COUNCIL OF GOVERNORS' MEETING – TUESDAY 5 NOVEMBER 2024
FROM 14.00 – 16:30 HOURS

This meeting will be a hybrid meeting. Face to face will be taking place in Conference Rooms A&B, first floor, Centre for Research and Development, Kingsway Hospital site, Kingsway, Derby DE22 3LZ.
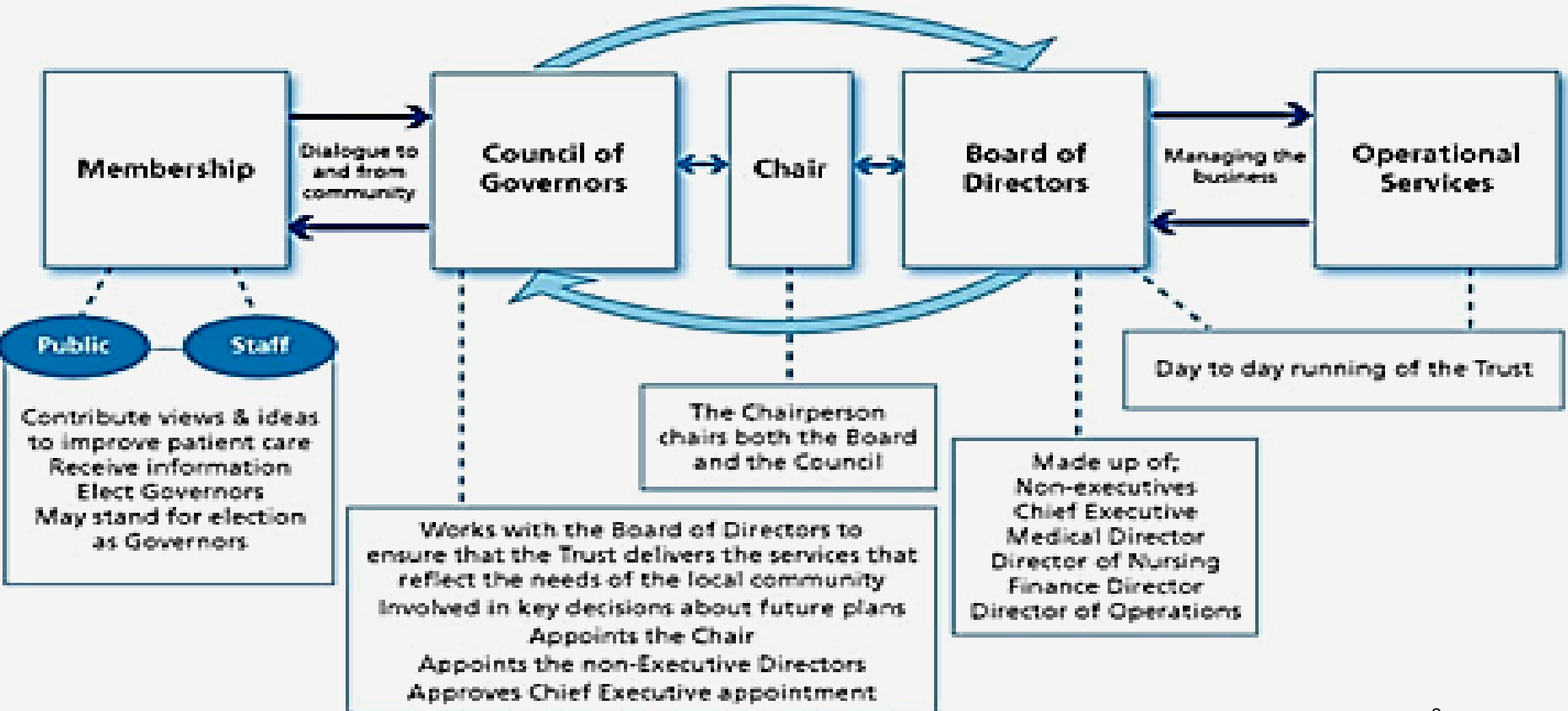
If you are joining virtually – click here to join the meeting

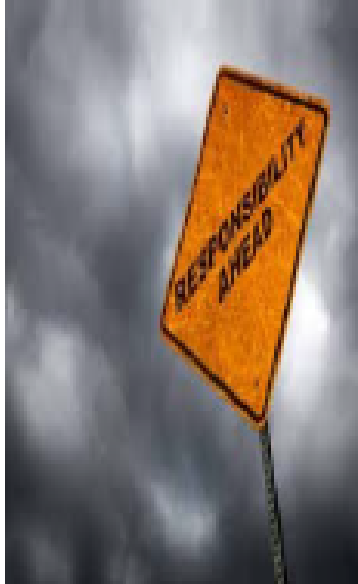| AGENDA		LED BY	TIME
1.	Welcome, introductions and Chair's opening remarks Apologies and Declaration of Interests	Selina Ullah	14.00
2.	Submitted questions from members of the public	Selina Ullah	14.05
3.	Minutes of the previous meeting, held on 3 September 2024	Selina Ullah	14.10
4.	Matters arising and actions matrix	Selina Ullah	14.15
5.	Chief Executive's update including update on Mental Health, Learning Disabilities and Autism Board (verbal)	Mark Powell	14.20
STATUTORY ROLE			
6.	Council of Governors Annual Effectiveness Survey	Denise Baxendale	14.40
HOLDING TO ACCOUNT			
7.	Non-Executive Directors Report	Lynn Andrews	14.50
8.	Escalation items to the Council of Governors from the Governance Committee (verbal)	Selina Ullah	15.00
COMFORT BREAK			15.10
9.	Brief update on performance (note the Integrated Performance Report was included in the 1 October Public Board papers)	Tony Edwards	15.20
OTHER MATTERS			
10.	Making Room for Dignity Programme Update (verbal)	James Sabin	15.40
11.	Annual Members Meeting feedback	Denise Baxendale	16.00
12.	Forthcoming governor elections	Denise Baxendale	16.05
13.	Update on Non-Executive Director recruitment (verbal)	Selina Ullah	16.10
14.	Governance Committee Report	Marie Hickman	16.15
15.	Any Other Business	Selina Ullah	16.20
16.	Review of meeting effectiveness and following the principles of the Code of Conduct	Selina Ullah	16.25
17.	Close of meeting	Selina Ullah	16.30
FOR INFORMATION			
18.	* Public Board agenda and papers for 5 November 2024, including: • Minutes of the Public Board meeting held on 1 October 2024 • Chair's Report • Chief Executive's Report		
19.	Governor meeting timetable 2024/2025		
20.	Glossary of NHS terms		
Next Meeting: 4 March 2025 from 14:00-17:00 hours.			

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

Getting the balance right

FT Governance Arrangements

Membership → Dialogue to and from community → Council of Governors ↔ Chair ↔ Board of Directors → Managing the business → Operational Services

Public — Staff

Contribute views & ideas to improve patient care
Receive information
Elect Governors
May stand for election as Governors

The Chairperson chairs both the Board and the Council

Works with the Board of Directors to ensure that the Trust delivers the services that reflect the needs of the local community
Involved in key decisions about future plans
Appoints the Chair
Appoints the non-Executive Directors
Approves Chief Executive appointment

Day to day running of the Trust

Made up of;
Non-executives
Chief Executive
Medical Director
Director of Nursing
Finance Director
Director of Operations

2

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

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consultants ltd

how do we ask effective questions?

Good questions

– Allow us to diverge and examine issues before we converge on an answer or solution

– Encourage us to listen and reflect

– Help us offer and get ideas and insights

– Help us learn and be more creative

– Help us hold to account

– Help us gain assurance

– Help us make a difference

Our vision

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

Our values

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

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

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

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

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

**MINUTES OF COUNCIL OF GOVERNORS MEETING
HELD ON TUESDAY 3 SEPTEMBER 2024 FROM 14:20-16:32 HOURS
HYBRID MEETING DIGITALLY VIA MICROSOFT TEAMS AND FACE TO FACE**

PRESENT	Tony Edwards*	Deputy Trust Chair – chairing the meeting
	Susan Ryan*	Public Governor, Amber Valley, and Lead Governor
	Rob Poole	Public Governor, Bolsover and North East Derbyshire
	Tom Bladen	Public Governor, Derby City East
	Christine Williamson	Public Governor, Derby City West
	Andrew Beaumont*	Public Governor, Erewash
	Brian Edwards	Public Governor, High Peak and Derbyshire Dales
	Fiona Birkbeck*	Public Governor, High Peak and Derbyshire Dales
	Anson Clark	Public Governor, Rest of England
	Claire Durkin	Staff Governor, Admin and Allied Support Staff
	Marie Hickman*	Staff Governor, Admin and Allied Support Staff
	Fiona Rushbrook	Staff Governor, Allied Professions
	Sifo Dlamini	Staff Governor, Nursing
	Jo Foster	Staff Governor, Nursing
	David Robertshaw	Appointed Governor, University of Derby
	David Charnock*	Appointed Governor, University of Nottingham
	Alison Martin	Appointed Governor, Derby City Council
	Garry Hickton	Appointed Governor, Derbyshire County Council

IN ATTENDANCE		
	Denise Baxendale*	Membership and Involvement Manager
	Justine Fitzjohn*	Director of Corporate Affairs and Trust Secretary
	Maria Riley*	Assistant Director of Transformation
	James Sabin*	Director of Finance
	Lynn Andrews*	Non-Executive Director
	Deborah Good*	Non-Executive Director
	Ralph Knibbs*	Non-Executive Director
	Geoff Lewins*	Non-Executive Director
For 2024/040	Mark Surridge	Key Audit Partner, Forvis Mazars
For 2024/040	Bethan Vance	Audit Manager, Forvis Mazars
For 2024/044	Karamjit Chhoker	Head of Mental Health Services, Derby City Council
For 2024/044	Rachel Yates	Living Well Practice Lead
For 2024/044	Laura Mcara	General Manager, Community Mental Health Services for Adults of Working Age
For 2024/044	Helen Poynor	Head of Delivery, Living Well Programme
	Mohammed Sharief*	Trust Member, Derby City West

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

APOLOGIES	Angela Kerry	Public Governor, Amber Valley
	Dave Allen	Public Governor, Chesterfield
	Jill Ryalls	Public Governor, Chesterfield
	Graeme Blair	Public Governor, Derby City East

Ogechi Eze	Public Governor, Derby City West
Hazel Parkyn	Public Governor, South Derbyshire and Deputy Lead Governor
Laurie Durand	Staff Governor, Medical
Rachel Bounds	Appointed Governor, Derbyshire Voluntary Action
Debra Dudley	Appointed Governor, Derbyshire Mental Health Forum
Mark Powell	Chief Executive
Selina Ullah	Trust Chair and Chair of Council of Governors

ITEM	ITEM
DHCFT/GOV/2024/036	**WELCOME, INTRODUCTIONS, APOLOGIES FOR ABSENCE AND DECLARATION OF INTERESTS** Tony Edwards, Deputy Trust Chair welcomed all to the meeting, particularly Marie Riley, the newly appointed Assistant Director of Transformation. He apologised for the late start due to technical issues. Apologies were noted above. There were no declarations of interest.
DHCFT/GOV/2024/037	**SUBMITTED QUESTIONS FROM MEMBERS OF THE PUBLIC** It was noted that no questions from members of the public have been received. However, feedback from members of the public are captured in the governor engagement log which is discussed at each Governance Committee meeting.
DHCFT/GOV/2024/038	**MINUTES OF THE MEETING HELD ON 7 MAY 2024** The minutes of the meeting held on 7 May 2024 were accepted as a correct record.
DHCFT/GOV/2024/039	**MATTERS ARISING AND ACTION MATRIX** **Matters arising** There were no matters arising. **Action Matrix** Governors agreed to close all completed actions. All 'green' actions have been scrutinised to ensure they were fully complete. Updates on actions have been made on the Actions Matrix.
DHCFT/GOV/2024/040	**PRESENTATION OF THE ANNUAL REPORT AND ACCOUNTS 2023/24 AND REPORT FROM THE EXTERNAL AUDITORS** Governors were reminded of their statutory role that they must be presented with the NHS Foundation Trust's annual report and accounts and any report from the auditor on them. Mark Surridge of external auditors, Forvis Mazars (formerly Mazars), provided a summary of the Annual Audit letter. Mark explained that Forvis Mazars key responsibilities are to: • Give an opinion on the Trust's financial statements • Assess the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources (the value for money conclusion).

