

Derbyshire Healthcare NHS Foundation Trust Council of Governors' Meeting

Conference Room A & B, First floor, Centre for Research and Development, Kingsway Hospital, Derby
DE22 3LZ

5 November 2019 14:00 - 5 November 2019 17:00

INDEX

1. Agenda Council of Governors agenda - 5 November 2019.docx.....	3
1.2 Vision and Values.pdf.....	4
1.3 CoG development slide.pdf.....	5
3. Minutes of the Council of Governors' meeting held on 3 September 2019.do.....	6
4. COG Actions Matrix.pdf.....	15
6. Governors Annual Effectiveness Survey.doc.....	16
9. How to interpret a run chart.pptx.....	31
10. Integrated Performance and Activity Oct 2019.docx.....	32
11. Wellbeing and improving attendance and developing the staff Wellbeing Strat.....	49
12. Governance Committee report.doc.....	56
13. AMM feedback.doc.....	60
14. Governor elections update.doc.....	63
18.1 Ratified Public Board Minutes 2 JUL 2019.pdf.....	69
18.2 Ratified Public Board Minutes 3 SEP 2019.pdf.....	81
19.1 Chair's Update October 2019.docx.....	94
19.2 Trust Chair Board Report November 2019.docx.....	99
20.1. CEO Update Oct 2019.docx.....	108
20.2 CEO Update Report Nov 2019.doc.....	123
21. Governor meeting timetable.docx.....	131
22. Glossary of NHS Terms.docx.....	132

**COUNCIL OF GOVERNORS' MEETING – TUESDAY 5 NOVEMBER 2019
FROM 2.00 PM, 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 – two questions – verbal response	Caroline Maley	2.05
3.	Minutes of the previous meeting held on 3 September 2019	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.	Council of Governors Annual Effectiveness Survey	Justine Fitzjohn	2.40
HOLDING TO ACCOUNT			
7.	Non-Executive Directors Deep Dive – Quality – verbal	Margaret Gildea	2.50
COMFORT BREAK			3.05
8.	Escalation items to the Council of Governors from the Governance Committee (the two questions are listed in Governance Committee Report) – verbal response	Caroline Maley	3.25
9.	How to interpret a run chart – presentation	Peter Henson	3.40
10.	Verbal summary of Integrated Performance Report (full report provided for information)	Non-Executive Directors	3.55
OTHER MATTERS			
11.	Wellbeing and Improving Attendance and developing the staff Wellbeing Strategy	Jamie Broadley	4.15
12.	Governance Committee Report – 10 October 2019	Kelly Sims	4.30
13.	Feedback Annual Members' Meeting	Denise Baxendale	4.35
14.	Governor elections update	Denise Baxendale /Justine Fitzjohn	4.40
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 meetings held on 2 July 2019 and 3 September 2019		
19.	Chair's Reports as presented to Public Trust Board on 1 October and 5 November 2019		
20.	Chief Executive's Reports as presented to Public Trust Board on 1 October and 5 November 2019		
21.	Governor meeting timetable		
22.	Glossary of NHS terms		
Next Meeting: Tuesday 7 January 2020, from 2.00pm, Conference Rooms A&B, Centre for Research & Development. Kingsway Hospital Site, Kingsway, Derby DE22 3LZ			

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 and the principles that bind us together in a common approach, no matter what our employed role is.

Our Trust values are:

People first – We put our patients and colleagues at the centre of everything we do.

Respect – We respect and value the diversity of our patients, colleagues and partners and support a respectful and inclusive environment.

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

Do your best – We work closely with our partners to achieve the best possible outcomes for people.



**MINUTES OF THE COUNCIL OF GOVERNORS MEETING
HELD ON TUESDAY 3 SEPTEMBER 2019, FROM 2.00 – 4.30
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
	Lynda Langley	Public Governor, Chesterfield
	Arian Rimington	Public Governor, Chesterfield
	Moirra Kerr	Public Governor, Derby City West
	Christine Williamson	Public Governor, Derby City West
	Bob MacDonald	Public Governor, Derby City East
	Shirish Patel	Public Governor, Erewash
	Christopher Williams	Public Governor, Erewash
	Kevin Richards	Public Governor, South Derbyshire
	Tony Longbone	Staff Governor, Admin & Allied Support Staff
	April Saunders	Staff Governor, Allied Professions
	Jo Foster	Staff Governor, Nursing
	Al Munnien	Staff Governor, Nursing
	Jim Perkins	Appointed Governor, Derbyshire County Council
	Angela Kerry	Appointed Governor, Derbyshire Mental Health Forum
	Roger Kerry	Appointed Governor, Derbyshire Voluntary Action
IN ATTENDANCE	Ifti Majid	Chief Executive
	Margaret Gildea	Non-Executive Director & Senior Independent Director
	Geoff Lewins	Non-Executive Director
	Julia Tabreham	Non-Executive Director
	Anne Wright	Non-Executive Director
	Suzanne Overton - Edwards	Interim Non-Executive Director (item 074 onwards)
	Permindar Heer	NeXT Director Placement
	Leida Roome	Personal Assistant – note taker
	Denise Baxendale	Membership and Involvement Manager
	Hassan Hajat	Pharmacist Prescriber (shadowing Caroline Maley)
	Kath Lane	Deputy Director of Operations (item 077 only)
	Andrew Beaumont	Trust Member
	Elaine Jackson	Trust Member
	Marie Parsons	Assistant to Moira Kerr
APOLOGIES	Rosemary Farkas	Public Governor, Surrounding Areas
	Julie Lowe	Public Governor, Derby City East
	Rob Poole	Public Governor, Bolsover & North East Derbyshire
	Carol Sheriff	Public Governor, High Peak & Derbyshire Dales
	Kelly Sims	Staff Governor, Admin & Allied Support Staff
	Farina Tahira	Staff Governor, Medical and Dental
	Roy Webb	Appointed Governor, Derby City Council
	Wendy Wesson	Appointed Governor, University of Derby
	Gemma Stacey	Appointed Governor, University of Nottingham
	Justine Fitzjohn	Trust Secretary
	Richard Wright	Deputy Chair & Non-Executive Director

ITEM	ITEM
DHCFT/GOV /2019/068	<u>WELCOME, INTRODUCTIONS, CHAIR'S OPENING REMARKS, APOLOGIES FOR ABSENCE & DECLARATION OF INTERESTS</u>
	Caroline Maley welcomed all to the meeting and was pleased to see so many

	<p>governors present for both the Board meeting earlier today and the Council of Governors meeting.</p> <p>A warm welcome was extended to Perminder Heer, who has joined the Trust on placement under the NHS Improvement NExT Director Development Scheme, which aims to provide experience for individuals wishing to take on NHS Non-Executive Director roles. Caroline also welcomed Hassan Hajat, Pharmacist Prescriber, who was shadowing her for this meeting.</p> <p>Following discussions at the earlier Board meeting, Caroline passed on the thanks of the Board to Denise Baxendale for her work with governors.</p> <p>Apologies were noted as above. No declarations of interest were received.</p>
DHCFT/GOV /2019/069	<p><u>SUBMITTED QUESTIONS FROM MEMBERS OF THE PUBLIC</u></p> <p>No questions from the public have been received.</p>
DHCFT/GOV /2019/070	<p><u>MINUTES OF THE PREVIOUS MEETINGS</u></p> <p>The minutes of the previous meeting held on 2 July 2019 were accepted as a correct record with the following amendments:</p> <p><i>Page 7 – item South Liaison Team – the term ‘repeat offenders’ to be replaced with ‘frequent attenders’.</i></p> <p><i>Page 10 – Any Other Business: The Eating Disorders event was organised by First Steps and not Amanda Solloway as noted.</i></p> <p>The minutes of the extraordinary meeting on the 6 August 2019 were accepted as a correct record.</p>
DHCFT/GOV /2019/071	<p><u>MATTERS ARISING & ACTION MATRIX</u></p> <p>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:</p> <p><i>Item DHCFT/GOV/2019/053</i> – the response to the question from the member of the public will be uploaded onto the Trust’s website with the ratified Council of Governors meeting minutes held on 2 July.</p> <p><i>Item DHCFT/GOV/2019/065</i> – Angela Kerry reported that an inaugural meeting of a City Development Group has been scheduled for 12 September. The meeting is being hosted by the Trust, and issues will be fed through to Commissioners. Concern was raised by Moira Kerr that due to funding issues the Mental Health Action Group (MHAG) will not be able to continue to function. Roger Kerry commented that MHAG had been involved in many issues and he noted that the Trust had established an EQUAL forum which he hoped would cover areas previously discussed at MHAG. Ifti Majid added that funding cuts had impacted a lot of groups, both locally and nationally. Governors requested a further update for the next meeting.</p> <p>Action: Update on item DHCFT/GOV/2019/065 to be given at next meeting.</p> <p><i>Matters arising:</i></p> <p><i>DHCFT/GOV/2019/060: Integrated Performance Report Summary</i> – Moira Kerr congratulated the Trust on their phased return to work plan, which should result in better care for staff. Moira sought assurance that patients are informed if their regular CPN/Consultant is absent and are made aware of any covering arrangements. Ifti Majid assured Moira that this is common practice.</p> <p><i>DHCFT/GOV/2019/061: South Liaison Team</i> – Moira Kerr queried the response</p>

	<p>time to the Emergency Department of one hour.</p> <p>Action: Response time of one hour to be queried and a response to be provided to Moira Kerr.</p> <p>RESOLVED: The Council of Governors</p> <ol style="list-style-type: none"> 1) Noted the comments and the actions agreed on the Actions Matrix 2) Noted the matters arising and the actions agreed.
DHCFT/GOV /2019/072	<p><u>VERBAL UPDATE ON JOINED UP CARE DERBYSHIRE – INCLUDING THE IMPACT OF THE LONG TERM NHS PLAN</u></p> <p>Ifti Majid gave a verbal update on the latest activities within Joined Up Care Derbyshire (JUCD). He referred Governors to the full details within his Chief Executive's report to the Public Board, which had been enclosed with the Council of Governors papers.</p> <p>A number of points were highlighted:</p> <ul style="list-style-type: none"> • The integration project is moving forward in an inclusive way. The revised Long Term Plan will be presented at the Board meeting in October. • The Integrated Care System (ICS) should see the expected outcomes agreed and add value as one system rather than as five individual organisations in which to deliver a package of care. The current PLACE system is likely to be developed into Primary Care Networks (PCN's), which link into local populations. The Regulators NHS Improvement (NHSI) and NHS England are working with the partnership to develop the PCN's. • What does the organisation development mean for the Council of Governors though? Ifti explained that currently governors hold a guardianship role for the Trust. However, going forward it is likely that this will transfer into a role across the system to ensure that services are maintained. <p>John Morrissey referred to the ICS and asked how Trust governors and Non-Executive Directors will stay within their legal boundaries. John also commented that the public do not seem fully engaged, and it is unclear how this will be addressed.</p> <p>Caroline Maley advised that the JUCD have arranged an event in Matlock on 13 September, which is the start of wider engagement with the public. (This item will be further explained under Any Other Business.) Caroline also explained that the JUCD have established a Citizen's Panel to further engage with the public.</p> <p>Moira Kerr referred to the local PCN's which are being managed by GP's and asked how we can ensure that these will not be taken over by the private sector. Ifti Majid indicated that this has been recognised as a risk both locally and nationally. Ifti explained that GP practices are under pressure but more money will be provided to the PCN's. Ifti also indicated that as a secondary organisation the ICS would need to support the PCN's in terms of back office functions.</p> <p>Moira Kerr asked if discussions have taken place regarding the difficulty in recruiting new GPs, following GP retirements, and the impact this could have on ensuring there is adequate cover for the PCN's. Ifti explained that a new GP Strategy is in place to address these issues and various incentives are being discussed to make the roles more appealing.</p> <p>RESOLVED: The Council of Governors noted the update provided on the JUCD and the Long Term NHS Plan.</p>
DHCFT/GOV /2019/073	<p><u>REPORT FROM THE GOVERNORS' NOMINATIONS AND REMUNERATION COMMITTEE MEETING – 12 JULY 2019 AND 8 AUGUST 2019</u></p> <p><i>Suzanne Overton –Edwards left the meeting for this item.</i></p>

Governors noted that the Governors' Nominations and Remuneration Committee has met twice, on 12 July and 8 August 2019. Both meetings were connected to the recruitment process for the Non-Executive Director (clinical background) and meeting on 12 July also considered the proposal for a sixth Non-Executive Director on the Board, a proposal for a temporary Non-Executive Director and the transfer of the Deputy Chair Role. The Council of Governors at its extraordinary meeting of 6 August 2019 approved the principle of a temporary appointment and the transfer of the Deputy Chair role.

Appointment of the Non-Executive Director (clinical background)

Governors received a summary of the recruitment process for the Non-Executive Director (clinical background), noting compliance with all applicable law and advice. The summary included how the proposed candidate had met the criteria and confirmed that the proposed appointee has the right qualities to meet the job description. Caroline Maley conveyed her appreciation for the support provided by the Focus Groups and the Interview Panel.

The Nominations and Remuneration Committee recommended to the Council of Governors to approve the appointment of Dr Sheila Newport as the Non-Executive Director (clinical background) on a three year term, with an annual fee of £12,638.00 on the expiry of Dr Anne Wright's term of office (11 January 2020). An earlier start date of 1 December has been discussed with Dr Newport in order to have a handover period with Dr Anne Wright.

Maira Kerr asked for it to be noted that she felt that the month of August was not a good time to undertake interviews with a view to candidates being on holiday. Caroline Maley noted Maira's comments and explained that three candidates were originally invited for interview, the third candidate withdrew and therefore only two people were interviewed. All appointments are subject to satisfactory completion of references.

Sixth Non-Executive Director

The Council of Governors received an update on the recruitment of the sixth Non-Executive Director and was also recommended by the Nominations and Remuneration Committee to approve the temporary appointment of Suzanne Overton-Edwards as a Non-Executive Director on a pro-rata annual fee of £12,638.00. The appointment would be up until 31 December 2019 in line with the proposed recruitment timeline for the sixth Non-Executive Director.

Deputy Chair

Caroline confirmed that Richard Wright took up the Deputy Chair role in August and thanks were extended to Julia Tabreham for her previous work in this role.

RESOLVED: The Council of Governors:

- 1) Approved the appointment of Dr Sheila Newport as Non-Executive Director of the Trust Board at an annual fee of £12,638 for a three year term commencing on the expiry of Dr Anne Wright's term of office (currently 11 January 2020), noting an earlier start date of 1 December 2019 to act in 'shadow form' to allow for handover.**
- 2) Noted the update and timeline for the recruitment of the sixth Non-Executive Director**
- 3) Approved the temporary appointment of Suzanne Overton-Edwards as Non-Executive Director of the Trust Board up until 31 December 2019 on a pro-rata annual fee of £12,638.**
- 4) Noted that all appointments to the Trust Board are subject to satisfactory completion of the Fit and Proper Persons Tests.**

Upon approval, Caroline Maley invited Suzanne Overton-Edwards to re-join the

	<i>meeting.</i>
DHCFT/GOV /2019/074	<p><u>NON-EXECUTIVE DIRECTOR – DEEP DIVE – SAFEGUARDING AND MENTAL HEALTH ACT COMMITTEE AND JUCD MENTAL HEALTH WORKSTREAM</u></p> <p>Anne Wright provided a Deep Dive report into her role as Chair of the Safeguarding Committee and Chair of the Mental Health Act Committee, also her involvement in Joined Up Care Derbyshire and as a member of the Audit and Risk Committee and the Quality Committee. Anne is also the “Learning from Deaths” Non-Executive Director.</p> <p><i>Mental Health Act Committee</i></p> <p>Anne outlined her involvement with Associated Hospital Managers (AHMs). ASM’s attend the Tribunal hearings and have a three yearly review process. Following a recent recruitment process seven new ASM’s have been appointed; some of these have experience but all will receive training. Reviews of ASM’s managers carried out to date have been positive; feedback has been received and actions noted. A further two managers are yet to have a review and will not be involved in Tribunals until this has taken place.</p> <p>Training has been planned for 6 September 2019 to ensure that ASM’s are aware of legal updates – Non-Executive Directors are also involved in this event.</p> <p>It was noted that the review of the Mental Health Capacity Act has been undertaken and it is envisaged that the revised Act will come into force in October 2020. The revised Act will have implications for the Trust, as Deprivation of Liberty (DOLS) is being replaced by Liberty Protection Safeguards. It is likely that Trust Clinicians will be responsible for Liberty Protection Safeguards and will need to undertake training for this. The Trust’s Medical Director, John Sykes is leading on this. It may also be that in the future ASM’s will not attend Tribunals but a decision has not been made. Compliance for training is up-to-date and therefore the risk on the Board Assurance Framework has been reduced to reflect this.</p> <p><i>Safeguarding Committee:</i></p> <p>Anne reported that a review of the Safeguarding Committee has been undertaken in order to make the best use of clinicians’ time. The proposal is to rename the Quality Committee to the Quality Committee and Safeguarding Committee and every quarter, one hour of time will be dedicated specifically to safeguarding. A plan has been put in place for Level 3 Safeguarding training for the next three months. Governors noted there is continued increase in activity in safeguarding, putting pressure on resources.</p> <p><i>Mental Health Strategy Board (via Joined Up Care Derbyshire)</i></p> <p>Anne is also involved in the Mental Health Strategy Board, ideas coming from the Board have included establishing a Wellness Hub in order to support hard to reach people to get the appropriate support e.g. communities such as Roma, homeless people etc. The Trust is also trying to reduce out of area admissions, not only are these very expensive but they are not the best place for service users; caring for people within their own community is more beneficial and will reduce admissions as well as length of stay. A dementia and delirium work stream is also in place.</p> <p>Regarding homeless people, Adrian Rimington commented that 25% suffer from mental health illness. Adrian expressed concern that funding has been reduced by 50% against a backdrop of increased demand. Anne Wright commented that funding should be moved to the right pathway, and more funding needs to be moved into earlier intervention.</p> <p>Roger Kerry referred to the new arrangement for DOLS and asked if the Trust is concerned that the County Council will not be involved. Ifti Majid explained that a separate team will need to be established to ensure that independence is</p>

	<p>maintained from the care providers. Further clarity is required and the Trust's Medical Director is investigating further.</p> <p>Caroline Maley thanked Anne Wright for her comprehensive presentation. Caroline confirmed that John MacDonald has been appointed as the Independent Chair for JUCD. This should lead to a better direction of travel in improving patient care, and the existing structure needs to be reviewed. It is envisaged that Non-Executive Directors will be aligned to specific work streams, and will need to be in a position where they can manage risk and obtain assurance for the Trust.</p> <p>RESOLVED: The Council of Governors noted the information provided by the Non-Executive Director in the Deep Dive.</p>
DHCFT/GOV /2019/075	<p><u>INTEGRATED PERFORMANCE REPORT SUMMARY</u></p> <p>The Integrated Performance Report 2019/20 was presented to the Council of Governors. The focus of the report was on workforce, finance, operational delivery and quality performance.</p> <p>Geoff Lewins referred to the new format of the report and specifically drew attention to the control charts and in particular how to interpret them. Trends can be discerned on the relevant charts and an upper and lower control level are also included. For future reports more narrative, which comprise the key messages, will be included.</p> <p>Finance is currently tracking on target but attention was drawn to the Cost Improvement Plan (CIP) scheme, and the Out of Area budget which is an on-going issue and is overspent.</p> <p>Moira Kerr sought assurance that the Trust will not prevent specialist out of area care if required by service users. In response Geoff Lewins confirmed that the Trust did not provide all services in Derbyshire so will refer when necessary. For example the Trust has no specific eating disorder beds, nor a psychiatric intensive care unit (PICU).</p> <p>April Saunders asked if the data could be broken down to help identify areas where out of area care could be reduced. Geoff Lewins explained that there is a lot of work and projects being carried out on this and that earlier intervention is crucial to keep patients well in the community, which may lead to fewer admissions, reducing the need for out of area care. Geoff referred to the Trust's plan to move towards single rooms which may impact on availability of beds.</p> <p>Margaret Gildea covered the information on workforce adding that performance on annual appraisals had been discussed in the earlier Board meeting and further work is ongoing to ensure that training for supervision and appraisals continues.</p> <p>Governors noted that Non-Executive Directors had visited wards at the Hartington Unit and the Radbourne Unit on the 7 August and were encouraged by the steps taken to improve services, particularly in staff training.</p> <p>Concerning sickness absence, Margaret Gildea confirmed that the Trust has invested in a new wellbeing service 'Resolve' which is available to all staff and included access to counselling services.</p> <p>Data from the Pulse Check showed an increase in staff recommending the Trust as a great place to work to family and friends has increased. However the Family and Friends question for staff to recommend whether they wish their family and friends to be cared for by the Trust has decreased. As a result of a Deep Dive, the question will be amended to include "if they were living in Derbyshire" as it was felt that a number of staff could not respond with a "yes" to this question as their relations do not live in Derbyshire. With reference to the new control charts Margaret suggested that governors have a training session in the next meeting in</p>

