Derbyshire Healthcare
NHS Foundation Trust

Derbyshire Healthcare NHS Foundation Trust
Council of Governors

Conference Rooms A and B, Centre for Research and Development, Kingsway Hospital, Derby.
3 March 2020 14:00 - 3 March 2020 17:00

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Derbyshire Healthcare
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COUNCIL OF GOVERNORS' MEETING – TUESDAY 3 MARCH 2020 FROM 2.00-5.00PM, CONFERENCE ROOM A & B, FIRST FLOOR, CENTRE FOR RESEARCH & DEVELOPMENT KINGSWAY HOSPITAL SITE, DERBY, DE22 3LZ

AGENDA		LED BY	TIME
1.	Welcome, introductions and Chair's opening remarks Apologies and Declaration of Interests	Caroline Maley	2.00
2.	Submitted questions from members of the public	Caroline Maley	2.05
3.	Minutes of the previous meeting held on 7 January 2020	Caroline Maley	2.15
4.	Matters arising and actions matrix	Caroline Maley	2.20
5.	Verbal update on Joined up Care Derbyshire (JUCD) (impact of NHS Long Term Plan)	Ifti Majid	2.25
STATUTORY ROLE			
6.	Report from Governors Nominations & Remuneration Committee held on 11 February 2020	Caroline Maley	2.35
7.	Selection of Quality Indicators and arrangements for production of governor statement on the Quality Report	Darryl Thompson Lorraine Noak of Grant Thornton	2.50
HOLDING TO ACCOUNT			
8.	Non-Executive Directors Deep Dive – People and Culture (verbal)	Julia Tabreham	3.05
9.	Escalation items to the Council of Governors from the Governance Committee – verbal response	Caroline Maley	3.20
COMFORT BREAK			3.30
10.	Finance update	Claire Wright	3.50
11.	Staff survey results	Celestine Stafford	4.10
12.	Verbal summary of Integrated Performance Report (full report provided for information)	Non-Executive Directors	4.20
OTHER MATTERS			
13.	Governance Committee Report – 11 February 2020 (including governor meeting dates/training and development programme for 2020/21)	Kelly Sims	4.35
14.	Update on the recent Staff and Public Governor elections	Denise Baxendale	4.45
15.	Any Other Business	Caroline Maley	4.50
16.	Review of meeting effectiveness and following the principles of the Code of Conduct	Caroline Maley	4.55
17.	Close of meeting	Caroline Maley	5.00
FOR INFORMATION			
18.	Ratified minutes of the Public Board meeting held on 3/12/19		
19.	Chair's Reports as presented to Public Trust Board on 4/2/20 and 3/3/20		
20.	Chief Executive's Reports as presented to Public Trust Board on 4/2/20 and 3/3/20		
21.	Governor meeting timetable 2020/21		
22.	Glossary of NHS terms		
Next Meeting: Tuesday 5 May 2020, from 2.00pm in Conference Rooms A&B, Centre for Research & Development, Kingsway Hospital Site, Kingsway, Derby DE22 3LZ.			

Derbyshire Healthcare
NHS Foundation Trust

Our vision

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

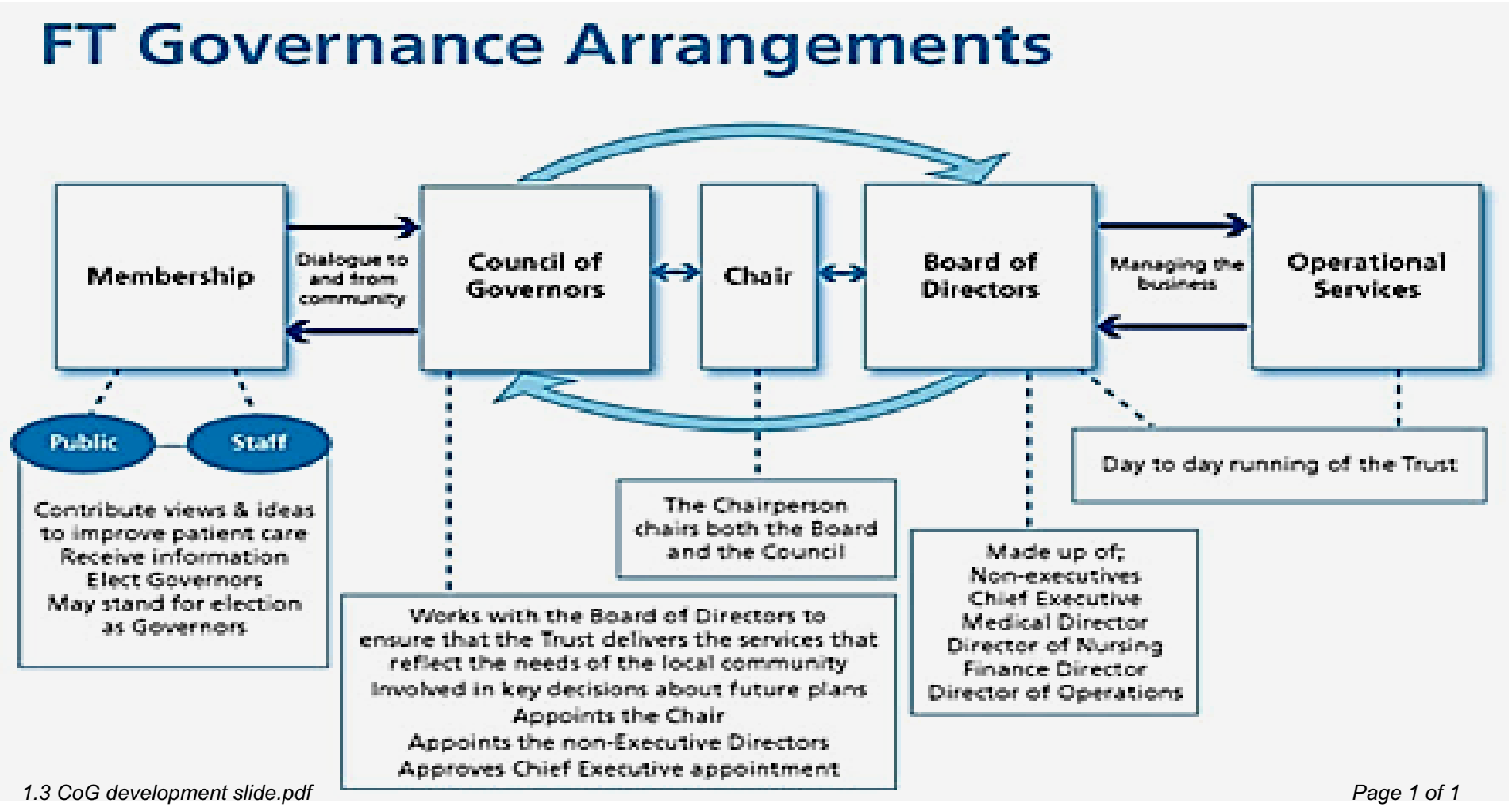
Our values

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

Our Trust values are:

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

Getting the balance right



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The implications for governors and 'holding to account'

- How are the Board complying with best practice – and obligations ?
- How are the Board reaching the right decisions ?
- How are the Board assuring themselves that the trust is delivering safe and effective care ?

❖ The performance of the Trust is the Board's concern;

❖ The performance of the Board is the Governors' concern !

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how do we ask effective questions?

Good questions

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

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how do we ask effective questions?

Good questions

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

Derbyshire Healthcare NHS Foundation Trust

MINUTES OF THE COUNCIL OF GOVERNORS MEETING HELD ON TUESDAY 7 JANUARY 2020, FROM 2.00 – 4.40PM CONFERENCE ROOMS A & B, RESEARCH & DEVELOPMENT CENTRE, KINGSWAY HOSPITAL SITE, DERBY, DE22 3LZ

PRESENT	Caroline Maley	Trust Chair and Chair of Council of Governors
	John Morrissey	Public Governor, Amber Valley
	Rob Poole	Public Governor, Bolsover & North East Derbyshire
	Lynda Langley	Public Governor, Chesterfield
	Julie Lowe	Public Governor, Derby City East
	Carole Riley	Public Governor, Derby City East
	Moira Kerr	Public Governor, Derby City West
	Stuart Mourton	Public Governor, Derby City West
	Andrew Beaumont	Public Governor, Erewash
	Christopher Williams	Public Governor, Erewash
	Kevin Richards	Public Governor, South Derbyshire
	Rosemary Farkas	Public Governor, Surrounding Areas
	Kel Sims	Staff Governor, Admin and Allied Support Staff
	April Saunders	Staff Governor, Allied Professions
	Jo Foster	Staff Governor, Nursing
	Al Munnien	Staff Governor, Nursing
	Cllr Jim Perkins	Appointed Governor, Derbyshire County Council
	Angela Kerry	Appointed Governor, Derbyshire Mental Health Forum
IN ATTENDANCE	Ifti Majid	Chief Executive
	Margaret Gildea	Non-Executive Director & Senior Independent Director
	Geoff Lewins	Non-Executive Director
	Dr Julia Tabreham	Non-Executive Director
	Dr Anne Wright	Non-Executive Director
	Richard Wright	Deputy Chair, Non-Executive Director
	Dr Sheila Newport	Non-Executive Director
	Perminder Heer	NeXT Director Placement
	Justine Fitzjohn	Trust Secretary
	Leida Roome	Personal Assistant – note taker
	Denise Baxendale	Membership and Involvement Manager
	Denise Robson	Assistant to Moira Kerr
	Ogechi Eze	Derbyshire Health United
	David Waldram	Member of the public
APOLOGIES	Adrian Rimington	Public Governor, Chesterfield
	Carol Sheriff	Public Governor, High Peak & Derbyshire Dales
	Dr Farina Tahira	Staff Governor, Medical
	David Charnock	Appointed Governor, University of Nottingham
	Roger Kerry	Appointed Governor, Derbyshire Voluntary Action
	Cllr Roy Webb	Appointed Governor, Derby City Council
	Dr Wendy Wesson	Appointed Governor, University of Derby

ITEM	ITEM
DHCFT/GOV /2020/001	**WELCOME, INTRODUCTIONS, CHAIR'S OPENING REMARKS, APOLOGIES FOR ABSENCE & DECLARATION OF INTERESTS** Caroline Maley welcomed all to the meeting and was pleased to see so many governors present. Caroline especially welcomed Stuart Mourton, newly elected Public Governor for Derby City West and Sheila Newport, newly appointed Non-Executive Director, who will be taking over from Anne Wright when her term ends on 10 January 2020.

	Caroline conveyed her appreciation on behalf of the Trust to Anne Wright, who has made an outstanding contribution as Non-Executive Director. Caroline also conveyed her appreciation to John Morrissey and Moira Kerr who have served on the Council of Governors for six and nine years respectively. Both their terms of office end on 31 January 2020. Presentations were made to John and Moira on behalf of the Council of Governors. Apologies were noted as above. No declarations of interest were received.
DHCFT/GOV /2020/002	**SUBMITTED QUESTIONS FROM MEMBERS OF THE PUBLIC** No questions from members of the public had been received.
DHCFT/GOV /2020/003	**MINUTES OF THE PREVIOUS MEETINGS** The minutes of the previous meeting held on 5 November 2019 were accepted as a correct record.
DHCFT/GOV /2020/004	**MATTERS ARISING & ACTION MATRIX** All completed 'green' actions were scrutinised to ensure that they were fully complete. The Council of Governors agreed to close completed actions. Comments were made as follows: ***Item* DHCFT/GOV/2019/065 – County Mental Health Forum/City Development Group –** Angela Kerry reported that a Countywide Mental Health Forum meets twice a year and all governors are invited to attend. It was noted that this is for provider organisations but service users and carers do attend the meetings. There is also a City Mental Wellbeing Network which meets bi-monthly. The next meeting is scheduled for 6 February 2020 and will be held at Radio Derby. This is mainly a networking meeting. Caroline Maley conveyed her appreciation to Angela Kerry and Roger Kerry for the invaluable work they have been carrying out. **Matters Arising:** ***Items DHCFT/GOV/2019/084 and DHCFT/GOV/2019/090*** – questions from the public and escalation questions – it was noted that questions from the public and questions escalated to the Council of Governors are published with the ratified minutes on the Trust's website. It was agreed that links to the questions and responses should be included in Members' News and submitted to the Trust's EQUAL Forum. **Action:** • **Members' News to include links to questions and responses** • **EQUAL Forum to be sent the questions and links to the responses** ***Item DHCFT/GOV/2019/096*** – Governor Elections Update – Moira Kerr expressed concern that the proposed changes to reduce the number of elections run in a year could means that terms of office in some constituencies could end at the same time. Justine reiterated that the proposal is to stagger the changes over the next few years and reminded governors that the Constitution states that a governor's term of office is up to three years so these can be reduced if required. **RESOLVED: The Council of Governors** **1) Noted the comments and the actions agreed on the Actions Matrix.** **2) Noted the matters arising.**
DHCFT/GOV /2020/005	**VERBAL UPDATE ON JOINED UP CARE DERBYSHIRE – INCLUDING THE IMPACT OF THE LONG TERM NHS PLAN** Ifti Majid, Chief Executive, gave a verbal update on Joined Up Care Derbyshire (JUCD). He referred Governors to his report to the Public Board which had been included in the papers. JUCD brings together twelve partner organisations and sets out ambitions and priorities for the future of the county's health and care. Ifti referred to

	the new architecture that is likely to be developed over the next year. He also outlined the three pillars which will support the JUCD Project: **1. Integrated Care Services (ICS)** ICS needs to be in place by April 2021 and will cover the footprint of the whole of Derbyshire. Ifti explained that ICS has emerged from collaboration with Sustainability Transformation Partnerships (STP) and aims to stop multiple contracts and provide simplified care pathways for patients. In line with the ICS there will also be a review of the Governance Structure; which is being led by John MacDonald, JUCD Independent Chair. A number of work streams are in place and Ifti was pleased to report that the Mental Health work stream has delivered against its objectives. The Mental Health work stream is working on reducing out of area placements which are better for service users, carers and staff, as well as enhanced Crisis and Community Teams, Care Homes and Community Areas. It was stressed that the ICS is not a legal entity in its own right, it is a partnership coming together to deliver programmes of care with partners taking on an equal share of risk and opportunity. **2. Integrated Care Partnership (ICP)** The ICP is based on four geographical areas: Chesterfield; North East Derbyshire and Bolsover; Derby City; and South Derbyshire, Amber Valley, Erewash, Derbyshire Dales and High Peak. The aim is to get all incentives aligned with an equal share of risk and opportunities. There will be a national ICP contract and Ifti Majid is the systems lead for the ICP. **3. Primary Care Networks** Primary Care Networks (PCNs) are made up of groups of GP surgeries (between 30,000 and 50,000 patients) with a focus on local communities. Clinical Directors have now been appointed and a GP Provider Alliance is also in place. The aim of the PCNs is to wrap care around individuals for all conditions – they will also focus on prevention. There are 10 PCN groups in the County and five in Derby City. John Morrissey asked how the responsibilities of the Trust Board and Council of Governors will be affected by the new system architecture. Ifti explained how partners were working together in JUCD but added that the Trust as a Provider has to comply with its own governance in the absence of any change in legislation. It was agreed that a session would be arranged to provide an opportunity for the Trust Board and Council of Governors to have a conversation around system governance at the appropriate time. John sought assurance from Ifti that he, as a senior leader involved in discussions around ICS would be able to raise any issues / concerns regarding the system that might adversely affect the Trust. Ifti gave this assurance and explained that there is also role for the Trust's Non-Executive Directors and Governors to be involved in JUCD and raise issues and concerns, giving that key focus on clinical outcomes. Kelly Sims referred to the specific issue of system risk share – Ifti confirmed that this is a proportionate risk but system working required a new way of thinking in this respect. Moira Kerr queried whether the recent General Election result would have an impact and pose further changes in the NHS. Ifti Majid explained that it is unlikely that major changes will be made by the same government who published the NHS Long Term Plan; and the money pledged by the Government for the NHS is to be enshrined in law. Ifti Majid agreed to circulate a summary of the verbal update he gave to the Council of Governors. **Action: Ifti Majid will provide a summary of the verbal update given to circulate to the Council of Governors.**

	RESOLVED: The Council of Governors noted the update provided on the JUCD and the Long Term NHS Plan.
DHCFT/GOV /2020/006	**GOVERNORS NOMINATIONS AND REMUNERATION COMMITTEE 12 NOVEMBER 2019 AND 5 NOVEMBER 2019** The paper presented by Caroline Maley contained an update from the meetings of the Governors Nominations and Remuneration Committee meetings on the 12 November and 5 December 2019 and recommendations to the Council of Governors in relation to the Chair's objectives and the appointment of a Non-Executive Director (NED), as follows: • Assurance that satisfactory appraisals had taken place for the Trust Chair, Caroline Maley and two Non-Executive Directors, Margaret Gildea and Julia Tabreham. It was noted that the Trust had followed its Fit and Proper Persons Policy. • Recommendation to approve the proposed objectives for the Trust Chair over the coming year • An overview was given of NHSI guidance on the Chair/NED appraisals and remuneration across NHS Trusts and Foundation Trusts. The Committee will be discussing the documents in more detail at its meeting in February 2020, including assessing any impact for the Trust and will report back to a future meeting. • A summary of the recruitment process followed by the Committee for the new sixth Non-Executive Directors post and the recommendation to appoint Ashiedu Joel as the sixth Non-Executive Director **RESOLVED: The Council of Governors** **1) Noted the summary report** **2) Noted that satisfactory appraisals have taken place for the Trust Chair and two Non-Executive Directors** **3) Agreed the Chair's objectives as presented** 4) **Approved the appointment of Ashiedu Joel as a Non-Executive Director of the Trust at an annual fee of £12,638, for a three year term, commencing on receipt of satisfactory completion of the Fit and Proper Person test requirements.**
DHCFT/GOV /2020/007	**NON-EXECUTIVE DIRECTOR – DEEP DIVE – CHAIR'S UPDATE** Caroline Maley provided the Deep Dive Report with information to governors on the various activities that she carries as out as Chair for the Trust. The Chair outlined activities in the following areas: • **Trust and Staff** – a focus on the visits to teams, both frontline and support services, made by Caroline during the year; and her involvement in the Delivering Excellence Awards. • **Council of Governors** – highlights included: the continuous development and improvement of the Council of Governors effectiveness including the strong relationship between the Council of Governors and the Board; a programme of Deep Dives presented to the Council by the Non-Executive Directors; the success of the Annual Members' Meeting; and the success of the East Midland Governors Network meeting organised by NHS Providers. • **Board of Directors** – Caroline reported that the Trust Board had a stable year and two new Non-Executive Directors have been recruited and there is continued engagement with the NHS NeXT Director Scheme; the reduction in Confidential Board meetings and business has continued, bringing the majority of business into the Public meetings; Caroline noted the contribution which Ifti Majid is making at a national level on the NHS Confederation Mental Health Board and the leadership on the national BME group.

	• **System Collaboration** – Caroline attended the majority of Joined Up Care Derbyshire Board meetings; and reported that there is continued engagement with the Mental Health work stream. • **Regulators, NHS providers and NHS Confederation** – Caroline referred to the recent Care Quality Commission (CQC) inspection; the formal report is expected in March 2020. The Trust has hosted a range of people including Peter Wyman, Chair of the CQC, Simon Stevens from NHS Improvement, Saffron Cordery, Deputy Chief Executive Officer, NHS Providers, and Matt Hancock, Secretary of State for Health and Social Care. • **Beyond the Boundaries** – the Trust has attended various conferences and events over the year and gave examples. Moira Kerr was impressed with the amount and the variety of work undertaken by Caroline and queried whether more visits to Community Teams could be arranged. Caroline confirmed that more visits to Community Teams are in the process of being mapped out. Andrew Beaumont referred to the IT systems challenge where four systems are being used and asked why one Patient Record System cannot be used. Caroline Maley agreed that it would be much better to have one patient record system and in the future the NHS might have one overall patient system overall but at the moment this is not possible and the focus is on system interface. **RESOLVED: The Council of Governors received the Deep Dive report from Caroline Maley.**
DHCFT/GOV /2020/008	**ESCALATION OF ITEMS TO THE COUNCIL OF GOVERNORS** Two items of escalation were received from the Governance Committee, which was held on 10 December 2019. • Question 1: How are the Non-Executive Directors assured that the Trust is taking the appropriate action to address and reduce the level of bullying and harassment as identified by the Freedom to Speak Up Guardian and in the staff survey? • Question 2: How can the Non-Executive Directors be assured on the level of engagement with and support of mental health services in Primary Care in the current environment and when looking forward to the Primary Care Networks currently beings established through Joined Up Care Derbyshire? The answers, attached as Appendix 1 to these minutes, were read out at the meeting and governors were satisfied with the responses. With reference to question two regarding Primary Care Networks, Sheila Newport explained that there is still a great deal of work to do on the amalgamation of physical and mental healthcare but she is optimistic about a good outcome. Rosemary Farkas queried whether cost will rise with the new arrangement and Sheila explained that tis not likely, as currently there is a duplication of services which should be eradicated in the new system. Some areas are already developing an Integrated Care System. **RESOLVED: The Council of Governors noted the two questions, the responses provided for information and the additional information.**
DHCFT/GOV /2020/009	**INTEGRATED PERFORMANCE REPORT** The Integrated Performance Report was presented to the Council of Governors by the Non-Executive Directors. The focus of the report was on workforce, finance, operational delivery and quality performance. Richard Wright, as Chair of Finance and Performance Committee advised that the figures at the end of November looked healthy, but significant cost pressures and risks still need to be mitigated. He referred to the Cost Improvement Programme (CIP)

	which is behind plan year to date and is now forecast not to deliver in full by the end of the financial year. The Board will be requested to sign off the Estates Strategy in February and this will encompass: maintenance, upgrades and longer term investments. Transformation monies for Crisis and Home Treatment Teams have now been received. Control of agency staff spend has also been achieved. Geoff Lewins as Chair of the Audit and Risk Committee confirmed that work is ongoing to reduce the Out of Area Placements. He explained that this is a national issue, and in October the demand for acute beds in the Trust had increased. Work is progressing to improve the waiting lists for Child and Adolescent Mental Health Services (CAMHS), Community Paediatrics and Psychology. Margaret Gildea, as Chair of Quality Committee advised that a number of visits have been undertaken by the Non-Executive Directors to both the Hartington Unit and the Radbourne Unit and was pleased to report that an improvement in the Acute Areas was visible. She also referred to the case for a new Psychiatric Intensive Care Unit (PICU) which is being progressed. A review of the Seclusion Regulations has been undertaken and the Trust continues to support patients with appropriate care. The Physical Healthcare programme is progressing well; and both Margaret and Geoff Lewins are involved in the Clinically Led Strategic Developments. Julia Tabreham as Chair of the People and Culture Committee updated the meeting on the ongoing work within the Workforce. Special attention is being paid to Clinical Supervision recording and data recording. Julia confirmed that there is significant alignment between the Integrated Performance Report and what is discussed at the People and Culture Committee and other Committees on key strategic issues. This gives a lot of assurance to the Non-Executive Directors. A challenge had been received from the Audit and Risk Committee, relating to staff sickness improvement. Julia Tabreham reported that staff are being supported during their sickness absence and return to work, further analysis of the data is required to provide further assurance. Cross Trust recruitment across the system is starting to bring positive benefits. It is envisaged that the Trust's "Warm principles recruitment", will help to recruit and retain staff; this has had phenomenal success in the Trust's Learning Disabilities Service. The Flu programme this year has been a challenge. A lot of work has been carried out to encourage staff to have the flu jab and extra clinics have been organised. Posters with the "jab for a jab" message are posted all over the Trust and extra clinics have been added. Currently 61% of front line staff have had the flu jab and a further 14% have pledged to have it so the ambition was for a 75% uptake. *(April Saunders left the meeting at 4.00pm.)* Anne Wright as Chair of the Mental Health Act Committee advised that the structure of the committee was recently changed and strategically and operationally the committee is working well. There has been a lot of work done on training and compliance. Anne was pleased to report that the quality of reports has improved. It was noted that seven new Associate Hospital Managers have been recruited and 11 were now in post. New Mental Health legislation is due to come into force and further training will need to take place for this. Regarding seclusion, Anne explained that the Trust is reviewing its process for seclusion and is investigating different ways of working. The Trust is also investigating how best to capture feedback from services users on the process. Anne as Chair of the Safeguarding Committee reported that oversight on safeguarding is now integrated into the Quality Committee which will meet as the Quality and Safeguarding Committee from 1 February 2020. She added that there has been an

	increased workload and risk is being managed. Anne is also the NED link for Learning from Deaths and explained that no concerning trends had been identified after analysing the mortality data. The Governors then asked the NEDs questions on their updates, as follows: In response to a query from Rob Poole concerning PICU, it was noted that on average there are six service users per day who require PICU support. Rosemary Farkas requested an update on the progress of the single sex wards project. Richard Wright explained that this project is built into the Estates Strategy, both short term and long term. Ifti Majid assured the Council that the Trust complies with National guidelines, i.e. separate dormitories for females and males. Responding to a query from Rosemary Farkas about the increase in sickness absence, Julie Tabreham explained that the figures are skewed because they include people who are too poorly to return to work, adding that 4% of the 7% equated to long term illness. Andrew Beaumont sought clarification on why seclusion is used to restrain a patient. Al Munnien explained that seclusion is a supervised confinement and isolation of a patient, away from other patients, in a safe environment if the patient is in grave danger of harming themselves or others. There are varying degrees of seclusion and the situation is monitored carefully following national guidelines. Jo Foster explained that although there are no designated areas for seclusion in the Hartington Unit, patients are taken off the ward and nursed in a different location for their own safety and the safety of others. Moira Kerr asked when the proposed PICU would be functional – Richard Wright explained that the Trust is in the process of producing a Business Case and will be working hard to remove out of area placements by 2021. Assurance was given that seriously ill patients are being placed in out of area PICUs to ensure that they get the support they require. Julia Tabreham advised that this is not an ideal situation for patients, their carers and relatives or staff who care for the patient. Margaret Gildea explained that Trust staff do not lose accountability and continue to care for patients who are placed out of area. Al Munnien added there was a robust process around requests for an Out of Area Placement including assurance that these are in the best interests of the patient. Moira Kerr also asked if with the development of single rooms, more beds can be provided. Ifti Majid explained that there should not be a need for more beds as further development of the Community Teams and the Crisis Teams will mean that intervention will take place in the community to keep people out of hospital beds. **RESOLVED: The Council of Governors noted** **1) The information provided in the Integrated Performance Report** **2) Agreed that the Non-Executive Directors have held the Executive Directors to account.**
DHCFT/GOV /2020/010	**<u>REPORT FROM THE GOVERNANCE COMMITTEE</u>** The Council of Governors received the report from the Governance Committee meeting which took place on 10 December 2019. Of note were the following items: - Julie Lowe, Public Governor for Derby City East had expressed an interest in becoming the Deputy Chair for the Governance Committee. The Committee recommends that the Council of Governors approves the appointment. - The Governor Training and Development Programme for 2020/2021 is in the process of being finalised. A questionnaire has been circulated to all governors to complete. - Two expressions of interest have been received for the Deputy Lead Governor role. Voting packs will be despatched with the election closing on 17 January

	2020. **RESOLVED: The Council of Governors:** **1) Noted the information provided in the Governance Committee Report.** **2) Approved the appointment of Julie Lowe as Deputy Chair of the Governance Committee.**
DHCFT/GOV /20209/011	**GOVERNOR ELECTIONS UPDATE** Denise Baxendale provided the Council of Governors with an update on the public and staff governor elections: • The call for nominations opened on 13 November and closed on 11 December • The Trust promoted the vacancies widely • Elections are being held in the following contested seats: - Public Governor, Amber Valley – two seats, five nominations received - Public Governor, Derby City West – one seat, two nominations received - Public Governor, High Peak and Derbyshire Dales – one seat, three nominations received - Staff Governor, Admin and Allied Support Staff – one seat, two nominations received • There is one uncontested seat for South Derbyshire and Denise was pleased to confirm that Kevin Richards will begin his second term of office • No nominations have been received for Bolsover and North East Derbyshire constituency and this vacancy will carry forward to the next election. • The ballot papers will be despatched on 7 January and elections will close on 30 January, with results being declared soon after • An induction for new governors has been arranged in February and they will be 'buddied up' with more experienced governors to help ease them into the governor role. **RESOLVED: The Council of Governors received the update on the governor elections.**
DHCFT/GOV /2020/012	**ANY OTHER BUSINESS** No other business was raised.
DHCFT/GOV /2020/013	**REVIEW OF THE MEETING EFFECTIVENESS AND FOLLOWING THE PRINCIPLES OF THE CODE OF CONDUCT** The following comments were made: - Due to the extended discussions the meeting finished later than planned - The Code of Conduct was adhered to during the meeting.
DHCFT/GOV /2020/014	**CLOSE OF MEETING** Caroline Maley thanked all those present for their input and attendance and closed the meeting at 16.40 hours.

Appendix 1 Questions escalated to Council of Governors – 7 January 2020

Question: How are the Non-Executive Directors assured that the Trust is taking the appropriate action to address and reduce the level of bullying and harassment as identified by the Freedom to Speak Up Guardian and in the staff survey?

Response

The Trust has been actively talking with staff networks and our Joint Negotiating Consultative Committee (JNCC) about concerns of bullying and harassment. The Employee Relations team and Freedom to Speak up Guardian are working closely together to address any cases that they learn of and to ensure appropriate action is taken. A working group has developed a booklet for staff to use as a guide.

(Response provided by Amanda Rawlings, Director of People Services and Organisational Effectiveness.)

Question: How can the Non-Executive Directors be assured on the level of engagement with and support of mental health services in Primary Care in the current environment and when looking forward to the Primary Care Networks currently beings established through Joined Up Care Derbyshire?

Response

The Joined Up Care Derbyshire (JUCD) Mental Health System Delivery Board has oversight and responsibility for the implementation of the Mental Health elements of the NHS Long-term Plan. We have a dedicated primary care work stream which is engaging with Primary Care on two projects. Firstly, the implementation of a robust process and delivery of physical healthcare checks for all people with SMI and especially patients using anti-psychotic drugs.

Secondly, we have engaged a voluntary sector provider to support engagement with communities and stakeholders in two Primary Care Networks areas across the county and city, with a view to developing a new Health and Wellbeing approach in community mental health services, aimed at addressing the gap between primary and secondary care services and providing wider alternatives to medical and pharmacological interventions through the coordination of voluntary sector and public health initiatives in community settings, such as physical exercise and other activities likely to support individual recovery and resilience. This approach will be prototyped in High Peak and Derby North this year and will form part of our preparation for the implementation of a new model of Community Mental Health Services from April ‘21 to March ’24 as part of the NHS Long-term Plan.

The Trust is fully represented at JUCD Place Board and has senior management representation at all local Place Alliances. As PCNs develop across the City and County, Directors and Senior Managers are closely involved in supporting their development alongside the creation of Integrated Care Partnerships (ICPs), in shadow form from April this year.

(Response provided by Gareth Harry, Director of Business Improvement and Transformation.)

COUNCIL OF GOVERNORS ACTION MATRIX - AS AT 21.2.2020							
Date of Minutes	**Minute Reference**	**Item**	**Lead**	**Action**	**Completion by**	**Current Position**	
02/07/2019	DHCFT/GOV/ 2019/065	Any other business	Angela Kerry, Roger Kerry and Roy Webb	Ideas around a County Mental Health Forum to be discussed further outside the meeting	03/09/2019	Angela will update at the meeting on 5 November 2019. Angela was unable to attend the meeting on 5.11.19. An update will be given on 7.1.19. Angela explained that there is no need for new group and voluntary organsiations meetings are open to governors, service users and carers. COMPLETE.	Green
03/09/2019	DHCFT/GOV/ 2019/065	Action Matrix	Angela Kerry	update on the City Development Group hosted by the Trust on 12 September	05/11/2019	Update to be given at the meeting on 5 November 2019. Roy Webb explained that there is nothing to report at this stage. An update will be given on 7.1.19. Angela update that there is a Countywide Mental Health Forum which meets twice a year and a City Mental Wellbeing Network which meets bi-monthly which governors are welcome to attend. COMPLETE.	Green
03/09/2019	DHCFT/GOV/ 2019/075	Review on waiting lists	Kath Lane	Update on waiting lists to be presented to Council of Governors on 7 January 2020	03/03/2020	Report not ready deferred to the meeting on 3 March 2020. Wait lists will be included in the Integrated Performance Report, circluated with the papers for the Council of Governors meeting on 3 March.	Amber
	DHCFT/GOV/2	Verbal update on Joined Up Care Derbyshire	Ifti Majid	Ifti Majid will provide a summary of the verbal update given to circulate to the Council of Governors	03/03/2019	Summary provided and circulated to governors on 25 February 2020. COMPLETE	Green

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

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 3 March 2020

Governors Nominations & Remuneration Committee Summary Report

Purpose of Report
This paper provides an update from the meeting of the Nominations and Remuneration Committee held on 11 February 2020.

Executive Summary
Since the last report to the Council of Governors on 7 January 2020, the Committee has met once, on 11 February 2020. This report provides an outline of the business discussed at the meeting. The meeting covered: • the appraisals for two Non-Executive Directors (NEDs), feedback from a NED exit interview and initial objectives for two new NEDs. • time commitment, balance of skills, Committee membership and succession planning • a review of remuneration and appraisal process in light of NHS guidance • compliance with the Fit and Proper Persons Test requirement for the recent NED recruitment.

Strategic Considerations (All applicable strategic considerations to be marked with X in end column)		
1)	We will provide great care by delivering compassionate, person-centred innovative and safe care; ensuring choice, empowerment and shared decision making is the norm.	
2)	We will ensure that the Trust is a great place to work by attracting colleagues to work with us who we develop, retain and support by excellent management and leadership; creating an empowered, compassionate and inclusive culture that actively embraces diversity	**X**
3)	We will make the best use of our money by making financially-wise decisions every day and avoid wasting resources. We will always strive for best value by finding ways to make our money go further	**X**

Assurances
The appraisal process has been followed in line with agreed practise. All pre-employment checks have been completed in compliance with the Trust's Fit and Proper Test Policy and Procedure.

Consultation
Governors and Board members were invited to give feedback for both the NED appraisals.

Governance or Legal Issues
Appraisals for the Chair and NEDs are carried out in line with the agreed practise and reported back to the Council of Governors through the Nominations and Remuneration Committee.

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

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

Support was available for Governors for completion of on-line appraisal and also at the focus group. All NEDs are members of Board Committees and there is an equality and inclusion objective within all Committee Terms of Reference. We have an NED inclusion lead who has a number of specific Equality, Diversity and Inclusion objectives.

The Board took positive action around its diversity by actively recruiting a NED from a BME background on the basis that it was previously under represented. A number of NEDs hold strategic portfolios around inclusion and all Board Committees, to which NEDs are members, have EDI objectives.

Recommendations:

The Council of Governors is requested to:

1. Note the summary report.
2. Note that satisfactory appraisals have taken place for the two Non-Executive Directors.

Report presented by:	**Caroline Maley, Trust Chair and Chair of the Governors Nomination & Remuneration Committee**
Report prepared by:	**Justine Fitzjohn, Trust Secretary**

- **NED'S APPRAISAL**

The Chair leads the appraisal process for the Non-Executive Directors and she presented the results for Richard Wright and Geoff Lewins. The Chair was very pleased to confirm that both Richard and Geoff had received excellent feedback and that their performance continues to be effective and demonstrates commitment to the role. The Committee confirmed they had received significant assurance on these NED appraisals.

In line with best practice an exit interview has been carried out by the Chair with Anne Wright, who left the Trust in January. The Chair outlined the feedback, which was very positive overall.

Initial objectives were also presented for the newest NEDs, Dr Sheila Newport and Ashiedu Joel. For completeness these objectives were included within a document that listed the latest objectives for all of the NEDs. The Committee would receive an update on the initial objectives for Sheila and Ashiedu as part of their annual appraisals later in 2020.

- **NON-EXECUTIVE DIRECTORS TIME COMMITMENT, BALANCE OF SKILLS AND COMMITTEE MEMBERSHIP**

NEDs skills audit

The Chair confirmed that the NED Skills Audit, a self-assessment, was last undertaken in January 2019 and is currently being revised to include the new NEDs. This document will be useful to refer to for any future vacancies.

Balance of Skills & Committee Membership

In 2019 the Trust Chair reviewed the commitments of the five NEDs, including their workload with the increasing requirement for Joined Up Care Derbyshire (JUCD) support and also the Trust Board's own Committees and major projects and initiatives. The review also looked at the wider skills of the Board and the alignment with the Trust's newly revised strategic objectives and priorities. The conclusion, supported by the Board was for the Trust to have an additional (6th) NED post. This was approved by the Council of Governors and this post has now been recruited to.

The NExT Director, Perminder Heer, supports the NEDs by attending meetings and providing additional scrutiny and challenge.

Appendix 1 shows latest allocation of Board Committees and other commitments.

Succession planning for NEDs

Three re-appointments and three new appointments (one interim) have been approved by the Council of Governors in 2019. Two terms of office expire in in the 2020 calendar year. In terms of timescales it is usual to seek the intentions of the NEDs approximately six months before the end of their terms so that adequate planning can be carried out for either re-appointments or new appointments. The

Committee will report back to the Council of Governors in due course with the recruitment plan.

Time Commitment

The time commitment for NEDs is considered whenever recruitment takes place. The Governance Calendar for 20/21 has taken into account the best use of time of the NEDs, as well as working towards increasingly strategic and less operational focus at meetings. All Non-Executive Directors have a terms of service arrangement of 4-5 days per month, which benchmarks alongside the majority of other Trusts, and the Chair works with all NEDs to keep Trust commitments manageable and appropriate. The time commitment for the Trust Chair is 2-3 days a week. All NEDs and particularly the Chair put in many additional hours over the formal arrangement.

NHSI GUIDANCE ON THE CHAIR/NED APPRAISALS AND REMUNERATION ACROSS NHS TRUSTS AND FOUNDATION TRUSTS.

Both the Committee and the Council of Governors received an initial overview of NHSI guidance documents in November 2019.

The Committee considered a discussion report for the Committee to consider the NHSI remuneration structure against the annual review of remuneration and the schedule of appointments/re-appointments. It also set out the Committee's previous commitment to review the Trust's appraisal template in light of the guidance for the 2020 Trust Chair appraisal.

The Committee will report back its proposals on remuneration once the intentions for the 2020 NED renewals are known.

FIT AND PROPER PERSONS TEST – RECENT NED APPOINTMENTS

The Committee received assurance that the Trust complied with the recruitment checks for both Dr Sheila Newport and Ashiedu Joel, in line with the requirements of the Trust's Fit and Proper Persons Test policy and procedure.

Recommendations:

The Council of Governors is requested to note:

- the summary report
- that satisfactory appraisals have taken place for the two Non-Executive Directors.

APPENDIX 1

Director Membership at Board Committees (Version 7)

Committee	Frequency	NED Membership	Director Membership	ELT Lead
Audit & Risk	Six meetings a year	Geoff Lewins (Chair) Sheila Newport Julia Tabreham Ashiedu Joel Perminder Heer – NexT – non voting	**CW** Director of Finance * **JF** Trust Secretary *	**JF** Trust Secretary
Quality (then Quality & Safeguarding from 1 February 2020	Ten per year (Safeguarding quarterly)	Margaret Gildea (Chair) Sheila Newport Richard Wright Ashiedu Joel	**CG** Director of Nursing **JS** Medical Director **MP** Chief Operating Officer	**CG** Director of Nursing
Finance & Performance	Bi-monthly	Richard Wright (Chair) Geoff Lewins Julia Tabreham Perminder Heer – NexT – non voting	**CW** Director of Finance **GH** Director of Business Improvement & Transformation **MP** Chief Operating Officer	**CW** Director of Finance
Mental Health Act	Quarterly	Sheila Newport (Chair) Richard Wright Margaret Gildea Perminder Heer – NexT – non voting	**JS** Medical Director **CG** Director of Nursing	**JS** Medical Director
People & Culture	Bi-monthly	Julia Tabreham (Chair) Margaret Gildea Ashiedu Joel Perminder Heer – NexT – non voting	**AR** Director of People Services & Organisational Effectiveness **JS** Medical Director **MP** Chief Operating Officer	**AR** Director of People Services and Organisational Effectiveness
Remuneration & Appointments	Quarterly / when required	Caroline Maley (Chair) and all NEDs: Richard Wright Sheila Newport Margaret Gildea Geoff Lewins Julia Tabreham Ashiedu Joel	**IM** Chief Executive * **AR** Director People Services Organisational Effectiveness * **JF** Trust Secretary *	**JF** Trust Secretary

NB * Attendee only not a formal Committee member –
Perminder Heer undertaking NExT Director placement – 12 months from August 2019
Chief Executive reserves the right to attend any Board Committee meeting

Note: Audit Committee membership is NEDs only

Other involvement

Programme Boards / Initiatives	**Frequency**	**NED Membership**	**Director Membership**	**ELT Lead**
Clinical Strategies	Chairing transformation Board	Margaret Gildea – Lead Geoff Lewins	**JS** Medical Director **CG** Director of Nursing **GH** Director of Business Improvement	Gareth Harry
SystmOne / TPP	Catch up meetings with Mark Powell	Geoff Lewins - Lead	**MP** COO **JS** Medical Director **CG** Director of Nursing	Mark Powell
Estates	Catch up meetings with Mark Powell	Richard Wright - Lead Julia Tabreham (deputy when needed)	**CW** DoF **CG** Director of Nursing **MP** COO **GH** Director of Business Improvement	Mark Powell
Inclusion	Network conferences; Equality Forum quarterly	Ashiedu Joel – Lead Margaret Gildea NeXT Directors – Perminder Heer	**IM** CEO **CW** DoF **AR** Director of People OE	Ifti Majid
JUCD	TBC	All NEDs MH WORKSTREAM – Sheila Finance Committee - Richard		Ifti Majid

Notes: The role of NEDs on these programme boards / task and finish groups to be defined to ensure the necessary time/ support is given to the work. JUCD is unknown at the member in terms of time requirements, but likely to be increasing - so will need to capture what and when

Other Roles	Deputy Trust Chair Richard Wright	Senior Independent Director, Margaret Gildea
Freedom to Speak up NED Lead Julia Tabreham	Mortality & Learning From Deaths NED Lead Sheila Newport	Safeguarding NED Lead Sheila Newport
Security NED – to be agreed / confirmed as required Geoff		

Balance of work from January 2020 (in brackets is the reserve)

Committee	Caroline	Sheila	Julia	Richard	Geoff	Margaret	Ashiedu	Perminder
Audit & Risk		✓	✓		✓		✓	✓
Quality & Safeguarding		✓		✓		✓	✓	
Finance Performance			✓	✓	✓			✓
Mental Health Act		✓		✓		✓		✓
People & Culture			✓			✓	✓	✓
Remuneration & Appointments	✓	✓	✓	✓	✓	✓	✓	
Clinical Strategies					(✓)	✓		
SystmOne / TPP					✓			
Estates			(✓)	✓				
Inclusion						(✓)	✓	✓
Other roles (e.g. SID, Deputy Chair, FTSUG, etc)		✓✓	✓	✓	✓	✓	✓	
JUCD	✓	✓	✓	✓	✓	✓	✓	✓
Total (excluding JUCD)		6	6	6	6	7	6	5

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 3 March 2020

Selection of Quality Indicators for the Quality Account

Purpose of Report

To advise of and clarify the options with regards to the requirement for the Council of Governors to select a local quality indicator for 2019/20 for inclusion in the annual Quality Report.

Executive Summary

Summary

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

In addition to the mandated indicator, governors are invited to choose a local indicator each year as part of the Trust's internal and external audit of data quality checks to measure data completeness and accuracy. To support this, an additional and optional governor meeting has been arranged immediately before the Council of Governors on 3 March, an informal discussion to give opportunity for further consideration about the indicators. This meeting will then inform the conversation and decision making at Council of Governors.

Mandated Indicators

NHS foundation trusts providing mental health services should select two indicators that are relevant for the trust. These should be selected from the following list in order (i.e. if (1) and (2) below are both reportable then those should be selected). Therefore, for 2019/20, our mandated indicators are the same as last year:

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

Local Indicators

In addition, as a trust we have the option of choosing one local indicator, against which to conduct an audit to assure data accuracy. This will not be externally reportable, but is for our benefit as an organisation. The options available to us are outlined in the following paper. The first section includes those options where an external audit could be seen to bring a greater added value, the second section where it might bring a lower added value.

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

Assurances

- The Trust has met its requirements as set out by NHSI, and these indicators are guided by the 'Detailed requirements for external assurance for quality reports 2019/20'.

Consultation

- This was discussed at the Governance Committee on 11 February 2020.

Governance or Legal Issues

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

Public Sector Equality Duty & Equality Impact Risk Analysis

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

1. Are there any elements of the report which may have an impact on with those with protected characteristics (and this can both positive and negative impact or neutral)?
   There would be no expectation that any of the optional local indicators would have a particular impact on anyone from a specific protected characteristic population.

2. If there is evidence of how we have made this evaluation of impact?
   There is no opportunity for consultation with regards to the options as these

are chosen nationally, and will have been subject to equality considerations. Consultation at Council of Governors is part of our assurance that equality considerations are taken into account when choosing the indicator to audit.

