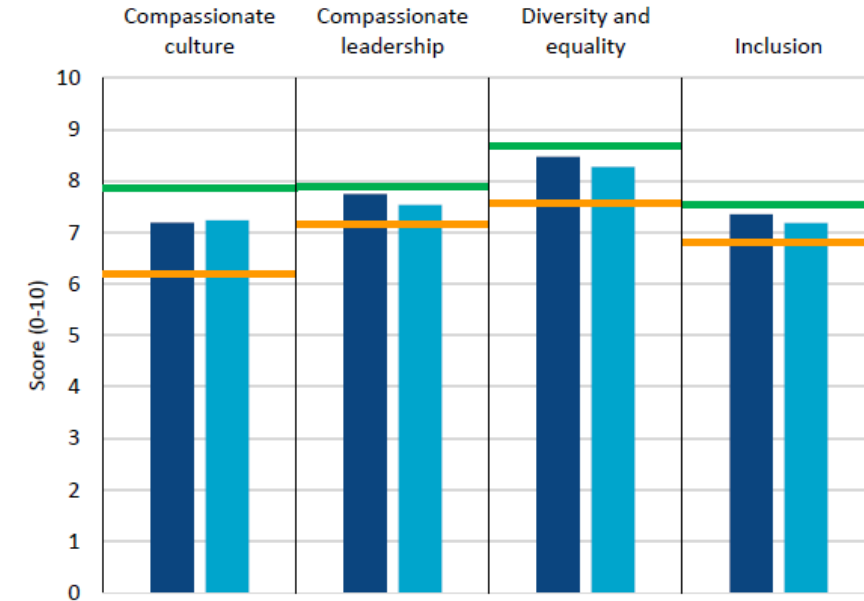
- Compassionate culture
- Compassionate leadership
- Diversity and equality
- Inclusion

### Key points to note:

- Theme scores are compared to 50 Trusts in our benchmarking.
- There are 4 sub scores within this theme.
- Below average for compassionate culture sub score.



### Promise element 1: We are compassionate and inclusive



Your org	7.19	7.75	8.48	7.35
Best result	7.87	7.90	8.68	7.53
Average result	7.24	7.54	8.28	7.19
Worst result	6.19	7.16	7.58	6.80
Responses	2075	2075	2075	2073

	2021	2022	2023	2024
Your org	7.76	7.71	7.74	7.69
Best result	7.94	7.95	7.93	7.90
Average result	7.52	7.54	7.58	7.55
Worst result	7.12	6.96	7.14	7.03
Responses	1697	1408	1897	2077



# People Promise Elements

## Element 2 – We are Recognised and Rewarded

This element does not have any sub scores but includes 5 questions.

### Key points to note:

- Theme scores are compared to 50 Trusts in our benchmarking.
- Score reduced by 0.12
- Above average score

	2021	2022	2023	2024
Your org	6.60	6.46	6.64	6.52
Best result	6.84	6.64	6.90	6.83
Average result	6.35	6.28	6.41	6.35
Worst result	5.94	5.94	6.04	5.98
Responses	1691	1411	1895	2076



# People Promise Elements

## Promise element 3: We each have a voice that counts

This element is underpinned by 2 sub scores:

- Autonomy and control
- Raising concerns

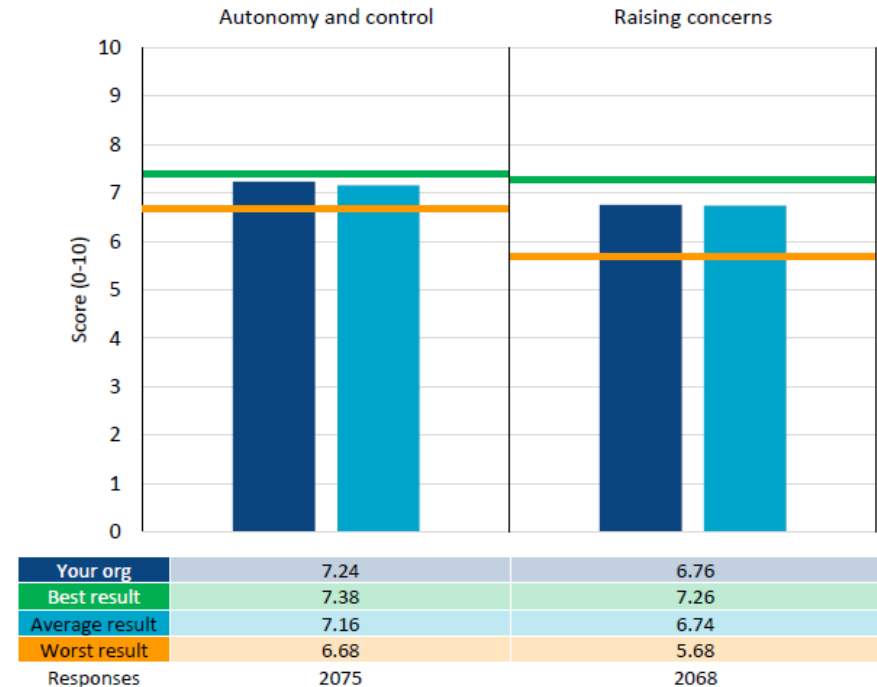
### Key points to note:

- Theme scores are compared to 50 Trusts in our benchmarking.
- Above average score
- Lowest score since 2021.
- All questions above average apart from:
  - Q20b I am confident that my organisation would address my concern.

	2021	2022	2023	2024
Your org	7.19	7.06	7.06	7.00
Best result	7.40	7.41	7.35	7.31
Average result	6.99	6.97	7.01	6.94
Worst result	6.35	6.07	6.23	6.18
Responses	1687	1400	1890	2063



### Promise element 3: We each have a voice that counts



# People Promise Elements



Derbyshire Healthcare  
NHS Foundation Trust

## Element 4 - We are safe and Healthy.

This element is underpinned by 3 sub scores:

- Health and Safety Climate
- Burnout
- Negative Experiences

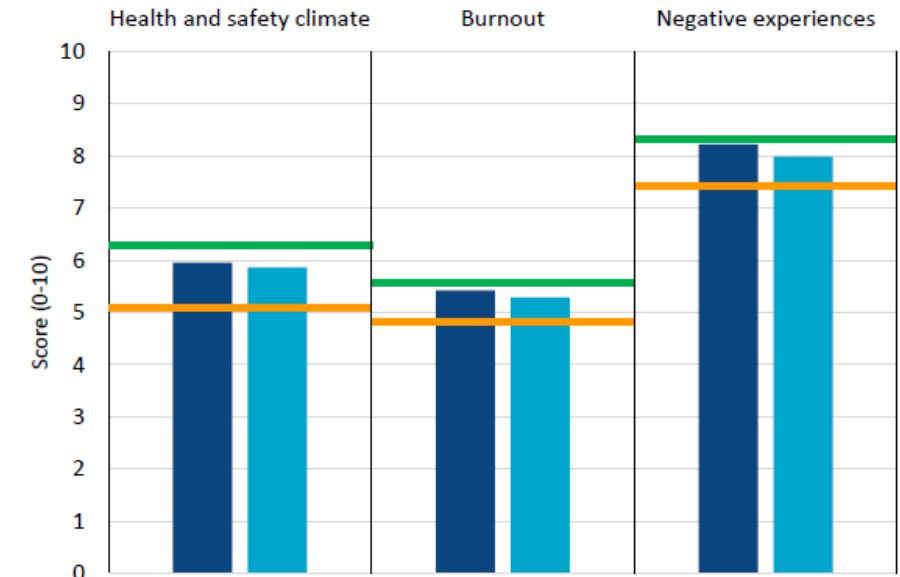
### Key points to note:

- Theme scores are compared to 50 Trusts in our benchmarking.
- Above average score
- Best result for:
  - Q14b In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Managers.
- Below average for:
  - Q3i There are enough staff at this organisation for me to do my job properly.

	2021	2022	2023	2024
Your org	6.55	6.48	6.56	6.53
Best result	6.55	6.57	6.70	6.72
Average result	6.22	6.24	6.38	6.40
Worst result	5.83	5.72	5.84	5.86
Responses	1685	1403	1850	2063



### Promise element 4: We are safe and healthy



Your org	5.95	5.42	8.22
Best result	6.30	5.56	8.32
Average result	5.87	5.29	7.98
Worst result	5.10	4.83	7.43
Responses	2075	2076	2069



We are  
safe  
and  
healthy

# People Promise Elements

## *Promise element 5: We are always learning*

This element is underpinned by 2 sub scores:

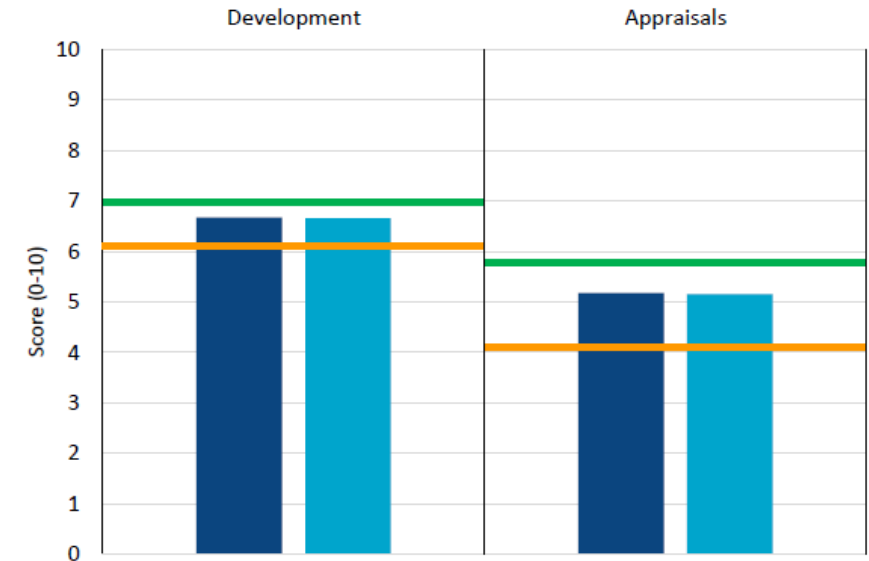
- Development
- Appraisals

### *Key points to note:*

- Theme scores are compared to 50 Trusts in our benchmarking.
- Above average score



Promise element 5: We are always learning



Your org	6.67	5.18
Best result	6.97	5.77
Average result	6.66	5.15
Worst result	6.11	4.10
Responses	2077	1942

	2021	2022	2023	2024
Your org	5.79	5.71	6.01	5.93
Best result	6.15	6.14	6.45	6.37
Average result	5.65	5.72	5.93	5.93
Worst result	4.79	4.63	5.18	5.11
Responses	1596	1343	1787	1939





# People Promise Elements



Derbyshire Healthcare  
NHS Foundation Trust

## Promise element 6: We work flexibly

This element is underpinned by 2 sub scores:

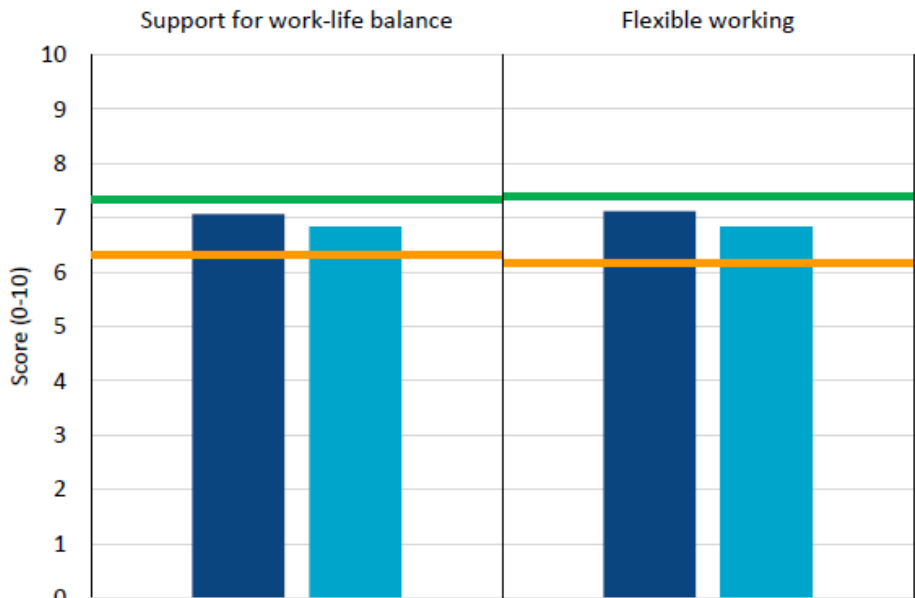
- Support for work-life balance
- Flexible Working

### Key points to note:

- Theme scores are compared to 50 Trusts in our benchmarking.
- Above average score



Promise element 6: We work flexibly



Your org	7.07	7.13
Best result	7.35	7.41
Average result	6.84	6.84
Worst result	6.33	6.18
Responses	2074	2070

	2021	2022	2023	2024
Your org	7.09	6.98	7.19	7.10
Best result	7.16	7.17	7.25	7.34
Average result	6.71	6.75	6.84	6.83
Worst result	6.07	6.24	6.24	6.27
Responses	1681	1405	1886	2066



We work  
flexibly

# People Promise Elements

## Promise element 7: We are a team

This element is underpinned by 2 sub scores:

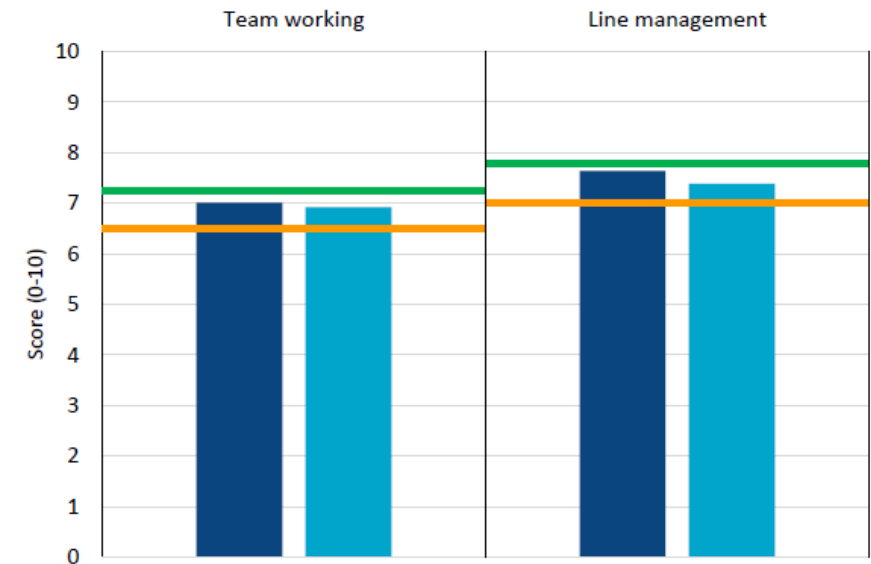
- Team Working
- Line Management

### Key points to note:

- Theme scores are compared to 50 Trusts in our benchmarking.
- Above average score
- Below average for:
  - Q7d Team members understand each other's roles.
  - Q8a Teams within this organisation work well together to achieve their objectives.

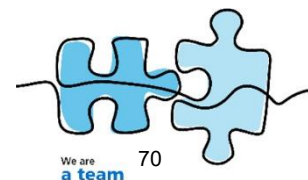


Promise element 7: We are a team



Your org	7.01	7.64
Best result	7.23	7.78
Average result	6.92	7.39
Worst result	6.51	7.02
Responses	2076	2076

	2021	2022	2023	2024
Your org	7.28	7.25	7.32	7.32
Best result	7.37	7.41	7.47	7.48
Average result	7.06	7.10	7.18	7.15
Worst result	6.60	6.73	6.90	6.78
Responses	1691	1408	1893	2072



# People Promise Elements

## Theme: Staff engagement

This element is underpinned by 3 sub scores:

- Motivation
- Involvement
- Advocacy

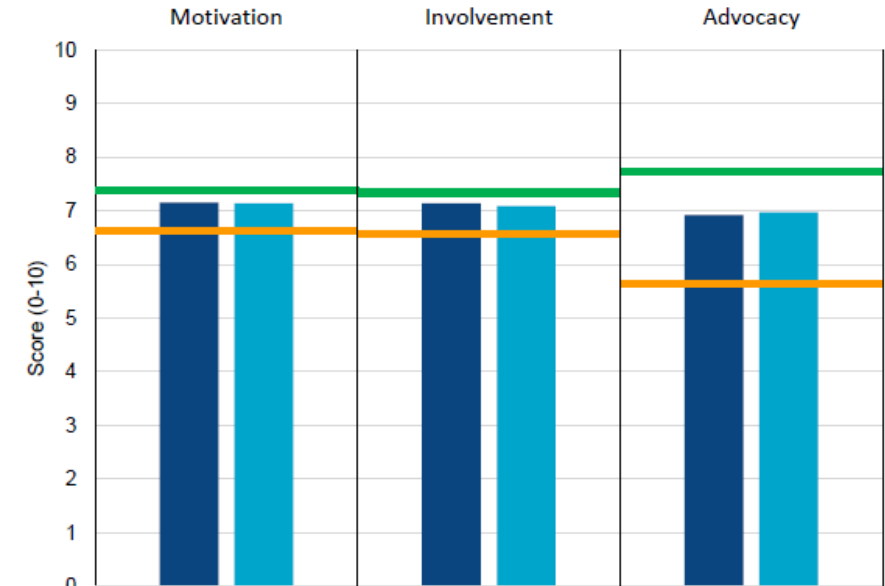
### Key points to note:

- Lowest score since 2021
- Below average for advocacy sub – score
- Below average for:
  - Q2a I look forward to going to work.
  - Q25a Care of patients / service users is my organisation's top priority.
  - Q25d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.

	2020	2021	2022	2023	2024
<b>Your org</b>	7.41	7.31	7.18	7.23	7.07
<b>Best result</b>	7.53	7.41	7.44	7.46	7.49
<b>Average result</b>	7.15	7.03	7.05	7.11	7.07
<b>Worst result</b>	6.58	6.46	6.19	6.46	6.32
Responses	1600	1700	1409	1899	2076



### Theme: Staff engagement



	Motivation	Involvement	Advocacy
<b>Your org</b>	7.15	7.14	6.92
<b>Best result</b>	7.39	7.34	7.73
<b>Average result</b>	7.14	7.09	6.96
<b>Worst result</b>	6.62	6.58	5.65
Responses	2062	2075	2072



# People Promise Elements



Derbyshire Healthcare  
NHS Foundation Trust

## Theme: Morale

This element is underpinned by 3 sub scores:

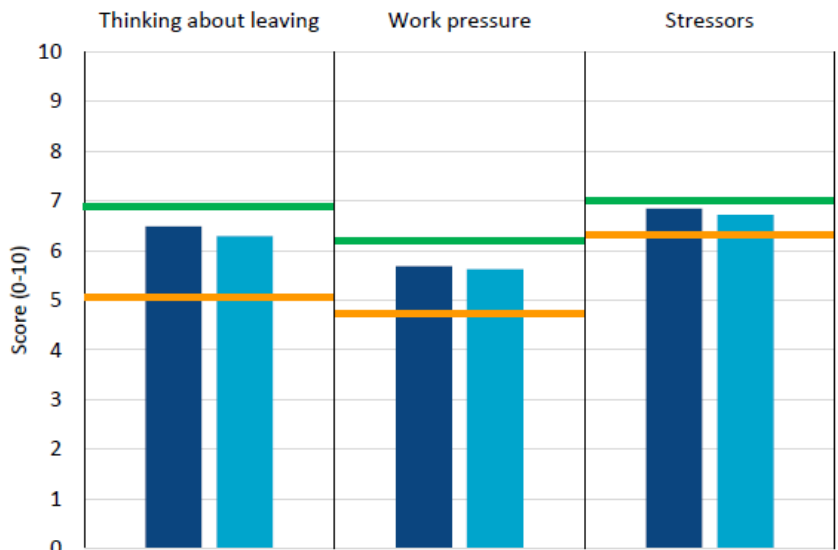
- Thinking about leaving
- Work pressure
- Stressors

### Key points to note:

- Above average for all sub scores
- Below average for:
  - Q3i There are enough staff at this organisation for me to do my job properly.

