

MEETING OF THE COUNCIL OF GOVERNORS

Tuesday 2 May 2017
NED & Governor Lunch at 12.00
Meeting Commences at 1.00 pm
Belper Football Club, Christchurch Meadow, Bridge St, Belper DE56 1BA

AGENDA

SUBJECT MATTER		ENC	LED BY	TIME
1.	Welcome, introductions and Chair's Opening Remarks Apologies and Declaration of Interests	-	Caroline Maley	1:00
2.	Submitted questions from members of the public	-	Caroline Maley	1:05
3.	Minutes of meeting held 7 March 2017	A	Caroline Maley	1:15
4.	Matters Arising and Actions Matrix	B	Caroline Maley	1:20
5.	Chief Executive's Report <ul style="list-style-type: none"> Update on DCHS and DHcFT Integrated Working 	C	Ifti Majid	1.30
HOLDING TO ACCOUNT & STATUTORY ROLES & RESPONSIBILITIES				
6.	Non-Executive Director Update – Quality Deep Dive	D	Julia Tabreham	2.00
B R E A K 2.30 – 2.40				
7.	Integrated Performance Report (as presented to the Board on 26 April 2017)	E	Claire Wright	2.40
8.	Governance Improvement Action Plan Update (as presented to the Board on 26 April 2017)	F	Sam Harrison	2.50
9.	Report from the Governance Committee of meetings held on 15 March and 13 April 2017	G	Gillian Hough	3.00
10.	Report from the Governor Nomination & Remuneration Committee held on 25 April 2017	Verbal	Caroline Maley	3.10
11.	Protocol for governor attendance at Board committees	H	Sam Harrison	3.20
12.	Ratified minutes of Public Board Meetings held on 11 January 2017 and 1 February 2017 Note of Confidential Council of Governors Meeting held on 6 April 2016	I J	Caroline Maley Caroline Maley	3.30
13.	Any Other Business	-	Caroline Maley	3.40
14.	Meeting Effectiveness	-	Caroline Maley	3.50
15.	Close – at 4:00pm	-	Caroline Maley	4.00

FOR INFORMATION

- I. Governor Meeting Timetable
- II. Glossary of NHS Terms

K

Next Public Meeting:-1:00 pm – Tuesday 18 July, Conference Rooms A&B, Centre for Research & Development, Kingsway site.

**MEETING OF THE COUNCIL OF GOVERNORS
HELD IN PUBLIC SESSION**

TUESDAY 7 MARCH 2017

**ILKESTON RESOURCE CENTRE, ILKESTON COMMUNITY HOSPITAL
HEANOR ROAD, ILKESTON, DE7 8LN**

THE MEETING OPENED AT 1.00 PM AND CLOSED AT 3.40 PM

PRESENT	Caroline Maley	Acting Trust Chair
GOVERNORS PRESENT	Shelly Comery	Public Governor, Erewash North
	Rosemary Farkas	Public Governor, Surrounding Areas
	Sarah Gray	Staff Governor, Nursing & Allied Professions
	Ruth Greaves	Public Governor, Derbyshire Dales
From 2017/022	Jason Holdcroft	Staff Governor, Medical & Dental
	Paula Holt	Appointed Governor, University of Derby
	Gillian Hough	Public Governor, Derby City East
	Moir Kerr	Public Governor, Derby City West
	Lynda Langley	Public Governor, Chesterfield North
	John Morrissey	Public Governor, Amber Valley South
	Kevin Richards	Public Governor, South Derbyshire
	Carole Riley	Public Governor, Derby City East
	April Saunders	Staff Governor, Nursing & Allied Professions
	Helen Sentence	Public Governor, Erewash South
	Kelly Sims	Staff Governor, Admin & Allied Support Staff
	Alan Smith	Public Governor, Chesterfield South
	David Wilcoxson	Public Governor, Amber Valley North
IN ATTENDANCE	Denise Baxendale	Communications & Involvement Manager
Items 2017/017 - 021	Ian Barber*	Grant Thornton (External Auditor)
	Donna Cameron	Assistant Trust Secretary (Note Taker)
	Margaret Gildea	Non-Executive Director/Senior Independent Director
	Carolyn Green*	Director of Nursing & Patient Experience
	Sam Harrison	Director of Corporate Affairs & Trust Secretary
	Ifiti Majid	Acting Chief Executive
	Mark Powell	Acting Chief Operating Officer
	Amanda Rawlings	Interim Director of People & Organisational Effectiveness
	Rehana Shaheen	Support Worker to Moira Kerr
	Anna Shaw	Deputy Director of Communications & Involvement
	Dr Julia Tabreham	Non-Executive Director
	Maura Teager	Non-Executive Director
	David Wardham	Member of the Public
	Dr Anne Wright	Non-Executive Director
	Claire Wright	Director of Finance and Deputy Chief Executive
	Richard Wright	Non-Executive Director
From 2017/022	Lynn Wilmott-Shepherd	Interim Director of Strategic Development
APOLOGIES	Diane Froggatt	Appointed Governor, Derby City Council
	Alexandra Hurst	Public Governor, High Peak
	Paula Lewis	Public Governor, Derby City West
	Barry Mellor	Non-Executive Director
	Gemma Stacey	Appointed Governor, University of Nottingham
	Dr John Sykes	Executive Medical Director

DHCFT/Gov/ 2017/017	<u>WELCOME, INTRODUCTIONS, OPENING REMARKS, APOLOGIES & DECLARATIONS OF INTEREST</u>
--------------------------------	---

The Chair opened the meeting at 1.00 pm and welcomed attendees,

	<p>including the new governors, to Ilkeston Resource Centre. The location had been chosen following a request from governors to rotate the Council of Governors meetings around the Trust's geography. The next meeting will be held at Belper Football Club.</p> <p>Apologies were noted as above.</p> <p>No declarations of interests were received.</p> <p>Item 12, Recommendation to Dismiss a Governor had been withdrawn following receipt of the governor's resignation.</p>
DHCFT/Gov/ 2017/018	<p><u>SUBMITTED QUESTIONS FROM MEMBERS OF THE PUBLIC</u></p> <p>Members had all been notified of the meeting and offered the opportunity to submit questions to the Council of Governors (CoG). No questions had been received. One member of the public was noted to be in attendance but with no questions for the Council of Governors.</p>
DHCFT/Gov/ 2017/019	<p><u>MINUTES OF THE MEETING HELD ON 19 JANUARY 2017</u></p> <p>A revision was requested to a response made by Dr Julia Tabreham to the Acting Chief Executive's report. This will be agreed between Carolyn Green and Donna Cameron and the minutes amended.</p> <p>With no further comments, the minutes of the previous meeting were accepted as a correct record subject to the amendment as outlined above.</p>
DHCFT/Gov/ 2017/020	<p><u>MATTERS ARISING & ACTIONS MATRIX</u></p> <p>There were no matters arising from the minutes of the meeting held on 19 January 2017.</p> <p>Updates on progress were noted directly on to the matrix. Two updates were highlighted:</p> <p>Governor Visits Issues were raised at the Governance Committee regarding the protocol for governor visits. Carolyn Green will be benchmarking the protocol and reporting back to the Governance Committee. Action is closed from Council of Governors.</p> <p>Chief Executive's Report Ifti Majid sought clarification from governors regarding their request for information on Standard 2: Time to Consultant Review and Lead for Inter-Agency Investigation on Deaths.</p> <p>ACTION: Following discussion it was agreed that a development session will be arranged for governors on the broader process for Serious Incidents, deaths and the complex reporting associated with that. It was suggested that this be incorporated into the session already agreed to be led by the Medical Director on 21 September 2017.</p>

<p>DHCFT/Gov/ 2017/021</p>	<p><u>SELECTION OF QUALITY INDICATORS</u></p> <p>Carolyn Green introduced Ian Barber of Grant Thornton, the Trust's External Auditors.</p> <p>It is a formal duty of the Council of Governors to take advice from the auditors to understand their choice of indicators and formally vote on the selection of indicators. The indicators are set by NHS Improvement. There are two categories; mandated indicators and local indicators. Findings will be reported to the Council of Governors.</p> <p>Maira Kerr suggested that the Council of Governors would wish to select an indicator independently, unrelated to the Quality Account, for review. It was agreed that this could be considered in line with available internal audit capacity. Governors requested more information on the Care Programme Approach and Mark Powell offered to lead a development session on this for them.</p> <p>Sam Harrison reminded governors that the Quality Account will be discussed at the April Governance Committee. Governors have a duty to review the content and collectively, as a group, submit their view as to if they consider the Quality Account to be representative and this will be coordinated through the Committee.</p> <p>ACTION: Development session on the Integrated Performance Report to be scheduled for delivery by Mark Powell.</p> <p>RESOLVED: The Council of Governors, based on previous years' audits and a recommendation from External Audit, agreed to select the following indicators</p> <p>Mandated Indicators</p> <ol style="list-style-type: none"> 1. 100% enhanced care programme approach patients receiving follow-up contact within seven days of discharge from hospital. 2. Minimising delayed transfers of care. <p>Local Indicator</p> <ol style="list-style-type: none"> 3. Patients who have had a review of their care plan in the last 12 months.
<p>DHCFT/Gov/ 2017/022</p>	<p><u>ACTING CHIEF EXECUTIVE'S REPORT</u></p> <p>Ifti Majid delivered his update report to the Council of Governors which included feedback on changes within the national health and social care setting, as well as providing an update on developments occurring within the local health and social care community.</p> <p>The Policing & Crime Bill has received Royal Assent and will now become an Act of Parliament. This was reviewed by the Mental Health Act Committee on 3 March 2017 and key impacts on mental health are detailed in the report. A full briefing will be produced, once guidance has been issued, for staff, carers and service users. Dr Anne Wright assured governors that the Mental Health Act Committee will be kept informed and expects to receive a report on the implications of the Bill. Gillian Hough requested that the Trust follow up on the governor vacancy of an appointed Derbyshire Constabulary governor. Sam Harrison confirmed that the Chief</p>

	<p>Constable had been approached during 2016 and had responded that they are unable to take up governor roles but she will review previous correspondence from the Trust on this issue. Ifti Majid advised that the information regarding Crisis Concordat will be shared with governors. The Trust has corresponded with NHS Improvement regarding planning for the 2017-19 contracting round and the assurance of mental health investment.</p> <p>Current areas of pressure within clinical services were noted, particularly community team capacity and associated waiting lists.</p> <p>An update on the STPs will be scheduled for a future meeting.</p> <p>RESOLVED: The Council of Governors noted the content of the Acting Chief Executive's report.</p> <p>ACTION:</p> <ol style="list-style-type: none"> 1. Sam Harrison to review the request to Derbyshire Constabulary for a named appointed governor. 2. Crisis Concordat information to be shared with governors. (Post Meeting Note – Development Session to be arranged) 3. Update on STPs to be scheduled to the Council of Governors.
DHCFT/Gov/ 2017/023	<p><u>COLLABORATION WITH DCHS</u></p> <p>Caroline Maley reminded those present that the first step in the collaboration process with Derbyshire Community Healthcare NHS Foundation Trust (DCHS) had been the development of the Strategic Options Case (SOC), as presented to the Council of Governors to Board Session on 27 October. At the Council of Governors on 24 November 2016 governors' questions regarding the SOC and its recommendations were addressed. At the Council of Governors on 19 January 2017 governors received a summary document of the current status of the acquisition with clarity on roles and responsibilities.</p> <p>Since that time there had been on-going discussions with DCHS. The first meeting of the Joint Integration Board is scheduled for 8 March 2017 where the outline business case and full business case process will be reviewed. A procurement process has been followed to appoint consultants to support parts of the acquisition work. Individual workstreams, including governance, workforce, and Finance, have begun to meet to set their programmes of work.</p> <p>Caroline Maley reported that the appointment period of the Chair of DCHS has been extended, and the Chair will be in place through to November 2020. Under transaction rules, the Chair of the acquiring organisation will be the Chair going forward post acquisition. Governors were disheartened to learn that they would not be involved in the appointment of the Chair of the future organisation. John Morrissey noted that the Council of Governors papers on the DCHS website had not been published since September 2016 and therefore it was not possible for members of the public to view this information or activity. This information will be clarified for governors.</p> <p>Ifti Majid clarified that the process of the acquisition had been agreed through the Strategic Options Case. At the point that the application is made</p>

and granted by NHS Improvement for the acquisition, Derbyshire Healthcare NHS Foundation Trust will 'fall away'. Specifically this means that the Council of Governors, the Board, the constitution and the Foundation Trust status falls away and the new organisation emerges with an expanded constitution that reflects the constituencies being served.

Ifti Majid reminded governors of their pivotal role in the acquisition process. Governors will receive information from the Board in order to hold the Non-Executive Directors (NEDs) to account for the process and the transaction. Governors need to assure themselves that they have received information that the needs of members in their constituencies have been fully taken into account and the public consulted where necessary. The Board will work with governors to ensure they receive the right information in order to do that. Governors are also required to be satisfied that the Board has been thorough in the process of developing the recommendation for making the application for the transaction and proper due diligence has been carried out. NHS Improvement says that consent should not be withheld by governors for the acquisition if this has been done.

The Board will continue to seek from governors their thoughts and input to ensure they are receiving all the necessary information they require to make a decision. The next step is receipt of the outline business case followed by the full business case in December 2017. After this, each Board is required to consider if it has a sufficient level of information from which to proceed. NHS Improvement will give feedback on the risk rating for the transaction. If the outcome is positive and the risk rating acceptable, the result will be a presentation to the Council of Governors. Governors will then be required to vote. 50% of all governors are required to be in favour and vote on the acquisition based on the evidence that has been received throughout the process. At that point the Board will make an application to NHS Improvement which, if granted, results in the closure of Derbyshire Healthcare NHS Foundation Trust and the transfer of assets, staff and services to DCHS.

Gillian Hough requested assurance be sought from DCHS, in writing, that it had appointed its Chair in line with its constitution. Ifti Majid advised that while this question can be directed to DCHS, the reasons for the appointment are the responsibility of the appointing organisation.

Jason Holdcroft joined the meeting at this time.

Amanda Rawlings declared an interest in the subject and commented that she had been asked to lead the People & Culture Workstream. The concerns the governors raise are valuable in contributing to the issues that need to be considered and addressed strategically going forward.

Governors expressed their concerns regarding the impact on people and the potential loss of staff and leadership during the acquisition process. Caroline Maley assured governors that this is also a concern recognised by the Board.

Frequency of Council of Governors meetings was discussed and the ability to discuss the acquisition as a full Council. It was suggested that the Council of Governors hold monthly meetings but that on alternative months the meeting be held in confidential session and be dedicated to acquisition

	<p>issues. The Chair and Chief Executive will review this suggestion and report back.</p> <p>RESOLVED: The Council of Governors noted the update on the collaboration with DCHS.</p> <p>ACTION:</p> <ol style="list-style-type: none"> 1. Governors were asked to contact the Acting Chair and/or Chief Executive directly to request or notify of any information that they require. 2. Clarification on reappointment of DCHS Trust Chair to be provided to governors. 3. Consideration to be given to increased frequency of Council of Governors meetings with the collaboration work being the focus for additional meetings.
<p>DHCFT/Gov/ 2017/024</p>	<p><u>STAFF ENGAGEMENT SURVEY 2016</u></p> <p>Margaret Gildea, Non-Executive Director and Chair of the People & Culture Committee, presented the summary results of the NHS Staff Survey 2016. The results had been embargoed up until 7 March and therefore had not been available to share prior to the meeting. The results were distributed in the meeting.</p> <p>The survey had operated in a context whereby staff had experienced a difficult human resources history with uncertainty around the merger and leadership of the Trust.</p> <p>The response rate was 38% and the engagement rating of staff was 3.69 out of a total score of 5, a reduction on the previous year from 3.73 out of 5. The engagement rating is made up of staff willingness to recommend the Trust as a place to work or as a place of treatment. Other mental health trusts are at 3.8, with the best Trusts in the range of 3.9 – 4.1.</p> <p>In summary, the Trust was significantly better on one question, significantly worse on ten questions with no significant difference seen in the remaining 77 questions. To address the areas of deterioration a staff engagement group has been meeting and the item is a monthly focus for the People & Culture Committee. Appraisal processes have been refined and training provided for line managers on how to support and manage people. New workforce systems have been developed to improve the timescales involved in recruitment. A weekly blog has been issued from the Chief Executive to keep in touch with activities in the Trust and improve communications.</p> <p>Areas for focus in 2017/18 have been agreed as the employee voice, tools for the job, leadership engagement and staffing/resources. The Council of Governors will continue to be updated on staff engagement throughout the year with an update to each Council of Governors meeting.</p> <p>RESOLVED: The Council of Governors noted the update on the Staff Survey.</p> <p>ACTION: The slides and infographic distributed at the meeting will be emailed to governors.</p>

<p>DHCFT/Gov/ 2017/025</p>	<p><u>NED UPDATE – PEOPLE & CULTURE COMMITTEE</u></p> <p>The Chair explained that the NED update has been reformatted so that each of the NED Committee Chairs could deliver a deeper dive into the work of their committee on a rotational basis. Margaret Gildea, as chair of People & Culture Committee, delivered the first update of this nature.</p> <p>In addition to leading the work on the Staff Survey, Margaret Gildea advised the Council of Governors that the People & Culture Committee had an increased focus on resourcing. Targeted recruitment campaigns to achieve additional capacity and fill vacancies had resulted in an expedited route to recruitment. There are currently 70 people in the pipeline and retention is improving. The Committee had overseen the work by Amanda Rawlings, Interim Director of People & Organisational Effectiveness, on the People Plan. It has been restructured and is reviewed quarterly with a monthly deep dive into one particular area of the plan to help support and be assured by the activities of the Human Resources Team. The area has benefitted from stronger leadership that is now in place.</p> <p>RESOLVED: The Council of Governors noted the update from Margaret Gildea.</p>
<p>DHCFT/Gov/ 2017/026</p>	<p><u>INTEGRATED PERFORMANCE REPORT</u></p> <p>Mark Powell presented the Integrated Performance Report (IPR), providing the Council of Governors with an integrated overview of performance as at the end of January 2017. The focus of the report is on workforce, finance, operational delivery and quality performance. This is the same report as presented to the Public Trust Board Meeting on 1 March 2017.</p> <p>Key themes identified to the Council of Governors were the pressures on services and mitigations and actions being put in place. Nursing cover overnight has been a challenge in January. The report highlights the pressures in Neighbourhood Services which were presented in detail to the Public Trust Board Meeting on 1 March. The presentation will be shared with governors after the meeting.</p> <p>The report illustrates a good performance against a number of indicators, acknowledging the areas where challenge remains. The development session offered earlier in the meeting on the Integrated Performance Report would provide useful reference and information to governors regarding some of the challenges.</p> <p>Lynda Langley commented that she had attended the Public Trust Board meeting and found the presentation from the Neighbourhood Team to be 'brilliant' and that the staff were 'amazing'. Dr Julia Tabreham, as Chair of Quality Committee, assured the Council of Governors that the Quality Committee had been and will continue to be regularly informed regarding the situation in the Neighbourhood Team. The issue has been escalated from Quality Committee to the Board and the risk flagged with the Commissioners regarding the unfunded gap based on demand for services. Lynn Wilmott-Shepherd added that this has been discussed recently with Commissioners who are interested to talk further to the Trust on this.</p> <p>RESOLVED: The Council of Governors noted the Trust's integrated</p>

	<p>overview of performance at the end of January 2017.</p> <p>ACTION:</p> <p>1. The presentation given on Neighbourhood Services at the Public Trust Board Meeting on 1 March to be shared with the Council of Governors, along with the email that was circulated to staff on the issues.</p>
DHCFT/Gov/2017/027	<p><u>ELECTION OF LEAD GOVERNOR AND DEPUTY LEAD GOVERNOR</u></p> <p>Caroline Maley presented the report outlining the process followed for the election of a lead governor and deputy lead governor and the outcomes.</p> <p>One self-nomination had been received for each role. The Council of Governors is asked to support the recommendation to appoint those candidates.</p> <p>RESOLVED: The Council of Governors accepted the recommendation to appoint John Morrissey as lead governor and Carole Riley as deputy lead governor for the remaining period of their governor term.</p>
DHCFT/Gov/2017/028	<p><u>REPORT FROM THE GOVERNANCE COMMITTEE HELD ON 15 FEBRUARY 2017</u></p> <p>Carole Riley presented the report from the Governance Committee's meeting of 15 February 2017.</p> <p>RESOLVED: The Council of Governors noted the report.</p>
DHCFT/Gov/2017/029	<p><u>GOVERNANCE IMPROVEMENT ACTION PLAN UPDATE</u></p> <p>Sam Harrison presented the Governance Improvement Action Plan (GIAP) update as presented at the Public Trust Board meeting on 1 March 2017. The report demonstrates that 30 of the 53 recommendations that form the GIAP have been completed, a further 21 are on track with some issues identified in two areas. Where issues have been identified the report details actions, mitigating circumstances and plans to get items back on track for completion.</p> <p>At the Public Board on 1 March ten blue completion forms were presented for challenge, scrutiny and approval. Each blue completion form demonstrates evidence, detail of monitoring and how actions are embedded for the future. All ten completion forms had been approved and signed off.</p> <p>Currently Deloitte LLP are with the Trust undertaking a review of the work done to date on the GIAP to provide external assurance to NHS Improvement on implementation. Deloitte LLP have requested a focus group of governors to input to this review and give views on what has changed as a result of the GIAP and how it has been approached.</p> <p>RESOLVED: The Council of Governors noted the update on the Governance Improvement Action Plan as presented to the Public Trust Board on 1 March 2017 and the outcome of that presentation.</p>

	ACTION: Expressions of interest to be sought from governors to participate in a focus group to discuss the Governance Improvement Action Plan.
DHCFT/Gov/ 2017/030	<p><u>ANY OTHER BUSINESS</u></p> <p>Quality Visits John Morrissey reminded governors of the value and importance of Quality Visits. Governors are encouraged to participate. The matter is scheduled for further discussion at the Governance Committee on 15 March 2017.</p> <p>Maura Teager The Board and Council of Governors thanked Maura Teager for her seven years of dedicated and loyal service to the Trust as a Non-Executive Director and remarked upon her extraordinary 46 years of service to the NHS. Maura thanked colleagues for their support, adding that she had been delighted to have had the opportunity and experience to serve the Trust.</p>
DHCFT/Gov/ 2017/031	<p><u>MEETING EFFECTIVENESS</u></p> <p>Taking on board comments regarding subject matter and attendees, it was agreed that if there are times when confidential discussion is required then confidential meetings will be held.</p>
DHCFT/Gov/ 2017/032	<p><u>CLOSE OF MEETING</u></p> <p>There being no further business, Caroline Maley thanked governors for attending and the meeting closed at 3.40 pm.</p>

COUNCIL OF GOVERNORS ACTION MATRIX - AS AT 26 APRIL 2017							
Date of Minutes	Minute Reference	Item	Lead	Action	Completion by	Current Position	
19.01.2017 & 07.03.17	DHCFT/Gov/2017/004	Acting Chief Executive's Report	Ifti Majid	Further discussion may be required regarding current key reporting performance indicators and areas of interest to governors.	07.03.2017 02.05.2017	Clarification was sought in the March meeting upon this request, made by governors at the January meeting. Following discussion at the March Council of Governors Meeting it was agreed that a development session will be arranged for governors on the broader reporting process for serious incidents and deaths. This will be incorporated into the development session scheduled for 21 September, to be led by the Medical Director. COMPLETE.	Green
07.03.17	DHCFT/Gov/2017/021	Selection of Quality Indicators	Sam Harrison/Mark Powell	A governor development session on the Integrated Performance Report will be scheduled for delivery by Mark Powell.	02.05.2017	Governor Development Session scheduled on 21 June with Mark Powell, Kath Lane and General Managers to present. COMPLETE.	Green
07.03.17	DHCFT/Gov/2017/022	Acting Chief Executive's Report	Sam Harrison	Previous requests to Derbyshire Constabulary to name an appointed governor to be reviewed	02.05.2017	Discussed at the Governance Committee on 15 March 2017, Caroline Maley reported to governors that the Trust had written to Derbyshire Constabulary more than once. The last response from the Chief Constable indicated that being a governor would be a potential conflict of interest for a serving officer. The Trust works very closely with the Police via the Concordat and John Sykes. It was agreed at the Governance Committee that the Trust would not approach the Police again, but instead asked governors to define what they would wish to see in the development session, suggested at Council of Governors, on the Concordat, which Lynn Wilmott-Shepherd will deliver. The date is to be confirmed. COMPLETE	Green
			Sam Harrison	Crisis Concordat information pertinent changes to the Policing & Crime Bill to be shared with Council of Governors.	18.07.2017	A broader development session on the Crisis Concordat is planned to address this request. The date will be confirmed to governors when content has been agreed. (Also refer to position of above action)	Amber
			Sam Harrison	An update on STPs will be placed on a future agenda.	18.07.2017	Provisionally for July agenda.	Yellow
07.03.17	DHCFT/Gov/2017/023	Collaboration with DCHS	All Governors	Governors were asked to contact the Acting Chair and/or Chief Executive if they require any information to support them in their decision making on the future acquisition by DCHS.	02.05.2017	Discussed at Governance Committee on 15 March. Requests were received from governors and discussed at the Confidential Council of Governors meeting on 6 April 2017. COMPLETE.	Green

			Caroline Maley	Clarification on the reappointment of the DCHS Trust Chair to be provided to governors.	02.05.2017	Information as published on the DCHS website was provided to governors regarding the process followed for the appointment of the Trust Chair. COMPLETE.	Green
			Caroline Maley	Consideration to be given to increased frequency of Council of Governors meetings, with collaboration work being the focus for additional meetings	02.05.2017	Additional dates for Confidential Council of Governors meeting to discuss the collaboration work were published in Governor Connect on 6 April 2017. COMPLETE.	Green
07.03.17	DHCFT/Gov/2017/024	Staff Engagement Survey 2016	Denise Baxendale	The slides and infographics tabled in the Council of Governors meeting regarding the outcome of the Staff Engagement Survey will be emailed to all governors.	02.05.2017	Issued in Governor Connect on 6 April 2017. COMPLETE.	Green
07.03.17	DHCFT/Gov/2017/026	Integrated Performance Report	Denise Baxendale	The presentation given to the Public Trust Board on 1 March by the Neighbourhood Team will be shared with governors.	02.05.2017	Presentation shared with governors via Governor Connect, issued on 9 March 2017. COMPLETE.	Green
07.03.17	DHCFT/Gov/2017/029	Governance Improvement Action Plan	Sam Harrison	Governors will be asked to express an interest in joining a focus group to discuss the Governance Improvement Action Plan with Deloitte LLP	02.05.2017	Expressions of interest received. Meeting held with Deloitte LLP and governors on 13 April 2017. COMPLETE.	Green

Key	Agenda item for future meeting		YELLOW	1	9%
	Action Ongoing/Update Required		AMBER	1	9%
	Resolved		GREEN	9	82%
	Action Overdue		RED	0	0%
				11	100%

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 2 May 2017

Acting Chief Executives Report to the Council of Governors

Purpose of Report

This report provides the Council 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 Council on feedback from external stakeholders such as our commissioners and feedback from our staff. The report should be used to support the Council understanding key risks and opportunities facing the Trust and to aid holding the Board to account for the delivery of the Trust strategy

Executive Summary

National Context

1. The 31st March saw the release of the Next Steps on the 5 Year Forward View by NHS England and NHS Improvement. The document clear defines 4 key priorities for the coming year:
 - Deliver financial balance across the NHS
 - Improve A&E performance
 - Strengthen access to GP and primary care services
 - Improve cancer and mental health services.