	<p>order to gain an understanding of how to read these charts.</p> <p>Action: Training session for next agenda Council of Governors meeting.</p> <p>RESOLVED: The Council of Governors</p> <ol style="list-style-type: none"> 1) Noted the information contained in the Integrated Performance Report 2) Agreed that the Non-Executive Directors have held the Executive Directors to account through their role.
DHCFT/GOV /2019/076	<p><u>ESCALATION OF ITEMS TO THE COUNCIL OF GOVERNORS</u></p> <p>No items of escalation were received.</p>
DHCFT/GOV /2019/077	<p><u>REVIEW ON WAITING LISTS</u></p> <p>Kath Lane, Deputy Director of Operations, attended the meeting at 3.30 pm to present the review on waiting lists.</p> <p>The paper provided detailed information on the waiting lists for Paediatrics, Autism Spectrum Disorder (ASD), Children and Adolescent Mental Health Services (CAMHS), Psychology and Adult Care Coordination.</p> <p>The following issues were highlighted to Governors:</p> <p><i>CAMHS</i> – staffing difficulties have been experienced and medical staffing to support ASIST is being reviewed as part of the medical staffing review. Pro-active booking methods are now in place.</p> <p><i>Community Paediatrics</i> – neurodevelopmental referrals are on the increase. Measures are in place to deal with the increase and included the appointment of a Neuro Developmental Co-ordinator in September 2018, whose responsibilities include processing referrals, streamlining and gathering clinical information pre-appointment.</p> <p><i>Autism Spectrum Disorder</i> – since 2017 there has been an increase in demand for this. Discussions are ongoing with Commissioners to request additional funding to meet the levels of demand.</p> <p><i>Adult Care Coordination</i> – process of how the Trust manages waiting lists for Adult Mental Health. Service users waiting for an appointment are given clear advice on whom to contact if their health deteriorates. Other agencies also have mechanisms in place to support services users and the wait list is scrutinised on a daily basis and, depending on the risk the waiting list, is re-prioritised. Entry to the listing is also monitored. The aim of the Trust is to prevent attendance to Accident and Emergency and referrals to Crisis Team. A waiting list cleanse is also underway.</p> <p>In response to a question from Moira Kerr about waiting lists for Derby City, Kath Lane gave some more detail.</p> <p>Adrian Rimington asked why CAMHS services in Chesterfield did not respond to the attempted suicide of a young person despite being contacted. In response Ifti Majid advised that unfortunately he would be unable to provide any detail on this case as the CAMHS service in the North of the county is not run by the Trust but is being provided by the Chesterfield Royal.</p> <p>Regarding waiting lists, Angela Kerry referred to a pilot scheme in Killamarsh which is really effective. Angela explained that to help keep people well, they are signposted while on the waiting list to the Peer Support and Recovery Service, and in some cases issues have been addressed and the services are not then required. However Angela explained this was not offered consistently across the county i.e. letters provided by some services/departments to service users on the waiting list do not include signposting to other agencies. Kath Lane noted the information provided and would investigate.</p>

	<p>Shirish Patel sought clarification on the term DBT. Kath explained that this stands for Dialectical Behavioural Therapy and is direct therapy for people diagnosed with Personality Disorder. The Trust is in the process of expanding this service to prevent hospital admissions.</p> <p>Moira Kerr asked for an update on the psychological therapies services. Ifti Majid explained that the consultation by Commissioners was stopped. A review of all therapies in the round will be undertaken by Joined Up Care Derbyshire and an independent chair will be appointed for this review. Kath Lane advised that a psychological strategy is being developed internally to minimise waits across all areas. Kath also confirmed that the Trust is currently recruiting new psychology posts in hospital and the community and are also recruiting to the psychodynamic service. Kevin Richards asked how long the data cleanse will take and Kath Lane advised that this is likely to be completed in three months. Kevin Richards requested an update to the Council of Governors on 7 January 2020.</p> <p>Action: Waiting lists update agenda item for January 2020 meeting.</p> <p>RESOLVED: The Council of Governors</p> <ol style="list-style-type: none"> 1) Noted the update provided on Waiting Lists 2) Requested a further update in January 2020.
DHCFT/GOV 2019/078	<p><u>REPORT FROM THE GOVERNANCE COMMITTEE</u></p> <p>The Council of Governors received the report from the Governance Committee meeting which took place on 6 August 2019. Of note were the following items:</p> <ul style="list-style-type: none"> • Governors are encouraged to get involved in engagement events as it is an opportunity for governors to get to know their constituents. Governors are keen to be involved in World Mental Health Day on 10 October • Feedback from Governor Engagement Activities – governors are reminded to complete the governor engagement template • Annual Members Meeting – governors were asked to actively promote the AMM within their respective areas • Governor elections – elections for the vacancies in Derby City West and Erewash will close on 26 September. Results will be declared at the end of September. The next elections will be held in October for vacancies in Amber Valley, Bolsover and North East Derbyshire, Derby City West, High Peak and Derbyshire Dales, South Derbyshire and Admin and Allied Support Staff. <p>RESOLVED: The Council of Governors noted the information provided in the Governance Committee Report.</p>
DHCFT/GOV 2019/079	<p><u>ANNUAL MEMBERS' MEETING – UPDATE</u></p> <p>A group of governors, led by Angela Kerry and April Saunders have been planning a governor stall. The group is devising a members survey which when completed will be entered into a drawer. Sainsbury's has provided a £20 voucher for the drawer and governors are donating fruit.</p> <p>Caroline Maley reminded governors of the importance of attending the Annual Members' meeting on 11 September. The market place is from 2.30-4pm followed by the formal meeting from 4-6pm. Governors are asked to confirm their attendance with Denise Baxendale.</p> <p>RESOLVED: The Council of Governors noted the progress made on the preparations for the Annual Members' meeting.</p>
DHCFT/GOV /2019/080	<p><u>ANY OTHER BUSINESS</u></p> <p>The following was raised:</p> <ul style="list-style-type: none"> • Governors' Annual Effectiveness survey – to date 18 governors have

	<p>completed the survey. Denise Baxendale encouraged all governors complete the survey by 20 September 2019, the results of which will be presented to the Governance Committee in October.</p> <ul style="list-style-type: none"> • JUCD Engagement event – Caroline Maley referred to the JUCD engagement event, which she will attend with Ifti Majid on the 13 September. The event is being held at the Whitworth Centre, Matlock and begins at 9am. JUCD have reserved three places at the event for governors – Kevin Richards, Moira Kerry and Lynda Langley agreed to attend. • Care Quality Commission (CQC) update – the PIR (provider information request) has been received which is the start of the process. Ifti Majid advised that unannounced visits to wards and community bases are likely to take place in November. A campaign has been launched to celebrate all of the really positive work and improvements by staff. Caroline Maley explained that CQC have requested a meeting with governors, and suggested that this could take place prior to the Council of Governors meeting on the 5 November 2019 i.e. from 11.30 to 13.00 that day. This was agreed and will be promoted to all governors via Governor Connect. It was noted that CQC will be attending the next Council of Governors meeting on 5 November 2019. Action: CQC governor focus group to be promoted in Governor Connect. • Benefits training – Adrian Rimington requested that all staff should receive training on benefits so that they are able to advise service users accordingly. Ifti Majid explained that this was not possible; benefits information is a very specialist subject. However teams/wards can signpost to relevant organisations such as the Citizen's Advice Bureau. Kevin Richards commented that specific training for benefits could take up to five years and reiterated that service users should be signposted to specialist services. Jo Foster asked for it to be noted that Morton Ward regular hosts the Citizen's Advice Bureau on their ward and that information is also available in the Reception Area at the Hartington Unit. Moira Kerr suggested that one person per ward could be trained, however the Trust view is that signposting is the correct course of action as relevant and up to date specialist information can then be obtained.
DHCFT/GOV /2019/081	<p><u>REVIEW OF THE MEETING EFFECTIVENESS AND FOLLOWING THE PRINCIPLES OF THE CODE OF CONDUCT</u></p> <p>The following comments were made:</p> <ul style="list-style-type: none"> - Agenda timings slipped slightly during the meeting but came back on time - The Code of Conduct was adhered to during the meeting.
DHCFT/GOV /2019/082	<p><u>CLOSE OF MEETING</u></p> <p>Caroline Maley thanked all those present for their input and attendance and closed the meeting at 16.25 hours.</p>

COUNCIL OF GOVERNORS ACTION MATRIX - AS AT 29/10/2019							
Date of Minutes	Minute Reference	Item	Lead	Action	Completion by	Current Position	
02/07/2019	DHCFT/GOV/2019/053	Submitted questions from members of the public	Denise Baxendale	Response to be added to the website	03/09/2019	The response will be uploaded onto the website with the ratified minutes from the Council of Governors meeting held on 2 July 2019. Uploaded onto the website - 29.10.19. COMPLETE	Green
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.	Amber
03/09/2019	DHCFT/GOV/2019/065	Action Matrix	Ifiti Majid	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	Amber
03/09/2019	DHCFT/GOV/2019/061	Matters Arising	Caroline Maley	Response time of one hour to be queried and a response to be provided to Moira Kerr	05/11/2019	Response provided to Moira Kerr. COMPLETE	Green
03/09/2019	DHCFT/GOV/2019/075	Integrated Performance Report Summary	Peter Henson	Arrange a training session for governors on how to interpret a run chart	05/11/2019	On the agenda for the next meeting on 5.11.19	Yellow
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	7.1.20	On the agenda for the meeting on 7 January 2020	Yellow
		Key		Agenda item for future meeting		YELLOW	2 33%
				Action Ongoing/Update Required		AMBER	2 33%
				Resolved		GREEN	2 33%
				Action Overdue		RED	0 0%
							6 100%

Council of Governors Annual Effectiveness Survey

Purpose of Report

To present the results of the fourth Annual Effectiveness Survey of the Council of Governors.

Executive Summary

The Council of Governors carries out an annual effectiveness survey in line with best practice. The results were presented to the Governance Committee and then on to the Council of Governors.

Each year the Governance Committee reviews the content for of the questionnaire to ensure it is still fit for purpose and this year a number of comment boxes were consolidated into an overall comment on the effectiveness of the Council of Governors.

The survey was undertaken between August and September 2019 and a total of 24 governors responded – this equates to 96% (the current complement of governors at the time the survey was open was 25). The response rate has significantly increased compared to last year when 57.14% of governors completed the survey – the complement of governors at that time was 28.

The responses to the survey have been benchmarked against last year's responses and for ease of reference a column for the previous year's responses have been included in the data attached. It is worth noting that the Council of Governors has a regular turnover, meaning that the survey has been completed by both new and experienced governors. Some of the 'Don't know' responses could be from new governors not being able to fully answer the questions and/or it could identify a training need.

There are 27 specific questions and three free text sections for capturing suggestions for training needs, suggestions for improvements and an overall assessment of effectiveness.

Overall 17 of the questions received a positive response rate (90%) of strongly agree/agree, and for five of these questions a 100% positive response was recorded. For the remaining questions the positive response rates were still high (70% - 80%), although a small percentage responded with 'don't know'/disagree responses.

Proposed Actions to continue to enhance the effectiveness of the Council of Governors are:

- Continue to develop and evolve the governor-led training and development programme, the Lead Governor has recently asked for suggestions from governors
- Involve the governors in the annual planning process – scheduled for spring 2020
- Continue to support governors with engagement with constituents – training

session was held on 12 June 2019

- The opportunity to network with governors from other Trust's – the Lead Governor is in discussion with the Lead Governors from other Derbyshire Trusts (Derbyshire Community Health Services, University Hospitals of Derby and Burton and Chesterfield Royal Hospital)
- The potential to have drop-in sessions with the Lead Governor to raise any issues and to identify if they should be raised at Governance Committee or escalated to CoG of the Trust Chair – to be promoted in Governor Connect, the governors e-newsletter.

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

Justine Fitzjohn requested the Council of Governors to note the content of the presented report as a positive assessment by governors of their effectiveness.

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	

Assurances

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

Consultation

- Governance Committee reviewed the results of the survey on 10 October 2019.

Governance or Legal Issues

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

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 governors were given the opportunity to complete the survey. Hard copies were sent to governors who don't have access to a computer with support offered to individuals who may require this. Any training sessions and training materials will be designed in an accessible format and additional support given where required.

Recommendations

The Council of Governors is requested to:

- 1) Note the outcome of the Council of Governors annual effectiveness survey 2019
- 2) Agree the survey should be repeated in September 2020
- 3) Note the proposed additional actions developed in response to survey feedback to further enhance the effectiveness of the Council of Governors.




Report presented by: Justine Fitzjohn, Trust Secretary




Report prepared by: Denise Baxendale, Membership and Involvement Manager

Council of Governors – annual effectiveness survey 2019





Part 1: you as a governor

1. Name : (please enter n/a if you wish to remain anonymous)		
	Response Percent	Response Total
	100%	24

2. I feel that I am able to contribute positively to the work of the Council of Governors					
		September 2019		September 2018	
		Response Percent	Response Total	Response Percent	Response Total
Strongly agree		41.67%	10	35.33%	5
Agree		54.17%	13	60.00%	9
Don't know		0.00%	0	6.67%	1
Disagree		0.00%	0	0.00%	0
Strongly disagree		4.17%	1	0.00%	0

3. I have received adequate training and development opportunities to support me in my role as governor					
		September 2019		September 2018	
		Response Percent	Response Total	Response Percent	Response Total
Strongly agree		30.43%	7	46.67%	7
Agree		65.22%	15	40.00%	56
Don't know		0.00%	0	13.33%	2
Disagree		0.00%	0	0.00%	0
Strongly disagree		4.35%	1	0.00%	0

4. I feel supported by the Trust to carry out my responsibilities as a governor including the fulfilment of my statutory duties The statutory duties of governors are: To appoint and, if appropriate, remove the chair (Nominations and Remuneration Committee) To appoint and, if appropriate, remove the other non-executive directors (Nominations and Remuneration Committee) To decide the remuneration and allowances and other terms and conditions of office of the chairman and the other non-executive directors (Nominations and Remuneration Committee) To approve (or not) any new appointment of a chief executive (Nominations and Remuneration Committee) To appoint and, if appropriate, remove the NHS Foundation Trust's auditor To receive the NHS Foundation Trust's annual accounts, any report of the auditor on them, and the annual report at a general meeting of the Council of Governors To hold the non-executive directors, individually and collectively to account for the performance of the Board of Directors To represent the interests of the member of the Trust as a whole and the interests of the public To approve "significant transactions" To approve an application by the Trust to enter into a merger, acquisition, separation or dissolution. To decide whether the Trust's non-NHS work would significantly interfere with its principal purpose, which is to provide goods and services for the health service in England, or performing its other functions To approve amendments to the Trust's Constitution (joint responsibility with the Board).

		September 2019		September 2018	
		Response Percent	Response Total	Response Percent	Response Total
Strongly agree		41.67%	10	33.33%	5
Agree		50.00%	12	66.67%	10
Don't know		4.17%	1	0.00%	0
Disagree		0.00%	0	0.00%	0
Strongly disagree		4.17%	1	0.00%	0

5. Please indicate in the box below any training or development needs that you would like the Trust to support you with

		Response Percent	Response Total
Open-Ended Question		100.00%	16
1	Adolescent Mental Health		
2	Understanding some areas of the work of the Trust. For example substance misuse and children's services		
3	N/A		
4	There is not anything at the moment but I would let you know if there is anything		
5	-I would like to shadow the NED's but with my work commitment I find it hard to get the time off		
6	As a new governor, I welcome opportunities to know more about my statutory duties and also how to engage with members and the public.		
7	No additional needs at present.		
8	Long term I would like to a Lead Governor and for now I am hoping to be a deputy lead governor. With this		

5. Please indicate in the box below any training or development needs that you would like the Trust to support you with

		Response Percent	Response Total
	in mind any development/training to reach my goal(s) would be appreciated.		
9	None		
10	So far into my role I have received quite a lot of training opportunities and have taken part in all the training . Would like some more training / awareness in mental health conditions and also have more understanding of the services offered by the Trust in more depth . As I go forward into the next part of the year. But so far getting to grips with the role has been quite a learning curve. As I develop would like to see my clinical experience put to use and be involved in the JUCD .		
11	None, I have received all the training I need and ad hoc training for Nom & Rem business - thank you		
12	Recognising mental health issues. Details of Personality Disorders		
13	I would have appreciated a bit more direction on how to phrase questions to the Board.		
14	Quality visits, the role of governors.		
15	Training has been offered in interpreting measurement charts.		
16	None at present		

6. Please use this box to list suggestions for improvement or to raise specific issues





		Response Percent	Response Total
Open-Ended Question		100.00%	13
1	I cant think of any thing at the moment		
2	-Staff shortage in in-patient area where I work prevents me attending the meetings/trainings I would wish to attend at times		
3	nothing to add no improvements needed		
4	I found the induction programme and material very useful.		
5	Governors should have a better understanding of the varied work of the Trust (conditions, services, treatments, personnel) It is illogical to devote half a session to the Mental Health Act but very little to the nature of mental disorders		
6	As I am in my early days (5months service as a governor). I am still the new boy, I do feel that I am able to raise issues etc when they arise		
7	None		
8	Would like to see the staff uptake on flu vaccination improve . Need Flu Champions! To raise more awareness and to see the Trust's contingency plans for the flu season coming soon! Out there now .		
9	Possibly a drop-in session for Governors, with the Lead Governor, once per month to raise any issues and see if it's appropriate for them to be taken to Governance Committee, CoG or the Chair		
10	As above		
11	Engage the public in the work of the Trust.		

6. Please use this box to list suggestions for improvement or to raise specific issues




		Response Percent	Response Total
12	<p>I believe that governors should be encourage to have greater contact with bodies outside our own trust. Attending regional or national events, for instance. And meeting governors and staff from other local NHS organisations (some governors do do this, of course).</p> <p>I would like is to be able to enquire more about the effectiveness of Freedom to Speak out.</p> <p>I would suggest that we enquire more deeply into the reasons why middle management has consistently over Sevres years been found wanting.</p>		
13	Training for staff to be aware of the benefit system as agreed with Ifiti 3/9/2019 - needs to happen.		