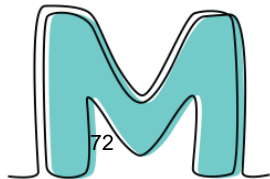


Theme: Morale



	2071	2075	2077
Your org	6.49	5.68	6.84
Best result	6.88	6.19	7.02
Average result	6.29	5.62	6.72
Worst result	5.07	4.74	6.33
Responses	2071	2075	2077

	2020	2021	2022	2023	2024
Your org	6.73	6.48	6.32	6.44	6.34
Best result	6.73	6.52	6.50	6.61	6.66
Average result	6.23	6.02	6.03	6.17	6.20
Worst result	5.75	5.48	5.15	5.21	5.46
Responses	1599	1700	1411	1897	2077

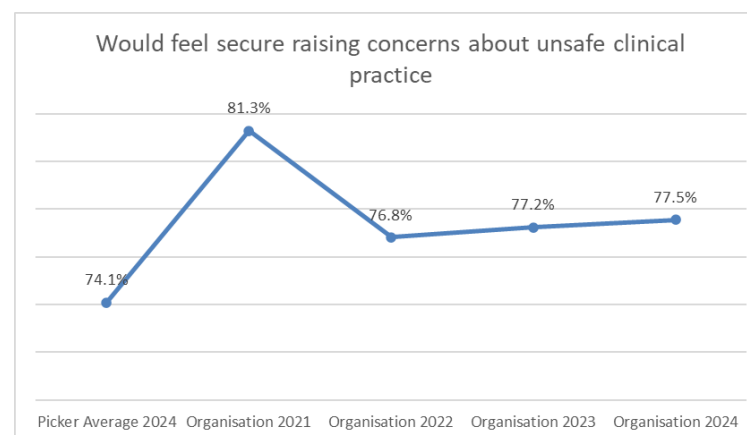
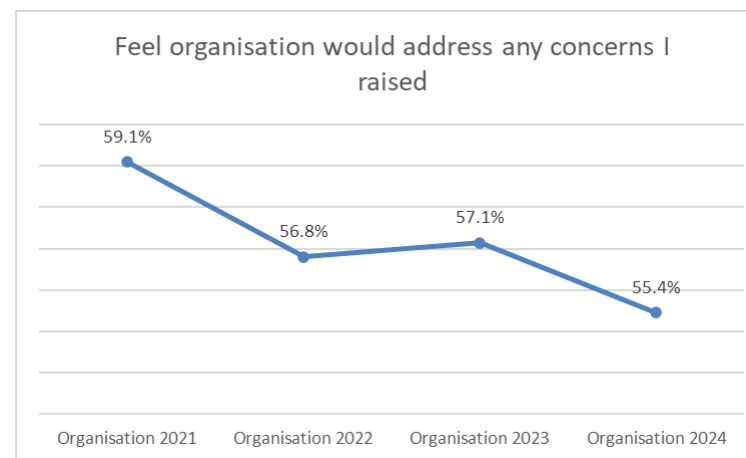


# Freedom to Speak up



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



# 2024 Priorities



**Derbyshire Healthcare**  
NHS Foundation Trust



Staff Development



Staff Experience



Staff Engagement



Standards of Care

## **Integrated Performance Report**

### **Purpose of Report**

This paper provides Council of Governors with an integrated overview of performance at the end of April 2025. 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 Trust Board with information that demonstrates performance against a suite of key operational targets and measures. The aim of which is to provide the Board with 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

The areas found most challenging persist, as follows:

- Waiting times for adult autistic spectrum disorder (ASD) assessment – there has been an ongoing high level of demand, with over 1,200 referrals received in 2024/25
- Community Paediatric waiting times and numbers waiting remain significantly high owing to ongoing pathway issues and high levels of demand, with the average waiting time doubling in 24 months to over 60 weeks. Capacity has also reduced through the loss of five of the team, including three experienced consultants. Mitigation measures to address the vacancies arising will form part of the service transformation programme, through a review of roles, skill mix, and service specification. Request for Locum cover has been approved
- Inappropriate out of area placements, and high levels of inpatient bed occupancy remain a challenge. A comprehensive recovery action plan is summarised in the main body of the report, with actions being implemented to address patient flow issues across the pathway in both inpatients and the community, in order to reduce the need for admissions, reduce length of stay of admissions, and thereby free up bed capacity within the Trust. As a result of these actions there has been a significant reduction in inappropriate out of area placements from a high of 28 at the end of January 2025 to just five at the end of March 2025. March also saw the opening of the Derwent Unit in Chesterfield, a 54 bedded inpatient unit to replace the dormitory style wards at the Hartington unit. Each patient has their own en-suite bedroom and control over their environment, with the ability to adjust the lighting and temperature to suit their needs. The new facility also provides greater access to outdoor and green spaces, with exercise areas and outdoor sensory spaces accessed directly from the wards. The building is purpose-built, offering a range of usable spaces to aid patient recovery. It will play a major part in the provision of trauma-informed and sensory-informed care to patients, in a therapeutic environment, supporting reduced length of stay.

### Most improved areas

- The number of completed adult ASD assessments per month has remained extremely high within existing resources, and the full year contracted activity target for 2024/25 was exceeded by over 300%
- The Child and Adolescent Mental Health service (CAMHS) triage and assessment team continues to manage the waiting lists very effectively, with numbers waiting and average waiting times both sustained at a reasonable and manageable levels.

### Areas of success

- NHS Talking Therapies 18-week and six-week referral to treatment, three-day follow-up of discharged inpatients, and the data quality maturity index standards have all been consistently achieved
- The individual placement and support service, Work Your Way, is continuing to be extremely productive. Recruitment has continued in line with approved funding and from May 2025 the service will be fully staffed in line with NHS long term plan targets
- The rate of dementia diagnosis remains high – third highest in the region and 11th highest in the country
- Community Perinatal services continue to see increasing numbers of people, flexing to meet the ongoing high level of demand, and performing third highest in the region against the national access standard
- Adult Community Mental Health services continue to exceed their target activity level for patient contacts, sitting second highest in the region for transformed services.

### Regional comparison

In the most recently published data (January 2025) NHS Derby and Derbyshire Integrated Care Board (ICB) continues to perform favourably against the majority of long-term plan targets to which the Trust contributes, when compared with other ICBs in the region: dementia diagnosis, children and young people contacts, Adult Community Mental Health contacts and Perinatal access. Inappropriate out of area placements remain challenging, with the number of inappropriate bed days at the highest level in the region.

### **Finance**

At the end of the financial year, the unadjusted outturn was a deficit of £25.3m.

However, taking into account the following technical adjustments, the adjusted financial position was breakeven against an adjusted plan of £6.4m deficit:

- Impairments, where the value of a building has been reduced by £24m which related to the Making Room for Dignity programme, the plan included impairments of £35m
- Peppercorn rent costs accounted for within the position but adjusted back out of the position
- Public Finance Initiative (PFI) adjustment related to the International Financial Reporting Standards (IFRS) 16 accounting change.

### Efficiencies

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

At the end of the financial year the required savings have been delivered in full.

### Agency

Agency expenditure for the financial year totals £5.1m which is below plan by £1.2m. This includes £1.2m of additional costs to support a patient with complex needs (which ceased at the beginning of September). Excluding this additional support, agency expenditure would be below plan by £2.4m.



Business as usual agency expenditure (excluding the support to the patient with complex needs and zonal observations) has been reducing from August 2024.

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 has significantly reduced during the year to 2.1%. NHSE use of resources includes an action to improve workforce productivity and reduce agency spend to a maximum of 3.2% of the total pay bill across 2024/25.

#### Out of Area Placements

The plan for out of area expenditure is based on a reducing trajectory from twenty-two to zero beds by the end of the financial year. In addition to this the plan also included a further six block beds for part of the financial year.

During 2024/25, £10.5m has been spent on out of area placements, which is £5.7m above plan. Expenditure increased in the period November to February but has seen a reduction in March.

#### Capital Expenditure

At the end of the financial year, we were £3.7m above plan against the system capital allocation which is due to the residual Making Room for Dignity cost pressure after the original business as usual schemes have been scaled back to help provide some mitigation, agreed by the system.

The centrally-funded schemes are out-turning to the agreed additional funding, but the plan remains as the original submission.

#### Cash

Cash at the end of March is at £19.1m (£24.3m last month) which is on plan.

### **People**

#### Annual Appraisals

Appraisal compliance continues to remain high at 89% against a target of 90%. Compared to the previous month, compliance has increased by 1.81%. Low compliance continues to remain a particular challenge within Corporate services and efforts continue to address both appraisals that are out of date and those coming up for renewal.

#### Annual Turnover

Overall turnover continues to remain in line with national and regional comparators and has remained below the Trust's 12% upper tolerance for the last ten months.

#### Compulsory Training

Overall, the 85% target has been achieved for the last 24 months. Operational services are currently 92% compliant (an increase of 2% since the last reporting period) and Corporate services are at 90% (an increase of 3% since the last reporting period).

#### Staff Absence

The annual sickness absence rate is running at 5.93%; a reduction of 0.08% compared to the previous reporting period. Anxiety, stress or depression related illness remains the highest reason for sickness absence, followed by other musculoskeletal problems and cold, cough, flu – influenza.

#### Proportion of Posts Filled.

At the end of April, 88% of funded posts overall were filled with contracted staff. At the start of the financial year, new investment is released which creates brand new vacancies, initially reducing the percentage of funded posts filled. This year will see a staged adjustment to

vacancies throughout the year, as service developments and cost improvement programmes are delivered.

#### Bank and Agency Staff

Agency usage has reduced significantly over recent months and continues to fall following a temporary increase in agency usage due to a requirement for increased clinical observations. The Authorisation Panel to oversee agency requests across the Trust continues to remain in place.

#### Supervision

Compliance continues to remain a challenge in both clinical supervision at 81% and management supervision at 85%. Efforts continue to work with Teams with low compliance and rates are expected to increase over the next month.

#### **Quality**

##### Patient Experience

- **Compliments:** Currently above the mean of 140; however, under-recording persists. Heads of Nursing are addressing barriers and monitoring via Clinical Reference Groups
- **Complaints:** “Quick resolution” complaints declined due to backlog; “Closer look” complaints remain stable. Thematic reviews are ongoing for trend analysis and assurance.

##### Discharge Readiness

- **Clinically Ready for Discharge (CRD)** cases show common cause variation, with delays due mainly to housing and social care issues. Multi-agency meetings and a new 72-hour admission review are expected to address discharge delays.

##### Care Plan Approach (CPA)

- **CPA Compliance** has improved to 86%, aiming for 95% by August 2025. Action plans, digital guides, and weekly crosschecks are supporting improvement.

##### Medication Safety

- **Medication incidents** have decreased (mean from 90 to 80); most are low harm and relate to storage. Ongoing work includes incident reviews, competency training, and improvement plans across Divisions.

##### Serious Incidents

- Moderate/catastrophic harm incidents rose until March, then declined. Increases linked to self-harm and medical issues in Adult and Older People’s services. Substance misuse deaths reflect national trends and are being addressed through joint initiatives.

##### Restrictive Practices

- **Prone Restraint** incidents remain below threshold; peaks linked to a few unwell individuals
- **Physical Restraints** are above the margin (45), driven by self-harm interventions. Training compliance is improving via revised induction processes
- **Seclusion episodes** peaked in March due to new unit opening but are now below threshold.

##### Falls

- Falls remain above the Trust margin, influenced by higher ward occupancy and frailty. Most incidents caused no harm. Prevention measures include care planning, bed sensors, and regular review meetings.

##### Staffing – CHPPD

- **Care Hours per Patient Day** are below national averages: 9.95 hours v national 15.2. This includes lower figures for both registered Nurses (4.08 v 5.1) and Support Workers (5.56 v 9.5), indicating staffing challenges.

## Strategic Considerations

<b>Patient Focus:</b> Our care and clinical decisions will be respectful of and responsive to the needs and values of our service users, patients, children, families and carers.	X
<b>People:</b> We will attract, involve and retain staff creating a positive culture and sense of belonging.	X
<b>Productive:</b> We will improve our productivity and design and deliver services that are financially sustainable.	X
<b>Partnerships:</b> We will work together with our system partners, explore new opportunities to support our communities and work with local people to shape our services and priorities.	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. Therefore, any decisions that are taken as a result of the information provided in this report is likely to affect members of those populations with protected characteristics in the REGARDS groups
- Any specific action will need to be relevant to each service and considered accordingly, so for example, as parts of the report relate specifically to access to Trust services; we will

need to ensure that any changes or agreed improvements take account of the evidence that shows variable access to services from different population groups.

## **Recommendations**

The Council of Governors is requested to:

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

**Report presented by:**

**Vikki Ashton Taylor**  
**Deputy Chief Executive and Chief Delivery Officer**

**James Sabin**  
**Director of Finance**

**Rebecca Oakley**  
**Director of People, Organisational Development and Inclusion**

**Tumi Banda**  
**Director of Nursing, Allied Health Professionals, Quality and Patient Experience**

**Report prepared by:**

**Peter Henson**  
**Head of Performance & Delivery**

**Rachel Leyland**  
**Deputy Director of Finance**

**Liam Carrier**  
**Assistant Director of Workforce Transformation**

**Joseph Thompson**  
**Assistant Director of Clinical Professional Practice**

## Performance Summary

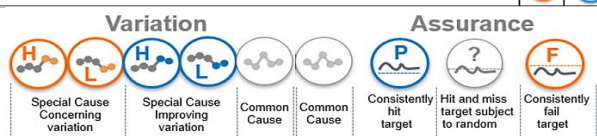
Areas of Improvement	Areas of Challenge
<b>Operations</b>	
<ul style="list-style-type: none"> <li>• High level of adult ASD assessments completed</li> <li>• Psychological services waiting times continue to reduce and the number of people waiting has dropped significantly</li> <li>• CAMHS waiting times managed effectively</li> <li>• Inappropriate out of area placements have reduced.</li> </ul>	<ul style="list-style-type: none"> <li>• Adult ASD assessment waiting times remain high</li> <li>• Community paediatric waiting times continue to prove challenging</li> <li>• NHS Talking Therapies waiting times from first to second treatment</li> <li>• Inpatient bed occupancy levels remain high.</li> </ul>
<b>Finance</b>	
<ul style="list-style-type: none"> <li>• The financial position has been managed and an adjusted position of breakeven has been delivered</li> <li>• Agency expenditure continued to reduce in the second half of the financial year</li> <li>• The efficiency requirement has been delivered in full.</li> </ul>	<ul style="list-style-type: none"> <li>• Adult acute out of area expenditure is significantly higher than planned</li> <li>• Capital expenditure was above plan but supported by the Derbyshire system</li> <li>• Long-term plans to progress back to financial sustainability and balance.</li> </ul>
<b>People</b>	
<ul style="list-style-type: none"> <li>• Compulsory and role specific training</li> <li>• Annual turnover</li> <li>• Annual appraisals.</li> </ul>	<ul style="list-style-type: none"> <li>• Staff absence</li> <li>• Bank staff use</li> <li>• Agency staff use</li> <li>• Supervision.</li> </ul>
<b>Quality</b>	
<ul style="list-style-type: none"> <li>• <b>Complaint Handling:</b> Quick resolution complaints are expected to stabilise with ongoing monitoring and reporting</li> <li>• <b>Medication Safety:</b> Incidents remain below the mean, with improved guidelines, training, and monitoring</li> <li>• <b>Seclusion and Prone Restraints:</b> Both have decreased and remained within acceptable limits, with further reductions expected through targeted interventions</li> <li>• <b>Falls Prevention:</b> Most falls were minor or insignificant, and additional intervention is planned to enhance fall prevention efforts.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Staffing and Care Hours Per Patient Day (CHPPD):</b> CHPPD remain below national averages, indicating workforce constraints</li> <li>• <b>Physical Restraints:</b> Despite a downward trend, incidents remain above the Trust margin, primarily due to self-harm interventions</li> <li>• <b>Delayed Discharges/Clinically Ready for Discharge (CRFD):</b> Persistent challenges in housing, funding, and social care placements continue to impact patient flow</li> <li>• <b>Care Programme Approach (CPA) Compliance:</b> Compliance rates remain below target but are improving with ongoing training and digital support required to improve documentation.</li> </ul>

## 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			5	4	7	9	8
1b	Waiting list - older adult CMHT - average wait to be seen			1	4	1	2	1
2a	Waiting list - adult CMHT SPOA - number waiting			734		686	930	808
2b	Waiting list - older people CMHT SPOA - number waiting			53		20	118	69
2c	Older people mental health 4 week referral to treatment			93%		11%	95%	53%
2d	Adult mental health 4 week referral to treatment			94%		0%	95%	47%
2e	Waiting list - ASD assessment - average wait to be seen			61		62	71	67
2f	Waiting list - ASD assessment - number waiting at month end			1,585		2001	2313	2157
2g	ASD assessments			85	26	27	83	55
3a	Waiting list - psychology - average wait to be seen			21		10	47	29
3b	Waiting list - psychology - number waiting at month end			525		622	777	699
4a	Waiting list - CAMHS - average wait to be seen			10		12	19	16
4b	Waiting list - CAMHS - number waiting at month end			265		293	437	365
5a	Waiting list - community paediatrics - average wait to be seen			52		34	40	37
5b	Waiting list - community paediatrics - no. waiting at month end			2,655		2520	2863	2692
B1	3 day follow-up			89%	80%	79%	96%	88%
D1	Community Mental Health Access (2 plus contacts)			12,395	11,899	10756	11576	11166
E1	Children & Young People Mental Health Access (1 plus contact)			3,415		3120	3302	3211
E4	Children & Young People Eating Disorder Waiting Time - Routine			100%	95%			
E5	Children & Young People Eating Disorder Waiting Time - Urgent			100%	95%			
G3	Early intervention 14 day referral to treatment - complete			92%	60%	61%	106%	83%
G3	Early intervention 14 day referral to treatment - incomplete			71%	60%	48%	122%	85%
H0	IAPT 6 week referral to treatment			91%	75%	57%	75%	66%
H1	IAPT 18 week referral to treatment			99%	95%	98%	101%	99%
H2	IAPT 1st to 2nd Treatment over 90 Days			60%	10%	16%	40%	28%
H7	IAPT patients completing treatment who move to recovery			45%	50%	43%	59%	51%
I1	Individual Placement and Support Access			485	343	147	490	319
K2	Average patients out of area per day - adult acute			26	0	1	23	12
K2	Patients placed out of area - adult acute			37	0	4	35	19
K2	Average patients out of area per day - PICU			15	0	13	23	18
K2	Patients placed out of area - PICU			23	0	21	36	28
L1	Perinatal Rolling 12 Months Access			11.4%	10%	7%	8%	7%
L2	Perinatal Access Year to Date			805	1,070	274	831	553
N4	Data quality maturity index			98%	95%	98%	98%	98%

Key to symbols<sup>1</sup>:



















Blue dots indicate special cause variation, better than expected.
























Orange dots indicate special cause variation, worse than expected.

<sup>1</sup>The rating symbols were designed by NHS Improvement

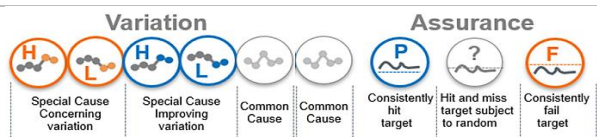
## B. People

Metric Name		Variation	Assurance	Latest Value	Target	Lower process limit	Upper process limit	Mean
1	Annual appraisals			89%	90%	83%	89%	86%
2	Annual turnover			11%	8-12%	11%	12%	12%
3	Compulsory training			93%	85%	90%	92%	91%
4	Staff absence			5%	5%	5%	7%	6%
5	Clinical supervision			84%	95%	80%	85%	82%
6	Management supervision			81%	95%	77%	84%	80%
7	Filled posts			88%	100%	87%	94%	90%
8	Bank staff use			4%	5%	4%	7%	6%

## C. Quality

Metric Name		Performance	Assurance	Latest Value	Target	Lower process limit	Upper Process limit	Mean
1	No. of compliments received			153	119	70	203	137
2	No. of formal complaints received ("quick resolution")			3		0	37	19
3	No. of formal complaints received ("closer look")			17		2	30	16
4	Proportion of patients clinically ready for discharge			11%	4%	7%	14%	10%
5	Proportion of patients on CPA >12 months who have had their care plan reviewed			80%	95%	63%	72%	68%
6	Patients who have their employment status recorded as "in employment"			12%		12%	13%	12%
7	Patients who have their accommodation status recorded as "settled"			48%		40%	47%	43%
8	Number of medication incidents			66		47	112	80
9	No. of incidents of moderate to catastrophic actual harm			79	48	36	87	61
10	No. of incidents requiring Duty of Candour			0	1	0	3	1
11	No. of incidents involving prone restraint			7	12	0	24	11
12	No. of incidents involving physical restraint			49	46	22	136	79
13	No. of new episodes of patients held in seclusion			13	14	2	31	16
14	No. of falls on inpatient wards			38	30	7	62	35

Key to symbols<sup>1</sup>:



Blue dots indicate special cause variation, better than expected.

Orange dots indicate special cause variation, worse than expected.