3. If you have identified ways in which you are saying or recommending in your report relates to or adversely effects people with nine protected characteristics of the Equality Act (2010), have you explained how you intend to mitigate or minimise those effects?
   A key element of any of the local indicators is that they are chosen from our broader population of people who access our services, and so have no restrictions in place for any specific protected characteristics.

Recommendations

The Council of Governors are requested to:

1) Choose a local indicator as part of the Trust's internal and external audit of data quality checks to measure data completeness and accuracy.
2) Make additional recommendations or requests with regards to external audit as appropriate.

Report presented by: **Darryl Thompson**
Deputy Director of Nursing & Quality Governance

Report prepared by: **Darryl Thompson**
Deputy Director of Nursing & Quality Governance

Local indicators

Where an external audit could be seen to bring a greater added value:

Option 1
Improving access to psychological therapies (IAPT):
a) proportion of people completing treatment who move to recovery (from IAPT dataset)
b) waiting time to begin treatment (from IAPT minimum dataset):
i. within 6 weeks of referral
ii. within 18 weeks of referral

No. of people this applies to

Approximately 7,500 people per year.

The Clinical Implications

This indicator monitors how quickly we respond to people referred to our IAPT service, ordinarily for mild to moderate mental health problems, together with the progress people make whilst in this service. The service is contract managed and closely monitored with our commissioner colleagues, but would be auditable.

Where else this indicator is reported

Within the NHSI dashboard reported to Board.

Option 2
The percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric inpatient care during the reporting period.

No. of people this applies to

Approximately 550 people per year.

The Clinical Implications

This is included as an indicator in response to concerns that the highest risk of suicide for a person discharged from psychiatric inpatient care is within the first seven days. Therefore, ensuring that we have contact with the person is part of our attempt to reduce this risk. This indicator also aligns with our Relapse Reduction Quality Priority. However, this was our chosen local indicator last year and showed strong performance, from both a qualitative and quantitative perspective. This would be auditable if the governors were interested in if data quality had sustained.

Option 3
The percentage of patients aged 16 or over who are readmitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust during the reporting period.

No. of people this applies to

	Discharges with Subsequent 28 Day Readmission	Total discharges
2018/19	92	1471
2019/20 to date	85	1283

The Clinical Implications

Readmissions within 28 days could be seen as a proxy measure of either challenges in the discharge planning or challenges with the subsequent community support available. This could be audited from additional qualitative perspectives, e.g. readmission within 14 days, readmission under a section of the Mental Health Act. Performance is usually between 6% and 7%.

Where else this indicator is reported

Within the Trust Performance Dashboard.

Option 4
The number and, where available, rate of patient safety incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.

No. of people this applies to

Approximately 6,500 incidents are recorded over a calendar year, of which approximately 55 are reported to the National Reporting and Learning System (NRLS) could be classed as 'major harm or death'.

The Clinical Implications
This is the Trust's approach of recording and reporting the number of incidents via our Datix system, and our subsequent methods of classifying each incident, including the classifications of severe harm or death.

Where else this indicator is reported

Serious incidents are regularly reported to the Quality Committee as part of the Patient Safety Report.

Where an external audit might bring a lower added value:

Option 5
The percentage of admissions to acute wards for which the crisis resolution home treatment team acted as a gatekeeper during the reporting period.

No. of people this applies to

Approximately 600 to 800 people per year.

The Clinical Implications

This indicator monitors how we make sure that we are ensuring the least restrictive option for people presenting at times of crisis. This includes ensuring that the option of home treatment is comprehensively explored. The goals of this are to improve patient experience and to reduce unnecessary demand on our in-patient beds.

Where else this indicator is reported

This is not reported within dashboards, and at the current time this would be a challenge to audit.

Option 6
Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas:
a) inpatient wards
b) EIP services
c) community mental health services (people on Care Programme Approach)

No. of people this applies to
Estimated at between 1,500 and 2,000 people (actual numbers are available but not at the time of writing this report).

The Clinical Implications
From a physical health perspective this is clearly a priority. From a data assurance point of view, a sample of 100 of our patients are measured annually by the National Clinical Audit of Psychosis and their audit for 2019/20 is not yet published. We are improving how we can report on this accurately within our clinical record but this system remains under review. Last year we did not consider this as an option due to the challenge of data audit.

Where else this indicator is reported

National audit results.

Option 7
Admissions to adult facilities of patients under 16 years old.

No. of people this applies to

These are extremely rare incidents.

The Clinical Implications

This is to maintain child safeguarding, that wherever possible we do not admit a child into an adult in-patient environment. When this does happen, it will often be as a result of such as high levels of risk or clinical need meaning that such an admission is essential whilst other options are explored. Should such an admission occur, child safeguarding procedures would be in place to mitigate for any potential risks.

Where else this indicator is reported

Within the Trust Performance Dashboard.

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 3 March 2020

Financial planning update

Purpose of Report

Update for Governors on financial planning for 2020/21.

Executive Summary

The Trust has been developing the financial plan for 2020/21 which has determined that the required cost improvement plan (CIP) needed for 20/21 is £6.8m (4.2%)

After Executive Leadership Team had determined in the final draft number, the Chief Executive emailed all staff updating them on the challenges and opportunities. The Director of Finance subsequently emailed all staff with further contextual information on how financial plans are developed and why the CIP value was higher than before. (The content of the latter email is included in the paper for ease of reference.)

The draft operational plan is due for submission to regulators on 5 March and final plan on 29 April.

This paper further summarises the context of our financial plan, plans and progress to date on gathering cost reduction schemes and also reminds governors of previous awareness-raising discussions.

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

Assurances

- This issue relates to the Board Assurance Framework Financial Plan risk.

Consultation

- This paper has not been consulted on.

Governance or Legal Issues

- Compilation of future financial plans is a regulatory requirement. Submission dates are determined by the Regulator.

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

Financial planning is Trust-wide and is therefore indirectly impacted on by our successes and challenges in equality issues. However cost improvement plans are subject to Quality impact and Equality Impact assessment processes.

Recommendations

The Council of Governors is requested to note the financial planning update

Report prepared and presented by: **Claire Wright**
Deputy Chief Executive Officer and Finance Director

Current position reminder

Some of the cost pressures we have next year we already have in 2019/20 and we have had to use all our reserve up in order to still deliver our financial plan by the end of March 2020. We have spoken about this at Board several times.

We have discussed the financial situation in every board meeting both with regard to this current year and also recent meetings have also looked ahead to next year.

Where CIP comes from is explained in the all-staff briefing below.

What plans do we have to address it at this stage?

Clinical and operational teams are working with the transformation team to determine ways to address the cost reduction requirement for this year and in the longer term. We have held clinically led strategy days to ask teams how they see their services operating in the future and these have been reported to Trust Board. Not enough ideas that would reduce costs have come out of those days as yet, so we are also urgently working with teams on developing additional cost reduction schemes. Some pilots are taking place to test out innovations such as nurse led clinics and voice recognition software for example.

We had hoped to have some transformation schemes planned or in place but some of the schemes for 20/21 will now inevitably need to be efficiency and transactional in nature and possibly top down, to allow more time for transformational schemes to be put in place in our 'pipeline' of continuous improvement.

Innovation and Continuous Quality Improvement

However, the CIP programme does include some schemes that have been developed through the Clinical Service Strategy development and the Service Improvement ideas raised through the process. In addition to these transformational schemes themselves, other improvement ideas that have come from clinical teams have the potential to mitigate some of the potential risks of schemes, for example a team working differently or adapting new processes to mean they do not need to replace a vacant position in the team. It is really important that our teams continue to be supported to work innovatively and to try new ways of working.

Assessing any impact on Quality and Equalities

Each CIP must be signed off by the Medical Director and the Executive Director of Nursing so they can be satisfied that there is no adverse impact on quality and if there is how it will be managed or avoided. The Quality Impact Assessment tool we now use is the one the whole Derbyshire NHS system uses, so that all CIPs in the system have a consistent quality impact assessment.

We also undertake equality impact assessments (EIRA) to assess whether any scheme could have a disproportionate impact on people with protected characteristics.

Previous awareness-raising:

It is useful to remind governors of the information we have previously shared in helping to give context and understanding of financial planning and CIPs.

18 April 2019 Claire Wright and Rachel Leyland gave a governor development session on operational planning and finances. The 19/20 planning update delivered by Claire Wright talked specifically about the impact of non-recurrent short term versus long term savings.

7 July 2019 Claire Wright attended the Council of Governors and presented the 18/19 year end accounts where she specifically referred to the £3m of savings that had been achieved non-recurrently and would need to be found again.

11 September 2019 at the Annual Members' Meeting Claire Wright attended and presented an overview of the 18/19 accounts and repeated the same message about the fact that £3m non-recurrent savings would need to be found again.

(Copies of the presentations from the previous awareness-raising are available upon request.)

REMINDER OF ALL-STAFF MESSAGE FROM DIRECTOR OF FINANCE:

Hello everyone

Further to Ifti's recent message about challenges and opportunities I am writing to explain more about why everyone in the NHS needs to find cost savings every year and why 2020/21 requirement is bigger than before for us.

I hope you find this extra context and information helpful.

How we set our financial plan:

The details have been worked on at length over a number of months and we now have a clearer view of our financial requirements for the financial year starting in April 2020. (Called '20/21' for short)

Every year we set a plan for what we think it will cost us to run our services and where we will get the money to pay for them. This is called our financial plan and it needs to be a balanced plan.

Most of the money to pay our costs comes from commissioners via contracts. For most services we get a fixed amount of this income each month, so we know how much we will get in one year.

Most of our costs are for wages but we also have to pay for things like drugs, utilities, phones, equipment, rents and other costs of buildings and so on.

Each year our contract income goes up by an amount set by government for that year. In the same year our costs go up too. Mostly for wage pay rises, but also for the costs of drugs, utilities, rents and so on.

Why we have to make savings every year:

The government require the NHS to get more efficient every year in order for us all to make the most of every pound of public money that we are given. That means that every year, the amount we get in our contracts has an 'efficiency factor' applied. So even when our contract income goes up, it doesn't go up by as much as our costs do.

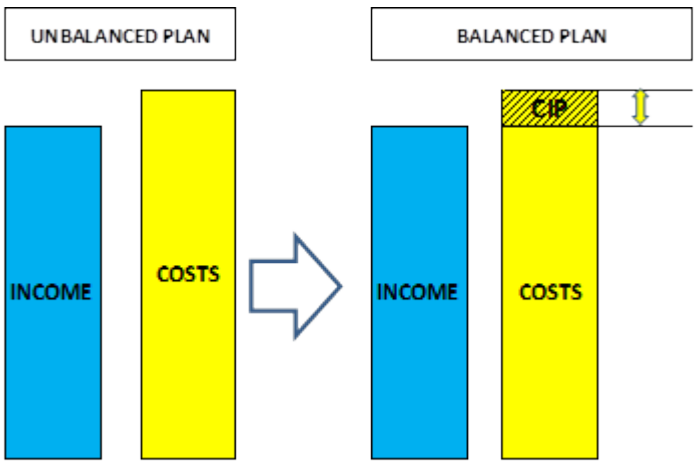
Because our costs will be more than the income we will be given, we start with a financial gap in our financial plan.

That gap is then increased above the basic efficiency factor requirement by three things:

1. When we didn't manage to find all our savings from the previous year.
2. When we didn't find them in a way that saves the same money in an ongoing way (they are called 'non-recurrent' savings)
3. When we have to spend money on things we hadn't expected when we set our plan, which we call 'cost pressures'.

So every year we (and all other organisations providing NHS services) have to close the gap and create a balanced plan by finding ways to save money, the savings are called our 'cost improvement plan' (CIP for short). (see the diagram below)

For 20/21 our cost pressures and the previous non-recurrent CIP are the two main reasons why the CIP requirement is bigger than before. But it is still an achievable value.



Frequently Asked Questions

Question: What CIP have we delivered in the last three years?

Answer: Each year we have had a CIP target of between 3% and 4%. Our smallest recent CIP was £3.8m (2.9%) in 2017/18 and our largest being £4.9m (3.4%) in 2018/19.

We have achieved our CIP target in total but quite a lot of it has been achieved using one-off measures ('non-recurrent'). This means that the requirement to save again returns the following year. In 2018/19 we had £3m of non-recurrent savings and in 2019/20 we had another £1.7m of non-recurrent. This is one main reason why 20/21 CIP is much larger than it would have been if we had found our previous savings in an on-going ('recurrent') way.

Question: What is the national average requirement?

Answer: NHS Providers recent report tells us that in 2017/18, trusts overall made CIP savings of 3.7%, against a plan of 4.3%. As this is an average figure many trusts' targets will have been be 5% or more.

Question: At what level do regulators begin to question the deliverability of CIP?

Answer: A CIP plan that is bigger than 5% usually requires additional assurance to regulators that it is deliverable.

Question: What percentage is our 20/21 CIP expectation?

Answer: £6.8m is 4.2% of our total planned costs so is in an average range and is below the point that regulators would question it.

Question: What about the Derbyshire health system, how big is the total problem next year? What is our portion of that?

Answer: The financial gap in the Derbyshire system is still being worked on. The overall value of the total Derbyshire system financial gap for 20/21 is going to be more than £130m (our £6.8m being part of that number).

Question: What are the different types of savings? 'Recurrent' and 'non-recurrent'

Answer: 'Recurrent' means we have found a way to permanently reduce that cost by removing it in an ongoing way. 'Non-recurrent' means we could only find the saving temporarily and so the cost returns the following year and needs to be saved again.

Question: What are some examples of types of savings we can make?

Answer:

- ***Transformational savings*** are created when we find ways to deliver a service in a different way with same or better outcomes for less cost – for example in Learning Disabilities where we redesigned the service in line with a new national specification. (We have also done similar for Substance Misuse and Children's services in order to meet new tender specifications.) Transformational schemes can be across organisations not solely inside one.
- ***Efficiency schemes*** find ways to do things more efficiently – in order to deliver the same services for less money by reducing waste and/or increasing productive time – for example introducing a more effective electronic rostering system to help teams improve their workforce planning and reduce the need for bank and agency costs.
- ***Transactional savings*** are savings that don't change the way of working – for example they come from negotiating reductions in prices of contracts (e.g. with SBS).
- ***'Top-slicing'*** **or** ***'top-down'*** savings are when we apply a general reduction to budgets with a less specific method of delivering the savings e.g. 'vacancy factor' – we know we will have changes in staff and time-lags in costs so we apply a general factor to allow for that.

If you know of ideas to transform your services and or make them more efficient and you haven't shared those ideas, then please share them with me or the transformation team.

We aren't starting from zero and we already have transactional and efficiency ideas for savings in the region of £2m of the £6.8m.

Question: If the NHS and mental health services are getting so much extra investment and if we as a Trust are doing so well now with our staff survey and Care Quality Commission (CQC) requirements, then why do we have to find so much CIP? Has something gone wrong?

Answer: Nothing has gone wrong. It is partly because of the things we have done to increase our successes that we have more cost savings to find. Some examples of the things we have done are:

We have invested in our People First value for example in recruitment and retention initiatives and in the 'core offer' as well as leadership development, additional training for all and a best in class Wellbeing service.

Our other cost pressures have been mainly related to CQC or strategic requirements: to support our colleagues we have increased staffing levels on acute wards, we have increased medical recruitment, and introduced more non-medical prescribers and psychologists. We have provided many additional training sessions, particularly into our acute wards. We have also created a community pharmacy team and a Personality Disorder pathway in order to try to improve length of stay and reduce our adult out of areas placement cost pressures. These are just some of the examples.

As Ifti's message said the additional funding that is coming is for new services or extensions to existing services it isn't allowed to provide more money for the same service.

I hope you have found this extra information helpful, please let me know of any savings ideas and further feedback

----------END OF EMAIL----------

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 3 March 2020

2019 NHS Staff Survey – NHS England Results

Purpose of Report

The purpose of this paper is to update the Council of Governors on the NHS Staff Survey – NHS England results, which show our current position based on the 2019 all staff survey.

Executive Summary

This report for Derbyshire Healthcare NHS Foundation Trust contains results for themes and questions from the 2019 NHS Staff Survey, and historical results back to 2015 where possible.

Last year NHS England changed the way in which they reported the data significantly, the previously known 'Key Findings' were replaced by 10 themes. **Similar to last year the results are still presented in this way, however there has been one change to the 2019 reporting – which has seen introduction of an eleventh theme 'Team Working'.**

As a reminder, please see below all of the key themes which cover areas of staff experience helping to present results in these areas in a clear and consistent way. All of the eleven themes are scored on a 0-10 scale, where a higher score is more positive than a lower score. These theme scores are created by scoring question results and grouping these results together.

The themes are as follows:

- Equality, diversity and inclusion
- Health and wellbeing
- Immediate managers
- Morale
- Quality of appraisals
- Quality of care
- Safe environment – bullying and harassment
- Safe environment – violence
- Safety culture
- Staff engagement
- Team working

The 2019 results within each theme and question are presented in the context of the best, average and worst results for similar organisations where appropriate. Data in this report is weighted to allow for fair comparisons between organisations.

Key information:

- Derbyshire Healthcare NHS Foundation Trust is within the Combined Mental Health/Learning Disability and Community Trusts benchmarking group
- There are **32 organisations** in this benchmarking group
- Throughout the report – our organisation is seen on all graphs and charts in **navy blue**.

In summary of the 11 themes, compared to the other 31 organisations we are benchmarked against, we are:

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

Compared to last year, we are:

- **Better than 2018 in nine themes** (health and wellbeing) (immediate managers) (morale) (quality of appraisals) (quality of care) (safe environment – bullying and harassment) (safety culture) (staff engagement) (team working)
- The same as 2018 in two themes (equality, diversity and inclusion) (safe environment – violence)
- **Worse than 2018 in 0 themes**

It is great to see that, this year there has been an improvement in the scores in nine out of the 11 themes compared to 2018. This is in addition to the fact that seven out of the 11 themes are above average when benchmarking against the 31 other Combined Mental Health/Learning Disability and Community Trusts for the 2019 NHS Staff Survey.

Our key Staff Friends and Family Test (FFT) measures have both improved significantly:

- Q21c: I would recommend my organisation as a place to work
  - 2018 – 56% to 2019 – 65% **(up 9%)**
- Q21d: If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation
  - 2018 – 61% to 2019 – 66% **(up 5%)**

I think it is really important to highlight here that the main theme suggested for area of focus last year was '**quality of care**' and this has not only **improved** against the 2018 data, but has moved from below average to **above average** when benchmarking to our alike Trusts this year.

There were also some key questions where our result was scored 'the best' when comparing to our benchmarking group:

- **Q6b: I have a choice in deciding how to do my work**
- **Q28: Has your employer made adequate adjustment(s) to enable you to carry out your work?**

It is also important to highlight some of the areas where we have been focusing on last year (such as health and wellbeing and immediate managers) and as a result, we are now above average in these areas and have improved since 2018. It is suggested that we continue to focus on these areas over the planned two year period – with the aspiration to be the 'best' Combined Mental Health/Learning Disability and Community Trusts in the 2020 NHS Staff Survey results.

Based on the initial first look analysis of the results the suggested themes to be the main focus of improvement in 2020 are: **quality of appraisals** and **safe environment – violence**.

Whilst smaller key focus area work streams should continue around 'equality, diversity and inclusion'and 'bullying and harassment' and further areas could be developed around 'incident reporting'.

Next steps include:

- Analysis of all 280 free text comments
- Further work and analysis on protected characteristics
- Wider engagement with colleagues (Staff Forum etc)
- Development of Derbyshire Healthcare organisational action plan and finalise 2020 priorities
- Headline report and action plan to People and Culture Committee 24 March and Board on 5 May
- Final summary report to People and Culture Committee 21 June and Board on 7 July.

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

Assurances

From the 2019 NHS Staff Survey NHS England results we can see that:

- There has been an improvement in the scores in nine out of the 11 themes compared to 2018
- Seven out of the 11 themes are above average when benchmarking against the 31 other Combined Mental Health/Learning Disability and Community Trusts for the 2019 NHS Staff Survey
- No theme saw either a decline in results compared to 2018, or is classed as 'worst' in our benchmarking group.

Risks associated with the report are linked to the Business Assurance Framework (BAF) as follows:

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

Consultation

- To date the **Picker report** has been shared with Executives by Amanda Rawlings just before the Christmas break and at the People and Culture Committee on 28 January 2020 and Trust Board on 4 February 2020.
- The NHS England results build on from the Picker results and are used to benchmark us nationally against all other NHS organisations which fit into our category in the NHS Staff Survey benchmarking of results.
- All information on our NHS Staff Survey results has been shared via an email from Ifti, including a one page summary document, with appropriate stakeholders and governors now the embargo has been lifted on 18 February 2020.

Governance or Legal Issues

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

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

- All staff are given the opportunity to complete at least one Pulse Check and one NHS Staff Survey every year
- Our NHS Staff Survey results are be broken down by protected characteristics and further analysis is done by the Head of Equality, Diversity and Inclusion in conjunction with all Staff Network Groups.

Recommendations

The Council of Governors are requested to:

1) Receive and review the 2019 NHS Staff Survey – NHS England results
2) Discuss and input into the recommendations for proposed focus areas from the 2019 results.

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

- The significant increase in the response rate
- The fact that every one of our themes either improved (nine) or stayed the same (two) compared the 2018 NHS Staff Survey – no theme saw a decline in results.

Report presented by:	**Celestine Stafford** **Assistant Director People and Culture Transformation**
Report prepared by:	**Clair Sanders** **Engagement and OD Lead**

2019 NHS Staff Survey – NHS England Results – Summary Paper

Introduction

This report for Derbyshire Healthcare NHS Foundation Trust contains results for themes and questions from the 2019 NHS Staff Survey, and historical results back to 2015 where possible.

Last year NHS England changed the way in which they reported the data significantly, the previously known 'Key Findings' were replaced by 10 themes. **Similar to last year the results are still presented in this way, however there has been one change to the 2019 reporting – which has seen introduction of an eleventh theme 'Team Working'.**

As a reminder, please see below all of the key themes which cover areas of staff experience helping to present results in these areas in a clear and consistent way. All of the eleven themes are scored on a 0-10 scale, where a higher score is more positive than a lower score. These theme scores are created by scoring question results and grouping these results together.

The themes are as follows:

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

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

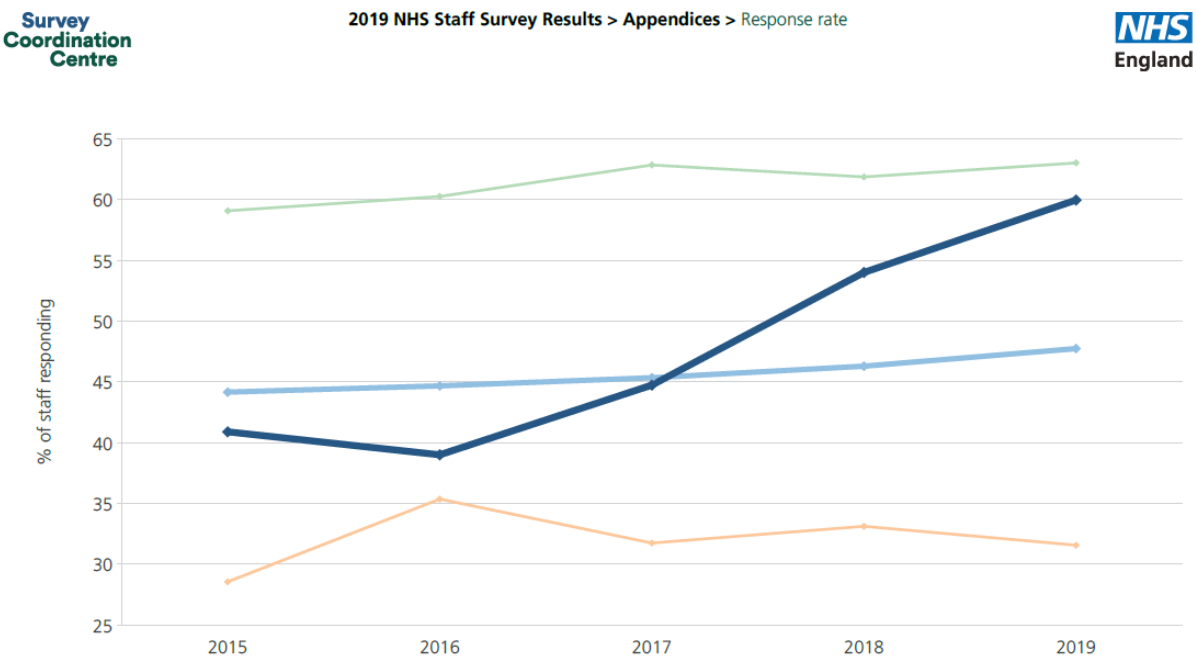
*** Please note: q1, q10a, q19f, q23d-q28a and q29-q31b are not weighted or benchmarked because these questions ask for demographic or factual information.*

Key information:

- Derbyshire Healthcare NHS Foundation Trust is within the Combined Mental Health/Learning Disability and Community Trusts benchmarking group
- There are **32 organisations** in this benchmarking group
- Throughout the report – our organisation is seen on all graphs and charts in **navy blue**.

The results that follow are taken from the 2019 NHS England Staff Survey results. The survey was conducted between Monday 23 September and Friday 29 November 2019, with 1515 Derbyshire Healthcare employees completing the survey giving a 60% response rate (the trend for the past five years can be found in figure 1).

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



	2015	2016	2017	2018	2019
Best	59.1%	60.2%	62.8%	61.9%	63.0%
Your org	40.9%	39.0%	44.7%	54.0%	60.0%
Median	44.2%	44.7%	45.3%	46.3%	47.7%
Worst	28.6%	35.4%	31.7%	33.1%	31.6%

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NHS England Reporting Themes

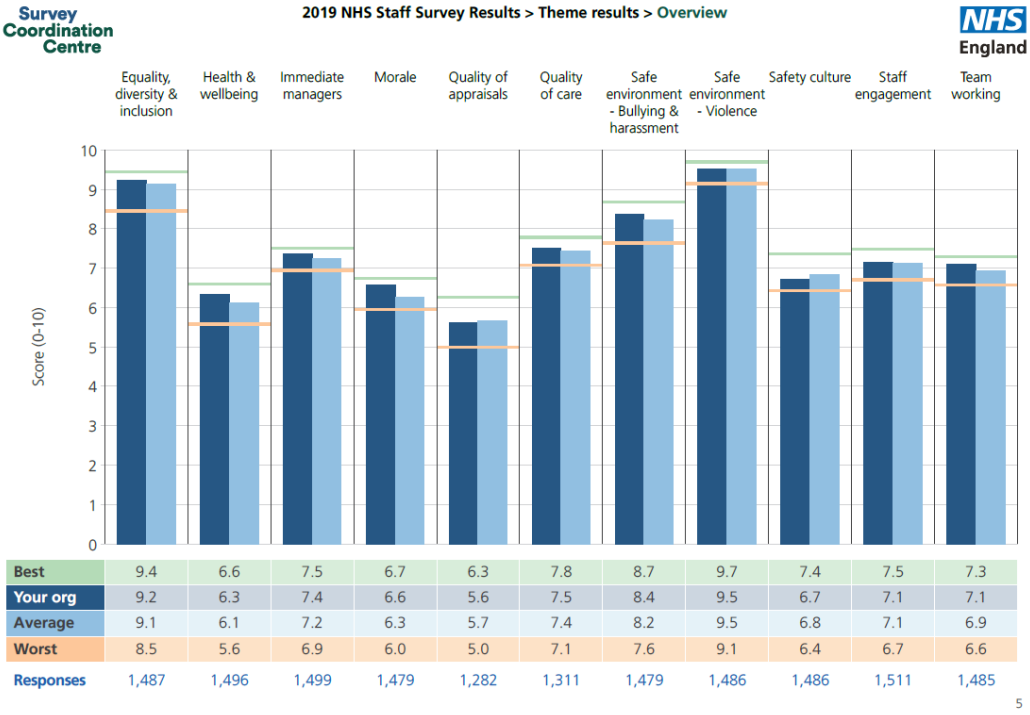
An overview of all 11 themes can be found in figure 2. We will go into each theme in detail – however in summary this tells us that, compared to the other 31 organisations we are benchmarked against, we are:

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

Compared to last year, we are:

- **Better than 2018 in nine themes** (health & wellbeing) (immediate managers) (morale) (quality of appraisals) (quality of care) (safe environment – bullying and harassment) (safety culture) (staff engagement) (team working)
- The same as 2018 in two themes (equality, diversity and inclusion) (safe environment – violence)
- **Worse than 2018 in 0 themes**

Figure 2: Overview of all 11 themes for Combined Mental Health/Learning Disability and Community Trusts



	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of appraisals	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement	Team working
Best	9.4	6.6	7.5	6.7	6.3	7.8	8.7	9.7	7.4	7.5	7.3
Your org	9.2	6.3	7.4	6.6	5.6	7.5	8.4	9.5	6.7	7.1	7.1
Average	9.1	6.1	7.2	6.3	5.7	7.4	8.2	9.5	6.8	7.1	6.9
Worst	8.5	5.6	6.9	6.0	5.0	7.1	7.6	9.1	6.4	6.7	6.6
Responses	1,487	1,496	1,499	1,479	1,282	1,311	1,479	1,486	1,486	1,511	1,485

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We have devised the following infographic to summarise the key results to staff, including: how we score on each theme this year, how this compares to 2018 and to average. Full details can be found in Appendix 1.

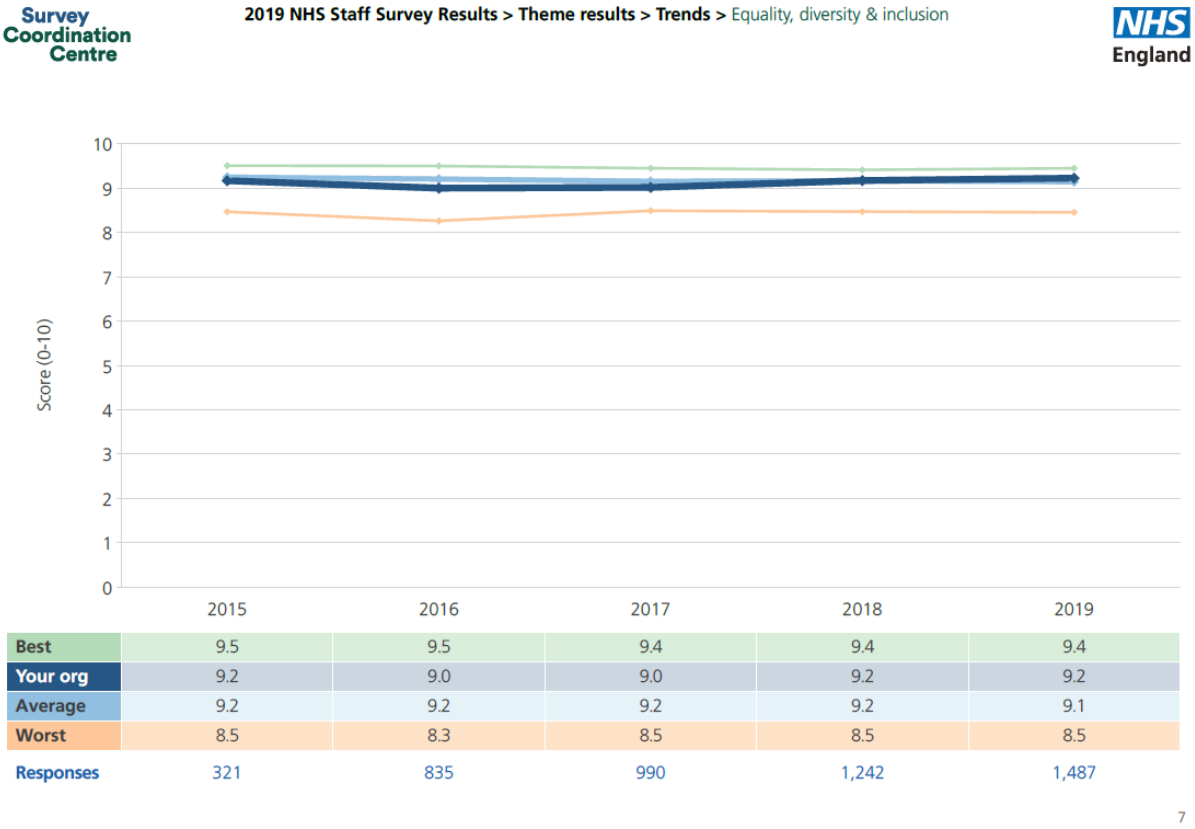
Each theme is now broken down and we can see the trends over the past five years (where available) and the individual question results that make up each theme.

1. Equality, diversity and inclusion

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

Key points to note:

- **Theme score above average compared to other 31 Combined Mental Health/Learning Disability and Community Trusts**
- **Maintained overall theme score from last year**



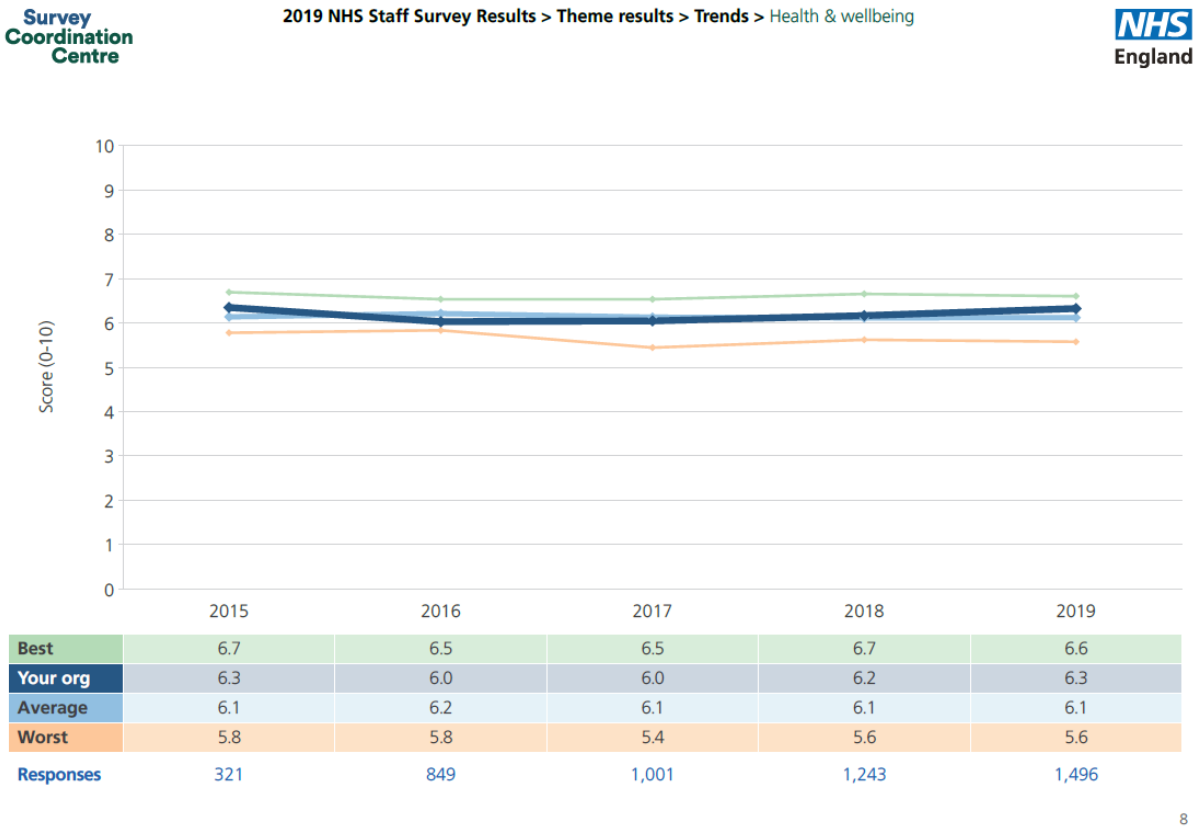
- Q14: Does your organisation act fairly with regard to career progression/promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?
    - Better than average, better than 2018
- Q15a: In the last 12 months have you personally experienced discrimination at work from patients/service users, their relatives or other members of the public?
    - Better than average, worse than 2018
- Q15b: In the last 12 months have you personally experienced discrimination at work from manager/team leader or other colleagues?
    - Better than average, better than 2018
- Q28: Has your employer made adequate adjustment(s) to enable you to carry out your work?
    - **The best organisation,** better than 2018

2. Health and wellbeing

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

Key points to note:

- **Theme score above average compared to other 31 Combined Mental Health/Learning Disability and Community Trusts**
- **Improvement on overall theme score from last year**



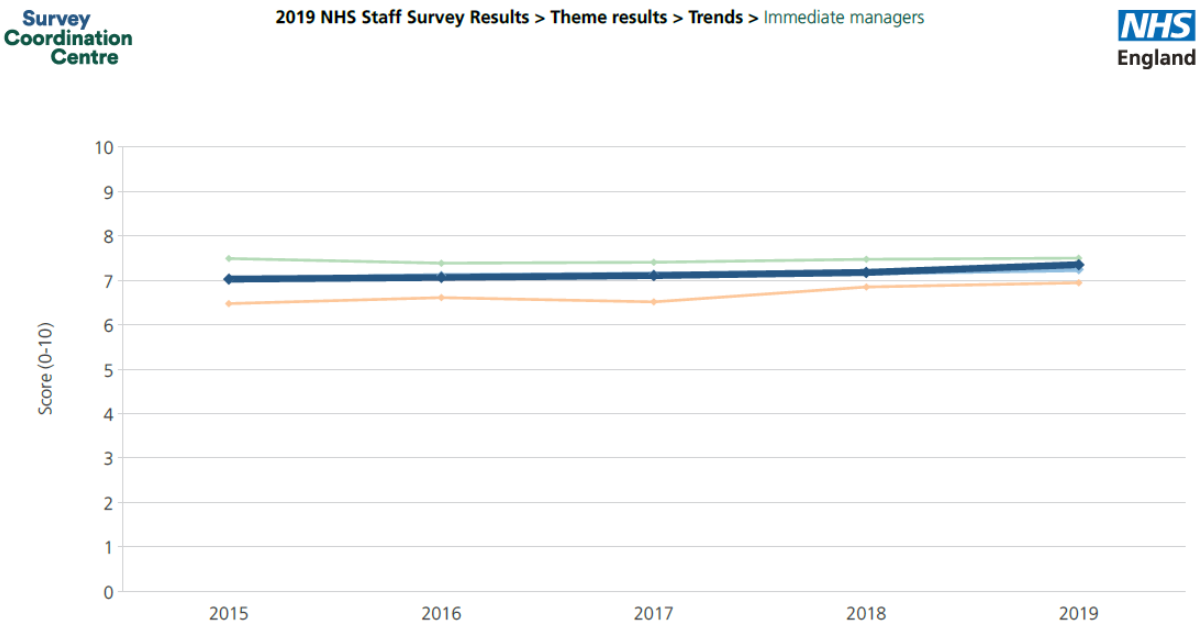
- Q5h: The opportunities for flexible working patterns
  - Better than average, better than 2018
- Q11a: Does your organisation take positive action on health and wellbeing?
  - Better than average, better than 2018
- Q11b: In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?
  - Better than average, better than 2018
- Q11c: During the last 12 months have you felt unwell as a result of work related stress?
  - Better than average, better than 2018
- Q11d: In the last three months have you ever come to work despite not feeling well enough to perform your duties?
  - Better than average, better than 2018

3. Immediate managers

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

Key points to note:

- **Theme score above average compared to other 31 Combined Mental Health/Learning Disability and Community Trusts**
- **Improvement on overall theme score from last year**



	2015	2016	2017	2018	2019
Best	7.5	7.4	7.4	7.5	7.5
Your org	7.0	7.1	7.1	7.2	7.4
Average	7.0	7.1	7.1	7.2	7.2
Worst	6.5	6.6	6.5	6.8	6.9
Responses	321	848	1,002	1,251	1,499

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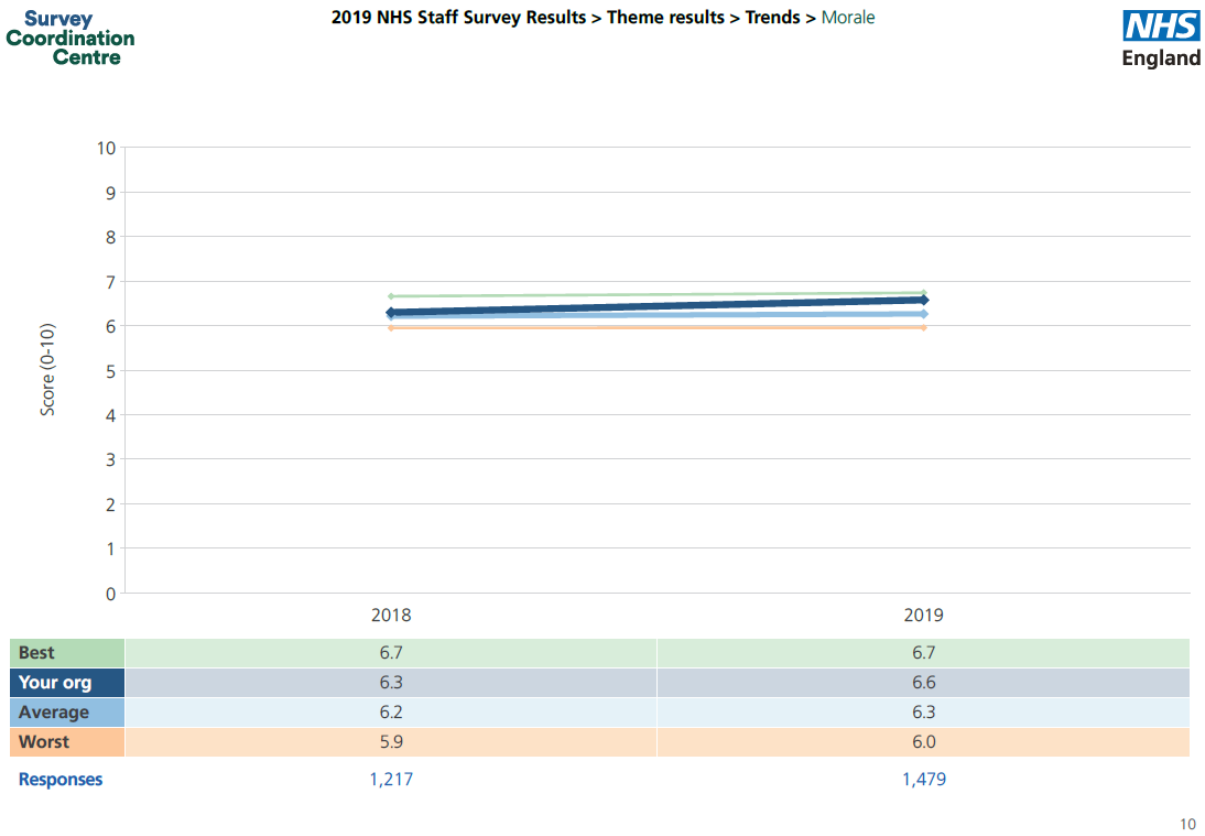
- Q5b: The support I get from my immediate manager
  - Average, better than 2018
- Q8c: My immediate manager gives me clear feedback on my work
  - Better than average, better than 2018
- Q8d: My immediate manager asks for my opinion before making decisions that affect my work
  - Better than average, worse than 2018
- Q8f: My immediate manager takes a positive interest in my health and wellbeing
  - Better than average, better than 2018
- Q8g: My immediate manager values my work
  - Better than average, better than 2018
- Q19g: My manager supported me to receive this training, learning or development
  - Worse than average, better than 2018

4. Morale

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

Key points to note:

- **Theme score above average compared to other 31 Combined Mental Health/Learning Disability and Community Trusts**
- **Improvement on overall theme score from last year**