Part 2: Domain 1 – the effectiveness of the Council of Governors





7. The Trust's values, mission and priorities have been adequately explained to the Council

		September 2019		September 2018	
		Response Percent	Response Total	Response Percent	Response Total
Strongly agree		62.50%	15	46.67%	7
Agree		25.00%	6	53.33%	8
Don't know		8.33%	2	0.00%	0
Disagree		0.00%	0	0.00%	0
Strongly disagree		4.17%	1	0.00%	0




8. The Council is appropriately consulted and engaged in the Trust's strategy and development

		September 2019		September 2018	
		Response Percent	Response Total	Response Percent	Response Total
Strongly agree		58.33%	14	42.86%	6
Agree		29.17%	7	50.00%	5
Don't know		12.50%	3	21.43%	3
Disagree		0.00%	0	0.00%	0
Strongly disagree		0.00%	0	0.00%	0




9. The Trust's strategy is informed by the input of governors					
		September 2019		September 2018	
		Response Percent	Response Total	Response Percent	Response Total
Strongly agree		33.33%	8	21.43%	3
Agree		45.83%	11	50.00%	7
Don't know		20.83%	5	7.14%	1
Disagree		0.00%	0	21.43%	3
Strongly disagree		0.00%	0	0.00%	0

10. Governors are aware of risks to the quality, sustainability and delivery of current and future services					
		September 2019		September 2018	
		Response Percent	Response Total	Response Percent	Response Total
Strongly agree		25.00%	6	20.00%	3
Agree		54.17%	13	66.67%	10
Don't know		12.50%	3	13.33%	2
Disagree		8.33%	2	0.00%	0
Strongly disagree		0.00%	0	0.00%	0


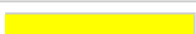
Part 2: Domain 2 – capability and culture

11.1. The Council of Governors uses the individual skills, experience, knowledge and diversity of its members to its best advantage: in Council meetings					
		September 2019		September 2018	
		Response Percent	Response Total	Response Percent	Response Total
Strongly agree		29.2%	7	26.7%	4
Agree		58.3%	14	46.7%	7
Don't know		12.5%	3	13.3%	2
Disagree		0.0%	0	13.3%	2
Strongly disagree		0.0%	0	0.0%	0




11.2. The Council of Governors uses the individual skills, experience, knowledge and diversity of its members to its best advantage: in sub-committees

		September 2019		September 2018	
		Response Percent	Response Total	Response Percent	Response Total
Strongly agree		39.1%	9	20.0%	3
Agree		34.8%	8	66.7%	10
Don't know		26.1%	6	13.3%	2
Disagree		0.0%	0	0.0%	0
Strongly disagree		0.0%	0	0.0%	0



12.1. The Council of Governors carries out its work: in an open, transparent manner

		September 2019		September 2018	
		Response Percent	Response Total	Response Percent	Response Total
Strongly agree		62.5%	15	60.0%	9
Agree		37.5%	9	40.0%	6
Don't know		0.0%	0	0.0%	0
Disagree		0.0%	0	0.0%	0
Strongly disagree		0.0%	0	0.0%	0





12.2. The Council of Governors carries out its work: with quality as its focus

		September 2019		September 2018	
		Response Percent	Response Total	Response Percent	Response Total
Strongly agree		58.3%	14	40.0%	6
Agree		37.5%	9	53.3%	8
Don't know		4.2%	1	6.7%	1
Disagree		0.0%	0	0.0%	0
Strongly disagree		0.0%	0	0.0%	0

13. The relationship between the Governors and Trust Chair works well



		September 2019		September 2018	
		Response Percent	Response Total	Response Percent	Response Total
Strongly agree		75.00%	18	53.33%	8
Agree		25.00%	6	40.0%	6
Don't know		0.00%	0	6.7%	1
Disagree		0.00%	0	0.00%	0
Strongly disagree		0.00%	0	0.00%	0

14. The Council communicates with, listens and responds to members and other stakeholders effectively




		September 2019		September 2018	
		Response Percent	Response Total	Response Percent	Response Total
Strongly agree		29.17%	7	13.33%	2
Agree		54.17%	13	66.67%	10
Don't know		12.50%	3	13.33%	2
Disagree		4.17%	1	6.67%	1
Strongly disagree		0.00%	0	0.00%	0

Part 2: Domain 3 – processes and structure



15. The role of the Council of Governors is clearly defined

		September 2019		September 2018	
		Response Percent	Response Total	Response Percent	Response Total
Strongly agree		50.00%	12	60.00%	9
Agree		50.00%	12	40.00%	6
Don't know		0.00%	0	0.00%	0
Disagree		0.00%	0	0.00%	0
Strongly disagree		0.00%	0	0.00%	0




16. The Council of Governors meets at appropriate and regular intervals and receives adequate time and support to function well

		September 2019		September 2018	
		Response Percent	Response Total	Response Percent	Response Total
Strongly agree		54.17%	13	53.33%	8
Agree		41.67%	10	46.67%	7
Don't know		0.00%	0	0.00%	0
Disagree		4.17%	1	0.00%	0
Strongly disagree		0.00%	0	0.00%	0





17. Governors' views are taken into account as members of the Council of Governors

		September 2019		September 2018	
		Response Percent	Response Total	Response Percent	Response Total
Strongly agree		45.83%	11	46.67%	7
Agree		54.17%	13	46.67%	7
Don't know		0.00%	0	6.67%	1
Disagree		0.00%	0	0.00%	0
Strongly disagree		0.00%	0	0.00%	0






18.1 The Council of Governors have sufficient opportunity for contact, and good communication, with the Board of Directors: with the Executive Directors

		September 2019		September 2018	
		Response Percent	Response Total	Response Percent	Response Total
Strongly agree		37.5%	9	33.3%	5
Agree		54.2%	13	66.67%	10
Don't know		8.3%	2	0.0%	0
Disagree		0.0%	0	0.0%	0
Strongly disagree		0.0%	0	0.0%	0




18.2 The Council of Governors have sufficient opportunity for contact, and good communication, with the Board of Directors: with the Non-Executive Directors





		September 2019		September 2018	
		Response Percent	Response Total	Response Percent	Response Total
Strongly agree		33.3%	8	40.0%	6
Agree		58.3%	14	60.00%	9
Don't know		4.2%	1	0.0%	0
Disagree		4.2%	1	0.0%	0
Strongly disagree		0.0%	0	0.0%	0




19. The Council of Governors has sufficient communication with the members of the Trust, either via the Trust or independently

		September 2019		September 2018	
		Response Percent	Response Total	Response Percent	Response Total
Strongly agree		30.43%	7	13.33%	2
Agree		43.48%	10	53.33%	8
Don't know		17.39%	4	26.67%	4
Disagree		4.35%	1	6.67%	1
Strongly disagree		4.35%	1	0.00%	0




20. The Council of Governors has a strong voice

		September 2019		September 2018	
		Response Percent	Response Total	Response Percent	Response Total
Strongly agree		30.43%	7	26.67%	4
Agree		60.87%	14	60.00%	9
Don't know		8.70%	2	13.33%	2
Disagree		0.00%	0	0.00%	0
Strongly disagree		0.00%	0	0.00%	0




21. The Council of Governors is able to influence change					
		September 2019		September 2018	
		Response Percent	Response Total	Response Percent	Response Total
Strongly agree		41.67%	10	33.33%	5
Agree		41.67%	10	20.00%	3
Don't know		12.50%	3	33.33%	5
Disagree		4.17%	1	13.33%	2
Strongly disagree		0.00%	0	0.00%	0

22. Council of Governor sub-committees (Nominations Committee and Governance Committee) are effective and provide quality update reports to the council					
		September 2019		September 2018	
		Response Percent	Response Total	Response Percent	Response Total
Strongly agree		43.48%	10	33.33%	5
Agree		47.83%	11	53.33%	8
Don't know		8.70%	2	13.33%	2
Disagree		0.00%	0	0.00%	0
Strongly disagree		0.00%	0	0.00%	0





Part 2: Domain 4 – measurement

23. The Council of Governors receives sufficient information to hold the Board of Directors to account					
		September 2019		September 2018	
		Response Percent	Response Total	Response Percent	Response Total
Strongly agree		37.50%	9	26.67%	4
Agree		50.00%	12	53.33%	8
Don't know		12.50%	3	13.33%	2
Disagree		0.00%	0	6.67%	1
Strongly disagree		0.00%	0	0.00%	0



24. Governors can identify the key performance issues facing the Trust

		September 2019		September 2018	
		Response Percent	Response Total	Response Percent	Response Total
Strongly agree		29.17%	7	46.67%	7
Agree		66.67%	16	53.33%	8
Don't know		4.17%	1	0.00%	0
Disagree		0.00%	0	0.00%	0
Strongly disagree		0.00%	0	0.00%	0

25. Governors can ask questions regarding performance reports

		September 2019		September 2018	
		Response Percent	Response Total	Response Percent	Response Total
Strongly agree		66.67%	16	53.33%	8
Agree		25.00%	6	46.67%	7
Don't know		4.17%	1	0.00%	0
Disagree		4.17%	1	0.00%	0
Strongly disagree		0.00%	0	0.00%	0

26. The Council has agreed a process of dialogue with the non-executive directors and the Trust to enable it to carry out its general duty to hold the non-executive directors individually and collectively to account for the performance of the Board of Directors

		September 2019		September 2018	
		Response Percent	Response Total	Response Percent	Response Total
Strongly agree		26.09%	6	20.00%	3
Agree		73.91%	17	73.33%	11
Don't know		0.00%	0	0.00%	0
Disagree		0.00%	0	6.67%	1
Strongly disagree		0.00%	0	0.00%	0

27. Governors ask relevant questions of the non-executive directors about challenge at Board meetings

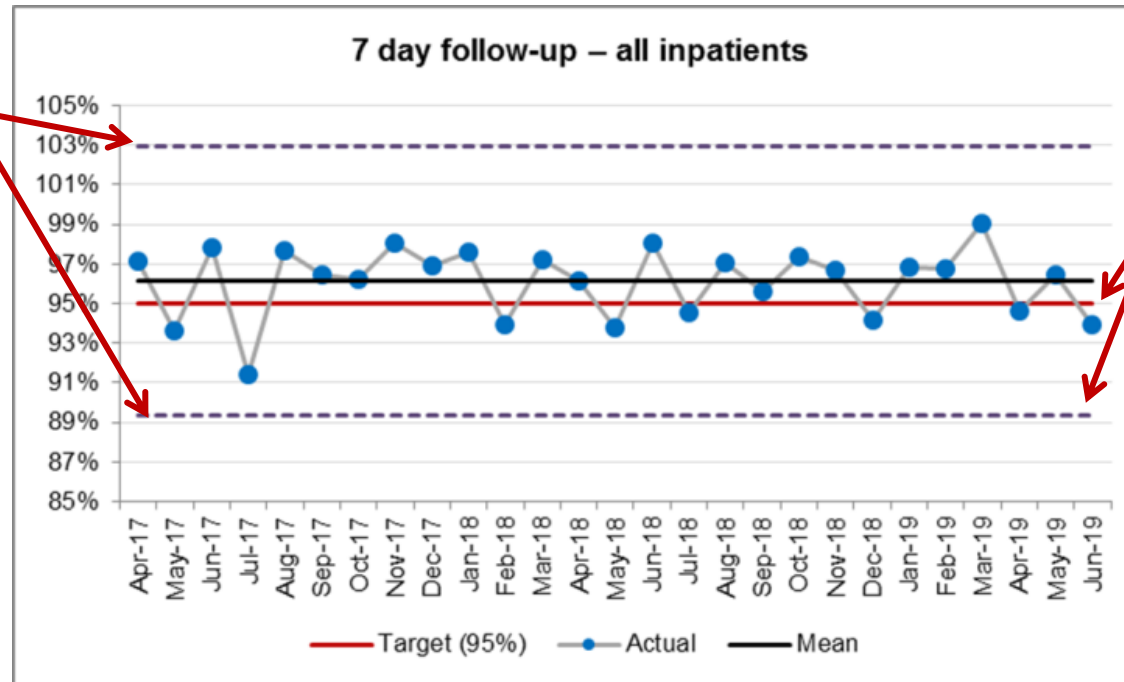
		September 2019		September 2018	
		Response Percent	Response Total	Response Percent	Response Total
Strongly agree		45.83%	11	20.00%	3
Agree		50.00%	12	66.67%	10
Don't know		4.17%	1	6.67%	1
Disagree		0.00%	0	6.67%	1
Strongly disagree		0.00%	0	0.00%	0

28. Governor comments on the effectiveness of the Council of Governors

		Response Percent	Response Total
Open-Ended Question		100.00%	17
1	Excellent example of collaborative working		
2	We all have a voice and we are heard by the Board and NEDs. I feel as though we are valued as Governors		
3	I think it is hard to know if we are on top of the quality issues as we will not always be informed of poor performance or risks. We do not have sufficient opportunities to meet with members and most members are just "numbers".		
4	Good effective & realistic Governance		
5	My first 2 meetings since being on the NHS Board of Governors was June this year so I guess anything that might need improving on will become clearer I have had previous involvement of being on NHS Board of Governors but things seem to be improving within the NHS		
6	As a new governor, I do not yet have a lot of experience of the effectiveness of procedures so I have tended to respond agree when I have some and don't know when I have not yet any evidence. This should not be taken as other than my personal situation.		
7	To get the most out of it, governors should be reminded that preparation before the meeting is essential.		
8	I feel that in my short experience this works well, sometimes personal issues can cloud things and we need to stay focused as a Council with aim of the Greater Good. Justine, Denise and Shirley have all been there for me to give good advice and I welcome that.		
9	Ongoing learning experience and not had a lot of input in holding the board to account. But have seen good clear performance reports!		
10	The CoG could be more effective if members focussed on the statutory duties of a governor and represented their constituency as a whole, rather than bringing individual issues to the table		
11	I feel over the past three years the Council has become more effective and holds the Board to account in a constructive manner		
12	Governors will never know what information may be withheld or appropriately filtered.2. Governors probably do not know what needs/suggestions made by them does the Trust actually carry out in due course. Perhaps a list of the outcome of all the comments/suggestions for the last 4 years may show this.		
13	generally a very effective group		
14	We don't know how our role will be altering in the immediate future and are unable to hold NEDs and the Board to account for JUCD		
15	It is good that CoG exists.		
16	Governors are effective with a wide range of skills that combines to challenge and support the Trust.		

How to Interpret a Run Chart (also known as an SPC chart)

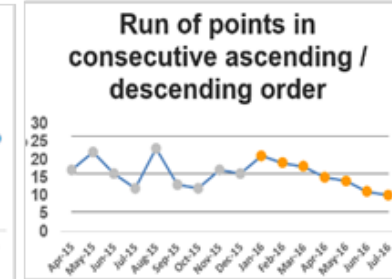
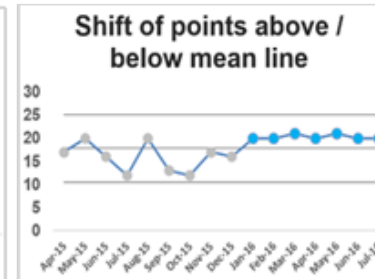
The dotted lines are the “control limits”. Any performance between these 2 lines is normal for the current system. This is known as “normal variation”



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 and should be redesigned.

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:



Integrated Performance Report 2019/20

Purpose of Report

The purpose of this report is to provide the Council of Governors with an overview of Trust performance at the end of August 2019.

The focus of the report is on workforce, finance, operational delivery and quality performance.

The purpose of the report is to provide information to governors – a verbal summary of the Boards performance presented by the Non-Executive Directors. This provides governors with details of how the Non-Executive Directors seek assurance from the Board on strategy issues including holding Executive Directors to account through Board Committees.

Executive Summary

The report provides the Council of Governors 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 run charts for the measures are included in appendix 1.

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:

1. Finance

As at the end of August the surplus of £1.2m is ahead of plan by £0.2m. The forecast assumes the planned surplus of £1.8m is achieved. However there are significant cost pressures and risks to be mitigated. Therefore in order to achieve the planned surplus the forecast assumes the requirement to reduce expected costs by £1.4m during the remainder of the financial year and to mitigate £0.4m of delivery risk on CIP. The financial risk is generated by unfunded cost pressures partially offset by contingency reserves leaving a net cost pressure of £1.5m.

There are several emerging risks that need to be managed in order to achieve that forecast position in particular is the unfunded cost pressures, potential for CQUIN income loss, cost improvement programme CIP and the reduction of Out of Area

(OOA) expenditure. OOA and Stepdown expenditure budget is overspent year to date but is forecast to breakeven by the end of the financial year.

The CIP is behind plan year to date but forecast to deliver in full. Capital is behind plan year to date but forecast to spend to plan by the end of the financial year.

2. Operations

Patients placed out of area – PICU (Psychiatric Intensive Care Unit) and adult acute

On behalf of the Mental Health System Delivery Board DHCFT have led two focused task and finish groups to discuss and plan a reduction in out of area PICU and acute placements. The group is represented by commissioners and senior managers responsible for the budgets and monitoring of placements.

Areas discussed:

- Access and egress of out of area placements
- Length of stay and flow of patients in DHCFT acute wards
- Active case management of people placed in out of area placements
- Review of quality of placements out of area

The group agreed actions that could be taken immediately with the case managers and flow coordinators, led by the Improvement Director. Actions were identified that commissioners would take forward as part of a longer term strategy developing a framework of contracting across PICU and acute out of area to achieve greater value from contracted beds that were closer to home for patients.

A follow-up meeting on 9 September noted a significant reduction in both acute and PICU out of area placements. PICU had reduced in 3.5 weeks from 23 to 11 and adult acute had remained at an average of 8 patients from a high of 17 in June. Two key areas that contributed to repatriation of patients was around bed vacancies across the acute wards during August and the case managers and flow coordinators working proactively with both units to return patients, plus discharges direct into the community where clinically assessed as safe.

The out of area patient numbers as of 17 September have continued to be maintained at reduced levels and are monitored daily along with inpatient stays.

The Deputy Director of Operations continues to chair the Bed Optimisation Group with oversight of all services and how future planning of services focus on preventing admissions to inpatient services and how we discharge people in a safe and timely manner.

Waiting list for autistic spectrum disorder (ASD) assessment

There remains a gap between the number of assessments that the Trust is commissioned for and the number of individuals that require an assessment. The result of this is the growing waiting list.

We continue to meet with a stakeholder group of commissioners to review the role and function of the team, but as yet this has not resulted in any changes to the “assessment only model”. The number of referrals to the service continues on an

increasing trajectory.

This ongoing issue was discussed in some detail at September's Finance and Performance Committee and it was agreed that the executive team would develop a number of options to address the current issues and this would be discussed at the next meeting.

Waiting list for psychology

Over the past two years the numbers of patients waiting for a psychology service and the average waiting times has reduced slightly, however, unfortunately still remain high.

Actions to improve the service offered have included developing group interventions where possible (Compassion Focussed Therapy and Acceptance and Commitment Therapy in the north of the county) and offering training and supervision to multidisciplinary team (MDT) staff in stabilisation work to use as part of their usual contacts to try to reduce length of therapy with psychologists.

On a national basis the demand for psychologists outstrips supply and we have been successful in recruiting 3.8 new psychologists (all of whom should be in post by end of November). It is anticipated that reductions in waiting lists and times will result in Chesterfield (Adult), Derby City and South Dales (Adult and Older Peoples services) by December 2019. Other vacancies are currently out to advert, or being reconfigured prior to advertisement in order to enhance the likelihood of recruitment.

There is ongoing work in relation to recruitment for Personality Disorder pathway and once in place (December 2019/January2020), it is anticipated that the broader spectrum of offer will impact positively on psychology waiting times.

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

External waits and capacity continue to be a challenge for CAMHS. Vacancy and some sickness has impacted the assessment capacity. All vacancies are now recruited to, with commencement dates being finalised. There has been an internal review of capacity which has identified some opportunity to increase assessment capacity over the coming six months to try to address the backlog. This is being planned at present, and needs to be carefully balanced with follow up capacity also. We await the Clinical Commissioning Group (CCG) release of agreed additional investment into CAMHS for this financial year which will afford us some capacity, in advance of the CCG planning for next year.

Waiting list for community paediatrics

Progress is being made, following a review of caseloads and analysis of wait times by locality. The longest waits are now below 52 weeks, and we continue to focus on those children waiting in excess of 26 weeks. Managing the capacity centrally is a key action, and we are currently recruiting a waiting list coordinator to manage resource and capacity better. Finance and Performance Committee will receive a further update on the agreed action plan at November's meeting.

3. Workforce

Annual appraisals

Divisional People Leads (DPLs) are now supporting Divisions to track and monitor appraisal completion and provide support to signpost when there are issues with ESR inputting. Working with the systems and Information Team to correct due appraisal dates for new starters which can skew the data.

Staff sickness

Increased focus on improving attendance and using support services i.e. Resolve to increase retention of staff rather than being unable to attend work and rollout of the “fast track Physio service” through Occupational Health. Continued focus on long term sickness cases and support is in place to either improve the return to work or where necessary to look at alternative solutions. All line managers reminded to attend the Absence Management masterclass.

Vacancies

A main focus remains on inpatient areas to recruit. In addition, initiatives to recruit and retain now in place. Rolling adverts have been refreshed and application/ interview processes have been enhanced with further “sifting” questions to aid shortlisting.

4. Quality

NHS England and NHH Improvement (NHSE/NHSI) have recently released a change to the single oversight framework. The Nursing and Quality team, working with the performance team, have undertaken an extensive mapping to analyse the reporting systems and required indicators. The Deputy Director of Nursing and Quality Governance has undertaken this in depth piece of work and compared our historical submissions, our current submissions and made recommendations, which will be submitted to the Quality Committee in October. Once agreed the IPR will be updated in advance of November’s Trust Board meeting. This will result in a detailed quality section being provided each month.

It was hoped that this may have been available for October, however, limited resources were focused upon the CQC provider information request submissions and the focus will return to this important improvement area including the new changes in October.