	Mark explained that the audit was completed by the deadline and presented a positive annual report letter, confirming that they had not identified any significant weaknesses which would require further work or wider reporting. Geoff Lewins, Non-Executive Director and Chair of the Audit and Risk Committee confirmed that the audit process had gone extremely well. He conveyed his appreciation to Forvis Mazars and the Trust's Finance team who had worked well together to complete the end of year accounts. This was echoed by Tony Edwards. **RESOLVED: The Council of Governors noted the report.**
DHCFT/GOV/ 2024/041	**NON-EXECUTIVE DIRECTOR'S REPORT (INCLUDING THE ANNUAL REPORT OF THE AUDIT AND RISK COMMITTEE)** Geoff Lewins, as Chair of the Audit and Risk Committee, presented his report, which included the annual report of the Audit and Risk Committee, to governors. Geoff explained that the Committee oversees the production of the Annual Report and Accounts which included liaising with the external auditors Forvis Mazars. Geoff confirmed that the Audit and Risk Committee carries out a significant amount of other work during the year reviewing the Trust's system of risk management. **RESOLVED: The Council of Governors noted the Non-Executive Director update and gained assurance from this.** *(Due to other commitments, Geoff Lewins left the meeting.)*
DHCFT/GOV/ 2024/042	**ESCALATION ITEM TO THE COUNCIL OF GOVERNORS FROM THE GOVERNANCE COMMITTEE: BRIEF UPDATE ON THE MAKING ROOM FOR DIGNITY PROGRAMME** Tony Edwards, as NED for the Making Room for Dignity Programme (MRFD) gave a brief update on the progress which included: • The new Carsington Unit at Kingsway and Derwent Unit next to the Hartington Unit in Chesterfield are progressing well • The works on wards 32 and 33 at the Radbourne Unit have currently been suspended due to noise levels and the impact of this on patients and staff. Proposals are being put together on how to progress and complete this work • Work on ward 35 at the Radbourne has not yet begun – proposals are being put together to re-cost this work • The Executive Leadership Team are undertaking a review of the delays and are in the process of making decisions on how to progress the programme. • The new Psychiatric Intensive Care Unit (PICU) is expected to open in January 2025 • NHS England has submitted a request to the Department of Health for additional funding as the costs have increased • Recruitment to the new builds is progressing and is a rolling programme. The Trust has arranged recruitment fayres in Chesterfield and Derby. There have been some challenges in recruiting consultants. There is one ward manager left to appoint. Christine Williamson, Public Governor referred to the increase in costs and asked if these issues are from the tender. Tony explained that drawings are

	given to builders who produce a tender for the cost of the work. Since the tender building costs have increased and issues have also arisen when the foundations were excavated and updated drawings had to be re-submitted to the contractors. Tony confirmed that Andy Harrison, Senior Responsible Owner, Acute Care Capital programme will be attending the Council of Governors meeting on 5 November to give a more detailed update on the programme. **RESOLVED: The Council of Governors noted the update on the Making Room for Dignity programme.** **ACTION: Andy Harrison will present a more in-depth update to the Council of Governors on 5 November.**
DHCFT/GOV/ 2024/043	**BRIEF UPDATE ON PERFORMANCE** Tony Edwards reminded governors that the purpose of this item is to provide an update on how the Trust is performing. The report focuses on key finance, performance, and workforce measures. It was noted that as the September Public Trust Board has been rescheduled for 1 October, the full Integrated Performance Report that is usually shared with governors for information will be circulated to governors via the 1 October Public Board papers. For this meeting a summary of the report was provided. Tony Edwards, as chair of the Finance and Premises Committee gave the operations and finance updates which included: - Progress is being made on wait lists in some areas - Wait times are challenging in some services due to the scale of demand, and in some cases shortage of staff. He referred to the demand in services and explained that the Trust is commissioned to deliver a level of service and there is no additional funding to extend these. However, the Trust is trying to increase performance to enable more people to be seen, for example the number of adult autistic spectrum disorder assessments completed each month has increased significantly over the last nine months - There are currently seven patients placed out of area. The Trust has secured some additional temporary beds at Cygnet Lodge in Nottingham. It was noted that the situation will change when the Trust's own Psychiatric Intensive Care Unit (PICU) is completed as we will have our own facilities to treat people who are acutely unwell - At the end of July, the year to date position is a deficit of £3.3m which is on plan. However, the NHS is required to break even and it was noted that to stay on plan the Trust needs to deliver £12.5m cost savings, and the plans are being worked through to deliver this - Out of area placement expenditure has been higher than planned - Some costs relate to the Making Room for Dignity (MRFD) programme and the actions from the Care Quality Commission's (CQC) visit earlier in the year including additional observations on inpatient wards - The pay rises for staff will also have an impact on the deficit (5½% will be backdated to April 2024). Susan Ryan, Public Governor referred to the previous performance report where an area of challenge was wait times for the Memory Assessment

service where some people on the list need to be seen sooner than others. She asked if the wait times have reduced since the Community Mental Health Team was carrying out some of the assessments. Lynn Andrews explained that Vikki Ashton Taylor, Deputy Chief Executive/Chief Delivery Officer is working on this and will be able to give some feedback at the November meeting.

Brian Edwards, Public Governor asked what happens if the Trust does not hit its financial targets, and asked if there are reserves to cover the gap. Tony explained that there is a declining amount of reserves, some of which has been used for the deficit and some for the MRFD programme. James Sabin explained that the Derbyshire system is under pressure to reduce its deficit and to break even, and capital spending has been reduced because of this.

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

- The 85% target for mandatory training has been reached
- Short and long-term absence has increased since last year, the People and Culture Committee will be carrying out a deep dive to look into the reasons for this
- There is a gradual increase in clinical supervision.

Andrew Beaumont, Public Governor referred to wait times and asked if peoples wait times will increase due to the demand on services. Tony Edwards explained that wait lists are constantly reviewed to see if peoples' circumstances have changed and need to be prioritised. Deborah Good, Non-Executive Director confirmed that the Trust has a policy on Waiting Well to support those on the wait lists. However, Deborah reiterated that that the demand for services continues to rise.

Brian Edwards referred to a case in Nottingham where three people were murdered by a patient at Nottinghamshire Healthcare NHS Foundation Trust who was not engaging with services. He asked if Derbyshire Healthcare has a policy on this to avoid any similar situations arising in the Trust. Justine Fitzjohn, Director of Corporate Affairs/Trust Secretary explained that a national return of data on community service covering this point and other related issues has to be completed by the end of September, and the Chief Executive will refer to this in his report for the October Trust Public Board, along with actions being taken by the Trust to look at intensive support needs for people not engaging with services.

Lynn Andrews assured governors that Community Mental Health Teams work really hard to engage with people who are not engaging with services. Fiona Rushbrook, Staff Governor also reiterated that meetings take place around the assertive outreach offer to ensure services are fit for purpose and that interventions are in place to prevent a similar situation happening here. Claire Durkin, Staff Governor also reiterated that the service she works in works closely with clients who may/may not have a mental health psychosis. It was noted that a patient with psychosis would not be discharged, and patients are carefully and thoroughly monitored. A home visit is arranged if they are not engaging, and if they cannot be located the police can be contacted to help find them.

Susan Ryan referred to the performance metrics and noted a 6% drop in filled posts for April/May. She asked if there is a reason for this decrease. Ralph

	Knibbs explained that a campaign has started to recruit 240 staff for the new facilities which will help to increase the figures. Lynn Andrews as Chair of Quality and Safeguarding Committee gave an update on quality which included: • The introduction of a new process addressing formal complaints. The process is being streamlined and additional staff are being appointed • There has been an increase in physical restraint incidents. Lynn explained that the data is monitored by the Patient Safety team and Heads of Nursing/Practice and learning from incidents is fed back to individual teams along with actions plans • The female acute wards and older adult wards continue to have the majority of incidents attributed to them. The zonal observations by additional staff will help to reduce risk. **RESOLVED: The Council of Governors noted the updates from the Non-Executive Directors on performance.** **ACTION: Vikki Ashton Taylor will be invited to feedback on the Memory Assessment wait times to the next meeting in November.**
DHCFT/GOV/ 2024/044	**LIVING WELL PROGRAMME UPDATE** Laura Mcara, General Manager, Community Mental Health Services for Adults of Working Age; Helen Poynor, Head of Delivery, Living Well Programme; Rachel Yates, Living Well Practice Lead; and Karamjit Chhoker, Head of Mental Health Services, Derby City Council presented an update on the Living Well programme which included: • A recap on Living Well Derbyshire/Derbyshire Wellbeing and the offers provided (short term and long term support) • The programme focuses on wellness rather than illness, concentrating on the right interventions with the right professionals at the right time, with people at the front and centre of their care • An outline of who the service is for • Impact on the people using the service • Examples of benefits to individuals getting the right interventions with peer support who understand how it feels to be a service user • All the services have now been launched • An overview of phase two which has introduced social prescribers – a pilot is taking place in the High Peaks • Wellbeing Collaboratives are networks which governors have been invited to attend in their areas. Christine Williamson, Public Governor confirmed that she had attended several Wellbeing Collaboratives as had a number of people from her area. She encouraged governors to attend them as a means of learning more about the programme and engaging with people. Claire Durkin raised concern that service users from the Derbyshire Recovery Service in Chesterfield have been referred to Living Well but many of these are not accepted, with no feedback explaining why. Laura Mcara asked Claire to send her some case studies so that she can investigate the issues with the relevant people.

	Brian Edwards commented that the update should have included challenges the service faces for example negative feedback and how the service will cope with demand. Helen Poynor explained that this is the biggest transformation in mental health in 30 years and phasing the transformation has helped to manage the demand. For those on wait lists, a waiting well pack has been developed, and people accessing the shorter term service are moving quickly. Governors were assured that whilst the service is being developed people will be able to feel supported.

Karamjit Chhoker emphasised the use of multi-agency teams in the programme. He also referred to the active leadership sessions which take place where processes can be changed, for example to manage wait lists, which are monitored on a regular basis.

Brian Edwards referred to the tight funding systems in the NHS and the dependency on funding streams for the Local Authorities and withdrawal of funding from the voluntary sector. He asked how this will affect the programme. Karamjit confirmed that funding was a concern but it is envisaged that additional funding will be received from NHS England in order to scale up the model. He also reiterated the importance of developing the network and keeping public health involved in order to sustain the model.

Fiona Birkbeck, Public Governor asked if this is a national programme or specific to Derbyshire. It was explained that the programme is the Derbyshire wide framework and was co-produced in the county on how best to deliver the model. There have been difficulties in contracting but the organisations that are providing the service are working hard to build on relationship and the collective leadership is working well. Fiona also asked if those running the programme are benchmarking the service against similar models in other areas. It was noted that benchmarking is taking place to see how other providers are implementing the framework and what challenges they face.

Tony Edwards conveyed his appreciation to the presenters for the update.

RESOLVED: The Council of Governors noted the update on the Living Well Programme.

ACTION: Claire Durkin will send Laura Mcara case studies to investigate. |
| **DHCFT/GOV/ 2024/045** | **REPORT FROM GOVERNORS' NOMINATIONS AND REMUNERATION COMMITTEE – 24 JULY 2024**

Justine Fitzjohn, Director of Corporate Affairs/Trust Secretary presented an overview of the matters discussed at the last meeting. Deborah Good's conflict of interest was acknowledged in relation to the proposal for her re-appointment and the NEDs generally in terms of the expenses policy. Governors were happy for Deborah to stay in the meeting on the basis of the positive recommendation of the Committee and for the NEDs to stay based on the minor amendments to the policy.

The overview of the meeting included:

- Confirmation that the summary of the Trust Chair's appraisal has been submitted to NHS England (NHSE)
- An outline of the process for the Non-Executive Director (NED) recruitment (including the proposal to work in partnership with |

	Nottinghamshire Healthcare NHS Foundation Trust on the recruitment campaign) • Re-appointment of Deborah Good, Non-Executive Director. Justine explained that this process has begun earlier than normal to allow for vacancy planning • Review of the Chair and Non-Executive Directors Expenses Policy. It was noted that this policy mirrors staff mileage and allowances as was the case in the previous version that was approved. Susan Ryan referred to the NED recruitment working in partnership with Nottinghamshire Healthcare NHS Foundation Trust on the recruitment campaign. She explained that the Committee had been assured by the Trust Chair that the process would be fair and the recruitment specialist would search for suitable candidates for both trusts. **RESOLVED: The Council of Governors:** 1) **Approved the proposal to work in partnership with Nottinghamshire Healthcare NHS Foundation Trust on the recruitment campaign for the Non-Executive Director appointment to the Trust Board** 2) **Approved the re-appointment of Deborah Good for a second three year term of office from 1 March 2025** 3) **Approved the revised Chair and Non-Executive Directors Expenses policy.**
DHCFT/GOV 2024/046	**GOVERNANCE COMMITTEE REPORT** David Charnock, Co-Chair of the Governance Committee presented an overview of the matters discussed at the last Governance Committee meeting which was well attended and offered as hybrid meeting. This included: • Feedback from governors' engagement activities • Discussing items to hold NEDs to account for the performance of the Board • Discussing governor training and development and the opportunity for governors to feedback on courses they have attended • Consultation on the Trust's new Strategy including the vision and values. David noted that it was good to see the influence of governors feedback in this (for example the reference to patient safety) • Consultation on the Trust's new brand identity • Reviewing the Committee's terms of reference • The promotion of the Annual Members Meeting (on social media and in Trust facilities) • The launch of the governors annual effectiveness survey. **RESOLVED: The Council of Governors:** 1) **Noted the contents of the report** 2) **Approved the revised Governance Committee's terms of reference.**
DHCFT/GOV/ 2024/047	**ANY OTHER BUSINESS** **Governor updates**

	Denise Baxendale, Membership and Involvement Manager confirmed that Debra Dudley was the new Appointed Governor representing Derbyshire Mental Health Forum.
	Annual Members Meeting (AMM)
	Denise Baxendale confirmed that the AMM has been promoted and there are hard copies of the posters available for governors to display within their communities. She encouraged governors to take copies after the meeting. Electronic copies are also available to promote on social media.
	Carer Champions protected times
	Following on from the last meeting where governors received an update on Carers Champions protected time, Denise Baxendale explained that she has received an update from Deborah Good. Agreement has been reached to amend the supervision policy to acknowledge the functions and responsibilities of Carer Champions. The policy has now been amended and has been live on the Trust's intranet since June. A dip sample of supervision records will be required in December.
DHCFT/GOV/ 2024/048	**REVIEW OF MEETING EFFECTIVENESS AND FOLLOWING THE PRINCIPLES OF THE CODE OF CONDUCT**
	Despite technical issues that delayed the start of the meeting, the hybrid meeting ran very well and the camera visuals were clear. The NEDs presentations were well received and gave governors assurance on holding the Board to account for its performance and meaningful discussion took place.
DHCFT/GOV/ 2024/049	**CLOSE OF MEETING**
	Tony Edwards thanked all for their attendance, including the Trust member, and input and closed the meeting at 16.32pm.
	The next Council of Governors meeting will be held on **Tuesday 5 November 2024**, from 2-5pm.

COUNCIL OF GOVERNORS ACTION MATRIX - AS AT 24.10.24							
Date of Minutes	Minute Reference	Item	Lead	Action	Completion by	Current Position	
7.5.24	DHCFT/GOV/2024/029	Escalation items to the Council of Governors from the Governance Committee	Selina Ullah	Selina Ullah will arrange to meet with Alison Martin to have a reflective discussion on UK Dementia's research	3.9.24	This was on hold due to the pre-election period and has been arranged for 22.10.24. COMPLETE	Green
3.9.24	DHCFT/GOV/2024/042	Update on Making Room for Dignity Programme	Andy Harrison	Andy Harrison will present a more in-depth update to the Council of Governors on 5 November	5.11.24	On the Concill of Governors Agenda - 5.1..24	Yellow
3.9.24	DHCFT/GOV/2024/043	Brief update on performance	Vikki Ashton Taylor	Vikki Ashton Taylor will be invited to feedback on the Memory Assessment wait times to the next meeting in November	5.11.24	Vikki Ashton Talyor has been invited to provide feedback to the Council of Governors meeting on 5.11.24 (emailed on 22.10.24)	Amber

Key	Agenda item for future meeting		YELLOW	1	33%
	Action Ongoing/Update Required		AMBER	1	33%
	Resolved		GREEN	1	33%
	Action Overdue		RED	0	0%
				3	100%

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 5 November 2024

Annual Effectiveness Survey Council of Governors

Purpose of Report

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

Executive Summary

The Council of Governors carries out its annual effectiveness survey in line with best practice. The results are presented to the Governance Committee and then on to the Council of Governors. As requested by the Trust Chair the results for this report include last year results for comparison.