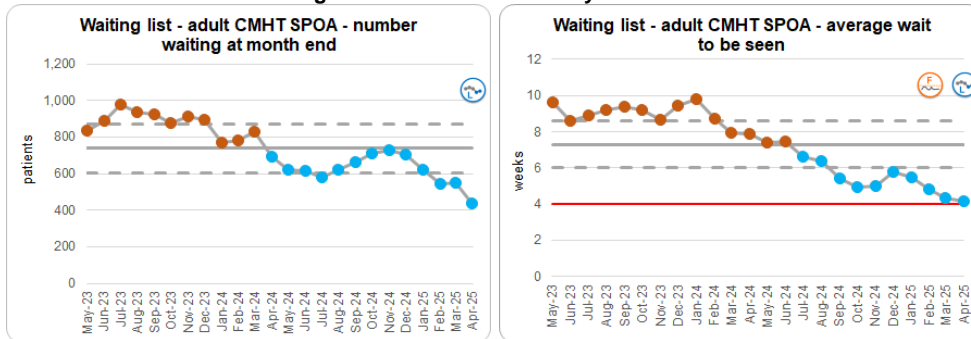
<sup>1</sup>The rating symbols were designed by NHS Improvement

# Operations



## Operational Performance

### Waiting Times – Adult Community Mental Health



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

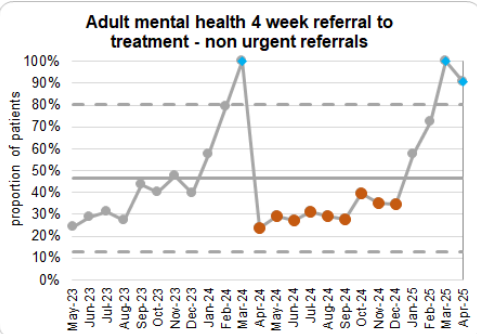
#### Summary

Although services are seeing an increase in referrals, the average wait to be seen continues to reduce and is currently just over 4 weeks.

Over the last financial year the number of referrals received by the single points of access (SPOA) has exceeded the number of discharges from the community teams by 38%. This can be attributed to the increasing referrals into SPOA since the mobilisation of Living Well. Onward referrals from SPOA for intervention/treatment into different parts of the Living Well service, both short and long-term offers have outweighed the number of discharges from these parts of the pathway. If this increase in referrals for both assessment and intervention continues, and remains higher than the number of monthly discharges, there is a high risk that waiting lists will increase and that people will not get timely access to services when they require it owing to limited flow.

#### Actions to support flow

All sites have now mobilised Phase One of the Living Well CMHF Transformation. Proactive work continues through a focus on productivity, to address data quality issues, increasing flow through the service and creating capacity to be more responsive and reduce waiting times for people trying to access the services. Employee wellbeing measures are being implemented as a priority within the division.

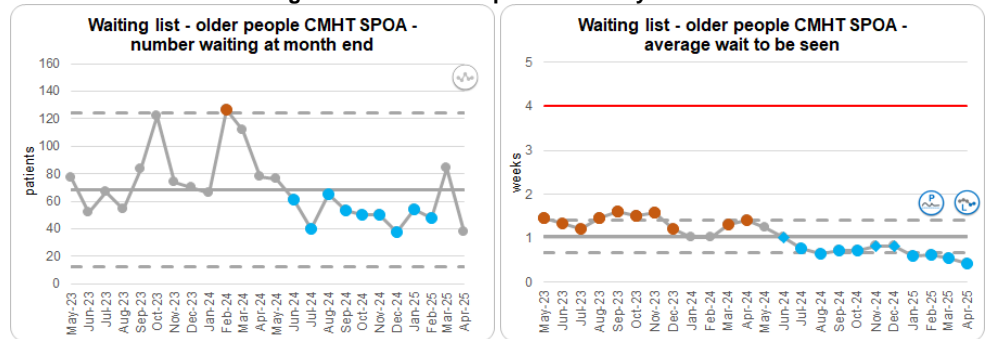


The plan is positively impacting on waiting times and this can be seen in the consistently below average wait times over the last 9 months, which is a statistically significant reduction.

#### 4 week referral to treatment

Currently 4 week referral to treatment is an internal measure based on referral to 2nd contact. The data does not show patients who are currently waiting for their 2nd contact.

### Waiting Times – Older People Community Mental Health



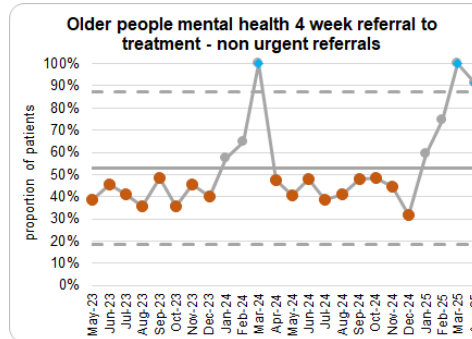
SPOA = single point of access – the route for external referrals into the services

#### Summary

Wait time reduction in MAS and CMHT has been maintained through proactive monitoring and triaging. We continue to have a focus on productivity and review of processes. Bolsover CMHT remains a hotspot due to ongoing complex ER issues and sickness.

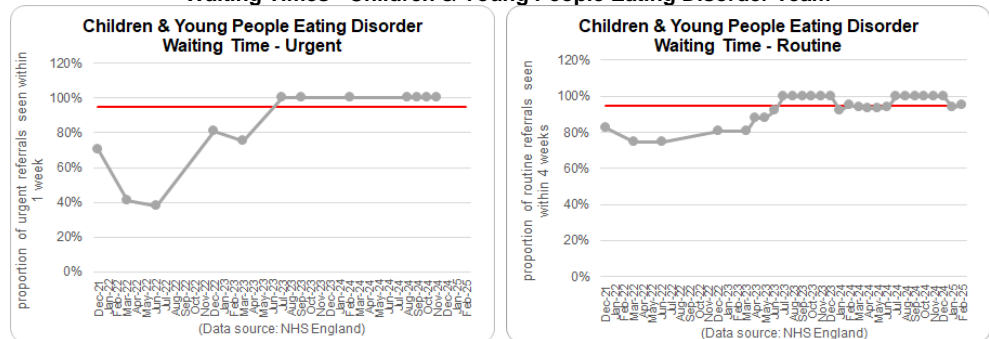
#### Next steps

Both the functional and organic pathways are under review to establish any potential transformational opportunities. Transformation of MAS and day services underway to improve patient experience and increase productivity. Continued engagement with primary care to support smooth and appropriate referral.



with primary care to support smooth and appropriate referral.

### Waiting Times - Children & Young People Eating Disorder Team



#### Summary

Data indicate that the Trust's Children & Young People (C&YP) Eating Disorder Service generally continues to achieve around 100% for both standards. The Division also internally monitors the C&YP Eating Disorder Service waits from 1<sup>st</sup> to 2<sup>nd</sup> contact (days):

Days	Qtr1	Qtr2	Qtr3	Qtr4	
2023/24	11	4	4	8	✓
2024/25	2	3	4	2	✓
2025/26	0				

## Operational Performance



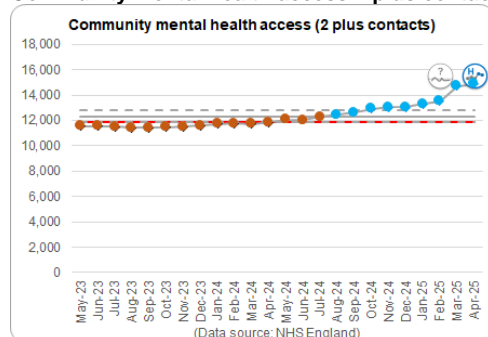
<https://livingwellderbyshire.org.uk/>

Mental Health services that are available in the community to support people with mental ill health are changing and improving. In alignment with the Community Mental Health Framework, mental health services are transforming to reach a wider cohort of people, including those who have traditionally fallen between the gaps of primary and secondary care, as well as those people with a severe mental illness. Health services, social care and the voluntary, community and social enterprise (VCSE) sector are working in partnership to deliver new integrated ways of working that are modernising community mental health services for adults and older adults, considering the particular needs of each local area. In Derbyshire, this is called the Living Well Derbyshire programme. In Derby, it is called the Derby Wellbeing programme.

### Community Mental Health Framework/Living Well Programme

DHCFT is a partner in the programme alongside the voluntary, community or social enterprise sector and the local authorities. Go live of the Living Well sites concluded its final locality in March 2024, at this stage of the mobilisation, all teams are established and receiving referrals from Primary Care and self-re-introduction only. We can already see positive impact in terms of case load sizes (long term caseloads reducing whilst short term caseloads have increased). In addition, there are early indications of reducing referrals to MH Liaison Teams which frees up capacity to provide greater support to complex cases in the community and therefore to reduce presentations at A&E.

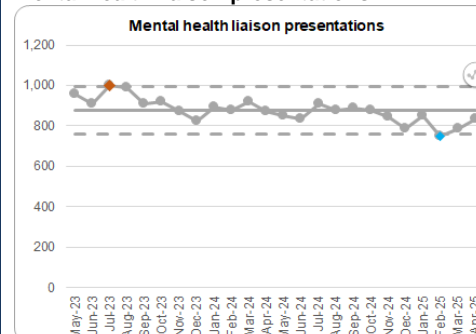
### Community mental health access 2 plus contacts (NHS long term plan target)



#### Summary

For financial year 2024/25 NHSE have published data up to February 2025, which demonstrate that year to date the target level of activity has been sustained each month. Internal data for March and April 2025 indicate that the target level of activity has also been achieved in both months.

### Mental health liaison presentations

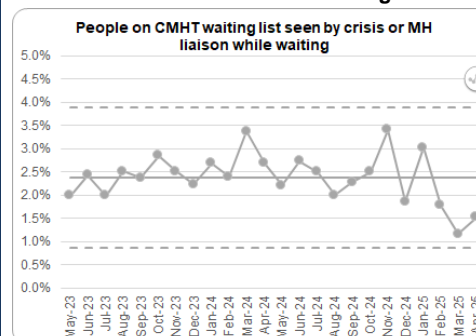


#### Summary

One aim of living well is to free up capacity within secondary care mental health community teams to be able to provide support to more acutely unwell patients in the community. This approach should result in fewer presentations at acute trust emergency departments and support admission avoidance.

The data indicate a continued overall improvement since Living Well mobilisation.

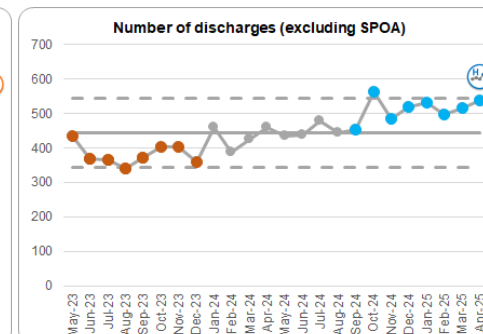
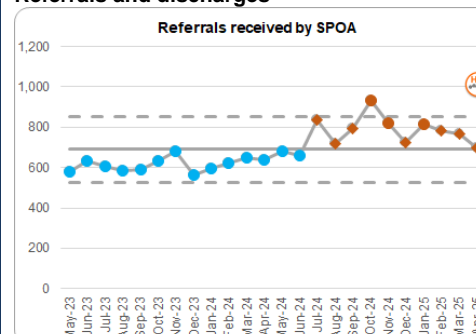
### People on the community mental health team waiting list who have been seen by crisis services or mental health liaison while waiting



#### Summary

People who are waiting to be seen by community mental health teams should be seen sooner, therefore we would expect the number of people needing to access crisis services whilst waiting for community mental health services to decrease, reducing demand on secondary services. We are now seeing a reduction, in addition there is a specific piece of work through the enabler MaST (Management and Supervision Tool) to review those patients in high escalation on CMHT caseloads to increase activity to prevent them from further health escalation/deterioration.

### Referrals and discharges



#### Summary

The volume of referrals received has been steadily increasing and significantly high for the last 9 months. This is attributed to the Living Well mobilisation. The volume of discharges has also been increasing over time since December 23, but at a lower level.








## Operational Performance



<https://livingwellderbyshire.org.uk/>

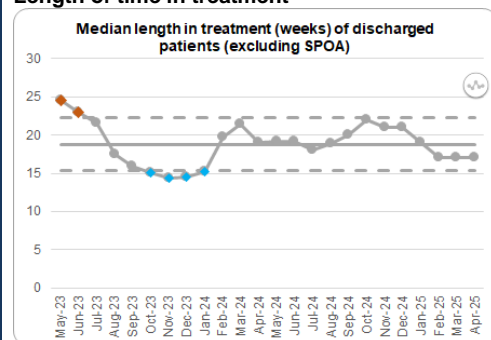
### Caseload sizes

Over time it would be expected to see long term offer caseloads reducing, and short-term offer caseloads increasing. The data demonstrate that this continues to be the case. The columns below give the proportion of caseload that was long term offer in each team each month:

STO & LTO caseloads	Proportion of caseload that is long term offer														
Team	Oct-23	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	Movement
CHESTERFIELD	96%	75%	72%	79%	73%	75%	75%	73%	72%	74%	71%	68%	68%	67%	
HIGH PEAK	71%	54%	54%	53%	53%	54%	49%	46%	47%	46%	45%	47%	51%	51%	
AMBER VALLEY	98%	87%	89%	87%	84%	84%	69%	64%	66%	61%	61%	57%	55%	56%	
EREWASH	100%	91%	89%	90%	88%	89%	79%	75%	75%	73%	73%	71%	70%	69%	
SOUTH DERBYSHIRE	100%	91%	86%	83%	77%	78%	70%	67%	66%	64%	64%	64%	61%	63%	
DERBY CITY B	72%	57%	58%	66%	60%	65%	63%	67%	69%	66%	65%	66%	66%	65%	
DERBY CITY C	74%	61%	60%	67%	58%	60%	59%	63%	68%	67%	66%	65%	64%	63%	
Grand Total	88.5%	74.7%	73.9%	77.2%	72.7%	74.3%	68.0%	66.7%	67.6%	65.5%	64.6%	63.2%	62.4%	62.2%	

NB Bolsover, Killamarsh, North & South Dales are excluded from this table, as those teams only hold long term offer caseloads and so will always be 100%. Their short-term offer caseloads are held elsewhere.

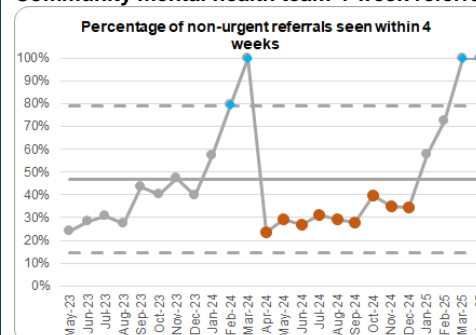
### Length of time in treatment



### Summary

Discharges would be expected to increase and length in treatment to reduce, owing to the short-term offer throughput offering a 12-week service. The flow of people through the service would ensure there is capacity to support people in a timely manner. To date the length of time has varied. Work continues with localities to develop community connections for people to continue to be supported through voluntary groups and through developing pathways to the long term offer. Work also continues to embed the Living Well Practice so that staff are supporting people to reintroduce themselves to the service should they wish to access services again following discharge.

### Community mental health team 4-week referral to treatment

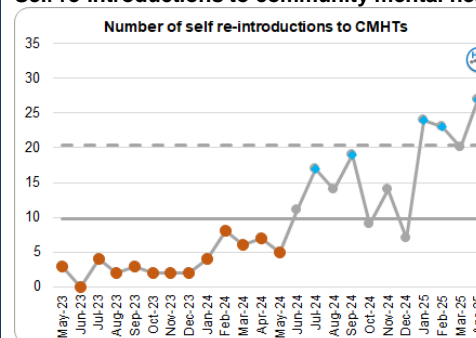


### Summary

NB 4-week referral to treatment performance is based on referral to second contact of patients who had their 2<sup>nd</sup> contact in the month. The data does not show patients who are still waiting for their second contact.

A significant piece of work is taking place to correct multiple patient contacts that have been recorded incorrectly on SystmOne. This work can be seen to be having a positive impact on reported waiting times from January 2025.

### Self re-introductions to community mental health services



### Summary

The Living Well Service enables people to readily access services up to 2 years following discharge from a previous spell of treatment. The number of self re-introductions would be expected to increase over time, through the provision of easier access to services, and is also expected to reduce demand on primary care. The ability to self-reintroduce has been established during phase 2 of the Living Well transformation. The data indicates an increase in self-referrals on an upward trajectory.

## Operational Performance

### Adult Neurodevelopmental Division (ND)

#### Service Delivery/Flow

- The Short-Term Intervention Team (STIT) funding has formally been extended until September 2025.
- New system-wide Discharge Delivery Group has been established to oversee the work in relation to patient discharges, with a focus on the proposed 17 ICB/Secure discharges throughout 25/26.
- New 25/26 inpatient trajectory has been submitted to NHSE- target of 27 proposed.

Transforming care programme	Target	Actual April 25	Status
Number of adults in ICB commissioned inpatient care with LD/ LD&A	22	10	
Number of adults in secure inpatient care with LD/ LD&A		11	
Number of adults in ICB commissioned inpatient care with ASC	11	4	
Number of adults in secure inpatient care with ASC		9	
Number of CYP in specialised/ secure inpatient care	3	4	
CTR - Post admission Adult	75%	100%	
CTR - Post admission CYP	75%	100%	
CTR – 6 month follow up - ICB Commissioned	75%	100%	
CTR - 12 month follow up - Secure Inpatient	75%	95%	
CTR - 12 month follow up – CYP	75%	100%	

#### ND Delivery Plan (Previously known as Road Map)

Key priority areas have been proposed for the 2025-2028 ND delivery plan. Agreement and formation of workstreams to be decided. Priority areas include care and accommodation, strategic partnership working and training and development.

#### Integration

**EPR migration-** all DCHS employees have now migrated to the DHcFT EPR system. The ND service now operates under 1 EPR system.

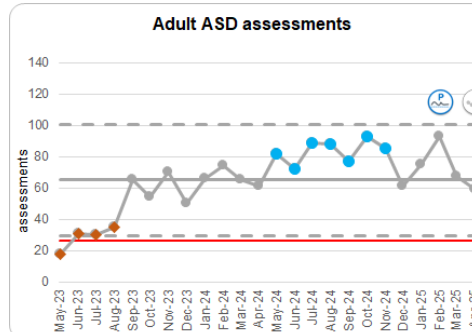
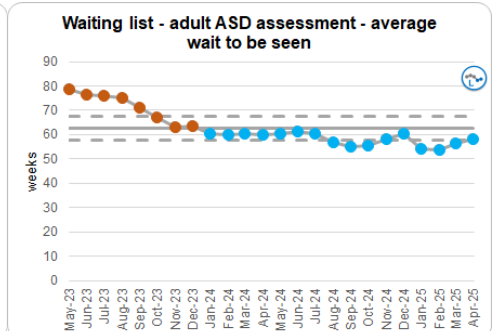
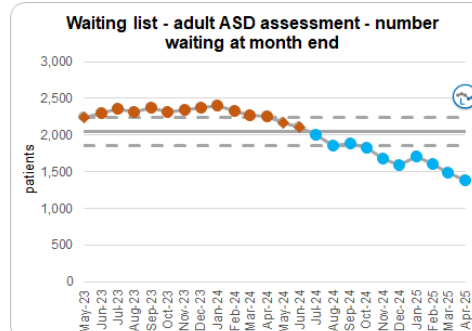
**Major Service Change-** Exec leads and SRO have been identified for both Short Breaks and Inpatient major service change. Project plan and options appraisal being worked up.

#### Risks

**ND Patient Assurance Team:** Recovery action plan in place and continued progress with infrastructure and processes. Vacancies imminent which need resolving to continue to drive progress.

**Training and Risk Screen Compliance:** Work continues in relation to data cleansing around risk screens and safety plan reporting. Working group addressing this with ND Head of People is leading this. To be reviewed in Operational & Clinical Operational Assurance Team (COAT) meetings monthly.

### Adult Neurodevelopmental Division (ND)



#### Adult Diagnostic Service

The number of completed assessments per month has remained high and the full year contracted target for 2024/24 was exceeded by over 300%.

The number of people waiting continues to reduce significantly.

Continued discussions with the ICB are taking place regarding extending the Autism diagnostic service (16 year +) following on from the closure of Sheffield diagnostic service.

#### Success

- Recent visit from NHSE was well received with positive feedback on service delivery and models of care.
- Recent progress on being able to roll out patient survey will improve ND opportunities to capture patient experience.
- Copilot being trialled by some individuals and in progress of securing Heidi-App trial to improve productivity.

#### Challenges

- Staff Wellbeing- Transformation/change fatigue across ND given the continual changes the integration is bringing on top of trust-wide demands. Staff survey reflecting this. Work with DPL to support this work.
- Significant ongoing demand for the adult ASD assessment service, with 265 referrals received in January 2025 alone, and 1,264 referrals received over the full financial year.

