

**COUNCIL OF GOVERNORS' MEETING – TUESDAY 4 MARCH 2025
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.

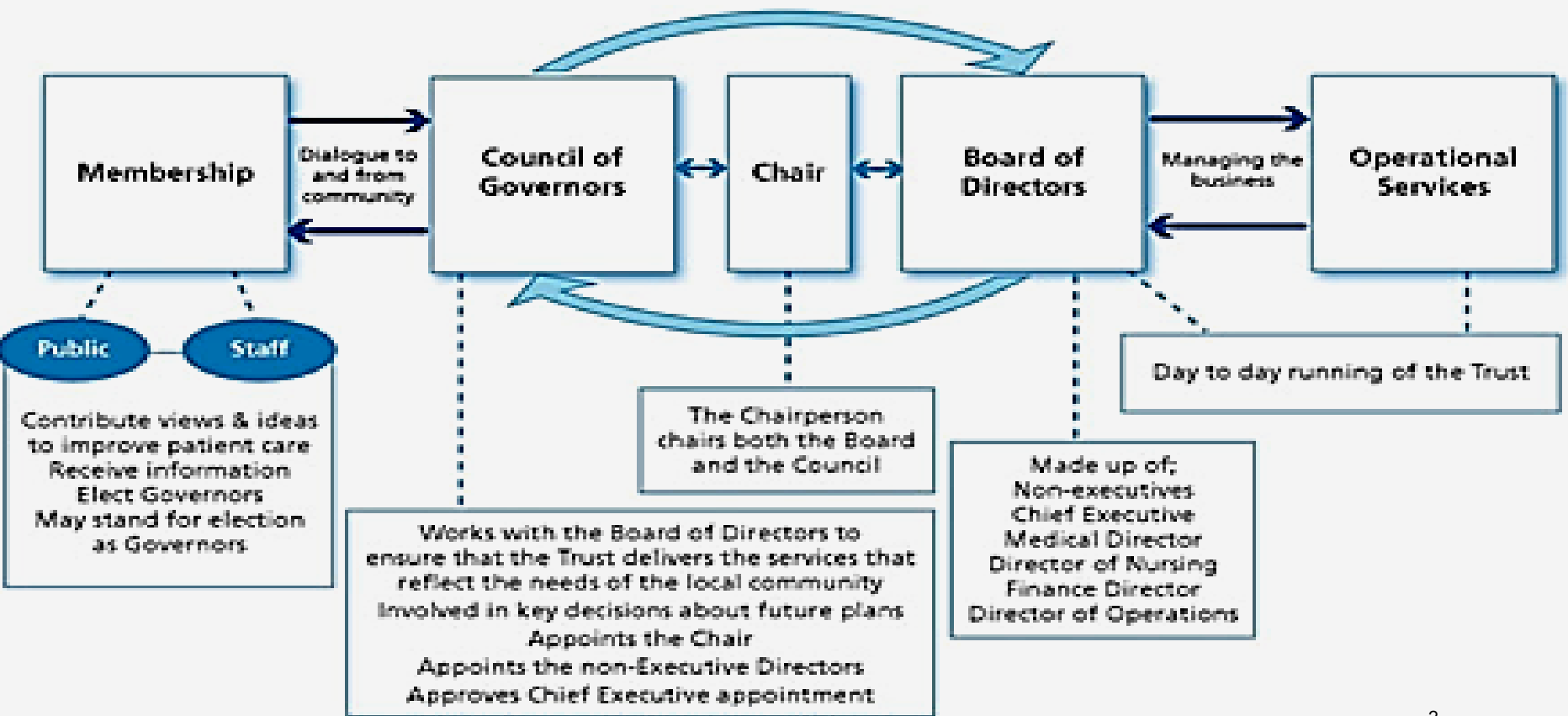
If you are joining virtually – [Click here to join the meeting](#)

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 5 November 2024	Selina Ullah	14.10
4.	Matters arising and actions matrix	Selina Ullah	14.15
5.	Chief Executive's update (verbal)	Mark Powell	14.20
STATUTORY ROLE			
6.	Report from Governors Nominations and Remuneration Committee	Selina Ullah	14.40
7.	Development of Annual Plan	James Sabin	14.50
8.	Review of Trust Constitution	Justine Fitzjohn	15.05
HOLDING TO ACCOUNT			
9.	Non-Executive Directors Report	Tony Edwards	15.15
10.	Escalation items to the Council of Governors from the Governance Committee (verbal)	Non-Executive Directors	15.25
COMFORT BREAK			15.30
11.	Integrated Performance Summary Report	Non-Executive Directors	15.40
OTHER MATTERS			
12.	Governance Committee Report	Marie Hickman	15.55
13.	Review Governor Membership Engagement Action Plan	Denise Baxendale	16.00
14.	Governor Training and Development (verbal)	Denise Baxendale	16.05
15.	Update on governor elections	Denise Baxendale	16.10
16.	Deputy Lead Governor elections (verbal)	Justine Fitzjohn	16.15
17.	Any Other Business	Tony Edwards	16.20
18.	Review of meeting effectiveness and following the principles of the Code of Conduct	Tony Edwards	
19.	Close of meeting	Tony Edwards	
FOR INFORMATION			
20.	* Public Board agenda and papers for 14 January and 4 March 2025 including: <ul style="list-style-type: none"> Minutes of the Public Board meeting held on 5 November 2024 and 14 January 2025 Chair's Report Chief Executive's Report 		
21.	Governor meeting timetable 2025/2026		
22.	Glossary of NHS terms		
Next Meeting: 3 June 2025 from 14:00-17:00 hours.			

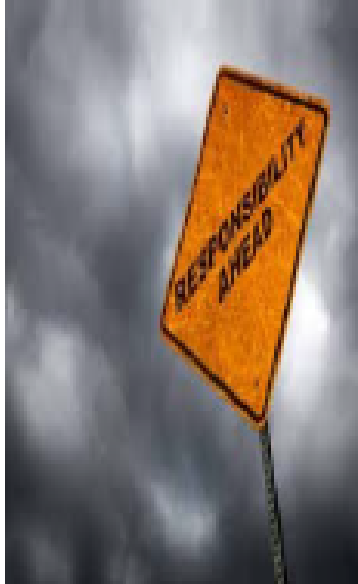
* Public Board papers will be available to view on the [Trust's website](#). Click on the 2025 drop down menu and select the relevant agenda and papers.

Getting the balance right

FT Governance Arrangements



The implications for governors and 'holding to account'



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

how do we ask effective questions?

Good questions

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

how do we ask effective questions?

Good questions

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



derbyshirehealthcareft.nhs.uk/about-us/strategy

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

Find out more



**MINUTES OF COUNCIL OF GOVERNORS MEETING
HELD ON TUESDAY 5 NOVEMBER 2024 FROM 14:00-16:32 HOURS
HYBRID MEETING DIGITALLY VIA MICROSOFT TEAMS AND FACE TO FACE**

PRESENT	Selina Ullah*	Trust Chair and Chair of Council of Governors
	Angela Kerry*	Public Governor, Amber Valley
	Susan Ryan	Public Governor, Amber Valley, and Lead Governor
	Dave Allen*	Public Governor, Chesterfield
	Tom Bladen*	Public Governor, Derby City East
	Graeme Blair	Public Governor, Derby City East
	Christine Williamson	Public Governor, Derby City West
	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
	Garry Hickton	Appointed Governor, Derbyshire County Council

IN ATTENDANCE	Denise Baxendale*	Membership and Involvement Manager
	Justine Fitzjohn*	Director of Corporate Affairs/Trust Secretary
	Mark Powell*	Chief Executive
	James Sabin*	Director of Finance
	Lynn Andrews*	Non-Executive Director
	Tony Edwards*	Non-Executive Director
	Ralph Knibbs*	Non-Executive Director
	Geoff Lewins*	Non-Executive Director

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

APOLOGIES	Jill Ryalls	Public Governor, Chesterfield
	Ogechi Eze	Public Governor, Derby City West
	Andrew Beaumont	Public Governor, Erewash
	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
	Alison Martin	Appointed Governor, Derby City Council

ITEM	<u>ITEM</u>
DHCFT/GOV/ 2024/050	<p><u>WELCOME, INTRODUCTIONS, APOLOGIES FOR ABSENCE AND DECLARATION OF INTERESTS</u></p> <p>Selina Ullah, Trust Chair welcomed all to the meeting. Apologies were noted above. There were no declarations of interest.</p>
DHCFT/GOV/ 2024/051	<p><u>SUBMITTED QUESTIONS FROM MEMBERS OF THE PUBLIC</u></p> <p>It was noted that no questions from members of the public have been received. However, feedback from members of the public is captured in the governor engagement log which is discussed at each Governance Committee meeting. Denise Baxendale, Membership and Involvement Manager also confirmed that members are encouraged to submit questions in the members magazine, members monthly e-newsletter and on the Trust website.</p>
DHCFT/GOV/ 2024/052	<p><u>MINUTES OF THE MEETING HELD ON 3 SEPTEMBER 2024</u></p> <p>The minutes of the meeting held on 3 September 2024 were accepted as a correct record.</p>
DHCFT/GOV/ 2024/053	<p><u>MATTERS ARISING AND ACTION MATRIX</u></p> <p>Matters arising</p> <p>There were no matters arising.</p> <p>Action Matrix</p> <p>Governors agreed to close all completed actions. All ‘green’ actions have been scrutinised to ensure they were fully complete. Updates on actions have been made on the Actions Matrix.</p> <p>It was noted that there was one ongoing action listed on the Actions Matrix:</p> <p><i>Minute number DHCFT/GOV/2024/043 – Brief update on performance (regarding wait times for the Memory Assessment Service).</i> Vikki Ashton Taylor, Deputy Chief Executive/Chief Delivery Officer was unable to attend the meeting to provide an update, and on her behalf, Denise Baxendale read out her response:</p> <p><i>We have managed to achieve a reduction in initial wait times, this is due to a number of factors:</i></p> <ol style="list-style-type: none"> <i>1. Moving Memory Assessments into the CMHT pathway has reduced the wait time for these individuals as they will be seen as part of the care home project and diagnosed by sector consultants</i> <i>2. We have reprovioned some resource to support prescribing and diagnosis, this is temporary, and dependent on other processes, may become permanent</i> <i>3. We have reviewed triaging processes with the Single Point of Access (SPOA) and carried out some engagement with primary care around referral criteria.</i> <p><i>Wait times for initial assessment on average is currently 24 weeks.</i></p> <p><i>The Trust is the only provider in the Midlands region achieving the national target for dementia diagnosis rates and are being asked to present the</i></p>

	<p><i>transformation work undertaken to date at both regional and national events as it is seen as best practice.</i></p> <p>Susan Ryan, Public Governor and Lead Governor asked if 24 weeks wait is average. Mark Powell, Chief Executive agreed to find out what the average wait time is. Susan also requested a copy of Vikki's response.</p> <p>ACTIONS:</p> <ul style="list-style-type: none"> • Mark Powell will find out what the average wait times are for memory assessments • Denise Baxendale will email Susan Ryan a copy of Vikki's update. <p><i>(Jo Foster and Anson Clark joined the meeting.)</i></p>
<p>DHCFT/GOV/2024/054</p>	<p><u>CHIEF EXECUTIVE'S UPDATE INCLUDING UPDATE ON MENTAL HEALTH, LEARNING DISABILITIES AND AUTISM BOARD (VERBAL)</u></p> <p>Mark Powell encouraged governors to read his last two updates to the Board which include an outline of challenges the Trust is facing and the good work that is taking place. Mark referred to the following in his update:</p> <ul style="list-style-type: none"> • Developing the new 10-Year Health Plan – on Monday 21 October the Department for Health and Social Care (DHSC) and NHS England (NHSE) launched Change the NHS; help build a health service fit for the future; a national conversation to develop the 10-year Health Plan. Change the NHS is a national engagement exercise to develop the 10-Year Health Plan as a result of Lord Darzi's independent review of the NHS. This is an opportunity for the Trust to galvanise support for the services it provides. • Review of Community Mental Health – following on from the local review of community mental health by the Integrated Care Board (ICB), all ICB's were required to submit a response to NHSE by 30 September. The Trust has provided a detailed plan aligned to the national guidance to the ICB. Several service gaps have been identified as part of the submission to the ICB with further discussion being undertaken at the Mental Health and Learning Disability Board regarding the investment required to mitigate the gaps identified. • National Oversight Framework (NOF) – the Trust had its first review meeting under the NOF Segment 3 in September. These meetings are jointly chaired between the ICB and NHSE. It was a productive meeting, and the Trust was able to demonstrate its recent improvements in performance for out of area placements and progress in compliance with Care Quality Commission (CQC) actions. An important factor in this process will be to jointly agree the exit criteria to NOF 2 and improvement plan against the areas flagged around quality, operational and financial performance. • Improving Access to Psychological Therapies (IAPT) – the ICB had re-procured the service which is now known as talking therapies. Having reviewed the tender documentation, the Trust has taken the difficult decision not to enter a bid to provide talking therapy services for 2025-2030. Unfortunately, the reduced financial envelope outlined in the new tender means it is no longer possible for the Trust to provide these services. Mark assured the Council of Governors that the Trust is being open and honest about the situation with colleagues. It was also noted that it is not unusual for talking therapy services to be provided by non

NHS organisations. The new providers will start mid-2025. Mark assured governors that a safe transition to the new service will be provided for patients. It was noted that this is a difficult time and challenge for staff who work in the service.

- New Trust Strategy – this was approved at the Board meeting this morning. It outlines the Trust's delivery plan for the next four years.
- Mental Health, Learning Disabilities and Autism Board – Mark explained that he no longer chairs this Board and this and the other boards are now led by ICB colleagues rather than provider individuals. He assured governors that only the chairs have changed and that the dynamics on who attends has not. The Boards provide the opportunity to discuss key issues and what needs to be escalated into the wider system.

Dave Allen, Public Governor referred to NOF and asked what Level 3 means. Mark explained that there are four levels, 1 being where Trusts are performing excellently and require the least amount of oversight arrangements and 4 being for Trusts with the most challenging issues, requiring mandated intensive support from NHS England. For Level 3, NHSE and the ICB look at the key issues with the Trust and give bespoke mandated support to allow the Trust to make progress. The aim will be to move back to Level 2 by meeting the exit criteria.

Brian Edwards asked what levels the other Trusts in Derbyshire are on. It was confirmed that the levels vary but another provider trust is on Level 3 as well as the system itself. It was noted that a lot of NHS Trusts are going into Level 3 because of their financial deficit.

Dave Allen asked what providers, other than the NHS provide talking therapies services. Mark explained that national independent organisations and small voluntary sector organisations provide these services.

Angela Kerry, Public Governor asked if staff who work in the talking therapies service will be able to find re-deployment within the Trust if they do not want to leave the NHS. It was noted that there are roles that staff can apply for now and there may be opportunities later on. Mark reiterated that the Trust is providing the service for the next six months and patients are still being seen.

Claire Durkin, Staff Governor explained that colleagues in the service have been informed that the new provider will start in July 2025.

Brian Edwards referred to the 10-Year Health Plan, reiterating that it is not an NHS plan. It involves a number of other partners, educational establishments and County Councils and is being driven by the Secretary of State. A three year funding plan will follow. He emphasised that this is an opportunity to ensure that mental health is on the agenda.

Susan Ryan referred to assertive outreach and asked if the Trust is assured that care plans are up to date given the Trust's recent performance around care plan reviews. Mark assured governors that a care plan review has been undertaken and any gaps have been identified and actions taken. The Trust is also looking at how often reviews are taking place. Mark also referred to the Trust's Do Not Attend Policy where reference to an individual not attending two appointments will be discharged has been removed.

	<p>Susan Ryan referred to the Mental Health, Learning Disabilities and Autism Board where Mark has been stepped down as chair and asked if there is a clinical reference group where senior clinicians are able to influence commissioning. Mark confirmed that there is a Clinical Professional leadership group which Tumi Banda, Director of Nursing, Allied Health Professionals, Quality and Patient Experience and Arun Chidambaram, Medical Director are part of. Fiona Rushbrook asked if housing services are involved in this meeting as housing is a massive issue in reviews and there is a need to better utilise the services particularly from an assertive outreach criteria. Mark Powell agreed to check to see if housing services are represented.</p> <p>Brian Edwards referred to the recent inquiry regarding patient safety at Nottinghamshire Healthcare NHS Foundation Trust (Valdo Calocane) and asked if the Trust informs the police if a person disengages with services. Mark explained that this is dependent on the person's risk profile and is down to professional judgement. Lynn Andrews, Non-Executive Director confirmed that this is being reviewed through the system for consistent practice. Jo Foster, Staff Governor assured governors that staff are well supported to contact the police when necessary. Claire Durkin, Staff Governor who works in a community service explained that if a vulnerable person was not engaging safe and well visits by workers are organised and if they cannot be located the police will be informed. This is carried out on a case by case basis.</p> <p>RESOLVED: The Council of Governors noted the update.</p> <p>ACTION: Mark Powell will find out if housing services are represented on the Clinical Professional Leadership group.</p>
<p>DHCFT/GOV/ 2024/055</p>	<p><u>COUNCIL OF GOVERNORS ANNUAL EFFECTIVENESS SURVEY</u></p> <p>Denise Baxendale presented the results of the Annual Effectiveness Survey of the Council of Governors. It was noted that the survey is carried out yearly in line with best practice. Initially the results were presented and discussed in full at the Governance Committee on in October. It was noted that:</p> <ul style="list-style-type: none"> • A total of 18 governors responded, this equated to 72% (compared to 52% last year) • The positive response rate remains high • All governors who responded with 'Disagree' have been contacted to provide further information • Some questions included responses of 'Don't know' some of these are from new governors, for others it could identify a training need. <p>Selina Ullah conveyed her appreciation to governors who had completed the survey and to Denise for the support she provides to governors.</p> <p>RESOLVED: The Council of Governors:</p> <ol style="list-style-type: none"> 1) Noted the outcome of the Council of Governors annual effectiveness survey 2024 2) Agreed that the survey should be repeated in September 2025 3) Noted the proposed additional actions developed in response to the survey feedback to further enhance the effectiveness of the Council of Governors.

<p>DHCFT/GOV/ 2024/056</p>	<p><u>NON-EXECUTIVE DIRECTOR’S REPORT</u></p> <p>Lynn Andrews, as Chair of the Quality and Safeguarding Assurance Committee, presented her report which summarised her activities as a NED from October 2023 to November 2024. The report focused on the Quality and Safeguarding Committee which Lynn has chaired for almost two years. She explained that the Committee is accountable for assuring the Board and Council of Governors that the Trust provides great care and summaries of items discussed and assurance where required are presented at Board meetings.</p> <p>Lynn explained that the purpose of the Committee is to obtain assurance that the Trust is providing high standards of care, promote safety, ensure risks are managed and that the Trust is complying with Schedule 4 (Quality) of the NHS contract. The Committee is also responsible for ensuring the Trust meets its statutory responsibility for safeguarding to ensure better outcomes for children and vulnerable adults.</p> <p>In her report, Lynn also outlined the range of activities in which she is involved.</p> <p>Selina Ullah conveyed her appreciation to Lynn for providing such a detailed report which helps to get assurance on the performance of the Board.</p> <p>RESOLVED: The Council of Governors noted the Non-Executive Director update and gained assurance from this.</p>
<p>DHCFT/GOV/ 2024/057</p>	<p><u>ESCALATION ITEMS TO THE COUNCIL OF GOVERNORS FROM THE GOVERNANCE COMMITTEE</u></p> <p>One item of escalation was received from the Governance Committee meeting held on 15 October 2024:</p> <p><i>“How is the Board assured that the Trust, as part of its patient safety incidents investigations, involves the relevant external agencies e.g. Safeguarding Board, where they would be the primary investigator.</i></p> <p><i>“In addition, how is the Board assured that all relevant outcomes are shared across partners to support system learning.”</i></p> <p>The response to the question, which is attached as Appendix 1 to these minutes, was read out at the meeting and presented to governors by Lynn Andrews.</p> <p>Susan Ryan conveyed her appreciation to Lynn for presenting the response which was really helpful.</p> <p>RESOLVED: The Council of Governors noted the response.</p>
<p>DHCFT/GOV/ 2024/058</p>	<p><u>BRIEF UPDATE ON PERFORMANCE</u></p> <p>It was noted that the Integrated Performance Report was included in the 1 October public board papers. For this meeting a focused performance report was provided.</p> <p>Tony Edwards, as chair of the Finance and Premises Committee gave the operations update which included:</p> <p>Improving patient flow in Adult Acute Services – the need to ensure that a patients stay on the acute wards is not prolonged when they are ready for</p>

discharge. It was noted that Vikki Ashton Taylor, Deputy Chief Executive and Chief Delivery Officer established a management team six months ago to focus on patient flow which also involved other organisations. Since then, there has been a change of approach and positive result. For example, there has been increase care in homes which has meant that people are not being admitted to services. One of the areas the team is looking at is the predictability of demand in our services i.e. how demand changes through holiday periods, for example. Working with other stakeholders and agencies has helped to improve the flow.

Governors conveyed their appreciation to Vikki Ashton Taylor and the team for this really valuable piece of work.

Angela Kerry, Public Governor referred to cross system working and asked if staff were using crisis beds as an option to improve patient flow. Selina Ullah explained that this had been raised in Board and the Trust does have commissioned beds in the crisis team, but this might not be right for the patient. Fiona Rushbrook, Staff Governor confirmed that since April a number of discharges have been facilitated by using the crisis house to stabilise the person and this is working to improve the flow. She expressed disappointment that this has not been captured in the document presented. Fiona also confirmed that she is working on a Standards Operating Procedure (SOP) with the Areas Service Manager for the Assessment Service to see if work can be done from a rehabilitation perspective to avoid a person being admitted into hospital.

Susan Ryan referred to the 12 hour breaches in Emergency Departments (ED) due to the person waiting for a Mental Health Act assessment or a decision to be taken. She asked if the Trust still has a psychiatric team in the acute hospitals. Mark Powell explained that we have and that one of the reasons for the breaches is that the 12 hour period now begins the moment a person is presented to ED and not when a decision about care is made. In some situations, a vulnerable person may not be able to be assessed at the point of entry due to a variety of factors for example if they are intoxicated, or if a particular person is required to conduct the assessment. Reasonable explanations are given if a person has waited longer than 12 hours, this is often due to the complexity of the individual and if an out of area bed is required, but a bed is not available.

Geoff Lewins as chair of the Audit and Risk Committee gave the financial position update which included:

The Trust's year to date position is a deficit of £4.1m which is slightly better than planned by £0.1m. The planned deficit of £6,4m is still forecast. There is an ongoing pressure on out of area placements and other risks.

Brian Edwards referred to the new money which was announced in the recent budget and asked if this can be used to reduce the deficit. Mark Powell explained that a significant proportion of the new money is allocated for the staff pay rise. Brian expressed concern at the cut in services and Mark assured governors that the Trust is providing feedback to the Secretary of State for the 10-Year Health Plan. He also reiterated that NHSE requires Trusts to break even.

Garry Hickton, Appointed Governor referred to the BBC's investigation into doctors pay with some consultants earning £200,000 a year. Mark explained

	<p>that is it not uncommon for senior consultants to be paid this amount. There is a push in other sectors to deliver on wait times and the only way this can be achieved is through working at weekends i.e. for elective care.</p> <p>Brian Edwards asked how serious Trusts are being pressed to reduce deficits. Mark confirmed that there is a great deal of pressure on Trusts to break even, but that it is too challenging for the Trust to deliver a break even this year. Planning is ongoing to break even next year, and the Board will need to discuss what services can be delivered. He emphasised that the Trust would push back on reducing statutory services, and that any loss to services would need to go through public consultation.</p> <p>Lynn Andrew as chair of the Quality and Safeguarding Assurance Committee gave an update on safety which included:</p> <p>The inpatient areas have made progress in several quality and safety domains (ligature/seclusion/restraints) and quantitative data has been shared with CQC. Lynn confirmed that the Committee is assured that the Trust is moving in the right direct.</p> <p>RESOLVED: The Council of Governors noted the updates from the Focused Performance Report.</p>
<p>DHCFT/GOV/2024/059</p>	<p><u>MAKING ROOM FOR DIGNITY PROGRAMME UPDATE</u></p> <p>James Sabin, Director of Finance gave an in-depth update on the Making Room for Dignity programme (MRFD) which included:</p> <ul style="list-style-type: none"> • Bluebell Ward is almost ready – the Trust is waiting for the building certificate and results of water tests. Once the two issues are resolved (it is anticipated that there will be a four week delay) patients and staff will need to be moved in. It was noted that this ward is linked to a large DCHS site and is not our own build. • The Radbourne Unit refurbishment has been paused due to the high level of noise and the Trust’s duty of care to our patients and staff. The resources saved from moving patients to a temporary ward will be used to mobilise the Psychiatric Intensive Care Unit (PICU) at Kingsway, and the new facilities in Chesterfield. • Due to the refurbishment being paused in the Radbourne Unit, the refurbishment for Ward 32 is due for completion in May 2026, and for Ward 35, Spring 2025. • The two new acute assessment units (Carsington and Derwent) are planned to open March 2025. This slight delay is due to a number of variations for example erecting fencing and passing the gateway checks to ensure a safe environment. Currently the site is Chesterfield is three weeks ahead of the one at Kingsway • Audrey House is planned to open in March 2025. • Kingfisher (PICU) will open in April/May 2025 and can be separated out whilst operating the main part of facility. <p>Regarding the pauses, Susan Ryan asked if the Trust has incurred any penalties from the government. James explained that the delays have meant that the Trust has incurred a significant cost. However, by pausing work in the Radbourne Unit some money will be saved as the contractors have been sent off site. Susan asked if the additional cost has been factored into the £6.4m</p>

	<p>deficit. James explained that the money comes from the capital cost which is different to the deficit.</p> <p>RESOLVED: The Council of Governors noted the update on the Making Room for Dignity Programme.</p>
<p>DHCFT/GOV 2024/060</p>	<p><u>ANNUAL MEMBERS MEETING FEEDBACK</u></p> <p>Denise Baxendale presented feedback on the Annual Members Meeting (AMM) which took place on 26 September 2024 in person at Kingsway Hospital site in Derby and included:</p> <ul style="list-style-type: none"> • 38 attendees (compared to 57 attendees last year) although over 61 had booked a place • Promotion of the AMM – included press releases, social media, members magazine, members e-newsletter, contacting stakeholders and the voluntary sector • Positive comments were received for the theme ‘the health of our children and young people) and presentations relating to this • Market stall holders fed back that they were pleased to be given the opportunity to share information about their services with attendees • Announcing the winning entries of the children and young people’s writing competition was well received, as was the recital of the winning entries. <p>It was noted that a governors task and finish group was being established to plan next year’s AMM which is taking place on 2 October 2025.</p> <p>Justine Fitzjohn noted that the AMM was brilliant, but the lack of members that attended was disappointing, compared to the AMM’s which had been held virtually in previous years. The Committee agreed the task and finish group will need to discuss whether the 2025 AMM should be held virtually or face to face; and if held virtually how the marketplace could be replicated online (i.e. afternoon speaking slots).</p> <p>Selina Ullah conveyed her appreciation to Denise for her dedication and commitment in organising such a positive AMM.</p> <p>RESOLVED: The Council of Governors noted the update.</p>
<p>DHCFT/GOV/ 2024/061</p>	<p><u>FORTHCOMING GOVERNOR ELECTIONS</u></p> <p>Denise Baxendale confirmed that the Council of Governors have the following vacancies. These include the seats of those governors whose term of office ends on 31 January 2025:</p> <ul style="list-style-type: none"> • Public governor vacancies: <ul style="list-style-type: none"> - Amber Valley – one vacancy - Bolsover and North East Derbyshire – two vacancies - Chesterfield – one vacancy - Derby City East – one vacancy - Derby City West – one vacancy - Erewash – two vacancies - South Derbyshire – one vacancy • Staff governor vacancies: <ul style="list-style-type: none"> - Medical – one vacancy

She also gave an update on the elections which included dates for the election stage:

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	30.1.25

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

Activity to promote the elections will be rolled out on 12 November and will cover the whole of Derbyshire using social media, newsletters etc. All governors are encouraged to promote the vacancies; and governors whose terms of office are ending on 31 January 2025 are encouraged to re-stand.

