Derbyshire Healthcare
NHS Foundation Trust

Derbyshire Healthcare NHS Foundation Trust
Council of Governors meeting

Conference Rooms A & B, Research and Development Centre, Ashbourne Centre, Kingsway Hospital , Derby DE22 3LZ

5 March 2019 14:00 - 5 March 2019 16:35

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Derbyshire Healthcare
NHS Foundation Trust

MEETING OF THE COUNCIL OF GOVERNORS
TO BE HELD IN PUBLIC SESSION

COUNCIL OF GOVERNORS' MEETING

TUESDAY 5 MARCH 2019
2.00 PM – 4.35 PM

CONFERENCE ROOM A & B, FIRST FLOOR, CENTRE FOR RESEARCH AND DEVELOPMENT KINGSWAY HOSPITAL SITE, DERBY, DE22 3LZ

AGENDA

SUBJECT MATTER		ENC	LED BY	TIME
1.	Welcome, introductions and Chair's opening remarks Apologies and Declaration of Interests	-	Caroline Maley	2.00
2.	Submitted questions from members of the public	-	Caroline Maley	2.05
3.	Minutes of the previous meeting held on 9 January 2019	A	Caroline Maley	2.10
4.	Matters arising and actions matrix	B	Caroline Maley	2.15
5.	Briefing NHS Long-term Plan (see Enclosure K for information)	Verbal	Ifti Majid	2.25
STATUTORY ROLE				
6.	Selection of Quality Indicators and arrangements for production of governor statement on the Quality Report	C	Carolyn Green/Darryl Thompson/ Ian Barber, Grant Thornton	2.40
7.	Co-production service user involvement/experts by experience update	Verbal	Carolyn Green/Roger Kerry	2.55
COMFORT BREAK				3.00
HOLDING TO ACCOUNT				
8.	NED Deep Dive	D	Caroline Maley	3.15
9.	Staff Survey Results	E	Margaret Gildea	3.25
10.	Verbal summary of Integrated Performance Report (full report provided for information)	F	Non-Executive Directors	3.45

11.	Escalation items to the Council of Governors – three questions	Verbal	Caroline Maley	4.00
OTHER MATTERS				
12.	Governance Committee Report (including Governor Training and Development programme for 2019 and revision of Governors Code of Conduct)	G	Carole Riley/Kelly Sims	4.10
13.	Review of Governor Engagement Action Plan	H	Angela Kerry	4.15
14.	Any other business • Governor travel expenses • Governor update – High Peak and Derbyshire Dales	Verbal	Caroline Maley Denise Baxendale Denise Baxendale	4.25
15.	Review of meeting effectiveness and following the principles of the Code of Conduct	Verbal	Caroline Maley	4.30
16.	Close of meeting	-	Caroline Maley	4.35
FOR INFORMATION				
• Ratified minutes of the Public Board meeting held on 4 December • Chair's Report as presented to Public Trust Board on 5 February 2019 • Chief Executive's Report as presented to Public Trust Board 5 February 2019 • Chair's Report as presented to Public Trust Board on 5 March 2019 • Chief Executive's Report as presented to Public Trust Board 5 March 2019 • Governor meeting timetable • Glossary of NHS terms	I J K L M N O	- - - - - - - -	- - - - - - - -
Next Meeting: Tuesday 7 May 2019, 2.00 – 4.30 pm, Conference Rooms A&B, Centre for Research & Development, Kingsway Hospital Site, Kingsway, Derby DE22 3LZ				

Derbyshire Healthcare
NHS Foundation Trust

Our vision

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

Making a positive difference

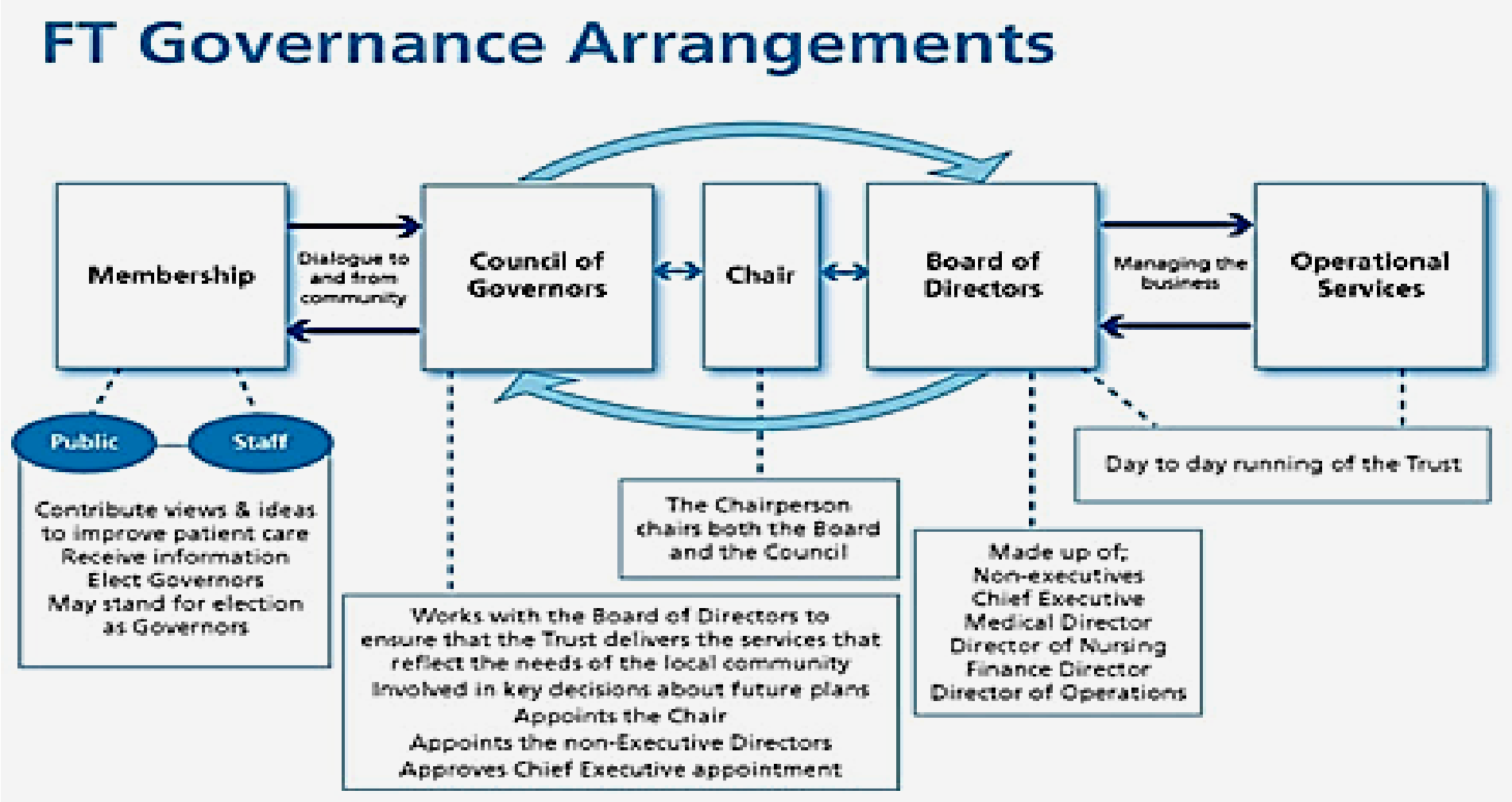
Our values

As a Trust, we can only provide good quality services through our dedicated staff, working together with a common purpose. Our values reflect the reasons why our staff choose to work for the NHS and Derbyshire Healthcare and the principles that bind us together in a common approach, no matter what our employed role is.

Our Trust values are:

People first – We put our patients and colleagues at the centre of everything we do.
Respect – We respect and value the diversity of our patients, colleagues and partners and support a respectful and inclusive environment.
Honesty – We are open and transparent in all we do.
Do your best – We work closely with our partners to achieve the best possible outcomes for people.

Getting the balance right



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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 !

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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

CHARIS consultants ltd

how do we ask effective questions?

Good questions

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

Derbyshire Healthcare
NHS Foundation Trust

MINUTES OF THE COUNCIL OF GOVERNORS MEETING HELD ON WEDNESDAY 9 JANUARY 2019 2.00 – 4.30 PM CONFERENCE ROOMS A & B, RESEARCH & DEVELOPMENT CENTRE, KINGSWAY, DERBY, DE22 3LZ

PRESENT	Margaret Gildea	Non-Executive Director (Chair)
	Shelley Comery	Public Governor, Erewash
	Rosemary Farkas	Public Governor, Surrounding Areas
	Angela Kerry	Appointed Governor, Derbyshire Mental Health Forum
	Roger Kerry	Appointed Governor, Derbyshire Voluntary Action
	John Morrissey	Public Governor, Amber Valley
	Al Munnien	Staff Governor, Nursing
	Shirish Patel	Public Governor, Erewash
	Rob Poole	Public Governor, Bolsover and NE Derbyshire
	Kevin Richards	Public Governor, South Derbyshire
	Carole Riley	Public Governor, Derby City East
	Martin Rose	Public Governor, Bolsover & NE Derbyshire
	April Saunders	Staff Governor, Allied Professions
	Kelly Sims	Staff Governor, Admin & Allied Support Staff
	Marie Varney	Public Governor, High Peak & Derbyshire Dales
	Roy Webb	Appointed Governor, Derby City Council
	Christine Williamson	Public Governor, Derby City West
IN ATTENDANCE	Denise Baxendale	Membership and Involvement Manager
	Carolyn Green	Director of Nursing and Patient Experience (standing in for Ifti Majid)
	Sam Harrison	Director of Corporate Affairs
	Geoff Lewins	Non-Executive Director
	Suzanne Overton-Edwards	NExT Director scheme
	Amanda Rawlings	Director of People and Organisational Effectiveness
	Leida Roome	Personal Assistant – note taker
	Anne Wright	Non-Executive Director
	Richard Wright	Non-Executive Director
	Andrew Beaumont	Trust Member
	Dave Waldron	Trust Member
APOLOGIES	Caroline Maley	Trust Chair and Chair of Council of Governors
	Jo Foster	Staff Governor, Nursing
	Ann Grange	Public Governor, High Peak & Derbyshire Dales
	Gillian Hough	Public Governor, Derby City East
	Moira Kerr	Public Governor, Derby City West
	Lynda Langley	Public Governor, Chesterfield
	Tony Longbone	Staff Governor, Admin & Allied Support Staff
	Ifti Majid	Chief Executive
	Jim Perkins	Appointed Governor, Derbyshire County Council
	Adrian Rimington	Public Governor, Chesterfield
	Karen Smith	Public Governor, Amber Valley
	Gemma Stacey	Appointed Governor, University of Nottingham
	Julia Tabreham	Non-Executive Director
	Wendy Wesson	Appointed Governor, University of Derby

ITEM	ITEM
DHCFT/GOV/2019/001	**WELCOME, INTRODUCTIONS, CHAIR'S OPENING REMARKS, APOLOGIES FOR ABSENCE & DECLARATION OF INTERESTS** Margaret Gildea welcomed all to the meeting and outlined that she would be chairing this meeting on behalf of Caroline Maley. Suzanne Overton-Edwards, who has joined the Trust on placement under the NHS Improvement NExT Director development scheme, which aims to provide experience for individuals wishing to take on NHS Non-Executive Director roles, was introduced and warmly welcomed. Introductions were made. Apologies were noted as above. No declarations of interest were received.
DHCFT/GOV/2019/002	**SUBMITTED QUESTIONS FROM MEMBERS OF THE PUBLIC** No questions have been submitted by members of the public.
DHCFT/GOV/2019/003	**MINUTES OF THE PREVIOUS MEETING** The minutes of the previous meeting held on 6 November 2018 were accepted as a correct record.
DHCFT/GOV/2019/004	**MATTERS ARISING & ACTION MATRIX** The Council of Governors agreed to close all competed actions. Updates were provided and noted on the actions matrix. All completed 'green' actions were scrutinised to ensure that they were fully complete. There were no matters arising.
DHCFT/GOV/2019/005	**REPORT FROM GOVERNORS NOMINATIONS & REMUNERATION COMMITTEE** Sam Harrison presented the report on the Governors Nominations and Remuneration Committee meeting held on 1 November 2018. A verbal update of the meeting had already been given by the Trust Chair to the Council of Governors on 6 November 2018. Regarding the quorum for meetings, the Committee had proposed an amendment of the Terms of Reference to reflect that an equal number of public governors to other governors was satisfactory. This supports the principle that public governors should not be in the minority for any decision making required. The revised Terms of Reference were approved by the meeting. Roy Webb queried whether he would be able to serve as a governor for two separate trusts. Sam Harrison explained that the Trust's Constitution states that governors cannot serve as governors on another NHS foundation trust. Sam Harrison offered to raise this issue with NHS Providers in terms of precedent set by other NHS trusts. Roy Webb was thanked for choosing to support our Trust as a governor. **RESOLVED: The Council of Governors** **1. Noted the content of the presented paper** **2. Agreed the revised Terms of Reference.** ***Action:*** Sam Harrison will raise the issue of individuals being governors for more than one NHS Trust with NHS Providers.
DHCFT/GOV/2019/006	**QUESTIONS ARISING FROM THE CHAIR AND CHIEF EXECUTIVE REPORTS – DECEMBER 2018** The meeting received the reports from the Chair and Chief Executive, dated December 2018. Margaret Gildea invited governors to comment on these reports. *Chair's report:* The Council of Governors had no comments to make on the Chair's report.

	Chief Executive's report: - *Item 5* - Rosemary Farkas asked what measures had been taken by the Trust in preparation for Brexit. Sam Harrison advised that Mark Powell, Chief Operating Officer, is the designated Senior Responsible Officer for the Trust and is overseeing business continuity planning. The Trust's Chief Pharmacist, Steve Jones, has looked in detail at the supply of medicines and is monitoring this in line with national guidance. A staff message outlining the Trust's current position is to be prepared for the week beginning 14 January and this will be circulated to governors for information. Carole Riley asked what measures are in place to ensure that the impact on patients in the Community is mitigated. Carolyn Green advised that both the Commissioners and the GP surgeries are looking into this. There is a Local Resilience Plan, which will be activated if the need arises. - *New NHS Plan* - John Morrissey asked how the new NHS Plan, published on Monday 7 January 2019, will affect the Trust. Carolyn Green advised that once the Trust has finished analysing the plan, a briefing will be published. Several issues mentioned in the plan were already known to the Trust but the timescales for the investment mentioned are disappointing. **RESOLVED: The Council of Governors** **1. Noted and accepted the information provided by the Chair and the Chief Executive in their reports, dated December 2018.**
DHCFT/GOV/2019/007	**<u>NON-EXECUTIVE DIRECTOR DEEP DIVE</u>** Margaret Gildea provided an overview of the last People and Culture Meeting. The following items had been discussed : - *Participation in team briefs and team meetings* It had been noted that although feedback is positive, this is a two way process and is not fully embedded as yet. Not all staff participate in team briefs/team meetings and the People Services Team will be providing support to managers to encourage this. - *Inspiring Staff Story* The staff story centred around a hugely successful event organised by Claire Fennemore, for service users at Cubley Ward male. Claire organised a sea side holiday event and attracted sponsorship, delivery of sand and donkeys. - *Board Assurance Framework* Discussion had focused on the Board Assurance Framework risk relating to engagement, with debate about risk level. The Committee agreed that this risk should be subject to further focus following the publication of the 2018 staff survey results in March/April. - *Deep Dive presentation* A presentation was given on the Clinical Workforce Strategy – it is intended to re-model the strategy. Work on clinical pathways will be incorporated into this. *Training compliance* The ESR e learning programme is not popular with staff, who find it difficult to access. It was therefore suggested to explore taking training to staff and delivering in an integrated way. Mandatory training will be incorporated as much as possible into the induction day.

	Marie Varney suggested that the issues relating to training and team meeting/team briefs could be addressed together. - *Sickness absence* Limited assurance was noted by the Committee for the report received on sickness absence. The appraisal documentation has been revised and a report will be presented at the next People and Culture meeting. Roy Webb noted related work undertaken by Derby City Council and that the rate for return to work interviews had improved from 30% to 80%. It is important that managers should effectively manage their team, which will support a reduction in absence figures. Rosemary Farkas queried the sickness rate for nurses, which in proportion to other figures, is high. Amanda Rawlings explained that the Peoples Services Team will be looking at all the issues, a review of the whole system will also be undertaken to ensure that the right support is in place. Hotspot areas have already been identified and supported. The cause of sickness, i.e. as to why people are absent, is also known and is reported to the People and Culture Committee. On a positive note, Amanda confirmed that the Trust's recruitment figures are higher in comparison to other mental health trusts. The Trust has signed its commitment to the Dying to Work Charter and positive support is given to staff. April Saunders asked whether Health Coaching is used within the Trust. Amanda Rawlings is aware of this, as this has been raised by the STP Committee which the Trust attends. Andrew Beaumont, Trust Member, asked whether the Trust has the minimum number of doctors, nurses etc. Carolyn Green explained that there are minimum staffing standards for which the Trust is closely monitored. Whilst there are sometimes closures on wards for short periods of time, these are mainly due to Health and Safety issues and not related to staffing. - *Workforce supply* Margaret Gildea was happy to report that the Trust has had a net increase of 100 staff. Work is ongoing to look at difficult to fill posts and monitoring of the situation will continue. A programme for Leadership and Management Development will be rolled out shortly. With regards staff recruitment, Christine Williamson asked whether governors, when engaging with Trust members and the public, can signpost possible job applicants to the Trust. Sam Harrison suggested Trust members and the public are referred to the Trust's website where vacancies are advertised. It was noted that Amanda Rawlings is reviewing the Trust's attendance at events in order to promote vacancies and to ensure that relevant information is available and staff are on hand to answer questions. Kelly Sims queried whether feedback from recruitment events is collated and impact evaluated. Amanda Rawlings confirmed that this is the case and that social media currently seems to be the best platform to encourage recruitment. Shelley Comery remarked that her term as a Governor will be coming to an end in March this year. However she has enjoyed being a governor and feels that this has stood her in good stead; it provided a structure for her life and has prepared her to start applying for a paid position. Angela Kerry noted that the appraisals for medical staff are showing at a higher

	rate than other departments and asked whether there is a particular reason for this. Amanda Rawlings responded that medical staff have a formal revalidation process and that appraisal meetings are part of this. As part of the review on the Trust's appraisal process, it is proposed that staff can only progress through the Agenda for Change salary gateway when appraisals have taken place and this is expected to improve appraisal rates across the Trust. No other questions were raised and Margaret Gildea was thanked for her presentation. **RESOLVED: The Council of Governors** **1. Noted the information given by Margaret Gildea on the Deep Dive.** *Kevin Richards and April Saunders left the meeting at 15.00 hours.*
DHCFT/GOV/2019/008	**<u>INTEGRATED PERFORMANCE REPORT – DECEMBER 2018</u>** The Integrated Performance Report (IPR) provides the Council of Governors with an integrated overview on performance at the end of October 2018. The focus of the report is on workforce, finance, operational delivery and quality performance. It was noted that the Trust continues to perform well against many of its key indicators, with maintenance or improvements continuing across many of the Trust's services, as indicated in the report, which is from the perspective of the NED's Committees. Margaret Gildea invited the NED Committee Chairs to illustrate the use of the information in the IPR in to NED duties. Some items of the report have already been discussed as part of the Deep Dive. Report by Margaret Gildea (reference DHCFT/GOV/2019/017). Richard Wright noted that the report provides information until the end of October 2018. Richard referred to the Trust's Financial Performance and confirmed that the control total is still planned to be met. He was pleased to report that the number of out-of-area placements has now returned to a more normal level, i.e. eight beds. Richard explained that the Cost Improvement Plan has not been fully met and there are ongoing negotiations regarding the contract with commissioners for 2019/20. More money for Mental Health has been promised in the new NHS plan but the Trust needs to monitor that monies flow through to the Trust. Roy Webb asked the following questions: 1) *Out of area placement* – is this because the Trust does not provide the type of accommodation required? In response Carolyn Green advised that psychiatric intensive care unit (PICU) out-of-area placement beds are bought by Commissioners on a case by case basis and are not part of the contract with the Trust. However out-of-area beds are also required when the Trust does not have capacity for contracted adult acute care. The Trust has already contacted Commissioners in order to raise the issue of wanting to increase acute mental health beds to meet the increasing demands from the local population and thus reduce the need for out of area beds. The Trust is also undertaking work to develop revised clinical pathways which aim to mitigate increased demand and improve quality of patient care. Shelley Comery asked for it to be noted that due to the reduced input from Social Services and reduced community support, some cases can escalate and then result in admission. If support was available, this might not become the case. ***Action:*** Roy Webb offered to take up the Social Services point made above with Carolyn Green outside of the meeting.

	2) *Patient safety alerts* – some are not being completed in a timely manner. Carolyn Green noted that the implementation of Patient Safety alerts continue to be monitored. 3) *Under-reporting of incidents* – is there a monitoring process via the Health and Safety Committee in the Trust? As for the under reporting of incidents, Carolyn Green advised that for the last three years the Trust has met its' targets' and is coded as "green" on the national NHS database of incident reporting. Staff continue to be encouraged to not only record the incident on the patient record but also via the Datix risk recording system. The Health and Safety Committee monitors this. Angela Kerry raised that there is now a Waiting Well Strategy through the STP Committee. The revised clinical pathways should be designed in collaboration with the wider community, which is seen as vital; Margaret Gildea confirmed that there is indeed collaboration with other stakeholders in the Trust's development of clinical pathways. Carole Riley asked if the out of area figures included those for young people. Carolyn Green confirmed that these were not included in the reported figures for regulators, but that these were tracked by the Trust. **RESOLVED: The Council of Governors** **1. Considered the content of the paper, as presented from the perspective of the Non-Executive Directors** **2. Agreed that through their role the Non-Executive Directors have held the Executive Directors to account.**
DHCFT/GOV/2019/009	**ESCALATION ITEMS TO THE COUNCIL OF GOVERNORS** No escalation items were raised.
DHCFT/GOV/2019/010	**GOVERNANCE COMMITTEE REPORT** Carole Riley presented an update to governors on the meeting of the Governance Committee held on 11 December 2018. Carole confirmed that the Governance Committee has agreed to establish a Task and Finish Group to discuss arrangements for this year's Annual Members' Meeting (AMM). Rosemary Farkas, Roger Kerry, Rob Poole and Christine Williamson have agreed to be members of this group – Anna Shaw, Deputy Director of Communications and Involvement and Denise Baxendale, Membership and Involvement Manager will also be involved. Roger Kerry had agreed to lead the group and confirmed that a meeting will be convened and asked Denise Baxendale to organise a suitable date and venue. Denise asked if there were other governors who would like to join this group. It will also be advertised via Governor Connect. In response to a question from Kelly Sims whether the chair for the Governance Committee was still a vacant position, Carole Riley confirmed that it is, along with the deputy chair role, and asked for volunteers. Both Kelly Sims and Christine Williamson expressed an interest in these roles and further discussion will take place outside of the meeting. ***Actions:*** • Denise Baxendale will publicise the AMM Task and Finish Group in Governor Connect

	• Denise Baxendale will arrange a meeting with the AMM Task and Finish Group • Carole Riley, Denise Baxendale, Kelly Sims and Christine Williamson to meet regarding the roles of chair and deputy chair of the Governance Committee. **RESOLVED: The Council of Governance** **1. Noted the report made at the Governance Committee meeting, 11 December 2018.**
DHCFT/GOV/2019/011	**<u>UPDATE ON THE CURRENT STAFF AND PUBLIC GOVERNOR ELECTIONS</u>** Denise Baxendale presented an update to the Council of Governors on preparations for the current staff governor and public governor elections and to provide assurance on the process being taken. There is currently one staff governor vacancy in the following constituency: • Medical. There are currently five public governor vacancies in the following constituencies: • Chesterfield – one vacancy • Derby City East – two vacancies • Erewash – one vacancy • Surrounding Areas – one vacancy. Governors are asked to note: the timeline for the elections, the range of actions underway to promote the vacancies and support the activities underway. Posters have been circulated and external parties have been contacted. **RESOLVED: The Council of Governors** **1. Noted the timeline for the elections** **2. Noted the actions undertaken** **3. Agreed to promote and support the elections in their own areas.**
DHCFT/GOV/2019/012	**<u>CARE PLANNING UPDATE</u>** Carolyn Green presented a report on the current information surrounding care planning and the work of the Trust to improve this core requirement. Care Planning is a feature of the new Mental Health Act and of the new NHS Plan. The Trust has 43,000 contacts and it is important that the Care Plan is attached in one place only in the patient's electronic record. There is ongoing work on this. John Morrissey queried whether there is one system which can cover all stakeholders, i.e. GPs, the Trust etc. in order for records to be shared. Carolyn Green confirmed that we have access to SystmOne, which already allows the Trust to share information with GPs. However, most of the partnership organisations have a different system. The long term plan is to share records on all systems. Roy Webb remarked on the KLOE C2 and specifically the word "involve". He felt that this should be changed as people should be at the centre of all the Trust does. Carolyn Green agreed with his comment but pointed out that the Trust did not set the wording for these KLOEs. Angela Kerry referred to the mention of Experts by Experience (page 56 overall) and asked what actions had been taken regarding the disinvestments in these. Carolyn Green agreed that she did not support the disinvestment. Contact has been made with the Commissioning Groups and it is understood that they will be re-instating the visits but through Health Watch.

	RESOLVED: The Council of Governors **1. Received the information in the paper provided** **2. Noted the details of the Care Planning report.**
DHCFT/GOV/2019/013	**CO-PRODUCTION AND SERVICE USER INVOLVEMENT/EXPERTS BY EXPERIENCE** Carolyn Green provided an update on a project relating to co-production and service user involvement /experts by experience on which she is preparing a proposal paper. Carolyn confirmed that she will be the lead executive and Roger Kerry has agreed to take on the role as independent chair for the project. Carolyn also confirmed that Gareth Harry will be involved in order to connect with STP developments. The project will run as a six month pilot scheme and the first meeting will take place on the 14 January 2019, which will be given over to planning. In response to a query from Kelly Sims as to how this initiative had been received, Carolyn Green confirmed that positive responses had been received from all parties. Carole Riley conveyed her thanks to Carolyn Green for progressing this important initiative. Carole requested an update on the project at a future meeting. ***Action:*** Further updates will be provided to the Council of Governors at the next meeting. **RESOLVED: The Council of Governors** **1. Noted the information provided and supported the plan going forward.**
DHCFT/GOV/2019/014	**ANY OTHER BUSINESS** *Deep Dive/Margaret Gildea:* Sam Harrison offered her thanks to Margaret Gildea for her involvement in the Freedom to Speak Up Guardian work as Lead NED for this important initiative. *Engagement:* John Morrissey commented that engagement is a difficult part of a governor's role. He explained that the JUCD had set up an Engagement Group in order to engage with the people of Derbyshire, but this has now been wound up. However, a new group has been established and John will be attending their first meeting next month.
DHCFT/GOV/2019/015	**REVIEW OF MEETING EFFECTIVENESS** The following was noted: • The meeting went very well and was well chaired • Carolyn Green was thanked for attending • The right topics were included in the agenda and discussed • The meeting was well attended. Margaret Gildea thanked all for their comments. *Roy Webb left the meeting at 16.00 hours and Amanda Rawlings at 16.05 hours.*
DHCFT/GOV/2019/016	**DATE AND TIME OF NEXT MEETING** **Date:** Tuesday 5 March 2019 **Time:** 2.00 – 4.30 pm **Venue:** Conference Rooms A & B, first floor, Centre for Research and Development. Kingsway Hospital Site, Kingsway, Derby DE22 3LZ

DHCFT/GOV/2019/017	**FOR INFORMATION** The following documentation was presented to governors for information: • Ratified minutes of the Public Board meeting held on 6 November 2018 • Chair's updated Report as present to the Public Trust Board on 4 December 2018 • Chief Executive's Report as presented to the Public Trust Board on 4 December 2018 • Governor Meeting Timetable • Glossary of NHS Terms.
DHCFT/GOV/2019/018	**CLOSE OF MEETING** Margaret Gildea thanked all those present for their input and attendance and closed the meeting at 16.10 hours.

COUNCIL OF GOVERNORS ACTION MATRIX - AS AT 21.2.19

Appendix B

Date of Minutes	Minute Reference	Item	Lead	Action	Completion by	Current Position	
9/1/19	DHCFT/GOV/2019/008	Integrated Performance Report - December 2018	Roy Webb	To meet with Carolyn Green outside the meeting to discuss issues with social services		Carolyn Green's PA is in the process of arranging a meeting.	Amber
9/1/19	DHCFT/GOV/2019/010	Governance Committee Report	Denise Baxendale	To advertise further information in Governor Connect regarding the Annual Members' Meeting Task and Finish Group		Circulated in Governor Connect 18.1.19. COMPLETE	Green
9/1/19	DHCFT/GOV/2019/010	Governance Committee Report	Denise Baxendale	To set up a meeting with the Annual Members' Meeting Task and Finish Group		Meeting held on 4.2.19. COMPLETE.	Green
9/1/19	DHCFT/GOV/2019/013	Co-production and service user involvement/experts by experience	Carolyn Green	To provide further updates to the Council of Governors at the next meeting.	5.3.2019	Include on the agenda for the next meeting. COMPLETE.	Green

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

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 5 March 2019

Selection of Quality Indicators for the Quality Account and governor feedback

Purpose of Report:
To advise of the requirement for the Council of Governors to select a local quality indicator for 2018/19 for inclusion in the annual Quality Report. To also prepare for how we will capture governors' feedback on this year's Quality Report.

Summary
As part of NHS Improvement's (NHSI) requirement, foundation trusts are required to produce an annual Quality Report, which gives a clear understanding of the Trust's performance and assurance of the steps the Trust is taking to improve patient safety, experience and outcomes. Ian Barber of Grant Thornton from our External Audit service is in attendance at the Council of Governors to guide governors through the choice available to them and respond to any questions on the process.

In addition to the mandated indicator, governors are invited to choose a local indicator each year **as part of the Trust's internal and external audit of data quality checks** to measure data completeness and accuracy. To support this, an additional and optional Governor meeting has been arranged immediately before the next Council of Governors, an informal discussion to give opportunity for further consideration about the indicators. This meeting will then inform the conversation and decision making at Council of Governors.

Mandated Indicators
NHS foundation trusts providing mental health services should select two indicators that are relevant for the Trust. These should be selected from the following list in order (i.e. if (1) and (2) below are both reportable then those should be selected). Therefore, for 2018/19, our mandated indicators are:

1. **Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a National Institute for Health and Care Excellence (NICE)-approved care package within two weeks of referral**
2. **Inappropriate out-of-area placements for adult mental health services.**

Local Indicators
In addition, as a Trust we have the option of choosing **one local indicator**, against which to conduct an audit to assure data accuracy. This will not be externally reportable, but is for our benefit as an organisation. The options available to us are as follows:

Option 1 Improving access to psychological therapies (IAPT): waiting time to begin treatment (from IAPT minimum dataset): within six weeks of referral
No. of people this applies to Approximately 7,500 people per year.
The Clinical Implications This indicator monitors how quickly we respond to people referred to our IAPT service,

ordinarily for mild to moderate mental health problems. The service is contract managed and closely monitored with our commissioner colleagues.
Where else this indicator is reported Within the NHS Improvement (NHSI) performance dashboard reported to Board.

Option 2 100% enhanced Care Programme Approach patients receiving follow-up contact within seven days of discharge from hospital during the reporting period.
No. of people this applies to Approximately 550 people per year.
The Clinical Implications This is included as an indicator in response to concerns that the highest risk of suicide for a person discharged from psychiatric inpatient care is within the first seven days. Therefore, ensuring that we have contact with the person is part of our attempt to reduce this risk. This indicator also aligns with our Relapse Reduction Quality Priority.
Where else this indicator is reported Within the NHSI dashboard reported to Board.

Option 3 Admissions to adult facilities of patients under 16 years old.
No. of people this applies to These are extremely rare incidents.
The Clinical Implications This is to maintain child safeguarding, that wherever possible we do not admit a child into an adult in-patient environment. When this does happen, it will often be as a result of such as high levels of risk or clinical need meaning that such an admission is essential whilst other options are explored. Should such an admission occur, child safeguarding procedures would be in place to mitigate for any potential risks.
Where else this indicator is reported Within the NHSI dashboard reported to Board.

Options with regards to gaining governors' feedback on the first draft of this year's Quality Report

We have approached this differently over the past two years. In the first year the Lead Governor developed the response, supported by identified others in the Council of Governors. Last year, Darryl Thompson, Deputy Director of Nursing and Quality Governance attended the Council of Governors and gathered thoughts and feedback from the first draft and wrote this up on behalf of the governors for them to approve. At the Governance Committee on 12 February 2019, it was proposed that the review statement will be agreed with an interested set of governors, and the Deputy Director of Nursing and Quality Governance will facilitate the documentation of this feedback, to then be approved by the Council of Governors on 7 May.

Strategic considerations	
1) We will deliver **quality** in everything we do providing safe, effective and service user centred care	x
2) We will develop strong, effective, credible and sustainable **partnerships** with key stakeholders to deliver care in the right place at the right time	
3) We will develop our **people** to allow them to be innovative, empowered, engaged and motivated. We will retain and attract the best staff.	
4) We will **transform** services to achieve long-term financial sustainability.	x

(COG) Assurances

- The Trust has met its requirements as set out by NHSI, and these indicators are guided by the 'Detailed requirements for external assurance for quality reports 2018/19'.

Consultation

- This was discussed at the Governance Committee on 12 February 2019.

Governance or Legal Issues

- This is a formal duty of the Council of Governors as outlined in the NHSI standards and in the Trusts requirements, revised in January 2018
- Governors are required to take advice form the Trust and the auditors to understand their choice, formally vote and receive the information in the Trusts Annual accounts
- Trust governors are elected by members to represent their constituent services and scrutinise the Trust in their endeavours.

Equality Impact Risk Analysis

The author has a responsibility to consider the equality impact and evidence on the nine protected characteristics – Race, Economic disadvantage, Gender, Age, Religion or belief, Disability and Sexual orientation (REGARDS).

There are no adverse effects on people with protected characteristics (REGARDS).	x
There are potential adverse effect(s) on people with protected characteristics (REGARDS). Details of potential gaps/inequalities are outlined below, with the appropriate action to mitigate or minimise those risks.	

Actions to Mitigate/Minimise Identified Risks

Recommendations
The Council of Governors are requested to:

1. Review the content of this paper, ask any points of clarity to inform their decision
2. Choose a local Quality Indicator
3. Approve the plan to gather feedback from governors on this year's Quality Report

Report presented by:	**Carolyn Green** **Executive Director of Nursing and Patient Experience** **Darryl Thompson** **Deputy Director of Nursing and Quality Governance**
Report prepared by:	**Darryl Thompson** **Deputy Director of Nursing and Quality Governance**

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 5 March 2019

Trust Chair's report to the Council of Governors

Purpose of Report
This report is intended to provide the Council of Governors with insight into the work that I undertake on behalf of the Trust Board and Council of Governors. It reflects on the year from January 2018 to December 2018. The structure of this report reflects the role that I have as Trust Chair.

Introduction

I structure my monthly report to the Board around the key roles that I perform as your Chair:

- "Our Trust and Staff" section focuses on the visits that I have made to teams, both frontline and support services, as I believe that my leadership must be grounded on the reality of what our staff face every day. It also ensures that I have a good understanding of the services provided by the Trust.
- "Council of Governors" section reports on the Council of Governor meetings, the Governance Committee meetings, meetings with individual governors and governor elections.
- "Board of Directors" section focuses on the activities of the Board as a whole, and includes the Board development activities that we have in place, management of the team of NEDs (non-executive directors) and. NED appraisals.
- "System Collaboration" includes reporting on the activities of the Joined Up Care Derbyshire Board which I attend regularly.
- "Regulators and other sector enablers" includes attendance at meetings held by NHS Improvement, NHS Providers, NHS Confederation and HFMA (Healthcare Financial Management Association) as examples. These are important opportunities to engage at a national level with developments in the NHS.
- "Beyond our Boundaries" includes activities which could be outside of the Derbyshire footprint, or outside of the NHS which are relevant to my role.

My monthly reports can be found in the Board Papers on the Trust's website, or in the packs made available to those attending the Board meeting. They are also now shared for information with Council of Governor papers. This report is a reflection on the past year as Chair.

Our Trust and Staff

1. A list of the teams visited during 2018 can be found in Appendix 1 to this report. The visits have enabled me to get a good understanding of the work that the teams do, and also some of the highlights and frustrations they may experience. I report back any issues to the Executive and they are logged and looked into as part of the rolling Executive Leadership Team action review. This is important for me to do as part of the holding the CEO and executive to account.

2. The visits that have made the most impact on me have been those where I join clinical teams for patient ward rounds/clinical meetings where I see for myself the passion and care that our staff have when delivering front line care. I continue to make a point of visiting as many front line services as possible, so that my leadership is grounded on the reality of what our staff face every day, and also to ensure that I have a good understanding of the services provided by the Trust. It was great as well to get feedback from Helen Philips, Chair of Chesterfield Royal after a visit to the Hartington Unit: "*I so enjoyed our visit to the Hartington unit yesterday. The team was so inspiring. Each and every one of them in their own way putting clients first. The quality of the care provided was evident and the compassion with which it's delivered palpable. Thank you so much for inviting me and please pass on my thanks to Jo, Laura, Andrea, Claire and Teresa too.*"

3. It has also been a particular pleasure to take part in the Delivering Excellence Every Day Awards, recognising the work that is done by staff, volunteers and partner organisations in the work of the Trust. The Christmas Decorations Competition was an ideal opportunity to see the Team Derbyshire spirit in the organisation, along with great creativity and fun that was generated for staff and patients by this simple idea.

4. I was also pleased to celebrate NHS 70 at York Minster with two members of staff, Shirley Houston and Simon Rose, along with NHS staff from all over the country. It has been really heartening to see the public acknowledgement of the NHS through the number of local and national celebrations of the 70th birthday. I also attended our own Summer Fete, hosted by the League of Friends, on what must have been hottest day of the year - also marking the 70th birthday.

   The year in pictures:

Council of Governors

5. I have been pleased with the continuous development and improvement in the working of the Council of Governors, and the relationship between the Council and the Trust Board in particular. We have continued with our programme of deep dives by the NEDs at each of the six Council meetings during the year, with a focus on holding the NEDs to account for the performance of the Board. As part of holding NEDs to account for the performance of the Board, the Integrated Performance Report is presented by the NEDs using their own committees and involvement to highlight the areas of focus for the Board. Council training has also sought to improve the understanding of the roles of the Council and the

Board, and also has seen the development by members of the Council of the Governor Engagement Action plan, led by Angela Kerry.

6. I have been particularly pleased with the attendance at Council meetings, as well as with the number of governors who have attended the Public Board meetings which are held on the morning of the Council meeting, enabling governors to get a good overview of the Board and the non-executive challenge and participation. The Governance Committee has also been well attended and ably chaired by Gillian Hough, who stood down as Chair at the end of September, and by Carole Riley, Deputy Lead Governor, as Interim Chair. The Nominations and Remuneration Committee has met just twice this year, as there has been little recruitment to consider in a year of a stable Board

7. We have had new appointed governors join the Council during the year, and I was particularly pleased to welcome Roger Kerry and Angela Kerry as governors from the voluntary sector. Paula Holt, appointed governor from the University of Derby stood down due to a change in her role and she has been replaced by Wendy Wesson. We have had other changes in the appointed governors, in particular through the retirement of Robin Turner from Derby City Council with Roy Webb joining us from the City Council. We are grateful to our appointed governors for the commitment they bring to the work of the Trust.