## Operational Performance

### Psychology & Psychological Therapies

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 in the region. The Division currently have 9.43% vacancy, with a head count of 199 (166.7 WTE) staff excluding TMHD.

**Trainee, research and external facing roles:** We continue to support our employed trainees to provide the future workforce for DHCFT. Staff contribute to professional teaching on the DClinPsy course as well as psychotherapy and CBT trainings. One staff member continues to be funded by Manchester University for a PhD. Senior staff have a number of external facing national roles in different arenas (including within the BPS, specialist collaboratives or boards etc) all with the focus of raising the profile of psychology in DHCFT.

**Talking Mental Health Derbyshire (TMHD):** TMHD remain focused on completing all treatments started and completing as many assessments from the waiting list as possible before the end of contract. The team are currently testing data to support the move to Vita Health. A project plan is in place to support smooth transition for the first of June 25. There is a support plan in place and a number of engagement sessions have been delivered to date.

**Flow:** The psychology teams continue to work to support the development of formulations for those with EUPD presentations within the inpatient areas. The EUPD pathway teams are also supporting with trying to maintain those in the community with a specific focus to avoid hospital admissions. The STEPS pilot will start in May, which is a more intensive support programme for those with relational needs.

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

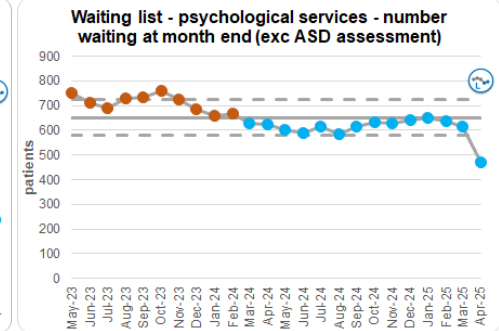
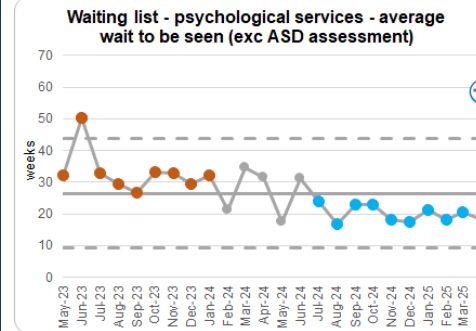
- Adults of working age psychology received 35 returns showing 83% positive feedback. The less positive feedback was owing to waiting times.
- Cognitive behavioural therapy & psychodynamic therapy received 3 responses and 100% were positive
- NHS Talking Therapies received 1,251 responses and 99% were positive.
- Learning disability psychology received 2 responses which were both positive.

We are working to increase the volume of friends and family completed feedback.

**Trust wide staff wellbeing:** Wellbeing remains a priority for all teams. Divisional staff receive continued requests to support individuals and teams which remains challenging. There remains a lack of appropriate psychological support for staff internally and across the system, but psychologists are delivering reflective practice where they can.

**Increasing psychological awareness:** Bite size psychological teaching sessions continue to have good attendance. Psychologists will be leading the upcoming MDT work; and trying to support broader understanding of psychological safety within teams.

**New projects:** DP&PT staff are engaging with and supporting a number of projects across the trust and system including work in developing 24/7 neighbourhood scheme and looking at models for intensive community working; developing a pathway for people who need support for emotional and relational behaviours.



**Waiting lists and referrals:** Overall, there continues to be a sustained reduction in the number of people waiting for psychological input to around 20 weeks. Waiting lists continue to pose a challenge to staff in finding new ways to be able to psychologically support the people who use our services. The other pressure point remains ASD assessment where the average wait is 58 weeks (April 2025).

**ASD and ADHD services:** The Trust are currently continuing discussions with the ICB to provide an ADHD service and to extend the ASD assessment service to meet the needs of the population. Even with all the improvements made by the ASD team, referrals / need still outweighs supply in Derbyshire. Whilst all agree that there is a need for ADHD services within Derbyshire, and a clear specification for delivery has been developed by the ICB, as yet there is no agreement or funding for such a service. This is impacting people of Derbyshire who without a diagnosis cannot get the right support.

**Key performance indicators:** Managerial supervision stands at 90% currently, and clinical supervision 91%. Annual appraisal completion stands at 90%. Mandatory training is exceeding target at 95%. Return to work interviews (RTWI) remain low at 66% for April, but this is a further improvement from last month. We have an action plan in place to increase the RTWI as well as focus on care planning – where we are currently at 80%. Sickness in the division remains much lower than the trust average of 5.8%, with April reported as 1.8%.

**Productivity:** Patient facing productivity remains a focus for all teams. However, the need for accurate and timely data remains so as to support this endeavour. Digitising psychological tests and assessments will support this longer term.

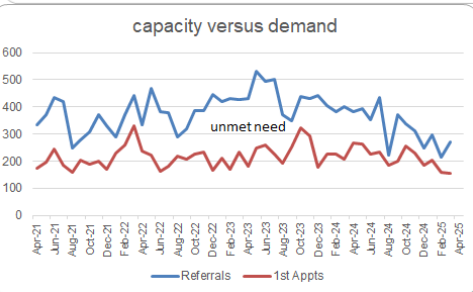
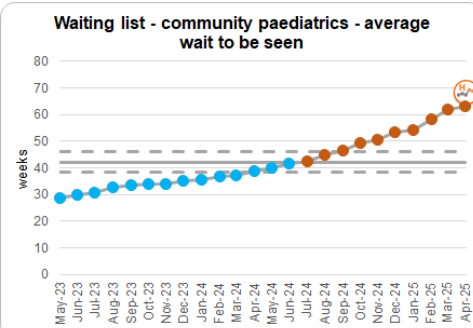
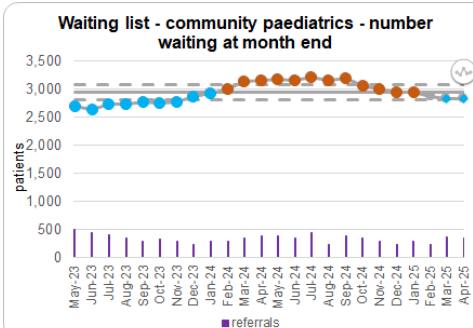
**Finance and efficiencies:** The DP&PT has planned the full CIP for 25/26. The plan is being reviewed by executives (nursing and medical) and we will deliver on this accordingly.

**New ideas / work:** Our LD teams have developed a drop-in session; and have developed a single referral form (move toward trusted assessor model). The forensic team have developed a pathway for those with emotional /relational difficulties who offend; we have a member of staff writing guidelines for the ACP addressing risk and safety in dissociative practice.



## Operational Performance

### Community Paediatrics



### Summary

At the end of April 2025 there were 2,839 children waiting to be seen, with average wait of 63 weeks. Whilst referrals continue to rise, the positive impact of the internal review of processes, job plans etc. which enabled increasing the number of assessments by 34% has continued into the current financial year to date. However, demand continues to outstrip capacity by 38%. Over the next 3 months there are likely to be over 300 patients in the Community Health Services Data Set who have been waiting over 104 weeks to be

seen. The service has lost 5 of the community paediatrician team through retirement and/or voluntary resignation. This includes the loss of 3 experienced consultants, including the clinical director, which will have a significant impact on service delivery.

### Internal factors

Ongoing 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 community paediatrics service. Recruitment and retention of medical staff: recruitment to mitigate expected turnover in the next quarter period.

### External factors contributing to increased demand on Community Paediatricians

- Significant increase and enduring demand for ASD/ADHD specialist assessment. 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.
- Ongoing increased volume of referrals to community paediatricians owing to developmental delay, which has persisted since the pandemic.
- Increased complexity of children & young people's presenting needs post the pandemic, resulting in longer appointments, which reduces capacity to see more patients.
- Ongoing ADHD supply issues continue to impact on demand and management of cases needing to be expedited.
- Recruitment takes time and although this process has started the existing workforce has had to absorb the caseloads of Dr's leaving or left resulting in fewer new clinic appointment slots.

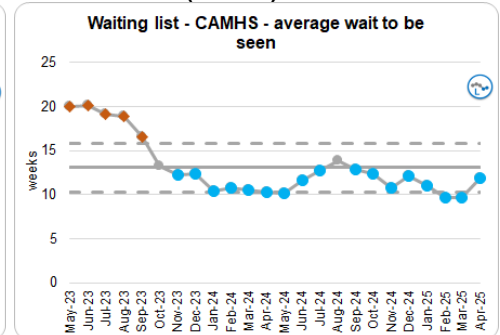
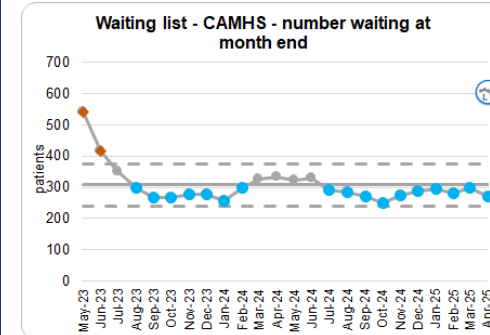
### Actions

- Recovery action plan is in place. Transformation work for the CYP neurodevelopmental pathway is ongoing. Ongoing triage review of long waiters, with a system decision made to focus on education/schools in order to reduce referrals by offering advice, support and signposting as needed.
- Mitigation measures to address the vacancies arising will form part of the service transformation programme, through a review of roles, skill mix, and service specification. Request for Locum cover has been approved.

- Posts are live on Trac / NHS jobs. Included are 2 x medical posts, 1 x NMP and 1 x band 6 nurse.
- Review of service offer around priority needs and clinical risks.
- Review of the use of AI for referral management: 2 options being considered.

Waiting times for community paediatrics are likely to continue to rise. The ongoing challenge is to reduce the growth and speed at which this takes place.

### Child & Adolescent Mental Health Services (CAMHS)



### Summary

At the end of April 2025, 272 children & young people were waiting to be seen and the average wait time was just under 12 weeks. The average wait is now more accurately reflected in the data following adjustments to recording. Priority referrals continue to be seen within 4-6 weeks and routine assessments up to 20 weeks, however this is still a significant improvement from where we were in 2022.

### Actions

- The triage and assessment team are continuing to positively impact on external waiting times and are adhering to the Trust waiting well policy. Owing to the efficiency of the Triage and Assessment Team, it is necessary to limit and control the rate of assessments so that the teams further down the pathway do not become overwhelmed. It was planned to increase from 4 to 6 in January. However, owing to absences and vacancy, it has been increased to 8 per week which is maintaining a steady enough flow into the pathway and maintaining the average wait at around 16 weeks.
- CAMHS Assessment Team clinicians continue to support with the quantitative behaviour clinic assessments to help reduce wait times. The team also continues to support with CAMHS ASD assessments, at the rate of 1-2 assessments per clinician per week. This results in young people, who were solely waiting for an ASD assessment potentially being discharged from service at a much faster rate than had they been waiting for the CAMHS specialist assessment team.
- Assessment Service Leads are closely monitoring the impact of the closure of national gender services, as referrals start to be sent through. As yet, there has not been a significant impact. A significant number of those referred in were already known to services/open to services, so the time spent triaging was minimal. The assessment of all CYP on the wait list for the gender clinics that have been closed was a mandated requirement from NHSE to mitigate the risks of having unknown CYP on their wait lists. The ongoing commissioning of gender services has not been resolved.
- Capacity within the assessing team is diverted for internal triage/reviews of long waiters when necessary.

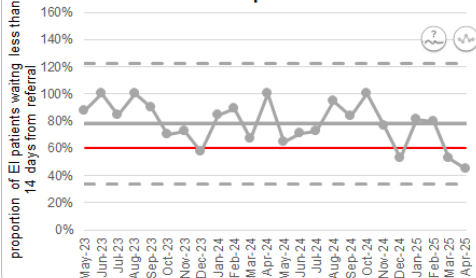
### Recovery timescales:

Average wait is below 18 weeks however a national standard of 4 weeks was proposed by NHS England. If mandated, this would require new investment as outlined in the business case above.

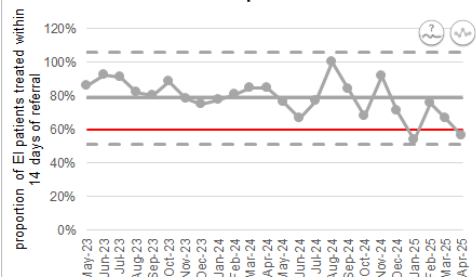
## Operational Performance

### Early Intervention in Psychosis

Early intervention 14 day referral to treatment - incomplete



Early intervention 14 day referral to treatment - complete



#### Summary

Up until recently patients with early onset psychosis have received very timely access to the treatment they need, but for the last few months this has become more challenging.

#### The key issues facing the service

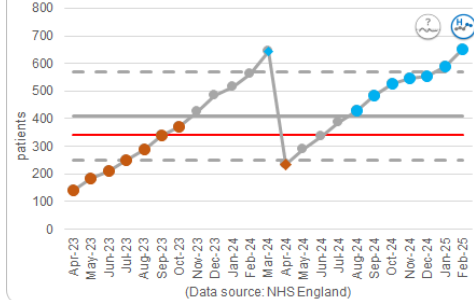
There is a risk assessment in place for both the EI North and EI City & South teams owing to significant staffing pressures as a result of maternity leaves, vacancies, and sickness absence, resulting in caseloads above the agreed standard and challenges in meeting the 14-day access target. The risk assessment is regularly reviewed by the Service Manager, Clinical Lead and Area Service Manager to ensure actions are in place to mitigate against the risk where possible.

#### Actions being undertaken

Proactive recruitment and use of bank staff where possible, is in place to minimise any staffing gaps to remain above target. Robust caseload management and improving interface with the Living Well Long-Term Offer Teams to support flow.

### Support into Employment

Individual Placement and Support Access



#### 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.

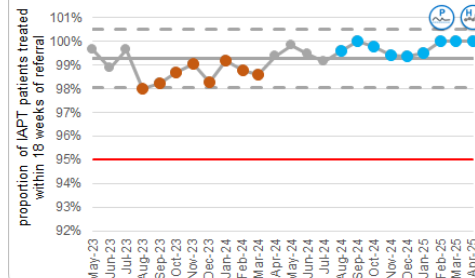
Recruitment has continued in line with approved funding and from May 2025 the service will be fully staffed in line with NHS long term plan targets. There has already been an upturn in referrals as a result, and waiting lists are reducing in certain areas.

Some innovative ideas have come from the team including how to identify employers with whom there has been a positive experience. The intention is to create an internal list to discuss with to clients and work with for future job outcomes, if it is in line with the client's choice.

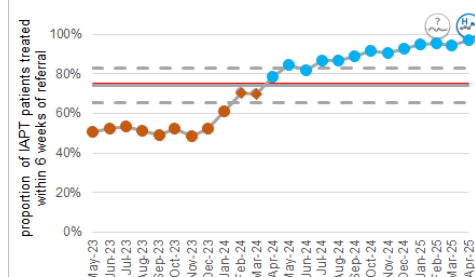
IPS Grow has confirmed that there will be 2 reviews of the service undertaken this year. The North team is scheduled for 26 and 27 May, and the East Team is scheduled for review on the 16 and 17 September. There will also be 3 guided self-assessments in between to ensure the quality of the service remains high.

### NHS Talking Therapies

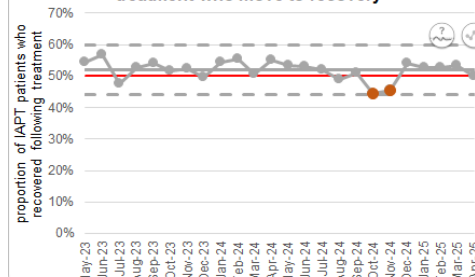
NHS Talking Therapies 18 week referral to treatment



NHS Talking Therapies 6 week referral to treatment



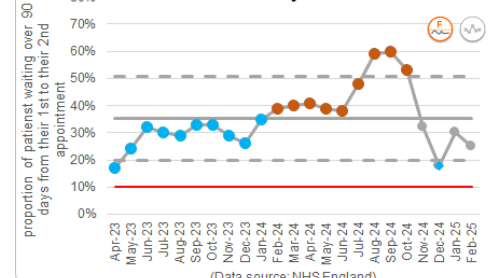
NHS Talking Therapies patients completing treatment who move to recovery



#### Summary

- 18-week referral to treatment performance and 6-week wait for referral to assessment/ 1<sup>st</sup> treatment entered continue to exceed target.
- Recovery rate and reliable improvement rate are both above target for April 25 and for the full year 2024/25.
- Friends & family test feedback has remained overwhelmingly positive since inception of the services, with over 16,000 people reporting a positive experience (98%).

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



#### Summary

1<sup>st</sup> to 2<sup>nd</sup> treatment over 90 days has continued to remain low compared to Aug and Sep 2024. Given the uncertainty of the current situation for the service it is remarkable that the outcome measures have remained high. In April the service completed over 20% more treatments than the ICB target.

#### Actions

- Quarter 1 of 2025/26 is the final quarter for Talking Mental Health Derbyshire before handover to a new provider on 1 July 2025.
- Activity with 3 of the 4 sub-contractors was retained into quarter 1.
- The service closed to referrals and ceased new treatments as of 4 April 2025 in order to stabilise waiting lists and to attempt not to hand over anyone in treatment.
- The service lost, and continues to lose, clinician and non-clinical staff into the new financial year with none being replaced. The sub-contractors have also reduced staffing down to minimal numbers in preparation for contract end.
- Work on a project to close on 30 June 2025 continues in order to ensure an orderly exit and to facilitate continuing service post closure.

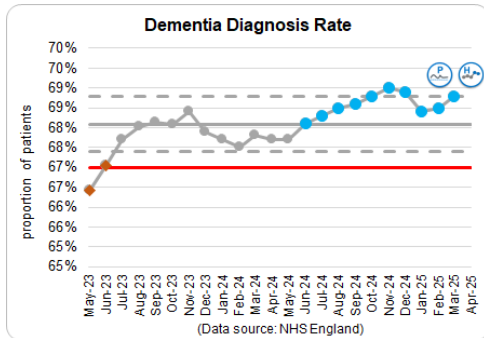
#### Regional Comparison February 2025

##### People completing a course of treatment

Organisation Name	Measure Value	STR	LTP Trajectory STR	LTP Trajectory Percentag.
NHS DERBY AND DERBYSHIRE ICB	1,290	988	131%	
NHS NOTTINGHAM AND NOTTINGHAMSHIRE ICB	1,400	1158	121%	
NHS SHROPSHIRE, TELFORD AND WREKIN ICB	500	454	110%	
NHS LINCOLNSHIRE ICB	745	884	106%	
NHS STAFFORDSHIRE AND STOKE-ON-TRENT ICB	1,125	1004	108%	
NHS BIRMINGHAM AND SOLIHULL ICB	1,505	1490	101%	
NHS NORTHAMPTONSHIRE ICB	590	643	92%	
NHS COVENTRY AND WARWICKSHIRE ICB	780	885	90%	
NHS BLACK COUNTRY ICB	980	1271	77%	
NHS LEICESTER, LEICESTERSHIRE AND RUTLAND ICB	730	978	75%	
NHS HEREFORDSHIRE AND WORCESTERSHIRE ICB	365	682	54%	

## 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 has been achieved since June 2023 and steadily increasing for the last 7 months to the latest high of 68.8% (Mar 25). NB this is national data, and the April 2025 position is yet to be published by NHSE.

#### Regional Comparison February 2025

##### Dementia diagnosis rate

Organisation Name	Measure Value STR
NHS STAFFORDSHIRE AND STOKE-ON-TRENT ICB	72.9%
NHS NOTTINGHAM AND NOTTINGHAMSHIRE ICB	70.1%
NHS DERBY AND DERBYSHIRE ICB	68.5%
NHS LINCOLNSHIRE ICB	68.2%
NHS NORTHAMPTONSHIRE ICB	66.5%
NHS BLACK COUNTRY ICB	65.4%
NHS LEICESTER, LEICESTERSHIRE AND RUTLAND ICB	64.5%
NHS BIRMINGHAM AND SOLIHULL ICB	62.6%
NHS SHROPSHIRE, TELFORD AND WREKIN ICB	62.5%
NHS COVENTRY AND WARWICKSHIRE ICB	58.6%
NHS HEREFORDSHIRE AND WORCESTERSHIRE ICB	54.9%

NHS Derby & Derbyshire ICB has the 3<sup>rd</sup> highest diagnosis rate in the region, with performance exceeding the long-term plan trajectory target.