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 Council of Governors is requested to:

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

Report presented by: Margaret Gildea, Non-Executive Director
Geoff Lewins, Non-Executive Director
Caroline Maley, Non-Executive Director
Julia Tabreham, Non-Executive Director
Anne Wright, Non-Executive Director
Richard Wright, Non-Executive Director




Report prepared by: Mark Powell, Chief Operating Officer
Claire Wright, Director of Finance/Deputy CEO
Amanda Rawlings, Director of People and Organisational Effectiveness
Carolyn Green, Director of Nursing and Patient Experience

1. Assurance Summary

Indicator	Rating ¹	Indicator	Rating ¹
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
Workforce			
Annual appraisals		Clinical supervision	
Annual turnover		Management supervision	
Compulsory training		Vacancies	
Sickness absence		Bank staff use	
Quality			
Staff friends and family test - recommended care			
Friends and family test – positive responses			

¹The 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

As at the end of August the surplus of £1.2m is ahead of plan by £0.2m. The forecast assumes the planned surplus of £1.8m is achieved. However there are significant cost pressures and risks to be mitigated. Therefore in order to achieve the planned surplus the forecast assumes the requirement to reduce expected costs by £1.4m during the remainder of the financial year and to mitigate £0.4m of delivery risk on CIP. The financial risk is generated by unfunded cost pressures partially offset by contingency reserves leaving a net cost pressure of £1.5m.

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Agency is forecast to remain below the ceiling of £3.03m. Year to date agency expenditure equates to 2.7% of total pay expenditure.

The cost improvement programme (CIP) is behind plan year to date but forecast to deliver in full. Capital is behind plan year to date but forecast to spend to plan by the end of the financial year.

Operations

Seven day follow-up

In response to the evidence from the National Confidential Inquiry into Suicide and Safety in Mental Health that people are more vulnerable to suicide in the first two to three days following discharge, and in anticipation of a corresponding CQUIN, DHCFT took part in a pilot project in partnership with NHS England to provide 48 hour follow-up to patients discharged from mental health inpatient units. The pilot was carried out within a quality improvement framework, and was introduced on Morton ward and the associated community mental health teams in March 2019, extended to the rest of the Hartington Unit from July 2019 and across the whole Trust in August 2019. Evaluation of the pilot on Morton demonstrated that a mean of 93% of people were followed-up within 48 hours, and learning from the pilot was valuable in informing how this was subsequently rolled out more widely. Within the NHSE group we developed a quality tool to support clinicians in conducting the follow-up and determining people's future safety needs; this will be shared nationally in due course.

IAPT people completing treatment who move to recovery

Talking Mental Health Derbyshire continues to achieve in excess of its performance targets for both recovery rates (target >50%) and reliable improvement (target >65%) in every month of 2019/20. We monitor both the Trust performance and that of our sub-contractors with regular contract and operational meetings internal to the service and with our partners. Our dashboards update daily so that we can monitor up to date data and react to fluctuations in performance both monthly and in month achieving the national targets. We openly share our performance across the service with clinicians and they can access their own performance data through line managers for regular supervision and case management.

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There is ongoing work in relation to recruitment for Personality Disorder pathway and once in place (December 2019/January 2020), it is anticipated that the broader spectrum of offer will impact positively on psychology waiting times.

In terms of waiting well, we are trying to increase the number of assessment slots available so that individuals who are referred to psychology have been triaged and advice / supervision given to the wider MDT in relation to the individuals psychological needs in a shorter time frame. In addition alongside the routine information offered in relation to waiting well, psychology services are exploring the possibility and value of creating more bespoke advice/ self-help materials which they can offer on assessment.

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

External waits and capacity continue to be a challenge for CAMHS. Vacancy and some sickness has impacted the assessment capacity. All vacancies are now recruited to, with commencement dates being finalised. There has been an internal review of capacity which has identified some opportunity to increase assessment capacity over the coming 6 months to try to address the backlog. This is being planned at present, and needs to be carefully balanced with follow up capacity also. We await the CCG release of agreed additional investment into CAMHS for this financial year which will afford us some capacity, in advance of the CCG planning for next year.

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Quality

Staff friends and family test - recommended care

Although the staff friends and family test results have been consistently below the national average, a recent run of 8 months above the Trust mean suggests some improvement in staff views of care provided. Moving forward, we continue to engage staff in quality improvement initiatives, and in particular this has been supported over recent months by the clinically-led strategy development workshops that have been held for all service areas of the Trust.

Workforce

Annual appraisals

Divisional People Leads (DPL's) are now supporting Divisions to track and monitor appraisal completion and provide support to signpost when there are issues with ESR inputting. Working with the systems and Information Team to correct due appraisal dates for new starters which can skew the data.

Turnover

New Exit interview process now embedded in ESR to track leavers and reasons for leaving, Employee Relations team to analyse the data and inform operational teams regarding themes and trends in the feedback to aid retention and reduce turnover.

Compulsory training

Increases in compliance for Mandatory training in 6 out of 8 mandated courses. Continue to track areas where there is low compliance and feedback to managers re DNA's

Staff sickness

Increased focus on improving attendance and using support services i.e. Resolve to increase retention of staff rather than being unable to attend work and rollout of the "fast track Physio service" through Occupational Health. Continued focus on long term sickness cases and support is in place to either improve the return to work or where necessary to look at alternative solutions. All line managers reminded to attend the Absence Management masterclass.

Supervision

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

Vacancies

Focus on inpatient areas to recruit and initiatives to recruit and retain now in place. Rolling adverts have been refreshed and application/ interview processes have been enhanced with further "sifting" questions to aid shortlisting.

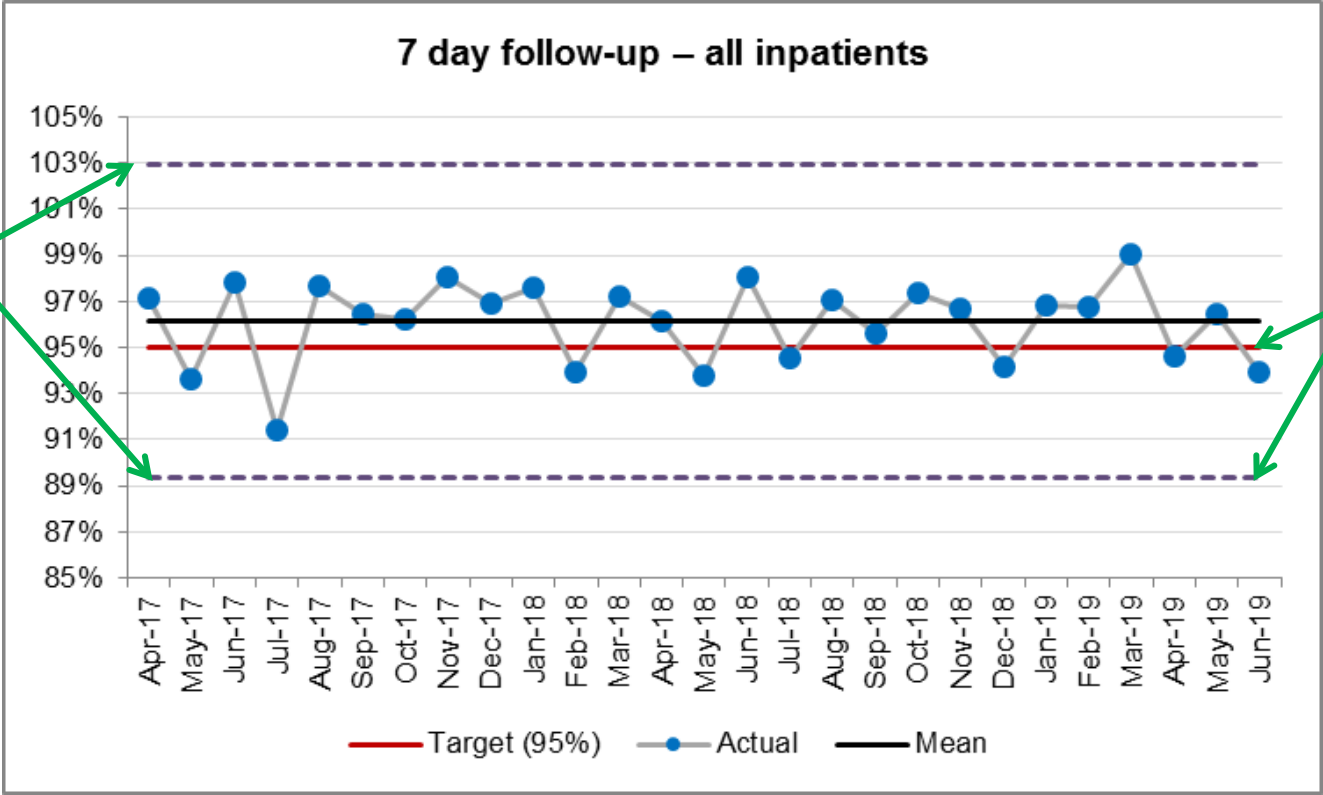
Bank staff use

The current target of 4.98% was set in 2008/9 which was before we brought the bank in house and we encouraged more of our staff were register onto the bank to do additional hours. We have been actively focusing on bank over agency usage in the past 12 months to ensure we can deliver the highest quality of care.

Appendix 1

How to Interpret a Run Chart (also known as an SPC chart)

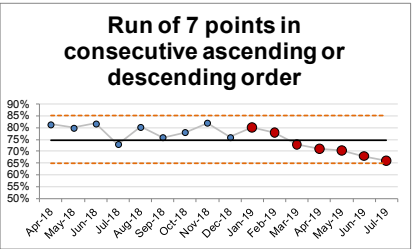
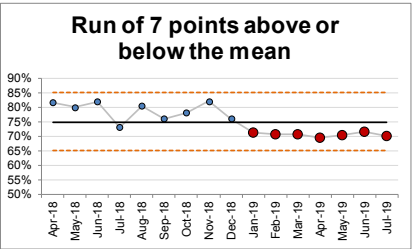
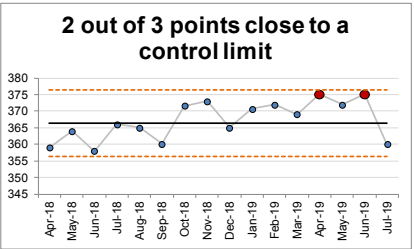
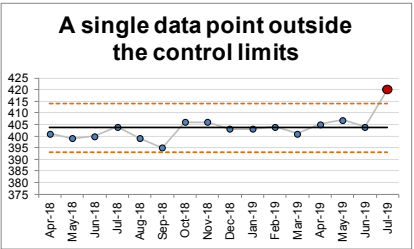
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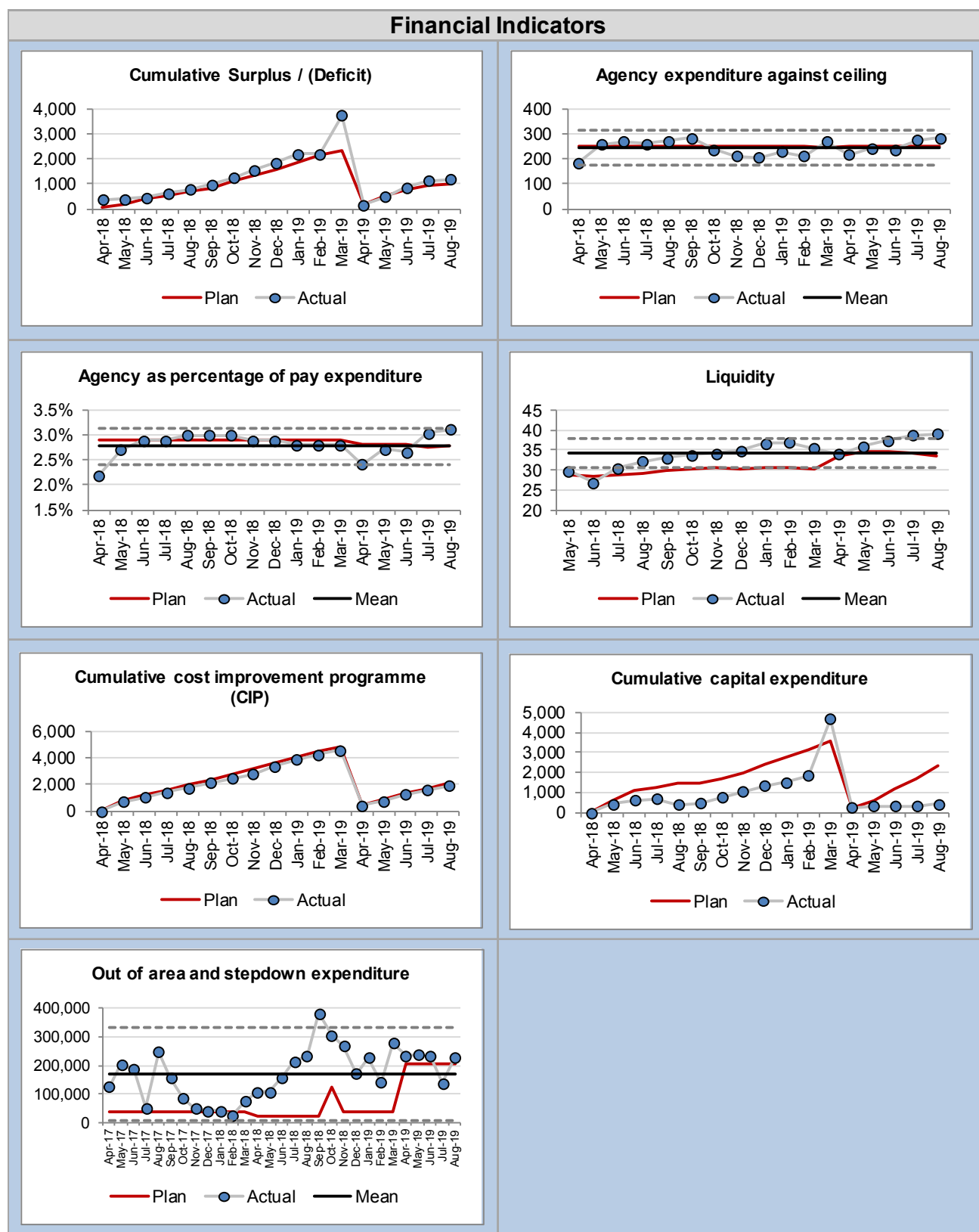
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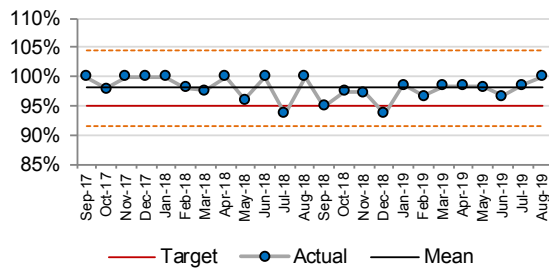


Appendix 2 – Run Charts

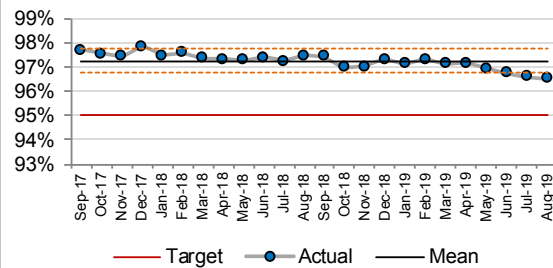


Operational indicators

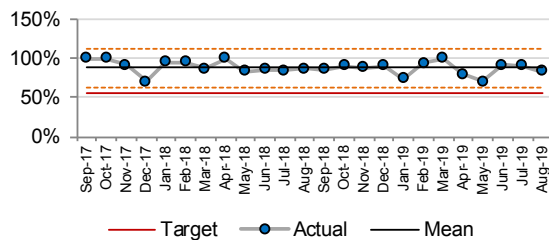
CPA 7 day follow-up



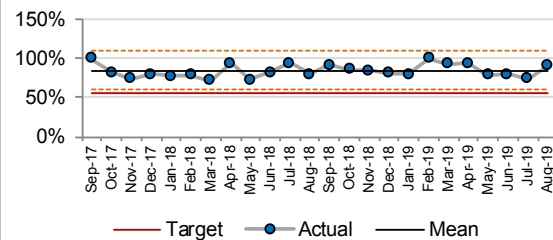
Data quality maturity index



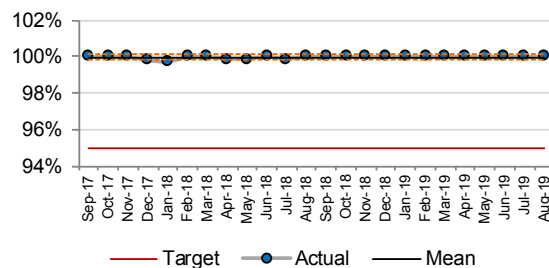
Early intervention 14 day referral to treatment - complete



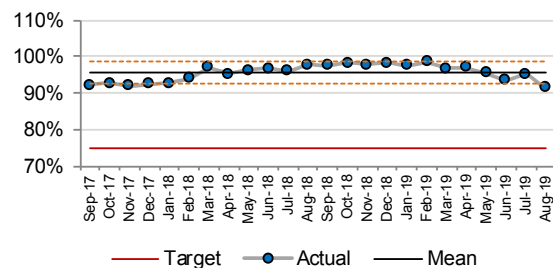
Early intervention 14 day referral to treatment - incomplete



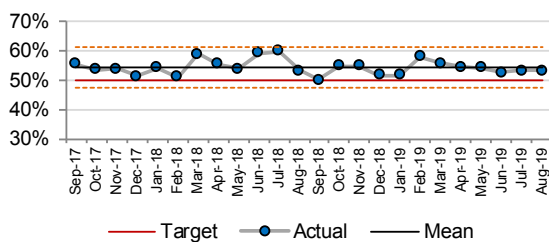
IAPT 18 week referral to treatment



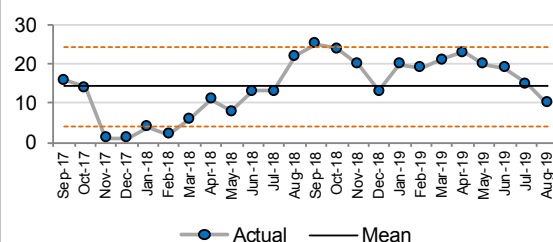
IAPT 6 week referral to treatment



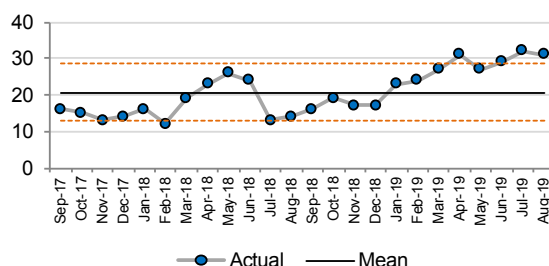
IAPT patients completing treatment who move to recovery



Patients placed out of area - adult acute

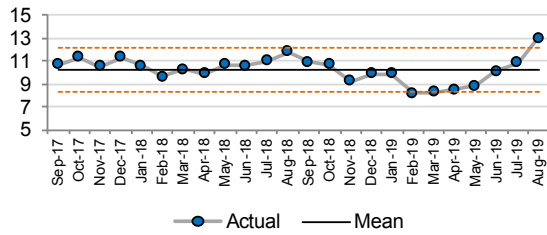


Patients placed out of area - PICU

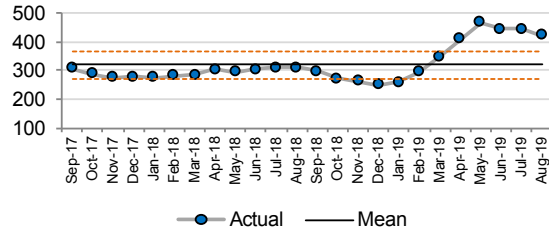


Operational indicators

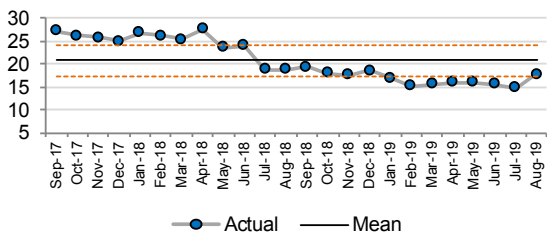
Waiting list - CAMHS - average wait to be seen



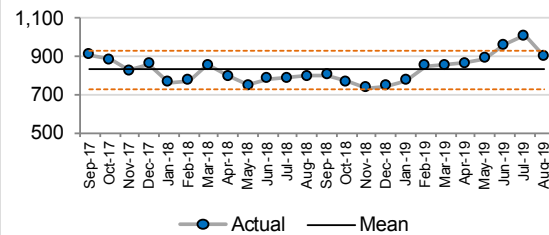
Waiting list - CAMHS - number waiting at month end