8. The change in our constitution earlier this year has resulted in an increase in the number of staff governors that we have on the Council. We have been pleased to welcome Jo Foster, Tony Longbone and Al Munnien as staff governors, and said farewell to Dr Jason Holdcroft-Long.

9. The change in the constitution also altered some of our constituencies, hopefully enabling a better recruitment of governors to larger areas where we have struggled in the past. As I write this report, there are currently governor elections under way for a number of elected governor places as well as a staff governor position to replace Dr Jason Holdcroft-Long. We continue to provide a thorough induction for governors, as well as support for governors during their tenure where it is needed and helpful.

10. I continue to meet regularly with John Morrissey and Carole Riley as Lead and Deputy Lead Governors. I have also met with Gillian Hough as Chair of the Governance Committee. These meetings are essential to ensure that we have open and transparent dialogue between me as your Chair and your governor leaders.

11. The Annual Members' Meeting was held on 20 September at the Post Mill in South Normanton. Toby Perkins MP attended the meeting at his own request. Whilst public attendance was disappointing, the meeting reflected the work of the Trust and the Council of Governors over the past year. We will continue to seek ways of getting better attendance at the meeting and seeking to learn from what works and what has been a barrier.

12. In September 2018 the annual effectiveness survey for the Council of Governors was carried out. I was pleased with the level of participation by governors in the

survey, and pleased to note continued improvement in the scores recorded. In particular there was positive feedback on the opportunity for and quality of communication with the Board; that the Council business is carried out in an open and transparent manner; and that the role of the Council is clearly defined. The areas highlighted for improvement include communication with members, an area that we continue to focus on. The results of the survey were presented at the November 2018 meeting of the Council of Governors.

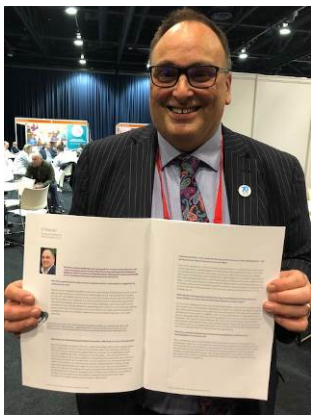
Board of Directors

13. When I was appointed as your Chair, one of my objectives was to stabilise the Board membership, having been through a number of years of instability. During the year we made our final appointment as a Director to the Board, with Gareth Harry joining us as Director of Business Improvement and Transformation. Geoff Lewins joined us as the Chair of the Audit and Risk Chair and NED, following the end of term of Barry Mellor.

14. The Board has reduced the number of Confidential Board meetings, as we know that our business is best conducted in Public. We continue to challenge our effectiveness at the end of each meeting as well as in our Board Development days.

15. We have had in place a more structured Board Development programme, focussing on four "lenses": Strategic; Operational; Wider Needs; Interpersonal / team building.

16. The Remuneration and Appointment Committee has met quarterly and there has been a need for one extraordinary meeting this year due to short notice on recent recommendations from NHS Improvement on "very senior management" pay which affects our executive team.



17. All NEDs have received their annual appraisal, which included a review against objectives set and personal development objectives. I meet with NEDs individually quarterly as a part of their review on behalf of the Board. During these meetings we review performance against objectives set at the beginning of the appointment/ review cycle, as well as discuss generally mutual views on the progress of the NED and the Trust.

18. I also meet regularly with Ifti Majid as his line manager, and have carried out his appraisal in line with his role requirements. I have encouraged Ifti to join the NHS Confederation Mental Health Network board, and I was delighted which he featured in an NHS Providers publication "Clinician to Chief Executive".

Ifti has also been able to present at a national meeting on Reverse Mentoring which he has been driving here in the Trust. This public profile has

been positive in his development, but also in raising the good work that we do as a Trust.

19. We have engaged with the NExT Director scheme which is hosted by NHS Improvement. We had Avtar Johal for part of the year until his placement came to an end. Suzanne Overton-Edwards, a NExT Director with Nottinghamshire Healthcare, has recently joined us on a placement to give us support whilst Julia Tabreham is on a period of absence due to ill-health. I am a keen advocate of the NExT Director Scheme, and am also pleased that Suzanne's profile meets my desired profile for a NExT Director on placement with us, being from a BME background. Suzanne has a long career in education, most recently having been Principal, CEO and Accounting Officer of Gateway College, Leicester.

System Collaboration

20. The Joined Up Care Derbyshire (JUCD) Board meets approximately every month. I have been able to attend most, but not all of the meetings. When I have not been able to attend, deputies from the NEDs have attended on my behalf along with Ifti Majid or Claire Wright.

21. I have encouraged the JUCD Board to use the elected governors from all of the Foundation Trusts in Derbyshire as an engagement group. I believe that this is now slowly starting to take place.

22. The system continues to be challenged financially and this has at times resulted in less focus on the overall vision for Derbyshire and more on solving the immediate financial challenges. It is hoped that the NHS Long-term plan will move things forward - but there is a challenge around the absence of social care inclusion in the Long-term plan.

23. I encouraged Ifti Majid to offer to host the JUCD central team in our Trust which I believe is a helpful contribution to the system (at no additional cost to us). As a provider in the system, I am pleased to see our leadership team engaged in the system development - not only the mental health work stream, but also the urgent care and children's streams for example. I am encouraged that we are doing what we can within the constraints of the system now, and will continue to seek to ensure that the system considers the best way forward for the people of Derbyshire.

24. I have been engaged in the discussions around the appointment of an independent Chair for the system, but this is currently being slowed down whilst the ramifications of the 10 year plan are understood. I have met with the current Chair of the JUCD Board, Paul Wood. It is clear to me that relationships have improved across the system since our decision not to merge and to stand alone as a specialist provider of mental health and other health services.

Regulators; NHS Providers and NHS Confederation and others

25. Our main engagement with Regulators in 2018 was the CQC inspection and well-led review. As previously reported to Council of Governors, our overall rating

remained as "requires improvement". Whilst this initially felt disappointing, it is important to note that the report highlights a number of significant improvements that have taken place across the majority of services since the last CQC inspection in 2016. Overall our results have improved, with eight domain areas moving from requires improvement to good.

The report also noted an improvement in the relationship between the Trust Board and Council of Governors. This included improvements in the composition, accountability, functioning and training that had taken place since the last inspection. I'm sure you will be delighted to know that the report outlined how governors hold the NEDs to account.

Overall, our ratings across each domain remained consistent, despite the improvements noted within each area. The one exception was the well led domain, which improved to 'requires improvement'.

26. In May we hosted a visit by Dale Bywater, regional director for NHS Improvement to the Trust. This was an informal meeting aimed to help him to understand the Trust and where we had got to on our improvement journey. It was a positive meeting and time well worth taking. Likewise, we were visited by Sean Duggan, Chair of the NHS Confederation Mental Health Network in September.

27. I believe that as your Chair I have been engaging with regulators and other national providers for the benefit of this Trust.

Beyond our Boundaries

28. We have joined various meetings and conferences during the year: NHS Provider meetings for Chiefs and Chairs; NHS Improvement Chairs meetings - which are preceded by a meeting of the Midlands and East Mental Health Trust Chairs to share knowledge and seek input from others. I have attended the NHS Confederation conference, the NHS Confederation Mental Health Network conference; NHS Providers conference and other important gatherings of senior NHS leaders. These have been noted in my monthly reports.

29. I have worked with Paul Devlin, Chair of Lincolnshire Partnership NHS Foundation Trust as a source of support and development for me as a Chair in preparation for the CQC inspection. We also did consider having a board to board meeting with Lincolnshire, but this has not been possible to come together given the geographical distance.

30. I have met with Pauline Latham, MP, to build a more positive understanding of the Trust and the challenges we face. This lead to the signing of the Dying to Work Charter.

31. Together with Ifti Majid, I have presented to two Multi-Academy Trust CEO meetings to share the learnings of working in the NHS with those working in education.

32. I am taking part in the assessment panels for the Regional Talent Board (Aspire

Together). The vision of Aspire Together is to move talent management from individual organisations to a place where it is owned and valued by the whole system. The first of the assessment days that I took part in were held on 3 December in Leicester. This is a pilot scheme being carried out in the Midlands and East and Dido Harding has an appetite to move faster with the pilot to identify more potential directors for a national talent pool.

Strategic Considerations (All applicable strategic considerations to be marked with X in end column)	
1) We will deliver **quality** in everything we do providing safe, effective and service user centred care	X
2) We will develop strong, effective, credible and sustainable **partnerships** with key stakeholders to deliver care in the right place at the right time	X
3) We will develop our **people** to allow them to be innovative, empowered, engaged and motivated. We will retain and attract the best staff.	X
4) We will **transform** services to achieve long-term financial sustainability.	X

Assurances

- The Council can take assurance that the Trust level of engagement and Influence is high in the health and social care economy
- Feedback from staff and other stakeholders is being reported into the Board.

Consultation
This report has not been to other groups or committees.

Governance or Legal Issues
None

Public Sector Equality Duty & Equality Impact Risk Analysis

The author has a responsibility to consider the equality impact and evidence on the nine protected characteristics (REGARDS people).

There are no adverse effects on people with protected characteristics (REGARDS).	x
There are potential adverse effect(s) on people with protected characteristics (REGARDS). Details of potential variations /inequalities in access, experience and outcomes are outlined below, with the appropriate action to mitigate or minimise those risks.	

Actions to Mitigate/Minimise Identified Risks
This report reflects a wide range of activities across the Trust, and consideration relating to ensuring inclusion is embedded in operational work of the Trust. The specific services visited provide support to those with protected characteristics by the nature of their work.

With respect to our work with governors - we work actively to encourage a wide range of nominees to our governor elections, and strive that our Council of Governors is representative of the communities they serve. 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. This includes providing transport for those who may not be able to access public transport due to physical needs, accommodating communication requirements and providing support workers at meetings.

Demonstrating inclusive leadership at Board level
Through the Trust's involvement in the NExT Director scheme, hosting a placement for Suzanne Overton-Edwards, we are supporting the development of those who may find it more difficult to be appointed as a NED in the NHS.

Through the Trust's LGBT+ activities and other groups reflecting those with protected characteristics, we are raising awareness through demonstrating inclusive leadership at all levels in the Trust.

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: **Caroline Maley**
Trust Chair

Appendix 1:

Our Trust and Staff: Teams visited and activities undertaken in 2018

January 2018:
Kedleston Unit
Morton Ward
COAT (Clinical and Operational Assurance Team) meeting for Neighbourhoods

February 2018:
Audrey House
Ward 35 Radbourne Unit
Walton Hospital, Chesterfield, including Core Care Standards and CPA, Perinatal, Physical Health lead and smoking cessation

March 2018:
Kedleston Unit for the celebration of the refurbishment

April 2018:
Dale Bank View, Swadlincote for the South Derbyshire & Derbyshire Dales South Neighbourhood team
The Beeches Perinatal Unit

May 2018:
LGBT+ conference
Cubley Court (female)

June 2018:
Signed Dying to Work Charter with Pauline Latham MP present
Dale Bank View, Swadlincote for the Southern Derbyshire Community learning disabilities team and Older Adults team

July 2018:
York Minster NHS 70
CAMHS at Century House
Memory Assessment Service at Dovedale Hospital
Ward 34 Radbourne Unit
Substance Misuse services in Ripley
Health Visitors at Rosehill Children's Centre

August 2018:
Bolsover & Clay Cross Neighborhood Team

September 2018:
Hartington Unit (with Helen Phillips, Chair of Chesterfield Royal)
Pharmacy Team
Quality Visit - memory Assessment service
Ronnie MacKeith Children's Hospital

October 2018:
Visit to Children's Services leadership team
Quality Visit - Southern Derbyshire Community Learning Disabilities Team
Killamarsh & Chesterfield North Neighbourhood

November 2018:
Information Management and Technology and Records
Finance team
Delivering Excellence Every Day Awards
Transgender Day of Remembrance
Estates and Facilities

December 2018:
Christmas decoration competition
People Services

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 5 March 2019

2018 NHS Staff Survey – NHS England Results

Purpose of Report

The purpose of this paper is to update the Council of Governors on the NHS Staff Survey – NHS England results, which show our current position based on the 2018 all staff survey.

Executive Summary

This report for Derbyshire Healthcare NHS Foundation Trust contains results for themes and questions from the 2018 NHS Staff Survey, and historical results back to 2014 where possible.

This year the NHS England reporting has changed significantly. The results are no longer grouped by 'Key Findings'; nor do we have the usual 'top and bottom 5 areas' or the 'most and least improved areas' and the most commonly known and benchmarked against previous 'staff engagement score'.

Key Findings have been replaced by themes. The themes cover ten areas of staff experience and present results in these areas in a clear and consistent way. All of the ten themes are scored on a 0-10 scale, where a higher score is more positive than a lower score. These theme scores are created by scoring question results and grouping these results together.

The themes are as follows:

1. Equality, diversity & inclusion
2. Health & wellbeing
3. Immediate managers
4. Morale
5. Quality of appraisals
6. Quality of care
7. Safe environment – bullying & harassment
8. Safe environment – violence
9. Safety culture
10. Staff engagement

The new results within each theme and question are presented in the context of the best, average and worst results for similar organisations where appropriate. Data in this report is weighted to allow for fair comparisons between organisations.

Key information:

- Derbyshire Healthcare NHS Foundation Trust is within the Combined Mental Health / Learning Disability and Community Trusts benchmarking group

- There are 31 organisations in this benchmarking group

In summary of the new 10 themes, compared to the other 30 organisations we are benchmarked against, we are:

- **Best in 0**
- Above average in 3 (health & wellbeing) (morale) (safe environment – bullying & harassment)
- Average in 3 (equality, diversity & inclusion) (immediate managers) (safe environment – violence)
- Below average in 4 (quality of appraisals) (quality of care) (safety culture) (staff engagement)
- **Worst in 0**

Compared to last year*, we are:

- Better than 2017 in 7 themes
- The same as 2017 in 2 themes (quality of care) (safe environment – violence)
- Worse than 2017 in 0 themes

**Please note: morale is not comparable to 2017; therefore only 9 themes appear in the historical summary bullets above.*

In addition to the results, we also received 226 free text comments from staff, which shared some helpful themes to triangulate with our areas of focus for 2019.

It is great to see that, whilst some of our themes are still placed below average when benchmarking against the 30 other Combined Mental Health / Learning Disability and Community Trusts, every one of our themes has either improved or stayed the same compared the 2017 NHS Staff Survey – no theme saw a decline in results.

Based on the analysis of results the suggested themes to be the main focus of improvement in 2019 is **'quality of care'** and **'safety culture'.**

Whilst smaller key focus area work streams should be developed from the 'double red' questions around 'training and development' and 'harassment, bullying or abuse at work from service users' and all references to 'bullying and harassment from colleagues or managers' picked up in the comments from the survey.

Next steps include:

- Communication of results to all staff, governors and other key stakeholders post embargo via a one page summary on 26 February 2019 once the embargo has been lifted
- Finalise triangulation of 2019 priorities into current work programmes
- Further work and analysis on all protected characteristics
- Final summary report and detailed triangulation to People and Culture Committee 23 April 2019.

Strategic Considerations (All applicable strategic considerations to be marked with X in end column)	
1) We will deliver **quality** in everything we do providing safe, effective and service user centred care	X
2) We will develop strong, effective, credible and sustainable **partnerships** with key stakeholders to deliver care in the right place at the right time	X
3) We will develop our **people** to allow them to be innovative, empowered, engaged and motivated. We will retain and attract the best staff.	X
4) We will **transform** services to achieve long-term financial sustainability.	X

Risks and Assurances

Risks associated with the report are linked to the BAF as follows:
Strategic Objective 2. Engagement: 18_19 2a - There is a risk that if the Trust doesn't engage our workforce and create an environment where they experience the aims and values of the Trust, there will be a negative impact on the morale and health & wellbeing of staff which may affect the safety and quality of patient care.

From the 2018 NHS Staff Survey NHS England results we can see that: whilst some of our themes are still placed below average when benchmarking against the 30 other Combined Mental Health / Learning Disability and Community Trusts, every one of our themes has either improved or stayed the same compared the 2017 NHS Staff Survey – no theme saw a decline in results.

Consultation

To date the Picker report has been shared with Executives by email on 7 January 2019, went to the Board of Directors on 5 February 2019 and to the People and Culture Committee on 18 February 2019.

A similar version of this NHS England results summary paper was shared with the Executive Leadership Team by email on 12 February 2019 and an updated versions is scheduled to be shared with the Trust Board on 5 March 2019.

The NHS England results build on from the Picker results and are used to benchmark us nationally against all other NHS organisations which fit into our category in the NHS Staff Survey benchmarking of results.

All information on our NHS Staff Survey results will be shared with appropriate stakeholders and governors once the embargo has been lifted on 26 February 2019.

Governance or Legal Issues

- CQC analyse the NHS Staff Survey results
- Some of our results are linked to the Health and Wellbeing CQUIN
- Staff FFT questions are reported and benchmarked nationally.

Public Sector Equality Duty & Equality Impact Risk Analysis

The author has a responsibility to consider the equality impact and evidence on the nine protected characteristics (REGARDS people (Race, Economic disadvantage, Gender, Age, Religion or belief, Disability and Sexual orientation)).

There are no adverse effects on people with protected characteristics (REGARDS).	
There are potential adverse effect(s) on people with protected characteristics (REGARDS). Details of potential variations /inequalities in access, experience and outcomes are outlined below, with the appropriate action to mitigate or minimise those risks.	X

Actions to Mitigate/Minimise Identified Risks

The NHS Staff Survey results are also grouped by protected characteristics, allowing us to do further analysis on all 9 of these areas.

Recommendations

The Council of Governors are requested to:

- receive and review the 2018 NHS Staff Survey – NHS England results
- discuss and input into the recommendations for proposed focus areas from the 2018 results, which will feed into the priorities for 2019.

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

- the significant increase in the response rate
- the fact that every one of our themes either improved (7) or stayed the same (2) compared the 2017 NHS Staff Survey – no theme saw a decline in results.

Report presented by: **Amanda Rawlings, Executive Director of People Services and Organisational Effectiveness**

Report prepared by: **Clair Sanders, Organisational Effectiveness Lead**

2018 NHS Staff Survey – NHS England Results – Summary Paper

Introduction

This report for Derbyshire Healthcare NHS Foundation Trust contains results for themes and questions from the 2018 NHS Staff Survey, and historical results back to 2014 where possible.

This year the NHS England reporting has changed significantly. The results are no longer grouped by 'Key Findings'; nor do we have the usual 'top and bottom 5 areas' or the 'most and least improved areas' and the most commonly known and benchmarked against previous 'staff engagement score'.

Key Findings have been replaced by themes. The themes cover ten areas of staff experience and present results in these areas in a clear and consistent way. All of the ten themes are scored on a 0-10 scale, where a higher score is more positive than a lower score. These theme scores are created by scoring question results and grouping these results together. *Please note that you cannot directly compare Key Finding results to theme results.*

The themes are as follows:

1. Equality, diversity & inclusion
2. Health & wellbeing
3. Immediate managers
4. Morale
5. Quality of appraisals
6. Quality of care
7. Safe environment – bullying & harassment
8. Safe environment – violence
9. Safety culture
10. Staff engagement

The new results within each theme and question are presented in the context of the best, average and worst results for similar organisations where appropriate. Data in this report is weighted** to allow for fair comparisons between organisations.

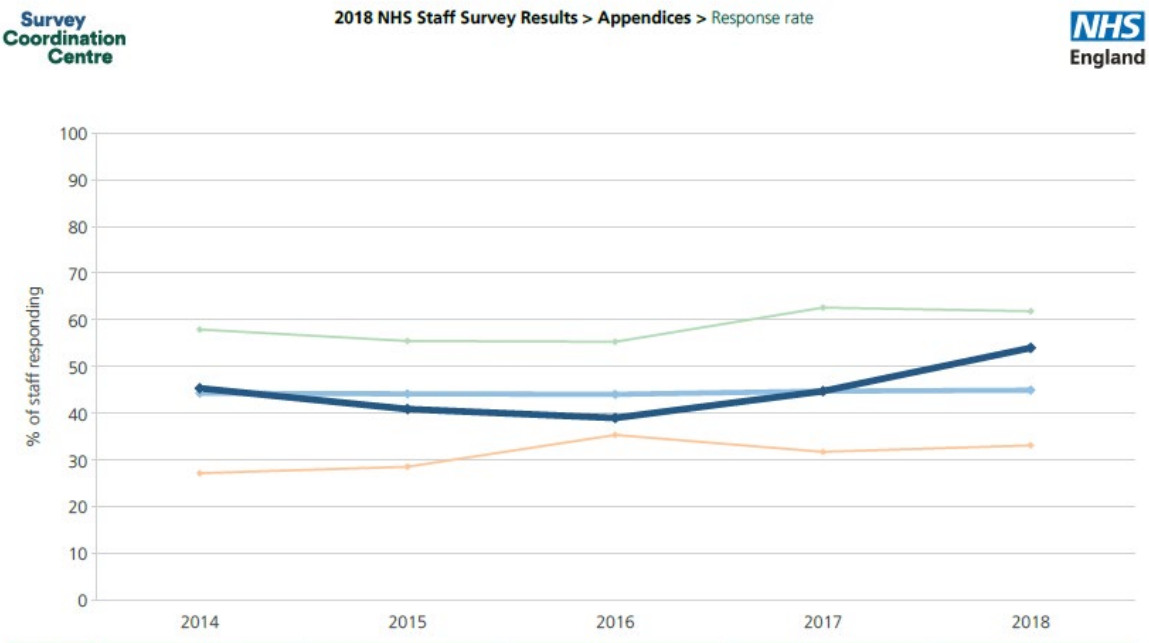
*** Please note: q1, q10a, q19f, q23d-q28a and q29-q31b are not weighted or benchmarked because these questions ask for demographic or factual information.*

Key information:

- Derbyshire Healthcare NHS Foundation Trust is within the Combined Mental Health / Learning Disability and Community Trusts benchmarking group
- There are **31 organisations** in this benchmarking group
- Throughout the report – our organisation is seen on all graphs and charts in **navy blue**.

The results that follow are taken from the 2018 NHS England Staff Survey results. The survey was conducted between Monday 1 October and Friday 30 November 2018, with 1284 Derbyshire Healthcare employees completing the survey giving a 54% response rate (the trend for the past 5 years can be found in figure 1).

Figure 1: Response rate trends for Combined Mental Health / Learning Disability and Community Trusts



	2014	2015	2016	2017	2018
Best	57.9%	55.5%	55.3%	62.6%	61.9%
Your org	45.3%	40.9%	39.0%	44.7%	54.0%
Average	44.3%	44.2%	44.1%	44.7%	44.9%
Worst	27.2%	28.6%	35.4%	31.7%	33.1%

161

NHS England Reporting Themes

An overview of all 10 themes can be found in figure 2. We will go into each theme in detail – however in summary this tells us that, compared to the other 30 organisations we are benchmarked against, we are:

- **Best in 0**
- Above average in 3 (health & wellbeing) (morale) (safe environment – bullying & harassment)
- Average in 3 (equality, diversity & inclusion) (immediate managers) (safe environment – violence)
- Below average in 4 (quality of appraisals) (quality of care) (safety culture) (staff engagement)
- **Worst in 0**

Compared to last year*, we are:

- Better than 2017 in 7 themes
- The same as 2017 in 2 themes (quality of care) (safe environment – violence)
- Worse than 2017 in 0 themes

**Please note: morale is not comparable to 2017; therefore only 9 themes appear in the historical summary bullets above.*

Figure 2: Overview of all 10 themes for Combined Mental Health / Learning Disability and Community Trusts

We have devised the following infographic to summarise the key results to staff, including: the changes to the NHS England reporting, how we score on each theme this year, how this compares to average and to 2017. Full details can be found in Appendix 1.

Appendix 1 – 2018 NHS Staff Survey – Summary Infographic

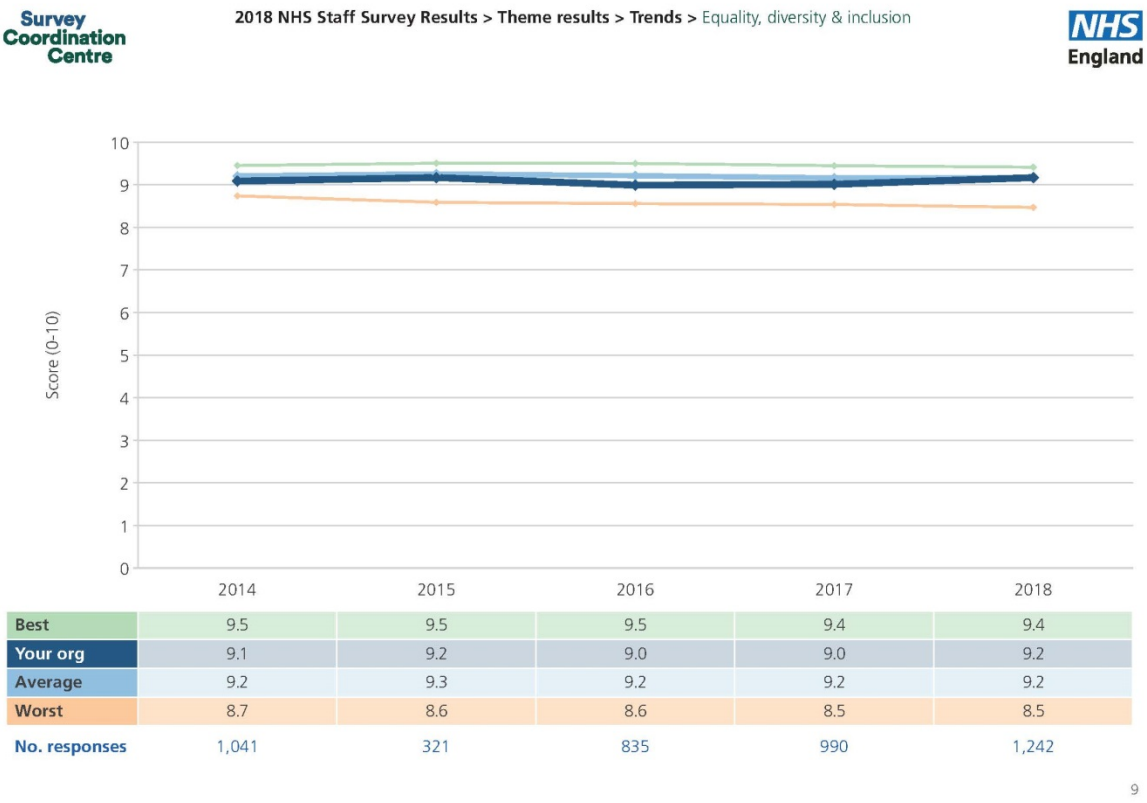
Each theme is now broken down and we can see the trends over the past 5 years (where available) and the individual question results that make up each theme.

1. Equality, diversity & inclusion

Questions that make up the theme: Q14, Q15a, Q15b and Q28b.

Key points to note:

- **Theme score average compared to other 30 Combined Mental Health / Learning Disability and Community Trusts**
- **Improvement on overall theme score from last year**



	2014	2015	2016	2017	2018
Best	9.5	9.5	9.5	9.4	9.4
Your org	9.1	9.2	9.0	9.0	9.2
Average	9.2	9.3	9.2	9.2	9.2
Worst	8.7	8.6	8.6	8.5	8.5
No. responses	1,041	321	835	990	1,242

9

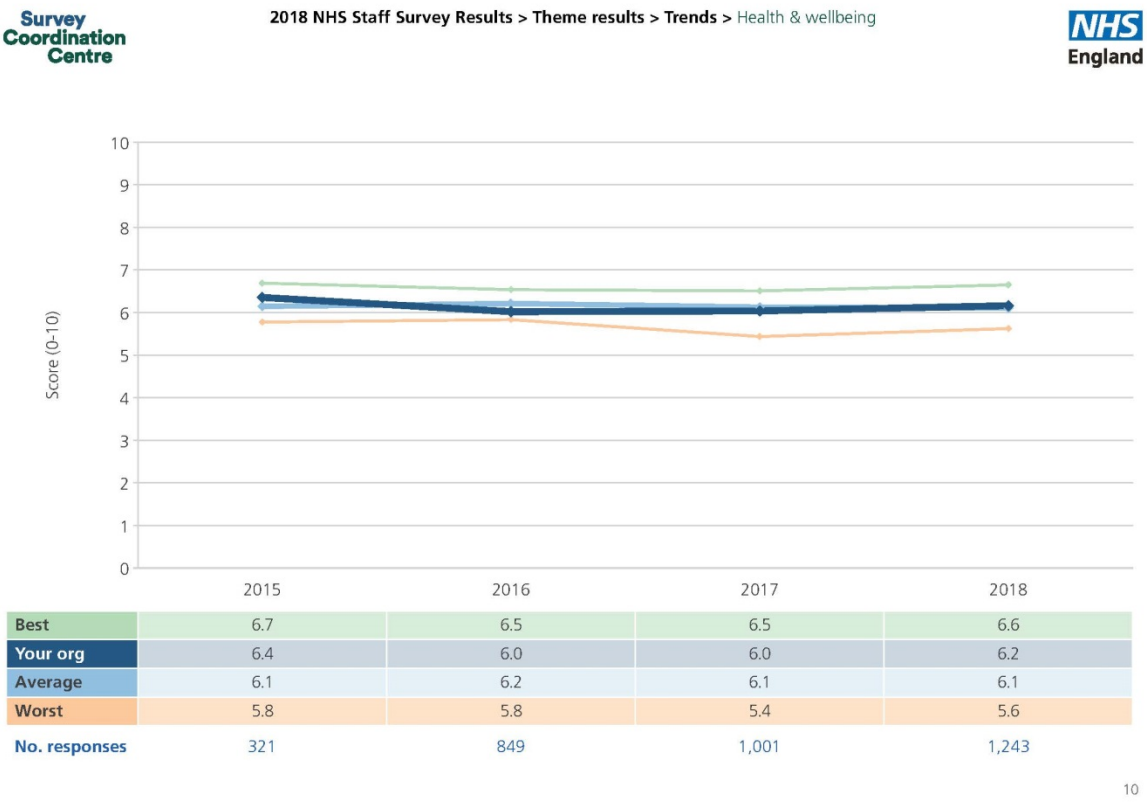
- Q14: Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?
  - Worse than average, better than 2017
- Q15a: In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?
  - Better than average, better than 2017
- Q15b: In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?
  - Worse than average, better than 2017
- Q28: Has your employer made adequate adjustment(s) to enable you to carry out your work?
  - Better than average, better than 2017

2. Health & wellbeing

Questions that make up the theme: Q5h, Q11a, Q11b, Q11c and Q11d.

Key points to note:

- **Theme score above average compared to other 30 Combined Mental Health / Learning Disability and Community Trusts**
- **Improvement on overall theme score from last year**



	2015	2016	2017	2018
Best	6.7	6.5	6.5	6.6
Your org	6.4	6.0	6.0	6.2
Average	6.1	6.2	6.1	6.1
Worst	5.8	5.8	5.4	5.6
No. responses	321	849	1,001	1,243

10

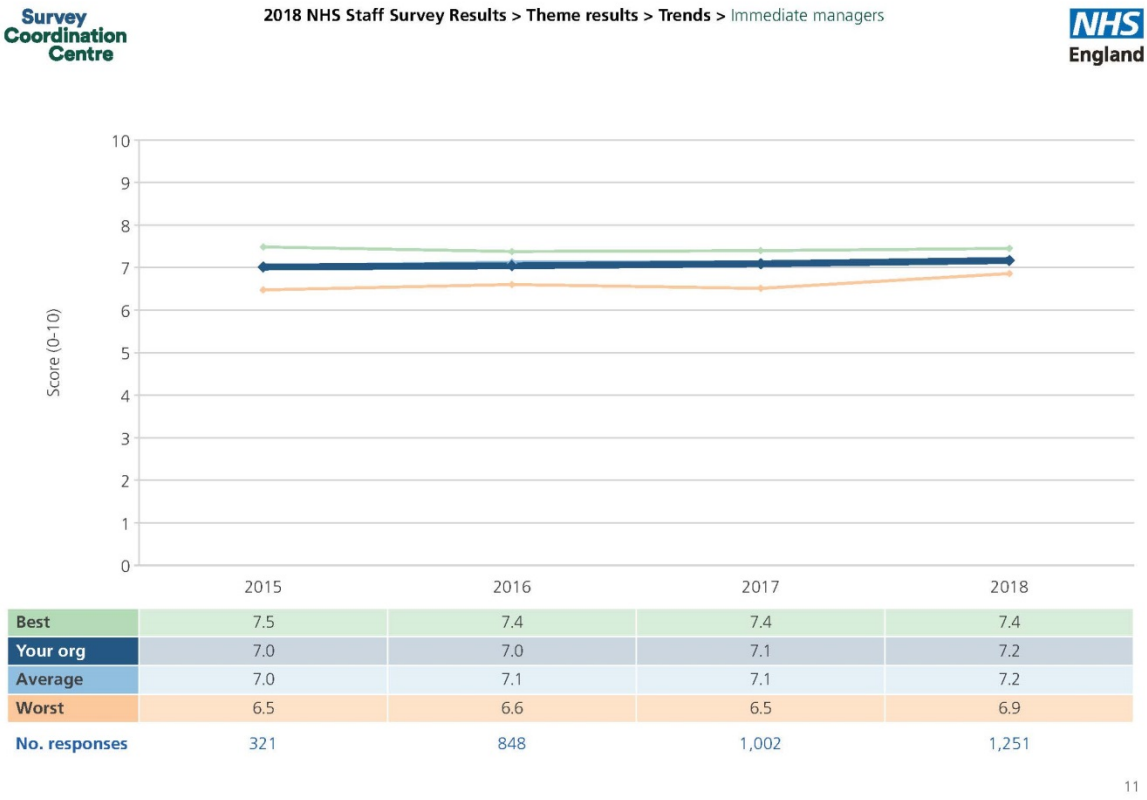
- Q5h: The opportunities for flexible working patterns
  - Better than average, better than 2017
- Q11a: Does your organisation take positive action on health and well-being?
  - Worse than average, better than 2017
- Q11b: In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?
  - Better than average, better than 2017
- Q11c: During the last 12 months have you felt unwell as a result of work related stress?
  - Average, better than 2017
- Q11d: In the last three months have you ever come to work despite not feeling well enough to perform your duties?
  - Better than average, better than 2017

3. Immediate managers

Questions that make up the theme: Q5b, Q8c, Q8d, Q8f, Q8g and Q19g.

Key points to note:

- **Theme score average compared to other 30 Combined Mental Health / Learning Disability and Community Trusts**
- **Improvement on overall theme score from last year**



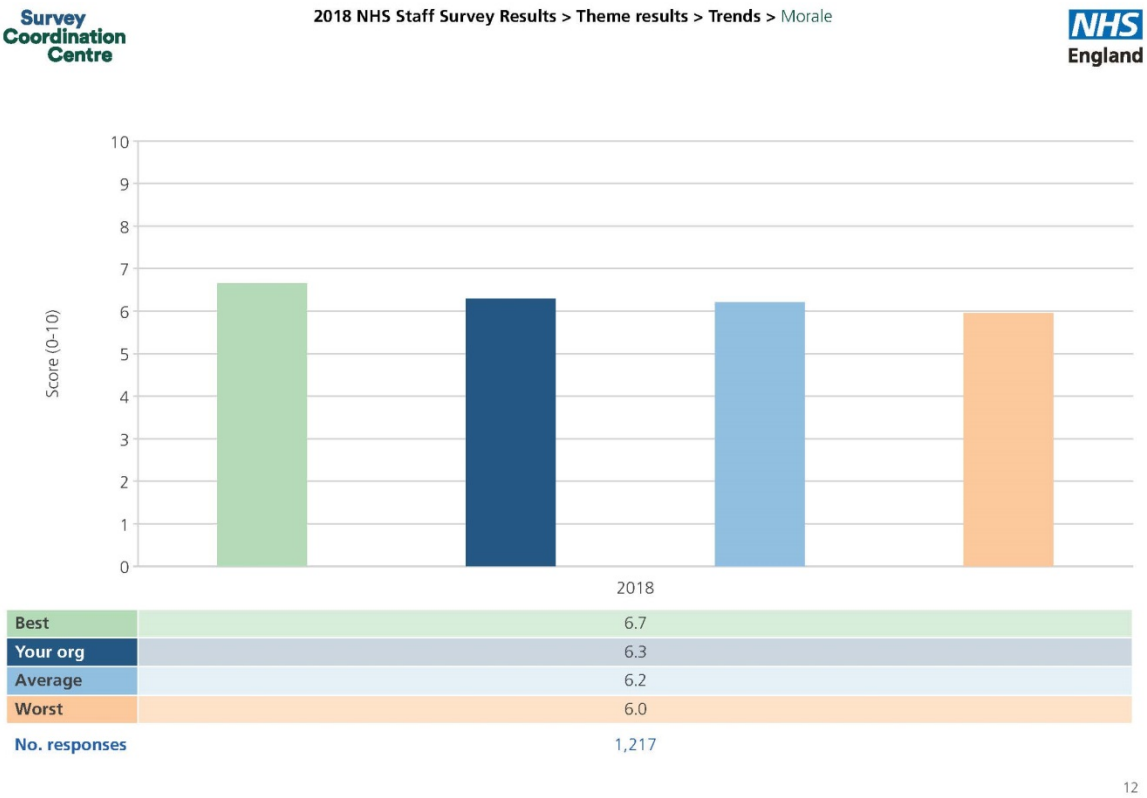
- Q5b: The support I get from my immediate manager
  - Worse than average, better than 2017
- Q8c: My immediate manager gives me clear feedback on my work
  - Better than average, better than 2017
- Q8d: My immediate manager asks for my opinion before making decisions that affect my work
  - Better than average, better than 2017
- Q8f: My immediate manager takes a positive interest in my health and well-being
  - Better than average, better than 2017
- Q8g: My immediate manager values my work
  - Worse than average, better than 2017
- Q19g: My manager supported me to receive this training, learning or development
  - Worse than average, worse than 2017

4. Morale

Questions that make up the theme: Q4c, Q4j, Q6a, Q6b, Q6c, Q8a, Q23a, Q23b and Q23c.

Key points to note:

- **Theme score above average compared to other 30 Combined Mental Health / Learning Disability and Community Trusts**
- **Not able to compare historically**



- Q4c: I am involved in deciding on changes introduced that affect my work area / team / department
  - Better than average, better than 2017
- Q4j: I receive the respect I deserve from my colleagues at work
  - Better than average, *no historical data*
- Q6a: I have unrealistic time pressures
  - Worse than average, *no historical data*
- Q6b: I have a choice in deciding how to do my work
  - Better than average, *no historical data*
- Q6c: Relationships at work are strained
  - Worse than average, *no historical data*
- Q8a: My immediate manager encourages me at work
  - Better than average, *no historical data*
- Q23a: I often think about leaving this organisation
  - Better than average, *no historical data*

- Q23b: I will probably look for a job at a new organisation in the next 12 months
  - Better than average, *no historical data*
- Q23c: As soon as I can find another job, I will leave this organization
  - Better than average, *no historical data*

5. Quality of appraisals

Questions that make up the theme: Q19b, Q19c, Q19d and Q19e.