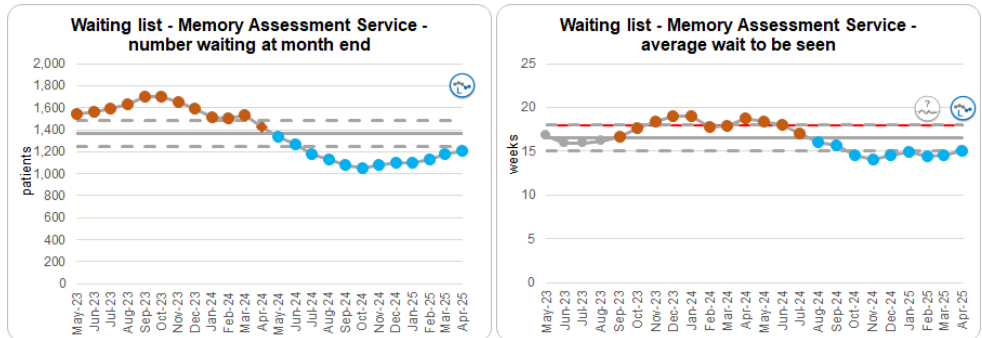
### Dementia Diagnosis Benchmarking Data

Org type	Org code	Diagnosis rate
ICB	QF7	75.3
ICB	QOP	74.4
ICB	QWE	73.5
ICB	QNC	73
ICB	QUY	70.3
ICB	QWO	70.2
ICB	QKK	70.1
ICB	QT1	70.1
ICB	QHG	69.3
ICB	QHM	68.9
ICB	QJ2	68.8
ICB	QE1	68.4
ICB	QJM	68.2
ICB	QH8	67.7
ICB	QYG	67.6
ICB	QXU	67.5
ICB	QMJ	67.2
ICB	QNQ	67.1
ICB	QPM	66.6
ICB	QUA	65.9
ICB	QR1	65.3
ICB	QM7	65.2
ICB	QRV	64.9
ICB	QK1	64.5
ICB	QRL	63.6
ICB	QOC	62.9
ICB	QHL	62.6
ICB	QNX	62.5
ICB	QMM	62.1
ICB	QU9	62
ICB	QT6	61.8
ICB	QOQ	61.7
ICB	QMF	61.6
ICB	QOX	61.6
ICB	QKS	60.9
ICB	QUE	60.6
ICB	QJG	60
ICB	QWU	59
ICB	QJK	58.9
ICB	QVV	58.2
ICB	QGH	55.3
ICB	QSL	54.8

#### Primary Care Dementia Data - NHS England Digital

The diagnosis rate in Derby & Derbyshire continues to compare very favourably with other areas nationally.

### Dementia Diagnosis Waiting Times



#### Summary

At the end of April 2025 there were 1,207 people on the waiting list, with an average wait of 15 weeks, which includes people currently waiting as well as those who were assessed in month. Waiting times for initial assessment remain at approximately 24 weeks. Some progress has been made on assessment to diagnosis which is currently 8 weeks across the county.

#### Reasons for underperformance

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

#### Action plan

- Resource to be maximised within the service (inclusive of the medical workforce). The Flow Coordinator is tasked with moving resource / clinic types to ensure all clinical capacity is used and that there is a flow of assessment to diagnosis.
- A complex case clinic has been introduced utilising the skillset of the new SAS doctor.
- Reducing the DNA rate. There are still a number of cancellations, but the service are working to rebook people into suitable slots. A cancellation list is held and pull people are seen in the clinics where there are DNA's.
- Dementia assessment pathway work remains ongoing, with further engagement with Primary Care underway. Weekly emails to staff with individual performance data to ensure individual accountability for service provision.
- Regular monitoring of wait times and data cleansing.
- Complex case/under 55 pathway review completed.
- The intellectual disability pathway & MDM has been reinstated.
- QI pilot is being planned around a 'one stop MCI clinic'.

#### By when we will have recovered the position

Quality improvement actions to optimise performance within the current service offer and financial envelope have been fully implemented. Any further developments will be minor and classified as business as usual.



## Operational Performance

### Summary

From April 24 NHS England changed to measuring the number of out of area placements at month end, at ICB level only. From internal data, at the end of March 2025 there were 5 inappropriate out of area adult acute patients and 16 inappropriate out of area PICU patients. NB these figures exclude placements where continuity of care principles have been put in place, which are classed as appropriate placements.

### Reasons for underperformance

There is an ongoing high level of demand for acute and PICU beds. Adult acute wards continue to operate at around 100% capacity, however, leave beds are utilised where safe to do so.

The level of acuity remains persistently high, resulting in the need for PICU beds and represented by the increase in adult acute admissions under the Mental Health Act, which account for 70% of all admissions. The level of acuity may also result in people taking longer to recover.

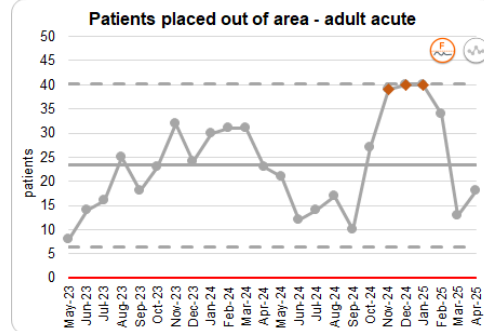
There are no PICU beds in Derbyshire at this time and therefore all patients placed in PICU are placed in out of area beds.

There is a need to ensure the number of inpatients who are clinically ready for discharge are kept to a minimum.

### Regional comparison February 2025

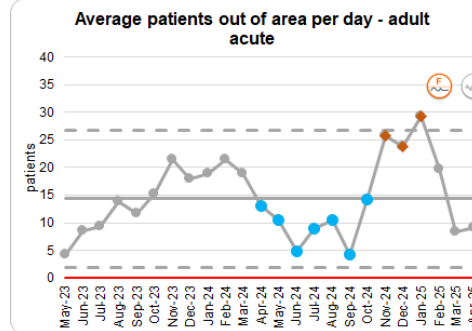
Inappropriate out of area placement bed days

Organisation Name	Measure Value STR
NHS DERBY AND DERBYSHIRE ICB	1,505
NHS BIRMINGHAM AND SOLIHULL ICB	1,245
NHS NOTTINGHAM AND NOTTINGHAMSHIRE ICB	800
NHS NORTHAMPTONSHIRE ICB	470
NHS STAFFORDSHIRE AND STOKE-ON-TRENT ICB	430
NHS COVENTRY AND WARWICKSHIRE ICB	415
NHS BLACK COUNTRY ICB	390
NHS LEICESTER, LEICESTERSHIRE AND RUTLAND ICB	370
NHS LINCOLNSHIRE ICB	325
NHS SHROPSHIRE, TELFORD AND WREKIN ICB	245
NHS HEREFORDSHIRE AND WORCESTERSHIRE ICB	150



### Recovery action plan

- A comprehensive recovery action plan has been developed and is being implemented.
- Step down beds to help with discharge flow and crisis house beds are being utilised to help avoid admissions where safe to do so.
- The crisis teams continue to work with higher than usual caseloads to avoid admissions to hospital wherever possible and appropriate.
- The Trust Strategic Integrated Flow Lead and Medical Lead for Clinical Transformation continue to support the improved flow of patients into and out of hospital.
- Changes to the learning disability & autism patient 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.
- A twice weekly mini-MADE and MADE event is in place to ensure reduction in CRFD and able to escalate to Super-MADE where required.
- Gatekeeping has been implemented to provide a multi-agency response to the admission challenges.
- Implementation of community based Clozaril initiation, avoiding the need for admission to hospital.
- Enhanced impact of the emotional regulation pathway to support prevention of admission to hospital and/or facilitate early discharge.
- Derbyshire Mental Health Response Vehicle implemented in October 2024. This consists of one vehicle staffed by a paramedic and a mental health nurse.

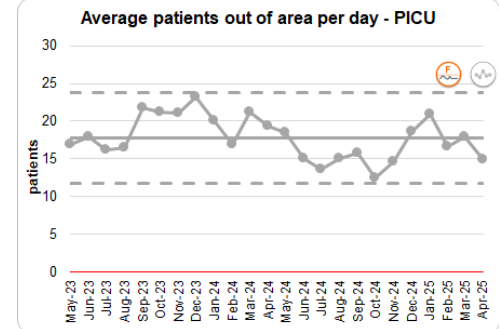
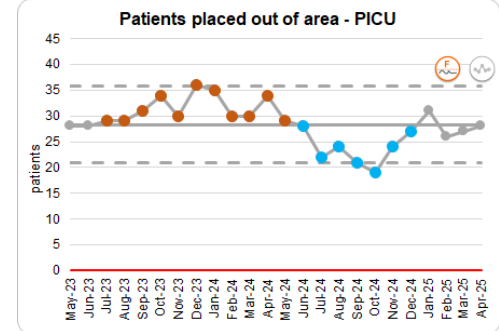


### Recovery action plan (cont.)

- The establishment of MAST in CMHTs ensuring focused input to those of greatest need and at greatest risk of admission.
- Development and implementation of criteria led discharge guidance.
- Challenge and confirm process incorporated into review of out of area patients.
- Challenge and confirm process incorporated into reviews for patients with LOS over 60 days.
- Daily dashboard generated providing breakdown of performance daily.
- Weekly multidisciplinary review of key performance data on the ward dashboard
- Estimated discharge date established during admission process and discharge planning to start at point of admission.
- Derbyshire ICB have set a target of maximum delayed discharge being 24 hours. At the moment the average delayed discharge is 65 days with between 20 and 30 patients identified as "delayed discharge" at any one time.
- Creating capacity to repatriate PICU patients when appropriate to do so and a reduction in requirement for psychiatric intensive care.

### By when we will have recovered the position

- End of quarter 2, 2025/26.



### Summary

The Mental Health Flow Escalation Meeting oversees the progress of the action plan on a fortnightly basis.

The admission rate to out of area beds continues to reduce with a significant reduction in March.

The average number of patients in out of area beds also continues to reduce with a notable reduction in March.

This improved flow is also positively impacting patients in PICU as there has been a reduction in the number of patients placed in PICU during the month.

## Operational Performance

Occupancy & length of stay (days)									
Clinical area	Beds	Bed occupancy Nov-24	Average duration of stay to date of current patients		Average length of stay Apr-25 discharged		Change versus previous month discharged		Change over time – mean length of stay of discharged inpatients
Adult Acute			Mean	Median	Mean	Median	Mean	Median	
Morton/Willow	18	100%	46	39	47	29	↗	↘	
Pleasley/Sycamore	18	105%	56	41	70	59	↘	↗	
Tansley/Oak	18	103%	86	45	73	48	↗	↗	
Ward 33	20	99%	71	41	30	26	↘	↘	
Ward 34	20	102%	52	27	39	34	↘	↘	
Ward 35	20	110%	95	48	66	33	↗	↘	
Ward 36	21	104%	70	34	46	35	↗	↗	
Older People									
Bluebell	12	101%	78	47	157	96	↗	↗	
Cubley Female	18	75%	50	32	152	146	↘	↗	
Cubley Male	18	94%	92	81	110	110	↘	↘	
Tissington	18	96%	83	60	47	49	↘	↘	
Perinatal									
The Beeches	6	63%	25	13	38	30	↗	↗	
Rehabilitation									
Cherry Tree Close	23	83%	372	362	n/a	n/a	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, there would be the day to look at where beds could be shifted around. It is a constant daily challenge for the Bed Management Team, who do a sterling job. NB low secure have been removed from the table as the number of discharges is very infrequent.

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](https://www.priory.com/psychiatry/psychiatric_beds.htm)

### ICB national length of stay reduction target 2025/26

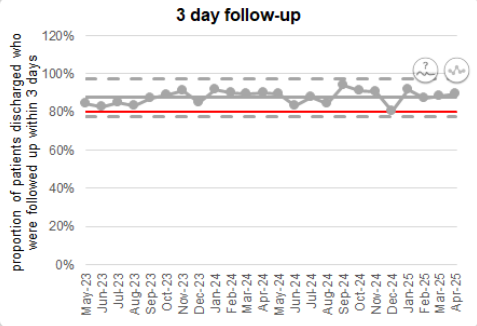
This is the mean of patients discharged in the previous 3 months, based on NHS Derby & Derbyshire ICB GP-registered patients, for those aged 18 and over discharged from adult acute, older adult acute and psychiatric intensive care unit (PICU) beds.

#### Latest NHSE published data - February 2025 position:

- Trust = 67 days
- ICB = 71 days

The Trust's target is to reduce to 55 days by financial year end March 2026.

## Operational Performance

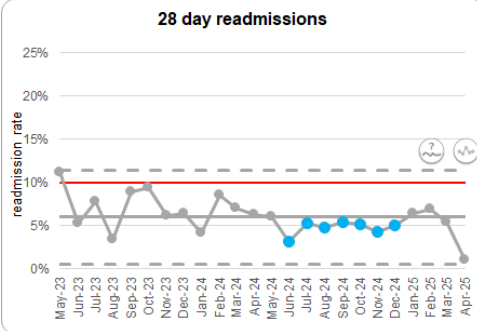


### Summary

Patients are followed up in the days immediately following discharge from mental health inpatient wards to provide support and to 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 data period.

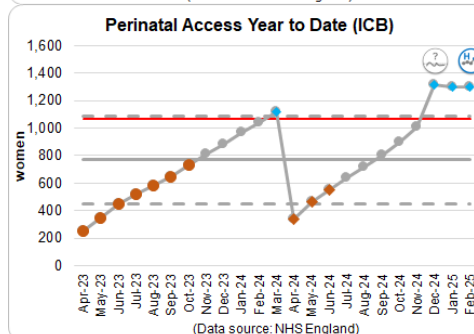
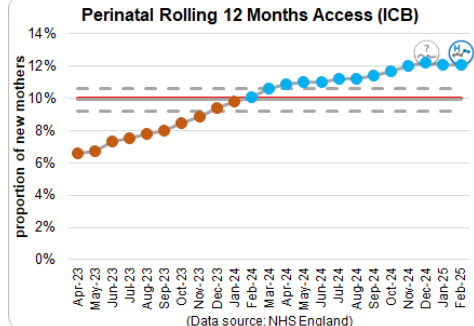
### Actions

- Ongoing regular audit of follow-ups to ensure improved accuracy of reporting.
- Ongoing completion of breach reports for any follow-ups that were not achieved to enable learning of any lessons from breaches.



### Summary

The rate of patients readmitted within 28 days of discharge from inpatient wards has remained within common cause variation throughout the reporting period and below the 10% contractual target for the vast majority of the time.



### Summary

The service continues to exceed the 10% access target: rolling access rate is currently 12.1%. The service is now fully recruited to and has specialist assessor roles in place. Accepting self-referrals and developing an outreach workstream is improving inclusive, parity of access. There is a consistently high demonstrable demand for the service. The service is currently refining clinical pathways to ensure that wait times are managed effectively. Completion of assessments within the maternal mental health service (MMHS) and psychology are lower than initially projected owing to length of stay on caseload and workforce challenges.

### Actions needed to maintain target

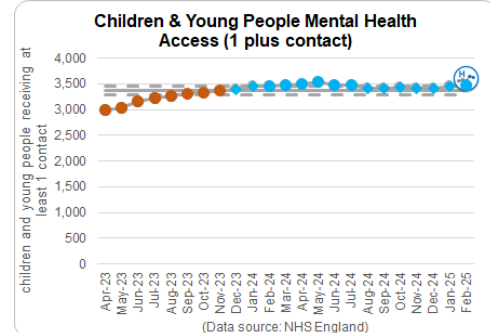
- Ensure that referrals meet inclusion thresholds to meet demand
- Service to continue strategic direction to address health inequalities and potential barriers to access.
- Waiting list to continue to be monitored by RAP and monthly exception report
- Service to refine clinical pathways
- MMHS and psychology team to increase capacity to assess and manage wait times for the service.

### Regional comparison February 2025

#### Perinatal access – rolling 12 months

Organisation Name	Measure Value STR	LTP Trajectory STR	LTP Trajectory Percentag.
NHS SHROPSHIRE, TELFORD AND WREKIN ICB	810	501	162%
NHS DERBY AND DERBYSHIRE ICB	1,330	1111	120%
NHS NORTHAMPTONSHIRE ICB	900	905	100%
NHS HEREFORDSHIRE AND WORCESTERSHIRE ICB	795	781	102%
NHS COVENTRY AND WARWICKSHIRE ICB	1,050	1045	100%
NHS BIRMINGHAM AND SOLIHULL ICB	1,945	1953	100%
NHS LINCOLNSHIRE ICB	725	742	98%
NHS LEICESTER, LEICESTERSHIRE AND RUTLAND ICB	1,215	1259	97%
NHS NOTTINGHAM AND NOTTINGHAMSHIRE ICB	1,245	1298	96%
NHS BLACK COUNTRY ICB	1,500	1585	94%
NHS STAFFORDSHIRE AND STOKE-ON-TRENT ICB	1,120	1215	92%

NHS Derby & Derbyshire ICB was the 2nd highest performing in the region, achieving 120% against the long-term plan trajectory.



### Summary

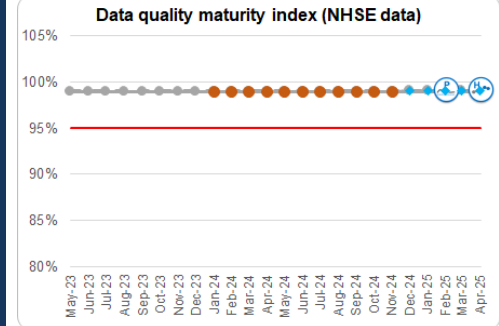
Performance has remained significantly high since December 2023.

### Regional comparison February 2025

#### C&YP access 1 plus contact

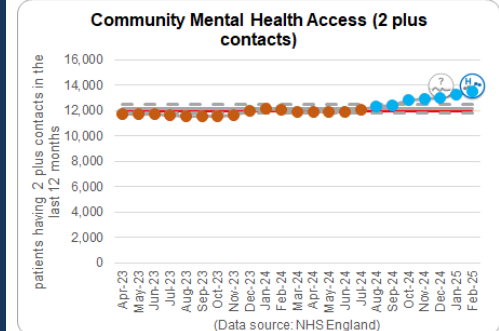
Organisation Name	Measure Value STR	LTP Trajectory STR	LTP Trajectory Percentag.
NHS NOTTINGHAM AND NOTTINGHAMSHIRE ICB	20,830	16124	129%
NHS LEICESTER, LEICESTERSHIRE AND RUTLAND ICB	17,870	14563	123%
NHS NORTHAMPTONSHIRE ICB	10,280	9600	107%
NHS DERBY AND DERBYSHIRE ICB	14,715	14463	102%
NHS COVENTRY AND WARWICKSHIRE ICB	12,985	12972	100%
NHS HEREFORDSHIRE AND WORCESTERSHIRE ICB	11,555	11865	97%
NHS STAFFORDSHIRE AND STOKE-ON-TRENT ICB	15,300	17273	89%
NHS BLACK COUNTRY ICB	17,715	20240	88%
NHS BIRMINGHAM AND SOLIHULL ICB	19,545	24834	79%
NHS SHROPSHIRE, TELFORD AND WREKIN ICB	6,470	8341	78%
NHS LINCOLNSHIRE ICB	9,250	11829	78%

NHS Derby & Derbyshire ICB was the 4th highest performing in the region, achieving 102% against the long term plan trajectory.



### Summary

The level of data quality is consistently higher than the required standard. Work is in progress to correct many incorrectly recorded patient contacts which are impacting on reported waiting times.



### Summary

NHSE have published data for the current financial year 2024/25 up to January 25, which demonstrate that the target level activity has been achieved, and this high level has sustained for months.

### Regional comparison February 2025

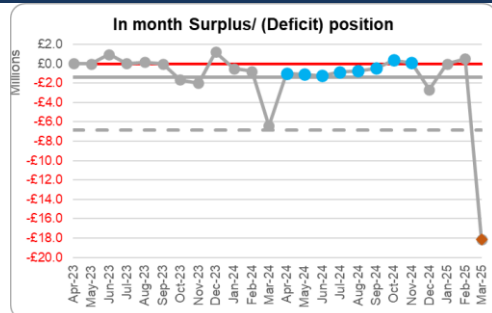
#### Community mental health 2 plus contacts

Organisation Name	Measure Value STR	LTP Trajectory STR	LTP Trajectory Percentag.
NHS BIRMINGHAM AND SOLIHULL ICB	25,235	10488	241%
NHS LEICESTER, LEICESTERSHIRE AND RUTLAND ICB	14,095	6935	212%
NHS NOTTINGHAM AND NOTTINGHAMSHIRE ICB	15,675	8138	193%
NHS DERBY AND DERBYSHIRE ICB	13,850	7483	186%
NHS BLACK COUNTRY ICB	15,200	8722	174%
NHS NORTHAMPTONSHIRE ICB	8,445	5026	168%
NHS STAFFORDSHIRE AND STOKE-ON-TRENT ICB	11,890	7970	149%
NHS HEREFORDSHIRE AND WORCESTERSHIRE ICB	8,010	5361	149%
NHS LINCOLNSHIRE ICB	7,875	5509	139%
NHS SHROPSHIRE, TELFORD AND WREKIN ICB	4,345	3459	126%
NHS COVENTRY AND WARWICKSHIRE ICB	8,165	6499	126%

NHS Derby & Derbyshire ICB was the 4th highest performing in the region, achieving 186% against the long term plan trajectory.