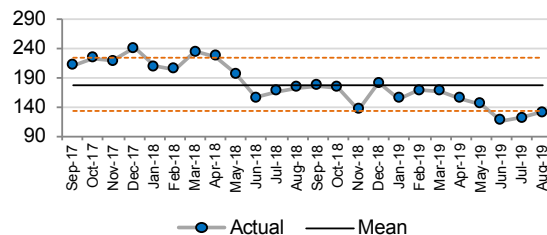
Waiting list - community paediatrics - average wait to be seen



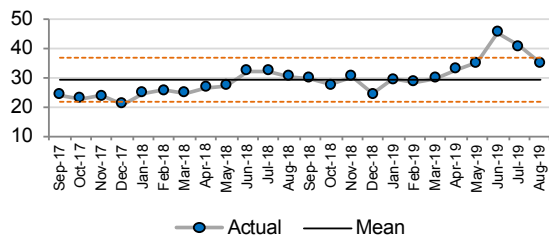
Waiting list - community paediatrics - number waiting at month end



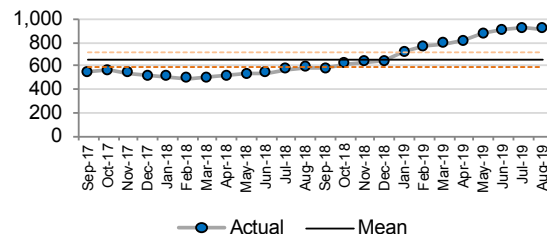
Waiting list - care coordination - number waiting at month end



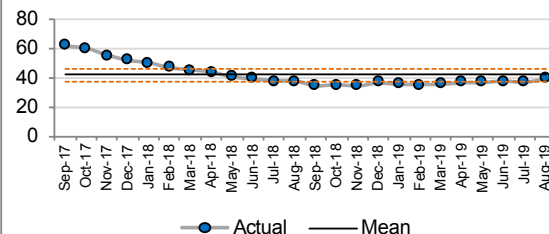
Waiting list - care coordination - average wait to be seen



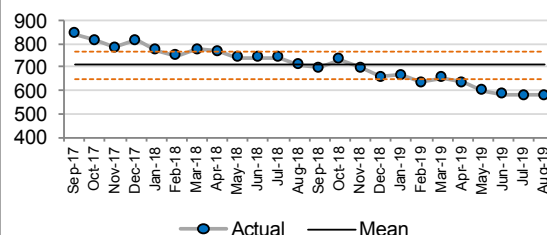
Waiting list - ASD assessment - number waiting at month end



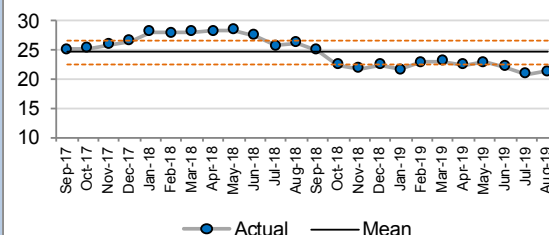
Waiting list - ASD assessment - average wait to be seen



Waiting list - psychology - number waiting at month end

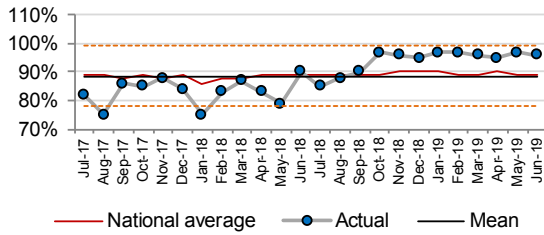


Waiting list - psychology - average wait to be seen

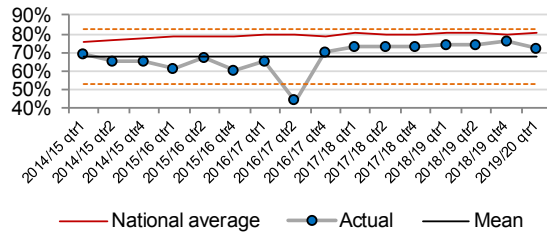


Quality Indicators

Friends and family test - positive responses

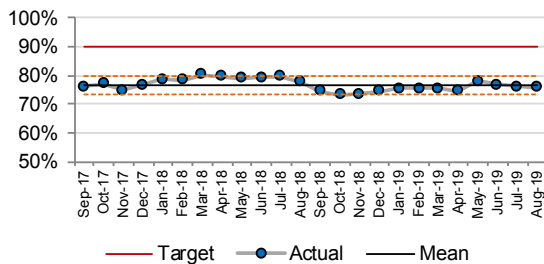


Staff friends and family test - recommending care

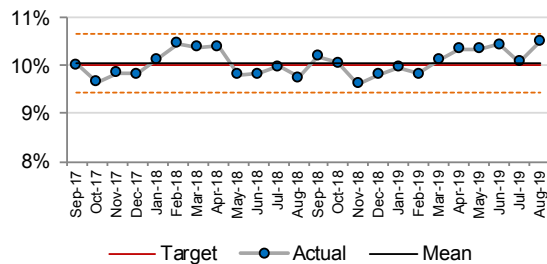


Workforce indicators

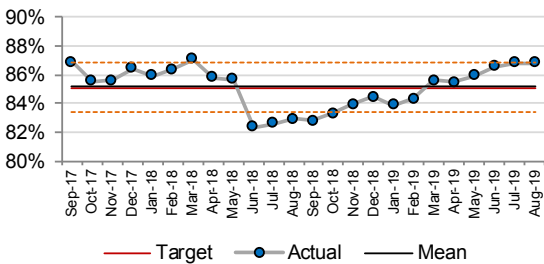
Annual appraisals



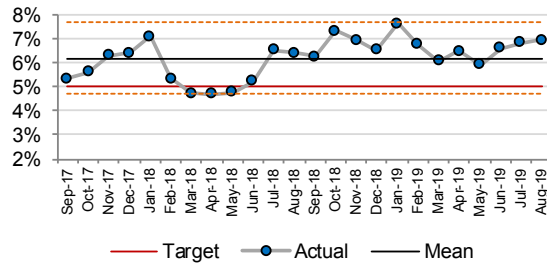
Annual turnover



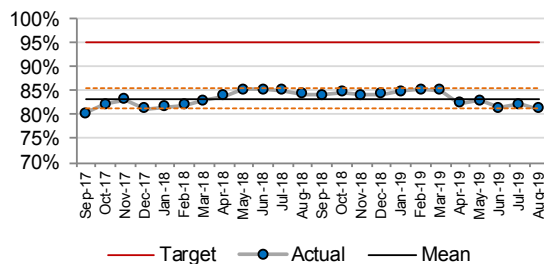
Compulsory training



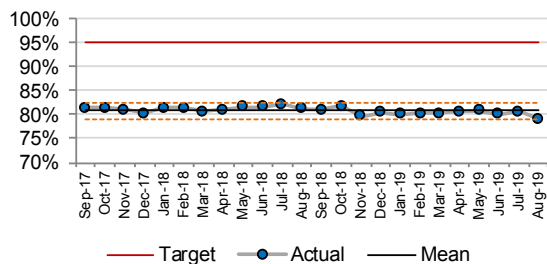
Staff sickness



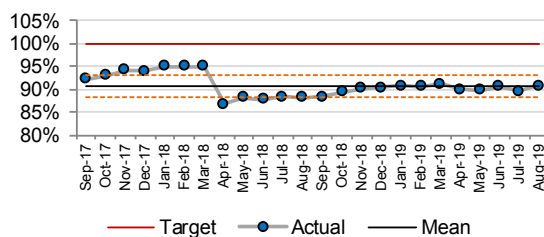
Supervision - clinical



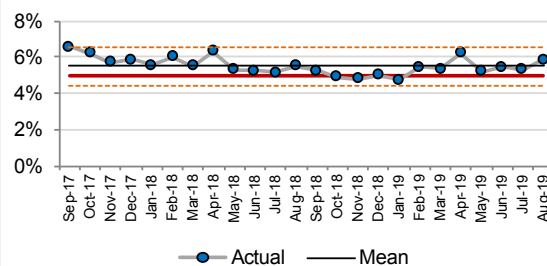
Supervision - managerial



Vacancies - proportion of posts filled (staffing level KPI)



Bank staff use



Staff Wellbeing Strategy Update

Purpose of Report

To update the Council of Governors on the progress made on staff support at Derbyshire Healthcare NHS Foundation Trust (DHCFT) and detail next steps for implementing a wellbeing strategy.

Executive Summary

A review was conducted in July 2018 into the existing staff support provision at DHCFT with recommendations and a subsequent proposal made to the Executive Leadership Team (ELT) for a new support model. A significant recurrent investment was approved by ELT on 26 February 2019 for additional staff wellbeing support and the project workstreams associated with this investment are being implemented, with initial data presented here.

The next step for Staff Wellbeing at DHCFT is to develop an overarching strategy. We have developed an initial proposal and sought to engage with staff to help shape this. We now want to take the opportunity to engage governors with this work before finalising at the People & Culture Committee and moving into implementing.

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 be assured that the staff wellbeing team has analysed the range and subsequent uptake of staff support mechanisms within DHCFT, and reviewing these against national best practice, in order to evidence suggested next steps for improving staff wellbeing at the trust.
- Board Assurance Framework (BAF) risk 2a: There is a risk that if the Trust doesn't engage its 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

- Initial consultation has taken place with Staff Forum, Senior Management Teams (SMT) across the Trust and staff at key locations, such as the Trust's inpatient units, where we know wellbeing challenges are more acute.

Governance or Legal Issues

- Access to staff support has been a key component of the Health and Wellbeing Commissioning for Quality Innovation (CQUIN) for staff. Whilst this has changed there are subsequent national papers, such as the thriving at work review, which make key recommendations for trusts to follow when designing their staff wellbeing offer.

Public Sector Equality Duty & Equality Impact Risk Analysis

As part of reviewing the access to staff support services the Trust wants to ensure that all DHCFT staff have equality of access, which might not be so fairly available away from work.

Recommendations

The Council of Governors is requested to:

- 1) Note the development and implementation of a new offer staff support services at DHCFT following investment approved at ELT
- 2) Support the initial wellbeing strategy outline and the consultation process outlined for shaping this into a final version for implementation.

Report prepared and presented by: Jamie Broadley, Staff Wellbeing Lead

DHCFT Staff Wellbeing Strategy Development

The journey to date

In April 2018 the new People Services team was launched across DHCFT as part of the joint venture agreement with Derbyshire Community Healthcare Services NHS Foundation Trust (DCHS). As part of this shared service DHCFT had a dedicated staff wellbeing team consisting of a 1.0wte B8a Staff Wellbeing Lead and 2x 0.6wte B4 Staff Wellbeing Officers.

In July 2018 the Wellbeing Team presented a paper to People and Culture Committee (PCC) reviewing the current wellbeing offer at the trust. The conclusion was that the existing offer had significant gaps – notably in physio treatment and access to Mental health support - was not being fully utilised and, where it was, feedback was mixed. The proposal was to create an options appraisal on recommended next steps for the trust in order to address these challenges and make a significant improvement in the staff wellbeing offer.

In September 2018 a paper was presented to Executive Leadership Team (ELT) outlining a proposal to create two tiered models of support for the key causes of absence; mental health and musculoskeletal (MSK), which would address the challenges identified in the previous PCC paper. This paper identified that the FirstCare absence management system was an additional area that required focus for improving the absence management challenges at DHCFT and could release the finances required to fund the new wellbeing offer. In conjunction it was also suggested that serving notice on the Employee Assistance Programme (EAP) contract, currently provided by Confidential Careline and sub-contracted through the Occupational health contract, could release further finances to enhance the new offer further.

In February 2019 a revised and updated version of the Options Appraisal paper was presented to ELT. This paper compared the options available to best practice identified through a scoping exercise of other NHS trusts staff support and absence management provision. The group supported the implementation of Option E in this paper which set out to:

- Re-tender the Occupational Health contract, through a procurement exercise, to address key areas, including physio treatment & return to work assessments
- Bring in an, on-site, counselling service, staffed to be able to see 10% of the DHCFT workforce each year.
- Switch EAP provision to Vivup as part of the new staff benefits service.
- Create a flexible budget for the Staff Wellbeing Team to allow them to effectively target absence hotspots and implement new initiatives for reducing absence and increasing engagement.

This proposal, at an investment of £95,000 recurrently, provides the trust with best practice tiered support models for the two key drivers of absence, as laid out below:

Mental Health Tier	Offer
Tier 1	Managers trained in preventative practice and Day 1 support. Staff self-care resources.
Tier 2	EAP 24/7 telephone support through Vivup
Tier 3	In-house talking therapies
Tier 4	Specialist psychological support and onward referral through Occupational Health Clinical Psychologist

MSK Tier	Offer
Tier 1	Display screen equipment (DSE) & workplace assessments
Tier 2	Staff self-referral into physiotherapy
Tier 3	Specialist physio assessment & treatment

In addition to this strategic work the wellbeing team has also been supporting the DHCFT staff in the following ways:

- A bespoke training, coaching and advice service for staff, teams and managers. Covering 1-1 coaching, team training and support sessions and manager support.
- Tailored support to areas going through change, notably lighthouse, Childrens learning disabilities (LD), Psychodynamic Psychotherapy and Emotional Wellbeing Practitioners.
- Contract management of Occupational Health and Employee Assistance.
- A 'Wellbeing Calendar' of awareness days and focus months with associated activities and resources for all.
- Procurement of a new staff benefits provider
- Launch of 'Neyber' as a financial wellbeing solution.
- An updated and improved flu campaign which has vaccinated more staff than previous campaigns
- Support to existing wellbeing related initiatives, projects and campaigns including Schwartz Rounds, email management working groups and wellbeing research.

The current picture

In order to provide PCC with assurance that the investment agreed in February is now being put into action, we can confirm that the following progress has been made:

- The launch of the new on-site counselling service, provided by Resolve, with clinics in 11 locations across Derbyshire, including the key sites of Kingsway, Hartington and Radbourne.
- The launch of the new EAP service through Vivup
- The renegotiation of the Occupational Health contract to address the key area of physio treatment and workplace assessments.
- The launch of the Thrive app, providing access to CBT programmes, mindfulness & relaxation therapies.
- The development of a staff Wellness Action Plan for use in 1-1s between managers and direct reports.

The mental health service provision has launched in April as Phase 1 with the Phase 2 of the MSK pathway planned for summer 2019, if we stay with University Hospitals of Derby and Burton NHS Foundation Trust (UHDB) as our provider.

In the first two quarters of operation the Resolve Staff Support Service have now delivered talking therapies to 90 staff, 25% of which coming from our inpatient units where we are placing a key focus. This is in comparison to only 16 staff accessing the previous EAP service through the entirety of 2018. This evidences the importance of the new service model for staff and the level of need for staff support amongst our colleagues.

As a key part of this work we have engaged with Staff Forum, our equalities network groups, SMTs, Clinical Operational Assurance Team (COAT) meetings and inpatient unit staff meetings to promote the new service, generate feedback and shape the future of the wider wellbeing offer.

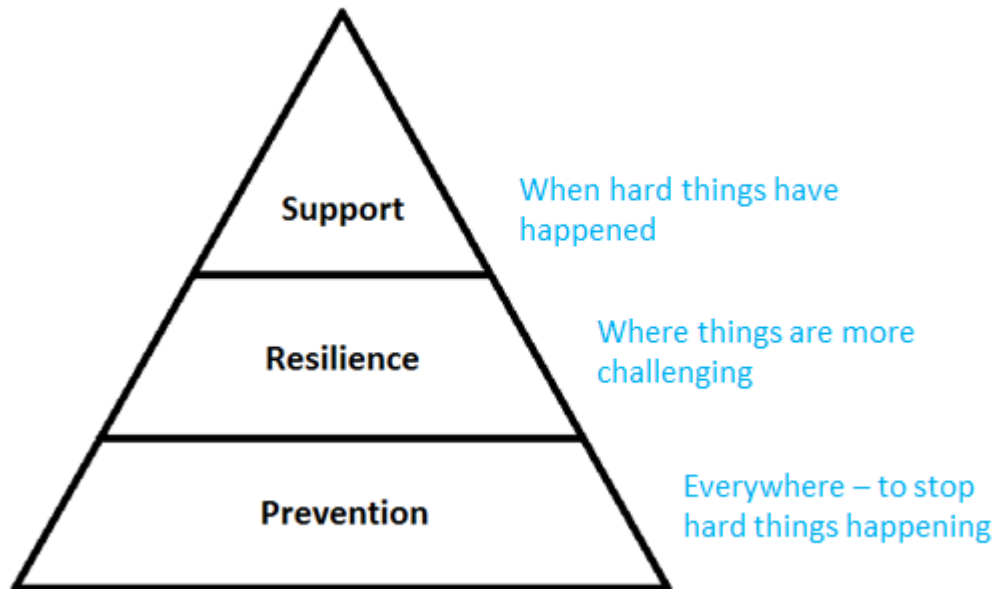
Next Steps: The DHCFT Staff Wellbeing Strategy

Now that we have a best practice model of staff support being implemented at DHCFT we want to ensure that this is landed in the context of an overarching staff wellbeing strategy which doesn't just aim to support staff but also places a key focus on preventing staff wellbeing challenges in the first place.

All best practice guidance points towards a strategy with senior buy-in being crucial to the success of wellbeing initiatives

Following initial consultation with staff, review of best practice and analysis of the specific wellbeing challenges at DHCFT, the Staff Wellbeing Team have set out to develop a comprehensive strategy to not only guide the work of the team in achieving their strategic aims, but also provide a guide to all staff across the trust to show how they can shape staff wellbeing in their areas and support other trust strategies in achieving their aims.

The proposed structure for this strategy is based around a simple pyramid model covering three key areas:



Each section of the model can then be broken down into further key areas as identified below:

Prevention:

Creating 'good work':

- Compassion focused policies
- Evidence based approach to meetings & emails
- Compassion focused change management

Supporting staff self-compassion:

- Screening & support at recruitment & appraisal
- Self-guided, report based, interactive tools

Ensuring staff physical preparedness:

- Health MOTs
- MSK screenings
- Flu vaccinations

Resilience:

Identifying & managing wellbeing risks:

- Stress & MSK risk assessments
- Wellness action plans & reasonable adjustments passports

Targeting high risk areas:

- Triangulating engagement, attendance & safety scores
- Bespoke support offers

Targeting influencers:

- Board, Management & Director of People and Organisational Effectiveness: compassionate leadership
- Mental Health training at key levels

Support:

Day 1 support model:

- Rapid access to Resolve/Occupational Health (OH)/Physiotherapy
- Empower managers to support

Supporting wider determinants of health:

- I wish my manager knew campaign
- Linking into Public Health initiatives

Supporting meaningful moments:

- Support at key points e.g. maternity, recruitment, retire and return

We have taken this proposal to a number of key groups across DHCFT to get feedback and ensure it feels a useful model. These include:

- Staff Forum
- COAT meetings
- Team meetings
- Specific staff groups in challenging areas i.e. inpatient units
- Equalities network groups

We now want to engage the governors on this approach to garner further feedback.

Following this process we will then revise the model according to feedback, provide further detail for the sections highlighted above, including measurements and targets, and then seek approval for this at the People and Culture Committee.

Once we have an approved strategy we will then work with our communications team to engage staff on the new approach, using the model to highlight key support services and resources for each key point of need.

Going forward we will then use the strategy as a tool to report our progress against through the Health, Safety & Security Committee along with the People & Culture Committee.

Report from Governance Committee

Purpose of Report

This paper provides an update on the meeting of the Governance Committee held on 10 October 2019.

Executive Summary

Since the last summary was provided in September the Governance Committee has met once on 10 October 2019.

Strategic Considerations (All applicable strategic considerations to be marked with X in end column)

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:

- 1) Note the report made at the Governance Committee meeting on 10 October 2019.

Report presented by: Kelly Sims, Chair of the Governance Committee

Report prepared by: Denise Baxendale, Membership and Involvement Manager

Report from Governance Committee – 10 October 2019

The Governance Committee of the Council of Governors (CoG) has met once on 10 October 2019 since its last report to the Council of Governors in September. Eighteen governors attended. This report provides a summary of the meeting including actions and recommendations made.

Matters Arising

- One governor has still not signed the revised Code of Conduct despite reminders being sent – the Lead Governor will contact the governor concerned.

Governors Annual Effectiveness Survey

- The results of the fourth Annual Effectiveness Survey of the Council of Governors were presented to the Governance Committee. A separate report is being presented to the Council of Governors on 5 November.

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.

Review implementation of the Membership Strategy 2018-2021

- Governors reviewed the implementation of the Membership Strategy 2018-2021
- Governors were encouraged to subscribe to Derbyshire Mental Health forums newsletter
- Governors were encouraged to actively seek activities within their constituencies and inform Denise Baxendale of any.