Key points to note:

- **Theme score below average compared to other 30 Combined Mental Health / Learning Disability and Community Trusts**
- **Improvement on overall theme score from last year**

	2015	2016	2017	2018
Best	5.9	6.0	6.0	6.0
Your org	5.1	5.1	5.1	5.4
Average	5.2	5.4	5.4	5.5
Worst	4.5	4.5	4.5	4.8
No. responses	253	691	846	1,059

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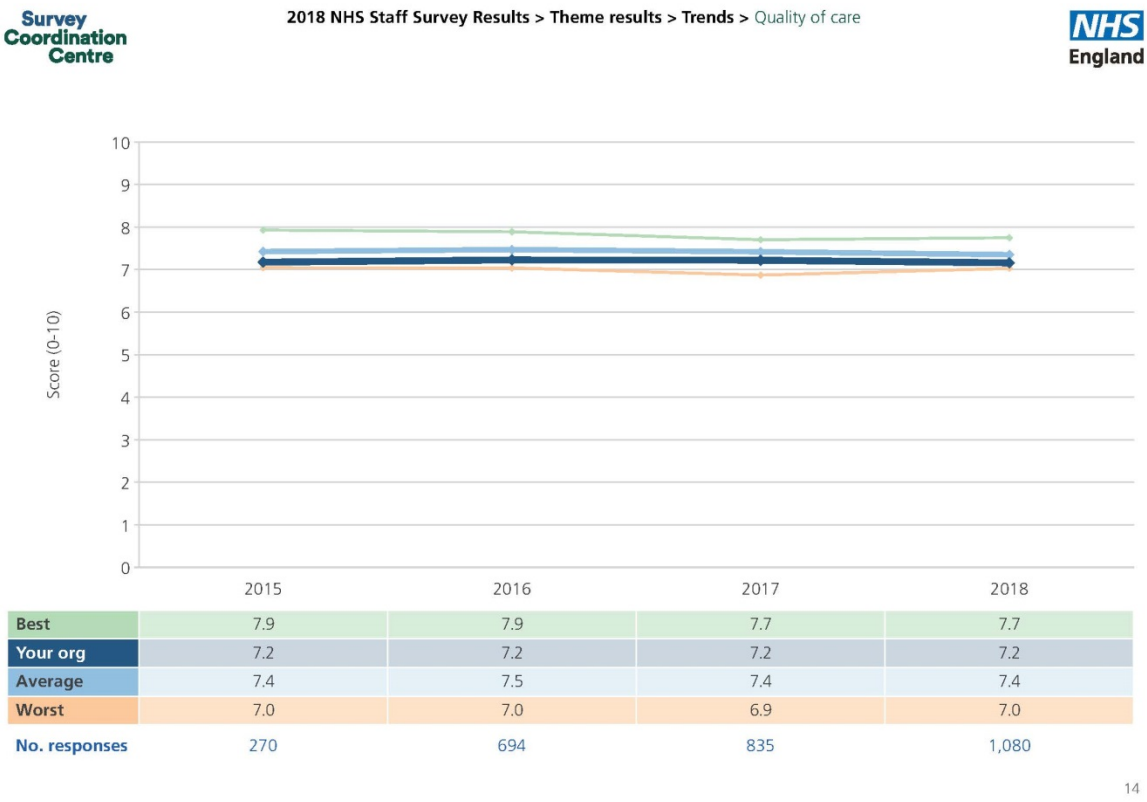
- Q19b: It helped me to improve how I do my job
  - Better than average, better than 2017
- Q19c: It helped me agree clear objectives for my work
  - Worse than average, better than 2017
- Q19d: It left me feeling that my work is valued by my organization
  - Better than average, better than 2017
- Q19e: The values of my organisation were discussed as part of the appraisal process
  - Worse than average, better than 2017

6. Quality of care

Questions that make up the theme: Q7a, Q7b and Q7c.

Key points to note:

- **Theme score below average compared to other 30 Combined Mental Health / Learning Disability and Community Trusts**
- **Maintained overall theme score from last year**



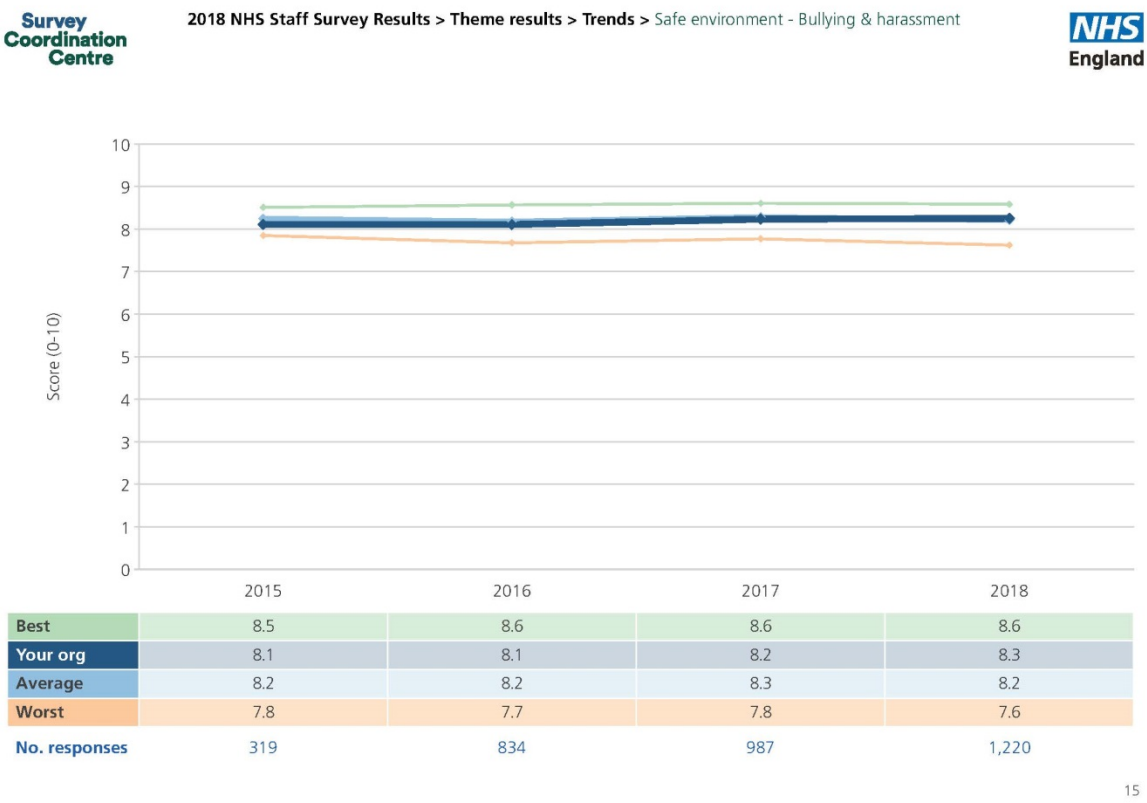
- Q7a: I am satisfied with the quality of care I give to patients / service users
  - Worse than average, worse than 2017
- Q7b: I feel that my role makes a difference to patients / service users
  - Better than average, better than 2017
- Q7c: I am able to deliver the care I aspire to
  - Worse than average, better than 2017

7. Safe environment – bullying & harassment

Questions that make up the theme: Q13a, Q13b and Q13c.

Key points to note:

- **Theme score above average compared to other 30 Combined Mental Health / Learning Disability and Community Trusts**
- **Improvement on overall theme score from last year**



	2015	2016	2017	2018
Best	8.5	8.6	8.6	8.6
Your org	8.1	8.1	8.2	8.3
Average	8.2	8.2	8.3	8.2
Worst	7.8	7.7	7.8	7.6
No. responses	319	834	987	1,220

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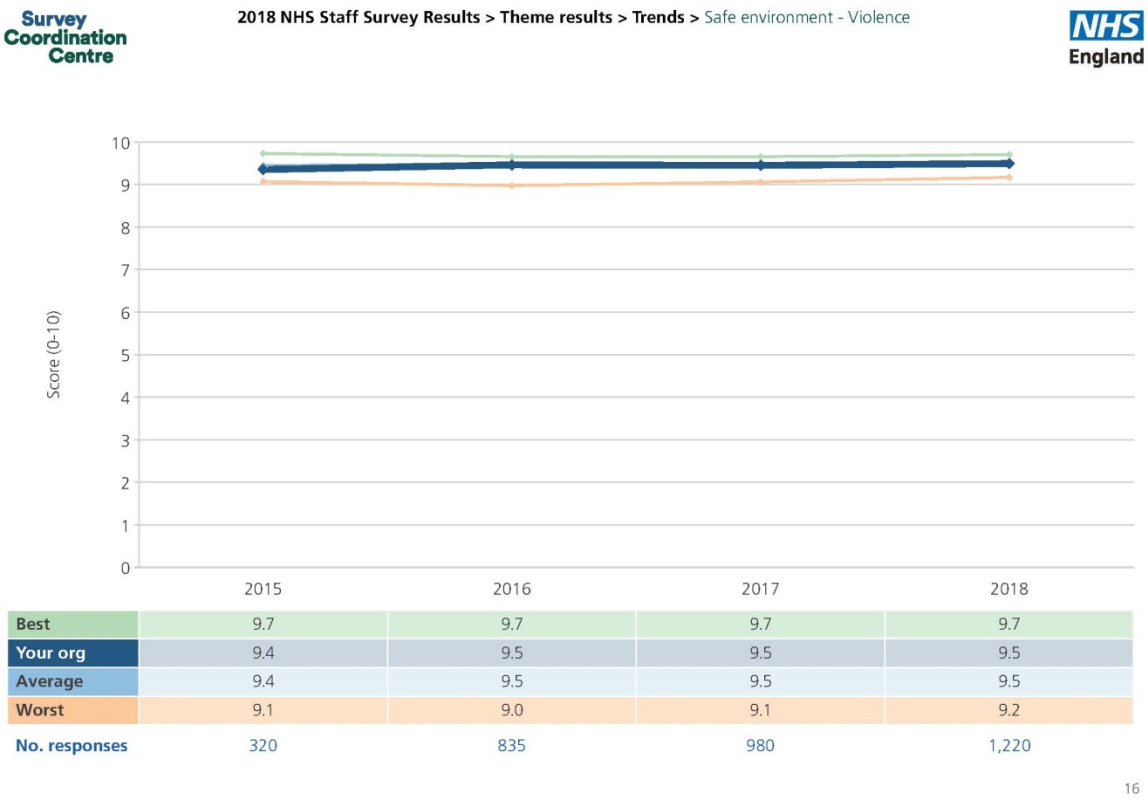
- Q13a: In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public?
  - Worse than average, worse than 2017
- Q13b: In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers?
  - Better than average, better than 2017
- Q13c: In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues?
  - Better than average, better than 2017

8. Safe environment – violence

Questions that make up the theme: Q12a, Q12b and Q12c.

Key points to note:

- **Theme score average compared to other 30 Combined Mental Health / Learning Disability and Community Trusts**
- **Maintained overall theme score from last year**



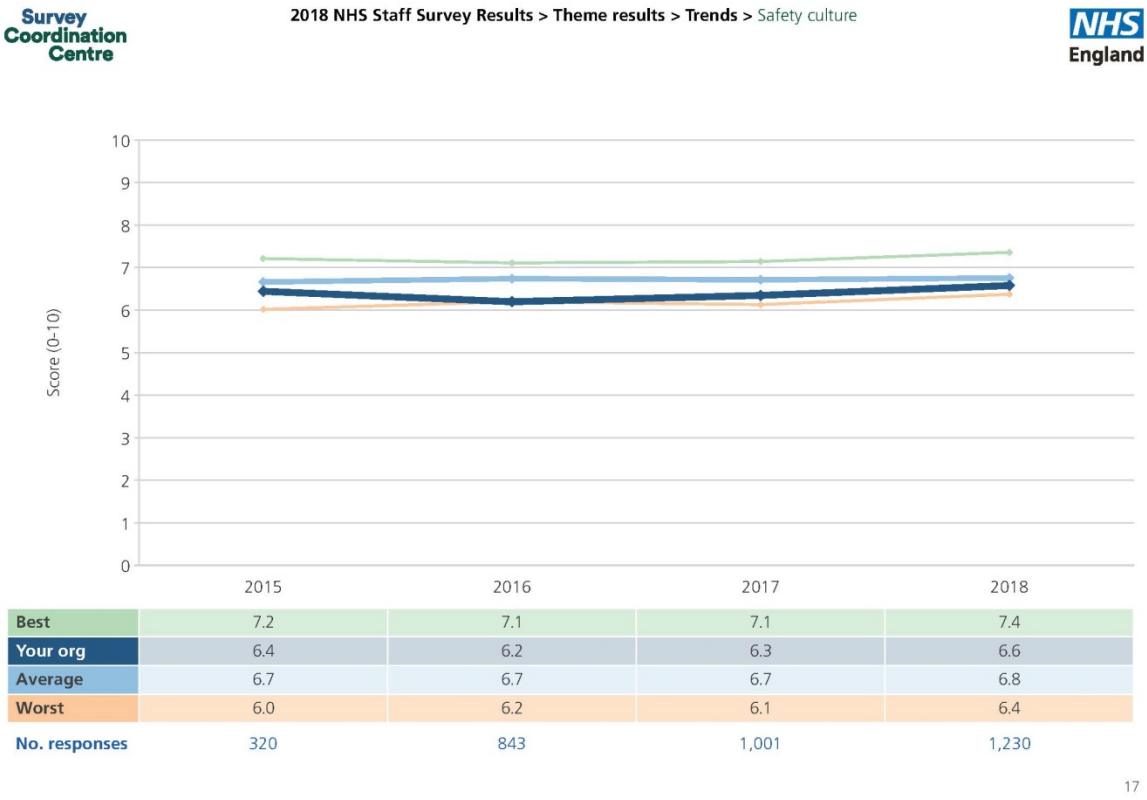
- Q12a: In the last 12 months how many times have you personally experienced physical violence at work from patients / service users, their relatives or other members of the public?
  - Worse than average, better than 2017
- Q12b: In the last 12 months how many times have you personally experienced physical violence at work from managers?
  - Average, better than 2017
- Q12c: In the last 12 months how many times have you personally experienced physical violence at work from other colleagues?
  - Better than average, better than 2017

9. Safety culture

Questions that make up the theme: Q17a, Q17c, Q17d, Q18b, Q18c and Q21b.

Key points to note:

- **Theme score below average compared to other 30 Combined Mental Health / Learning Disability and Community Trusts**
- **Improvement on overall theme score from last year**



- Q17a: My organisation treats staff who are involved in an error, near miss or incident fairly
  - Worse than average, better than 2017
- Q17c: When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again
  - Worse than average, better than 2017
- Q17d: We are given feedback about changes made in response to reported errors, near misses and incidents
  - Worse than average, better than 2017
- Q18b: I would feel secure raising concerns about unsafe clinical practice
  - Worse than average, better than 2017
- Q18c: I am confident that my organisation would address my concern
  - Worse than average, better than 2017
- Q21b: My organisation acts on concerns raised by patients / service users
  - Better than average, better than 2017

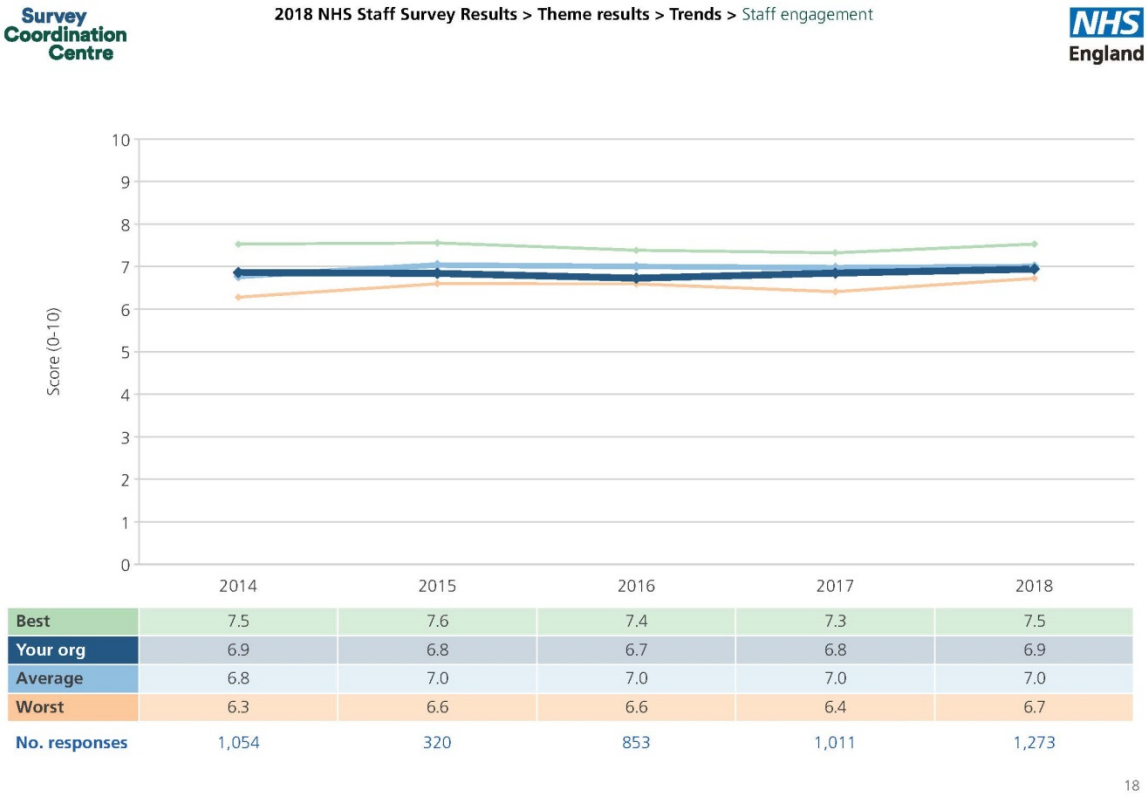
10. Staff engagement

Questions that make up the theme:

- Staff engagement - motivation: Q2a, Q2b and Q2c.
- Staff engagement - ability to contribute to improvements: Q4a, Q4b and Q4d.
- Staff engagement - recommendation of the organisation as a place to work/receive treatment: Q21a, Q21c and Q21d.

Key points to note

- **Theme score below average compared to other 30 Combined Mental Health / Learning Disability and Community Trusts**
- **Improvement on overall theme score from last year**



- Q2a: I look forward to going to work
  - Worse than average, better than 2017
- Q2b: I am enthusiastic about my job
  - Worse than average, better than 2017
- Q2c: Time passes quickly when I am working
  - Average, better than 2017
- Q4a: There are frequent opportunities for me to show initiative in my role
  - Average, better than 2017
- Q4b: I am able to make suggestions to improve the work of my team / department
  - Average, better than 2017

- Q4d: I am able to make improvements happen in my area of work
    - Worse than average, better than 2017
- Q21a: Care of patients / service users is my organisation's top priority
    - Worse than average, better than 2017
- Q21c: I would recommend my organisation as a place to work
    - Worse than average, better than 2017
- Q21d: If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation
    - Worse than average, better than 2017

Comments Received During the NHS Staff Survey

A thorough and detailed analysis of all 226 free text comments was undertaken – including further detail and themes split down to directorate level – however the main organisational themes that came out are listed below:

- Excellent organisation trying to change cultures
- Strong desire to make a difference
- Lots of supportive managers
- Proud of teams in which colleagues work
- Staff provide excellent care
- Low morale and feeling undervalued
- Staffing concerns
- Bullying and harassment in pockets across the Trust
- Too much paperwork/unnecessary recording of information
- Lack of development opportunities and training
- Greater opportunities for leadership and management skills required

Focus Areas & Priorities for 2019

It is great to see that, whilst some of our themes are still placed below average when benchmarking against the 30 other Combined Mental Health / Learning Disability and Community Trusts, every one of our themes has either improved or stayed the same compared the 2017 NHS Staff Survey – no theme saw a decline in results.

However there is of course still more that we can do to continue improving year on year and align further with the average. Based on the NHS England NHS Staff Survey results, using the weighted data to benchmark nationally, we can see that…

The four themes which are below average are:

- quality of appraisals
- quality of care
- safety culture
- staff engagement

The two themes we did not improve on, compared to the 2017 data are:

- quality of care
- safe environment – violence

Of those below average themes the two that stand out as key areas of focus for 2019 are as follows:

- **quality of care** (below average and one we did not improve on)
- **safety culture** (long way below average, close to worst line on some questions)

Looking at the questions which are classed as 'double red' (worse than average ***and*** worse than last year) that make up the themes – the following three have been highlighted as areas of concern:

- Q19g: My manager supported me to receive this training, learning or development
- Q7a: I am satisfied with the quality of care I give to patients / service users
- Q13a: In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public?

Based on the analysis of results the suggested themes to be the main focus of improvement in 2019 is **'quality of care'** and **'safety culture'.**

Whilst smaller key focus area work streams should be developed from the 'double red' questions around 'training and development' and 'harassment, bullying or abuse at work from service users' and all references to 'bullying and harassment from colleagues or managers' picked up in the comments from the survey.

It has been discussed that, similar to last year, rather than having an additional action plan with new initiatives; the Trust is triangulating against the staff engagement programme, People Strategy and clinical development plans etc. This will ensure that we are able to link the key focus areas into current work programmes, in order to guarantee the issues highlighted in the 2018 NHS Staff Survey are captured and swiftly addressed.

Next steps

The NHS England results are under strict embargo and are not to be shared outside of the organisation until 26 February 2019 at 9.30am.

- Communication of results to all staff, governors and other key stakeholders post embargo via a one page summary on 26 February 2019 once the embargo has been lifted
- Headline paper to Council of Governors ***(this paper)***
- Finalise triangulation of 2019 priorities into current work programmes
- Further work and analysis on all protected characteristics
- Final summary report and detailed triangulation to People and Culture Committee 23 April 2019.

Appendix 1 – 2018 NHS Staff Survey – Summary Infographic

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 5 March 2019

Integrated Performance Report Month 10

Purpose of Report

This paper provides Council of Governors with an integrated overview of performance at the end of January 2019. The focus of the report is on workforce, finance, operational delivery and quality performance.

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 Trust continues to perform well against many of its key indicators, with maintenance or improvements continuing across many of the Trust's services. These can be seen within the body of this report.

There are a number of areas where performance is below standard in the month, or trends are showing an overall change in performance. In order to ensure that there is a focused discussion on key issues these have been listed below.

1. Regulatory Compliance dashboard:

    - Out of area placements
    - Sickness absence
    - Annual appraisals
    - Compulsory training

2. Strategy Performance dashboard:

    - Cost improvement programme
    - Delayed transfers of care
    - Neighbourhood waiting lists
    - CAMHS waiting list
    - Paediatric referral to treatment
    - Health Visitor caseloads

In addition, a benchmarking section has been added to the end of this report to provide the Board with a contextual view of how the Trust is performing in comparison with other Trusts.

Strategic Considerations	
1) We will deliver **quality** in everything we do providing safe, effective and service user centred care	X
2) We will develop strong, effective, credible and sustainable **partnerships** with key stakeholders to deliver care in the right place at the right time	X
3) We will develop our **people** to allow them to be innovative, empowered, engaged and motivated. We will retain and attract the best staff.	X
4) We will **transform** services to achieve long-term financial sustainability.	X

Assurances

This paper relates directly to the delivery of the Trust's strategy by summarising performance across the four key performance measurement areas.

This report should be considered in relation to the relevant risks in the Board Assurance Framework (BAF).

As an integrated performance report the content provides assurance across several BAF risks related to workforce, operational performance, quality performance, financial performance and regulatory compliance.

Consultation

This paper has not been considered elsewhere, however some content supporting the overview presented is regularly provided to Finance and Performance Committee, People and Culture Committee and Quality Committee.

Governance or Legal Issues

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

Public Sector Equality Duty & Equality Impact Risk Analysis

The author has a responsibility to consider the equality impact and evidence on the nine protected characteristics (REGARDS people (Race, Economic disadvantage, Gender, Age, Religion or belief, Disability and Sexual orientation)).

There are no adverse effects on people with protected characteristics (REGARDS).	
There are potential adverse effect(s) on people with protected characteristics (REGARDS). Details of potential variations /inequalities in access, experience and outcomes are outlined below, with the appropriate action to mitigate or minimise those risks.	X

Actions to Mitigate/Minimise Identified Risks

This report reflects performance related to our whole staff and service receiver population and therefore includes members of those populations with protected characteristics in the REGARDS groups.

Any specific impact on members of the REGARDS groups is described in the report itself.

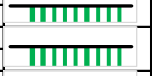
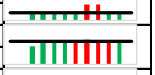
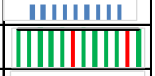
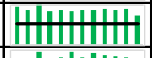
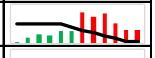
Recommendations

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:	**Margaret Gildea, Non-Executive Director** **Geoff Lewins, Non-Executive Director** **Caroline Maley, Non-Executive Director** **Julia Tabreham, Non-Executive Director** **Anne Wright, Non-Executive Director** **Richard Wright, Non-Executive Director**
Report prepared by:	**Mark Powell, Chief Operating Officer** **Claire Wright, Director of Finance/Deputy CEO** **Amanda Rawlings, Director of People and Organisational Effectiveness** **Carolyn Green, Director of Nursing and Patient Experience**

1. Regulatory Dashboard

Category	Sub-set	Metric	Period	Plan	Actual	Variance	Trend	Last 12 Months
Finance	Finance Score	Finance Scorecard	YTD	1	0	G	↓	
			Forecast	1	0	G	↓	
		Capital Service Cover	YTD	2	0	G	↓	
			Forecast	2	0	G	↓	
		Liquidity	YTD	1	0	G	↓	
			Forecast	1	0	G	↓	
		Income and Expenditure Margin	YTD	1	0	G	↓	
			Forecast	1	0	G	↓	
		Income and Expenditure variance to plan	YTD	1	0	G	↓	
			Forecast	1	0	G	↓	
		Agency variance to ceiling	YTD	1	0	G	↓	
			Forecast	1	0	G	↓	
	Single Oversight Framework	Agency costs as % of total pay costs	YTD	2.91%	0.00%	G	↓	
			Forecast	2.87%	0.00%	G	↓	
		NHS I Segment	YTD		0		↓	
Quality and Operations	KPIs	CPA 7 Day Follow-up (M)	Jan, 2019	95.00%	98.55%	G	↑	
			Dec, 2018		90.77%	R		
		Data Quality Maturity Index (DQMI) - MHSDS Data Score (Q)	Jan, 2019	95.00%	96.05%	G	→	
			Dec, 2018		96.53%	G		
		IAPT RTT within 18 weeks (Q)	Jan, 2019	95.00%	100.00%	G	→	
			Dec, 2018		100.00%	G		
		IAPT RTT within 6 weeks (Q)	Jan, 2019	75.00%	97.26%	G	→	
			Dec, 2018		98.26%	G		
		Early Intervention in Psychosis RTT Within 14 Days - Complete (Q)	Jan, 2019	53.00%	73.08%	G	↓	
			Dec, 2018		88.89%	G		
		Early Intervention in Psychosis RTT Within 14 Days - Incomplete (Q)	Jan, 2019	53.00%	75.00%	G	↓	
			Dec, 2018		81.25%	G		
		Patients Open to Trust In Employment (M)	Jan, 2019		10.20%	G	→	
			Dec, 2018		10.40%	G		
		Patients Open to Trust In Settled Accommodation (M)	Jan, 2019		57.61%	G	↓	
			Dec, 2018		58.69%	G		
		Under 16 Admissions To Adult Inpatient Facilities (M)	Jan, 2019	0	0	G	→	
			Dec, 2018		0	G		
		IAPT People Completing Treatment Who Move To Recovery (Q)	Jan, 2019	50.00%	50.95%	G	→	
			Dec, 2018		51.21%	G		
		Physical Health - Cardio-Metabolic - Inpatient (Q)						
		Physical Health - Cardio-Metabolic - EI (Q)						
		Physical Health - Cardio-Metabolic - on CPA (Community) (Q)						
		Out of Area - Number of Patients Non PICU (M)	Jan, 2019		20		↑	
			Dec, 2018		13			
		Out of Area - Number of Patients PICU (M)	Jan, 2019		23		↑	
			Dec, 2018		17			
		Out of Area - Average Per Day Non PICU (M)	Jan, 2019	0.9	6.7	R	↓	
			Dec, 2018	0.9	6.8	R		
		Out of Area - Average Per Day PICU (M)	Jan, 2019	23.1	12.6	G	↑	
			Dec, 2018	23.2	9.2	G		
		Written complaints – rate (Q)	Q42018/19		0.03		↓	
			Q32018/19		0.03			
		Staff Friends and Family Test % recommended – care (Q)	Q3 2018/19	81%	61%	R	↓	
			Q22018/19		73%	R		
		Occurrence of any Never Event (M)	Jan, 2019	0	0	G	→	
			Dec, 2018		0	G		
		Patient Safety Alerts not completed by deadline (M)	Jan, 2019		0		→	
			Dec, 2018		0			
		CQC community mental health survey (A)	2018		6.9/10		↑	
			2017		7.3/10			
		Mental health scores from Friends and Family Test – % positive (M)	Jan, 2019	81%	96%	G	→	
			Dec, 2018		96%	G		
		Potential under-reporting of patient safety incidents per 1000 bed days(M)	Oct17-Mar18		36.10	G	↑	
			Jan-00		0.00	G		
Workforce and Engagement	KPIs	Turnover (annual)	Jan, 2019	10.00%	10.25%	G	↓	
			Dec, 2018		9.95%	G		
		Sickness Absence (monthly)	Jan, 2019	5.04%	7.53%	R	↑	
			Dec, 2018		6.49%	R		
		Sickness Absence (annual)	Jan, 2019	5.04%	5.68%	R	↑	
			Dec, 2018		5.66%	R		
		Vacancies (funded fte)	Jan, 2019		9.16%		↓	
			Dec, 2018		9.53%			
		Appraisals All Staff (number of employees who have received an appraisal in the previous 12 months)	Jan, 2019	90.00%	75.48%	R	↑	
			Dec, 2018		74.50%	R		
		Medical Appraisals (number of medical employees who have received an appraisal in the previous 12 months)	Jan, 2019	90.00%	95.00%	G	→	
			Dec, 2018		94.00%	G		
		Compulsory Training (staff in-date)	Jan, 2019	90.00%	83.88%	A	↑	
			Dec, 2018		84.44%	A		
		NHS Staff Survey (A)	Work		60.92%			
			Treatment		72.77%			

Key:

Period Current Month / Previous Month

Achieving target; Not achieving target; Within tolerance; No Target Set

Target

↑ → ↓ Trend compared to previous month/quarter with tolerance of 1%

1.1 Finance position

The overall score of a '1' is in line with plan year to date and forecast outturn.

All metrics are forecast to achieve their planned outturn including the agency metric with agency expenditure forecast to be below the ceiling.

Comparing the actual expenditure on Agency to the ceiling, we are below the ceiling value by £111k at the end of January. This generates '1' on this metric within the finance score. Agency expenditure is forecast to be below the ceiling by 4% which is generating a score of '1' which is as per the plan. Agency expenditure forecast includes contingency costs estimated at £50k.

The forecast agency expenditure equates to the plan of 2.9% of the pay budgets (2.9% last month). National NHSI benchmarking information from 2017/18 showed agency expenditure at 4.5% of pay budgets, with the Midlands and East region at 5.2%.

1.2 Out of area adult placements (non-PICU)

The number of patients whom the Trust admitted to out of area beds in January increased for the first time in 4 months and is higher than we would wish to see. The Trust continues to take part in the regional learning collaborative that is focused on supporting Trusts to reduce out of area placements. Within the Trust a number of initiatives are in place to optimise bed use and free up capacity, which include a complex case panel meeting that has been established to review patients with a length of stay over 50 days.

1.3 People position

Work is ongoing across all Divisions in the Trust to tackle increasing levels of sickness absence. The main reason for sickness absence is stress and anxiety, which accounted for 27.97% of all sickness absence during January 2019.

Through Employee Relations and support where necessary from Divisional People Leads (DPL's) focus is particularly aimed at long term sickness cases and what support is in place to either support the employee back to work in a more timely way or to look at alternative solutions. Each case is treated individually working within policy and where available with staff side support.

Compulsory training compliance is running at 83.88% and appraisals at 75.48%.

Through performance reviews Divisions are asked to focus with support from their DPL's at their particular teams who are appearing in our hotspot data which includes sickness, compulsory training compliance and appraisal completion.

The Trust vacancy rate includes funded Fte surplus for flexibility including sickness and annual leave cover and is currently running at 9.16%, a decrease of 4.02% compared to April 2018.

During the last 12 months (February 2018 to January 2019) 324 people have joined the Trust through external recruitment and 261 employees have left the Trust, which included 76 retirements.

Targeted recruitment has been taking place over the last quarter to fill the hard to recruit areas, in particular this refers to inpatient acute areas where People Resourcing have been working closely with operational colleagues to chase at each stage of the recruitment process through the 'Trac' recruitment system. Weekly updates have been escalated to senior colleagues and any blockages e.g. shortlisting delays etc have been investigated and are now being resolved in a more timely way. There continues to be pressure from inpatient areas where turnover is higher than average and where sickness levels are also high, leading to staff choosing to move to community posts, not necessarily leaving the Trust.

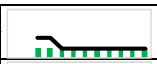
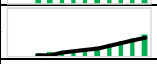
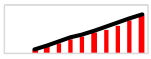
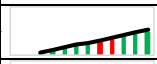
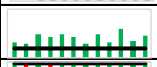
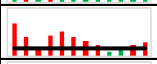
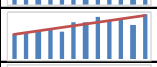
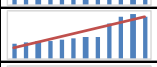
Monthly Sickness Absence	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Business Improvement + Transformation	2.3%	0.9%	0.0%	5.8%	8.5%	1.4%	0.0%	0.4%	0.0%	0.0%
Corporate Central	0.3%	0.0%	0.1%	0.3%	4.6%	3.6%	0.7%	4.0%	1.4%	1.2%
Estates + Facilities	4.6%	4.4%	5.0%	5.8%	5.9%	6.2%	8.1%	6.9%	6.9%	8.6%
Finance Services	3.0%	0.6%	0.7%	0.2%	1.1%	1.5%	2.8%	2.2%	4.9%	8.3%
Med Education & CRD	1.8%	0.6%	0.5%	1.0%	0.6%	0.4%	2.9%	0.2%	0.8%	2.0%
Nursing + Quality	6.8%	6.6%	6.5%	7.4%	9.2%	8.0%	12.4%	11.1%	7.3%	8.2%
IT, Information Management + Patient Records	2.7%	3.2%	2.7%	1.2%	1.9%	3.0%	7.8%	5.0%	2.0%	0.7%
Ops Management	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.8%	8.4%	15.8%	11.3%
Pharmacy	2.7%	0.1%	4.5%	5.6%	2.3%	2.3%	2.6%	2.9%	1.0%	2.9%
People Services	24.0%	21.9%	N/A	N/A	N/A	N/A	0.0%	0.0%	0.0%	0.0%
Operational Services	4.9%	5.1%	5.6%	7.1%	6.8%	6.7%	7.6%	7.3%	7.0%	8.0%
Campus	6.4%	7.6%	8.2%	11.1%	10.3%	9.4%	10.0%	8.4%	8.8%	10.9%
Central Services	3.6%	3.9%	4.5%	4.4%	4.3%	3.8%	5.3%	6.0%	5.0%	5.2%
Children's Services	3.3%	4.1%	3.9%	4.3%	4.8%	5.4%	7.2%	6.5%	6.5%	8.0%
Clinical Serv Management	4.4%	0.3%	2.8%	3.2%	3.1%	1.9%	1.2%	1.7%	0.3%	3.4%
Neighbourhood	5.2%	3.9%	4.7%	6.1%	5.8%	6.3%	6.7%	7.7%	6.7%	6.7%

NB “People Services” consists of 2 staff members employed by the Trust

Compulsory Training	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Business Improvement + Transformation	87.4%	93.7%	96.8%	90.3%	93.2%	93.6%	93.6%	93.6%	88.9%	88.9%
Corporate Central	73.2%	72.7%	69.5%	71.8%	76.2%	76.9%	78.2%	79.6%	78.5%	77.4%
Estates + Facilities	81.7%	81.9%	80.5%	80.6%	80.5%	77.8%	82.0%	81.9%	82.9%	84.0%
Finance Services	97.6%	97.5%	98.0%	97.4%	99.5%	98.0%	99.0%	99.0%	97.5%	98.5%
Med Education & CRD	77.1%	78.6%	77.2%	76.9%	72.5%	76.2%	79.6%	80.7%	80.0%	75.5%
Nursing + Quality	85.0%	84.9%	82.7%	85.0%	86.6%	87.7%	86.4%	87.8%	86.8%	86.1%
Ops Support	91.0%	91.3%	87.6%	87.6%	89.7%	88.9%	91.7%	91.6%	93.1%	92.9%
IT, Information Management + Patient Records	94.6%	97.7%	97.7%	95.2%	96.9%	95.2%	99.5%	98.6%	97.8%	98.9%
Ops Management	91.7%	91.7%	86.1%	77.8%	77.8%	73.3%	73.5%	76.7%	79.6%	71.4%
Pharmacy	87.4%	84.6%	77.2%	80.4%	83.5%	84.3%	84.6%	85.5%	89.6%	89.9%
People Services	88.9%	88.9%	88.9%	66.7%	72.2%	72.2%	72.2%	51.9%	72.2%	72.2%
Operational Services	86.2%	86.0%	82.3%	82.6%	82.9%	82.9%	83.0%	83.7%	84.2%	83.6%
Campus	87.3%	86.8%	83.4%	83.2%	82.6%	81.5%	81.5%	82.5%	83.5%	82.8%
Central Services	86.0%	87.3%	83.3%	83.8%	84.2%	85.6%	85.8%	86.3%	86.2%	85.7%
Children's Services	85.2%	83.3%	80.4%	80.3%	81.4%	82.2%	81.6%	82.3%	82.7%	81.7%
Clinical Serv Management	68.0%	68.3%	61.2%	64.3%	66.4%	67.1%	70.5%	72.0%	74.0%	72.2%
Neighbourhood	86.7%	86.9%	83.0%	83.8%	84.1%	83.8%	84.2%	85.0%	85.2%	84.9%

NB “People Services” consists of 2 staff members employed by the Trust

2. Strategy Delivery

Category	Metric	Period	Target	Actual	Variance	Trend	Last 12 Months	DQ
Finance Scorecard	Finance Scorecard	YTD	1	1	G	→		
		Forecast	1	1	G	→		
	Control Total position £000	YTD	1884	2208	G	↑		
		Forecast	2331	2331	G	→		
	CIP achievement £m	YTD	4.034	3.882	R	↑		
		Forecast	4.871	4.584	R	→		
		Recurrent	4.871	1.466	R	→		
	Agency £m	YTD	2.530	2.419	G	↑		
		Forecast	3.030	2.915	G	↓		
	Cash £m	YTD	22.432	27.701	G	↓		
		Forecast	21.608	22.915	G	→		
Quality and Operations Scorecard	RTT Incomplete Within 18 Weeks (%)	Jan, 2019	92%	94.4%	G	↑		
		Dec, 2018		93.3%	G			
	CPA Review in last 12 Months (on CPA > 12 Months)	Jan, 2019	95%	95.5%	G	↓		
		Dec, 2018		96.7%	G			
	Delayed Transfers of Care (%)	Jan, 2019	0.8%	1.38%	R	→		
		Dec, 2018		1.15%	R			
	North Neighbourhood Average Wait (weeks)	Jan, 2019		8.8		↑		
		Dec, 2018		7.4				
	North Neighbourhood Current Waits (number)	Jan, 2019		1791		↓		
		Dec, 2018		1816				
	City Neighbourhood Average Wait (weeks)	Jan, 2019		8.5		↓		
		Dec, 2018		8.6				
	City Neighbourhood Current Waits (number)	Jan, 2019		1478		↑		
		Dec, 2018		1356				
	South Neighbourhood Average Wait (weeks)	Jan, 2019		10.1		↑		
		Dec, 2018		9.1				
	South Neighbourhood Current Waits (number)	Jan, 2019		1684		↓		
		Dec, 2018		1764				
	CAMHS Average Wait (weeks)	Jan, 2019		8.1		↑		
		Dec, 2018		5.5				
	CAMHS Current Waits (number)	Jan, 2019		867		↓		
		Dec, 2018		928				
	Community Paediatrics Average Wait (weeks)	Jan, 2019		18.9		↓		
		Dec, 2018		19.9				
	Community Paediatrics Current Waits (number)	Jan, 2019		761		↓		
		Dec, 2018		785				
	Number of Adult Acute Inpatients (Hartington and Radbourne) LoS > 50 Days	Jan, 2019		72		↑		
		Dec, 2018		59				
	Health Visiting 0-19 Caseload (based on 50.8 WTE)	Jan, 2019	250	337	R	↓		
		Dec, 2018		348	R			
	Distinct LD Caseload	Jan, 2019		1078		↓		
		Dec, 2018		1094				
	Distinct Substance Misuse Caseload	Jan, 2019		5332		↑		
		Dec, 2018		5080				
	RTT Incomplete Within 18 Weeks inc Paediatrics (%)	Jan, 2019		72%		→		
		Dec, 2018		71%				
Workforce and Engagement Scorecard	RETAIN - Staff engagement score	2017 Annual	To see an improvement in the staff engagement score	3.740	G	↑		
		2016 Annual		3.690				
		Q2 Sep 2018		74%	G	→		
		Q1 Jun 2018		74%				
	DEVELOP - Recruitment of preceptorship staff	2017/18	Number of students recruited into preceptorship	31	R	↓		
		2016/17		46				
	ATTRACT - Retention of preceptorship staff	2017 Annual	Number of students recruited into preceptorship who stay for at least one year	91%	G	→		
		2016 Annual		91%				
	LEADERSHIP & MANAGEMENT - Employee relations cases	Q3 Dec 2018	To see a reduction in the number of cases	34	G	→		
		Q2 Sep 2018		34	G			
		Q1 Jun 2018		40	G			
		Q4 Mar 2018		48				

Key:

Period Month / Previous Month

Achieving target / Not achieving target / No Target Set

Target / Trend

↑ → ↓ Trend compared to previous month with tolerance of 1%

2.1 Cost Improvement Programme (CIP)

At the end of January £4.6m of CIP has been assured in the ledger with no further schemes to deliver. This then leaves a gap to delivery of the full plan by £287k. Of the total forecast savings only 32% is to be saved recurrently.