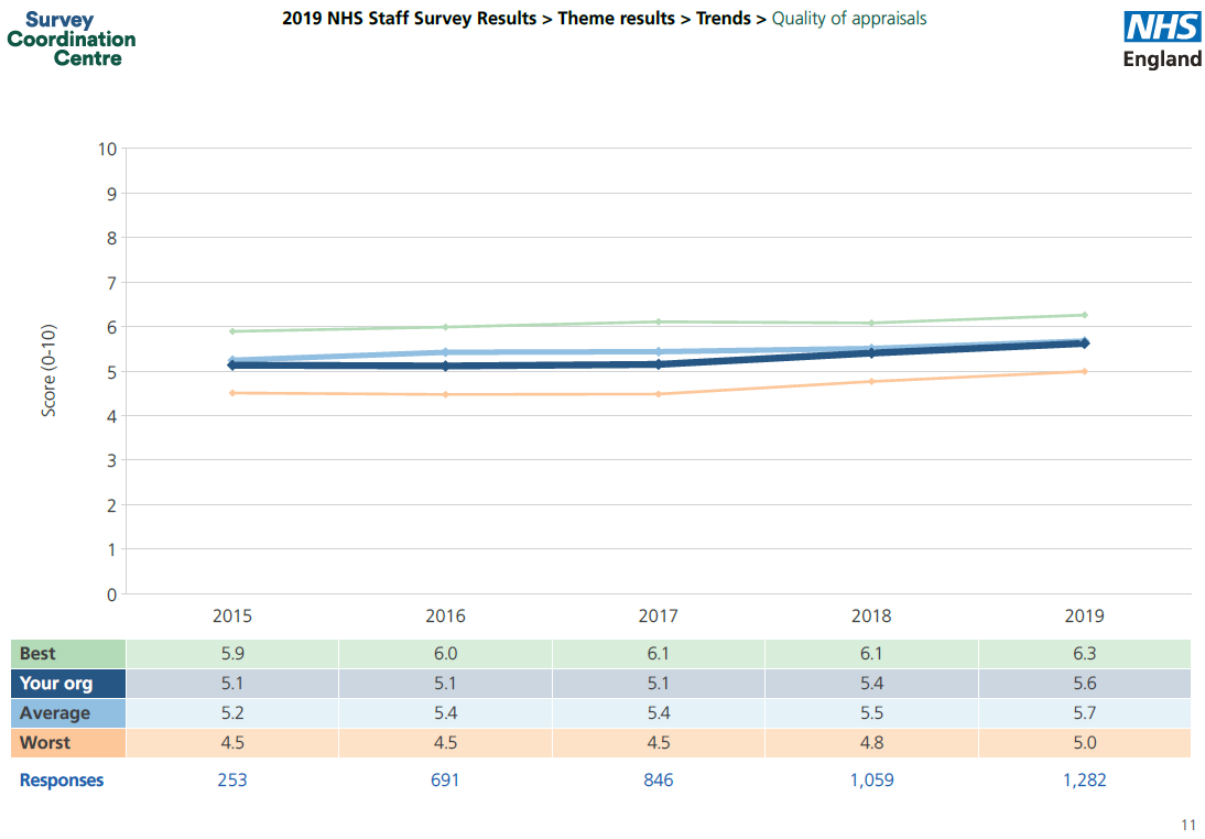
- Q4c: I am involved in deciding on changes introduced that affect my work area/team/department
  - Better than average, better than 2018
- Q4j: I receive the respect I deserve from my colleagues at work
  - Worse than average, worse than 2018
- Q6a: I have unrealistic time pressures
  - Better than average, better than 2018
- Q6b: I have a choice in deciding how to do my work
  - **The best organisation,** better than 2018
- Q6c: Relationships at work are strained
  - Better than average, better than 2018
- Q8a: My immediate manager encourages me at work
  - Worse than average, better than 2018
- Q23a: I often think about leaving this organisation
  - Better than average, better than 2018
- Q23b: I will probably look for a job at a new organisation in the next 12 months
  - Better than average, better than 2018
- Q23c: As soon as I can find another job, I will leave this organization
  - Better than average, better than 2018

5. Quality of appraisals

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

Key points to note:

- **Theme score below average compared to other 31 Combined Mental Health/Learning Disability and Community Trusts**
- **Improvement on overall theme score from last year**



	2015	2016	2017	2018	2019
Best	5.9	6.0	6.1	6.1	6.3
Your org	5.1	5.1	5.1	5.4	5.6
Average	5.2	5.4	5.4	5.5	5.7
Worst	4.5	4.5	4.5	4.8	5.0
Responses	253	691	846	1,059	1,282

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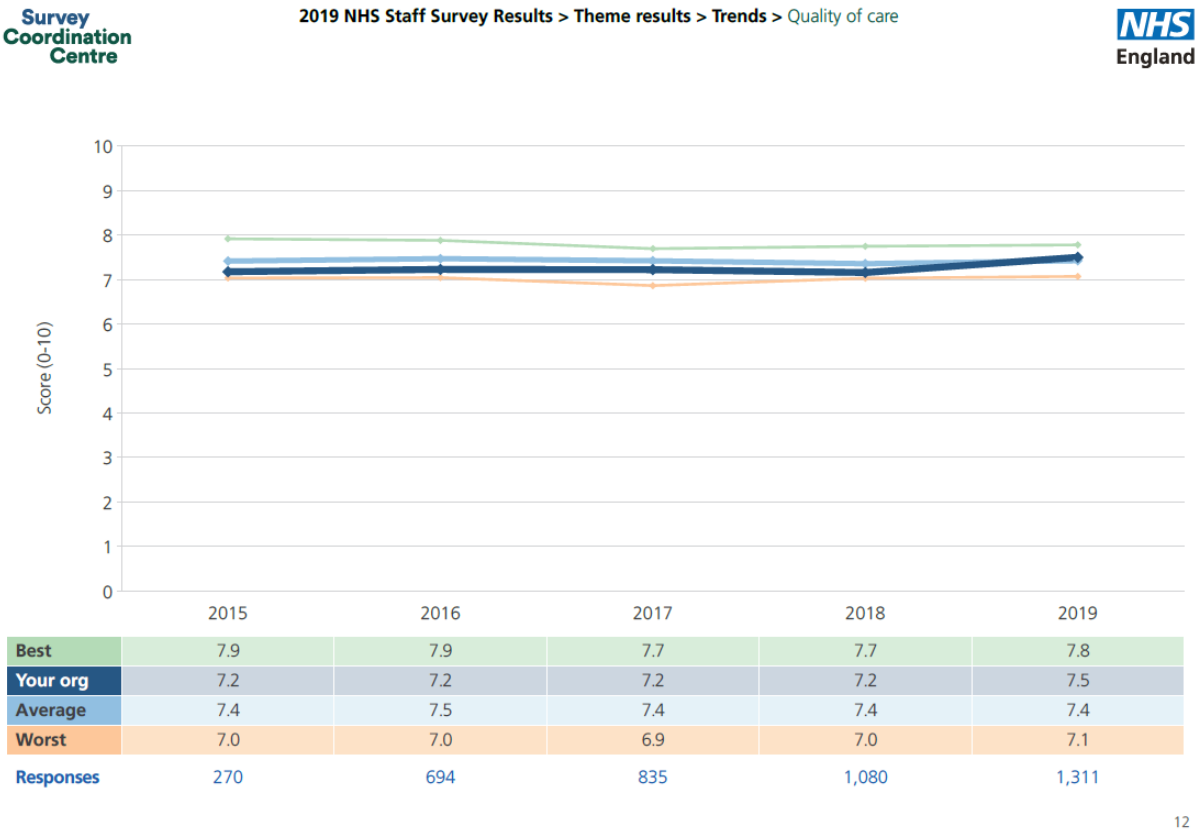
- Q19b: It helped me to improve how I do my job
  - Worse than average, worse than 2018
- Q19c: It helped me agree clear objectives for my work
  - Worse than average, worse than 2018
- Q19d: It left me feeling that my work is valued by my organisation
  - Better than average, better than 2018
- Q19e: The values of my organisation were discussed as part of the appraisal process
  - Worse than average, better than 2018

6. Quality of care

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

Key points to note:

- **Theme score above average compared to other 31 Combined Mental Health/Learning Disability and Community Trusts**
- **Improvement on overall theme score from last year**



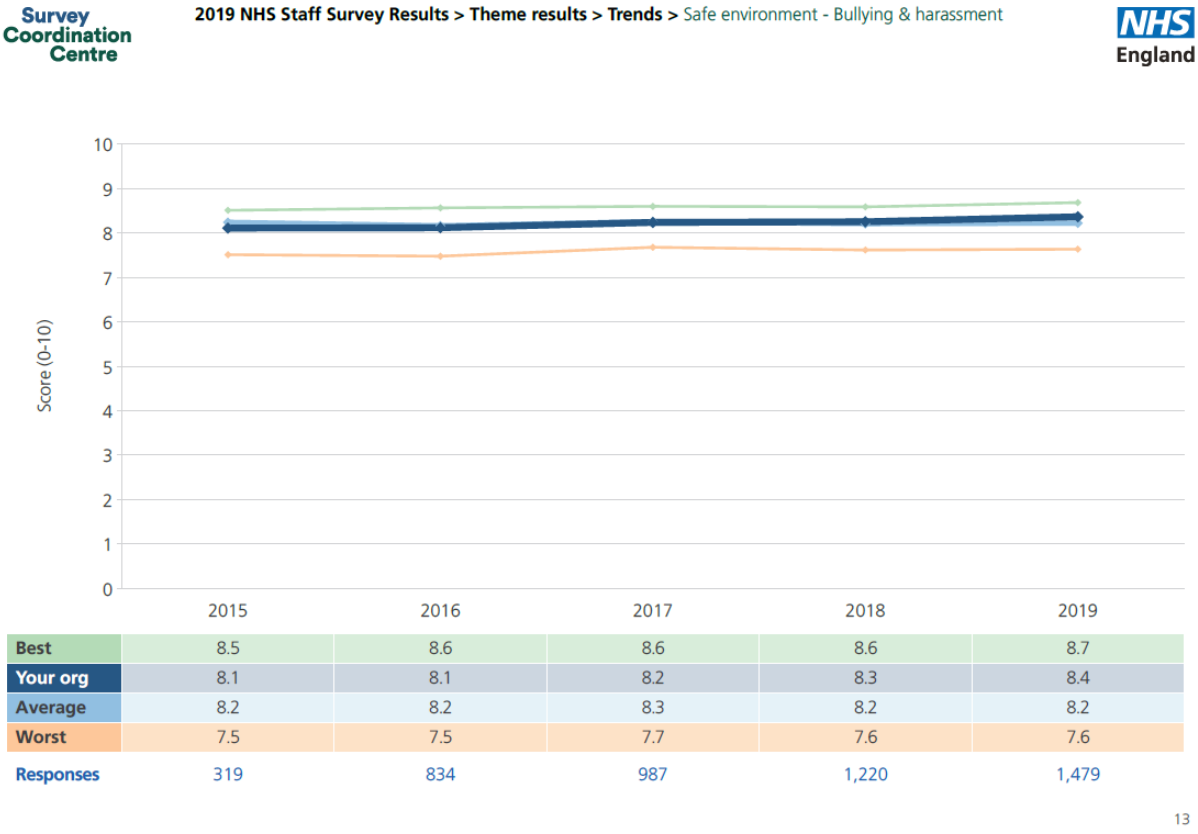
- Q7a: I am satisfied with the quality of care I give to patients/service users
  - Better than average, better than 2018
- Q7b: I feel that my role makes a difference to patients/service users
  - Better than average, better than 2018
- Q7c: I am able to deliver the care I aspire to
  - Better than average, better than 2018

7. Safe environment – bullying and harassment

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

Key points to note:

- **Theme score above average compared to other 31 Combined Mental Health/Learning Disability and Community Trusts**
- **Improvement on overall theme score from last year**



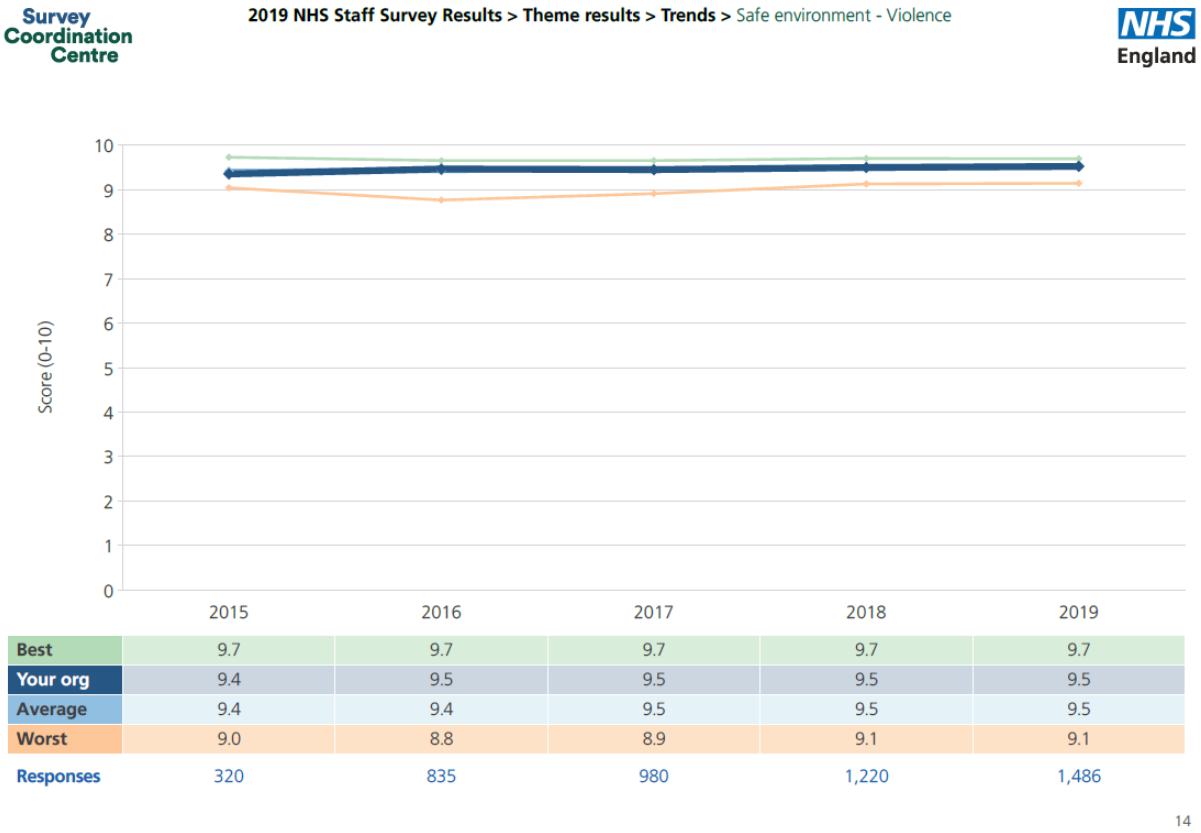
- Q13a: In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients/service users, their relatives or other members of the public?
  - Better than average, better than 2018
- Q13b: In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers?
  - Better than average, better than 2018
- Q13c: In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues?
  - Worse than average, worse than 2018

8. Safe environment – violence

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

Key points to note:

- **Theme score average compared to other 31 Combined Mental Health/Learning Disability and Community Trusts**
- **Maintained overall theme score from last year**



	2015	2016	2017	2018	2019
Best	9.7	9.7	9.7	9.7	9.7
Your org	9.4	9.5	9.5	9.5	9.5
Average	9.4	9.4	9.5	9.5	9.5
Worst	9.0	8.8	8.9	9.1	9.1
Responses	320	835	980	1,220	1,486

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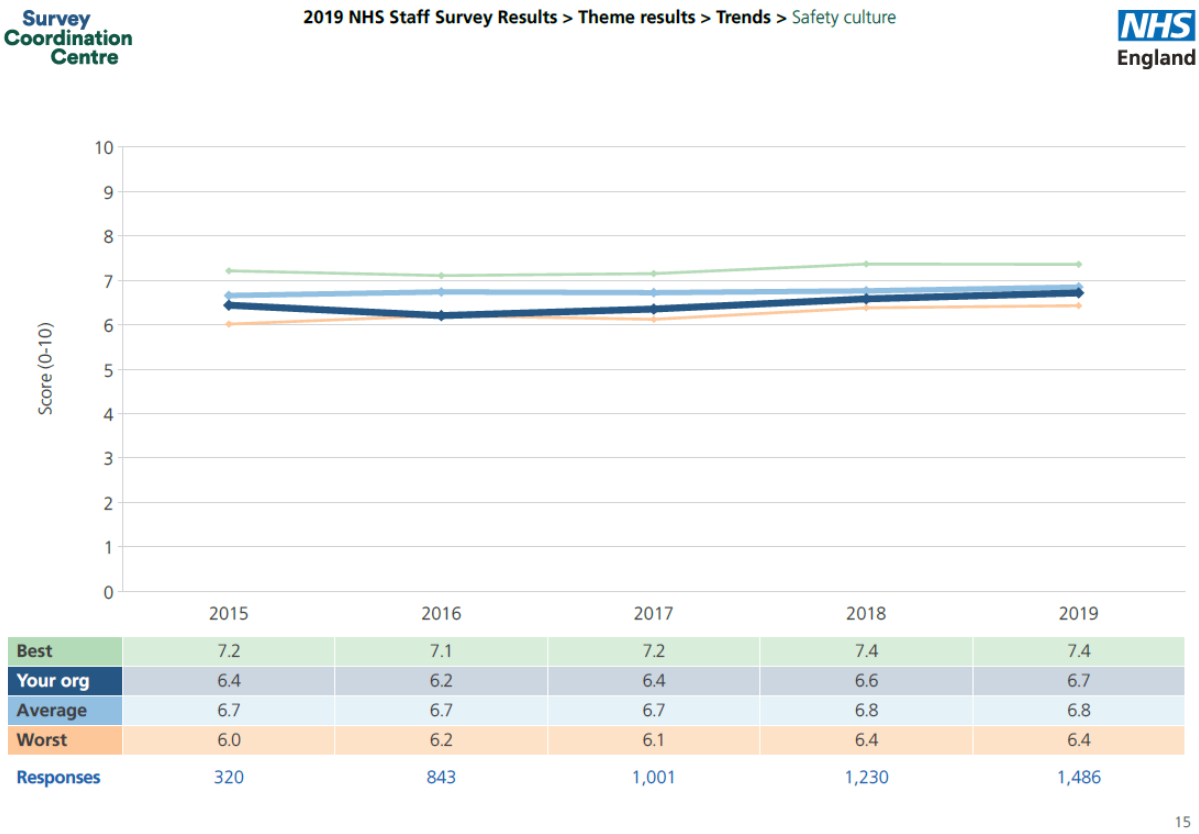
- Q12a: In the last 12 months how many times have you personally experienced physical violence at work from patients/service users, their relatives or other members of the public?
  - Better than average, better than 2018
- Q12b: In the last 12 months how many times have you personally experienced physical violence at work from managers?
  - Better than average, better than 2018
- Q12c: In the last 12 months how many times have you personally experienced physical violence at work from other colleagues?
  - Better than average, better than 2018

9. Safety culture

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

Key points to note:

- **Theme score below average compared to other 31 Combined Mental Health/Learning Disability and Community Trusts**
- **Improvement on overall theme score from last year**



- Q17a: My organisation treats staff who are involved in an error, near miss or incident fairly
  - Worse than average, better than 2018
- Q17c: When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again
  - Worse than average, better than 2018
- Q17d: We are given feedback about changes made in response to reported errors, near misses and incidents
  - Worse than average, worse than 2018
- Q18b: I would feel secure raising concerns about unsafe clinical practice
  - Better than average, better than 2018
- Q18c: I am confident that my organisation would address my concern
  - Worse than average, better than 2018
- Q21b: My organisation acts on concerns raised by patients/service users
  - Better than average, better than 2018

10. Staff engagement

Questions that make up the theme:

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

Key points to note

- **Theme score average compared to other 31 Combined Mental Health/Learning Disability and Community Trusts**
- **Improvement on overall theme score from last year**

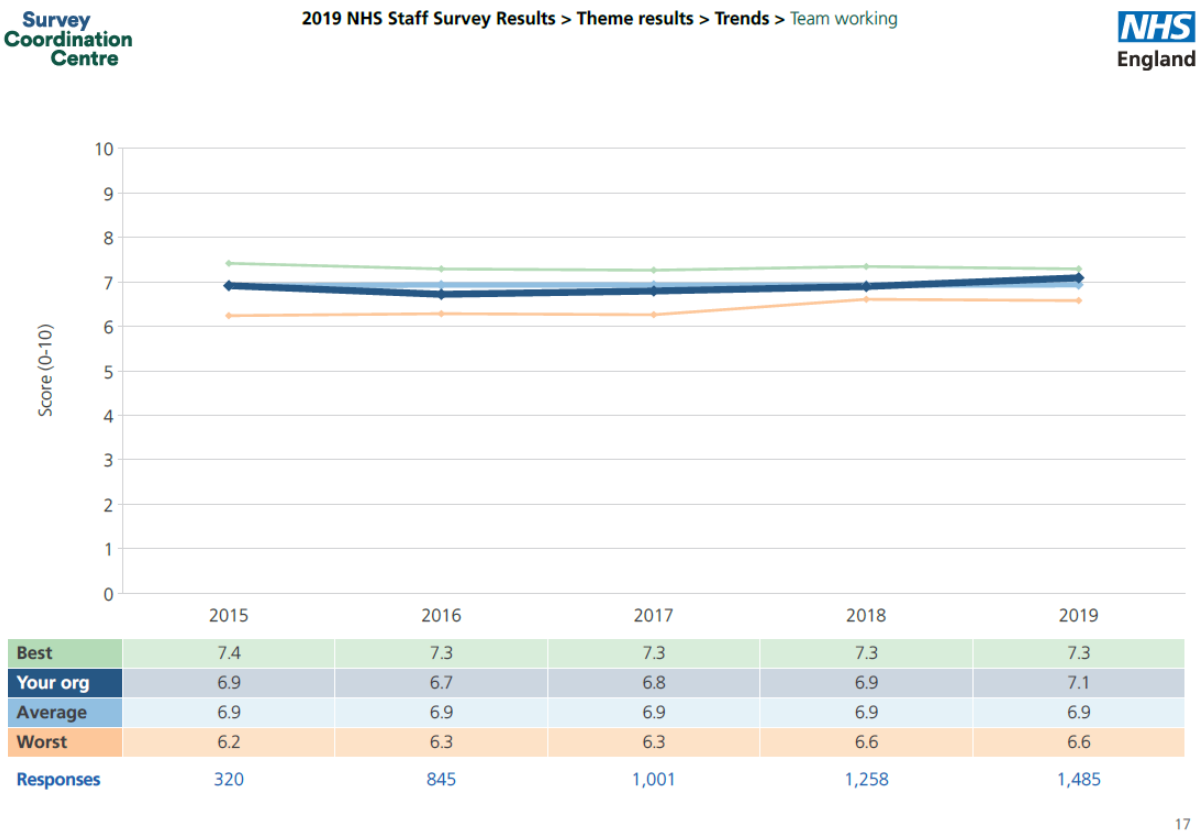
- Q2a: I look forward to going to work
  - Better than average, better than 2018
- Q2b: I am enthusiastic about my job
  - Better than average, better than 2018
- Q2c: Time passes quickly when I am working
  - Better than average, worse than 2018
- Q4a: There are frequent opportunities for me to show initiative in my role
  - Better than average, better than 2018
- Q4b: I am able to make suggestions to improve the work of my team/department
  - Better than average, the same as 2018
- Q4d: I am able to make improvements happen in my area of work
  - Better than average, better than 2018
- Q21a: Care of patients/service users is my organisation's top priority
  - Better than average, better than 2018
- Q21c: I would recommend my organisation as a place to work
  - Better than average, better than 2018
- Q21d: If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation
  - Worse than average, better than 2018

11. Team Working *(new theme for 2019)*

Questions that make up the theme: Q4h and Q4i

Key points to note:

- **Theme score above average compared to other 31 Combined Mental Health/Learning Disability and Community Trusts**
- **Improvement on overall theme score from last year**



	2015	2016	2017	2018	2019
Best	7.4	7.3	7.3	7.3	7.3
Your org	6.9	6.7	6.8	6.9	7.1
Average	6.9	6.9	6.9	6.9	6.9
Worst	6.2	6.3	6.3	6.6	6.6
Responses	320	845	1,001	1,258	1,485

17

- Q4h: The team I work in has a set of shared objectives
  - Better than average, worse than 2018
- Q4i: The team I work in often meets to discuss the team's effectiveness
  - Better than average, better than 2018

Initial summary – what this means for us and preliminary suggestions for our focus areas and priorities in 2020

It is great to see that, this year there has been an improvement in the scores in nine out of the 11 themes compared to 2018. This is in addition to the fact that seven out of the 11 themes are above average when benchmarking against the 31 other Combined Mental Health/Learning Disability and Community Trusts for the 2019 NHS Staff Survey.

Our key Staff Friends and Family Test (FFT) measures have both improved significantly:

- Q21c: I would recommend my organisation as a place to work
    - 2018 – 56% to 2019 – 65% **(up 9%)**
- Q21d: If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation
    - 2018 – 61% to 2019 – 66% **(up 5%)**

I think it is really important to highlight here that the main theme suggested for area of focus last year was '**quality of care**' and this has not only **improved** against the 2018 data, but has moved from below average to **above average** when benchmarking to our alike Trusts this year.

Based on the NHS England Staff Survey results, using the weighted data to benchmark nationally, this year we can see that…

The two themes where we are benchmarked below average are:

- quality of appraisals
- safety culture

It is worth noting that, whilst we are only scoring average in the following two themes, one of these themes (staff engagement) has seen an improvement when comparing to our scores in 2018:

- safe environment – violence
- staff engagement

The two themes where we have made no improvement compared to 2018, however again it is worth noting that one of these themes (equality, diversity and inclusion) remains above average when benchmarking against other alike Trusts are:

- equality, diversity and inclusion
- safe environment – violence

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

- Q4j: I receive the respect I deserve from my colleagues at work
- Q19b: It helped me to improve how I do my job
- Q19c: It helped me agree clear objectives for my work

- Q13c: In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues?
- Q17d: We are given feedback about changes made in response to reported errors, near misses and incidents

Based on the initial first look analysis of the results the suggested themes to be the main focus of improvement in 2020 are: **quality of appraisals** and **safe environment – violence**.

Whilst smaller key focus area work streams should continue around 'equality, diversity and inclusion' and 'bullying and harassment' and further areas could be developed around 'incident reporting'.

It is also important to highlight some of the areas (in addition to quality of care) where we have been focusing on last year (such as health and wellbeing and immediate managers) and as a result, we are now above average in these areas and have improved since 2018. It is suggested that we continue to focus on these areas over the planned two year period – with the aspiration to be the 'best' Combined Mental Health/Learning Disability and Community Trusts in the 2020 NHS Staff Survey results.

Of course, once we have consulted with colleagues (including Staff Forum etc.) and triangulated these findings with all of the 280 free text comments we received; as usual there could be some slight movement in these initial suggestions.

Next steps

- Analysis of all 280 free text comments
- Further work and analysis on protected characteristics
- Individual locality results and comments shared with GMs etc.
- Headline paper to Board 3 March 2020
- Paper or presentation to Council of Governors 3 March 2020 ***(this paper)***
- Wider engagement with colleagues (Staff Forum etc.)
- Development of Derbyshire Healthcare organisational action plan and finalise 2020 priorities
- Headline report and action plan to People and Culture Committee 24 March and Board on 5 May
- Final summary report to People and Culture Committee 21 June and Board on 7 July.

Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 3 March 2020

Performance Report 2019/20

Purpose of Report

The purpose of this report is to provide the Board of Directors with an overview of Trust performance at the end of January 2020.

Executive Summary

The report provides the Board of Directors with information that shows how the Trust is performing against a set of key targets and measures.

Performance is summarised in an assurance summary dashboard with targets identified where a specific target has been agreed. Where a specific target hasn't been agreed or specifically commissioned, colleagues will be able to track performance over time and discuss/challenge any specific variation that may be of concern or unusual. Further detailed charts for the measures are included in appendix 2.

The main body of the report provides detail on a number of the key measures. Board members are also able to triangulate information from this report with the assurance summaries from each Committee, where more in depth reports have been provided for assurance.

The main areas to draw the Board's attention to are as follows:

Finance

The financial position for the end of January is slightly behind plan by £2k. The forecast assumes that the yearend (stretch) planned surplus of £1.8m can be achieved. However in order to achieve the stretch plan surplus the forecast assumes the reduction or avoidance of forecast expected costs totalling £0.8m (£1.0m last month).

In general terms, the financial risk is generated by unfunded cost pressures of £1.6m offset by contingency reserves of £750k leaving a net cost pressure of £0.9m.

Out of area (OOA) and Stepdown budget is now forecast to overspend by £0.5m due to the current overspend position at the end of January of £0.3m.This is an adverse movement of 0.3m compared to last month's forecast.

The forecast still assumes that 2019/20 cost improvement programme (CIP) is undelivered by £270k by the end of the financial year.

The forecast has been updated to reflect a partial payment for the Flu CQUIN of £173k for 72% achievement.

Agency forecast has reduced by £82k and still includes a level of contingency for any new requirements. There has been slippage on the recruitment to the Personality Disorder (PD) pathway which has reduced the expenditure forecast by £88k. These improvements have helped to offset the adverse movement in OOA and Stepdown forecast.

Sustainablity and Transformation Partnership (STP) financial position

As at month 9 (the most recent reported position) the STP position is off plan by £36.3m YTD. The two main drivers are Chesterfield Royal at £9.7m off plan due to tariff changes and University Hospitals of Derby and Burton (UHDB) off plan by £26.1m due to the impact of undelivered savings.

Quality and Operations

Care Programme Approach (CPA) seven day follow-up

In January two patients were not followed up within seven days post discharge. One patient was transferred to Royal Derby for end of life care and regular contact was maintained with the ward; the other patient initially refused to engage with services however the team liaised with their care workers to ascertain their wellbeing and successful contact with the patient was made on day 11.

Data quality maturity index

As reported previously, the reduction in data quality is a result of NHS England adding new items of data to be collected. Our data quality is higher than the national average. For more information see Appendix 4 in last month's report.

IAPT people completing treatment who move to recovery

Although statistically the reliable improvement target may pass or fail based on random variation, Talking Mental Health Derbyshire continues to exceed its performance targets for both recovery rates (target >50%) and reliable improvement (target >65%) in every month of 2019/20. Performance is very tightly monitored by the Area Service Manager.

Out of Area – Acute Placements

The Acute Services Management Team have systems and processes to ensure the flow of patients is planned to reduce the amount of time patients are out of area as much as possible and to optimise beds in the acute units, within the capacity and demand constraints as described above:

- Monday morning clinical meetings with ward based consultants, senior nurses, Local Authority social care workers and Assessment Services
- Daily ward rounds
- Daily senior nurse meetings to discuss patient flow
- Daily Assurance Calls with senior management team to discuss bed availability
- Weekly discussion with case managers, flow coordinators and senior managers

Waiting list for child and adolescent mental health services (CAMHS)

The waiting list and capacity to meet demand continue to be a challenge for CAMHS. Last month the Clinical Commissioning Group (CCG) released the agreed additional investment into CAMHS for this financial year, in advance of the CCG planning for next financial year. This should enable provision of some additional capacity and positively impact on the waiting list. Investment into the recovery pathway will support throughput within the service, free up capacity within ASIST and reduce waits.

Waiting list for community paediatrics

The waiting list has continued to reduce over the last 4 months. Waits below 52 weeks have been sustained for almost six months to date. Capacity and appointment managing centrally were initiated formally from 1 February 2020, the Waiting List Coordinator having now commenced in post. A review of the service specification with the CCG is progressing positively.

Waiting list for autistic spectrum disorder (ASD) assessment

As previously reported it is important to note that full commissioned capacity is not enough to meet the perennial and increasing levels of demand for this service. To meet demand, the service would need capacity to assess between 49 and 60 patients per month (the 65th to 85th percentile), whereas the service has averaged around 21 assessments per month, with 35 being the highest level ever achieved.

Waiting list for psychology

Work is ongoing to manage and reduce waiting times and numbers waiting across all community teams. Capacity has increased recently which will impact positively on waiting times. There continues to be difficulty in recruiting to all psychology posts.

Patients open to the Trust who are in settled accommodation

This has been a reducing trend but is beginning to show some improvement but will continue to be monitored.

Medication incidents

The trend for this measure seems to be stabilising. How incidents are classified, if they are Trust incidents or other provider incidents and our process of review is explained within the text of the paper.

Incidents of moderate to catastrophic actual harm

A recent increase is largely attributable to an increase in falls from a small number of patients, and assaults by patients on staff in older people's wards. The increase in falls is also covered in the text of the paper.

Workforce

Annual appraisals

The systems and Information team have now aligned the appraisal completion process for new starters, employees taking maternity leave or a career break and employees on long term sickness absence, the date is now extended to when the appraisal will be completed instead of showing as non-compliant from the start of that period. The completion rate has improved over the last 3 months.

Staff Attendance

Staff absence rates continue to cause concern across areas of the Trust. The top reason for absence remains to be anxiety/stress/depression and other psychiatric illnesses. Health and attendance training sessions for all line managers is progressing and to date 69% of managers have been trained. Further sessions for 2020 are now confirmed. The number of long term sickness cases is a key focus area for the employee relations team working with managers across the Trust to provide advice support and guidance in managing these cases effectively and sensitively.

Vacancies

Focus on inpatient areas to recruit and initiatives to recruit and retain are progressing. Recruitment rates are now beginning to show some progress although delays in parts of the recruitment process are still causing concern. Further operational support has been provided particularly in inpatient areas and it is expected that this will improve this stage of the process and fill vacancies at a faster rate.

Community staffing
This month's report includes information on community staffing levels.

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

Assurances

This report relates directly to the delivery of the Trust's strategy by summarising performance across the four key performance measurement areas. This report should be considered in relation to the relevant risks in the Board Assurance Framework.

As an integrated performance report the content provides assurance across several BAF risks related to workforce, operational performance, quality performance,

financial performance and regulatory compliance. The use of run charts will provide the Board with a more detailed view of performance over time as it enables the differentiation between normal and special cause variation.

Consultation

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

Governance or Legal Issues

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

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

This report reflects performance related to all of the Trust's service portfolio and therefore any decisions that are taken as a result of the information provided in this report is likely to affect members of those populations with protected characteristics in the REGARDS groups.

Any specific action will need to be relevant to each service and considered accordingly, so for example, as parts of the report relate specifically to access to Trust services; we will need to ensure that any changes or agreed improvements take account of the evidence that shows variable access to services from different population groups.

Recommendations

The Board of Directors is requested to:

1) Confirm the level of assurance obtained on current performance across the areas presented.
2) Determine whether further assurance is required and if so, at which Committee this needs to be provided and by whom.

Report presented by:	**Mark Powell, Chief Operating Officer** **Claire Wright, Director of Finance/Deputy CEO** **Amanda Rawlings, Director of People and Organisational Effectiveness** **Carolyn Green, Director of Nursing and Patient Experience**
Report prepared by:	**Karl Faulkner, Advanced Finance Analyst** **Peter Henson, Head of Performance, Delivery & Clustering** **Kathryn Lane, Deputy Director of Operational Services** **Rachel Leyland, Deputy Director of Finance** **Nadeem Mirza, Safety and Risk Systems Administrator** **Catherine Pynegar, Business Intelligence Manager** **Celestine Stafford, Assistant Director of People & Culture Transformation** **Darryl Thompson, Deputy Director of Nursing & Quality Governance**

1. Assurance Summary

Indicator	Rating[1]	Data Quality	Indicator	Rating[1]	Data Quality
Financial					
Cumulative surplus / (deficit)	n/a		Liquidity		
Agency expenditure against ceiling			Cumulative cost improvement programme	n/a	
Agency costs as a proportion of total pay expenditure			Cumulative capital expenditure	n/a	
Out of area and step down expenditure					
Operational					
CPA 7 day follow-up			Waiting list for care coordination – number waiting	See chart	
Data Quality Maturity Index (DQMI) - MHSDS data score			Waiting list for care coordination – average wait	See chart	
Early Intervention (EIP) RTT within 14 days - complete			Waiting list for ASD assessment – number waiting	See chart	
EIP RTT within 14 Days - incomplete			Waiting list for ASD assessment – average wait	See chart	
IAPT referral to treatment (RTT) within 18 weeks			Waiting list for psychology – number waiting	See chart	
IAPT referral to treatment within 6 weeks			Waiting list for psychology – average wait	See chart	
IAPT people completing treatment who move to recovery			Waiting list for CAMHS – number waiting	See chart	
Patients placed out of area - PICU	See chart		Waiting list for CAMHS – average wait	See chart	
Patients placed out of area - adult acute	See chart		Waiting list for community paediatrics – number waiting	See chart	
			Waiting list for community paediatrics – average wait	See chart	

[1]The rating symbols were designed by NHS Improvement

Key:

P	The system is expected to consistently pass the target
?	The system may achieve or fail the target subject to random variation
F	The system is expected to consistently fail the target

Indicator	Rating[1]	Data Quality	Indicator	Rating[1]	Data Quality
Workforce					
Annual appraisals			Clinical supervision		
Annual turnover			Management supervision		
Compulsory training			Vacancies		
Sickness absence			Bank staff use		
Quality					
A. Safe					
Incidents of moderate to catastrophic actual harm			Medication errors		
Episodes of patients held in seclusion			Incidents involving physical restraint		
Incidents involving prone restraint			Incidents requiring duty of candour		
Falls on inpatient wards					
B. Caring					
Formal complaints received			Compliments received		
Staff friends and family test - recommended care					
C. Effective					
Patients in settled accommodation			Patients in employment		
D. Responsive					
Patients on CPA whose care plan has been reviewed			Delayed transfers of care		

[1]The rating symbols were designed by NHS Improvement

Key:

	The system is expected to consistently pass the target
	The system may achieve or fail the target subject to random variation
	The system is expected to consistently fail the target

2. Detailed Narrative

Finance

The financial position at the end of January 2020 (month 10) is a surplus of £1.6m which is slightly behind plan year to date by £2k. The forecast assumes the achievement of the plan surplus of £1.8m. However in order to achieve the £1.8m surplus the forecast requires a cost reduction of £0.8m (£1.0m last month).

The position includes cost pressures totalling £0.9m after the use of contingency reserve. At the time of the plan submission it was assumed that some of these costs could be funded by Mental Health Investment Standard (MHIS) investment. However MHIS investment funded the overspend on Out Of Area (OOA) expenditure non-recurrently, with an agreement to reinvest any savings on OOA expenditure recurrently, which could then fund some of these related cost pressures.

The Cost Improvement Programme (CIP) is forecast to under deliver by £270k mainly due to the Wellbeing scheme having had no impact in lost days due to sickness absence as yet.

OOA and stepdown budget is forecasting an overspend of £0.5m due to the YTD overspend position of £0.3m. This is based on an assumption of 14 OOA and 9 Stepdown placements on average per month for the remainder of the financial year. This is an adverse movement of 30.3m compared to last month's forecast.

The forecast has been updated this month to reflect a partial payment for the Flu CQUIN of £173k for 72%.

Mitigations for cost reduction of £0.8m include the release of some balance sheet provisions along with not requiring the impairment for capital works completed at Tissington House in this financial year.

Comparing the actual expenditure on Agency to the ceiling we are below the ceiling value by £145k (6%) at the end of January. This generates a '1' on this metric within the finance score. Agency expenditure is forecast to be £2.87m which is below plan by £159k. This includes a contingency of £50k over the last two months.

Agency expenditure equates to 2.6% of total pay expenditure year to date and 2.9% forecast. Published on the Model Hospital is data for December 2019 which compares our percentage of agency costs of 2.69% against the peer median of 4.85% and National Median of 3.99%.

Capital is behind plan year to date. Original plans have been reviewed and replaced with new schemes that are phased towards the end of the financial year and that are related to CQC requirements and compliance. Therefore the forecast is to spend to the full plan of £5.2m.

STP Financial position:

As at month 9 STP position is off plan by £36.3m year to date, which is mainly due to: the Chesterfield Royal position continues to be off plan by £9.7m due to the complexities of the tariff change (year on year assessment and the move to the blended tariff for unscheduled care, in year) and the University Hospitals of Derby and Burton (UHDB) is now reporting an off-plan year to date performance of £26.1m, largely now due to the impact of undelivered savings including those associated with the Service Benefit Reviews. The forecast has changed at month 9 and the system is reporting to be off plan by £62.3m by the end of the financial year. The two main drivers are Chesterfield Royal at £11.5m behind plan and University Hospitals of Derby and Burton who are forecasting to be off plan by £51.4m.

The savings position for month 9 is collated at a detailed level by scheme. Of the total efficiency requirement of £151m, the forecast level of savings planned at month 9 is £101.9m, which is off plan by £49.1m.

Operations

A. Seven day follow-up

The purpose of seven day follow-up is to establish the wellbeing of patients and provide support during the period where they may be feeling most vulnerable during the first few days post discharge. In January there were two patients on CPA who were not followed up within seven days of discharge. One of the patients was transferred to Royal Derby Hospital for end of life care. The other patient initially refused to engage with services, however their wellbeing was established through discussion with their support workers and they were subsequently followed up directly on day 11.

From April 2020 the national standard for follow-up is likely to be reduced to 72 hours (see https://www.england.nhs.uk/wp-content/uploads/2019/12/1-NHSSC-20-21-consultation-document.pdf page 6).

B. Data quality maturity index

The number of items NHS England are monitoring has increased over time from 6 items to 36. This creates a challenge in terms of collecting the new data; however we continue to perform well when benchmarked against other organisations. For more information see appendix 4 in last month's report.

C. IAPT – people completing treatment who move to recovery

Despite the fact that statistically it is entirely random as to whether or not we pass or fail this target, Talking Mental Health Derbyshire have achieved the target every month to date. This is a result of the Area Service Manager tightly monitoring the position on a daily basis and reacting to address any deterioration. Performance is also monitored at regular contractual and operational meetings.

D. Patients placed out of area – PICU and adult acute

All patients placed out of area are visited by a DHCFT out of area care manager. Their role is to ensure that patients are receiving high quality, safe care while not being directly cared for by the Trust.

The use of clinically safe leave beds for admission is reviewed. A safe leave bed is one where a patient may have had two or more successful periods of home leave and may be on extended leave prior to discharge.

There is currently no local PICU provision, however this is being considered as part of the Estate transformation project.

28 patients were placed out of area in January owing to limited bed capacity in-house.

The Acute Services Management Team have systems and processes to ensure the flow of patients is planned to reduce the amount of time patients are out of area as much as possible and to optimise beds in the acute units, within the capacity and demand constraints as described above:

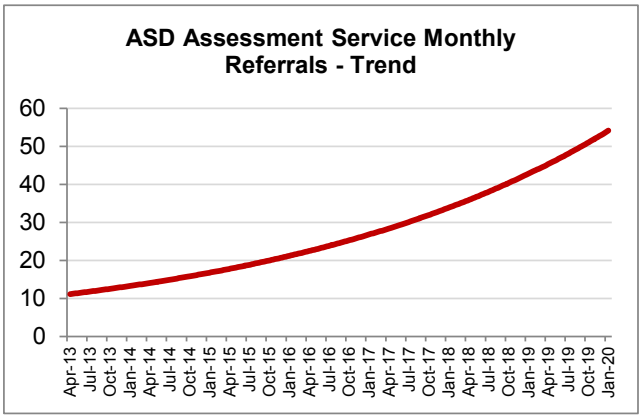
- Monday morning clinical meetings with ward based consultants, senior nurses, Local Authority social care workers and Assessment Services
- Daily ward rounds
- Daily senior nurse meetings to discuss patient flow
- Daily Assurance Calls with senior management team to discuss bed availability
- Weekly discussion with case managers, flow coordinators and senior managers

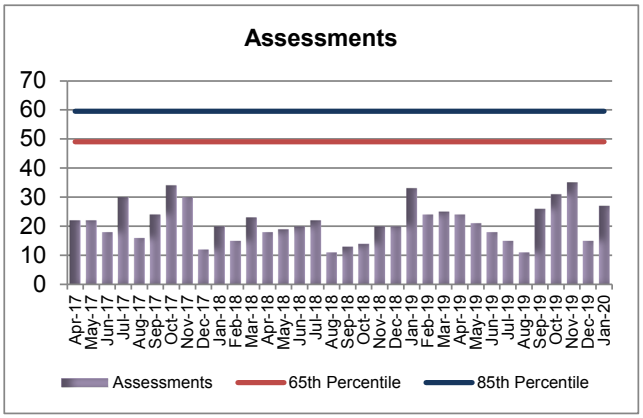
Focused work is in progress with regard to service improvement regarding optimising length of stay.

From previous analysis it was found that a significant proportion of bed capacity was filled by patients with a personality disorder. Establishment of a specialist personality disorder service in the community in the near future should result in a reduction in admissions and readmissions of patients with a personality disorder and in a better patient experience for this patient group, while also freeing up bed capacity.

E. Waiting list for autistic spectrum disorder (ASD) assessment

It is important to note that full commissioned capacity is not enough to meet the ongoing and increasing levels of demand for this service. To meet demand, the service would need capacity to assess between 49 and 60 patients per month, whereas the service has averaged around 21 assessments per month, with 35 being the highest level ever achieved. A paper has been submitted to the Executive Leadership Team which will be reviewed in March. This report proposes options to increase capacity; however this would have cost implications for commissioners.





F. Waiting times for psychology

The service continues to support 3 maternity leaves in Adult Services and 1 in Older People's Services. All areas have some psychological input with existing staff providing cover for absence or vacancy. Some appointments have been made to the developing personality disorder pathway and in time this is expected to have a positive impact on waiting list for DBT. There is ongoing work to define criteria and pathway for patients to ensure that the psychology service does not 'creep' into delivering a non-commissioned tier 4 service between IAPT and secondary care. A new waiting well leaflet for psychology services has been developed and will be integrated into the waiting list process early in 2020.

G. Waiting times for learning disability services

Changes to the way in which the Learning Disability Service operates have seen the introduction of a single point of access for Derby and for Derbyshire, with ongoing work to integrate these into one in the next few months. The piloting of a new referral matrix has supported with the prioritisation of referrals and supported consistency across the service. This review and focus has helped see an ongoing decrease in wait times and a reduction in the referral to treatment time.