Review Governor Membership Engagement Action Plan

- Angela Kerry presented the Governor Membership Engagement Action Plan which is aligned to the objective in the Membership Strategy 2018-2021
- Angela will update the Action Plan
- Angela will contact the BME Mental Health Forum.

Feedback from Governor Engagement Activities

- Governors were encouraged to complete the governor engagement template which has been produced and developed to enable governors to log issues and feedback from members and the public
- The governor membership engagement log was reviewed – there were no occurring themes.

Engagement opportunities for governors

- Governors agreed to inform Denise Baxendale of any events that are taking place in their constituencies.

Revised Engagement between the Trust Board and the Council of Governors policy

- The revised policy will be presented to the Public Trust Board on 5 November for approval.

Review Annual Members' Meeting – 11 September 2019

- Positive feedback from attendees and governors had been received

- Governors will consider establishing a Task and Finish Group to plan next year's Annual Members' Meeting
- Provisional date for next year's Annual Members' Meeting is 10 September 2020.

Governor elections update

- An update on the recent elections was presented
- Newly elected governors were welcomed
- 'Buddy's' are being arranged for the newly elected governors.

Deputy Chair – Governance Committee

- There is now a vacancy for Deputy Chair
- The vacancy will be promoted in Governor Connect
- An update will be given to the Council of Governors in November

Governor Training and Development

- Governors were encouraged to inform Denise Baxendale of any topics they would like to be considered for the 2020/21 governor training and development programme
- The Lead Governor, Trust Chair, Trust Secretary and Membership and Involvement Manager will draft a training and development programme to present at the next meeting
- Governors were reminded of the forthcoming training sessions scheduled for 31 October and 10 December.

Governors Nominations and Remunerations Committee membership

- The call for nominations for the public governor and appointed governor vacancy will be promoted in Governor Connect
- An update will be given to the Council of Governors meeting in November; where a final call will be made.

Consideration of holding to account questions to the Council of Governors

There were two items to escalate to the Council of Governors:

- Governors seek assurance from the Non-Executive Directors on whether the Trust is participating in Derbyshire wide substance misuse delivery.
- How is the Trust participating more widely in Joined Up Care Derbyshire, can Anne Wright explain the perspective of how the mental health work stream is engaging with other providers trusts?

Feedback Annual Members' Meeting

Purpose of Report

To provide feedback on the Trust's Annual Members' Meeting which took place on 11 September 2019.

Executive Summary

This year the Annual Members' Meeting (AMM) took place on 11 September and was held in the Research and Development Centre, Kingsway Hospital Site, Derby. 92 people attended:

- 22 (23.91%) – Trust members or members of the public
- 33 (35.87%) – staff Trust members (including Trust Board)
- 12 (13.04%) – finalists of writing competition with guests
- 16 (17.39%) – governors
- 9 (9.78%) – presenters

The AMM had been promoted widely by the Trust including:

- Press releases to local papers (Derby Telegraph, Derbyshire Times, Belper Weekly, Ripley Weekly, Ilkeston Weekly, Matlock mercury, Buxton Mail, Sheffield Star, Nottingham Post)
- Posted on Ilkeston enquiries website
- To all staff via the staff e-newsletters, the intranet, posters, screen savers
- To all members via the members' e-newsletter and magazine with reminders leading up to the event
- Radio Derby, Peak FM, Gem FM, Radio Derby
- To all stakeholders and services with reminders
- Posted on social media (twitter, Facebook)
- Posted on the Trust website – in latest news and as a banner
- Banner on front page of website

Governors were also encouraged to promote the AMM within their communities. It would be useful to know how governors promoted the AMM.

Positive feedback was received that the AMM was a good mix of staff involvement/personal stories/formal business; and ending with the announcement of the winners from the Trust's writing competition 'Looking Back/Looking Forwards' was really well received. The finalists from the writing competition fed back to the Trust that they had appreciated the support they were given and that they were made to feel welcome and enjoyed the afternoon.

Governors had organised a governor stall and asked people to complete a simple survey to find out if members knew how to contact their governors, how they would like to receive communication and if they were a Trust member – the analysis of the survey was presented to the Governance Committee on 10 October and will be

included on the Governor Engagement Action Plan.

A provisional date for next year's AMM has been suggested as 10 September 2020 in the Centre for Research and Development, Kingsway Hospital Site.

Proposed Actions for the Council of Governors:

- Agree the date for next year's AMM
- Establish a Task and Finish Group to plan next year's AMM

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

Consultation

- Feedback on the Annual Members' Meeting was discussed in detail by the Governance Committee on 10 October 2019.

Governance or Legal Issues

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

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

- We proactively sought to promote the Annual Members' Meeting to all members of the community
- The Trust to sort to ensure that the venue was accessible to all.

Recommendations

The Council of Governors is requested to:

- 1) Receive the report
- 2) Agree the date and venue for the 2020 Annual Members' Meeting
- 3) Establish a Task and Finish group to discuss the Annual Members' Meeting for 2020.

**Report prepared and
presented by:**

**Denise Baxendale, Membership and Involvement
Manager**

Governor elections update

Purpose of Report

To update governors on the recent governor elections; to update governors on preparations for the forthcoming public governor elections and provide assurance on the process being taken; and to present proposals to align governor terms of office to move towards annual elections.

Executive Summary

Recent governor elections

We welcome Andrew Beaumont and Dr Stuart Mourton as the newly elected governors for Erewash and Derby City West constituencies respectively.

Forthcoming governor elections

Following the resignation of Bob MacDonald, Public Governor, Derby City East, Carole Riley has taken up this seat as next highest polling candidate.

The staff governor seat, recently vacated by Tony Longbone will be included in the next elections, together with three seats with terms ending in January 2020 and current vacancies. This means that elections will need to be held in the following constituencies:

- Amber Valley (two vacancies)
- Bolsover and North East Derbyshire (one vacancy)
- Derby City West (one vacancy)
- High Peak and Derbyshire Dales (one vacancy)
- South Derbyshire (one vacancy)
- Admin and Allied Support Staff (one vacancy)

The election process for the above seats is now underway and results will be declared on 31 January 2020. The timetable is set out in the report

A move towards annual elections

The Council to Governors is asked support a proposal to reduce the number of elections run in each year. Most Foundation Trusts have elections once a year, unless the public governor majority is lost. This Trust can sometimes have up to three elections a year due to historical terms of office. Annual elections represent the best value for money in terms of reducing election costs and staff time in promoting elections and the induction and training for new Governors. The Trust's Constitution allows for terms of 'up to' three years so annual elections can be achieved by phasing terms of office for future elections or with the agreement of some current governors to finish their terms slightly earlier.

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

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

Consultation

- Information regarding the recent elections and forthcoming elections were presented to the Governance Committee on 10 October
- Aligning the terms of office to decrease the number of elections run in each year was also discussed at the October Governance Committee meeting.

Governance or Legal Issues

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

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

- We have proactively sought to promote governor vacancies to all members of the community.
- The Trust provides additional support for candidates and support and training for governors as and when required.

Recommendations

The Council of Governors is requested to:

- 1) Receive the report;
- 2) Note the timescales of the forthcoming elections;
- 3) Encourage governors to promote the forthcoming elections;
- 4) Discuss and support the proposal to achieve having elections just once a year, subject to the requirement to have a public governor majority.

Report presented by: Denise Baxendale, Membership and Involvement Manager and Justine Fitzjohn, Trust Secretary

Report prepared by: Denise Baxendale, Membership and Involvement Manager and Justine Fitzjohn, Trust Secretary

Derbyshire Healthcare NHS Foundation Trust

Council of Governors – 5 November 2019

Governor elections update

The election process is undertaken by Electoral Reform Service (ERS), an independent company used by the majority of Foundation Trusts to run their elections.

Recent governor elections

The Trust has recently held elections for the vacancies in Erewash and Derby City West:

- Elections closed on 26 September 2019
- Declaration of results have been announced
- Both seats were contested
- Newly elected governors have induction on 17 October 2019
- New governors have been assigned a governor 'buddy'

The Trust is pleased to welcome Andrew Beaumont and Dr Stuart Mourton as the newly elected governors for Erewash and Derby City West constituencies respectively. Denise Baxendale, on behalf of the Trust and Council of Governors, has contacted Shirish Patel and Christine Williams, former public governors who stood in the elections and were not re-elected and thanked them for all their contributions in their governor roles.

Forthcoming governor elections

Since the last meeting Bob MacDonald, Public Governor, Derby City East has resigned. Governors will be aware that in the event of a resignation being received within 12 months of a governor being elected, the Trust's Constitution states that the role can be offered to the candidate who was ranked next highest in the last election for the Constituency. This means that Carole Riley is eligible to be elected as a public governor for Derby City East and she has recently confirmed her acceptance of the role.

Tony Longbone has also recently resigned as staff governor for Admin and Allied Support Staff and due to the length of time Tony had been in role we could not go back to the next highest ranking candidate so this vacancy will be included in the next elections. Three governors' terms of office end in January 2020, together with other current vacancies, this means that elections will need to be held in the following constituencies:

- Amber Valley (two vacancies)
- Bolsover and North East Derbyshire (one vacancy)
- Derby City West (one vacancy)
- High Peak and Derbyshire Dales (one vacancy)
- South Derbyshire (one vacancy)
- Admin and Allied Support Staff (one vacancy)

The election process for these elections is now underway and the timeline for the elections is as follows:

ELECTION STAGE	TIMESCALE
Trust to send nomination material and data to ERS	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
Term start date	1 February 2020

A move towards annual elections

Most Foundation Trusts have elections once a year, unless the public governor majority is lost, in which case urgent elections must be held. Due to historical term start and end dates, this Trust can sometimes have up to three elections a year.

Undertaking elections is a significant and costly task. ERS charges a set fee each time to set up the election and internally a lot of time and effort goes into the publicity and promotion and then, following elections, into the induction and associated admin to support new governors.

Annual elections not only represent the best value for money but also allow the Trust to manage the timetable for the turnover of governors, allowing for annual induction and training.

Following outline support from the Governance Committee, the Council of Governors is asked to support the move towards having elections just once a year.

The Trust's Constitution allows for terms of 'up to' three years so the move to having annual elections could be most conveniently achieved by aligning terms of office for future elections. Outside of this it is hoped that agreement can be secured with a small number of governors to finish their terms slightly earlier. If this cannot be agreed the term would be shortened in the next elections for their constituency.

Due to the fact that we cannot extend a term beyond the three years, to achieve term start and end dates at the same time of year annually we would need to have a transition plan for some shorter terms of office for elections over the next three years.

The Constitution already covers the arrangements for filling vacancies where a governor's term ends early. This is by approaching the next highest polling candidates in order from the last elections for that constituency. Should this option not be available then the vacancy would normally be carried over until the next election (subject to the need for a public governor majority).

An option for scheduling future elections is best illustrated in the following table:

Election year and term start date	Constituency	Proposed term dates
2020 - February	Amber Valley	1.2.2020 – 31.1.2023
	Amber Valley	1.2.2020 – 31.1.2023
	Bolsover & NE Derbys	1.2.2020 – 31.1.2023
	Derby City West	1.2.2020 – 31.1.2023
	High Peak and Derbys Dales	1.2.2020 – 31.1.2023
	South Derbyshire	1.2.2020 – 31.1.2023
	Staff – Admin and Allied Support	1.2.2020 – 31.1.2023
2020 - September	Staff – Allied Professions	25.9.2020 – 31.1.2023
	Chesterfield	25.9.2020* – 31.1.2023
2021 - June	Bolsover & NE Derbys	1.6.2021** – 31.1.2024
	High Peak and Derbys Dales	1.6.2021** – 31.1.2024
	Staff – Admin and Allied Support	1.6.2021** – 31.1.2024
	Staff – Nursing	1.6.2021** – 31.1.2024
	Staff - Nursing	1.6.2021** – 31.1.2024
2022 - March	Chesterfield	21.3.22 – 31.1.2025
	Derby City East	21.3.22 – 31.1.2025
	Derby City East	21.3.22 – 31.1.2025
	Derby City West	21.3.22*** – 31.1.2025
	Erewash	21.3.22 – 31.1.2025
	Erewash	21.3.22*** – 31.1.2025
	Surrounding areas	21.3.22 – 31.1.2025
	Staff Medical	21.3.22 – 31.1.2025
2023 onwards – All Staff and Public Constituencies February		

* bring forward election for this seat from 7/11/20

** to neatly start on 1 June – Governors will be asked to finish their terms 1 day early.

*** reducing current 1st term to 2 years 6 months instead of 3 years

The above table shows we will require 2 elections to be run to start terms in 2020 but after that elections will be run annually on a similar timetable to those mentioned in the first section of this report.

This proposal only covers elected governors but the principal of starting all terms in the same month every year could also be applied to appointed governors by phasing slightly shorter terms on new or re-appointments.

Recommendations

The Council of Governors is requested to:

- 1) Receive the report;
- 2) Note the timescales of the forthcoming elections;
- 3) Encourage governors to promote the forthcoming elections;
- 4) Discuss and support the proposal to achieve having elections just once a year, subject to the requirement to have a public governor majority.

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 2 July 2019

MEETING HELD IN PUBLIC

Commenced: 9.30am

Closed: 12:25pm

PRESENT

Caroline Maley	Trust Chair
Dr Julia Tabreham	Deputy Trust Chair and Non-Executive Director
Margaret Gildea	Senior Independent Director
Geoff Lewins	Non-Executive Director
Dr Anne Wright	Non-Executive Director
Richard Wright	Non-Executive Director
Ifti Majid	Chief Executive
Claire Wright	Director of Finance & Deputy Chief Executive
Mark Powell	Chief Operating Officer
Carolyn Green	Director of Nursing & Patient Experience
Dr John Sykes	Medical Director
Amanda Rawlings	Director of People Services & Organisational Effectiveness
Gareth Harry	Director of Business Improvement & Transformation

IN ATTENDANCE

Anna Shaw	Deputy Director of Communications & Involvement
Justine Fitzjohn	Trust Secretary
Sue Turner	Board Secretary (minutes)
Max	Service Receiver
Nicola Fletcher	Assistant Director of Clinical Professional Practice

For DHCFT2019/094

For DHCFT2019/094

VISITORS

John Morrissey	Lead Governor and Public Governor, Amber Valley
Lynda Langley	Public Governor, Chesterfield
Kelly Sims	Staff Governor, Administration and Allied Support
Jo Foster	Staff Governor, Nursing
Christine Williamson	Public Governor, Derby City West
Christopher Williams	Public Governor, Erewash
Julie Lowe	Public Governor, Derby City East
Andrew Beaumont	Trust Member

DHCFT 2019/093	<u>CHAIR'S WELCOME, OPENING REMARKS, APOLOGIES FOR ABSENCE AND DECLARATION OF INTERESTS</u>
	<p>The Trust Chair, Caroline Maley, welcomed all to the meeting. No declarations of interest in agenda items were raised.</p>
DHCFT 2019/094	<u>PATIENT STORY</u>
	<p>Assistant Director of Clinical Professional Practice, Nicola Fletcher introduced service receiver Max to the Board who described her mixed experiences and the negative impact of receiving a late diagnosis of autism as an adult and her disappointments with the delays in treatment and lack of support post diagnosis for her autism care needs. Max explained how she and other people with autism have complex needs and described how this feels unbalanced with support on one side for mental health conditions but not on the other side because of the lack of commissioned support for adults with autism. She felt that change is needed so that person centred care can be provided to adults with autism.</p> <p>Chief Executive, Ifti Majid was struck by how Max had described the two components of herself and the need to have support for them both. Max realises now that the psychological therapy that she receives in the Psychodynamic Therapy service is helping her live her life. She added that she does not view her diagnosis of autism as being something that is wrong with her, autism is just something she needs assistance with and was concerned that people from the lower end of the autism spectrum are not able to access services for themselves.</p> <p>Deputy Trust Chair, Julia Tabreham agreed that it was unacceptable that Max had to wait so long for treatment and asked her what difference it would have made to her life if she had received an earlier diagnosis. Max believed her referral was lost in the system which resulted in her experiencing extended waiting times. If she had received therapy and specialist support for autism a lot earlier she would be a lot healthier. It is well known the gastrointestinal problems are associated with autism and she was later diagnosed with these issues and never understood why she had these symptoms. Max felt that the service support that she received was not centred on the entirety of what she was struggling with and explained the events in life that she felt were impacted and delayed through not getting the right help.</p> <p>Non-Executive Director, Anne Wright apologised for the Trust's lack of a commissioned service for autism support post assessment. She asked Director of Business Improvement and Transformation, Gareth Harry what plans the Trust had for the provision of a service in Derbyshire. He advised that ongoing discussions are taking place with Derbyshire commissioners to explore resource within the current diagnostic ASD (Autism Spectrum Disorder) team to see what can be offered for people who need post diagnostic support.</p> <p>Senior Independent Director, Margaret Gildea struggled to understand how the Clinical Commissioning Group could allow diagnosis to be made without providing treatment and was interested to know what treatment is available. Medical Director, John Sykes explained that treatment is generally supported through a number of options including education and coaching, it is not a highly medicalised form of treatment.</p> <p>Director of Nursing and Patient Experience, Carolyn Green informed the Board that</p>

	<p>Max is a member of the Trust's expert by experience EQUAL Forum and asked the Board to respond formally to her story and commit to making improvements to person-centred care and reduce waiting times for people with autism. In addition Carolyn Green advised of the national policy review and the review of the statutory guidance and asked Board colleagues to commit to discussing and escalating these issues so that a service can be explored and the benefits of a national service change, delivered locally could be provided that meets an individual's needs after diagnosis.</p> <p>Carolyn Green also drew attention to the Treat Me Well campaign that would be discussed later during the meeting as this is closely connected to Max's story. She described how with the EQUAL Forum that Max belongs to can help advise on physical healthcare issues associated with autism. Carolyn proposed sharing Max's experience with commissioners so they can understand the impact that a lack of person centred care after diagnosis has on people with autism and the impact this has on their life.</p> <p>Gareth Harry set out the strategic objectives that the Trust is trying to deliver with commissioners around ASD. The focus over the last three years is about discharging people from hospital and providing them with support in the community. The intention moving forward is to deliver an improved package of care for people with ASD and make mainstream services provide reasonable adjustments to improve people's needs aligned with autism legislation. This is the start of the work the Trust is doing with commissioners to address the very issues Max has talked about today.</p> <p>Anne Wright was keen to know if there was a process for reporting on follow up action taken from patient stories and was assured that an update on patient story outcomes is scheduled to be reported to the Board in October.</p> <p>Ifti Majid reflected on how Max's story gave a very graphic picture of her needs and proposed using her story to further explore person centered care and improve waiting list management so that people can be diagnosed earlier as this will prevent them experiencing anxiety and depression which often goes hand in hand with autism. The letter that Max read out to the Board will be shared with commissioners to demonstrate the impact of the current gaps in this service area.</p> <p>On behalf of the Board, Caroline Maley thanked Max for bringing her story to the attention of the Board</p> <p>ACTION: Letter from an EQUAL member Max to be shared with commissioners.</p> <p>RESOLVED: The Board of Directors thanked Max for sharing her story which enabled the Board to focus on delivering an improved package of care for people with ASD.</p>
DHCFT 2019/095	<p><u>MINUTES OF THE BOARD OF DIRECTORS MEETING HELD ON 7 MAY 2019</u></p> <p>The minutes of the previous meeting, held on 4 June 2019, were accepted as a correct record of the meeting.</p>
DHCFT 2018/096	<p><u>ACTIONS MATRIX</u></p> <p>The Board agreed to close all completed actions. Updates were provided by</p>

	members of the Board and noted on the actions matrix. All completed 'green' actions were scrutinised to ensure that they were fully complete and actions that were not complete were challenged with Executive Director leads.
DHCFT 2019/097	<p><u>QUESTIONS FROM GOVERNORS OR MEMBERS OF THE PUBLIC</u></p> <p>No questions had been received from members of the public or governors in advance of the meeting.</p>
DHCFT 2019/098	<p><u>CHAIR'S UPDATE</u></p> <p>Caroline Maley's report provided the Board with the Trust Chair's summary of activity and visits to the Trust's services undertaken since the previous Board meeting held on 4 June.</p> <p>A particular highlight for Caroline during June was the visit made by Peter Wyman, Chair of the Care Quality Commission (CQC) who met colleagues and patients at the Kedleston Unit, the Hub at the Radbourne Unit and The Beeches perinatal team who shared their experience of receiving care and working for the Trust.</p> <p>Caroline referred to the training undertaken by governors on 12 June that focussed on how governors engage with members of the community. She acknowledged that this is a particularly difficult part of a governor's role and was pleased to see that governors discussed how they feed back the work of the Trust throughout their constituency.</p> <p>Caroline congratulated Linda Langley on her appointment as Lead Governor. Linda will take up this role when John Morrissey steps down from this role in September.</p> <p>The NHS Confederation conference was held from 19 to 20 June where Caroline was pleased to see issues including mental health, workforce and inclusion having an increased focus.</p> <p>Caroline's report also detailed the Joined Up Care Derbyshire Board (JUCD) meeting held on 20 June with the key messages noted from the meeting outlined in the appendix attached to her report.</p> <p>RESOLVED: The Board of Directors noted the activities of the Trust Chair since the last meeting held on 4 June 2019.</p>
DHCFT 2019/099	<p><u>CHIEF EXECUTIVE'S UPDATE</u></p> <p>Ifti Majid's report reflected on a wider view of the Trust's operating environment and served to highlight risks that may affect the organisation. His report provided an update on the national health and social care sector as well as developments within the local Derbyshire health and social care community.</p> <p>Ifti made reference to the interim NHS People Plan that would be covered in more detail by Director of People Services & Organisational Effectiveness, Amanda Rawlings later in the agenda. The final plan will be published soon after the publication of the 2019 spending review in the autumn.</p> <p>The Trust has now received the final report from the CQC following their visit to the acute inpatient wards in March. The overall rating remains inadequate although it</p>