2.2 Delayed Transfers of Care

Currently there a 4 patients whose discharges are being delayed, these are escalated for resolution to partner agencies. We continue to work with relevant partners to address and minimise delays to avoid unnecessary waits in beds.

2.3 Neighbourhood Waiting Lists

As reported previously, the number of referrals received has been steadily increasing over time. This is likely to continue in line with population growth. The recommendations set out below will be taken into the development of the clinical strategy for both working age and older adult community mental health services.

Agreed overarching recommendations:

- Reintroduction of distinct community mental health teams (CMHTs) for adults of working age and CMHTs for older adults and people with Dementia
- Delivery of pathways of care, largely based on care clusters
- Integrate the various community-based psychological therapy offers into CMHTs
- Design a tiered model of care enabling clinicians to work with people in ways that are consistent with their presenting need
- Ensure the Care Programme Approach (CPA) process and associated documentation reflect the tiered model of care and provide a distinguishable difference between CPA and non-CPA offers.
- Define the CMHT offers for diagnosed personality disorder, ADHD and ASD
- Establish service user co-production of services
- Define and Standardise the referral, triage, allocation and assessment function within CMHTs, identifying issues for prioritisation
- Confirm outcome measures to be utilised
- Establish the CMHT structure within PARIS and DATIX
- Define the core recovery and wellbeing offer
- Recruit and/or train Non-Medical Prescribers

We are in the process of operational and clinical restructure which will facilitate achievement of the above.

2.4 CAMHS Waiting List

The CAMHS team and pathway structure has been revised and a significant piece of work has now been completed reassigning all the patients to the new teams. Following on from the pathway revision, work is still in progress to seek to reduce waiting times within the resources available. This includes clearly mapping interventions to specific pathways. An action plan is in place and being reviewed at Trust Management Team in February.

2.5 Paediatric Waiting List

Over the last 2 years there have been numerous discussions with commissioners about whether our service waits should be reported as part of the national 18 week RTT. Following an internal review, where it is clear that our service is a consultant led pathway, the Executive Team has decided that we should start to report this service as part of the 18 week RTT standard. This will affect the Trust's 18 weeks RTT performance as there are longer waits in this service. However, as part of the decision to begin to report this, the Trust has formally notified the CCG of our intent and requested that they provide the correct level of funding to support delivery of this standard. The CCG have suggested that a joint working group be set

up and we are proactively responding with suggested representatives and dates. More practically, demand is exceeding capacity by 60 referrals per month. This has informed the request submitted to Commissioners to request additional funding to meet this demand and reduce the waiting list to an acceptable level, meeting the national RTT standard.

2.6 Health Visitor Caseloads

Health Visitor caseloads are persistently high at around 348 children per Health Visitor. The Institute of Health Visiting recommends a maximum caseload of 250. Nationally 44% of health visitors have caseloads in excess of 400 children. This poses a risk to our teams. As stated previously, a number of actions have been undertaken to seek to minimise this risk, as follows:

- A review of the caseloads and staffing in all of the teams to ensure equity where possible
- Benchmarking against guidance as to what constitutes a caseload for a Health Visitor, and against other organisations
- Over-recruitment at Band 4 to help alleviate some of the work, which will remain on a Health Visitor's caseload, but with interventions undertaken under the supervision of the Health Visitor.
- Working with partner organisation, Ripplez to review their allocations and ensure equity

2.7 Learning Disability Caseloads

LD Services are currently in the process of consultation regarding a new model of care and as a result of that are carrying some vacancies which will have some impact on overarching caseload.

2.1 Substance Misuse Caseloads

This indicator has recently been added and is showing increased levels of activity.

3. Benchmarking

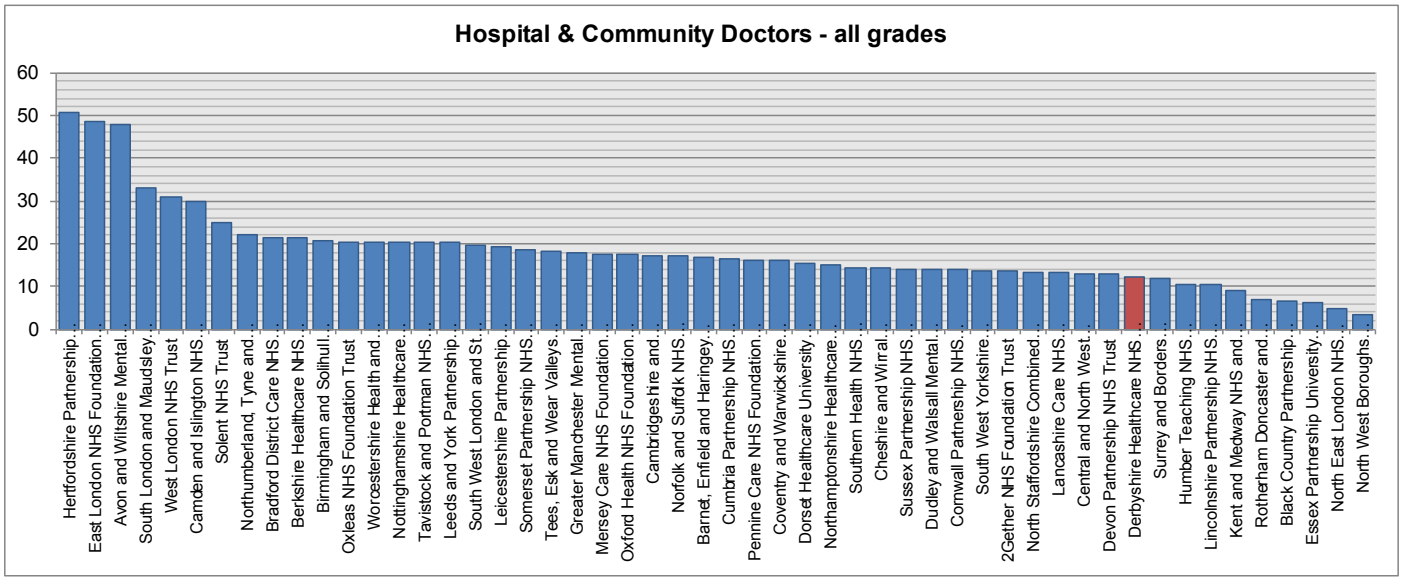
3.1 CPA Reviews

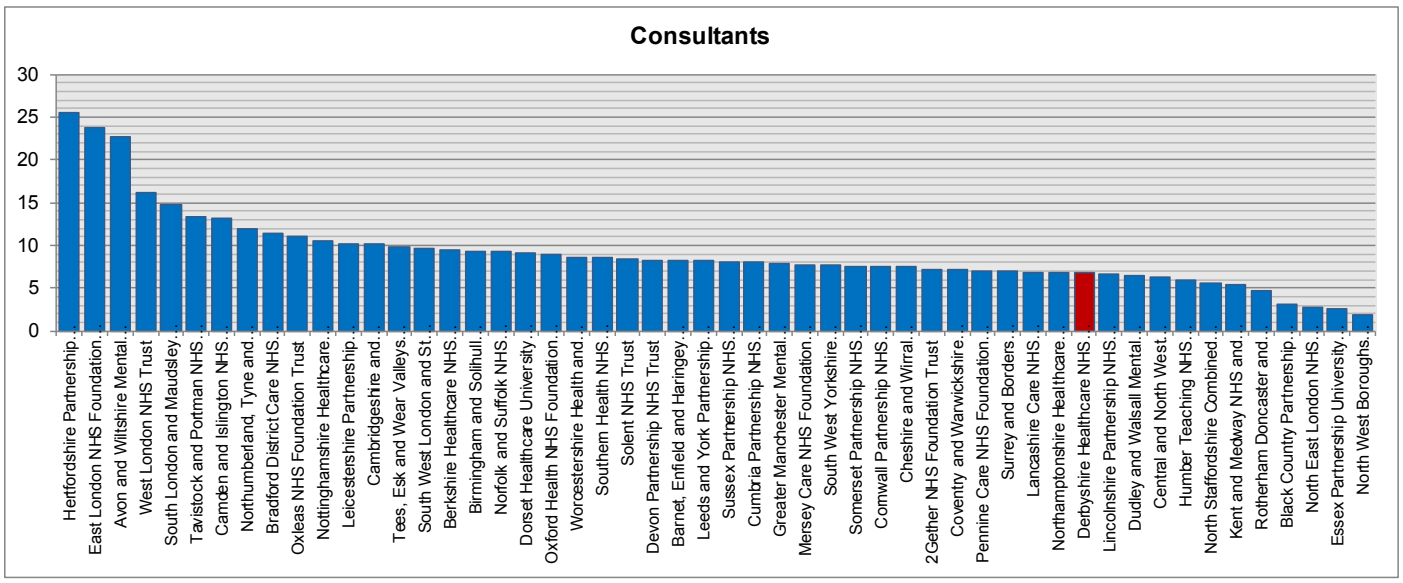
PRIMARY_LEVEL_DESCRIPTION	AMH01 - People in contact with adult mental health services at the end of RP	AMH02 - People in contact with adult mental health services on CPA at the end of RP	AMH05 - People in contact with adult mental health services on CPA for 12 months at the end of RP	AMH06 - People in contact with adult mental health services on CPA for 12 months with review at the end of RP	Cpa Reviews compliance	Proportion of patients on CPA
NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST	3360	80	40	40	100%	2%
BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST	9255	2695	1660	1645	99%	29%
OXLEAS NHS FOUNDATION TRUST	15580	2050	1345	1320	98%	13%
2GETHER NHS FOUNDATION TRUST	11700	1360	905	885	98%	12%
WORCESTERSHIRE HEALTH AND CARE NHS TRUST	7535	865	585	570	97%	11%
NOTTINGHAMSHIRE HEALTHCARE NHS FOUNDATION TRUST	17970	1670	885	855	97%	9%
BIRMINGHAM AND SOLIHULL MENTAL HEALTH NHS FOUNDATION TRUST	34060	5000	2960	2845	96%	15%
EAST LONDON NHS FOUNDATION TRUST	28600	4865	2955	2840	96%	17%
SOUTH WEST LONDON AND ST GEORGE'S MENTAL HEALTH NHS TRUST	15140	3205	1960	1880	96%	21%
DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST	18710	2570	1915	1835	96%	14%
CAMBRIDGESHIRE AND PETERBOROUGH NHS FOUNDATION TRUST	7455	1505	805	770	96%	20%
CENTRAL AND NORTH WEST LONDON NHS FOUNDATION TRUST	21095	3435	2615	2495	95%	16%
SOUTH WEST YORKSHIRE PARTNERSHIP NHS FOUNDATION TRUST	20965	4075	2580	2460	95%	19%
COVENTRY AND WARWICKSHIRE PARTNERSHIP NHS TRUST	26295	1825	855	815	95%	7%
WEST LONDON NHS TRUST	13535	2710	1950	1830	94%	20%
KENT AND MEDWAY NHS AND SOCIAL CARE PARTNERSHIP TRUST	21350	3070	1930	1805	94%	14%
AVON AND WILTSHIRE MENTAL HEALTH PARTNERSHIP NHS TRUST	20790	5900	3285	3065	93%	28%
HERTFORDSHIRE PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST	14300	2360	1410	1315	93%	17%
BRADFORD DISTRICT CARE NHS FOUNDATION TRUST	13325	3185	1905	1760	92%	24%
NORTH EAST LONDON NHS FOUNDATION TRUST	31665	3405	2530	2330	92%	11%
HUMBER TEACHING NHS FOUNDATION TRUST	6195	2515	1435	1305	91%	41%
GREATER MANCHESTER MENTAL HEALTH NHS FOUNDATION TRUST	29130	5980	4220	3820	91%	21%
MIDLANDS PARTNERSHIP NHS FOUNDATION TRUST	18780	4180	2235	2020	90%	22%
CAMDEN AND ISLINGTON NHS FOUNDATION TRUST	10605	2000	1610	1445	90%	19%
SOLENT NHS TRUST	3210	595	355	315	89%	19%
DORSET HEALTHCARE UNIVERSITY NHS FOUNDATION TRUST	10625	2295	1150	1015	88%	22%
TEES, ESK AND WEAR VALLEYS NHS FOUNDATION TRUST	35110	8855	4510	3965	88%	25%
ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST	29135	5185	3360	2940	88%	18%
SOMERSET PARTNERSHIP NHS FOUNDATION TRUST	7325	1450	575	500	87%	20%
NORTH STAFFORDSHIRE COMBINED HEALTHCARE NHS TRUST	12460	1720	1175	1005	86%	14%
SUSSEX PARTNERSHIP NHS FOUNDATION TRUST	33760	4115	2730	2330	85%	12%
CUMBRIA PARTNERSHIP NHS FOUNDATION TRUST	8305	1055	620	525	85%	13%
NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST	22015	3630	1755	1485	85%	16%
LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST	14365	2120	1275	1075	84%	15%
PENNINE CARE NHS FOUNDATION TRUST	22865	3400	2660	2240	84%	15%
BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST	16555	1050	635	530	83%	6%
SOUTHERN HEALTH NHS FOUNDATION TRUST	17810	2005	1005	820	82%	11%
SOUTH LONDON AND MAUDSLEY NHS FOUNDATION TRUST	30935	4900	3475	2825	81%	16%
SHEFFIELD HEALTH & SOCIAL CARE NHS FOUNDATION TRUST	10760	1175	750	600	80%	11%
CORNWALL PARTNERSHIP NHS FOUNDATION TRUST	8180	3415	1390	1100	79%	42%
NORTHAMPTONSHIRE HEALTHCARE NHS FOUNDATION TRUST	13740	1415	725	545	75%	10%
CHESHIRE AND WIRRAL PARTNERSHIP NHS FOUNDATION TRUST	22210	3070	2040	1505	74%	14%
LEICESTERSHIRE PARTNERSHIP NHS TRUST	21995	1705	1000	655	66%	8%
OXFORD HEALTH NHS FOUNDATION TRUST	13060	4805	3425	2095	61%	37%
ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST	13100	2025	1440	870	60%	15%
MERSEY CARE NHS FOUNDATION TRUST	26740	3860	2850	1505	53%	14%
SURREY AND BORDERS PARTNERSHIP NHS FOUNDATION TRUST	21670	2930	1460	730	50%	14%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	2435	80	40	15	38%	3%
LINCOLNSHIRE PARTNERSHIP NHS FOUNDATION TRUST	15040	1165	385	70	18%	8%
NORFOLK AND SUFFOLK NHS FOUNDATION TRUST	19380	4155	2165	270	12%	21%
LANCASHIRE CARE NHS FOUNDATION TRUST	52055	6425	4410	95	2%	12%

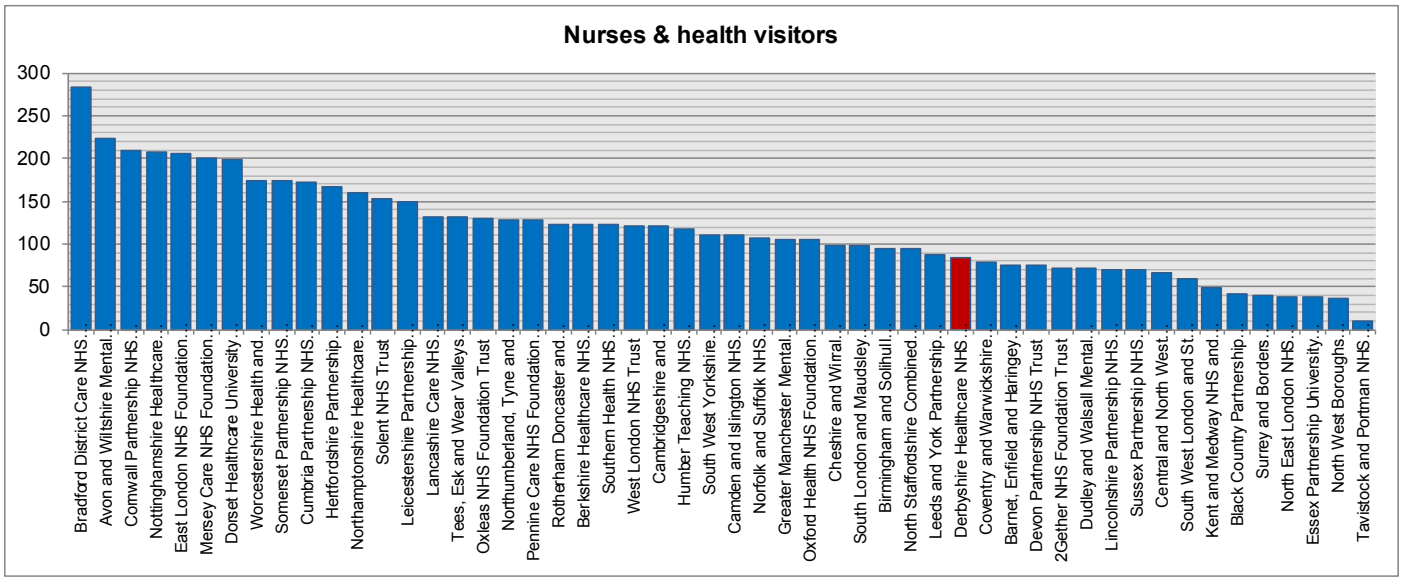
In the latest MHSDS data we perform very highly against the national target in comparison with other trusts. At 14% our proportion of patients on CPA is slightly below the national average of 17%. There is a wide variation in CPA caseload sizes, application of the CPA model and achievement of the CPA review target.

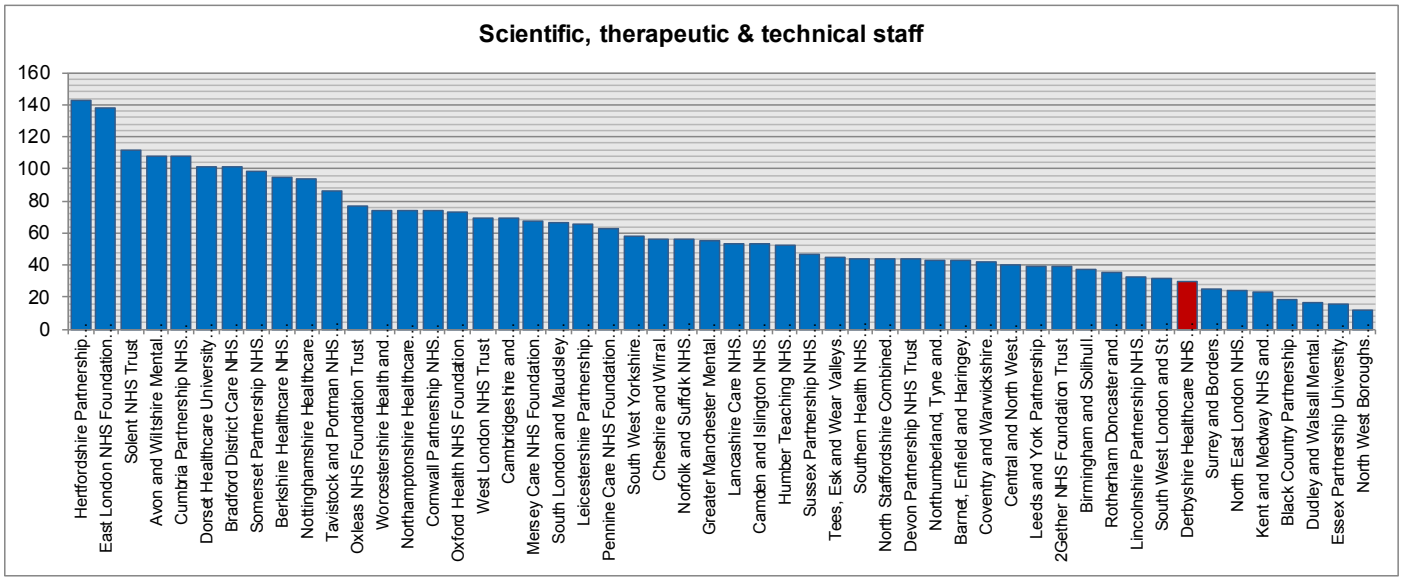
3.2 Workforce Statistics – Staffing Levels per 100,000 Population Served

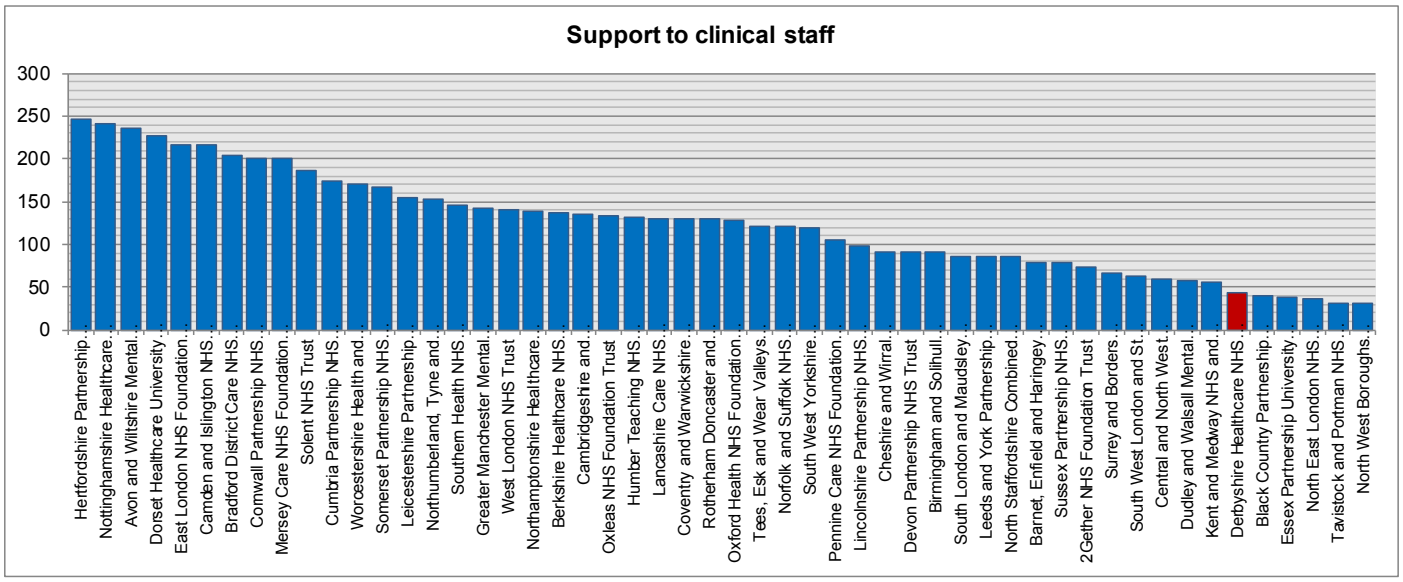
(a) Operational



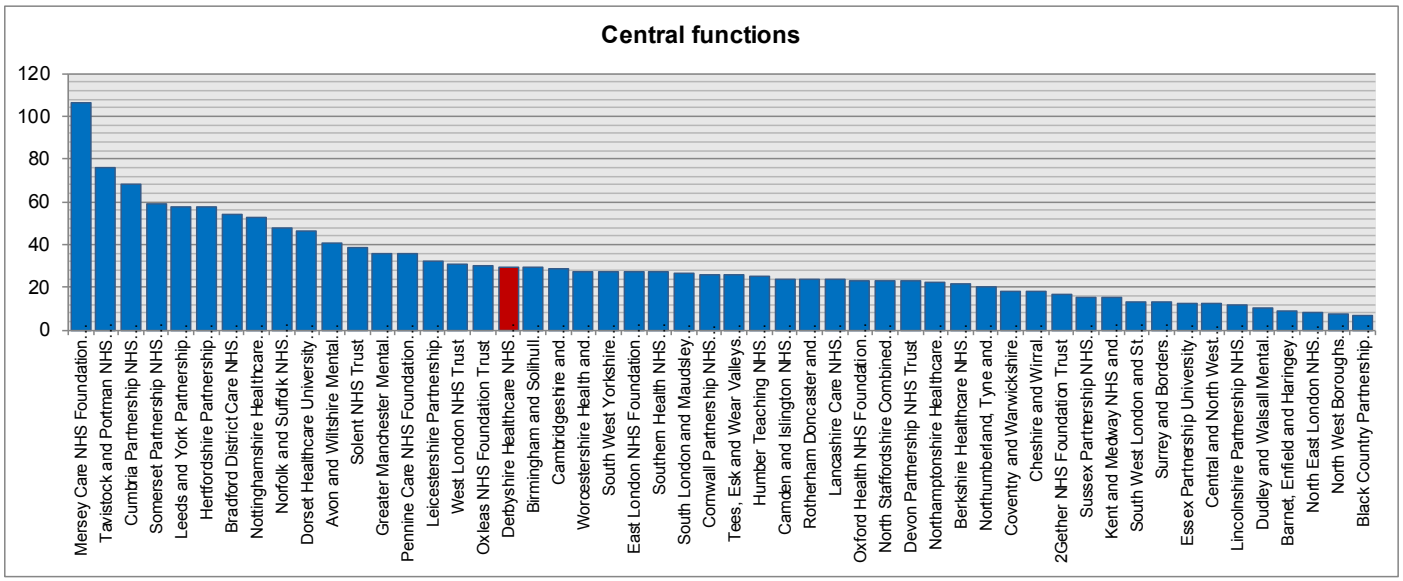


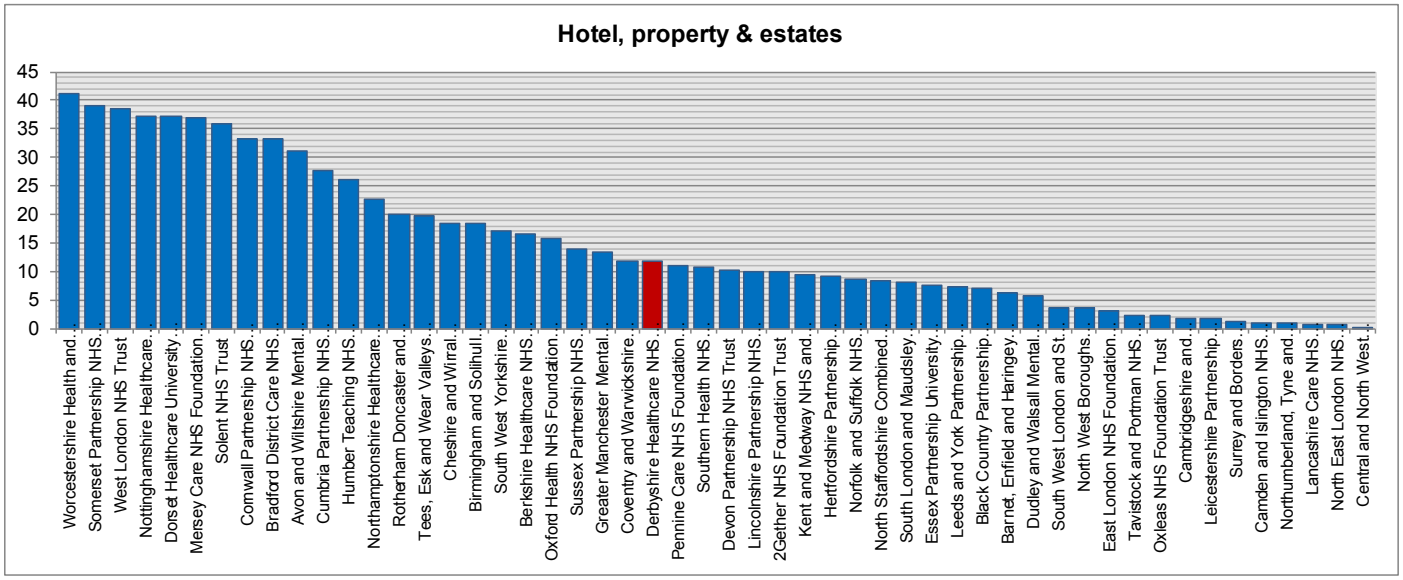



Scientific, therapeutic & technical staff
160
140
120
100
80
60
40
20
0
Hertfordshire Partnership...
East London NHS Foundation...
Solent NHS Trust
Avon and Wiltshire Mental...
Cumbria Partnership NHS...
Dorset Healthcare University...
Bradford District Care NHS...
Somerset Partnership NHS...
Berkshire Healthcare NHS...
Nottinghamshire Healthcare...
Tavistock and Portman NHS...
Oxleas NHS Foundation Trust
Worcestershire Health and...
Northamptonshire Healthcare...
Cornwall Partnership NHS...
Oxford Health NHS Foundation...
West London NHS Trust
Cambridgeshire and...
Mersey Care NHS Foundation...
South London and Maudsley...
Leicestershire Partnership...
Pennine Care NHS Foundation...
South West Yorkshire...
Cheshire and Wirral...
Norfolk and Suffolk NHS...
Greater Manchester Mental...
Lancashire Care NHS...
Camden and Islington NHS...
Humber Teaching NHS...
Sussex Partnership NHS...
Tees, Esk and Wear Valleys...
Southern Health NHS...
North Staffordshire Combined...
Devon Partnership NHS Trust
Northumberland, Tyne and...
Barnet, Enfield and Haringey...
Coventry and Warwickshire...
Central and North West...
Leeds and York Partnership...
2Gether NHS Foundation Trust
Birmingham and Solihull...
Rotherham Doncaster and...
Lincolnshire Partnership NHS...
South West London and St...
Derbyshire Healthcare NHS...
Surrey and Borders...
North East London NHS...
Kent and Medway NHS and...
Black Country Partnership...
Dudley and Walsall Mental...
Essex Partnership University...
North West Boroughs...

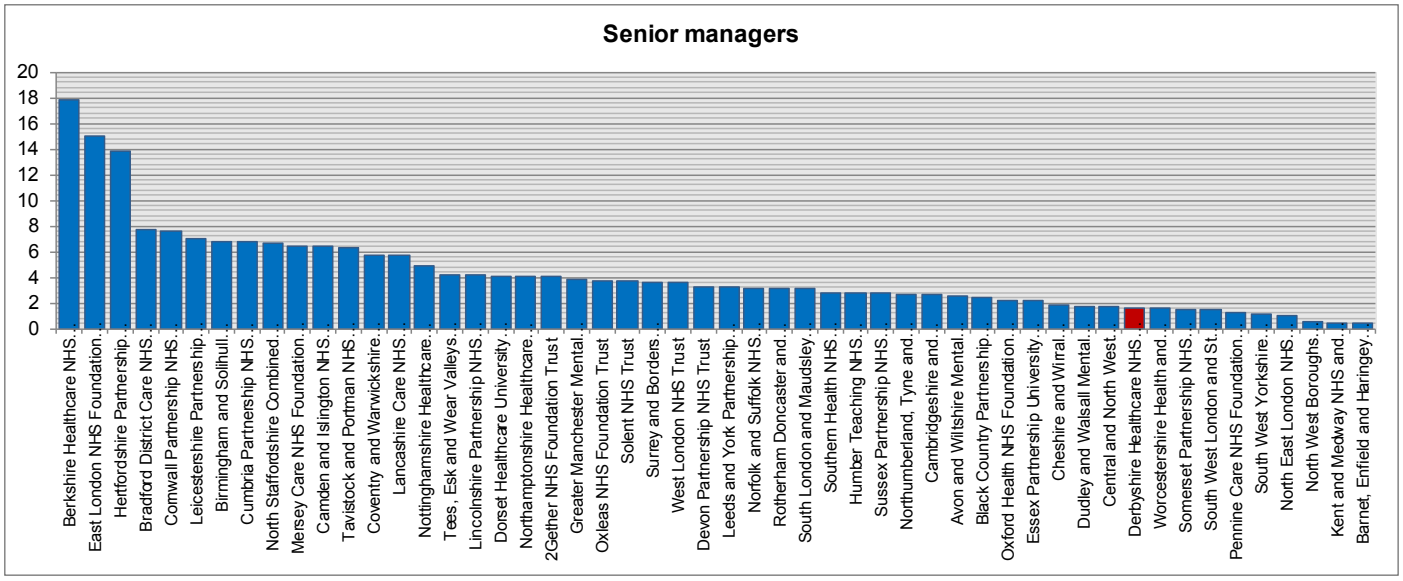

Support to clinical staff
300
250
200
150
100
50
0
Hertfordshire Partnership...
Nottinghamshire Healthcare...
Avon and Wiltshire Mental...
Dorset Healthcare University...
East London NHS Foundation...
Camden and Islington NHS...
Bradford District Care NHS...
Cornwall Partnership NHS...
Mersey Care NHS Foundation...
Solent NHS Trust
Cumbria Partnership NHS...
Worcestershire Health and...
Somerset Partnership NHS...
Leicestershire Partnership...
Northumberland, Tyne and...
Southern Health NHS...
Greater Manchester Mental...
West London NHS Trust
Northamptonshire Healthcare...
Berkshire Healthcare NHS...
Cambridgeshire and...
Oxleas NHS Foundation Trust
Humber Teaching NHS...
Lancashire Care NHS...
Coventry and Warwickshire...
Rotherham Doncaster and...
Oxford Health NHS Foundation...
Tees, Esk and Wear Valleys...
Norfolk and Suffolk NHS...
South West Yorkshire...
Pennine Care NHS Foundation...
Lincolnshire Partnership NHS...
Cheshire and Wirral...
Devon Partnership NHS Trust
Birmingham and Solihull...
South London and Maudsley...
Leeds and York Partnership...
North Staffordshire Combined...
Barnet, Enfield and Haringey...
Sussex Partnership NHS...
2Gether NHS Foundation Trust
Surrey and Borders...
South West London and St...
Central and North West...
Dudley and Walsall Mental...
Kent and Medway NHS and...
Derbyshire Healthcare NHS...
Black Country Partnership...
Essex Partnership University...
North East London NHS...
Tavistock and Portman NHS...
North West Boroughs...

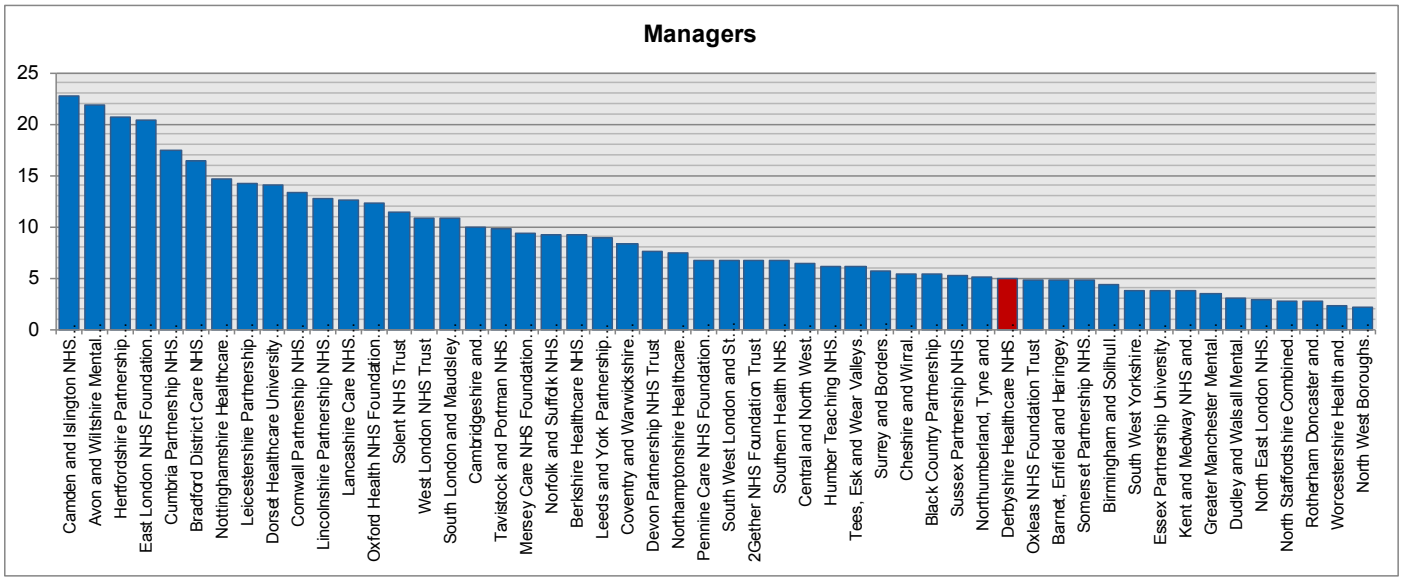
(b) Corporate


Central functions
120
100
80
60
40
20
0
Mersey Care NHS Foundation...
Tavistock and Portman NHS...
Cumbria Partnership NHS...
Somerset Partnership NHS...
Leeds and York Partnership...
Hertfordshire Partnership...
Bradford District Care NHS...
Nottinghamshire Healthcare...
Norfolk and Suffolk NHS...
Dorset Healthcare University...
Avon and Wiltshire Mental...
Solent NHS Trust
Greater Manchester Mental...
Pennine Care NHS Foundation...
Leicestershire Partnership...
West London NHS Trust
Oxleas NHS Foundation Trust
Derbyshire Healthcare NHS...
Birmingham and Solihull...
Cambridgeshire and...
Worcestershire Health and...
South West Yorkshire...
East London NHS Foundation...
Southern Health NHS...
South London and Maudsley...
Cornwall Partnership NHS...
Tees, Esk and Wear Valleys...
Humber Teaching NHS...
Camden and Islington NHS...
Rotherham Doncaster and...
Lancashire Care NHS...
Oxford Health NHS Foundation...
North Staffordshire Combined...
Devon Partnership NHS Trust
Northamptonshire Healthcare...
Berkshire Healthcare NHS...
Northumberland, Tyne and...
Coventry and Warwickshire...
Cheshire and Wirral...
2Gether NHS Foundation Trust
Sussex Partnership NHS...
Kent and Medway NHS and...
South West London and St...
Surrey and Borders...
Essex Partnership University...
Central and North West...
Lincolnshire Partnership NHS...
Dudley and Walsall Mental...
Barnet, Enfield and Haringey...
North East London NHS...
North West Boroughs...
Black Country Partnership...