# Finance

## Financial Performance

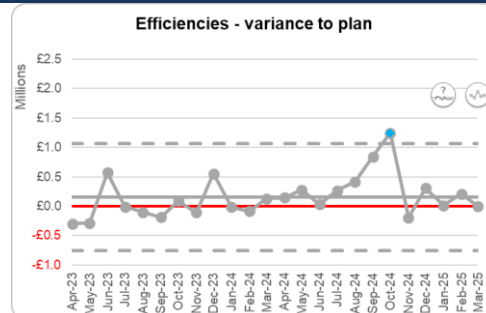


### Summary

At the end of the financial year, the unadjusted outturn was a deficit of £25.3m.

However, taking into account the following technical adjustments, the adjusted financial position was breakeven against an adjusted plan of £6.4m deficit:

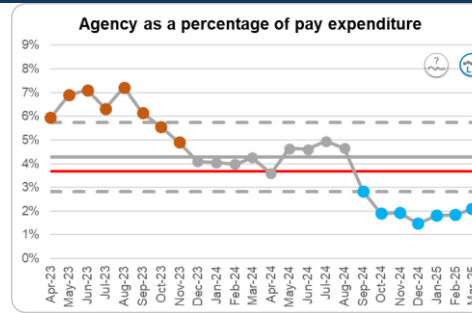
- Impairments, where the value of a building has been reduced by £24m which related to the Making Room for Dignity programme, the plan included impairments of £35m
- Peppercorn rent costs accounted for within the position but adjusted back out of the position
- Public Finance Initiative (PFI) adjustment related to the International Financial Reporting Standards (IFRS) 16 accounting change



### Summary

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

At the end of the financial year, the efficiency requirement was delivered in full.

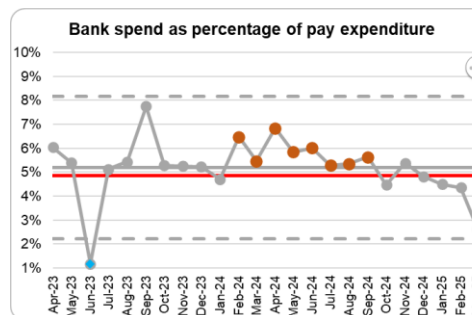


### Summary

Agency expenditure at the end of the financial year totalled £5.1m which is below plan by £1.2m. This includes £1.2m of additional costs to support a patient with complex needs (ceased at the beginning of September). Excluding that cost the agency expenditure would be below plan by £2.4m.

The agency expenditure as a proportion of total pay for March is 2.1%.

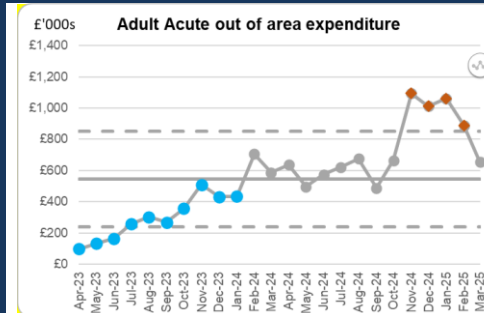
There has been a significant reduction in agency expenditure since July, with December being the lowest for the financial year. The two highest areas of agency usage continue to relate to consultants and nursing staff.



### Summary

Bank expenditure totalled £8.6m, which was within plan. The bank expenditure as a proportion of total pay for March is 2.6%.

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

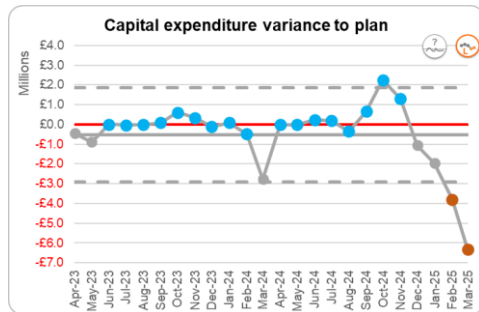


### Summary

The plan for out of area expenditure is based on a reducing trajectory from twenty-two to zero beds by the end of the financial year. In addition to this the plan also included a further 6 block beds for part of the financial year.

At the end of the financial year £10.5m has been spent on Adult Acute out of area placements, which was £5.7m above the plan.

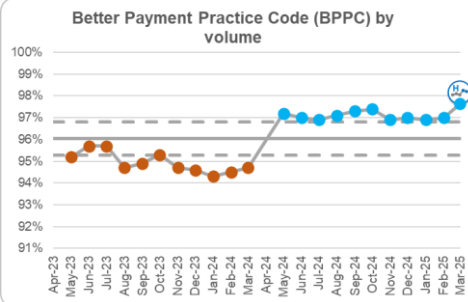
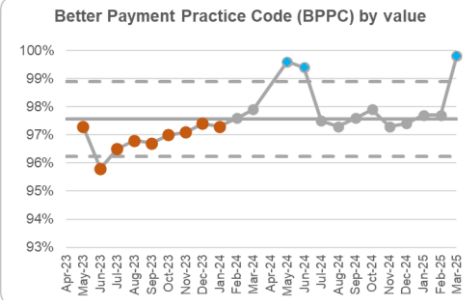
## Financial Performance



### Summary

Capital expenditure against the system capital allocation at the end of the financial year was above plan by £3.7m. This reflects the additional costs in relation to the Making Room for Dignity (MR4D) programme, of which some costs have been mitigated from pausing existing planned schemes.

The centrally funded schemes out turned to the agreed allocation.



### 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.

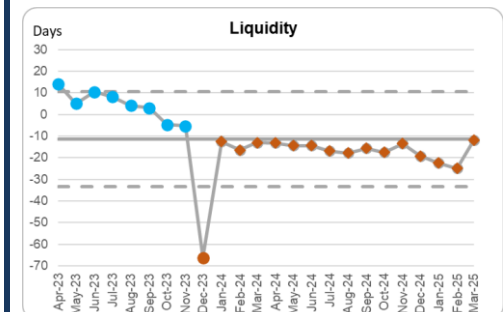
At the end of March, both the value and volume of invoices exceeded the target at 97.9% and 97.1% respectively.



### Summary

Cash at the end of March was at £19.1m (£24.3m last month) which was on plan.

The cash increase in November was due to the timing of the VAT rebate on the MR4D programme.



### Summary

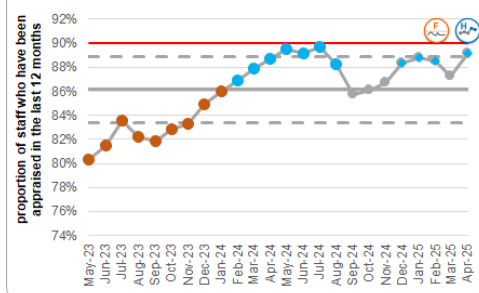
The chart above shows the liquidity levels over the last two years. Liquidity levels were high in 2021/22, however in 2022/23 the liquidity reduced due to the timing of cash receipts related to the centrally funded capital scheme for the MR4D programme. The Public Dividend Capital (PDC) drawdown requests caught up in January 2024 which increased the level back up. Drawdown requests are transacted monthly which has stabilised liquidity levels during 2024/25.

# People



## People Performance

### Annual appraisals



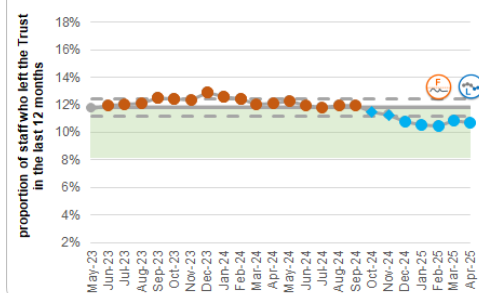
#### Summary

Overall, performance remains slightly below target. Operational Services are currently just above 90% and Corporate Services at 84%, against the target of 90%.

#### Actions

- Work has been undertaken to understand why there are challenges within corporate services to achieve full compliance. As a result, a shortened version of the appraisal is being developed for estates and facilities and team appraisals are being considered to support the division.
- A new IT function is now operating to automatically notify and send calendar reminders to both appraiser and appraisee
- Targeted emails from the DOP and CEO are being sent to managers where compliance remains consistently below target.
- Appraisal data is being used with other key people performance metrics to identify hotspot areas and bespoke targeted OD work is being commissioned.

### Annual turnover (target 8-12%)



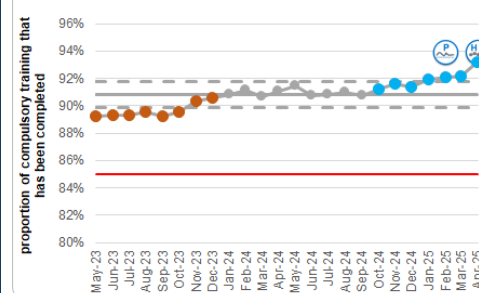
#### Summary

Overall turnover has been on target for the last 11 months and remains in line with national and regional comparators.

#### Actions

- The review of staff benefits to support engagement and retention has been completed. One of the key components of the review was the Trusts salary sacrifice schemes. The scheme was re-launched in August 2024 and is proving extremely popular with our colleagues.
- The Trust continues to run a vacancy control panel to monitor all recruitment activity.
- Stay surveys are now becoming embedded in a retention programme at 3,6 and 9 months to ensure managers and colleagues are supported to address any early concerns and to support retention.

### Compulsory training



#### Summary

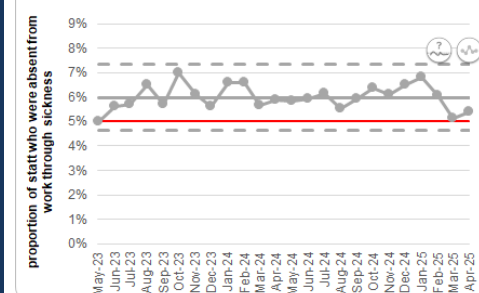
Overall, the 85% compliance target has been achieved for the last 24 months. Operational Services are currently 94% compliant and Corporate Services are 90%.

#### Actions

The following actions remain in place to support achievement of compliance:

- A review and monitoring of all 'did not attend' (DNA's) occurrences is 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.

### Staff absence



#### Summary

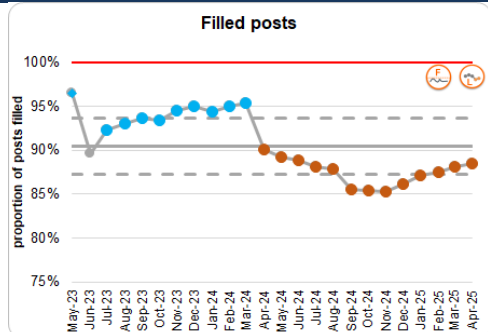
The monthly sickness absence rate in April was 5.4%, consisting of 2.59% short term absence and 2.81% long term absence. Anxiety, stress or depression related illness remains the highest reason for sickness absence, followed by other musculoskeletal problems and Cold, Cough, Flu – Influenza.

#### Actions:

- A review continues to take place with a view to ensure early intervention takes place at an earlier stage.
- All long-term absences are reviewed each month with the Director of People, Organisational Development & Inclusion and the Employee Relations to ensure a supportive and robust approach continues to be taken to managing all absences.



## People Performance

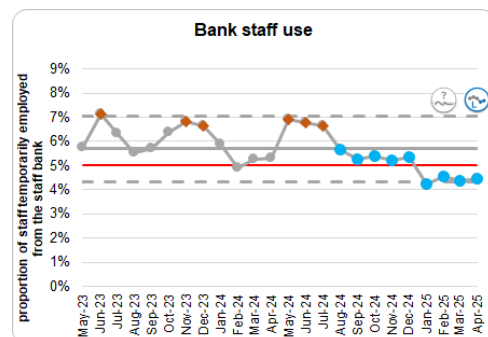


### Summary

At the end of April 2025, 88% of posts overall were filled. At the start of the financial year, new investment is released which creates brand new vacancies. This year will see a staged adjustment to vacancies throughout the year as service developments and cost improvement programmes are delivered.

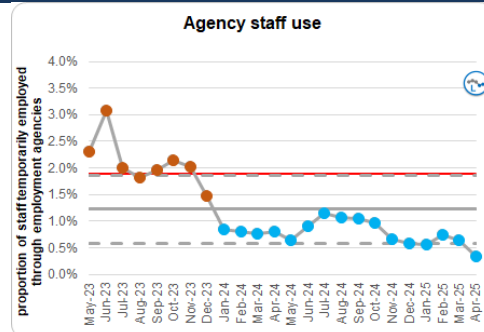
### Actions

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



### Summary

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



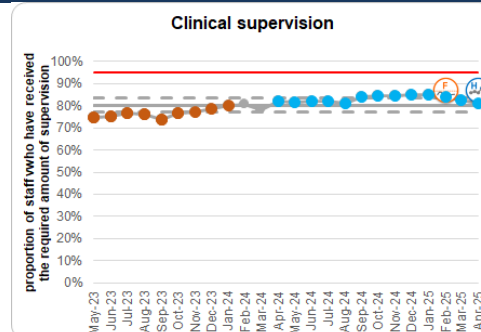
### Summary

Agency usage has reduced significantly over recent months and continues to fall following a temporary increase in agency usage due to a requirement for increased clinical observations.

### Actions

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

- Weekly Authorisation Panel continues to oversee agency requests across the Trust.
- All admin and clerical 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.
- Work continues with the NHSE National Price Cap Compliance programme, which aims to deliver agency supply at price cap or below.



### Summary

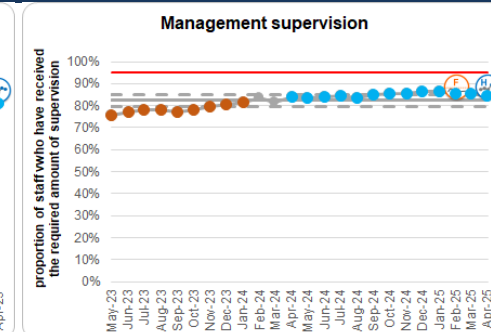
Overall compliance is 84% management supervision and 81% for clinical supervision.

### Actions

Following an audit of supervision processes, the Trust is now following up on the recommendations which should help towards achieving its target for both clinical and non-clinical supervision. In addition, efforts continue to work with Teams with low compliance and rates are expected to increase over the coming month.

The audit recommendations include:

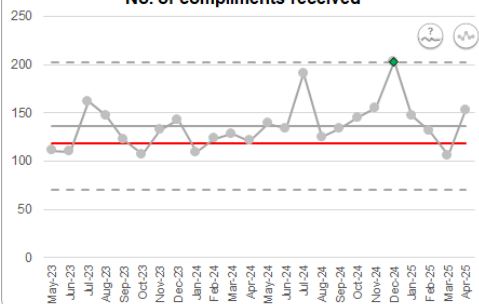
- the Supervision Policy and consider whether a full review/refresh is required based on the findings in this report and the responses to the survey of Trust staff
- arrangements for documenting and recording supervision to ensure these are clearly outlined within the policy and ensure these responsibilities and communicated and compliance is monitored
- training arrangements for supervisors
- governance arrangements in place to monitor supervision compliance to ensure forums are in receipt of sufficiently detailed reports to oversee and scrutinise performance of all types of supervision
- the actions in place to improve supervision and the performance reporting in place to ensure these are consistent across Operational and Corporate Services
- reporting across the Trust covers all areas of supervision required as outlined within the Trust's policy. minimal supervision expectations and how these are allocated throughout the year and update reporting to reflect this requirement to assess compliance.



# Quality

## Quality Performance

No. of compliments received



### Summary

The number of compliments recorded between January and April 2025 is following a pattern of common variation and is currently above the Mean of 140 compliments recorded.

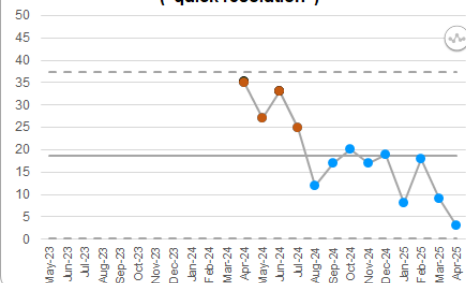
### Actions

The Head of Nursing/Practice team continue to monitor this data via the quarterly patient and carer experience report and have identified actions to improve the gathering of compliments.

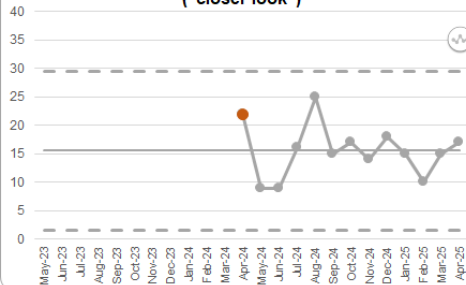
However, it is noted that all services would benefit from improving the recording of compliments as it is clear from looking at trust provision such as the delivering everyday excellence (DEED) awards that compliments received are not accurately recorded.

The Heads of Nursing/Practice will attend their Divisional Clinical Reference Group (CRG) to explore the barriers of getting feedback from services and the progress will continue to be monitored.

No. of formal complaints received ("quick resolution")



No. of formal complaints received ("closer look")



### Summary

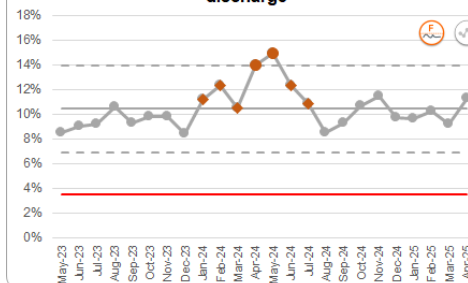
The number of complaints Identified as "quick resolution" (QR) has been on a downward trajectory since February 2025. This is due to a backlog of QR complaints waiting to be logged on the system and will likely increase over the next 3 months.

The complaints categorised as "closer look", which involve a Trust commissioned investigation, have followed a pattern of common cause variation and will continue to be monitored by the Patient Experience Team.

### Actions

The Patient Experience Team Log and monitor complaints and where specific themes are identified, these are passed on to the HoN/P Team and explored in a quarterly thematic analysis Patient and Carer Experience Committee report which is sent to both the Patient and Carer operational group and the Trust Quality and Safeguarding Committee for assurance.

Proportion of patients clinically ready for discharge



### Summary

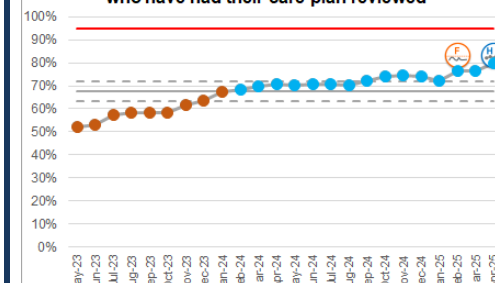
The proportion of service users meeting the criteria of Clinically Ready for Discharge (CRD) has followed a pattern of common cause variation between January and April 2025.

The most common reason for patients meeting the criteria for CRD continues to be a lack of available, appropriate housing, establishing funding, and availability of social care placements.

### Escalation processes and partnership support

- Twice weekly Multi agency Discharge event (MADE) meetings with ICB, DHcFT Directors, the Head of Social Care, Continuing Health (funding panel members) and Housing take place to discuss any barriers to discharge and support resolution.
- In addition to MADE, a 72 hour admission review meeting is being introduced from July 2025 as a vehicle to support early engagement with the persons family/ carers and teams involved in post discharge support. The 72 hour admission review meeting will also identify any potential barriers to discharge and enable escalations to support discharge to take place as early as possible. This is expected to reduce delays in discharge and reduce the number of patients who become clinically ready for discharge whilst an exit plan is being secured.

Proportion of patients on CPA >12 months who have had their care plan reviewed



### Summary

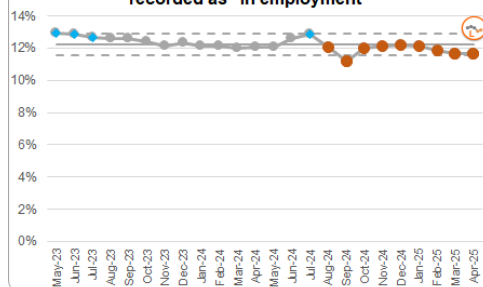
The current percentage of patients who have had their care plan reviewed and have been on CPA for over 12 months is 86%. The trust target is 95% compliance however compliance continues to improve month on month with a 12% improvement between since January 2025. It is expected that CPA compliance will reach the 95% target by the next report in August 2025.