	<p>was noted that key significant improvements have been made in some areas. There remains a significant level of improvement needed to the Trust's acute mental health wards in order to meet the requirements outlined by the CQC. Ifti was pleased to report that he has been impressed with the way that the acute teams are working closely with Executive Directors on an action plan to address the issues raised in the report and are looking at new and innovative ways to make necessary changes.</p> <p>The second Annual Staff Conference took place on 10 June when two guest speakers gave an insight into their unique inspiring experiences of the importance of effective teamwork. This was particularly true with the second speaker who spoke about the importance of having a clear organisational branding which Ifti felt was similar to the Trust's vision and values and open and transparent culture. The guest speakers had inspired some creative discussions with colleagues that day and these will be progressed through the Trust's strategy.</p> <p>Ifti's report also highlighted the success of the NHS Confederation Conference. Matters discussed included mental health, workforce and inclusion will also be taken forwards as part of the Trust's strategy development.</p> <p>Discussion took place on the potential funding reductions to 0–19s children's services in the county to establish what could be done to influence reconsideration by central government. Although this national policy is disappointing it was thought that the formation of a constructive relationship with public health would show how the Trust's caseloads are growing and helps provide an understanding of the impact that a change in landscape has on this service.</p> <p>The Board discussed how the school nursing service and health visitor service is performing an increasing safeguarding role dealing with children who have early adverse childhood experiences and the difficulties associated with budgeting and commissioning for school nurses. The Quality Committee will be briefed on projects that have developed through escalations from the patient story that featured the voice of a child told through a school nurse made at the April Board meeting. Individual work streams associated with this area of safeguarding were discussed at the June JUCD Board meeting. The Board acknowledged that the JUCD must uphold the ethos of early intervention and prevention as this is the vision of joined up care which must be driven alongside the wider determinants of housing and social care.</p> <p>RESOLVED: The Board of Directors scrutinised the Chief Executive's update, noting the risks and actions being taken.</p>
<p>DHCFT 2019/100</p>	<p><u>INTEGRATED PERFORMANCE AND ACTIVITY REPORT</u></p> <p>The Integrated Performance Report (IPR) provided the Board with an integrated overview of performance as at the end of May. This review commenced with an explanation of the Trust's financial challenges that were outlined by Director of Finance and Deputy Chief Executive, Claire Wright.</p> <p>The Trust is forecasting to meet its adjusted plan but there are a significant number of risks to achieving that plan due to ongoing and new cost pressures. These continue to be appraised and plans are being developed to mitigate these pressures as far as possible. Some of these risks include extra costs relating to improvements to our urgent care services, recruiting additional staff and for the cost of moving to different shift patterns. There are also gaps in the Cost</p>

	<p>Improvement Programme (CIP) as well as concern with the level of non-recurrent compared to recurrent cost reduction schemes.</p> <p>An additional Finance and Performance Meeting is taking place on 12 July when additional scrutiny will take place on the progress with mitigating risks in the financial position and the progress with CIP. Claire Wright also highlighted the need to gain a response from NHS Improvement (NHSI) to the need to use the £0.4m income for agenda for change pay awards in local authority contracts in reaching the planned outturn.</p> <p>Gareth Harry added that a significant amount of work is being undertaken to identify recurrent longer term cost improvements and quality improvement schemes. There are a number of projects under the 'plan, do, study, act' (PDSA) cycles that will be rolled out later in the year as well as additional schemes being developed to achieve savings.</p> <p>Caroline Maley reflected on the potential difficulty of the Trust not being able to meet its control total if all the required improvements to our urgent care services are delivered. Claire confirmed that this will be part of the discussions at Finance and Performance Committee. She reminded the Board that there continue to be a number of challenges that need to be overcome to meet the planned surplus, in doing so she clarified the NHSI definitions of the control total compared to the adjusted plan surplus. Given the level of risk she reiterated the fact that the Board Assurance Framework (BAF) risk 3a <i>"There is a risk that the Trust fails to deliver its financial plans"</i> is rated as extreme.</p> <p>Ifti Majid was conscious that it will be seriously viewed if the Trust fails to meet its control total and emphasised the need for the Board to continue to make very careful decisions. Julia Tabreham recognised the sustained pressure that the Trust is under to make these very careful decisions and asked how supportive the system could be in terms of alleviating cost pressures. Claire Wright responded that she felt that transparency in the system is a positive aspect but reminded the Board that none of the system's shared risks were Derbyshire Healthcare's financial risks. Wider key risks and issues are being discussed at the Director of Finance and Chief Executives meetings. She added that the Trust is not alone in feeling this amount of pressure. The effectiveness of system transformation plans should be improved by working differently as the Sustainability and Transformation Partnership (STP) moves towards being an Integrated Care System.</p> <p>Non-Executive Director, Richard Wright recognised the immediate financial challenges that the Trust is facing this year and that this will continue into next year. The immediate task is to work on remedial and recovering action this year that will have an impact on plans for next year. The biggest focus is to close the gap for this year and make the right decisions about future work. Chief Operating Officer, Mark Powell built on this point. The next Finance and Performance meeting taking place on 12 July will be looking to receive assurance of the immediate action that is being taken to close the financial gap. The Committee will also oversee outcomes from the clinically led strategy work that will manifest within quality plans for transformation.</p> <p>Claire Wright referred to the Derbyshire JUCD Risk Share Agreement and made the point that if the risk share is deployed, the Trust will not meet its control total.</p> <p>Discussion turned to delayed transfers of care (DTOC). Mark Powell outlined that there are three patients whose discharges are being delayed. Work is continuing</p>
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	<p>with partners to address and minimise delays to avoid unnecessary waits in beds and improve escalation processes. NHS England has recently advised that the Trust's target threshold for DTOC is 3.5%. This was based on a historic trend which Mark felt was a more reasonable target.</p> <p>The outpatient referrals and rate of non-attendance benchmarking data was referred to which compares the Trust's position with other providers. Carolyn Green felt that benchmarking should be shared around the organisation especially as she is mindful that although there are difficulties in some areas, it is important to show areas where the Trust is doing well. This data shows the Trust in a good position and will look to clinical aspects to help the Trust reach its control total.</p> <p>Non-Executive Director, Geoff Lewins asked how the management of sickness absence was progressing and whether managers were carrying out return to work interviews. Amanda Rawlings clarified that work is ongoing across all divisions in the Trust to tackle increasing levels of sickness absence, particularly in the inpatient areas. The main reason for sickness absence is stress and anxiety, which accounted for 33% of all sickness absence during May 2019. Through Employee Relations and support and from Divisional People Leads, focus is particularly aimed at long term sickness cases to either support employees back to work in a more timely way or to look at alternative solutions. There is also a lot of work being undertaken to support staff wellness and give everyone the opportunity to be at work.</p> <p>Geoff Lewins also asked what the effect would be on consultant workload if DNA (Did Not Attend) rates were halved. Mark Powell confirmed that a reduction in the DNA rate would help to ensure that service users receive regular contact with their doctor. This would mean that doctor time is used more effectively. It will also help with better resource management, for example, support staff would not have to rearrange appointments.</p> <p>After concluding discussions, the Board received limited assurance from the report and noted that the Finance and Performance Committee will have additional oversight of the challenges described above.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Received limited on current performance across the areas presented 2) Further assurance will be provided through detailed reporting to the Quality Committee and Finance and Performance Committee.
<p>DHCFT 2019/101</p>	<p><u>ANNUAL REPORT ON REVALIDATION OF DOCTORS</u></p> <p>This report provided the Board with the necessary assurance that the Trust has fully achieved all the standards with the Statement of Compliance required by NHS England by September 2019.</p> <p>It was noted that 100% of available doctors completed appraisals or had approved postponement. The quality of appraisals is improving and appraiser numbers are satisfactory.</p> <p>John Sykes made reference to the psychiatrist who practiced within the Trust for eleven weeks between 6 March 2016 and 30 June 2016 as a locum Learning Disability consultant without a primary medical qualification. This was due to failures in GMC (General Medical Council) scrutiny when this individual presented fraudulent qualifications to the Regulator. The Trust followed all the correct</p>

	<p>employment checks in place at the time. A full report of this incident was taken to the Serious Incident Group. The Trust has learnt from this event and strengthened its recruitment process and has contacted all affected patients and carers and liaised with the police and GMC. Patients and carers have been supported and full duty of candour discharged.</p> <p>The Board noted that the Quality Committee obtained full assurance from the report on 11 June and that it contained detail of recruitment checks to support the signing of the compliance statement by the Trust Chair to submit to the Higher Responsible Officer at NHS England by 27 September.</p> <p>Thanks were extended to Medical Appraisal Lead, Dr Edward Komocki for his work in reporting on medical appraisal and validation over the years. As Dr Komocki is retiring from the Trust Ifti Majid undertook to write to him on behalf of the Board recognising his valued commitment in ensuring that there are procedures in place to support doctors and protect patients and also for his contribution to improving performance with the Mental Health Act and Mental Capacity Act.</p> <p>ACTION: Trust Chair to sign the statement of compliance required by NHSE for submission by 27 September</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Accepted the report 2) Noted that Statement of Compliance for submission to NHS England in September 2018.
DHCFT 2019102	<p><u>PROPOSALS TO AMEND THE TRUST'S CONSTITUTION RELATING TO THE GOVERNORS NOMINATIONS AND REMUNERATION COMMITTEE</u></p> <p>Trust Secretary, Justine Fitzjohn's report informed the Board that the Council of Governors, at its meeting later on 2 July, will be asked to approve an updated version of the Terms of Reference for the Nominations and Remuneration Committee. If approved, this will also require an amendment to the Trust's Constitution. Any changes to the Constitution require approval of both the Trust Board and the Council of Governors.</p> <p>RESOLVED: The Board of Directors approved the amendment to Annex 5 of the Trust's Constitution as outlined in the report, subject to the Council of Governors approving the revisions to the Governors Nominations and Remuneration Committee's Terms of Reference and the required changes to the Trust Constitution.</p>
DHCFT 2019/103	<p><u>REVISED TRUST STRATEGY</u></p> <p>Gareth Harry presented the Board with a revised Trust Strategy. He explained that following initial conversations at the May meeting of the Board of Directors, further engagement had taken place with colleagues and groups across the Trust on the draft revised strategy and their feedback has been captured in the revised strategy.</p> <p>Gareth thanked Deputy Director of Communications, Anna Shaw and the Communications Team for the wide level of engagement that took place and outlined the positive suggestions and changes that have been reflected in the updated strategy. Of particular note was the clinical ambition that has been revised following detailed discussions at the Trust's Medical Advisory Committee (TMAC). The strategy has also been simplified and tailored around the 'people first' values</p>

	<p>and objectives.</p> <p>Julia Tabreham was interested to know what systems are in place to monitor the impact that the strategy might have on people with protected characteristics and if anything arose from the consultation with colleagues that the Board would need to be mindful of. Gareth described how detailed feedback on the strategy had been sought from the LGBT+ network that was concerned about how the Trust's estate would focus on the implementation of single gender wards. Claire Wright added that the Board was mindful that some people do not live in a binary world and would consider their needs in a wider sense.</p> <p>Carolyn Green observed that that delivering great person centred care is an important focus of the strategy. She added that if this quality improvement focus is applied to actions resulting from patient stories to the Board like the one from Max today this will evidence how the Trust is delivering improvement work.</p> <p>The Board was pleased to note that the revised strategy captures the 'People First' value which confirms the Trust's focus on its staff and approved the updated draft. The plan on a page will be developed to show the components of the strategy and will clearly evidence the commitment of the Board and the Board Committees to equality and diversity. Further engagement with the strategy will take place with the Council of Governors at their meeting later on 2 July. It was agreed that Caroline Maley would if necessary progress any response received from the Council of Governors through a Chair's action.</p> <p>RESOLVED: The Board of Directors noted:</p> <ol style="list-style-type: none"> 1) Noted the progress and changes that had been made following engagement on the Trust Strategy 2) Approved the updated Trust Strategy, with a Chair's action to accommodate any further feedback received from the Council of Governors.
<p>DHCFT 2019/104</p>	<p><u>INTERIM PEOPLE PLAN</u></p> <p>Amanda Rawlings' report provided the Board with an insight into the NHS Interim People Plan; the five key themes supported by eight national work streams and the implications that the plan will have on the Trust.</p> <p>Amanda outlined the five key themes with each theme having a number of core actions. She emphasised that, as part of the theme of making the NHS the best place to work, the government is bringing forward a consultation on new pension flexibility for senior clinicians. This proposal would give senior clinicians the option to halve the rate at which their NHS pension grows, in exchange for halving their contributions to the scheme. Amanda would like to see that the proposed flexibility is made available to support the retention of all members of the workforce.</p> <p>The Board concentrated on what the Trust needs to focus on to deliver 21st century care and noted that the Chief Operating Officer, Director of Nursing and Medical Director are working with Amanda to review and change the workforce model to enhance the skills mix, enhance workforce supply and work life balance.</p> <p>Richard Wright noted the Trust's retention rate amongst doctors and asked how this could improve. Amanda explained that the main reason for doctors leaving the organisation is through retirement and that work will be taking place to ensure their working model is based on a more family friendly approach that offers flexibility for</p>

	<p>a multi-generation workforce that will help improve retention rates.</p> <p>Margaret Gildea made the challenge that it is clear that people within the Trust are already working hard and fast. The People and Culture Committee is monitoring increasing the pace of recruitment and improving retention. This programme of work has a significant momentum behind it and can be enriched through improved collaboration through the NHS staff bank.</p> <p>The Board recognised that the interim people plan is aligned to the Trust's people plan and that our work plan skill mix needs to progress with more pace. The Trust will be following the national way of working as this develops and will continue its focus on increasing mandatory training compliance, progress planned skill mixing with more pace along with the development of our urgent care work.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Noted the national plan and the work we are doing as a Trust against the themes 2) Recognised the increased pace and focus that is required for the Trust to be a 'Great Place to Work' enabled by inclusive and compassionate leadership.
<p>DHCFT 2019/105</p>	<p><u>TREAT ME WELL CAMPAIGN UPDATE</u></p> <p>This report presented by Carolyn Green updated the Board on the national campaign led by MENCAP called Treat Me Well that was shared with the Trust Board on 3 July 2018 when the Board made a specific commitment to improve the Trust's performance in this area.</p> <p>Having reviewed the positive progress and improvements made with the Treat Me Well campaign since it was introduced twelve months ago, the Board noted that the Trust's Learning Disabilities (LD) services standards directly respond to the Treat Me Well campaign. The next phase of work will continue to be implemented with learning from the improvements that have been made so far from continually listening to the voice of the EQUAL Forum and the community.</p> <p>The Board recognised that the number of individuals with Profound Multiple Learning Disabilities (PMLD) with complex needs is increasing in the community and the needs of this section of the local community are significant. The population growth remains a risk for the Trust's wider community and commitments are in place by the Board and commissioners to review these patient groups in particular to meet the health population needs. Executive Directors have raised this with local authority colleagues and are giving feedback on the long term plan.</p> <p>Geoff Lewins asked if all issues that need to be taken into consideration have been identified and whether there are aspects that commissioners should provide. Executive Directors have raised the needs of these patient groups with commissioners and will continue to apply strategic lobbying. Areas of the Greenlight toolkit to enable Learning Disability and Autism Standards will continue to be implemented compiling a multi-layering approach that will influence services in the long term.</p> <p>The Board reflected on the importance of understanding people and taking a people centred approach and not making assumptions about people's background or relationships as so many times when the Board has heard stories told by patients they are concerned about personal interaction.</p>

	<p>The Board was pleased to see the connection with the Treat Me Well Campaign and today's patient story and agreed that the Quality Committee will continue to have oversight of the progress being made with the Treat Me Well Campaign.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Noted the progress made so far on the Treat Me Well campaign and improvements made after twelve months 2) Noted the medium term to long term commitment to Profound Multiple Learning Disabilities (PMLD) and that the population growth remains a risk for the Trust's wider community, commitments are in place by the Board and commissioners to review these patient groups in particular. Executive Directors have raised this group with local authority colleagues and are giving feedback on the long term plan. 4) Agreed that the Quality Committee will continue to have oversight of the progress being made with the Treat Me Well Campaign.
DHCFT 2019/106	<p><u>BOARD COMMITTEE ASSURANCE SUMMARIES AND ESCALATIONS</u></p> <p>Assurance summaries were received from the Board Committees and highlights were provided by the respective Non-Executive Chair.</p> <p>Mental Health Act Committee 7 June: Chair, Anne Wright was pleased to report that this had been an effective meeting. This was due to the Committee's operational group performing well. She was pleased to report that the Committee was satisfied that gaps in control associated with 2018/19 BAF Risk 1a <i>There is a risk that the Trust will fail to provide full compliance with the Mental Health Act (1983) and Mental Capacity Act (2005)</i> had now been mitigated to a level that they no longer pose a significant threat to the achievement of the Trust's Strategic objectives. The Committee also discussed changes that are to be made to the Mental Health Act and how this will impact the role of Associate Hospital Managers.</p> <p>Quality Committee 11 June: Chair, Margaret Gildea, advised the Board that the Committee had reported that the risk rating of 2019/20 BAF Risk 1a <i>"There is a risk that the Trust will fail to provide standards for safety and effectiveness required by the Board"</i> will be affected by additional risks arising from the recent CQC report. It was recommended that this risk be raised from high to extreme and this will be reflected in the next version of the BAF to be received by the Audit & Risk Committee on 11 July.</p> <p>People and Culture Committee 25 June: Chair, Margaret Gildea reported that the Committee had discussed using data more effectively to determine workforce trends in order to increase the pace of staff recruitment and improve staff retention. The Strategic Workforce Report updated the Committee on what is happening at a national and local level and included the NHS interim people plan, improving people practices, junior doctor contract changes and the impact of the exit payment consultation.</p> <p>RESOLVED: The Board of Directors received and noted the Board Committee Assurance Summaries.</p>
DHCFT 2019/107	<p><u>IDENTIFICATION OF ANY ISSUES ARISING FROM THE MEETING FOR INCLUSION OR UPDATING IN THE BOARD ASSURANCE FRAMEWORK</u></p>

	No additional issues were raised in the meeting for updating or including in the Board Assurance Framework.
DHCFT 2019/108	<p><u>2019/20 BOARD FORWARD PLAN</u></p> <p>The 2019/20 forward plan was noted by the Board and is to be updated to reflect the cycle of STP work stream reporting.</p>
DHCFT 2019/109	<p><u>MEETING EFFECTIVENESS</u></p> <p>Attendees and visitors were thanked for their attendance at today's meeting. It was accepted that as the Trust Strategy had been discussed in various arenas this might have restricted debate. The interim people plan will a big impact on the clinical workforce and will benefit from the work that the Trust carries out locally.</p>
<p>There will be no meeting in August. The next meeting of the Board to be held in public session will take place at 9.30am on Tuesday 3 September 2019 in Conference Rooms A and B, Centre for Research and Development, Kingsway Hospital, Derby DE22 3LZ</p>	