RESOLVED: The Council of Governors noted the progress of the forthcoming elections.

**DHCFT/GOV/
2024/062**

UPDATE ON NON-EXECUTIVE DIRECTOR RECRUITMENT

Selina Ullah gave an update on the recruitment of the Non-Executive Director (NED) to replace Ashiedu Joel who left in July to take up a NED role at Nottinghamshire Healthcare NHS Foundation Trust (Notts Healthcare). Selina's update focused on:

- The Trust had agreed to work in partnership with Notts Healthcare on the NED recruitment process but unfortunately this had not been possible.
- The Trust will now be recruiting a new NED, running the process in-house, without the assistance of a recruitment agency to save costs. Selina explained that the process had begun, and the Governors Nominations and Remuneration Committee had recently approved the job description.

Justine Fitzjohn encouraged governors to be involved in the stakeholder groups.

Susan Ryan asked if the Trust could ask for recruitment agency support just for the shortlisting/filtering out as this is an important role to do to ensure that the shortlisting process is clear. Justine assured Susan that she will be working closely with the Trust's recruitment specialist to carry out the appropriate level of filtering.

RESOLVED: The Council of Governors supported the recruitment process for the appointment of the Non-Executive Director.

<p>DHCFT/GOV/2024/063</p>	<p><u>GOVERNANCE COMMITTEE REPORT</u></p> <p>Marie Hickman, 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 a hybrid meeting. This included:</p> <ul style="list-style-type: none"> • Reviewing the Membership Strategy 2021-2024 for the next three years. It is to be called Membership Plan 2025-2028. Marie explained that the Committee recommended that the Council of Governors approve the new Plan in principle, noting that the section on the Trust Strategy, vision and values needs to be updated once the Board has approved the new ones. It was noted that the new Trust Strategy, vision and values were approved by the Board at this morning's meeting held in public • Reviewing the Governors Engagement Action Plan • Discussing issues on the services the Trust provides through governor engagement activities • Receiving an outline of the process on the forthcoming public governor and staff governor elections • Agreeing to escalate the item on patient safety incidents investigations that was presented today. <p>RESOLVED: The Council of Governors:</p> <ol style="list-style-type: none"> 1) Noted the information provided in the Governance Committee report 2) Approved, in principle, the Membership Plan 2025-2028 subject to the inclusion of the newly approved Trust Strategy, vision and values.
<p>DHCFT/GOV/2024/064</p>	<p><u>ANY OTHER BUSINESS</u></p> <p>Governor updates</p> <p>Denise Baxendale confirmed that Rob Poole, Public Governor for Bolsover and North East Derbyshire has resigned from his role on 24.9.24. This information was shared with the Governance Committee in October. The Council of Governors conveyed their appreciation to Rob for his commitment to the governor role.</p> <p>Governor engagement opportunity</p> <p>Denise confirmed that the next Joint Countywide Mental Health Forum is meeting on 12 November from 1-3pm at Coney Green Business Park in Clay Cross. These meetings take place twice a year and are hosted by Derbyshire Mental Health Forum and Derbyshire Voluntary Action. This is an opportunity for governors to engage with voluntary organisations.</p> <p>Data breach</p> <p>Claire Durkin, referred to the recent data breach and sought assurances on the process being followed.</p> <p>Joint Board and Governors Development session</p> <p>The next joint Board and Governors Development Session is taking place in person on Tuesday 14 January 2025. It will be taking place in Conference</p>

	Rooms A&B, first floor, Research and Development Centre, Kingsway Hospital Site.
DHCFT/GOV/2024/065	<p><u>REVIEW OF MEETING EFFECTIVENESS AND FOLLOWING THE PRINCIPLES OF THE CODE OF CONDUCT</u></p> <p>The hybrid meeting ran very well and the camera visuals were clear. The NEDs presentations were well received and gave governors assurance on holding the Board to account for its performance and meaningful discussion took place.</p>
DHCFT/GOV/2024/066	<p><u>CLOSE OF MEETING</u></p> <p>Selina Ullah thanked all for their attendance, and input and closed the meeting at 16.32pm.</p> <p>The next Council of Governors meeting will be held on Tuesday 4 March 2025, from 2-5pm.</p>

DRAFT

“How is the Board assured that the Trust, as part of its patient safety incidents investigations, involves the relevant external agencies e.g. Safeguarding Board, where they would be the primary investigator.

“In addition, how is the Board assured that all relevant outcomes are shared across partners to support system learning.”

The patient safety incidents are investigated using the Patient Safety Incident Response Framework (PSIRF) there are reviews that are done to decide the level of investigation required. When an incident is complex a Patient Safety Incident Investigation (PSII) is conducted. Complex investigations tend to involve other agencies, where possible joint investigations can be done or the trust will investigate and share the outcome. The investigator will conduct a comprehensive investigation focusing on improving health care systems and not focusing on individuals. When the investigation is complete the PSII is reviewed in Serious Incident Review Group and the action plan is agreed and the report is signed off. The learning is shared in the divisions in various forums such as COAT.

The Safety Team monitors that learning is shared and the action plan is completed. Quality and Safeguarding Committee receives the Patient Safety Reports and the Quality Dashboard that gives assurance on the PSIRF process being followed on Moderate to Catastrophic patient safety incidents and the completion of the actions which are then reported to the board. The PSIRF process prioritise learning when there are themes being identified a thematic review will be commissioned to have in depth review and learning of prevailing themes this ensures we learn from those incidents. All Trusts are now using PSIRF and the quality system group chaired by the Integrated Care Board (ICB) monitors quality and patient safety and facilitate system learning.

COUNCIL OF GOVERNORS ACTION MATRIX - AS AT 24.2.25							
Date of Minutes	Minute Reference	Item	Lead	Action	Completion by	Current Position	
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 Council of Governors Agenda - 5.11.24. Update given by James Sabin. COMPLETE	Green
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). Update given at CoG on 5.11.25. COMPLETE	Green
5.11.24	DHCFT/GOV/2024/053	Matters arising and actions matrix	Mark Powell	Mark Powell will find out what the average wait times are for memory assessments	5.3.25	MP confirmed average wait for memory assessments is 24 weeks. COMPLETE	Green
5.11.24	DHCFT/GOV/2024/053	Matters arising and actions matrix	Denise Baxendale	Denise Baxendale will email the reponse rega	31.12.24	Denise emailed the response to Susan Ryan 2.1.2025. COMPLETE	Green
5.11.24	DHCFT/GOV/2024/054	Chief Executive's update including update on Mental Health, Learning Disabilities and Autism Board	Mark Powell	Mark Powell will find out if housing services are represented on the Clinical Professional Leadership group.	5.3.25	MP confirmed there is no housing representative on the clinical professional leadership group. COMPLETE	Green

Key	Agenda item for future meeting	Count	Percentage
	Agenda item for future meeting	0	0%
	Action Ongoing/Update Required	0	0%
	Resolved	4	100%
	Action Overdue	0	0%
		4	100%

Report from the Nominations and Remuneration Committee

Purpose of Report

To provide an outline of the business discussed at the Governors’ Nominations and Remuneration Committee meeting held on 3 February 2025 and to put forward the Committee’s recommendations for approval by the Council of Governors.

Executive Summary

The Nominations and Remuneration Committee meeting held on 3 February 2025 covered the following business:

- The appraisal process for the Chair and the Non-Executive Directors (NEDs) for 2024/25 – Assurance was received that there is a formal and rigorous annual evaluation process in place. The Committee will meet again in May to receive the appraisal outcomes and will report back to the Council of Governors in June confirming satisfactory appraisals have taken place, recommending approval of the Chair’s objectives for the next 12 months.
- NEDs – re-appointment and recruitment – the re-appointment of Ralph Knibbs as NED and Senior Independent Director (SID) was supported and the Committee agreed plans to recruit to two NED vacancies, the first one following Tony Edwards’ decision to stand down at the end of July and the second one to fill the vacancy that will be left by Geoff Lewins when his final term ends at the end of November.
- Fit and Proper Person check compliance for most recently appointed NED.

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

Strategic Considerations

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

Assurances

The Governors' Nominations and Remuneration Committee was assured that the Chair and NED appraisal process is compliant with the principles of the NHS England's (NHSE) guidance.

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

Consultation

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

Governance or Legal Issues

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

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

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

In the case of re-appointment of NEDs, the Trust Chair should confirm to the governors that following formal performance evaluation, the performance of the individual proposed for re-appointment continues to be effective and demonstrates commitment to the role.

The appointment of NEDs is a responsibility of the Council of Governors. This duty is informed by guidance contained in the NHSE (formerly Monitor) document, *Your statutory duties – a reference guide for NHS foundation trust governors* and its addendum and NHS Providers' guidance document, *Informing Non-Executive Appointments: A guide for Governors*.

The Chair appoints the SID in consultation with the Governors and the other Non-Executive Directors. The Council of Governors appoints the Deputy Chair.

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

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

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

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

Annex 5 also states:

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

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

Public Sector Equality Duty and Equality Impact Risk Analysis

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

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

The Committee and Director of Corporate Affairs and Trust Secretary will be working with the Trust's recruitment team to comply with agreed practice and the NED recruitment process will follow the Trust's standards in respect of inclusive recruitment practice, including involvement of a Recruitment Inclusion Guardian.

The benefits of diversity on the Board will be actively encouraged throughout the search and recruitment process, including maximising community networks.

Recommendation

The Council of Governors is asked to:

1. Note the update report from the Nominations and Remuneration Committee held 3 February 2025.
2. Approve the re-appointment of Ralph Knibbs, as NED and Senior Independent Director, for a further three years from 1 July 2025 on existing remuneration, terms and conditions.
3. Support the recruitment plan for the two NED appointments to the Trust Board.

Report presented by: Selina Ullah, Trust Chair

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

**Derbyshire Healthcare NHS Foundation Trust
Council of Governors – 4 March 2025**

Report from the Nominations and Remuneration Committee

Introduction

This report provides an outline of the business discussed at the meeting on 3 February 2025 and the Committee's recommendations:

1) The appraisal process for the Chair and the Non-Executive Directors (NEDs) for 2024/25

Assurance was received that there is a formal and rigorous annual evaluation process in place, compliant with national guidance and the Code of Conduct. The Committee will meet again in May to receive the appraisal outcomes and will then be reporting back to the Council of Governors in June that satisfactory appraisals have taken place and recommend approval of the Chair's objectives for the next 12 months.

2) NED Re-appointment and Recruitment

NED re-appointment

Ralph Knibbs' term of office is due to expire on 30 June 2025. Ralph was appointed to his first three-year term on 1 July 2022. He has indicated his wish to be re-appointed for a second term. This was fully supported by the Chair, noting the benefit of continuity and stability to the Board and confirmation that he continues to make a significant contribution, particularly in his roles of Senior Independent Director (SID), Chair of the Trust's People and Culture Committee and NED link to Equality Diversity and Inclusion. The Committee supported the proposal, noting his positive annual appraisal out-turns.

In line with a previous Council of Governors decision, the SID role attracts a supplementary payment of £1,000 on top of the nationally set NED remuneration of £13,000.

The SID role is the Chair's appointment, in consultation with the Governors and the other Non- Executive Directors.

Ralph's biography is included at Appendix 1.

Recruitment to upcoming NED vacancies

Tony Edwards, Deputy Chair and Chair of the Trust's Finance and Performance Committee will be stepping down from his NED role at the end of his current term of office, which is 31 July 2025.

Geoff Lewins' eight-year tenure as a NED and Chair of the Trust's Audit and Risk Committee is planned to come to an end at the end of November 2025.

Due to the financial focus of both these roles, the proposal is to recruit together and stagger the start dates to allow for staged handover. The Committee agreed the outline timetable for the recruitment to the vacancies and the proposed qualifications,

skills and experience required. The intention will be to run the recruitment in house, following the success of the last round.

3) Fit and Proper Persons Test – Non-Executive Director appointment

The Committee confirmed that it was satisfied that appropriate Fit and Proper Persons Test (FPPT) requirements had been met for Andrew Harkness, newly appointed NED.

Recommendations:

The Council of Governors is asked to:

- 1. Note the update report from the Nominations and Remuneration Committee held 3 February 2025.**
- 2. Approved the re-appointment of Ralph Knibbs, as Non-Executive Director and Senior Independent Director, for a further three years from 1 July 2025 on existing remuneration terms and conditions.**
- 3. Support the recruitment plan for the two NED appointments to the Trust Board.**

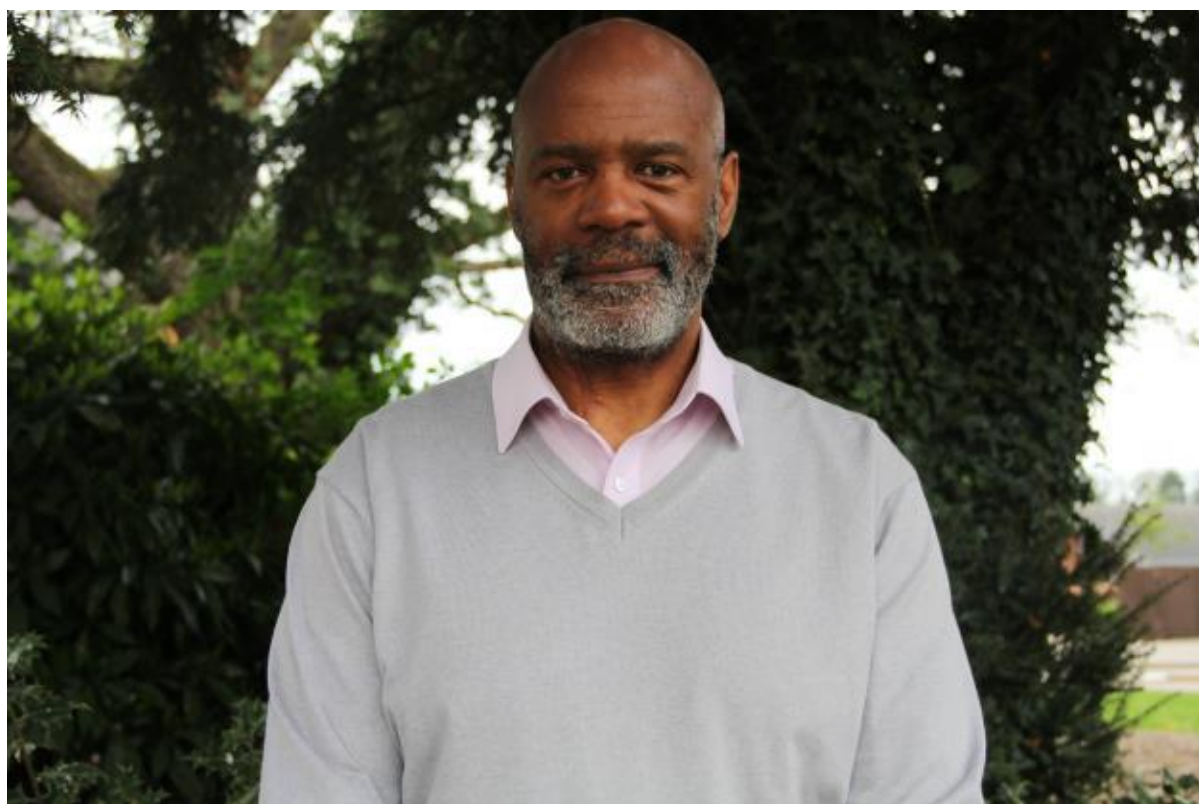
Ralph Knibbs Biography

Ralph Knibbs joined the Trust formally as a Non-Executive Director on the 1 July 2022. He is the chair of the Trust's People and Culture Committee and Senior Independent Director.

For over 20 years, Ralph has operated as a Strategic Senior Human Resources Business Partner, with experience of working in both the public and private sector, as well as within complex international matrix organisations such as Rolls-Royce plc. Highly skilled at delivering people transformational change programmes to improve business performance. Possesses a deep understanding of team working through his extensive experience of professional sport. He is a passionate ally of equality, diversity and inclusion.

Ralph is currently the Head of Human Resources at United Kingdom Athletics Limited where he has been since 2011. From 2020, he has also undertaken a volunteer role as Vice-Chair of the RFU Diversity and Inclusion Implementation Working Group at the England Rugby Football Union with the aim to increase diversity and inclusion in the leadership and governance structures within the game.

He lives in Derbyshire and was appointed for a three-year term of office, ending on 30 June 2025.



Development of Annual Plan 2025/26

Purpose of Report

To update the Council of Governors with regards to the planning guidance and Trust's operating plan in relation to the wider integrated Care Board (ICB) collective operational plan for 2025/26.

At the time of drafting, we are still in the provisional final stages of system review as part of a systemwide draft submission due 26 February. The final planning process doesn't conclude until late March. A further update will follow at the next meeting.

Executive Summary

There are a number of briefings that have been produced timely by national bodies that summarise the key planning guidance effectively.

For those interested, I would recommend the [NHS Providers](#), [NHS Confederation](#) and [Centre for Mental Health](#) briefings. (Shared for information.)

2025/2026 national priorities

The national priorities to improve patient outcomes in 2025/26:

- Reduce the time people wait for elective care, ensuring 65% of patients receive elective treatment within 18 weeks by March 2026, with each trust delivering a minimum 5% improvement. For cancer, systems should aim for 75% compliance with the 62-day diagnosis standard and 80% with the 28-day Faster Diagnosis Standard by March 2026.
- Improve A&E waiting times and ambulance response times compared to 2024/25. By March 2026, at least 78% of patients should be seen within four hours in A&E. Category 2 ambulance response times should average no more than 30 minutes throughout 2025/26.
- Improve patient access to general practice and improve their experience, while also increasing access to urgent dental care by providing 700,000 additional urgent dental appointments.
- Improve patient flow in mental health crisis and acute pathways by reducing the average length of stay in adult acute beds. And, improve access to mental health services for children and young people, aiming to provide care to 345,000 more individuals aged 0 to 25 compared to 2019. To achieve these priorities for patients and service users, ICBs and providers, with the support of NHS England (NHSE), must collaborate to:
 - Implement reforms to support the immediate priorities and prepare the NHS for the future. In 2025/26, ICBs and providers should work to:
 - Reduce demand by developing neighbourhood health service models to prevent long and costly hospital admissions, and improve timely access to urgent and emergency care,
 - Fully leverage digital tools to transition from analogue to digital, and
 - Tackle inequalities and focus on secondary prevention.
 - Operate within the allocated budget, reducing waste and improving productivity. ICBs, trusts and primary care providers must collaborate with other integrated care system partners to plan and achieve a balanced financial position.

- Continue to prioritise the overall quality and safety of services, with focus on improving challenged and fragile services, such as maternity and neonatal care.

Local prioritisation and planning

The guidance sets out the need for a ‘financial reset’ in 2025/26. It states that systems must develop plans that are affordable within the allocations that have been set, taking every opportunity to improve productivity and tackle waste.

To support this, NHSE are removing most funding ringfences, to give systems more freedom to allocate money locally (further detail is set out in the revenue finance and contracting guidance).

NHSE will also consult on changes to the national and local quality requirements in the NHS Standard Contract to align with this approach. To stay within budget, providers will need to reduce their cost base by at least 1% and achieve 4% overall improvement in productivity before taking local pressures into account or dealing with non-recurrent savings from 2024/25

(Payment scheme proposals published alongside the planning guidance assume an efficiency factor of 2%).

ICBs and providers must demonstrate that all productivity and efficiency opportunities have been exhausted before considering reducing or stopping services.

Reflecting the more focused set of national priorities, the Department of Health and Social Care and NHSE will reduce in size and reprioritise resources to support frontline services and improvements in productivity.

When deciding how best to prioritise resources, ICBs and provider boards are expected to explicitly consider both in-year and medium-term quality, financial and population health impacts of different options.

Plans should also reflect the needs of all age groups, and explicitly children and young people (CYP).

Our system and our Trust Position – Headlines

2024/25

As a Derbyshire wide ICB system we received £50m of national support in 2024/25 and are still working hard to deliver a balanced budget across the system within this envelope. This support was directed to the acute Trusts with the biggest cashflow concerns, thus our planned deficit remains as originally planned at £6.4m.

At month 10, we are on track to deliver our planned deficit of £6.4m and meet the required CIP targets. This is having also returned any MRFD slippage for the wider system benefit.

As a collective system, we remain off plan, (Figures withheld for sensitive reasons) primarily driven by demand pressures in the acute system. However, it is hoped this will be managed collectively over the last quarter of the year.

2025/26

The Derbyshire ICB has been given a targeted improvement trajectory of submitting a collective deficit plan of up to £45m. This is a relatively modest improvement ask on the £50m this year.

It is widely known that many systems have been given improvement trajectories of 20-30% so on the face of it, this is positive at only 10% improvement. This is reflective of better performance in 2024/25 than most systems. In particularly not being in the formal Investigation and Intervention national process for challenged ICB systems.

Within the 2025/26 planning guidance there are some incentives to achieve the 2024/25 performance targets. For example, the £50m support above is repayable over three years. This first year's repayment is not required in 2025/26 if we achieve this year's plan. There are also further incentives linked to capital. Future restrictions on the level of capital expenditure will be lifted for those Trust with the cash to invest, where financial balance has been achieved.

Looking ahead to 2025/26

At present, the system is working to some pre agreed principles recognising the financial constraints and need to curtail growing deficits and improve our collective positions.

Recovery of the financial plan to a break-even point in the medium term – in order to achieve this, any movement to the financial plan which will have a negative impact on the overall system position should be mitigated. As a minimum, each organisation should plan 2025/26 to be no worse than their 2024/25 outturn in real terms.

The cost of our workforce will not grow in real terms outside of pay cost envelope or fully funded investments – in order to achieve this, organisations will continue to assume a reduction in variable pay, offsetting this with substantive pay where appropriate. This may require a change in the number of whole time equivalents (WTEs) to allow for improvements in skill mix but will remain within the pay cost envelope.

We will improve our overall productivity and grow income backed services – in order to achieve this, we will aim to deliver as a minimum the same level of activity in 2025/26 as was achieved in 2024/25 or National Targets, whichever is higher. Where activity directly results in income generation, we will plan to increase our activity levels where possible, for the same or less relative cost. Any changes in Activity Levels as a result of System Transformation must be jointly agreed between System Partners.

Expenditure

The overall worked (actual) WTE of organisations will not grow, unless as a result of transformational changes to skill mix. Where (WTE) growth is unavoidable, cost pressures and investments must be agreed at a System level. Where this is the case, income or efficiencies will be planned to mitigate financial impacts.

Closing recurrent organisational costs bases will not increase beyond 2024/25 Plans, once adjusted for inflation in line with cost uplift factor (CUF) guidance. This means future year cost bases will reduce in real terms once CIP is applied.

Income

National guidance will be used as far as possible, when allocating resources at an organisation level.

Allocation growth and an outline of the options for the distribution, will be agreed by all parties.

Productivity

Delivering the same (if not greater) level of care in future years as last year, for the same or lower cost.

Cost Improvement Programme (CIP)

All providers have agreed to start with a working assumption of a minimum of 5% CIP target. This would grow with any internally agreed investments. Whilst this may not be enough to achieve the collective target, is a higher level of CIP achievable in a single year when factoring in the time associated with transformational change and broader changes requiring consultation.

Key drivers

At present, we know:

We need to plan for continued higher level of inpatient staffing costs associated with acuity and additional observations. This is over and above any deemed core safe staffing levels and establishments.

We need to plan realistically for continued out of area (OOA) usage of both and appropriate and inappropriate nature. Whilst we have started to see some recent improvements, this has increased a lot during quarter 3 of 2024/25. This is expected to improve during 2025/26 linked to the new environments but will take some time to reduce down to single figures.

These cost pressures won't come with additional funding from the commissioners and thus adds pressures to our need of internal CIP and saving elsewhere. At present, beyond MRFD full year effect (FYE) funding and the new psychiatric intensive care unit (PICU) etc, there is little earmarked investments secured.

Discussion around investment are yet to take place. Many won't be supported to the extent desired due to funding pressures.

We are already aware and planning the loss of NHS Talking Therapies formally known as Improving Access to Psychological Therapies (IAPT) in quarter 2, but discussions are ongoing with regards to other services.

Unfunded Services:

1. **Alcohol Care Team (City)** – Currently funded on a non-recurrent basis.
2. **Health Protection Unit (HPU) provides vaccinations and support for community physical health checks (severe mental illness (SMI))** – Currently a cost pressure / no recurrent funding.

Requirement for ongoing or new funding:

1. **CMH Assertive Outreach** – In alignment with the national initiative to establish an enhanced care model for this patient group, aligned to recommendations from Nottinghamshire Healthcare NHS Foundation Trust case
2. **Mental Health Hub** – Capital investment received from NHS England; however, recurrent funding is essential for service delivery.
3. **Mental Health Response Vehicle** – Requirement to extend the service; currently no funding is available for this extension.
4. **Adult Autism Spectrum Disorder (ASD)** – Focused on improving service accessibility and efficiency – national priority
5. **Adult Attention Deficit Hyperactivity Disorder (ADHD)** – Focused on establishing a local offer within Derbyshire following withdrawal of service commissioned with Sheffield.
6. **Right Care, Right Person (RCRP)** – Request for continued support and funding to deliver national requirement/policy as a result in changes to how the police work
7. **Discharge Posts** – Currently non-recurrently funded, with funding set to end in March 2025.
8. **STIT (Camm)** – Funding required.

Draft plan

Our draft plan remains a deficit and not too far away from our 2024/25 plan. However, this is still moving and is too early to share wider. At the same time, a lot of work remains ongoing in relation to firming up CIP plans and minimising the associated risks within this plan.

The plan will evolve over the next month.

At the time of drafting, this hasn't been through internal governance in full. An extra ordinary Finance and Performance Committee discussed this on the 19 February, and the Executive

Leadership Team (ELT) are discussing this again on the 25 February and further sessions are planned in over the next five weeks.

However, it is hoped this is useful albeit brief.

Strategic Considerations

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

X

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

X

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

X

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

X

Risks and Assurances

- The extent to which our CIP plan and approach are successfully developed and implemented, will directly result in the likelihood of us achieving our agreed financial plan once developed. At the same time, the plan needs to be reasonable and realistic
- The more vacancies we carry into 2025/26 as still needed and required, alongside any other agreed investments, the more the challenge increases with regards to needed CIP
- Further control, restraint or recurrent delivery in 2024/25, the smaller the carried-forward burden into 2025/26.

Consultation

- As the Trust and system responds to the requirement to reduce its deficit, consultation and engagement considerations will be required linked to any restructuring and decommissioning plans.

Governance or Legal Issues

- Links to financial plan and wider operational planning guidance.

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:

- All CIP plans will need to go via a Quality and Equality Impact Assessment (QEIA) process.

Recommendations

The Council of Governor's is requested to:

1. Note the content of this report in the context of it being a high-level summary and at the early stages of the operational planning round.
2. As we are at the early draft stages of the planning process, there is little positive news to share as growth and investments have not been agreed beyond the full year effect (FYE) of the Making Room for Dignity (MRFD) investment.
3. The initial focus is on roll forward, with a need for efficiency of a minimum of 5% and increased productivity (national target now set at 4%).
4. Although still to be agreed, minimal growth and investments are expected.
5. A lot of work is still required in relation to firming up allocations and income due to providers and any potential investments (aligned to national priorities). This will not be known until the final planning stages concluded in late March.
6. It's fair to say, financially, times are tough and we have to all ensure we spend money wisely extract value and reduce waste where we can whilst protecting our service users and wider staff wellbeing.

**Report presented and prepared by: James Sabin
Director of Finance**

Revised Trust Constitution

Purpose of Report

To seek approval for amendments to the Trust Constitution as detailed in the report.

Executive Summary

The Trust’s Constitution sets out the powers and functions of the Trust and has recently been reviewed by a small working group of Governors and Board members.

Key components/content of the constitution are:

- Membership arrangements e.g. categories of membership (public, staff and appointed) and geographical boundaries for each constituency.
- Composition, election, tenure, disqualification and removal for the Council of Governors (including model election rules).
- Composition, appointment, disqualification, removal and voting arrangements for the Board of Directors.
- Standing Orders (the form and function of the Council of Governor meetings). **Note:** the Standing Orders for the Board of Directors are set out in a separate document.
- Maintenance of registers such as members, governors and declarations of interest.
- Requirement to have internal and external auditors and requirements for the annual report and accounts.
- Process to follow for significant transactions (linked to income, assets and capital).