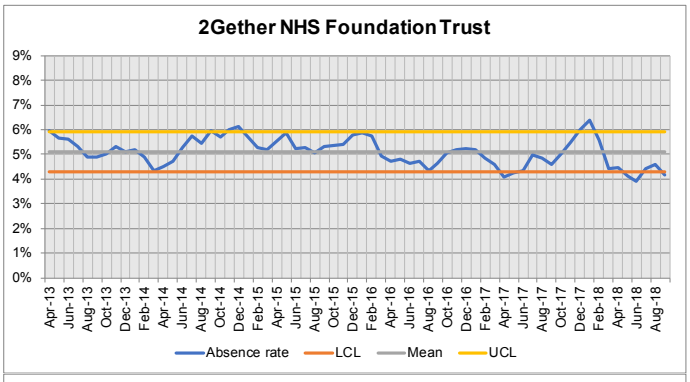
(c) Management

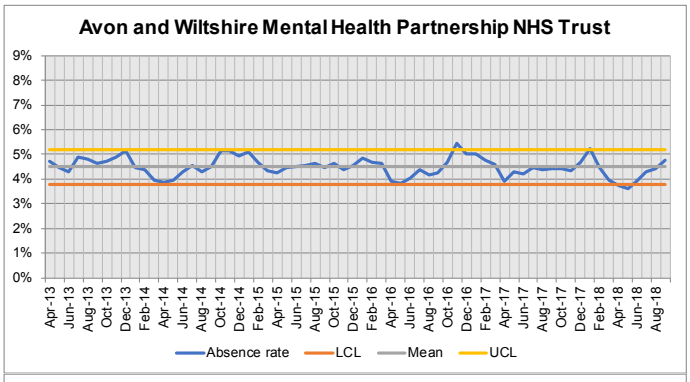


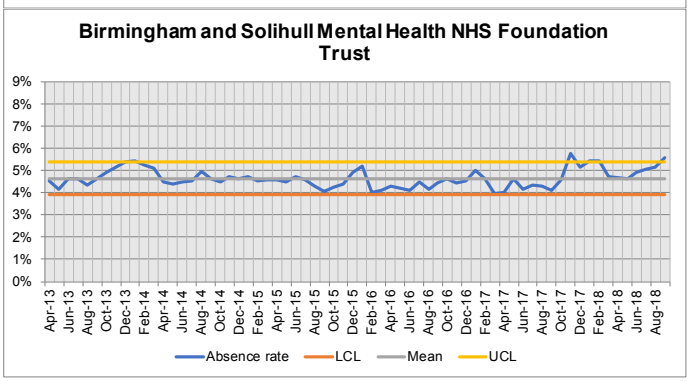


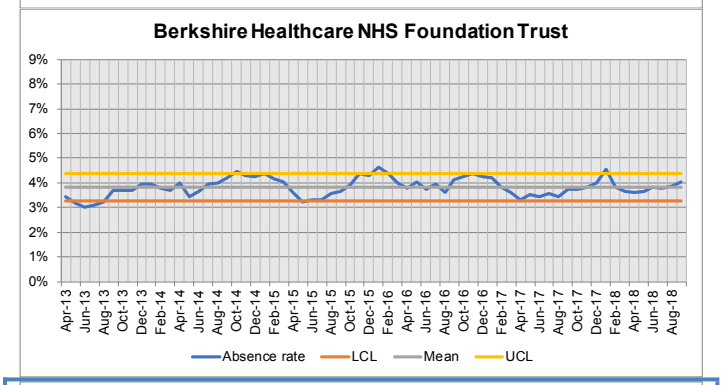
From the most recent NHS workforce statistics our levels of operational staffing and corporate management are low when compared with other organisations. To enable comparison, data has been standardised per 100,000 population served using population data from Trust websites and annual reports, where published, or in the 2 cases where no data was published, using ONS population data.

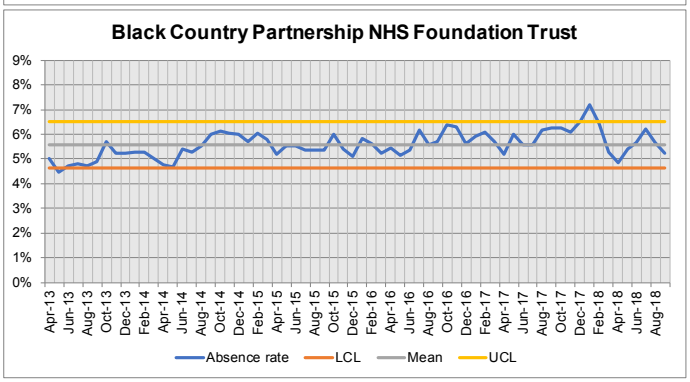
3.3 Sickness Absence (April 2013 to September 2018)

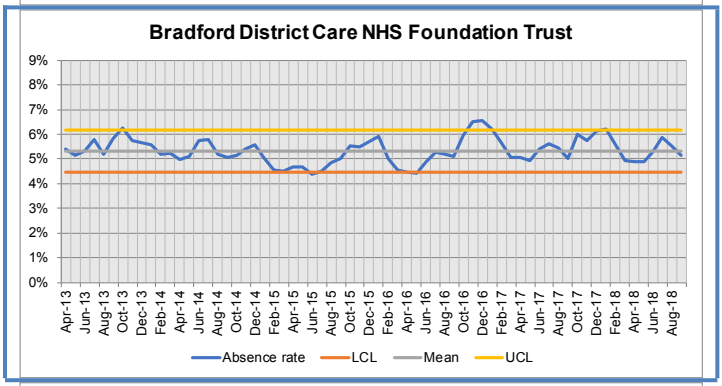


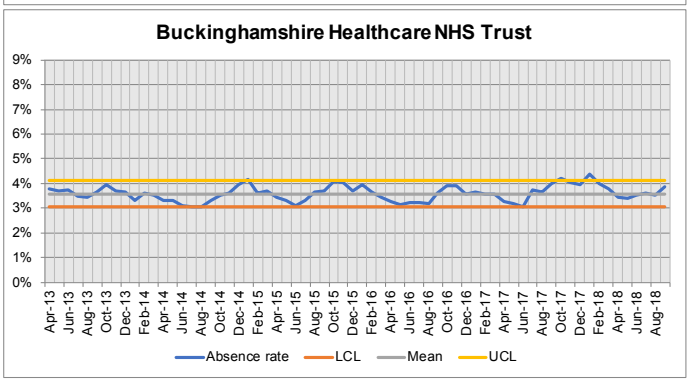


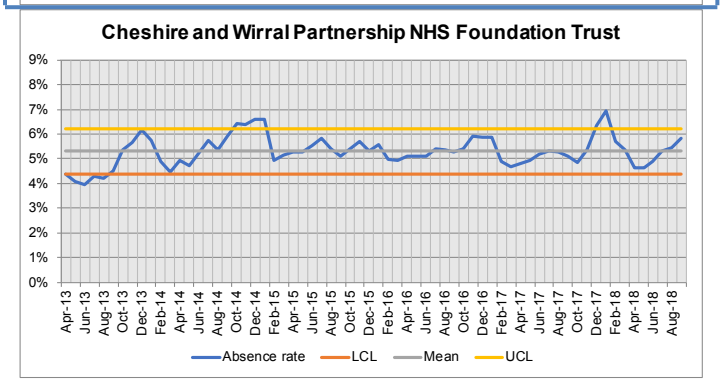


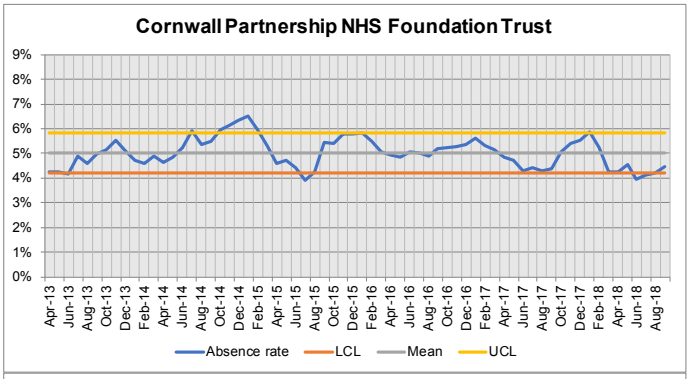


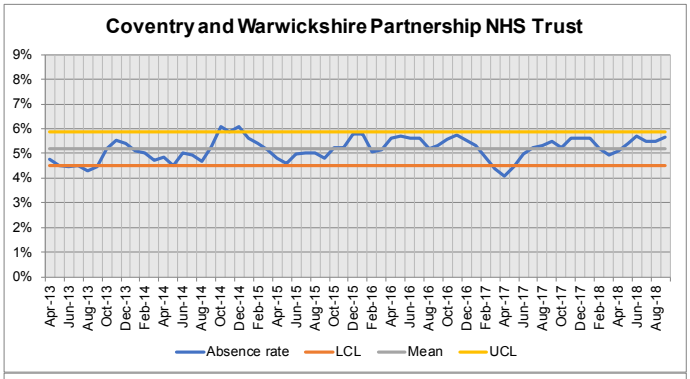


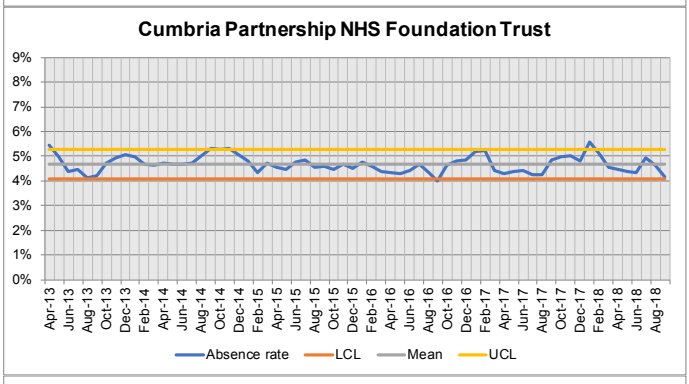


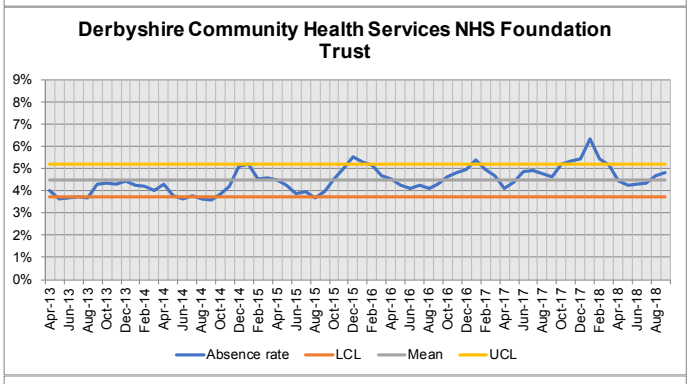


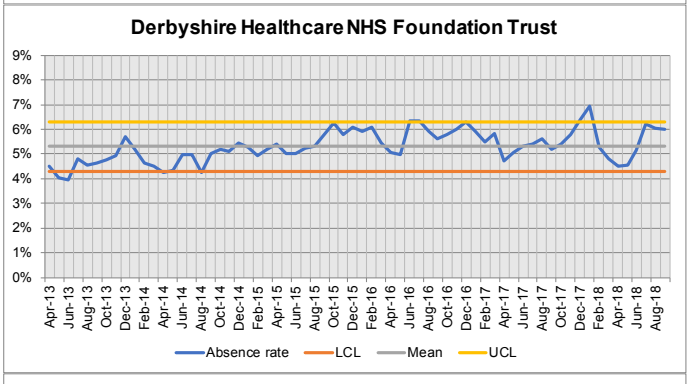


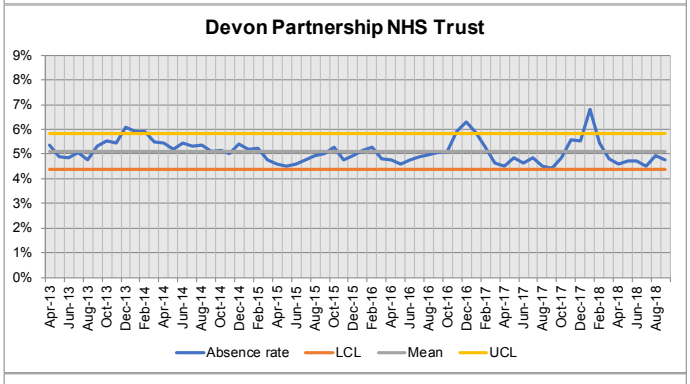

Cornwall Partnership NHS Foundation Trust
Absence rate
LCL
Mean
UCL

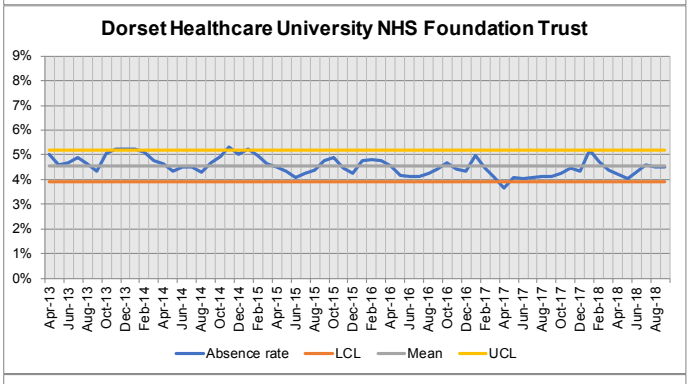

Coventry and Warwickshire Partnership NHS Trust
Absence rate
LCL
Mean
UCL

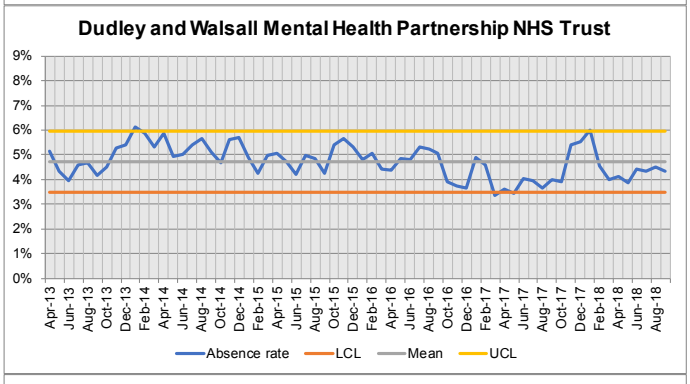

Cumbria Partnership NHS Foundation Trust
Absence rate
LCL
Mean
UCL

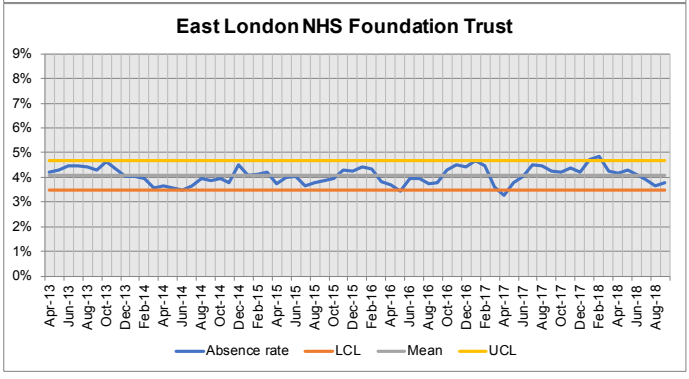

Derbyshire Community Health Services NHS Foundation Trust
Absence rate
LCL
Mean
UCL

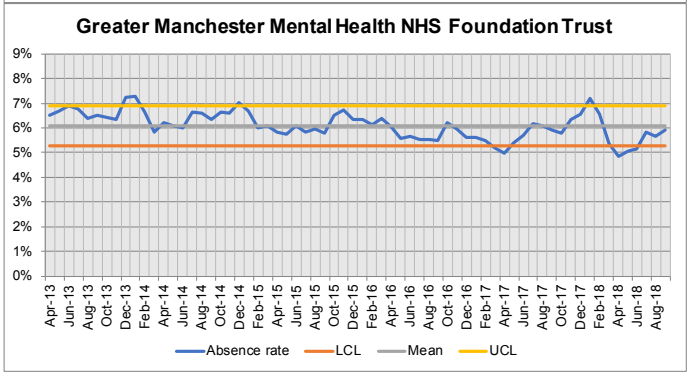

Derbyshire Healthcare NHS Foundation Trust
Absence rate
LCL
Mean
UCL


Devon Partnership NHS Trust
Absence rate
LCL
Mean
UCL

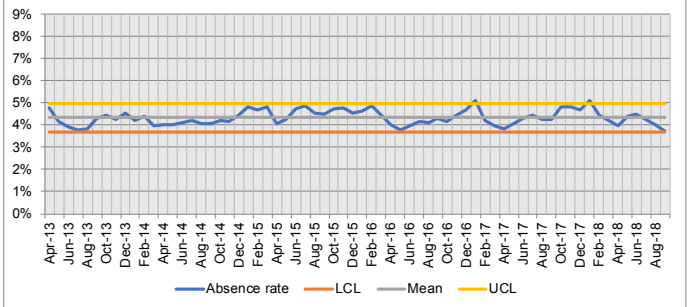

Dorset Healthcare University NHS Foundation Trust
Absence rate
LCL
Mean
UCL


Dudley and Walsall Mental Health Partnership NHS Trust
Absence rate
LCL
Mean
UCL

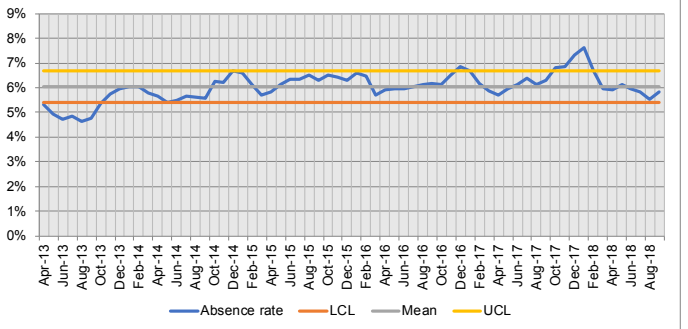

East London NHS Foundation Trust
Absence rate
LCL
Mean
UCL


Greater Manchester Mental Health NHS Foundation Trust
Absence rate
LCL
Mean
UCL

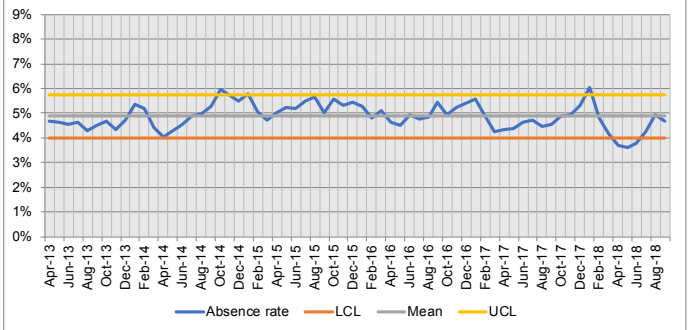
Hertfordshire Partnership University NHS Foundation Trust



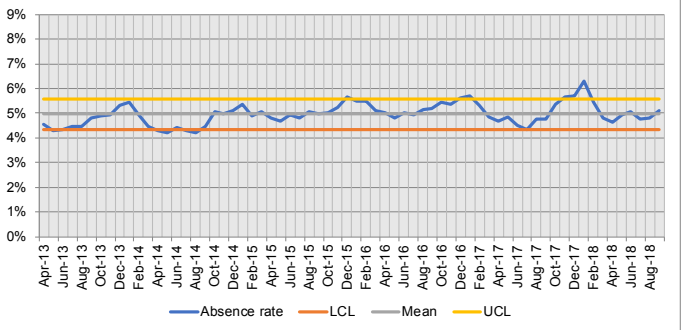
Lancashire Care NHS Foundation Trust



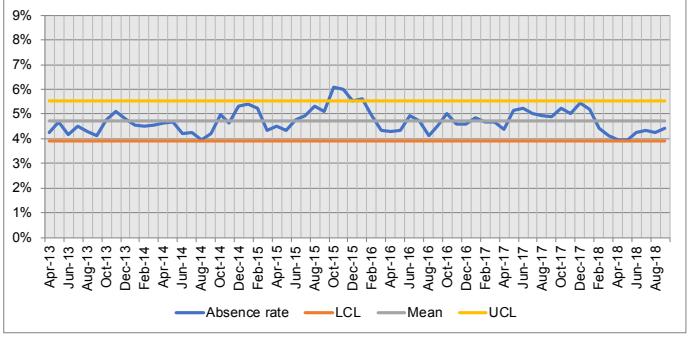
Leeds and York Partnership NHS Foundation Trust



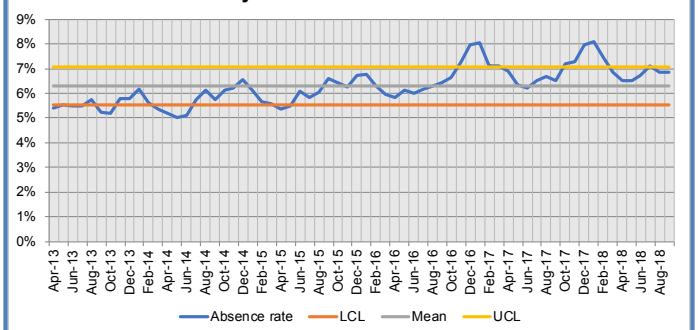
Leicestershire Partnership NHS Trust



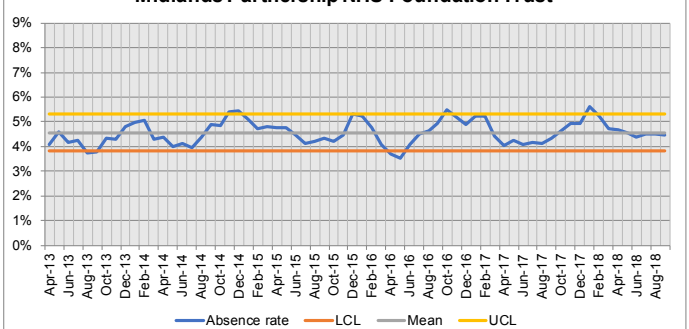
Lincolnshire Partnership NHS Foundation Trust



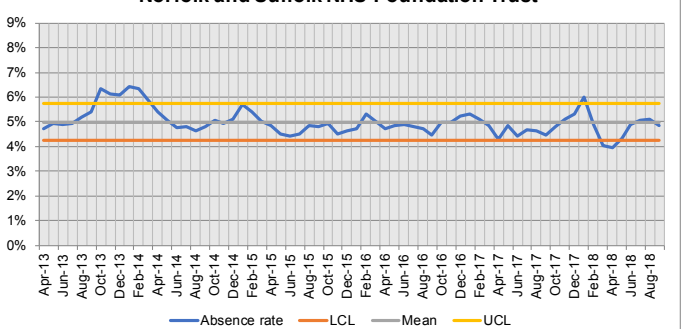
Mersey Care NHS Foundation Trust



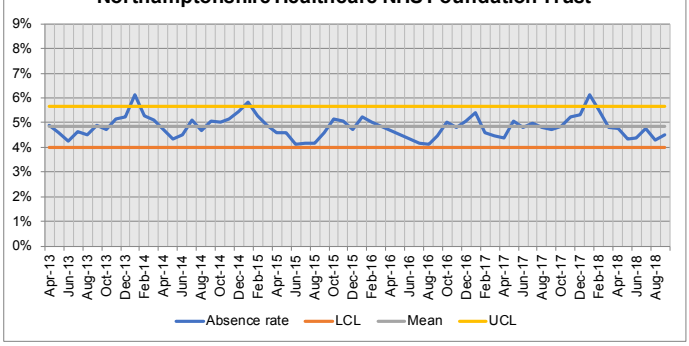
Midlands Partnership NHS Foundation Trust



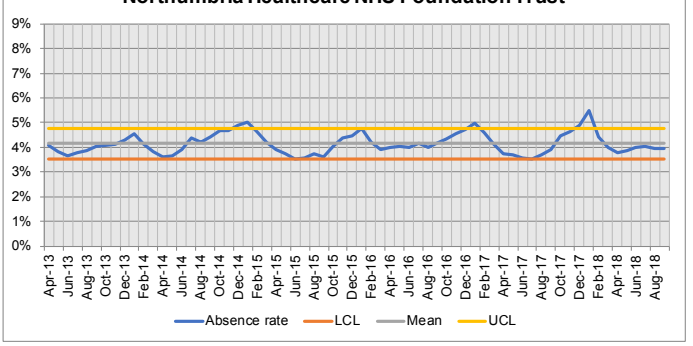
Norfolk and Suffolk NHS Foundation Trust

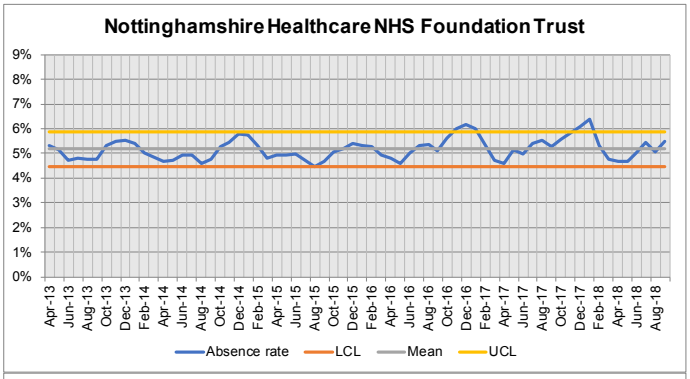


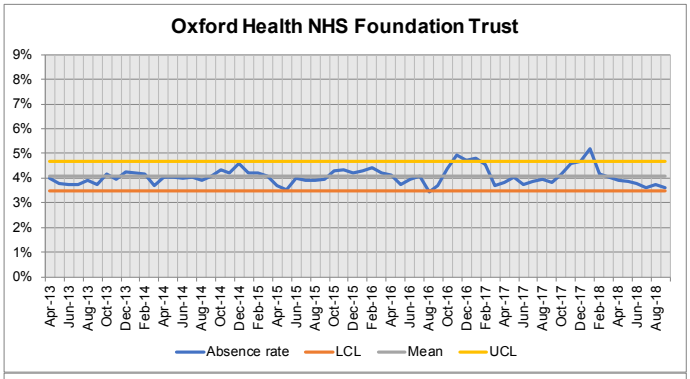
Northamptonshire Healthcare NHS Foundation Trust

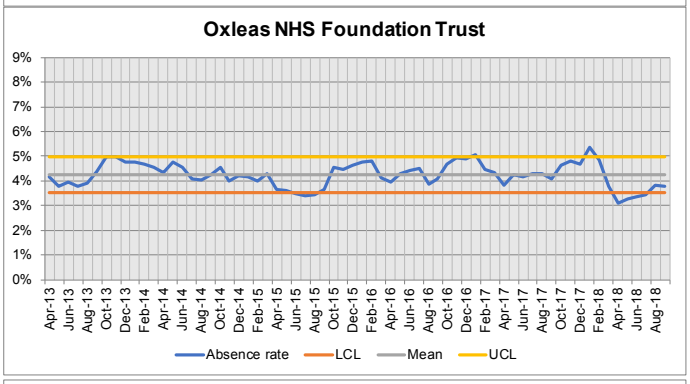


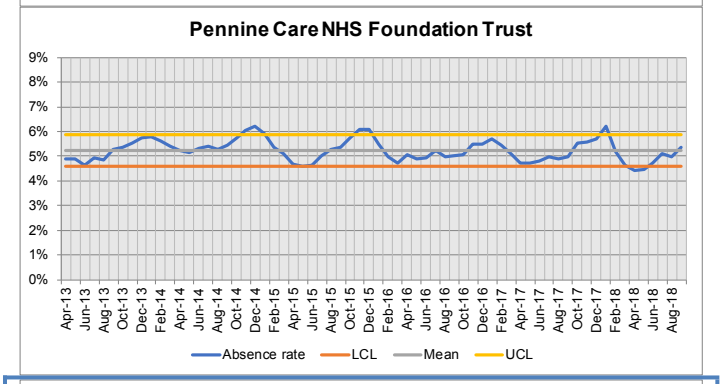
Northumbria Healthcare NHS Foundation Trust

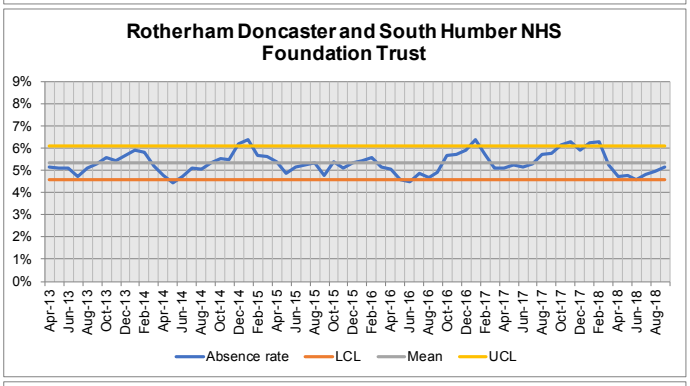


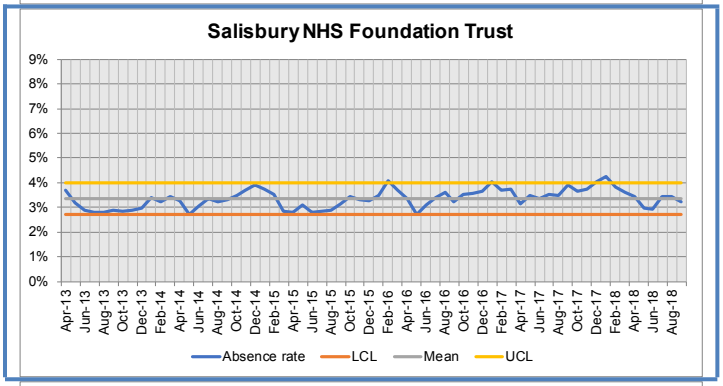

Nottinghamshire Healthcare NHS Foundation Trust
Absence rate
LCL
Mean
UCL


Oxford Health NHS Foundation Trust
Absence rate
LCL
Mean
UCL


Oxleas NHS Foundation Trust
Absence rate
LCL
Mean
UCL


Pennine Care NHS Foundation Trust
Absence rate
LCL
Mean
UCL


Rotherham Doncaster and South Humber NHS Foundation Trust
Absence rate
LCL
Mean
UCL


Salisbury NHS Foundation Trust
Absence rate
LCL
Mean
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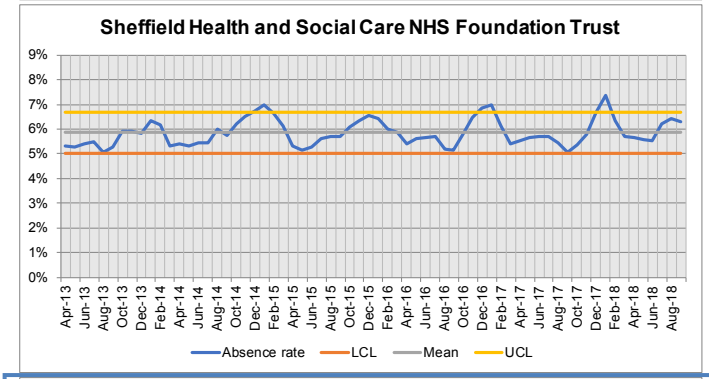
Sheffield Health and Social Care NHS Foundation Trust
Absence rate
LCL
Mean
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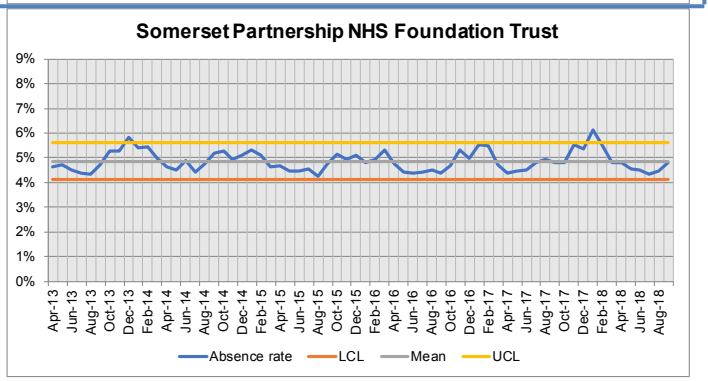
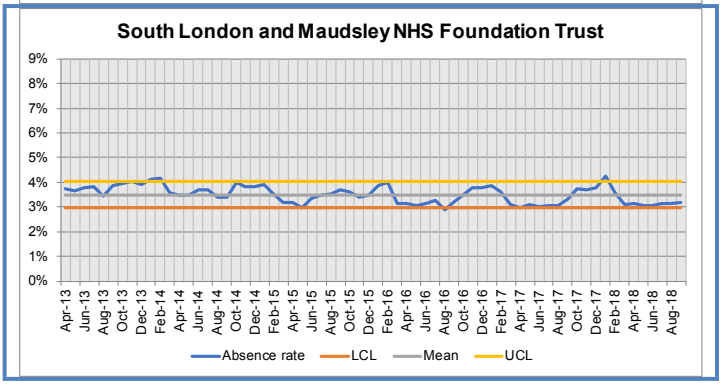
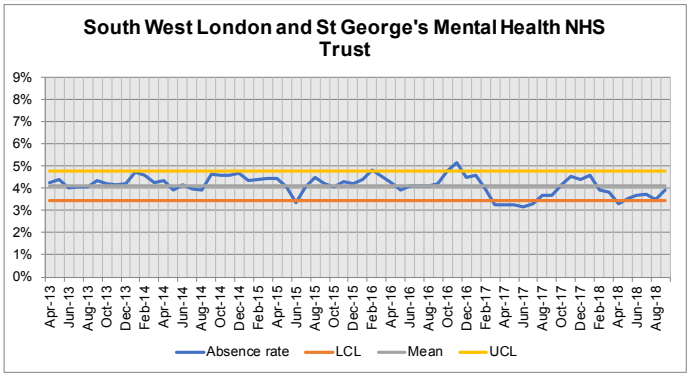
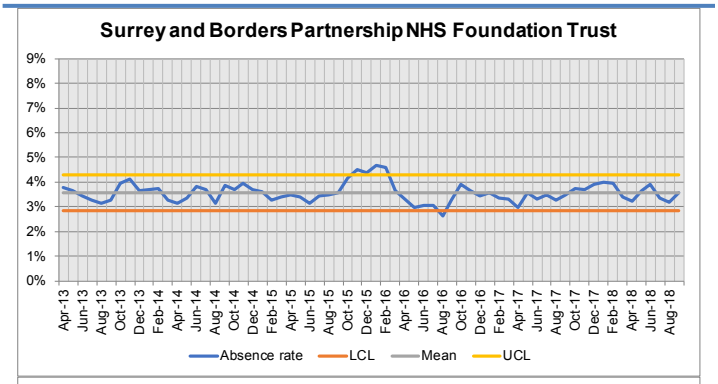
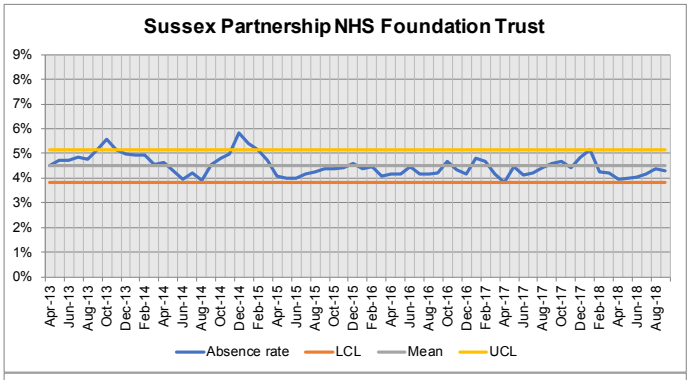
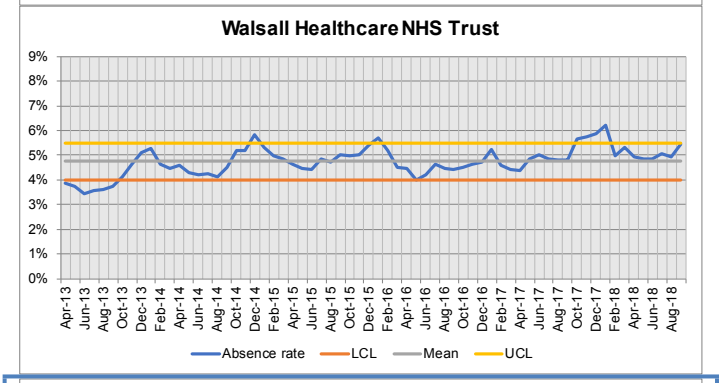

Somerset Partnership NHS Foundation Trust
Absence rate
LCL
Mean
UCL

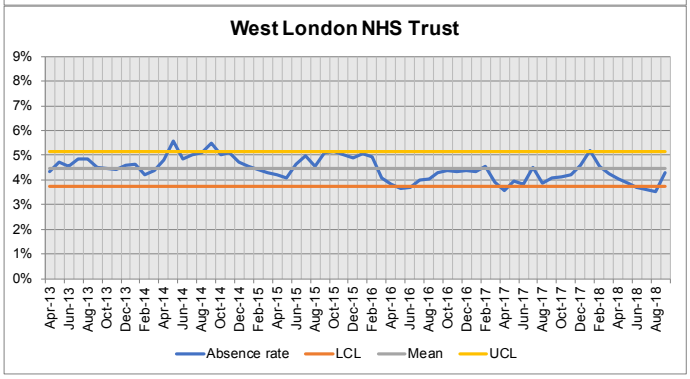

South London and Maudsley NHS Foundation Trust
Absence rate
LCL
Mean
UCL

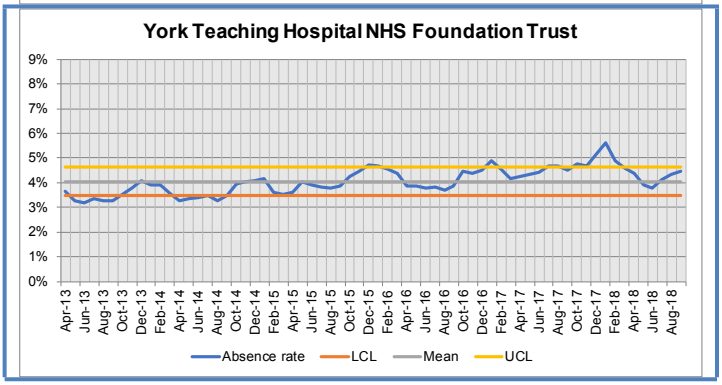

South West London and St George's Mental Health NHS Trust
Absence rate
LCL
Mean
UCL











Several trusts have been cited in NHS Employer's case studies as improving their sickness rates through various initiatives – highlighted in blue above, with hyperlinks to the case studies – but interestingly, statistically this is not reflected in the data.