H. Waiting times for physiotherapy

The mental health physiotherapy team continue to see fluctuating demand across the year. Despite challenges in recruitment to specialist physiotherapy roles the service has been able to maintain a high level of consistent performance. Ongoing work with the wards and a clear referral and prioritisation process enables the team to work effectively across the county.

I. Waiting times for substance misuse services

The national standard for substance misuse services is to see 95% of people within 3 weeks of referral. We continue to achieve this standard in both City and County. On the rare occasion when people wait over 3 weeks this is a result of pressure on slots and needing to prioritise those people who need prescribing.

J. Waiting times for community perinatal services

Staff sickness to key clinical roles has impacted on assessment and review capacity within the community team. However, proactive advances such as the piloting of antenatal clinics have meant that more women are seen at an earlier stage without the requirement for formal referral into Perinatal services. We aim to expand this provision in 2020/21 with potential NHSE early implementation funding.

K. Waiting times for eating disorder services

The Adult Eating Disorder Service continues to operate an effective prioritisation system to ensure service users with the highest level of risk are seen rapidly. Due to the small size of the specialist team there are impacts on waiting times at times of annual leave and sickness which are difficult to mitigate. The team is only able to work with the individuals with a BMI of 17 or below which limits the number of referrals they can take to those with the highest risk and need.

L. Waiting times for IAPT

IAPT board review the detail and escalate hotspots through normal performance reporting functions on a monthly basis; this includes highlighting geographic areas of concern in addition to the overall waiting times.

Referral to treatment waiting list

Waiting range	n	%
0-6 Weeks	1259	90%
6-12 weeks	113	8%
12-18 Weeks	27	2%
18+ Weeks	0	0%
Total	**1399**	
Average Weeks Waiting	**3**	

M. Waiting times for child & adolescent mental health services (CAMHS)

Context

The external waiting list continues to provide real challenge to the service. We are still managing the legacy of a doubling of referrals in quarter 1 owing to changes in commissioning. New starters to the assessment team are now in post, have completed their induction and are now picking up independent work. This effectively increased the capacity for new assessments from 20 per week to around 30 per week, as vacancy and short term sickness was affecting capacity. There is 1 vacancy at present, hence operating at 30 assessments per week, rather than at full capacity of 38.

Actions taken to date

The follow up groups referred to in the last report are now in place. Routine assessment clinics are now in place following the Christmas break, and the vacant clinical lead post is out to advert for substantive recruitment (currently covered by secondment). The weekly activity and trajectory are monitored, and recruitment using the funding from the mental health investment standard has commenced and is in a second round now to fill the remaining vacant posts. This follows a significant delay in release of the funding, which was not released by the CCG until December

2019. Approval for use of overtime did not result in additional capacity, however we now have an experienced member of staff who will do limited bank work to help create capacity.

Demand and capacity modelling is underway, with some initial work demonstrating the theoretical capacity is not enough to meet demand, but that actual capacity in the last 6 months (affected by turnover and short term sickness) has been significantly short.

Further demand and capacity modelling has demonstrated that when fully recruited Asist would have capacity but this does not take into account the substantial waiting list. In addition there has been further staff movement within the service due to new opportunities that has resulted in the following vacancies 2.0 WTE. Band 6, 1.0 wte band 5 and 0.6 wte maternity leave. These posts are currently out to advert.

Further actions to be taken

In order to address the significant challenge and legacy, an action-focused review was led by the General Manager in early January 2020, producing key actions and a revised action plan. This will result in a swift change to the appointment booking process (now offering a fixed assessment appointment rather than an invitation to call and book), review of assessment clinics to increase capacity (single practitioner assessments rather than double), new booking rules, recruitment of a waiting list coordinator (underway) and a revision to the administrative support to the process to streamline and reduce variation. A rapid review to establish whether other therapy capacity could be used to bring swifter family/ parenting intervention is also being scoped. An options appraisal was undertaken and the current assessment clinics offer 50% single practitioner assessment and 50% double this has provided an increase in capacity to 40 assessments per week. Current capacity is 15-18 per week due to the vacancy factor.

We continue to triage referrals via SPOA and signpost where clinically appropriate to other CCG funded services for assessment and follow up. Measures are in place to track the impact of the changes to check that progress is achieved and unintended consequence, for example a rise in DNA to change in appointment booking process, could be identified.

The changes proposed above will result in:

- Increased capacity by using single practitioners to undertake most assessments (previous staff used to undertake in pairs). This will increase the full capacity from the current 38 assessments per week (when fully staffed), with calculations being undertaken to assess the capacity gain.
- Better booking process, whilst noting that choice is reduced
- Recruitment of the waiting list co-ordinator will ensure we have grip on booking and will assist the operational managers to respond to demand better
- Recruitment to clinical posts will again increase capacity

Demand and capacity modelling is underway as above, and will be revised to reflect the changes to how the assessment process is to be undertaken.

It is important to note that working at pace in an assessment service can have an impact on staff wellbeing, with some of the turnover in the earlier part of the year attributable to this. Senior managers will ensure they maintain oversight of this concern. A longer term internal review of the construct of the assessment/short term intervention service will be undertaken during 2020/21.

Mitigations:

- Secured an experienced clinician to work (limited hours) on bank to support
- Clinical lead vacancy covered by secondment and in permanent recruitment
- Area Service Manager establishing a weekly situation report ‘sitrep’ to bring more stringent oversight
- Divisional Clinical Lead involved in review and oversight

A Service away day was held to look at the capacity across the service and there is an identified need to address the length of stay in order to improve flow across service to support the external waiting times. The risk associated with internal waits within service is of concern and increasing caseload size with children waiting for a service.

All new referrals for ASD/ADHD assessment to be discussed in MDT with medical oversight prior to referral for specialist assessment. Review of the existing waiting list for ASD/ADHD by all band 7. Development of an overtime clinic on Saturday to increase assessment diagnostics and report writing. Increase in caseload management and clinical supervision to ensure that children and young people are receiving the right care at the right time and increase throughput. The establishment of a 4 session discharge group to include wellbeing and sleep interventions.

N. Waiting times for community paediatrics

Progress continues to be made. Waits below 52 weeks have been sustained for 18 weeks. Capacity and appointment managing centrally will be initiated formally from 1 February 2020, the Waiting List Coordinator having now commenced in post. Work is progressing with IM&T to further enhance the TPP system of appointment booking. The process of reviewing the service specification with the CCG is well underway and positive.

O. Waiting times for memory assessment services

MAS wait times are well documented and Commissioners are aware. In the absence of this being a trust priority for additional funding we have asked for commissioners to tolerate longer waits. Given this position it is likely these waits will continue to grow, however monthly reporting and escalation will continue.

P. Waiting times for older people's community mental health services

Referral to assessment average wait - weeks											
Team	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Chart
Amber Valley	3.4	3.9	4.0	3.6	2.2	2.6	2.2	3.1	3.3	4.0	
Erewash	4.9	4.1	4.8	3.9	3.7	5.1	3.5	4.1	3.1	4.9	
South Derbys & South Dales	2.7	4.2	3.7	3.0	3.0	4.2	4.4	4.2	3.4	6.2	
Derby City	2.6	2.3	3.6	2.6	4.1	3.6	4.0	5.5	5.0	5.5	
Bolsover & Clay Cross	1.9	10.2	1.7	3.1	1.8	3.6	2.6	2.8	3.6	3.6	
Chesterfield Central	2.4	2.0	3.3	1.8	2.1	2.9	2.3	1.8	0.9	2.1	
High Peak & North Dales	1.3	1.8	1.1	2.0	1.6	2.0	1.8	2.1	1.9	3.1	
Killamarsh & N. Chesterfield	4.8	3.1	2.1	2.8	4.5	2.4	3.0	2.5	2.9	3.9	

Referral to treatment average wait - weeks											
Team	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Chart
Amber Valley	4.2	5.3	5.6	6.2	3.4	4.8	3.5	4.1	4.6	5.2	
Erewash	7.0	5.6	6.5	5.4	5.5	6.7	6.4	5.2	6.1	6.2	
South Derbys & South Dales	3.3	5.5	4.8	4.4	6.5	6.5	4.9	6.7	7.8	6.4	
Derby City	3.3	3.5	4.1	4.4	5.3	5.1	5.4	6.7	6.0	7.4	
Bolsover & Clay Cross	3.3	4.0	2.6	4.4	4.7	6.0	3.8	5.7	3.9	6.2	
Chesterfield Central	5.3	3.5	4.2	3.4	3.6	3.7	4.2	3.5	2.8	2.9	
High Peak & North Dales	3.6	3.6	2.5	4.1	4.4	3.0	2.9	4.2	4.4	4.5	
Killamarsh & N. Chesterfield	6.9	4.1	4.5	4.2	4.9	5.0	4.1	5.7	4.5	7.5	

The two areas with focused attention are Derby City and South Derbyshire & South Dales, compounded by reduced capacity due to registered nurse absences. January has seen a return of nurse resource which will improve wait times.

The consultant in older adult psychiatry in the Bolsover & Clay Cross locality is expecting to retire by the end of quarter 1 2020-21. Recruitment is underway with interviews early March.

Q. Waiting times for adult community mental health services

Referral to assessment average wait - weeks											
Team	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Chart
Amber Valley	8.4	6.7	7.5	5.2	6.7	7.5	6.5	5.6	4.1	9.8	
Erewash	11.5	10.9	9.5	9.6	9.3	10.2	10.2	11.8	13.3	14.3	
South Derbys & South Dales	5.5	13.1	10.6	15.3	11.0	7.2	10.7	19.3	14.7	16.8	
Derby City	12.3	10.3	5.6	10.1	9.7	12.1	18.8	11.6	11.2	8.9	
Bolsover & Clay Cross	6.6	18.0	30.9	9.0	9.3	9.0	8.5	7.8	9.7	7.9	
Chesterfield Central	7.1	7.5	8.8	6.2	9.7	8.9	9.3	9.0	5.9	7.5	
High Peak & North Dales	3.6	2.8	4.1	5.4	5.0	3.7	4.3	4.1	5.4	5.7	
Killamarsh & N. Chesterfield	8.8	34.4	26.6	12.2	9.5	11.3	6.6	10.9	11.8	6.9	
Referral to treatment average wait - weeks											
Team	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Chart
Amber Valley	9.6	9.7	10.0	8.4	7.2	10.1	8.3	7.3	4.7	11.4	
Erewash	12.6	15.2	11.4	12.1	13.5	13.2	13.2	14.2	14.2	14.7	
South Derbys & South Dales	10.8	13.6	7.8	18.5	11.5	18.9	9.2	17.1	26.8	23.5	
Derby City	13.8	12.4	8.5	10.6	14.4	12.6	18.7	17.6	9.9	14.2	
Bolsover & Clay Cross	10.4	14.5	52.3	21.8	17.9	15.7	11.1	14.1	15.9	11.7	
Chesterfield Central	10.3	9.8	7.4	11.6	10.6	14.8	11.4	15.4	12.6	9.6	
High Peak & North Dales	4.6	6.0	3.9	6.5	6.4	7.3	6.6	9.4	8.4	10.0	
Killamarsh & N. Chesterfield	14.3	18.0	47.4	27.7	21.6	14.6	13.8	12.9	21.6	12.5	

There is some variance month on month in average week waits from referral to assessment and referral to treatment. This is largely due to fluctuating capacity due to registered nurse absences and difficulties in obtaining cover for these gaps.

R. Waiting times for initial assessment and care coordination in adult community mental health services

Team	Numbers waiting for Initial Assessment	Numbers Waiting for Care Coordination
Amber Valley	43	0
Erewash	80	23
South Derbys and South Dales	54	26
Derby City Team B	67	47
Derby City Team C	62	46
Bolsover and Clay Cross	94	2
Chesterfield Central	90	12
High Peak and North Dales	54	0
Killamarsh and N. Chesterfield	63	32

Numbers for initial assessment remain fairly consistent across teams. However, these can increase due to unplanned staff absences.

Numbers waiting for care coordination have significantly reduced across all teams. This is as a result of new ways of working such as the Nurse Led Clinic, as well as an increase in group interventions.

Longest waiters are being reviewed by Area Service Managers with service managers. There is on-going data validation to ensure that the waiting lists are accurate and reflect the correct information on the Electronic Patient Record. There is divisional engagement with service managers to ensure regular review of waiting lists. Waiting lists are managed locally for the different interventions available.

All teams follow the waiting list policy and procedure, which ensures contact is made with those on the waiting list for a care coordinator. A new caseload management tool has recently been introduced which all teams are utilising to support flow through the service.

Quality

Particular measures of note are as follows:

A. Patients open to Trust in employment

This has been a deteriorating trend, but you will note some recent improvement. We are continuing to approach this via our IPS Service (Individual Placement Support). This is an evidence based approach utilising employment advisors who have been employed specifically to support our service users into employment. Five employment advisors have been recruited and started in January. We're also applying for further funding from NHS England to roll this initiative out more widely, and are working in partnership with South Yorkshire Housing for the IPS service to be delivered by them in some of the north areas of the county (Chesterfield Central and Killamarsh teams).

B. Patients open to Trust in settled accommodation

This has been a deteriorating trend, but you will note recent improvement. It continues to be reviewed by managers in the community in a bid to understand what might be driving this change, either in the accuracy of our reporting or in our patient population, and is also supported by recruitment of two part-time homeless specialist nurses in the community team in Chesterfield, and plans to recruit to this vacancy in Derby City.

C. Number of falls on inpatient wards

Further to our recent reducing trend we are noting a recent increase. On further exploration of this, there seems to be correlation with an increase in occupied bed days (greater occupation statistically increasing the risk of a recorded fall). Our records also show that there is a small number of patients across our older people's wards accounting for these falls, rather than a large number of people falling. We are also seeking to maintain a balance between encouraging mobility and maintaining a level of observation and proximity to the person that does not cause distress and confusion for the patient. Falls reduction continues as a local Commissioning for Quality and Innovation (CQUIN), and we continue to report our progress to commissioners each quarter.

D. Incidents of moderate to catastrophic actual harm

The increased in recorded moderate or above harm for Jan 2020 is aligned to the increase in recorded falls on our older people's wards, and also an increase in the acuity of this patient group and assaults of staff by patients.

E. Medication incidents

It is important to note that not all medication incidents are Trust incidents, the majority of specialist (and a good number of community, including older adults) are other agency incidents discovered by our staff, e.g. community pharmacy making dispensing errors, domiciliary care agencies making errors etc. Medication incidents are all reviewed quarterly by the Heads of Nursing. As a trend, this looks to be currently stabilising.

F. Number of incidents requiring Duty of Candour

The increase noted in the most recent month is as a result of data refresh.

Workforce

A. Annual appraisals

For the last 3 months the completion rate has been above the upper control limit, which indicates significant improvement. The appraisal paperwork has been streamlined and as part of the Leadership Development Programme all line managers are required to attend appraisal training. Both of these factors may be contributing to the improvement seen. The completion rate is around

10% higher than the same period last year. Divisional People Leads (DPLs) continue to monitor and support where there are low rates of completion.

B. Turnover

Turnover over the financial year to date has consistently been at Trust target level.

C. Mandatory training

Following a period of sustained improvement since June 2018, this financial year the level of mandatory training has been maintained above Trust target every month to date.

D. Staff attendance

Staff absence levels remain high. In the most recently published national data[1], the average sickness rate over 12 months for mental health trusts ranged from 2.3% (The Tavistock and Portman) to 7% (Mersey Care). At 6.1% our rate was 4th highest in the sample.

In Operational Services by far the greatest cause of sickness absence in the Trust is anxiety, stress, depression or other psychiatric illness, which accounted for just less than 10 thousand working days lost between February 2019 and January 2020:

Working days lost - top 5 absence reasons	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Total
Anxiety/stress/depression/other psychiatric illnesses	824	682	726	611	701	734	947	1027	865	968	879	923	923	9986
Surgery	246	184	192	243	183	124	274	211	212	217	287	240	327	2693
Cold, Cough, Flu - Influenza	343	286	213	241	139	131	99	28	117	343	346	276	340	2558
Other musculoskeletal problems	136	128	157	200	213	217	246	216	149	198	157	151	211	2241
Gastrointestinal problems	200	153	168	178	144	134	174	146	155	222	201	230	183	2087

Resolve continue to provide support to employees and feedback about this service has been very positive. Over the last 12 months long-term sickness has accounted for the greatest proportion of sickness absence (3.9%) compared with short-term absence (2.8%). The Employee Relations Team continues to provide targeted support for those long term sickness cases where a range of options is considered. The DPLs are continuing to work closely with Service Managers and the Employee Relations Team to provide support and advice.

Health and attendance training is progressing for all line managers and to date 69% of managers have been trained. Further sessions are scheduled for 2020.

E. Supervision

Supervision levels are closely monitored at performance reviews and monthly operational meetings.

F. Vacancies

The focus on recruiting to inpatient areas is maintained and initiatives to recruit and retain staff are in place. The effectiveness of these initiatives is being monitored. The recruitment team are working to speed up pre-employment checks.

[1] https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates/july-2019-to-september-2019

3. Community Staffing Levels January 2020

It is an NHS England requirement that all Trusts publish their inpatient nursing staffing levels each day by ward area, showing the Trust's actual and planned staff fill rates. We are also going to now publish our community staffing figures to ensure that a full overview of staffing is provided to Board colleagues.

The table below shows staffing levels across all community facing teams.

Service Line	Sub-Service Line	Cost Centre Code Desc	Funded WTE	Contract WTE	Worked WTE	Paid WTE	Vacancy WTE
Adult Care Community	County North	EI Nth	15.41	14.97	15.40	15.40	0.44
Adult Care Community	County North	Cnty N Early Int Medical	1.10	1.77	1.77	1.77	-0.67
Adult Care Community	County North	Medic Adult Comm Nth	12.32	9.47	10.87	10.87	2.85
Adult Care Community	County North	Bols + C C Adult CMHT	20.54	19.80	19.77	19.77	0.74
Adult Care Community	County North	Chesterfield C Adult CMHT	28.28	28.33	28.54	28.71	-0.05
Adult Care Community	County North	HP + N Dales Adult CMHT	25.71	20.83	21.62	21.62	4.88
Adult Care Community	County North	Killmsh + N C Adult CMHT	21.27	21.99	22.64	22.64	-0.72
Adult Care Community	County South	EI Clin Specialist	3.11	1.00	1.00	1.00	2.11
Adult Care Community	County South	City+CountyS EI Medical	1.70	1.00	1.00	1.00	0.70
Adult Care Community	County South	Medic Adult Comm Sth	7.98	7.59	7.99	7.99	0.39
Adult Care Community	County South	Amber Valley Adult CMHT	20.14	20.51	20.15	20.15	-0.37
Adult Care Community	County South	Erewash Adult CMHT	17.98	17.57	19.88	19.88	0.41
Adult Care Community	County South	South + Dales Adult CMHT	21.20	19.89	22.04	22.04	1.31
Adult Care Community	County South	EI Sth + City	21.53	20.68	21.68	21.84	0.85
Adult Care Community	Derby City	Outpatient Resource Ctre	2.80	2.80	2.80	2.80	0.00
Adult Care Community	Derby City	Eating Disorders Service	5.53	4.84	5.17	5.17	0.69
Adult Care Community	Derby City	Medic Eating Disorders	1.10	0.60	0.60	0.60	0.50
Adult Care Community	Derby City	Medic Adult Comm City	8.98	9.38	9.20	9.20	-0.40
Adult Care Community	Derby City	Derby City B Adult CMHT	29.68	27.05	27.03	27.21	2.63
Adult Care Community	Derby City	Derby City C Adult CMHT	29.53	28.76	29.76	29.76	0.77
Adult Care Community	Derby City	Derby City D Adult CMHT	1.00	0.00	0.00	0.00	1.00
Children's Services	CAMHS	Early Access	2.09	2.00	2.00	2.00	0.09
Children's Services	CAMHS	Supported Care	1.92	0.80	0.85	0.87	1.12
Children's Services	CAMHS	CAMHS ID PSGY	0.91	0.91	0.91	0.91	0.00
Children's Services	CAMHS	CAMHS Medics	10.95	5.83	8.23	8.23	5.12
Children's Services	CAMHS	CAMHS EA Rise	11.40	7.41	7.69	8.36	3.99
Children's Services	CAMHS	CAMHS EA Assist	9.10	10.97	10.97	10.97	-1.87
Children's Services	CAMHS	CAMHS EA PMHW	1.95	2.48	1.80	1.80	-0.53
Children's Services	CAMHS	CAMHS EA YOS	1.00	0.00	0.00	0.00	1.00
Children's Services	CAMHS	CAMHS SC Eating Disorder	7.00	4.20	4.49	4.54	2.80
Children's Services	CAMHS	CAMHS SC ID	2.75	3.30	3.30	3.30	-0.55
Children's Services	CAMHS	CAMHS SC Recovery	9.35	11.70	11.12	11.24	-2.35
Children's Services	CAMHS	CAMHS SC Inspire	7.44	6.25	6.25	6.25	1.19
Children's Services	CAMHS	CAMHS CBT + EMDR	8.50	5.00	5.00	5.00	3.50
Children's Services	CAMHS	CAMHS Sensory Therapy	1.50	0.60	0.60	0.60	0.90
Children's Services	CAMHS	CAMHS Family Intervention	6.15	3.95	3.95	3.95	2.20
Children's Services	CAMHS	CAMHS DBT + RO DBT	1.80	2.50	2.50	2.52	-0.70
Children's Services	CAMHS	CAMHS NMP	0.95	1.15	1.15	1.15	-0.20
Children's Services	CAMHS	CAMHS EHSS	3.96	4.51	3.80	3.80	-0.55
Children's Services	CAMHS	CAMHS SC Specialist Assmt	1.20	0.55	0.55	0.55	0.65

Service Line	Sub-Service Line	Cost Centre Code Desc	Funded WTE	Contract WTE	Worked WTE	Paid WTE	Vacancy WTE
Children's Services	Children's Care Mgt	IPS Com Mental Health	5.40	5.40	5.22	5.22	0.00
Forensic + MH Rehab	Complex Care	Liaison + Diversion	26.82	23.00	20.94	21.80	3.82
Older Peoples Care	Older Peoples Acute Care	DRRT Sth	27.69	26.12	25.24	26.19	1.57
Older Peoples Care	Older Peoples Acute Care	Discharge Liaison Team OA	3.73	3.60	3.60	3.60	0.13
Older Peoples Care	Older Peoples Acute Care	Inreach + HT OA Sth	17.13	12.68	12.64	13.44	4.45
Older Peoples Care	Older Peoples Acute Care	DRRT Chesterfld + NED + B	25.33	21.00	20.88	21.87	4.33
Older Peoples Care	Older Peoples Comity Care	Memory Assessment Service	16.23	16.21	17.61	17.62	0.02
Older Peoples Care	Older Peoples Comity Care	Medic OA Comm	8.78	10.35	10.40	10.40	-1.57
Older Peoples Care	Older Peoples Comity Care	Amber Valley OA CMHT	17.44	17.97	17.20	17.20	-0.53
Older Peoples Care	Older Peoples Comity Care	Bols + CC OA CMHT	12.04	11.50	11.50	11.50	0.54
Older Peoples Care	Older Peoples Comity Care	Chesterfield C OA CMHT	10.16	10.26	10.02	10.02	-0.10
Older Peoples Care	Older Peoples Comity Care	Derby City OA CMHT	23.77	22.78	20.12	20.12	0.99
Older Peoples Care	Older Peoples Comity Care	Erewash OA CMHT	15.22	14.70	12.98	12.98	0.52
Older Peoples Care	Older Peoples Comity Care	H P + NDales OA CMHT	14.03	13.84	13.90	13.90	0.19
Older Peoples Care	Older Peoples Comity Care	Killmsh + N C OA CMHT	11.30	8.80	8.80	8.80	2.50
Older Peoples Care	Older Peoples Comity Care	South + Dales OA CMHT	16.06	15.39	15.76	15.78	0.67
Older Peoples Care	Older Peoples Comity Care	OA Day Services	20.77	16.10	16.11	16.11	4.67
Psychology	Heads of Psgy X	Eating Disorders PSGY	3.21	3.22	3.22	3.22	-0.01
Psychology	Heads of Psgy X	CBT Service	11.00	9.20	9.20	9.20	1.80
Psychology	Heads of Psgy X	Psychotherapy Service	12.45	7.63	7.63	7.63	4.82
Psychology	Heads of Psgy X	Medic Psychotherapy	0.50	0.53	0.53	0.53	-0.03
Psychology	Heads of Psgy X	Amber Valley OA PSGY	0.67	0.67	0.67	0.67	0.00
Psychology	Heads of Psgy X	Bolsover + CC OA PSGY	0.90	0.20	0.20	0.20	0.70
Psychology	Heads of Psgy X	CfldCentral OA PSGY	2.10	1.30	1.30	1.30	0.80
Psychology	Heads of Psgy X	Derby City OA PSGY	2.60	2.80	2.80	2.80	-0.20
Psychology	Heads of Psgy X	Erewash OA PSGY	0.60	0.60	0.00	0.00	0.00
Psychology	Heads of Psgy X	HP+Nth Dales OA PSGY	1.17	1.17	1.17	1.17	0.00
Psychology	Heads of Psgy X	KillNthCfld OA PSGY	0.20	0.20	0.20	0.20	0.00
Psychology	Heads of Psgy X	Sth DD OA PSGY	0.60	1.40	1.29	1.29	-0.80
Psychology	Heads of Psgy X	Amber Valley Adult PSGY	3.80	2.80	1.28	1.28	1.00
Psychology	Heads of Psgy X	Bolsover + CC Adult PSGY	2.05	1.20	1.20	1.20	0.85
Psychology	Heads of Psgy X	CfldCentral Adult PSGY	1.80	3.10	2.50	2.50	-1.30
Psychology	Heads of Psgy X	Derby City B Adult PSGY	0.90	1.00	1.00	1.00	-0.10
Psychology	Heads of Psgy X	Derby City C Adult PSGY	1.60	1.00	1.00	1.00	0.60
Psychology	Heads of Psgy X	Erewash Adult PSGY	1.00	1.60	1.60	1.60	-0.60
Psychology	Heads of Psgy X	HP+Nth Dales Adult PSGY	1.20	1.20	1.20	1.20	0.00
Psychology	Heads of Psgy X	KillNthCfld Adult PSGY	2.05	1.90	1.90	1.90	0.15
Psychology	Heads of Psgy X	Sth DD Adult PSGY	1.90	1.30	1.30	1.30	0.60
Psychology	Heads of Psgy X	El Nth PSGY	1.14	0.64	0.64	0.64	0.50
Psychology	Heads of Psgy X	El Sth + City PSGY	2.00	2.00	2.00	2.00	0.00
Psychology	Heads of Psgy Y	Perinatal PSGY	1.33	1.16	1.16	1.16	0.17
Psychology	Heads of Psgy Y	Spec Therapy PSGY	1.00	1.00	1.00	1.00	0.00
Psychology	Heads of Psgy Y	LD PSGY	10.55	8.35	7.65	7.65	2.20
Psychology	Heads of Psgy Y	Adult Acute HU PSGY	1.80	1.80	1.80	1.80	0.00
Psychology	Heads of Psgy Y	Adult Acute RU PSGY	2.90	2.90	2.90	2.90	0.00
Psychology	Heads of Psgy Y	Trainee PSGY	10.00	10.00	9.00	9.00	0.00
Psychology	Heads of Psgy Y	PSGY Y VF	1.00	1.00	1.06	1.08	0.00
Psychology	Heads of Psgy Y	Perinatal RU PSGY	0.50	0.24	0.24	0.24	0.26
Psychology	Heads of Psgy Y	Kedleston Kway PSGY	2.80	2.50	2.50	2.50	0.30
Psychology	Heads of Psgy Y	Rehab CTC Kway PSGY	1.20	0.60	0.60	0.60	0.60
Psychology	Heads of Psgy Y	Rehab Audrey Kway PSGY	0.40	0.20	0.20	0.20	0.20
Specialist Care Services	Adult IAPT Services	IAPT	67.84	68.57	63.75	63.75	-0.73

Service Line	Sub-Service Line	Cost Centre Code Desc	Funded WTE	Contract WTE	Worked WTE	Paid WTE	Vacancy WTE
Specialist Care Services	Learning Disabilities	LD Intensive Support	22.13	15.84	15.84	16.18	6.29
Specialist Care Services	Learning Disabilities	Trust wide CLDT Nursing	20.39	13.49	13.09	13.09	6.90
Specialist Care Services	Learning Disabilities	Trust wide CLDT Physio	10.28	6.50	5.55	5.55	3.78
Specialist Care Services	Learning Disabilities	Trust wide CLDT OT	10.64	7.99	9.79	9.79	2.65
Specialist Care Services	Learning Disabilities	Trust wide CLDT SALT's	9.24	6.62	6.28	6.30	2.62
Specialist Care Services	Learning Disabilities	LD Medics	5.20	2.20	2.20	2.20	3.00
Specialist Care Services	Learning Disabilities	LD Forensic Team	4.53	4.78	4.90	4.90	-0.25
Specialist Care Services	Perinatal	Perinatal Inpatient RU	19.94	17.82	19.87	23.52	2.12
Specialist Care Services	Perinatal	Perinatal Community	15.78	16.42	15.30	15.30	-0.64
Specialist Care Services	Specialist Care Medical	Perinatal Medics	3.20	3.40	3.40	3.40	-0.20
Specialist Care Services	Specialist Care Mgt	Dietetics Inpatient	4.20	4.00	4.00	4.00	0.20
Specialist Care Services	Specialist Care Mgt	OT Professional Leads	1.24	1.00	1.00	1.00	0.24
Specialist Care Services	Specialist Care Mgt	Physiotherapy	7.11	5.44	4.84	4.84	1.67
Specialist Care Services	SubsMis	Derby Substance Misuse	16.00	14.36	13.36	13.36	1.64
Specialist Care Services	SubsMis	DerbyshireSubstanceMisuse	21.78	21.30	20.80	20.80	0.48
Specialist Care Services	SubsMis	GRID	1.00	1.00	1.00	1.00	0.00
			1,073.89	**958.76**	**959.74**	**978.19**	**115.13**

4. Safer Staffing

It is an NHS England requirement that all Trusts publish their inpatient nursing staffing levels each day by ward area, showing the Trust's actual and planned staff fill rates. This is in response to the Francis Report (2013), where a commitment was made that all NHS Trusts with inpatient areas would publish full staffing data (by month, by ward area) from May 2014, and then on an ongoing monthly basis. The intention is to show how Trusts across the NHS ensure the safety of their staffing levels and skill mix. The data is routinely published on the Trust's website.

Table 1 compares the planned staffing levels on each ward with the actual staffing levels for the latest reported month.

Table 2 gives the care hours per patient day (CHPPD) for the latest reported month. CHPPD was developed by NHS Improvement to provide a single, consistent and nationally comparable way of recording and reporting deployment of staff on inpatient wards. (for more information, see: https://improvement.nhs.uk/documents/5604/Care_hours_per_patient_day_CHPPD_guidance_for_all_inpatient_trusts.pdf).

Table 2 also gives the average fill rates on each ward. The fill rate is the extent to which rota hours were filled by registered nurses and unregistered care staff.

Table 1. Ward Staffing Levels – Actual versus Planned (January 2020)

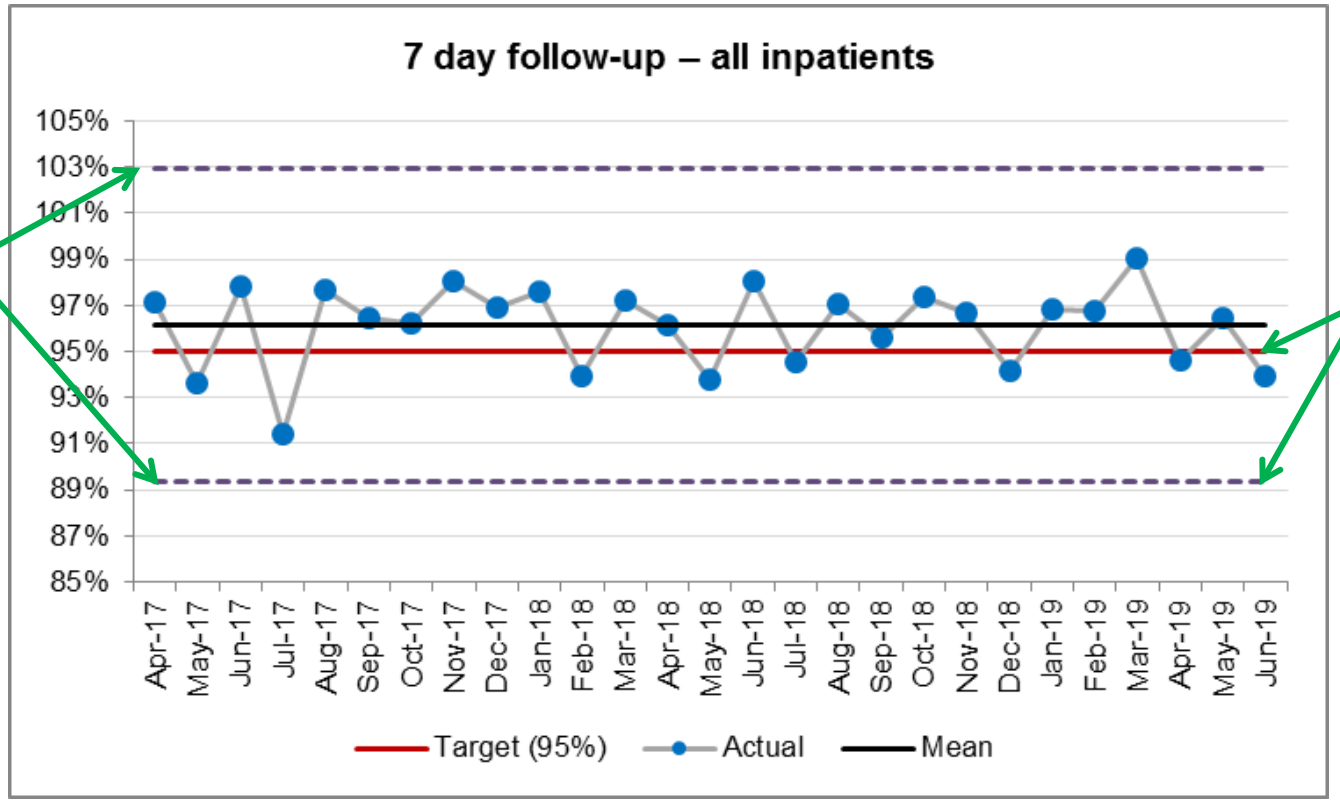
Ward name	Main 2 Specialties on each ward		Day				Night				Allied Health Professionals			
			Registered Nurses/Midwives		Non-registered Nurses/Midwives (Care Staff)		Registered Nurses/Midwives		Non-registered Nurses/Midwives (Care Staff)		Registered allied health professionals		Non-registered allied health professionals	
	Specialty 1	Specialty 2	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours
AUDREY HOUSE RESIDENTIAL REHABILITATION	314 - REHABILITATION		929.48	712.89	807.5	624	651	388.5	0	294	0	0	0	0
CHILD BEARING INPATIENT	710 - ADULT MENTAL ILLNESS		930	726.47	930	730.49	325.5	325.5	325.5	389.57	0	0	0	0
CTC RESIDENTIAL REHABILITATION	314 - REHABILITATION		931.51	917.77	1738.45	1441.43	658.75	333.25	325.5	662.14	0	0	0	0
ENHANCED CARE WARD	710 - ADULT MENTAL ILLNESS		1379.5	1138	1388	1599.17	651	484.5	651	1134.67	0	0	0	144.5
HARTINGTON UNIT - MORTON WARD ADULT	710 - ADULT MENTAL ILLNESS		1403.25	1227	1374.75	1402.5	573.5	310.41	573.5	765.65	472.75	167	0	0
HARTINGTON UNIT - PLEASLEY WARD ADULT	710 - ADULT MENTAL ILLNESS	715 - OLD AGE PSYCHIATRY	1586	1048.75	1418.25	1172	573.5	271.25	573.5	632.5	461	260	0	0
HARTINGTON UNIT - TANSLEY WARD ADULT	710 - ADULT MENTAL ILLNESS		1585.5	1274.39	1416	1391.47	582.41	361.99	581.75	721.26	945.5	98.32	0	0
KEDLESTON LOW SECURE UNIT	712 - FORENSIC PSYCHIATRY		1919	1627.66	2291.5	1854.49	635.5	635.5	1271	1323.92	0	0	0	7.5
KINGSWAY CUBLEY COURT - FEMALE	715 - OLD AGE PSYCHIATRY		1373.8	1307.76	1930.58	2343.2	645.73	490.31	1291.77	1882.22	465	45	0	0
KINGSWAY CUBLEY COURT - MALE	715 - OLD AGE PSYCHIATRY		1637.83	1041.95	2470.5	2847.26	645.73	543.38	947.75	1778.05	195	37.5	0	0
LONDON ROAD COMMUNITY HOSPITAL - WARD 1 OP	715 - OLD AGE PSYCHIATRY		1661.25	1229.63	1469.5	1297.68	632.73	570.6	645.73	921.98	0	0	0	0
RADBOURNE UNIT - WARD 33 ADULT ACUTE INPATIENT	710 - ADULT MENTAL ILLNESS		1364.05	1166.82	923	1325.75	640.5	403.67	322.75	901.75	460	81.82	0	0
RADBOURNE UNIT - WARD 34 ADULT ACUTE INPATIENT	710 - ADULT MENTAL ILLNESS		1389.5	1180.5	924	1064.57	651	450.5	325.5	619.5	463	127.5	0	0
RADBOURNE UNIT - WARD 35 ADULT ACUTE INPATIENT	710 - ADULT MENTAL ILLNESS		1373	896	887	920	651	304.5	325.75	688.75	461.5	438	0	0
RADBOURNE UNIT - WARD 36 ADULT ACUTE INPATIENT	710 - ADULT MENTAL ILLNESS		1373.5	1242.95	1341	1031.01	651	494.5	325.5	742.25	461	72.5	0	0

Table 2. Ward Care Hours Per Patient Day & Average Fill Rates (January 2020)

	Care Hours Per Patient Day (CHPPD)								Day				Night				Allied Health Professionals	
Ward name	Cumulative count over the month of patients at 23:59 each day	Registered Nurses/ Midwives	Non-registered Nurses/ Midwives	Registered Nursing Associates	Non-registered Nursing Associates	Registered allied health professionals	Non-registered allied health professionals	Overall	Average fill rate - Registered Nurses/ Midwives (%)	Average fill rate - Non-registered Nurses/ Midwives (care staff) (%)	Average fill rate - Registered Nursing Associates (%)	Average fill rate - Non-Registered Nursing Associates (%)	Average fill rate - Registered Nurses/ Midwives (%)	Average fill rate - Non-registered Nurses/ Midwives (care staff) (%)	Average fill rate - Registered Nursing Associates (%)	Average fill rate - Non-Registered Nursing Associates (%)	Average fill rate - registered allied health professionals (AHP) (%)	Average fill rate - non-registered allied health professionals (AHP) (%)
AUDREY HOUSE RESIDENTIAL REHABILITATION	283	3.9	3.2	0.0	0.0	0.0	0.0	7.1	76.7%	77.3%			59.7%	-			-	-
CHILD BEARING INPATIENT	127	8.3	8.8	0.0	0.0	0.0	0.0	17.1	78.1%	78.5%			100.0%	119.7%			-	-
CTC RESIDENTIAL REHABILITATION	1120	1.1	1.9	0.0	0.0	0.0	0.0	3.0	98.5%	82.9%			50.6%	203.4%			-	-
ENHANCED CARE WARD	273	5.9	10.0	0.0	0.0	0.0	0.5	16.5	82.5%	115.2%			74.4%	174.3%			-	-
HARTINGTON UNIT - MORTON WARD ADULT	540	2.8	4.0	0.0	0.0	0.3	0.0	7.2	87.4%	102.0%			54.1%	133.5%			35.3%	-
HARTINGTON UNIT - PLEASLEY WARD ADULT	569	2.3	3.2	0.0	0.0	0.5	0.0	5.9	66.1%	82.6%			47.3%	110.3%			56.4%	-
HARTINGTON UNIT - TANSLEY WARD ADULT	577	2.8	3.7	0.0	0.0	0.2	0.0	6.7	80.4%	98.3%			62.2%	124.0%			10.4%	-
KEDLESTON LOW SECURE UNIT	380	6.0	8.4	0.0	0.0	0.0	0.0	14.3	84.8%	80.9%			100.0%	104.2%			-	-
KINGSWAY CUBLEY COURT - FEMALE	530	3.4	8.0	0.0	0.0	0.1	0.0	11.4	95.2%	121.4%			75.9%	145.7%			9.7%	-
KINGSWAY CUBLEY COURT - MALE	498	3.2	9.3	0.0	0.0	0.1	0.0	12.5	63.6%	115.3%			84.1%	187.6%			19.2%	-
LONDON ROAD COMMUNITY HOSPITAL - WARD 1 OP	497	3.6	4.5	0.0	0.0	0.0	0.0	8.1	74.0%	88.3%			90.2%	142.8%			-	-
RADBOURNE UNIT - WARD 33 ADULT ACUTE INPATIENT	534	2.9	4.2	0.0	0.0	0.2	0.0	7.3	85.5%	143.6%			63.0%	279.4%			17.8%	-
RADBOURNE UNIT - WARD 34 ADULT ACUTE INPATIENT	555	2.9	3.0	0.0	0.0	0.2	0.0	6.2	85.0%	115.2%			69.2%	190.3%			27.5%	-
RADBOURNE UNIT - WARD 35 ADULT ACUTE INPATIENT	536	2.2	3.0	0.0	0.0	0.8	0.0	6.1	65.3%	103.7%			46.8%	211.4%			94.9%	-
RADBOURNE UNIT - WARD 36 ADULT ACUTE INPATIENT	552	3.1	3.2	0.0	0.0	0.1	0.0	6.5	90.5%	76.9%			76.0%	228.0%			15.7%	-

How to Interpret a Statistical Process Control Chart (SPC)

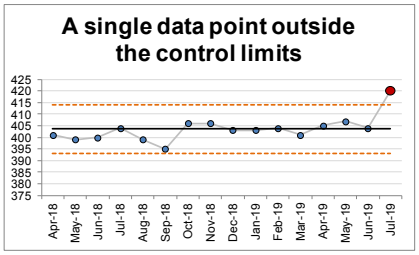
The dotted lines are the "control limits". Any performance between these 2 lines is normal for the current system. This is known as "normal variation"

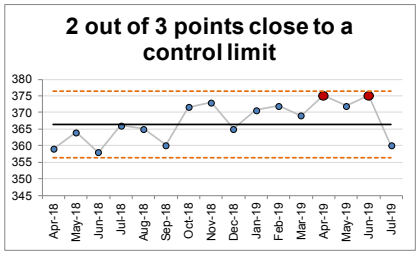


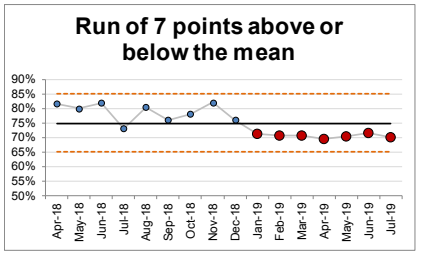
If the system is effective, the **lower** control limit will be above the target line (for targets where higher is better) or the **upper** control limit will be below the target line (for targets where lower is better). In that scenario we have nothing to worry about and can be assured our system is performing well.

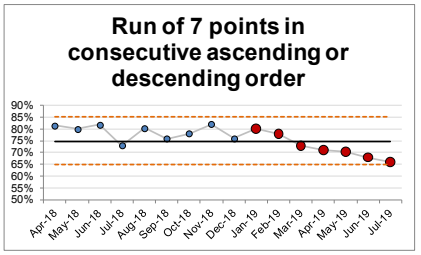
In this case the target line is above the lower control limit which indicates that the system is ineffective.