With respect to improving performance in A&E the key change is an increase in the speed with which improvements are required. By September this year 90% of patients will be treated in 4 hours (up from 85% currently) and the setting of a 95% standard from 2018. The document also describes requirements associated with using the £1billion social care budget money to reduce DTOCs in association with local authorities, implement comprehensive front door clinical streaming and focus on improving patient flow.

It is positive to see the document clarifying the future role of STPs. It clarifies that STPs will not replace the accountability of individual Organisations but will be in addition having clear governance and 'support chassis' to enable effective working. The document describes the journey all STPs (now called Sustainability and Transformation Partnerships) should aspire to through development towards an Accountable Care System (all organisations, commissioner and provider, working under a formal shared partnership/contract agreement binding aims and outcomes together) then potential on to an Accountable Care Organisation. The document recognises this is many years away but ultimately is a single Organisation in a defined area responsible for the delivery of all care and treatment. The document goes on to identify a 10 point plan to increase efficiency:

- Free up 2000 to 3000 hospital beds - Using the extra £1bn awarded to adult social care in the last budget hospital trusts "must now work with

their local authorities, primary and community services to reduce delayed transfers of care.”

- Further clamp down on temporary staffing costs and improve productivity - Trusts are set a target of cutting £150m in medical locum expenditure in 2017/18. NHSI will require public reporting of any locum costing over £150,000 per annum.
- Use the NHS' procurement clout - All trusts will be required to participate in the Carter Nationally Contracted Products programme, by submitting and sticking to their required volumes and using the procurement price comparison tool.
- Get best value out of medicines and pharmacy - NHSI support trusts to save £250m from medicines spend in 2017/18 by publishing the uptake of a list of the top ten medicines savings opportunities, and work with providers to consolidate pharmacy infrastructure
- Reduce avoidable demand and meet demand more appropriately - NHS provider trusts will have to screen, deliver brief advice and refer patients who smoke and/or have high alcohol consumption in order to qualify for applicable CQUIN payments in 2017/18 and 2018/19.
- Reduce unwarranted variation in clinical quality and efficiency - Trusts to improve theatre productivity in line with Get it right first time (GIRFT) benchmarks and implement STP proposals to split 'hot' emergency and urgent care from 'cold' planned surgery clinical facilities for efficient use of beds.
- Estates, infrastructure, capital, and clinical support services - The NHS and Department of Health are aiming to dispose of £2bn of surplus assets this parliament, following recommendations from the Naylor review. (referenced later in my Board report)
- Cut the costs of corporate services and administration - NHSI is targeting savings of over £100m in 2017/18, from trusts consolidating these services, where appropriate across STP areas. NHSI is also establishing a set of national benchmarks.
- Collect income the NHS is owed - The Government has set the NHS the target of recovering up to £500m a year from overseas patients, Twenty trusts will now pilot new processes to improve the identification of chargeable patients
- Financial accountability and discipline for all trusts and CCGs - Outlines the operation of control totals - 70% of the STF will again be tied to delivery against control totals. Provider trusts not agreeing control totals will lose their exemption from contract fines. From August 2017 CQC will begin incorporating trust efficiency in their inspection regime based on a Use of Resources rating. Trusts missing their control totals may be placed in the Special Measures regime.

It is not clear at present how these extra requirements will be monitored though I anticipate an increase in ad hoc reporting and use of the regular performance meetings all Trust now have with NHSI. In addition to the general requirements above that apply to all Trusts, there are a number of mental health specific requirements:

- An extra 35,000 children and young people being treated through NHS-commissioned community services in 2017/18 compared to 2014/15
- NHSE to fund 150-180 new CAMHS Tier 4 specialist inpatient beds, rebalancing beds from parts of the country where more local CAMHS services can reduce inpatient use.
- 74 24-hour mental health teams at the Core 24 standard, covering five times more A&Es by March 2019 (Our Liaison teams already meet this standard in the south and some specific funding received will add a small number of staff to the liaison team in the north meeting the standard there)
- An extra 140,000 physical health checks for people with severe mental illness in 2017/18.

These requirements will be enabled by:

- Expanding the mental health workforce – 800 mental health therapists embedded in primary care by March 2018, rising to over 1500 by March 2019.
- Reform of mental health commissioning so that local mental health providers control specialist referrals and redirect around £350m of funding.
- Clear performance goals for CCGs and mental health providers using the new national mental health dashboard

The Executive team are working to understand the impact of these requirements both the general requirements and the mental health specific kpi's. this will be reported through to Finance and Performance committee and the national dashboard will form part of the revised integrated performance report to ensure Board has oversight of the tool used nationally to monitor Derbyshire's performance

2. During March Sir Robert Naylor's independent report into NHS Property and Estates was published. The review set out to develop a new NHS estate strategy, which supports the delivery of specific Department of Health (DH) targets to release £2bn of assets for reinvestment and to deliver land for 26,000 new homes. The general consensus is that the current NHS capital investment is insufficient to fund transformation and maintain the current estate. It is estimated that STP capital requirements might total around £10bn, with a conservative estimate of backlog maintenance at £5bn and a similar sum likely to be required to deliver the 5YFV. This could be funded through property disposals, private capital (for primary care) and from HM Treasury. However, the NHS needs to develop a robust capital strategy to determine the final investment requirements through the STP plans. The review was predicated on widely accepted assumptions that the NHS estate is not currently configured to maximise benefits for patients or taxpayers. It considered:
 - The size of the opportunity – building on the Carter Report on efficiency
 - The mix of incentives and sanctions required for delivery
 - How to strengthen capacity and capability across the system

The review makes 17 recommendations that include:

- Setting up of a new National NHS Property Board
- Greater use of benchmarking to ensure STP property plans achieve the

- required performance prior to agreeing capital requests
- Disposals will not be recovered centrally but will be used to support delivery of STP plans
- Primary care facilities must meet the vision of the five year forward view
- Land vacated by the NHS should be prioritised for the development of residential homes for NHS staff where there is a need
- NHSE and NHSI must work together to deliver a robust capital investment plan by summer 2017.

The requirements of this report that impact on our Trust will be factored into the regular estate updates presented to Board and F&P Committee.

3. The Royal College of Psychiatrists has published a report led by trainees into morale and training within psychiatry. Junior doctors have recently begun to be referred to as 'canaries in the mine' (not a great term) but descriptive in it suggests that how junior doctors (and other trainee grade staff) are feeling gives us early warning signs as to how the bulk of NHS staff are feeling in the system as a whole. The report paints a positive picture of what can be addressed, many of the recommendations are about being good employers and good educationalists. Ensuring that the basic needs of trainees are met, protecting time for educational activities and communicating effectively about expectations. I consider it vital that as a Trust we consider carefully the recommendations of this report. We are aware of the pressure nationally on recruiting psychiatrists and it is my belief that through being an exemplar training and placement organisation we become a much more attractive employer for all our staff.



When asked what trainees value most I was struck by the similarity to what all our staff tell us is important to them. The report makes a number of recommendations broken into two sections Core Commitments and Desired Commitments. The Core commitments include:

- All trainees must receive their minimum of 1 h supervision per week with their psychiatric supervisor as stipulated in the curriculum
- All trainees must receive a minimum of one teaching session per week provided through a local programme or on a recognised MRCPsych course
- All trainees, where applicable, must receive timely allocation of

psychotherapy cases with protected time for clinical sessions and supervision

- All higher specialty trainees must receive a minimum of two sessions per week (pro rata for LTFT), agreed with their educational supervisor or training programme director, to pursue their special interests. This may include clinical, educational, research or leadership and management activities

The Board received a presentation from one of our Junior Doctors who was involved in the compilation of this report and agreed to support to the delivery of the core commitments locally.

Local Context

4. The health and social care leaders in Derbyshire have met in the last few weeks to look to recommit to integrated working with the particular focus of:
 - Sign up to a partnership agreement that enshrines the principles by which the system will operate
 - Delivering the clinical transformational change defined in the 24 business cases agreed before Christmas 2016
 - Adopt a more unified approach to tackling the financial challenge facing Derbyshire. In particular the development of a single pan CCG 'turnaround plan' that clearly takes into account the provider CIP plans avoiding duplication and risk shunting/transfer between parts of the health community.
 - Factor in to plans the local authority funding increases to understand where they will support reduced bed occupancy
 - A revised governance structure that more clearly defines the roles and responsibilities of providers and commissioners in line with the revisions in the Five Year Forward View.
 - Defines clear Chief Officer leadership for the delivery of the 7 priority areas that includes mental health and cancer as priorities in the latest iteration of the Five Year Forward View.
5. Derby City Healthwatch have completed a review of 421 attendees at A&E in the City. The review showed that one of the major causes of attendance at A&E was lack of availability of a GP appointment - 1 in 4 of people who were spoken to cited that as the reason for attending. This was a significant worsening in the City from the last review in 2015. Interviews with attendees at A&E also showed that awareness of other sources of treatment in the City was poor
6. On the 31st March I attended a Regional Health Education England event to launch the new national mental health workforce strategy. The Mental Health 5 Year Forward View and Future in Mind have described deficits in skills and competences of existing mental health teams, which hinder their ability to deliver the most effective interventions for their service users. The expansion and transformation ambitions of the Five Year Forward View are expected to require approximately 14,000 FTE additional staff to be working in 12,000 new posts across the priority areas. This increase in staff needs to be viewed in the context of significant pressures already on staffing numbers in core services and

leaver/turnover rates significantly higher than Acute Trusts. The Department of Health and Arm's Length Bodies including Health Education England, NHS England and NHS Improvement have agreed that the focus of this strategy and the workforce interventions during the period should be primarily focussed on expanding the workforce in the priority areas.

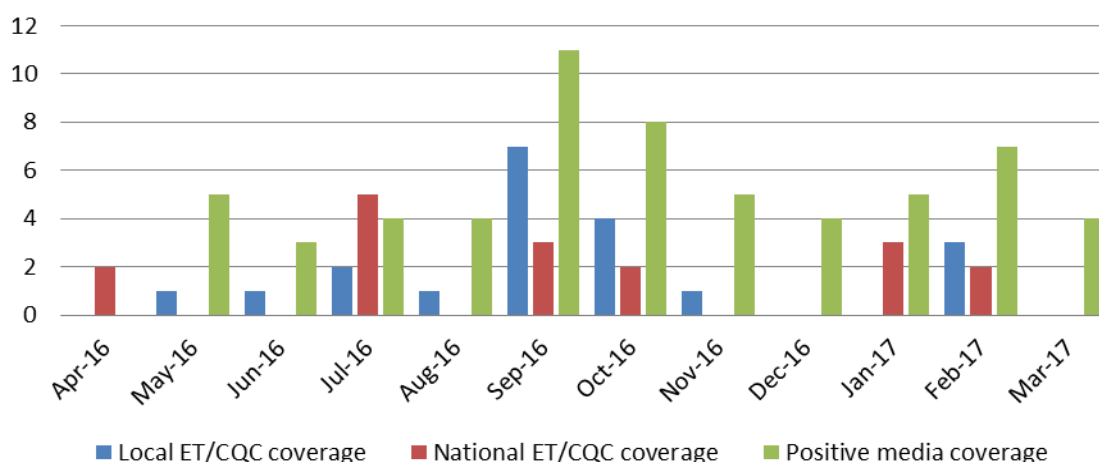
The strategy describes ways in which barriers to transformation can be overcome through concerted effort and collaboration. It describes ways to build skilled, knowledgeable and competence based teams in order to minimise the 'capability' gap (the skills required to deliver care) and enable teams to deliver high-quality, NICE-concordant care. It is further categorised by five "pillars" which describe areas of workforce interventions in order to meet the 'capacity' gap (how many people are required to deliver care). High level actions for bodies at a national level are described which will drive implementation at local, regional and national levels, as well as proposals for measuring success.

I will continue to be part of the oversight group across the Midlands and East Region.

Within our Trust

7. On the 17th March I attended the Trust's BME staff network Annual Conference. This was a well-attended event that was facilitated by Rasheed Ogunlaru. I was particularly impressed with how our colleagues adopted a positive can do approach to supporting improvements and the openness with which staff shared their experiences, concerns and thoughts about where improvements have already been made. The outcome of the day was a re-invigorated Mission and Vision for the network and clear set of objectives. I also requested the group are clear about what support is needed from the Trust (a wish list). A write up of the day by Harinder Dhaliwal is included as appendix 1. I can confirm that all requested support including a ring fenced budget has been provided and further more as discussed on the day all Executive Team members have agreed to act as 'Reverse Mentors' working with staff members from all our Regards groups, shadowing them to find out what it is like to be a member of a protected group working in our Trust.
8. The graph below shows the media coverage we have received as a Trust during 2016/17 relating to our CQC results and the aftermath of the complex employment tribunal in 2015. It also includes positive media stories the Trust has had reported to show the balance. From the graph it is clear to see that negative media coverage began to reduce in the second half of last year and even at the points of higher local and national coverage we still were having more positive stories picked up than negative.

Local and national ET/CQC coverage and positive media coverage 2016-17



The Board should note that the number of articles doesn't always accurately convey the impact of the coverage; some Derby Telegraph articles about the employment tribunal, for instance, were on the front page in the early part of the year and were extensive. Our communications team seeks to examine the influence these articles have had on people's attitudes about the Trust (i.e. the outcome of this negative and positive publicity). Throughout this period we have continued to generate positive news on our social media channels (Facebook, YouTube and Twitter) which allow us to communicate directly with audiences.

9. As I have previously reported, during December and January we received further visits to our Low Secure Service, Older Adults In-Patient Services, Children's Service and Learning Disability services. The formal results of those inspections are now available on the CQC website and whilst they will be reported in more detail in the Quality Report in the Board I am delighted in three of the four areas domains were upgraded meaning that both Low secure Services and Older Adult Services have been regraded in entirety to requires Improvement. This is a great achievement by all staff concerned in such a short time. In addition I had a letter in march from James Mullins (CQC) to inform me that the warning notices applied to the Trust after the comprehensive inspection in June last year have been lifted in full – again testament to the hard work of staff at all levels within the Organisation.

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 is being reported into the Board

Consultation

The report has not been to any other group or committee

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).

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 feedback 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.

That said some of the reports both nationally and regionally have the potential to have an adverse impact on people with protected characteristics (REGARDS).

Five Year Forward View

This report details a number of outline plans that should improve access to and outcomes of healthcare. It is essential we collect the correct data on the newly defined initiatives to ensure the access and outcomes for protected groups are at least no worse than other parts of the population. I would expect this to be reviewed as part of implementation plans and monitored through ongoing EDS2 reviews for

new service areas.

Naylor Report

There is a potential that this could impact on experience and access for protected groups. If we are reviewing, moving and closing estate we need to ensure that all plans do not make it harder for people who are less mobile (in its broadest sense) to get to or get into our services or that we inadvertently reduce access to certain parts of our community. This will be mitigated as any proposed estate changes in the Trust in response to this report will be specifically equality and quality impact assessed.

Mental Health Workforce Strategy

It is good to see that the strategy makes specific reference to upskilling staff to improve outcomes for people from protected groups and to consider ways of attracting more people into the workforce from protected groups however it doesn't make reference to retention, promotion and representation of staff from protected groups within mental health workforce and so this is something we will develop locally as part of the Boards 6 key priorities and our own people plan

Recommendations

The Council of Governors are requested to:

- 1) Note the contents of the update

Report presented by:

**Claire Wright
Deputy Chief Executive**

Report prepared by:

**Ifti Majid
Acting Chief Executive**

Distributed via Governor Connect on 12 April 2017

Message from Ifiti Majid and Tracey Allen: an update from the Joint Integration Programme Committee

Dear all

The Joint Integration Programme Committee (JIPC) met for the second time last week to discuss our proposed integration with Derbyshire Community Health Services NHS Foundation Trust (DCHS). This month there was a particular focus on staff engagement and understanding what we can achieve better, together.

One of the committee's sub-groups is focused on clinical pathways and has started mapping out both Trusts' current service provision across three key areas – services which we both currently provide; those that could work together at 'place' or neighbourhood-level; and any specialist services provided. Following this initial exercise there will be a range of clinical engagement opportunities and we strongly encourage all clinicians to have an active involvement. It'll be vital not only to discuss current provision, but also to think creatively about what we could achieve better together across these three core areas, with the main goal of improving services and our patients' experiences.

We recognise the importance of colleagues from both organisations regularly meeting to understand more about each other's services, their visions and their values. Understanding what's most important to you, and what should be protected in an integrated organisation, is going to be fundamental to getting this right. The attached infographic should help with this; it also shares some of the proposed benefits of bringing both Trusts together.

Wider staff engagement opportunities are being planned to start in May with a series of focus groups being organised across the county. These will look at organisational culture and will gather your early thoughts on what would be important to protect when creating a shared vision and values. Details of these sessions will be shared soon, as will the chance to take part in a cultural survey to understand any current similarities or differences; another important step in understanding what could be achieved better, together. In addition, a series of joint leadership events are being planned, the first being on Friday 26 May from 1pm at the Postmill Centre. Further details will be shared shortly, but please note the date for your diaries.

And work is also underway with both Councils of Governors to discuss differences between the two Councils, relevant aspects of their respective constitutions, and any examples of best practice that we could seek to replicate.

We'll look forward to seeing you at a future engagement event and will continue to provide you with regular updates. Any questions, just contact: communications@derbyshcft.nhs.uk

Best wishes,

Ifiti Majid
Acting Chief Executive

Tracy Allen
Chief Executive

Towards Integration



Where we are now?

2 organisations:

NHS
Derbyshire Community
Health Services
NHS Foundation Trust

NHS
Derbyshire Healthcare
NHS Foundation Trust

DCHS
Large specialist
community services
provider



DHCFT
Provider of community,
children's, mental health,
learning disability and
substance misuse services

1st November 2014
Foundation Trust



1st February 2011
Foundation Trust

£192m
turnover



£132m
turnover

4532
employees



2330
employees

205
sites



66
sites

Average day sees:

204 patients in
community beds

356 children aged 0-5

1900 patients through
community teams



Average day sees:

311 in-patient beds

495 children aged 0-5

1000 patients through
community teams

Why do we want to change?

Closer collaboration =

- ✓ Integrated care to improve quality for our patients
- ✓ Improving the quality of services by overcoming traditional boundaries and barriers
- ✓ Bringing together physical and mental health so that both are treated equally
- ✓ Patients only have to 'tell their story once'
- ✓ Better use of our estates and resources
- ✓ Reduced duplication in services
- ✓ Lower overhead costs which = releasing funds for front line patient care
- ✓ A more resilient workforce
- ✓ A more attractive employer for recruitment

Closer collaboration = significant impact on the three Derbyshire system gaps we face

1. health and well-being
2. care quality
3. finance and efficiency

Gaps a result of

national challenges
e.g NHS funding, increased demand, increased expectations

Local challenges

e.g health inequalities, workforce shortages, parity of esteem

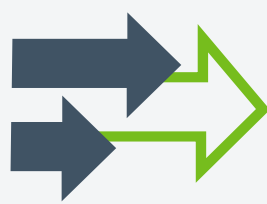
Closer collaboration = genuine integration of services

How?

- Place Based Care
- Services we both currently provide being brought together
- Specialist services



Creation of
an integrated
organisation



Strong leadership and
governance representative of
new organisation portfolio



Shared
culture and
values



Specialism in both
organisations is
protected

How do we integrate?

Look out for regular updates on the integration as we work through the process we will keep you informed and involved. **For more information contact dchst.communications@nhs.net or communications@derbyshcft.nhs.uk**

Summary Report from the Joint Integration Programme Committee

Meeting:	DCHS & DHcFT Joint Integration Programme Committee					
Date of Meeting:	6 April 2017					
Presenter/Title:	Caroline Maley/Ifti Majid					
Author/Title:	Sukhi Mahil, Joint Integration Programme Manager					
Document is for: (more than one box can be ticked)	Information	X	Decision		Assurance	X

Executive Summary

The DCHs & DHcFT Joint Integration Programme Committee met for the second time on 6 April 2017. This report provides a summary of the key discussions and highlights any issues which Boards need to be aware of.

Key issues discussed at meeting

Summary	Risks identified	Decisions made and actions to be taken
<p><u>Programme Directors Report</u></p> <p>NHSI Business Case</p> <p>Notification had now been received that the business case in relation to the appointment of the independent advisors had been approved by NHSI.</p> <p>Workstream Updates</p> <p>Following agreement of the critical aspects which need to be included in the OBC, the timelines and reporting for each element would be developed further and included in the programme director's reports going forward.</p>	<p>Although the independent advisors were now formally engaged, there remained concern in relation to in-house capacity to deliver to the timescales.</p>	<p>Workstream updates to be included in the programme directors report going forward, with exception reporting as specific agenda items.</p>
<p><u>Outline Business Case critical issues and impact on timeline</u></p> <p>A paper was considered which reflected the key issues which needed to be reflected in the OBC from both Boards perspectives. JIPC were asked to reach a consensus view to ensure the correct issues were reflected and if not what else was missing.</p> <p>Based on the OBC requirements which both Board and the JIPC had now considered and agreed, it was</p>	<p>DHcFT colleagues highlighted there was a risk that a one month extension would be insufficient to enable</p>	<p>It was agreed that one of the key aspects for the OBC was the clinical case for change and benefits the integration would bring. There needed to be a constant reminder as to why we are doing this, throughout the OBC and this needed to be included in any communications.</p> <p>The critical issues were agreed by the JIPC.</p> <p>The JIPC confirmed the extension to the OBC timeline to July 2017 with the FBC deadline remaining fixed as December</p>

<p>proposed that the timeline be extended by 1 month to July 2017</p> <p>Now that the requirements had been clarified it was agreed that a more detailed timeline was required and this would be considered by the JIPC on 3 May</p>	<p>significant engagement to take place and would not give Boards the right level of information required to make a decision.</p> <p>There was a risk that expectations were not managed which could result in trying to prepare a FBC at the OBC stage; this would further compound any capacity constraints.</p>	<p>2017.</p> <p>Engagement was recognised as an on-going process right through to FBC completion and beyond, therefore it was agreed that Boards should be asked what level of engagement would be sufficient to provide the necessary assurances to get through the OBC stage.</p> <p>It was agreed that the ambition for the July deadline must remain with continuous checking that the end result would satisfy both Boards.</p> <p>There was a need to consider a pragmatic/ flexible approach to submission of the OBC to the July Board meetings which may require dedicated Board briefing sessions to go through the detail.</p>
<p><u>Clinical Pathways Update</u></p> <p>It was reported that the service areas had been categorised as per the 'steps to integration' set out in the SOC and a specification had been issued to respective leads to begin working up the detailed considerations. The specification was in 2 parts; part 1 the current position and part 2 what the future could look like. Part 2 would be developed with service leads including clinicians through EY facilitated sessions in early May. The key aspect in the considerations would be what the proposed integration would deliver better than any other model and this would need to be set out clearly in the business case.</p> <p>The areas of greatest opportunities and synergies were identified as Learning Disabilities, Children's, Older Peoples Mental Health and services related to the delivery of Place Based Care. Specialist services in both organisations would see the benefit of integration but the specific aspects were not likely to be as significant and would therefore be worked up for the FBC stage.</p>	<p>There was a risk that individuals leading on the work would perceive this to be an isolated piece of work and therefore compound perceived capacity constraints, however it was reiterated that the considerations should be made in the context of the STP to better manage conflicting priorities.</p>	<p>The development of the clinical approach and strategy was considered to be integral to the vision, values and culture of the integrated organisation and the JIPC supported the alignment of the development of the two aspects.</p>

<p><u>Constitution Development</u></p> <p>The JIPC received an update from the Governor meeting on 23 March, where 5 Governors from each organisation considered the relevant aspects of the constitution. The purpose of the session was not for final decisions or solutions to be identified but to consider the similarities and differences and those things which work well and could be replicated in an integrated organisation</p> <p>The key areas where there was common ground include:</p> <ul style="list-style-type: none"> • Larger geographical footprints as this would make it easier to recruit to • Increased representation in Derby City <p>There were some differences reported which would need working through, for instance DCHS staff governors had brought significant value to the CoG and there would not be any appetite to dilute this. CCG representation on the CoG was seen as a conflict of interest as they were commissioners of the service by DHcFT colleagues but the council representatives were considered of benefit; this required further consideration as both were commissioners and therefore if there was a perceived conflict of interest it would be equally applicable.</p> <p>It was reported that the process of appointing the CoG became the focus of some of the group discussions which resulted in some challenging behaviours, therefore it was recommended that the next session should be facilitated.</p>		<p>The JIPC agreed that the next session should have an independent facilitator to ensure all views and opinions were heard fairly and respectfully, furthermore to ensure that the group remained focused on the task which was to consider and develop the specific aspects of constitution.</p>
---	--	--

<p><u>Communications & Engagement</u></p> <p>It was reported that staff updates were now being issued following each meeting of the JIPC and there was a proposed e-bulletin in development.</p> <p>The first Joint Leadership Forum was scheduled to take place on 26 May. Staff side reps raised concerns about the delay in getting people involved and it was confirmed that the wider vision and values work would commence in early May so there would be the opportunity for staff engagement sooner.</p> <p>A key message that needed to filter through to staff was the focus on the case for change, the opportunities and benefits and what it means in terms of building both organisations together to be even better.</p> <p><u>Culture Development</u></p> <p>It was reported the steering group had an initial conference call to kick off the planning for the proposed engagement sessions. This group would oversee the developments right through the process and post integration.</p> <p>The focus of the sessions in early May would be what works well in both organisations and the case for change; the intention was that this would build the foundations for the future vision and values.</p> <p>EY would be undertaking a culture survey in conjunction with the engagement events and the outcomes of both aspects would be consolidated.</p>		
<p><u>Non-Disclosure Agreement</u></p> <p>A model legal specification had been developed to cover information sharing between both organisations during the transaction, to ensure any information shared was for the purpose of the transaction only.</p>		<p>The agreement was signed off by the JIPC</p>

<p><u>Competition and Choice</u></p> <p>Notification had been received from the NHSI Competition and Choice lead that they believed that a CMA review of the transaction could be avoided, though it would be ultimately up to the CMA to decide. NHSI would now speak to the CMA to set out their findings, which are - for the most part - that the transaction is not concerning.</p>		<p>Other than this brief update no formal reports/detail had been received and the JIPC agreed there was a need to monitor the position closely particularly as Boards will be required to take a decision as to whether a CMA review should be voluntarily triggered at OBC stage.</p>
<p><u>Risk Register</u></p> <p>The JIPC received the risk report.</p> <p>As agreed at the inaugural meeting, red risks were to be specifically reported to the Boards. This month there were two existing red risks these were:</p> <ul style="list-style-type: none"> There is the risk that through poor project management and/or engagement with the programme there will be extensions of the merger timescale which impacts adversely on the costs, momentum and reputation of the programme (R011) There is a risk of issues arising from the due diligence resulting in delay in getting the OBC / FBC approval (R010) 	<p>There was discussion in relation to two other specific risks that were not currently red but concerns were raised that the risk rating was too low. These risks were:</p> <ul style="list-style-type: none"> There is a risk of a lack of dedicated capacity to deliver workstream outcomes which may cause delays in meeting timescales (R011) There is the risk of staff leaving during the transaction process due to uncertainty and poor morale, resulting in workforce gaps in key areas impacting upon quality of care and cost (W001) 	<p>The JIPC agreed to closely monitor the specific risks discussed through the programme to ensure they do not escalate. Boards may wish to consider how relevant risks are reported through the respective BAFs.</p> <p>The JIPC concluded to retain the ratings as reported and agreed that red risks should be flagged to both Boards through this summary report.</p> <p>The JIPC would continue to receive and monitor the risk register and keep all the programme risks under review.</p>
Issues to be escalated/ decisions required by Trust Boards		
None at this stage.		
Recommendations		
<p>The Trust Boards are requested to:</p> <ol style="list-style-type: none"> Note the summary report. Confirm the level of engagement which would be sufficient to provide the necessary assurances at OBC stage. Note the extension by one month to the OBC deadline to July 2017. 		