Data source: https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates

Data Quality Kite Mark

Background

A number of Trusts prepare data quality kite marks to support members' review and assessment of performance indicator information reported in integrated performance reports (IPRs). Alternative methods include a simpler data quality scoring in a range, such as 1-5 which are more reliant on judgement. The kite mark is used to assess the system against six domains: timeliness; audit; source; validation; completeness; and granularity to provide assurance on the underlying data quality.

Approach

The Trust has adopted this Data Quality Kite Mark. The assessment of each domain will be based on the following criteria:

Data Quality Indicator	Definition	Not yet assessed	Sufficient	Insufficient
Timeliness	Is the data the most up to date and validated available from the system?	Not yet assessed	The data is the most up to date available.	Data is not available for the current month due to the time taken to extract / prepare from the system.
Audit	Has the system or processes used to collect the data been subject to audit (Internal Audit/ External Audit / self-audit) in the last 12 months?	Not yet assessed	The system and processes involved in the collection, extraction and analysis of the data have been audited and presented to the oversight committee.	No formal audit has taken place in the last 12 months. Exceptions have been identified and corrective action has not yet been implemented.

Data Quality Indicator	Definition	Not yet assessed	Sufficient	Insufficient
Validation	Prior to publication, is the data subject to validation, e.g. spot checks, random sample checks, involvement of a clinician, the associated service or approval by Executive Director?	Not yet assessed	The data is validated against a secondary source. The indicator owner can assure the data is a true reflection of performance, supported by a sign off process and underlying information.	No validation has taken place. The information owner cannot assure that the data truly reflects performance. A random sample may reveal errors.
Source	Is the source of the data fully documented and understood?	Not yet assessed	All users understand how to extract the data in line with the indicator definition. The data source is well documented in the event that there is a change in personnel producing the indicator.	The data source is poorly documented and could be inconsistently extracted.
Completeness	Is the indicator a reflection of the complete performance of the Trust	Not yet assessed	All the appropriate activity has been included within the indicator	A material amount of activity has not been included within the indicator that may alter the Trust level performance.
Granularity	Can the data be disaggregated into smaller parts? E.g. evaluated at a division or ward level as well as a Trust level.	Not yet assessed	Data can be drilled down to a division or ward level in order to understand and drive performance improvement.	Data is only available at a Trust level.

Each indicator on the operational component of the NHSI Dashboard has been reviewed and rated against these dimensions. As issues are identified and addressed, the ratings will change to reflect the work undertaken.

KPI Data Quality Reviews

A review will be undertaken every 6 months of 5 to 10 indicators to review their compliance with the defined indicators of quality. This will be done to complement any reviews undertaken by internal or external audit. The results will be shared with the Finance and Performance Committee together with any remedial action required.

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 5 March 2019

Report from Governance Committee

Purpose of Report
This paper provides an update on the meeting of the Governance Committee held on 12 February.

Executive Summary
Since the last summary was provided in January the Governance Committee has met once on 12 February 2019. The Governance Committee agreed to escalate three questions to the Council of Governors.

Strategic Considerations	
1) We will deliver **quality** in everything we do providing safe, effective and service user centred care	
2) We will develop strong, effective, credible and sustainable **partnerships** with key stakeholders to deliver care in the right place at the right time	x
3) We will develop our **people** to allow them to be innovative, empowered, engaged and motivated. We will retain and attract the best staff.	
4) We will **transform** services to achieve long-term financial sustainability.	

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.

Equality Impact Risk Analysis
The author has a responsibility to consider the equality impact and evidence on the nine protected characteristics – Race, Economic disadvantage, Gender, Age,

Religion or belief, Disability and Sexual orientation (REGARDS).	
There are no adverse effects on people with protected characteristics (REGARDS).	x
There are potential adverse effect(s) on people with protected characteristics (REGARDS). Details of potential gaps/inequalities are outlined below, with the appropriate action to mitigate or minimise those risks.	

Actions to Mitigate/Minimise Identified Risks

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 at the Governance Committee meeting on 12 February 2019
2. Approve the revisions to the Governor Code of Conduct for reissue and signature by all governors
3. Agree the governor training and development programme for 2019/20.

Report presented by: Carole Riley, Interim Chair of the Governance Committee and Kelly Sims, incoming Chair of the Governance Committee

Report prepared by: Denise Baxendale, Membership and Involvement Manager

Report from Governance Committee – 12 February 2019

The Governance Committee of the Council of Governors (CoG) has met once on 12 February 2019 since its last report to the Council of Governors in January. Thirteen governors attended. This report provides a summary the meeting including actions and recommendations made.

Election of Chair and Deputy Chair of the Committee

- Kelly Sims was elected, unopposed, as Chair
- Christine Williamson was elected, unopposed, as Deputy Chair.

Governor Training & Development

- The training and development programme for 2019/20 was presented to the Governance Committee (attached as appendix 1). This had been developed from discussion with the Lead Governor, Deputy Lead governor and Trust Chair, incorporating suggestions and comments invited from governors, taking into account the statutory roles of governors and with the aim of ensuring governors were supported in effectively delivering their duties.

Membership and Engagement

- A review of the Governor Engagement Action Plan was undertaken and will be reviewed on an annual basis
- Governor were encouraged to complete the governor engagement template which has been produced and developed to enable governors to log issues and feedback from members and the public
- Governors were encouraged to actively source appropriate events in their constituencies to attend to engage with their constituents and the wider public.

Annual Members' Meeting (AMM)

- Roger Kerry, lead for the governor AMM task and finish group presented the draft programme. The task and finish group will convene a meeting to take the proposals forward. The AMM is scheduled for 11 September and will be held in the Centre for Research and Development at Kingsway.

Escalation items to the Council of Governors

- Three questions were escalated to the Council of Governors:

    - Question 1: NEDs are requested to provide assurance that the inpatient staffing pressures and issues and potential impact on patient safety are being addressed.

    - Question 2: NEDs are requested to provide assurance, following recruitment feedback at the Hartington Unit, that recruitment processes and interview scoring systems ensure that the best appointment for the role is made.

    - Question 3: NEDs are asked to provide assurance that an effective strategy for physical and mental health care is in place, especially for the management of an ageing population with multiple co-morbidities.

Selection of Quality Indicators for the Trust's Quality Report

- Governors agreed to meet informally with Darryl Thompson to discuss which indicator to select. Governors unable to attend were encouraged to submit their comments to the Lead and Deputy Lead Governor to table at the informal meeting.

Governor attendance at the Council of Governors

- Twenty-five governors had attended at least two of the last three successive scheduled Council of Governors meetings
- The Lead Governor will contact those governors who have missed two of the last three successive normal Council of Governors meetings to discuss the reasons for absence and to explain the formal process if the governor concerned is unable to attend the third consecutive Council of Governors meeting.

Formalising agreed periods of absence/breaks from governor duties

- The Governance Committee recommends that the Governor Code of Conduct is revised to include guidance on formalising agreed periods of absence and breaks from governor duties. The proposed revision to the code is highlighted in red text and is attached as appendix 2.

Governors Annual Effectiveness Survey

- The Committee reviewed the questionnaire which consists of 30 questions. Gemma Stacey who is leading on the review will present the updated version to the next Committee meeting.

Involvement of governors in Annual Planning

- A meeting has been arranged on 19 March for governors to meet with the Deputy Director of Finance and Head of Contracting to give governors the opportunity to discuss the plan and ask questions.

Elections Update

- Denise Baxendale updated governors on the preparations for the forthcoming staff and public governor elections. All seats are contested and the names of those standing were given.

Governor Training and Development Programme 2019/20 **(appendix 1)**

Date	Time	Training	Venue	Notes
18/4/19	10am-1pm	**Finance and Contracting** – budget, Clinical Commissioning Groups, contracts, wider commissioning i.e. beds	Meeting Room 1, Albany House Kingsway Hospital Site, Kingsway, Derby DE22 3LZ	Facilitators identified and invited
12/6/19	1.30-5pm (note Governance Committee meeting is in the morning)	**Public Engagement Workshop** – what makes it difficult, what works, actions for engagement, building on relationships of governors within the same / close geographical areas	Conference Room (A&B) Centre for Research and Development, Kingsway Site	Facilitators identified and invited
16/10/19	1.30-4.30pm	**Council of Governors and Board joint session**	Conference Room (A&B) Centre for Research and Development, Kingsway Site	Topic to be confirmed
31/10/19	1.30-5pm	**Mental Health Act** – Community Treatment Orders, legal implications, mental health disorders, treatments and services. To include Coroner inquests	Conference Room (A&B) Centre for Research and Development, Kingsway Site	Dr John Sykes and Andrew Coburn
10/12/19	1.30-5.00pm (note Governance Committee in the morning)	**Data Security and Protection** (formerly information Governance) **Raising Concerns** **Equality and Diversity**	Conference Room (A&B), Centre for Research and Development, Kingsway Site	William Presland Freedom to Speak up Guardian Facilitator to be invited

Derbyshire Healthcare
NHS Foundation Trust

Code of Conduct for the Council of Governors

1. Introduction

This code seeks to set out appropriate conduct for governors and addresses both the requirements of office and the personal behaviour of governors. Ideally the implications of non-compliance would never need to be applied. However, a code is considered an essential requirement for governors.

Governors need to act with discretion and care, particularly when dealing with difficult and confidential issues in the performance of their role. Governors must maintain confidentiality with regard to confidential information gained through their involvement with the Trust.

The Code seeks to expand on, and complement, the Constitution. The Constitution is the governance framework which details the way in which the Trust operates. It outlines the qualification and disqualification criteria for governors, together with detailing their roles and responsibilities and it is strongly recommended that governors familiarise themselves with its content.

Members seeking election to the Council of Governors are expected to sign a declaration to confirm that they will comply with the Code in all respects and that, in particular, they support the Trust's vision and values.

All governors will be expected to understand, agree and promote the Trust's approach to inclusion and equality in every area of their work. One of the key objectives of the Council is to promote social inclusion throughout its work. The development and delivery of initiatives should not prejudice any part of the community on the grounds of religious belief, race, colour, gender, disability, marital status, sexual orientation, age, social/economic status or national origin.

All governors are expected to abide by the Seven Principles of Public Life (Nolan) which are:

Selflessness
Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or their friends.

Integrity
Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in the performance of their official duties.

Objectivity
In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

Accountability
Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

Openness
Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

Honesty
Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership
Holders of public office should promote and support these principles by leadership and example.

These principles apply to all aspects of public life. The Nolan Committee has set them out for the benefit of all who serve the public in any way.

- Conduct yourself in a manner that reflects positively on the Derbyshire Healthcare NHS Foundation Trust, acting at all times as an ambassador for the Trust
- Act in the best interests of the Trust at all times
- Contribute to the work of the Council of Governors in order to fulfil its role as defined in the Trust's Constitution
- Recognise that the Council of Governors exercises a collective view on behalf of all patients, members, local public and staff
- Not expect any privilege arising from being a Governor
- Recognise that the Council of Governors has no managerial role within the Trust.
- Recognise that the Council of Governors is an apolitical body
- Recognise that you may not use the role of Governor to promote individual care/treatment for friends or relatives
- Value and respect Governor colleagues, all directors and members of staff
- Respect the confidentiality of confidential information received in your role as a Governor
- Attend meetings of the Council of Governors, members' meetings, induction and training events on a regular basis, in order to carry out your role
- Not accept any gifts, hospitality or inducements in relation to your role as Governor.

2. Role and function of the Council of Governors

Governors of the Trust will be required to confirm their commitment to:

- Actively supporting the agreed vision and values of the Trust to ensure the interests of the community served by the Trust are appropriately represented;
- Acting in the best interests of the Trust at all times;

- Contributing to the work of the Council of Governors in order for it to fulfil its role as defined in the Constitution.

Governors have a responsibility to attend meetings of the Council; this is a formal part of the Constitution.

Governors may not nominate a deputy or any other person to represent him/her in the event of not being able to attend a meeting. Governors are expected to attend for the whole meeting and should make every effort to prepare for the meeting by reading papers etc. In order to help everyone to take part it is important that all governors observe the points of view of others and understand that conduct likely to give offence will not be tolerated. The Chair will reserve the right to ask any governor who fails to observe the Code to leave the meeting.

If a governor fails to attend three consecutive meetings of the Council of Governors, this will be taken to the Governance Committee for discussion, and then escalated to the Council of Governors. The Council of Governors will require a 70% majority of those members present, for tenure of office to be terminated. It may be that, following discussions at the Governance Committee, the Council of Governors is satisfied that the absence was due to a reasonable cause, and he/she will be able to attend meetings of the Council of Governors again within such a period as the other governors consider reasonable. Attendance of the Council of Governors will be monitored on an ongoing basis by the Governance Committee.

On occasion it may be appropriate for a governor to take formal time away from their governor role. This is a supportive measure and may be due to individual personal/health circumstances for example, as required by the governor. It should be arranged through the Trust Chair and Lead Governor and will be arranged for a mutually agreed time period with a set review date. There should be a short written agreement between the Trust and the governor as to what contact and support is required by the governor during the period of absence to clarify mutual expectations. It should be noted that any pause in tenure will not result in an overall extension of a governor's term. Whilst respecting confidentiality, this will be reported to the Council of Governors to ensure the Council is kept aware of the arrangements and time periods involved.

Following return from a period of absence from the role, the Trust and/or Lead governor will liaise with the governor in question to provide support to update on any issues.

3. Confidentiality

Where governors receive confidential information in their capacity as governors this must be respected. This is particularly important when receiving information relating to individual patients or staff or commercially sensitive information.

Governors have the same right of access to the Raising Concerns (Whistleblowing) Policy as is afforded to staff and volunteers.

Governors should only speak to the media in their capacity as a governor with the prior agreement of the Chairman of the Council of Governors. Please see section 7 of this document on communications, for more information.

Any allegations of breaches of confidentiality will be investigated and could result in the removal of any Governor involved in such a breach pursuant to the terms of the Constitution.

4. Conflict of interests

Governors should act with the utmost integrity and objectivity and in the best interests of the Trust in performing their duties. The position should not be used for personal advantage or to seek to gain preferable treatment in any way. Any conflicts of interests which may arise must be declared in accordance with the terms of the Constitution (Annex 6, Paragraph 5) and may affect the Governor's ability to vote on a particular matter (see Constitution). It is important that conflicts of interest are identified and actioned in the interests of the Trust and all concerned.

5. Personal conduct

Governors are expected to adhere to the highest standards of conduct in the performance of their duties.

In respect of their interaction with others, they must:

- Adhere to good practice in respect of the conduct of meetings and respect the views of fellow governors. This will include basic disciplines, such as not using mobile phones in meetings, listening to all points of view and valuing everyone's contribution
- Be mindful of conduct which could be deemed to be unfair, abusive or offensive. Inappropriate behaviour such as the use of bad language or discriminatory remarks to a member of staff, fellow governor, member of the Trust or public or service receiver would render a governor liable to disqualification
- Treat the Trust executive and non-executive directors, other employees and fellow members with respect and in accordance with Trust values
- Ensure that no inappropriate contact takes place towards a member of staff, fellow governor, member of the Trust or public or service receiver (for example, touching or kissing) which would render a governor liable to disqualification
- Recognise that the Council and management have a common purpose in achieving the success of the Trust
- Conduct themselves in such a manner as to reflect positively on the Trust. When attending external meetings or any other events, members are expected to act as ambassadors of the Trust and to represent the Trust in a fair manner
- Represent the views of constituents and not use any forum as a platform for personal grievances
- Treat with respect, dignity and fairness, the public, service users, relatives, carers, NHS staff and partners in other agencies.

6. Accountability

Governors are accountable to the membership and must demonstrate this by attending members meetings and other key events which provide opportunities to interface with their electorate in order to best understand and represent their views.

7. Communication

Any governor who wishes to speak to the media in their capacity as a governor, must discuss this with the Chairman and Communications team prior to any contact taking place. Governors should only speak on behalf of the Trust after seeking advice and prior authorisation from the Trust.

This commitment relates to both initiating and responding to contact with the media. Any media enquiries received by governors should be passed onto the Trust's Communications team to respond to. Should a governor be required to speak to the media, this will be arranged through the Communications team. Please see the Trust's Media Handling Policy for further information.

It would be expected that any contact a governor has with the media would be to reflect the wider membership/constitution that the governor represents, and not to discuss personal matters or opinions.

It would not be deemed appropriate for a governor to bring the Trust into disrepute in the media. This may result in termination of office, as outlined in the Trust's Constitution.

If a governor is intending to speak to the media in relation to a role they hold outside of the Trust, governors are asked to notify the communications team as a matter of courtesy.

If governors use social media in their role as a governor they should identify themselves as a DHCFT governor (with a disclaimer to outline that any posts are their own and not reflective of the Trust). Governors need to ensure that any social media activities are in line with the communications guidance outlined above and in keeping with the Trust's Social Media Policy.

Governors should make it clear (via a disclaimer) that:

- The views are personal and not those of the Trust.
- Governors should only disclose and discuss publicly available, accurate information and not confidential information they may be aware of through their role as a governor
- Governors should not imply that they are authorised to speak on behalf of the Trust or views expressed are those of the Trust.
- Governors should not post material that might be construed as threatening, harassing, bullying or discriminatory.
- Governors will not comment or post other material that might otherwise cause damage to the Trust's reputation or bring into disrepute.

8. Training and development

Training and development is essential for governors in respect of their effective performance of their role. Governors are expected to attend induction and other development events, as per the annual programme of development and training, developed by governors.

9. Visits to Trust premises

In fulfilling their core duties and responsibilities, governors will be expected to visit Trust premises. For activities other than attending Council meetings, working group meetings, site visits or events organised by the Trust, governors are requested to liaise with the Director of Corporate Affairs to facilitate this and make the necessary arrangements to ensure they are escorted as appropriate. Personal non-governor visits to Trust premises are not covered by this procedure and must be discussed with the Director of Corporate Affairs. A valid DBS check is required before Governor visits may be arranged to clinical areas, which must always be escorted.

10. NHS Improvement

In general, formal contact with the Independent Regulator of NHS Foundation Trusts (NHS Improvement) will be via the Chairman, Chief Executive or Director of Corporate Affairs, as appropriate.

The lead governor will provide a point of contact for NHS Improvement (NHS Improvement Panel for Advising NHS Foundation Trust Governors) in circumstances where it would not be appropriate for the Chair to contact NHS Improvement, or NHS Improvement to contact the Chair.

11. Ceasing to be a governor

A governor may resign their office ahead of their tenure by writing to the Chairman. Depending on the reason and circumstances of the resignation, the Chairman may decide to formally record those particulars in the minutes of the next Council meeting.

12. Non-compliance with the Code of Conduct

A formal process will be deemed to be initiated once it has been communicated in writing to either the Trust Chair, Lead governor or Senior Independent Director.

Non-compliance with this Code of Conduct may result in the following action:

- Where non-compliance or any misconduct is alleged, the Chairman/lead governor shall be authorised to take such action as may be immediately required, including the exclusion of the person concerned from a meeting so that the allegation can be investigated.
- Where non-compliance or any misconduct is alleged, this may be referred to the lead governor who shall raise the matter at the Governance Committee.
- The governor will be notified in writing of the allegations, detailing the specific behaviour which is considered to be detrimental to the Trust, and inviting and considering his/her response within a defined timescale.
- The governor may be invited to address the Council of Governors in person if the matter cannot be resolved satisfactorily through correspondence.

- The governors, by a majority of not less than 70% of the Council of Governors present and voting, can decide whether to uphold the charge of non-compliance or misconduct detrimental to the Trust.
- The governors can impose such sanctions as shall be deemed appropriate. Such sanctions will range from the issuing of a written warning as to the governor's future conduct and consequences, to the removal of the governor from office.
- In order to aid participation of all parties, it is imperative that all governors observe the points of view of others, and conduct likely to give offence will not be permitted. The Chairman will reserve the right to ask any governor who, in his/her opinion, fails to observe the Code to leave the meeting.

Derbyshire Healthcare
NHS Foundation Trust

Appendix A

COUNCIL OF GOVERNORS – DECLARATION
All members of the Council of Governors will be expected to sign the following declaration:

i. (Elected Members) If I am a member of any trade union, political party or other organisation, I recognise that I must declare this fact and that I will not be representing those organisations (or the views of those organisations) but will be representing the constituency (public or staff) that elected me

ii. (Appointed Members) I attend Council of Governor meetings as a representative of a stakeholder organisation. To represent the views of the organisation I recognise that I must declare this fact

iii. (Public) I will seek to ensure that the membership of the constituency I represent is properly informed and given the opportunity to influence services

iv. I will seek to ensure that my fellow governors and members of Trust staff are valued as colleagues and that their views are both respected and considered

v. I will accept responsibility for my own actions

vi. I will show my commitment to working as a team member by working with all my colleagues in the NHS and the wider community

vii. I will seek to ensure that no one is discriminated against because of their religious belief, race, colour, gender, disability, marital status, sexual orientation, age, social/economic status or national origin

viii. I will comply with the Trust's Constitution

ix. I will respect confidentiality

x. I will not knowingly make or permit any untrue or misleading statement relating to my own duties or the functions of the Derbyshire Healthcare NHS Foundation Trust

xi. I will support and assist the Chief Executive of the Derbyshire Healthcare NHS Foundation Trust in his/her responsibility to answer to the regulator, commissioners and the public for the performance of the Derbyshire Healthcare NHS Foundation Trust

xii. I agree to abide by the Code of Conduct for the Council of Governors for the Derbyshire Healthcare NHS Foundation Trust

Signed …….

Name: ……Date……

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 5 March 2019

Governor Engagement Action Plan Review

Purpose of Report
To provide an update on the Governors Membership Engagement Action Plan and agree intervals for review.

Executive Summary
The Governors Membership Engagement Action Plan was first agreed at Council of Governors in August 2018 and it was agreed to review at six-monthly intervals.

Governance Committee reviewed the plan in February 2019, discussing the work in detail and updating the actions.

Governors noted progress in key areas and agreed that because of the complexity of the plan, it might be better to review annually, with reporting on exceptions only at Governance Committee meetings, so that any actions identified can be implemented by governors between reviews.

It was noted that all governors are strongly encouraged to complete the engagement log at regular intervals so that reports on engagement can be received at Governance Committee. This engagement log has been produced and developed to enable governors to log issues and feedback from members and the public. The information will help governors to identify common themes/issues relating to the Trust to raise with Non-Executive Directors and on which to hold them to account.

The updated report is attached.

Strategic Considerations	
1) We will deliver **quality** in everything we do providing safe, effective and service user centred care	
2) We will develop strong, effective, credible and sustainable **partnerships** with key stakeholders to deliver care in the right place at the right time	X
3) We will develop our **people** to allow them to be innovative, empowered, engaged and motivated. We will retain and attract the best staff.	X
4) We will **transform** services to achieve long-term financial sustainability.	

Assurances
The Governor Engagement Action Plan was drawn up and follows the guidelines laid down in the Trust's Membership Strategy 2018 – 2021.

Consultation
This paper has not been considered at any other Trust meeting. Governors present at Governance Committee in February 2019 have had input into the revision of the

Action Plan.
Governance or Legal Issues The Council of Governors has the responsibility to approve and amend the Action Plan.

Equality Impact Risk Analysis The author has a responsibility to consider the equality impact and evidence on the nine protected characteristics – Race, Economic disadvantage, Gender, Age, Religion or belief, Disability and Sexual orientation (REGARDS).	
There are no adverse effects on people with protected characteristics (REGARDS).	
There are potential adverse effect(s) on people with protected characteristics (REGARDS). Details of potential gaps/inequalities are outlined below, with the appropriate action to mitigate or minimise those risks.	X
Actions to Mitigate/Minimise Identified Risks	
Governor engagement visits planned for 2019 take into account the diverse community and target particular people within the REGARDs groups.	

Recommendations

The Council of Governors is requested to:

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

2. Consider the proposal to review the Action Plan at annual intervals in future, with exception reporting into the Governance Committee.

Report prepared by: Angela Kerry, Appointed Governor, Derbyshire Mental Health Forum and Denise Baxendale, Membership and Involvement Manager

Report presented by: Angela Kerry, Appointed Governor, Derbyshire Mental Health Forum

DHCFT Governors: Membership Engagement Action Plan

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

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

Activities

	Activity	Lead and support	Timescale
1	**General events** – There will continue to be a membership presence at key events taking place across the Trust. Examples of these events include the Annual Members' Meeting, World Mental Health Day, Time to Talk Day, and League of Friends Summer Fayre. These events provide opportunities to both engage with existing members and recruit new members. Attendance at such events will be focused on recruiting members that support the objectives outlined above.	**Shirley Houston/Denise Baxendale**	**Ongoing; 2019 dates published and circulated on Governor Connect**
	Targeted events – Targeting key areas of the community, for example by location, or groups (i.e. LBGT+ and ethnic groups), which we have identified to be under-represented in our membership. Examples of these events include Gay Pride (in Derby and Chesterfield), Caribbean Carnival, International Women's Day, DWYW event, Chesterfield May Day.	**Shirley Houston/Denise Baxendale**	**Ongoing; 2019 dates published as above**
	Review effectiveness of attendance at public events and re-schedule or delete from list.	**Governance Committee**	**Report from 2018 to be**

			shared; next review April 2019
	Patient Participation Groups – target local events	**All Governors to sign up to local PPG.**	**John to circulate information re countywide PPG Forum.**
	Prepare posters for use in GP surgeries; governors to be photographed for this and provide narrative	**Denise plus elected Governors**	**March 2019.**
	World Mental Health Day – series of activities during week of WMHD in schools in Inner City Derby. Governors to attend in their local area.	**Shirley Houston plus Governors**	**October 2018 completed; plans in place for 2019**
	BME targeted engagement - Chesterfield and NE – invite Governors to BME Mental Health Forum meeting and promote direct links	**Roger Kerry plus Chesterfield and NE Governors**	**Update to Governance Committee**
	Social media – All Governors on Twitter or Facebook to follow DHCFT.		
	Governors to promote the use of DHCFT Twitter and Facebook specifically for membership messages and encourage all members to follow the Trust.	**All Governors**	**Now**
		All Governors at engagement events	**Ongoing**
2	**Annual Members Meeting** – Encourage members to attend and participate in the meeting when visiting local events. All Governors to attend the meeting.	**All Governors**	**Planning Group in place for 2019 AMM**
3	**Literature** – Review literature that promotes membership on leaflets, posters and via social media, in a variety of ways which meet the individual needs of our members, continuing to ensure that materials are	**Denise Baxendale**	**October 2018 – completed**

	available in wider languages and formats upon request. Elected and Staff Governors to provide photos and narrative for this work.	**All Governors**	**August 2018 – completed**
4	**Explore Partnership with Service Users and Carers through emerging DHCFT service user and carer involvement council and Mental Health Together (Healthwatch)** There is much opportunity here to explore joint working as it benefits both parties. - Deliver Governor workshop within Governor Development Programme led by service users and carers that explores the ways we can work together. - Talk to Derbyshire Carers Association and arrange focus group where Governors can meet and listen to mental health carers. - Governor Engagement with North and South Mental Health Carers Forums – agree regular attendance on a rotational basis.	**Roger Kerry**	**Update to Governance Committee April 2019** **Include in Public Engagement Workshop June 2019**
5	**Reaching service users and carers through voluntary sector** – many DHCFT service users and carers also use the services provided by the voluntary and community sector. By engaging with these organisations Governors can lengthen their reach into various communities and engage in conversations with people who use their services regularly. - Presentation at Joint Voluntary Sector Countywide Forum on the role of Governors and building links at Coney Green Business Centre, Clay Cross; - regular attendance of selected governors at Mental Health Forum meetings (north and south county); - sharing knowledge of local organisations with Governors and	**Roger Kerry, Angela Kerry plus two Governors** **Roger Kerry, Angela Kerry**	**Completed September 2018** **Ongoing***

	brokering introduction of Governors to organisations so that Governors can make contact, visit and talk to service users and carers; - links with local CVS networks so that Governors can attend local events.	**Roger Kerry, Angela Kerry** **Angela Kerry**	**December 2018 Overdue** **December 2018 Overdue**
6	**Communicating with members** Non-print We will seek to increase the number of email addresses and mobile telephone numbers we hold for our members. This will support an increasing move to non-printed communications which has been supported by our members. Currently we have 62.32% of members who are not email recipients (of which 16.67% have an email address but whose preferred method of contact is via the post). We will also continue to use the text messaging facility provided by MES to communicate with our members. Evaluate effectiveness of alternative methods of communicating with members (e.g. via text message) to shape future mechanisms – run a pilot to sign members up to text messages and then evaluate. We have started to use text messages in promoting the elections for example in notifying members of the vacancies, encouraging members to stand in the elections and prompting members to vote. **Email communication** – We will continue to email out the monthly Members' News bulletin to those with email addresses, providing news about the Trust and wider developments **Surveys** – Ask members to take surveys so we can tailor our	**Engagement Team plus Christine Williamson** **Denise Baxendale** **Denise Baxendale/Shirley Houston** **Denise Baxendale**	**Ongoing – update required** **Denise to update** **March 2019** **Ongoing** **Ongoing;**

	membership packages to suit their needs. Members' surveys undertaken in August 2018. Next survey scheduled for Autumn 2019.		**Governance Committee to discuss purpose and content of Autumn 2019 survey**
	Using Other Newsletters to spread communication – Governors to provide links to newsletters that would publish DHCFT articles; Governors to circulate information on through their own networks	**Shirley Houston; Appointed Governors**	**Ongoing**
7	**Communicating with members** Print		
	Welcome information – This will be reviewed annually to ensure it is timely, reflective of the Trust messages and is useful in its content.	**Denise Baxendale/Shirley Houston**	**Ongoing**
	Explore e-mail version of welcome information and report back to Governance Committee.	**Denise Baxendale /Shirley Houston**	**April 2019**
	Magazine – We will continue to provide members with a targeted membership magazine twice a year and adjust its content following feedback from members and governors	**Denise Baxendale**	**Ongoing**
8	**Staff** – Staff will be made aware of the benefits that family, friends, service users and carers will receive from membership and given the tools to encourage these people to sign up.	**Staff Governors/Denise Baxendale**	**Completed January 2019**
	Former members of staff will continue to be contacted and given the option of becoming public members.	**Shirley Houston**	**Ongoing**
	Staff governors have a shortened bullet point Job Description circulated through Staff Connect.	**Kelly Sims**	**Completed October 2018**
	Staff Governors meeting regularly with staff through "Grab a Governor"	**Staff Governors**	**Completed**

	scheme. Will feedback through Staff Governor Engagement Logs to Denise Baxendale alongside other Governor feedback. Staff governors will contact and encourage former DHCFT staff, that now work for DCHS, to become members of DHCFT.	 **Staff Governors**	**October 2018 Dates in place for 2019** **Completed January 2019**
9	**Protocols for Governor Engagement** – incorporate statements into Governor Expenses policy that outlines how Governors get permissions to attend, expenses, support, leaflet supplies, what is and isn't appropriate, how to provide intelligence and feedback. **Governor Feedback** – Governors to provide short written reports with a brief summary of engagement activity that will be considered at Governance Committee. Maximum one side of A4. Discussion at Governance Committee to be by exception or to develop themes for further engagement.	**Denise Baxendale** **All Governors**	**June 2019** **At least two weeks before scheduled meetings**

Presented and approved by governors at the Governance Committee on 21 August 2018.
Updated at Governance Committee on 12 February 2019.

Derbyshire Healthcare
NHS Foundation Trust

MINUTES OF A MEETING OF THE BOARD OF DIRECTORS

Held in Training Rooms 1 & 2
Research and Development Centre, Kingsway, Derby DE22 3LZ

Tuesday 4 December 2018

MEETING HELD IN PUBLIC

Commenced: 9.30 Closed: 12:20

PRESENT	Caroline Maley	Trust Chair
	Margaret Gildea	Senior Independent Director
	Geoff Lewins	Non-Executive Director
	Dr Anne Wright	Non-Executive Director
	Richard Wright	Non-Executive Director
	Ifti Majid	Chief Executive
	Claire Wright	Director of Finance & Deputy Chief Executive
	Mark Powell	Chief Operating Officer
	Carolyn Green	Director of Nursing & Patient Experience
	Dr John Sykes	Medical Director
	Samantha Harrison	Director of Corporate Affairs
	Amanda Rawlings	Director of People Services & Organisational Effectiveness
	Gareth Harry	Director of Business Improvement & Transformation
IN ATTENDANCE	Anna Shaw	Deputy Director of Communications & Involvement
	Sue Turner	Board Secretary
	Rachael Grainger	Information Management, Technology & Records Administrator
For item DCHFT2018/159	Noel O'Sullivan	Peer Support Worker
For item DCHFT2018/159	Alex Kerry	Occupational Therapist
For item DCHFT2018/167	Harinder Dhaliwal	Head of Equality, Diversity & Inclusion
For item DCHFT2018/167	Bal Singh	Reverse Mentor to Director of Finance & Deputy Chief Executive
For item DCHFT2018/167	Natasha Bain	Chair, BME Network
For item DCHFT2018/167	Tray Davidson	Practice Placement Facilitator, Reverse Mentor to CEO
For item DCHFT2018/167	Deep Sirur	Addiction Consultant
For item DCHFT2018/167	Suki Khatkar	Practice Placement Facilitator
For item DCHFT2018/167	Sharon Ramin	Vice Chair, BME Network, Reverse Mentor to DPOE
VISITORS	John Morrissey	Lead Governor
	Lynda Adim	Student Mental Health Nurse
	Roger Kerry	Appointed Governor, Voluntary Sector
	Sandra Austin	Derby City & South Derbyshire Mental Health Carer's Forum and Trust Volunteer
	Martyn Bell	Trust Member
APOLOGIES	Dr Julia Tabreham	Deputy Trust Chair and Non-Executive Director

DHCFT 2018/158	**CHAIR'S WELCOME, OPENING REMARKS, APOLOGIES FOR ABSENCE AND DECLARATION OF INTERESTS** The Trust Chair, Caroline Maley, welcomed all to the meeting. Rachael Grainger from IMT and Records who had been invited to shadow the Chair at today's meeting was welcomed by the Board. Apologies for absence were noted from Deputy Trust Chair and Non-Executive Director, Julia Tabreham. The Declaration of Interests register, as included in the Board papers, was noted. No declarations of interest in agenda items were raised.
DHCFT 2018/159	**PATIENT STORY** Director of Nursing and Patient Experience, Carolyn Green introduced Noel O'Sullivan a Peer Support Worker (PSW) and Alex Kerry to the Board to discuss the role of PSWs who have 'lived experience' of mental health challenges and have personally accessed mental health services. Noel described how he had spent three months as an inpatient at the Radbourne Unit and how this experience had led to him becoming a PSW. He now regularly attends volunteer groups and supports service users and shares coping strategies and ideas about how to take control of their wellbeing to aid recovery. His work was recently recognised by the Trust when he won the Inclusion and Partnership award in November. Becoming a PSW has been a great aid to Noel's recovery. It has given him self-recognition and he now feels able to contribute. The Board discussed with Noel and Alex ways that the Trust could improve the care it provides to patients and how it could reach out to people who might not be aware that they are unwell. Noel suggested that this could include modernising the facilities at the Radbourne Unit and organising drop in centres at coffee mornings in the community where people could talk to health professionals in an informal environment. This led the Board to consider how this direction could be included in the ten year plan of mental health across the range of health services, including primary care and in local communities. Caroline congratulated Noel on wining his Inclusion and Partnership Award which she felt deservedly reflects the value that he provides to the Trust and its service users. She thanked him for describing the impact that the Trust's services had on his life and the clear steer he gave about how the environment impacts on recovery and what this will mean to our future clinical strategy.
DHCFT 2018/160	**MINUTES OF THE BOARD OF DIRECTORS MEETING HELD ON 6 NOVEMBER 2018** The minutes of the previous meeting, held on 6 November 2018, were accepted as a correct record subject to an amendment to be made to DHCFT2018/155 relating to the identification of any issues arising from the meeting for inclusion or updating in the Board Assurance Framework (BAF). The minute will be amended to reflect that the impact of out of area placements will be reviewed in the context of several BAF risks including those relating to finance, operational flow and clinical quality.

DHCFT 2018/161	**MATTERS ARISING – ACTIONS MATRIX** The Board agreed to close all completed actions. Updates were provided by members of the Board and noted on the actions matrix. All completed 'green' actions were scrutinised to ensure that they were fully complete and actions that were not complete were challenged with Executive Director leads.
DHCFT 2018/162	**QUESTIONS FROM GOVERNORS OR MEMBERS OF THE PUBLIC** No questions had been received from members of the public or governors in advance of the meeting.
DHCFT 2018/163	**CHAIR'S UPDATE** This report provided the Board with the Trust Chair's summary of activity she had undertaken since the previous Board meeting on 6 November 2018. Caroline reflected on the Delivering Excellence Awards event held on 22 November. She felt this had been the best awards ceremony carried out so far and thanked everyone involved in providing an opportunity for the Trust to recognise the good work of its staff and celebrate the success of the winners and finalists. The high participation of governors at the Council of Governors meeting held on 6 November was pleasing to note and was a testament to the high level of engagement by governors. Caroline met with Paul Wood, Chair of South Derbyshire CCG who chaired the recent Joined Up Care Derbyshire Board meeting and had received positive feedback from our work as a Trust within the STP. She thanked all Board members and their teams for their work in ensuring the Trust pays an active role in Joined Up Care Derbyshire. Caroline referred to the briefing she had attended on the NHS ten year plan by Claire Murdoch, National Director for Mental Health, NHS England and was pleased to report that she felt that mental health would have a key input into the ten year plan. **RESOLVED: The Board of Directors noted the activities of the Trust Chair since the last meeting held on 2 October 2018**
DHCFT 2018/164	**CHIEF EXECUTIVE'S UPDATE** This report provided the Board of Directors with feedback on changes within the national health and social care sector as well as providing an update on developments occurring within our local Derbyshire health and social care community. The report also updated the Board on feedback from external stakeholders such as commissioners and feedback from staff. Chief Executive, Ifti Majid reflected on the Chancellor's Autumn Budget Statement and that he was beginning to see early indications of a commitment to mental health services in the NHS ten year plan. He noted that having a single unified plan should give mental health services more opportunity for growth.