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

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

The survey was undertaken in September/October 2024 and a total of 18 governors responded, this equates to 72% (compared to 52% last year). The survey was promoted in *Governor Connect*, via governor meetings, and further emails encouraging governors to complete the survey were sent by the Membership and Involvement Manager. All governors were offered additional support if they had difficulty in completing the online form.

The following is worth noting:

- The positive response rates for the questions remains high
- Some questions include responses of 'Don't know' – some of these are from new governors not being able to fully answer the questions/for others it could identify a training need
- Those governors who have responded with 'Disagree' have been contacted by the Membership and Involvement Manager requesting further information
- The survey included sections for free text to enable governors to make suggestions and comments regarding governor training and development needs; suggestions for improvement or to raise specific issues; and comments on the effectiveness of the Council of Governors. These comments were discussed at the Governance Committee on 15 October 2024.

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

Proposed Actions to continue to enhance the effectiveness of the Council of Governors are:
- Continue to develop and evolve the governor-led training and development programme
- Continue to offer hybrid meetings/face to face meetings where possible. (This year the two joint Board and CoG sessions were held face to face,

and the CoG and Governor Committee meetings were held as hybrid meetings)
- Continue to build on the Board and Council of Governors relationship – through the joint Board and CoG sessions which take place in January and July of each year. This year informal sessions were organised with the Trust Chair and were held in Chesterfield, Derby and virtually via MS Teams
- Build on governors relationships – we will continue to offer governors the opportunity of getting together prior to meetings to enable them to get to know each other; and encourage governors to contact each other outside of the organised meetings
- Continue to support governors with engagement with constituents – through the Governors Membership Engagement Action Plan, encouraging governors to attend events/forums and support from the Membership and Involvement Manager.

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

Strategic Considerations

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

Assurances

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

Consultation

The Governance Committee reviewed the results of the survey on 15 October 2024.

Governance or Legal Issues

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

Equality Impact Risk Analysis

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

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

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

Recommendations

The Council of Governors is requested to:

1) Note the outcome of the Council of Governors annual effectiveness survey 2024 as a positive assessment by governors of their effectiveness.
2) Agree the survey should be repeated in September 2025.

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

Governors Annual Effectiveness Survey 2024

Questions	2023					2024				
	Strongly agree	Agree	Don't Know	Disagree	Strongly Disagree	Strongly agree	Agree	Don't Know	Disagree	Strongly Disagree
I feel that I am able to contribute positively to the work of the Council of Governors	38%	62%	0%	0%	0%	39%	56%	6%	0%	0%
I have received adequate training and development opportunities to support me in my role as governor	54%	46%	0%	0%	0%	50%	62%	8%	0%	0%
I feel supported by the Trust to carry out my responsibilities as a governor including the fulfilment of my statutory duties	46%	54%	0%	0%	0%	44%	50%	8%	0%	0%
The Trust's values, mission and priorities have been adequately explained to the Council	54%	46%	0%	0%	0%	72%	22%	6%	0%	0%
The Council is appropriately consulted and engaged in the Trust's strategy and development	31%	69%	0%	0%	0%	61%	33%	6%	0%	0%
The Trust's strategy is informed by the input of governors	15%	62%	8%	15%	0%	28%	56%	11%	6%	0%
Governors are aware of risks to the quality, sustainability and delivery of current and future services	38%	62%	0%	0%	0%	39%	44%	11%	6%	0%
The Council of Governors uses the individual skills, experience, knowledge and diversity of its members to its best advantage in Council meetings	38%	38%	15%	8%	0%	33%	44%	17%	6%	0%
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 Remunerati...	23%	62%	15%	0%	0%	28%	50%	22%	0%	0%
The Council of Governors carries out its work in an open, transparent manner	54%	46%	0%	0%	0%	56%	28%	17%	0%	0%
The Council of Governors carries out its work with quality as its focus	46%	46%	8%	0%	0%	28%	56%	17%	0%	0%
The relationship between the Governors and Trust Chair works well	38%	46%	15%	0%	0%	72%	22%	6%	0%	0%
The Council communicates with, listens and responds to members and other stakeholders effectively	15%	69%	15%	0%	0%	33%	44%	17%	6%	0%
The role of the Council of Governors is clearly defined	38%	62%	0%	0%	0%	44%	50%	6%	0%	0%
The Council of Governors meets at appropriate and regular intervals and receives adequate time and support to function well	46%	38%	8%	8%	0%	50%	44%	0%	6%	0%
Governors' views are taken into account as members of the Council of Governors	31%	54%	15%	0%	0%	33%	61%	6%	0%	0%
The Council of Governors have sufficient opportunity for contact, and good communication, with the Board of Directors - Executive Directors	23%	54%	8%	15%	0%	22%	61%	11%	6%	0%
The Council of Governors have sufficient opportunity for contact, and good communication, with the Board of Directors - Non-Executive Directors	38%	54%	0%	8%	0%	44%	39%	17%	0%	0%
The Council of Governors has sufficient communication with the members of the Trust, either via the Trust or independently	23%	54%	23%	0%	0%	22%	56%	22%	0%	0%

The Council of Governors has a strong voice	8%	54%	38%	0%	0%	33%	44%	17%	6%	0%
The Council of Governors is able to influence change	15%	46%	38%	0%	0%	28%	33%	39%	0%	0%
Council of Governor sub-committees (Nominations and Remuneration Committee and Governance Committee) are effective and provide quality update reports to the council	23%	77%	0%	0%	0%	44%	39%	17%	0%	0%
The Council of Governors receives sufficient information to hold the Board of Directors to account	15%	85%	0%	0%	0%	33%	44%	17%	6%	0%
Governors can identify the key performance issues facing the Trust	15%	77%	8%	0%	0%	33%	50%	11%	6%	0%
Governors can ask questions regarding performance reports	46%	54%	0%	0%	0%	56%	39%	6%	0%	0%
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 collecti...	23%	69%	8%	0%	0%	44%	50%	6%	0%	0%
Governors ask relevant questions of the non-executive directors about challenge at Board meetings	31%	62%	0%	0%	0%	50%	39%	6%	6%	0%
Average	**32%**	**57%**	**8%**	**2%**	**0%**	**42%**	**45%**	**12%**	**2%**	**0%**

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 5 November 2024

Non-Executive Director Report – Lynn Andrews

Purpose of Report

This paper describes the activities I have undertaken as a Non-Executive Director (NED) during the year 2023/24.

Executive Summary

I have now completed two years with the Trust with activity centred around Board committee membership as well as wider leadership roles, for example, Childrens NED Champion.

This report is a summary of my work with the Trust over the last 12 months.

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

The following describes the current responsibilities:

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

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

In the interest of new Governors, I have included a personal profile at the end of the document.

Strategic Considerations

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

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

Risks and Assurances

The Year End review for the Quality and Safeguarding Assurance Committee was carried out in April 2024. The Committee considered the year end report on its activity and effectiveness and confirmed that it had fulfilled its terms of reference. The report demonstrated the extensive matters covered and evidenced that the Committee had worked effectively. The terms of reference were reviewed and agreed with no material changes.

Consultation

This report has been prepared solely and specifically for the Council of Governors.

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

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

Recommendations

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

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

Derbyshire Healthcare NHS Foundation Trust
Council of Governors – 5 November 2024
Non-Executive Report – Lynn Andrews

Purpose of Report
This paper provides a description of my activities as a Non-Executive Director (NED) with Derbyshire Healthcare Foundation Trust since my last report in November 2023.

Background
This is my second year in term of office as a NED. I commenced in post on 5 September 2022 in shadow (non-voting) form until the 11 January 2023. The transition enabled a handing over of the ropes, to start to develop an understanding of the Trust and build relationships. I have developed in my role as NED and Chair of the Quality and Safeguarding Committee through Board Development opportunities and visiting Mental Health NHS Trusts to sit in on their trust Quality Committees.

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

I completed my annual Fit and Proper Persons declaration to the Director of Corporate Affairs/Trust Secretary in August 2024 confirming that I am meeting my contractual obligations as a NED in compliance with Care Quality Committee (CQC) Regulations 5 Fit and Proper Person requirements. I had my appraisal with the Trust Chair in March 2024. I am fully compliant with all the training identified as role specific for NEDs.

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

Board Committee member

- Trust Board
- Chair of Quality and Safeguarding Assurance Committee
- Member of People and Culture Committee
- Member of Remuneration and Appointments Committee.

Meetings

- Council of Governors
- Committee Chair meetings with my NED colleagues
- NHS Derby and Derbyshire System Integrated Care Boards Quality and Performance Committee.

In Attendance

- Finance and Performance Committee.

Quality and Safeguarding Committee – Chair

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

Each month the Committee reviewed the Board Assurance Framework (BAF) to consider the current status of the risks for which it holds responsibility and whether any new risks have been identified through assurance processes. This is a live document reflecting the risk profile of quality and safety issues within the Trust.

The Committee has an extensive agenda covering all aspects of safety, effectiveness and patient experience. It also reviews CQC recommendations and progress with implementing the actions. Reports are received quarterly for Adult and Childrens Safeguarding activity.

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

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

The Committee commissioned three quality deep dives within the last year; Regulation 28 notices, Paediatric Referral to Treatment and Patient Falls co-relationship to Delayed Discharges and Patient Flow to understand the challenges being faced and key actions to mitigate the position.

Other activities outside of the Quality and Safeguarding Committee:

People and Culture Committee
I am a member of this Committee and many of the agenda items are cross related in terms of the provision of quality, safe and effective care. It has been very useful to be able to triangulate issues, such as supervision and training and is a reminder of the challenges clinicians face every day in keeping our service users safe. The Making Room for Dignity programme assurance is on workforce and clinical transformation is also discussed here.

Remuneration and Appointments Committee member
Along with all NEDS I am a member of the Remuneration and Appointments Committee (REMCO) which has addressed executive and very senior management pay awards, Director appointments and succession planning. We are working on developing our succession and talent management plans.

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

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

I am a member of NHS Derby and Derbyshire Integrated Care Boards Quality and Performance Committee which aims to enable system alignment on quality, understanding variation and risks to quality, including early warning signs. It also aims to drive a collaborative approach to promote multi-professional leadership and a culture of learning and improvement to ensure provision of high-quality sustainable services.

I continue to develop the role of Childrens Services Board Champion. This role enables me to raise the profile of the excellent work of Children's Services within the Trust and externally. I visit different areas, meeting staff and hearing about their challenges and success to ascertain where I can be of greatest support to them.

I attend the Finance and Performance Committee and Mental Health Act Committee from time to time to keep abreast of key issues.

I have also been a member of stakeholder groups and interview panels for selection of key appointments.

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

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

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

Summary of Activities involved with by month

October 2023	November 2023	December 2023
Board Development Associate Director of Nursing (DON) re: Care Planning Safeguarding Adult and Childrens Leads 1:1 Interim DON Quality and Safeguarding Committee Staff Conference Risk Management discussion Director of Finance interviews Children and Young People Delivery Board Chair 1:1 JUCD DON REMCO	Integrated Care Board (ICB) Quality and Performance meeting 1:1 DON DCHS and DHCFT Board to Board Trust Board 1:1 Interim DON Council Of Governors NED Network SEND feedback REMCO Quality and Safeguarding Committee Finance and Performance Committee HEARTS Awards People and Culture Committee NHS Providers NED Network	Confidential Trust Board 1:1 Interim DON Chief Executive Engagement Hour Chair 1:1 Safeguarding Adults link meeting Quality and Safeguarding Committee REMCO Board Development – Inequalities Chairs Committee 1:1 Interim DON
Services Visits Ivy House Chaplaincy Pharmacy	**Services Visits** No visits took place this month	**Services Visits** Childrens services St Pauls - 0 – 19yrs - Health Visitor Christmas Decorating Judging, Chesterfield
January 2024	**February 2024**	**March 2024**
1:1 with Childrens General Manager Nursing and Midwifery Council (NMC) Revalidation Process CQC staff engagement session Trust Board Finance and Performance Committee ICB Quality and Performance meeting People and Culture committee REMCO 1:1 Interim DON Council of Governors	Chesterfield CMHT Chief Executive's Engagement hour Trust Strategy engagement – Culture and Inequalities Quality and Safeguarding meeting Board Development – Quality Improvement ICB Quality and Performance meeting 1:1 Interim DON National Chairs meeting, London	Trust Board Council of Governors Chair 1:1 CEO Engagement hour Safeguarding Childrens Operations meeting 360 Audit session on Hearing the Patients Voice Childrens services Divisional Review meeting 1:1 with Childrens General Manager Trust Strategy engagement session Appraisal 1:1 Interim DON Safeguarding Childrens Operational meeting ICB Quality and Performance meeting Quality and Safeguarding
Services Visits Hereford and Worcester Quality Meeting	**Services Visits** Meeting senior Therapy staff Nottingham Healthcare NHSFT Quality Committee	**Services Visits** Tees, Esk and Wear Quality Committee

April 2024	May 2024	June 2024
1:1 Interim DON Board Development All staff engagement Mental Health, Learning Disabilities, Autism and Children and Young People Quality and Safeguarding Committee Confidential Board ICB Quality and performance Care Quality Commission discussion Health Service Journal (HSJ) Summit Trust Strategy engagement (Brand)	Medical Senate CAMHS Consultant meeting REMCO Trust Board 1:1 Medical Director Quality and Safeguarding Committee Board Development Staff Conference Consultant Interview People and Culture Committee Childrens Services Divisional Review meeting	Consultant Interviews Clinical Strategy Working Group Board Development 1:1 with Childrens General Manager Quality and Safeguarding Committee 1:1 Chair Chair – 1:1 Board Development session 1:1 – various executives Nurse Consultant CAMHS ICB Quality and Performance Committee
Services Visits Community Mental Health Teams (CMHT)/Occupational Therapists (OTs)	**Services visits** Crisis Team Pleasley Ward The Beeches Early Intervention Multi-Disciplinary Team (MDT)	**Services visits** The Beeches Ward 33 and Ward 35
July 2024	**August 2024**	**September 2024**
Trust Board Nurse Consultant CAMHS 1:1 Interim DON Council of Governors Managing Directors – review Integrated Performance Report DON interviews Quality and Safeguarding Committee REMCO Board Development ICB Quality and Performance Committee 1:1 with Childrens General Manager People and Culture Committee	Quality and Safeguarding agenda setting	Council of Governors Chair 1:1 Quality and Safeguarding Committee Mental Health Act Committee Board Development 1:1 DON People and Culture Committee Annual Members Meeting Finance and Performance Meeting 1:1 Medical Director
Services Visit CAMHS, Eating Disorders	**Services visits** No visits due to it being holiday period	**Services visits** Bolsover Community Mental Health Team

Quality Performance Dashboard areas of interest

Patient Safety	Responsiveness and Patient Experience	Effective and Caring	Well Led
Use of Force • Seclusion • Physical Restraint • Prone Restrain Psychiatric Intensive Care Unit (PICU) Out of Area placements Incidents Physical assault Restrictive Practise Falls Absconsion Duty of Candour Self harm Staffing level incidents Sexual Assault COVID infections	Complaints Compliments Concerns CQC actions and progress	Clinical Standards Safety plan Care Planning Care Programme Approach Delayed transfers of care Discharge letters to GPs (24hrs) Clinic letters to GPs (seven days) Patient in employment Patients in settle accommodation Health checks Length of stay adults and older adults	Flu vaccine compliance Policies in date Risk assessments in date

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 5 November 2024

Focused Performance Report

Purpose of Report

In the absence of the full Integrated Performance Report (IPR) that was presented to the Trust Board meeting on 1 October 2024, the purpose of this report is to provide governors with 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 and hold the Board to account around improving flow in adult acute services: a summary update on the current financial position and a summary of improvements in safety.