Quality Deep-dive
Briefing note for governors in advance of the meeting
Council of Governors – 2 May 2017

Quality Matters

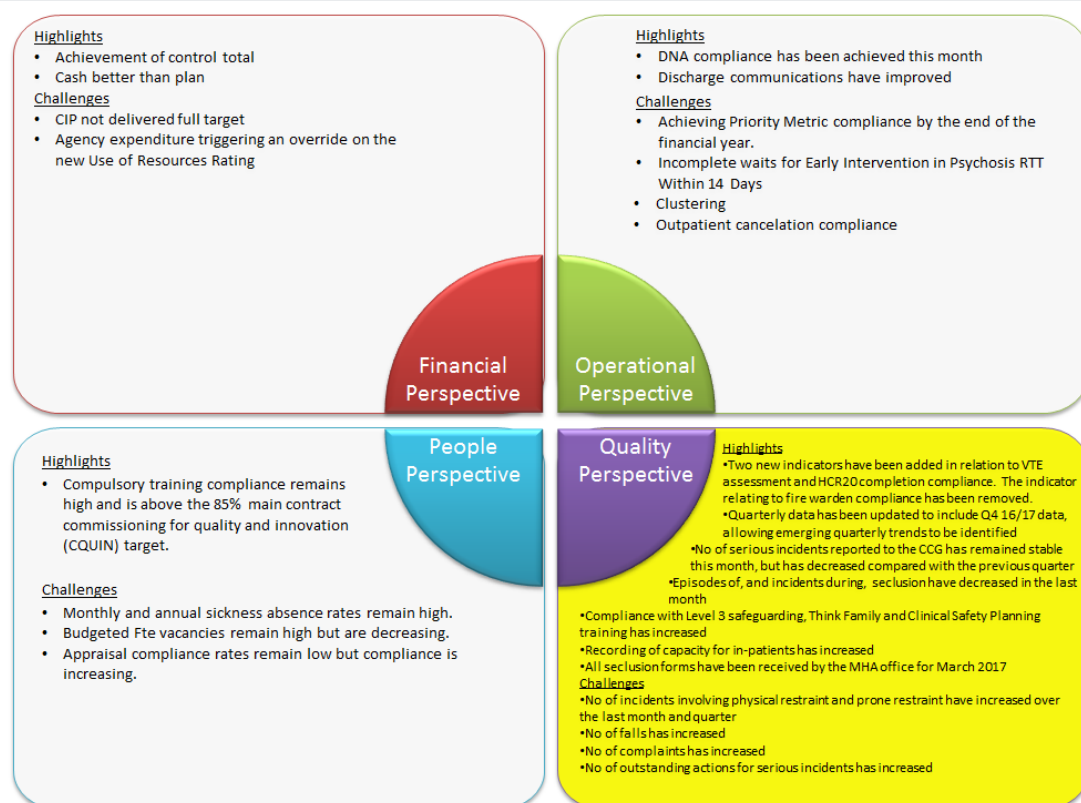
At Quality Committee, we have spent much time focusing on the development of quality indicators which appear on our Quality Dashboard. You may be familiar with these as they are reported in the Trust's public board papers, see screen shot on the next page.

This has given the Committee an oversight of key areas of performance, a focus on performance that is both on and off-track against the Trust's targets and strategy. Matters of significant concern, which need to be brought to the immediate attention of the Board are escalated monthly.

Recently, these have included:

- Slow development of the Quality Leadership Team – Neighbourhood and Campus
- Severe pressure on Neighbourhood Teams
- No assurance in Care Quality Commission (CQC) actions outside of the Trust's control in commissioning intentions

The Committee also oversees performance against the CQC Action Plan, via Carolyn Green's 'portal' and reporting system, and those Governance Improvement Action Plan (GIAP) actions for which it is responsible. Following significant pressure and oversight on the slow development outlined in bullet point one previously, all GIAP actions are now complete.



Quality Committee is evolving to spend less of its time focusing on operational detail, and to concentrate instead on matters of key strategic importance.

As Chair of the Committee, I believe that early insight into key and emergent quality issues is vitally important if our work is to add real value to the experience of service users and their families. I have been impressed by the support provided to the Committee by our executive and administrative colleagues. Where performance remains variable, particularly in terms of the quality of reports, work is underway to support contributors to raise their standard to that of the best.

Despite our heavy workload, the Committee is now reaching the point where, I feel, we will be able to raise our level of dialogue, challenge and thinking to amongst the very best in the country. To support this, I have suggested to the members of Committee that we hold regular lunch-time sessions which will take the form of 'quality conversations'.

At these, people or organisations who are expert in their field will be invited to share their observations and insight and support a conversation/questioning of the matter at hand. This is a strategy I have used elsewhere in my work to significant effect e.g. frontal lobe brain injury discussion which significantly altered a panel's viewpoint on young offending behaviour (rugby injury for young people also).

As a Committee, we are also developing the roles of our Non-Executive Directors (NEDs). Margaret Gildea is leading our equality and diversity challenge and Anne Wright has recently taken on the role of our NED for deaths. This focus, given the nature of our work, is vital, however, all members of the committee remain equally charged with our primary duty to seek assurance on behalf of service users, carers and the Trust.

We all remain highly concerned about the rising level of acuity amongst our population, increasingly scarce resource and the pressure on families and our staff.

In summary, before putting this brief note together I asked our Lead Governor John Morrissey, what format might be best. A brief paper, highlighting my experience to date but allowing lots of time for questions was considered best. I am, therefore, sending you my first attempt at this in plenty of time to allow Governors an opportunity to reflect on the content and formulate very welcome questions you may have for me/us on 2nd May.

Dr Julia Tabreham PhD, MBA, MSc (PRM), BSc (Hons), MloD, MBPsS

Highlights

- Achievement of control total
- Cash better than plan

Challenges

- CIP not delivered full target
- Agency expenditure triggering an override on the new Use of Resources Rating

Financial Perspective

Highlights

- DNA compliance has been achieved this month
- Discharge communications have improved

Challenges

- Achieving Priority Metric compliance by the end of the financial year.
- Incomplete waits for Early Intervention in Psychosis RTT Within 14 Days
- Clustering
- Outpatient cancellation compliance

Operational Perspective

Highlights

- Compulsory training compliance remains high and is above the 85% main contract commissioning for quality and innovation (CQUIN) target.

Challenges

- Monthly and annual sickness absence rates remain high.
- Budgeted Fte vacancies remain high but are decreasing.
- Appraisal compliance rates remain low but compliance is increasing.

People Perspective

Quality Perspective

Highlights

- Two new indicators have been added in relation to VTE assessment and HCR20 completion compliance. The indicator relating to fire warden compliance has been removed.
- Quarterly data has been updated to include Q4 16/17 data, allowing emerging quarterly trends to be identified
- No of serious incidents reported to the CCG has remained stable this month, but has decreased compared with the previous quarter
- Episodes of, and incidents during, seclusion have decreased in the last month

- Compliance with Level 3 safeguarding, Think Family and Clinical Safety Planning training has increased
- Recording of capacity for in-patients has increased
- All seclusion forms have been received by the MHA office for March 2017

Challenges

- No of incidents involving physical restraint and prone restraint have increased over the last month and quarter
- No of falls has increased
- No of complaints has increased
- No of outstanding actions for serious incidents has increased

QUALITY OVERVIEW – MARCH 2017

Enclosure D

Category	Sub-set	Metric	Period	Plan	Actual	Variance	Trend	Key Points
Quality	Safe	No of incidents of moderate to catastrophic actual harm	Month	24	29	●	→	Plan: average last fin yr (month).
			Quarter	73	102	●	→	Plan: average last fin yr (Qtr). Actual: Q4 data
		No of deaths of patients who have died within 12 months of their last contact with DHcFT	Month	170	115	●	↑	
			Quarter	511	458	●	↑	Plan: average last fin yr (Qtr). Actual: Q4 data
		No of serious incidents reported to the CCG	Month	6	3	●	→	Plan - average last fin yr (month)
			Quarter	18	10	●	↑	Plan: average last fin yr (Qtr). Actual: Q4 data
		No of episodes of patients held in seclusion	Month	6	5	●	↑	
			Quarter	35	21	●	→	Plan: average last fin yr (Qtr). Actual: Q4 data
		No of incidents involving patients held in seclusion	Month	20	10	●	↑	
			Quarter	61	39	●	→	Plan: average last fin yr (Qtr). Actual: Q4 data
		No of incidents involving physical restraint	Month	55	73	●	↓	
			Quarter	165	170	●	↓	Plan: average last fin yr (Qtr). Actual: Q4 data
		No of incidents involving prone restraint	Month	10	23	●	↓	Month plan based on average from 1/7/16 when prone restraint collected on Datix as defined field
			Quarter	29	46	●	↓	Qtr plan based on average for Q2/Q3/Q4. Actual Q4 data
		No of incidents of physical assault - patient on patient	Month	15	10	●	→	
			Quarter	44	31	●	→	Actual: Q4 data.
		No of incidents of physical assault - patient on staff	Month	20	17	●	→	
			Quarter	61	42	●	→	Actual: Q4 data.
		No of falls on in-patient wards	Month	38	43	●	↓	
			Quarter	113	94	●	↓	Actual: Q4 data.
		No of incidents of absconson	Month	43	34	●	↑	
			Quarter	130	120	●	↓	Actual: Q4 data.
		No of patients with a clinical risk plan (FACE or Safety Plan)	Month	100%	78.09%	●	→	
			Quarter	100%	77.77%	●	→	
		Of above, no of patients with a Safety Plan	Month	90%	8.17%	●	↑	Safety Plan to replace FACE from 1/4/2017
			Quarter	90%	7.90%	●	↑	
		% of staff compliant with Level 3 Safeguarding Children training	Month	85%	80.04%	●	↑	Target reduced to 85%
			Quarter	85%	NA			Qtr comparison not available
		% of staff compliant with Think Family training	Month	85%	80.31%	●	↑	Target reduced to 85%
			Quarter	85%	NA			Qtr comparison not available
		% of staff compliant with Clinical Safety Planning eLearning	Month	95%	94.89%	●	↑	
			Quarter	95%	NA			Qtr comparison not available
		No of people with LD or Autism admitted without a CTR (Care & Treatment Review)	Month	0	NA	●	→	Data quality confirmation to be completed for March 2017 data
			Quarter	0	NA	●	→	
		% of compliance with inpatients VTE assessment	Month	95%	7.07%	●	NEW	
			Quarter	95%	NA			
		HCR20 assessment completed, Low Secure	Month	100%	100%		NEW	No of patients with in date HCR20 assessment 4
			Quarter	100%	NA			

QUALITY OVERVIEW – MARCH 2017

Enclosure D

Category	Sub-set	Metric	Period	Plan	Actual	Variance	Trend	Key Points
Quality	Caring	No of complaints opened for investigation	Month	9	15			Actual: Q4 data.
			Quarter	26	43			
		No of concerns received	Month	18	32			
			Quarter	53	84			
		No of compliments received	Month	72	86			
			Quarter	217	236			
		No of investigations by the Parliamentary Ombudsman	2015/16	5	1			
			2016/17	5	8			1 further investigation from PO instigated this month
		% of complaints upheld (full or in part) by the Parliamentary Ombudsman	2015/16	2	0			
			2016/17	2	2			4 ongoing, 1 NFA
		% of responded to (orange) complaint investigations completed within 40 working days, opened after 01/04/2016	Year	100%	21%			140 (orange) complaints. 59 not responded to within 40 working days. 52 ongoing
			Year	100%	0%			7 (red) complaints. 2 not responded to within 60 working days. 2 ongoing.
		No of incidents requiring Duty of Candour	Month	2	1			These figures will fluctuate based on the outcome of investigations.
			Quarter	8	2			
	Effective	% of in-patients with a recorded capacity assessment	Month	100%	91.62%			
			Quarter	100%	91.00%			
		% of patients who have had their care plan reviewed and have been on CPA > 12months	Month	90%	95.00%			
			Quarter	90%	95.95%			
		No of seclusion forms not received by MHA Office	Month	0	0			
			Quarter	0	2			Actual: Q4 data.
		% of CTO rights forms received by MHA Office	Month	100%	93.00%			
			Quarter	NA	NA	NA	NA	
		% of in patient older adults rights forms received by MHA Office	Month	100%	83.30%			
			Quarter	NA	NA	NA	NA	
	Responsive	% of staff uptake of Flu Jabs	Month	45%	38.40%			Data to end of 30/11/16
			Year	45%	22.70%			Relates to 2015.16 campaign
		% of policies in date	Month	95%	96.90%			
			Quarter	NA	NA	NA	NA	
	Well Led	% of staff who have received Clinical Supervision, within defined timescales	Month	90%	45.99%			
			Quarter	90%	NA	NA	NA	
		% of staff who have received Management Supervision, within defined timescales	Month	90%	63.00%			
			Quarter	90%	NA	NA	NA	
		No of outstanding actions following serious Incident investigations	Month	0	52			Total overdue actions as at 03/04/2017
			Quarter	0	NA		NA	
		No of outstanding actions following complaint investigations	Month	0	53			Total overdue actions as at 03/04/2017
			Quarter	0	NA	NA	NA	
		No of outstanding actions following CQC comprehensive review report	Month	0	81			Figure as at 29/03/2017

Derbyshire Healthcare NHS Foundation Trust

Report to Board of Directors – 26 April 2017

Integrated Performance Report Month 12**Purpose of Report**

This paper provides Trust Board with an integrated overview of performance as at the end of March 2017. The focus of the report is on workforce, finance, operational delivery and quality performance.

Recommendations

The Board of Directors is requested to consider the content of the paper and consider their level of assurance on current performance across the areas presented.

Executive Summary

The Trust continued to perform well against many of its key indicators during December. This Executive Summary provides an overview of some of the key issues during the month, assurance in a number of challenged areas and a forward view of some future risks and/or issues Board members need to be aware of.

Quality Performance

From a Quality perspective in relation to physical restraint and prone restraint, there have been particular instances reported around the use of illicit drugs and in response to the smoking ban. However, much of the increase can be attributed to thirteen of the incidents of prone restraint in the month relating to one person, who was refusing medication and needed to receive this intra-muscularly.

With regard to Complaint responses and outstanding actions. This is a known area of concern. We have appointed two Investigation Facilitators who will be starting in the coming months, and part of their time can be used to support improvement in this area.

We currently show reasonably strong performance for the percentage of people with a current risk assessment (FACE or Safety Plan). As the FACE tool is no longer used from this month, we can predict a potential reduction in this compliance, bearing in mind the current performance around Safety Plans alone

Operational Performance

Overall performance remains relatively stable, with all but two of the new activity based Single Oversight Framework indicators being achieved.

There are a number of areas where performance remains variable, with further detail provided in the main body of the report.

Key areas of note are as follows;

Challenges remain in relation to achieving Priority Metric compliance by the end of the financial year.

Incomplete waits for Early Intervention in Psychosis RTT Within 14 Days is a concern. A number of vacancies have resulted in a service capacity gap. This gap means that the 50% referral to treatment target has not been met and is unlikely to be met until June 2017 when new recruits start in post.

Early intervention staff are being used flexibly from across the county to address the issues, which are mainly in the south.

Draft Division dashboards have been added to this report. These provide the Board of Directors with further detail on overall performance split by each Division. These will be evolved over the course of the next few months and it is expected that some parts of the current IPR will be removed.

Financial Performance

From a financial perspective the Board is asked to note that in surplus terms, the Trust slightly over achieved the control total by £32k. This is based on the ledger position as at the end of March 2017. However this is subject to change as NHS Improvement have committed to pay additional Sustainability Transformation Fund (STF) income to providers that over achieve their control totals. There will be a further incentive payment for providers such as us where there has been an impact of the Discount rate change on provisions where this impact has been managed internally.

Providers are required to take the additional STF income and flow it directly to their financial bottom line; thereby increasing their reported surplus value by the exact value of the STF income.

Key financial information has been submitted to NHSI on 19 April and based on this NHSI will calculate providers' final additional STF income. Providers will be notified of the amounts by end of business on Monday 24 April which is to be included in the draft accounts required to be submitted on 9am 26 April.

In light of the late notification of additional income and the time taken to process the income through all the relevant templates and documents, a manual update to the final unaudited financial position for 2016/17, which includes the final additional STF allocation, will need to be tabled at the Board meeting.

A briefing for staff will be prepared that explains the year-end adjustments to income created by NHSI STF income allocations.

With regard to other financial performance factors, the Use of Resources (UoR) metrics is unchanged from last month and is as per the forecast: our overall UoR remains a 3. Four of the five metrics are strong at 2, 1, 1 and 1, but the fifth metric, agency spend against ceiling, remains at 4 which triggers an override that restricts the overall rating to a 3.

When considering the impact of agency on the Trust overall Use of Resources rating: to have avoided triggering the override, the Trust would have needed to have spent £458k less agency expenditure during the year (i.e. to have spent less than 50% above ceiling). If that were the case, the overall use of resource rating of the Trust would be 2 not 3. This will be a key metric to scrutinise during the new financial year.

Planning continues for cost improvement action required to reach 2017/18 control total financial plan. Whilst early plans exist for some of the Trust CIP cost reduction of £3.85m (at our risk), the Commissioner-driven QIPP disinvestment schemes that require £3.05m income and cost reduction (at commissioner risk) are not yet agreed.

People Performance

Compulsory training compliance remains high and is above the 85% main contract commissioning for quality and innovation (CQUIN) target. Monthly and annual sickness absence rates remain high.

Budgeted Fte vacancies remain high but are decreasing. Appraisal compliance rates remain low but compliance is increasing.

A Recruitment and Retention project has been established which is focussing on the mid and longer term actions required to alleviate some of the pressures relating to these issues.

Strategic considerations

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

Board Assurances

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

As an integrated performance report the content of 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 papers and aspects of detailed content supporting the overview presented are regularly provided to, Finance and Performance Committee, People and Culture Committee and Quality Committee.

Governance or Legal issues

The integrated nature of this report is in response to the Deloitte Well Led Review and specifically recommendation R 22: *The Board needs to introduce an integrated performance report which encompasses key operational, quality, workforce and finance metrics*

Information supplied in this paper is consistent with returns to the Regulator. This report has replaced the previous operational and financial reports reported to Trust Board.

Equality Delivery System

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.

**Report
presented by:**

Mark Powell, Acting Chief Operating Officer
Claire Wright, Director of Finance
Amanda Rawlings, Director of People and Organisational Effectiveness
Carolyn Green, Director of Nursing and Patient Experience

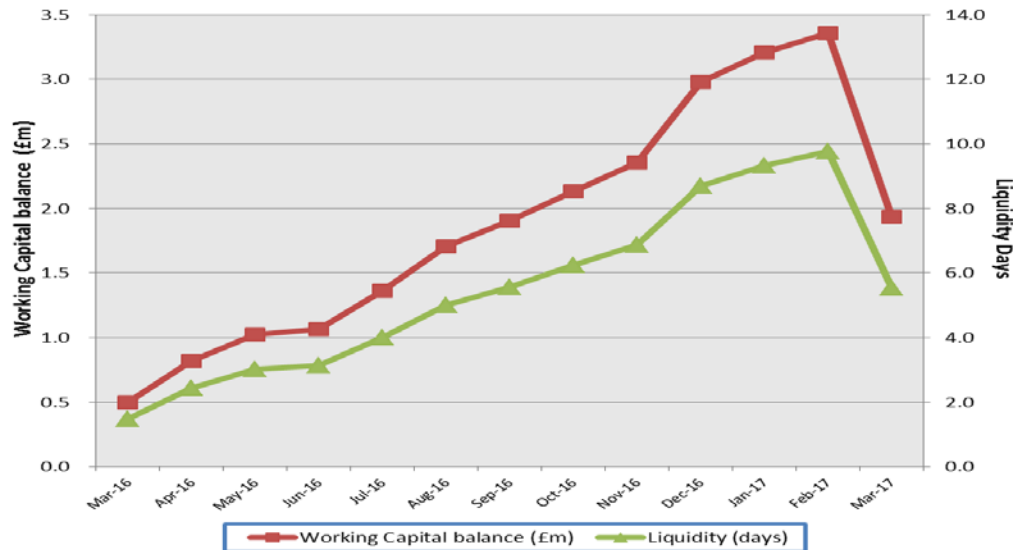
**Report prepared
by:**

Peter Charlton, General Manager, Information Management
Rachel Leyland, Deputy Director of Finance
Liam Carrier, Workforce Systems & Information Manager
Rachel Kempster, Risk and Assurance Manager
Peter Henson, Performance Manager

Liquidity

Enclosure E

Working Capital balance and Liquidity days



The first graph shows the working capital balance for the last 12 months (net current assets less net current liabilities adjusted for assets held for sale and inventories) and how many days of operating expenses that balance provides.

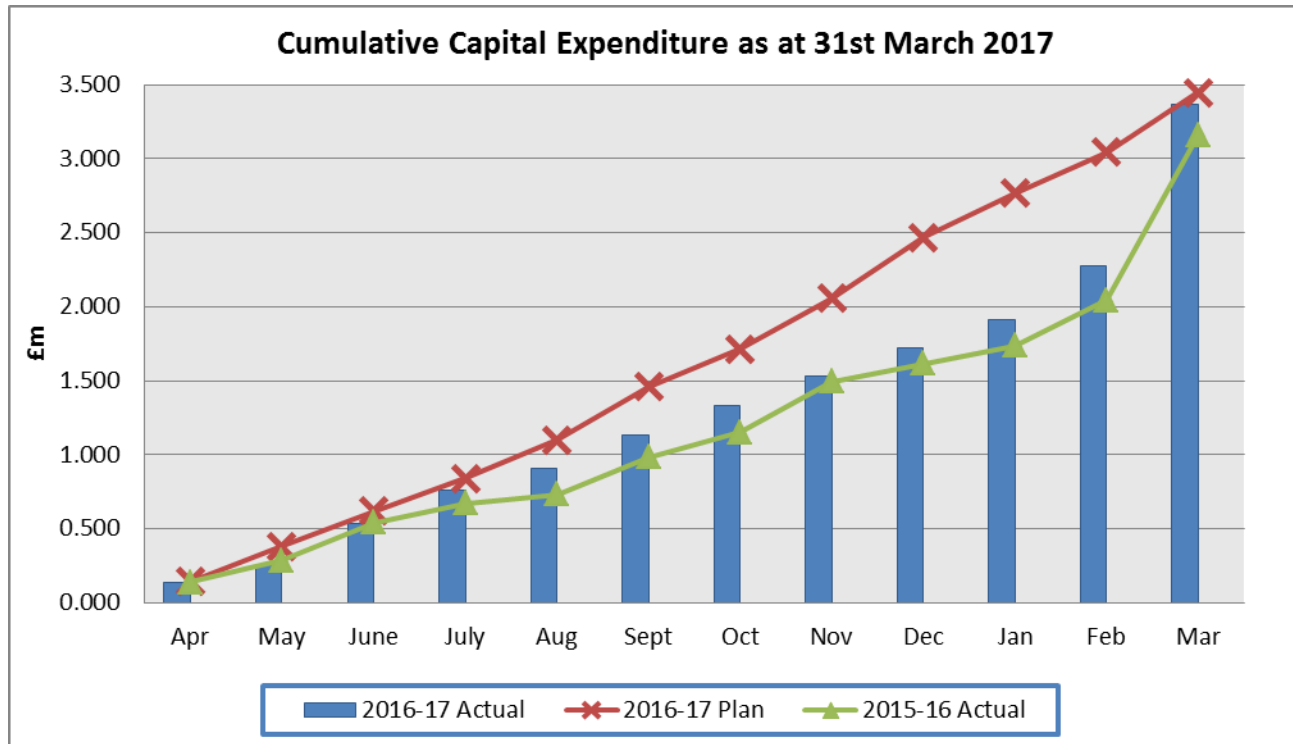
During this financial year working capital and liquidity continued to improve due to higher cash levels. The downturn at the end of March is reflective of the increase in year end transactions such as provisions, along with an increase in payables mainly related to capital as works have concluded at the end of March.