The amendments are set out in the table at Appendix A and, in summary, comprise of:

- Updating statutory references, specifically reflecting integrated care system (ICS) and acute provider collaborative (APC) arrangements.
- Updated Code of Governance requirements and reference to the Fit and Proper Test framework.
- Reflecting of the duty of the Council of Governors to represent the ‘public at large’.
- Inclusion of the use of e-governance, voting and hybrid/online meetings.
- Various non-material changes, for example, change of job titles, document formatting and addition of points of clarification.

A full copy of the updated Constitution detailing all proposed amendments is available upon request.

Strategic Considerations

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

X

People: We will attract, involve and retain staff creating a positive culture and sense of belonging.	X
Productive: We will improve our productivity and design and deliver services that are financially sustainable.	X
Partnerships: We will work together with our system partners, explore new opportunities to support our communities and work with local people to shape our services and priorities.	X

Assurances

Benchmarking has been carried out against other Trust Constitutions to reflect any areas of good practise and NHS England (NHSE) guidance has been followed.

Consultation

With the working group.

Governance or Legal Issues

The content of a Foundation Trust's constitution is legally mandated and is also influenced by the code of governance for NHS provider trusts (the code). A national model core constitution sets out the template, with elements that can be tailored to meet the requirements of individual organisations.

The Trust's Constitution should be updated periodically to reflect new requirements and improvements. Changes to the Constitution can take effect only if the amendments are approved by both the Trust Board and the Council of Governors. Where there are amendments to the Constitution which relate to the powers, duties or roles of the Council of Governors, at least one governor must attend the next annual members' meeting/annual general meeting and present the amendment(s) to members. Members have the right to vote on and veto these types of constitutional amendments.

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:

Changes reflect inclusive language across the Constitution (replacing gender specific pronouns with generic pronouns).

Recommendation

The Council of Governors is asked to agree the proposed changes to the Constitution.

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

Appendix A - Constitution Table of Amendments

Page	Section	Current version	Amendment	Rationale
4	2 – Principal Purpose	<p>2.3 The Trust may provide goods and services for any purposes related to:</p> <p>2.3.1 the provision of services provided to individuals for or in connection with the prevention, diagnosis or treatment of illness; and</p> <p>2.3.2 the promotion and protection of public health (and).</p>	<p>In addition</p> <p>2.3.3 the delivery of safe, effective care and the effective use of resources; and</p> <p>2.3.4 the contribution to the objectives of the integrated care system (ICS); and</p> <p>2.3.5 the collective responsibility with partners for delivery of high quality and sustainable services across system (ICS) and place based footprints.</p>	Statutory guidance from the Health and Social Care Act 2022
4	2 – Principal Purpose	N/A	<p>New sections</p> <p>2.5 The Trust is required to comply with the triple aim duty of better health and wellbeing for everyone, better quality of health services for all and sustainable use of NHS resources.</p> <p>2.6 The Trust will also be required to engage consistently and constructively in shared planning and decision making with partners in system, place based partnerships, provider collaboratives and any other relevant forum</p> <p>2.7 The Trust will consistently take responsibility for delivery of improvements and decisions agreed through system and place based partnerships, provider collaboratives or any other relevant forums.</p>	Statutory guidance from the Health and Social Care Act 2022
4-5	3 – Powers		<p>New sections</p> <p>3.5 The Trust may arrange for any functions exercisable by it to be exercised by or jointly with any one or more of the bodies set out in section S 65Z5(i) of the 2006 Act. Where such</p>	To recognise joint committees and the 2006 Act (as amended by the Health and Social Care Act 2022)

			<p>a function is exercisable jointly the bodies may arrange for the functions to be exercised by joint committees as set out in S 65Z6 of the 2006 Act.</p> <p>3.6 In exercising its powers, the Trust will have regard to:</p> <p>3.6.1 S.63B of the 2006 Act (revised 2022) (duty to have regard to the wider effect of discussions), also referred to as the “Triple Aim”.</p> <p>3.6.2 S.63B of the 2006 Act (revised 2022) (duties in relation to climate change).</p>	
5.	7 – Staff Constituency	7.5 The minimum number of Members in each class of the Staff Constituency is 100 in the Nursing Staff class and Allied Health Professions Staff class, 20 in the Medical and Dental Staff class and 50 in the Administration and Allied Support Staff class.	7.5 The minimum number of Members in each class of the Staff Constituency is 100 in the Nursing Staff class and Allied Healthcare Professionals Staff class, 20 in the Medical and Dental Staff class and 50 in the Administration and Allied Support Staff class.	Changing the term to Allied Healthcare Professionals (AHP) Note – all other references in the constitution have been changed to this
6.	7 – Staff Constituency	n/a	New section 7.7 An individual who satisfies the criteria for membership of the Staff Constituency may not become or continue as a member of any constituency other than the Staff Constituency.	For clarification.
7	12 – Council of Governors - tenure	12.5 An Appointed Governor shall cease to hold office if the appointing organisation withdraws its sponsorship of them.	12.5 An Appointed Governor shall cease to hold office if the appointing organisation withdraws its sponsorship of them, the organisation ceases to exist or the individual leaves the organisation;	For clarification.
7	13A – Council of Governors – duties of Governors	13A.1 The general duties of the Council of Governors are: 13A.1.1 to hold the Non-Executive Directors individually and collectively to account for	13A.1 The general duties of the Council of Governors are:	Updated by - Addendum to your statutory duties – reference guide for

		the performance of the Board of Directors; and 13A.1.2 to represent the interests of the Members as a whole and the interests of the public at large.	13A.1.1 to hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors; and 13A.1.2 to represent the interests of the Members as a whole and the interests of the public at large to support collaboration and system working.	NHS foundation trust governors, NHSE 2022 Guidance on good governance and collaboration.
9	19A – Board of Directors – general duty	19A.1 The general duty of the Board of Directors and of each Director individually, is to act with a view to promoting the success of the Trust so as to maximise the benefits for the Members as a whole and for the public.	In addition 19A.2 The Board of Directors should promote the long-term sustainability of the Trust as part of the ICS and wider healthcare system.	
9	24 – Board of Directors – appointment and removal of the Chief Executive and other Executive Directors	24.1 The Non-Executive Directors shall appoint or remove the Chief Executive. 24.2 The appointment of the Chief Executive shall require the approval of the Council of Governors. 24.3 Not used. 24.4 A committee consisting of the Chair, the Chief Executive and the other Non-Executive Directors shall appoint or remove the other Executive Directors.	In addition 24.5 The process for the appointment to (and dismissal from) the post fulfilling the function of Secretary is a matter for the whole Board of Directors.	Code of Governance update
10	27 – Board of Directors – standing orders	27.1 The Board of Directors shall adopt standing orders from time to time for the practice and procedure of the Board of Directors and in particular for its procedure at meetings. These shall include setting a quorum for meetings, both of Executive and Non-Executive Directors.	In addition 27.2 The standing orders can be found in a separate Trust controlled document.	For clarification.
13	34 – Audit Committee	The Trust shall establish a committee of Non-Executive Directors as an audit committee to perform such monitoring,	The Trust shall establish a committee of Non-Executive Directors as an audit committee to perform such monitoring, reviewing and other	Code of Governance update

		reviewing and other functions as are appropriate.	functions as are appropriate. The Audit Committee should not be chaired by the Chair, Deputy Chair or Senior Independent Director.	
15	40 – interpretations and definitions	40.1 Unless a contrary intention is evident or the context requires otherwise, words or expressions contained in this Constitution shall bear the same meaning as in the 2006 Act and the 2012 Act.	40.1 Unless a contrary intention is evident or the context requires otherwise, words or expressions contained in this Constitution shall bear the same meaning as in the 2006 Act, 2012 Act and the 2022 Act. New definitions added: “ Code of Governance for NHS Provider Trusts ” - means the Code of Governance by NHS England or such similar or further guidance as NHS England may publish from time to time; “ Integrated Care System ” means a statutory partnership of organisations who plan, buy and provide health and care services in their geographical area. The organisations involved include the NHS, local authorities, voluntary and charity groups, and independent care providers.	To include reference to the Health and Social Care Act 2022.
	Annex 1 – The Public Constituency	Includes all electoral wards or Council areas.	To be updated with any changes to electoral wards or Council areas as defined by Derby City Council or Derbyshire County Council	To ensure we are working to the latest electoral boundaries.
	Annex 5 – Additional Provisions - Council of Governors 3 - Council of Governors:	3.1 A Governor shall not be eligible to become or continue in office as a Governor if: 3.1.1 they cease to be eligible to be a Member save in the case of Appointed Governors;	3.1 A Governor shall not be eligible to become or continue in office as a Governor if: 3.1.1 they cease to be eligible to be a Member or a Member of the constituency (or class of constituency) which they represent, save in the case of Appointed Governors;	For clarification/ and or considered best practise.

	<p>Removal and Disqualification</p>	<p>3.1.2 in the case of an Appointed Governor, the appointing organisation withdraws its appointment of them;</p>	<p>3.1.2 in the case of an Appointed Governor, the appointing organisation withdraws its appointment of them, the organisation ceases to exist or the individual leaves the organisation;</p> <p>New sections:</p> <p>3.1.14 They are a person in relation to whom a moratorium period under a debt relief order applies (under Part 7A of the Insolvency Act 1986);</p> <p>3.1.15 A staff governor who is suspended from staff duties for any reason will also be suspended from their role as a governor for the duration of their suspension. Whilst a staff governor is under investigation, they cannot attend meetings of the Council of Governors in any capacity, but missing any meetings of the Council of Governors will not count as failure to attend for the purpose of 4.1.3 below.</p>	
<p>Annex 5 – 4- Council of Governors: Termination of Tenure</p>	<p>4.1.4 If the Council of Governors resolves to terminate their term of office for reasonable cause on the grounds that in the reasonable opinion of 70% of the Governors present and voting at a meeting of the Council of Governors convened for that purpose that their continuing as a Governor would or would be likely to:</p> <p>(e) it would not be in the best interests of the Trust for that person to continue in office as a Governor e.g.:</p>	<p>New sub-section</p> <p>(i) they have failed or refused to undertake and/or satisfactorily complete any training which the Council of Governors has required them to undertake in their capacity as a Governor;</p> <p>(ii) they have failed to confirm acceptance of the code of conduct applicable to Governors;</p> <p>(iii) they have, in their conduct as a Governor failed to comply in a material way with the values and principles of the National Health Service or the Trust; or</p>	<p>For clarification/ and or considered best practise.</p>	

		<p>(i) they have failed or refused to undertake and/or satisfactorily complete any training which the Council of Governors has required them to undertake in their capacity as a Governor;</p> <p>(ii) they have, in their conduct as a Governor failed to comply in a material way with the values and principles of the National Health Service or the Trust; or</p> <p>(iii) they have committed a material breach of any code of conduct applicable to Governors of the Trust.</p>	<p>(iv) they have committed a material breach of any code of conduct applicable to Governors of the Trust.</p>	
	Annex 5 – 7 - Council of Governors: Meetings	<p>7.1 Meetings of the Council of Governors shall be held at such times and places as the Council of Governors may determine and held not less than four general meetings each Financial Year.</p> <p>7.2 All such meetings shall be open to the public unless the Council of Governors resolves that before each meeting public be excluded from the meeting, whether for the whole or part of the proceedings on the grounds that publicity would be prejudicial to the public interest or the interests of the Trust by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of the business to be transacted or the proceedings.</p>	<p>7.1 Meetings of the Council of Governors shall be held at such times and places and of such format including in person, by using virtual media communication or hybrid as the Council of Governors may determine and held not less than four general meetings each Financial Year.</p> <p>7.2 All such meetings shall be open to the public unless the Council of Governors resolves that before each meeting public and media be excluded from the meeting, whether for the whole or part of the proceedings on the grounds that publicity would be prejudicial to the public interest or the interests of the Trust by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of the business to be transacted or the proceedings.</p>	For clarification that this includes the media as well as the public.

<p>Annex 6 – Standing Orders for the Practice and Procedure of the Council of Governors</p> <p>2.1 Roles and Responsibilities of Governors:</p>	<p>2.1.1 Appointment and removal of the Chair and Non-Executive Directors (Constitution Paragraph 21)</p>	<p>2.1.1 Appointment and removal of the Chair and Non-Executive Directors (Constitution Paragraph 21)</p> <p>New sub sections</p> <p>2.1.1.1 The Council of Governors should raise issues to the Chair or in the case of the Chair to the Senior Independent Director prior to any formal action to remove a Non-Executive Director or the Chair</p> <p>2.1.1.2 Any proposal for removal must be proposed by a Governor and seconded by not less than ten Governors.</p> <p>2.1.1.3 Written reasons for the proposal shall be provided to the Chair or Non-Executive Director in question, who shall be given the opportunity to respond to such reasons</p> <p>2.1.1.4 In making any decision to remove the Chair or a Non-Executive Director, the Council of Governors shall take into account the annual appraisal carried out by the Chair or Senior Independent Director, respectively.</p> <p>2.1.1.5 A decision to remove the Chair or a Non-Executive Director will only be effective if such decision is approved by not less than three quarters of the total number of the Council of Governors.</p>	<p>2.1.1 Appointment and removal of the Chair and Non-Executive Directors (Constitution Paragraph 21)</p> <p>For clarification/ and or considered best practise.</p>	<p>For clarification/ and or considered best practise.</p>
<p>Annex 6 – 3.1 Calling meetings</p>	<p>3.1.1 Meetings of the Council of Governors shall be held at such times and places as determined by the Trust. Save in the case of emergencies or the need to conduct urgent business, the Secretary shall give at least fourteen days written notice of the date and place of every meeting of the Council of Governors to all Governors. Notice will also</p>	<p>3.1.1 Meetings of the Council of Governors shall be held at such times and places as determined by the Trust. Meetings may be held virtually by digital means. Save in the case of emergencies or the need to conduct urgent business, the Secretary shall give at least fourteen days written notice of the date and place of every meeting of the Council of</p>	<p>3.1.1 Meetings of the Council of Governors shall be held at such times and places as determined by the Trust. Meetings may be held virtually by digital means. Save in the case of emergencies or the need to conduct urgent business, the Secretary shall give at least fourteen days written notice of the date and place of every meeting of the Council of</p>	<p>For clarification/ and or considered best practise.</p>

		be published on the Foundation Trust's website. The notice will be issued to Governors and published on the Trust's website at least fourteen days before the meeting.	Governors to all Governors. Notice will also be published on the Foundation Trust's website. The agenda pack will be issued to Governors and published on the Trust's website at least three clear days before the meeting.	
	Annex 6 – 3.2 - Admission of the Public	The provisions for the admission of the public to meetings of the Council of Governors are detailed at Paragraph 14 and Annex 5 of the Constitution.	<p>The provisions for the admission of the public and media to meetings of the Council of Governors are detailed at Paragraph 14 and Annex 5 of the Constitution. The public and representatives of the media shall be afforded facilities to attend all formal meetings of the Council of Governors but shall be required to withdraw upon the Council of Governors resolving as follows:</p> <p>"That representatives of the media and other members of the public be excluded from the remainder of this meeting because the confidential nature of the business to be transacted is such that publicity would be prejudicial to the public interest".</p> <p>New sub-section 3.2.1 Managing disruption – The Chair shall give such directions as they think fit in regard to the arrangements for meetings and accommodation of the public and representatives of the media such as to ensure that the Council of Governors' business shall be conducted without interruption and disruption and, without prejudice to the power to exclude on grounds of the confidential nature of the business to be transacted, the public will be required to withdraw upon the Council of Governors resolving as follows.</p>	For clarification/ and or considered best practise.

			"That in the interests of public order the public withdraw from the meeting for (the period to be specified) to enable the Council of Governors to complete business without the presence of the public and media".	
Annex 6 – Voting at meetings	<p>3.13 All questions put to the vote shall, at the discretion of the person presiding, be determined by oral expression or by a show of hands. A paper ballot may also be used if a majority of the Governors present so request.</p> <p>3.16 A Governor may only vote if present (either in person, by telephone or by electronic communication) at the time of the vote on which the question is to be decided. In no circumstances may an absent Governor vote by proxy. Absence is defined as being absent at the time of the vote.</p>	<p>3.13 All questions put to the vote shall, at the discretion of the person presiding, be determined by oral expression or by a show of hands or by appropriate electronic means. A paper ballot may also be used if a majority of the Governors present so request. In the event of a meeting being held by virtual media, an electronic voting facility will be made available, including when appropriate, the facility for holding a secret ballot.</p> <p>3.16 A Governor may only vote if present (either in person, by telephone or by electronic communication) at the time of the vote on which the question is to be decided. In no circumstances may an absent Governor vote by proxy. Absence is defined as being absent at the time of the vote.</p>	For clarification/ and or considered best practise.	
Annex 6 – Minutes	<p>3.17 The Minutes of the proceedings of a matter shall be drawn up and submitted for agreement at the next ensuing meeting where they will be signed by the person presiding at it.</p> <p>3.18 No discussion shall take place upon the minutes except upon their accuracy or where the Chair considers discussion appropriate. Any amendment to the minutes shall be agreed and recorded at the next meeting.</p>	<p>3.17 The Minutes of the proceedings of a matter shall be drawn up and submitted for agreement at the next ensuing meeting where they will be ratified as the correct record signed by the person presiding at it.</p> <p>3.18 No discussion shall take place upon the minutes except upon their accuracy or where the Chair considers discussion appropriate. Any amendment to the minutes shall be agreed and recorded at the next meeting. The ratified minutes will be conclusive evidence of the</p>	To mirror practise.	

			events of the meeting and retained by the Secretary.	
	Annex 6 – Standing Orders	3.21 A decision to suspend Standing Orders shall be recorded in the minutes of the meeting.	3.21 A decision to suspend Standing Orders shall be recorded in the minutes of the meeting and shall apply only for the duration of the meeting in question.	For clarification/ and or considered best practise
	Annex 6 – record of attendance and quoracy	3.25 Record of Attendance – the names of the Governors present at the meeting shall be recorded in the minutes. 3.26 Quorum – no business shall be transacted at a meeting of the Council of Governors unless at least one third of the Council of Governors are present, with a minimum of six, a majority of whom must be Governors elected by the Public Constituencies, and one staff governor.	3.25 Record of Attendance – the names of the Governors present at the meeting shall be recorded in the minutes. Governors who are unable to attend a meeting shall notify the Secretary in advance of the meeting so that their apologies may be recorded. For the avoidance of doubt, attendance may include through virtual media. 3.26 Quorum – no business shall be transacted at a meeting of the Council of Governors unless at least one third of the Council of Governors are present, with a minimum of six, a majority of whom must be Governors elected by the Public Constituencies, and one staff governor. At the start of each meeting, the Chair shall be responsible for determining that the meeting is quorate.	For clarification/ and or considered best practise
	Annex 6 – Committees	4.1 Except as required by paragraph 9.2 of Annex 5, the Council of Governors shall exercise its functions in general meeting and shall not delegate the exercise of any function or any power in relation to any function to a Committee.	4.1 Except as required by paragraph 9.2 of Annex 5, the Council of Governors shall exercise its functions in general meeting and shall not delegate the exercise of any function or any power in relation to any function to a Committee, but it may appoint Committees to assist the Council of Governors in carrying out its roles.	For clarification/ and or considered best practise
	Annex 6 – Resolution Dispute	5.1 Dispute Resolution between Board of Directors and Council of Governors	5.1 Dispute Resolution between Board of Directors and Council of Governors	For clarification/ and or considered best practise

		<p>5.1.1 The Council of Governors and the Board of Directors shall be committed to developing and maintaining a constructive and positive relationship. The aim at all times is to resolve any potential or actual differences of opinion quickly, through discussion and negotiation.</p> <p>5.1.2 If the Chair cannot achieve resolution of a disagreement through informal efforts the Chair will follow the dispute resolution procedure described below. The aim is to resolve the matter at the first available opportunity and only to follow this procedure if initial action fails to achieve resolution:</p> <p>(a) The Secretary will call a joint meeting (“Resolution Meeting”) of the members of the Council of Governors and Board of Directors, to take place as soon as possible, but no later than twenty clear days following the date of the request. The meeting must comprise two thirds of the membership of the Council of Governors and two thirds of the membership of the Board of Directors. The meeting will be held in private. The aim of the meeting will be to achieve resolution of the conflict. The Chair will have the right to appoint an independent facilitator to assist the process. Every reasonable effort must be made to reach agreement.</p> <p>(b) If a Resolution Meeting of the members of the Council of Governors and Board of Directors fails to resolve a conflict, the Board of Directors will decide the disputed matter.</p>	<p>5.1.1 The Council of Governors and the Board of Directors shall be committed to developing and maintaining a constructive and positive relationship. The aim at all times is to resolve any potential or actual differences of opinion quickly, through discussion and negotiation.</p> <p>5.1.1.1 Governors can raise concerns with the Secretary who may in the first instance be able to resolve the matter informally.</p> <p>5.1.1.2 Where the Secretary has been unable to resolve the matter, the Lead Governor shall be the first point of contact when Governors wish to seek advice and/or raise issues and who acts as the Council of Governors lead representative to the Chair on Governor matters (or the Deputy Chair if the dispute involves the Chair).</p> <p>5.1.2 If the Chair (or Deputy Chair) cannot achieve resolution of a disagreement through informal efforts the Chair will follow the dispute resolution procedure described below. The aim is to resolve the matter at the first available opportunity and only to follow this procedure if initial action fails to achieve resolution:</p> <p>(a) The Secretary will call a joint meeting (“Resolution Meeting”) of the members of the Council of Governors and Board of Directors, to take place as soon as possible, but no later than twenty clear days following the date of the request. The meeting must comprise two thirds of the membership of the Council of Governors and two thirds of the membership of the Board of Directors. The meeting will be held in private.</p> <p>A Disputes Statement should set out clearly</p>	
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		<p>(c) If following the formal Resolution Meeting, and the decision of the Board of Directors, the Council of Governors considers that implementation of the decision will result in the Trust failing to comply with its Licence; the Council of Governors, will notify NHS England of the specific issue of non-compliance.</p>	<p>and concisely the issue or issues giving rise to the dispute. The aim of the meeting will be to achieve resolution of the conflict. The Chair will have the right to appoint an independent facilitator to assist the process. Every reasonable effort must be made to reach agreement.</p> <p>(b) If a Resolution Meeting of the members of the Council of Governors and Board of Directors fails to resolve a conflict, the Board of Directors will decide the disputed matter.</p> <p>(c) If following the formal Resolution Meeting, and the decision of the Board of Directors, the Council of Governors considers that implementation of the decision will result in the Trust failing to comply with its Licence; the Council of Governors, through the Lead Governor, will notify NHS England of the specific issue of non-compliance.</p>	
Annex 8 – Further Provisions	<p>5.3.4 Communications between the Council of Governors and the Board of Directors may occur with regard to, but shall not be limited to: -</p> <p>5.3.4.1 the Board of Directors proposals for the Strategic Direction and the Annual Business Plan;</p> <p>5.3.6 The following formal methods of communication may also be used as appropriate with the consent of both the Council of Governors and the Board of Directors: -</p> <p>5.3.6.1 attendance by Board Directors at a meeting of the Council of Governors;</p>	<p>5.3.4 Communications between the Council of Governors and the Board of Directors may occur with regard to, but shall not be limited to:</p> <p>5.3.4.1 the Board of Directors proposals for the Strategic Direction and the Annual Business Plan, including information on the ICS plans, decisions and delivery that directly affects the organisation and its patients and service users;</p> <p>5.3.6 The following formal methods of communication may also be used as appropriate with the consent of both the Council of Governors and the Board of Directors: -</p>	<p>Updated by - Addendum to your statutory duties – reference guide for NHS foundation trust governors, NHSE 2022 Guidance on good governance and collaboration</p>	

		<p>5.3.6.2 provision of formal reports or presentations by executive directors to a meeting of the Council of Governors;</p> <p>5.3.6.3 inclusion of appropriate minutes for information on the agenda of a meeting of the Council of Governors;</p> <p>5.3.6.4 reporting the views of the Council of Governors to the Board of Directors through the Chair or, Deputy Chair</p>	<p>5.3.6.1 attendance by Board Directors at a meeting of the Council of Governors;</p> <p>5.3.6.2 provision of formal reports or presentations by executive directors to a meeting of the Council of Governors;</p> <p>5.3.6.3 inclusion of appropriate minutes for information on the agenda of a meeting of the Council of Governors;</p> <p>5.3.6.4 reporting the views of the Council of Governors to the Board of Directors through the Chair, Deputy Chair or Senior Independent Director.</p> <p>5.3.6.5 The Senior Independent Director (SID) can act as an alternative source of advice to Governors from the Chair</p> <p>5.3.6.6 The SID shall be available to Governors if they have concerns that contact through normal channels has failed to resolve any issues which been raised or for which such contact is inappropriate.</p>	
Various	Access to (and exclusion from) Board and Governor meetings	Just the reference to the public	Includes reference to public and media	For clarification/ and or considered best practise

Non-Executive Director (NED) Report – Tony Edwards

Purpose of Report

This paper provides both a description of my activities as a Non-Executive Director and Deputy Chair since 5 March 2024 and information covering the activities of the Finance and Performance Committee (F&PC), of which I am the Chair.

Executive Summary

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

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

The paper gives further detail with regard to F&PC’s key areas of activity since 5 March 2024. It also summarises my key personal activity in addition to regular Board membership.

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

Strategic Considerations

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

Assurances

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

Consultation

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

Governance or Legal Issues

- Nothing additional.

Public Sector Equality Duty and Equality Impact Risk Analysis

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

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

The equality, diversity and inclusion (EDI) objectives of F&PC are included within its terms of reference.

Recommendations

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

Report prepared and presented by: Tony Edwards
Non-Executive Director and Deputy Chair

Council of Governors – 4 March 2025

NED Report – Tony Edwards

Purpose of Report

This paper provides both a description of my activities as a Non-Executive Director and Deputy Chair since my last report on 5 March 2024 and information covering the activities of the Finance and Performance Committee (F&PC), of which I am the Chair.

Finance and Performance Committee

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

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

Membership:

In addition to myself as Chair, F&PC has two other NED members. One of these has been Geoff Lewins throughout the period. The other role has been filled by Deborah Good, then Ashiedu Joel and most recently Andrew Harkness. This reflects both a review of Committee composition, in line with good practice, and changes to Board composition. Other NED's are permitted to observe and since March 2024 this has included Selina Ullah, Lynn Andrews, Deborah Good and Ralph Knibbs. I believe this reflects the non-member NED's keen interest in our challenging financial situation. The Lead Executive Director on F&PC is the Director of Finance, James Sabin. The other Executive Directors on F&PC are the Chief Delivery Officer, Vikki Ashton Taylor and the Director of People, Inclusion and Organisational Design, Rebecca Oakley. Other senior managers attend all or part of the meeting where it is appropriate to the agenda or where they are providing cover for an Executive Director member.

Meetings held:

Since 5 March 2024 F&PC has held five substantive meetings on 19 March 2024, 21 May 2024, 23 July 2024, 30 September 2024, 4 November 2024, 13 January 2025 and 3 March 2025. We have also met specifically on the Financial Plan on 19 February 2025 (the first of a number of single topic meetings to ensure appropriate focus on our financial challenges into 2025/26).