Executive Summary

Patient Flow

Between June and September, the Trust made significant progress with better managing patient flow through implementation of a comprehensive recovery action plan (RAP). The RAP implementation is overseen by the Trust's Acute Transformation Board and the system-wide Mental Health, Learning Disability and Autism Delivery Board. Improvements are as follows:

Overall

- Reduced inappropriate out of area placements: month end September 2024 - five adult acute and nine (eight male and one female) Psychiatric Intensive Care Unit (PICU) patients in inappropriate out of area beds
- The newly-built PICU (14 male beds) and Enhanced Care Unit (eight female beds) due to open Spring 2025 will ensure for the first time that those patients requiring PICU treatment can be cared for within Derby and Derbyshire.

Inflow

- 15% increase in home treatments compared with last financial year, as a result of the purposeful admissions work undertaken
- Introduction of the CAMHS 3.5 service
- 6% reduction in mental health liaison presentations (867 per month 2024/25 compared to 919 per month 2023/24) as a result of the Living Well (community mental health team transformation) roll-out. Resulting in freed up capacity within secondary care mental health community teams to be able to provide support to more acutely unwell patients in the community.

Flow

- Bed occupancy currently 95%, having reduced from circa 107%
- Length of stay of discharged adult acute inpatients: median 30 days, year to date (28 in Aug 2024) and mean average length of stay for August is 41 days. The national benchmark data stands at 54 days.

Discharge

- 28-day readmissions: 4% (Aug 2024)

- Delays to discharge of clinically ready for discharge patients (regularly around 10% which is 10-15 patients) remains a key risk to flow and length of stay – mitigations being developed by the System Strategic Discharge group.

Further benefits are anticipated from a number of the additional actions set out in the RAP, for example the culture of care and model of care approach to patient care has only just launched but will have a positive therapeutic impact on patients. In addition, the purposeful admission is expected to have more impact as we go forward, and the Community Mental Health Team (CMHT) use of the management and supervision tool (MAST) as a predictive tool should highlight a cohort of patients that are likely to be admitted into hospital and enable earlier intervention to prevent the need for an inpatient bed.

Despite the significant efforts to improve patient flow, the month of October has seen an increase in demand for inpatient beds which has impacted both bed occupancy levels and patients being cared for in an out of area bed. Additional actions to address these pressures have included the implementation of regular mini multi-agency discharge events (MADE) with system partners to support the discharge of patients who are clinically ready for discharge (now daily), daily senior reviews of all in patients across the units and CMHT review of escalated patients.

Looking forward, we are partnering with Nottinghamshire and Leicestershire Trusts to share learning and best practice and visiting Lincolnshire to see their Mental Health Walk-in Centre in action.

2024/25 Financial Position

At the end of September, the year to date (YTD) position is a deficit of £4.1m, which is slightly better than plan by £0.1m. Pay and income are below plan mainly due to slippage on investments and non-pay expenditure is above plan reflecting pressures in out of area expenditure.

The forecast assumes full delivery of the £6.4m deficit plan and all organisations within the Derbyshire System are still forecasting to achieve plan but with emerging risks predominantly in the acute providers. The key assumptions in the forecast are listed in the report.

Mitigations to offset some of these risks relate to vacancies, some as a direct result of the recruitment pause but also in relation to slippage on recruitment to developments.

Improvements in Safety

The Trust has a comprehensive action plan to embed the safety improvements. There is a robust governance framework in place, including clinical and operational oversight ensuring progress on all actions.

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

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

Risks and Assurances

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

Consultation

The content of this report has been considered in various other forums.

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 Trust's acute care service portfolio which provides services to individual based on holistic, person-centred assessment and so any decision 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

Recommendations

The Council of Governors is requested to:

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

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

Report prepared by: **Vikki Ashton Taylor, Deputy Chief Executive and Chief Delivery Officer**
Tumi Banda, Director of Nursing, Allied Health Professionals, Quality and Patient Experience

Focused Performance Report

Part 1 - Improving Flow in Adult Acute Services

Governance

The Urgent Care Mental Health Transformational Delivery Board provides a platform to monitor the progress of the overall flow recovery action plan (RAP), and is led by David Tucker, Managing Director and Becki Priest, Deputy Director and Chief Allied Health Professional. The action plan identifies a range of clinical and operational developments and provides engagement and oversight with the various workstreams, identifying blocks to progress and establishing mitigations as required.

Measures of Success

The following are metrics that have been identified to illustrate impact of this work:

- Out of area placements – reduction in the number of inappropriate acute out of area placements. To maintain position of less than four
- Length of stay – reduction in the average length of stay for adult acute inpatient care. To maintain a position of less than 32 days
- Occupancy levels – reduction in the occupancy levels for adult acute inpatient care. To maintain a position less than 95% bed occupancy
- Admissions – reduction in the number of patients admitted each month from an average of 80 per month to 70 per month
- Emergency Department 12-hour breaches – reduction in 12-hour breaches to zero
- Crisis house beds – increase usage in crisis house beds to achieve 80% occupancy
- Clinically ready for discharge – reduction in the number of inpatients identified as clinically ready for discharge to under 4% of total inpatients.

Update

The Delivery Board was relaunched in July 2024. Some workstreams are newly established whilst others have been progressing for some time. Leads for the newer and more complex workstreams have been asked to develop workstream objectives and project proposals for purposes of clarity.

Some workstreams are transactional and expected to be short lived (for example, development of standard operating procedures (SOP)) whereas others are more transformational (for example, Purposeful Admission and Gate Keeping) and will have longer lifespan.

Monthly Update

As the Delivery Board develops it is expected that it will be possible to provide an update from each workstream to the Delivery Board each month.

Metrics

As mentioned above a range of metrics have been identified to help illustrate impact and success. Below is a summary of the latest position in relation to these metrics.

1. Bed occupancy

The chart gives the proportion of Trust adult acute inpatient beds that were occupied each month. In September, the position was 97%, which was a slight reduction from the previous month. The solid red line indicates the target of 95%. The national benchmark data is 90.2%. The trajectory is indicated by the blue dotted line.
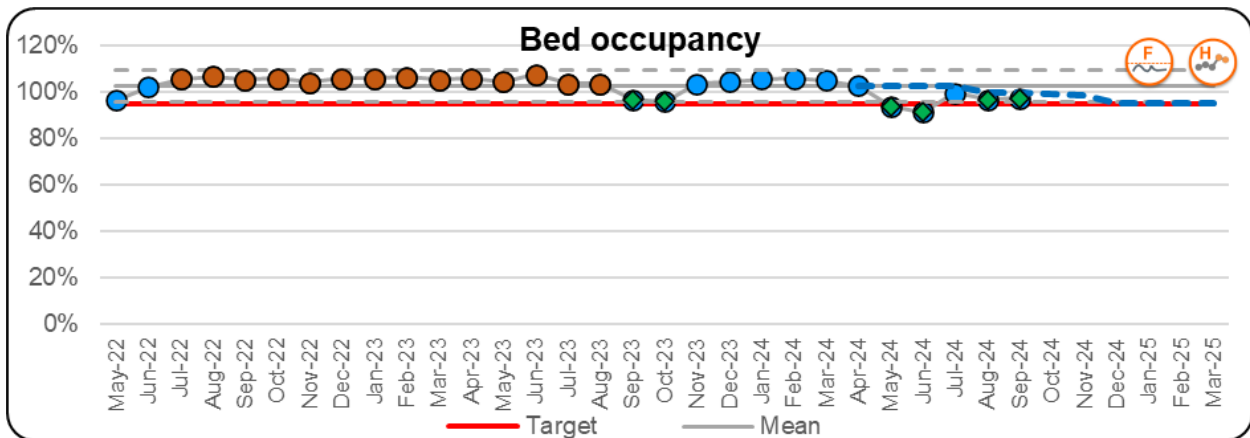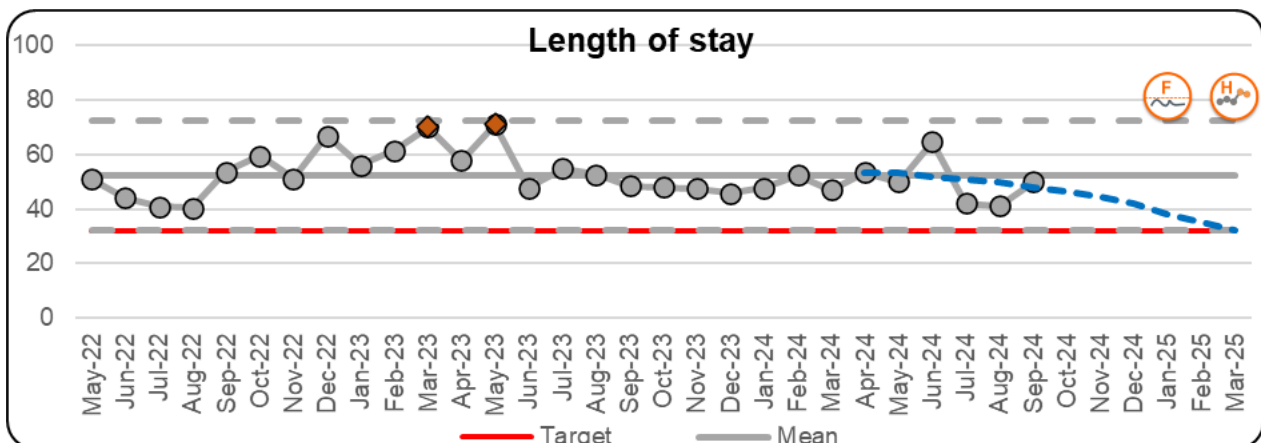

Update

- Gatekeeping process is being implemented which ensures a multi-disciplinary review prior to admission
- The process will slow down the decision to admit but will increase likelihood of avoiding admission wherever possible
- Review of leave bed protocol has resulted in reduction in admissions into leave beds, hence helping to reduce bed occupancy levels
- The position has improved this month and continues to remain ahead of trajectory.

2. Length of Stay

Adult acute inpatient length of stay (mean average length of stay of patients discharged in month from Trust adult acute beds, excluding Pleasley Ward patients aged over 65 years) which for August is 41 days. The solid red line indicates the target which is 32 days. The national benchmark data (solid grey line) currently stands at 54.4 days. The trajectory is indicated by blue dotted line.
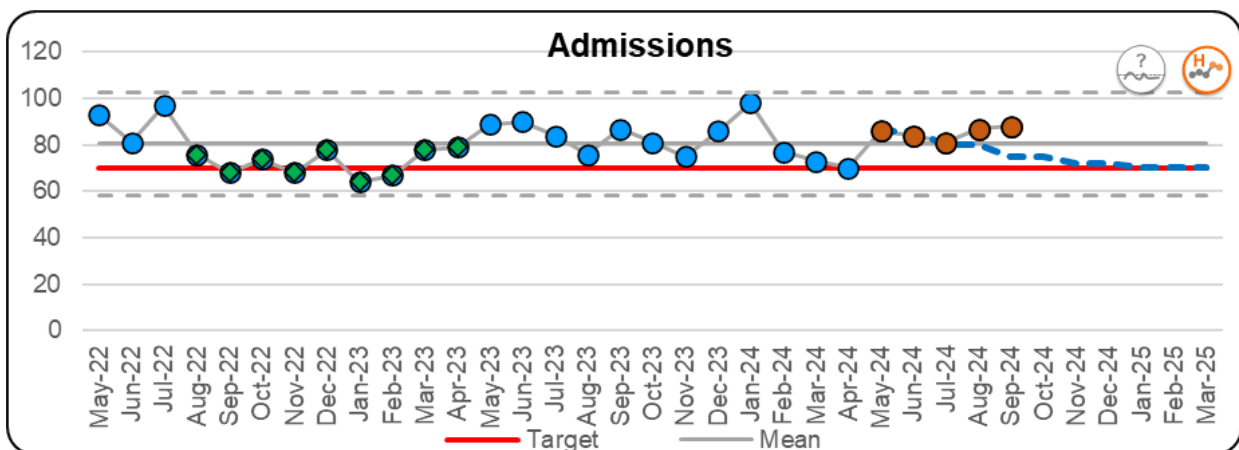
Update

- Given that the data is collected at point of discharge, this data is distorted when patients with a longer length of stay are discharged, as was the case in September
- The position significantly improved in July and August
- When calculating inpatient length of stay in the same way as likely was used when the 32-day national target was set (median length of stay excluding leave days, of acute inpatients discharged aged under 18-64 years – NHS Benchmarking Club), the Trust's adult acute length of stay is below the national target and has been achieved every month since October 2022. See below:

Median length of stay to discharge ready excluding leave days
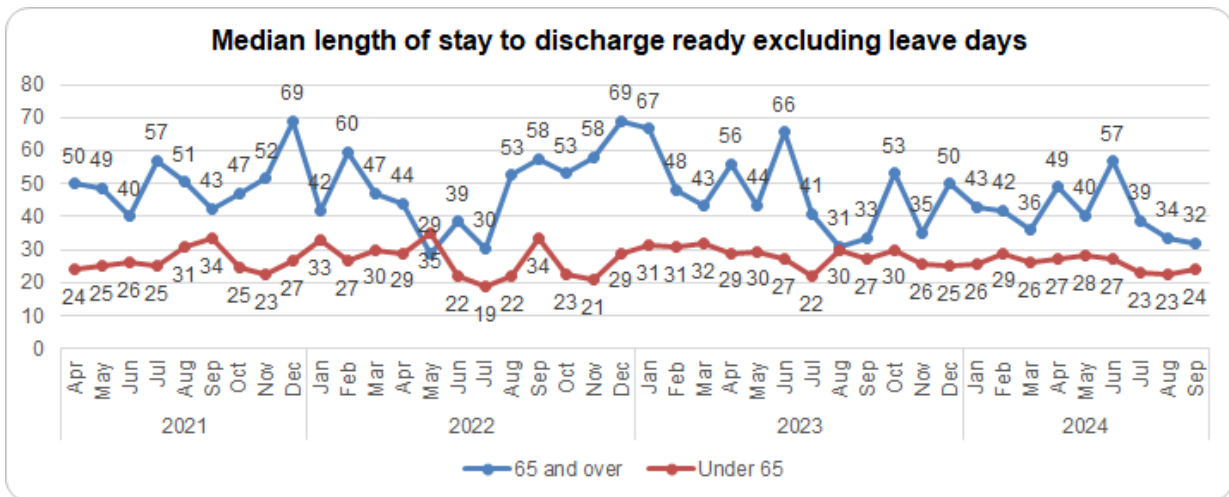
3. Admissions

The chart shows the number of admissions to Trust adult acute inpatient beds during the month, which for September was 88. The solid red line indicates the target, which reflects the aim to reduce admissions by an average of 10 per month by financial year end. The blue dotted line indicates the trajectory.


Admissions

Update

- The introduction of the gatekeeping process was contributing to the reduction in number of admissions into inpatient beds over the past few months. However, this improvement has not been sustained for the last two months, which were above trajectory

- The number of admissions in a single month is not necessarily problematic or indicative of ongoing concern. However, were this to be combined with an extended length of stay, it is likely that it would cause capacity issues. Therefore, owing to this being two months only and combined with low median length of stay, this is not causing any significant concern at this point.

4. Inappropriate Adult Acute Out of Area Placements

The chart shows the number of patients in inappropriate adult acute out of area mental health beds at month end, which for September was seven. The solid red line indicates the target which is zero use of inappropriate out of area acute beds. The blue dotted line indicates the trajectory.
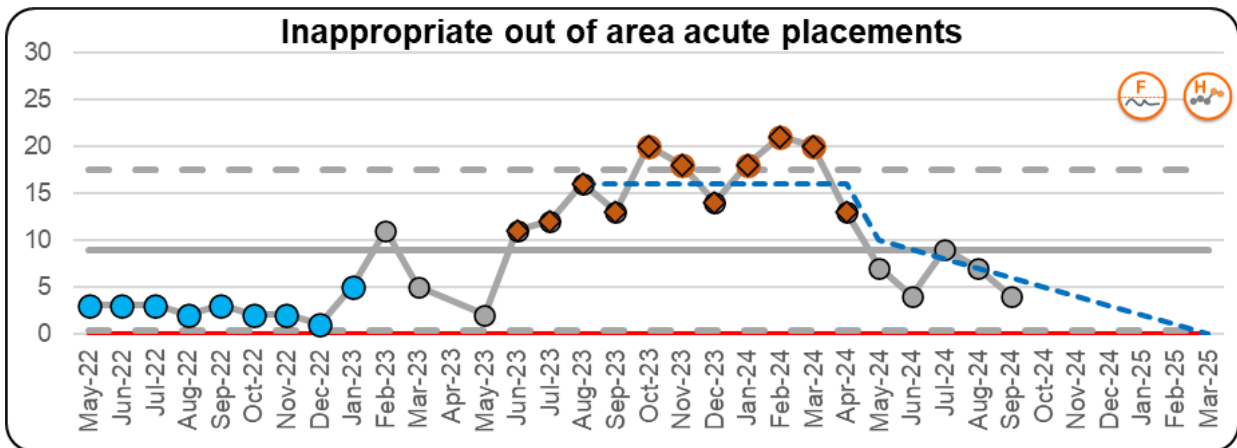
Update

- Progress continues to be made in line with trajectory and at the end of September there were just four patients placed out of area
- The overall improvement since February 2024 is encouraging.

5. Appropriate Acute Out of Area Placements

The chart shows the number of patients in appropriate adult acute out of area mental health beds at month end, which for September was 23. This will include patients placed in units where continuity of care principles are being met (Sherwood, Mill Lodge), individual patient choice, or where the patient is a staff member. The solid red line indicates the target of four per month.
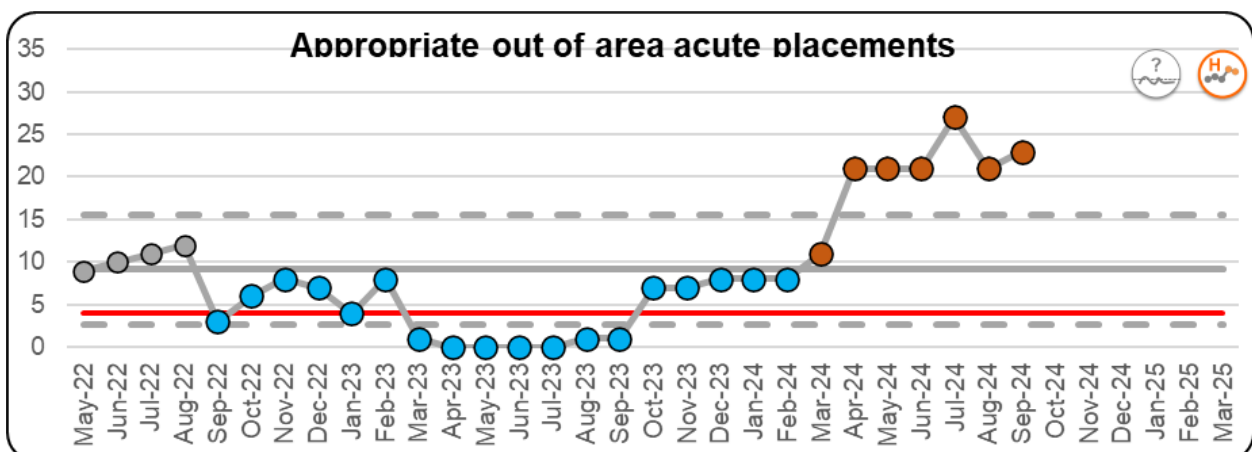
Update

- There are block contracts in place for 12 beds at Sherwood and 6 Beds at Mill Lodge, where continuity of care principles are met
- Additional spot purchase beds at Sherwood and Mill Lodge have been available resulting in additional "appropriate" placements
- Staff members are placed in non-trust and non-block contract beds
- This performance is in part related to the Making Room for Dignity programme which has resulted in a number of closed Trust beds, reducing capacity for admissions.

6. 12-hour Emergency Department Breaches

The chart shows the number of 12-hour breaches in Emergency Departments (ED) during the month, which for September was 17. The solid red line indicates the target of zero ED breaches every month. The dotted blue line indicates the trajectory.
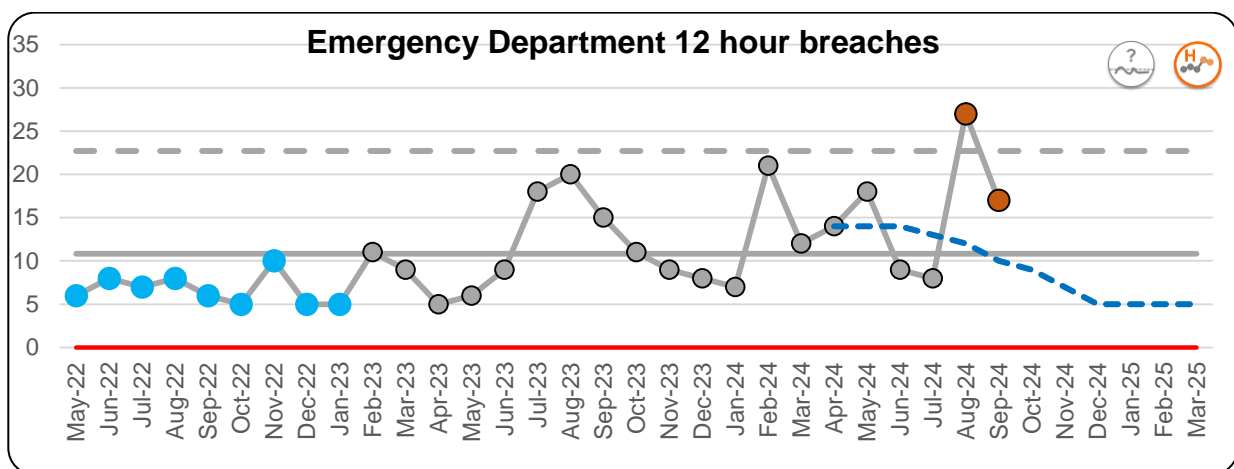

Update

- The national clock start time measurement has been adjusted to the point of arrival in ED, where previously it was from point of referral to the mental health liaison team. As predicted, this will increase the number of 12-hour breaches. Often the patient will be in ED for many hours before a Mental Health Act assessment is carried out. As a result, it is not uncommon that the patient has been in ED for more than 12 hours before a decision is made that the patient needs to be admitted to a mental health bed
- The gatekeeping process also takes time by facilitating a multi-disciplinary review of the patient's care and how current crisis can be managed. A comprehensive gatekeeping process can prevent the patient being admitted to hospital. Unfortunately, attempting to make a decision to admit too quickly will increase the likelihood of admission
- Liaison with the acute hospitals and the Integrated Care Board (ICB) has taken place to explain the potential impact of the new gatekeeping process and we are working together to help manage this
- To commission an in-depth review in order to gain greater insight and explore whether further actions might be taken within the Trust and/or with partners to reduce the number of 12-hour breaches.

7. Clinically Ready for Discharge (CRFD)

The chart shows the proportion of patients in adult acute beds who were clinically ready for discharge, which for September was 6.8%. The solid red line indicates the target of 3.5%. The blue line indicates the trajectory. The current benchmarking data with peers was 7.1% (Model Mental Health clinically ready for discharge July 2024).
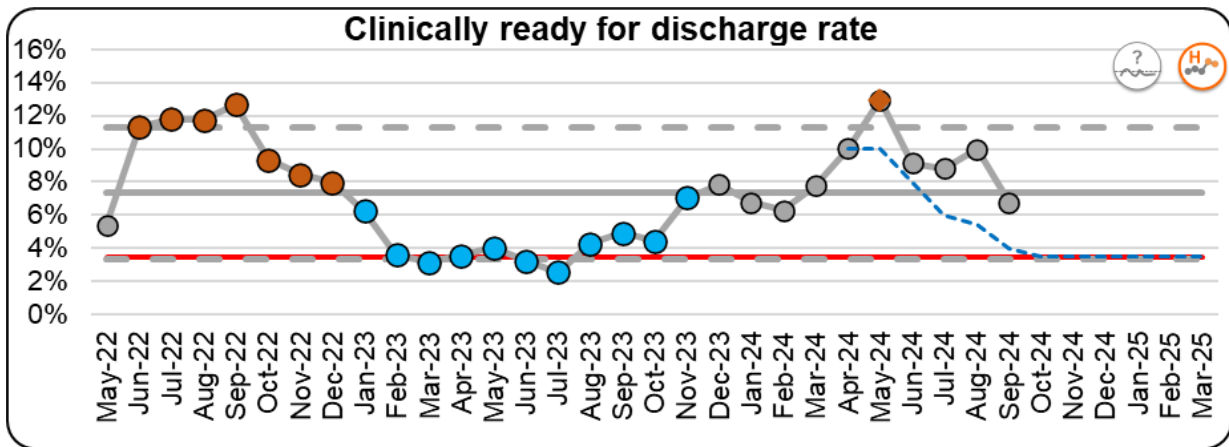
Update

- The proportion of patients that are CEFD remains higher than trajectory
- Escalation process established including weekly multi agency forum
- The Strategic Integrated Flow Lead now attends Pathways Operation Group (POG), System-Wide Discharge Planning Implementation Group (DPIG) and Strategic Discharge Group (SDG). Work underway to ensure mental health position is standing item on agendas
- Analysis of patients CRFD indicates main themes are housing, placement providers (lack of beds or declining patients due to risk), funding decisions (awaiting panel decisions and often panel declining placement offers despite numerous other options having been explored) and patient and family choice
- To commission a deep dive to gain greater insight and explore whether further actions can be taken within the Trust and/or with partners to reduce number patients clinically ready for discharge.