The liquidity at March is at 5.5 days which still gives a rating of 1 (the best) on that metric (-7days drops to a rating of 2).

The Trust Board is reminded that sector benchmarking information recently provided by external auditors illustrates that the peer average continues to be around +19 days, therefore our liquidity must remain a strategic priority for us to continue to improve and protect.



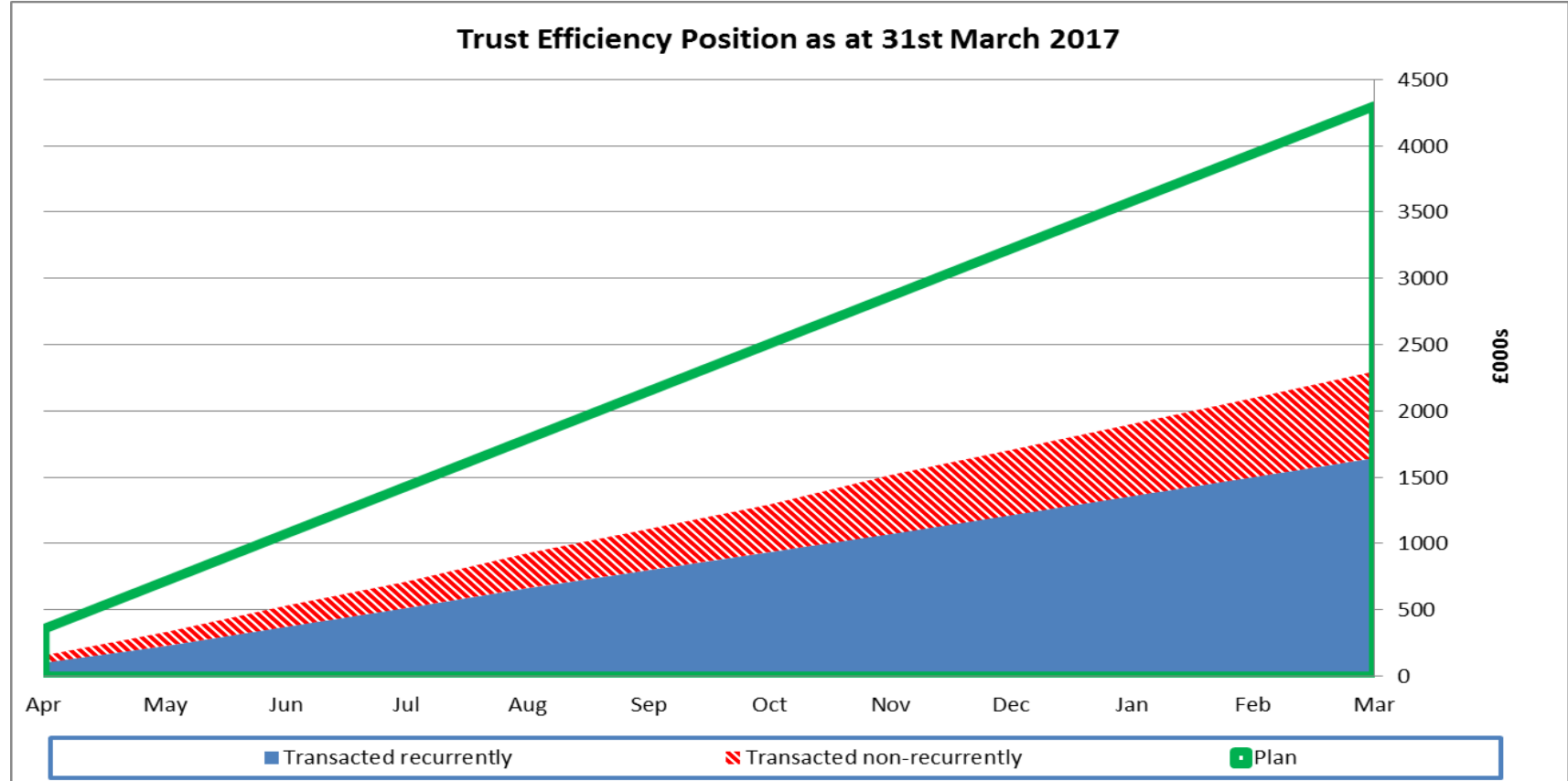
Cash is currently at £14m which is £1m better than the plan at the end of March. Within the Income and Expenditure position of achieving the plan, there is a proportion of non-cash items.



Capital Expenditure is slightly behind plan by £85k. The small underspend relates to the re-prioritisation of capital monies during the year in order to fund more urgent schemes such as the actions arising from the CQC inspection.

Works have been completed on several large projects at the end of March and not all capital expenditure has resulted in cash out due to the timing of payments.

Cost Improvement Programme (CIP)



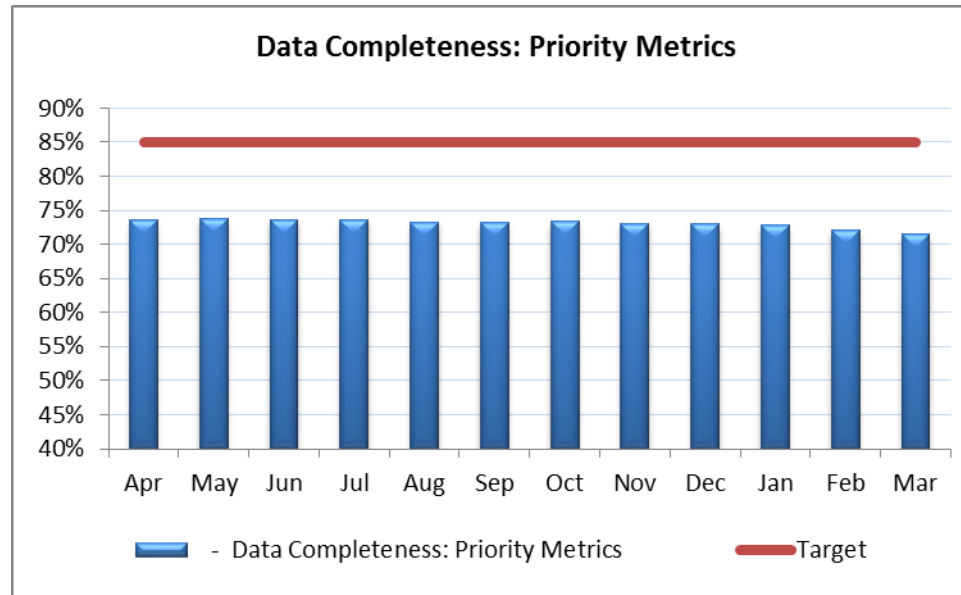
At the end of the financial year there was £2.3m of assured CIP against a plan of £4.3m, which left a gap of £2.0m. Of this £2.3m assured CIP £0.65m was assured non-recurrently.

Even though CIP has not been fully assured the control total has been achieved through expenditure underspends and income measures.

Trust Management Team and Executive Leadership Team continues to performance-monitor CIP delivery which is reported to Finance and Performance Committee who have delegated authority from Trust Board for oversight of CIP delivery.

Operational Section

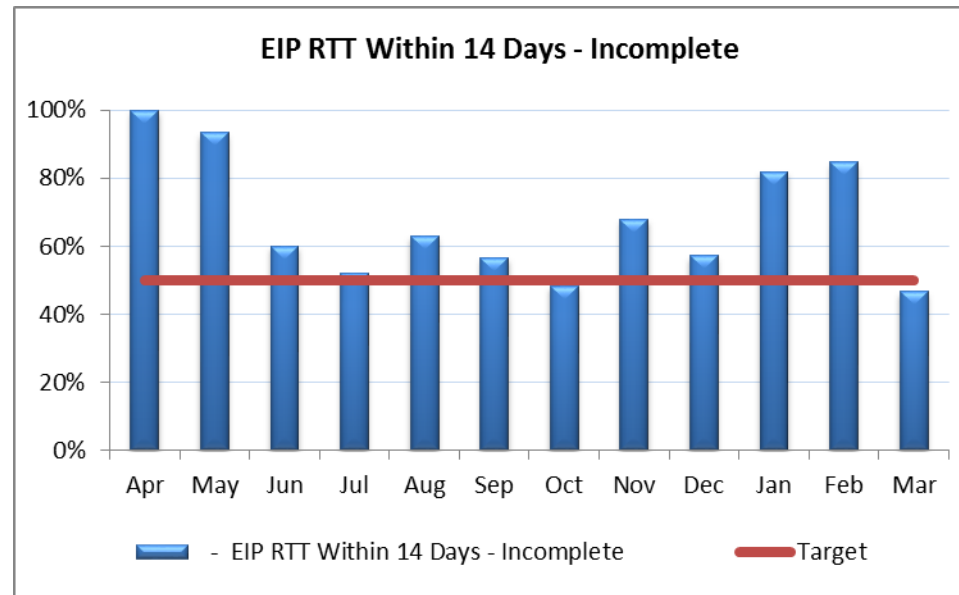
Data Completeness: Priority Metrics



As previously reported, the performance dashboard was amended on 1st December 2016 to reflect the NHS Improvement Single Oversight Framework targets which came into force from 1st October 2016. The national requirement is to achieve the priority metrics target of 85% by financial year end. Achieving this target in the timescale will be extremely challenging.

Trust Management Team to receive and consider options for resolving how performance can be improved against this standard.

Early Intervention in Psychosis RTT Within 14 Days - Incomplete



We currently have 4 Band 6 clinician vacancies in the Service. This gap means that we are at risk of breaching the 50% referral to treatment target.

We have been taking urgent action to accelerate the recruitment process and have 3 candidates to interview for the vacancies on 13th April. We are hoping to be able to offer all candidates posts and will then get them into post, aiming to further accelerate process to avoid delay. However this still means a likely soonest start date of end of May, and more realistically some time in June.

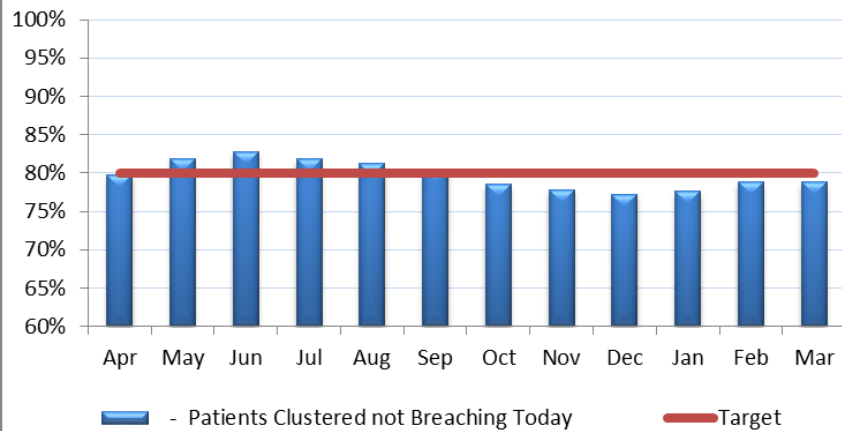
We have had an open request for agency staff over the past month, but have only recently been supplied with a clinician to start 10th April. Resource is being used flexibly from North EIS to pick up cases around border areas and to undertake some assessments. This has to be balanced in order that those services are not compromised. This might mean that we breach but that we have been able to prioritise cases that do need to be picked up.

We have communicated with Neighbourhood team managers to ask that they prioritise cases transitioning from EIS in order that we can improve flow from EIS and generate some capacity, however you will be aware of the challenges in Neighbourhood services already.

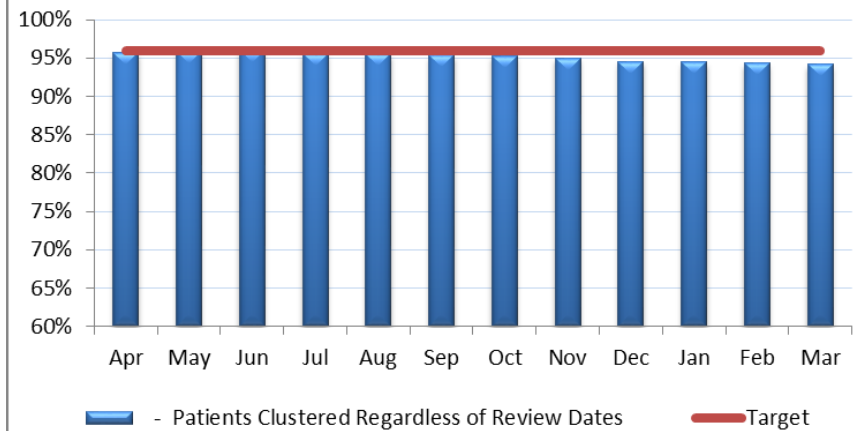
We are asking all staff who work part time hours to consider temporarily increasing hours to help capacity and we are working very hard to ensure that inappropriate information does not remain on the live report and skew the reporting figures.

Clustering

Patients Clustered not Breaching Today

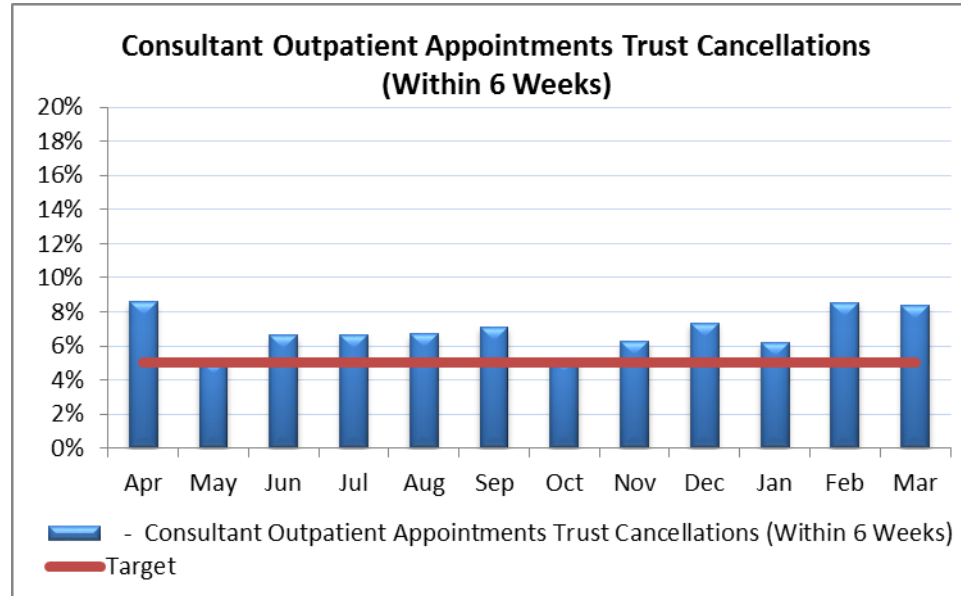


Patients Clustered Regardless of Review Dates



Action continues to be taken to sustain performance in this area. Finance and Performance Committee will receive a deep dive on this at its May meeting

Consultant Outpatient Appointments Trust Cancellations (within 6 weeks)



The vast majority of cancellations were unavoidable. The main reasons given for cancellations were consultant sickness absence, no consultant/staffing issues and appointments being rescheduled to meet 18 week referral to treatment requirements.

Associate Clinical Directors to review cancellations with a reason of annual leave to establish whether enough notice was given and if not, to reiterate that at least 6 weeks' notice is required for annual leave, to ensure patients are not inconvenienced.

Campus Division Performance Dashboard 2016/17 Month 12

Quality, Safety and Experience					
Indicator	Period	Target	Actual	RAG	Last 12 months
CPA 7 day follow-up	Monthly	95%	97%	G	
Crisis home treatment episodes	Monthly	N/A	81	N/A	
Delayed transfers of care	Monthly	0.8%	0.2%	G	
Never events	Monthly	0	0	G	
Incidents	Monthly	N/A	381	N/A	
Serious incidents	Monthly	N/A	7	N/A	
Falls resulting in severe injury/ death	Monthly	0	0	G	
Grade 3 or 4 pressure ulcers	Monthly	0	0	G	
MRSA Bacteraemia	Monthly	0	0	G	
Crisis gatekeeping	Monthly	95%	97%	G	
Mixed sex accommodation breaches	Monthly	0	0	G	
Under 16 admissions to adult facilities	Monthly	0	0	G	
New complaints	Monthly	N/A	4	N/A	
New concerns	Monthly	N/A	5	N/A	
Complaints upheld/partially upheld	Monthly	N/A		N/A	
Compliments	Monthly	N/A	37	N/A	
Friends and Family Test % positive	Monthly	N/A	96%	N/A	
Complaint response breaches	Monthly	N/A		N/A	

Pulse Check					
Indicator	Period	Target	Actual	RAG	Last 12 months

Performance					
Indicator	Period	Target	Actual	RAG	Last 12 months
Hartington Unit bed occupancy – including leave	Monthly	85%	102%	R	
Hartington Unit bed occupancy – excluding leave	Monthly	85%	87%	R	
Hartington Unit length of stay	Monthly	36	64	R	
Radbourne Unit bed occupancy – including leave	Monthly	85%	100%	R	
Radbourne Unit bed occupancy – excluding leave	Monthly	85%	93%	R	
Radbourne Unit length of stay	Monthly	36	47	R	
Kingsway bed occupancy – including leave	Monthly	85%	78%	G	
Kingsway bed occupancy – excluding leave	Monthly	85%	72%	G	
Kingsway length of stay	Monthly	N/A	190	N/A	
Activity against contract – inpatient rehab.	Monthly	95%	89%	R	

People					
Indicator	Period	Target	Actual	RAG	Last 12 months
Vacancy rate	Monthly	N/A	0.6%	N/A	
Turnover – rolling 12 months	Yearly	10%	11.7%	G	
Sickness – in month	Monthly	5%	6%	R	
Annual appraisals	Monthly	90%	84%	R	
Mandatory training	Monthly	85%	90%	G	
Agency staff use	Monthly	1.9%	1%	G	
Bank staff use	Monthly	5%	14%	R	
Clinical supervision	Yearly	100%	29%	R	
Managerial supervision	Yearly	100%	46%	R	

Campus Division Performance Dashboard 2016/17 Month 12

Finance					
Indicator	Period	Target	Actual	RAG	Last 12 months
Performance against budget £'000s	In month	2447	2473	R	
Performance against budget £'000s	Year to date	29930	30065	R	
Out of area placement expenditure (PICU) £'000s	Monthly	1065	1471	R	

General Manager Summary

- Length of stay/ out of area placements project has commenced which is focusing on length of stay issues and will involve implementing a structured programme of improvement.
This will include a review of utilisation of leave beds across the different units to facilitate an enhanced universal approach
- Recruitment and Retention group has been launched to focus on these issues
- The levels of DTOC have decreased this is in part due to a review of the application of the DTOC criteria which is a very restricted criteria.

Central Services Division Performance Dashboard 2016/17 Month 12

Quality, Safety and Experience					
Indicator	Period	Target	Actual	RAG	Last 12 months
Never events	Monthly	0	0	G	
Incidents	Monthly	N/A	44	N/A	
Serious incidents	Monthly	N/A	6	N/A	
MRSA Bacteraemia (perinatal)	Monthly	0	0	G	
New complaints	Monthly	N/A	3	N/A	
New concerns	Monthly	N/A	3	N/A	
Complaints upheld/partially upheld	Monthly	N/A		N/A	
Compliments	Monthly	N/A	144	N/A	
Friends and Family Test % positive	Monthly	N/A	100%	N/A	
Complaint response breaches	Monthly	N/A		N/A	




Pulse Check					
Indicator	Period	Target	Actual	RAG	Last 12 months

Performance					
Indicator	Period	Target	Actual	RAG	Last 12 months
Activity against contract – ASD assessments (cumulative)	Monthly	100%	162%	G	
Activity against contract – perinatal inpatient bed days	Monthly	100%	87.5%	R	
Activity against contract – perinatal south community contacts	Monthly	100%	113%	G	
Activity against contract – eating disorder service contacts	Monthly	100%	143%	G	
Waiting list - ASD assessment	Monthly	N/A	379	N/A	
Waiting list - dietetics	Monthly	N/A	5	N/A	

Performance					
Indicator	Period	Target	Actual	RAG	Last 12 months
Waiting list – eating disorders	Monthly	N/A	16	N/A	
Waiting list – LD speech and language therapy	Monthly	N/A	169	N/A	
Waiting list - physiotherapy	Monthly	N/A	78	N/A	
Waiting list – psychological therapies	Monthly	N/A	105	N/A	
Waiting list - psychology	Monthly	N/A	598	N/A	
IAPT step 2 discharges	Monthly	N/A	84	N/A	
IAPT step 3 discharges	Monthly	N/A	712	N/A	
IAPT recovery rate	Monthly	50%	53.4%	G	
IAPT reliable improvement & recovery rate	Monthly	65%	70.6%	G	
Substance Misuse City:					
TOPS compliance - start	Quarterly	80%	98%	G	
TOPS compliance - review	Quarterly	80%	91%	G	
TOPS compliance - exit	Quarterly	80%	94%	G	
Waiting time into treatment over 21 days	Quarterly	0%	0%	G	
Substance Misuse County:					
TOPS compliance - start	Quarterly	80%	99%	G	
TOPS compliance - review	Quarterly	80%	93%	G	
TOPS compliance - exit	Quarterly	80%	96%	G	
Waiting time into treatment over 21 days	Quarterly	0%	1%	A	

People					
Indicator	Period	Target	Actual	RAG	Last 12 months
Vacancy rate	Monthly	N/A	9.5%	N/A	
Turnover – rolling 12 months	Yearly	10%	10%	G	

Central Services Division Performance Dashboard 2016/17 Month 12

People					
Indicator	Period	Target	Actual	RAG	Last 12 months
Sickness – in month	Monthly	5%	5.2%	R	
Annual appraisals	Monthly	90%	79%	R	
Mandatory training	Monthly	85%	88%	G	
Agency staff use	Monthly	1.9%	1.3%	G	
Bank staff use	Monthly	5%	3.6%	G	
Clinical supervision	Yearly	100%	47%	R	
Managerial supervision	Yearly	100%	64%	R	

Finance					
Indicator	Period	Target	Actual	RAG	Last 12 months
Performance against budget £'000s	In month	1660	1644	G	
Performance against budget £'000s	Year to date	19803	19445	G	

General Manager Summary

- Recruitment and Retention group has been launched to focus on these issues
- Pressures around LD medical agency and Perinatal medical agency. LD in recruitment and perinatal awaiting return of consultant.
- Supervision improving (49% and 67% at 19/4) as several months into action plans for substance misuse, perinatal and medical secretaries but still in lag / catch up phase.
- Monitoring perinatal bed occupancy. Increasing after dip and collating information on accepted and non-accepted referrals to inform demand position.

Children's Services Division Performance Dashboard 2016/17 Month 12

Quality, Safety and Experience					
Indicator	Period	Target	Actual	RAG	Last 12 months
Never events	Monthly	0	0	G	
Incidents	Monthly	N/A	13	N/A	
Serious incidents	Monthly	N/A	0	N/A	
New complaints	Monthly	N/A	2	N/A	
New concerns	Monthly	N/A	6	N/A	
Complaints upheld/partially upheld	Monthly	N/A		N/A	
Compliments	Monthly	N/A	5	N/A	
Friends and Family Test % positive	Monthly	N/A	100%	N/A	
Complaint response breaches	Monthly	N/A		N/A	

Pulse Check					
Indicator	Period	Target	Actual	RAG	Last 12 months

Performance					
Indicator	Period	Target	Actual	RAG	Last 12 months
Paediatric current waits < 18 weeks	Monthly	90%	50%	R	
Paediatric waiting list	Monthly	N/A	999	N/A	
Paediatric new referrals	Monthly	N/A	263	N/A	
Paediatric attended 1 st appointments	Monthly	N/A	193	N/A	
CAMHS current waits < 18 weeks	Monthly	90%	98%	G	
CAMHS waiting list	Monthly	N/A	283	N/A	
CAMHS activity – attended contacts	Monthly	N/A	1988	N/A	
CAMHS caseload	Monthly	N/A	1886	N/A	

Performance					
Indicator	Period	Target	Actual	RAG	Last 12 months
CAMHS RISE – referrals from A&E seen same day	Monthly	N/A	44%	N/A	
CAMHS RISE – discharges with completed ESQ	Monthly	N/A	37%	N/A	
CAMHS RISE – discharges with completed SFQ	Monthly	N/A	52%	N/A	
CAMHS RISE – A&E referral rate (as a percentage of total referrals)	Monthly	N/A	78%	N/A	
Children in care health assessments – children aged under 5	Monthly	N/A	71%	N/A	
Children in care health assessments – children aged 5 and over	Monthly	N/A	76%	N/A	
10-14 day breastfeeding coverage	Monthly	98%	96%	R	
6-8 week breastfeeding coverage	Monthly	98%	94%	R	
National child measurement programme (NCMP)	Quarterly	N/A	1458	N/A	
Audiology contacts	Quarterly	N/A	878	N/A	
SEND process – letter 1 responses within 15 days	Monthly	N/A	70%	N/A	
SEND process – letter 2 responses within 42 days	Monthly	N/A	51%	N/A	

People					
Indicator	Period	Target	Actual	RAG	Last 12 months
Vacancy rate	Monthly	N/A	8.7%	N/A	
Turnover – rolling 12 months	Yearly	10%	13.8%	R	
Sickness – in month	Monthly	5%	4.8%	G	
Annual appraisals	Monthly	90%	73%	R	
Mandatory training	Monthly	85%	89%	G	
Agency staff use	Monthly	1.9%	3.3%	R	
Bank staff use	Monthly	5%	2.9%	G	

Children's Services Division Performance Dashboard 2016/17 Month 12

People					
Indicator	Period	Target	Actual	RAG	Last 12 months
Clinical supervision	Yearly	100%	69%	R	
Managerial supervision	Yearly	100%	64%	R	

Finance					
Indicator	Period	Target	Actual	RAG	Last 12 months
Performance against budget £'000s	In month	1273	1244	G	
Performance against budget £'000s	Year to date	15173	13921	G	

General Manager Summary

- Paediatric current waits < 18 weeks**

This report was submitted to TMT and approved at meeting held on 10/04/17



CMDG mar 17 (3)
(3).docx (3).doc

- Clinical supervision**

Although significant progress has been made regarding recording, services are struggling to achieve required level. Further emphasis will be placed upon this over the next month and raised within COAT.