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

- We have monitored both the actual and forecast financial performance of the Trust. The quality of the underlying data has been robust in this regard which has enabled us to satisfactorily scrutinise the information provided.
- As is well known to Governors 2023/24 has been another extremely challenging year for the NHS in Derbyshire, including for our Trust, both operationally and financially, and monitoring this and considering recovery plans in many areas has been a notable aspect of F&PC's work in 2023/24. We are already engaging in the planning process for 2025/26 and it is clear the challenges are likely to continue in the short term and that full financial recovery will be a multi-year process. I am pleased to report that the Executive Team's understanding of these challenges and willingness to address them has improved rapidly as the year has progressed and the relatively new team has become established.
- The delivery of financial savings through continuous improvement is one of our key topics. The Executive have done well in delivering the majority of the overall plan and I am pleased to report that the proportion delivered recurrently has significantly increased, a reflection of the improved leadership mentioned above.
- Productivity remains a challenge for the Trust as we continue to recover from the impacts of the COVID-19 pandemic. Whilst there has been progress made there remains much to do and some refreshed approaches are being encouraged.
- The appointment of a (now permanent) Associate Director of Transformation is welcome and has already helped enhance the Trust's approach to Transformation, Continuous Improvement and Productivity. The success of this role is critical if the Trust is to deliver the scale of change required, both operationally and financially.
- We have carefully monitored progress of the Making Room for Dignity Programme. The programme has several different facets. The three new builds have broadly progressed well and are rapidly approaching their opening. The refurbishments in Chesterfield and Kingsway have similarly progressed and Bluebell Ward is now open. The refurbishment of the Radbourne Unit has seen significant challenge and is currently suspended awaiting clarity on the way forward. We have continued to face cost and funding pressures. All of the above has received regular and close scrutiny by F&PC. As other workstreams around cultural and model of care transformation have come to the fore I have worked with the Chairs of the People and Culture and Quality and Safeguarding Committees to ensure all aspects of the programme are covered by our various Committees in the most appropriate manner. I believe this has been a good example of effective teamwork amongst the NED's.
- We continue to monitor the implementation of new systems in the Trust and the development and execution of our wider Digital Plan. This remains an area of opportunity for the Trust as part of the new Strategy.
- Our scrutiny of the Estate beyond MRfD has increased as the programme comes close to completion and we have scrutinised and supported the development of an emerging Estates Plan as part of the new Trust Strategy.
- The most 2022 NHS reorganisation requires that individual Trusts play a fuller and more collaborative role as part of the wider NHS system. In our case this means both within Derbyshire and also in partnership with other Trusts with similar responsibilities on a regional and national basis. F&PC monitors this

work and has been reported to in a number of specific areas, for example the East Midlands Perinatal Collaborative where we are Lead Provider.

- We have received annual reports from a number of areas that fall within our responsibility. This has included the management of the current estate, of Health and Safety, of Emergency Preparedness and of Information and Management Technology. In all cases we have received transparent reporting that has demonstrated that we have made progress and have plans in place to drive further improvement in pursuit of the Trust Strategy.
- We have received reports on a number of tenders and contracts for key services.
- We have played our part in the Board Assurance Framework (BAF) process.
- We have continually sought to improve the quality of papers and reporting to F&PC with the primary aim of enhancing the focus on key issues, evidence, action to improve performance and delivery of important change for the better and the celebration of success.
- We also monitor constitutional standards and I am pleased to report a positive performance.

Other responsibilities and activities

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

- Attended the monthly programme review meetings with respect to the MRfD and, more latterly, the monthly Programme Committee as we enhance governance for the final phase of the programme.
- Been a member of the Remuneration and Quality and Safeguarding Committees. I also regularly attend the People and Culture Committee as an observer.
- Visited services with either Executive Directors or our Chair and supported other events such as recruitment fairs, Reserves Day celebrations and Remembrance Day services.
- Been a member of the long listing and selection panel for the new Director of People, Inclusion and Organisational Design (Rebecca Oakley).
- Been a member of a stakeholder panel for the recruitment of the new Director of Nursing, Allied Health Professionals, Quality and Patient Experience (Tumi Banda).
- Been Chair of a number of consultant appointment panels.
- Attended a number of informal meetings with other F&PC Chairs across the Derbyshire NHS.
- Engaged with the Psychology team as part of our programme to get NED's closer to services.
- Attended a number of meetings on behalf of Selina Ullah, our Chair, for example Council of Governors, Provider Collaborative Chairs and Derbyshire Provider Chairs.
- Worked with our Department of Finance to prepare and present a financial awareness session for Governors and also financial situation updates for Governors in the light of our challenges.
- I have continued to encourage greater engagement with the University of Derby (where I am an Independent Governor), including the making of introductions where helpful.

Personal Background

- I have a degree in Accounting and Finance from Nottingham Trent University and am a Chartered Accountant, qualifying with what was then Price Waterhouse in 1985.
- I spent the first half of my career in manufacturing finance, including for a packaging business in the East Midlands.
- I spent the second half of my career as a Managing Director of manufacturing businesses which operated internationally but were headquartered in the East Midlands. The first was a packaging business, the second a manufacturer of high-pressure gas cylinders, for example for medical oxygen and environmentally friendly alternative fuel systems.
- I spent 11 years as a Governor of Nottingham Trent University and have been a Governor of University of Derby (UoD) since 2019. At UoD I Chair the Performance, People and Resources Committee- which has a similar remit to a combined F&PC/P&CC at our Trust. I also Chair a Governor Reference Group which oversees governance for the building of a new Business School in the City Centre.
- I volunteer for the Derbyshire Historic Buildings Trust.
- Although born and raised in West London, I studied in Nottingham, lived near Newark for four years and lived in Derbyshire from 2005 to 2024. Home for me is now Berwick-upon-Tweed, although I retain a flat in Belper.
- I am married with three children in their 20's.



Integrated Performance Report

Purpose of Report

This paper provides Council of Governors with an integrated overview of performance at the end of January 2025. The focus of the report is on key finance, performance and workforce measures. The purpose of the report is to provide information to governors – a verbal summary of the Boards performance presented by the Non-Executive Directors. This provides governors with details of how the Non-Executive Directors seek assurance from the Board on strategy issues including holding Executive Directors to account through Board Committees.

Executive Summary

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

Operational Performance

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

Most challenging areas:

- Waiting times for adult autistic spectrum disorder (ASD) assessment – demand continues to outstrip capacity. However, the high volume of assessments completed by the team over the last 13 months is making a positive difference on the number of people waiting and is gradually reducing the proportion of people who have been waiting over two years to be seen
- Community paediatric waiting times and numbers waiting remain significantly high owing to ongoing pathway issues and high levels of demand, which will be exacerbated by the loss of five of the team, including three experienced Consultants. A service transformation programme will aim to review roles, skill mix and service specification to mitigate the loss of the medical posts. A recovery action plan is in development
- Inappropriate out of area placements and inpatient bed occupancy levels –high-level of need for inpatient treatment. The inappropriate out of area position for adult acute has increased significantly recently. Actions are being implemented to address patient flow issues across the pathway in both inpatients and community, in order to reduce the need for admission, reduce length of stay of admissions, and thereby free up bed capacity within the Trust
- Early intervention waiting time to be seen has fallen below target for the first time in years, as a result of significant staffing pressures. Action is in progress to address this.

Most improved areas:

- The number of completed adult ASD assessments per month has remained significantly high and after 10 months, the full year contracted activity target has been exceeded by 260%
- The Psychological services waiting lists continue to reduce significantly
- The Child and Adolescent Mental Health service (CAMHS) Triage and Assessment team continues to manage the waiting lists very effectively, with numbers waiting and waiting times both now being sustained at a reasonable and manageable level.

Areas of success:

- NHS Talking Therapies 18-week and six-week referral to treatment, three day follow-up of discharged inpatients and the data quality maturity index have been consistently achieved
- The individual placement and support service, Work Your Way, continues to support ever-increasing numbers of people with finding permanent employment. The team received a positive review from the national body that oversees it, IPS Grow, following a fidelity review, involving two days of observations and meetings
- The rate of dementia diagnosis remains high – third highest in the region and 12th highest in the country
- Community Perinatal services continue to see increasing numbers of people, flexing to meet the ongoing high level of demand
- Adult and Children and Young People's Community Mental Health services continue to exceed their respective target activity levels for patient contacts.

Regional comparison

NHS Derby and Derbyshire Integrated Care Board (ICB) continues to perform favourably against a number of long-term plan targets, to which the Trust contributes, when compared with other ICBs in the region: dementia diagnosis, children and young people contacts, adult community mental health contacts and perinatal access. Inappropriate out of area placements remain challenging, with the number of inappropriate bed days at the second highest level in the region.

Finance

At the end of January, the year to date (YTD) position is a deficit of £5.4m which is better than plan by £0.4m.

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

Current financial risks to deliver the planned deficit:

- Delivery of the £12.5m efficiency programme in full, with a significant proportion delivered recurrently
- Management of Adult Acute out of area expenditure in line with the reducing trajectory
- Management of in-patient expenditure to a reduced run rate
- Management of agency expenditure within budget
- Management of any new emerging cost pressures
- Additional costs related to supporting a patient with complex needs ended at the beginning of September.

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

Efficiencies

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

At the end of January, savings to the value of £10.1m have been realised against a plan of £10.1m, therefore, are on plan. These schemes have a full year effect of £12.1m against the plan of £12.5m.

The forecast assumes full delivery of the £12.5m, of which 65% is delivered recurrently.

Agency

Agency expenditure YTD totals £4.5m which is below plan by £0.9m. This includes £1.2m of additional costs to support a patient with complex needs (which ceased at the beginning of September).

Excluding this additional support, agency expenditure would be below plan by £2.0m.

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

The two highest areas of agency usage continue to relate to consultants and nursing staff.

The agency expenditure as a proportion of total pay for January has significantly reduced during the year to 1.8%. NHSE use of resources includes an action to improve workforce productivity and reduce agency spend to a maximum of 3.2% of the total pay bill across 2024/25.

The full year plan for agency expenditure totals £6.3m and expenditure levels for 2024/25 are forecast to be below plan by £1.2m.

Out of area placements

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

At the end of January total expenditure is £8.6m which is £4.0m above plan. The forecast assumes that the levels for January continue for the remainder of the financial year, which generates total expenditure of £11.1m which is above plan by £6.3m.

Capital expenditure

At the end of January, we are £2.9m above plan against the system capital allocation and forecasting to be significantly above plan by the end of the financial year by £3.4m. This is due to the residual Making Room for Dignity (MRfD) cost pressure after the original business as usual capital schemes have been scaled back to help provide some mitigation.

Additional capital allocation of £1.0m has been received, some of the allocation has come with some central funding and is cash back, and some of the allocation is through an increase in the system capital limit and is not cash backed.

Cash

Cash at the end of January is at £26.4m (£31.6 last month) which is £6.9m above plan. The increase in cash in November related to timing of receipts and payments in relation to the MRfD programme.

The cash levels are forecast to reduce to £14.7m by the end of the financial year which is £4.4m below plan. This forecast adverse variance to plan is related to the additional capital expenditure for MR4D programme which is now included in the forecast.

People

Annual appraisals

Appraisal compliance continues to remain high at 88% against a target of 90%. Low compliance continues to remain a particular challenge within Corporate services and efforts continue to address both appraisals that are out of date and those coming up for renewal.

Annual turnover

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

Compulsory training

Overall, the 85% target has been achieved for well over 24 months and has now achieved its highest level this month at 92%. Operational services are currently 93% compliant and Corporate services are at 87%.

Staff absence

The annual sickness absence rate is running at 6.12% and compared to the same period last year, it is 0.13% higher. Anxiety, stress or depression related illness remains the highest reason for sickness absence, followed by Cold, Cough, Flu – Influenza. Compared to the same period last year, long term sickness rates are 0.16% lower and short term sickness absence are 0.35% higher.

Proportion of posts filled

At the start of the financial year, new investment is released which creates brand new vacancies, initially increasing the overall vacancy rate. This year continues to see a staged release of investment funding throughout the year.

Bank and agency staff

Agency usage has reduced significantly over recent months and continues to fall following a temporary increase in agency usage due to clinical observations. The authorisation panel to oversee agency requests across the Trust continues to remain in place and work continues with the roster efficiency programme.

Supervision

Following an audit of supervision processes, the Trust continues to work on the recommendations. Overall compliance is seeing incremental improvement in both clinical supervision at 85% and management supervision at 87%.

Quality

Between October 2024 and January 2025, key quality performance metrics across patient experience, safety, and staffing levels have been closely monitored, revealing both progress and areas requiring improvement.

Patient experience and compliments

- Compliments have been increasing, reaching the upper process limit in December 2024, though the reasons remain unclear
- Complaints categorized as "quick resolution" remained below the mean of 22 due to staffing shortages over the holiday period, while "closer look" complaints followed expected trends.

Patient flow and delayed transfers of care/clinically ready for discharge (CRFD)

- Delays in patient discharge remain within expected limits, primarily due to housing, funding, and social care availability
- System-wide meetings and tracking tools are in place to address these delays and improve co-ordination.

Care programme approach (CPA) compliance

- CPA review compliance averaged 72%, with teams below 85% implementing action plans
- Efforts are focused on digital support and staff training to improve care planning and compliance.

Quality and safety metrics

- **Medication Incidents:** Below the mean of 82 since September 2024, with most being low harm. Clear guidelines and monitoring in place
- **Serious Incidents & Restraints:**
 - Moderate to catastrophic incidents declined but spiked in January due to self-harm and patient assault
 - Physical restraints remained above the Trust margin but showed a downward trend
 - Prone restraints remained below the Trust threshold, with October's spike linked to few high-acuity cases
 - Seclusions decreased and stayed below target, with an upcoming peer support review expected to further reduce incidents
- **Falls:** Within expected variation, with 93% categorized as minor or insignificant. Additional physiotherapy support is planned.

Staffing and Care Hours per Patient Day (CHPPD)

The Trust's CHPPD was 9.72, below the national average (11.4), with Nursing and Healthcare Support hours also lower than average.

Strategic Considerations

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

X

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

X

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

X

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

X

Risks and Assurances

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

Consultation

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

Governance or Legal Issues

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

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

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

Recommendations

The Council of Governors is requested to:

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

Report presented by: Lynn Andrews, Non-Executive Director
Tony Edwards, Non-Executive Director
Andrew Harkness, Non-Executive Director
Ralph Knibbs, Non-Executive Director
Geoff Lewins, Non-Executive Director

Report prepared by: James Sabin, Executive Director of Finance
Rebecca Oakley, Director of People, Organisational Development and Inclusion
Tumi Banda, Director of Nursing, Allied Health Professionals, Quality and Patient Experience

Performance Summary

Areas of Improvement	Areas of Challenge
Operations	
<ul style="list-style-type: none"> • A high level of adult ASD assessments has been completed for the last 13 months, positively impacting on the number of people waiting • CAMHS waiting list is being maintained at a reasonable level • NHS Talking Therapies waiting times from first to second treatment have reduced significantly • The proportion of adult community mental health caseloads that are long term offer continue to reduce in line with the living well model • Psychological services waiting times continue to reduce and the number of people waiting has dropped significantly. 	<ul style="list-style-type: none"> • Adult ASD assessment waiting times remain high • Community paediatric waiting times continue to prove extremely challenging • Early intervention waiting time to be seen has fallen below target for the first time in years • Inappropriate out of area placements • Inpatient bed occupancy levels remain high.
Finance	
<ul style="list-style-type: none"> • Agency expenditure usage continues to reduce, and December was at the lowest level for the year. • Efficiency delivery has caught up this month and is on plan year to date, and the gap continues to reduce. 	<ul style="list-style-type: none"> • Financial deficit and achievement of the financial plan • Adult acute out of area expenditure is significantly higher than planned • Effective management/mitigation of cost pressures including those CQC driven aspects • Capital expenditure now forecast to significantly overspend against plan due to Making Room for Dignity cost pressures • Long-term plans to progress back to financial sustainability and balance.
People	
<ul style="list-style-type: none"> • Compulsory and role specific training • Annual turnover • Agency staff use 	<ul style="list-style-type: none"> • Staff absence • Bank staff use • Annual appraisals • Supervision.
Quality	
<ul style="list-style-type: none"> • Complaint Handling: quick resolution complaints are expected to stabilise, with ongoing monitoring and reporting • Medication Safety: incidents remain below the mean, with improved guidelines, training, and monitoring • Seclusion and Prone Restraints: both have decreased and remained within acceptable limits, with further reductions expected through targeted interventions • Falls Prevention: most falls were minor or insignificant, and additional physiotherapy support is planned to enhance fall prevention efforts. 	<ul style="list-style-type: none"> • Staffing & CHPPD: care hours per patient day remain below national averages, indicating workforce constraints • Physical Restraints: despite a downward trend, incidents remain above the Trust margin, primarily due to self-harm interventions • Delayed Discharges (CRFD): persistent challenges in housing, funding, and social care placements continue to impact patient flow • CPA Compliance: rates remain below target, with ongoing training and digital support required to improve documentation.

Assurance Summary

A. Operations

Metric Name	Performance	Assurance	Latest Value	Target	Lower process limit	Upper process limit	Mean	
1a	Waiting list - adult CMHT - average wait to be seen			5	4	7	9	8
1b	Waiting list - older adult CMHT - average wait to be seen			1	4	1	2	1
2a	Waiting list - adult CMHT SPOA - number waiting			660		683	921	802
2b	Waiting list - older people CMHT SPOA - number waiting			57		19	118	68
2c	Older people mental health 4 week referral to treatment			96%		10%	95%	52%
2d	Adult mental health 4 week referral to treatment			99%		2%	92%	47%
2e	Waiting list - ASD assessment - average wait to be seen			64		61	70	66
2f	Waiting list - ASD assessment - number waiting at month end			1,444		1940	2291	2116
2g	ASD assessments			75	26	28	90	59
3a	Waiting list - psychology - average wait to be seen			25		10	45	27
3b	Waiting list - psychology - number waiting at month end			533		614	771	692
4a	Waiting list - CAMHS - average wait to be seen			11		11	18	14
4b	Waiting list - CAMHS - number waiting at month end			284		269	411	340
5a	Waiting list - community paediatrics - average wait to be seen			58		36	43	39
5b	Waiting list - community paediatrics - no. waiting at month end			2,618		2617	2940	2779
B1	3 day follow-up			90%	80%	77%	98%	87%
D1	Community Mental Health Access (2 plus contacts)			12,920	11,899	10845	11702	11274
E1	Children & Young People Mental Health Access (1 plus contact)			3,425		3139	3310	3225
E4	Children & Young People Eating Disorder Waiting Time - Routine			100%	95%			
E5	Children & Young People Eating Disorder Waiting Time - Urgent			100%	95%			
G3	Early intervention 14 day referral to treatment - complete			50%	60%	57%	107%	82%
G3	Early intervention 14 day referral to treatment - incomplete			78%	60%	42%	123%	83%
H0	IAPT 6 week referral to treatment			95%	75%	60%	78%	69%
H1	IAPT 18 week referral to treatment			100%	95%	98%	101%	99%
H2	IAPT 1st to 2nd Treatment over 90 Days			32%	10%	15%	43%	29%
H7	IAPT patients completing treatment who move to recovery			54%	50%	43%	60%	52%
I1	Individual Placement and Support Access			545	343	167	498	332
K2	Average patients out of area per day - adult acute			28	0	3	24	14
K2	Patients placed out of area - adult acute			38	0	8	36	22
K2	Average patients out of area per day - PICU			20	0	12	23	18
K2	Patients placed out of area - PICU			30	0	20	36	28
L1	Perinatal Rolling 12 Months Access			12.0%	10%	7%	8%	8%
L2	Perinatal Access Year to Date			1,005	1,070	299	856	578
N4	Data quality maturity index			98%	95%	98%	98%	98%

Key to symbols¹:

Variation

- Special Cause Concerning variation
- Special Cause Improving variation
- Common Cause
- Common Cause

Assurance

- Consistently hit target
- Hit and miss target subject to random
- Consistently fail target

Blue dots indicate special cause variation, better than expected.

Orange dots indicate special cause variation, worse than expected.

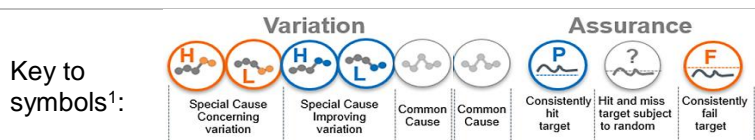
¹The rating symbols were designed by NHS Improvement

B. People

Metric Name		Variation	Assurance	Latest Value	Target	Lower process limit	Upper process limit	Mean
1	Annual appraisals			88%	90%	82%	88%	85%
2	Annual turnover			11%	8-12%	11%	13%	12%
3	Compulsory training			92%	85%	89%	91%	90%
4	Staff absence			7%	5%	5%	7%	6%
5	Clinical supervision			87%	95%	79%	84%	81%
6	Management supervision			85%	95%	76%	82%	79%
7	Filled posts			90%	100%	88%	95%	91%
8	Bank staff use			4%	5%	4%	7%	6%

C. Quality

Metric Name		Performance	Assurance	Latest Value	Target	Lower process limit	Upper Process limit	Mean
1	No. of compliments received			136	119	68	207	137
2	No. of formal complaints received ("quick resolution")			7		3	40	21
3	No. of formal complaints received ("closer look")			13		0	31	16
4	Proportion of patients clinically ready for discharge			10%	4%	6%	14%	10%
5	Proportion of patients on CPA >12 months who have had their care plan reviewed			72%	95%	60%	69%	64%
6	Patients who have their employment status recorded as "in employment"			12%		12%	13%	12%
7	Patients who have their accommodation status recorded as "settled"			48%		38%	46%	42%
8	Number of medication incidents			58		48	115	82
9	No. of incidents of moderate to catastrophic actual harm			101	48	34	84	59
10	No. of incidents requiring Duty of Candour			0	1	0	2	1
11	No. of incidents involving prone restraint			4	12	0	24	11
12	No. of incidents involving physical restraint			51	46	26	130	78
13	No. of new episodes of patients held in seclusion			8	14	2	33	18
14	No. of falls on inpatient wards			22	30	8	59	34



Blue dots indicate special cause variation, better than expected.

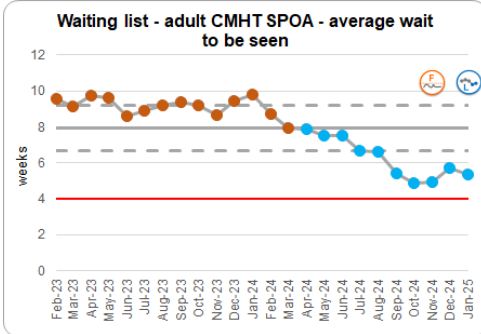
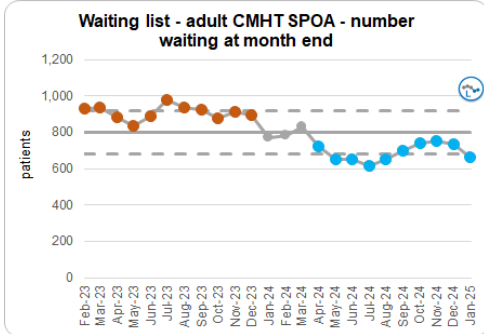
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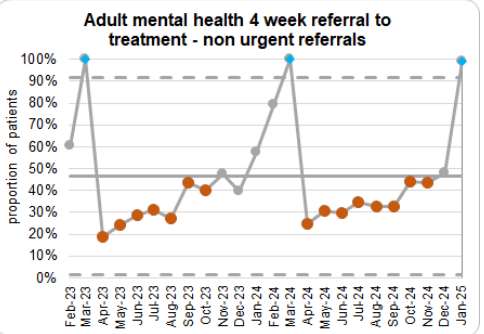
Operational Performance

Operational Performance

Waiting Times – Adult Community Mental Health



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



Currently this is an internal measure:

- 4-week referral to treatment performance is based on referral to second contact. The data does not show patients who are currently waiting for their second contact.
- Showing phase 1 compliance and does not take into account SNOMED codes or specific interventions.
- All data is for episodes referred within the selected years.

Summary

Although services are seeing an increase in referrals, the average wait to be seen continues to

reduce and is currently just under 6 weeks.

Referrals versus discharges

From April 2024 to Jan 2025 the overall number of referrals into SPOA was higher than the number of discharges by 137, which can be attributed to the increasing referrals into SPOA since the mobilisation of Living Well. Of concern, onward referrals from SPOA for intervention/treatment into different parts of the Living Well service, both short and long-term offers such as STO health, LTO community (excluding IPS and outpatients), have outweighed the number of discharges from these parts of the pathway with 417 more referrals than discharges between April 2024 and Jan 2025. If this increase in referrals for both assessment and intervention continues and remains higher than the number of monthly discharges, there is a high risk that waiting lists will increase and people will not get timely access to services when they require it owing to limited flow.

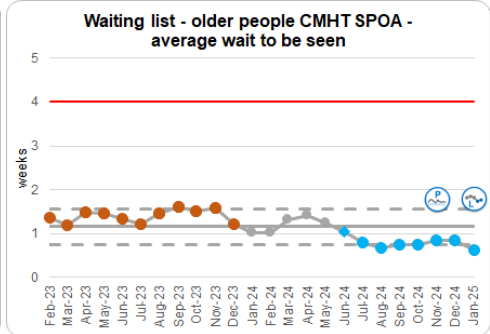
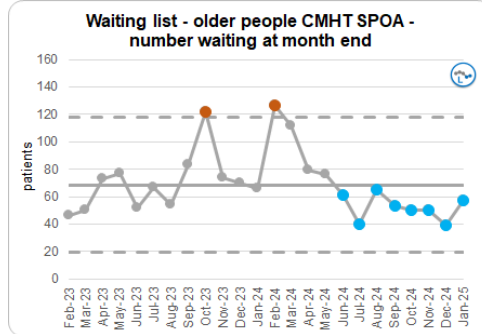
Recovery action plan

To reduce numbers waiting and length of time waiting, there continues to be an ongoing focus on productivity within all parts of the service pathway to ensure we increase flow, reduce unwarranted variation, and get best value for money. This includes targeted messaging; setting expectations – number of contacts, caseload numbers vs productivity; consistent use of the Employee Improvement Policy and Procedure; quality improvement approach to outpatient caseload management; optimised caseloads within the long-term offer; positive impact of the Living Well transformation once complete – see the following 2 pages.

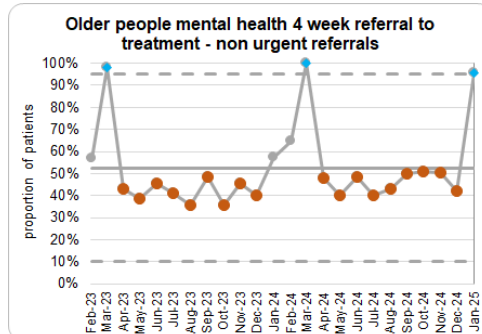
By when we will have recovered the position

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

Waiting Times – Older People Community Mental Health



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

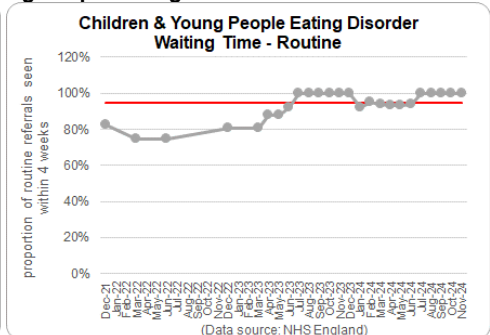
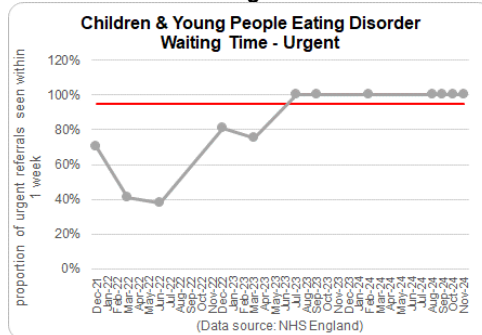


Summary

There has been a positive impact in terms of the work undertaken around triage, ensuring that patients enter the right pathway. Leadership There has also been a drive from Clinical Directors and Service Managers regarding expectations of productivity. Waiting times in MAS are stable and there has been an overall reduction in the number of patients waiting to be seen within the OA CMHT's. The waiting times in South Derbyshire have significantly reduced. Bolsover is the current hotspot due to vacancy factor, sickness, and complex employee relation issues.

Next steps – further engagement work with primary care around relationships and required referral information. The dementia assessment pathway work, will commence a review of the CMHT to DRRT element of the dementia pathway.