A run chart also enables us to see when something unusual has happened in the system. This is known as "special cause variation". This can be seen in 4 ways:

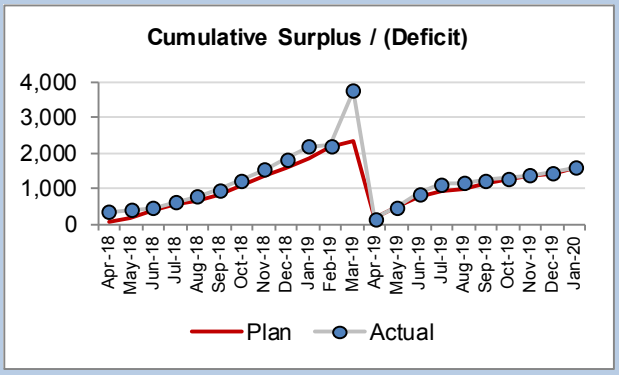


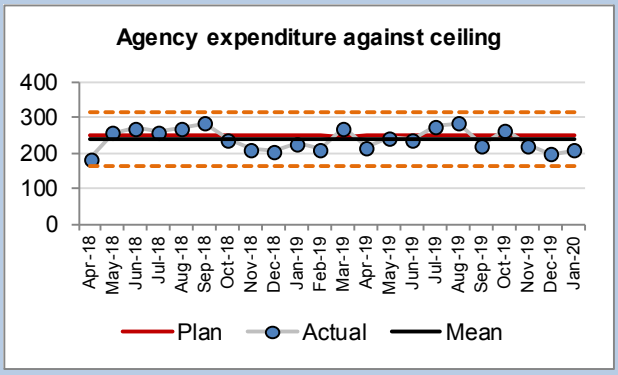


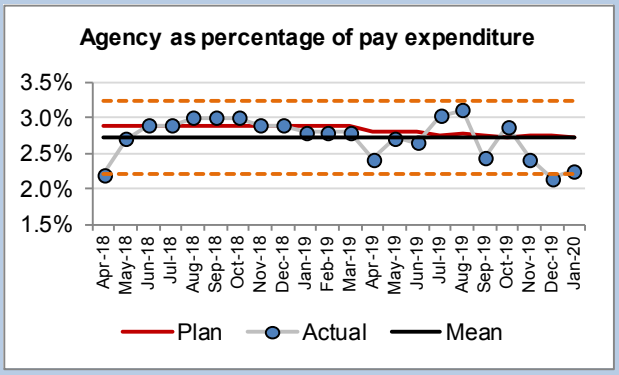


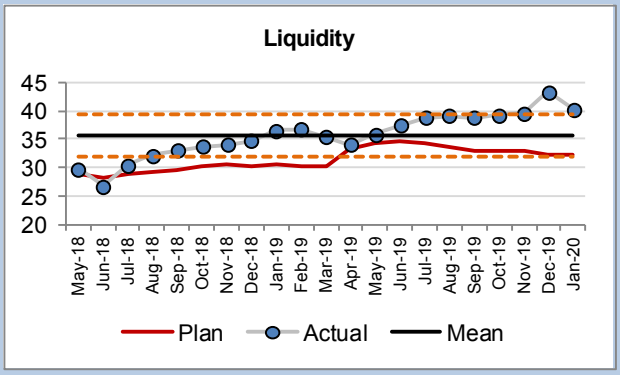


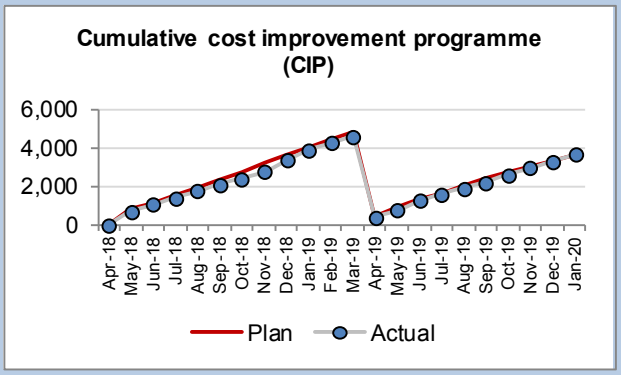
Financial Indicators

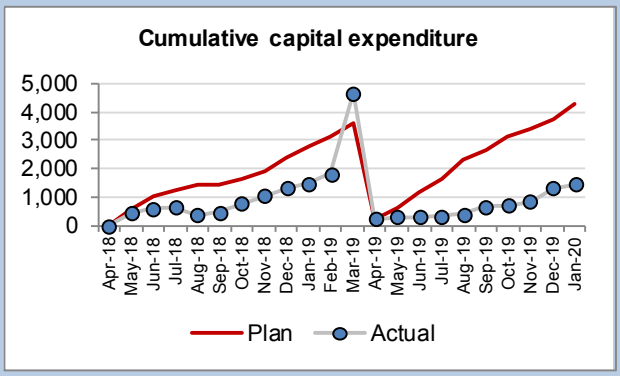


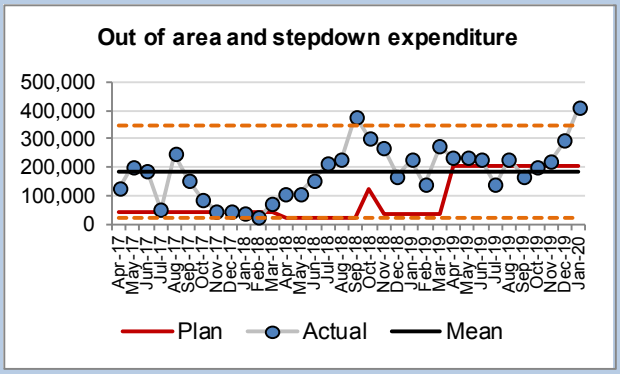






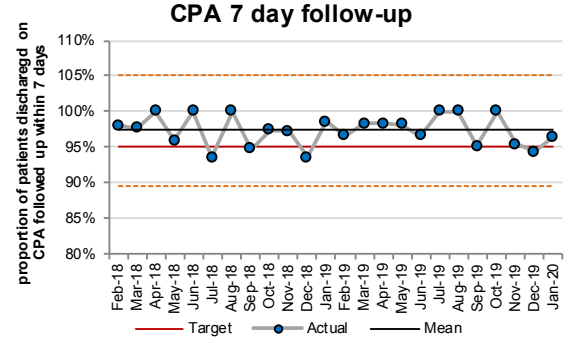




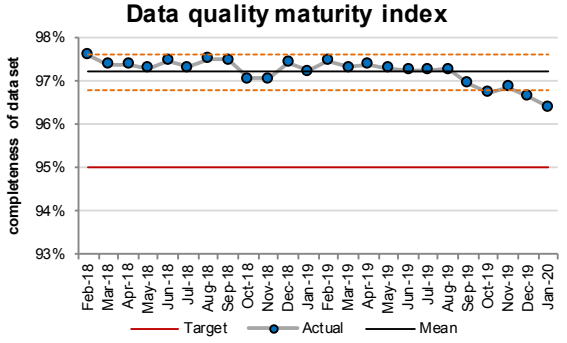


Operational indicators

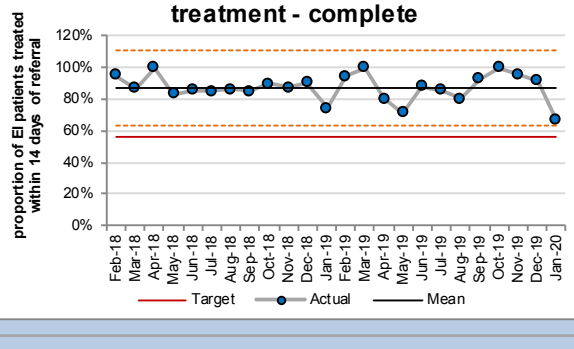
CPA 7 day follow-up



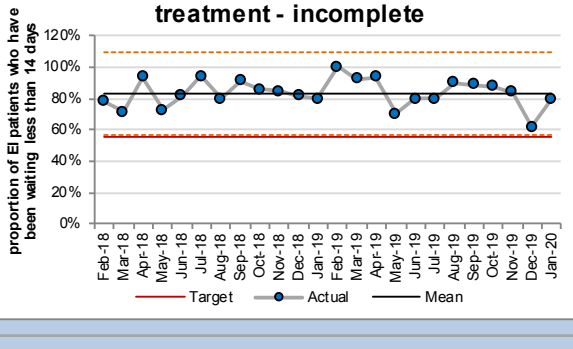
Data quality maturity index



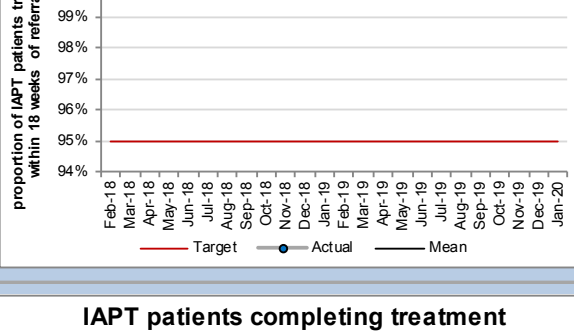
Early intervention 14 day referral to treatment - complete



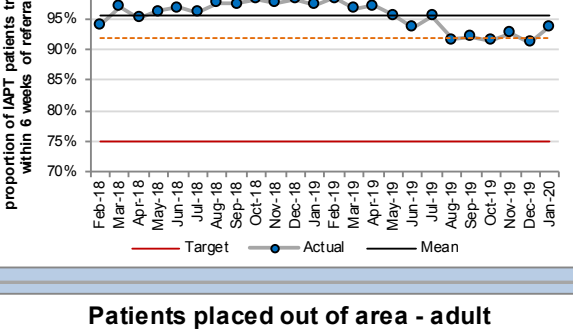
Early intervention 14 day referral to treatment - incomplete



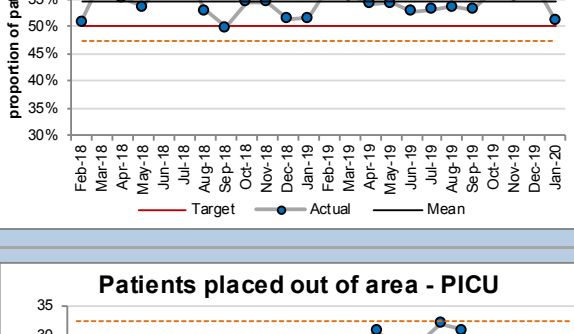
IAPT 18 week referral to treatment



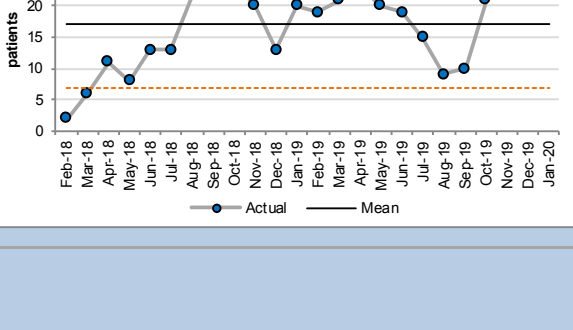
IAPT 6 week referral to treatment



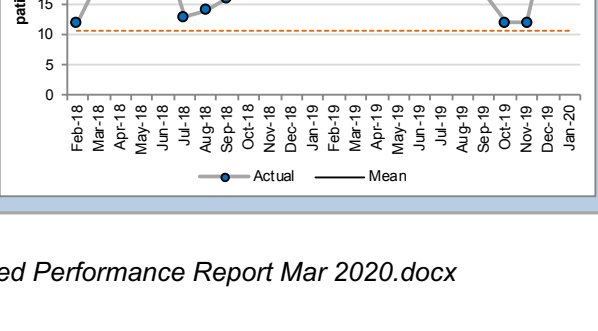
IAPT patients completing treatment who move to recovery



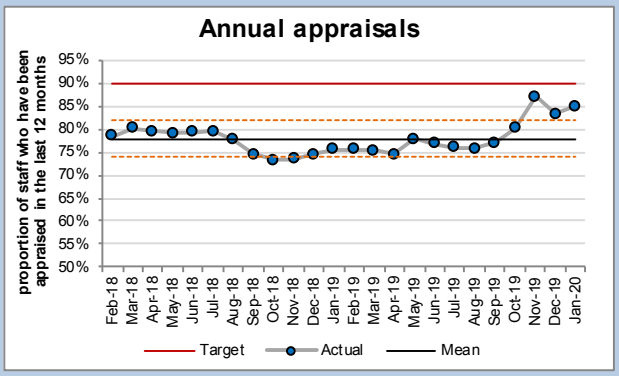
Patients placed out of area - adult acute

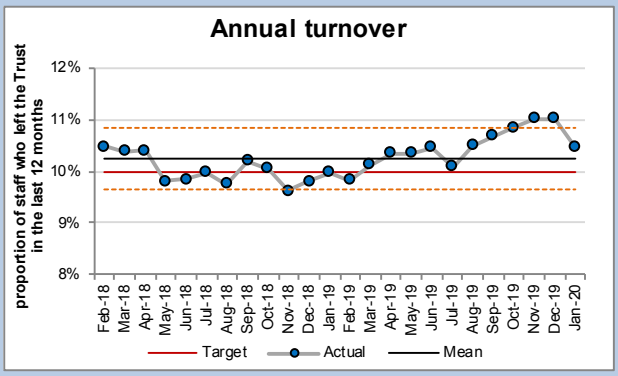


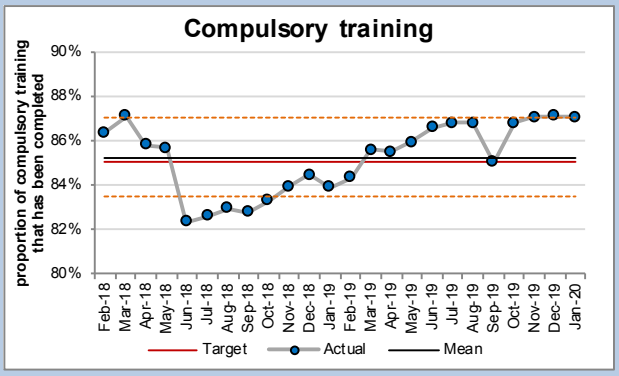
Patients placed out of area - PICU

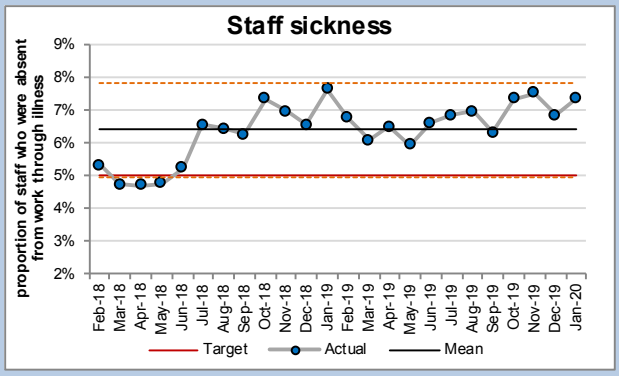


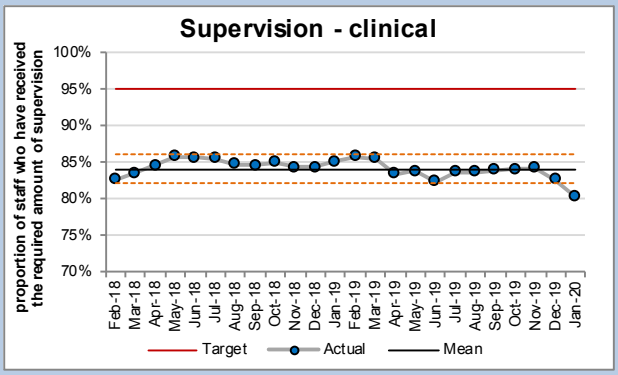
Workforce indicators

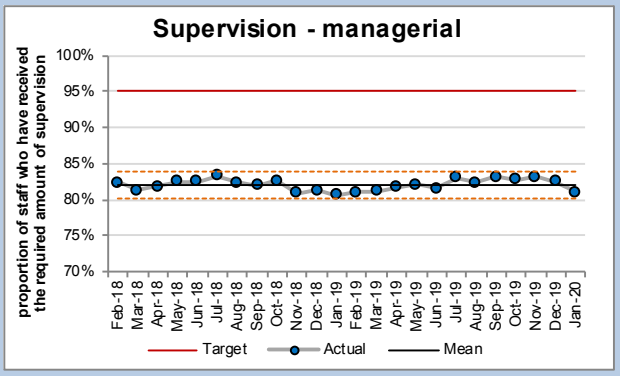


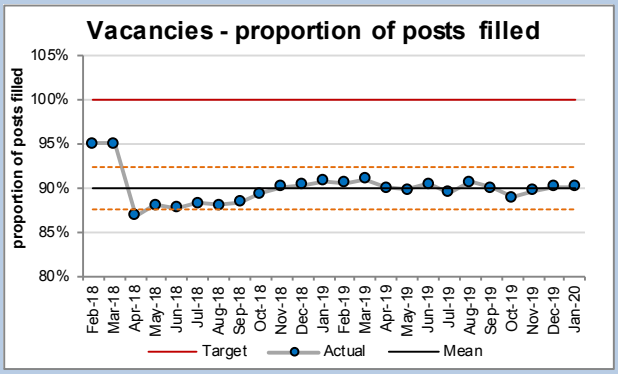


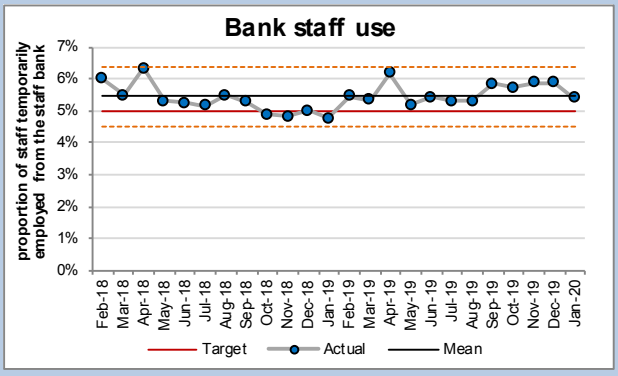






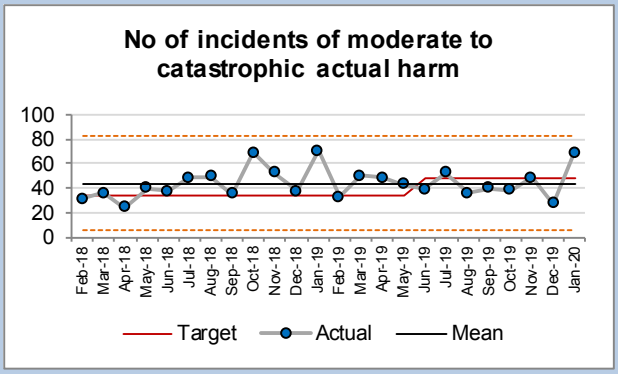


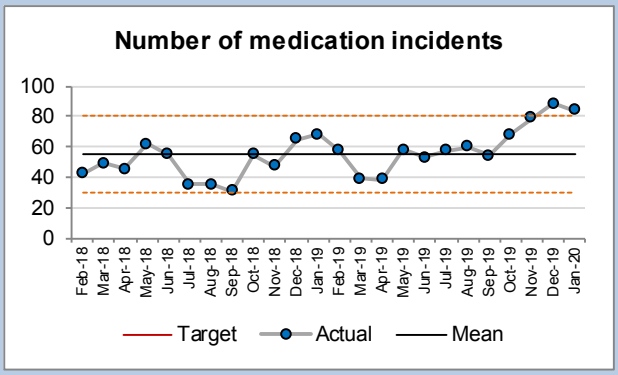


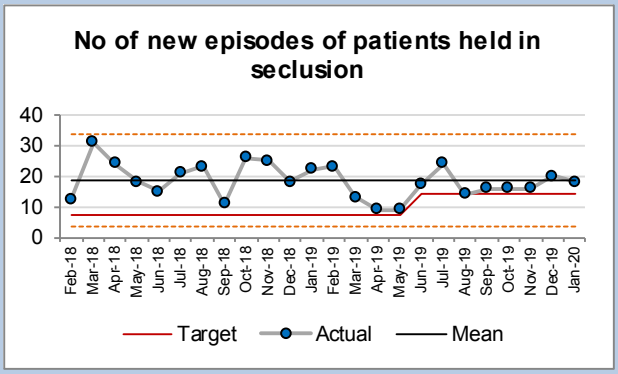


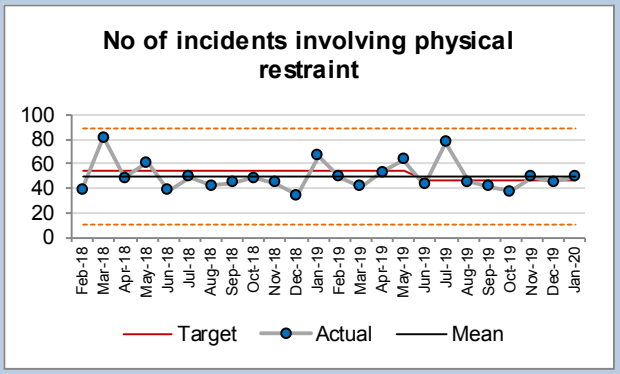
Quality Indicators

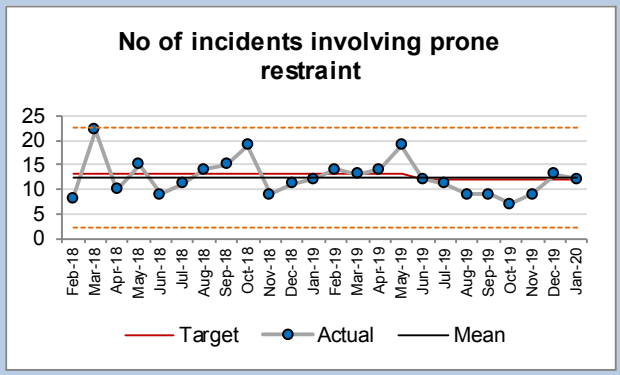
Safe

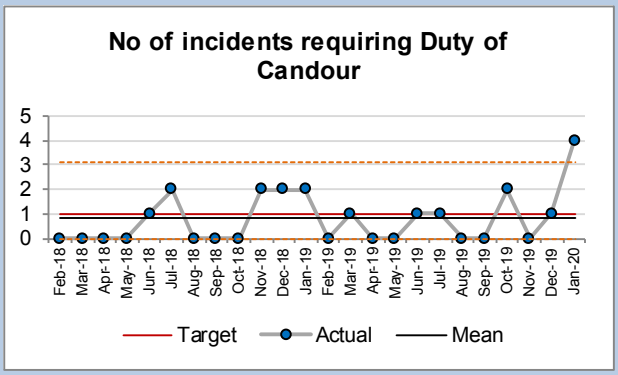


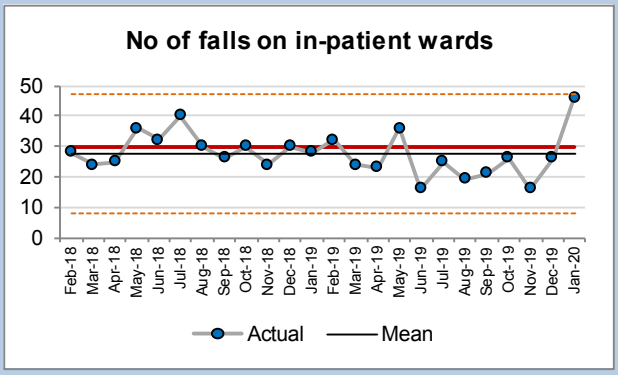






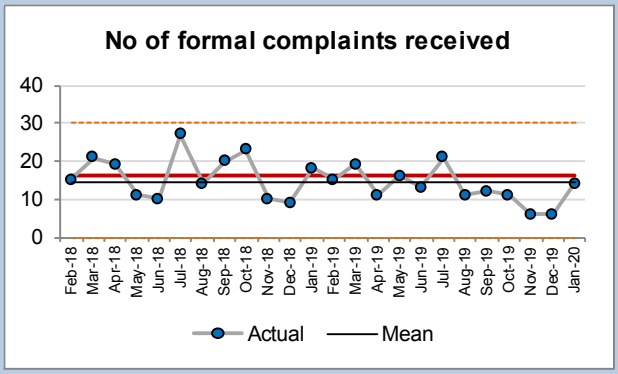


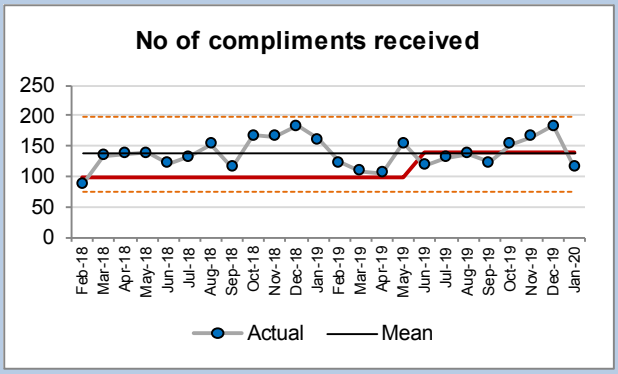


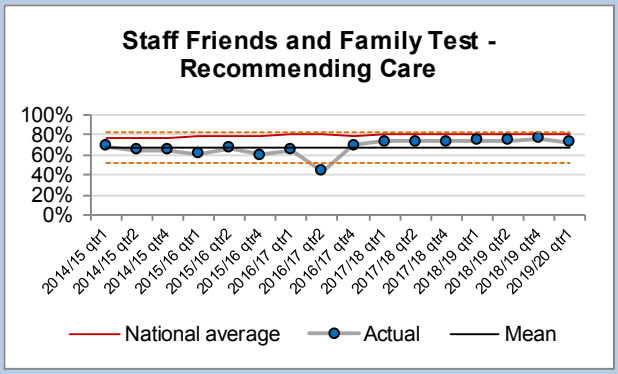


Quality Indicators

Caring







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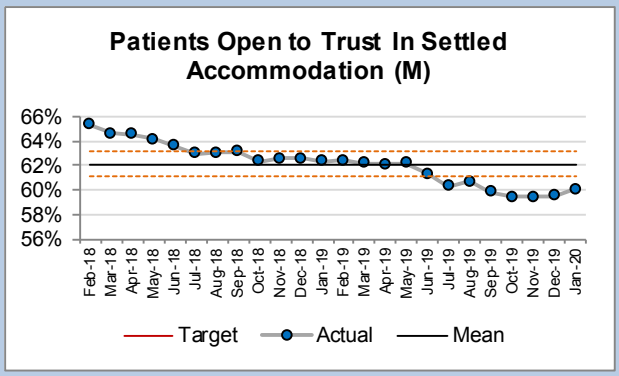

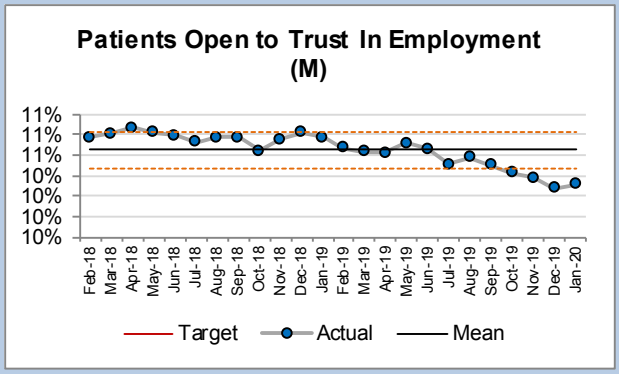

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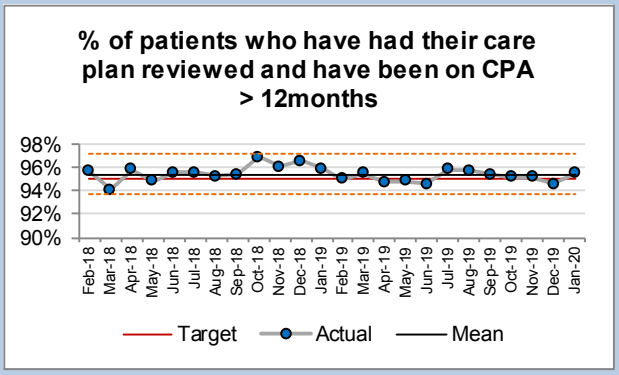
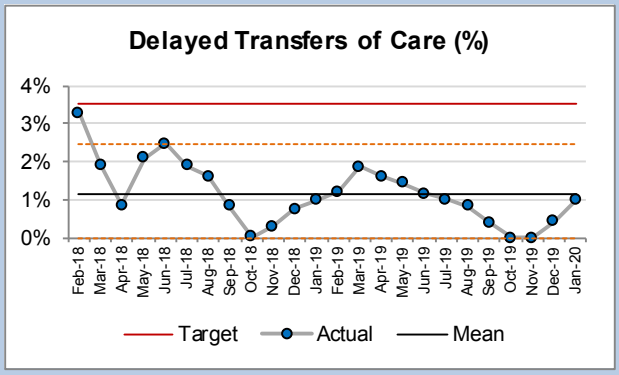
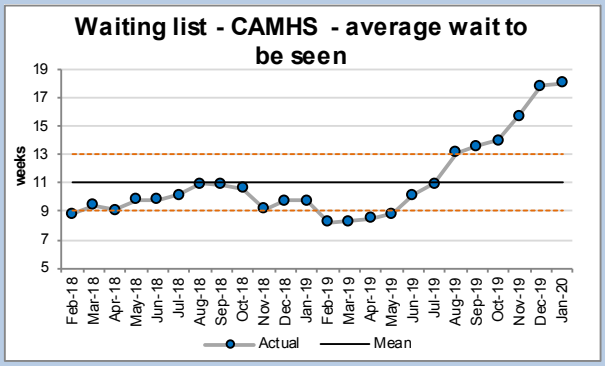
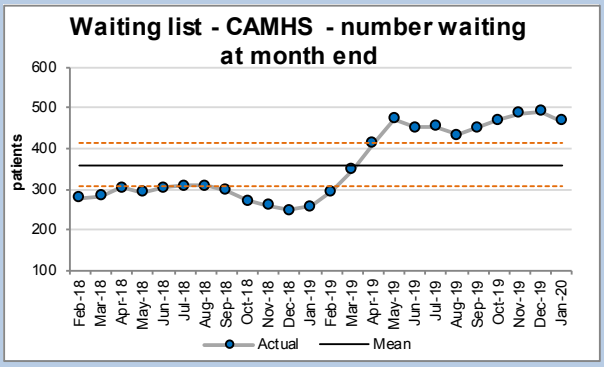
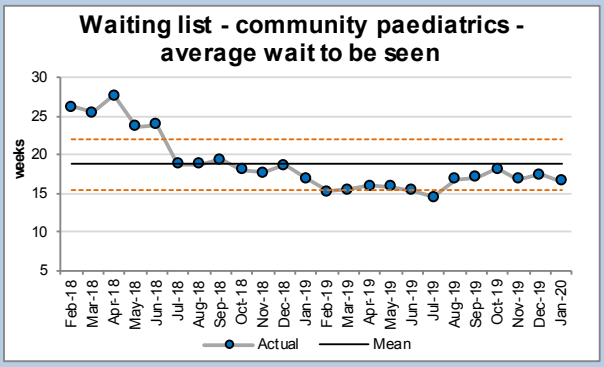


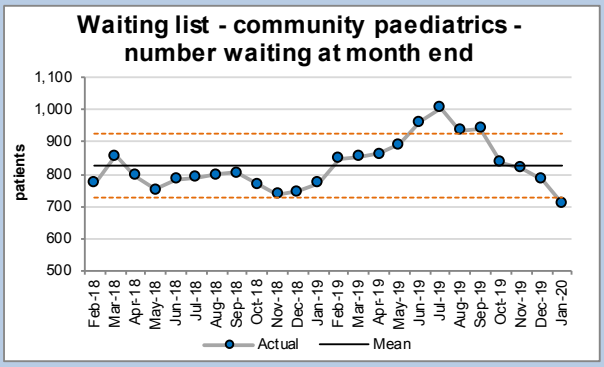


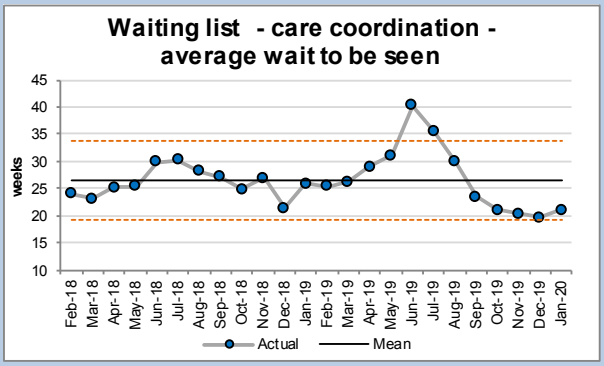
Operational indicators

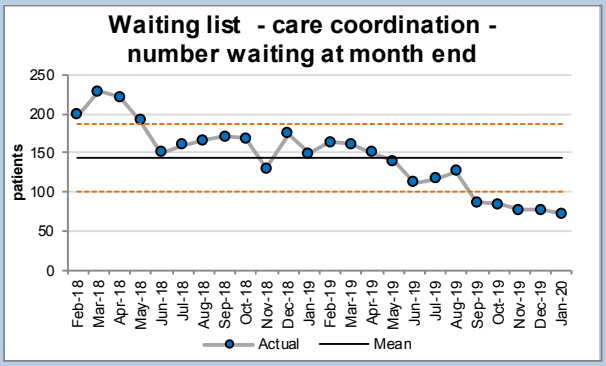


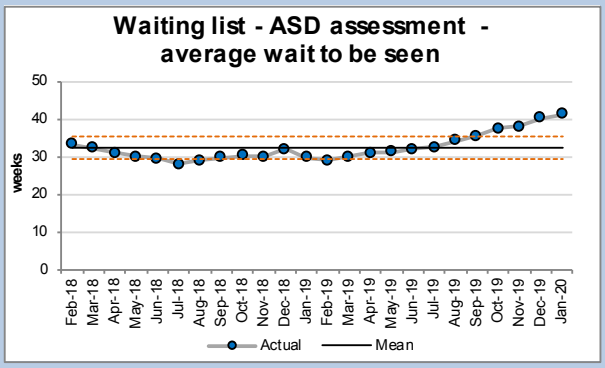


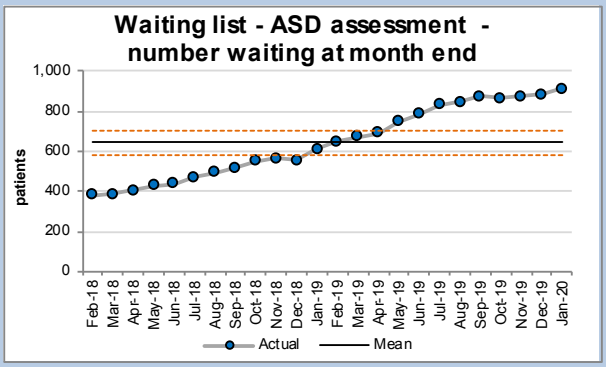


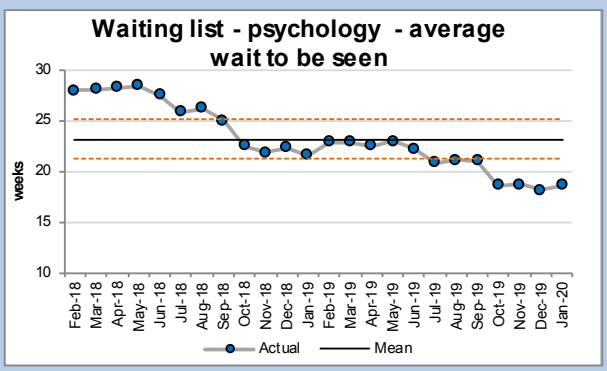


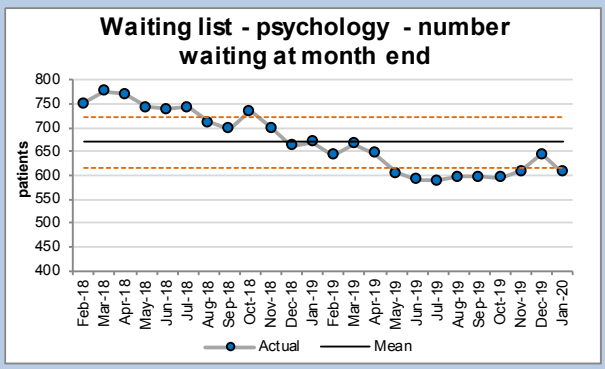












Appendix 3

Data Quality Kite Mark

Background

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

Approach

Assessment of each domain will be based on the following criteria:

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

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

KPI Data Quality Reviews

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

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 3 March 2020

Report from Governance Committee

Purpose of Report
This paper provides an update on the meeting of the Governance Committee held on 11 February 2020.

Executive Summary
Since the last summary was provided in January the Governance Committee has met once on 11 February 2020.

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

Assurances

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

Consultation

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

Governance or Legal Issues

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

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

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

Recommendations

The Council of Governors is requested to note the report made at the Governance Committee meeting on 11 February 2020.

Report presented by: **Kel Sims,**
Chair of the Governance Committee

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

Report from Governance Committee – 11 February 2020

The Governance Committee of the Council of Governors (CoG) has met once on 11 February 2020 since its last report to the Council of Governors in January. Seventeen governors attended. This report provides a summary of the meeting including actions and recommendations made.

Agreeing the process for choosing the Quality indicators

- Governors agreed to meet informally with Darryl Thompson, Deputy Director of Nursing and Quality Governance on 3 March, prior to the Council of Governors meeting to discuss which local indicator to select.
- The information on the options for the local indicator will be sent out in advance of 3 March and governors unable to attend the informal meeting to send comments to the Lead Governor
- Denise Baxendale will promote the informal meeting on 3 March regarding the local indicator via Governor Connect
- Darryl will produce the draft governor statement on the 2019/20 Quality Report with Lynda Langley, Lead Governor and present to April's Governance Committee.

Role of governors in the Trust's Quality Visits

- Governors received a copy of the Quality Visits Guidance and were encouraged to participate in the Quality Visits.
- The Quality Visit programme will be circulated to governors in due course.

Governors' involvement in the Annual Plan

- Justine Fitzjohn, Trust Secretary reminded governors of their role in the development of the Trust's Annual Plan
- Gareth Harry, Director of Business Improvement and Transformation will attend the Governance Committee in April to outline the plan.

Feedback from Governor Engagement Activities

- Governors were encouraged to complete the governor membership engagement log template which has been produced and developed to enable governors to log issues and feedback from members and the public
- The governor membership engagement log was reviewed – governors agreed to escalate an item regarding the transition from childrens' services to adult mental health services
- Governors agreed to review the structure of governor engagement log; and the revised governor engagement log will be reviewed in two months

Engagement opportunities for governors

- Governors agreed to inform Denise Baxendale of any events that are taking place in their constituencies.
- Governors were encouraged to sign up to Derbyshire Mental Health Forum's e-newsletter – which will enable governors to connect to local voluntary groups

Governor elections update

- An update on the outcome of the Trust's elections was presented.

Annual Members' Meeting (AMM) – 10 September 2020

- The results of the Governors Annual Members' Meeting Questionnaire including recommendations were presented
- Denise Baxendale and Angela Kerry will ensure that the recommendations listed in the results of the AMM governors questionnaire are included in the Governor Engagement Action Plan
- Lynda Langley will write a paragraph about the outcomes of the questionnaire for the next edition of the members' magazine Connections
- Denise Baxendale will arrange a meeting of the Governors' Task and Finish AMM.

Membership Data Report

- Governors are encouraged to look at the data and contact Denise Baxendale with any questions/queries
- Governors are encouraged to notify Denise Baxendale of suitable engagement activities within their areas.

Consideration of holding to account questions to the Council of Governors

- There was one item to escalate to the Council of Governors:
  How do Non-Executive Directors (NEDs) get assurance that transition from children services (CAMHS) at the age of 18 to adult services is being managed in a way that is safe, sufficient and caring? What assurance do NEDs have that plans are being prepared to meet the long term plan requirement for a comprehensive offer for 0-25 year olds that reaches across mental health services for CYP and adults?
- Discussion took place on Trust's financial situation and the need for the Trust to permanently reduce its annual costs by £6.9 million from April 2020. Governors seek assurance that this will not adversely impact on service provision, staff morale and an appetite for innovation and improved quality standards. Ifti Majid and Claire Wright will be invited to provide a presentation on the financial challenges to the Council of Governors in March.

Governor attendance at the Council of Governors

- The Lead Governor would continue to keep in touch with governors who have been unable to attend the last three Council of Governors meetings.
- All governors are encouraged to inform Denise Baxendale of their attendance or to register their apologies for all future meetings and training and development sessions.

Scheduling of meetings

Caroline Maley presented a report on the scheduling of future Council of Governors and Governance Committee meetings and governors recommend that the Council of Governors approves option 1 as follows:

MEETINGS	2020												2021		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Public Trust Board	-	4	3	-	5	-	7 AM	-	1	-	3	-	13 AM	-	2
Council of Governors	7	-	3	-	5	-	-	-	1	-	3	-	-	-	2
Governance Committee		11		X	-	X	-	X	-	X	-	X	-	X	-
Joint Board/CoG							7 PM						13 PM		

Election of Chair, Governance Committee

The current Chair, Governance Committee ends in February it was agreed to:

- Promote the Chair's role in Governor Connect
- Align the terms of office for the Chair and Deputy Chair for 2021 (current Deputy Chair's term of office ends January 2021)

Analysis of governor questionnaire – Governor Training and Development Programme for 2020/21

- All standard training topics listed in the questionnaire should be included in the 2020/21 training programme and consideration to be given to including some in joint Board/Governor sessions (if appropriate)
- Standard training topics: Annual Planning; Quality Strategy; Strategic vision and current business priorities and planning cycle; finance and performance; people – the roles of the Trust's workforce, the Trust services, Raising Concerns, challenges etc; Risk Management Performance; Refresher – Governor statutory duties – holding to account and engaging with members and the pubic; mandatory training, e.g. Data Security and Protection
- Training will be delivered in a mix of half-day block sessions and bitesize sessions (before or after the Governance Committee)
- Bespoke sessions on the Mental Health Act and mental health conditions will be investigated
- Denise Baxendale will develop the training and development programme
- Marie Hickman to investigate eLearning for healthcare and feedback to Denise Baxendale.

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 3 March 2020

Update on the recent staff and public governor elections

Purpose of Report

To update governors on the recent elections for public and staff governors to provide assurance on the process taken.

Executive Summary

The election process is undertaken by Civica (formerly Electoral Reform Services) an independent company used by the majority of foundation trusts to run their elections.

There were seven governor vacancies in the following constituencies:

- Admin and Allied Support Staff – one staff governor vacancy
- Amber Valley – two public governor vacancies
- Bolsover and North East Derbyshire – one public governor vacancy
- Derby City West – one public governor vacancy
- High Peak and Derbyshire Dales – one public governor vacancy
- South Derbyshire – one public governor vacancy

The timeline for the elections was as follows:

ELECTION STAGE Timeline

Trust to send nomination material and data to Civica	Wednesday, 30 Oct 2019
Notice of Election / nomination open	Wednesday, 13 Nov 2019
Nominations deadline	Wednesday, 11 Dec 2019
Summary of valid nominated candidates published	Thursday, 12 Dec 2019
Final date for candidate withdrawal	Monday, 16 Dec 2019
Electoral data to be provided by Trust	Thursday, 19 Dec 2019
Notice of Poll published	Monday, 6 Jan 2020
Voting packs despatched	Tuesday, 7 Jan 2020
Close of election	Thursday, 30 Jan 2020
Declaration of results	**Friday, 31 Jan 2020**

Governors are asked to note the range of activities that took place to promote the vacancies and identify individuals interested in the governor vacancies:

- Stakeholders distributed information in their member newsletters including: Derbyshire Voluntary Action, Derbyshire Mental Health Forum, Healthwatch Derbyshire, Healthwatch Derby and Alzheimer's Society
- Letters and posters circulated to all stakeholders and networks in the election areas: e.g. North and South Carers' Forums, Healthwatch, Derbyshire Voluntary Action, GP surgeries and Derbyshire Mental Health Forum
- Letters and posters circulated to all staff across Trust services to display in public and staff areas

- Vacancies and voting promoted via social media to raise awareness: e.g. posted on Facebook with a link to the Trust's website; Tweets with follow ups during the call for nominations and voting
- Postcards outlining details of the Trust and the governor vacancies were distributed to all members (electronically for those members with an email, and via the postal service for those members who have not supplied the Trust with an email address)
- Email and text messages to members in the elected areas during nominations and voting periods
- Press releases prepared and sent to the relevant areas: all Derbyshire papers including: Derby Telegraph, Burton Mail, Derbyshire Times, Buxton Advertiser, Matlock Mercury, Belper News, Peak Advertiser; also to Amber Valley info, Radio Derby and Peak FM. (Press releases were published in Buxton Advertiser, Derbyshire Times and Amber Valley Info)
- Nominations and voting promoted in the Trust's Members' News e-news bulletins
- Promoted in Weekly Connect asking staff to share with their family and friends
- Staff governor vacancy promoted in Weekly Connect with follow ups encouraging admin and allied support staff to vote
- Staff governor vacancy and voting period promoted as screen savers
- Staff governor vacancy promoted by the Chief Executive in his weekend note to all staff
- Email from the Lead Governors to all admin and allied support staff encouraging colleagues to stand in the elections
- Emails from the Chief Executive circulated to all admin and allied support staff encouraging colleagues to vote in the elections
- Councils/district councils that cover the election areas were contacted asking them to promote the vacancies to staff and contacts including: Derby City Council, Derbyshire County Council, High Peak Borough Council, North East Derbyshire District Council, South Derbyshire District Council
- Over 200 letters and posters sent to all contacts made through our membership involvement work
- Governors encouraged to display the poster and raise awareness of the elections via Governor Connect, email and at Governance Committee meetings where updates on the progress of the elections were given
- Requested support from the Trust's Head of Equality, Diversity and Inclusion to target community and unrepresented groups.

This year the following were elected with the majority of seats being contested:

- Admin and Allied Support Staff – Marie Hickman (contested)
- Amber Valley – Valerie Broom and Susan Ryan (contested)
- Derby City West – Orla Smith (contested)
- High Peak and Derbyshire Dales – Julie Boardman (contested)
- South Derbyshire – Kevin Richards (un-contested)

No nominations were received for Bolsover and North East Derbyshire and this vacancy will be included in the September 2020 elections.