	Ifti drew attention to the impact that Brexit might have on the Trust. He assured the Board that all EU staff working for the Trust had been written to and reminded that they are valued and of the Trust's desire to support them to continue working for us. Although he felt it is unclear how the workforce supply and retention of EU nationals will be affected by Brexit, the Trust will be increasing its recruitment efforts to reduce the risk of competition across the NHS for staff. Regular updates on the effects of Brexit will be provided to the Executive Leadership Team and the People and Culture Committee. In terms of procurement in preparation for the UK's exit, Ifti was pleased to report that having completed an assessment of all of the Trust's contracts they have been categorised as having "no/minimal impact" and that contracts and services can continue to run in their existing state within volume, pricing and quality parameters following EU exit. Ifti referred to reports in the news of stockpiles of medicines and assured the Board that we will continue to have supplies of medicines as the majority of the Trust's contracts are held locally. He felt that the Trust was in the strongest place it possibly could be in terms of cross border exchanges of goods. **RESOLVED: The Board of Directors scrutinised the Chief Executive's update, noting the risks and actions being taken.**
DHCFT 2018/165	**<u>INTEGRATED PERFORMANCE AND ACTIVITY REPORT</u>** The Integrated Performance Report (IPR) provided the Board with an integrated overview of performance as at the end of October 2018. The focus of the report is on workforce, finance, operational delivery and quality performance. Chief Operating Officer, Mark Powell, drew attention to the 'people first' agenda and the addition of further enhancements being made around sickness absence management, training opportunities and appraisals. Challenges that these areas represent across the organisation will be discussed at the People & Culture Committee on 18 December. Discussion took place on the work that has been undertaken to improve capacity within the urgent care units. Mark Powell was pleased to report that 25 new nurses commenced employment at the Radbourne Unit and Hartington Unit between September and October 2018. The Board received assurance that all actions relating to the Urgent Care Improvement Plan are progressing well and positive feedback has been received from the CQC regarding the interventions that have been made to the urgent care units. Leadership has been enhanced to ensure extra support at both units and staff have been transferred to urgent care from other areas to ensure that that the standards in acute units are rapidly improved. In response to Non-Executive Director, Richard Wright's challenge that this could cause problems in other areas, Mark advised that risks associated with the movement of staff were being mitigated on a day to day basis. In addition to this staff continue to be recruited to the Trust through our vacancy management pipeline. The report showed eight out of area placements at the time of reporting but this had since reduced to six patients. Non-Executive Director, Geoff Lewins saw that some patients are placed out of area further away than would be preferred. This prompted discussion on PICU (Psychiatric Intensive Care Unit) out of area geographical places and patients with a length of stay above 50 days.

	In response to Non-Executive Director, Anne Wright asking how cases of length of stay longer than 50 days are reviewed and what care packages are available to people when they leave our services, Mark Powell advised that staff work with patients who are out of area and with their families and carers so they can be repatriated unless patients are happy to stay out of area. Discussion turned to the review of neighbourhood services that would be reported to the Quality Committee on 11 December. It is hoped that recommendations arising from the review will deliver against a clear specification for refining services for patients with specific needs. The outcome of the recommendations from this work will be fed into the clinical strategy that will be reviewed by the Executive Leadership Team. Director of Finance and Deputy Chief Executive, Claire Wright updated the Board on the organisation's finance position. The Trust is still forecast to meet its control total. The previous increases in out of area costs have lessened but this has been offset by increased staffing costs forecast for Radbourne and Hartington units. The Board was advised that detailed discussions are taking place within the Finance and Performance Committee to understand the risks relating to the financial Board Assurance Framework (BAF) risk and how this risk can be reduced from an extreme rated risk to a high risk. Director of Nursing and Patient Experience, Carolyn Green reflected that since the IPR had been condensed consideration should be given to reporting of safer staffing in inpatient areas. She undertook to work with the Chief Operating Officer to assure the Board in future reports that inpatient wards are safe. It was agreed that the Executive Leadership Team will discuss a model for these particular areas to take this report to the next level to stimulate debate and discussion. **ACTION: ELT to determine how safer staffing is to be reported in the IPR** **RESOLVED: The Board of Directors:** **1) Obtained limited assurance on current performance across the areas presented.** **2) Agreed that further assurance is required regarding safer staffing on inpatient wards** **3) Agreed that the Executive Leadership Team would determine how safer staffing is to feature in the IPR.**

DHCFT 2018/166	**QUALITY REPORT – CARING** The report provided the Board with a focused report on Caring as part of the wider expanded quality reporting relating to CQC domains and NHS Improvement (NHSI) requirements. The Board considered this to be a robust report that evidenced the Trust's strong compliance relating to how caring and compassionate our services are which was demonstrated by benchmarking information and the overall good CQC rating in this area. The report highlighted the improvements that had been made to accessible information standards. This was assessed as fully compliant in 2018 and an adaptation to communication aids was noted as an example of outstanding practice. Caroline Maley commended this work that had enabled simplified access of information for patients and their families. The Board endorsed the recommendations contained in the report that will be managed by the Quality Committee. This included the development of the Clinical Strategy that will outline the Trust's commitment to reduce waiting times. Work will also take place to redesign the Trust's clinical feedback systems aligned to the Quality Improvement Strategy. It was noted that Carolyn Green will be working to improve the Patient Experience Strategy and will re-write the Carers' Strategy to make sure it is quality improvement led to cover family inclusive practice. This will also include the introduction of informal clinics as discussed during today's patient story. **RESOLVED: The Board of Directors:** **1) Confirmed the levels of assurance as rated by the CQC as good** **2) Considered the current priorities for quality improvement in the domain of Caring and key opportunities for enhancing this area further.**
DHCFT 2018/167	**BME TALENT NETWORK** Ifti Majid introduced BME Network colleagues to the Board who had been invited to share their BME experience while working within the Trust. The BME Network, now known as the BME Talent Network has taken a significant step forward in improving our inclusive culture. This has aided opportunities for shared experience and learning of all cultures and has provided the chance to look at the representation of BME colleagues within different grades in the Trust. The BME Talent Network has encouraged people to be proud to be themselves and to develop their skills and knowledge in order to progress their career. The Board heard about the BME Talent Network's expectations of the Board with respect to changing inclusion practices within the Trust and benefits this would bring not just for BME colleagues but everyone. The Reverse Mentoring initiative was praised as this had promoted equality, diversity and inclusion which is supporting inclusive leadership and culture. The BME Talent Network has had a significant input to work to address the challenges that arise relating to bullying and harassment. Discussion took place on the importance of building an inclusive and compassionate leadership within the Trust that respects boundaries and behaviours.

	The NHS Workforce Race Equality Standards (WRES) indicators were referred to by Carolyn Green. She undertook to seek to address any inequalities when she produces the Nursing Strategy and asked the BME Network for their help in taking this action forward. Ifti Majid thanked the BME Talent Network for their work. He recognised that, as in all organisations, unconscious bias occurs within the Trust and this was important to redress. He proposed that the Board should involve the BME Network in discussing conscious and unconscious bias through a Board Development Session to identify clear action to take forwards. **ACTION: Conscious and unconscious bias to be included Board Development programme for March 2019.** **RESOLVED: The Board of Directors noted the BME colleagues' experience of working within the Trust and agreed to involve the BME Network in taking the Trust through to the next phase of equality, diversity and inclusion**
DHCFT 2018/168	**Report From The Quality Committee On Recommendations Arising From The Nhs Resolution Report On Learning From Suicide Related Claims** The publication of the national report on Learning from Suicide Related Claims from NHS Resolution was noted and briefly discussed at the Trust Board in October 2018. An initial report was requested to be reviewed by the Quality Committee in November with a report submitted to the Board for December. This 144 page report from NHS Resolution is an in-depth thematic review of the data held by NHS Resolution on compensation claims that relate to suicide (and non-fatal attempts) between 2015 and 2017. The recurring clinical themes contained in the report are related to substance misuse, communication (particularly inter-agency), risk assessment, observations, and issues relating to prison healthcare. The Board reflected on the key issue relating to communication, both with the service users and with their families and carers and undertook to improve the involvement of service users and carers/families in care plan discussions. A commitment was made to write directly with the service users themselves, copying in their families and carers where appropriate rather than writing to other health agencies. The Quality Committee discussed the report on 13 November and proposed that a more comprehensive report be submitted to the Committee in the new year from the Serious Incident Group (SIG) setting out recommendations and agreed actions relating to improvements in SIG reporting and analysis of data and the principles of communicating directly to patients, their families and carers in developing patient care plans. The Board understood that these improvement processes are currently being consulted through the Clinical Operational Assurance Teams (COATs) and agreed that work to meet and implement the NHS Resolution recommendations will be further monitored by the Quality Committee. **ACTION: Quality Committee to monitor the implementation of NHS Resolution Recommendations** **RESOLVED: The Board of Directors:** **1) Noted the content of this overview which represents a personal reflection**

	by the Medical Director modulated by input from the Executive Serious Incidents Group with suggested actions agreed. **2) Agreed that a more detailed report by the Executive SI Group would be submitted to the Quality Committee in the new year to allow significant time to analyse our data and consult in a in a meaningful way through the COATs.** **3) Received limited assurance with the report given the "work in progress" status of this report.**
DHCFT 2018/169	**BOARD COMMITTEE ASSURANCE SUMMARIES AND ESCALATIONS** Assurance summaries were received from the Board Committees and highlights were provided by the respective Non-Executive Chair. **Quality Committee 13 November:** In the absence of the Committee chair, Anne Wright reported that the Quality Committee had reviewed the progress being made with physical healthcare delivery and had requested that more pace be given to aligning mental healthcare with physical healthcare intervention. The Committee also focussed on the completion of CQC actions arising from recent inspections. **Safeguarding Committee 15 November:** Chair Anne Wright said that the Committee received positive assurance with regard to increasing compliance with Section 42 training. Consideration was given to the development of single room accommodation rather than dormitory style facilities which will increase levels of patient experience and sexual safety. Sexual safety on wards will continue to be driven by the Safeguarding Committee and Quality Committee and will be added to Board Assurance Framework (BAF) Risk 1a relating to safety and quality standards. **Finance & Performance Committee:** Chair, Richard Wright reported that the Committee took assurance on the Cost Improvement Programme delivery projection for the end of this financial year. The financial BAF risks were considered and the Committee was assured on the known assumptions that were covered. Limited assurance was obtained on the commissioning interface due to evolving situations aligned to the STP. Significant assurance was obtained on the development of the Estates Strategy that will include explicit content relating to equality, diversity and inclusion. **RESOLVED: The Board of Directors received and noted the Board Committee Assurance Summaries**
DHCFT 2018/170	**IDENTIFICATION OF ANY ISSUES ARISING FROM THE MEETING FOR INCLUSION OR UPDATING IN THE BOARD ASSURANCE FRAMEWORK** No additional issues were raised in the meeting for updating and including in the Board Assurance Framework. It was suggested that issues relating to Brexit should be articulated in relevant areas with the BAF during the next review cycle.
DHCFT 2018/171	**2018/19 BOARD FORWARD PLAN** The forward plan was noted by the Board along with upcoming reports to be received at subsequent meetings. The 2019/20 forward plan is under development and dates of meetings have now been published on the Trust's website.

DHCFT 2018/172	**MEETING EFFECTIVENESS** Attendees and visitors were thanked for their attendance at today's meeting. The Board considered that effective discussion had taken place on strategic planning, out of area placements and workforce issues.
There will be no Board meeting held in January 2019. The next meeting of the Board to be held in public session will take place at 9.30 on Tuesday 5 February 2019 in Conference Rooms A&B, Research and Development Centre, Kingsway, Derby DE22 3LZ.	

Derbyshire Healthcare NHS Foundation Trust
Report to the Public Board of Directors – 5 February 2019

Trust Chair's report to the Board of Directors

Purpose of Report

This report is intended to provide the Board with the Trust Chair's reflections on my activity with and for the Trust since the previous Board meeting on 2 December 2018. The structure of this report reflects the role that I have as Trust Chair.

Our Trust and Staff

1. I continue to make a point of visiting as many front line services as possible, so that my leadership is grounded on the reality of what our staff face every day, and also to ensure that I have a good understanding of the services provided by the Trust.

2. On 27 November I spent an energetic morning with the Estates and Facilities teams. I started at the Kingsway Restaurant, visited the porters and stores teams; had morning tea with the domestics, and then visited the facilities management and capital team and finally some of the estates team showed me around their area, including filling me in on information about the old hospital and use of the building in our history. In the catering unit, I was delighted to be able to congratulate Dave Harrison on 44 years to the day in the NHS. What was palpable was the patient focus that the team had and how they took pride in the work that they did to support the rest of the Trust – although some felt that they were not valued and appreciated.

3. A number of days in early December were taken up in judging the Christmas Decorations competition across the Trust. This was a delightful task to undertake along with Ifti Majid, Lynn Dunham, and Harinder Dhaliwal and had been organised by April Saunders, Staff Governor. Whilst this was an exhausting job, it was wonderful to see how engaged staff were in the competition and the creativity, inclusion and efforts that had been made to deliver an outcome worthy of a prize. I am sure that my fellow judges would agree that there was a real sense of the Team Derbyshire Healthcare as we travelled around the Trust locations seeing staff and admiring their work. I was pleased to be able to call the winners of the competition (two main winners and nine special awards were given) and to hear their delight in success.

4. On 12 December I dropped in to meet staff in People Services who support our Trust and staff. It was good to see the way that the People Services are now being delivered following the creation of the new people services team with DCHS. It was good to meet some familiar faces as well as new staff new to supporting Team Derbyshire.

5. On 23 January I visited the CAMHS (Child and Adolescent Mental Health Service) Eating Disorders team at Temple House, Derby. I joined one of their team meetings and was able to hear a couple of case reviews that were being discussed. It is obvious how much the family is impacted by the illness of a child and the caring response from our services. A number of issues were raised with me which link clearly with our People Strategy, and the recruitment and retention of staff in particular. However, it is clear that the staff are focussed on delivering good care for their service users and are intent on making a positive difference.

Council of Governors

6. On 11 December, the governors' Governance Committee was hosted at the School of Health Sciences, University of Nottingham at the Royal Derby Hospital. At this meeting I was able to welcome Rob Poole, new governor for Bolsover and North East Derbyshire, to the Trust. Rob is a retired primary school head teacher. After this meeting I met with governors to receive input into the appraisals of Non-Executive Directors, Anne Wright, Geoff Lewins and Richard Wright. This has been a change of approach, supported by a much simplified form to enable governors to provide feedback.

7. Senior Independent Director, Margaret Gildea chaired the Council of Governors meeting on 9 January in my absence on annual leave. The Council received a report on care planning in the Trust and also an update on co-production and service user involvement. This is an area of some interest to governors.

8. We have sought nominations for public governors in Chesterfield, Derby City East, Erewash and Surrounding Areas, as well as a medical staff governor. Nominations closed on 30 January. Elections will take place shortly and I look forward to welcoming new (and possibly returning) governors to the Trust.

9. The next meeting of the Council of Governors will be on 5 March. The next Governance Committee takes place on 12 February. The next meeting of the Nomination and Remuneration Committee takes place on 13 March 2019. At this meeting, a consolidated report on NED (Non-Executive Director) appraisals will be presented.

Board of Directors

10. I chaired the Mental Health Act Committee on 7 December on behalf of Anne Wright, who was ill. We also met with the Associate Hospital Managers to review the appointment, future appraisal and role that they currently carry out on behalf of the Board. This session was facilitated by Margaret Gildea, member of the Mental Health Act Committee. The Independent Review of the Mental Health Act

1983 recommendations may change the role of the Associate Hospital Manager, and there is some concern amongst our managers about this.

11. Julia Tabreham has been given a leave of absence from the Board for health reasons. Suzanne Overton-Edwards, a NeXT Director with Nottinghamshire Healthcare has joined the Trust on a secondment to provide support to the NED team whilst Julia is away. I welcome Suzanne to the Trust and I am confident that she will learn from her placement, and we will benefit from her input to the Board and committees. I am a keen advocate of the NeXT Director Scheme, hosted by NHS Improvement, and am also pleased that Suzanne's profile meets my desired profile for a NeXT Director on placement with us, being from a BME background. Suzanne has a long career in education, most recently having been Principal, CEO and Accounting Officer of Gateway College, Leicester.

12. Board Development on 18 December ensured that the Board was sighted on cyber security risks, and also enabled us to complete our mandatory data security training. We also met with two leaders from the LGBT+ group and received insight into what they have achieved over the past year.

13. Board Development on 16 January focussed on the softer / interpersonal skills of the Board, and how we work together to our very best, ensuring that the unitary board is being as effective as it can. This was a valuable investment of development time and an area we will make time for in future meetings to continue reflection on our behaviours.

14. The Remuneration and Appointment Committee met on 18 December. This was a routine quarterly meeting. A further meeting of this Committee took place on 16 January to consider a recent recommendation from NHS Improvement on "very senior management" pay which affects our executive team.

15. Board appraisals for NEDs continue with Richard Wright appraised on 12 December. Geoff Lewins' and Anne Wright's appraisals are in progress. NED appraisals are completed on the anniversary of their appointment and reported to the next planned Nomination and Remuneration Committee.

16. I have met with Geoff Lewins as part of my routine quarterly meetings with NEDs. During these meetings we review performances against objectives set at the beginning of the appointment / review cycle, as well as discuss generally mutual views on the progress of the NED and the Trust.

System Collaboration

17. On 13 December, I visited the NGS (Next-Generation Sequencing for Cancer Diagnostics) Cancer Unit at the Chesterfield Royal at the invitation of the Chair, Helen Philips. This is an impressive unit and shows the impact that investment from charitable sources can have on the services provided by the NHS.

18. I was not able to attend the JUCD (Joined Up Care Derbyshire) Board meeting on 21 December as I was on annual leave. I attended the JUCD Board on 16 January. There was a discussion on the implications of the ten year plan and the planning process that is required to support this. It also noted some

proposed changes to the JUCD structure and programme in order to meet the requirements of the ten year plan. This will be covered in more detail in the CEO report.

Regulators; NHS Providers and NHS Confederation and others

19. NHS Providers Chiefs and Chairs meeting took place on 6 December and was attended by Ifti Majid and me. The agenda included presentations from Ian Dalton on the planning for 2019/20 and the five year delivery plan; Lord Prior of Brampton, chair of NHS England, with his perspective on the ten year plan, and a summary on Brexit and what the implications for the NHS. I was pleased that a session of the agenda focussed on the Reverse Mentoring Programme, and Ifti was one of the presenters for the session. Chris Hopson, CEO of NHS Providers gave a good view on the strategic and policy issues, all of which appointed to the ongoing uncertainty around Brexit and the ten year plan, which at that stage had not been published.

20. HFMA (Healthcare Financial Management Association) hosted a Chairs Conference in London on 15 January. The keynote presentation was from Peter Wyman, Chair of CQC. Rather than reflecting on the key challenges affecting the NHS, Peter reflected on the ten top areas that chairs should be focussed on. This was a good pointer for chairs on what is important, whilst also perhaps an indication of areas that may draw comment or review by CQC:

1.	Culture	2.	Governance
3.	Strategy	4.	Stakeholders
5.	People	6.	Technology
7.	Risk	8.	Quality improvement
9.	Efficiency	10.	Regulation

I believe that there is good synergy between this list and the areas that we focus on as a board.

Beyond our Boundaries

21. I am taking part in the assessment panels for the Regional Talent Board (Aspire Together). The vision of Aspire Together is to move talent management from individual organisations to a place where it is owned and valued by the whole system. The first of the assessment days that I took part in were held on 3 December in Leicester. This is a pilot scheme being carried out in the Midlands and East and Dido Harding (Chair of NHS Improvement) has an appetite to move faster with the pilot to identify more potential directors for a national talent pool.

Strategic Considerations	
1) We will deliver **quality** in everything we do providing safe, effective and service user centred care	X
2) We will develop strong, effective, credible and sustainable **partnerships** with key stakeholders to deliver care in the right place at the right time	X
3) We will develop our **people** to allow them to be innovative, empowered, engaged and motivated. We will retain and attract the best staff.	X
4) We will **transform** services to achieve long-term financial sustainability.	X

Assurances

- The Board can take assurance that the Trust level of engagement and Influence is high in the health and social care economy.
- Feedback from staff and other stakeholders is being reported into the Board.

Consultation

This report has not been to other groups or committees.

Governance or Legal Issues

None

Public Sector Equality Duty & Equality Impact Risk Analysis

The author has a responsibility to consider the equality impact and evidence on the nine protected characteristics (REGARDS people (Race, Economic disadvantage, Gender, Age, Religion or belief, Disability and Sexual orientation)).

There are no adverse effects on people with protected characteristics (REGARDS).	x
There are potential adverse effect(s) on people with protected characteristics (REGARDS). Details of potential variations /inequalities in access, experience and outcomes are outlined below, with the appropriate action to mitigate or minimise those risks.	

Actions to Mitigate/Minimise Identified Risks

This report reflects a wide range of activities across the Trust, and consideration relating to ensuring inclusion is embedded in operational work of the Trust. The specific services visited provide support to those with protected characteristics by the nature of their work.

With respect to our work with governors - we work actively to encourage a wide

range of nominees to our governor elections, and strive that our Council of Governors is representative of the communities they serve. 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. This includes providing transport for those who may not be able to access public transport due to physical needs, accommodating communication requirements and providing support workers at meetings.

Demonstrating inclusive leadership at Board level

Through the Trust's involvement in the NeXT Director scheme, hosting a placement for Suzanne Overton-Edwards, we are supporting the development of those who may find it more difficult to be appointed as a NED in the NHS.

Through the Trust's LGBT+ activities and other groups reflecting those with protected characteristics, we are raising awareness through demonstrating inclusive leadership at all levels in the Trust.

Recommendations

The Board of Directors is requested to consider the content of this report, and to ask for any clarification or further information.

Report prepared and presented by: **Caroline Maley**
Trust Chair

Derbyshire Healthcare NHS Foundation Trust
Report to Board of Directors - 5 February 2019

Chief Executive's Report to the Public Board of Directors

Purpose of Report:

This report provides the Board of Directors with feedback on changes within the national health and social care sector as well as providing an update on developments occurring within our local Derbyshire health and social care community. The report also updates the Board on feedback from external stakeholders such as our commissioners and feedback from our staff. This report has a more detailed focus on three national policy releases

- The NHS 10 Year plan
- The Workforce Race Equality Standard report
- EU Exit planning and assurance

The report should be used to support strategic discussion on the delivery of the Trust strategy.

National Context

1. Board members will be aware that the 120 page NHS long term plan has been published in January 2019. The plan follows last June's announcement of a £20.5bn annual real terms uplift for the NHS by 2023/24. The plan sets out ambitions for ensuring the NHS is fit for the future and covers a ten year window. A consultation and engagement period will now begin on the Plan which will run until summer 2019. It is worth stating the obvious for the Board that this is a plan for the NHS and doesn't include plans relating to social care including public health services.

   The NHS long term plan details expectations and commitments that will impact across the NHS:

   - *Reform* such as the future shape of integrated care systems and development of primary care networks
   - *Clinical Priorities* for all of the national priority areas including of specific note given our portfolio of services, Children's, Mental Health and Learning Disability.
   - *Workforce* expectations and challenges
   - The role of *digital* in both efficiency and service delivery.

   It is important that we see the Long Term Plan as a framework that we develop more details around. It is already clear that to understand more about the practicalities of implementation more work is needed on for example:

   - Clinical Review of standards
   - Workforce Implementation Plan
   - Social Care Green Paper, Prevention Green Paper, the Spending Review

   Looking to understand more about the specific areas that impact on our organisation, as a Board we should note:

   Maternity and Neonatal Services

- The NHS will accelerate action to achieve 50% reductions in stillbirth, maternal mortality, neonatal mortality and serious brain injury by 2025
- By March 2021, most women receive continuity of the person caring for them during pregnancy, during birth and postnatally, following the launch of continuity of carer teams
- The Saving Babies Lives Care Bundle (SBLCB) will be rolled out across every maternity unit in England, including a focus on preventing pre-term birth and the development of specialist pre-term birth clinics
- Access to evidence-based care for women with moderate to severe perinatal mental health difficulties in the community.

Children and Young Peoples Mental Health Services

- Over the coming decade 100% of children and young people who need specialist mental health care will be able to access it
- Funding for children and young people's mental health services will grow faster than both overall NHS funding and total mental health spending
- By 2023/24, at least an additional 345,000 children and young people aged 0-25 will be able to access support via NHS funded mental health services and school/college-based MH Support Teams
- Current service models will be extended to create a comprehensive offer for 0-25 year olds that reaches across mental health services for children, young people and adults
- A children and young people's transformation programme will be created to oversee the delivery of the children and young people's commitments in the plan
- Improvements in childhood immunisation will be prioritised
- By 2028 transitions will be based on need not age.

Adult Mental Health Services

Our Board should recognise many aspects of the mental health specific requirements as they are a build on the MH 5 Year Forward View

- Investment increases to a further £2.3bn a year by 2023/24
- Waiting times for emergency MH services in place 2020
- New and integrated models of primary and community mental healthcare will give 370,000 adults and older adults with severe mental illnesses greater choice and control over their care and support them to live well in their communities by 2023/24
- By 2023/24 an additional 380,000 people per year will be able to access NICE-approved IAPT services
- By 2023/24, NHS 111 will be the single, universal point of access for people experiencing mental health crisis
- Increase alternative forms of provision for those in crisis, including non-medical alternatives to A&E and alternatives to inpatient admission in acute mental health pathways
- Families and staff who are bereaved by suicide will also have access to post crisis support
- Mental health liaison services will be available in all acute hospital A&E departments and 70% will be at 'core 24' standards in 2023/24, expanding to 100% thereafter
- Introduce mental health transport vehicles, introduce mental health nurses in

ambulance control rooms.

Learning Disability and Autism Services

- The NHS will tackle the causes of morbidity and preventable deaths in people with a learning disability and for autistic people
- Uptake of the existing annual health check in primary care for people aged over 14 years with a learning disability will be improved, so that at least 75% of those eligible have a health check each year
- The STOMP-STAMP programmes will be expanded to stop the overmedication of people with a learning disability, autism or both
- By March 2023/24, inpatient provision will have reduced to less than half of 2015 levels.

We will be working with our local commissioners and system colleagues to understand the phasing of these developments, how they complement existing services and importantly our upcoming work around clinical strategy/model development must take into account planning for these national expectations.

The plan also contains clarity on the direction of travel towards development of Integrated Care Systems (ICS) across all 44 STP footprints by April 2021. Some of the key points of note relating to ongoing development of ICS includes:

- Every ICS will have:
    - A partnership board drawn from commissioners, trusts, primary care networks, local authorities, voluntary and community sector and others
    - A non-executive chair locally appointed and approved by NHSE and NHSI
    - Full engagement with primary care through a named accountable clinical director of each primary care network
    - A single, leaner more strategic CCG for each ICS area
- All providers with an ICS will be required to contribute to ICS performance, underpinned by:
    - Potential new licence conditions supporting providers to take responsibility with system partners, for wider objectives on resource use and population health
    - Longer-term NHS contracts with all providers including care requirements to collaborate to achieve system objectives
    - Changes to align clinical leadership with ICSs including ensuring Cancer Alliances and Clinical Senates align with one or more ICS
    - A new Integrated Care Provider contract will be made available for use from 2019 to be held by public statutory providers
    - A new ICS accountability and performance framework will provide a consistent and comparable set of performance measures, including a new ‘integration index’
- NHSE/I will support CCGs and local authorities to blend health and social care budgets.
- ICSs will agree system wide objectives with the relevant NHSE/I regional director and be accountable for their performance against these objectives

The plan talks about new entities being develop called Primary Care Networks. These networks will cover populations up to circa 50,000 and will be key in delivering the 'how' of the £4.5bn prioritised to boost out of hospital and community care (universal services). In addition the Plan indicates that core community mental health services should be redesigned and reorganised to align with these networks

We shouldn't lose sight of the fact the plan gives a revised timetable for the NHS to return to financial balance: the aggregate provider deficit should reduce each year, and the provider sector as a whole should balance by 2020/21. This is two years later than the aspiration set out in the 2018/19 planning guidance, for the sector to be back in the black by the end of the current financial year. Meanwhile, the number of trusts and commissioners in deficit should also decrease. The number of trusts reporting a deficit in 2019/20 is expected to halve, and all NHS organisations should be in balance by 2023/24.

2. In common with all NHS organisations we have been submitting Workforce Race Equality Standard (WRES) since 2016. As a whole over this period the NHS is seeing 'steady' improvement against a range (but not all) of the 9 WRES indicators. Continued focus and prioritisation is required by Boards to ensure the improvements are more sustainable and more consistent. I am keen to remind our Board that this mission is critical to the achievement of our vision as an organisation. Evidence is clear that tackling workforce race equality improves staff experience, patient outcomes and organisational efficiency.

   Given the importance of this topic for us as a Board I have summarised some of the key findings from the 2018 report:

   - BME Staff make up 19.1% of the workforce of the NHS, 10,407 more than in 2017. This headline increase could hide the fact that BME staff are concentrated in AFC bands 1-4 and under-represented in senior VSM bands with just 6.9% of VSM colleagues being front a BME background. (This is an increase from 2017.) In midlands and East we have seen an increase of 3.9% in BME staff in the workforce.
   - White applicants are 1.45 times more likely to be appointed following shortlisted than BME staff (small improvement) though good to see 32% of all staff shortlisted were from BME backgrounds. Sadly in the midlands and east our appointment rate has slightly worsened.
   - BME staff remain 1.24 times more likely to enter the disciplinary process than white colleagues. In the Midlands and east this figure is 1.12 times more likely.
   - White staff remain relatively more likely to access training that is non mandatory than BME staff. Difficult to quantify as some Trusts don't hold this data however there has been a small improvement from last year but we remain worse across the NHS that we were in 2016.
   - 38.7% of BME staff reported harassment, bullying or abuse from, patients or the public in 2018 – the same as in 2017. This correlates to 27.7% of white staff reporting the same.
   - The number of BME staff reporting bullying, harassment or abuse from other staff alarmingly has increased this year from 26% in 2017 to 27.8% in 2018. This compares to 23.3% for white staff. In Midlands and East the figure has increased from 25.5% to 26.7%.
   - Only 71.5% of BME staff felt their Organisation gave them equal opportunities for career progression compared to 86.6% of white colleagues. This is a

reduction from last year.

- The percentage of BME staff that experienced discrimination in the last 12 months has worryingly increased from 13.8% to 15.0%. This contrasts with 6.6% of white staff directly experiencing bullying at work. This differential existed in 97% of Trusts.
- With respect to Trust Board composition 7.4% of Board members of NHS Trusts are from a BME background – this percentage is increasing and there are 11 more BME Board members this year than last year. However there remains a significant disparity between the 7.4% BME Board members and the 19.1% total BME workforce. This pattern relates to something we see in our Trust which is a reduction in BME colleagues in senior leadership positions most significantly seen at Band 7 and above.

Analyses of WRES data between 2016 and 2018 show continuous improvement across the range of workforce indicators. The three workforce WRES indicators (2, 3 and 4) are beginning to show continuous improvement over time. Much of this improvement can be attributed to the provision of WRES implementation support across the NHS, and in the sharing and implementing evidence-based good practice examples of operational interventions. In our Trust the BME Talent network holds senior leaders to account for the development and delivery of specific action plans to improve these three key areas of leadership performance.

In contrast, the NHS staff survey indicators (5, 6, 7 and 8), which reflects organisational culture, have remained largely unchanged since 2016. These indicators require alternative staff and leadership development methods to be implemented in order to have an impact. Examples of this sort of initiative include the Reverse mentoring Project we have implemented within our Trust.

These national challenges will not be a surprise to our Board having heard first hand from colleagues in our BME Talent network about some of the challenges they face and have faced in their careers. As our staff survey results become public the Board will receive a direct comparison report with the national dataset briefed here.

In addition Board members will be aware that our March Board development session has a specific focus on unintentional bias and we will be joined by members from all of our Networks to discuss this key area.

3. On 21 December 2018 the Department of Health and Social Care released EU Exit Operational Readiness Guidance. The guidance has been developed and agreed with NHS England and Improvement. This guidance sets out the local actions that providers and commissioners of health and adult social care services in England should take to prepare for EU Exit. The Department, with the support of NHS England and Improvement, and Public Health England, has set up a national Operational Response Centre. This will lead on responding to any disruption to the delivery of health and care services in England that may be caused or affected by EU Exit.

   NHS providers and commissioners will be supported by NHS England and Improvement local teams to resolve issues caused or affected by EU Exit as close to the front line as possible.

   The guidance requires all trusts to identify an EU Exit Executive Lead and given the links with Business Continuity for our Trust, Mark Powell, COO will carry out this role. The guidance also recommends all trusts carry out a local EU Exit readiness

assessment that includes a review of seven key areas of risk identified by the Department of Health and Social Care:

- Supply of medicines and vaccines
- Supply of medical devices and clinical consumables
- Supply of non-clinical consumables, goods and services
- Workforce
- Reciprocal healthcare
- Research and clinical trials
- Data sharing, processing and access.

In addition actions associated with business continuity planning, annual leave and on call availability and staff communications are also required.

We have identified Executive Leads for each area defined above and have completed the required risk assessments with table top business continuity testing to occur during February. I can confirm to the Board that as a healthcare provider we remain at low risk of serious implications following a 'no deal' EU Exit with the caveat that centrally led mitigations around medicines and fuel supplies remain robust and effective.

The action matrix for the risk assessments is attached as appendix 1 for the Board's assurance of compliance.

Local Context

4. The Joined up Care Derbyshire (JUCD) Board met on 17 January 2019. Key issues discussed included:

- We discussed plans for the System Leaders OD programme aimed at supporting the development of a leadership culture to support our journey to becoming an Integrated Care System (ICS). We agreed that the programme would consist of three stages:

    - CEOs and Chief officers
    - Executive Teams, STP Central Team and Place clinical leads
    - Chairs and Non Executives

    We agreed this programme would run through Q4 18/19 and Q1 19/20 and an external facilitator familiar with the cultural requirements of an ICS would be sought.

- We agreed the set of 11 principles by which we would operate subject to any minor alterations following the system leadership OD programme.
- We discussed the ambitious planning cycle for 2019/20 and as respective leads of priority work streams (Mental Health/Learning Disability in my case) agreed to work with our work stream teams to provide an outline 'strategic plan on a page' by 31 January.
- We recognised more work was needed with respect to transparently sharing information to support a system approach to contracting and planning for 2019/20 with the hope of avoiding bilateral commissioning discussions. Further discussion on this matter was delegated to the CEO/DoFs meeting to agree a process by which commissioner QIPP, provider CIP and activity assumptions could be shared ahead of the planning deadlines.

- Financially the system remain challenged at month 8 with several providers reporting off plan financial performance and noting difficulties that both providers and commissioners are having achieving CIP/QIPP plans.
- We discussed the setup of the 'engagement committee' that was approved in November reviewing terms of reference. The main point of addition was the need to factor in public governors of all four foundation trusts as a great way to engage local people.

Within our Trust

5. During December along with Caroline Maley, Harinder Dhaliwal and Lynn Dunham, I had the great pleasure of being part of the judging panel for our Christmas decorations 2018 competition. The competition attracted significant interest from both clinical and non-clinical teams and provided the panel with two days of fun traveling around our team bases looking at some of the fantastic and innovative decorations. Many teams reported how much they had enjoyed preparing for the competition and how it had provided a focus for team development. It was a seriously difficult task that resulted in a number of consolation awards with two main winners:
6.
    - Tansley Ward at the Hartington Unit for clinical area
    - Information management, Technology and Records for non-clinical areas

    I understand planning has already commenced for 2019 in some teams!

7. It was a real privilege on 6 December to be invited along with two other Chief Executives and Stacy Johnson from Nottingham University to talk to Chairs and Chief Executives at the NHS Providers Chairs and CEOs event about our experience of Reverse Mentoring. This vital topic was well received with several requests for information following the event. The point of note though was the overwhelming evidence that the project has had on the culture of organisations where it has been delivered. In particular it was noted the impact on 'speaking up' within organisations of having both a project such as reverse mentoring but also the impact of having vibrant and well supported networks.

8. On 12 December supported by Executive and Communication colleagues we held an open meeting for housing residents on the Kingsway site to come and talk to us about any issues they were having living in close proximity to our hospital but also to share information about our services and bust some myths about mental ill health.

    I was pleased with the number of residents who attended and their genuine interest in what we do as a Trust and how we can work together as 'good neighbours'. House builders Kier also attended to update residents on the next phases of their work and both Kier and ourselves agreed to take away some actions in support of creating a cleaner environment.

9. During December and January engagement visits have continued. As well as holding *Ifti on the Road* engagement sessions I have also continued my programme of attending clinical referral meetings and clinician shadowing. Key visits have included:

    - 'On the Road' session at Rivermead, Belper (CAMHS and CLDT)
    - Shadowed Dr Melchizadeck at his clinic at the Resource Centre.
    - 'On the Road' session at the Radbourne Unit
    - Attended Operations meeting at the Radbourne Unit

- Visited all wards and inpatient units on Christmas Eve
- Attended City Substance Misuse clinical Team meeting
- 'On the Road' session at Bay Heath House Chesterfield

The sessions were varied in their outcomes depending on the type of session however some of the key things I noted were:

- The continued growth in complexity of people who are using our services including a shift in the magnitude of risks clinicians are dealing with on a daily basis
- The importance of local decision making and devolving as much accountability to individual teams as possible, included in this is the need for enhanced management and leadership training for team managers (underway and commencing in February)
- Worries about management of change programmes and the role commissioners play in supporting effective change management
- Importance of enabling colleagues to use newly developed skills quickly on return to their teams to preserve the skills and maintain personal motivation
- The real benefit of a structured clinical team meeting with respect to restorative supervision, clinical decision making and risk management – a worry that colleagues may not feel able to prioritise such meetings all the time due to capacity pressures.
- The importance of clinical system interoperability to support clinical safety
- How we support staff on extend leave periods eg maternity, career breaks etc to continue to feel part of the Trust
- Some of the tangible benefits of nurse led clinics and using all our professions as specialists in their own right to enhance outcomes.

All actions from these engagement sessions have been logged on our tracker by our Communications Team and where actions are required these have been shared with the relevant directors.

Strategic considerations	
1) We will deliver **quality** in everything we do providing safe, effective and service user centred care	X
2) We will develop strong, effective, credible and sustainable **partnerships** with key stakeholders to deliver care in the right place at the right time	X
3) We will develop our **people** to allow them to be innovative, empowered, engaged and motivated. We will retain and attract the best staff.	X
4) We will **transform** services to achieve long-term financial sustainability.	X

Assurances

- Our strategic thinking includes national issues that are not immediately in the health or care sector but that could be of high impact.
- The Board can take assurance that Trust level of engagement and influence is high in the health and social care community

- Feedback from staff and members of the public is being reported into the Board
- The Trust is compliant with EU Exit planning guidance issued by the Department for Health and Social Care
- Senior leaders are familiar with the NHS Long Term Plan and processes are underway for building requirements and expectations into the commissioning discussions associated with 2019//20 contracting round.