Waiting Times - Children & Young People Eating Disorder Team



Summary

Data indicates that the Trust's Child & Adolescent (C&YP) Eating Disorder Service generally continues to achieve around 100% for both standards. The Division also internally monitors the C&YP Eating Disorder Service waits from 1st to 2nd contact (days):

Days	Qtr1	Qtr2	Qtr3	Qtr4
2023/24	11	4	4	8
2024/25	2	3	4	1



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

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

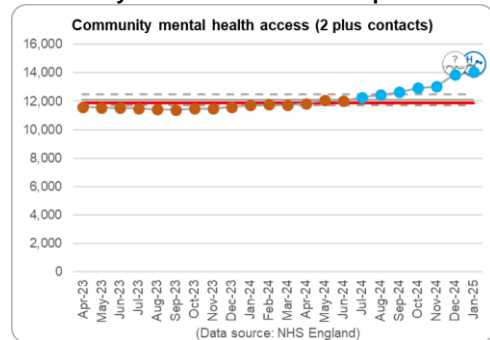
The new services went live during 2023/24:

- August 2023: High Peak
- September 2023: Derby City
- October 2023: Chesterfield
- January 2024: North East Derbyshire/ Bolsover
- February 2024: Amber Valley, and Erewash
- March 2024: Derbyshire Dales, and South Derbyshire

Community Mental Health Framework/Living Well Programme

DHCFT is a partner in the programme alongside the voluntary, community or social enterprise sector and the local authorities. Go live of the Living Well sites commenced in 2023/24 (August to March) so it is early days to yet understand true impact, however we can already see positive impact in terms of case load sizes (long term caseloads reducing whilst short term caseloads have increased). In addition, there are early indications of reducing referrals to MH Liaison Teams which frees up capacity to provide greater support to complex cases in the community and therefore to reduce presentations at A&E.

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

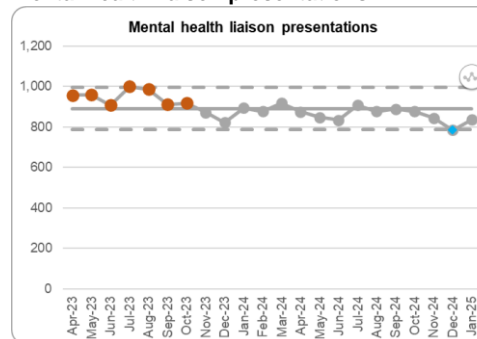


Summary

The system was set a target to increase the number of adults and older adults receiving 2 or more contacts in a year from community mental health services to 10,044 by the end of March 2023, which was an increase of 14% on current performance. The target was achieved. For financial year 2023/24 the year-end target was increased to 11,899 and for the last 4 months the target was exceeded. For financial year 2024/25 NHSE have published data up to November, which demonstrates that year to date the target level of activity has been sustained each month. Data for

December 24 and January 25 is unofficial, using internal measurement, and awaiting final validation.

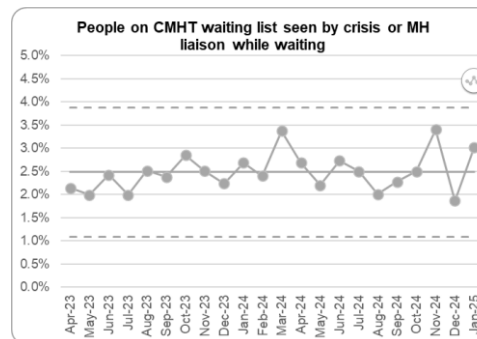
Mental health liaison presentations



Summary

One aim of living well is to free up capacity within secondary care mental health community teams to be able to provide support to more acutely unwell patients in the community. This approach should result in fewer presentations at acute trust emergency departments and support admission avoidance. The data indicates that the number of presentations has been below average in 10 of the last 12 months.

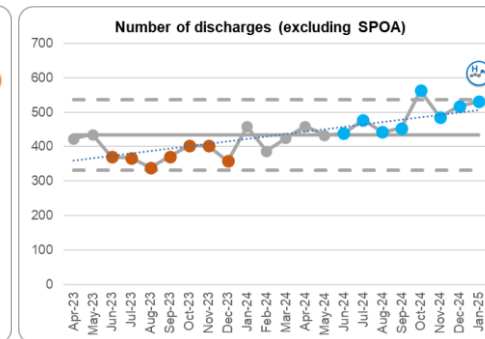
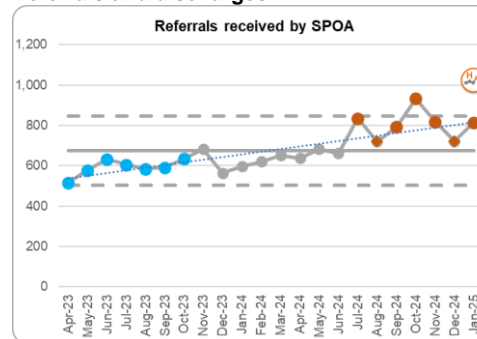
People on the community mental health team waiting list who have been seen by crisis services or mental health liaison while waiting



Summary

People who are waiting to be seen by community mental health teams should be seen sooner, therefore we would expect the number of people needing to access crisis services whilst waiting for community mental health services to decrease, reducing demand on secondary services. However, to date there is no evidence of any reduction. There is a specific piece of work through the enabler MaST (Management and Supervision Tool) to review those patients in high escalation on CMHT caseloads to increase activity to prevent them from further health escalation/deterioration.

Referrals and discharges



Summary

The volume of referrals received has been steadily increasing since December 2023, with a significant increase experienced in recent months, this is attributed to the Living Well mobilisation. The volume of discharges has also been increasing over time since December 23.

Operational Performance



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

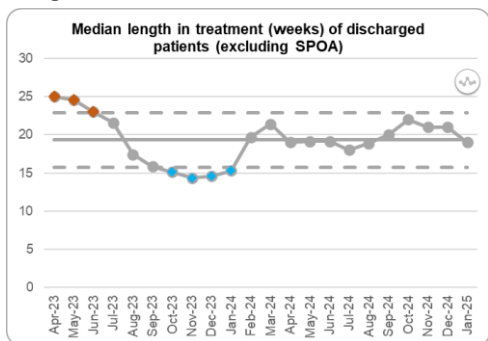
Caseload sizes

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

STO & LTO caseloads	Proportion of caseload that is long term offer											
	Oct-23	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Movement
CHESTERFIELD	96%	75%	72%	79%	73%	75%	75%	73%	72%	74%	71%	
HIGH PEAK	71%	54%	54%	53%	53%	54%	49%	46%	47%	46%	45%	
AMBER VALLEY	100%	100%	100%	100%	100%	100%	80%	73%	73%	69%	67%	
EREWASH	100%	91%	89%	90%	88%	89%	79%	75%	75%	73%	73%	
SOUTH DERBYSHIRE	100%	93%	89%	85%	80%	81%	73%	69%	69%	67%	66%	
DERBY CITY B	72%	57%	58%	66%	60%	65%	63%	67%	69%	66%	65%	
DERBY CITY C	74%	61%	60%	67%	58%	60%	59%	63%	68%	67%	66%	
Grand Total	89%	77%	76%	80%	75%	77%	70%	69%	69%	68%	67%	

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

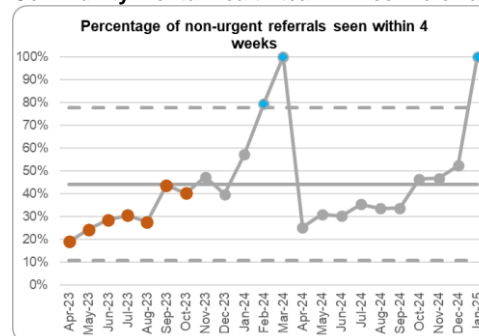
Length of time in treatment



Summary

Discharges would be expected to increase and length in treatment to reduce, owing to the short-term offer throughput offering a 12-week service. The flow of people through the service would ensure there is capacity to support people in a timely manner.

Community mental health team 4-week referral to treatment

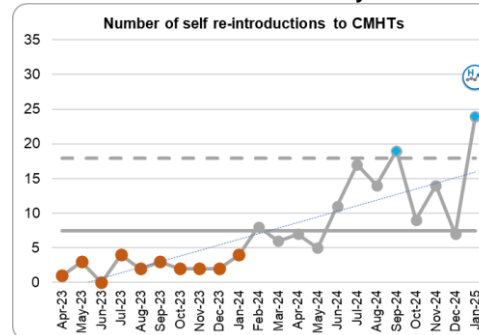


Summary

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

A significant piece of work is ongoing to correct multiple patient contacts that have been recorded incorrectly on SystmOne. Once complete this will positively impact on reported waiting times and the true picture will be more accurately reflected.

Self re-introductions to community mental health services



Summary

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

Operational Performance

Adult Neurodevelopmental Division (ND)

Inpatient/Flow/Avoiding Inappropriate Admissions

- The Short-Term Intervention Team (STIT) SDF funded has preliminary been extended until September 2025, however, confirmation required before March 31st 25. Further funding is pending QOF review.
- Deep dive into long-stay out-of-area patients has been conducted with planned changes to oversight and assurance to improve discharge rates.

Transforming care programme	Target	Completed
Number of adults in ICB commissioned inpatient care	16	17
Number of adults in secure inpatient care	15	20
CTR - Post admission Adult	75%	100%
CTR – 6 month follow up - ICB Commissioned	75%	100%
CTR - 12 month follow up - Secure Inpatient	75%	95%

Actions

A recovery action plan is in place, and at the time of writing the number of adults in ICB commissioned inpatient care has been recovered to below target level, currently standing at 15 placements. Work is in progress to reduce secure inpatient care placements and anticipated to fall below target by May 2025. The objective to improve bed flow/discharges for learning disability & autism (LDA) patients is shared across the system as a top priority. Improvements have already been made to avoiding admissions and attention is firmly focused on getting patients out of hospital back into the community safely and effectively. To date there are approximately 17 planned discharges this year, which coupled with the ongoing work to avoid admission will see an overall reduction in bedded care for LDA patients. The whole service review of the clinical care pathway will work toward ensuring community care is flexible, responsive and proactive so that it can meet the needs of those who need services.

Actions completed to date:

- Evaluation and consolidation of admission avoidance initiatives specifically targeted at ASC people and people with LD, including, relaunched dynamic support pathway, Specialist Autism Team; Short Term Intervention Team, CYP Key working.
- Evaluation and consolidation of preventative services in the community, including operational – continued improvement in autism diagnostic assessment throughput; strategic commissioning – investments in ND diagnostic pathway support.
Establishment of new operational oversight structures as part of the ND programme including Joint Solutions Group (community) and two Discharge Delivery Groups (one per local authority area).
- Progression of two LD NHS Major Service Change programmes – 1) Short Breaks 2) Inpatients. This includes consideration of initiatives which can enhance the local LD care pathway such as Step Up/Down.
- Continuation of work to ensure diverse and high-quality care and accommodation in the community, with a strong focus on delivering against planned schemes. Also includes progression of NHS England Capital Bid
- Deep dive into all patients who have been inpatient for 3 years + to inform actions and escalations across the system

Future Actions to improve discharges/flow:

- Review of Enhanced Case Manager role
- Roll out of new system-wide delivery plan will focus on care and accommodation which will support flow/discharge as some of the hotspots for discharge are related to ASC

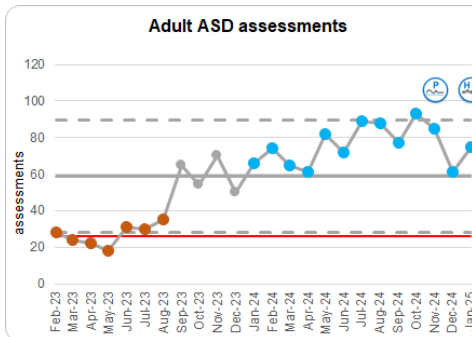
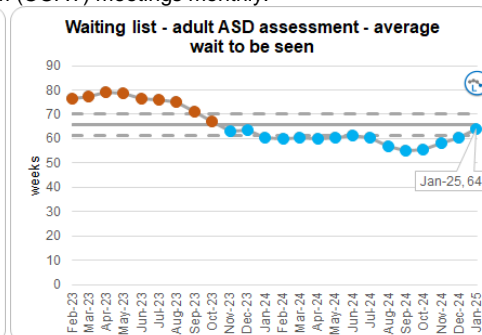
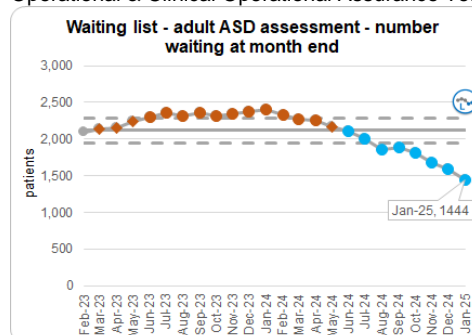
Risks

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

Risks

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

Training and Risk Screen Compliance: New reporting format has significantly lowered risk screen compliance. Working group addressing this with ND Head of People is leading this. To be reviewed in Operational & Clinical Operational Assurance Team (COAT) meetings monthly.



Autism Services

Adult Diagnostic Service

The number of completed assessments per month has remained high and after 10 months the full year contracted target has been exceeded by 260%. The number of people waiting continues to reduce significantly. Continued discussions with the ICB are taking place regarding extending the Autism diagnostic service (16 year +) following on from the closure of Sheffield diagnostic service.

Attention deficit hyperactive disorder (ADHD)

Ongoing gap in adult ADHD services. The Trust are continuing to build an agreed service specification and the resource needed to fulfil the potential commissioned service. Led by the Trust Managing Director for Planned Care and Chief Psychologist, ongoing discussions are progressing with the ICB and ND division.

Challenges

- Capturing patient experience: barrier to using the electronic patient survey as requires additional investment.
- Experts by experience coproduction and engagement- forming part of system delivery plan

Successes

- Annual health check completion has improved compared to last year's position YTD. Ongoing work however no longer national priority who access ND services. The findings of this to be shared with Trust Leadership Team.
- Phase two of Clinical Care Pathways has begun, focus on embedding the pathways and working through coproduced toolkits and resources.

Quality Improvement/Research

Community and Inreach both looking at new pilot model of service delivery which targets larger community provision and working differently to be more proactive and responsive in a trauma-informed manner. This work will be formatted into a QI project.

Operational Performance

Psychology & Psychological Therapies

The Division has maintained its excellent reputation in the region for being a fantastic place for psychologists to work and remains the employer of choice in the region. The Division currently have around 8% vacancy, with a head count of 275 staff (229.2 WTE).

Trainees and research: The next intake of funded trainees will be September 2025. Those who started in September 2024 have settled in well.

Talking Mental Health Derbyshire (TMHD): 6-week treatment target achieved and being maintained. Over delivered completed treatments within this contract. The service and staff will TUPE on 1st July 2025 to the new provider, Vita Health. There is a workplan in situ for the next 4 months to manage the transition of patients and staff. We are in constant discussion with ICB partners to understand the best ways for the system to manage the change.

Flow: The psychology teams have been working to specifically support the development of formulations for those with EUPD presentations within the inpatient areas. The EUPD pathway teams are also supporting with trying to maintain those in the community with a specific focus to avoid hospital admissions.

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

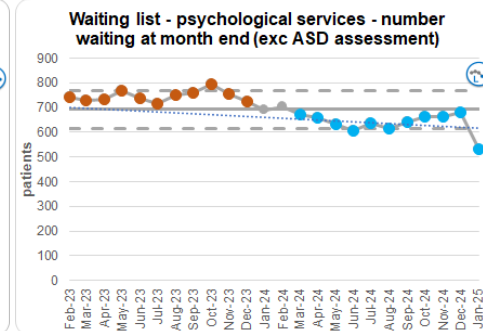
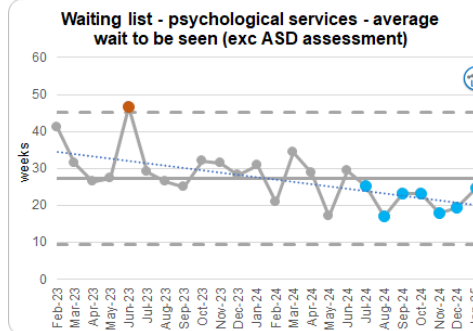
- Adults of working age psychology received 39 returns showing 82% positive feedback. The less positive feedback was owing to waiting times.
- Cognitive Behavioural Therapy & psychodynamic therapy received 15 responses and 100% were positive
- NHS Talking Therapies received 1,441 responses and 99% were positive.
- South & Dales Older Adult Psychology received 2 responses and 100% were positive.
- Learning disability psychology received 1 response which was positive.

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

Trust wide staff wellbeing: Wellbeing remains a priority for all teams. Divisional staff receive continued requests to support individuals and teams which remains challenging. We are trying to consider ways across the system (JUCD) to improve the psychological support offered to colleagues. There remains a lack of appropriate psychological support for staff internally and across the system.

System support and contracts: We currently provide reflective practice for system partners (the police and rough sleeping teams) and are developing further system offers to the child death review team. The CBT team continues to provide training to other agencies. These are small income generator which we aim to grow over the coming years.

Increasing psychological awareness: Bite size psychological teaching sessions continue to have good attendance with a range of topics being delivered. Psychologists and psychotherapists are working across teams and services to provide support, formulation and build resilience.



Waiting lists and referrals: Overall, there continues to be a sustained reduction in the number of people waiting for psychological input to around 24 weeks. This has taken much work and sustaining this remains a focus in all areas. There are some areas (such as MAS psychology assessment) where the reduction has not been sustainable, and we are focusing on those. The other pressure point remains ASD assessment where the average wait is 64 weeks (as recorded in January 2025).

ASD and ADHD services: The Trust are currently in discussion with the ICB to provide an ADHD service and to extend the ASD assessment service to meet the needs of the population.

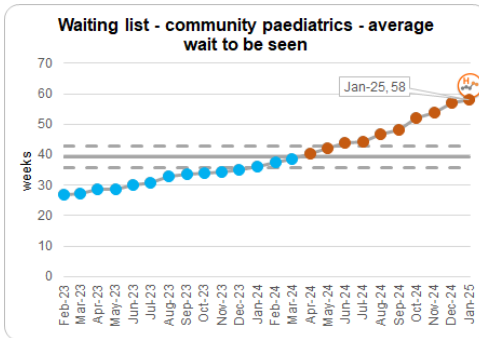
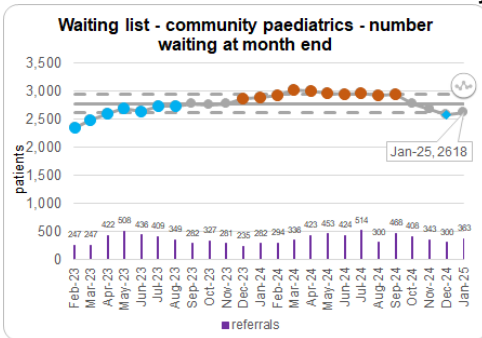
Key performance indicators: Clinical and managerial supervision remain high at 95.5% and 93.6% respectively, although there is still work to be done to improve this. Annual appraisal completion stands at 90.8%, but still needs to improve further. Return to work interviews remain low at 36% for January, though this related to just 11 returns to work in total. These have been followed up individually and will be corrected for the next update.

Productivity: Productivity remains a focus for all teams. The leadership team have shared expectations around job planning and delivery with managers. Accurate data is still a challenge, and we don't have this available for many of the teams. Digitisation of assessment tools is one of the next steps needed to improve the efficiency of the division and increase patient facing work.

Data: Over the last 6 months we have worked with the Training & Development team and ESR colleagues to improve the data and reporting. This is happening slowly, and role specific training data remains incorrect. Gaps remain in the broader access to accurate data.

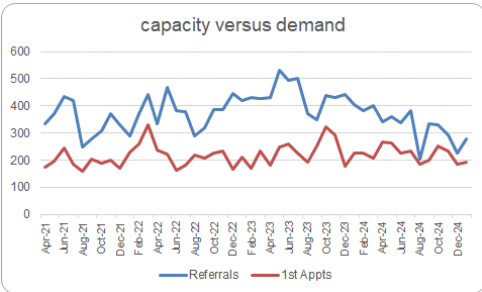
Operational Performance

Community Paediatrics



Summary

At the end of January 2025 there were 2,618 children waiting to be seen and the average wait time was 58 weeks. Whilst referrals continue to rise, the positive impact of the internal review of processes, job plans etc. which enabled increasing the number of assessments in 2023/24 by 34% compared to 2022/23, has continued into the current financial year to date. However, demand continues to outstrip capacity by 38%, resulting in lengthening waits. Over the next 3 months there are likely to be over 300



patients in the Community Health Services Data Set who have been waiting over 104 weeks to be seen. The service will also lose 5 of the community paediatrician team through retirement and/or voluntary resignation. This includes the loss of 3 experienced consultants, including the clinical director, which will have a significant impact on service delivery.

Internal factors

Ongoing difficulty in discharging children under NICE guidance and shared care agreements in relation to medication for ADHD – specialist

nursing team caseloads continue to expand causing problems with flow from the community paediatrics service. Recruitment and retention of medical staff: recruitment to mitigate expected turnover in the next quarter period.

External factors contributing to increased demand on Community Paediatricians

- Significant increase and enduring demand for ASD/ADHD specialist assessment. Demand for ASD and ADHD assessments is linked to an increase in SEND in schools, school pressures, cost of living crisis and reduced community support.
- Ongoing increased volume of referrals to community paediatricians owing to developmental delay, which has persisted since the pandemic.
- Increased complexity of children & young people's presenting needs post the pandemic, resulting in longer appointments, which reduces capacity to see more patients.
- Ongoing ADHD supply issues continue to impact on demand and management of cases needing to be expedited.

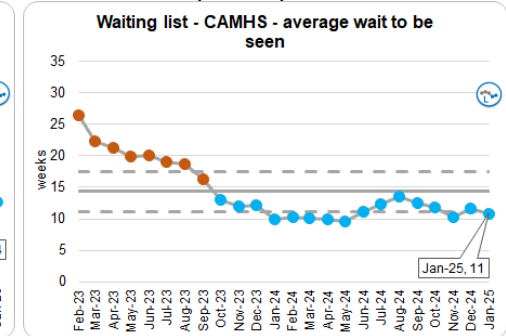
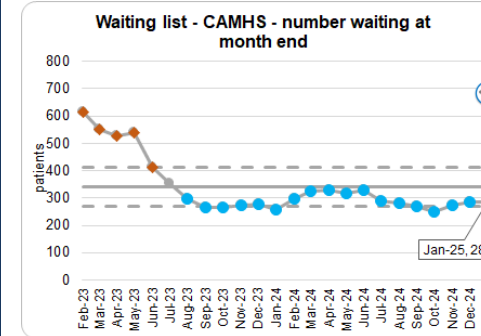
Actions

- Transformation work for the CYP neurodevelopmental pathway is ongoing.
- Ongoing senior leadership attendance at system neurodevelopmental meetings to highlight risks and increase local authority, education and primary care accountability for the increasing demand. Ongoing triage review of long waiters, with a system decision made to focus on education/schools in order to reduce referrals by offering advice, support and signposting as needed.

- Recovery action plan is in development.
- Mitigation measures to address the vacancies arising will form part of the service transformation programme, through a review of roles, skill mix, and service specification.
- Waiting times for community paediatrics are likely to continue to rise. The ongoing challenge is to reduce the growth and speed at which this takes place.

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

Child & Adolescent Mental Health Services (CAMHS)



Summary

At the end of January 2025, 284 children & young people were waiting to be seen and the average wait time was 11 weeks. The average wait is now more accurately reflected. Priority assessments remain to be seen within 4-6 weeks and routine assessments up to 20 weeks, however this is still a significant improvement from where we were in 2022.

Actions

- The triage and assessment team are continuing to positively impact on external waiting times and are adhering to the Trust waiting well policy. Owing to the efficiency of the Triage and Assessment Team, it is necessary to limit and control the rate of assessments so that the teams further down the pathway do not become overwhelmed. It was planned to increase from 4 to 6 in January. However, owing to absences and vacancy, it has been increased to 8 per week which is maintaining a steady enough flow into the pathway and maintaining the average wait at around 16 weeks.
- The business case worked up with the ICB to access long term plan children & young people (CYP) services transformation money for 2024/25 is still a live proposal sitting with the senior commissioner.
- CAMHS Assessment Team clinicians continue to support with the quantitative behaviour clinic assessments to help reduce wait times. The team also continues to support with CAMHS ASD assessments, at the rate of 1-2 assessments per clinician per week. This results in young people, who were solely waiting for an ASD assessment potentially being discharged from service at a much faster rate than had they been waiting for the CAMHS specialist assessment team.
- Assessment Service Leads are closely monitoring the impact of the closure of national gender services, as referrals start to be sent through. As yet, there has not been a significant impact. A significant number of those referred in were already known to services/open to services, so the time spent triaging was minimal. The assessment of all CYP on the wait list for the gender clinics that have been closed was a mandated requirement from NHSE to mitigate the risks of having unknown CYP on their wait lists. The ongoing commissioning of gender services has not been resolved.

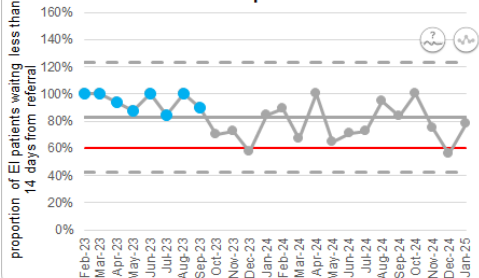
Recovery timescales:

Average wait is below 18 weeks however a national standard of 4 weeks was proposed by NHS England. If mandated, this would require new investment as outlined in the business case above, and would take 2-3 years to fully implement.

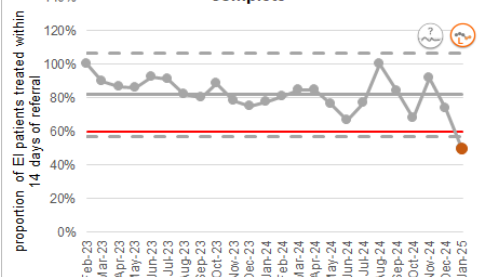
Operational Performance

Early Intervention in Psychosis

Early intervention 14 day referral to treatment - incomplete



Early intervention 14 day referral to treatment - complete



Summary

Patients with early onset psychosis are mainly continuing to receive very timely access to the treatment they need. In January 2025 the standard was not met for the first time in many months, with 12 patients waiting over 2 weeks to be seen.

The key issues facing the service

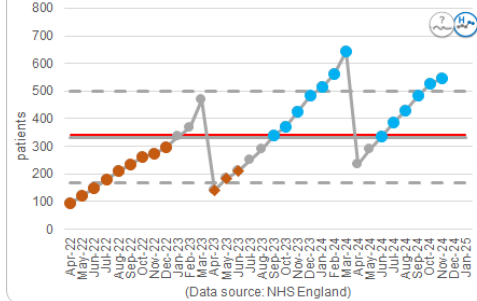
There is a risk assessment in place for both the EI North and EI City and South teams owing to significant staffing pressures as a result of maternity leave(s), vacancies, and sickness absence, resulting in caseloads above the agreed standard and challenges in meeting the 14-day access target. The risk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

Actions being undertaken

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

Support into Employment

Individual Placement and Support Access



Summary

Work Your Way is a team of employment specialists and peer support workers helping people using community mental health services in Derbyshire to find work and stay in work. The team is continuing to be extremely productive and in 2023/24 supported 645 people to access the service, and supported people to find permanent work in 176 jobs in roles of their choice. In the first 10 months of this financial year a significant number of people have been supported to access the service.

In January 2025 the team received a glowing review from the national body that oversees it, IPS Grow, following a 'fidelity review' involving two days of observations and meetings.

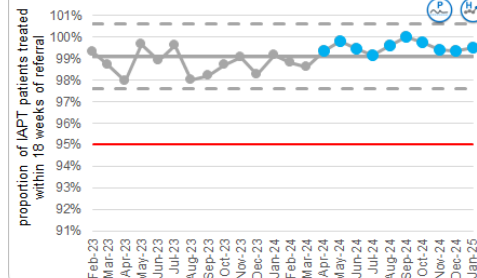
The fidelity review measured areas of good practice, including:

- Positive team culture
- Good communication
- Good employment support
- Focus on continuous learning and collaboration.

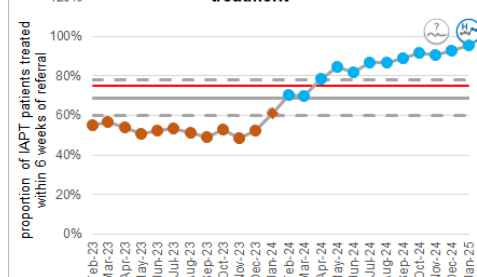
After the two days of observations and meetings, the team was given a score of 110 out of 125, which is an improvement of 10 points on the previous year and close to being the best score achievable. The service has been awarded a national quality mark.