The turnout rates for the contested seats are as follows:

- Amber Valley – 17.1%
- Derby City West – 11.5%
- High Peak and Derbyshire Dales – 19.1%
- Admin and Allied Support Staff – 21%

This compares favourably to Civica's average turnout rate in 2019 trust elections (excluding Acute Trusts) – 8.5% for public governors; and 14.3% for staff governors.

The newly elected governors have attended an induction session and have taken advantage of the "buddy up" system that is provided by more experienced governors to help them in their role.

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

Assurances

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

Consultation

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

Governance or Legal Issues

- These elections were undertaken in line with the Model Election Rules as included in the Trust's Constitution.

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

- We have proactively sought to promote governor vacancies to all members of the community. We also provide support to any current or prospective governors to enable them to carry out their role to address any specific needs they may have. This includes providing transport for those who may not be able to access public transport due to physical needs, accommodating communication requirements and providing support workers at meetings.

Recommendations

The Council of Governors is requested to:

1) Receive assurance that the recent governor recruitment exercise was carried out in line according to election rules as outlined in the Constitution and resulted in recruitment to all vacant posts.
2) Note that the vacancy for the Bolsover and North East Derbyshire public governor seat will be included in the elections in September 2020.

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

Derbyshire Healthcare
NHS Foundation Trust

MINUTES OF A MEETING OF THE BOARD OF DIRECTORS

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

Tuesday 3 December 2019

MEETING HELD IN PUBLIC

Commenced: 9.30am Closed: 12.10pm

PRESENT	Caroline Maley	Trust Chair
	Margaret Gildea	Senior Independent Director and Non-Executive Director
	Geoff Lewins	Non-Executive Director
	Suzanne Overton-Edwards	Non-Executive Director
	Dr Julia Tabreham	Non-Executive Director
	Dr Anne Wright	Non-Executive Director
	Ifti Majid	Chief Executive
	Claire Wright	Deputy Chief Executive & Director of Finance
	Carolyn Green	Director of Nursing & Patient Experience
	Mark Powell	Chief Operating Officer
	Dr John Sykes	Medical Director
	Amanda Rawlings	Director of People Services & Organisational Effectiveness
	Gareth Harry	Director of Business Improvement & Transformation
	Justine Fitzjohn	Trust Secretary
IN ATTENDANCE	Anna Shaw	Deputy Director of Communications & Involvement
	Sue Turner	Board Secretary
	Dr Sheila Newport	Incoming Non-Executive Director
	Celia Robbins	Emergency Planning and Business Continuity Manager
For DHCFT2019/168	Amy Johnson	Family Liaison and Investigation Facilitator
For DHCFT2019/168	Mrs C	
For DHCFT2019/168	Mr C	
VISITORS	Lynda Langley	Lead Governor and Public Governor, Chesterfield
	Julie Lowe	Public Governor, Derby City East
	John Morrissey	Public Governor, Amber Valley
	Al Munnien	Staff Governor
	Carol Sherriff	Public Governor
	David Charnock	Public Governor
	Sandra Austin	Derby City & South Derbyshire Mental Health Carers Forum and Trust Volunteer
	Martyn Bell	Trust Member
	Peter Purnell	Trust Member
	Ursula Cameron	Observer
APOLOGIES	Richard Wright	Deputy Trust Chair and Non-Executive Director
	Perminder Heer	NExT Director

DHCFT 2019/167	**CHAIR'S WELCOME, OPENING REMARKS, APOLOGIES FOR ABSENCE AND DECLARATION OF INTERESTS** The Trust Chair, Caroline Maley, welcomed everyone to the meeting. Introductions were made to Emergency Planning and Business Continuity Manager, Celia Robbins who shadowed Chief Operating Officer, Mark Powell. Apologies for absence were noted from Deputy Trust Chair, Richard Wright and NExT Director, Perminder Heer. Declarations of interest were made by Director of Business Improvement and Transformation, Gareth Harry and Director of People Services and Organisational Effectiveness Amanda Rawlings in respect of the patient story item due to professional and personal associations. Due to purdah restrictions during the General Election period the agenda for today's meeting has been confined to addressing matters that need a board decision or require board oversight.
DHCFT 2019/168	**PATIENT STORY** Mrs C who was accompanied by her husband Mr C and Family Liaison and Investigation Facilitator, Amy Johnson gave a summary of her and her family's experience of the Trust's dementia services covering her mother's pathway from diagnosis through to discharge. Mrs C gave an account of the difficulties that she and her family faced in accessing services for her mother. Accessing the Living Well with Dementia programme at Ilkeston proved problematic as family members were not allowed to accompany patients and her mother felt unable to attend the consultation alone without her husband there to hold her hand. Other challenges arose when her mother's dementia worsened and urgent respite care was recommended which Mrs C did not wish to pursue as she wished to continue to care for her mother at home. In addition, no respite offer was available and the family were told there were no beds for admission. Mrs C's mother continued to deteriorate at home. This was a difficult experience as the reality of accessing a respite service is a list of telephone numbers to call. The lived experience of this and navigating which service, how and what to expect was difficult. It felt like they were being left without a service. A week or so later, Mrs C's mother was admitted to Cubley Court for specialist care where admission was made easy due to the kindness of the admitting nurse. However, Mrs C and her father found it distressing when they discovered that visitors were not allowed access to the ward bed areas which made her and her father feel excluded from caring for her mother. They also felt they were not able to communicate easily with the ward staff. During Mrs C's mother's admission a number of items of her property and clothing were lost, including on one occasion Mrs C discovered her mother dressed in another person's clothing. The impact of this was distressing and avoidable. Whilst Mrs C felt that admission to Cubley Court would benefit her mother she also felt that she had lost the ability to care for her. She and her father wanted to care for her mother at home and felt that decisions were made to admit her to Cubley Court were

	made by medical professionals without the family's involvement. While she was under the care of Cubley Court Mrs C's mother had a fall and broke her wrist. Mrs C accompanied her mother to the acute hospital. However, transport issues resulted in Mrs C's mother having to be returned to Cubley Court late at night by staff pushing her in a wheelchair. On another occasion Mrs C's mother became physically unwell and it was anticipated that she may require Intravenous (IV) fluids. Mrs C was told that unfortunately it was not possible to provide this level of physical healthcare at Cubley Court. It would be Mrs C's wish to see a more integrated care offer with a more enhanced physical healthcare offer available on the ward. Several months into Mrs C's mother's admission the family were informed that plans had been made to arrange for a nursing home assessment to take place. The family found this most distressing as this request was made without any consultation with the family and was for a nursing home many miles from the family home. As Mrs C's mother's admission progressed plans were made to discharge her from Cubley Court and transfer her to a nursing home. The family felt this was too rapid and changes to her medication regime should have been given time to be effective, prior to this assessment for nursing care. The chosen placement was not local to the family, even though there was a placement nearby in an accessible location to all family members. Again these decisions were made by medical professionals without the family's involvement in choosing a place and an assessment occurred without the family involvement. Mrs C described how the day of transfer was made easier due to the support of a particular member of staff and the support from the nursing home. Once her mother was settled in the nursing home she and her family were able to actively care for her again until her death in November 2018. This was a positive experience and Mrs C felt there were lessons for the ward to consider from their experiences. Mrs C and her father received feedback on their visiting and how this was negatively impacting upon her mother. The staff on the ward did not intend to cause upset in these errors but their feedback and actions were upsetting to the family. Chief Executive, Ifti Majid found Mrs C's account of the professional approach taken to her mother's care difficult to hear and apologised for the care experienced across her mother's pathway of care. He saw that the main issue was around taking a compassionate approach to person centred care and he assured Mrs C and the Board that the service has since improved. Medical Director, John Sykes echoed Ifti's comments. The care that Mrs C's mother received was out of step with the Trust's values. Key decisions were made without the full involvement of the family. The tone of the communication concerning the professional judgements made by staff should have been more compassionate. Director of Nursing and Patient Experience, Carolyn Green added that she had also discussed Mrs C's and her family's lived experienced with the team. It was upheld that the team did not communicate effectively/appropriately enough with Mrs C or the family. Their intentions were to provide support and respite care and the team have accepted that this did not meet Mrs C's or her family's needs. Since Mrs C's mother was cared for by the Trust the Trust has been working in partnership with specialists in dementia healthcare, Teepa Snow, which has improved the team's practice. Further investment has been made in staffing to expand the practice in physical healthcare and work is taking place to improve care. The Trust has also invested in training and support that will improve its provision of advance care practitioners and frailty model. Mrs C suggested that provision should be made for families to be able to help care for their loved ones when they are in the care of Cubley Court as this approach would be

	helpful to families. Carolyn reported that Cubley Court have since improved their care offer and have employed recreational workers who have made significant headway in creating involvement, activities and special time together with families. Medical Director, John Sykes felt that it was important to understand the difference between a family requiring respite care as opposed to the need for crisis support which may be additional support at home or admission to hospital. Non-Executive Director, Julia Tabreham thought Mrs C was an amazing advocate for her mother. She knew that carers provide care in a loving way at home and when they need support it needs to be offered in a sensitive manner. Sheila Newport who was observing the meeting noted the experience and the lack of humanity and awareness in Mrs C's mother's case. The Trust now has an opportunity through its work with the Sustainability and Transformation Partnership (STP) and emerging Integrated Care System (ICS) to improve how people access social care and improving community care and to work together to make a collective difference. Senior Independent Director, Margaret Gildea found Mrs C's story heart-breaking and thought that her mother had left a legacy in the work that the Trust was now developing to improve the culture in the dementia care pathway so that thought is focussed on delivering a compassionate approach from those who are delivering care. Caroline offered Mrs C the Board's heartfelt condolences and thanked her for telling her mother's story. She hoped that she could see that learning had been taken from her and her family's experience and was pleased to hear that Mrs C was actively involved in the Trust's programme of improvement. The Trust is committed to the importance of working with families and carers to support an individual's care access and is working collectively in improving the older adult service and all aspects of frailty.
DHCFT 2019/169	**MINUTES OF THE BOARD OF DIRECTORS MEETING HELD ON 5 NOVEMBER 2019** The minutes of the previous meeting, held on 5 November 2019, were accepted as a correct record of the meeting.
DHCFT 2019/170	**ACTIONS MATRIX** The Board agreed to close all completed actions. Updates were provided by members of the Board and noted on the actions matrix. All completed 'green' actions were scrutinised to ensure that they were fully complete. **MATTERS ARISING** Caroline Maley opened discussions by asking for an update on flu vaccination rates. Amanda Rawlings responded that the current uptake of flu vaccinations by front line staff stood at 41%. The Executive Leadership Team (ELT) is monitoring compliance rates and has put extra capacity and initiatives in place in order to achieve the targeted Commissioning for Quality Innovation (CQUIN) compliance of 80% compliance. The Board was concerned that cohorts of staff are resisting having the flu vaccination for a variety of reasons and understood that they will be targeted and provided with a wide range of opportunities to be vaccinated. Ifti Majid accentuated the importance of staff being vaccinated to protect themselves, their families and those in the Trust's service and noted that a staff communication will be issued to emphasise that the offer of the flu

	vaccination is part of the Trust's obligation to provide a safe environment for all staff and patients. **ACTION: Communications Team to draft a direct message from CEO on the importance of receiving the flu vaccination.**
DHCFT 2019/171	**QUESTIONS FROM GOVERNORS OR MEMBERS OF THE PUBLIC** None received.
DHCFT 2019/172	**CHAIR'S UPDATE** Caroline's report provided the Board with a summary of her activity and visits to the Trust's services undertaken since the previous Board meeting. This included a visit to Ward 35 at the Radbourne Unit, when she saw at first hand the repatriation of a patient from an out of area placement who was expecting a discharge and the conversations between the clinicians to determine what is in the best interests of the patient. Caroline also visited the Kedleston Unit and spent time talking to patients and staff and was pleased to hear that one of the patients will be taking on a placement in our own kitchens. Other visits included Ward 1 at the London Road Community Hospital. Caroline was particularly struck by the care shown for a patient who was returning home on leave, with staff making sure she had some milk to take home with her to be able to make a cup of tea when she got home. She also saw the good working relationship on the ward with the consultant and staff. Caroline also visited The Beeches perinatal unit and spent time with the senior perinatal nurse, learning about the successes and challenges that the unit has faced over the last year. She heard about the team development days that they hold once a month where learning and working as a team is key and was particularly impressed that staff even want to come in from days off to attend these days. She was touched to hear about fund raising carried out by a retired member of staff, who handed over a cheque for £1,135 for the unit from riding a bicycle across the country. The Delivering Excellence Awards took place on 20 November that reflects the quality of care provided in the Trust. Caroline gave thanks to the teams who put the afternoon together and congratulated all the nominees, finalists and winners. Three key messages from the Joined Up Care Derbyshire (JUCD) Board were included as an appendix to the report. **RESOLVED: The Board of Directors noted the activities of the Trust Chair since the last meeting held on 5 November 2019.**
DHCFT 2019/173	**CHIEF EXECUTIVE'S UPDATE** Ifti's report gave a summary of the changes within the national health and social care sector, as well as an update on developments within the local Derbyshire health and social care community. The report also includes feedback from external stakeholders, such as commissioners, and feedback from staff. The following issues were highlighted: **National context**

	Due to the NHS purdah restrictions during the election period this was a curtailed section of the report that summarised the publication of the 2020 national tariff engagement document NHS England (NHSE) and NHS Improvement (NHSI). Reference was made to the legislation to enable increased independence for the Health Service Safety Investigation Branch (HSSIB) that was progressed through Parliament prior to Parliament being dissolved for the election period. Ifti gave assurance that the Board and the Board Committees are focussed on the processes that the Trust has following an incident. The Trust is committed to investigating and learning from serious incidents while involving and supporting patients, families and carers to ensure the safety of healthcare delivery to ensure appropriate accountabilities. **Local Context** In November Ifti attended a System Performance Review meeting with NHSI and NHSE where positive feedback was received on progress being made towards becoming an Integrated Care System (ICS) in 2021 and some of the innovations that have been enabled through more integrated working. Concerns were raised relating to the number of 12 Hour ED (Emergency Department) breaches for mental health patients, being slightly behind on the Learning Disability (LD) transforming care trajectory and mental health out of area placements, though it was noted that significant improvement had been made around PICU (Psychiatric Intensive Care Unit) out of area and adult mental health out of area (at the time of writing the report). Ifti briefed the Board on recent meetings and CEO discussions regarding STP developments much of which was included in the key messages from the JUCD Board that was attached as an appendix to the Chair's report. Following visits to various teams in the Trust he also talked about the work that colleagues are carrying out in making an impact in high functioning residential care homes as well as the work taking place towards helping people to be cared for in their own homes for longer. Ifti was keen to congratulate all the nominees, finalists and winners of the Trust's Delivering Excellence Awards event and praised the number of examples of excellent practice from staff across the Trust and celebrated their success. **Ifti on the Road:** Since the last meeting Ifti has attended on the road sessions at Rivermead, Belper, St Pauls House, Derby and the London Road Resource Centre. Some of the key issues arising from these sessions included the length of time to complete investigations. He was pleased to receive good feedback on our induction programme and the Trust values acting as a draw to applicants which was heard from several new starters in our Children's services. Julia Tabreham was interested to hear about the HSSIB and how it can complement safety governance within the Trust. Ifti responded that he expects that the HSSIB will add value to understanding investigations and will work alongside the serious incident (SI) framework and the new national strategy will dovetail with the 'people first' culture. This will have an impact on SIs and how we learn from them. John Sykes agreed, the national strategy majors on the Just Culture and will take an integrated approach to investigations. Drawing from her visits to different services, Carolyn Green added that she has seen some emerging themes around how to work differently with residential care homes by stimulating the market to provide more of the appropriate support. She was concerned that there are no providers in Derbyshire that can offer the right level of wrap around care which can provide the Trust with new opportunities to work within these areas. She

	also talked about the difficulties in finding social care support and accessing forensic services and children's services. She was pleased to report that the Quality Committee will be looking further into improving access to forensic services, children's services and social care. Mark Powell reported that he, Carolyn Green and John Sykes met with colleagues from University Hospitals of Derby and Burton NHS Foundation Trust (UHDB) to understand some of the root causes why individuals are waiting a long time in ED. As a result of a review carried out into children's services access with commissioners and social care colleagues it is evident that the Trust should influence improvements children's services with the STP as there are young people who have very complex needs who need access to services much sooner. Work will continue with UHDB to understand how to help these young people with complex needs to improve 12 hour breaches in ED. **RESOLVED: The Board of Directors scrutinised the Chief Executive's update, noting the risks and actions being taken.**
DHCFT 2019/174	**<u>INTEGRATED PERFORMANCE AND ACTIVITY REPORT</u>** The Integrated Performance Report (IPR) provided the Board of Directors with an overview of Trust performance at the end of October 2019. **Quality and Operations:** The main areas of performance were referred to by Mark Powell. Improvements to Child and Adolescent Mental Health Service (CAMHS) waiting lists and capacity to meet demand are hoped to be seen early next year due to the Clinical Commissioning Group (CCG) releasing additional investment to CAMHS services. It is anticipated that recruitment to vacancies will have a positive impact on existing staff and will reduce sickness absence. Waiting list resource management and capacity is also expected to improve within the Community Paediatrics service. Assurance was provided to the Finance and Performance Committee on the work undertaken to understand this service's capacity and working patterns. This service specification is also being reviewed with the CCG. Mark updated the Board on the demand for Psychiatric Intensive Care Unit (PICU) beds and the number of individuals placed out of area. He assured the Board that teams are working hard to minimise the number patients that have to go out of area for treatment and that every endeavour is made to repatriate patents as quickly as possible. Flow of PICU beds is currently very high as some very ill people have presented in the community and EDs. At last week's meeting of the People and Culture Committee a lengthy discussion took place on the management of sickness absence. A report providing assurance on incremental turnover will be taken through the Executive Leadership Team prior to it being received at the Committee's next meeting in January. **Finance:** Claire Wright gave an overview of the Trust's financial position and reported that the Trust is expected to achieve its forecast plan using reserves to mitigate risks. She outlined to the Board the proposal by STP members to all complete a forecast protocol review to ensure full transparency of partners' financial performance, as this is a regulatory requirement for all trusts in outlining how they achieve their financial position. Claire reported that the Finance and Performance Committee have reviewed the financial risks including those associated with out of area costs. The impact of known cost pressures is compounded by the assumed loss of £0.3m income for flu CQUIN. In

	addition the Cost Improvement Programme (CIP) is forecast not to deliver in full and will result in a shortfall of £0.3m. In contrast, an impairment that was expected this year will now happen next year. The Finance and Performance Committee had also discussed progress to date with 2020/21 CIP planning which gave no assurance on current progress. Taking all these factors into account Claire confirmed that it remained appropriate to continue to classify the finance plan delivery BAF risk as extreme. In response to Julia Tabreham asking for clarification around the assumption that the Trust will not achieve its flu CQUIN income, Claire clarified that flu vaccination uptake is not expected to reach the 80% target rate of the compliance and this will amount to a loss of £300k CQUIN income. Non-Executive Director, Anne Wright asked how out of area placements running costs were being monitored. Gareth Harry explained that a programme team was overseeing the projects in out of area placements and is measuring the delivery of these projects. The main changes will be seen in terms of resource capacity using the new monies from NHSE and the CCG which will enable a fidelity model that will provide for people being supported in their own home in a more intensive way. The improvement work taking place on length of stay will also have a big impact. The Finance and Performance Committee will receive in January a detailed plan on different projects and interventions to improve the rate of out of area placements. This will provide a greater understanding of the actions being taken to improve out of area placement rates. As we do not have a PICU in Derbyshire we are developing a case where there can be a service so we can ensure patients are provided with this level of care within the county. Mark's expectation is that we will see an impact from investment in February to support people and be cared for at home or if they are admitted it will be for as short a time as possible. We are still 20% short of staff compared with the requirements for the full fidelity model that will provide short-term intensive home treatment to people experiencing mental health crisis. The aim is get skilled experience in place to support people in a better way. Some great new leaders have come into post in the Crisis team and this has improved morale. **Workforce:** Amanda Rawlings talked about how people performance is reported to the People and Culture Committee which is aligned to the People Strategy. The people performance report gives important detail and helps to assess the interventions to be put in place. This month improvements have been seen with appraisal and training statistics and this needs to continue. An improving position has been seen in the Trust's turnover profile which can be seen in the IPR report's SPC charts. Some changes have also been seen in sickness absence and the Committee has been asked to take a focussed look at the Trust's sickness management process to establish how to work differently in line with the Dying to Work Charter and how the Trust supports people through to their end of life. Anne Wright pointed out that the flu virus is expected to have an earlier impact than in previous years and asked what was being done in preparation for people being away from work with flu. The public message about how flu is travelling through the country is a powerful message that will be communicated to staff and will be themed around the health and wellbeing of colleagues and patient safety. Non-Executive Director, Geoff Lewins observed that supervision rates had reduced and had fallen below the expected target rates. Amanda responded that she thinks this is due to supervision being recorded incorrectly and could be due to supervision being carried out on an ad hoc basis due to low levels of capacity. Areas are being targeted to ensure that supervision is carried out and recorded correctly.

	Geoff asked Mark Powell about the levels shown in the data maturity index. Mark responded that levels had reduced due to measures that had to be included in the minimum data set. As this data is now being more robustly collected levels are expected to increase. Carolyn Green talked about the schedule of work of the Quality Committee. The Committee carried out a review on safer staffing and is starting to see improvements in percentages of fill rates especially in bank and agency rates. Percentage fill rates are not yet up to the expected standard. Levels are constantly being reviewed to ensure safe staffing levels are in place. A specialised report will be provided to the Quality Committee in the new year based on a questionnaire completed by patients out of area. The Committee will also be looking at serious incidents and risks associated with patients placed out of area. Gareth Harry referred to the business plans at Quarter 2. He assured the Board that progress against the business plan is constantly reviewed at progress review meetings and is monitored by ELT. The close down of business plan monitoring for 2019/20 will be reported to the Board in May 2020. Having considered the operational, financial, workforce and quality performance across the Trust the Board agreed that limited assurance was obtained from current performance. **RESOLVED: The Board of Directors received limited assurance on current performance across the areas presented.**
DHCFT 2019/375	**ANNUAL EMERGENCY PLANNING REPORT (EPPR)** This report had previously been reviewed by the Finance and Performance Committee and provided the Board with assurance that the Trust is fully compliant to the core standards of emergency planning. It was noted that areas for further development will be monitored through the EPRR Steering Group. The Board acknowledged the significant improvement achieved since the last annual report and gave credit to Celia Robbins for her expertise in emergency preparedness, resilience and response and for the lessons that have been learned following the Trust's multi-agency involvement in responding to the Toddbrook Reservoir incident at Whaley Bridge in August. These will be identified and captured in order to improve preparedness for the next event. John Sykes pointed out that the most predictable problems are usually due to the weather. He asked what plans were in place to deliver services in the event of heavy snowfall. Mark Powell assured the Board that detailed business continuity processes are in place for a number of specific roles covering areas from the High Peak to the city of Derby to ensure support is provided for vulnerable people. Julia Tabreham referred to conversations she had with staff who had attended the recent Staff Awards Ceremony about the difficulties they had experienced when schools had closed due to recent flooding and asked what measures were in place to prepare for when staff have to leave to care for their children. Mark advised in these circumstances the Trust's practice is to determine plans for caring for both staff and patients with

	advice taken from the Police and Fire Brigade. The Board noted the ongoing improvements that are being made to improve EPPR and received full assurance that the Trust is fully compliant with standards of emergency planning. **RESOLVED: The Board of Directors:** **1) Received the EPRR Progress update and noted that the Trust's full compliance to the core standards of emergency planning** **2) Obtained significant assurance of ongoing work to improve and further enhance the Trust's EPRR agenda throughout the Trust.**
DHCFT 2019/176	**ANNUAL REPORT FROM THE GUARDIAN OF SAFE WORKING** The annual report from the Guardian of Safe Working (GOSW) was presented by John Sykes and provided the Board with assurance that the Trust is discharging its statutory duties regarding safe working for medical trainees. The report highlighted the need for improved gender equality and for improvements to be made to the work environment to include rest areas for junior doctors, which has now been resolved. It was noted that issues identified through the Junior Doctors Forum meeting were addressed by the GOSW and Local Negotiating Committee (LNC). It was also noted that business continuity is maintained through the use of Derbyshire Health United to ensure cover in the event of a trainee being unavailable. The report also showed that trainees are being supported with exception reporting and these have been resolved in a timely fashion. There were few exception reports and none were raised by the foundation trainees or GP trainees. Issues persisting with Allocate, the software for logging in ER (Exception Reports) have been problematic but regular communications have been held with the company and they have attended one of the Junior Doctor Forum meetings recently. The report had previously been received by the Quality Committee when discussions took place in relation to the additional pressure junior doctors are experiencing with childcare difficulties and caring for aging parents which indicates that support is required for work/life balance. The Quality Committee obtained significant assurance from the report and requested that the next report includes issues relating to training and inclusivity that will be discussed by the People and Culture Committee in January. Ifti Majid hoped that the GOSW would be able to present the next annual report to the Board and suggested that she be invited to attend the Equality Forum to address gender specific issues experienced by female junior doctors from overseas. Claire Wright welcomed this approach particularly as she is currently involved in receiving feedback from female consultants on matters relating to inclusivity. **RESOLVED: The Board of Directors:** **1) Noted the vacancies in trainee posts that reflect the national issue with recruitment in psychiatry** **2) Noted that trainees are being supported with exception reporting and these have been resolved in a timely fashion** **3) The BMA fatigue and facilities charter for junior doctors is being carefully considered and recently issue with space for juniors in the south has been successfully resolved** **4) Noted the issues with Allocate, the software for logging in ER (Exception Reports)** **5) Noted that the Quality Committee received a significant level of assurance**

	from the report.
DHCFT 2019/177	**REVISIONS TO BOARD COMMITTEE TERMS OF REFERENCE** The Board Committee structure assists and supports the Board in the exercise of its responsibilities. This report presented by Trust Secretary, Justine Fitzjohn provided an overview of the revised structure and changes to the Board Committee terms of reference. The Board recently undertook a review of the Board Committee structure to ensure it is aligned to the new strategic objectives and also to consider frequency of meetings, membership and balance of work and competing demands of Board members' time. The main change is the strategic oversight of safeguarding and the formation of the new Quality and Safeguarding Committee that will take effect from February 2020. In order for the Quality Committee to have the capacity to take on safeguarding aspects of compliance; reporting of Health and Safety and Emergency Planning matters have been transferred to the Finance and Performance Committee. In terms of frequency of meetings, all the committees will continue to meet as current scheduled with the proviso that additional extraordinary meetings will be called if required. The terms of reference of the Board Committees have been updated to take account of their new responsibilities. With the exception of the Audit and Risk Committee all the Board Committee terms of reference have been revised to reflect that the Chief Executive Officer reserves the right to attend any meeting. The Board noted and approved the structure of the Board Committees and the revisions made to the terms of reference. It was noted that the Board will receive copies of all terms of reference in line with the annual effectiveness review in May 2020. **RESOLVED: The Board of Directors:** **1) Noted and approved the structure of the Board Committees** **2) Noted and approved the revisions made to the Board Committee terms of reference.**
DHCFT 2019/178	**REVISION TO MODERN SLAVERY STATEMENT** The Trust's Modern Slavery Statement has been revised to ensure it covers the areas outlined in Home Office Guidance. Justine Fitzjohn outlined that the draft statement was reviewed by the People and Culture Committee on 26 November and recommended that the revised Modern Slavery Statement for 2018/19 be approved by the Board of Directors and for it to replace the version currently published on the Trust's website. Going forwards, a draft statement will be considered by the People and Culture Committee following financial year-end to allow the Committee to assess that the Trust has met the criteria for the preceding financial year. The Board will then be asked to approve the Annual Modern Slavery Statement and this will be uploaded to the Trust's website. The Board approved the revised Modern Slavery Statement and agreed to the use of the Chair's and the Chief Executive's electronic signatures for the statement to be published on the Trust's website. **RESOLVED: The Board of Directors approved the revised Modern Slavery**

	Statement for 2018/19.
DHCFT 2019/179	**BOARD COMMITTEE ASSURANCE SUMMARIES AND ESCALATIONS** The Board received assurance summary updates from recent meetings of the following Board Committees: **Quality Committee** held on 12 November – Chair of the Committee, Margaret Gildea reported that the Committee discussed how risks associated with equality and diversity are captured and has since received assurance from the People and Culture Committee that data is collected through the WRES and the Workforce Disability Equality Standard (WDES) on all aspects relating to BME people and people with protected characteristics and that all risks relating to staff are contained within the BAF. An update on Acute Care Transformation report triangulated observations made through a recent visit to the Hartington Unit by a Non-Executive Director and showed significant progress. Care planning was also discussed with improvements noted in acute care. **Finance and Performance Committee** held on 17 November – in the absence of the Committee Chair, Richard Wright, Committee member Geoff Lewins and the Executive Lead for the Committee, Claire Wright reported that agreement had been reached to reduce the estate compliance BAF risk 1b due to the significant improvements that have been made The Committee also discussed the Continuous Improvement Delivery Programme and Cost Improvement Programme and the system wide savings across the programme spend that will be required to address the gap. **RESOLVED: The Board of Directors received and noted the Board Committee Assurance Summaries.**
DHCFT 2019/180	**IDENTIFICATION OF ANY ISSUES ARISING FROM THE MEETING FOR INCLUSION OR UPDATING IN THE BOARD ASSURANCE FRAMEWORK (BAF)** There were no additional items for inclusion or updating within the BAF.
DHCFT 2019/181	**2019/20 BOARD FORWARD PLAN** The 2019/20 forward plan was noted and will continue to be reviewed further by all Board members. It was noted that the CQC service inspection visits will be discussed at the next meeting in February.
DHCFT 2019/182	**MEETING EFFECTIVENESS** The Board agreed that given the constraints of purdah the agenda was well constructed. Celia Robbins who had shadowed the Chief Operating Officer was invited to provide feedback from her observation of the Board's discussions. She found it very interesting to witness the commitment and passion displayed by Board members in terms of ownership of issues and partnerships with other organisations. Having participated in her first meeting as a member of the Board, Sheila Newport had observed the desire and willingness of the Board to listen and make a difference. This was particularly evident during the patient story. She thought that this had been an effective and well chaired meeting. Caroline Maley added that the patient story always reminds the Board of its

	responsibilities and provides the opportunity to take learning forward and improve the Trust's services. The Trust's vision and values is always set out at the beginning of the agenda pack and serves as a reminder of the need to work with partners to achieve the best possible outcomes for people.
There will be no Board meeting in January. The next meeting of the Board to be held in public session will take place at 9.30am on Tuesday 4 February 2020 in Conference Rooms A and B, Centre for Research and Development, Kingsway Hospital, Derby DE22 3LZ	

Trust Chair's report to the Board of Directors

Purpose of Report

This report is intended to provide the Board with the Trust Chair's reflections on my activity with and for the Trust since the previous Board meeting on 3 December 2019. The structure of this report reflects the role that I have as Trust Chair.

Our Trust and Staff

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

2. On 26 November, I visited the Communications team, where I heard about the work that they do on a number of fronts. This is a small team who deliver a lot for the Trust and are rightly proud of the work that they do. I was given an insight into how they respond to media enquiries, as well as Freedom of Information (FOI) requests and manage the quality of reporting about the Trust. I was able to see the new Intranet which is ready to be rolled out pending resolving some technical issues which are currently subject to testing. I look forward to our staff being able to use this in the near future.

3. On 9 December I visited London Road Ward 1 as part of the Trust wide Christmas decoration competition where I was one of the judges for this ward alongside Director of Nursing and Patient Experience, Carolyn Green and staff governor, Al Munnien. The annual competition engages staff across the Trust and taps into the creative side of so many staff and service users. Congratulations to the winners of the official prizes and a big well done to all the teams who took part. I also joined the Ward 1 team for a Christmas buffet with staff and service users. It was a joy to be a part of this event.

4. On 17 January, I hosted with Chief Executive, Ifti Majid a tea party for staff who had 20, 30 and 40 years working for the NHS. This is the first time that we have hosted a celebration of this type and I look forward to marking these important milestones for our dedicated staff. My thanks go to the catering team who put on a marvellous spread for those attending.

5. On 22 January I visited the Dementia Rapid Response Team (DRRT) for the morning. I joined a member of the team on a visit to a local care home to see a service user who was challenging for the care home to look after. The Trust DRRT has been providing support and help. It gave me a first-hand opportunity to see some of the challenges facing this sector. I joined the handover meeting and was able to spend time exploring some of the ideas and challenge the team face. In particular they raised the issue of GPs and ANPs (Advanced Nurse Practitioners) in Primary Care needing to have more dementia awareness. So many of the care needs for people with dementia are physical healthcare needs which can be masked by the symptoms of dementia and are missed by ANPs and GPs who do not carry out thorough healthcare assessments. In reviewing a number of cases, it was also clear that at times a patient may fall between services as the DRRT staff and primary care cannot resolve who needs to take the lead in the care required. It was also noted that staff in the DRRT cannot undertake physical healthcare checks (such as taking bloods or running ECGs), which would improve patient experience and reduce hand offs between the Trust and Primary Care.

   One final issue which was raised was around access to Miniature Insertable Cardiac Monitor (ICM) system, which has been lost since the team upgrade to Windows 10. The ICM system allows our staff to see test results quickly from the Royal Derby Hospital without waiting for them to be sent the old way. I understand that our IT team is working with University Hospitals of Derby and Burton (UDBH) to resolve the issue. The team care passionately about what they do, and also the contribution that they have made to helping look after patients at home and avoiding admission. I hope that one of the team will shadow me at the next board meeting.

   My thanks go out to all of the staff for making me so welcome during the many and varied activities and visits that I undertook, and also for being so open and honest with me about what they thought of the Trust and how we are doing in delivering services and putting our people first.

Council of Governors

6. The Council of Governors met on 7 January. The meeting was well attended. There was no public board meeting in the morning. This meeting was the last meeting attended by John Morrissey, former Lead Governor and Public Governor for Amber Valley, and Moira Kerr, Public Governor for Derby City West, and we were able to mark their retirement and thank them for their years of service. At this meeting, the Council received a deep dive from me on my involvement over the past year, and an update from Ifti Majid on the progress being made with Joined Up Care Derbyshire. The Council approved the appointment of Ashiedu Joel as a Non-Executive Director, subject to the completion of the necessary Fit and Proper Person Test requirements.

7. The Nominations and Remuneration Committee of the Council met on 5 December following a day of recruitment activity to appoint our sixth Non-Executive Director (NED), as noted above.

8. The Governance Committee took place on 10 December. Julie Lowe has taken on the role of Deputy Chair for this Committee. The Committee also is considering the attendance requirements for Governors at a wider range of meetings to support the effective working of the Council and its Committees.

9. An election for new public governors and one staff governor is currently underway. It is good to see contested elections in all but one of the public constituencies (Bolsover has no candidates), and I was pleased to welcome Keven Richards back as Public Governor for South Derbyshire as there was no other candidate standing. We continue to review our election process to ensure that it is efficient and is best use of money. The Governors are being engaged in this process through the Governance Committee and the Council of Governors.

10. The next meeting of the Council of Governors will be on 3 March. The next Governance Committee takes place on 11 February. The Nominations and Remuneration Committee will be meeting also on 11 February to receive the appraisal of two of the NEDs; to consider the outline objectives of two new NEDs; and the time commitment and remuneration guidelines which have been published by NHS Improvement (NHSI).

Board of Directors

11. Board Development on 18 December 2019 incorporated mandatory training for NEDs around data protection and cyber security, as well as training on the new eExpenses system which staff have been using for some months now. Once again time was given to preparation for the CQC well led inspection that took place in January.

12. On 7 January we said farewell to Dr Anne Wright who had completed her term of office as our Clinical NED. I thank Anne for her contribution over the three years she was a NED and for her involvement in a number of areas of the Trust including our system work. We have also said farewell to Suzanne Overton-Edwards, interim NED, and thank her for contribution and support over the past year, initially as a NExT Director and then an interim.

13. Since the last board meeting, I have carried out the appraisals of Richard Wright and Geoff Lewins, and have met with Dr Sheila Newport who has now taken over from Anne Wright. I also conducted a six month review of progress against objectives with Ifti Majid. I have also met with Perminder Heer, our NExT director who has just completed six months of her placement with us.

System Collaboration and Working

14. On 19 December, the Joined Up Care Derbyshire (JUCD) Board met, and again on 16 January. Attached as Appendix 1 are the key messages noted from these meetings.

15. Meetings of JUCD are now taking place in public. The next meeting is on 20 February and takes place at The Hub, South Normanton, Off Shiners Way, Market Street, South Normanton, Alfreton DE55 2AA.

16. Ifti Majid and I met with John MacDonald, Independent Chair of JUCD, and Vikki Taylor, Derbyshire Sustainability and Transformation Partnership (STP director, as part of the Governance Review and assessment of the plan to become an Integrated Care System (ICS).

Regulators; NHS Providers and NHS Confederation and others

17. On 17 December I attended a meeting NHS Leaders (CEOs and Chairs) in London following the General Election the week before. It was a very large gathering and we were asked to sit on tables in our regions. We heard from Dido Harding and Simon Stevens, as well as Amanda Pritchard and Prerana Issar. The meeting was confidential.

18. Due to illness and personal circumstances I was not able to attend the NHSI Chairs meeting with Dale Bywater, Regional Director, on 11 December 2019.

19. Early January has been focussed on our Care Quality Commission (CQC) well led inspection. I would like to thank all staff who supported this important process for the Trust and our service users. I know how much effort and involvement is required for this process to run smoothly, and for the whole Trust to work together to show how we live our vision and values. It has been pleasing to receive the initial feedback from the CQC team which will be included in Ifti Majid's report. We should receive the initial report in a few weeks for comment and checking of factual accuracy, and the final report is expected to be published in March.

Beyond our boundaries

20. On 22 November, I attended the Graduation Ceremony at Pride Park for the University Of Derby at which a number of our staff graduated. It was a warm and friendly ceremony and included John Rivers, former Chair of University Hospitals of Derby and Burton, receiving an honorary Doctorate for his contribution to the health of the City and for his work in recognising Florence Nightingale. I look forward to meeting our graduates on my visits to teams.

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

Assurances

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

Consultation

This report has not been to other groups or committees.

Governance or Legal Issues

None

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

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

With respect to our work with governors - we work actively to encourage a wide range of nominees to our governor elections, and strive that our Council of Governors is representative of the communities they serve. We also provide support to any current or prospective governors to enable them to carry out their role to address any specific needs they may have. This includes providing transport for those who may not be able to access public transport due to physical needs, accommodating communication requirements and providing support workers at meetings.

Demonstrating inclusive leadership at Board level

Through the Trust's involvement in the NExT Director scheme we are supporting the development of those who may find it more difficult to be appointed as a NED in the NHS. Perminder Heer has a placement with us thereby continuing to support the system development of future potential NEDs from diverse backgrounds.

New recruitment for NEDs and board members has proactively sought to appoint people from protected characteristics, thereby trying to ensure that we have a Board that is representative of the communities we serve.

Recommendations

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

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

Appendix 1

Board Update on Joined Up Care Derbyshire – 19 December 2019

PURPOSE
This report provides an update on key developments related to Joined Up Care Derbyshire, the local Sustainability and Transformation Partnership (STP). The aim is to ensure partnership boards, cabinets and governing body are kept abreast of progress.

MATTERS FOR CONSIDERATION

Experience and Lessons from Elsewhere
The NHS Confederation hosted a meeting of ICS/STP leaders. Joined Up Care Derbyshire (JUCD) is encountering similar issues to other area in establishing our system working, but as a partnership and a Board we are more advanced in many areas. There are some areas however where there are opportunities to look at what is happening elsewhere including:

- Development of financial regimes and payment methods such as Staffordshire and Bradford;
- Working with Health and Wellbeing Boards in Coventry and Warwick.

As part of the system effectiveness work over the next three months, the JUCD Board will be looking at what can be gleaned from experience elsewhere. We are also planning to share experience with Nottinghamshire Integrated Care System (ICS) (a first wave ICS) to see what we can learn from their experience, and Staffordshire.

Hearing the Voice of, and Engaging with, Key Stakeholders
Meetings of the JUCD Chair and local clinicians will result in a report which will (i) recommend ways to strengthen the way the Clinical and Professional Reference Group provides advice and assurance to the JUCD Board and workstreams, and the way the JUCD Board operates to enable this to happen and (ii) provide a map of clinical leads across the system.

As with clinical leadership, there has been some good work in developing mechanisms and strengthening communications with patients and the public. This is however work in progress and we are looking at how to build on this, learn from community engagement experience in local authorities and align this with the developing system architecture.

JUCD has been invited to be part of a 2nd cohort of STP's/ICS's looking at improving partnership working with the VCS, enhancing the role of the sector in strategy development and the design and delivery of integrated care. The 1st cohort has been evaluated and from this has emerged a model of good practice that they wish to roll out to a 2nd cohort. The programme recognises that the voluntary sector are a key strategic voice in the delivery of integrated and personalised care, helping to reduce health inequalities and deliver population health management, and are also a service provider in the broader pathway.

A meeting took place with key partners in the voluntary sector in November to progress this and it was agreed that we would align this work with the Integrated Volunteering Programme, which is focused on maximizing the contribution and impact of volunteering. The group agreed to form the steering group to drive this work forward.

Local Authorities

One of the themes emerging from the discussions with other ICS/STP chairs is the variable maturity in building collaboration with local authorities and building a vision which the NHS and local authorities as well as other stakeholders can own. We have begun meeting with members, chairs of Health and Wellbeing Boards and other key leaders to discuss this.

JUCD STP Governance
The JUCD Board ratified the Terms of Reference (ToR) for the key groups within the governance arrangements in October 2018. Following the ICS development programme, the overarching governance arrangements were amended; with approval in July 2019 that interim governance arrangements would be established to strengthen the arrangements, whilst we progress towards ICS status. All groups within the interim structure have formal ToR which have been approved through the Board and/or the System Executive CEOs group where they have been newly established since the October 2018 Board review.

A formal review of all groups will take place in the new year to align with the Board Governance and Effectiveness review.

JUCD STP Work-stream Challenge and Confirm meetings
A series of challenge and confirm sessions are underway with the JUCD work-streams to review progress and identify any emerging themes and issues that need system consideration or response. A full report on the outputs of the meeting will be presented to the January 2020 JUCD Board.

PICU Development
Work is progressing to enable the building of a new Psychiatric Intensive Care Unit (PICU) facility within Derbyshire. This will mean that patients will be able to be treated in Derbyshire rather than have to be treated outside of the county, as is the case now. The ambition is for the new build to be completed by quarter 3 of 2021/22.

Derbyshire Healthcare Foundation Trust are leading this development with the draft Outline Business Case due to be presented to their Trust Board in February 2020 for review and sign off. This is a significant development with an ambitious timeline, as such there are a number of caveats to delivery including financial, building considerations and planning approvals, stakeholder engagement, contractual and operational (recruitment).

Joined Up Careers Derbyshire
The first of our rotational health and social care apprentices have successfully completed the programme. The aim has been to develop individuals who have an understanding of health and social care, to prepare them for working in a more integrated, person centred way. The apprentices have completed placements at Royal Derby Hospital, London Road Community Hospital, Kingsway Hospital, St Oswald's Hospital, Perth House, the A&E streaming service and District Nursing Teams with DHU, and within the Private, Voluntary and Independent sector with Inspirative Arts, Derby Private Health and Derwent Lodge (Rethink).

All individuals have secured roles in Assistant Clinical Physiologist, Healthcare Assistant and Therapy Assistant positions. The support and commitment of teams across the system in supporting the placements and the programme is gratefully acknowledged. We are currently planning for a second, larger cohort to commence in March 2020.

Patient Story – Mark & Rebecca's Story

This month's patient story was about Mark's diagnosis with lung cancer, and how latterly it had spread to his brain. Having received good care from the NHS, Mark, Rebecca and their family received exceptional home care from Blythe House to support them in Mark's final weeks of life.

The story highlighted the way in which services get things right for patients, how services can ask 'what matters to patients', rather than 'what is the matter with them' and emphasised how we are working through the STP to linkup our operational plans to implement the system's End of Life strategy, including care beyond traditional health care services.

Integrated Care Providers
The JUCD Board has approved a recommendation which will take our integration of joined up care for Derbyshire patients into a new domain. The Board has agreed a recommendation to develop four Integrated Care Providers (ICPs). The ICPs will require providers to increasingly move to integrate provision and delivery in order to deliver the outcomes for the population of Derbyshire at both footprint and Place/PCN levels.. The four ICPs will reflect the current Place Alliances in the following areas:

- Chesterfield, North East Derbyshire and Bolsover
- Derby City
- South Derbyshire, Amber Valley and Erewash
- Derbyshire Dales and High Peak

A detailed briefing to help colleagues understand how ICPs will work within an Integrated Care System, and the ongoing work of Place Alliances and Primary Care Networks will follow early in the New Year, and there will be detailed discussions taking place with all partners, including district and borough councils, ahead of a detailed proposal coming back to Board in March. Early priorities will be for the ICPs to understand their leadership teams and to reflect on the population health issues that are affecting their local populations.