### Actions

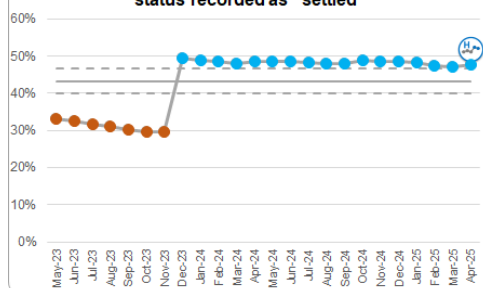
- The Trust services with compliance lower than 85% have identified action plans to improve care plan, risk screen and CPA compliance and weekly quality performance "crosscheck" meetings was established in the working age adult community division In April 2025 and will be commenced in the Older People's services in May 2025.
- The Trust Digital Practice team sent out "quick user guides" to services and offer drop-in sessions to support staff in inputting information correctly.

## Quality Performance

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



Patients who have their accommodation status recorded as "settled"



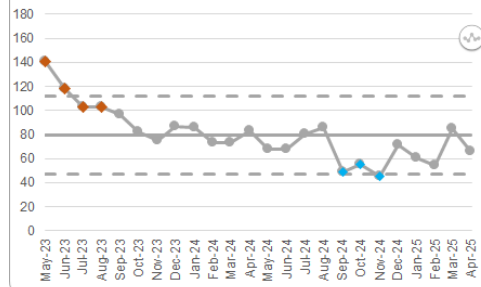
### Summary

Patients open to the Trust in settled accommodation has remained static at 49% between August and November 2024 and the number of patients open to employment has continued to remain between 11 and 13 percent 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 is monitored via monthly service specific operational meetings and employment support will be included in the Community mental health team quality improvement plan.

Number of medication incidents



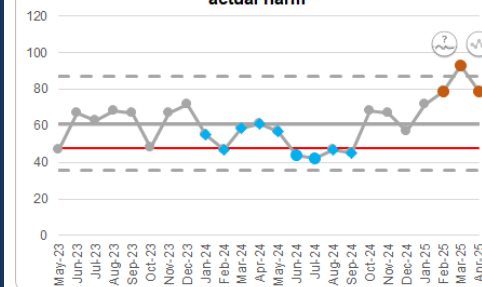
### Summary

The number of medication incidents between January and April 2025 have followed a pattern of common variation and the mean has reduced from 90 to 80 due to a sustained reduction in incidents. The number of incidents is expected to continue in this pattern, and it should be noted that the medication incidents reported are largely of low-level harm with the largest proportion of storage incidents related to temperature monitoring and excursions.

### Actions

- The Trust Pharmacy team have introduced a monthly medicine incident group to review trends and themes to support lessons learnt
- To improve medicine temperature monitoring a task and finish group including Heads of Nursing, pharmacy and clinical leads started in January 2024 has continued and is expected to reduce the number of incidents recorded following its conclusion. The scrutiny provided by this group is likely impacting on incidents not going over 90 since January 2025 and each division has been asked to develop a improvement plan to address area that require improvement.
- The Trust Pharmacy team are developing a Medicine Competency Assessment for staff administering medicines with a focus on the continuing trends identified in Datix including potting up medicines, ensuring prescriptions are robustly checked prior to each administration and importance of second check for injectable medicines. This is expected to sustain the trend of no major or catastrophic incidents since January 2025 and will further support the reduction of administration related incidents.
- 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 recorded as moderate or catastrophic harm. The number of incidents increased between January and March 2025 but is on a reducing trajectory between March on April 2025.

Analysis suggests that this is due to an increase in the number of incidents reported by staff in the Adult Acute and Older People's services.

In the Adult acute service there is a sustained increase of incidences recorded as "self-harm" and in Older People Services, an increase in the number of "medical issues" reported.

An increase in the number of deaths reported in Substance misuse services has been noted which is consistent with the national picture.

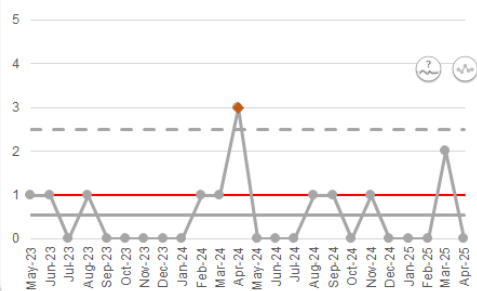
The Substance Misuse service are working in partnership with Drugs and Alcohol Related Deaths (DARD) Steering Group with the aim of improving prevention and education and working closely with CMHTs in developing effective interventions and support systems for service users with Co-occurring Mental Health and Alcohol/Drug Use Conditions.

This will be reviewed further and discussed with the patient safety team in relation to any themes or patterns and any learning fed back to teams via the divisional "learning the lessons meetings"

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

## Quality Performance

No. of incidents requiring Duty of Candour



### Summary

Two incidents between January and April 2025 required duty of candour disclosure.

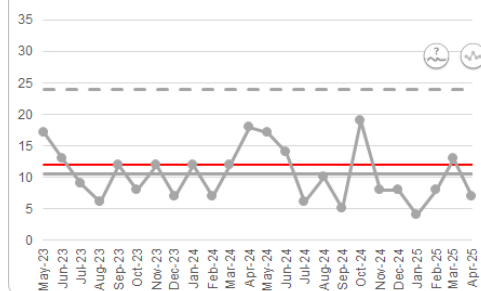
The Trust Family Liaison Office has created information leaflets and standing operating procedures to support staff in completing Duty of Candour communications. Furthermore, these are reviewed twice weekly within serious incident groups.

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### Action

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

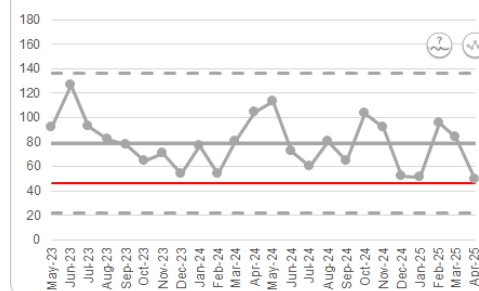
Incidents of prone restraint have continued within common cause variation between August and November 2024 and are currently below the Trust margin of 12 incidents.

The increase between January and March 2025 was attributed to a small number of unwell individuals who required multiple interventions and numbers have reduced in line with the recovery of these individuals

### Action

This data is monitored via the monthly Reducing Restrictive Practise group and is presented for assurance to the Trust Mental Health Act committee and Quality and Safeguarding committee.

No. of incidents involving physical restraint



### Summary

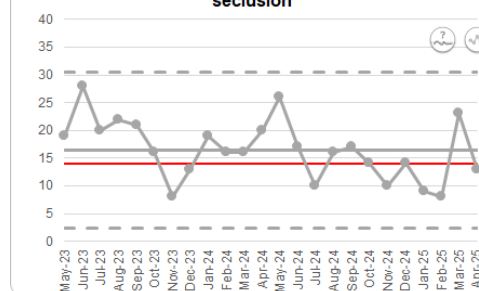
Physical restraints have continued to follow a pattern of common cause variation between January and April 2025 and continue above the Trust margin of 45 incidents. The highest peak between January and February 2025 is attributed to an increase in self-harm incidents in a small number of patients and a correlating increase in staff intervention required to prevent individuals from harming themselves.

### Action

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 continues to improve and is currently at 82% for teamwork and 77% for breakaway training. Compliance is likely to stay at this level due to a high number of staff being recruited who require the training related to the making room for dignity programme. However, from April 2025, a new induction booking process for new staff is in place and when these staff are in post and trained, it is expected that compliance will improve further.

Any staff who do not have a training enrolment date are emailed weekly and a weekly report is sent to Ward Managers and General Managers outlying any staff who require training or have not attended. This is monitored via the Training and Education Committee.

No. of new episodes of patients held in seclusion



### Summary

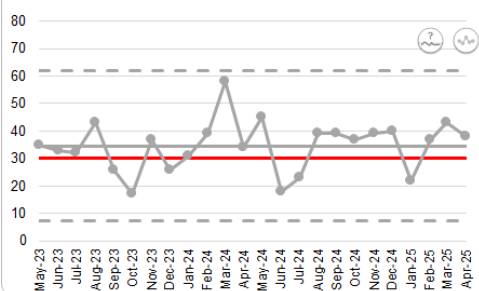
The number of new episodes of patients held in seclusion increased between February and March 2025 but reduced in April 2025 to below the threshold of 14 episodes. This continues to follow a pattern of common cause variation. The increase in February 2025 could be related to the Derwent unit opening in March 2025 now having access to a designated seclusion suite in the Hartington unit. This will be monitored via the Reducing Restrictive Practice group.

### Action

- Episodes of seclusion will continue to be monitored via the monthly Reducing Restrictive Practice group.

## Quality Performance

Number of falls on inpatient wards



### Summary

The number of falls recorded have continued above the Trust margin of 25 falls and have followed a pattern of common cause variation.

The number of falls recorded are attributed to higher than average occupancy of the Older Adult wards over the past 3 months and a sustained increase in frail patients who have high levels of physical care needs. An increase of patients with winter viruses/Infections requiring antibiotics between February and March 2025 was noted at the regional Falls Meeting and was attributed to a regional increase in falls. The highest number of falls are attributed to repeated incidents ascribed to a small group of patients with challenging conditions.

It should be noted that 93% of the falls recorded over this period were categorised as minor or insignificant meaning that no harm came to the individuals involved.

### Actions

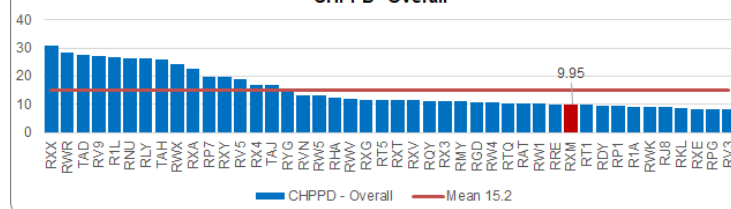
- The patients identified as high risk of falling are discussed in the biweekly falls prevention meeting and have fall prevention care plans in place
- Bed sensors are in place for those individuals deemed at the highest risk of falling
- The number of falls reported is monitored via the Falls Lead Occupational Therapist, Head of Nursing and Clinical Matron and learning from the bi-weekly falls prevention meeting is reviewed in the monthly Divisional COAT meeting.

### Care Hours per Patient Day (CHPPD)

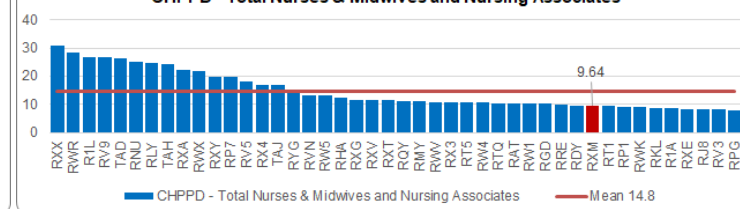
CHPPD is rolling data updated monthly, to show staffing levels in relation to patient numbers on an inpatient ward. Every month, the hours worked during day shifts and night shifts by registered nurses and midwives and by healthcare assistants are added together. Each day, the number of patients occupying 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 9.95 hours, which was well below average when benchmarked against other mental health trusts in the country (15.2). For total nurses and nursing associates the Trust achieved 9.64 hours against the national average of 14.8 hours:

CHPPD - Overall

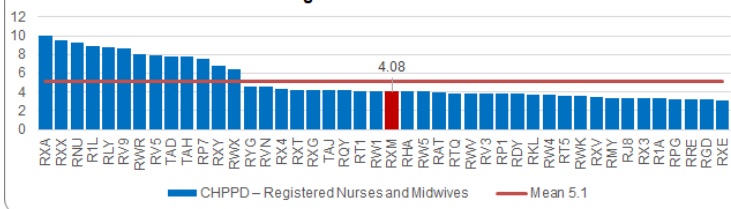


CHPPD - Total Nurses & Midwives and Nursing Associates

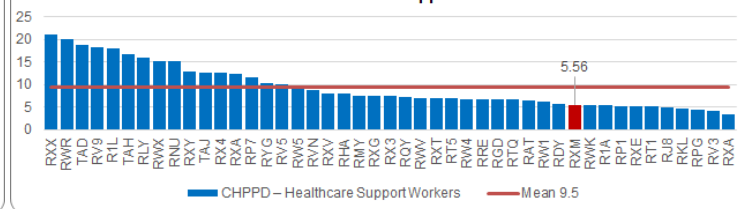


For registered nurses the Trust achieved 4.08 hours against the national average of 5.1 hours. For healthcare support workers the Trust achieved 5.56 hours against the national average of 9.5 hours:

CHPPD - Registered Nurses and Midwives



CHPPD - Healthcare Support Workers

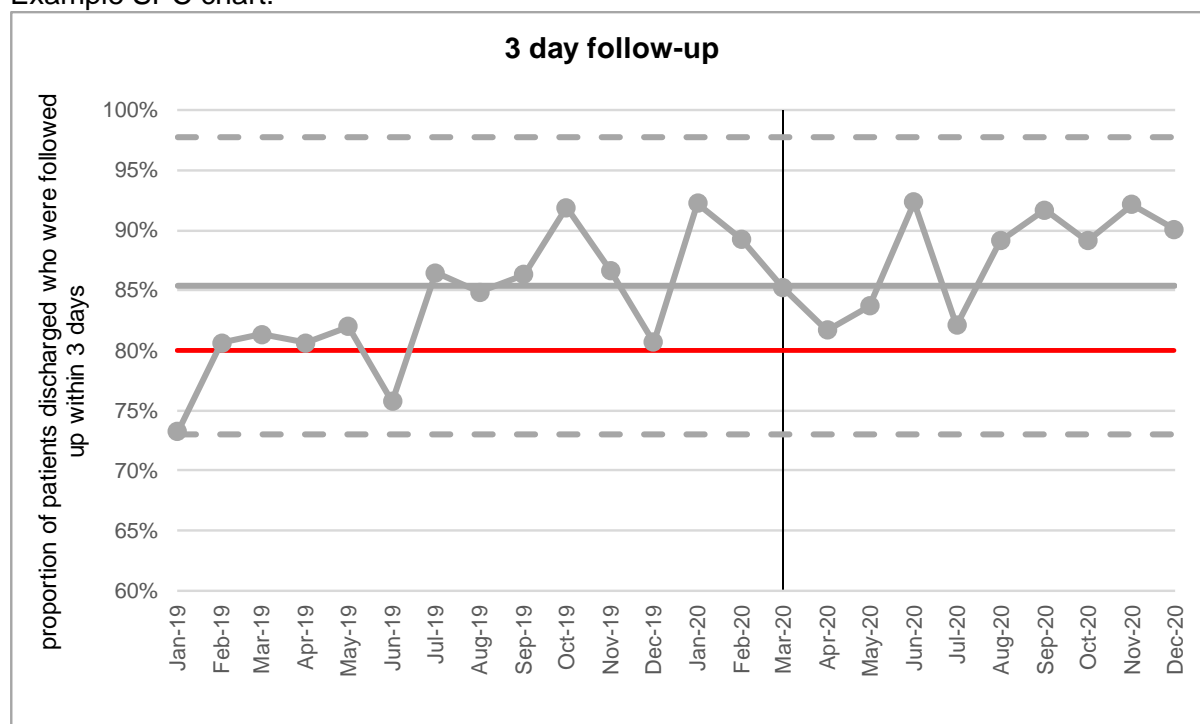


<https://www.england.nhs.uk/publication/care-hours-per-patient-day-chppd-data/>



## Statistical Process Control Chart (SPC) Guidance

Example SPC chart:



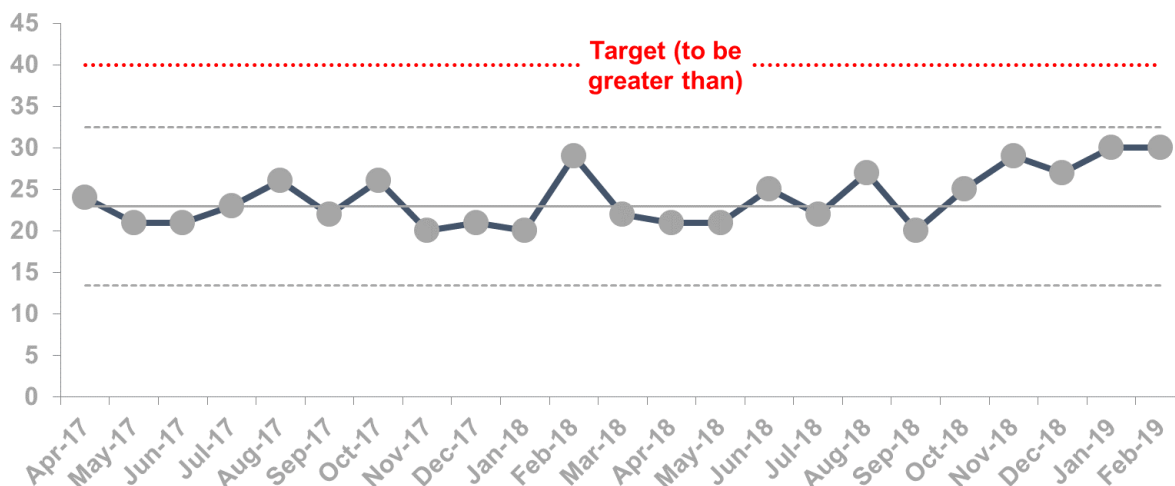
- The red line is the target
- The grey dots are the actual performance each month. They are coloured grey as performance each month is normal in this example
- The solid grey line is the average (mean) of all the grey dots
- The grey dotted lines are called process limits, or control limits.

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.

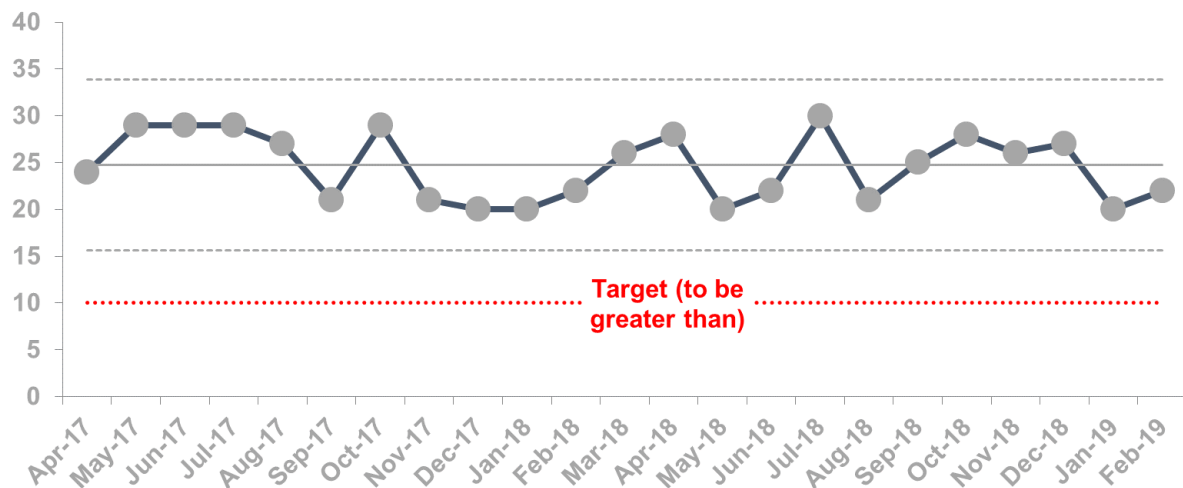
### Things to look out for:

#### 1. A process that is not working:



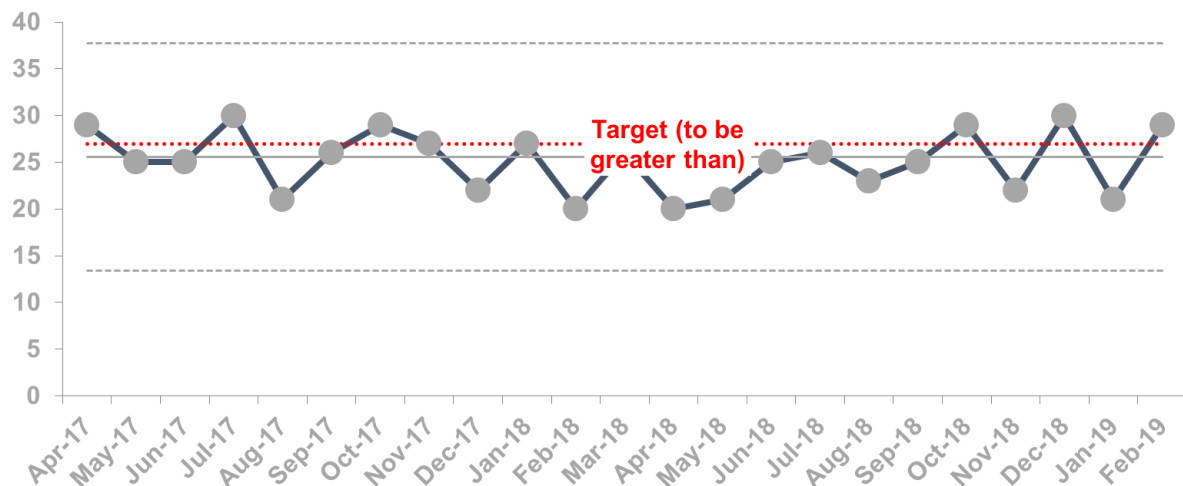
In this example the target is higher than the upper dotted grey line. This means that the target will never be achieved. To achieve the target, we need to change how we do things.