NHS Talking Therapies

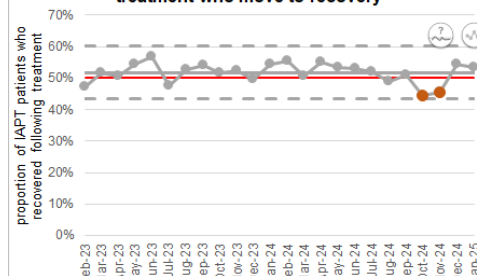
NHS Talking Therapies 18 week referral to treatment



NHS Talking Therapies 6 week referral to treatment



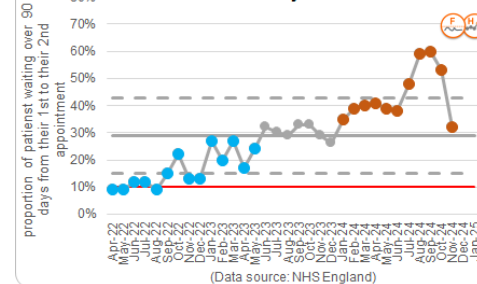
NHS Talking Therapies patients completing treatment who move to recovery



Summary

- 18-week referral to treatment performance and 6 week wait for referral to assessment/ 1st treatment entered continue to exceed target.
- Recovery Rate, Reliable Improvement and Reliable Recovery Rates are all on target in month and year to date following a couple of months of volatility.

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



Summary

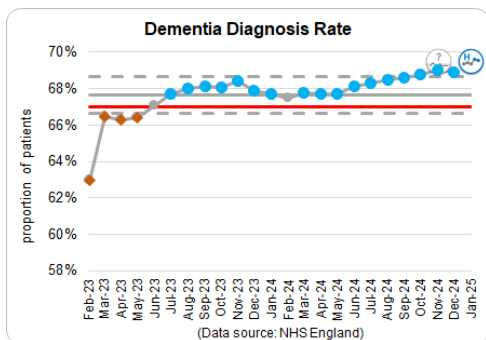
1st to 2nd treatment over 90 days has nearly halved across the 2 months to November making for a considerably improved picture.

Actions

- Negotiations with 3 of the 4 sub-contractors to carry on treating into quarter 1 of 25/26 to stabilise the counselling wait lists.
- Productivity of staff maintained despite the uncertainty of future service provision and model.
- Further losses in capacity for clinical staff with sub-contractors will reduce our capacity to manage wait lists. Loss of premises as leases are served notice reduces capacity for face to face treatments.
- Exit strategy continues to be worked upon, now meeting with the successful provider as confirmed on 6th Feb for handover of services and staff TUPE.
- Working with staff to maintain activity levels

Operational Performance

Dementia Diagnosis Rate



Summary

There has been a national drive to increase the proportion of people estimated to have dementia, who have a coded diagnosis of dementia. The target for Derby & Derbyshire ICB has been achieved since June 2023 and steadily increasing for the last 7 months. NB this is national data and the January 2025 position is yet to be published by NHSE.

Regional Comparison December 24

Dementia diagnosis rate

Organisation Name	Measure Value STR
NHS STAFFORDSHIRE AND STOKE-ON-TRENT ICB	73.1%
NHS NOTTINGHAM AND NOTTINGHAMSHIRE ICB	70.9%
NHS DERBY AND DERBYSHIRE ICB	68.9%
NHS LINCOLNSHIRE ICB	68.3%
NHS NORTHAMPTONSHIRE ICB	66.1%
NHS BLACK COUNTRY ICB	65.8%
NHS LEICESTER, LEICESTERSHIRE AND RUTLAND ICB	64.8%
NHS BIRMINGHAM AND SOLIHULL ICB	62.6%
NHS SHROPSHIRE, TELFORD AND WREKIN ICB	62.0%
NHS COVENTRY AND WARWICKSHIRE ICB	58.0%
NHS HEREFORDSHIRE AND WORCESTERSHIRE ICB	55.1%

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

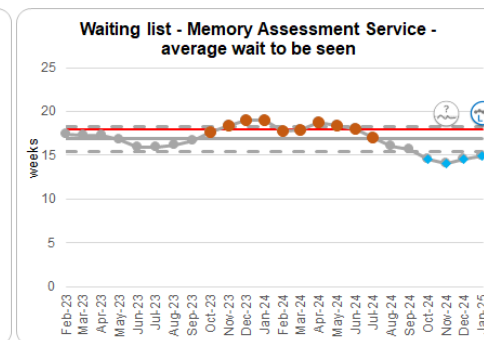
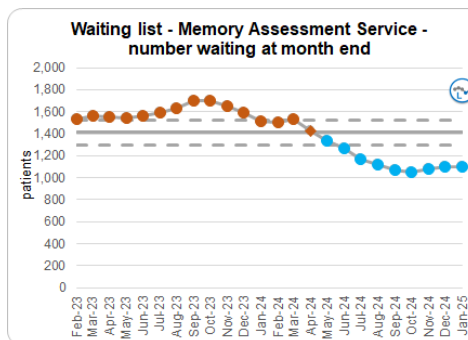
Dementia Diagnosis Benchmarking Data

Type	Code	Diagnosis rate
ICB	QF7	75.9
ICB	QOP	74.6
ICB	QWE	73.2
ICB	QNC	73.1
ICB	QT1	70.9
ICB	QUY	70.7
ICB	QKK	70.2
ICB	QWO	70.2
ICB	QHG	69.6
ICB	QE1	69.3
ICB	QHM	69.1
ICB	QJ2	68.9
ICB	QJM	68.3
ICB	QH8	68.1
ICB	QXU	67.9
ICB	QNG	67.7
ICB	QYG	67.3
ICB	QMJ	67.2
ICB	QPM	66.1
ICB	QUA	65.8
COUNTRY	ENG	65.6
ICB	QM7	65.3
ICB	QR1	65.2
ICB	QRV	65
ICB	QK1	64.8
ICB	QNX	63
ICB	QRL	62.7
ICB	QHL	62.6
ICB	QMM	62.3
ICB	QT6	62.3
ICB	QU9	62.3
ICB	QOC	62
ICB	QMF	61.9
ICB	QOX	61.9
ICB	QKS	60.5
ICB	QUE	60.5
ICB	QJG	60.4
ICB	QOQ	60.2
ICB	QJK	58.8
ICB	QWU	58
ICB	QVV	57.8
ICB	QSL	55.9
ICB	QGH	55.1

Primary Care Dementia Data - NHS England Digital

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

Dementia Diagnosis Waiting Times



Summary

At the end of January 2025 there were 1,097 people on the waiting list, with an average wait of 15 weeks, which includes people currently waiting as well as those who were assessed in month. Waiting times for initial assessment remain at approximately 24 weeks. Some progress has been made on assessment to diagnosis which is currently 8 weeks across the county.

Reasons for underperformance

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

Action plan

- Quality improvement project to maximise and make best use of current resource, to ensure maximum capacity and quality of current provision, with a focus on the medical workforce and diagnostic capacity. All elements have been completed apart from the medical workforce. Planning is underway for this, with a new speciality doctor now in post
- MAS 24 has been fully absorbed into the CMHT Care Homes Project.
- Reducing the DNA rate. There are still a number of cancellations, but the service are working to rebook people into suitable slots. A cancellation list is held and pull people are seen in the clinics where there are DNA's.
- Dementia assessment pathway work remains ongoing, with further engagement with Primary Care underway. Weekly emails to staff with individual performance data to ensure individual accountability for service provision.
- Regular monitoring of wait times and data cleansing.
- Complex case/under 55 pathway review completed.
- Medical workforce review. Partially complete: new Specialty Doctor now in post, with a plan around clinics and multidisciplinary meetings which will be reviewed 3 months post start date.

By when we will have recovered the position

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

Operational Performance

Summary

The national measure up to the end of 23/24 gave a combination of inappropriate out of area adult acute placements and psychiatric intensive care unit placements, calculated on a rolling 3 months' basis, at both ICB and sending provider level. From April 24 NHS England changed to measuring the number of placements at month end, at ICB level only. From internal data, at the end of November 24 there were 25 inappropriate out of area adult acute patients and 14 inappropriate out of area PICU patients. NB these figures exclude placements where continuity of care principles have been put in place, which are classed as appropriate placements.

Reasons for underperformance

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

The level of acuity remains persistently high, resulting in the need for PICU beds and represented by the increase in adult acute admissions under the Mental Health Act, which account for 69% of all admissions. The level of acuity may also result in people taking longer to recover.

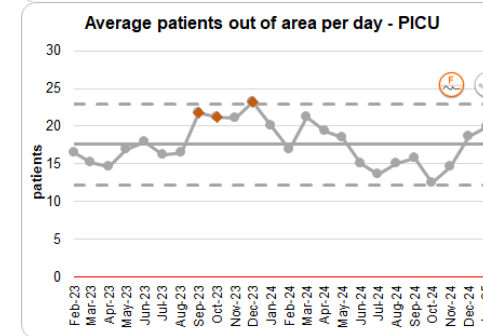
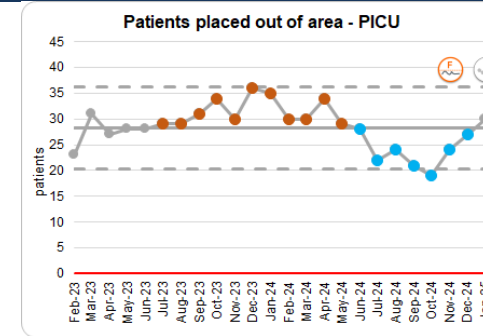
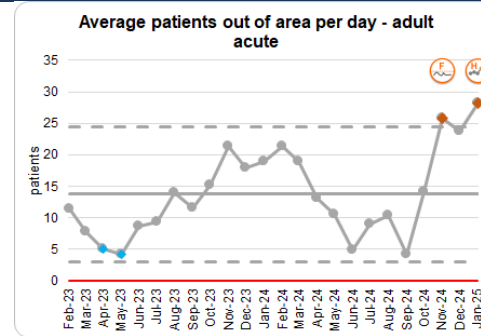
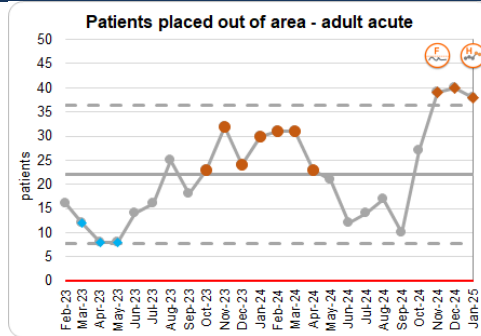
There are no PICU beds in Derbyshire at this time and therefore all patients placed in PICU are placed in out of area beds.

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

Regional comparison November 24

Inappropriate out of area placement bed days

Organisation Name	Measure Value STR
NHS BIRMINGHAM AND SOLIHULL ICB	1,535
NHS DERBY AND DERBYSHIRE ICB	1,235
NHS NOTTINGHAM AND NOTTINGHAMSHIRE ICB	1,045
NHS NORTHAMPTONSHIRE ICB	470
NHS LEICESTER, LEICESTERSHIRE AND RUTLAND ICB	410
NHS LINCOLNSHIRE ICB	395
NHS BLACK COUNTRY ICB	280
NHS COVENTRY AND WARWICKSHIRE ICB	185
NHS SHROPSHIRE, TELFORD AND WREKIN ICB	140
NHS STAFFORDSHIRE AND STOKE-ON-TRENT ICB	130
NHS HEREFORDSHIRE AND WORCESTERSHIRE ICB	55



Recovery action plan

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

- The establishment of MAST in CMHTs ensuring focused input to those of greatest need and at greatest risk of admission.
- Develop and implement criteria led discharge guidance.
- Challenge and confirm process incorporated into review of out of area patients.
- Challenge and confirm process incorporated into reviews for patients with LOS over 60 days.
- Daily dashboard generated providing breakdown of performance daily.
- Weekly multidisciplinary review of key performance data on the ward dashboard
- Estimated discharge date established during admission process and discharge planning to start at point of admission.
- Derbyshire ICB have agreed strategy to achieve maximum delayed discharge will be 24 hours. At the moment the average delayed discharge is 65 days with between 20 and 30 patients identified as "delayed discharge" at any one time.
- To engage with housing and clinical colleagues to ensure that homelessness pathway is robust as a discharge option.
- To generate improved flow and admission capacity in adult acute inpatients who are temporarily providing 7 day offer.
- Creating capacity to repatriate PICU patients when appropriate to do so and a reduction in requirement for psychiatric intensive care.

By when we will have recovered the position

- End of March 2025.

Summary

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

Operational Performance

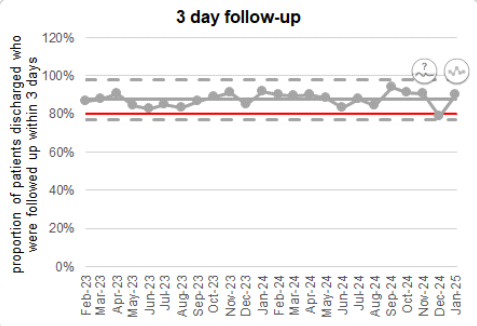
Occupancy & length of stay (days)

Clinical area	Beds	Bed occupancy Jan-2025	Average duration of stay to date of current patients		Average length of stay Jan-25 discharged		Change versus previous month discharged		Change over time – mean length of stay of discharged inpatients
			Mean	Median	Mean	Median	Mean	Median	
Adult Acute									
Morton	20	105%	42	28	57	30	↗	↗	
Pleasley	21	71%	78	30	175	63	↗	↗	
Tansley	21	102%	54	31	50	45	↘	↗	
Ward 33	20	96%	75	63	70	48	↗	↗	
Ward 34	20	103%	50	42	52	32	↗	↘	
Ward 35	20	106%	83	51	89	37	↗	↘	
Ward 36	21	96%	49	30	41	43	↘	↘	
Older People									
Bluebell – new ward	12	81%	96	46	38	39	n/a	n/a	
Cubley Female	18	70%	99	71	145	147	↗	→	
Cubley Male	18	86%	75	78	163	153	↗	↗	
Tissington	18	104%	92	61	85	49	↗	↘	
Perinatal									
The Beeches	6	87%	22	22	33	20	↗	↘	
Rehabilitation									
Cherry Tree Close	23	93%	342	301	322	322	↗	↗	

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

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

Operational Performance

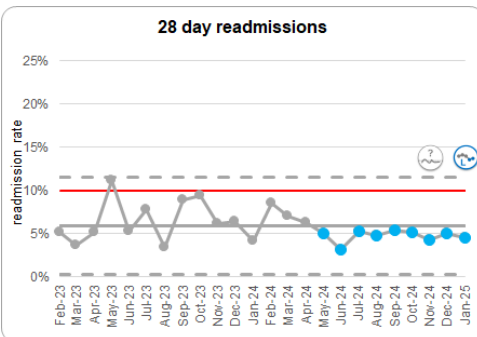


Summary

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

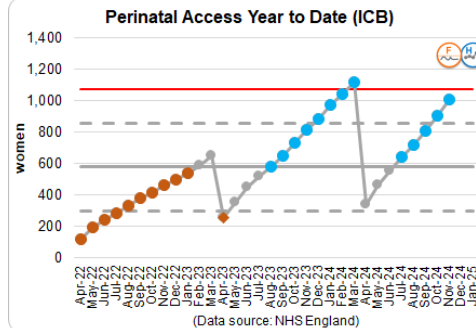
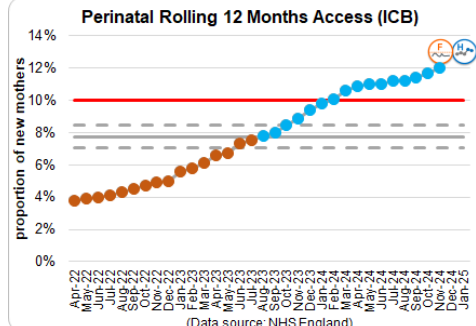
Actions

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



Summary

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



Summary

The service continues to exceed the 10% access target, rolling access rate is currently 11.7%. The service is now fully recruited to and has specialist assessor roles in place. Accepting self-referrals and developing an outreach workstream is improving inclusive, parity of access. There is a consistently high demonstrable demand for the service. The service is currently refining clinical pathways to ensure that wait times are managed effectively. Completion of assessments within the maternal mental health service (MMHS) and psychology are lower than initially projected owing to length of stay on caseload and workforce challenges.

Actions needed to maintain target

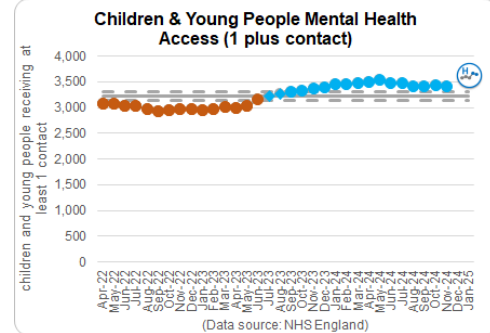
- Continued action plan to address DNA's.
- Service to continue strategic direction to address health inequalities and potential barriers to access.
- Waiting list to continue to be monitored by RAP and monthly exception report.
- Service to refine clinical pathways
- MMHS and psychology team to increase capacity to assess and manage wait times for the service.

Regional comparison November 24

Perinatal access – rolling 12 months

Organisation Name	Measure Value STR	LTP Trajectory STR	LTP Trajectory Percentage
NHS SHROPSHIRE, TELFORD AND WREKIN ICB	745	501	149%
NHS DERBY AND DERBYSHIRE ICB	1,300	1111	117%
NHS NORTHAMPTONSHIRE ICB	995	905	110%
NHS BIRMINGHAM AND SOLIHULL ICB	1,925	1953	99%
NHS NOTTINGHAM AND NOTTINGHAMSHIRE ICB	1,280	1298	98%
NHS LEICESTER, LEICESTERSHIRE AND RUTLAND ICB	1,230	1259	98%
NHS LINCOLNSHIRE ICB	720	742	97%
NHS HEREFORDSHIRE AND WORCESTERSHIRE ICB	780	781	97%
NHS BLACK COUNTRY ICB	1,505	1585	95%
NHS COVENTRY AND WARWICKSHIRE ICB	980	1045	92%
NHS STAFFORDSHIRE AND STOKE-ON-TRENT ICB	1,050	1215	86%

NHS Derby & Derbyshire ICB was the 2nd highest performing in the region, with activity exceeding long-term plan trajectory.



Summary

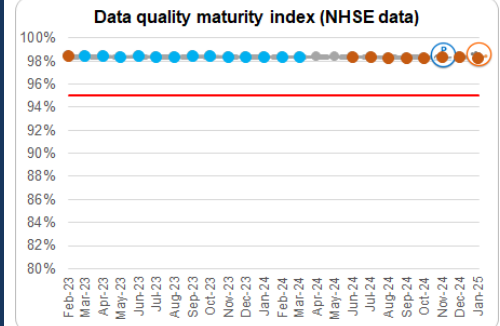
Performance has remained significantly high since August 2023.

Regional comparison November 24

C&YP access 1 plus contact

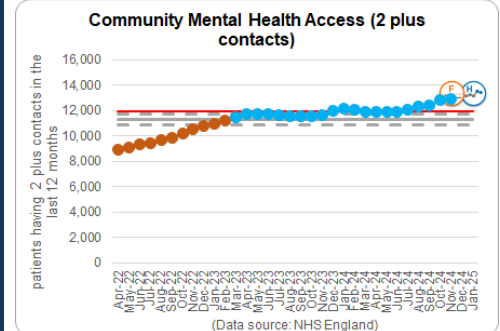
Organisation Name	Measure Value STR	LTP Trajectory STR	LTP Trajectory Percentage
NHS NOTTINGHAM AND NOTTINGHAMSHIRE ICB	20,475	18124	127%
NHS LEICESTER, LEICESTERSHIRE AND RUTLAND ICB	17,730	14553	122%
NHS NORTHAMPTONSHIRE ICB	10,005	9900	104%
NHS DERBY AND DERBYSHIRE ICB	14,550	14463	101%
NHS COVENTRY AND WARWICKSHIRE ICB	12,550	12972	97%
NHS HEREFORDSHIRE AND WORCESTERSHIRE ICB	10,460	11885	88%
NHS BLACK COUNTRY ICB	17,440	20240	86%
NHS STAFFORDSHIRE AND STOKE-ON-TRENT ICB	14,685	17273	85%
NHS SHROPSHIRE, TELFORD AND WREKIN ICB	8,370	8341	78%
NHS LINCOLNSHIRE ICB	8,810	11829	73%
NHS BIRMINGHAM AND SOLIHULL ICB	17,875	24834	72%

NHS Derby & Derbyshire ICB was the 4th highest performing in the region, with activity slightly above the long-term plan trajectory.



Summary

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



Summary

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

Regional comparison November 24

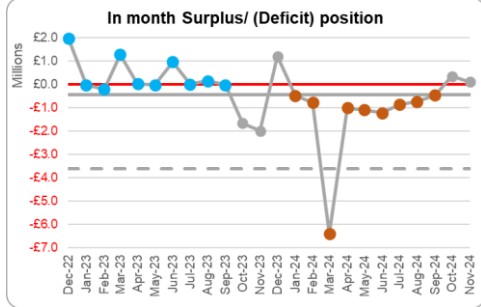
Community mental health 2 plus contacts t'formed

Organisation Name	Measure Value STR	LTP Trajectory STR	LTP Trajectory Percentage
NHS BIRMINGHAM AND SOLIHULL ICB	25,380	10288	247%
NHS LEICESTER, LEICESTERSHIRE AND RUTLAND ICB	14,410	6802	212%
NHS NOTTINGHAM AND NOTTINGHAMSHIRE ICB	15,885	7984	199%
NHS DERBY AND DERBYSHIRE ICB	13,030	7323	178%
NHS NORTHAMPTONSHIRE ICB	8,485	4932	172%
NHS BLACK COUNTRY ICB	14,460	8559	169%
NHS STAFFORDSHIRE AND STOKE-ON-TRENT ICB	11,830	7820	151%
NHS HEREFORDSHIRE AND WORCESTERSHIRE ICB	7,935	5280	151%
NHS LINCOLNSHIRE ICB	7,880	5407	142%
NHS COVENTRY AND WARWICKSHIRE ICB	7,975	6376	125%
NHS SHROPSHIRE, TELFORD AND WREKIN ICB	4,220	3394	124%

NHS Derby & Derbyshire ICB was the 4th highest performing in the region, with activity exceeding the long-term plan trajectory by 78%.

Finance

Financial Performance



Summary

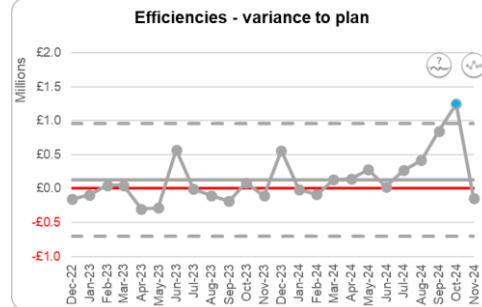
At the end of January, the financial position is a deficit of £5.4m which is better than plan by £0.4m.

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

Current risks to deliver the planned deficit:

- Delivery of efficiencies in full
- Management of Adult Acute out of area expenditure to reducing trajectory
- Management of in-patient expenditure to budget
- Additional costs of complex patient (now ceased)
- Management of agency expenditure within budget
- Management of any new cost pressures

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



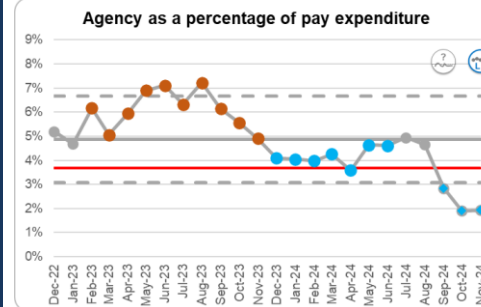
Summary

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

There has been a significant improvement in the position at the end of January and delivery is on plan year to date (YTD)

At the end of January £12.1m of the £12.5m planned efficiency delivery has been transacted in the ledger following the EQIA sign off process.

The Efficiency Programme Delivery Group, held fortnightly, continuous to oversee progress of the required savings.

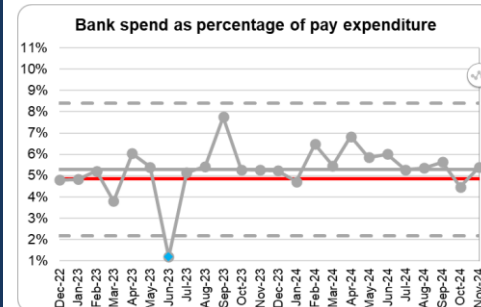


Summary

Agency expenditure YTD totals £4.5m which is below plan by £0.9m. This includes £1.2m of additional costs to support a patient with complex needs (ceased at the beginning of September). Excluding that cost the agency expenditure would be below plan by £2.0m. The agency expenditure as a proportion of total pay for January is 1.8%. The forecast agency expenditure of £6.3m is below plan by £1.2m

There has been a significant reduction in agency expenditure since July, with December being the lowest for the financial year.

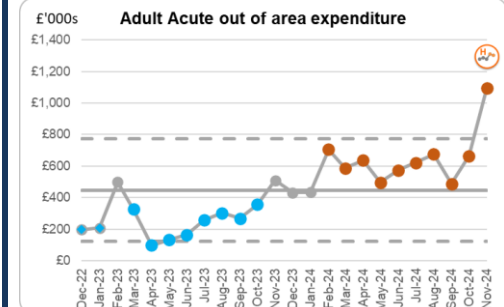
The two highest areas of agency usage continue to relate to consultants and nursing staff.



Summary

Bank expenditure YTD totals £7.6m, which is above plan by £0.4m.

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



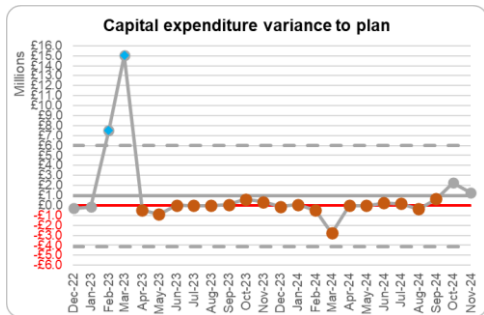
Summary

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

At the end of January, the number out Adult Acute out of area placements are above the reducing trajectory which is generating an overspend of £4.0m.

The forecast does assume that the current level of placements continues for the remainder of the financial year, which generates an overspend of £6.3m at the end of the financial year.

Financial Performance



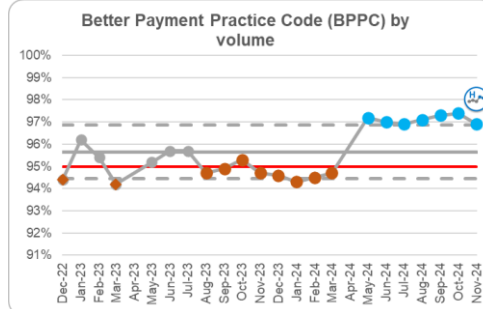
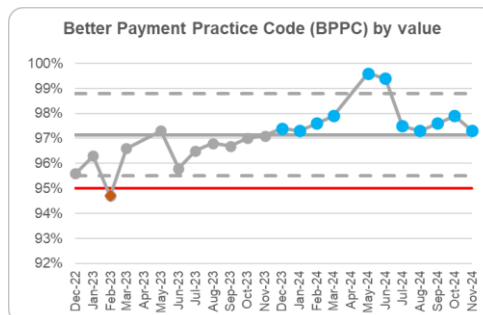
Summary

Capital expenditure against the system capital allocation at the end of January is above plan by £2.9m. This reflects the additional costs in relation to the Making Room for Dignity (MR4D) programme, of which some costs have been mitigated from pausing existing planned schemes.

Additional national funding for the MRFD programme has been confirmed (subject to certain conditions) and the costs are included in the forecast.

Any additional risks related to any new leases, which due to the changes in accounting treatment, will now need to be funded from the system capital allocation.