System Quality & Performance Reporting
Understanding the measures of success across the health and care system is crucial to our understanding about how effectively we are working and ensuring we are delivering the best possible joined up care for local people.

The JUCD Board discussed in detail proposals for how we will begin to measure systematically the quality and performance of services in a collective manner, with the aim of bringing one single quality and performance report, informed through all partners, to the JUCD Board.

Improving Healthy Life Expectancy
There is currently an average of 17 years of a Derbyshire person's life that are lived in ill health, with one or more health conditions. There is detailed work taking place to understand what is driving this, to both increase life expectancy and reduce the number of years lived in ill health. Working across CCG and Local Authority commissioners, we are looking to prioritise more spending and any available investment into these areas to benefit our population, and the Board will hear more about that at the February meeting.

Financial Position
The system is forecasting delivery of £100m of savings for this financial year. This is a significant achievement, although balanced somewhat by the fact that we are forecasting we will be £48m away from the final savings target for the year. The CCG can take some measures to achieve its control total and financial balance this year, but

those measures are not available to our acute trusts. The system continues to work together to understand and manage the risks to financial delivery.

Work is also underway across the system to understand how we will tackle the ongoing system financial challenge as we move to 2020/21, with an event held across all partner organisations to review the approach and begin to gather ideas, featuring constructive conversations about how the system will tackle the plan through working together to transform care.

Board Meetings in Public

Joined Up Care Derbyshire Board meetings will be held in public from January 2020. The first meeting will take place at The Hub, South Normanton on 16 January from 9am. Staff are welcome to attend and more information is available at **www.joinedupcarederbyshire.co.uk**

Key Messages - JUCD Board 16.1.20

System Pressure
The health and care system has experienced significant pressure during recent weeks. Our system winter plan has stood us in good stead to work supportively and effectively as a system to manage the pressure as well as possible. It is true though that national performance measures have not been achieved, including long waits in our Emergency Departments. The Midlands region as a whole is performing below average when compared with the rest of England, and we are only average in comparison to colleagues in our region, so we are off the national pace.

The Board expressed its thanks to everyone across the system who is working incredibly hard to keep our patients safe and who continue to provide the highest possible quality of care.

Delivering Financial, Operational and System Goals
The system has a number of separate – but related - challenges to deliver in 2020. Financial recovery continues, with colleagues in the process of working across the system to understand how we tackle the challenge, with a further workshop this last week to make progress. In addition, the system is looking to introduce Integrated Care Partnerships in shadow form by April 2020, the implementation of Primary Care Networks and we do this all in the context of trying to manage rising demand, particularly in the urgent and emergency care sector.

The Board reiterated its commitment to a 'System First' mentally and challenged itself on how these significant challenges can be aligned, with proper resource allocated to support delivery. NHS England/Improvement have confirmed that the more the system is able to demonstrate a credible approach to solving the challenges, the more it will be able to operate with an 'arms-length' relationship from regulation. The achievements of the system in reaching £100m of savings in 2019/20 was noted as a significantly positive thing, in tandem with minimal negative impact on frontline patient care. Whilst the savings target is actually higher, the system working undertaken to save such a significant amount of money was a point not to be lost.

Primary Care Networks
The Board reiterated its approach and support for colleagues in Primary Care in the way they are implementing Primary Care Networks. The national specification for PCN risks forcing Derbyshire practices – and the broader system - into taking potentially retrograde steps if it is delivered to the letter. Locally there has been tremendous progress in forming partnerships and aligning thinking for how primary care can support the broader system aim and we don't want to lose this momentum and commitment. The Board expressed its full commitment to primary care colleagues that the work of PCNs is supported as part of the broader system approach and that the path being forged by primary care leaders is the correct path.

Place Strategy
Board heard about the revised Place Alliance Strategy. The purpose of place is two-fold: Place is a transformative work stream and will aim to deliver new models of care, integration and cost efficiencies by working differently together to improve care in the community. This way of working will inform and support the system leadership in Derbyshire as it develops a new architecture and culture for system working which integrates good health and wellbeing support for those who live and work in Derbyshire.

There are five statements of intent within the strategy:

- We will boost ‘out-of-hospital’ care, and remove the divide between acute, primary, community health service and social care.
- Patients will have more choices avoiding the need to access emergency hospital based services.
- People will get more control over their health and more personalised care when they need it.
- Digitally-enabled primary and outpatient care will go mainstream.
- Local NHS and other organisations will increasingly focus on population health – moving to an Integrated Care System across Derbyshire

Improving Air Quality
The impacts of air pollution and climate change pose some of the greatest risks to population health. Within Derbyshire County and City, air pollution contributes to an estimated 530 deaths and 5400 life years lost.

Partners of the Joined Up Care Derbyshire have a considerable role in the contribution of both air pollution and greenhouse gas emissions locally and nationally. It is calculated that NHS England alone is responsible for 4% of the UK’s total greenhouse gas emissions, with 19% from energy use and 16% from staff and patient travel.

The Board fully supported the drive for all partner organisations to work to see where they could change processes and culture to minimise the system’s impact on air quality.

Trust Chair's report to the Board of Directors

Purpose of Report

This report is intended to provide the Board with the Trust Chair's reflections on activity with and for the Trust since the previous Board meeting on 4 February 2020. The structure of this report reflects the role that I have as Trust Chair.

Our Trust and Staff

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

2. On 28 January I chaired a Quality Visit at Ilkeston to the Memory Assessment Service (MAS) and Memory Clinics. The team is small and serves all of the city and county. Demand for the services is high and waiting lists are managed well with most patients receiving a diagnosis within the required twelve weeks. However, it is evident that there have been more referrals than last year, and numbers already exceed those commissioned for the whole year. It is pleasing to hear the positive comments from patients about the service which is delivered in a caring and compassionate way and to see the very positive friends and family test results. One of the presentations was from the small admin team who are indeed the front line for these patients and their families at a time when they are concerned and worried, and it was great to see the way that our members of staff provide good listening skills and sign posting for patients. Examples were given of where they had gone the extra mile.

3. On 10 February I visited the Chesterfield Dementia Rapid Response team (DRRT), which is a relatively new team with new staff being appointed to permanent roles. I was able to join one of the support workers in a visit to a 91 year old patient in a care home. The purpose of the visit was to assist the staff at the care home with the management of this lady who was struggling with her dementia. It was once again great to see the care and compassion with which the patient was treated, and to see her obvious pleasure in seeing our staff member. I also attended the team's Multi-Disciplinary Team (MDT) meeting where all patients on the list were reviewed. It was clear to me that the staff worked well as a team, with all knowing and contributing to the discussions about the patients. Once again it was evident to me how important it is to ensure that the place of care for a patient is vital to their ability to lead a healthy and meaningful life. Dr Nick Long chaired the MDT meeting in a way that I believed reflected the culture of the Trust, starting the meeting with reading contributions from staff left in a positivity jar. I would like to see this being considered across the Trust as a meaningful way of hearing "stories".

4. On 18 February I attended the Reverse Commissioning meeting with Ashiedu Joel, Non-Executive Director (NED). The meeting was co-chaired by Carolyn Green, Director of Nursing and Patient Experience and Elsie Gayle, a community volunteer. This group has the opportunity to enhance our work in those communities where access to mental health support is more challenging

for citizens, and I look forward to seeing the difference that can be made in the lives of people through the changes that this group can help us make.

5. My thanks go out to all of the staff for making me so welcome during the many and varied activities and visits that I undertook, and also for being so open and honest with me about what they thought of the Trust and how we are doing in delivering services and putting our people first.

Council of Governors

6. Elections for new public governors and one staff governor closed on 31 January 2020. We are delighted to welcome to the Council of Governors Susan Ryan and Valerie Broom representing Amber Valley; Orla Smith representing Derby City West; Julie Boardman representing High Peak and Derbyshire Dales and Marie Hickman as a staff governor for Admin and Allied Support staff. I noted last month that Kevin Richards was re-elected unopposed for South Derbyshire. Our only constituency now with no Governor is Bolsover, but we continue to seek to promote the opportunity in that area. I would like to note the work that is done by Denise Baxendale, Membership and Involvement Manager in managing the election process and communications. We continue to review our election process to ensure that it is efficient and is best use of money. The Governors are being engaged in this process through the Governance Committee and the Council of Governors. Induction for new governors took place on 6 February and they were able to attend the Governance Committee as their first official meeting.

7. The Nominations and Remuneration Committee of the Council met on 11 February to receive the appraisal of two of the NEDs and to consider the outline objectives of two new NEDs and all NEDs as a group. The Committee considered the remuneration structure that has been published by NHS Improvement (NHSI) and will be making recommendations to the full Council of Governors meeting on 3 March 2020.

8. The Governance Committee also met on 11 February. The Committee agreed the process to be followed in the selection of the quality indicators for audit as part of the year end process, and also received information about the programme of quality visits. Planning for the Annual Members Meeting in September has also been set in motion. Kelly Sims has chaired this Committee well for the past twelve months. However, under its terms of reference, an election for a new Chair has been started. Julie Lowe has taken on the role of Deputy Chair for this Committee. The Committee also is considering the attendance requirements for Governors at a wider range of meetings to support the effective working of the Council and its Committees.

9. I have met with Lynda Langley as Lead Governor, and with Kelly Sims as Chair of the Governance Committee. Regular meetings between the Lead Governor and Chair are an important way of building a relationship and understanding of the working of both governing bodies. I am pleased that Lynda has been working at getting the Lead Governors of the four Derbyshire Foundation Trusts together in February to discuss the way that Governors might be engaged in the work of Joined Up Care Derbyshire (JUCD).

10. The next meeting of the Council of Governors will be on 3 March. The next Governance Committee takes place on 2 April.

Board of Directors

11. Board Development on 19 February 2020 saw the Board focus on the development of the Board Assurance Framework (BAF), and part of the morning was facilitated by 360 Assurance, our Internal Auditors. We were also given a demonstration of SystmOne as the Trust starts its implementation journey. We also spent some time considering the implications of becoming an Integrated Care System (ICS), and the emerging Integrated Care Partnerships (ICPs) which are being discussed at JUCD.

12. I note that Amanda Rawlings, our Director of People and Organisational Effectiveness will be leaving us shortly to take up her new role at the University of Derby and Burton Teaching Hospital (UDBH). We wish her well in her new role, and look forward to seeing her continue to lead some of the discussions at the system level on workforce. Recruitment for a new Director of People and Inclusion has commenced.

13. Since the last board meeting, I have met with Ashiedu Joel as part of her induction, and shared with her the objectives for her role. I have also had a quarterly meeting with Deputy Trust Chair, Richard Wright, at which we reviewed progress on his objectives for the year.

System Collaboration and Working

14. On 5 February I joined an East Midlands Chairs Development Network, which saw chairs of NHS trusts and local authority leaders come together to explore and share ideas and topics around integrated care. This is a new network and plans are being developed to meet quarterly. A major topic shared with the Network was the “Wigan Deal” illustrating the work that has been done in Wigan by health and social care joining forces around population health.

15. On 18 February I met with Dr Kathy Mclean, Chair of UDBH as part of her induction programme. It was good to share thoughts on our own roles as Chairs, and the work of our respective Councils of Governors. Working together is important in terms of the system and our leadership within it.

16. Joined Up Care Derbyshire (JUCD) Board met on 20 February, with main topics of discussion being the financial position of the system, and the development of the Integrated Care partnerships, which is being led by our Chief Executive, Ifti Majid. The patient story at the beginning of the meeting was presented by Dean Wallace, Director of Public Health, and focussed on a number of case studies where addressing prevention has a significant impact on the health of the population. Attached as Appendix 1 are the key messages noted from this meeting.

17. Meetings of JUCD are now taking place in public. The next meeting is on 19 March and takes place at The Hub, South Normanton, Off Shiners Way, Market Street, South Normanton, Alfreton DE55 2AA.

Regulators; NHS Providers and NHS Confederation and others

18. We have received our draft report from the CQC visit which took place in December and January 2020. We are currently undertaking factual accuracy checks and will be receiving the final report for publication in March.

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

Assurances

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

Consultation

This report has not been to other groups or committees.

Governance or Legal Issues

None

Public Sector Equality Duty & Equality Impact Risk Analysis

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Demonstrating inclusive leadership at Board level

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New recruitment for NEDs and board members has proactively sought to appoint people from protected characteristics, thereby trying to ensure that we have a Board that is representative of the communities we serve.

Recommendations

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

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

Appendix 1

Joined Up Care Derbyshire Board – key messages February 2020

Integrated Care Partnerships (ICPs)

In their Making Sense of Integrated Care article published in 2018 the Kings Fund summarised ICPs as follows; *'Integrated care partnerships (ICPs) are alliances of NHS providers that work together to deliver care by agreeing to collaborate rather than compete. These providers include hospitals, community services, mental health services and GPs. Social care and independent and third sector providers may also be involved.'*

In Derbyshire we have developed a full cross system collaborative approach and ICP partners comprise acute trusts, community and mental health providers, local authorities (including social care and housing), education, primary care/Primary Care Networks (PCNs) and the independent and voluntary sectors.

Our health and care system has worked together since September 2019 and made some real progress including an agreement on the four ICP areas:

i) Chesterfield, North East Derbyshire and Bolsover
ii) Derby City
iii) South Derbyshire, Amber Valley and Erewash
iv) Derbyshire Dales and High Peak

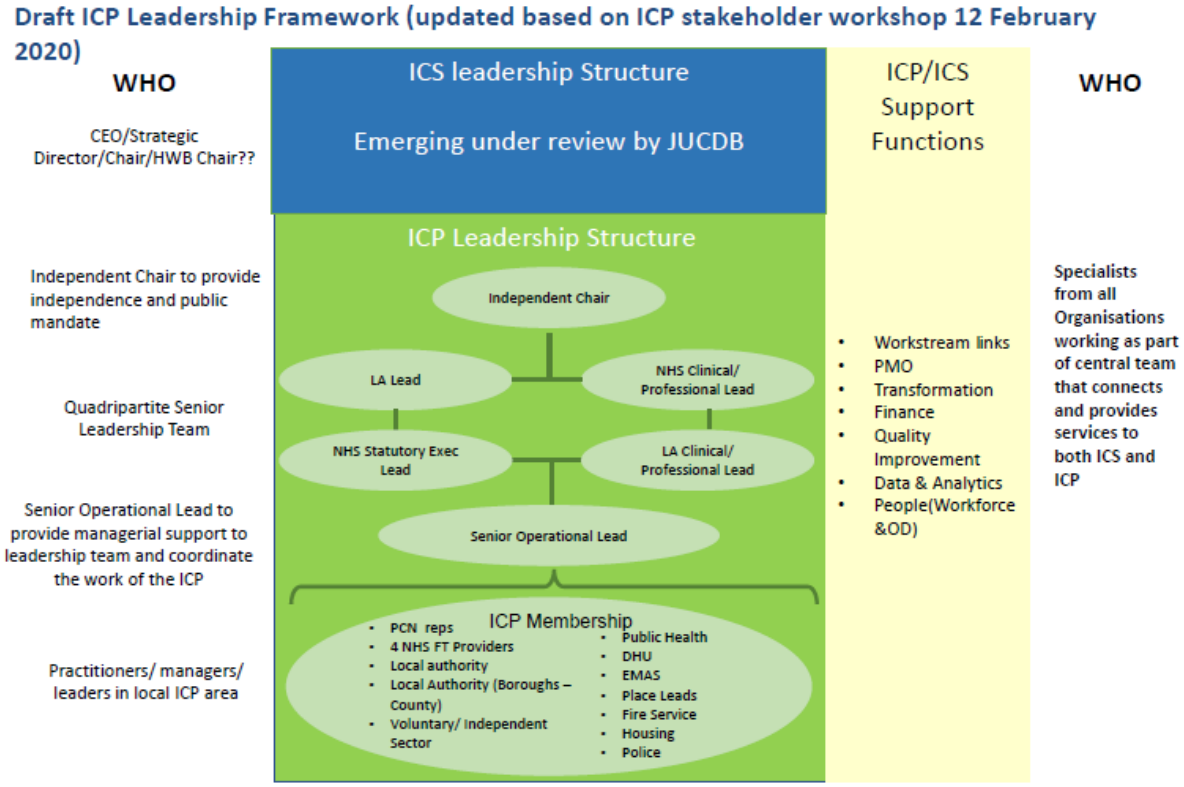
These areas are recognised by our local authorities and this helps to enable a focus on population health, prevention and ensure relevance to local populations. It is recognised that ICPs have a vital role to play although they should not be viewed as the panacea for our Derbyshire system.

The role of the Derbyshire ICPs has been agreed at headline level that they should customise and implement care pathways and support implementation of transformation programmes, build and maintain the 'supply chain' of providers and actively support PCNs. Key objectives include being inclusive and also lean through using existing resources innovatively with financial accountability representing around 25% of their overall roles.

At a more detailed level the ICP role needs to understand the local population health, wellbeing and social care needs and prioritise resources so that they can:

- Develop an approach that recognises the wider determinants of health as a key driver of health and wellbeing in the population
- Prioritise prevention across a person's life to encompass primary, secondary and tertiary health and care provision
- Customise and implement wellbeing and care pathways
- Lead local transformation and integration of agreed priorities
- Ensure focus on transformation of wellbeing and care models rather than clinical pathways and that ensure that these are both localised through Place and PCNs
- Manage resource/spend within agreed budgets (a challenge in year one)
- Reduce waste and duplication including estates and central functions
- Build workforce resilience, roles and recruitment and organisational development
- Integrate information and case management systems to give a holistic view of the person

An immediate priority is to build upon the work delivered so far by identifying leaders for each of the four ICPs including an independent chair for each, using the leadership model below. A process which is fair and transparent is in development and it is clear that these will not be new roles.



Finance Update

Financial performance up to month 9 (end December 2019):
At the end of month 9 the Derbyshire system is reporting being off plan and there continue to be a number of key risks associated with the year-end financial position. Key factors in this include the challenges for both acute trusts and specifically these are tariff change issues for Chesterfield Royal Hospital (CRH) and difficulty in delivering savings associated with the Service Benefit Reviews for University Hospital Derby and Burton UHDB).

Savings plan performance: The single savings plan for the whole Derbyshire system which incorporates the CCG overall financial performance continues to be reviewed and monitored by the Systems Savings Group. This offers significantly more visibility of the overall financial performance and savings requirements of the system. The 19/20 system financial challenge is now valued at £151m and the planned level of savings at the end of month 9 is £78.4m, although the actual recorded level of savings at the end of month 9 is £70.8m so there is a material shortfall in the recurrent savings forecast.

Managing the end of year position: A comprehensive recovery plan for the system is in place and this is being worked on intensively by colleagues across the Derbyshire system. Given the variances between the year to date performance and the year-end planned position it will not be possible for either CRH or UHDB to deliver within the Control Totals set by NHS Improvement. The Directors of Finance across the system have collectively agreed that each organisation will contribute to the recovery plan to ensure the delivery of the best system financial position that is possible.

Working towards 2020/21: The projected financial position for 2019/20 will impact upon 2020/21 in terms of a bigger financial performance and savings challenge. This makes it even more important that there is a dual focus in terms of managing the current year position to achieve the best outcome possible whilst planning ahead for the transformation of the way services are delivered next year to ensure that our shared financial targets are met.

Workstream Review

Between November 2019 and January 2020 the Independent Chair and STP Director met with each of the JUCD STP work-streams SRO and Leads with supporting colleagues. The purpose of the meetings was to provide an opportunity for the new Independent Chair to meet with key programme leaders and to understand better the transformational work, identified in the JUCD

STP Strategic Plan and the individual work-stream delivery plans, underway on behalf of the system.

The key themes emerging from the discussions noted were as follows:

- The need to focus on a smaller number of major transformation areas with significant resource directed towards these, with other work streams becoming business as usual. This was agreed as a principle by the Board.
- The need to optimise work-stream interdependencies.
- Opportunities to refine governance and progress reporting. Major transformation programmes will report to the Board quarterly and the business as usual work streams report six monthly, although escalation to the Board by exception will be encouraged outside of the agreed reporting framework where intractable issues required a system response or resolution. This will result in the Transformation Assurance Group being stood down which not only streamlines governance arrangements and reduces demand on peoples time, but will further reduce the division between transformation oversight and system savings oversight.

Strengthening Clinical and Professional Leadership in JUCD

Clinical and professional leadership for the Derbyshire system has to date come from the Joined Up Care Derbyshire Clinical & Professional Reference Group (CPRG) which was established in 2016/17 shortly after the publication of the original STP Plan.

A review of the terms of reference of CPRG has been undertaken aimed at strengthening the overarching clinical and professional leadership approach. This has resulted in a review of the leadership arrangements and future positioning of CPRG as we move towards becoming an ICS, to move CPRG into a stronger position to act as the clinical and professional voice for the system. In doing so, this will also put CPRG in a more prominent position within the STP governance arrangements.

Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 4 February 2020

Chief Executive's Report to the Public Board of Directors

Purpose of Report

This report provides the Board of Directors with feedback on changes within the national health and social care sector, as well as providing an update on developments occurring within our local Derbyshire health and social care community. The report also updates the Board on feedback from external stakeholders, such as our commissioners, and feedback from our staff. The report should be used to support strategic discussion on the delivery of the Trust strategy. The Board should note that the report reflects a wider view of the Trust's operating environment and serves to horizon scan for risks that may affect the organisation. Risks identified are highlighted in the report and taken forward to assess their operational and strategic impact, and recorded on operational risk registers, or the Board Assurance Framework, as appropriate.

National Context

1. On 19 December 2019 the Queen delivered her speech to parliament where she presented the Government's plans for the coming session of parliament. Within the speech were important plans relating to the NHS that the Board needs to be aware of including:

    - Enshrining in law the multi-year funding settlement previously agreed that will give a real term cash increase of £33.9bn by 2023/24.
    - Reconfirming the expectation to deliver in full the NHS Long Term Plan, including legislative change, as needed.
    - As I mentioned in my last Board report, the Health Service Safety Investigations branch will be established to enhance patient safety and promote learning lessons.
    - Implementation of a modern and fair points-based immigration system that importantly will include a fast track NHS visa scheme.
    - Bringing forward proposals for the reform of long-term social care, including an opportunity for Councils to access a further £500m for adult social care and the reform of the Mental Health Act.

    With respect to risks on our Trust Board Assurance Framework (BAF), we still await clarity on any capital funding settlement focussed on mental health organisations, and any specific national initiatives to support the workforce shortages we see in our sector. In addition, given our commitment to the Joined Up Care Derbyshire Plan and the public health services we deliver in Derby City, we await clarity on specific investment targeted at health prevention and promotion and any changes in the way public health services are invested in and commissioned.

2. Board members will be aware from the Long-Term Plan (LTP) that the NHS has committed to significantly reducing waste and making hospitals healthier for patients and staff.

Between 2013 and 2018, NHS services across England used more than 600 million disposable cups and millions of other disposable cutlery pieces, as well as many other avoidable single-use items. While much NHS plastic waste is already recovered for recycling or energy from general waste, we are still a significant contributor to the 34 billion tonnes of plastic that will pollute our natural environment by 2050. One part of the LTP is to reduce the single-use of plastics in hospitals (Acute/MH and Community) with retailers operating in hospitals committing to cut the use of avoidable plastics, starting with straws and stirrers from April 2020, and cutlery, plates and cups phased out over the coming 12 months.

In December the Trust received a letter encouraging us to sign up to the NHS Plastics Pledge to:

- *Phase out avoidable single-use plastic items which are used in catering services and office spaces*
- *By April 2020, no longer purchase single-use plastic stirrers and straws, except where a person has a specific need, in line with the government consultation*
- *By April 2021, no longer purchase single-use plastic cutlery, plates or single-use cups made of expanded polystyrene or oxo-degradable plastics*
- *By April 2021, go beyond these commitments in reducing single-use plastic food containers and other plastic cups for beverages - including covers and lids*

I can confirm that as a Trust we have signed up to the pledge (response id ANON-DGU1-5QTM-R.). In addition, I can confirm that the second point above is already completed and the first point is well underway to being completed.

Local Context

3. The Joined Up Care Derbyshire Board meeting on 16 January was the first meeting held in public with attendees including BBC Radio Derby and the Health Service Journal. Highlights included:

    - The integrated volunteer programme, which it is hoped ultimately will result in the development of a Derbyshire Voluntary Sector Alliance, is currently underway supported by central funds.
    - As we start to understand more about Integrated Care Partnerships, the Independent Chair, John MacDonald, has met with all CEO's and Chairs within the System, and this will support the discussion at the Governance Leadership session in March.
    - Starting to look at how we can streamline system events/meetings to coincide on a Friday to increase efficiency of system organisation.
    - Winter pressures, as expected, reached a peak in late December/early January. Measures put in place as part of the winter plan are holding, however performance is being impacted upon, such as ED waiting times.
    - Q3 finance numbers have not yet been finalised due to an expected technical requirement. However, both acute Trusts are going through the mandated processes for adjusting their year-end forecast.
    - The refreshed Place strategy was received and approved with much discussion about its links through to Integrated Care Partnerships. Given

the importance of the Place approach for our services, I have attached the strategy as appendix 1.

- The Board noted and agreed the Derbyshire Air Quality Strategy. The strategy has three aims:

    - To facilitate travel behaviour change
    - Reduce ……of air pollution
    - Mitigate against the impact of air pollution.

I was really pleased to note the presentation and discussion about clean air. As Joined up Care Derbyshire we speak regularly about wider determinants of health and this paper starts to bring that to life, as well as noting the part every statutory health and care organisation in the County should play in this approach. I would urge Board members to look at the strategy which is available on the Derbyshire County Council website.

4. I attended the Derby City Health and Wellbeing Board in January and again noted a positive focus on those wider determinants that impact on our health. Some of the key things discussed included:

    - A presentation from 'Drinkaware' on their drink free days campaign in Derby. I was really struck by the benefit of supporting such a campaign as a large employer and I have asked our Communications team to link in with the alcohol education charity to look at how we might promote it in our Trust.
    - We reviewed a report looking at the condition of housing stock within Derby City. Interesting to note 57% of homes in the City are owner occupied and that we have a specific issue in Derby of having generally older housing stock than elsewhere (about 40% built before 1944). The total cost to bring private sector homes up to standard in Derby would be around £48 million.
    - We reviewed Derbyshire Fire and Rescue Services 5-year plan 'making Derbyshire Safer Together' and the consultation document can be seen and commented on at the Derbyshire Fire and Rescue website.

Within our Trust

5. During January the CQC carried out the final component of the current inspection by completing their three day well led review. In addition to this the CQC inspected 5 core services at the end of November and I would like to express my thanks to all colleagues from the Trust who were involved in the total inspection.

    In line with the national approach for inspections, the CQC have issued initial high-level feedback from both the Core Service visits and the Well Led inspection, which I have attached to my report as appendices 2 and 3.

    We would anticipate being able to factual accuracy check the formal reports within the next 4-6 weeks with publication being prior to April.

6. The run up to Christmas featured a wide range of activities in the Trust that focussed on team working and providing an opportunity for those individuals in our care to experience more familiar Christmas experiences for example:

- Our very popular Christmas Decorations competition, lots of entries with the overall winner being Bay Heath House.
- Cubley Court Christmas party
- League of Friends carol singing and present giving
- Reverse advent gifts

7. The Trust's Communications team has continued to support and promote key events and initiatives over recent months. This has included proactive promotion of the Delivering Excellence Awards, which received positive coverage both online and in print, showcasing the commitment and innovative work of Trust colleagues. In wider awards, the Trust – through its partnership with First Steps eating disorders service - won a special recognition award as part of the Markel Third Sector care awards. This success was celebrated on social media as well as in the Trust's internal communications. The Trust's move to TPP SystmOne has been mentioned in specialist national media with positive articles focusing on the Trust's consultation process and collaboration in making the decision. The Trust has also commented locally on the national announcement that Derbyshire is one of 10 areas across the UK to receive funding to provide immediate and longer-term support for those bereaved by suicide.

   Trust colleagues have participated in a number of activities over the winter months, to support people within our services over Christmas and the New Year. Our Children's Services distributed Christmas gifts to local families and the Trust supported Emily, a former service user at the Radbourne Unit, to collect gifts in a Reverse Advent project. Both projects were publicised on social media and have received positive coverage and feedback. A social media highlight in December was the Trust's Christmas decoration competition which involved more wards than ever and saw a real flowering of creativity across wards and offices through the whole of the Trust. This event was publicised with pictures ahead of the judges' decision, and then images of the winners were shared on social media and through the Trust's internal channels. This was a really successful way of promoting a good team spirit and ethic of working together across the Trust's sites.

8. My thanks to Brian and Ali, who were the facilitators, and the attendees at the December Radically Open Dialectical Behaviour therapy session, for allowing me to attend and take part. I don't want to talk about the content of the session as that wouldn't be fair to those who were there sharing, however I learnt so much in that one session about me personally and my thinking, but it really struck me that many of the things covered in the workbook probably apply very well to the leadership approaches and styles we are developing within our Trust.

9. The December Staff Forum celebrated two years of the forum meeting. We had some really helpful and challenging conversations about the Secretary of State's visit to the Trust and staffing levels which particularly focussed on opportunities to improve retention and how the developing culture absolutely supports that. In addition, we had a very engaging conversation about the menopause, how geared up we were to be supportive to colleagues on whom it was impacting, stigma, policies and opportunities for doing something differently. Following on from this great open conversation, we have a booked session on 6 March to meet with Trust colleagues and the national lead.

10. At our January Team Brief we launched our inclusion video where colleagues throughout the organisation shared what inclusion means to them. The video is an accompaniment to our new mini inclusion strategy, which will help our colleagues to be themselves regardless of age, race, gender, sexual orientation or any wider protected characteristics. The actions in the strategy will help the Trust to create a great place to work for our staff. Some of these actions are:

    - Review our Board Committees' inclusion objective to: "… actively consider the equality impact and evidence relating to all items of Committee business as part of the Committee's contribution to equality, diversity and inclusion."
    - Progress our Recruitment Action Steering Group
    - Grow our Reverse Commissioning project
    - Grow a network of inclusion champions
    - Grow our inclusion networks
    - Establish a Gender steering group
    - Continue to scale up our Reverse Mentor programme and evaluate its impact
    - Celebrate more through inclusion events
    - Support and empower our Workforce Race Equality Standard (WRES) expert and frontline representatives.

    The mini strategy is currently out for consultation and has been discussed in a variety of groups and networks and will be finalised and launched in the next few weeks.

11. The 17 January was a first for us as we celebrated colleagues' long service with a tea party at Kingsway. As we have come to expect, our catering team did a sterling job in creating a wonderful spread to aid the celebrations. It was a fantastic opportunity to meet colleagues who were celebrating 20, 30 or 40 years' NHS service, hear their stories and celebrate their incredible contribution to improving people's lives. Thanks to all colleagues who helped with the setting up of the session and of course to those who came along.

    - Since our last Board meeting, I have attended on the Road sessions at St Mary's Gate, Chesterfield – substance misuse team base and the Hartington Unit

    Some of the key issues arising from these sessions included:

    - Career progression for admin colleagues and the current lack of consistency relating to management arrangements.
    - Benefits of partnership arrangements and the impact of regular service tendering.
    - Physical health care improvements in substance misuse services and some of the approaches used.
    - Training still perceived to be Derby centric.

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

Assurances

- 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, people who use our services, and members of the public is being reported into the Board.

Consultation

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

Governance or Legal Issues

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

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

This document is a mixture of a strategic scan of key policy changes nationally and changes in the Derbyshire Health and Social Care environment that could have an impact on our Trust. The report also covers updates to the Board on my engagement with colleagues in the Trust and the reporting of internal actions and feedback I have received relating to the strategy delivery.

As such, implementation of national policy in our Trust would include a repeat Equality Impact Assessment, even though this will have been completed nationally. The confirmation of the direction of travel outlined in the Long Term Plan and the

enshrining in law of the financial investment needed, adds a level of assurance to resourcing services, to engage with groups such as those who are rough sleeping. In addition, any focus on early intervention or prevention must be seen as an opportunity to target culturally relevant interventions to our local communities.

This paper demonstrates some strong features of good practice relating to inclusion and diversity. The launch of our mini strategy demonstrates our desire as an organisation to have a real impact on supporting people to be themselves at work and to co-create and deliver a range of interventions that enhances a great place to work and therefore better outcomes for those who use our services.

Recommendations

The Board of Directors is requested to:

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

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

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

Joined Up Care Derbyshire

Agreed Place Board October 2019

Joined Up Care Derbyshire Place Board Strategy *"Working Together Makes a Difference"*

Purpose

This document sets out our vision and strategic ambitions for **the Joined Up Care Derbyshire Place Board**. Our purpose is two-fold: Place is a transformative work stream and will aim to deliver new models of care, integration and cost efficiencies by working differently together to improve care in the community. This way of working will inform and support the system leadership in Derbyshire as it develops a new architecture and culture for system working which integrates good health and wellbeing support for those who live and work in Derbyshire.

Place	Pop
Amber Valley	133,959
Bolsover & NE	183,283
Chesterfield	112,712
Derby City	340,033
Derbys Dales	82,729
Erewash	95,545
High Peak	60,430
S Derbys	54,684

Why do we need a strategy?

Nationally and locally, we are seeing crisis response all too often. The NHS Long term plan sets out key priorities and service standards for us to consider in Derbyshire. The time is right to work differently and better together to enable proactive empowerment and support for people - citizens and the workforce - when and where it is needed and as close to home as possible.

The organisations we are working with to develop and implement our strategy:

Derby and Derbyshire CCG
Derbyshire Community Health Services NHS FT
Derbyshire Mental Health NHS Trust
Chesterfield Royal NHS FT
University Hospitals of Derby and Burton NHS FT
East Midlands Ambulance Services
DHU Healthcare

Place Alliance Chairs and GP leads
Public Health
Derby City and Derbyshire County Local Authorities
Education
Derby and Derbyshire Local Medical Committee
Voluntary sector

Our Vision

People who live and work in Derbyshire will have their health, care and well-being understood and supported by system leaders who create the conditions for organisations to work better together to improve health and wellbeing, to enhance quality of care, create flexibility and responsiveness, to ensure system value, sustainability and equity.

Our Mission

We want to create the environment and opportunity for organisations and the populations they serve to come together to think, transform and work differently so that people can be well connected and can access communicative and coordinated services. Thus preparing the system to work together for the future.

Place Values – what does collaborative transformative working look like?

Our leaders and those who system work in a Derbyshire Place will:

- Have a spirit of adventure
- Be positive and optimistic
- Will work hard to think "System", agnostic of organisation, but bring their experience to the table
- Be innovative, courageous and push boundaries
- Be open-minded
- Be altruistic and driven by service to others;
- Be influential to encourage others and themselves to 'have a go'

Our Strategic Ambitions

Services

"We will boost 'out-of-hospital' care, and remove the divide between acute, primary, community health service and social care"

- An integrated service model is available 24/7 for all service users, providing right access to the right team in the right place
- We will proactively identify and address health, care and wellbeing needs holistically, working as one primary and community team around a person, wherever they are located out of hospital
- Staff within organisations will be able to work collaboratively with ease of access to truly shared records, joint management protocols which eradicate duplication through agreed and widely understood integrated pathways.

"Patients will have more choices avoiding the need to access emergency hospital based services

- We will be able to respond to urgent health, social and wellbeing crises when they occur, providing much of the support in our communities
- Those admitted to acute care are enabled to leave as quickly and as safely as possible, through integrated community and acute assessment of health and care needs. Discharge teams are readily able to access joint resources to personalise care and support in the community.

People's experience

"People will get more control over their health and more personalised care when they need it"

- My voice is heard and I am involved (or know how to be) and included in the design of services in my community, working alongside those who are leading the changes in my area
- My care and support help me to live the life I want to and do the things that are important to me
- I have access to information that allows me to make decisions and choices about my health and wellbeing and advice about my health and how I can be as well as possible
- I am treated with dignity and respect by staff in relation to the choices I make.
- When I need to move between service or areas, there is always a plan in place and people who know about me to ensure what happens next is easy and seamless caring experience
- My carers and my loved ones are involved and supported to care for me to the best of their ability.

Our Strategic Ambitions

System

"Digitally-enabled primary and outpatient care will go mainstream"

- As a Derbyshire resident, I can to access health services for advice and support, through various technologies
- I can utilise new technologies to meet and connect virtually with others, to help me not feel isolated or lonely
- I can access specialist advice without having to go a hospital.

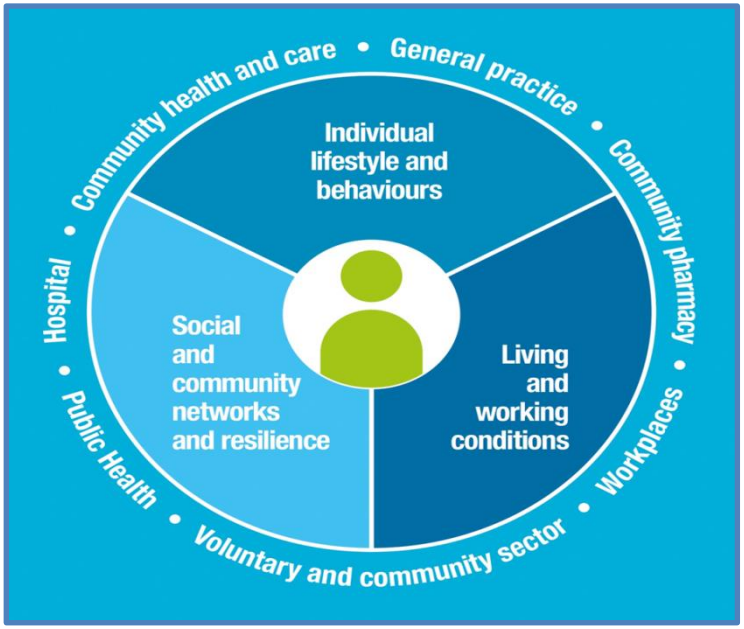
"Local NHS and other organisations will increasingly focus on population health – moving to an Integrated Care System across Derbyshire"

- Integrated care improves efficiency, eliminating duplication, reducing delays and improving people's flow through the system. This will enable resources to moved where they are needed most
- Emboldening workforce and commissioners to enable primary and community teams to work together differently
- Derbyshire Place Board will be integrally involved in the understanding of population health and the development of the Derbyshire ICS, both advising and being advised on strategic actions; this will include considering and assessing the maturity of Place Alliances and the leadership within the system
- Personalisation of health and care is facilitated through a broad offer of personal budgets.

Characteristics of our Derbyshire Integrated Care System

Strategic outcomes “How it will look when we are finished”

- My health and social care team and I are aware if I am at higher risk of developing health, or care needs, so that I can access proactive preventative treatment and support
- I can stay independent by being empowered to self-care, by using my personal and community strengths and assets
- If I need care or support, this will be assessed jointly by services involved with me, including care planning, management and discharge planning
- There is seamless access to community based health and care services when I need them
- I have a single point of access when I feel that I am in crisis; whether my emergency is for health, care or social reasons
- I want to only have to tell my story once to get the care and support that I need.
- My care and support is personalised to me and takes into account “who am I” and my carers will be supported



- ✓ Place areas will take a person centred approach to care
- ✓ An emphasis on ‘doing with’ rather than ‘doing to’
- ✓ People active in their own care and the design of services

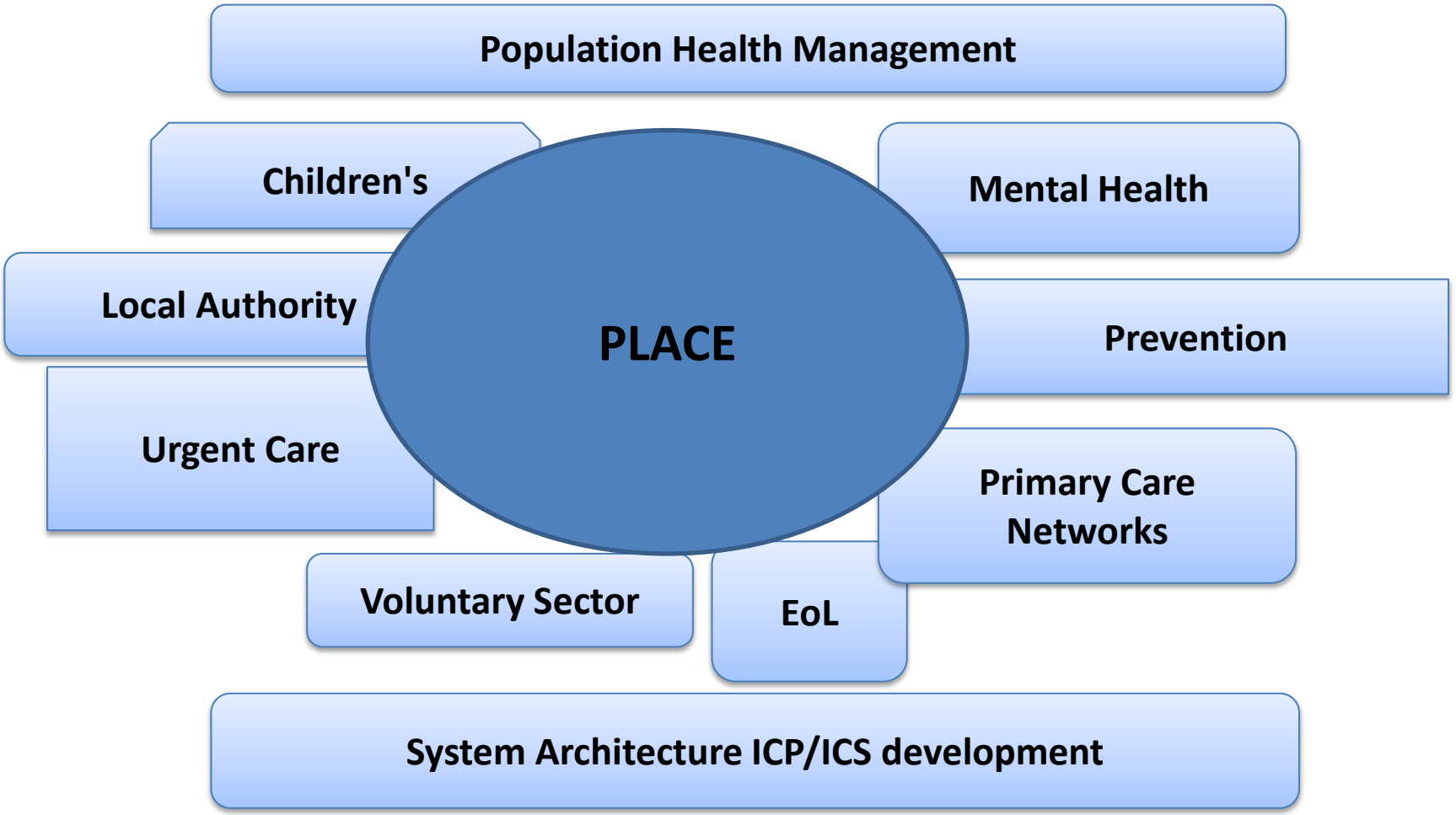
Enablers to transformation

Delivery of our strategy is dependent on the Derbyshire system working and thinking differently to realise our integrated way of working.

- System leaders will be equipped to understand, be skilled and confident to support
- and embody different ways of working, and encourage system-wide organisationally agnostic thinking
- Empowering users to have choice and control through shared decision making and co-design of services
- Integrated and supported workforce with joint cross-discipline training and working
- Proactive & inclusive communications will allow Place to be visible and consistent; good communication which reaches the shop floor workforce as well as managers and senior system-wide leaders. To routinely be asking people to think "wouldn't it be good if…"
- Robust proactive and reactive data availability and sharing with business intelligence support to understand and work on epidemiologically well understood national clinical and social priorities as well as the local variations in these priorities (this may allow inequity of investment to produce equity of outcome); to track changes and measure progress
- Asset mapping to understand individual Place Alliances - physical assets, as well as people, skill sets and overall capacity
- Strong system-wide governance and joined up service planning across organisations
- Integrated electronic records and system sharing of this information as a default
- High quality cross-sector providers who are engaged in system thinking and working
- Pooled and / or aligned resources – people, budgets, skills, assets, physical resource
- Joint system-wide strategic commissioning

Interdependencies

We will ensure our strategy is developed and delivered maximising the opportunities of working collaboratively with the wider system strategies and plans.