8. Readmissions

The chart shows the proportion of patients readmitted to a trust bed within 28 days of discharge, which for September was 1.3%. The target is to achieve under 10% which is indicated by the solid red line. There is currently no benchmarking data available.
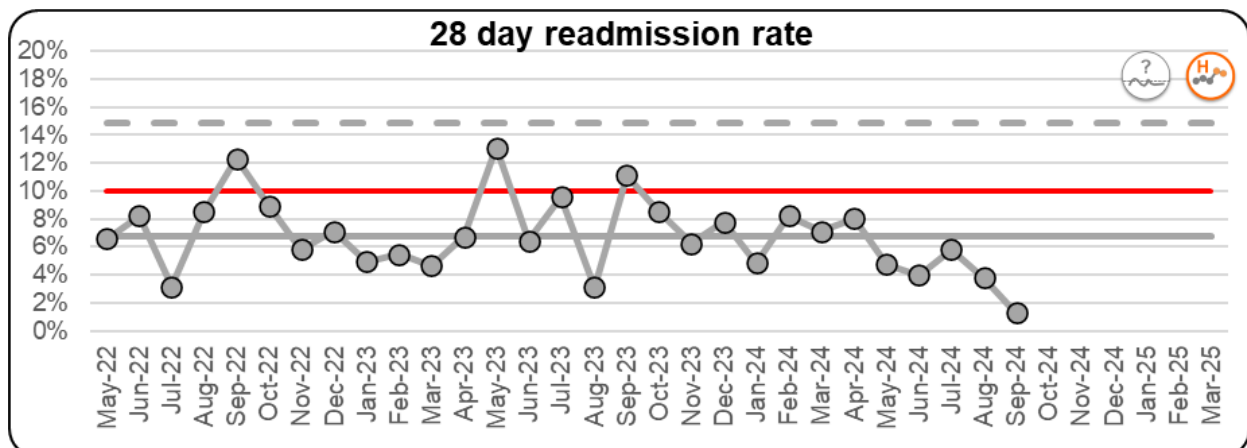
Update

- Generally, the readmission rates have been very low and this is something we are very keen to maintain. Monitoring this metric provides a quality measure indicating the potential impact of work being carried out.

9. Crisis House Bed Use

The chart shows the number of occupied bed days during the month. The solid red line indicates the target which reflects 80% occupancy. The blue dotted line indicates the trajectory.

Utilisation of crisis beds

Update

- The increased usage of the crisis house in May has not been sustained
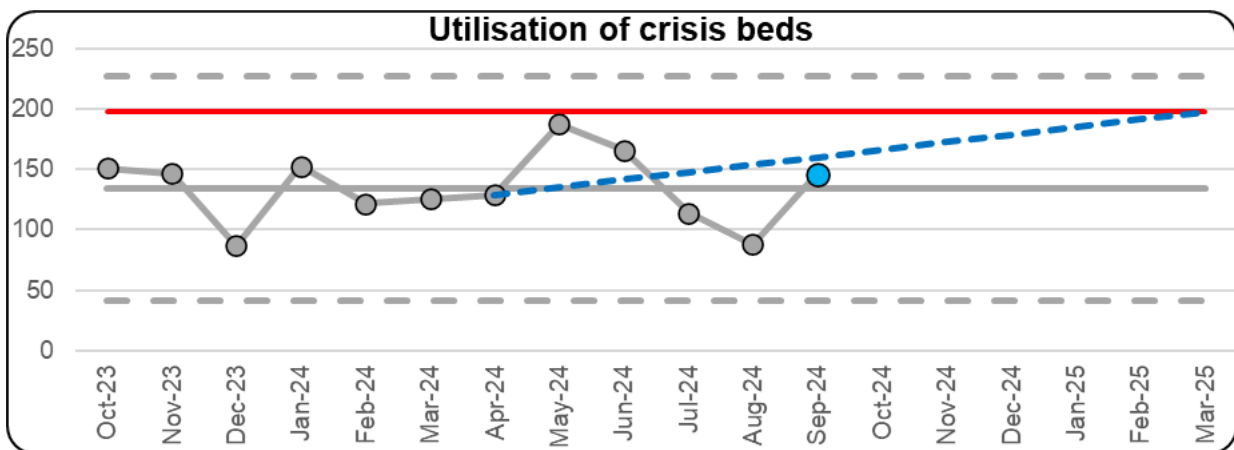- The position is underperforming when compared to the trajectory, however in September there has been a statistically significant increase
- To commission an in-depth review to gain greater insight and explore whether further actions can be taken within the Trust and/or with partners to increase utilisation of Crisis House beds.

Conclusion

The Urgent Care Mental Health Transformational Delivery Board is at an early stage since the relaunch. This provides a platform to monitor the progress of the workstreams, identify blocks and mitigations. Progress is being made and this is beginning to impact on the performance data as indicated within this report. There are a number of metrics that are ahead of trajectory. However, there is some early indicators that other metrics are struggling. As a result, some initial actions are proposed.

Further benefits are anticipated from a number of the additional actions set out in the RAP, for example the culture of care and model of care approach to patient care has only just launched but will have a positive therapeutic impact on patients. In addition, the purposeful admission is expected to have more impact as we go forward, and the Community Mental Health Team (CMHT) use of MAST as a predictive tool should highlight a cohort of patients that are likely to be admitted into hospital and enable earlier intervention to prevent the need for an inpatient bed.

Current Performance

Despite the significant efforts to improve patient flow, the month of October has seen an increase in demand for inpatient beds which has impacted both bed occupancy levels and patients being cared for in an out of area bed. Additional actions to address these pressures have included the implementation of regular mini MADE events with system partners to support the discharge of patients who are clinically ready for discharge (now daily), daily senior reviews of all in patients across the units and CMHT review of escalated patients. Looking forward, we are partnering with Nottinghamshire and Leicestershire Trusts to share learning and best practice and visiting Lincolnshire to see their Mental Health Walk-in Centre in action.

Part 2 - 2024/25 Financial Position

At the end of September, the year to date (YTD) position is a deficit of £4.1m which is slightly better than plan by £0.1m. Pay and income are below plan mainly due to slippage on investments and non-pay expenditure is above plan reflecting pressures in out of area expenditure.

The forecast assumes full delivery of the £6.4m deficit plan and all organisations within the Derbyshire System are still forecasting to achieve plan but with emerging risks predominantly in the acute providers.

Key assumptions in the forecast:

- CIP is delivered in full, with 25% of the balance being assumed as cost out of the forecast and the other 75% will be delivered from vacant posts and therefore costs not in the forecast
- Acute out of area – forecasted placements are significantly higher than the plan which is generating £1.5m adverse variance (£1.3m last month)
- In-patient areas – Adult Acute wards are off plan by £2.3m with other wards underspending by £0.2m, net adverse variance of £2.1m
- Making Room for Dignity programme slippage has additional costs included against it in the forecast, consuming a significant proportion of the current YTD slippage
- Costs related to supporting the patient with complex needs ended at the beginning of September.

Mitigations to offset some of these risks relate to vacancies, some as a direct result of the recruitment pause but also in relation to slippage on recruitment to developments.

Part 3 - Improvements in Safety

Trust has a comprehensive action plan to embed the improvements safety. There is a robust governance framework in place, including clinical and operational oversight ensuring progress on all actions. Assurance reports are presented to the Quality and Safeguarding Committee.

Our Trust has signed up for two national programmes that support quality improvement (QI) in mental health inpatient settings. The Culture of Care programme is supported by Royal College of Psychiatrists and the Mental Health Act Quality Improvement programme is supported by Viriginia Mason Institute. Though the programmes are linked to specific wards, there is a plan to share any learning from the QI programmes with all of the inpatient services.

The inpatient areas have made progress in several quality and safety domains and quantitative data has been shared with CQC to evidence this. The progress made is summarised below:

Seclusion

- The number of new episodes of seclusions between May-August 2024 have decreased by 21%
- This will continue to be monitored through the patient safety meetings and the Reducing Restrictive Practise Group.

Number of Incidents Involving Physical Restraint

- Physical restraints have decreased by 56%, this decrease is attributable to a reduction on self-harm incidents and staff intervention required to prevent individuals harming themselves.

Number of Self-harm/Ligatures

- Ligature incidents have reduced by 19%
- Several workstreams continue to work towards improving care and reducing incidents and self-harm including a e-learning module and talk sessions.

Number of incidents of moderate to catastrophic harm

- These have decreased and there is a debrief in place for both staff and patients and this is audited from both a compliance and quality perspective.

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 5 November 2024

Feedback from the Annual Members Meeting

Purpose of Report
To provide feedback on the Trust's Annual Members Meeting which took place on 26 September 2024.

Executive Summary

This year the Annual Members Meeting (AMM) took place on Thursday 26 September at the Research and Development Centre on the Kingsway Hospital site in Derby. The theme, 'the health of our children and young people' was well received. This is the first AMM since the COVID 10 pandemic that has been held in person.

38 people attended which included Trust members, the public, staff members, Trust Board and governors (40% of the Council of Governors attended). 23 people who had booked a place did not attend.

The AMM had been promoted widely including:
- Press releases to local papers/local radio stations
- Posted on the Trust website in latest news and the members section
- Posted on social media (X and Facebook)
- To all staff via the staff e-newsletter and intranet
- To all members via the members' e-newsletter and magazine with reminders leading up to the event
- To all stakeholders and services
- Within the voluntary sector (including Derbyshire Voluntary Association, Derbyshire Carers Association; Derbyshire Mental Health Forum, Derby City and Southern Derbyshire Mental Health Carers Forum, Healthwatch, Erewash Voluntary Action)
- Governors were also encouraged to promote the AMM within their communities.

The market place, which included stalls from childrens services, Child and Adolescent Mental Health Services (CAMHS), the Trust's research team, Council of Governors, Equal Forum and information from carers was well received as was the display of the finalists of the children and young peoples writing competition.

Feedback from the presentations on our children services and CAMHS was really positive and the presenters fed back that they were pleased to be able to share information about their services/innovations with attendees. Attendees also commented on hearing the child's voice through the writing competition and found the reading of the winning entries moving.

At the recent Governance Committee, governors agreed to establish a task and finish group to plan for next year's AMM. Fiona Birkbeck, Marie Hickman and Fiona Rushbrook agreed to join the Membership and Involvement Manager on the task and finish group. The group will discuss whether the AMM will take place virtually or in person, and suitable themes. Themes already suggested for consideration are collaborative working (i.e. with the Deaf and BME Communities) and implications of the new NHS plan.

The AMM for 2025 will be taking place on **Thursday 2 October 2025**.

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

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

Consultation
Feedback on the Annual Members Meeting was discussed in detail by the Governance Committee on 15 October 2024.

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

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

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

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

Recommendations
The Council of Governors is requested to:

   1) Receive the report.

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

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 5 November 2024

Update on the forthcoming governor elections

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

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

The Council of Governors have the following vacancies (these include the seats for those governors whose term of office end on 31 January 2025):

- Public governor vacancies:
  Amber Valley – one vacancy
  Bolsover and North East Derbyshire – two vacancies
  Chesterfield – one vacancy
  Deby City East – one vacancy
  Derby City West – one vacancy
  Erewash – two vacancies
  South Derbyshire – one vacancy

- Staff governor vacancies:
  Medical – one vacancy

The timeline for the elections is as follows:

ELECTION STAGE	TIMETABLE
Notice of Election / nomination open	12.11.24
Nominations deadline	10.12.24
Summary of valid nominated candidates published	11.12.24
Final date for candidate withdrawal	13.12.24
Electoral data to be provided by Trust	18.12.24
Notice of Poll published	3.1.25
Voting packs despatched	6.1.25
Close of election	29.1.25
Declaration of results	20.1.25

Terms of office for newly elected governors will begin on 1 February 2025.

Activity to promote the public governor vacancies will be rolled out when the election notice is published on 12 November. Information will be sent to Trust members, stakeholders, the public, councils, voluntary organisations and also promoted on the Trust's website and social media platforms. Press releases will also be sent. The elections will also be published in the Trust's membership magazine *Connect* (formerly *Connections*) which is circulated to all members (hard copies of which are sent to those members who do not have an email address). The magazine is also published on the Trust website in the public domain.

Activity to promote the staff governor vacancies will be promoted in the staff e-newsletter, staff Facebook page and on the staff Intranet page. The Staff Network groups and medical forum will also be approached.

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

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

Consultation
This paper has not been considered at any other Trust meeting to date. The Governance Committee received an update on the forthcoming elections at their meeting on 15 October.

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

Public Sector Equality Duty & Equality Impact Risk Analysis
In compliance with the Equality Delivery System (EDS2), reports must identify

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

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

We will proactively seek to promote public governor vacancies to all members and the public across the communities where there are vacancies. We will also proactively seek to promote staff governor vacancies to all colleagues within the Admin and Allied Support Staff, Allied Professions and Nursing categories.

Recommendations
The Council of Governors is requested to:

1) Receive the report
2) Note the timescales of the elections
3) Encourage governors to promote the elections within their communities.

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

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 5 November 2024

Report from the Governance Committee

Purpose of Report
The Governance Committee of the Council of Governors (CoG) has met once since its last report to the Council of Governors on 3 September 2024. This report provides a summary of the meeting on 15 October including actions and recommendations made.

Executive Summary
Key matters discussed at the meetings had been: - An overview of patient safety   - Feedback on the Annual Members Meeting   - Reviewing the Trust Membership Strategy 2021-2024   - Reviewing the governors membership engagement action plan   - Feedback from governors' engagement activities   - Results of the governors Annual Effectiveness Survey   - Forthcoming governor elections   - Consideration of holding to account questions.

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

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

- The Governance Committee escalates items to the Council of Governors as and when required.

Consultation

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

Governance or Legal Issues

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

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

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

Recommendations

The Council of Governors is requested to:

1) Note the report made of the Governance Committee meeting held on 15 October 2025
2) Approve in principle the Membership Plan 2025-2028 (updating the sections on Trust Strategy/vision and values once approved by the Trust Board).

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

Report from the Governance Committee meeting held on 15 October 2024

15 (60%) governors attended the meeting.

An overview of patient safety

The Trust's Assistant Director of Clinical Professional Practice gave a presentation on patient safety including the new framework, investigations and lessons learnt.

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

The Membership and Involvement Manager gave an overview of the in-house training and development sessions that have been arranged for governors this year. These included: finance, new Board visits, strategy reset, development of the Annual Plan, new vision and values, update on the Living Well programme, Integrated Care Board, patient safety, children services and Child and Adolescent Mental Health Services.

Feedback on the Annual Members Meeting

The Membership and Involvement Manager and governors who had attended the AMM gave verbal feedback. A written report will be presented to the Council of Governors on 5 November.

Reviewing the Trust Membership Strategy 2021-2024

It was agreed to rename the Membership Strategy for 2025-2028 the Membership Plan.

The Membership and Involvement Manager has made amends and these are in red for ease of reference. The section on vision and values and the Trust Strategy need to be updated with details of the new strategy once it is approved by the Trust Board. The Council of Governors are asked to approve the Plan in principle (updating the sections on Trust Strategy/vision and values once approved by the Trust Board).

Reviewing the governors membership engagement action plan

Governors reviewed the Action Plan and updates were noted on the plan.

Feedback from governors' engagement activities

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

Results of the governors Annual Effectiveness Survey

The results of the survey, which included comments in the free text boxes were shared with the Committee. The Trust Chair requested that the results include last years results for comparison. These will be presented to the Council of Governors on 5 November.