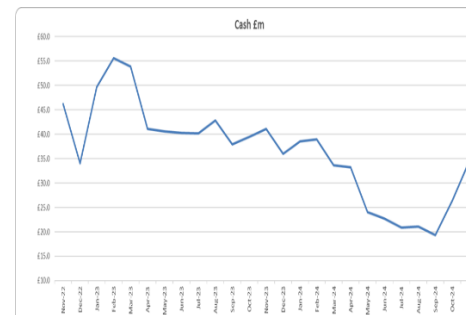
A new allocation of capital of £1.0m has been received and is reported within the forecast position this month.



Summary

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

At the end of January, both the value and volume of invoices exceeded the target at 97.7% and 96.9% respectively.

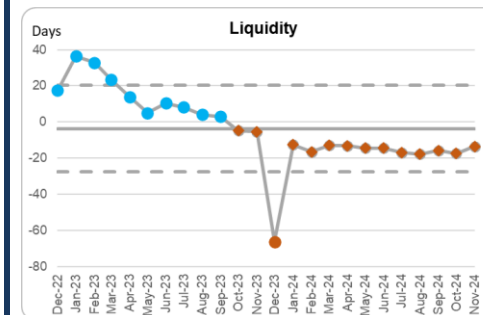


Summary

Cash at the end of January is at £26.4m (£31.6m last month) which is £6.9m above plan.

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

The cash levels are forecast to reduce to £14.7m by the end of the financial year which is £4.4m below plan. This forecast adverse variance to plan is related to the additional capital expenditure for MR4D which is now in the forecast.

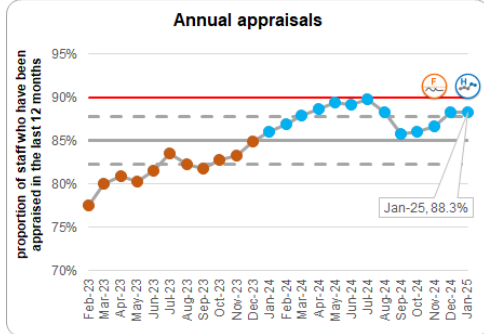


Summary

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

People

People Performance

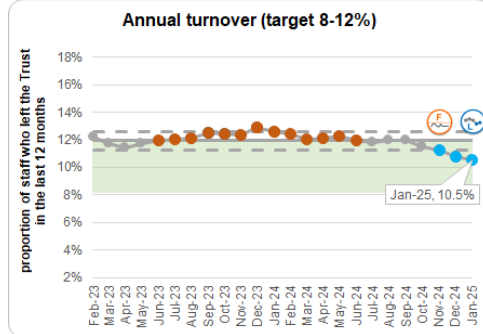


Summary

Overall, performance remains slightly below the 90% target at 88.3%. Operational Services are currently at 89% compliance and Corporate Services at 84%.

Actions

- Work has been undertaken to understand why there are challenges within corporate services to achieve full compliance. As a result, a shortened version of the appraisal has been developed for estates and facilities and team appraisals are being considered to support the division.
- New IT functionality has now been successfully tested which automatically sends calendar reminders to both the appraiser and appraisee regarding upcoming appraisals. The new functionality is planned to be rolled out Trust wide during March 2025.
- Appraisal data is being used with other key people performance metrics to identify hotspot areas and bespoke targeted OD work is being commissioned.

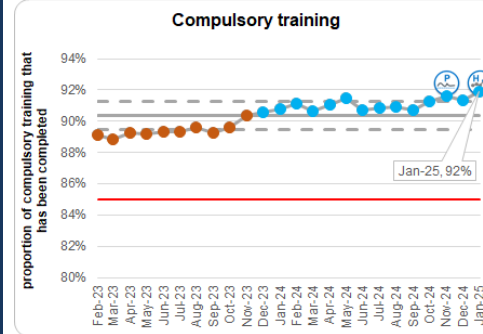


Summary

Overall turnover has been within target for the last 7 months and remains in line with national and regional comparators.

Actions

- The staff benefits review to support engagement and retention, which included the Trusts salary sacrifice schemes, continues to remain extremely popular with our colleagues. The salary sacrifice schemes covers a wide range of products from everyday household appliances to lease cars.
- The Trust continues to run a robust vacancy control panel to monitor all recruitment activity.
- Stay surveys are now becoming embedded in a retention programme at 3, 6 and 9 months to ensure managers and colleagues are supported to address any early concerns and to support retention. The stay surveys and wider organisational development work is also playing a key role in the Trusts Making Room for Dignity programme.



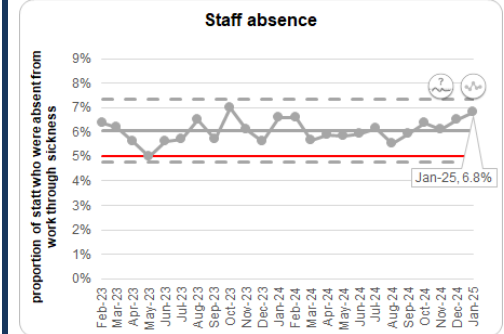
Summary

Overall, the 85% compliance target has been achieved for well over 24 months and has now reached its highest compliance level this month at 92%. Operational Services are currently 93% compliant and Corporate Services are 87%.

Actions

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

- A review and monitoring of all 'did not attend' (DNA's) occurrences is regularly fed back to ensure all employees re-book in a timely manner.
- A targeted campaign of prioritising compulsory training elements that have been out of date the longest has been undertaken.
- The Training and Education Group continue to oversee and review training compliance, changes and challenges.



Summary

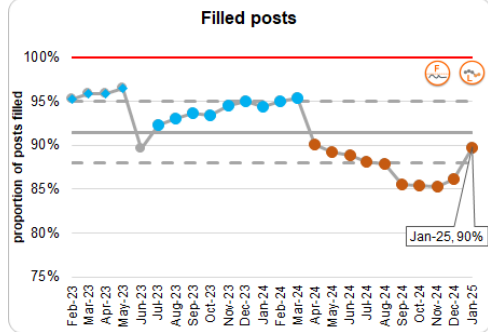
The monthly sickness absence rate is running at 6.8% and compared to the same period last year, long term sickness rates are 0.16% lower and short term sickness absence are 0.35% higher.

Anxiety, stress or depression related illness remains the highest reason for sickness absence, followed by Cold, Cough, Flu – Influenza.

Actions:

- Work continues to ensure intervention with the management of sickness absence cases takes place at an earlier stage.
- All long-term absences are reviewed each month with the Director of People, Organisational Development & Inclusion and the Employee Relations Team to ensure a supportive and robust approach continues to be taken to managing all absences.

People Performance

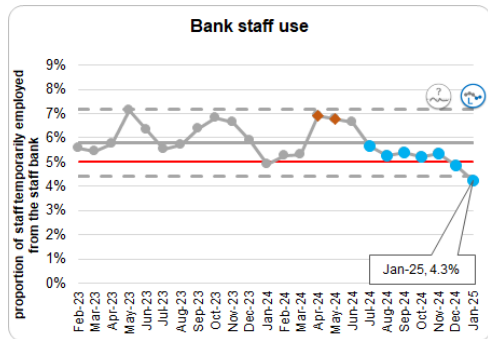


Summary

At the end of January 2025, 90% of posts overall were filled. This year continues to see a staged release of investment funding throughout the year.

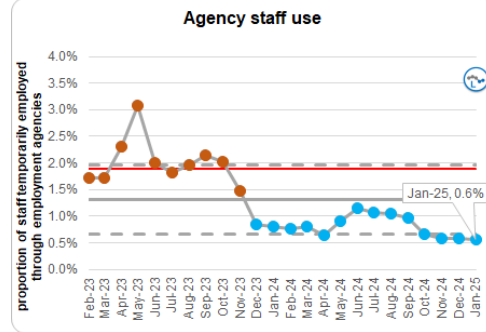
Actions

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



Summary

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

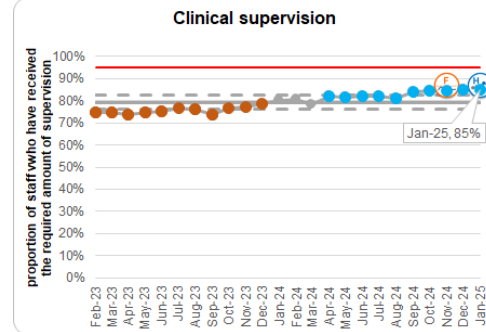


Summary

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

Actions

- The actions previously identified below, continue to remain in place and operate as business as usual.
- Weekly authorisation panel continues to oversee agency requests across the Trust.
 - Agency usage continues to be monitored and remains within clinical staff groups.
 - Clear protocols are in place to cover the circumstances where various levels of agency workforce relate to enhanced, safer and emergency staffing levels.
 - Ongoing actions are taking place to support the reduction in medical agency usage, these include creative recruitment campaigns, alternative workforce roles where appropriate and continued increase of availability of temporary staffing through the Trust's medical bank function.
 - Work continues with the roster efficiency programme.
 - The Trust continues to work with Region and NHSE on the Agency Price Cap Compliance programme, which aims to bring all Trusts in line with the agency price cap from 1st April 2025 onwards.



Summary

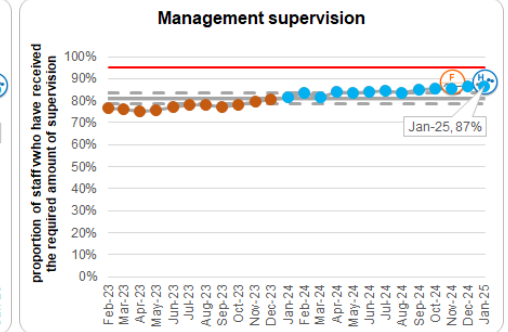
Overall compliance is 85% for clinical and 87% for management supervision.

Actions

Following an audit of supervision processes, the Trust is nearing completion of the recommendations which will help towards achieving its target for both clinical and non-clinical supervision.

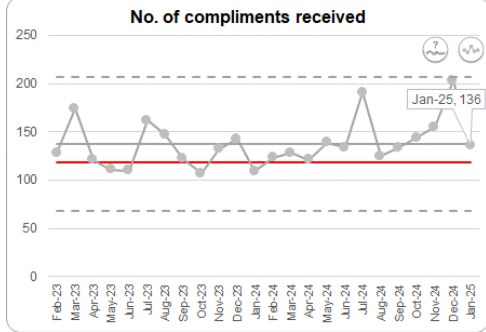
The recommendations included:

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



Quality

Quality Performance



Summary

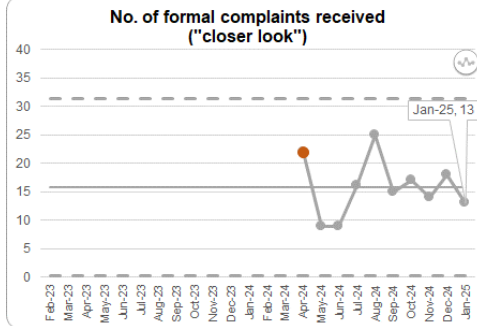
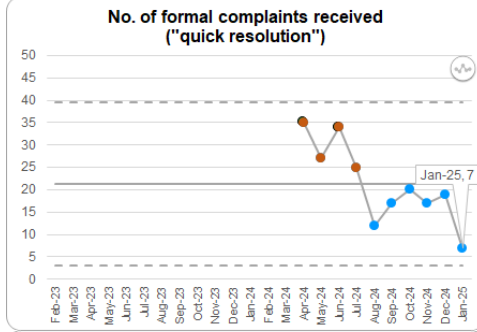
The number of compliments recorded between October 2024 and January 2025 is on an increasing trajectory and hit the upper process limit in December 2024. There is no clear reason why the number of compliments spiked in the period.

Actions

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

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

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



Summary

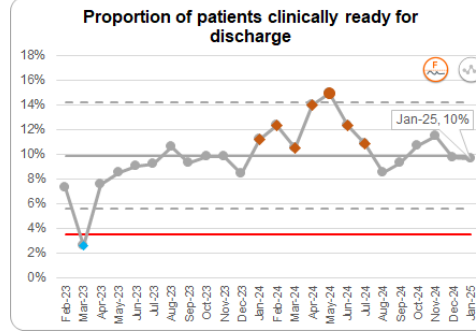
The number of complaints Identified as "quick resolution" has continued under the mean of 22 between October 2024 and January 2025 with a lower than anticipated number of quick resolution complaints being logged due to leave within the Patient Experience team over the Christmas period. In the next report, it is anticipated that the number of quick resolution complaints will continue between 15 and 20.

The complaints categorised as "closer look", involve an investigation in line with how complaints are currently managed.

The number of closer look complaints has followed a common cause variation pattern and also stayed in line with the mean of 17.

Actions

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



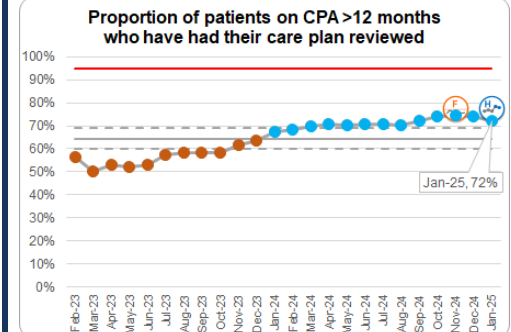
Summary

The number of service users meeting the criteria as CRFD (formally called Delayed Transfer of Care (DTCO), has consistently been between the mean and upper control limit between October 2024 and January 2025.

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

Escalation processes and partnership support

- An Adult CRD meeting continues to be held 3 times a week, which includes social care services.
- The Trust Strategic Integrated Flow Lead continues to attend the weekly system wide Pathways Operations Group, system wide, weekly Discharge Planning Implementation Group and monthly Strategic Discharge Group.
- A Discharge Tracking Tool as requested by NHS England has been in progress since July 2024, reviewing all adult admissions and onward referrals, allocations and barriers to discharge. This tool is used to monitor timescales, escalations and identify themes such as a lack of available, appropriate housing, establishing funding, and a lack of availability of social care placements.
- The System priorities identified from the Discharge Planning Implementation Group are expected to achieve continuity and coordination of care, reduce avoidable length of stay and improve flow and access to local beds over the next 3 months.



Summary

The current percentage of patients who had a CPA review in the past 12 months was 72% on average according to the Trust CPA review compliance report. However, due to the small numbers in some teams the percentage change is relatively large but the actual changes in compliance are minimal.

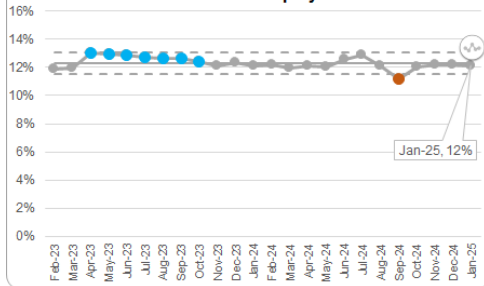
Actions

The Trust services with compliance lower than 85% have identified action plans to improve care plan, risk screen and CPA compliance as below:

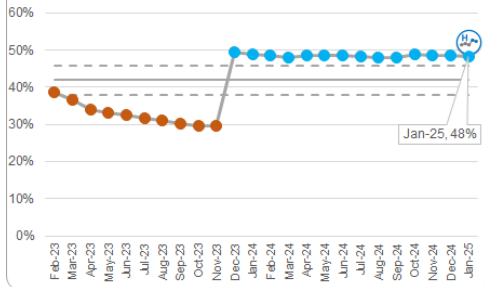
- A process for monitoring compliance and quality has been implemented in each division and is monitored via the monthly Fundamentals of Care meeting, (in Inpatients, the Clinical Reference group) and the Divisional Clinical Operational Assurance Team (COAT) meetings.
- The Trust Digital practice team sent out "quick user guides" to services and offer drop-in sessions to support staff in inputting information correctly but have stated there is no way to prevent staff creating the care plans in an incorrect way which is not picked up by the algorithm.
- With improved care plan compliance, it is expected that more timely reviews of CPA will follow. There is also a working group in place which meets monthly to review the Trust approach to CPA led by NHS England and attended by the trust head of nursing for Community Services and the Practice lead for the Trust Living Well service.

Quality Performance

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



Patients who have their accommodation status recorded as "settled"



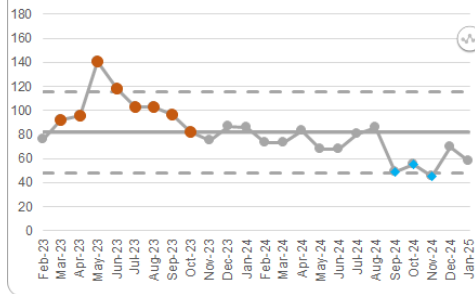
Summary

Patients open to the Trust in settled accommodation has remained static between October and January 2025 and the number of patients open to employment has continued to remain between 11% and 13% since August 2022. This measure continues to be monitored by individual services.

Actions

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

Number of medication incidents



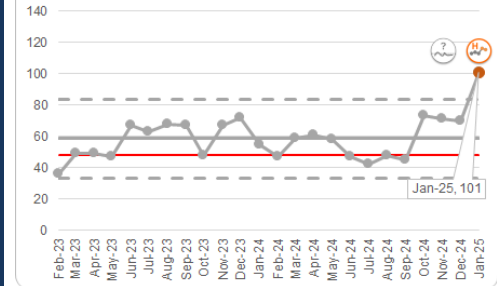
Summary

The number of medication incidents has been under the mean of 82 since September 2024. It should be noted that the medication incidents reported are largely of low-level harm.

Actions

- The "Quick medicine reference guide" relating to Controlled Drugs and measuring liquids is now available on FOCUS as part of Medicine Code and hard copies are available in all inpatient clinic rooms.
- To improve medicine temperature monitoring a task and finish group including Heads of Nursing, pharmacy and clinical leads started in January 2024 and is expected to reduce the number of incidents recorded following its conclusion. This could be influencing incidents not going over 90 since January 2024.
- DHCFT Pharmacy are feeding back to ward managers on a quarterly basis about shared learning from Monthly meetings with Chesterfield Royal Hospital pharmacy.
- The number of medication incidents is reviewed via the monthly medication management subgroup and is reported on within the quarterly thematic "Feedback Intelligence Group" (FIG) report by the Heads of Nursing/Practice and is included in the Serious Incidents Bi-monthly report. Any actions identified are reviewed via the medicines management subgroup and the Serious Incidents Bi-monthly report is taken quarterly to the Quality & Safety Committee (QSC) for assurance.

No. of incidents of moderate to catastrophic actual harm



Summary

This data demonstrates the number of DATIX incidents recorded as moderate harm to catastrophic.

The number of incidents reduced between September and December 2024 with a spike between December 2024 and January 2025.

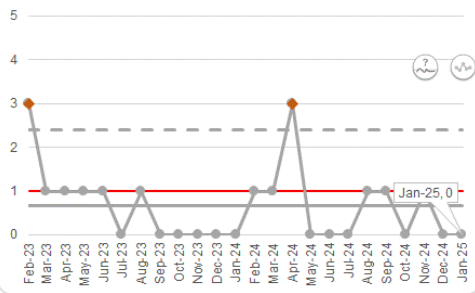
Analysis suggests that this is due to an increased number of Moderate incidents recorded as "self-harm" and physical assault from patients to staff and patient to patient.

A pattern of a high number of repeated incidents involving to a small group of patients continues to be seen and is consistent with anecdotal reports from staff that acuity on the inpatient wards is high and this is most prevalent on the female acute wards.

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

Quality Performance

No. of incidents requiring Duty of Candour



Summary

Duty of Candour remains within expected thresholds between October 2024 and January 2025

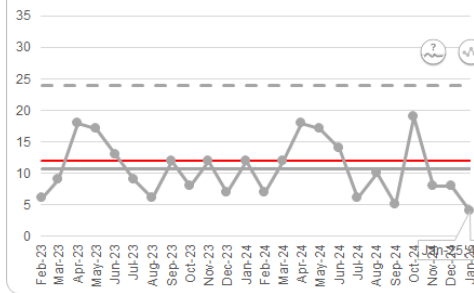
The Trust Family Liaison Office has created information leaflets and standing operating procedures to support staff in completing Duty of Candour communications. Furthermore, these are reviewed twice weekly within serious incident groups.

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

Action

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

No. of incidents involving prone restraint



Summary

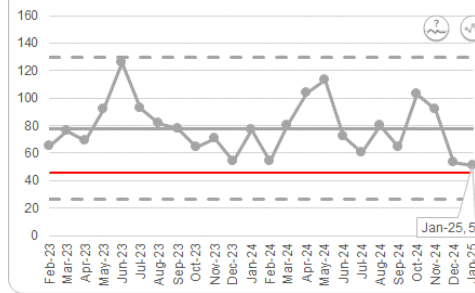
Incidents of prone restraint have continued within a common cause variation pattern between October 2024 and January 2025 and are currently below the Trust margin of 12 incidents.

The increase in October 2024 was attributed to a small number of unwell individuals who required multiple interventions and numbers have reduced in line with the recovery of these individuals.

Action

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

No. of incidents involving physical restraint



Summary

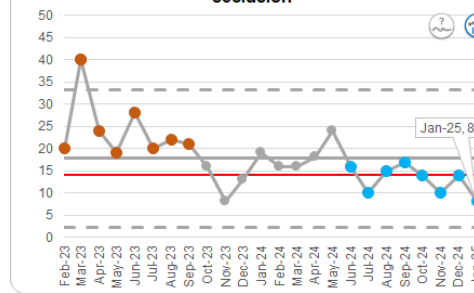
Physical restraints have decreased between October 2024 and January 2025 but continue above the Trust margin of 45 incidents. The number of episodes of physical restraint is linked to the number of self-harm incidents and a correlation in staff intervention required to prevent individuals harming themselves.

Action

The Trust Positive and Safe Support team continues to offer supplementary training sessions to improve training availability for staff and compliance with positive and safe training is currently at 78% for teamwork and 70% for breakaway training. The slower than anticipated increase in compliance is due to staff who were previously identified as medically exempt, now requiring training and an increase in staffing who require the training related to the making room for dignity programme. Compliance with training is monitored in monthly divisional assurance review meetings and the monthly Reducing Restrictive Practise group. Compliance is expected to continue to increase monthly.

Any staff who do not have a training enrolment date all emailed weekly and a weekly report is sent to Ward Managers and General Managers outlying any staff who require training or have not attended.

No. of new episodes of patients held in seclusion



Summary

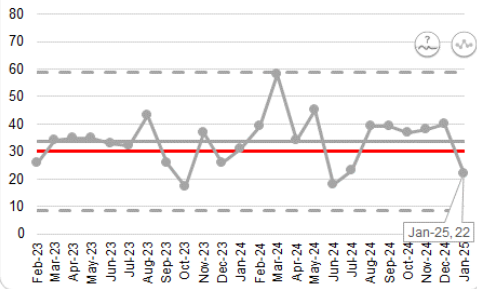
Seclusions have decreased between October 2024 and January 2025. This is in line with common cause variation and below the Trust margin of 14 incidents.

Action

- Episodes of seclusion continue to be monitored via the monthly Reducing Restrictive Practice group.
- A review focused on peer support including debrief is expected to have an impact on reducing the number of seclusion incidents was expected to be complete by October 2024 however due to unexpected delays related to the working group capacity, this is now expected in March 2025
- This review will be presented, and progress monitored through the monthly Trust Reducing Restrictive Practice Group when completed.

Quality Performance

Number of falls on inpatient wards



Summary

The number of falls recorded have followed a common cause variation pattern between October 2024 and January 2025 and is currently under the Trust threshold of 28 as expected. The Older persons service have also reported that from September 2024 there has been an increase in frail patients who have high levels of physical care needs.

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

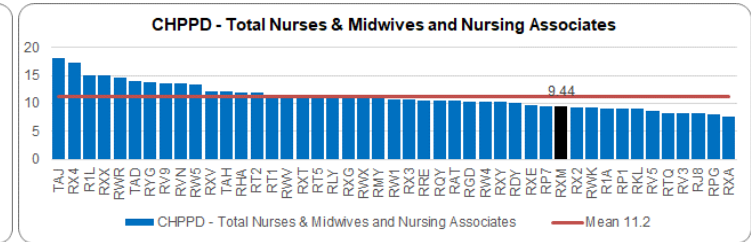
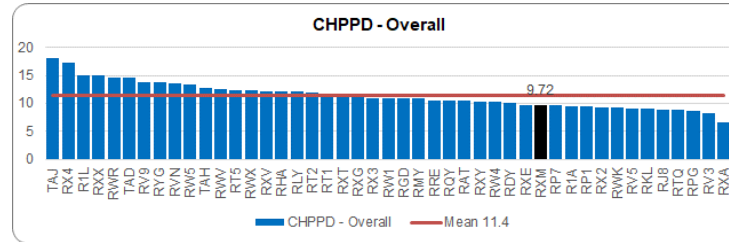
Actions

- All patients identified as high risk of falling are discussed in the bi-weekly falls prevention meeting and have fall prevention care plans in place.
- Support from a dedicated falls prevention Physiotherapist has not been embedded as expected and this has been escalated to a newly recruited Physiotherapy lead in January 2025.
- The number of falls reported is monitored via the Falls Lead Occupational Therapist, Head of Nursing and Clinical Matron and learning from the bi-weekly falls prevention meeting is reviewed in the monthly Divisional COAT meeting.