Consultation

The report has not been to any other group or committee though content has been discussed in various Executive meetings

Governance or Legal Issues

This document presents a number of emerging reports that may become a legal or contractual requirement for the Trust, potentially impact on our regulatory licences

Public Sector Equality Duty & Equality Impact Risk Analysis

The author has a responsibility to consider the equality impact and evidence on the nine protected characteristics (REGARDS people (Race, Economic disadvantage, Gender, Age, Religion or belief, Disability and Sexual orientation)).

There are no adverse effects on people with protected characteristics (REGARDS).	
There are potential adverse effect(s) on people with protected characteristics (REGARDS). Details of potential variations /inequalities in access, experience and outcomes are outlined below, with the appropriate action to mitigate or minimise those risks.	**X**

Actions to Mitigate/Minimise Identified Risks

This document is a mixture of a strategic scan of key policy changes nationally and locally that could have an impact on our Trust and the reporting of internal actions and feedback I have received relating to the strategy delivery.

Any implementation of national policy in our Trust would include a repeat Equality Impact Assessment even though this will have been completed nationally.

Within the report there are clear examples of where risks to inclusion are present. I remain seriously concerned about the pace of change evidenced in this year's Workforce Race Equality Standard report. The report evidences that the cultural change associated with inclusion is the area of the most lack of progress.

That said in our Trust we are developing some great examples of practice that help to ensure we provide care in an inclusive culture:

- The development of thriving inclusion Networks
- Development sessions bringing together inclusion Networks and Senior leaders
- Inclusion Network presentations at the Board
- Board development session facilitated by an expert in unconscious bias

- Adoption of Reverse Mentoring scheme about to be rolled out into phase 2 with core managers
- Attendance at Derbyshire community events such as Pride and Derby City Council BME Network
- Action planning being led by our inclusion networks

As we respond to the NHS 10 year plan and link those requirements into our commissioning discussions we must ensure any equality impact assessment carried out determines a response to the three aims of the general equality duty:

- identifying barriers and removing them before they create a problem,
- increasing the opportunities for positive outcomes for all groups, and
- using and making opportunities to bring different communities and groups together in positive ways.

Where this assessment doesn't happen or if the assessment shows large detriment this will be escalated through the appropriate structures within our Trust.

Recommendations

The Board of Directors is requested to:

1) Scrutinise the report, noting the risks and actions being taken
2) Seek further assurance around any key issues raised.

Report presented by: **Ifti Majid**
Chief Executive

Report prepared by: **Ifti Majid**
Chief Executive

EU Exit Operational Readiness Action Tracker

Summary of actions for Providers

1. Undertake risk-assessment for the following 7 key areas by the end of January 2019;

Key Area identified nationally	Lead Director	Lead Manager	Completed (yes/no)	Comments and / or residual risk
Supply of medicines and vaccines	Mark Powell	Steve Jones	Yes	• No pharmacy department reliance on EU nationals • Government has responsibility for contingency planning of the UK medicines supply chain, NHS organisations are instructed not to stockpile medicines or provide larger prescriptions than usual • If supply shortages occur and cause short term disruption there may be a need for a temporary increase in pharmacy staff resources to dispense smaller quantities at an increased frequency and move stock around the organisation. This may result in delays in some provision of medicines if there is a need to confirm how essential a supply is. • Amounts of medication supplied may be reduced if stock difficulties occur, appropriate advice will be provided to frontline healthcare staff and for patients/carers. • Chief Executive will be informed of any effects on medicines supply that actually

Key Area identified nationally	Lead Director	Lead Manager	Completed (yes/no)	Comments and / or residual risk
				affect patient care to a significant degree. • Available on request: report of forward days' cover of each item on the pharmacy inventory
Supply of medical devices and clinical consumables	Gareth Harry	Richard Houghton	Yes	Evaluation submitted to DH and no residual risks identified.
Supply of non-clinical consumables, goods and services	Gareth Harry	Richard Houghton	Yes	Evaluation submitted to DH and no residual risks identified.
Workforce	Amanda Rawlings	Celestine Stafford	Yes	Risk is deemed minimal due to small amount of EU employees and no concentration of such employees in any particular department. 49 employees in total, although 20 of these are Irish so benefit from a pre-EU more favourable immigration agreement. Employees are not yet under any obligation to advise their employer if they have applied for and received their settled status, but 3 have so far submitted their claim to reclaim their fee.
Reciprocal healthcare	Claire Wright	Rachel Leyland	Yes	The current level of overseas visitors to the Trust is minimal. Current processes would capture any overseas visitors who are subject to payment for healthcare and then those procedures for any claims would be followed
Research and clinical trials	John Sykes	Rubina Reza	Yes	We currently have two Clinical Trials involving Investigational Medicinal Products with 6 patients enrolled in total. Both

Key Area identified nationally	Lead Director	Lead Manager	Completed (yes/no)	Comments and / or residual risk
				Sponsors for these two trials have confirmed via email in December 2018 that they do not expect any disruption to supply of the Investigational Medicinal Products (IMPs). As advised we will continue participating in and/or recruiting patients to clinical trials and investigations up to and from 29 March 2019 unless we receive information to the contrary from a trial Sponsor. A risk assessment has been completed in Datix. In the possible likelihood of there being a disruption to the IMPs, I have estimated this as a moderate clinical impact (risk rating of 9) as numbers are small and all clinical trials are designed to include early termination processes and safe transition back to standard clinical treatment following withdrawal from the IMP. We do not have any EU funded research grants currently.
Data sharing, processing and access	Mark Powell	Peter Charlton	Yes	With regard to Data sharing, processing and access, we do not currently have any routine data processing outside of the UK / EEA. We will also ensure that we consider the impact of Brexit when we have ad hoc requests to transfer patients' records overseas.

2. In addition, the following actions are also required to be completed;

	Lead Director	Lead Manager	Completed (yes/no)	Comments and / or residual risk
Organisational and system wide business continuity plans completed at the latest by the end of January 2019	Mark Powell	Karen Billyeald	No	KB to review BC plan in the next 2 weeks.
Test aforementioned plans by the end of February 2019	Mark Powell	Karen Billyeald	No	See above.
Ensure your board is sighted on EU Exit preparation and take steps to raise awareness amongst staff.	Sam Harrison	Anna Shaw	Current position on Brexit implications reported in CE Report to Trust Board December 2018.	Propose more formal report to Board in Feb 2019 providing assurance on actions underway. Communications to staff to outline work underway to follow guidance and ensure business continuity
Review capacity and activity plans, as well as annual leave, on call and command and control arrangements around the 29 March 2019, but at this point there is no ask to reduce capacity or activity around this time.	Mark Powell	Kath Lane	No	First and second on call rotas reviewed, no residual risk. Ongoing review of Directors and senior manager's annual leave.
Confirm your organisation's Senior Responsible Officer for EU Exit preparation and identify them to your regional EU Exit team as soon as possible. This role should be held by a board level member and will entail providing information returns to NHS England and Improvement, reporting	Mark Powell	Ifti Majid	Yes	MP confirmed as SRO.

	Lead Director	Lead Manager	Completed (yes/no)	Comments and / or residual risk
emerging EU Exit-related problems, and ensuring your organisation has updated its business continuity plan to factor in all potential 'no deal' exit impacts. Organisations should also identify named staff to work in a team with the Senior Responsible Officer to support EU Exit preparation, implementation and incident response.				

Derbyshire Healthcare NHS Foundation Trust
Report to the Public Board of Directors – 5 March 2019

Trust Chair's report to the Board of Directors

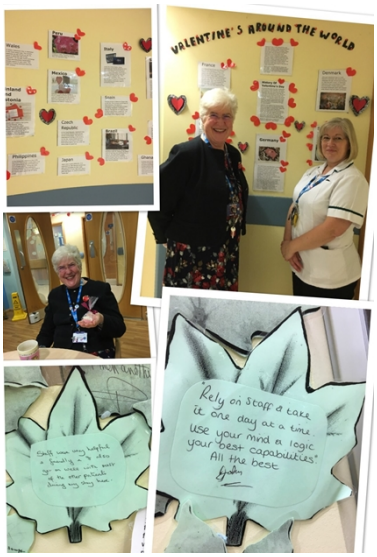
Purpose of Report

This report is intended to provide the Board with the Trust Chair's reflections on my activity with and for the Trust since the previous Board meeting on 5 February 2019 The structure of this report reflects the role that I have as Trust Chair.

Our Trust and Staff

1. I continue to make a point of visiting as many front line services as possible, so that my leadership is grounded on the reality of what our staff face every day, and also to ensure that I have a good understanding of the services provided by the Trust.

2. On 12 February I visited Ward 1 at the London Road Community Hospital where I was met by Nicola Lewis, Occupational Therapist. After walking around the space that we have, I was able to sit with a number of patients undertaking a craft activity, and was pleased to hear their positive views on the ward, their care, and in particular their praise for the staff who work hard to look after them and help them recover. Ward 1 staff were very welcoming and pleased to have had a visit as they can feel isolated from the Trust. I am delighted that Nicola will be joining us at our Board meeting in March.



3. On 14 February, I spent time with the Patient Experience Team reviewing compliments and complaints. There is richness to the information that one gleans from reading a complaint from beginning to end, and it is evident that we look for the lessons to be learned from each one. It also brings to life the challenges that our staff face day to day. The team has been short staffed and there is a backlog in the complaints management, but I was heartened by the positive attitude of new staff to get on and make a positive difference in the work that they do.

Council of Governors

4. On 31 January I joined governors attending a training and development session which was entitled "Induction Part 2". It was aimed at new(er) governors and more established governors reinforcing the role of the governor in community engagement, and also in holding the NEDs (Non-Executive Directors) to account for the performance of the Board. I was joined in the afternoon by Geoff Lewins

(NED) to bring a NED perspective to the afternoon session. Eleven Governors attended the session and feedback has been positive.

5. We have sought nominations for public governors in Chesterfield, Derby City East, Erewash and Surrounding Areas, as well as a medical staff governor. Nominations closed on 30 January. I am pleased to see that all of the constituencies where voting will take place will be contested with some of our current governors standing again. We will be saying farewell to Gillian Hough and Shelley Comery who are not standing again, and thank them for their commitment and support as Governors over the past three years. Elections will close on 18 March and I look forward to welcoming new (and possibly returning) governors to the Trust.

6. The Governance Committee met on 12 February. Carole Riley has been chairing this Committee as interim chair. At this meeting, Kelly Sims and Christine Williamson were appointed as Chair and Deputy Chair of the Committee. The Committee also reviewed the training programme for governors; the Governor Engagement Action Plan and the proposals for the Annual Members Meeting and the issues to be escalated to the Council of Governors due to be held on 5 March. Opportunity was also taken to share with the governors their role in the Trust's annual Quality Report and the indicators which could be selected for audit.

7. On 26 February we are hosting an East Midlands governor networking event for NHS Providers. I will cover this in more detail in my next report.

8. The next meeting of the Council of Governors will be on 5 March after the public Board meeting. The next Governance Committee takes place on 9 April. The next meeting of the Nomination and Remuneration Committee takes place on 13 March. At this meeting, a consolidated report on NED appraisals will be presented.

Board of Directors

9. Board Development on 20 February focussed on the Board Assurance Framework development for 2019/20, and was led by our Internal Auditors. The discussion resulted in a desire and need to relook at our strategy: simplifying it and then building the Board Assurance Framework with a fresh perspective on the risks which will stop us achieving our strategic outcomes and the potential risks which could "derail" us. This should result in a clarity of expectations which can be focussed on by all, from the Board and throughout the Trust. The opportunity was also taken to build on the work that we started at the January Board Development session on the softer / interpersonal skills of the Board, and how we work together to our very best, ensuring that the unitary board is being as effective as it can. It has been beneficial to spend this time with quality conversations and reflection.

10. On 25 February I will join the recruitment panel for the appointment of a new Trust Secretary. Sam Harrison will be leaving the Trust at the end of March. This has been a valuable opportunity to review the role that the Trust needs and

to appoint the best person to take over from Sam who has made a significant contribution to the Trust's overall improvement in governance during her tenure.

11. Board appraisals for all NEDs are now complete with the finalisation of those for Geoff Lewins and Anne Wright. NED appraisals are completed on the anniversary of their appointment and reported to the next planned Nomination and Remuneration Committee of the Council of Governors. This will be held on 13 March.

12. I have met with Margaret Gildea as part of my routine quarterly meetings with NEDs. During these meetings we review performances against objectives set at the beginning of the appointment / review cycle, as well as discuss generally mutual views on the progress of the NED and the Trust.

13. I am pleased with the support and input we have had from Suzanne Overton-Edwards, our NExT director placement with us until June 2018. Suzanne has been providing us with NED support and challenge whilst Julia Tabreham continues to recuperate. We hope that Julia may be able to return to the Board in April, subject to her health continuing to improve.

System Collaboration

14. I attended the JUCD (Joined Up Care Derbyshire) Board on 21 February. There is a provider frustration about the lack of progress in operating as one system and resorting to bilateral contracting negotiations for 2019/20. This came up more than once as a barrier to ensuring that the system can deliver on its vision for Derbyshire. It is also apparent that much of the work is not properly resourced, and the central team does not have the capacity to provide a full project management office (PMO) to support the workstreams. A closing report was tabled from each of the workstreams, and it is evident that there has been a lot of work taking place to move some of the projects forward. However, it is impossible to quantify the financial or quality impacts that these works have had as a whole in the past twelve months. Approval was given to start the recruitment process for an independent chair for the board. This will be covered in more detail in the CEO report.

Regulators; NHS Providers and NHS Confederation and others

15. The quarterly meeting for Chairs in the Midlands and East due to be held on 6 February was cancelled, as Dale Bywater needed to be in London for an NHSI/E meeting. Our regular quarterly meeting with Fran Steel of NHSI due to take place on 19 February was cancelled again. It is apparent with the changes taking place as NHSI and NHSE work more closely together may affect how we interact with our regulators.

Beyond our Boundaries

16. I am taking part in the assessment panels for the Regional Talent Board (Aspire Together). The vision of Aspire Together is to move talent management from individual organisations to a place where it is owned and valued by the whole

system. The first of the assessment days that I took part in was held on 3 December in Leicester. This is a pilot scheme being carried out in the Midlands and East and Dido Harding (Chair of NHSI) has an appetite to move faster with the pilot to identify more potential directors for a national talent pool.

Strategic Considerations	
1) We will deliver **quality** in everything we do providing safe, effective and service user centred care	X
2) We will develop strong, effective, credible and sustainable **partnerships** with key stakeholders to deliver care in the right place at the right time	X
3) We will develop our **people** to allow them to be innovative, empowered, engaged and motivated. We will retain and attract the best staff.	X
4) We will **transform** services to achieve long-term financial sustainability.	X

Assurances

- The Board can take assurance that the Trust level of engagement and Influence is high in the health and social care economy.
- Feedback from staff and other stakeholders is being reported into the Board.

Consultation

This report has not been to other groups or committees.

Governance or Legal Issues

None

Public Sector Equality Duty & Equality Impact Risk Analysis

The author has a responsibility to consider the equality impact and evidence on the nine protected characteristics (REGARDS people (Race, Economic disadvantage, Gender, Age, Religion or belief, Disability and Sexual orientation)).

There are no adverse effects on people with protected characteristics (REGARDS).	x
There are potential adverse effect(s) on people with protected characteristics (REGARDS). Details of potential variations /inequalities in access, experience and outcomes are outlined below, with the appropriate action to mitigate or minimise those risks.	

Actions to Mitigate/Minimise Identified Risks

This report reflects a wide range of activities across the Trust, and consideration relating to ensuring inclusion is embedded in operational work of the Trust. The specific services visited provide support to those with protected characteristics by the nature of their work.

With respect to our work with governors - we work actively to encourage a wide range of nominees to our governor elections, and strive that our Council of Governors is representative of the communities they serve. 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. This includes providing transport for those who may not be able to access public transport due to physical needs, accommodating communication requirements and providing support workers at meetings.

Demonstrating inclusive leadership at Board level

Through the Trust's involvement in the NeXT Director scheme, hosting a placement for Suzanne Overton-Edwards, we are supporting the development of those who may find it more difficult to be appointed as a NED in the NHS.

Recommendations

The Board of Directors is requested to consider the content of this report, and to ask for any clarification or further information.

Report prepared and presented by: **Caroline Maley**
Trust Chair

Derbyshire Healthcare NHS Foundation Trust
Report to Board of Directors - 5 March 2019

Chief Executive's Report to the Public Board of Directors

Purpose of Report

This report provides the Board of Directors with feedback on changes within the national health and social care sector as well as providing an update on developments occurring within our local Derbyshire health and social care community. The report also updates the Board on feedback from external stakeholders such as our commissioners and feedback from our staff. The report should be used to support strategic discussion on the delivery of the Trust strategy.

National Context

1. The Health Foundation has published its third annual NHS workforce trends report called *'A Critical Moment'*. Some of the key findings of the report include:

   - The past year has seen modest growth in the number of full-time equivalent (FTE) staff, with 18,567 more staff in July 2018 compared with a year before – an increase of 1.8%. But this is against a backdrop of more than 100,000 vacancies reported by trusts
   - While there has been continued growth in the number of hospital-based doctors, the number of GPs has fallen by 1.6%
   - More than 1 in 10 nursing posts are vacant in England – 41,000 registered nursing posts vacant
   - Whilst the Long Term Plan continues to reflect the ambition of having more care in local communities workforce numbers in community sectors continue to fall – 1.2% decline this year
   - The numbers in mental health nursing – another priority area – increased by less than 0.5% (172 FTE) over the year to July 2018
   - To address nursing shortages, the government has committed to increasing the number of nurses in training. However, 2018 was the second year in a row in which the number of applications and acceptances for pre-registration nursing degrees in England fell. Across the UK, almost a quarter (24%) of those starting a nursing degree either didn't graduate or failed to do so within the expected timeframe.
   - Another source of new staff is international recruitment. As The NHS Long Term Plan acknowledges, this will remain vital to achieving the overall staffing numbers needed, but it is currently being constrained by broader migration policies and by the uncertainties of Brexit.
   - Improving NHS staff retention is also a priority, but our analysis shows there has been no improvement in retention over the past year.

   This report is being published at a key time for the NHS. The NHS Long Term Plan recognises that the NHS workforce can be the enabler of its objectives. However, the report notes that if the existing workforce shortages and deficits continue, they will severely hinder progress. The themes detailed in this report from the Health Foundation will chime with members of the DHcFT Board, the People and Culture Committee receives regular updates on progress linked with our triple aim of recruit,

retain and develop and the trends detailed here are evident in our progress. The report brings a helpful national context and benchmark as we consider how to frame our people risk for the 2019 Board Assurance Framework.

2. In July 2018, Tom Kark was commissioned to review the scope, operation and purpose of the Fit and Proper Persons Test (FPPT). The review has now concluded and I have set out the key findings below:

   - The test only applies to providers there was a clear view it should apply to commissioners and arm's-length bodies (ALBs) such as NHS Improvement (NHSI) and NHS England (NHSE)
   - The focus has been on areas such as bankruptcy and criminal records testing with less clarity or rigour often applied to competency, experience and qualifications
   - FPPT information held by organisations is very varied
   - Some Trusts had used FPPT to remove Directors even if formal disciplinary proceedings didn't conclude that was appropriate
   - There is lack of consistency as to if FPPT applies beyond the Board
   - There is confusion and problems with the word 'privy' as it is associated to serious misconduct as in many cases whole Boards are privy to issues as they are briefed on it
   - The way the CQC checks for FPPT could lead to false assurance in that the CQC regulates the processes that are in place but doesn't regulate individual Directors
   - Trusts have reported difficulty in getting historical information about Directors.

   The review has made seven broad recommendations of which the first two have immediately been accepted by the Secretary of State and Baroness Harding has been asked to review the other five recommendations with respect to implementation. The recommendations are:

   - All directors must meet specific standards of competence to sit on the board of any health organisation
   - A central database should be developed to hold relevant information about all directors
   - Full, honest and accurate employment references must be required for all directors
   - The FPPT should be extended to all ALBs and commissioning organisations
   - An organisation should be set up with the power to suspend and disbar directors who have committed serious misconduct
   - Remove the words 'privy' in the requirement relating to serious misconduct
   - Consider how FPPT applies to social care organisations

   I was pleased that the review made the distinction between directors who had areas where they needed to develop or were under too much pressure from being classed as failing the FPPT due to serious misconduct. It is also positive that the review steered away from increasing formal central regulation leaving the core requirement sitting with boards.

   Our Board of Directors will consider the recommendations in full in the appropriate setting to review our current policy in light of the recommendations. It should be noted that our current policy is extensive and already covers areas such as full employment

history, references and social media searches.

Local Context

3. 14 February was our local Derbyshire Health and Social Care system combined stocktake meeting with NHS Improvement and NHE England. The purpose of the meeting was to understand the trajectory to contract sign off and planning submissions as well as to understand our expected journey towards becoming an integrated care system.

   In essence the feedback fell into three distinct areas:

   - Some positive feedback around enablers of more joined up system delivery such as estates and information and some examples of broadening system expertise eg GP training around suicide prevention
   - A need for the system to adopt different approaches to planning and contracting that move us away from traditional bilateral negotiations to seeking solutions that include multiple providers and new types of contracts
   - Positive feedback around our proposed outcome based performance monitoring approach and the development of Place Alliance Groups.

4. The Joined up Care Derbyshire (JUCD) Board met on 21 February. Key issues discussed included:

   - Following the guidance in the long Term Plan we agreed and approved the appointment of an independent chair for JUCD. This role we now go out to national advert
   - It was positive to hear that the Derbyshire system has received £220k to support GP retention
   - A detailed conversation about the need to fundamentally shift the way we operate with respect to transparency and collaboration linked to the creation of a single system plan.
   - I was pleased to note the Dementia Rapid Response Team getting a specific mention as a development that epitomised new ways of working. A move of staff from inpatient care in one organisation to delivering community care close to home in another. We noted the biggest risk to continuing to progress many of the ongoing workstream work is capacity and ability for organisations to release staff from historical ways of working particularly around contracting.
   - We received and discussed the vision for GP Services over the next 10 years in Derbyshire called ‘Vibrant General Practice for Derbyshire’ with three key goals:
     - Right Clinician, right place, right time
     - Investment in Patients
     - General Practice wellbeing
   - We reviewed the bed modelling assumptions and predictions that were included in the original STP plan submission. Perhaps unsurprisingly given the pressure we see day to day the revised modelling suggests the system will need more beds going forward without significant interventions to develop new models of care.

Within our Trust

5. We have commenced the roll out of our new leadership and management development offer called Leading Team Derbyshire Healthcare. The initial launch session led by myself, Amanda Rawlings and Claire Wright, supported by other executives will need to be attended by some 600 colleagues who are in leadership and management roles. The purpose of this first session is about discussing why a change in leadership and management approach is needed, style expectations and the current environment we are operating in. We also introduce colleagues to the leadership and management development offer that we have developed within the Trust. The plan is to complete a couple of sessions a week through the next twelve weeks. Early feedback from the sessions completed so far has been very positive and levels of engagement through the session have been high.

6. Our Staff Forum met on 13 February with discussion being had around three key areas:

   - Mileage rates and travel pressures
   - E-learning
   - Communications methods, approach and responsibilities.

   The Forum also had some important discussions about how we continue to develop its role one year in. We discussed some of the great successes, mileage being one of them where colleagues from the Forum raised mileage reimbursement as an issue, work was done to understand alternatives and this was approved by formal consultative committees and fed back to the staff forum.

7. January and February saw the start of our work to develop improvement strategies for each of our clinical areas. Starting with Older People's Mental Health (OPMH), across two days, over 50 frontline clinicians, patients and carers came together to consider and agree the common purpose of the service and the big and small ideas that would improve our services and mean they can adapt to the needs of patients over the coming three to five years.

   Big themes coming out of the OPMH sessions included: the need for parity between services across the county; the need to work more closely with DCHS (Derbyshire Community Health Foundation Trust) services; the potential benefits of co-locating inpatient services together and the need to develop the workforce to be able to fully meet the mental health and physical health needs of older people.

   Around 30 improvement ideas were developed through the two days, with the wider engagement of other team members in the week between the events. Following on from here, a small group of clinicians will work together to develop the strategy, test it with stakeholders and then bring to Board for agreement and then on to implementation.

   The governance arrangements around the implementation of the strategies are in development and will be discussed in future updates.

   The Working Age Adults sessions are currently being run and similar processes are planned for all our other clinical areas, running through to June

8. On 20 February I met with Dr Paula Holt, Pro Vice Chancellor, Dean at the College of Health and Social Care, University of Derby. It was helpful to understand opportunities for our Trust colleagues to take advantage of development programmes within the

faculty that support new models of care such as nursing apprenticeships but also to spend time considering how as we move towards an integrated care system we should include education and development establishments in our thinking. I was also able to share some concerns relating to our Workforce Race Equality Standard data that shows a gap in colleagues from BME Backgrounds working in senior leadership and management roles within the Trust and how we could develop expectations in our students relating to career progression. I am delighted we have agreed to do some further work together on this vital area.

9. I met with Amanda Solloway (ex local MP) who now runs a Charity called Head High. One of the projects that we have supported as a Trust is the setup of a night café known as the Night Bus. The Night Bus is open from 10pm until 2am every night and is a safe warm place for people with mental health worries to go along to and be with other people. The Night Bus launched mid-January and is already proving popular with six or seven different people attending every night. We will continue to support what is a fantastic community venture by providing volunteers with training and supervision. Board members will make the link with the information about the NHS Long Term Plan I presented last month as one of the expectations in that was for the development of mental health night cafes.

10. During February engagement visits have continued. I have held *Ifti on the Road* engagement events at the Ritz in Matlock and Corbar View in the High Peak. I also attended the Clinical team meeting at the adult mental health team in Buxton.

    Key themes that emerged from these sessions included:

    - How we support front of house colleagues where they may be alone in buildings
    - Issues around mileage travel and inefficiencies in Derbyshire wide approaches around room sharing
    - Difficulties of providing support to people with multiple complex mental health needs in a highly rural area
    - Lack of full community forensic team
    - Greater efficiencies could be gained from record sharing particularly with primary care
    - A notable shift in referral expectations from primary care

    Feedback from each visit has been logged on our engagement spreadsheet, actions allocated and shared with our freedom to speak up guardian.

Strategic considerations	
1) We will deliver **quality** in everything we do providing safe, effective and service user centred care	X
2) We will develop strong, effective, credible and sustainable **partnerships** with key stakeholders to deliver care in the right place at the right time	X
3) We will develop our **people** to allow them to be innovative, empowered, engaged and motivated. We will retain and attract the best staff.	X

4) We will **transform** services to achieve long-term financial sustainability.	X

Assurances

- Our strategic thinking includes national issues that are not immediately in the health or care sector but that could be of high impact
- The Board can take assurance that Trust level of engagement and influence is high in the health and social care community
- Feedback from staff and members of the public is being reported into the Board

Consultation

The report has not been to any other group or committee though content has been discussed in various Executive meetings

Governance or Legal Issues

This document presents a number of emerging reports that may become a legal or contractual requirement for the Trust, potentially impact on our regulatory licences

Public Sector Equality Duty & Equality Impact Risk Analysis

The author has a responsibility to consider the equality impact and evidence on the nine protected characteristics (REGARDS people (Race, Economic disadvantage, Gender, Age, Religion or belief, Disability and Sexual orientation)).

There are no adverse effects on people with protected characteristics (REGARDS).	
There are potential adverse effect(s) on people with protected characteristics (REGARDS). Details of potential variations /inequalities in access, experience and outcomes are outlined below, with the appropriate action to mitigate or minimise those risks.	x

Actions to Mitigate/Minimise Identified Risks

This document is a mixture of a strategic scan of key policy changes nationally and locally that could have an impact on our Trust and the reporting of internal actions and feedback I have received relating to the strategy delivery.

Any implementation of national policy in our Trust would include a repeat Equality Impact Assessment even though this will have been completed nationally.

The two national strategic documents discussed in the report have the potential to contribute to ‘closing the gap’ within our WRES data that was discussed at the Board last month, in particular a focus on varied recruitment methods targeted at local communities could have a high impact on recruiting a more diverse and inclusive workforce – not just relating to BME communities. However there are risks that with any increase in perceived centralisation of process eg for Board level appointments this could lead to a reduction in both applicants and successful appointments from diverse communities.

To tackle some of these risks requires targeted action and our new leadership and management programme discussed within the paper provides that direct action as

does the consideration of access through our local communities within our clinical strategy work.

Any equality impact assessment carried out will determine a response to the three aims of the general equality duty:

- Identifying barriers and removing them before they create a problem
- Increasing the opportunities for positive outcomes for all groups, and
- Using and making opportunities to bring different communities and groups together in positive ways.

Recommendations

The Board of Directors is requested to:

1) Scrutinise the report, noting the risks and actions being taken
2) Seek further assurance around any key issues raised.

Report presented by: **Ifti Majid**
Chief Executive

Report prepared by: **Ifti Majid**
Chief Executive

Governor Meeting Timetable 2019/2020

DATE	TIME	EVENT	LOCATION
5/3/19	9.30am onwards	Trust Board Meeting	Conference Room A&B Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
5/3/19 *	12.30-1.30pm	Governors informal meeting – to discuss Quality Indicators for the Council of Governors meeting in the afternoon – 5/3/19	Meeting Room 2, Albany House, Kingsway Hospital Site, Kingsway Derby, DE22 3LZ
5/3/19	2.00pm onwards	Council of Governors meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
19/3/19 *	2.00-3.30pm	Governor meeting - involvement in the Annual Planning preparation	Meeting Room 1, Albany House, Kingsway Hospital Site, Kingsway, Derby DE22 3LZ
2/4/18	9.30am onwards	Trust Board Meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
9/4/19	10.00am-12.30pm	Governance Committee	Meeting Room 1, Albany House Kingsway Hospital Site, Kingsway, Derby DE22 3LZ
18/4/19	10am-1.30pm	Governor training and development session – Finance and Contracting	Meeting Room 1, Albany House Kingsway Hospital Site, Kingsway, Derby DE22 3LZ
7/5/19	9.30am onwards	Trust Board Meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
7/5/19	2.00pm onwards	Council of Governors meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
4/6/19	9.30am onwards	Trust Board Meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
12/6/19	10.00am-12.30pm	Governance Committee	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
12/6/19	1.30pm-5pm	Governor training and development session – public engagement workshop	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
2/7/19	9.30am onwards	Trust Board Meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
2/7/19	2.00pm onwards	Council of Governors meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
6/8/19	10.00am-12.30pm	Governance Committee	Meeting Room 1, Albany House Kingsway Hospital Site, Kingsway, Derby DE22 3LZ

3/9/19	9.30am onwards	Trust Board Meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
3/9/19	2.00pm onwards	Council of Governors meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
*11/9/19	Afternoon – time TBC	Annual Members' Meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
1/10/19	9.30am onwards	Trust Board Meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
10/10/19	10.00am-12.30pm	Governance Committee	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
16/10/19	1.30-4.30pm	CoG and Board joint session – topic to be confirmed	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
*31/10/19	1.30-5pm	Governor training and development session – Mental Health Act	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
5/11/19	9.30am onwards	Trust Board Meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
5/11/19	2.00pm onwards	Council of Governors meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
3/12/19	9.30am onwards	Trust Board Meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
10/12/19	10.00am-12.30pm	Governance Committee	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
7/1/20	2.00pm onwards	Council of Governors meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
4/2/20	9.30am onwards	Trust Board Meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
11/2/20	10.00am-12.30pm	Governance Committee	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
3/3/20	9.30am onwards	Trust Board Meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
3/3/20	2.00pm onwards	Council of Governors meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
7/4/20	10.00am-12.30pm	Governance Committee	Training room 1 & 2, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
9/6/20	10.00am-	Governance Committee	Conference Room A&B, Centre for

	12.30pm		Research & Development, Kingsway Site, Derby DE22 3LZ
9/6/20	1.30 – end time TBC	Governor training and development session. Topics to be confirmed	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
11/8/20	10.00am-12.30pm	Governance Committee	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ

* denotes new meetings/dates

Derbyshire Healthcare
NHS Foundation Trust

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST TERMS	
NHS Term / Abbreviation	**Terms in Full**
A	
A&E	Accident & Emergency
ACCT	Assessment, Care in Custody & Teamwork
ACE	Adverse Childhood Experiences
ACP	Accountable Care Partnership
ACS	Accountable Care System (now known as ICS)
ADHD	Attention Deficit Hyperactivity Disorder
AfC	Agenda for Change
AHP	Allied Health Professional
ALB	Arms-length body
AMHP	Approved Mental Health Professional
ASD	Autism Spectrum Disorder
ASM	Area Service Manager
B	
BAF	Board Assurance Framework
BMA	British Medical Association
BAME	Black, Asian & Minority Ethnic group
C	
CAMHS	Child and Adolescent Mental Health Services
CASSH	Care & Support Specialised Housing
CBT	Cognitive Behavioural Therapy
CCG	Clinical Commissioning Group
CCT	Community Care Team
CDMI	Clinical Digital Maturity Index
CEO	Chief Executive Officer
CGA	Comprehensive Geriatric Assessment
CIP	Cost Improvement Programme
CMDG	Contract Management Delivery Group
CMHT	Community Mental Health Team
CNST	Clinical Negligence Scheme for Trusts
COAT	Clinical Operational Assurance Team
COF	Commissioning Outcomes Framework
COG	Council of Governors
CPA	Care Programme Approach
CPD	Continuing Professional Development
CPN	Community Psychiatric Nurse
CPR	Child Protection Register
CQC	Care Quality Commission
CQI	Clinical Quality Indicator
CQUIN	Commissioning for Quality Innovation
CRB	Criminal Records Bureau
CRG	Clinical Reference Group
CRS	(NHS) Care Records Service
CRS	Commissioner Requested Services
CTO	Community Treatment Order

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST TERMS	
NHS Term / Abbreviation	**Terms in Full**
CTR	Care and Treatment Review
D	
DAT	Drug Action Team
DBS	Disclosure and Barring Service
DfE	Department for Education
DHCFT	Derbyshire Healthcare NHS Foundation Trust
DIT	Dynamic Interpersonal Therapy
DNA	Did Not Attend
DH	Department of Health
DoLS	Deprivation of Liberty Safeguards
DPA	Data Protection Act
DRRT	Dementia Rapid Response Team
DTOC	Delayed Transfer of Care
DVA	Derbyshire Voluntary Action (formerly North Derbyshire Voluntary Action)
DWP	Department for Work and Pensions
E	
ECT	Enhanced Care Team
ECW	Enhanced Care Ward
ED	Emergency Department
EDS2	Equality Delivery System 2
EHIC	European Health Insurance Card
EHR	Electronic Health Record
EI	Early Intervention
EIA	Equality Impact Assessment
ELT	Executive Leadership Team
EMDR	Eye Movement Desensitising & Reprocessing Therapy
EMR	Electronic Medical Record
EPR	Electronic Patient Record
ERIC	Estates Return Information Collection
ESR	Electronic Staff Record
EWTD	European Working Time Directive
F	
FBC	Full Business Case
FOI	Freedom of Information
FFT	Friends and Family Test
FSR	Full Service Record
FT	Foundation Trust
FTN	Foundation Trust Network
F&P	Finance and Performance
5YFV	Five Year Forward View
G	
GDPR	General Data Protection Regulation
GGI	Good Governance Institute
GMC	General Medical Council
GP	General Practitioner

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST TERMS	
NHS Term / Abbreviation	**Terms in Full**
GPFV	General Practice Forward View
H	
HEE	Health Education England
HES	Hospital Episode Statistics
HoNOS	Health of the Nation Outcome Scores
HSCIC	Health & Social Care Information Centre
HSE	Health and Safety Executive
HWB	Health and Wellbeing Board
I	
IAPT	Improving Access to Psychological Therapies
ICS	Integrated Care System (formerly ACS)
ICT	Information and Communication Technology
ICU	Intensive Care Unit
IDVAs	Independent Domestic Violence Advisors
IG	Information Governance
IM&T	Information Management and Technology
IPP	Imprisonment for Public Protection
IPR	Individual Performance Review
IPT	Interpersonal Psychotherapy
J	
JNCC	Joint Negotiating Consultative Committee
JTAI	Joint Targeted Area Inspections
JUCB	Joined Up Care Board
JUCD	Joined Up Care Derbyshire
K	
KPI	Key Performance Indicator
KSF	Knowledge and Skills Framework
L	
LA	Local Authority
LCFS	Local Counter Fraud Specialist
LD	Learning Disablities
LHP	Local Health Plan
LHWB	Local Health and Wellbeing Board
LOS	Length of Stay
M	
MARS	Mutually Agreed Resignation Scheme
MAU	Medical Assessment Unit
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.
MCA	Mental Capacity Act

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST TERMS	
NHS Term / Abbreviation	**Terms in Full**
MDA	Medical Device Alert
MDM	Multi-Disciplinary Meeting
MDT	Multi-Disciplinary Team
MFF	Market Forces Factor
MHA	Mental Health Act
MHIN	Mental Health Intelligence Network
MHIS	Mental Health Investment Standard
MHRT	Mental Health Review Tribunal
MSC	Medical Staff Committee
N	
NCRS	National Cancer Registration Service
NED	Non-Executive Director
NICE	National Institute for Health and Care Excellence
NHS	National Health Service
NHSI	National Health Service Improvement
O	
OBC	Outline Business Case
ODG	Operational Delivery Group
OP	Out Patient
OSC	Overview and Scrutiny Committee
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
PHE	Public Health England
PICU	Psychiatric Intensive Care Unit
PID	Project Initiation Document
PLIC	Patient Level Information Costs
PMLD	Profound and Multiple Disability
PPT	Partnership and Pathway Team
PREM	Patient Reported Experience Measure
PROMS	Patient Reported Outcome Measure
Q	
QAG	Quality Assurance Group
QC	Quality Committee
QIA	Quality Impact Assessment
QIPP	Quality, Innovation, Productivity Programme
R	
RAID	Rapid Assessment, Interface and Discharge
RCGP	Royal College of General Practitioners
RCI	Reference Cost Index

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST TERMS	
NHS Term / Abbreviation	**Terms in Full**
REGARDS	Race, Economic disadvantage, Gender, Age, Religion or belief, Disability and Sexual orientation
RTT	Referral to Treatment
S	
SAAF	Safeguarding Adults Assurance Framework
SBARD	Situation, Background, Assessment, Recommendation and Decision (SBARD) tool
SBS	Shared Business Services
SEND	Special Educational Needs and Disabilities
SI	Serious Incidents
SLA	Service Level Agreement
SLR	Service Line Reporting
SOC	Strategic Options Case
SOF	Single Operating Framework
SPOA	Single Point of Access
SPOE	Single Point of Entry
SPOR	Single Point of Referral
STEIS	Strategic Executive Information System
STF	Sustainability and Transformation Fund
STP	Sustainability and Transformation Partnership
S(U)I	Serious (Untoward) Incident
T	
TARN	Trauma Audit and Research Network
TCP	Transforming Care Partnerships
TCS	Transforming Community Services
TDA	Trust Development Authority
TMT	Trust Management Team
TUPE	Transfer of Undertakings (Protection of Employment) Regulations 1981
TMAC	Trust Medical Advisory Committee
W	
WTE	Whole Time Equivalent