- Managerial Supervision**

Services are struggling to achieve required level. Further emphasis will be placed upon this over the next month and raised within COAT.

- 10-14 day breastfeeding coverage**

Although coverage target has not been reached, the prevalence target has been achieved for this month.

- 6-8 week breastfeeding coverage**

Although coverage target has not been reached, the prevalence target has been achieved for this month.

- Turnover – rolling 12 months**

All services have been impacted by difficulty to recruit new staff. Recruitment Fair took place on 11th March 2017. Although awaiting final confirmation, all indications are that a large number of staff have been appointed and the vast majority of vacancies have been filled as a result of recruitment fair. Recruitment and Retention group has been launched to focus on these issues







- Annual appraisals**

Services are struggling to achieve required level. This is specifically the case within Universal services which has been significantly impacted by large number of vacancies. Further emphasis will be placed upon this over the next month and raised within COAT.




- Agency staff use**












Specifically in CAMHs and Community Paediatricians. Recruitment plans are in place to reduce this over the next 3 months.






Neighbourhood Services Division Performance Dashboard 2016/17 Month 12

Quality, Safety and Experience					
Indicator	Period	Target	Actual	RAG	Last 12 months
Never events	Monthly	0	0	G	
Incidents	Monthly	N/A	44	N/A	
Serious incidents	Monthly	N/A	5	N/A	
New complaints	Monthly	N/A	5	N/A	
New concerns	Monthly	N/A	26	N/A	
Complaints upheld/partially upheld	Monthly	N/A		N/A	
Compliments	Monthly	N/A	20	N/A	
Friends and Family Test % positive	Monthly	N/A	79%	N/A	
Complaint response breaches	Monthly	N/A		N/A	


Pulse Check					
Indicator	Period	Target	Actual	RAG	Last 12 months

Performance					
Indicator	Period	Target	Actual	RAG	Last 12 months
North Derbyshire					
Community caseload	Monthly	N/A	2821	N/A	
Community waiting list	Monthly	N/A	359	N/A	
Community referrals	Monthly	N/A	322	N/A	
Community activity	Monthly	N/A	4731	N/A	
Community discharges	Monthly	N/A	318	N/A	
Outpatient memory assessment service caseload	Monthly	N/A	1092	N/A	
Outpatient caseload (exc. MAS)	Monthly	N/A	5117	N/A	
Outpatient waiting list < 18 weeks	Monthly	92%	98%	G	

Performance					
Indicator	Period	Target	Actual	RAG	Last 12 months
South Derbyshire					
Community caseload	Monthly	N/A	2508	N/A	
Community waiting list	Monthly	N/A	658	N/A	
Community referrals	Monthly	N/A	293	N/A	
Community activity	Monthly	N/A	3786	N/A	
Community discharges	Monthly	N/A	306	N/A	
Outpatient memory assessment service caseload	Monthly	N/A	519	N/A	
Outpatient caseload (exc. MAS)	Monthly	N/A	3419	N/A	
Outpatient waiting list < 18 weeks	Monthly	92%	92%	G	
Derby City					
Community caseload	Monthly	N/A	1834	N/A	
Community waiting list	Monthly	N/A	309	N/A	
Community referrals	Monthly	N/A	145	N/A	
Community activity	Monthly	N/A	4049	N/A	
Community discharges	Monthly	N/A	137	N/A	
Outpatient caseload	Monthly	N/A	3193	N/A	
Outpatient waiting list < 18 weeks	Monthly	92%	95%	G	

People					
Indicator	Period	Target	Actual	RAG	Last 12 months
Vacancy rate	Monthly	N/A	4.4%	N/A	
Turnover – rolling 12 months	Yearly	10%	9.8%	G	
Sickness – in month	Monthly	5%	6%	R	
Annual appraisals	Monthly	90%	73%	R	
Mandatory training	Monthly	85%	89%	G	
Agency staff use	Monthly	1.9%	13.6%	R	

Neighbourhood Services Division Performance Dashboard 2016/17 Month 12

People					
Indicator	Period	Target	Actual	RAG	Last 12 months
Bank staff use	Monthly	5%	1.5%	G	
Clinical supervision	Yearly	100%	56%	R	
Managerial supervision	Yearly	100%	69%	R	

to sustain performance across the range of indicators.

Finance					
Indicator	Period	Target	Actual	RAG	Last 12 months
Performance against budget £'000s	In month	1886	1932	R	
Performance against budget £'000s	Year to date	22557	21641	G	

General Manager Summary

- Work on recruitment and retention has kept turnover within the required target for the rolling 12 months. Sickness absence has slightly exceeded target but has improved throughout the year
- We have been working on improving appraisal rates but a lot of new starters and pressure within the neighbourhood teams means we have not achieved the target.
- We have exceeded target for use of agency staff and this has varied over the year, there have been issues with recruiting in some areas where other Trusts' border on our areas and there is a lot of competition for prospective candidates. Sickness absence, secondments (which we try to avoid) and age of the staff group set particular issues with recruitment and retention that have contributed to the overall use of agency staff and is very difficult to counteract, however it is a challenge we constantly try to overcome.
- Recruiting to medical posts has been extremely challenging throughout the year, this is a national issue and we have worked with other Trust departments to try and resolve this
- Work has been done in all neighbourhoods to achieve the 18 week waiting for outpatients and this is reflected in our meeting the target.
- Rates of supervision are not to target and are a concern. We have looked at the reporting framework and the way we manage supervision across all the teams to enable improvement. However we expect this to require ongoing and sustained attention going forward.
- Overall these teams are managing with an acknowledged gap in resource against an increase in rate of referral and caseload. We have recruited well over the past twelve months but these factors combine to make it very difficult

WARD STAFFING

Enclosure E

Ward name	Occupancy % Rate	Day		Night		Comments Required	Analysis and Action Plan for 'Average fill rate' above 125% and below 90%
		Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)		
AUDREY HOUSE RESIDENTIAL REHABILITATION	74.52%	155.7%	69.2%	171.0%	35.5%	Yes	We now have a changed skill mix in terms of working with 2 qualified at night. Our ratio of qualified nurses is greater than that of Nursing assistants as we are aiming for 2 qualified per shift.
CHILD BEARING INPATIENT	88.71%	81.7%	81.2%	100.0%	135.5%	Yes	Current fill rate tolerances for day registered nurses were broken due to supernumerary/induction status of two new starters and cover for maternity leave. Broken on nights due to observation levels and long term sickness absence cover.
CTC RESIDENTIAL REHABILITATION	88.36%	103.4%	85.7%	138.7%	83.9%	Yes	No comment received
ENHANCED CARE WARD	96.13%	76.1%	135.2%	66.1%	206.5%	Yes	We still have vacancies in RN cover and are using unqualified staff cover. We have 3 new starters on horizon. One to start in April and a further 2 at the beginning of August. We are attempting to cover all vacant shifts with bank staff that are familiar with ward. The high rate for Unqualified staff at night reflects both backfill for qualified staff 34% short, plus exceptionally high clinical activity in relation to observation levels both on and off ward. Though out the month in question have constantly had at least 2 patients on high levels either 1 or 2.
HARTINGTON UNIT - MORTON WARD ADULT	101.34%	105.5%	123.8%	53.2%	293.5%	Yes	We have 5 registered nurse vacancies of which we are awaiting start dates for the staff already recruited into post. We have band 3 vacancies also of which we are awaiting start dates also.
HARTINGTON UNIT - PLEASLEY WARD ADULT	106.13%	115.5%	77.6%	55.9%	161.3%	Yes	Some of the Care Staff shifts on days have been covered by Registered Nurses due to the need to cover short-term sickness and redeployment of Care Staff. The under safer staffing figures of Registered Nurses on nights is because we haven't always been able to cover the shifts with 2 Registered Nurses due to re-deployment to support other wards and to cover the Hartington Unit bleep holder role, these shifts have been back filled with Care Staff.

WARD STAFFING

Enclosure E

Ward name	Occupancy % Rate	Day		Night		Comments Required	Analysis and Action Plan for 'Average fill rate' above 125% and below 90%
		Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)		
HARTINGTON UNIT - TANSLEY WARD ADULT	97.98%	74.4%	137.0%	50.0%	212.9%	Yes	Deficits in Registered Nurse duties have been filled by predominantly Bank HCA duties to enable overall staffing figures of 5/5/3. Absences and vacancies mean that only around 60% of the budgeted wte at Band 5 is available for duty before taking into account short term sickness, training or annual leave in addition only 50% of wte Band 6 is available for duty on day duty to cover Lead Nurse and Bleep duties or clinical shifts. All registered staff are doing extra shifts where they can to keep a safe skill mix and staffing ratio we expect as sickness reduces and staff return from maternity leave the skill mix will once again improve.
KEDLESTON LOW SECURE UNIT	68.23%	99.3%	84.2%	101.6%	100.0%	Yes	we currently have 2 vacancies for nursing assistants and 3RN's. We are currently working at lower staffing levels due to reduction in number of patients in preparation for the refurbishment works so this will contribute to some shifts looking like they are unfilled.
KINGSWAY CUBLEY COURT - FEMALE	67.92%	112.8%	107.2%	61.3%	130.1%	Yes	The reasons for breaking tolerance rate are: sickness, Annual leave, Maternity leave and Training.
KINGSWAY CUBLEY COURT - MALE	63.80%	77.9%	112.0%	72.6%	162.4%	Yes	Regarding the 'red' areas on the report: We currently have RN vacancies on the ward but have maintained 2 registered on each shift. On night shifts we have been unable to cover all the nights with 2 RNs however there were nights during the month when the 2nd RN was moved to cover another ward. The reason for over booking of Nursing assistants for nights was due to supportive observations on the ward

WARD STAFFING

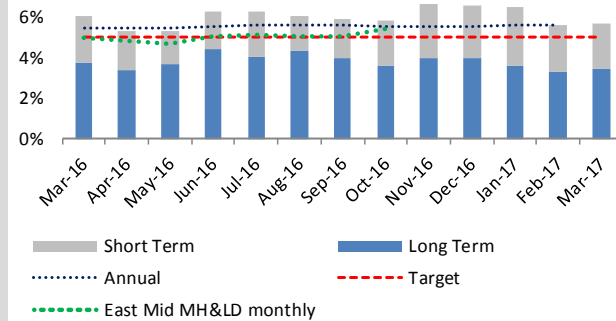
Enclosure E

Ward name	Occupancy % Rate	Day		Night		Comments Required	Analysis and Action Plan for 'Average fill rate' above 125% and below 90%
		Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)		
LONDON ROAD COMMUNITY HOSPITAL - WARD 1 OP	103.76%	92.4%	107.0%	100.0%	153.3%	Yes	This has been increased due to the clinical activity on the ward and the increased levels of 2 patients and also considering the increased bed numbers on the ward recently.
RADBOURNE UNIT - WARD 33 ADULT ACUTE INPATIENT	95.32%	84.2%	152.5%	59.7%	283.9%	Yes	Ward 33 are unable to meet the required fill rates due to significant Band 5 Registered Nurse vacancies, on nights currently only able to roster 1 Registered Nurse on shift, unqualified on nights and days have been rostered with regular staff to support.
RADBOURNE UNIT - WARD 34 ADULT ACUTE INPATIENT	104.19%	85.9%	135.8%	77.4%	238.7%	Yes	Ward 34 have had a continued high clinical activity, we continue to carry band 5 vacancies which is being addressed through recruitment.
RADBOURNE UNIT - WARD 35 ADULT ACUTE INPATIENT	104.35%	76.1%	135.3%	66.1%	117.7%	Yes	We have broken current fill rates as we are currently unable to fill our qualified nursing vacancies. We have increased our number of regular nursing assistants to back fill into these vacancies.
RADBOURNE UNIT - WARD 36 ADULT ACUTE INPATIENT	99.52%	101.4%	126.7%	58.1%	300.0%	Yes	There is an increase of day care staff due to the high clinical activity on the ward. Registered Nurses on nights are low due to staff vacancies and care staff (at Night) higher to compensate for this.

Workforce Section

Sickness Absence

(Monthly)



Jan-17

6.47%

Feb-17

5.61%

Mar-17

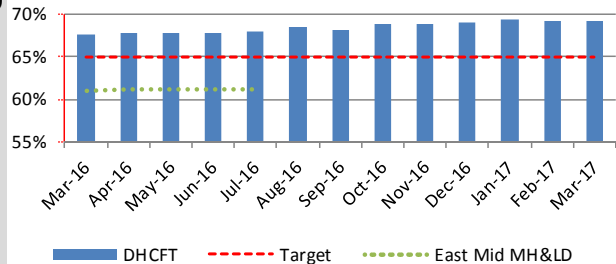
5.70%

Target 5.04%

The monthly sickness absence rate is 0.09% higher compared to the previous month however it is 0.39% lower than in the same period last year. The Trust annual sickness absence rate is running at 5.59% (as at Feb 2017 latest available data). Anxiety / stress / depression / other psychiatric illnesses remains the Trusts highest sickness absence reason and accounts for 31.09% of all sickness absence, followed by surgery at 14.74% and other musculoskeletal problems at 9.36%. Compared to the previous month short term sickness absence has decreased by 0.03% and long term sickness absence has increased by 0.12%.

Qualified Nurses

(To total nurses, midwives, health visitors and healthcare assistants)



Jan-17

69.24%

Feb-17

69.17%

Mar-17

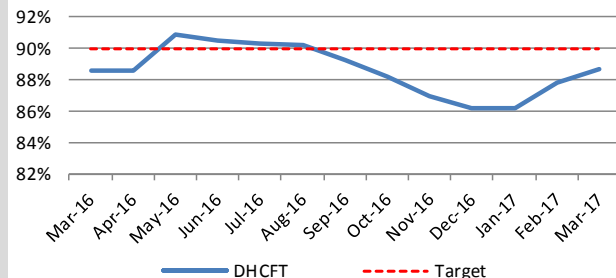
69.08%

Target 65%

Contracted staff in post qualified nurses to total nurses, midwives, health visitors and healthcare assistants is running at 69.08%. Vacancy rates can impact on this measure. The average for East Midlands Mental Health & Learning Disability Trusts is 61.19%. Health Visitors represent 5.04% of the Trust total and are not included in the Qualified Nurses calculation. Healthcare Assistants and Nursing Support staff represent 25.88% of the total.

Compulsory Training

(Staff in-date)



Jan-17

86.21%

Feb-17

87.83%

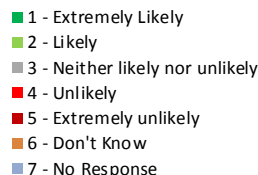
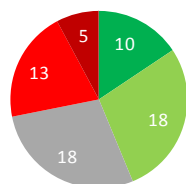
Mar-17

88.73%

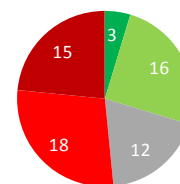
Target 90%

Compulsory training compliance continues to remain high running at 88.73%, an increase of 0.90% compared to the previous month. Compared to the same period last year compliance rates are 0.14% higher. Compulsory training compliance remains above the 85% main contract commissioning for quality and innovation (CQUIN) target.

How likely are you to recommend this organisation to friends and family if they needed care or treatment.

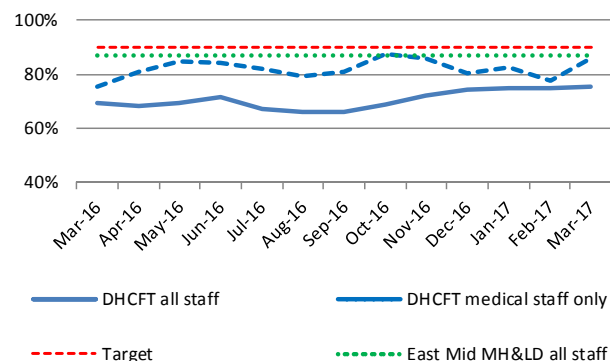


How likely are you to recommend this organisation to friends and family as a place to work.



	2016	National average 2016	2015	National average 2015
Overall staff engagement:	3.69	3.84	3.73	3.81

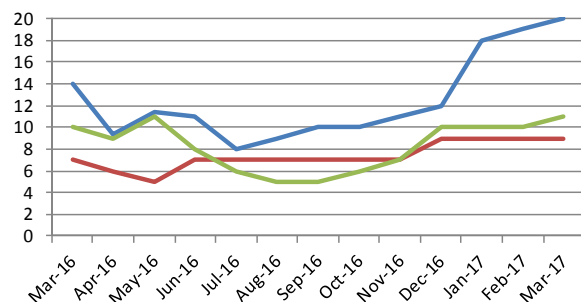
Appraisals	Jan-17	Feb-17	Mar-17
(All staff)	74.60%	74.62%	75.14%



Target 90%

The number of employees who have received an appraisal within the last 12 months has increased by 0.52% during March 2017 to 75.14%. Compared to the same period last year, compliance rates are 5.02% higher. Medical staff appraisal compliance rates are running at 86.11%. According to the 2016 staff survey results, the national average for Mental Health & Learning Disability Trusts is 88.79%. Local benchmarking data for a range of Trusts in the East Midlands shows an average completion rate of 82.86%.

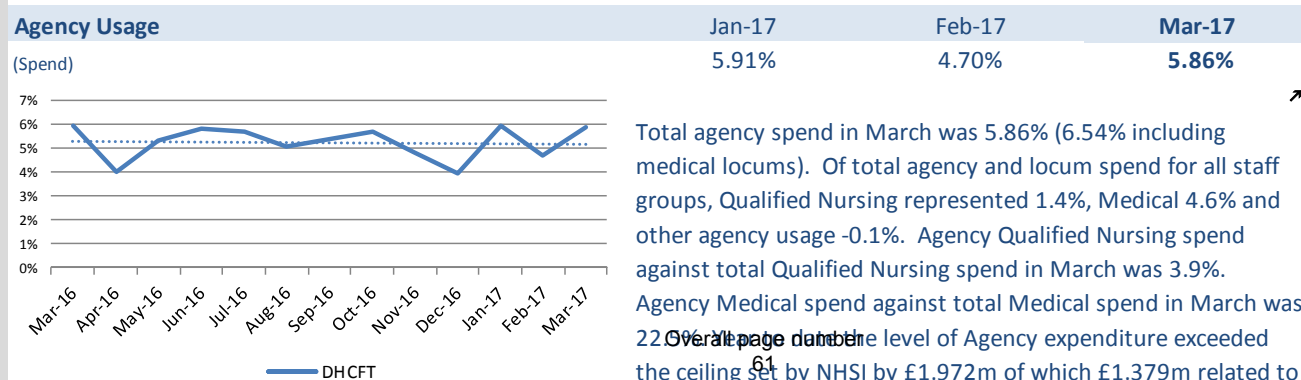
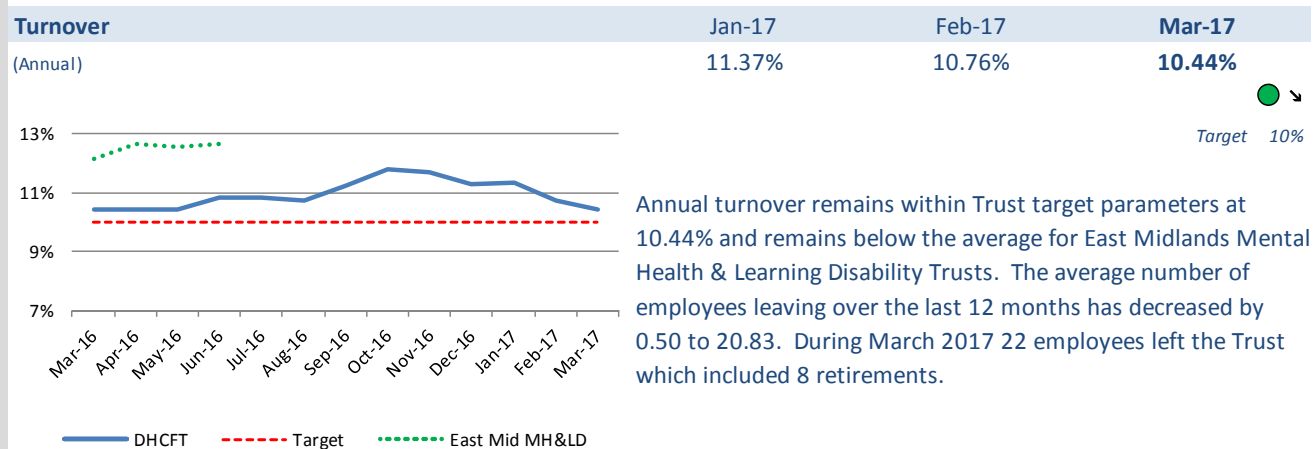
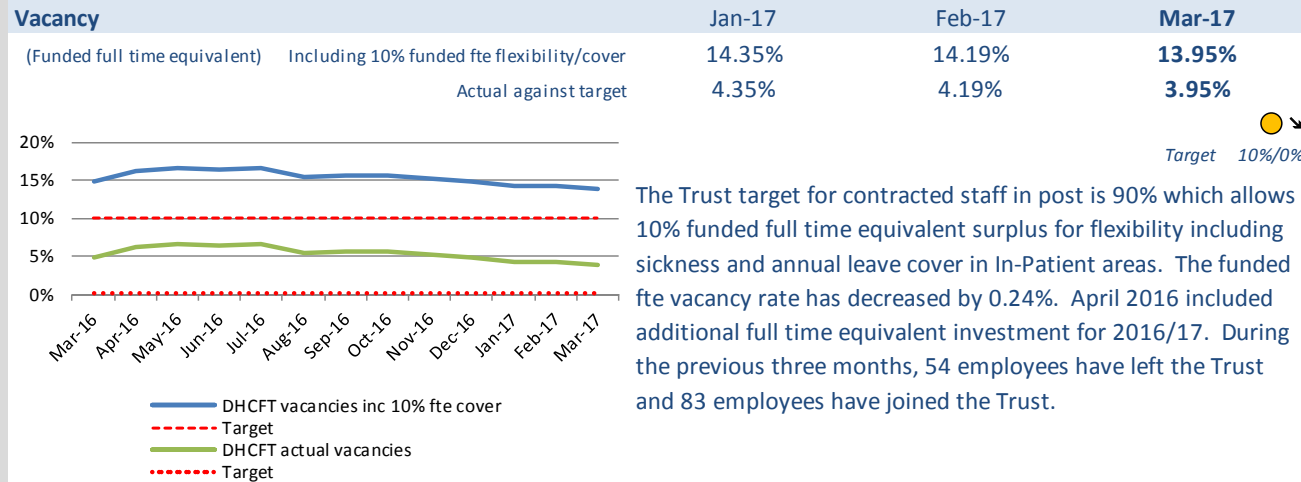
Grievances/Dignity at Work/Disciplinaries as at 31/03/2017



There are 11 grievance cases lodged at the formal stage. 1 new grievance has been lodged in the period. No new Dignity at Work cases have been identified. 1 new Disciplinary case has occurred in the period with the possibility of 2 being resolved during the next period. Efforts are on-going to manage the cases with robust requests being escalated to Deputy Director level should managers not be progressing cases in a timely way.



Overall page number
60



Derbyshire Healthcare NHS Foundation Trust
Report to Board of Directors 26 April 2017

Governance Improvement Action Plan (GIAP)

Purpose of Report

As described in the GIAP Governance and Delivery framework, the Board has overall responsibility for ensuring that the GIAP is delivered.

Therefore, the purpose of this paper is as follows:

1. To provide Board members with an update on progress on the delivery of the GIAP, including the identification of tasks and recommendations that are off track.
2. To receive assurances on delivery and risk mitigation from Board Committees and Lead Directors.
3. To enable Board members to constructively challenge each other to establish whether sufficient evidence has been provided for completed actions.
4. To decide whether tasks and recommendations can be closed and archived.

Executive Summary

This paper provides the Board with an update on the progress of delivering the GIAP.

The governance of each core area is as follows:

Core	Committee	Lead Director
Core 1 - HR and associated Functions	People and Culture	Interim Director of People and Organisational Effectiveness
Core 2 - People and Culture	People and Culture	Interim Director of People and Organisational Effectiveness
Core 3 - Clinical Governance	Quality	Director of Nursing and Patient Experience
Core 4 - Corporate Governance	Audit & Risk	Director of Corporate Affairs
Core 5 - Council of Governors	Council of Governors	Director of Corporate Affairs
Core 6 - Roles and Responsibilities of Board Members	Remuneration and Appointments	Director of Corporate Affairs
Core 7 - HR and OD	People and Culture	Interim Director of People and Organisational Effectiveness
Core 8 - Raising concerns at work	People and Culture	Director of Corporate Affairs
Core 9 - Fit and Proper	Remuneration and Appointments	Director of Corporate Affairs
Core 10 - CQC	People and Culture	Interim Director of People and Organisational Effectiveness
Core 11 - NHS improvement undertakings	Board of Directors	Director of Corporate Affairs

The summary table below provides Board members with an overview of performance against all 53 recommendations, set against each respective core area and from the perspective of the oversight Committees.