Forthcoming governor elections

The Membership and Involvement Manager gave a verbal update on the forthcoming elections – a written report will be presented to the Council of Governors in November.

Consideration of holding to account questions

Following on from the presentation on patient safety there was one item to escalate to the Council of Governors.

NHS
Derbyshire Healthcare
NHS Foundation Trust

Note: new cover will need to be updated with the new branding when approved by the Trust Board.

Membership ~~Strategy~~ Plan
~~2021 – 2024~~ 2025-2028

Date: ~~2021~~ 2025

DHCFT   @derbyshcft
www.derbyshirehealthcareft.nhs.uk

Making a
positive
difference

Contents:

1. Introduction

Derbyshire Healthcare NHS Foundation Trust (DHCFT) currently has membership of more than ~~6,200~~ 5,600 public members throughout Derbyshire and its surrounding areas. The Trust's ~~2,400~~ 3,000 staff also form part of the membership.

The Trust's members are central to the way the organisation's governance structure operates as a Foundation Trust. 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.

Through the Council of Governors, members form a vital resource in offering feedback on services, issues important to local people and future developments within the Trust, in order to ensure the Trust is publicly accountable for the services it provides. Membership strengthens the links between healthcare services and the local community as well as helping to reduce stigma and discrimination regarding the services offered, which are predominantly mental health services.

Governors have a key responsibility to engage with and represent the interests of members and the public and to share this insight with the Trust.

The Membership ~~Strategy~~ Plan seeks to ensure mechanisms are in place for the Trust to effectively engage and communicate with members as well providing clear support and expectations for governor engagement. It also outlines processes to ensure the Trust complies with its responsibilities regarding membership; to maintain a stable membership that is reflective of the diverse and vibrant communities we serve.

The Membership ~~Strategy~~ Plan outlines the objectives, methods and projected outcomes for membership activities over the forthcoming three years. ~~It supports the wider Communications Strategy 2018-2021.~~

2. Aims

This Membership ~~Strategy~~ Plan aims to:

- Understand the needs and engagement preferences of our existing membership, ensuring two way communication processes are in place between the Trust and its members
- Provide opportunities to attract a new and diverse membership, ensuring that the Trust's membership reflects the communities we serve
- Tackle stigma and prejudice through our work with members and the wider public
- Ensure governors effectively engage with their membership and feed their local insight and intelligence into the Trust.

3. Vision and values – to be updated when new Trust Strategy approved by the Trust Board

Derbyshire Healthcare prides itself on being a Trust with strong, underlying values that are reflected through all our staff and governors. It is therefore vital that all messages communicated on an internal or external basis echo the Trust's vision and values. This set of high level messages will be core to all communications and engagement techniques when recruiting new members and engaging with our existing members and governors. It

is also important that governors reflect these values in their engagement and interaction with local members and the public, as outlined in the Governor's Code of Conduct.

This strategy is being written at a time when the Trust is refreshing its vision and values in order to ensure they are accessible and meaningful. There are clear synergies between the refreshed Trust approach and the aims of this strategy and these values will be reflected through our work with members and governors:

4. Vision: – to be updated when new Trust Strategy is approved by the Trust Board
"To make a positive difference in people's lives by improving health and wellbeing."

Values:
- **People first** – We focus on our colleagues, in the knowledge that a well-supported, engaged and empowered workforces results in good patient care
- **Respect** – We respect and value the diversity of our patients, colleagues and partners and support a respectful and inclusive environment.
- **Honesty** – We are open and transparent in all we do.
- **Do your best** – We work closely with our partners to achieve the best possible outcomes for people.

5. The Trust's Strategy 2016-21 – to be updated when new Trust Strategy is approved by the Trust Board

The Trust's Strategy for 2016-21 was developed to meet the needs of our service users and to help staff understand their role in achieving the vision. It sets out the direction of travel for Derbyshire Healthcare NHS Foundation Trust for the next five years within the context of the wider health and care agenda, both nationally and locally.

Through ~~the Strategic Transformation Partnership (STP)~~ our integrated care system, Joined Up Care Derbyshire (JUCD), the Trust is a key partner, working and sharing learning to transform health and care services across Derbyshire. We will engage with our governors and members regarding any potential changes both directly, and through ~~the STP~~ JUCD.

The Trust has identified a key focus on staff engagement for the next year, which is to be recognised through a refresh of the Trust Strategy. Through the Membership ~~Strategy~~ Plan, this approach will also be reflected through a particular focus on the role of staff governors and ensuring they are effectively promoted and supported to engage with staff working across the organisation.

6. Membership defined

The model of an NHS Foundation Trust means that control is vested in the Trust Board; ultimately accountable to its membership through the Council of Governors. Staff, patients, service users, carers, partner organisations and the public all have the opportunity to become members, and thereby influence decisions made by the Trust. Anyone over the age of 16 years, who lives within Derbyshire or the ~~surrounding areas~~ rest of England, is eligible to become a member.

The Trust's Constitution outlines three distinct groups of governors, to represent the Trust's members and our stakeholder groups. These are outlined as public, staff and

appointed governors. Further details about the make-up of the Council of Governors is included in the Trust's Constitution, which is publicly available through the Trust's website.

The Trust currently has a number of ways of engaging with its membership, including:

- *Connections* members magazine (currently twice a year)
- *Members' News* e-newsletter that keeps members informed about the Trust's latest news (monthly)
- Invitation to events and meetings, including the Annual Members Meeting and Council of Governors meetings
- Voting in the Council of Governor elections
- The opportunity to participate in surveys and/or consultations and provide direct feedback into the Trust
- NHS discounts through the use of a Trust membership ~~card~~, including discounts off holidays, insurance and at local shops and restaurants.

Members are also eligible to stand for election to the Council of Governors and opportunities are promoted accordingly.

What can members do?

- Get a better understanding of healthcare services in Derbyshire
- Help reduce stigma and discrimination
- Represent the needs of their local community by becoming a governor of the Trust or sharing their views with a local governor
- Work with the Trust to shape the delivery of NHS services across Derbyshire
- Provide direct feedback to shape and improve local health services
- Become a volunteer within local NHS services.

Membership constituencies

The Trust's constituencies are currently divided into ~~14~~ nine areas throughout Derbyshire and the ~~surrounding areas~~ the rest of England. Each constituency is represented by two publicly elected governors, with the exception of South Derbyshire and Surrounding Areas – each of these constituencies has one publicly elected governor. ~~Membership cards, held by each member, include the constituency which the member lives in.~~

7. Membership recruitment

Ongoing recruitment of new members is a necessity in order to raise awareness of the Trust with the general public and to maintain membership figures, as the database naturally depletes over time. It is important when attracting new members that the rationale of 'quality over quantity' is used, ensuring that people are aware of what they are signing up to and why. There must be a clear message that we are engaging with people in order to give them a say in how local healthcare is provided. New members must also be provided with details of the governor(s) who represents their constituency, so they have a clear contact point for engagement.

It is important to be aware of the timeliness and impact of the welcome information provided in order to capture the interest of new members. We will endeavour to send out the information within two weeks of joining.

The **key** objectives for membership recruitment are two-fold in respect of geography and demographics. Through this Membership ~~strategy~~ Plan, we aim to:

➢ Increase membership recruitment in areas where we have lower numbers (i.e. Bolsover and North East Derbyshire, ~~and~~ Chesterfield and High Peak and Derbyshire Dales being priority areas followed by ~~High Peak and~~ Erewash ~~South and South Derbyshire~~)
➢ Increase membership where there are governor vacancies and/or in areas where it is difficult to elect governors
➢ Increase diversification of our membership, by proactive recruitment of members that represent the Derbyshire demographics (see below)
➢ Ensure it is easy to become a member and clear what membership entails
➢ Know more about our members, their interests and preferences.

Demographics:
It is a requirement for the Trust to ensure its membership is reflective of community in terms of diversity. This is broadly achieved at present and the Trust is committed to maintaining this representation through future membership recruitment activities. There are a number of areas where the Trust wishes to proactively increase its membership to strengthen the diversity of Trust members. Through comparing our membership demographics with those of the Derbyshire population, our key priorities for member recruitment include the following groups (although this does vary according to constituency):

• Younger members – between the ages of 16 and ~~39~~ 21. Above this age the Trust currently has a higher percentage of members when compared with local residents. To achieve this we intend to utilise our links with CAMHS. The Trust understands the need to listen to the younger people and actively involve them in local decision making. It also appreciates that this can have a ripple effect in helping to reduce the stigma and discrimination around mental health. We will also seek to engage with new parents through the children's services.
• People who identify themselves as the following ethnic groups: White Gypsy or Irish Traveller, mixed White and Black Caribbean/Asian, Asian/Asian British (Pakistani, Bangladeshi, Chinese and other Asian). Black or Black British, other Ethnic group (Arab and any other Ethnic Group).
• Members of the LGBT+ community – the Trust has actively sought to increase its knowledge of our membership further and asked additional questions regarding sexual orientation, however data in response to these questions is currently low. We therefore will directly seek to engage further with the LGBT+ community and increase our membership in this respect, working closely with the Trust's equality and diversity team.
• People who identify themselves as having a disability: sensory, physically, learning disability, mental health problem. We will seek to engage further with this group of members and increase our membership in this respect, working closely with the Trust's equality and diversity team.
• Gender – men of all ages are currently under-represented through the Trust's membership and we will seek to achieve greater balance in this respect where possible. The Trust also currently has no members who say they are transgender and we would like to increase gender diversity in this respect through our work with LGBT+ communities.

Whilst the groups outlined above are the overarching focus for membership recruitment, data is produced according to each constituency and shared with public governors to understand priority areas for recruitment, as the data does differ according to each area.

Although there will continue to be membership recruitment, the main focus will be on creating an active membership through regular one way and more importantly, two way communication and engagement. Membership forms include service interests to better target individuals with particular events and information. A piece of work needs to be carried out around those who became members prior to the revision of the joining leaflet in order to target them in the same way and segment messages better in order to heighten membership engagement. This could be progressed via an online survey, through the magazine and via direct correspondence with our members.

8. Membership Engagement (Ppublic and staff)

Engaging with members is imperative to grow and maintain an active database. Members, whether service users, carers, staff or members of the public are potential ambassadors for the Trust and encouraged to act as such through clear messaging about the quality of our service delivery and values. It must be acknowledged that there will always be differing levels of involvement from members but the aim must be to increase this involvement overall. Derbyshire Healthcare has approximately 2,400 3,000 staff that each in their own way represents the Trust to its patients, carers, and wider internal and external stakeholders. The Trust must continue to engage with staff as members to ensure they are aware of what this means. NHS staff are important sources of information for the public and have a strong influence over perceptions of the NHS and its services.

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

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

We aim to achieve these engagement objectives through the following activities:

- General events – there will continue to be a membership presence at key events taking place across the Trust. Examples of these events include the Annual Members' Meeting, World Mental Health Day, Time to Talk Day, and League of Friends Summer Fayre. These events provide opportunities to both engage with existing members and recruit new members. Attendance at such events will be focused on recruiting members that support the objectives outlined above.
- Targeted events – targeting key areas of the community, for example by location, or groups (i.e. LBGT+ and ethnic groups), which we have identified to be under-represented in our membership. Examples of these events include Gay Pride (in Derby and Chesterfield), Caribbean Carnival, Wellbeing event (Chesterfield) and International Women's Day.
- We will seek to increase the number of email addresses and mobile telephone numbers we hold for our members. This will support an increasing move to non-printed communications which has been supported by our members. Currently we

have ~~62.32%~~ 64.69% of members who are not email recipients ~~(of which 16.67% have an email address but whose preferred method of contact is via the post)~~. We will also continue to use the text messaging facility provided by CIVICA to communicate with our members.

- We will proactively seek to have a presence within local areas where current membership figures are low, to aid our recruitment and engagement in these areas. For example Chesterfield, Erewash, Bolsover and North East Derbyshire.
- We will aim to increase the number of members who define themselves as carers, through closer working with the carers team. For example this will include a feature in the *Who Cares?* newsletter.
- Literature – reviewing our literature and promoting membership on leaflets, posters and via social media, in a variety of ways which meet the individual needs of our members, ensuring that materials are available in wider languages and formats upon request.
- Staff – will be made aware of the benefits that family, friends, service users and carers will receive from membership and given the tools to encourage these people to sign up. Former members of staff will continue to be contacted and given the option of becoming public members. We will build this into exit interviews.

Internal promotion of staff governors and their role will continue to take place to ensure better understanding amongst staff members. Staff governors will be supported to engage ~~will~~ with members of staff as part of the Trust's overarching focus on staff engagement, through the TEAM DHCFT approach.

- Welcome information – this will be reviewed annually to ensure it is timely, reflective of the Trust messages and is useful in its content.
- Evaluate effectiveness of alternative methods of communicating with members (e.g. via text message) to shape future mechanisms
- Support appointed governors to increase awareness and engagement across their constituencies
- Website – we will continue to maintain the governor and members sections of our website ~~and enhance our Governor Zone~~.
- Email communication – we will continue to email out the monthly Members' News bulletin to those with email addresses, providing news about the Trust and wider developments
- Magazine – we will continue to provide members with a targeted membership magazine twice a year and adjust its content following feedback from members and governors
- Surveys – ask members to take surveys so we can tailor our membership packages to suit their needs. For example, themes for events, topics for the Annual Members Meeting (AMM).
- AMM – encourage members to attend and participate in the meeting
- Social media – the Trust's main corporate use of social media is via ~~Twitter~~ X and Facebook. ~~We have almost 3,000 followers on Twitter and nearly 1,000 followers on Facebook.~~ ~~Twitter~~ X and Facebook are key tools in reaching members of the public, particularly some of those we see as 'seldom heard' and the under 40s prioritised for recruitment. We will continue to increase the use of X and Facebook

specifically for membership messages and encourage all members to follow the Trust.