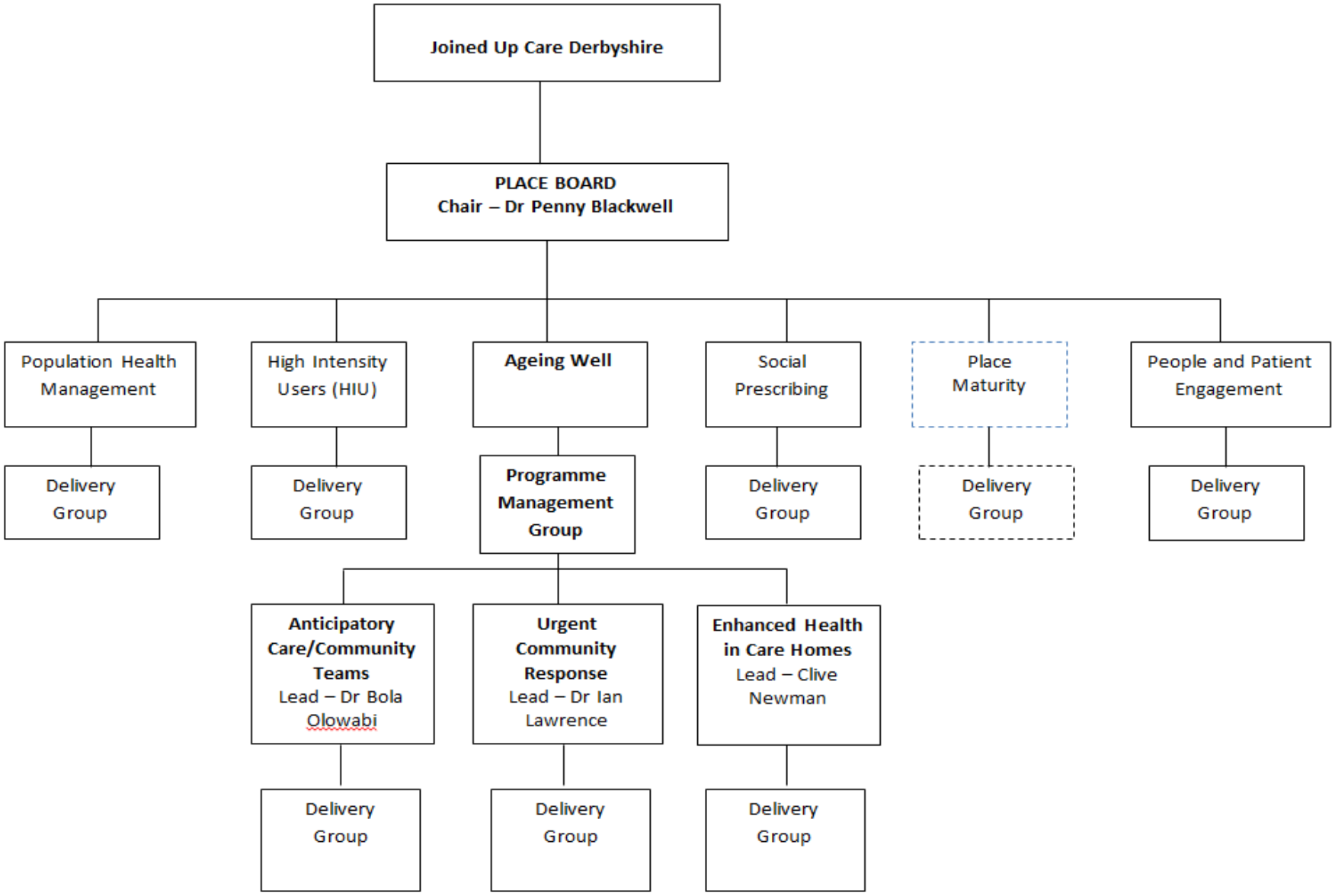


Place Board Delivery Programme

Place has committed to delivering further progress on fully integrated place based care over the next 5 years 19/20 – 23/24

Key deliverables	Milestones				
	19/20	20/21	21/22	22/23	23/24
Assess and improve integrated community rapid response provision ensuring a 2 hour response is in place where clinically appropriate by 2024					x
Ensure appropriate capacity is in place and transfers of care are quick and effective to deliver reablement within 2 days of referral by 2024					x
Progress towards the ambition of an integrated service model available 24/7 as appropriate					x
Work with PCNs to develop multi-disciplinary teams of community care professionals and review options for greater integration within the emerging ICP structure		x			
Consistent proactive identification and management of people at risk of unwarranted health outcomes through risk stratification, assessment and care planning in line with the anticipatory care element of 'Ageing Well'	x	x			
Improve local provision in line with the Enhanced Care in Care Homes framework		x			
Implement and review targeted case management approach to the most severe 'high intensity users'. Expand if successful	x	x			
Ensure community assets are understood and widen the support available for social prescribing link workers to access in each Place.					
Utilise population health management approaches to understand the use of, and demand for services across the health and care system to inform planning and prioritisation / development of provision for out of hospital care.	x	x			
Further develop opportunities to identify and meet the needs of people with 'lower level' mental health needs within the community			x		
Maximise the benefits of access to the single health care record by integrated community teams and ambulance staff				x	
Consider the opportunities, and maximise the benefits, of digitally enabled care in the community promoting early adoption		x			
Contribute to continued reductions in the number / proportion of delayed transfers of care to achieve Derbyshire share of the national target through ensuring appropriate range and capacity of provision to support people leaving hospital	x	x			
Leaders will feel equipped to deliver in a collaborative and transformative way agnostic of organisation, with a focus on people and communities	x	x			
Ensure continuation of the well-developed wider partnership role in place based working that has been built in Derbyshire to ensure we draw on the widest range of community assets in developing and delivering improvements in care and outcomes	x	x			
Support and manage Places in the transition to a new governance structure in the emerging system architecture, ensuring that the structures and frameworks of ICS/ICP enable true integration of planning and delivery of local services.	x	x			
Identify where increased resource in community could deliver impact on system; costs, outcomes and experience and agree mechanisms to plan and manage that shift, incentivising preventative and proactive care.	x	x			

Place – Flow Chart



By email

Care Quality Commission
Citygate
Gallowgate
Newcastle Upon Tyne
NE1 4PA

Telephone: 03000 616161
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Our reference: INS2-6023250191
Person Name: Mr Ifti Majid
Chief Executive
Derbyshire Healthcare NHS FT
Kingsway site
Ashbourne Centre Trust HQ
Derby
DE22 3 LZ

02/12/19

CQC Reference Number: INS2-6023250191

Dear Mr Ifti Majid

Re: CQC inspection of Derbyshire Healthcare NHS FT

I thought it would be helpful to give you written feedback of the highlights of the core inspections carried out last week (26-28 November). Please note that we will be going through the evidence collected and analysing it before writing the report.

This letter does not replace the draft report and evidence appendix we will send to you, but simply provides you with a basis to start considering what action is needed.

We would encourage you to discuss the findings of our inspection at the public session of your next board meeting. If your next board meeting takes place prior to receiving a final or draft inspection report and evidence appendix, this correspondence should be used to inform discussions with the board. When scheduling a discussion of this letter, or the draft report, please inform your CQC Regional Communications Manager, who is copied in to this letter.

An overview of our feedback

Community mental health services for adults of working age Core service

Locations inspected:	South Derbyshire and South Dales- Swadlincote Derby City- St Andrew's Bolsover and Clay Cross Chesterfield Central Killamarsh and North Chesterfield
	Areas for improvement
	Well-led concerns at Swadlincote. Staff not feeling supported by managers, impact on morale, policies on sickness and lone working not being followed. Staffing in some teams- sickness and vacancies affecting staff workload, stress levels and waiting lists. Ratings scales and outcome measures collected but unable to show patient outcomes due to the way the information is stored in electronic records system. Waiting times/ the management and recording of waiting times. Patients who are not ready to receive the service when they are referred (e.g. those detained in secure out of area placements) are included in the CMHT waiting time figures, which means the average waiting time for some services appears very long.
	Good practice
	Initiatives to meet patient needs and reducing waiting lists- NMPs, pharmacist input, therapeutic groups. Physical health care and clinic rooms at Derby City and Chesterfield Central. Caseload management tool has been implemented since last inspection. All patients and carers we spoke with were very positive about the input they received from staff. Consultant sends letters to patients about the consulation, copied into the GP (RCOP poster prize).

Acute Adult Admission Wards/PICU Core service

Locations inspected:	Hartington Unit Radborne Unit
	Areas for improvement
	Physical health/ meds monitoring – some omissions in these areas - examples where this could have been responded to better (both units) Seclusion – issues: Unable to deep clean seclusion room out of hours, patient reports that staff don't engage with them, and example of dignity not being respected. Records of seclusion not always updated (Radbourne) Illicit substances/ paraphernalia in the medicine's cupboard (not sealed) and had been there on one ward for extended period. Not all staff clear about policy for disposing of this (Radbourne) Dormitories in place throughout ((both units) T2's/T3's not always attached to medicines cards (Radbourne) A lack of focus on sexual safety (Hartington)
	Good practice
	Good support for newly qualified nurses reported Better morale Development of AIMS accreditation as part of phase 2 of Implementation plan Improvement in staffing, training supervision and appraisals (require updated data) Reducing restrictive interventions and blanket restrictions (require updated data) Learning from incidents evident Improved governance/ oversight

	HUB activities Good leadership and more direction

Children and Young People Core Service

Locations inspected:	Community health services for CYPF: St Pauls House / Revive / Redwoods Primary School Nurse / Jubilee House / Sinfin Health Centre / Ronnie MacKeith Centre
Organisation representatives present at the feedback session:	Sue Earnshaw Area Service Manager & Scott Lunn Clinical Lead
	Areas for improvement
	• Dissemination of information pertaining to provider level and division level incidents and lessons learnt. Staff were unable to provide examples of incidents or learning outside of their team. • Lack of leadership at local level. Staff members were stepping up to provide leadership. However, the trust are in the process of reintroducing clinical lead roles which should rectify this. • Lone working process is managed separately by each individual team with some inconsistencies with code words and escalation. Staff unable to provide assurance on process for new starters and staff from outside of their team. • Inaccuracies with the RPIR data showing incorrect training figures, incorrect safeguarding referrals (stating zero) and incorrect referral times. • Silo working across the division.
	Good practice
	• Feedback from patients and carers was overwhelmingly positive. • Very happy staff team at all levels. All speak of supportive management. • Good supervision; safeguarding, clinical and managerial • Some positive pilots ongoing with speech and language therapies and dentists. • Use of the Hospital Anxiety Scale at regular stages to assess parent mental health.

	• Health Visitors are consistently using the Red Books well. • Use of a QR code which links to a website, with multiple (75) language options, that allows families to access information normally found in leaflets • Use of brain box and breast feeding box with new parents to engage them in how to positively bond and support their new baby.

Community Learning Disability Services Core service

Locations inspected:	Derby City CST and IST- St Andrews House Erewash CST- Long Eaton Amber Valley CST – Rivermead Dale Bank CST - Swadlincote
	Areas for improvement:
	• Changes to service need to be more embedded but already showing improvements as detailed below. • Some concerns about clinicians not triaging referrals but measures in place to reduce risks of this.
	Good practice:
	• Good, safe lone working practices and all staff aware of these. • Learning from incidents, staff knew what and how to report. • Good clinical supervision, dysphagia supervision and regular reflective practice sessions. • Reduction of case loads, working proactively with people, clear expectations given as to service provided. • Good MDT working and good working with other teams in trust and external. • Observed staff to be caring and compassionate. • Person centred work - good examples of where staff have found out interests of the person and provided information in an accessible format to the individual to help them enaggae with the service. • Carers reported staff to be caring and carers involved where person agrees. • Staff responsive to referrals and reducing waiting lists. Waiting lists reduced significantly since last inspection – staff know who is on waiting list and working to reduce any risks.

	• Despite big and painful changes staff felt listened to and engaged in process and are now motivated to move forward. • Staff signed up to vision and values of trust – embedded in their practice. • Quality visits - staff know senior managers – CEO & Chair have visited – staff felt they were interested in their work and in them.

Crisis /HBPOS Core service

Locations inspected:	HBPOS: Radbourne Unit & Hartington Unit Derby City and South Derbyshire Crisis Resolution and HTT North Derbyshire and High Peak Crisis Resolution and HTT
	Areas for improvement:
	• Although checked daily, checking of the emergency equipment in HBPOS wasn't always to the trust standard of three times daily. • Crisis teams rostered one worker at night; the potential additional demands to this role could be high (bleep hold, support wards, supervise S136) and some staff we spoke with had anxieties about this. • We saw no cleaning record for portable health testing equipment. • Although care plans were present, the content and format of care planning was not always consistent among staff. We saw no stated minimum requirement or standard. • Staff did not always record when copies of care plans had been shared with patients. • At the start of a treatment episode, staff did not always routinely inform patients about how to raise a concern/complaint. • Electronic Record: staff not always familiar with the functionality of the system and inconsistencies in where staff recorded information.
	Good practice:
	• Additional monies having a positive impact on staffing indicators. Increasing the number of staff

	providing a service, additional leadership and multidisciplinary roles. • Environmental improvements to the HBPOS to manage blind spots and ligature risks. • Improved handover practices within crisis teams. • Crisis teams meeting local referral to triage/assessment targets, gatekeeping and no waiting lists to receive a service. • Evidence of good MDT working within teams, and good working relationships with teams internal and external to the trust. • Staff recorded compliments on the service they provided (accounting for 16% of trust total).

A draft inspection report will be sent to you once we have completed our due processes and you will have the opportunity to check the factual accuracy of the report. I am also copying this letter to Rebecca Stone at NHS Improvement.

Could I take this opportunity to thank you once again for the arrangements that you made to help organise the inspection, and for the cooperation that we experienced from you and your staff.

If you have any questions about this letter, please contact me through our National Customer Service Centre using the details below:

Telephone: 03000 616161

Write to: CQC
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

If you do get in touch, please make sure you quote or have the reference number (above) to hand. It may cause delay if you are not able to give it to us.

Yours sincerely

Julie Meikle

Head of Hospitals Inspection

CC. Rebecca Stone NHS Improvement representative

Louise Grifferty CQC regional communications manager

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BY EMAIL

Our reference: INS2-6023250191

Mr Ifty Majid, Chief Executive
Derbyshire Healthcare NHS
Kingsway Site
Ashbourne House
Derby
Derbyshire
DE22 3LZ

Date: 15/01/2020

CQC Reference Number: INS2-6023250191

Dear Mr Ifti Majid

Re: CQC inspection of Derbyshire Healthcare NHS FT – Well Led 13-15 January 2020

Following your feedback meeting with Kathryn Mason HOHI, Surrinder Kaur IM, Gary Marsh and Lisa Crichton-Jones executive reviewers and Yin Naing policy advisor,on the 15 January 2020, I thought it would be helpful to give you written feedback as highlighted at the inspection and given to you and your colleagues; Carolyn Green, Claire Wright and Caroline Maley at the feedback meeting.

This letter does not replace the draft report and evidence appendix we will send to you, but simply confirms what we fed-back on today and provides you with a basis to start considering what action is needed.

We would encourage you to discuss the findings of our inspection at the public session of your next board meeting. If your next board meeting takes place prior to receiving a final or draft inspection report and evidence appendix, this correspondence should be used to inform discussions with the board. When scheduling a discussion of this letter, or the draft report, please inform your CQC Regional Communications Manager, who is copied in to this letter.

An overview of our feedback

The feedback to you was:

We have seen the trust has been on a journey of improvement and we have seen a caring compassionate culture of change being embedded.

Leadership

- The trust had an experienced leadership team who had a comprehensive knowledge of current priorities and challenges.
- A board development program exists and continues to mature.
- The trust recognised the leadership training needs of managers at Band 7 and above.
  The trust should continue to cascade leadership training to all levels across the trust and should be assertive and proactive in monitoring the uptake of leadership training by BME groups.
- Fit and proper person processes had matured and were met.
- Senior leaders made sure they visited all parts of the trust and fed back to the board to discuss challenges staff and the services faced.
- There was evidence of compassionate collaborative leadership and services being clinically led.
- There was continued significant systemic leadership in the health economy by CEO, executive directors and NEDs.
- There was observed good NED challenge at trust board and audit committee, and in the minutes of sub committees. There was clearly a mature relationship established with governors by NEDs.
- Stakeholders recognized the progress of the organisation.

Vision and Strategy

- The board and senior leadership team had refreshed the strategy, set a clear vision and values. They worked hard to make sure staff at all levels understood them in relation to their daily roles.
- The newly developed trust strategy involved clinicians, patients and groups from the local community in the development of the strategy.
- The strategy was linked to the wider plans of the health and social care economy.
- *All board members need to be able to clearly articulate the population needs which inform the strategy and there should be continued engagement of staff of this to inform service development.*

Culture

- There was significant improvement in the culture of the organisation. Staff felt respected, valued, listened too and involved. Staff were proud to work for the trust. Staff were positive about the “people first approach” which was having a positive impact, including a decrease in disciplinaries
- Staff reported a just culture was in place
- Staff felt equality and diversity were promoted in their day to day work
- Good success of reverse mentorship and plans for the involvement of patients in this.

Governance

- The trust had a clear structure for overseeing performance, quality and risk, with board members represented across the divisions. This gave them greater

oversight of issues facing the service and they responded when services needed more support. Action had been taken to respond to external consultant recommendations from Janruary 2018.
- There was good supportive team working at all levels.

- *The organisaton recognized that the current list of manadatory courses to be too long and have plans to review. The compliance with many of the mandatory courses appeared to be below 75%, within core services. (futher evidence to be provided by trust)*
- *The trust had a plan in place for a governance review to ensure governance systems and processes reflect the current position of the trust and future ambitions which should be implemented.*

Management of risk, issues and performance

- The trust had systems in place to identify learning from incidents, complaints and safeguarding alerts and make improvements.
- Robust arrangements were in place for identifying, recording and managing risks, issues and mitigating actions. Recorded risks were aligned with what staff said were on their 'worry list'. There was regular review of the BAF at the board, and through the board subcommittees.
- *The trust should review the annual health and safety audit process in reference to action planning, and monitoring to assure itself that health and safety risks are mitigated.*

Information management

- The board reviewed performance reports that included data about the services. Assurance was gained through triangulation e.g. Quality visits, deep dives, walk about, information from governors.
- Staff had enough access to performance information in the form of dashboards and were complimentary about the IT support they received.
- The trust planned to move to a new electronic patient record system, with clear plans for this to be clinically led.

Engagement

- The trust made sure that it included and communicated effectively with patients, staff, the public, and local organisations. There was encouragement of clinical staff to be involved with the work of the STP.
- The trust sought to actively engage with people and staff in a range of equality groups.
- Staff and patients felt empowered to support the design of services.

Learning, continuous improvement and innovation

- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training and change.
- The trust were using the QI approach and methods to bring about improvements and had plans to fully embed across the organisation.
- Lessons learnt were shared e.g. blue light system. Consideration was given as to which teams needed to have lessons learnt shared with.

- There was evidence of the organisaton benchmarking and reaching out to other MH organisations', Staff went to other places to seek good practice and learning, this should continue.
- We heard examples of improvements made.

A draft inspection report will be sent to you once we have completed our due processes and you will have the opportunity to check the factual accuracy of the report. I am also copying this letter to Bekky Stone at NHS Improvement and Karon Glynn NHSE.

Could I take this opportunity to thank you once again for the arrangements that you made to help organise the inspection, and for the cooperation that we experienced from you and your staff.

If you have any questions about this letter, please contact me through our National Customer Service Centre using the details below:

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Yours sincerely

Kathryn Mason

c.c. Chair of Trust - Caroline Maley
Bekky Stone NHS Improvement representative
Louise Grifferty - CQC regional communications manager
Karon Glynn NHSE

Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 3 March 2020

Chief Executive's Report to the Public Board of Directors

Purpose of Report

This report provides the Board of Directors with feedback on changes within the national health and social care sector, as well as providing an update on developments occurring within our local Derbyshire health and social care community. The report also updates the Board on feedback from external stakeholders, such as our commissioners, and feedback from our staff. The report should be used to support strategic discussion on the delivery of the Trust strategy. The Board should note that the report reflects a wider view of the Trust's operating environment and serves to horizon scan for risks that may affect the organisation. Risks identified are highlighted in the report and taken forward to assess their operational and strategic impact, and recorded on operational risk registers, or the Board Assurance Framework, as appropriate.

National Context

1. The 2019 Workforce Race Equality Standard (WRES) has been released by the WRES Implementation Team. The WRES requires organisations employing the 1.4 million NHS workforce to demonstrate progress against nine indicators of staff experience; and supports continuous improvement through robust action planning to tackle the root causes of discrimination. This year saw a series of further national drives on this critical agenda; the NHS Long Term Plan included clear lines on the aspiration to improve black and minority ethnic representation at senior levels in the NHS, it also allocated additional resource to the WRES programme of work over the coming years.

   Having implemented the WRES for the last four years, many NHS organisations are now beginning to see continuous improvements across a range of WRES indicators – this is reflected in the latest national WRES data. However, at the same time, as a Board we know that embedding and sustaining continuous improvements in transforming the culture of an organisation takes time and focus. It requires organisations to approach this work with an open mind and an honest heart and as we discuss is best developed through openly hearing real stories from colleagues.

   The key findings this year include:

   - In 2019, 19.7% of staff working for NHS trusts and clinical commissioning groups (CCGs) in England were from a black and minority ethnic (BME) background; this has been increasing over time
   - Across all NHS trusts and CCGs, there were 16,112 more BME staff in 2019 compared to 2018.
   - The total number of BME staff at very senior manager (VSM) pay band has increased by 21, from 122 in 2018 to 143 in 2019, and is up by 30% since 2016
   - White applicants were 1.46 times more likely to be appointed from shortlisting compared to BME applicants; a similar figure to that reported in

2018, and an improvement on the 1.60 times gap in 2017 and 2016.

- The relative likelihood of BME staff entering the formal disciplinary process compared to white staff has reduced year-on-year, from 1.56 in 2016 to 1.22 in 2019
- WRES indicators relating to staff perceptions of discrimination, bullying, harassment and abuse, and on beliefs regarding equal opportunities in the workplace, have not changed for both BME and white staff
- The relative likelihood of white staff accessing non–mandatory training and continuous professional development (CPD) compared to BME staff was 1.15. This remained the same as last year
- 8.4% of board members in NHS trusts were from a BME background; an improvement from 7.4% in 2018 and 7.0% In 2017.
- The number of BME board members in trusts increased by 35 in 2019 compared to 2018 – an additional 18 executive and 17 non-executive board members
- In 2014, two-fifths of all NHS trusts in London had zero BME board members. As at 1 December 2019, all London trusts have at least one BME board member; a significant achievement. 14.7% of Very Senior Managers in London are now from a BME background.

The WRES data is very helpful in helping us to understand our progress against a national position. Whilst there is evidence of continuous improvement, those improvements are small, and we should not be self-congratulatory more we should be asking ourselves why we are not seeing a steeper improvement trajectory. As a Board we should remember that the data relates to the financial year 2018/19 and last year's staff survey results. As a Trust we continue to need to make very significant improvements across all eight indicators particularly indicator 2 - Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants and indicator 3 - Relative likelihood of BME staff entering the formal disciplinary process compared to white staff. We will be discussing these results at both the BME Network and the Equalities Forum and I have asked for more up to date information from our People Services with respect to the two indicators mentioned above so we can see how we are currently performing given the actions we have taken since April 2019.

2. The Care Quality Commission (CQC) has published Monitoring the Mental Health Act in 2018/19, under its statutory duty to provide Parliament with an annual review of how health services in England apply the Mental Health Act (MHA). Key points include:

    - The Care Quality Commission (CQC) has identified the use of human rights principles and frameworks as a key area of concern. CQC state services must apply human rights principles and frameworks, and their impact on people should be continuously reviewed to make sure people are protected and respected.
    - CQC Mental Health Act (MHA) monitoring visits suggest that since 2015 the number of services meeting the basic expectations of the MHA code of practice have improved.
    - CQC has concluded it is difficult for patients, families, professionals and carers to navigate the complex laws around mental health and mental capacity.
    - Patient involvement needed to improve in 26% of care plans it reviewed in

2018/19.

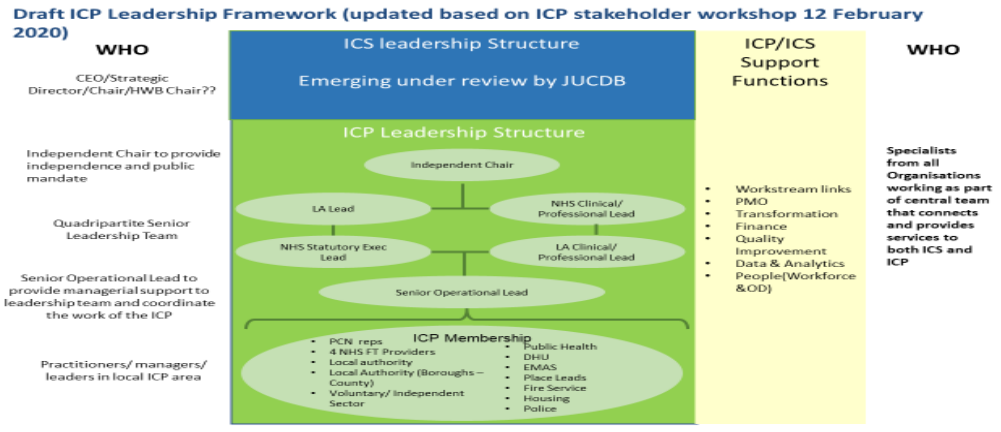
- Concern was also expressed about the pace of change in community services particularly relating to increasing capacity and responsiveness to compensate for in patient bed reductions.

The lessons learnt from this review should be considered by our Mental Health Act Committee to ensure that locally we learn lessons from these national trends.

Local Context

3. The Joined Up Care Derbyshire (JUCD) Board meeting was held in public on 20 February. Key items discussed included:

- In the last week of February NHS England (NHSE) / NHS Improvement (NHSI) had their regular System performance meeting attended by Claire Wright on my behalf, with a focus on in-year performance, system financial position, the journey to becoming an Integrated Care System (ICS) and compliance with the long term plan and local transformation
- It was very helpful to note the County Council Director of Public Health's annual independent report 'Stronger for Longer' looking at the health and wellbeing of our local population. The report is available from www.derbyshire.gov.uk/stronger
- The first draft of the annual system plan is due on the 5 March 2020 and work is ongoing to comply with this submission date. Following feedback from NHSI/E it is anticipated we will need to bring the plan to our Board meeting ahead of the April final submission date.
- We agreed the terms of reference for the Clinical and Professional Reference Group, the group that will provide clinical and professional oversight of transformational change, performance and innovation.
- The financial position of the system remains behind plan by £36.3m mainly driven by the two acute hospitals. The system savings requirement is also behind plan by circa £4 million.
- The board signed off the leadership model for Integrated Care Systems which had been arrived at through significant collaboration and consultation with key stakeholders.



Within our Trust

4. On 14 February the Trust received the draft comprehensive inspection report from the CQC. This report is embargoed whilst factual accuracy checks take place (ten days) and the publication date is agreed with the CQC. We expect this to be during March. As required all Board members have received a copy of the draft report. We will now begin to build up a theme-based response to the findings that will be monitored by the Executive Leadership Team and assurance provided to Board via the Quality and Safeguarding Committee.

5. This year's staff survey has now been released and I wanted to publicly thank all colleagues who participated in the 2019 staff survey. More colleagues than ever completed the survey that was undertaken late last year, and I'm delighted to say that the feedback provides a strong set of results.

   In comparison to the feedback received in 2018, the most recent survey results show we have significantly improved in approximately a third of all the areas surveyed – and we have not received lower scores on any of the themes.

   I am most pleased to share that the two Friends and Family Test questions that we ask throughout the year have seen marked improvement:

   - 64.6% of colleagues say they would recommend Derbyshire Healthcare as a place to work. *This is an improvement of 8.6%* compared to the response we received last year
   - 65.6% of colleagues said they would recommend the Trust as a place to receive care or treatment, which is an *increase of 4.6%* from last year and a 9% improvement when compared with the feedback we received in 2016.

   This analysis is also supported by noticeable improvements in each question that relates to the quality of care that we provide – all of which put us above average, when compared with the results received by other trusts that provide similar services to ourselves.

   Other highlights and positive feedback in the survey can be found on topics including:

   - Feedback from patients being used to inform decision making
   - Colleagues being treating fairly when they are involved in incidents or near misses
   - The Trust's values being discussed in appraisals
   - Management support to colleagues accessing training, learning or developments identified in appraisals
   - Adjustments being made to support colleagues with disabilities
   - Personal freedoms and responsibilities in deciding how to do work
   - Reduced instances of abuse, bullying and harassment from patients, their relatives and members of the public
   - Reducing the frequency of staff working additional, unpaid hours.

There are some areas where the survey shows we still have more to do and I am not complacent, we will continue to drive improvements in these areas. This includes:

- reducing any incidents of bullying and harassment,
- improving the quality of our appraisals
- clearly defining work objectives following appraisals or performance reviews.

I have attached an infographic at appendix 1 that visually summarises the results.

One of the lessons this year, even though we had the highest response rate ever, is how can we make it as easy as possible for colleagues to take part in the survey. We will be investing in paper copies for our acute care colleagues, to ensure they have a better opportunity to respond.

6. On 6 February myself and Claire Wright met some 50 of our preceptors from a range of professions including nurses, nurse associates and occupational therapists (OTs) to discuss the culture of the Trust and their role in maintaining and developing that culture. We were also able to spend some time discuss leadership in the NHS and sharing with our preceptors some of the messages we have been giving to leaders in our organisation. The session was well received, and I have agreed to do a focussed 'On the Road' session with our preceptors in August.

7. Building on the information we have discussed much as a Board and at Finance and Performance Committee over the past few months, we have commenced a process of updating colleagues in the organisation about the financial requirements for next year 2020/21. In line with our values and emerging culture approach to managing challenges we have done this through open and honest emails to colleagues in the organisation that both outline the level of the challenge as well as some important context and history. In addition, executive colleagues have met with Staff Side and our Staff Forum to both share the background and current detail as well as the process for development of plans for closing the gap. Feedback has generally been positive with respect to our aim of being open and transparent however as a Board we should be cognisant that regardless of assurances about job security information such as this can create anxiety and worry in colleagues and it is important, we continue to keep colleagues up to date with progress.

8. In terms of our media work, we are continuing to speak up about the importance of capital investment in the NHS, particularly in regards to inpatient (hospital) facilities. Following the publication of our Estates Strategy at the February Board, BBC East Midlands Today interviewed our Chief Operating Officer about our ambition to develop new acute mental health inpatient facilities with single, en-suite rooms, and to establish a psychiatric intensive care unit (PICU) within Derbyshire. I also spoke on behalf of the Trust in relation to an NHS Providers survey which showed that two thirds of NHS trusts providing mental health services will not receive the funding they need this year to invest in urgent repairs or upgrade their facilities. My comments were featured in publications including the Nursing Times.

6 February was Time To Talk Day, and I am pleased that the Trust marked the day with a range of activities, generating significant coverage on social media. Trust colleagues were able to find out about support available to them through a drop in session at the Ashbourne Centre on the Kingsway Hospital site. The Trust also co-organised a Run, Walk, Talk event at Markeaton Park in Derby which had significant reach on social media both on Time To Talk Day and in the days beforehand; Run, Walk, Talk has now become a fixture in the local calendar and is proving effective at bringing the community together and promoting a combined approach to improving physical and mental health. Run, Walk, Talk was nominated for a 'Towards an Active Derbyshire' award during February, in the innovation category, and was praised by one of our colleagues on the Victoria Derbyshire show on BBC2 this month during a piece about the importance of safety planning. Congratulations to Dr Subodh Dave and Jane Foulkes for making Run, Walk, Talk (#RunWalkTalk) such a success.

We continue to celebrate our fantastic, dedicated workforce. This year is WHO's Year of the Nurse and the Midwife and we will be sharing a profile of one nurse each month on social media. 21 February was also Mental Health Nurses Day, and several of our nursing colleagues were featured on our Facebook and Twitter pages.

Our 2019 Staff Survey results also generated media and social media interest, with lots of positive comments made about our improvement since 2018. Peak FM included our survey results infographic on their website.

9. During February I have met with two of our local MPs, Toby Perkins (Chesterfield) and Amanda Solloway (Derby North). These meetings are really helpful because not only do they provide an opportunity for me to receive feedback from our local MPs about issues their constituents are raising but it allows me to share some of the broader challenges we are wanting government to be aware of, for example the need for prioritised mental health capital, the transparency with which we see mental health investment hitting the frontline, challenges with ongoing and continuous tendering of services in particular our Children's and Substance Misuse services.

Since our last Board meeting I have attended 'On the Road' sessions at Corbar View, Buxton. Some of the key issues arising from these sessions included:

- Relationship with Stepping Hill and ability to access beds there for residents. Some helpful feedback that residents of the south High Peak were expressing a preference to be admitted to our Trust beds in Chesterfield
- Great presentation about the benefits of revamping our volunteer recruitment and management process
- Benefits of having a pharmacist attached to a community team
- Benefits of having a local non-medical prescriber.

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

Assurances

- 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, people who use our services, and members of the public is being reported into the Board.

Consultation

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

Governance or Legal Issues

- This document presents several emerging reports that may become a legal or contractual requirement for the Trust, and potentially impact on our regulatory licences.

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

This document is a mixture of a strategic scan of key policy changes nationally and changes in the Derbyshire Health and Social Care environment that could have an impact on our Trust. The report also covers updates to the Board on my engagement with colleagues in the Trust and the reporting of internal actions and feedback I have received relating to the strategy delivery.

As such implementation of national policy in our Trust would include a repeat Equality Impact Assessment, even though this will have been completed nationally. The results of the Workforce Race Equality Standard (WRES) whilst demonstrating movement in the right direction do not, for me, demonstrate sustainable cultural change. As a Trust we must review the national findings and compare our internal progress to that as well as finding a way to gather and report data both relating to WRES and Workforce Disability Equality Standard (WDES) in a more timely way so we don't need to wait for the national reports to see our progress.

This paper demonstrates some strong features of good practice relating to inclusion and diversity. The opportunity to spend time talking to newly qualified colleagues about diversity and their role in challenging discrimination was invaluable.

Recommendations

The Board of Directors is requested to:

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

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

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

2019 NHS Staff Survey: results summary

NHS
Derbyshire Healthcare
NHS Foundation Trust

- Highest ever response rate - 60%
- 9 areas higher than 2018
- 2 areas the same as 2018

Staff Friends and Family Test measure

Q21c: I would recommend my organisation as a place to work

Up 9% from 2018
From 56% to 65%

Staff Friends and Family Test measure

Q21d: If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation

Up 5% from 2018
From 61% to 66%

Equality, diversity & inclusion
Same score as 2018
9.2

Health & wellbeing
Improvement on 2018
6.3

Immediate managers
Improvement on 2018
7.4

Morale
Improvement on 2018
6.6

Quality of appraisals
Improvement on 2018
5.6

Quality of care
Improvement on 2018
7.5

Safe environment - Bullying & harassment
Improvement on 2018
8.4

Safe environment - Violence
Same score as 2018
9.5

Safety culture
Improvement on 2018
6.7

Staff engagement
Improvement on 2018
7.1

Team working
Improvement on 2018
7.1

How our scores compare to the average Combined Mental Health/LD & Community Trust score:

- Better than average
- The same as average
- Worse than average

All of the eleven themes are scored on a 0-10 scale, where a higher score is more positive than a lower score. These theme scores are created by scoring question results and grouping these results together.

Governor Meeting Timetable 2020/2021 (excluding governor training and development sessions)

DATE	TIME	EVENT	LOCATION
2/4/20	10.00am-12.30pm	Governance Committee	Training Room 1 & 2, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
5/5/20	9.30am onwards	Trust Board Meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
5/5/20	2.00pm onwards	Council of Governors meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
9/6/20	10.00am-12.30pm	Governance Committee	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
7/7/20	9.30am onwards	Trust Board Meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
7/7/20	2.00pm onwards	Council of Governors meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
11/8/20	10.00am-12.30pm	Governance Committee	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
1/9/20	9.30am onwards	Trust Board Meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
1/9/20	2.00pm onwards	Council of Governors meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
10/9/20	2.30pm market place 4-6 formal meeting	Annual Members' Meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
8/10/20	10.00am-12.30pm	Governance Committee	Meeting Room 1, Albany House, Kingsway Site, Derby DE22 3LZ
3/11/20	9.30am onwards	Trust Board Meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
3/11/20	2.00pm onwards	Council of Governors meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
Mid-Jan 2021 – date to	10.00am-12.30pm	Governance Committee (rescheduled from 10.12.20)	Meeting Room 1, Albany House, Kingsway Site, Derby DE22 3LZ

be confirmed			
13/1/21	9.30am onwards	Trust Board Meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
9/2/21	10.00am-12.30pm	Governance Committee	Meeting Room 1, Albany House, Kingsway Site, Derby DE22 3LZ
2/3/21	9.30am onwards	Trust Board Meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
2/3/21	2.00pm onwards	Council of Governors meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS	
NHS Term / Abbreviation	**Terms in Full**
A	
A&E	Accident & Emergency
ACCT	Assessment, Care in Custody & Teamwork
ACE	Adverse Childhood Experiences
ACP	Accountable Care Partnership
ACS	Accountable Care System (now known as ICS)
ADHD	Attention Deficit Hyperactivity Disorder
AfC	Agenda for Change
AHP	Allied Health Professional
AIMS	Royal College of Psychiatrists Accreditation for Inpatient Mental Health Services Standards
ALB	Arms-length body such as NHS Improvement (NHSI) and NHS England (NHSE)
AMM	Annual Members' Meeting
AMHP	Approved Mental Health Professional
ANP	Advanced Nurse Practitioner
AO	Accountable Officer
ASD	Autism Spectrum Disorder
ASM	Area Service Manager
B	
BAF	Board Assurance Framework
BLS	Basic Life Support (ILS Immediate Life Support)
BMA	British Medical Association
BAME	Black, Asian & Minority Ethnic group
BoD	Board of Directors
C	
CAMHS	Child and Adolescent Mental Health Services
CASSH	Care & Support Specialised Housing
CBT	Cognitive Behavioural Therapy
CCG	Clinical Commissioning Group
CCT	Community Care Team
CDMI	Clinical Digital Maturity Index
CE	Chief Executive
CEO	Chief Executive Officer
CGA	Comprehensive Geriatric Assessment
CIP	Cost Improvement Programme
CMDG	Contract Management Delivery Group
CMHT	Community Mental Health Team
CNST	Clinical Negligence Scheme for Trusts
COAT	Clinical Operational Assurance Team
COF	Commissioning Outcomes Framework
CoG	Council of Governors
CPA	Care Programme Approach
CPD	Continuing Professional Development
CPN	Community Psychiatric Nurse
CPR	Child Protection Register
CQC	Care Quality Commission
CQI	Clinical Quality Indicator
CQUIN	Commissioning for Quality and Innovation
CRB	Criminal Records Bureau

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS	
NHS Term / Abbreviation	**Terms in Full**
CRG	Clinical Reference Group
CRS	(NHS) Care Records Service
CRS	Commissioner Requested Services
CSF	Commissioner Sustainability Fund
CTO	Community Treatment Order
CTR	Care and Treatment Review
D	
DAT	Drug Action Team
DBS	Disclosure and Barring Service
DBT	Dialectical Behavioural Therapy
DfE	Department for Education
DCHS	Derbyshire Community Health Services NHS Foundation Trust
DHCFT	Derbyshire Healthcare NHS Foundation Trust
DIT	Dynamic Interpersonal Therapy
DNA	Did Not Attend
DH	Department of Health
DoLS	Deprivation of Liberty Safeguards
DNA	Did not attend
DPA	Data Protection Act
DRRT	Dementia Rapid Response Team
DTOC	Delayed Transfer of Care
DVA	Derbyshire Voluntary Action (formerly North Derbyshire Voluntary Action)
DWP	Department for Work and Pensions
E	
ECT	Enhanced Care Team
ECW	Enhanced Care Ward
ED	Emergency Department
EDS2	Equality Delivery System 2
EHIC	European Health Insurance Card
EHR	Electronic Health Record
EI	Early Intervention
EIA	Equality Impact Assessment
EIP	Early Intervention In Psychosis
ELT	Executive Leadership Team
EMDR	Eye Movement Desensitising & Reprocessing Therapy
EMR	Electronic Medical Record
EPR	Electronic Patient Record
ERIC	Estates Return Information Collection
ESR	Electronic Staff Record
EUPD	Emotionally Unstable Personality Disorder
EWTD	European Working Time Directive
F	
FBC	Full Business Case
FFT	Friends and Family Test
FOI	Freedom of Information
FSR	Full Service Record
FT	Foundation Trust
FTE	Full-time Equivalent
FTN	Foundation Trust Network
FTSU	Freedom to Speak Up

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS	
NHS Term / Abbreviation	**Terms in Full**
FTSUG	Freedom to Speak Up Guardian
F&P	Finance and Performance
5YFV	Five Year Forward View
G	
GDPR	General Data Protection Regulation
GGI	Good Governance Institute
GMC	General Medical Council
GP	General Practitioner
GPFV	General Practice Forward View
H	
HCA	Healthcare Assistant
HEE	Health Education England
HES	Hospital Episode Statistics
HoNOS	Health of the Nation Outcome Scores
HSCIC	Health and Social Care Information Centre
HSE	Health and Safety Executive
HWB	Health and Wellbeing Board
I	
IAPT	Improving Access to Psychological Therapies
ICM	Insertable Cardiac Monitor
ICS	Integrated Care System (formerly ACS)
ICT	Information and Communication Technology
ICU	Intensive Care Unit
IDVAs	Independent Domestic Violence Advisors
IG	Information Governance
ILS	Immediate Life Support (BLS – Basic Life Support)
IM&T	Information Management and Technology
OOA	Outside of Area
IPP	Imprisonment for Public Protection
IPR	Individual Performance Review
IPT	Interpersonal Psychotherapy
J	
JNCC	Joint Negotiating Consultative Committee
JTAI	Joint Targeted Area Inspections
JUCB	Joined Up Care Board
JUCD	Joined Up Care Derbyshire
K	
KPI	Key Performance Indicator
KSF	Knowledge and Skills Framework
L	
LA	Local Authority
LCFS	Local Counter Fraud Specialist
LD	Learning Disabilities
LHP	Local Health Plan
LHWB	Local Health and Wellbeing Board
LOS	Length of Stay
M	
MARS	Mutually Agreed Resignation Scheme
MAU	Medical Assessment Unit

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS	
NHS Term / Abbreviation	**Terms in Full**
MAS	Memory Assessment Service
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.
MASH	Multi-Agency Safeguarding Hub
MCA	Mental Capacity Act
MDA	Medical Device Alert
MDM	Multi-Disciplinary Meeting
MDT	Multi-Disciplinary Team
MFF	Market Forces Factor
MHA	Mental Health Act
MHIN	Mental Health Intelligence Network
MHIS	Mental Health Investment Standard
MHRT	Mental Health Review Tribunal
MSC	Medical Staff Committee
MSK	Musculoskeletal (conditions)
N	
NCRS	National Cancer Registration Service
NED	Non-Executive Director
NICE	National Institute for Health and Care Excellence
NHS	National Health Service
NHSE	National Health Service England
NHSI	National Health Service Improvement
NIHR	National Institute for Health Research
O	
OBC	Outline Business Case
ODG	Operational Delivery Group
OP	Out Patient
OSC	Overview and Scrutiny Committee
OT	Occupational therapy
P	
PAB	Programme Assurance Board
PAG	Programme Advisory Group
PALS	Patient Advice and Liaison Service
PAM	Payment Activity Matrix
PARC	Psychosis and the reduction of cannabis (and other drugs)
PARIS	This is an electronic patient record system
PbR	Payment by Results
PCC	Police & Crime Commissioner
PCN	Primary Care Networks
PDSA	Plan, Do, Study, Act
PHE	Public Health England
PICU	Psychiatric Intensive Care Unit
PID	Project Initiation Document
PiPoT	People in Positions of Trust
PLIC	Patient Level Information Costs
PMLD	Profound and Multiple Disability
PPI	Patient and Public Involvement

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS	
NHS Term / Abbreviation	**Terms in Full**
PPT	Partnership and Pathway Team
PREM	Patient Reported Experience Measure
PROMS	Patient Reported Outcome Measure
PSF	Provider Sustainability Fund
PSIRF	Patient Safety Incident Review Framework
Q	
QAG	Quality Assurance Group
QC	Quality Committee
QIA	Quality Impact Assessment
QIPP	Quality, Innovation, Productivity Programme
R	
RAID	Rapid Assessment, Interface and Discharge
RCGP	Royal College of General Practitioners
RCI	Reference Cost Index
REGARDS	Race, Economic disadvantage, Gender, Age, Religion or belief, Disability and Sexual orientation
RTT	Referral to Treatment
S	
SAAF	Safeguarding Adults Assurance Framework
SBARD	Situation, Background, Assessment, Recommendation and Decision (SBARD) tool
SBS	Shared Business Services
SEND	Special Educational Needs and Disabilities
SI	Serious Incidents
SID	Senior Independent Director
SIRI	Serious Incident Requiring Investigation
SLA	Service Level Agreement
SLR	Service Line Reporting
SOC	Strategic Options Case
SOF	Single Operating Framework
SPOA	Single Point of Access
SPOE	Single Point of Entry
SPOR	Single Point of Referral
STEIS	Strategic Executive Information System
STF	Sustainability and Transformation Fund
STP	Sustainability and Transformation Partnership
SUI	Serious (Untoward) Incident
T	
TARN	Trauma Audit and Research Network
TCP	Transforming Care Partnerships
TCS	Transforming Community Services
TDA	Trust Development Authority
TMT	Trust Management Team
TUPE	Transfer of Undertakings (Protection of Employment) Regulations 1981
TMAC	Trust Medical Advisory Committee
U	
UDBH	University Hospitals of Derby and Burton
V	
VO	Vertical Observatory

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS	
NHS Term / Abbreviation	**Terms in Full**
W	
WDES	Workforce Disability Equality Standard
WRES	Workforce Race Equality Standard
WTE	Whole Time Equivalent
Y	
YTD	Year to Date