## 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:



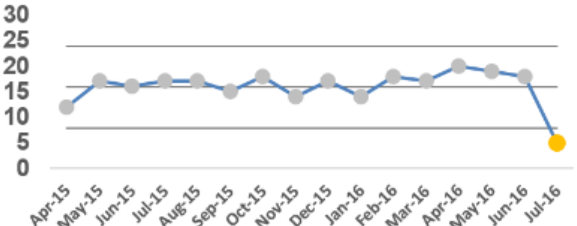
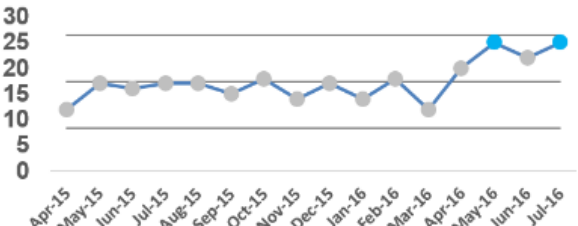
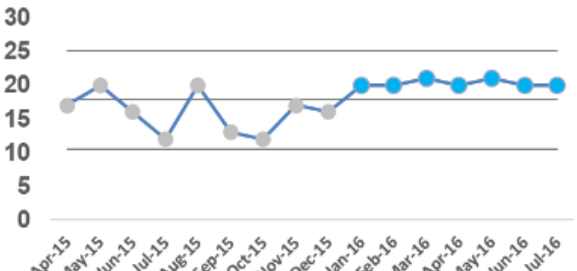
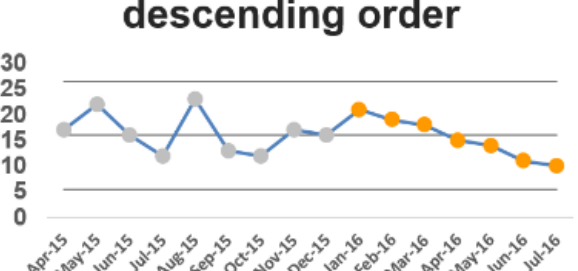
In this example, the target line sits between the two grey dotted lines. As it is normal for the grey dots to fall anywhere between the two dotted grey lines, this means that it is entirely random as to whether or not the target will be achieved. So, this system is unreliable and needs to be redesigned 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><b>A single data point outside the process limits</b></p>  <p>The chart displays a line of data points from April 2015 to July 2016. A horizontal line at approximately 18 represents the average. Two horizontal dotted lines at approximately 15 (upper) and 10 (lower) represent process limits. Most points are grey, but the final point in July 2016 is orange and falls below the lower limit.</p>	<p><b>Two out of three points close to the process limits</b></p>  <p>The chart displays a line of data points from April 2015 to July 2016. A horizontal line at approximately 18 represents the average. Two horizontal dotted lines at approximately 15 (upper) and 10 (lower) represent process limits. Most points are grey, but the points for May and June 2016 are blue and fall above the upper limit.</p>
<p>In this example the July 2016 performance is significantly lower than expected and falls beneath the lower grey dotted line.</p>	<p>Two out of three 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><b>Shift of points above / below mean line</b></p>  <p>The chart displays a line of data points from April 2015 to July 2016. A horizontal line at approximately 18 represents the average. Two horizontal dotted lines at approximately 15 (upper) and 10 (lower) represent process limits. Points from April 2015 to December 2015 are mostly grey. Starting in January 2016, the points shift upwards, with several points becoming blue and falling above the upper limit.</p>	<p><b>Run of points in consecutive ascending / descending order</b></p>  <p>The chart displays a line of data points from April 2015 to July 2016. A horizontal line at approximately 18 represents the average. Two horizontal dotted lines at approximately 15 (upper) and 10 (lower) represent process limits. Points from April 2015 to December 2015 are mostly grey. Starting in January 2016, the points show a clear downward trend, with several points becoming orange and falling below the lower limit.</p>
<p>A run of seven 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 2016 that has proven to be effective.</p>	<p>A run of seven 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)

## Appendix 2

### Assurance Ratings

- **Full Assurance** can be provided that the system of internal control has been effectively designed to meet the system's objectives, and controls are consistently applied in all areas reviewed
- **Significant Assurance** can be provided that there is a generally sound system of control designed to meet the system's objectives. However, some weakness in the design or inconsistent application of controls put the achievement of particular objectives at risk
- **Limited Assurance** can be provided as weaknesses in the design or inconsistent application of controls put the achievement of the system's objectives at risk in the areas reviewed
- **No Assurance** can be provided as weaknesses in control, or consistent non-compliance with key controls, could result [have resulted] in failure to achieve the system's objectives in the areas reviewed.

## Report from the Governance Committee

### Purpose of Report

The Governance Committee of the Council of Governors (CoG) has met one since its last report to the Council of Governors on 4 March 2025. This report provides a summary of the meeting on 15 April 2025 including actions and recommendations made.

### Executive Summary

Key matters discussed at the meetings had been:

- Feedback from governors' engagement activities
- Draft governor and membership section of the Annual Report 2024/25
- Quality Account – Draft Governor Statement
- Declarations of interest

### Strategic Considerations

1) We will deliver <b>great care</b> by delivering compassionate, person-centred innovative and safe care.	
2) We will ensure that the Trust is a <b>great place to work</b> 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 <b>great partner</b> and actively embraces collaboration as our way of working.	x
4) We will make the <b>best use of resources</b> 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 15 April 2025
- 2) Approve the governor statement for the Quality Account.

**Report presented by:**      **Marie Hickman, Co-Chair of the Committee  
Staff Governor, Admin and Allied Support**

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

## **Council of Governors – 6 June 2025**

### **Report from the Governance Committee meeting held on 15 April 2025**

16(59.25%) 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 2024/25**

The draft governor and membership section for the Trust's Annual Report content for 2024/25 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 were two items to escalate from this meeting to the Council of Governors regarding the government imposed cost reductions and accumulation of cuts on the voluntary sector and what impact these will have on the services the Trust provides.

#### **Governor Engagement Opportunities Including Board Visits**

Governors were encouraged to take part in the Board visits; and to sign up to events that the Membership and Involvement Manager had shared.

## Council of Governors Quality Account Statement 2024/25

As Derbyshire Healthcare NHS Foundation Trust faces the emerging NHS challenge the Council of Governors (CoG) will continue to ask pertinent questions. We will seek assurance on behalf of the membership and the public, on the Trust's performance, with a particular focus on service quality and sustained improvement, ensuring the Trust is accountable and responsive to the needs of the communities it serves.

During 2024/25, the Council had the opportunity through formal performance assurance reports to the Council of Governors' and in joint Board and Council meetings, to gain assurance regarding the delivery of quality services to our service users, their carers and our workforce. We were able to represent the views of others through the Council to the Trust Board and provide the Trust with independent feedback on the quality-of-service provision.

In the autumn governors were engaged on the development of the new Trust Strategy for 2024 – 2028, the vision and values having been shaped through the involvement and engagement of everyone who interacts with the Trust, including patients, carers and staff members. The remaining priority actions for 2024/25 include the completion of the Making Room for Dignity programme, delivery of less than 32 days average length of stay and the delivery of the planned financial efficiencies. These will remain a focus for governors during the 2025/26 year ahead.

During 2024/25 governors escalated several items from their engagement activities to the Council of Governors seeking assurance from Non-Executive Directors including:

1. An update on carer support and assurance on carer champions and protected time.

Governors noted that the Trust retained its 'Triangle of Care' and provided assurance on how it would continue to meet the six essential Carer standards that demonstrate continuous improvement and innovation. The Trust also launched a Carer Hub on its website in June 2024 and co-produced a Support for Carers Leaflet in December 2024.

2. An update on the Care Quality Commission (CQC) April 2024 inspection visit to the Radbourne Unit in Derby and the Hartington Unit in Chesterfield. Governors sought assurance that actions had been fully implemented including assurance on how improvements would be monitored, sustained, and embedded into practice.

Governors were pleased that following a lengthy and detailed action plan, the CQC revisited in December 2024 and rated our acute wards for adults of working age and psychiatric intensive care units, as GOOD. Governors also noted the heightened visibility of the Freedom To Speak Up Guardian (FTSUG) and the routes for speaking up within the Trust particularly the creation of a network of FTSU Champions across the organisation.

Once again, this year's report reflects the complexity of the work being undertaken by the Trust. The report is comprehensive and balanced, and the contents provide a consistent perspective with other documents that have been received by the Council of Governors or where governors have requested further information on performance and outcomes.

The report continues to demonstrate the enormous amount of work being undertaken and the resilience and commitment of staff. Importantly the report demonstrates the work to increase expert engagement and focus on reducing health inequalities and improving access to high quality care for everyone across Derbyshire.

## **Review Governors Membership Engagement Action Plan**

### **Purpose of Report**

The aim of this report is to review and update the Governors Membership Engagement Action Plan (Action Plan). It was last reviewed and updated by the Council of Governors on 4 March 2025.

### **Executive Summary**

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.

The Action Plan was developed to help to carry out the key objectives.

### **Strategic Considerations**

<b>Patient Focus:</b> Our care and clinical decisions will be respectful of and responsive to the needs and values of our service users, patients, children, families and carers.	
<b>People:</b> We will attract, involve and retain staff creating a positive culture and sense of belonging.	
<b>Productive:</b> We will improve our productivity and design and deliver services that are financially sustainable.	x
<b>Partnerships:</b> We will work together with our system partners, explore new opportunities to support our communities and work with local people to shape our services and priorities.	x

### **Assurances**

The paper provided information on how governors can engage with their members/communities and how to promote the governor role.

### **Consultation**

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

### **Governance or Legal Issues**

Members are represented by governors, who are elected from and by the Trust's membership. The governors, through the Council of Governors, hold the Trust's



Non-Executive Directors to account for the performance of the Board of Directors.

### **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:

Arrangements are made to ensure all governors have support if required.

### **Recommendations**

The Council of Governors is requested to:

1. Note and review the contents of the report

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

## DHCFT Governors Membership Engagement Action Plan

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

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

	Activity with comments/actions	Lead and support	Updates/timescales
1	<p><b>General events</b> – governors encouraged to let Denise Baxendale know of any appropriate events that are taking place in their areas that they wish to attend.</p> <p>Wellbeing Collaboratives – all governors have been sent information on the collaboratives and some have been attending the meetings in their areas.</p> <p>Collaborative working with other Trusts in Derbyshire – to see if we can do joint recruitment events. Chesterfield Royal NHS FT are interested in sharing events</p> <p><u>Note governors had a system governors' event on 31 July 2024.</u> Susan Ryan, Lead Governor will check with other Derbyshire Lead Governors if it would be beneficial to arrange another joint event.</p>	<p>Governors</p> <p>Denise Baxendale</p> <p>Denise Baxendale</p> <p>Susan Ryan, Lead Governor</p>	<p>Ongoing</p> <p>Ongoing: governors feedback through the Governance Committee</p> <p>Need to check what events CRH are attending</p> <p>Update to be given at next Governance Committee meeting</p>
	<p><b>Joined Up Care Derbyshire (JUCD) Citizens Panel/JUCD Derbyshire Dialogue/Patient Participation Groups (PPG).</b> This is an opportunity to promote the governor role/request feedback on Trust services. No need to attend every meeting.</p> <p>Governors to make contact with local PPGs to see if they can publish information electronically in the waiting rooms about governors and how</p>	<p>Governors</p>	<p>Ongoing: governors to feedback on engagement via the governor engagement log which is presented at each Governance Committee meeting.</p>

<p>to contact them. Note to find out if there is a PPG in your area you can email Hannah Morton <a href="mailto:hannah.morton10@nhs.net">hannah.morton10@nhs.net</a></p> <p>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, Rest of England governors have received this. Staff governors have been promoted in the staff newsletter and on the intranet.</p>	Denise Baxendale	To be picked up by Denise – Summer 2025
<p><b>World Mental Health Day (WMHD) 10 October each year</b> – 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. Note CAMHS usually have an open day which governors are invited to. Denise will investigate what the Trust will be doing for 2025</p>	Denise Baxendale plus elected governors	To be picked up by Denise – Autumn 2025
<p><b>BME targeted engagement</b> – 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.</p> <p><b>Note: Denise has made contact with:</b></p> <ul style="list-style-type: none"> <li>• The EDI Forum's organiser in Chesterfield. There are 250 members and Denise has arranged to write a paragraph about memberships/governors for their newsletter.</li> <li>• Colleagues who are involved in developing co-production with BME and Deaf communities. Had a meeting with Communications and Engagement Manager, April 2025.</li> <li>• Trust's new EDI Lead Shaminder Uppal</li> </ul>		<p>Denise Baxendale and Jill Ryalls met with the African &amp; Caribbean Community Association (Chesterfield &amp; District) in March.</p> <p>To be picked up by Denise – Autumn 2025</p> <p>This work is just beginning.</p>
<p><b>Derby University</b> – to contact to share information on membership/governor role with students on nursing/health and social care courses. Denise had a meeting with Donna Evans-Thomas Apprenticeship Customer Support. Denise needs to follow this up.</p>	Denise Baxendale	Emailed Donna on 28.2.25 and 27.5.25 – waiting for a response
<p><b>Nottingham University</b> – to share membership information with medical societies which Anson has details of.</p>	Anson Clark/Denise Baxendale	Membership information has been circulated. COMPLETE

	<p><b>Joined Up Care Derbyshire Engagement Committee – now called Public Partnerships Committee</b></p> <p><b>Note:</b> 25.2.25 is the last meeting that governors can attend. This item will be removed after CoG on 3.6.25</p>	Hazel Parkyn has agreed to attend these	Last update given by Hazel to the Governance Committee on 15.4.25. COMPLETE
	<p><b>Social media</b> – All governors on X 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 X and Facebook page. Governors to include social media engagement on the governor engagement log if any issues/feedback relating to the Trust arises.</p> <p>Governors to promote the use of DHCFT X and Facebook specifically for membership messages and encourage members to follow the Trust.</p>	<p>All governors</p> <p>All governors</p>	Ongoing
	<p><b>Annual Members Meeting (AMM)</b> – 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 2 October 2025.</p> <p>AMM Task and Finish group to propose theme for AMM– Denise Baxendale, Fiona Birkbeck, Marie Hickman and Christine Williamson. Met on 30.1.25 and fed back suggestions to Governance Committee on 5.2.25</p>	<p>All governors</p> <p>Denise Baxendale</p>	<p>To agree practical tasks for governors at August Governance Committee.</p> <p>Theme shared with Chief Executive and Chair and approved.</p>
2	<p><b>Working with the Voluntary Sector</b></p> <ul style="list-style-type: none"> <li>Governors are encouraged to sign up to the voluntary forum e-newsletters. Subscribe online: <a href="https://bulletinupdates.derbyshirevoluntaryaction.org.uk/">Bulletin Updates   Derbyshire Voluntary Action (dva.org.uk)</a> and <a href="https://derbyshirementalhealthforum.org.uk/">Derbyshire Mental Health Forum (erewashvoluntaryaction.org.uk)</a></li> <li>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.</li> <li>Governors are encouraged to attend the DVA and DMHF forums. Each organisation has three meetings a year. Find out the dates on their websites: <a href="https://derbyshirementalhealthforum.org.uk/">Derbyshire Mental Health Forum (erewashvoluntaryaction.org.uk)</a> and <a href="https://bulletinupdates.derbyshirevoluntaryaction.org.uk/">Derbyshire Voluntary Action</a></li> </ul>	<p>All governors</p> <p>Public/Appointed Governors</p> <p>Public/Appointed Governors</p>	

	<p><a href="http://dva.org.uk">dva.org.uk</a>)</p> <ul style="list-style-type: none"> <li>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 (<a href="#">Community Mental Health Support Map Derbyshire – Google My Maps</a>) 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</li> </ul> <p><b>Note:</b> This section was last reviewed in April 2024 by Denise Baxendale and Rachel Bounds.</p>	<p>Public/Appointed Governors</p> <p>Public Governors</p> <p>Denise Baxendale, Rachel Bounds, Debra Dudley</p>	<p>This section needs to be reviewed</p>
3	<p><b>Communicating with Trust members</b></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>New governors are featured in Connect magazine. Follow this up with an email to each area – governor</p>
4	<p><b>Staff</b></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. The governor role is also promoted in staff communications (i.e., Staff Facebook group, staff e-newsletter and the intranet). The Staff governor poster has been updated encouraging colleagues to display in staff areas.</p> <p>Contact staff networks to promote the role</p> <p>Meetings have been arranged with staff governors and the Director of People, Organisational Development and Inclusion</p> <p><b>Note:</b> Encouraging staff leaving to join as public members is included in the leaver’s information.</p>	<p>Staff Governors</p>	<p>Could staff governors attend network meetings?</p> <p>Meetings have been arranged</p>

5	<b>Protocols for Governor Engagement</b> Governor engagement toolkit – updated and circulated to all governors in February 2024. Reviewed by Denise in December – remains fit for purpose, QR codes updated.	Denise Baxendale	COMPLETE
	Leaflet on the Trust services needs to be updated. Note there is a slide on our services in the new Trust Strategy to be launched in November. This was shared with governors.	Denise Baxendale	COMPLETE
6	<b>Increasing membership</b> Look at key messages for increasing membership in Chesterfield and High Peak and Derbyshire Dales, and with younger people. How do we do this e.g. contact colleges, universities, through appointed governors in the voluntary sector?	Governance Committee	How do we do this?
	<b>Governor Feedback</b> – 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 the Council of Governors – 4 March 2025

Last updated – 27 May 2025 by Denise Baxendale

## Governor Meeting Timetable April 2025 – March 2026

DATE	TIME	EVENT	LOCATION/COMMENTS
3.6.25	9.30am onwards	Public Trust Board	Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
3.6.25	2pm-5pm	Council of Governors	Hybrid meeting: Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
10.6.25	10am-12.30pm	Governance Committee	Hybrid meeting: Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
8.7.25	11.30am-12.30pm	Informal catch up with Selina Ullah, Trust Chair	Virtual via MS Teams
22.7.25	9.30am onwards	Public Trust Board	Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
22.7.25	2pm-5pm	Council of Governors and Trust Board development session. <u>Please note that this meeting is held in person.</u>	Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
19.8.25	10am-12.30pm	Governance Committee	Hybrid meeting: Kingsway Room 10, Kingsway House, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
3.9.25	11.30am-1.00pm	Informal catch up with Selina Ullah, Trust Chair	Meeting Room 8, 2 <sup>nd</sup> floor, Centre for Research & Development, Kingsway, Derby, DE22 3LZ– Derby
23.9.25	9.30am onwards	Public Trust Board	Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
23.9.25	2pm-5pm	Council of Governors	Hybrid meeting: Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
2.10.24	4pm-6pm	Annual Members Meeting	Virtual

22.10.25	10am-12.30pm	Governance Committee	Hybrid meeting – Kingsway Room 10, Kingsway House, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
4.11.25	10-11am	Informal catch up with Selina Ullah, Trust Chair	Virtual via MS Teams
25.11.25	9.30am onwards	Public Trust Board	Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
25.11.25	2pm-5pm	Council of Governors meeting	Hybrid meeting: Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
17.12.25	10am-12.30pm	Governance Committee	Hybrid meeting: Kingsway Room 10, Kingsway House, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
27.1.26	9.30am onwards	Public Trust Board	Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
27.1.26	2pm-5pm	Council of Governors and Trust Board development session <u>Please note that this meeting is held in person.</u>	Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
4.2.26	10.30am-12pm	Informal catch up with Selina Ullah, Trust Chair	meeting room 1, first floor, Bayheath House, Rose Hill West, Chesterfield S40 1JF
17.2.26	10am-12.30pm	Governance Committee (NB this includes ½ hour for NED appraisals)	Hybrid meeting: Kingsway Room 10, Kingsway House, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
24.3.26	9.30am onwards	Public Trust Board	Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
24.3.26	2pm-5pm	Council of Governors meeting	Hybrid meeting: Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