The Trust's governors are central to the engagement of members and governors are encouraged to participate in all activities outlined above. In order to provide additional support and promotion of our governors to aid engagement with members, the following activities will be undertaken:

- Supporting governors to meet with their constituents – Governors will be supported to communicate and engage with their constituents in the most appropriate way. This will be via our existing links with local communities and through advertising, PR and events and development of materials to support this. We will encourage governors to inform us of activities that are taking place in their constituencies.
- Raising awareness of our governors i.e. encouraging them to address their constituents by writing a piece for Members News (public governors), ~~Weekly Connect~~ Focus Weekly (staff governors) with who they are, what they do and how they can be contacted.
- Governor buddying – new governors will be offered governor buddies to support them in their engagement activities.
- Providing governors with relevant and timely information – Governors will continue to receive 'Governor Connect'.
- Providing governors with appropriate training – Governors will be offered in-house training which may be required or requested as well as the national GovernWell programme. A training programme will be devised with input from the Lead and Deputy Lead Governor.
- Trust initiatives – Governors will continue to be encouraged to be more actively involved in Trust initiatives for example in the monthly judging of the DEED (Delivering Excellence Every Day) scheme and staff awards.
- ~~Quality Visit Programme~~ Board Visit programme – Governors will continue to be encouraged, and supported, to attend ~~Quality Visits~~ Board Visits.
- Advertising governor contact details – will continue to ~~be promoting~~ promote how to contact governors.
- Council of Governors – Governors will be given the opportunity to report any feedback from their constituents to the council.

Measuring success

Success will be measured by the following:

- ➢ A stable membership which continues to be representative of the communities we serve
- ➢ An increase in members reflecting the priority groups for recruitment (as outlined above)
- ➢ An increase in the number of email addresses and member demographics on file
- ➢ Greater participation in membership focused surveys
- ➢ Attendance of members at the Annual Members Meeting (AMM)
- ➢ Greater demonstrable involvement and communication between governors and their members.

It may be necessary to develop further action plans and adapt the activities outlined above during the life of this Membership ~~Strategy~~ Plan, according to the needs of the organisation and effectiveness of approaches undertaken.

9

9. Conclusion

It is vital that in order for DHCFT to operate in an effective, open and honest way, it has the feedback and input of its members. An active and engaged membership is key to this process and, via the governors, members should have the opportunity to hold non-executive directors to account. Members should also be given tools to influence decisions made by the Trust in order to assure excellent quality of care in a compassionate environment.

It must be remembered, and acknowledged, throughout the recruitment and engagement processes the importance and value of Trust members. They are a fundamental part of the organisation and have a real power in decision making and holding the Trust to account and it is the Trust's duty to give them the opportunity to do so via the methods outlined in the ~~strategy~~ plan.

This ~~strategy~~ plan will be annually reviewed via the Governance Committee and fully reviewed every three years in line with the Communications Strategy to ensure the messaging is clear and consistent to all.

Governor Meeting Timetable November 2024 – March 2025

DATE	TIME	EVENT	LOCATION/COMMENTS
5/11/24	9.30am onwards	Public Trust Board	Hybrid – Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
5/11/24	2pm – 5pm	Council of Governors meeting	Hybrid – face to face in Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
21/11/24	10am-12pm	Informal catch up with Selina Ullah	Coffee Lounge, Ashbourne Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
26/11/24	10am-12pm	Informal catch up with Selina Ullah	Bayheath House, Rose Hill West, Chesterfield, S40 1JF
2/12/24	11.00am-12.00pm	Virtual informal catch up with Selina Ullah	MS Teams (for governors unable to meet with Selina in person in Chesterfield or Kingsway)
4/12/24	2.30pm-5.00pm	Governance Committee	Hybrid – Kingsway Room 10, Kingsway House, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
14/1/25	9.30am onwards	Public Trust Board	Hybrid – Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
14/1/25	2pm – 5pm	Council of Governors and Trust Board development session	Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
3/2/25	11.00am-12.00pm	Virtual informal catch up with Selina Ullah	MS Teams (for governors unable to meet with Selina in person in Chesterfield or Kingsway)
5/2/25	10am-12.30pm	Governance Committee (includes NED appraisals)	Hybrid – Kingsway Room 10, Kingsway House, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
4/3/25	9.30am onwards	Public Trust Board	Hybrid – Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
4/3/25	2.00pm onwards	Council of Governors meeting	Hybrid – face to face in Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ

Updated 23.7.24

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

NHS Abbreviation	Term in Full
A	
A&E	Accident & Emergency
ACCT	Assessment, Care in Custody & Teamwork
ACE	Adverse Childhood Experiences
AC/RC	Approved Clinician/Responsible Clinician
ADHD	Attention Deficit Hyperactivity Disorder
ADI-R	Autism Diagnostic Interview-Revised
ADOS	Autism Diagnostic Observation Schedule (assessment)
AfC	Agenda for Change
AHP	Allied Health Professional
AIMS	Royal College of Psychiatrists Accreditation for Inpatient Mental Health Services Standards
ALB	Arms-length body such as NHS Improvement (NHSI) and NHS England (NHSE)
AMM	Annual Members' Meeting
AMHP	Approved Mental Health Professional
ANP	Advanced Nurse Practitioner
AO	Accountable Officer
AOVPN	AlwaysOn VPD (secure network access)
ASD	Autism Spectrum Disorder
ASM	Area Service Manager
ATR	Alcohol Treatment Requirement
ATU	Acute Treatment Unit
B	
BAF	Board Assurance Framework
BCP	Business Continuity Plan
BLS	Basic Life Support (ILS Immediate Life Support)
BMA	British Medical Association
BME	Black and Minority Ethnic group
BoD	Board of Directors
BPD	Borderline Personality Disorder
BPPC	Better Payment Practice Code
C	
CAMHS	Child and Adolescent Mental Health Services
CASSH	Care and Support Specialised Housing
CBT	Cognitive Behavioural Therapy
CCG	Clinical Commissioning Group (defunct from 1 July 2022)
CCT	Community Care Team
CDEL	Capital Departmental Expenditure Limit
CD-LIN	Controlled Drug Local Intelligence Network
CDMI	Clinical Digital Maturity Index
CE	Chief Executive
CEO	Chief Executive Officer
CESR	Certificate of Eligibility for Specialist Registration
CGA	Comprehensive Geriatric Assessment
CHPPD	Care Hours Per Patient Day
CIN	Children in Need
CIP	Cost Improvement Programme
CMDG	Contract Management Delivery Group
CMHF	Community Mental Health Framework
CMHT	Community Mental Health Team

GLOSSARY OF NHS AND
DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS

NHS Abbreviation	Term in Full
CNST	Clinical Negligence Scheme for Trusts
COAT	Clinical Operational Assurance Team
COF	Commissioning Outcomes Framework
CoG	Council of Governors
COO	Chief Operating Officer
CP	Child Protection
CPA	Care Programme Approach
CPD	Continuing Professional Development
CPN	Community Psychiatric Nurse
CPR	Child Protection Register
CPRG	Clinical Professional Reference Group
CQC	Care Quality Commission
CQI	Clinical Quality Indicator
CQRG	Care Quality Review Group
CQUIN	Commissioning for Quality and Innovation
CRD	Clinically Ready for Discharge
CRG	Clinical Reference Group
CRH	Chesterfield Royal Hospital
CRHT	Crisis Resolution and Home Treatment
CROMS	Clinician Reported Outcome Measures
CRR	Case Record Reviews
CRS	(NHS) Care Records Service
CRS	Commissioner Requested Services
CSDS	Community Services Data Set
CSF	Commissioner Sustainability Fund
CSPR	Child Safeguarding Practice Review
CTO	Community Treatment Order
CTR	Care and Treatment Review
CYP	Children and Young People
D	
DAR	Divisional Assurance Review
DASP	Drug and Alcohol Strategic Partnership
DAT	Drug Action Team
Datix	Trust's electronic incident reporting system of an event that causes a loss, injury or a near miss to a patient, staff or others
DBS	Disclosure and Barring Service
DBT	Dialectical Behavioural Therapy
DfE	Department for Education
DCHS	Derbyshire Community Health Services NHS Foundation Trust
DDCCG	Derby and Derbyshire Clinical Commissioning Group
DHCFT	Derbyshire Healthcare NHS Foundation Trust
DHR	Domestic Homicide Review
DISCO	Diagnostic Interview for Social and Communication Disorders (assessment)
DIT	Dynamic Interpersonal Therapy
DME	Director of Medical Education
DNA	Did Not Attend
DoC	Duty of Candour
DOF	Director of Finance
DoH	Department of Health
DOL	Deprivation of Liberty
DoLS	Deprivation of Liberty Safeguards
DON	Director of Nursing

GLOSSARY OF NHS AND
DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS

NHS Abbreviation	Term in Full
DPA	Data Protection Act
DPI	Director of People and Inclusion
DPR	Divisional Performance Review
DPS	Date Protection and Security
DQMR	Data Quality Maturity Index
DRR	Drug Rehabilitation Requirement
DRRT	Dementia Rapid Response Team
DSAB	Derby and Derbyshire Safeguarding Adult Board
DSP	Data Security and Protection
DSCB	Derby and Derbyshire Safeguarding children Board
DSPT	Director of Strategy, Partnerships and Transformation
DTOC	Delayed Transfer of Care
DVA	Derbyshire Voluntary Action (formerly North Derbyshire Voluntary Action)
DWP	Department for Work and Pensions
E	
EbE	Expert by Experience
ECT	Enhanced Care Team
ECW	Enhanced Care Ward
ED	Emergency Department
EDS2	Equality Delivery System 2
EHCP	Education, Health and Care Plan
EHIC	European Health Insurance Card
EHR	Electronic Health Record
EI	Early Intervention
EIA	Equality Impact Assessment
EIP	Early Intervention In Psychosis
ELT	Executive Leadership Team
EMDR	Eye Movement Desensitising and Reprocessing Therapy
EMR	Electronic Medical Record
EPMA	Electronic Prescribing and Medicine Administration
ePMO	Electronic Programme Management Office
EPR	Electronic Patient Record
EPRR	Emergency Preparedness, Resilience and Response
ERIC	Estates Return Information Collection
ESR	Electronic Staff Record
EUPD	Emotionally Unstable Personality Disorder
EWTD	European Working Time Directive
F	
FBC	Full Business Case
FFT	Friends and Family Test
FOI	Freedom of Information
FSR	Full Service Record
FT	Foundation Trust
FTE	Full-time Equivalent
FTN	Foundation Trust Network
FTSU	Freedom to Speak Up
FTSUG	Freedom to Speak Up Guardian
F&P	Finance and Performance
5YFV	Five Year Forward View
G	
GDPR	General Data Protection Regulation

GLOSSARY OF NHS AND
DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS

NHS Abbreviation	Term in Full
GGI	Good Governance Institute
GIRFT	Getting it Right First Time
GMC	General Medical Council
GMP	Guaranteed Maximum Price
GP	General Practitioner
GPFV	General Practice Forward View
H	
HCA	Healthcare Assistant
HCP	Healthy Child Programme
H1	First half of a fiscal year (April through September)
H2	Second half of a fiscal year (October through the following March)
HEE	Health Education England
HES	Hospital Episode Statistics
HFMA	Healthcare Financial Management Association
HoNOS	Health of the Nation Outcome Scores
HoP	Head of Practice
HOPE(s)	The HOPE(s) model is an ambitious human rights-based approach to working with individuals in segregation, developed from research and clinical practice
HSCIC	Health and Social Care Information Centre
HSE	Health and Safety Executive
HV	Health Visitor
HWB	Health and Wellbeing Board
I	
IAPT	Improving Access to Psychological Therapies
Icare	Increase Confidence, Attract, Retain, Educate
ICB	Integrated Care Board
iCIMS	Internet Collaborative Information Management System
ICM	Insertable Cardiac Monitor
ICO	Information Commissioner's Office
ICS	Integrated Care System
ICT	Information and Communication Technology
ICU	Intensive Care Unit
IDVAs	Independent Domestic Violence Advisors
IFRS	International Financial Reporting Standards
IG	Information Governance
ILS	Immediate Life Support (BLS – Basic Life Support)
IMHA	Independent Mental Health Advocate
IMT	Incident Management Team
IMT&R	Information Management, Technology and Records
INQUEST	
IPP	Imprisonment for Public Protection
IPR	Integrated Performance Report
IPS	Individual Placement and Support
IPT	Interpersonal Psychotherapy
IRHTT	In-reach Home Treatment Team
IRT	Incident Review Tool
J	
JCVI	Joint Committee on Vaccination and Immunisation
JDF	Junior Doctor Forum
JLNC	Joint Local Negotiating Committee
JNCC	Joint Negotiating Consultative Committee

GLOSSARY OF NHS AND
DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS

NHS Abbreviation	Term in Full
JTAI	Joint Targeted Area Inspections
JUCB	Joined Up Care Board
JUCD	Joined Up Care Derbyshire
K	
KLOE	Key Lines of Enquiry (CQC)
KPI	Key Performance Indicator
KSF	Knowledge and Skills Framework
L	
LA	Local Authority
LAC	Looked After Children
LCFS	Local Counter Fraud Specialist
LA – CYPD	Local Authority – Children and Young People Divisions
LADO	Local Authority Designated Officer
LD	Learning Disabilities
LD/A	Learning Disability and Autism
LeDeR	Learning Disabilities Mortality Review
LFPSE	Learn from Patient Safety Events
LHP	Local Health Plan
LHWB	Local Health and Wellbeing Board
LNC	Local Negotiating Committee
LOS	Length of Stay
LPS	Liberty Protection Safeguards
LTP	Long Term Plan
LTS	Long Term Segregation
LWSTO	Living Well Short-Term Offer
M	
MADE	Multi-agency Discharge Event
MAPPA	Multi-agency Public Protection Arrangements
MARAC	Multi-agency Risk Assessment Conference (meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, probation, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs) and other specialists from the statutory and voluntary sectors
MARS	Mutually Agreed Resignation Scheme
MAS	Memory Assessment Service
MASH	Multi-Agency Safeguarding Hub
MAST	Management and Supervision Tool
MAU	Medical Assessment Unit
MBU	Mother and Baby Unit
MCA	Mental Capacity Act
MD	Medical Director
MDA	Medical Device Alert
MDM	Multi-Disciplinary Meeting
MDT	Multi-Disciplinary Team
MFA	Multi-Factor Authentication
MFF	Market Forces Factor
MHA	Mental Health Act
MHAC	Mental Health Act Committee
MHIN	Mental Health Intelligence Network
MHIS	Mental Health Investment Standard
MHLT	Mental Health Liaison Team

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

GLOSSARY OF NHS AND
DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS

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

GLOSSARY OF NHS AND
DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS

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

GLOSSARY OF NHS AND
DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS

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

(Updated 19 August 2024)