Core	Number of Recommendations	Off Track	Some Issues	On Track	Completed
Core 1 - HR and Associated Functions	5	0	0	0	5
Core 2 - People and Culture	6	0	0	0	6
Core 3 - Clinical Governance	3	0	0	0	3
Core 4 - Corporate Governance	13	0	0	0	13
Core 5 - Council of Governors	3	0	0	0	3
Core 6 - Roles and Responsibilities of Board Members	5	0	0	0	5
Core 7 - HR and OD	8	0	0	0	8
Core 8 - Raising concerns at work	1	0	0	0	1
Core 9 - Fit and Proper	1	0	0	0	1
Core 10 - CQC	2	0	0	0	2
Core 11 - NHS improvement undertakings	6	0	0	2	4
Total	53	0	0	2	51

All recommendations are complete for Core areas 2, 5, 8, 9 and 10. There are **14** blue forms to present to the Board. (not included but available on request)

HR3, HR4, WOD5 and WOD6 blue forms are included, pending consideration at the People and Culture Committee on 20 April 2017. A verbal update will be given on these recommendations.

Recommendations that are due to be considered by the Remuneration and Appointments Committee to held on 26 April (prior to the Public Trust Board meeting) are also included pending consideration and verbal feedback from the Committee. These are: RR1,RR2, RR3, RR5.

GIAP Recommendations Approval Pipeline, January – May 2017

The approval pipeline as at 18.04.17 is attached for information.

There are currently no recommendations that are rated as 'off track' or 'some issues'.

Strategic considerations

Delivery of the GIAP links directly to NHS Improvement's enforcement action and associated licence undertakings

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

Board Assurances

This paper should be considered in relation to key risks contained in the Board Assurance Framework namely:

- 3a: There is a risk that the NHSI enforcement actions and CQC requirement notice, coupled with adverse media attention may lead to significant loss of public confidence in our services and in the trust of staff as a place to work
- 3b: Risk of a loss of confidence by staff in the leadership of the organisation at all levels

Consultation

Core areas have been discussed at respective Board Committees

Governance or Legal Issues

This paper links directly to NHSI enforcement action and associated licence undertakings

Equality Delivery System

Delivery of elements of the GIAP is likely to have a positive impact on outcomes for certain REGARDS groups

Recommendations

The Board of Directors is asked to:

- 1) Note the progress made against addressing GIAP recommendations
- 2) Formally approve the **14** blue forms as presented and confirm that this provides assurance of completion, namely:
 - **HR3 - pending verbal update from People and Culture Committee**
 - **HR4 - pending verbal update from People and Culture Committee**
 - **CLING1**
 - **CORPG7**
 - **WOD5 - pending verbal update from People and Culture Committee**
 - **WOD6 - pending verbal update from People and Culture Committee**
 - **M2**
 - **M4**
 - **M5**
 - **M6**
 - **RR1 – pending verbal update from Remuneration and Appointments Committee**
 - **RR2 - pending verbal update from Remuneration and Appointments Committee**
 - **RR3 - pending verbal update from Remuneration and Appointments Committee**
 - **RR5 - pending verbal update from Remuneration and Appointments**

Committee

- 3) Agree at the end of the Board meeting whether any further changes are required to the GIAP following presentation of papers, outcomes of item specific discussions and/or other assurances provided throughout the meeting

Report presented by: Kelly Sims (CQC and Governance Coordinator)

Report prepared by: Samantha Harrison (Director of Corporate Affairs and Trust Secretary)

Introduction

The Board summary table provides Board members with an overview of performance against all 53 recommendations, set against each respective core area. Detailed below are updates against Core areas where there have been notable decisions made with respect to actions required to confirm completion of recommendations and scheduled dates identified for these to be brought to respective Committees and the Trust Board:

Core 1 – HR and Associated Functions

Blue forms for HR3 and HR4 are attached for approval – these are to be presented to the People & Culture Committee on 20 April; a verbal update will be given and subject to this, the blue forms considered for approval by the Board.

Core 3 – Clinical Governance

Following debate over several meetings, the April Quality Committee considered and approved the completion of recommendation ClinG1.

Core 4 – Corporate Governance

As agreed at the Audit and Risk Committee at its March meeting, it was proposed that the blue form for CORPG7 will be presented to the Trust Board and incorporate further debate on the Accountability framework as agreed at the April Quality Committee (see also ref CLING1).

Core 6 - Roles and Responsibilities of Board Members

Recommendations RR1, RR2, RR3 and RR5 are due for consideration by the Remuneration and Appointments Committee on 26 April. The forms are included with Board papers for consideration by the Board subject to verbal update from the Committee.

Core 7 – Workforce and OD

Blue forms for WOD5 and WOD6 are attached for approval – these are to be presented to the People & Culture Committee on 20 April; a verbal update will be given and subject to this, the blue forms considered for approval by the Board.

Core 11 - NHS Enforcement Undertakings

The Responsible Director has reviewed progress against the recommendations within Core 11 and four blue completion forms are attached to reflect work undertaken against the stated actions.

The remaining outstanding recommendations in this core area are:

- **M1** - *The Trust will deliver a Governance Improvement Action Plan (GIAP) to address the findings and recommendations from the Employment Tribunal Investigation, Deloitte report, and the CQC focused inspection*

Closure of this recommendation requires full completion and delivery of the GIAP. This is planned for May 2017.

- **M3** - *The Trust will undertake to gain external assurance that the Governance Improvement Action Plan has been implemented in full or that it can be implemented in full*

Deloitte LLP have undertaken an external assurance review and we await receipt of the final report (due 24.04.17).

GIAP Recommendations: Approval Pipeline January - May 2017

Pipeline as at 18.04.17

Core	Total	Off Track	Some Issues	On track	Complete	Programme for Blue Forms to Board					
						Jan	Feb	01 Mar	29 Mar	Apr	May
Core 1 - HR and associated Functions Director of People and Organisational Effectiveness	5	0	0	2	3	HR1 HR2 HR5				<i>HR3</i> <i>HR4</i>	
Core 2 - People and Culture Lead - Director of People and Organisational Effectiveness	6	0	0	0	6	PC1 PC6		PC3 PC4 PC5	PC2		
Core 3 - Clinical Governance Lead - Director of Nursing	3	0	1	0	2		ClinG2	<i>ClinG3</i>		<i>ClinG1</i>	
Core 4 - Corporate Governance Lead – Director of Corporate Affairs	13	0	0	1	12	CorpG2 CorpG10 CorpG12 CorpG13 Corp G9			CorpG1 CorpG3 CorpG4 CorpG5 CorpG6 CorpG8 CorpG11	<i>CorpG7</i>	
Core 5 - Council of Governors Lead – Director of Corporate Affairs	3	0	0	0	3						
Core 6 - Roles and Responsibilities of Board Members Lead – Director of Corporate Affairs	5	0	1	3	1				RR4	<i>RR1</i> <i>RR2</i> <i>RR3</i> <i>RR5</i>	
Core 7 - HR and OD Lead - Director of People and Organisational Effectiveness	8	0	0	2	6			WOD1 WOD3 WOD4 WOD7 WOD8	WOD2	WOD5 <i>WOD6</i>	
Core 8 - Raising concerns at work Lead - Director of People and Organisational Effectiveness	1	0	0	0	1				RC1		
Core 9 - Fit and Proper Lead – Director of Corporate Affairs	1	0	0	0	1						
Core 10 – CQC Lead – Acting Chief Operating Officer	2	0	0	0	2	CQC 1		CQC2			
Core 11 - NHS improvement undertakings Lead - Chief Executive/Director of Corporate Affairs	6	0	0	3	3					<i>M2</i> <i>M4</i> <i>M5</i> <i>M6</i>	M1 M3
Total	53	0	2	11	40	11	1	10	11	14	2

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 2 May 2017

Report from Governance Committee

Purpose of Report

This paper provides an update on recent meetings of the Governance Committee.

Executive Summary

Since the last summary was provided in March, the Governance Committee has met twice, on 15 March and 13 April 2017.

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 of Governors can receive assurance that the Committee is well established and discussing key areas of governor business
- Appropriate 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
- Effectiveness of the meeting is discussed regularly
- The work plan is reviewed at each meeting and changes made as and when required.

Consultation

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

Governance or Legal Issues

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

Public Sector Equality Duty & Equality Impact Risk Analysis	
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	

Recommendations
The Council of Governors is requested to
1. Note the discussions of the Governance Committee meeting held on 15 March and 13 April 2017.

Report presented by: Gillian Hough, Public Governor

Report prepared by: Donna Cameron, Assistant Trust Secretary
Sam Harrison, Director of Corporate Affairs

Report from Governance Committee

The Governance Committee of the Council of Governors has met twice since its last report to the Council of Governors in March 2017 (15 March 2017 and 13 April 2017). This report provides a summary of issues discussed.

Meeting held on 15 March

15 governors attended.

Code of Conduct Issues

It was agreed that the Code of Conduct for governors will be reviewed by a group of governors with feedback expected to the May Governance Committee.

Holding to Account

Governors gave feedback on attendance at People & Culture Committee, Public Trust Board and Engagement & Culture Groups.

The Chair updated the Committee on the STP and integration work with Derbyshire Community Healthcare NHS FT (DCHS). Governors were encouraged to submit details of any concerns or details of areas where they required further assurance to help make an informed decision regarding the future direction of the Trust for discussion at future Board and Council of Governors meetings.

Governors supported a proposal for governor attendance at Board Committees which clarified the role of governors to provide further opportunity for governors to observe Non-Executive Directors in their role. The proposal is presented to Council of Governors for approval.

Quality

Darryl Thompson joined the March meeting to promote the Quality Visits Programme highlighting the value of governor involvement to learn more about the Trust and its services, and to meet Trust staff. It was agreed to further promote the schedule of visits and governors were asked to advise of visits of interest.

Training & Development

The schedule of training and development opportunities was noted and further suggestions invited. Governors received feedback on the Q&A session held with Hardwick Commissioners on 16 February 2017, which was noted to be a particularly valuable session.

Membership & Engagement

Governors discussed the Appointed Governor vacancy relating to Derbyshire Constabulary and noted feedback from the Chief Constable that it has been agreed not to continue to nominate to this governor role. It was highlighted that the Trust continued to work closely on an operational level with the police force.

Meeting held on 12 April 2017

7 governors attended the meeting.

Quality Report – Governor Statement

Darryl Thompson attended the meeting where the draft Quality Report 2016/17 was discussed. A range of issues relating to content and format were discussed and the governor duty to formally provide a statement on the Quality Report was noted. All governors were requested to forward comments for inclusion in the governor statement to John Morrissey to collate and submit to Darryl Thompson.

Governors commended the report, which was comprehensive and reflected the high quality of care provided by the Trust.

Code of Conduct

Ongoing work to review the Governors Code of Conduct was discussed and a Task and Finish Group will report back to the May Governance Committee meeting for further debate. Detail of governor attendance at the formal Council of Governance meetings was reviewed and noted.

Annual Review of the Terms of Reference

In line with good practice the Committee reviewed the Terms of Reference and overall operation of the Committee. The Terms of Reference are to be updated in terms of good practice and reviewed at the May Governance Committee meeting.

Declarations of Interest Report

Governors noted the Annual Declaration of Interest Register for the Council of Governors noting that this will be included in the Annual Report and Accounts of the Trust for 2016/17 and are publicly available on the Trust Website.

Membership and Engagement

The Committee received reports from governors' attendance at a range of Trust Committees, Quality Visits and other activities.

Holding to Account

Gillian Hough gave an update on the Constitution Developments Meeting, a joint governor meeting, held with the DCHS governors on the 23rd March 2017. Proposals of DCHS post-merger with Derbyshire Healthcare NHS Trust had been discussed, with debate focussing on what had worked well for Council of Governors in each respective organisation to-date. A further event is scheduled for the 4th May 2017 to further progress this work. Governors highlighted the importance to ensure that representation for mental health services was a key requirement for the new organisation's Council of Governors Constitution.

Council of Governors/Membership Section of Annual Report

Governors reviewed and approved the sections to be included in the 2016/17 Annual Report and Accounts, relating to governors and membership.

Governor Training and Induction

The programme for 2017/18 was noted with suggestions for future items noted. It was agreed that subject to capacity, training sessions would be offered to DCHS Governors.

Derbyshire Healthcare NHS Foundation Trust
Report to Council of Governors - 2 May 2017

Governor as Observers at Board Committees

Purpose of Report:

To ratify the recommendation of Governance Committee regarding the proposed protocol for Governor Observation of Board Committees as put forward by Board Committee Chairs.

Executive Summary

- Governors currently attend several meetings as observers (see attached). Such observations are a valuable way to support Governors in their statutory duty to hold Non-Executive Directors to account for the performance of the Board. To help provide clarity for both the Board Committee chairs and Governors involved, it has been proposed that guidance is produced about the Governor observer role.
- By observing the Committee proceedings, Governors will be able to take assurance that Non-Executive Directors are **effectively leading and supporting the Trust** and as appropriate report that assurance back to the Council of Governors as part of the holding to account process. It is however important that the Governors' attendance does not in any way inhibit the candour and transparency which is the part of the normal working of the Committee.
- Governor observers would need to remain focused on **observing the process by which Non-Executive Directors take assurance** and would provide formal feedback on that assurance process to the Council of Governors or Governance Committee (whichever Governors felt appropriate).
- Committee chairs will meet with their respective Governor observer(s) prior to commencing in their role in order to provide a briefing on the role of the Committee.
- Board Committee chairs discussed and agreed the above principles at their meeting of 8 February and further agreed to the review of governor observation in 6 months' time.

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

Governor attendance at meetings will be reported via the Governance Committee.
Council of Governors can receive assurance that the role of holding NEDs to account is made more widely available to governors.
Richer contribution to NED appraisals.

Consultation

The protocol was proposed by the Board Committee Chairs to the Governance Committee. Governance Committee reviewed on 15 March 2017 and recommended to the Council of Governors.

Governance or Legal Issues

Introduction of the protocol provides governors with an additional opportunity to observe Non-Executive Directors holding Executive Directors to account.

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

N/A

Recommendations

The Council of Governors is requested to:

1. Approve the Protocol.
2. Note that the protocol will be reviewed by Council of Governors in six months' time.

Report prepared & Presented by

Sam Harrison, Director of Corporate Affairs & Trust Secretary

Protocol for Governor Observation of Board Committees

Purpose:

Governors currently attend some of the Trust's Board Committees to support their statutory duty to hold the Non-Executive Directors to account for the performance of the Board.

This covers three Committees:

- People and Culture Committee
- Quality Committee
- Audit and Risk Committee (once per year)

In addition, Governors have been invited to attend the Staff Engagement Group and Equalities Forum, which are operational Committees of the Trust. Governor attendance at these Committees is not covered by this protocol and is by local arrangement with the manager chairing that meeting.

By observing Board Committee proceedings, Governors are able to take assurance that the Non-Executive Directors are effectively leading and supporting the Trust, and report that assurance back to the Council of Governors as part of the holding to account process.

In undertaking this duty, Governors must act in the best interest of the Trust and adhere to the Trust Values and the Governor's Code of Conduct.

Key Principles:

1. The Council of Governors should nominate Governor observer(s) for the respective Committees (numbers are as per the arrangement with the Committee chair). Committee chairs may consider involvement of staff and/or public governors as appropriate. Governors may wish to agree to alternate attendance.
2. The focus for Governors should be limited to observing and reporting back to the Council of Governors on the Non-Executive led assurance process. Governors should not seek to form a view of or report back on the content of the meeting or the specific issues being discussed, which are within the role and remit of the Committee and the Board rather than the Council of Governors.
3. Papers for each Committee meeting will be made available on the day, in order for Governors to be able to follow the meeting, and be returned at the end of the meeting. Governors should not participate in the meeting.
4. Committees discuss confidential material, and Governors must maintain that confidentiality. Occasionally matters discussed include sensitive or person identifiable information and Governors may be asked to leave the room for the duration of such discussions to maintain the person's confidentiality.

5. It is important that the duty of candour and transparency, which has been developed at Committees, continues and that staff attendees do not feel inhibited by the presence of a Governor. Should the Committee chair become aware that this may be the case, the Committee chair may halt the observation process and ask the Governor to leave until any concerns raised by attendees have been resolved to the satisfaction of all parties.
6. Governor observers may be invited to give comments or ask questions relating to the proceedings of the Committee, at the discretion of the Board Committee Chair.
7. Governor observers may be asked to sit apart from the main meeting table to ensure clarity of participants in their observer role at the meeting.
8. A review of Governor observation at Board Committees will be reviewed at the July 2017 Council of Governors meeting.

DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST**MINUTES OF A MEETING OF THE BOARD OF DIRECTORS**

**Held in Conference Rooms A & B
Research and Development Centre, Kingsway, Derby DE22 3LZ**

Wednesday 11 January 2017

MEETING HELD IN PUBLIC

Commenced: 1pm

Closed: 4:05pm

PRESENT:

For Items DHCFT/2016/207
to 216

Caroline Maley	Acting Trust Chair
Margaret Gildea	Senior Independent Director
Maura Teager	Non-Executive Director
Barry Mellor	Non-Executive Director
Dr Anne Wright	Incoming Non-Executive Director
Richard Wright	Non-Executive Director
Ifti Majid	Acting Chief Executive
Claire Wright	Executive Director of Finance
Carolyn Green	Executive Director of Nursing & Patient Experience
Dr John Sykes	Executive Medical Director
Mark Powell	Acting Chief Operating Officer
Amanda Rawlings	Director of People & Organisational Effectiveness
Samantha Harrison	Director of Corporate Affairs & Trust Secretary

IN ATTENDANCE:

For Item DHCFT/2016/213
For Item DHCFT/2016/218
For Item DHCFT/2016/218
For Item DHCFT/2016/218
For Item DHCFT/2016/218
For Item DHCFT/2016/218
For Item DHCFT/2016/218

Richard Eaton	Communications Manager
Sue Turner	Board Secretary (Minutes)
Libby Runcie	Professional Lead, Commissioning Differently
Dr Chinwe Obinwa	Kedleston Low Secure Unit
Dr Alice Levee	Kedleston Low Secure Unit
Lisa Stone	Kedleston Low Secure Unit
Paul Willis	Kedleston Low Secure Unit
Rebecca Mace	Kedleston Low Secure Unit
Ruth Green	Kedleston Low Secure Unit

APOLOGIES:

Dr Julia Tabreham	Deputy Trust Chair and Non-Executive Director
Lynn Wilmott-Shepherd	Interim Director of Strategic Development

VISITORS:

John Morrissey	Lead Governor, Public Governor, Amber Valley South
Gillian Hough	Public Governor, Derby City East
Mark McKeown	Derbyshire Mental Health Alliance

DHCFT 2017/001	<u>ACTING CHAIR'S WELCOME, OPENING REMARKS AND APOLOGIES</u> Caroline Maley, who was appointed to the role of Acting Trust Chair on 1 January, opened the meeting and welcomed everyone. She welcomed new Non-Executive Director, Dr Anne Wright to the Board and made the public aware that Anne Wright will replace Maura Teager when she completes her term at the end of March. In the meantime Anne Wright will work closely with Maura Teager during the handover period. Apologies were noted as above.
DHCFT 2017/001	<u>SERVICE RECEIVER STORY</u> Carolyn Green offered apologies to the Board for the absence of a service receiver story, and assured the Board that plans were in place for stories to be brought to the February and March meetings.

DHCFT 2017/002	<p><u>DECLARATIONS OF INTEREST</u></p> <p>The Declaration of Interests register was noted.</p>
DHCFT 2017/003	<p><u>MINUTES OF THE MEETING DATED 7 DECEMBER 2016</u></p> <p>The minutes of the previous meeting, held on 7 December 2016, were reviewed. The following amendment was requested:</p> <p>DCHFT2016/192 Interim Chairman's Verbal Report – page 3 of the minutes: Ifti Majid's confirmed position to be amended from Chief Operating Officer and corrected to Acting Chief Executive.</p>
DHCFT 2017/004	<p><u>MATTERS ARISING AND ACTIONS MATRIX</u></p> <p>The Board agreed to close all completed actions. Updates were provided by members of the Board and were noted directly on the actions matrix.</p>
DHCFT 2017/005	<p><u>ACTING CHAIR'S VERBAL REPORT</u></p> <p>Having only been in post for eleven days, Caroline Maley commented that she could not provide an extensive update at this stage. She had attended the meeting of the Derbyshire Health and Wellbeing Board with Ifti Majid in Matlock last week and gave a brief outline of discussions.</p> <p>Discussions had focussed on the Sustainability Transformation Plan (STP) and it was clear there is a lot of anxiety around the challenging contracting round currently taking place and the need to establish what the STP means to essential services. This is a good opportunity for the Trust to be involved through its integration plans with DCHS and we will try and move this forward as much as we can. Much concern had been raised about the support needed for GPs who are under pressure. The support to be given to practices to allow them to thrive was also reported upon and the actions proposed now need to be made a reality. The Health and Wellbeing Board also talked about getting the best use out of public assets and looked at collaborative ways of utilising facilities. Caroline Maley was pleased to report that the Trust is engaged in this process.</p> <p>RESOLVED: The Board of Directors noted the Interim Chairman's verbal report.</p>
DHCFT 2017/006	<p><u>ACTING CHIEF EXECUTIVE'S REPORT</u></p> <p>Ifti Majid, Acting Chief Executive, 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 our commissioners and feedback from the Trust's staff.</p> <p>Ifti Majid reminded the Board that at the October meeting the Board had heard how the Trust had been 'commissioning differently'. He introduced Libby Runcie, the professional lead for Commissioning Differently, who gave a gratifying update on a young service user who had finally been discharged after spending eleven years in hospital. The Board heard how the team had reacted when plans for her discharge had collapsed over the Christmas period and how they had put into place safe contingency plans which resulted in this young lady flourishing. Her repatriation will now include living-in staff assisted housing and she is very much looking forward to her future. Members of the Board commended the lateral thinking of the team and recommended their action be a lesson learned for the future. This was also an example of a team feeling empowered to act in the best interests of people within their care.</p>

	<p>Turning again to a local context, Ifti Majid talked about how he has noticed when visiting the wards that the level of acuity is quite noticeable in our services. It is clear that staff are worried about clinical pressures and have to work extremely hard to provide a good level of care and he was pleased to hear ideas from staff as to how we can improve our services. Staff are also concerned about changes that will arise from the STP and Ifti Majid urged people to talk to him and other members of the Board about their anxieties.</p> <p>Ifti Majid informed the Board that when he attended the East Midlands Leadership Academy Board he had spoken to the Chair of Nottinghamshire Healthcare Foundation Trust and was impressed with the fact that they included a staff innovation slot at the end of their board meetings. He wished to propose to the Board that that a staff story could be included in future agendas that could focus on what it is like to work in our Trust.</p> <p>The Board broadly supported this proposal as it would give staff exposure to the Board but thought it important that staff felt confident and be able to articulate sensitive issues. Ifti Majid thought it would be good to carry this out in a non-scripted way and it should be more about having a discussion with the Board and the timing and context of stories needs to be 'right' as well as managing the Board's and staff expectations. Amanda Rawlings pointed out that the People & Culture Committee receives staff stories each month and is working towards making staff feel comfortable relaying their stories. The Board heard that the team from Audrey House were attending the January People & Culture Committee meeting to talk about their recent experience moving from Vernon Street to the Kingsway site.</p> <p>Margaret Gildea agreed that staff stories should be about innovation but felt these discussions would be more appropriate if they were held with staff in a less formal setting during a Board Development Session. Carolyn Green was of the opinion that staff governors could play a part in thinking about how this could work.</p> <p>RESOLVED: The Board of Directors noted the Acting Chief Executive's update and agreed to further consider closing the Public Board sessions with a staff story.</p>
DHCFT 2017/007	<p><u>INTEGRATED PERFORMANCE AND ACTIVITY REPORT (IPR)</u></p> <p>Mark Powell, Acting Chief Operating Officer, led the presentation of the integrated overview of performance as at the end of November 2016. The focus of the report was on workforce, finance, operational delivery and quality performance, all of which had been discussed in detail at various Board Committees over the last few weeks and is evidenced in the Board Committee Assurance Summary reports which are to be reviewed later during the meeting.</p> <p>The Board noted that the key theme for month 8, which also progressed into month 9, related to ongoing staffing pressures in many of the Trust services. Also noted was the continued lower level of occupancy on wards 1 and 2 which enabled both wards to support other areas of the Trust with staff, when it has been safe to do so and showed evidence of the continued work to relieve staffing pressures. The report also included developing plans to close either ward 1 or 2 to enable a more managed approach to redeploying staff into inpatient and community teams to alleviate staffing pressures.</p> <p>The Trust continues to deliver a good overall performance against many of its key indicators across November although the graphs in the report did highlight a number of challenged areas. Mark Powell was pleased to point out that good progress has been made with various actions relating to the Care Quality Commission (CQC) warning notice and he is expecting to meet with the CQC later this month to discuss the progress made.</p> <p>The Board noted that the forecast for agency expenditure has increased and the level for the final quarter of the year will cross the threshold to an agency Use of Resources score of 4. This means the overall year-end rating would be restricted to 3. Claire Wright informed the Board that she anticipates that the Trust will end the year having reached its</p>

control total surplus. She further mentioned that NHSI are requesting organisations to consider whether they are able to improve their final control total. She wished to make the Board aware that because the Trust is on target to deliver its control total she has taken the decision to adjust financial risk 4a from extreme to high on the Board Assurance Framework. In response to Caroline Maley's question as to how far the gap has closed as at month 9, Claire Wright explained she is hoping that by next month's Board meeting she will be able to report that the gap will have, in effect, closed.

Amanda Rawlings outlined the work undertaken to fill vacancies and hopes to soon see the benefits of measures being taken to recruit to medical and clinical posts. Ifti Majid asked what safer staffing protocols are in place for moving staff from a stable workforce to help in other areas. Mark Powell responded that he and the operations team have given thought to the challenges of redeploying staff. Quality protocols are currently being developed to move Wards 1 and 2 to a single ward to enable them to become self-sufficient. Maura Teager asked if there is a willing cohort of staff prepared to work in different areas and it would seem that some staff view this as a positive route to develop their skills and experience.