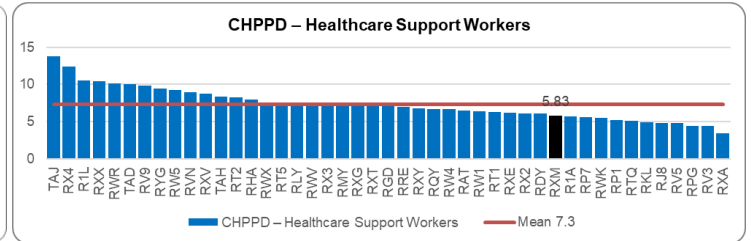
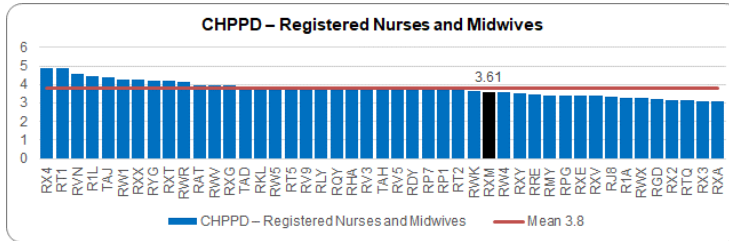
Care Hours per Patient Day (CHPPD)

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

The charts below indicate that the Trust's CHPPD overall achieved 9.72 hours, which was below average when benchmarked against other mental health trusts in the country (11.4). For total nurses and nursing associates the Trust achieved 9.44 hours against the national average of 11.2 hours:



For registered nurses the Trust achieved 3.61 hours against the national average of 3.8 hours. For healthcare support workers the Trust achieved 5.83 hours against the national average of 7.3 hours:

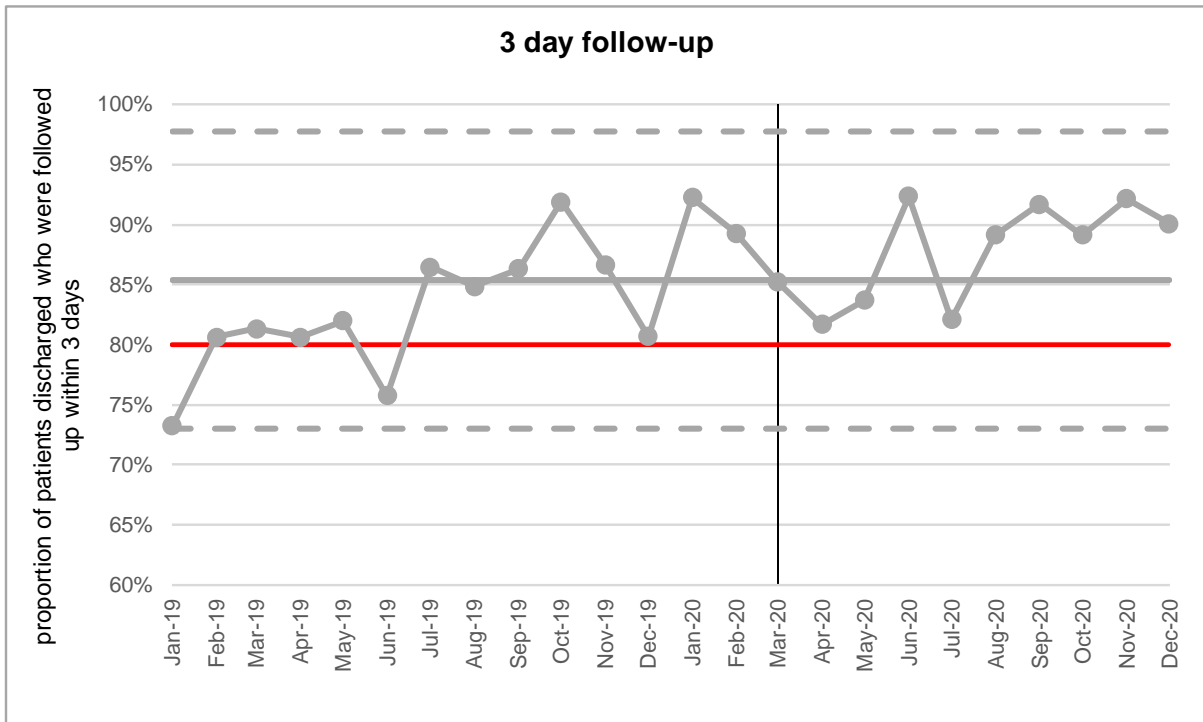


<https://www.england.nhs.uk/publication/care-hours-per-patient-day-chppd-data/>

Appendix 1

Statistical Process Control Chart (SPC) Guidance

Example SPC chart:



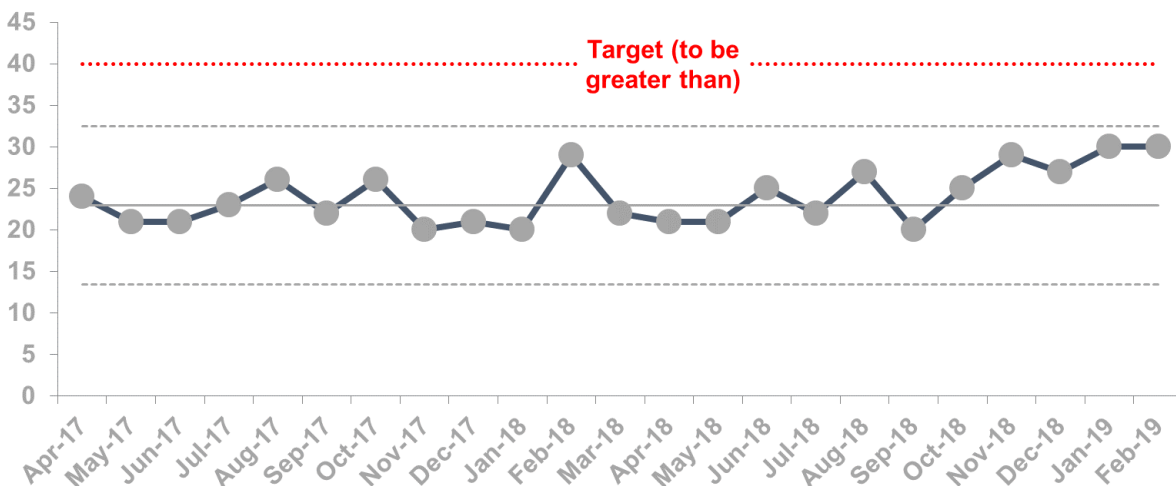
- The red line is the target
- The grey dots are the actual performance each month. They are coloured grey as performance each month is normal in this example
- The solid grey line is the average (mean) of all the grey dots
- The grey dotted lines are called process limits, or control limits.

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

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

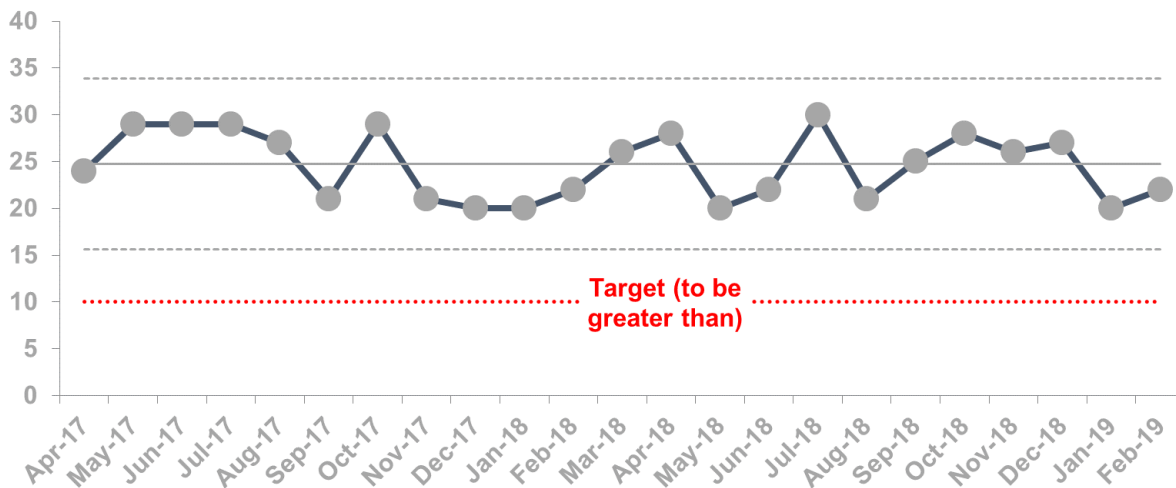
Things to look out for:

1. A process that is not working:



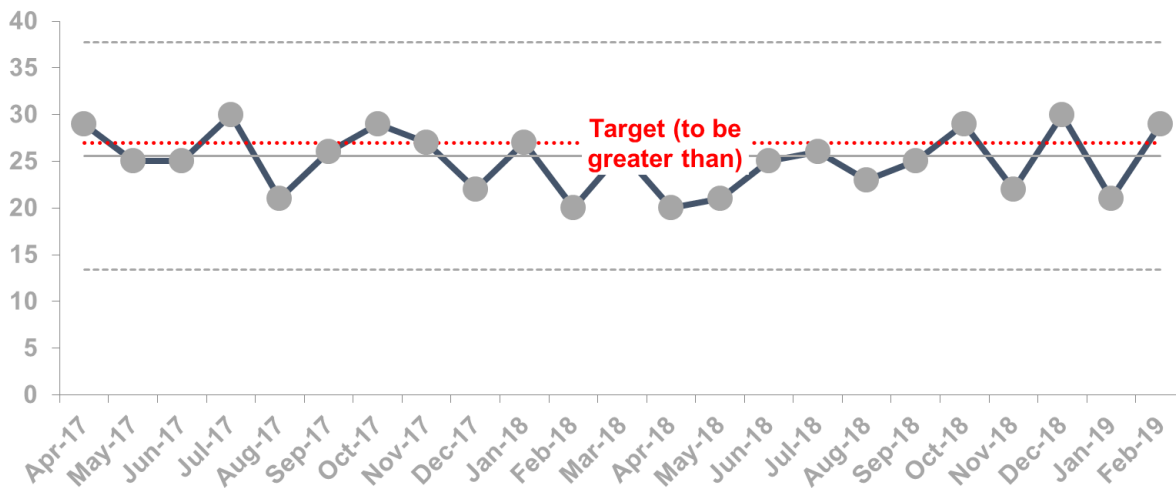
In this example the target is higher than the upper dotted grey line. This means that the target will never be achieved. To achieve the target, we need to change how we do things.

2. A capable process:



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

3. An unreliable system:

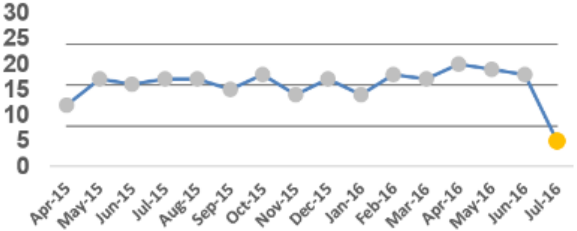
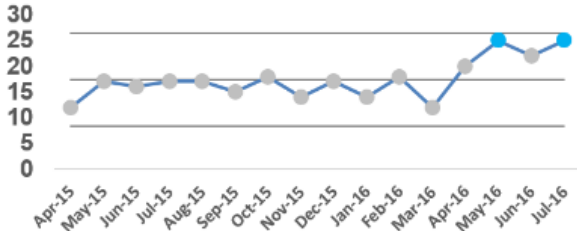
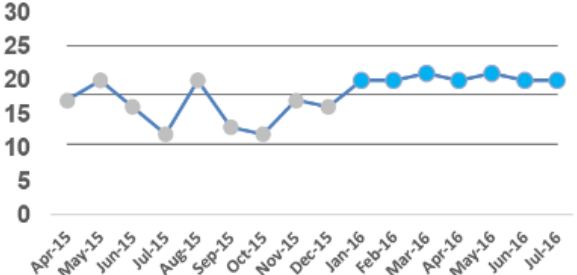
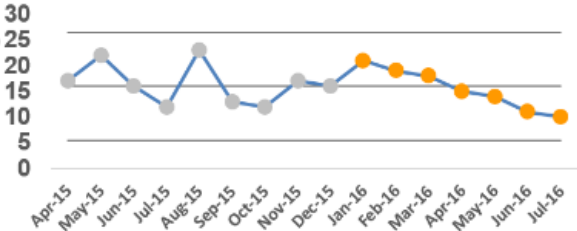


In this example, the target line sits between the two grey dotted lines. As it is normal for the grey dots to fall anywhere between the two dotted grey lines, this means that it is entirely random as to whether or not the target will be achieved. So, this system is unreliable and needs to be redesigned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

4. Unusual patterns in the data

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

There are four scenarios where this can happen:

<p style="text-align: center;">A single data point outside the process limits</p>  <p>The chart shows a line of data points from April 2015 to July 2016. The y-axis ranges from 0 to 30. Two horizontal grey dotted lines represent process limits at approximately 10 and 25. Most points are grey and fluctuate between 10 and 20. The final point in July 2016 is orange and significantly below the lower limit.</p>	<p style="text-align: center;">Two out of three points close to the process limits</p>  <p>The chart shows a line of data points from April 2015 to July 2016. The y-axis ranges from 0 to 30. Two horizontal grey dotted lines represent process limits at approximately 10 and 25. Most points are grey and fluctuate between 10 and 20. The final three points (May, June, and July 2016) are blue and clustered near the upper limit.</p>
<p>In this example the July 2016 performance is significantly lower than expected and falls beneath the lower grey dotted line.</p>	<p>Two out of three points close to one of the grey dotted lines is statistically significant, in this case they are blue, indicating better than expected performance.</p>
<p style="text-align: center;">Shift of points above / below mean line</p>  <p>The chart shows a line of data points from April 2015 to July 2016. The y-axis ranges from 0 to 30. Two horizontal grey dotted lines represent process limits at approximately 10 and 25. The mean line is at 17.5. Points fluctuate around this mean. Starting in January 2016, the points shift consistently above the mean line.</p>	<p style="text-align: center;">Run of points in consecutive ascending / descending order</p>  <p>The chart shows a line of data points from April 2015 to July 2016. The y-axis ranges from 0 to 30. Two horizontal grey dotted lines represent process limits at approximately 10 and 25. The mean line is at 17.5. From January 2016 to July 2016, there is a clear run of seven points in consecutive descending order.</p>
<p>A run of seven points above or below the average line is significant. In this example it might indicate that an improvement was made to the process in Jan 2016 that has proven to be effective.</p>	<p>A run of seven points in consecutive ascending or descending order is significant. In this example things are getting worse over time.</p>

Frequently seen in the NHS:

“**Spuddling**” - to make a lot of fuss about trivial things, as if they were important. Spuddling leads to tampering and tampering nearly always increases variation.

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

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

Appendix 2

Assurance Ratings

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

Report from the Governance Committee

Purpose of Report

The Governance Committee of the Council of Governors (CoG) has met twice since its last report to the Council of Governors on 5 November 2024. This report provides a summary of the meetings on 4 December 2024 and 5 February 2025 including actions and recommendations made.

Executive Summary

Key matters discussed at the meetings had been:

- Governor training, development and awareness sessions
- Agree process for and election of Chair and Vice-Chair of the Committee
- Governor engagement activities and opportunities
- Election update
- Consideration of holding to account questions to the Council of Governors
- Topics for joint session for the Board and Governors joint session on 14 January 2025
- Review of meetings
- Update from the governors Annual Members Meeting task and finish group
- Membership Data
- Governors Membership Engagement Action Plan
- Development of annual plan

Strategic Considerations

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

Risks and Assurances

- The Council of Governors can receive assurance that the Committee is well established and discussing key areas of governor business
- Items for decision or approval will be brought to the full Council of Governors as appropriate

- An update of discussions at each meeting is regularly reported to the Council of Governors
- Effectiveness of the meeting is discussed regularly
- The work plan is reviewed at each meeting and changes made as and when required
- The Governance Committee escalates items to the Council of Governors as and when required.

Consultation

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

Governance or Legal Issues

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

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

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

Recommendations

The Council of Governors is requested to:

- 1) Note the report made of the Governance Committee meetings held on 4 December 2024 and 5 February 2025.

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

Report prepared by: Denise Baxendale, Membership and Involvement
Manager

Council of Governors – 4 March 2025

Report from the Governance Committee meeting held on 4 December 2024

17(68%) governors attended the meeting.

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

The Membership and Involvement Manager gave an outline of training, awareness and development sessions that governors had suggested in the recent governors' annual effectiveness survey including finance, how to read control charts, services provided by the Trust, risks around quality, sustainability, and sessions organised by NHS Providers.

Agree process for and election of Chair and Vice-Chair of the Committee

Governors interested in the roles were encouraged to contact the Membership and Involvement Manager prior to the next meeting on 5 February 2025.

Governor engagement activities and opportunities

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

Election update

The Membership and Involvement Manager gave a detailed update on the progress of the election programme which included the number of nominations received to date and promotion of the elections and next steps.

Consideration of holding to account questions to the Council of Governors

Two items were escalated to the Council of Governors in relation to the utilisation of crisis beds, and the impact of funding cuts to the voluntary sector on services provided by the Trust.

Topics for joint session for the Board and Governors joint session on 14 January 2025

Governors suggested that the session should include the new 10-Year Health Plan, financial update, and Care Quality Commission update.

Review of meetings/communication

Governors found the meetings meaningful with plenty of time for discussion. Governors were encouraged to feed back to the Membership and Involvement Manager on the new membership magazine *Connect* and the regular e-newsletter *Governor Connect*.

Report from the Governance Committee meeting held on 5 February 2025

14 (53.8%) governors attended the meeting.

Matters arising

Update from the Annual Members Meeting governors' task and finish group – the proposed theme (All in it together) was presented to the Committee, along with suggestions for presentations etc. These will be shared with the Chief Executive and Trust Chair for approval.

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

The Membership and Involvement Manager will arrange in-house sessions on Finance, risk, trauma informed practice. The slides from the joint Board and governor session in January will be shared with all governors, the slides on control charts will be re-circulated.

Election of Chair and Deputy Chair of This Committee

Marie Hickman and Jill Ryalls were elected as Co-Chairs of the Governance Committee.

Membership Data

Governors discussed the membership data and noted the underrepresented groups/areas.

Review Governors Membership Engagement Action Plan

Governors reviewed and updated the Governors Membership Engagement Action Plan.

Feedback From Governor Engagement Activities

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

Governor Engagement Opportunities Including Board Visits

Governors were made aware of engagement opportunities, and the forthcoming Board Visits which have been arranged for February to April.

Governor elections update

The Membership and Involvement Manager confirmed the results of the recent elections. A report is being presented to Council of Governors.

Development of Annual Plan: Consult on Annual Planning Process

The Director of Corporate Affairs and Trust Secretary gave an overview of the development of the annual plan. A full report will be presented by the Director of Finance at the March Council of Governors.

Review Governors Membership Engagement Action Plan

Purpose of Report

The aim of this report is to review and update the Governors Membership Engagement Action Plan (Action Plan). It was last reviewed and updated by the Committee on 5 February 2025.

Executive Summary

The key objectives for membership engagement are to:

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

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

Strategic Considerations

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

Assurances

The paper provided information on how governors can be promoted, engage with members.

Consultation

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

Governance or Legal Issues

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

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

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

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

Recommendations

The Council of Governors is requested to:

1. Note the contents of the report.

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

DHCFT Governors Membership Engagement Action Plan

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

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

	Activity with comments/actions	Lead and support	Updates/timescales
1	<p>General events – governors encouraged to let Denise Baxendale know of any appropriate events that are taking place.</p> <p>Wellbeing Collaboratives – check if there are any events being organised</p> <p>Collaborative working with other Trusts in Derbyshire – to see if we can do joint recruitment events. <u>Note governors had a system governors event on 31 July.</u></p>	<p>Governors to check their areas for events that are taking place that may be appropriate to attend</p> <p>Denise Baxendale</p>	<p>Ongoing</p> <p>All governors have been sent information on the collaboratives and some are attending the meetings.</p> <p>Chesterfield Royal NHS FT are interested in sharing events</p>
	<p>Patient Participation Groups (PPG)/ Joined Up Care Derbyshire (JUCD) Citizens Panel. This is an opportunity to promote the governor role/request feedback on Trust services. No need to attend every meeting.</p> <p>Governors to make contact with local PPGs to see if they can publish information electronically in the waiting rooms about governors and how to contact them. Note to find out if there is a PPG in your area you can email Hannah Morton hannah.morton10@nhs.net</p>	<p>Governors are encouraged to join their PPG (if there is one) and JUCD Citizens Panel</p>	<p>Governors to feedback on engagement via the governor engagement log which is presented at each Governance Committee meeting. Ongoing</p>

Denise has produced a document that she is rolling out to governors. It includes information on the Trust services, governor role, how to contact a governor. Amber Valley, Rest of England governors have received this. Staff governors have been promoted in the staff newsletter and on the intranet.	Denise rolling out promotional material on governors to members	To be picked up by Denise – Spring 2025
World Mental Health Day (WMHD) 10 October each year – consider having a governor stall at events arranged by Public Health. Nearer the time, Denise Baxendale will see what the Trust is organising and if governors can be involved. Note CAMHS usually have an open day which governors are invited to.	Denise Baxendale plus elected governors	Denise will investigate what the Trust will be doing for 2025
BME targeted engagement – Chesterfield and North East Derbyshire – establish links and promote direct links. Denise has had contact with Mike Evans, organiser Chesterfield BME. Denise had produced a piece about the Trust how to contact governors, membership, becoming a governor etc. for the BME forum – this can be adapted for other organisations. Note: Denise has made contact with: <ul style="list-style-type: none"> The EDI Forum’s organiser in Chesterfield. There are 250 members and Denise has arranged to write a paragraph about memberships/governors for their newsletter. Colleagues who are involved in developing co-production with BME and Deaf communities. 		Denise has made contact with the African & Caribbean Community Association (Chesterfield & District). She and Jill Ryalls have been invited to a meeting to talk about membership /governors.
Derby University – to contact to share information on membership/governor role with students on nursing/health and social care courses.		Denise had a meeting with Donna Evans-Thomas Apprenticeship Customer Support. Denise needs to follow this up.
Nottingham University – to share membership information with medical societies which Anson has details of.	Anson Clark/Denise Baxendale	Membership information has been circulated. COMPLETE
Joined Up Care Derbyshire Engagement Committee – now called	Hazel Parkyn has	Ongoing – updates are given

	<p>Public Partnerships Committee</p> <p>Note: 25.2.25 is the last meeting that governors can attend.</p>	agreed to attend these	by Hazel to the Governance Committee.
	<p>Social media – All governors on X or Facebook to follow DHCFT. Governors can promote governor role/Council of Governors/governor vacancies/how to contact governors and how to become a member. Denise sent link for joining leaflet, address for Trust X and Facebook page. Governors to include social media engagement on the governor engagement log if any issues/feedback relating to the Trust arises.</p> <p>Governors to promote the use of DHCFT X and Facebook specifically for membership messages and encourage members to follow the Trust.</p>	All governors	Ongoing
	<p>Annual Members Meeting (AMM) – Encourage members to attend and participate in the meeting when visiting local events/engaging with members and the public. All governors to attend the virtual meeting. Date for AMM is 2 October 2025.</p> <p>AMM Task and Finish group to propose theme for AMM– Denise Baxendale, Fiona Birkbeck, Marie Hickman and Christine Williamson. Met on 30.1.25 and fed back suggestions to Governance Committee on 5.2.25</p>	All governors	To agree practical tasks for governors at August Governance Committee.
		Denise Baxendale	Recommendations for theme to be shared with Chief Executive and Chair
2	<p>Working with the Voluntary Sector</p> <ul style="list-style-type: none"> Governors are encouraged to sign up to the voluntary forum e-newsletters. Subscribe online: Bulletin Updates Derbyshire Voluntary Action (dva.org.uk) and Derbyshire Mental Health Forum (erewashvoluntaryaction.org.uk) Governors are encouraged to attend the joint mental health forum organised by DVA and DMHF in March and September each year. These are currently held face to face. Governors are encouraged to attend the DVA and DMHF forums. Each organisation has three meetings a year. Find out the dates on their websites: Derbyshire Mental Health Forum (erewashvoluntaryaction.org.uk) and Derbyshire Voluntary Action (dva.org.uk) DVA and DMHF will inform governors of events they will be 	All governors	This section was last reviewed in April 2024 by Denise Baxendale and Rachel Bounds. Denise arranging a meeting with Debra Dudley and Rachel Bounds to review and update this section.
		Public/Appointed Governors	
		Public/Appointed Governors	
		Public/Appointed	

	attending in public governors localities so that they can attend. Governors to check out the voluntary organisations in their locality (Community Mental Health Support Map Derbyshire – Google My Maps) and let Denise Baxendale know which one(s) they would like to link in with. Denise will then see if this is possible and make the necessary introductions	Governors Public Governors	
3	Communicating with Trust members To consider how governors communicate with members. Email each constituency details of their governor(s) and how to contact them. Including a ‘getting to know’ your governors – i.e. hobbies, why they became a governor, why they want to hear from you.	Governors	New governors are featured in Connections magazine. Follow this up with an email to each area – governor
4	Staff Staff Governors meeting regularly with staff through “Grab a Governor” scheme. Will feedback through Staff Governor Engagement Logs to Denise Baxendale alongside other governor feedback. Since the pandemic, these sessions have been virtual. The governor role is also promoted in staff communications (i.e., Staff Facebook group, staff e-newsletter and the intranet) Contact staff networks to promote the role Meetings have been arranged with staff governors and the Director of People, Organisational Development and Inclusion Note: Encouraging staff leaving to join as public members is included in the leavers information.	Staff Governors	“Grab a governor” sessions are to continue in 2025. Staff governors to meet to agree priorities for staff engagement Could staff governors attend network meetings in 2025? Meetings have been arranged
5	Protocols for Governor Engagement Governor engagement toolkit – updated and circulated to all governors in February 2024. Reviewed by Denise in December – remains fit for purpose, QR codes updated. Leaflet on the Trust services needs to be updated	Denise Baxendale and governors Denise Baxendale	COMPLETE Note there is a slide on our services in the new Trust Strategy to be launched in

			November. This was shared with governors. COMPLETE
6	Increasing membership Look at key messages for increasing membership in Chesterfield and High Peak and Derbyshire Dales, and with younger people.	Governance Committee	How do we do this?
	Governor Feedback – all governors are encouraged to complete the Governor Engagement Log at least two weeks prior to scheduled Governance Committee meetings so they can be included in the engagement log	All Governors	Ongoing – standing agenda item for the Governance Committee

Last reviewed by Governance Committee – 5 February 2025

Last updated – 24 February 2025 by Denise Baxendale

Governor Elections update 2025

Purpose of Report

To update governors on the 2025 round of public governor and staff governor elections and provide assurance on the process taken.

Executive Summary

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

For the 2025 elections, the Council of Governors had the following vacancies:

- Public Governor vacancies
 - Amber Valley (one vacancy)
 - Bolsover and North East Derbyshire (two vacancies)
 - Chesterfield (one vacancy)
 - Erewash (two vacancies)
 - Derby City East (one vacancy)
 - Derby City West (one vacancy)
 - South Derbyshire (one vacancy)
- Staff Governor vacancies
 - Medical (one vacancy)

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

Nominations opened on 12 November 2024 and closed on 10 December 2024. The situation at close of nomination was as follows:

- Amber Valley (uncontested with one nomination)
- Bolsover and North East Derbyshire (uncontested with one nomination)
- Chesterfield (uncontested with one nomination)
- Erewash (uncontested with two nominations)
- Derby City East (uncontested with one nomination)
- Derby City West contested with five nominations)
- South Derbyshire (uncontested with one nomination)
- Medical (uncontested with one nomination)

For the contested election voting opened on 6 January 2025 and closed on 29 January 2025.

The election results for 2025 are as follows:

- Amber Valley – Angela Kerry (re-elected for a second term)
- Bolsover and North East Derbyshire – Neil Baker
- Chesterfield – Jill Ryalls (re-elected for a second term)
- Derby City East – Jane Chukwudi

- Derby City West – Ruth Day (with a turnout rate of 9%)
- Erewash – Andrew Beaumont (re-elected for a third term) and Christopher Williams
- South Derbyshire – Hazel Parkyn (re-elected for a second term)
- Medical – Dr Mathew Joseph

The newly elected governors terms of office began on 1 February 2025 for a three year period. The Bolsover and North East Derbyshire vacancy will be carried forward to next year’s elections.

All newly elected (including re-elected) governors were invited to attend an induction/refresher session on 5 February. New governors have been encouraged to take advantage of the ‘buddy up’ system that is provided by more experienced governors to help them in their role.

Strategic Considerations

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

Assurances

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

Consultation

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

Governance or Legal Issues

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

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

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

Recommendations

The Council of Governors is requested to:

- 1) Receive and note the report.

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

Governor Meeting Timetable April 2025 – March 2026

DATE	TIME	EVENT	LOCATION/COMMENTS
15.4.25	10am-12.30pm	Governance Committee	Room 10, Kingsway House Kingsway Hospital site, Kingsway, Derby DE22 3LZ
3.6.25	9.30am onwards	Public Trust Board	Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
3.6.25	2pm-5pm	Council of Governors meeting	Hybrid meeting – Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
10.6.25	10am-12.30pm	Governance Committee	Hybrid meeting – Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
22.7.25	9.30am onwards	Public Trust Board	Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
22.7.25	2pm-5pm	Council of Governors and Trust Board development session. <u>Please note that this meeting is held in person.</u>	Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
19.8.25	10am-12.30pm	Governance Committee	Hybrid meeting – Kingsway Room 10, Kingsway House, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
23.9.25	9.30am onwards	Public Trust Board	Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
23.9.25	2pm-5pm	Council of Governors meeting	Hybrid meeting – Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
2.10.24	4pm-6pm	Annual Members Meeting	Virtual

22.10.25	10am-12.30pm	Governance Committee	Hybrid meeting – Kingsway Room 10, Kingsway House, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
25.11.25	9.30am onwards	Public Trust Board	Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
25.11.25	2pm-5pm	Council of Governors meeting	Hybrid meeting – Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
17.12.25	10am-12.30pm	Governance Committee	Hybrid meeting – Kingsway Room 10, Kingsway House, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
27.1.26	9.30am onwards	Public Trust Board	Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
27.1.26	2pm-5pm	Council of Governors and Trust Board development session <u>Please note that this meeting is held in person.</u>	Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
17.2.26	10am-12.30pm	Governance Committee (NB this includes ½ hour for NED appraisals)	Hybrid meeting – Kingsway Room 10, Kingsway House, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
24.3.26	9.30am onwards	Public Trust Board	Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
24.3.26	2pm-5pm	Council of Governors meeting	Hybrid meeting – Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ

Please note:

- Link to map of Kingsway Hospital is on the Trust website: [Kingsway Site Map - May21](#)
- Selina Ullah's informal catch-ups to be confirmed by her PA
- That Council of Governors on 3 June was originally scheduled for 20 May

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

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

**GLOSSARY OF NHS AND
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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

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

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

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

(Updated 19 August 2024)