Discussion took place regarding the vulnerability of staff and patients during night shifts and adjusting shifts to compensate for this. Carolyn Green informed the Board that she has tried to introduce twilight shifts but this has not been attractive to staff on the wards although it has worked well with the Crisis Team. Twilight shifts, flexible working, skill mixing and making rosters more attractive is being discussed by the Quality Committee which will be reported to the Board through the Assurance Summary reports and Quality Committee minutes.

Mark Powell drew attention to the targets from the NHS Improvement Single Oversight Framework, which was a new addition to the report this month and asked the Board to consider any further additions that it would like contained in the report in future or issues that need to be included in the staffing framework. He undertook to circulate the Single Oversight Framework model to the Board outside of the meeting. Claire Wright welcomed this addition to the report; she thought it would be good to cover explicit issues that need to be included in compliance returns to NHSI.

It was noted that the early warning system and DTOC (Delayed Transfer of Care) and target for DTOC has significantly reduced since the beginning of December down from 7.5% to less than 1%. Mark Powell informed the Board he intends to start mapping risks and mitigations relating to DTOC through some of the Board Committees and will endeavour to include this data in the report due to be received at the April meeting.

The Board considered the content and style of the report and discussed all aspects of the IPR metrics and process of reporting and agreed that this month's executive summary was particularly effective. Caroline Maley thought the quality section had too many indicators and delegated the Quality Committee to oversee quality priorities and CQUINS. Carolyn Green and Mark Powell agreed to look at this outside of the meeting and agreed to take on board the suggestions made. He will ensure future reports contain enhanced data that will allow Board members to see the results and be assured of the decisions taken on a day to day basis.

ACTION: Mark Powell will circulate a draft of changes made to the IPR to Board members for comment in advance of April, this will include KPIs taken from the single oversight framework.

ACTION: Quality Committee delegated to oversee quality priorities and CQUINS.

RESOLVED: The Board of Directors

- 1) Considered the content of the paper and level of assurance on current performance across the areas presented.**
- 2) Discussed amendments to the Integrated Performance Report to align it more**

	clearly to the Single Oversight Framework and high risk areas contained in the Board Assurance Framework.
DHCFT 2017/008	<p><u>POSITION STATEMENT ON QUALITY</u></p> <p>Carolyn Green presented the statement to provide the Board of Directors with an update on the organisation's continuing work to improve the quality of services provided in line with the Trust's Strategy, Quality Strategy and Framework and strategic objectives.</p> <p>The report set out:</p> <ol style="list-style-type: none"> 1. Care Quality Commission (CQC) report, family liaison, access to psychological therapies and suicide prevention. Influencing the system and monitoring 2. Quality leadership engagement 3. Quality visits and methodology 4. Quality leadership teams and CQUIN (Commissioning for Quality Innovation) developments and leadership and engagement strategy 5. Action planning <p>The report covered the principles of family liaison service and duty of candour Carolyn Green assured the Board that this is regularly worked on through the Quality Committee. It was disappointing to note that the Derbyshire completed public health suicide rate has risen and that this is a significant rise, it was noted that the area had a below average performance and this is now rising and is a strategic concern for the community. (see attached papers for full details of percentage and rate in detail) . Ifti Majid asked John Sykes if he was aware of any profiles that have caused any increase in suicide and it would appear that academic evidence shows this is associated with the economic climate and is linked to austerity. Work related stress in sub-groups was also considered to be a possible contributory factor and John Sykes suggested that a deep dive in could be scheduled in the near future. The Board felt this would help the Health and Wellbeing Boards and Public Health be re-briefed and the Trust has a role in supporting the community and championing suicide prevention and recommended that a suicide prevention brief be prepared for the Board in the February meeting.</p> <p>Barry Mellor asked about the inspection by the CQC to the Kedleston Unit. Carolyn Green reported that teams were well prepared and the CQC thought they were making headway against requirements and evidence of this could be seen in the deep dive taking place later in the meeting. It was noted that until a report is received all feedback is high level feedback.</p> <p>Transfer and transitions were highlighted specifically by Carolyn Green as a CQUIN which may be a difficult aspect to achieve, this was specifically from CAMHS to adult mental health services and transition in Children's service is an area that needs to be improved. The Board noted that brainstorming sessions are taking place which will be progressed through the Quality Leadership Teams in their CQUIN improvement plan led by Deputy Director of Nursing and Quality Governance Darryl Thompson.</p> <p>ACTION: Suicide Prevention Brief to be submitted to the February Board meeting.</p> <p>RESOLVED: The Board of Directors</p> <ol style="list-style-type: none"> 1. Received and noted the Quality Position Statement 2. Gained assurance and information on the content of the statement.
DHCFT 2017/009	<p><u>BOARD ASSURANCE SUMMARIES & ESCALATIONS</u></p> <p>Assurance summaries were received from the Audit & Risk Committee held on 13 December and the Quality Committee on 15 December 2016. The following points were noted:</p>

	<p>Audit & Risk Committee</p> <p>Caroline Maley chaired the meeting on 13 December and had raised concern that internal audit findings were not –prioritised and actioned appropriately and asked that internal auditors give priority to this in future reports to the Committee. The Section 132 Patient Rights audit focussed on issues raised by the CQC and was referred to the Mental Health Act Committee to ensure compliance is followed through and the Executive Leadership Team will monitor the actions put in place.</p> <p>Quality Committee</p> <p>It was noted that no escalations were made to the Board or other Board Committees. Sustained headway is being made on the CQC action plan which the Quality Committee leading and was a very positive result from the meeting.</p> <p>Ratified minutes of the meetings of Quality Committee held on 10 November and the Audit & Risk Committee on 11 October 2016 were included for information.</p> <p>Maura Teager left the meeting at this point (2.45pm).</p> <p>RESOLVED: The Board of Directors received the Board Committee Assurance Summaries and Escalations.</p>
DHCFT 2017/010	<p><u>GOVERNANCE IMPROVEMENT ACTION PLAN (GIAP)</u></p> <p>Sam Harrison presented the GIAP report which provided Board members with an update on progress on the delivery of the GIAP.</p> <p>The report reaffirmed the oversight committee for core areas of the GIAP and highlighted the lead director for each.</p> <p>Sam Harrison pointed out that at their meeting on 19 December ELT had reviewed a report which highlighted the pipeline of planned completion of blue action forms for all GIAP recommendations. This resulted in eleven blue forms being presented to the Board for completion. Two recommendations were noted to be ‘Off Track’ and mitigations and further information provided was discussed and noted. Three items remain with some issues and detail of actions being taken to work towards completion were noted. This was seen as a significant step towards completion of the GIAP and Sam Harrison proposed to bring the report to the Board next month to show the completion timeline.</p> <p>The blue completion forms were reviewed in turn and presented by their relevant Lead Director. Details of action taken, evidence supporting the action and plans to ensure that work was embedded in the organisation as business as usual was noted. Board members noted these details and received assurance that these forms had been scrutinised and challenged by their respective oversight Board Committees. Sam Harrison raised that in order for effective monitoring of recommendations to take place, relevant items would be added to the forward plan and where relevant the Terms of Reference of the People & Culture Committee.</p> <p>Attention as drawn to the amber rated WOD7 and the Board was pleased to note that a paper will be brought to the January meeting of the People & Culture Committee that will close off this recommendation.</p> <p>The Board reviewed the blue completion forms and was pleased to close off a significant amount of actions and was satisfied that this process is improving the way the Trust operates.</p> <p>ACTION: Monitoring and reporting to form part of forward planning for the People and Culture Committee and will be incorporated into the Committee’s annual work</p>

	<p>plan for 2017/18</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Noted the progress made against addressing GIAP recommendations 2) Discussed the areas rated as ‘off track’ and ‘some issues’, and obtained assurance on the mitigation provided 3) Formally approved the 11 blue forms as presented and confirmed that these are now complete namely: <ul style="list-style-type: none"> • HR1 • HR2 • HR5 • PC1 • PC6 • CorpG2 • CorpG9 • CorpG10 • CorpG12 • CorpG13 • CQC1 4) Agreed at the end of the Public Board meeting whether any further changes are required to the GIAP following presentation of papers, outcomes of item specific discussions and/or other assurances provided throughout the meeting.
<p>DHCFT 2017/011</p>	<p><u>DEEP DIVE – KEDLESTON UNIT</u></p> <p>Dr Chinwe Obinwa, Dr Alice Levee, Lisa Stone, Paul Willis, Rebecca Mace and Ruth Green joined the meeting to present a deep dive into the Kedleston Low Secure Unit.</p> <p>The service is based on the Kingsway site and cares for males over the age of 18 and provides assessment, treatment and rehabilitation of patients with severe mental illness who have committed an offence or present a risk of aggression or violence to others. The Board heard how the Kedleston Unit embraces a recovery-focussed approach with patients providing a high standard of treatment and care and aims to provide a therapeutic but homely environment where patients thrive and take greater ownership of their journey towards recovery.</p> <p>A key challenge for the team was receiving the disappointing CQC Rating of ‘Inadequate’ in June 2016 when the CQC raised concern with areas including capacity to consent, individualised care planning, HCR-20 risk assessment document completion as well as the physical environment of the unit. The Board heard how the unit was re-inspected in December by the CQC and received positive feedback when staff were praised with the improvements that had been put in place around person-centred care planning and saw that capacity assessments were now present. Extensive refurbishment of the unit is now of a good quality and plans are in place for further improvement. Improved communication is now taking place with NHS England.</p> <p>The CQC also criticised the unit for not fully complying with the Mental Capacity Act. The Board heard how the service constantly assesses patients’ capacity and this is now captured in the Electronic Patient Record system. The team wished to point out to the Board that the CQC inspection in June took place at a time when the unit was transitioning from paper records to the EPR system. The system was new to them and meant they were perceived not to have been capturing this detail as well as they could have been. The team has also had to face the challenge of not having a stable management team in place and issues have been felt around staffing and the service has suffered from limited resources in occupational therapy and psychology and there is no team social worker.</p>

	<p>Since the CQC visit took place in June person-centred planning has improved. This takes place through quality discussions with patients and documents the priorities of each individual. The team pride themselves on keeping patients safe throughout their rehabilitation so they can move on with their lives.</p> <p>The Board was told how HCR-20 assessments are taking place to look at the health aspects of individuals. This is now a priority that is embedded into the ethos of the team and the process follows the person through their rehabilitation progress.</p> <p>The team described the associated difficulties experienced as a stand-alone unit. The team has to transfer to the community some patients who have committed quite serious offences and explained how it is difficult to bring in staff to work in this low secure unit. Trained staff need to be on hand at all times due to the unstable nature of some of the patients who sometimes may need to be restrained.</p> <p>Ifti Majid asked the team how the Board could support them more. The team responded that they constantly face challenges within the local government structure and local forensic services and Board support in this area would be helpful.</p> <p>Amanda Rawlings offered support with recruitment and heard that lack of staffing was no longer an issue but the unit would benefit from a dedicated social worker. Having a dedicated social worker who is familiar with each case would help patients to be discharged quicker.</p> <p>Carolyn Green invited the team to go with her to see how the Quality Leadership Teams (QLT) are working as some of the things the team described are being progressed through the QLTs and it would help to be able to share intelligence.</p> <p>The Board appreciated hearing about the improvements the team have made as well as areas they want to improve and acknowledged the clinical challenges they are facing. Caroline Maley congratulated the team on their achievements and thanked them for sharing with the Board the great work they are carrying out.</p> <p>RESOLVED: The Board of Directors received and noted the deep dive into the Kedleston Low Secure Unit</p>
DHCFT 2017/012	<p><u>REPORT FROM COUNCIL OF GOVERNORS MEETING HELD ON 14 DECEMBER 2016</u></p> <p>Sam Harrison presented the report which provided a summary of issues discussed for noting by the Board.</p> <p>At the Council of Governors held in private session on 14 December, governors discussed arrangements and recommendations from the Nominations & Remuneration Committee regarding the appointment of the Acting Trust Chair.</p> <p>The Council of Governors also convened in public session on 14 December. Items addressed included the outcome of the ballot to appoint Caroline Maley as Acting Trust Chair. Lead governor and deputy governor arrangements were also discussed which involved extended terms of office for two public governors as well as the current Lead Governor's role.</p> <p>RESOLVED: The Board of Directors noted the summary report from the Council of Governors</p>
DHCFT 2017/013	<p><u>ANY OTHER BUSINESS</u></p> <p>No items were discussed.</p>

DHCFT 2017/014	<p><u>2016/17 BOARD FORWARD PLAN</u></p> <p>The forward plan will be carried forward to next year. Board Effectiveness survey is due to be carried out in February.</p> <p>RESOLVED: The Board of Directors noted the forward plan for 2016/17.</p>
DHCFT 2017/015	<p><u>IDENTIFICATION OF ANY ISSUES ARISING FROM THE MEETING FOR INCLUSION OR UPDATING IN THE BOARD ASSURANCE FRAMEWORK OR GIAP</u></p> <p>Financial risk 4a from extreme to high on the Board Assurance Framework and is noted in item DHCFT 2016/214 above.</p> <p>RESOLVED: The Board of Directors agreed to the adjustment of Financial Risk 4a.</p>
DHCFT 2017/016	<p><u>MEETING EFFECTIVENESS</u></p> <p>The Board agreed the meeting had been effective. Mark Powell proposed to work with teams so they understand the assurances the Board is seeking during deep dive items.</p>
<p>The next meeting of the Board held in Public Session will take place at 1pm on Wednesday, 1 February 2017.</p> <p style="text-align: center;">The location is Conference Rooms A and B Research and Development Centre, Kingsway, Derby DE22 3LZ</p>	

DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST**MINUTES OF A MEETING OF THE BOARD OF DIRECTORS**

**Held in Conference Rooms A & B
Research and Development Centre, Kingsway, Derby DE22 3LZ**

Wednesday 1 February 2017

MEETING HELD IN PUBLIC

Commenced: 1pm

Closed: 4:25pm

PRESENT:

Caroline Maley	Acting Trust Chair
Margaret Gildea	Senior Independent Director
Barry Mellor	Non-Executive Director
Dr Julia Tabreham	Deputy Trust Chair and Non-Executive Director
Maura Teager	Non-Executive Director
Dr Anne Wright	Non-Executive Director
Richard Wright	Non-Executive Director
Ifti Majid	Acting Chief Executive
Claire Wright	Executive Director of Finance
Carolyn Green	Executive Director of Nursing & Patient Experience
Mark Powell	Acting Chief Operating Officer
Amanda Rawlings	Director of People & Organisational Effectiveness
Samantha Harrison	Director of Corporate Affairs & Trust Secretary
Lynn Wilmott-Shepherd	Interim Director of Strategic Development

Until Item DHCFT/2017/026

IN ATTENDANCE:

Anna Shaw	Deputy Director of Communications & Involvement
Sue Turner	Board Secretary (Minutes)
Jan Nicholson	Paediatric Occupational Therapist, OC Lead Children's Therapies
Kerry Grady	Occupational Therapist
Tracey Holtom	Acting General Manager for Campus Services
Lisa Stone	Area Service Manager
	Urgent and Planned Care Division
Pete Emery	Senior Nurse, Urgent and Planned Care Division
Carole Clay	Senior Nurse, Urgent and Planned Care Division
Bob Gardner	Nurse Consultant Psychiatric Liaison, Acute and Community Care Division
Keith Walters	Honorary Research Fellow (Self-Harm/Suicide Prevention) & Director of Centre for Self-Harm and Suicide prevention

For Item DHCFT/2017/018

For Item DHCFT/2017/029

For Item DHCFT/2017/029

For Item DHCFT/2017/029

For Item DHCFT/2017/029

For Item DHCFT/2017/029

For Item DHCFT/2017/029

APOLOGIES:

Dr John Sykes	Executive Medical Director
---------------	----------------------------

VISITORS:

John Morrissey	Lead Governor, Public Governor, Amber Valley South
Mark McKeown	Derbyshire Mental Health Alliance
Melissa Castledine	Derbyshire Mental Health Alliance

DHCFT 2017/017	<u>ACTING CHAIR'S WELCOME, OPENING REMARKS AND APOLOGIES</u> Caroline Maley opened the meeting and welcomed everyone. Apologies were noted from John Sykes. Carolyn Green introduced Jan Nicholson who she had invited to shadow her at the meeting.
DHCFT 2017/018	<u>SERVICE RECEIVER STORY</u>

	<p>Carolyn Green introduced Jan Nicholson and Kerry Grady from the Children's Occupational Therapy team who described the difficulties they were experiencing in co-ordinating appropriate provision of powered wheelchair for a young boy who has cerebral palsy. They also told of the support they are providing for his family.</p> <p>The Board heard how in 2015 this boy had been referred for a powered wheelchair which would give him early mobility skills. Since 2015 he had grown and long term provision of a wheel chair had been applied for. This resulted in a powered wheelchair being delivered to his school. Although this wheelchair did not meet his postural needs the boy still managed to use it. However, the school was concerned about the safety aspect of the wheelchair being used on school premises and carried out a risk assessment. This resulted in the wheelchair being taken away from the child.</p> <p>The Board heard how the Occupational Therapy team provides much support to families and how they train children to use wheelchairs safely. Kerry explained that she was supporting the family in trying to get the wheelchair returned to the boy as his family are not able to solve this for themselves particularly as the mother does not have enough language skills or feel empowered to be able to deal with the situation. She had also made a complaint on the family's behalf through PALS (Patient Advice and Liaison Service) but had not yet received a response.</p> <p>The Board understood that demands for wheelchair provision far exceed the waiting lists. The fact that a wheelchair had been made available to this little boy and it was then taken away from him was a point of concern and Amanda Rawlings undertook to take this up with the Operational Director who leads the wheelchair provision.</p> <p>The Board agreed to revisit this story to learn how this case has moved forward.</p> <p>The Board thanked Jan and Kerry for bringing this matter to the Board's attention and for their efforts in trying to find a resolution for this young child and his family.</p> <p>RESOLVED: The Board of Directors noted the effort made by the Occupational Therapy Team and thanked them for the support they were providing for the family.</p>
DHCFT 2017/019	<p><u>DECLARATIONS OF INTEREST</u></p> <p>The Declaration of Interests register was noted.</p>
DHCFT 2017/020	<p><u>MINUTES OF THE MEETING DATED 11 JANUARY 2017</u></p> <p>The minutes of the previous meeting, held on 11 January were agreed and accepted subject to the attendance list being amended to show Barry Mellor present at the meeting.</p>
DHCFT 2017/021	<p><u>MATTERS ARISING AND ACTIONS MATRIX</u></p> <p>The Board agreed to close all completed actions. Updates were provided by members of the Board and were noted directly on the actions matrix.</p>
DHCFT 2017/022	<p><u>ACTING CHAIR'S VERBAL REPORT</u></p> <p>Caroline Maley reported that during the last three weeks she had mainly focussed on developing her role as the Acting Trust Chair. She had held a good introductory meeting with the CQC (Care Quality Commission) and feels confident the Trust will move forward with its ongoing challenges. An effective performance review meeting was also held with NHS Improvement (NHSI). A lot of questions were raised regarding finance and NHSI was pleased with the good progress the Trust is making with the Governance Improvement Action Plan (GIAP).</p>

	<p>Caroline Maley held a meeting with Lead Governor John Morrissey and she also intends to meet individually with other governors including Gillian Hough, Chair of the Governance Committee. She also reported that the Governors had held a Nominations and Remunerations Committee meeting where much discussion was held about the work governors propose to carry out within their constituencies.</p> <p>Caroline Maley had also met with Prem Singh and Tracy Allen, the Chair and Chief Executive of DCHS to discuss the plans for collaboration between our two organisations.</p> <p>During the next few weeks Caroline Maley plans to meet more staff and asked the Board to let her know of any members of staff who wish to meet her. She feels that although there are a lot of challenges to overcome it is clear there are a lot of staff in the Trust carrying out some extremely good work.</p> <p>RESOLVED: The Board of Directors noted the Interim Chairman's verbal report.</p>
DHCFT 2017/023	<p><u>ACTING CHIEF EXECUTIVE'S REPORT</u></p> <p>Ifti Majid, Acting Chief Executive, 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 our commissioners and feedback from the Trust's staff.</p> <p>Ifti Majid was pleased to see that the Suicide Prevention briefing was on the agenda of today's meeting and commended the strategy that had been produced by this team. He also drew attention to Public Health England's new services that are focussing on the impact of alcohol on public health and how effective alcohol control policies have been.</p> <p>With regard to local matters, Ifti Majid reported that he went to the Health and Wellbeing Board (HWB) in January and made a presentation on mental health which focussed on challenges the Trust is currently facing. He was pleased with the support received from the Chair of the HWB and with the outcome that a sub-group of the HWB will help support the Trust with its local services.</p> <p>Ifti Majid drew attention to the informal weekly email he has recently started to send to all staff each Friday called The Weekend Note. He has been pleased with the response this has received and feels that this initiative has proved to be an effective way of engaging with staff. Mark Powell asked if any themes were emerging from responses from staff. It would seem these are mainly concerned with capacity and staff feeling they could do more if they have more time within their daily routine. A lot of the feedback showed that staff are concerned about the same issues as the Board and it was thought that this shows a good connection throughout the Trust.</p> <p>Ifti Majid reminded the Board that a Board Development Session will soon take place on diversity and equality although this will now be held in April rather than March. He asked that Board members in the meantime take a special interest when visiting different teams within the organisation to learn more about particular issues these REGARDS groups (Race, Economic disadvantage, Gender, Age Religion or belief, Disability and Sexual Orientation) have within our services. Julia Tabreham remarked that she looked forward to exploring this more and asked that the other Non-Executive Directors make an effort to focus on these issues when carrying out quality visits.</p> <p>RESOLVED: The Board of Directors noted the Acting Chief Executive's update.</p>
DHCFT 2017/024	<p><u>INTEGRATED PERFORMANCE AND ACTIVITY REPORT (IPR)</u></p> <p>Mark Powell, Acting Chief Operating Officer, opened discussions on the integrated overview of performance in workforce, finance, operational delivery and quality</p>

performance as at the end of December 2016.

The theme this month was ongoing staffing and activity pressures. This was underpinned by the difficulty in achieving 100% Registered Nurse fill rates for night shifts on our inpatient wards. Although mitigated by extra Nursing Assistant cover this continues to be a concern and is being closely monitored. Under-occupancy on Wards 1 and 2 allowed temporary consolidations into one ward and this is seen as a very positive improvement and resulted in improved KPIs. The report provided assurance as to the Trust's quality perspective and ability to deliver CQC compliance. Although the report showed that early intervention in psychosis referrals to treatment target was not met, these records have since been corrected and Mark Powell assured the Board that future performance will not be affected by this and that January's rates are on track and above target.

Mark Powell pointed out that the new Delayed Transfer of Care (DTOC) target has been set very low by NHS England. This is 0.8% and will be very difficult to be achieved and he is working with the Regulators to see if this can be reanalysed. Mark Powell was also concerned about the performance target for outpatient letters and was pleased to point out that these are now definitely back on track for January.

Mark Powell and Carolyn Green provided the Board with an overview of matters discussed during NHS England's risk review meeting on 12 hour trolley breaches relating to mental health held earlier that day. Over December and January bed occupancy was high and it was sometimes difficult to adequately place individual patients and Mark Powell and Carolyn Green are working with Derby Royal Hospital on setting protocols to improve the care for mental health patients. They informed the Board that the Trust has fully engaged with and supported acute Trusts to ensure these patients were cared for until a bed was found for them. NHS England acknowledged that the Trust has worked positively on all levels. It is clear that more community investment is required to allow the Trust to achieve improved bed stocks so that patients can be looked after in a more managed way and a position statement is being written to show how the Trust managed the 12 hour trolley status. The Board thanked Mark Powell and Carolyn Green for summarising the outcome of the meeting they attended with NHS England. The Board recognised that trolley breaches resulted in poor patient experience and is not acceptable. It was noted that there will be ongoing discussions with commissioners regarding non provision of services such as PICU (Psychiatric Intensive Care Unit) CAMHS Tier 4 services in Derbyshire.

In considering the financial performance, Claire Wright responded to the impact of agency staff on the Trust's overall Use of Resources rating. She explained that to avoid triggering the override, the Trust would need to spend £360k less than forecast (ie to spend less than 50% above ceiling by the end of March). This would result in the overall use of resource rating of the Trust as 2 and not 3. Since last month there has been a favourable development that meant the previously unmet CIP gap has improved and in terms of this financial year, Claire Wright felt confident that the Trust will reach the required control total.

Carolyn Green highlighted that quality performance had continued to focus on addressing the issues arising from the Trust's recent Care Quality Commission (CQC) inspection report. She was pleased to report that a number of the Trust's Committees had received assurance on CQC plans. Although significant improvement has been made in management supervision, more headway is required for further improvement in clinical supervision in order to meet our own required standards. Maura Teager queried whether there was a reason for a rise in patients being secluded and it was thought that this was due to the fact that some very seriously ill and high risk patients were being cared for currently and the recent changes in the way incidents of seclusion have been recorded.

Amanda Rawlings addressed the people performance section of the report. She was pleased to report that agency usage had reduced slightly as had the vacancy rate. The

	<p>People & Culture Committee was continuing to focus on recruitment and would look at improved models to work on.</p> <p>RESOLVED: The Board of Directors considered the Integrated Performance Report and obtained a good level of assurance on current performance across the areas presented.</p>
DHCFT 2017/025	<p><u>POSITION STATEMENT ON QUALITY</u></p> <p>Carolyn Green presented the statement to provide the Board of Directors with an update on the organisation's continuing work to improve the quality of services provided in line with the Trust's Strategy, Quality Strategy and Framework and strategic objectives.</p> <p>This month the report set out:</p> <ul style="list-style-type: none"> • Learning, Candour and Accountability • Quality Leadership Teams and commencement of the Trust Management Team meeting • Quality visits and feedback from the January review forum • CQC action planning from the June comprehensive inspection visit and the Joint area local SEND inspection in Derbyshire <p>The report covered learning, candour and accountability which was received by the Quality Committee in January.</p> <p>Particular attention was drawn to the joint inspection by the Care Quality Commission and Ofsted into areas for young people and children with special needs (SEND) and the letter that set out the results of the inspection. It was noted that this would be led by the Trust's Safeguarding Committee.</p> <p>Carolyn Green pointed out that the Quality Committee is working closely with the Quality Leadership Teams (QLTs). However, one team is working well and the other has yet to develop its effectiveness. John Sykes and Carolyn Green proposed take to the People and Culture Committee a detailed improvement plan on how to support this QLT and next month's Quality Position Statement will provide the Board with assurance as to how this will be addressed.</p> <p>Julia Tabreham drew the Board's attention to the GIAP action relating to the QLT team's achievement of actions. She was concerned that it was taking time for this process to embed and she proposed to meet with Carolyn Green outside of the meeting to discuss how this could be completed within the required timeframe. In response to Julia Tabreham's concern, Mark Powell took the opportunity to talk about the newly set up Trust Management Team (TMT). He explained that although it will take time for this meeting to evolve and fulfil its governance role it will focus on clinical priorities linked to operational aspects. He was working with Carolyn Green and John Sykes through TMT so that this can manifest itself with the QLT to help the team achieve accountability for its actions.</p> <p>The Board thanked Carolyn Green for a very informative position statement and agreed that a high level of assurance had been obtained from its content.</p> <p>RESOLVED: The Board of Directors</p> <ol style="list-style-type: none"> 1. Received and noted the Quality Position Statement 2. Gained assurance and information on the content of this very information position statement.
DHCFT 2017/026	<p><u>BOARD ASSURANCE SUMMARIES & ESCALATIONS</u></p> <p>Assurance summaries were received from the Audit & Risk Committee held on 17 January, Quality Committee 12 January and People & Culture Committee on 18</p>

	<p>January.</p> <p>Audit & Risk Committee: No escalations were made to the Board from this Committee. Two Board Assurance Framework risks were reviewed and both were downgraded from high risk to moderate.</p> <p>People & Culture Committee: The People Plan and Workforce Plan and results of Staff Survey were the main topics covered during the meeting and a very inspiring story was heard from the Audrey House team on how they managed the move from Vernon Street to the Kingsway site which was an excellent example of management and patient care.</p> <p>Quality Committee: No escalations were made to the Board from this Committee. A lot of the issues discussed at the Quality Committee were contained in the Quality Position statement. The Committee Chair's only concern was delivery of embeddedness of the QLT GIAP recommendation outlined in item DHCFT 2017/025 above.</p> <p>Lynn Wilmott-Shepherd left the meeting at this point.</p> <p>RESOLVED: The Board of Directors received the Board Committee Assurance Summaries and Escalations.</p>
DHCFT 2017/027	<p><u>EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE (EPRR) STRATEGY 2017-2020</u></p> <p>This document set out the Trust's strategy for EPRR for the next three years. The purpose of the Strategy is to ensure the continual development of Derbyshire Healthcare Foundation NHS Trust's resilience and response to a significant/major incident and/or a severe disruption to business continuity and was brought to the Board for final approval.</p> <p>Julia Tabreham wished it to be recorded that Mark Powell and his team have achieved an enormous task in producing an extremely professional EPRR strategy.</p> <p>The Board noted that the strategy set out the EPRR framework for the organisation and obtained assurance that compliance will be regularly monitored by the Quality Committee and the Board duly approved the EPRR Strategy. It was noted that the EPRR annual report will be received each year by the Board and compliance will continue to be noted through the assurance summaries received by the Quality Committee.</p> <p>ACTION: EPRR annual report to be captured in the 2017/18 Board forward plan.</p> <p>RESOLVED: The Board of Directors approved the EPRR Strategy.</p>
DHCFT 2017/028	<p><u>GOVERNANCE IMPROVEMENT ACTION PLAN (GIAP)</u></p> <p>Sam Harrison presented the GIAP report which provided Board members with an update on progress on the delivery of the GIAP. The report reaffirmed the status and performance against all 53 core areas of the GIAP and outlined the approval pipeline for recommendations and completion of the blue approval forms.</p> <p>Sam Harrison highlighted one blue form for review by the Board which relates to a recommendation that has gone through Quality Committee.</p> <p>The Board reviewed the off track recommendations and these are summarised as follows:</p> <p><i>RR1 - Implement proposals to improve succession planning at Board level including ensuring that Governors are adequately engaged in this process. Alongside this, develop processes for succession planning for Senior Leader positions:</i> The timeline for delivery has been revised and the Remuneration and</p>

Appointments Committee have agreed that RR1 would return to the April meeting for close off and decided that this recommendation has moved from 'off track' to 'some issues' due to the reprioritisation of agreed timelines.

CQC2 - The Trust should continue to proactively recruit staff to fill operational vacancies: Evidence of this recommendation will be taken to the February meeting of the People & Culture Committee for sign-off.

ClinG1 - Refresh the role of Quality Leadership Teams to increase their effectiveness as core quality governance forums: Julia Tabreham asked that the evidence to be received by the Quality Committee from the QLTs over four months should be corrected to three months in the GIAP.

ClinG3 - Increase the effectiveness of the Quality Committee by ensuring clear alignment of the committee with the quality strategy and associated objectives, and ensuring a clear focus on seeking assurance: The Board noted that following discussion at January Quality Committee and subsequent Executive Director Lead meeting it was agreed that a blue form be prepared for the February meeting of the Quality Committee.

WOD7 - The Trust should monitor the adherence to the grievance, disciplinary, whistle-blowing policies and the current backlog of cases concluded: This was discussed at the People & Culture Committee and a blue form will be brought to the Committee at the February meeting for sign off.

The Board reviewed the Blue completion form for recommendation **ClinG2 - the Trust would benefit from a robust and thorough policy review programme** and was satisfied that this recommendation was now complete. Progress reports have been provided to the Quality Committee in June 2016 and October 2016 with respect to progress against the policy review programme as a whole. Deloitte reviewed progress on this recommendation as part of their phase 1 report and the December Audit & Risk Committee addressed the gap in reporting identified as part of this review (section 2.4). It was agreed at the December Quality Committee that this recommendation has been completed and a blue form could be prepared and submitted in January 2017.

Sam Harrison drew attention to the pipeline of blue forms that would be coming to the Board over forthcoming months and made the point that some of the forms could be presented at the extraordinary Board meeting to be held between the eight week period between next two Board meetings scheduled to take place on 1 March and 27 April.

Mark Powell considered that the approval pipeline was very helpful and asked if there were any significant risks against delivering to the approval pipeline. Sam Harrison responded that the Quality Committee had one recommendation that would continue to be monitored closely and the Committee will continue to monitor that progress is being made. She made the Board aware that we are now entering phase 2 of the GIAP when Deloitte will consider how the recommendations have been embedded and carried out during 'business as usual'. Deloitte will work with the Trust until the end of March to assess the impact of the GIAP on our activities. Sam Harrison reported that management consultants Deloitte have been commissioned to undertake Phase 2 of their external assurance work. Their work will focus on how the GIAP recommendations and actions have been completed, evidenced and embedded within the organisation.

RESOLVED: The Board of Directors:

- 1) **Noted the progress made against addressing GIAP recommendations**
- 2) **Discussed the areas rated as 'off track' and 'some issues' and sought assurance where necessary on the mitigation provided**
- 3) **Formally approved the 1 blue form as presented and confirmed that this is provided assurance of completion, namely:**

	<ul style="list-style-type: none"> • ClinG2 <p>4) Noted the GIAP recommendations approval pipeline and its role in supporting effective oversight of progress</p>
DHCFT 2017/029	<p><u>DEEP DIVE INTO OLDER PEOPLE INPATIENTS</u></p> <p>Tracey Holtom, Carole Clay, Lisa Stone and Pete Emery joined the meeting to present a deep dive into the older people's pathway which focussed on improvements made to the service since the CQC visit in June in areas relating to security, compliance with the Mental Capacity Act and discharge planning.</p> <p>Security: The Board was assured by the robust plans taken to uphold the care of patients and their valuables and was pleased to note that this was now an area of high priority.</p> <p>Mental Capacity Act: When the CQC visit took place in June concern was raised that not enough detail was being recorded with regard to the Mental Capacity Act. This has since been addressed and assessments have significantly improved. The team now have a clinical compliance lead who will continue to lead on this work to ensure continued compliance. Maura Teager was aware of the pressures associated with staff capacity and the stress felt on the wards, and asked how the team could be confident of sustaining compliance. Pete Emery responded that it was clear that in the past the team was not fully complying with the Mental Capacity Act. Significant record keeping improvements in the PARIS system have been made and the team feel far more confident recording Mental Capacity Act activity.</p> <p>Discharge planning: Since the merger of the two wards on London Road, discharge planning has improved. The Board heard how the team had enhanced the system for discharge planning and that this has significantly improved patient experience. The team were able to help staff from other service areas with discharge planning which allowed them to upskill themselves. The team was commended by the Board for this initiative.</p> <p>The Board was pleased to hear that verbal feedback from the recent unannounced visit from the CQC was extremely positive and this was taken as further assurance of the improvements that have been put in place. The Board also heard how e-rostering management was a successful piece of work undertaken by the team and this should be extended across the organisation. Mark Powell added that he was grateful for the support and motivation the team provided for other staff groups and this was a testament to the way this team operates.</p> <p>Ifti Majid felt there was great leadership shown in the way the team has overcome the challenges raised by the CQC. The Board felt inspired by way the team supported each other and staff from other service areas.</p> <p>RESOLVED: The Board of Directors obtained assurance from the work carried out by the Older People's service team which resulted in improved patient experience.</p>
DHCFT 2017/030	<p><u>SUICIDE PREVENTION BRIEFING</u></p> <p>In the absence of John Sykes, Keith Waters and Bob Gardner from the Suicide Prevention team attended the meeting and provided the Board with a briefing on suicide prevention.</p> <p>The Board noted the Suicide Prevention Strategy that was produced in 2016 and was aware that all clinical staff had been trained in suicide awareness. However, it was noted that suicide rates in mental health services have risen and it was understood that this is because more people are in now contact with mental health services. There has also been a national increase in suicide rates and this is thought to be due to the state of the nation's economy. The Board discussed why figures are higher in the north of the</p>

	<p>county and established that although this has been discussed with clinical teams and public health forums, the Crisis Team are aware of various reasons and figures are consistent with other trusts but no conclusion has been reached as to why the north of the county is more affected.</p> <p>The Board also discussed how eradicating suicide is unrealistic. The strategy identifies important outcomes and its key message is that we all have a part to play; suicide prevention is everyone's business. The actions and objectives of the strategy mean that that over 50% of all clinical staff have now been trained in the nationally validated suicide awareness further training has been planned. All staff will receive supervision in line with the Trust's Supervision Policy 2016. All staff will be supported to cope with thorough post incident debrief/support. All clinical staff will have the opportunity to discuss complex cases within a multi-disciplinary team environment.</p> <p>The Board noted that nationally more people are accessing mental health services. This was seen as a positive aspect as it means that the stigma associated with mental illness is relaxing. Julia Tabreham was very impressed with the work undertaken by Keith Waters and Bob Gardner but was concerned about how people have access to the media and 'suicide culture'. She was also worried about the impact that suicide has on the family and was pleased that one of the strategic priorities of the strategy was to support the media in delivering sensitive approaches to suicide and suicidal behaviour.</p> <p>Keith Waters and Bob Gardner asked for the Board's support to ensure that staff continue to receive suicide awareness response training and asked that the Board also take part in the training. The Board heard how the Communications Team is working with the Suicide Prevention Team to get the key message across the Trust and that a Suicide Prevention Day is being held in September. This was a very successful event last year and the Board committed to being involved in this year's event.</p> <p>The Board thanked Keith Waters and Bob Gardner for providing their briefing and fully supported the Suicide Prevention team's work.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Noted the approach taken to suicide prevention 2) Noted the progress being made with suicide prevention training
DHCFT 2017/031	<p><u>BOARD ASSURANCE FRAMEWORK (BAF) UPDATE ISSUE 4</u></p> <p>This report meets the requirement for Boards to produce an Assurance Framework and detailed the fourth issue of the BAF for 2016/17.</p> <p>Sam Harrison highlighted the activity of the BAF since it was last reviewed by the Board and gave an overview of the movement of key risks as outlined in the report. She was pleased to report that risks 3a and 3b were recently reviewed by the Audit & Risk Committee and were downgraded from being high risk to medium. The Board agreed to two new risks being added to the BAF as follows:</p> <ul style="list-style-type: none"> • 1d) The Trust does not fully comply with the statutory requirements of the Mental Health Act (MHA) Code of Practice and the Mental Capacity Act (MCA) which has resulted in a 'requires improvement' action from the CQC and impacts on person centred care. • 1e) Lack of compliance with the Civil Contingencies Act as a category 2 responder. Risk identified through 2016/17 EPRR Assurance Process <p>The Board also agreed to the removal of risk 3c) There is a risk that turnover of the Board members could adversely affect delivery of the organisational strategy due to loss of specialist organisational knowledge, capacity and stability. This risk was reviewed by the Board in December 2016 when it was determined that the risk had been mitigated</p>

	<p>with recent appointments and so could be removed from the BAF. This was agreed to be removed at December Board and the Board noted its removal from the BAF following the December Board decision.</p> <p>Sam Harrison drew attention to the deep dive of risks scheduled for the remainder of the year and confirmed that these were currently on track. She also reminded the Board that a Board Development Session was due to take place on the BAF on 8 February which will enable the Board to look at how the BAF has been managed for this year and to understand how it will be addressed for 2017/18.</p> <p>The Board felt assured that the BAF had been robustly challenged by the Audit & Risk Committee and that the Board will continue to receive the BAF four times during the year, in line with NHS Improvement governance guidance.</p> <p>RESOLVED: The Board of Directors approved this fourth issue of the BAF for 2016/17, and agreed to two new risks being added to the BAF and the removal of one risk.</p>
DHCFT 2017/032	<p><u>REPORT FROM COUNCIL OF GOVERNORS MEETING HELD ON 19 JANUARY 2017</u></p> <p>Sam Harrison presented the report which provided a summary of issues discussed for noting by the Board.</p> <p>The Board was pleased to note from the report that Carole Riley has agreed to temporarily take on the role of Deputy Lead Governor. The Active in Mind Presentation made to governors was seen as a positive initiative. This organisation will work with the Trust to enable and encourage all who are suffering from mental health problems or anguish as well as their carers and supporters and will help them to enjoy physical activities and nature in order to improve their physical and mental wellbeing.</p> <p>Sam Harrison also made the Board aware of the results of the recent elections held this week when six governors were appointed. This leaves one vacancy in North East Derbyshire. The Board congratulated the new governors who were elected and the existing governors who were re-elected.</p> <p>RESOLVED: The Board of Directors noted the summary report from the Council of Governors</p>
DHCFT 2017/033	<p><u>ANY OTHER BUSINESS</u></p> <p>No items were discussed.</p>
DHCFT 2017/034	<p><u>2016/17 BOARD FORWARD PLAN</u></p> <p>The forward plan will be reviewed and carried forward to next year. Sam Harrison pointed out that the Board Effectiveness Survey will be carried out during February and reported back to the following Board Development Session for discussion.</p> <p>RESOLVED: The Board of Directors noted the forward plan for 2016/17.</p>
DHCFT 2017/035	<p><u>IDENTIFICATION OF ANY ISSUES ARISING FROM THE MEETING FOR INCLUSION OR UPDATING IN THE BOARD ASSURANCE FRAMEWORK OR GIAP</u></p> <p>The Board noted the strong direction of travel achieved with the GIAP and that no issues arose from the meeting that should be included in the BAF that were not already included.</p>
DHCFT 2017/036	<p><u>MEETING EFFECTIVENESS</u></p>

	<p>The Board agreed that the meeting had been effective and very good reports had been received. The issues raised in the patient story would be reported back to the next meeting in March to learn how this case has moved forward. A way of working a half hour break between the confidential and public sessions would be considered.</p>
<p>The next meeting of the Board held in Public Session will take place at 1pm on Wednesday, 1 March February 2017.</p> <p style="text-align: center;">The location is Conference Rooms A and B Research and Development Centre, Kingsway, Derby DE22 3LZ</p>	

**SUMMARY OF
CONFIDENTIAL MEETING OF COUNCIL OF GOVERNORS
HELD IN PRIVATE SESSION**

THURSDAY 6 APRIL 2017

Background

Governors had requested additional Council of Governors meetings to specifically discuss the merger by acquisition. As a result on a bi-monthly basis confidential meetings have been arranged to discuss this subject in private.

Summary of Meeting

The first confidential meeting was held on Thursday 6 April. Governors received a copy of the summary report of the first Joint Integration Programme Committee held on 9 March 2017. The report provided governors with a summary of the key discussions.

Governors also received a paper entitled 'Defining Positive Benefit Associated with the DCHS/DHcFT Transaction', a document previously discussed at the Confidential Trust Board on 29 March. The document outlined the merger expectations of the Trust including proposing the evidence/measurement that may be required to demonstrate these have been met. Prior to the meeting governors had been asked to consider their own expectations and these were also discussed during the meeting.

Governors welcomed the opportunity to have open and confidential conversations with the Non-Executive Directors and representatives from the Trust Executive. It was felt the private sessions offer much needed opportunity to focus on this very important subject.

The first Joint Governor Working Group with DCHS governors to discuss the Trust Constitution for the acquiring organisation was also noted; with progress reported on the debate relating to the various Council of Governor constituencies in both constitutions.

Future Meetings

Dates for future Confidential Council of Governors meetings to discuss the process were confirmed in Governor Connect on 6 April. A further Joint Governor Working Group meeting to discuss the Trust Constitution is scheduled for 4 May.

Governor Meeting Timetable 2017

Enclosure K

DATE	TIME	EVENT	LOCATION
02/05/17	12.00 – 1.00pm	Governors and NEDs - lunch and Network	Belper Football Club, Christchurch Meadow, Bridge St, Belper DE56 1BA
02/05/17	1.00pm onwards	Council of Governors meeting	Belper Football Club, Christchurch Meadow, Bridge St, Belper DE56 1BA
17/05/17	10.00am – 12.30pm	Governance Committee	Meeting Room 1, Albany House
18/05/17	2.00 – 4.00pm	Governor development session – Erewash Vanguard	Meeting Room 1, Albany House
24/05/17	1.00pm onwards	Trust Board Meeting	Conference Room A&B, Research & Development Centre
06/06/17	1.00-3.00pm	Council of Governors meeting (private session)	The Agricultural Business Centre, Agricultural Way, Bakewell, DE45 1AH
21/06/17	10am – 12.00pm	Governor development session – Integrated Performance Report (Indicators)	Meeting Room 1, Albany House
28/06/17	1.00pm onwards	Trust Board Meeting	Conference Room A&B, Research & Development Centre
03/07/17	11.30am – tour 1.00 – 4.30pm meeting	Governance Committee (includes a tour of the campus)	Kedleston Road Campus, University of Derby
18/07/17	12.00 – 1.00pm	Governors and NEDs - lunch and Network	Conference Room A&B, Research and Development Centre
18/07/17	1.00pm onwards	Council of Governors meeting	Conference Room A&B, Research and Development Centre
20/07/17	2.00 – 4.00pm	Governor development session – Finance	Meeting Room 1, Albany House
26/07/17	1.00pm onwards	Trust Board Meeting	Meeting Room 1, Albany House
26/07/17	2.30 – 6.00pm	Annual Members Meeting Meeting starts at 4pm	Conference Room A&B, Research and Development Centre
27/07/17	1.00pm – 4.00pm	CoG to Board	TBC
15/08/17	2.00 – 4.30pm	Governance Committee	Rooms 1 & 2, Research and Development Centre
29/08/17	1.00-3.00pm	Council of Governors meeting (private session)	Rooms A&B, Research and Development Centre
13/09/17	10.00am – 12.30pm	Governance Committee	Meeting Room 1, Albany House
21/09/17	2.00 – 4.00pm	Governor development session – Research & Development / Mental	Meeting Room 1, Albany House

		Health Act (including Process of Serious Incidents)	
26/09/17	12.00 – 1.00pm	Governors and NEDs - lunch and Network	Winding Wheel, Chesterfield
26/09/17	1.00pm onwards	Council of Governors meeting	Winding Wheel, Chesterfield
27/09/17	1.00pm onwards	Trust Board Meeting	Conference Room A&B, Research & Development Centre
17/10/17	10am – 12 noon	Governor development session -	Meeting Room 1, Albany House
18/10/17	10.00am – 12.30pm	Governance Committee	Meeting Room 1, Albany House
25/10/17	1.00-3.00pm	Council of Governors meeting (private session)	Rooms A&B, Research and Development Centre
1/11/17	1.00pm onwards	Trust Board Meeting	Conference Room A&B, Research & Development Centre
8/11/17	1.00pm – 4.00pm	CoG to Board	Training rooms 1&2, Research and Development Centre
15/11/17	10.00am – 12.30pm	Governance Committee	Meeting Room 1, Albany House
22/11/17	2.00 – 4.00pm	Governor development session	Meeting Room 1, Albany House
28/11/17	12.00 – 1.00pm	Governors and NEDs - lunch and Network	Conference Room A&B, Research and Development Centre
28/11/17	1.00pm onwards	Council of Governors meeting	Conference Room A&B, Research and Development Centre
29/11/17	1.00pm onwards	Trust Board Meeting	Conference Room A&B, Research & Development Centre
06/12/17	10.00am – 12.30pm	Governance Committee	Meeting Room 1, Albany House
12/12/17	1.00-3.00pm	Council of Governors meeting (private session)	Training rooms 1&2, Research and Development Centre
14/12/17	10am – 12 noon	Governor development session – TBC	Meeting Room 1, Albany House
22/01/18	10.00am – 12.30pm	Governance Committee	Meeting Room 1, Albany House
24/01/18	12.00 – 1.00pm	Governors and NEDs - lunch and Network	Post Mill Centre, South Normanton
24/01/18	1.00pm onwards	Council of Governors meeting	Post Mill Centre, South Normanton
27/02/18	10.00am – 12.30pm	Governance Committee	Meeting Room 1, Albany House
27/02/18	1.00-3.00pm	Council of Governors meeting (private session)	Rooms A&B, Research and Development Centre
20/03/18	10.00am – 12.30pm	Governance Committee	Meeting Room 1, Albany House
21/03/18	12.00 – 1.00pm	Governors and NEDs - lunch and Network	Conference Room A&B, Research and Development Centre
21/03/18	1.00pm onwards	Council of Governors meeting	Conference Room A&B, Research and Development Centre

GLOSSARY OF NHS TERMS	
NHS Terms of Abbreviations	Terms in Full
A	
A&E	Accident & Emergency
ACCT	Assessment, Care in Custody & Teamwork
AfC	Agenda for Change
AHP	Allied Health Professional
AMHP	Approved Mental Health Professional
AP	Assistant Practitioner
B	
BAF	Board Assurance Framework
BMA	British Medical Association
BME	Black & Minority Ethnic
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
CDIM	Clinical Digital Maturity Index
CEO	Chief Executive Officer
CES	Care Episode Statistics
CFH	Connecting for Health
CIP	Cost Improvement Programme
CMHT	Community Mental Health Team
CNST	Clinical Negligence Scheme for Trusts
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
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
D	
DAT	Drug Action Team
DBS	Disclosure and Barring Service
DfE	Department for Education
DoH	Department of Health
DHCFT	Derbyshire Healthcare NHS Foundation Trust
DIT	Dynamic Interpersonal Therapy
DNA	Did Not Attend
DPA	Data Protection Act
DTOC	Delayed Transfer of Care
DWP	Department for Work and Pensions
E	

GLOSSARY OF NHS TERMS	
NHS Terms of Abbreviations	Terms in Full
ECT	Enhanced Care Team
ECW	Enhanced Care Ward
ED	Emergency Department
EHIC	European Health Insurance Card
EHR	Electronic Health Record
EI	Early Intervention
EIA	Equality Impact Assessment
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
FT	Foundation Trust
FTN	Foundation Trust Network
F&P	Finance and Performance
G	
GMC	General Medical Council
GP	General Practitioner
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
ICT	Information and Communication Technology
ICU	Intensive Care Unit
IDVAs	Independent Domestic Violence Advisors
IG	Information Governance
IM&T	Information Management and Technology
IPR	Individual Performance Review
IPT	Interpersonal Psychotherapy
J	
JNCC	Joint Negotiating Consultative Committee
K	
KPI	Key Performance Indicator
KSF	Knowledge and Skills Framework
L	
LA	Local Authority
LCFS	Local Counter Fraud Specialist
LHP	Local Health Plan
LHWB	Local Health and Wellbeing Board

GLOSSARY OF NHS TERMS	
NHS Terms of Abbreviations	Terms in Full
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
MDA	Medical Device Alert
MDT	Multi-Disciplinary Team
MFF	Market Forces Factor
MHA	Mental Health Act
MHIN	Mental Health Intelligence Network
MHRT	Mental Health Review Tribunal
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 Improvement
NOM	Network Operation Manager
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
PCC	Police & Crime Commissioner
PCOG	Performance and Contract Operational Group
PHE	Public Health England
PICU	Psychiatric Intensive Care Unit
PID	Project Initiation Document
PLIC	Patient Level Information Costs
PPT	Partnership and Pathway Team
PREM	Patient Reported Experience Measure
PROMS	Patient Reported Outcome Measure
Q	
QAG	Quality Assurance Group
QC	Quality Committee
QIPP	Quality, Innovation, Productivity
QLT	Quality Leadership Team
QOF	Quality and Outcomes Framework

GLOSSARY OF NHS TERMS	
NHS Terms of Abbreviations	Terms in Full
R	
RAID	Rapid Assessment, Interface and Discharge
RCGP	Royal College of General Practitioners
REGARDS	Race, Economic disadvantage, Gender, Age, Religion or belief, Disability and Sexual orientation
RoCR	Review of Central Returns
S	
SAAF	Safeguarding Adults Assurance Framework
SBARD	Situation, Background, Assessment, Recommendation and Decision (SBARD) tool
SBS	Shared Business Services
SEN	Special Educational Needs
SLA	Service Level Agreement
SLR	Service Line Reporting
SOC	Strategic Options Case
SOF	Single Operating Framework
SPOR	Single Point of Referral
STP	Sustainability Transformation Plan
S(U)I	Serious (Untoward) Incident
T	
TARN	Trauma Audit and Research Network
TCS	Transforming Community Services
TDA	Trust Development Authority
TUPE	Transfer of Undertakings (Protection of Employment) Regulations 1981
TMAC	Trust Medical Advisory committee
W	
WTE	Whole Time Equivalent