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 September 2019

MEETING HELD IN PUBLIC

Commenced: 9.30am

Closed: 12:40pm

PRESENT

	Caroline Maley	Trust Chair
	Richard Wright	Deputy Trust Chair and Non-Executive Director
	Margaret Gildea	Senior Independent Director
	Geoff Lewins	Non-Executive Director
	Dr Julia Tabreham	Non-Executive Director
	Dr Anne Wright	Non-Executive Director
	Ifti Majid	Chief Executive
Up to DHCFT2019/119	Claire Wright	Director of Finance & Deputy Chief Executive
	Mark Powell	Chief Operating Officer
	Carolyn Green	Director of Nursing & Patient Experience
	Dr John Sykes	Medical Director
	Amanda Rawlings	Director of People Services & Organisational Effectiveness
	Gareth Harry	Director of Business Improvement & Transformation

IN ATTENDANCE

	Suzanne Overton-Edwards	Incoming Interim Non-Executive Director
	Perminder Heer	NExT Director
	Anna Shaw	Deputy Director of Communications & Involvement
	Sue Turner	Board Secretary
For DHCFT2019/119	Tamera Howard	Freedom to Speak Up Guardian
For DHCFT2019/120	Rachel Kempster	Risk and Assurance Manager
For DHCFT2019/122-123	Harinder Dhaliwal	Head of Equality, Diversity & Inclusion
	Hannah Osgood	IST Manager (shadowing Carolyn Green)
	Kuda Mumvuri	Drug and Alcohol Recovery Service (shadowing Caroline Maley)

VISITORS

Lynda Langley	Lead Governor and Public Governor, Chesterfield
John Morrissey	Public Governor, Amber Valley
Jo Foster	Staff Governor, Nursing
Christine Williamson	Public Governor, Derby City West
Christopher Williams	Public Governor, Erewash
Al Munnien	Staff Governor, Nursing
April Sanders	Staff Governor, Allied Professions
Sandra Austin	Derby City & South Derbyshire Mental Health Carer's Forum and Trust Volunteer
Andrew Beaumont	Trust Member
Rebecca Taylor	Liaison Workforce
Christopher Hollands	Care Quality Commission (CQC)
Eddie Bisknell	Derby Telegraph

APOLOGIES

Justine Fitzjohn	Trust Secretary
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DHCFT 2019/110	<u>CHAIR'S WELCOME, OPENING REMARKS, APOLOGIES FOR ABSENCE AND DECLARATION OF INTERESTS</u>
	<p>The Trust Chair, Caroline Maley, welcomed all to the meeting. Perminder Heer who joined the Trust on 1 August on a placement through NHS Improvement's NExT Director scheme, which supports the next generation of talented people from BAME (black, Asian and minority ethnic) communities to become Non-Executive Directors in the NHS was welcomed to her first meeting with the Board of Directors. The previous NExT Director Suzanne Overton-Edwards who is to be formally appointed as Interim Non-Executive Director for a period of three months was welcomed back.</p> <p>Introductions were made to Kuda Mumvuri from the Trust's Drug and Alcohol Recovery Service who attended the meeting to shadow the Trust Chair and Hannah Osgood from the Intensive Support Team service who shadowed Director of Nursing and Patient Experience, Carolyn Green.</p> <p>Apologies were noted from the Trust Secretary, Justine Fitzjohn. No declarations of interest in agenda items were raised.</p>
DHCFT 2019/111	<u>PATIENT STORY</u>
	<p>Today's patient story did not take place as the person who had been invited to share their story at today's meeting was unable to attend.</p>
DHCFT 2019/112	<u>MINUTES OF THE BOARD OF DIRECTORS MEETING HELD ON 2 JULY 2019</u>
	<p>The minutes of the previous meeting, held on 2 July 2019, were accepted as a correct record of the meeting subject to corrections to be made to DHCFT2019/099 Chief Executive's Update. The beginning of the first sentence of the fourth paragraph is to be corrected to read "<i>The second Annual Staff Conference took place on 10 June</i>". The second sentence should be corrected to read that "<i>Matters discussed included mental health, workforce and inclusion will also be taken forwards as part of the Trust's strategy development</i>".</p>
DHCFT 2019/113	<u>ACTIONS MATRIX</u>
	<p>The Board agreed to close all completed actions. Updates were provided by members of the Board and noted on the actions matrix. All completed 'green' actions were scrutinised to ensure that they were fully complete and actions that were not complete were challenged with Executive Director leads.</p> <p><u>MATTERS ARISING</u></p> <p>DHCFT2019/094 Patient Story: Carolyn Green asked if Caroline Maley or the Chief Executive, Ifiti Majid had considered sharing the letter that was read out to the Board from the EQUAL Forum at the previous meeting with the Joined Up Care Derbyshire (JUCD) Board so they can be aware of the effect that lack of person centred care after diagnosis can have on people with autism. Ifiti Majid responded that the new STP Chair of JUCD will be introducing patient stories at JUCD Board meetings and that arrangements have been made for the JUCD Board to hear Max's story on the need to improve the package of care for people with autism.</p> <p>DHCFT2019/103 Revised Trust Strategy: Caroline Maley was pleased to report that after discussing the revised Trust Strategy with the Council of Governors at</p>

	<p>their meeting on 2 July, feedback received from governors has been included in the newly rolled out Trust Strategy.</p>
<p>DHCFT 2019/114</p>	<p><u>QUESTIONS FROM GOVERNORS OR MEMBERS OF THE PUBLIC</u></p> <p>No questions had been received from members of the public or governors in advance of the meeting.</p>
<p>DHCFT 2019/115</p>	<p><u>CHAIR'S UPDATE</u></p> <p>Caroline Maley's report provided the Board with the Trust Chair's summary of activity and visits to the Trust's services undertaken since the previous Board meeting held on 2 July.</p> <p>Attention was drawn to the Schwartz Round that Caroline had attended at the Radbourne Unit. This session was led by the chaplaincy team and underlined the emotional impact of the work carried out by clinical teams and the importance of providing support to staff. Caroline felt it was clear from this visit that staff felt there is a change taking place in the culture being promoted within the Trust and was important for the Board to hear.</p> <p>The appointment of Non-Executive Director (NED), Richard Wright as Deputy Chair has now been confirmed. Thanks were extended to Julia Tabreham for her support as Deputy Chair since September 2016 and she looked forward to continuing working with her as a NED. Caroline also took the opportunity to formally thank Denise Baxendale for her work in supporting governors to carry out their role and for recruiting members of the public to stand for election as governors.</p> <p>The Chair's report updated the Board on the appointment of an Independent Chair, John MacDonald to JUCD. Key messages from the JUCD Board meetings held in July and August and the JUCD Prevention Strategy were included as appendices to the report.</p> <p>Julia Tabreham was pleased to observe from the Chair's report an improving shift in culture and asked if there were any areas of the Trust Strategy that might help deliver further improvements. It was thought that the new strategic priorities will help achieve a greater culture through staff buying into the Trust's culture from the top of the organisation through to the front line that will bring about the change that the Board is looking for. Ifti Majid added that over the summer he had heard that the revised strategy is resonating with colleagues, particularly the 'people first' message. The promotion of the Trust's vision and values is also attracting people to come and work at the Trust.</p> <p>Deputy Trust Chair, Richard Wright welcomed the introduction of the JUCD Prevention Strategy that was appended to the Chair's report. He emphasised the need to work with local authorities to improve the health of people living in areas of deprivation as this cannot be achieved without the involvement of local authorities and the voluntary sector.</p> <p>RESOLVED: The Board of Directors noted the activities of the Trust Chair since the last meeting held on 2 July 2019 and the Joined up Care Derbyshire Prevention Strategy.</p>

<p>DHCFT 2019/116</p>	<p><u>CHIEF EXECUTIVE'S UPDATE</u></p> <p>Ifti Majid's report provided the Board of Directors with feedback on changes within the national health and social care sector, as well as providing an update on developments occurring within the local Derbyshire health and social care community. The report also updated the Board on feedback from external stakeholders including commissioners, and Trust staff.</p> <p>Ifti drew the Board's attention to the NHS Mental Health Implementation Plan 2019/20 – 2023/24. He outlined how the implementation plan fits with the system planning approach and the areas that will be supported by investment. He was pleased to see a significant investment is being made in mental health that will help services grow faster and felt this would have a positive impact on the development of new models and roles within the Trust's future workforce.</p> <p>The NHS Patient Safety Strategy; safer culture, safer systems, safer patients was referred to. This strategy sets out a new framework to enable a culture transition from blame to learning and takes an approach where patient safety initiatives and responses are based on what can be learned rather than who should be held accountable. Medical Director, Dr John Sykes is the Trust's lead for this initiative and will provide assurance on patient safety through the Quality Committee to Board. Ifti felt these changes were exciting as they will focus on learning rather than blame as they dovetail with the Team Derbyshire Healthcare Just Culture that will enable personal development, growth and learning when responding to incidents, conduct or complaints.</p> <p>Ifti was pleased to report on the recent visit he made to the Roma community in Derby where he discussed working in partnership with the Roma community to help local families engage and have access to mental health and substance misuse services. He hoped this visit would change their reluctance to engage with mental health services and children's services and committed the Trust to work in partnership with Roma Community Care to assist local families receive support when needed.</p> <p>The report also provided an update on recent JUCD meetings and the progress being made with partner organisations in making sustainable changes for the people of Derbyshire. Ifti was pleased to include in his report the reflections of the new JUCD Chair, John MacDonald, particularly as they are aligned to discussions that have occurred during the Trust's previous Board meetings around delivering care in a better way which is a constant driver for the Board. Ifti intends inviting John MacDonald to a future Board meeting.</p> <p>Senior Independent Director, Margaret Gildea commented on her attendance as Caroline's deputy at the JUCD Board meeting held on 15 August. She was pleased to report that she had observed a very well structured and sense of close community at the meeting, particularly when hearing how the ambulance team had transformed its responsiveness to a more effective process. She found it extremely heartening to hear how the system wide elements linked to the Trust's clinically led pathways and felt that now is the right time to promote the Trust's pathway work. She also stressed the importance of NED involvement at JUCD Board meetings. Non-Executive Director, Geoff Lewins echoed Margaret's comment and was pleased to hear that JUCD Chair, John MacDonald agrees that it is important that NEDs play an assurance role in the workstreams and welcomed the engagement of NEDs in these activities.</p>
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	<p>Non-Executive Director, Anne Wright asked how the Trust could move to a needs based model rather than a model based on demand as she felt this would help with prevention, particularly as working to a demand led system would create more demand on beds. In response, Director of Business Improvement and Transformation, Gareth Harry updated the Board on the work developing within the refreshed long term plan for Derbyshire. He reported that a significant amount of work has taken place involving stakeholders in pulling together the first draft of the long term mental health plan. He also spoke of ensuring our internal clinical strategies linked to the long term plan and said the first clinical strategies will be brought to the Board from October through to December.</p> <p>Richard Wright noted that Gareth Harry had been appointed Lead Director of the New Care Models for Mental Health as part of the proposed East Midlands mental Health Alliance. He was conscious that the continuous improvement programme work has been led by Gareth within the Trust. He did not want this work to be compromised as it is vital to maintain the impetus that has been achieved. Ifiti responded that Gareth's involvement in the Trust's quality improvement approach will complement the work across the east Midlands.</p> <p>RESOLVED: The Board of Directors scrutinised the Chief Executive's update, noting the risks and actions being taken.</p>
<p>DHCFT 2019/117</p>	<p><u>INTEGRATED PERFORMANCE AND ACTIVITY REPORT</u></p> <p>The Integrated Performance Report (IPR) provided the Board of Directors with an overview of Trust performance at the end of July 2019. This report was issued in a new format, using run charts to review performance over longer periods of time, with a particular focus on whether the Trust consistently achieves agreed targets and / or whether there is variation which needs attention. The report also included an overview of performance across the Acute Care Division.</p> <p>Chief Operating Officer, Mark Powell gave an overview of operational, quality, financial and workforce performance. The Trust continues to perform favourably and most of the measures contained in the report identified a strong and tangible link to the refreshed Trust Strategy. He also reported that the Finance and Performance Committee had met twice recently to address concerns relating to the Trust's financial performance. There are continuing challenges in achieving Cost Improvement Programme (CIP) targets and the Trust is trying to maintain its current agency spend position. The Committee continues to monitor delivery against the Trust's capital expenditure programme. This programme will be driven through the rest of the year to ensure that the challenges being faced in developing the Trust's estate do not drain the capital expenditure plan over the next few months.</p> <p>Deputy Chief Executive and Director of Finance, Claire Wright further outlined the financial aspects of the report. The Trust is forecasting that it can achieve its control total although there are a number of cost pressures that need to be mitigated in order for the Trust to deliver its financial plan. She reminded the Board that the cost pressures were a result of strategic and quality related investments. The Trust is expecting to need to use all its contingency reserves in the year and there also exists the potential for further cost pressures that need to be managed as the year progresses. Accordingly this risk is currently rated as extreme in the Board Assurance Framework (BAF).</p> <p>The report showed that overall from a national standards point of view the Trust is</p>

	<p>performing well. Over the last few months the number of acute out of area (OOA) patients has stabilised. The Trust does not have a PICU (Psychiatric Intensive Care Unit) in Derbyshire. This is why there are a significant amount of PICU patients OOA. From a strategic point of view the work in developing the Estates Strategy is a key priority in providing a PICU service in Derbyshire and this is being worked on with support from commissioners. Mark Powell emphasised that the Trust is determined to deliver its ambition that there will be no OOA by March 2021. The plan to reduce OOA is being overseen by NHS Improvement (NHSI) and is worked on every day to help provide great care on our wards in Derbyshire.</p> <p>The Board discussed ongoing challenges associated with only being commissioned to deliver an autism assessment service. The current waiting time for autism assessment is twelve weeks. The team have worked hard to bring the waiting time down although the growth in the number of individuals waiting for assessments is a real concern. Carolyn Green advised that the Trust is continuing to work with its partners in this domain in order to invest in the development of a learning disability and autism workforce for the future. She was pleased to report that the Trust has obtained a bursary in learning disability and autism that she believes will help maintain waiting lists and improve vacancy rates by maximising opportunities for people who work in these areas in Derbyshire.</p> <p>Julia Tabreham asked how supervision rates can be improved to meet the target. Carolyn Green explained that the key to maximising supervision rates is to fill vacancies. She has seen improvements in the run rates for supervision and this was evident from recent ward visits when she felt encouraged by the improvements being made in supervision being championed from a leadership point of view.</p> <p>In conclusion, the Board agreed that limited assurance was obtained on current performance across the areas presented in the report. It was agreed that the new style of reporting was preferred but more narrative should be provided in reports to identify focussed areas of risk.</p> <p>ACTION: IPR to include additional narrative identifying focussed areas of risks</p> <p>RESOLVED: The Board of Directors received limited assurance on current performance across the areas presented.</p>
<p>DHCFT 2019/118</p>	<p><u>QUALITY REPORT ON USE OF RESOURCES</u></p> <p>This report presented by Claire Wright provided the Board with an update regarding the Trust's Use of Resources in support of strategic objective '<i>Best Use of our Money</i>' as well as in support of regulator assessment of Use of Resources.</p> <p>The report built on the top ten priorities identified in the report submitted to the Board in 2018 and focussed on current priorities including staff health and wellbeing in terms of putting people first and improving staff wellbeing needs, out of area placements and use of the Trust's estate. Claire highlighted the good news of the significant increase in workforce accessing the enhanced wellbeing support, noting however that the Trust has not yet seen a corresponding reduction in days lost to sickness.</p> <p>Claire also outlined examples of the significant amount of work taking place with leaders and managers and the transformation work piloting innovations and new ways of working to improve efficiency and effectiveness in use of resources.</p>

	<p>Alongside this, a significant amount of focus is taking place around addressing less positive factors and celebrating positive success in the Trust's equality, diversity and inclusion work. The report also set out the programme of work that is focussing on reducing Adult OOA as well as the actions taking place to reduce length of stay. In summary she pointed out that, for many of the priorities, there are green shoots of success but more time is needed to evidence sustained improvement.</p> <p>Geoff Lewins found the benchmarking information useful, he was surprised to note the apparently lower productivity metrics in the community statistics. Claire explained that the most up to date Model Hospital information relates to quarter 3 of 2018/19 and that the mental health metrics and the Model Hospital are fairly new statistics which in time will assist the community mental health team to continue to learn from good practice and drive increased productivity alongside quality improvement outcomes. Carolyn Green outlined recent discussions with the Model Hospital team around variation in community team make-up which affects comparability of benchmarked data.</p> <p>The Board considered the extent to which the Trust has so far addressed its top ten Use of Resources priorities and agreed that it was too early to establish the full strategic impact that this is having on current output as progress could only be established through regular reporting.</p> <p><i>Claire Wright left the meeting at this point.</i></p> <p>RESOLVED: The Board of Directors considered and noted the extent to which the Trust has so far addressed its top ten Use of Resources priorities and any associated strategic impact.</p>
<p>DHCFT 2019119</p>	<p><u>FREEDOM TO SPEAK UP GUARDIAN REPORT</u></p> <p>The new Freedom to Speak Up Guardian, Tamera Howard joined the meeting to present her first half yearly report to the Board that outlined Freedom to Speak Up (FTSU) cases raised in the last six months with the FTSU Guardian.</p> <p>The Board recognised that 67% of staff felt it is safe to speak up and noted the themes emerging around patient safety and the need for a compassionate and supportive response where staff have been assaulted by patients and concerns around bullying and harassment. Ifti Majid commented that he had observed from visits to services that Tamera Howard is ever present and accessible and is already making an impact in encouraging people to speak up. He believes that the more people who speak up will mean that the Trust can change and improve and address particular trends.</p> <p>The Board was pleased to see that the FTSU Guardian is working to introduce FTSU champions across the organisation. These champions will undertake regional FTSU Champions training so they can support workers to raise their concerns at the earliest opportunity as well as signposting them to the FTSU Guardian for advice to ensure a greater reach of the FTSU agenda across the Trust.</p> <p>John Sykes had noticed that concerns that come from clinical areas are mainly associated with safety and that in the past staff have feared being disadvantaged if they raised concerns or spoke up. Inhibiting factors need to be understood and John was pleased to see that the FTSU Guardian is working with colleagues to</p>

	<p>help improve the culture of speaking up.</p> <p>The Board was aware that Trust staff are often exposed to racism from patients. The Trust policy is clear that violence and aggression will not be tolerated within the Trust. Discussion took place on using cases studies to show how change can take place and culture improve so that learning can be taken from both positive and negative experiences. The use of case studies would also be useful if used in mainstream leadership training particularly as people might not perceive bullying and harassment in the same way.</p> <p>The Board welcomed the support that the FTSU Guardian is giving to staff across the organisation and fully supported Speaking Up / Raising Concerns training as well as the Speaking Up Strategy for raising awareness of the FTSU agenda. Thanks were also extended to Margaret Gildea for the support she provided to the improving the speaking up culture in her role as FTSU NED lead and to Julia Tabreham who takes over this role from September onwards.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Discussed and noted the content of the paper 2) Supported the roll out of Speaking Up / Raising Concerns training, including an in-house e-learning module for all workers 3) Supported the development of a Speaking Up Strategy which will be shared with key stakeholders, discussed and agreed by the Board, and is linked to or embedded within other relevant strategies 4) Supported the current mechanisms and activities in place for raising awareness of the FTSU agenda.
DHCFT 2019/120	<p><u>BOARD ASSURANCE FRAMEWORK UPDATE – VERSION 3.2</u></p> <p>This report presented by Risk and Assurance Manager, Rachel Kempster detailed the third issue of the BAF for 2019/20 which provides assurance on the process of identifying and mitigating risks to achieving the Trust's strategic objectives.</p> <p>Rachel outlined the key headlines to the BAF and was pleased to report that the number of operational risks rated as high has now reduced to 17 due to there being a number of staff related risks that have either been reduced or closed.</p> <p>Attention was drawn to the proposal by the Quality Committee that risk 1a <i>There is a risk that the Trust will fail to provide standards for safety and effectiveness required by the Board</i> be escalated from high to extreme due to failings in governance identified in the adult urgent service pathway. An extraordinary Board meeting took place on 7 August to review the assurances required to mitigate this risk. The recommendation from this review was to line up operational risks as high or extreme to make sure they are aligned to other BAF risks. Carolyn Green assured the Board that she has confidence in the substantial improvements that clinical and operational teams have made to the acute services to mitigate risk 1a and that during a review of acute services the CQC was impressed with the work carried out so far in this area.</p> <p>Julia Tabreham asked whether high rated risk 3b <i>There is a risk that the Trust will fail to influence external drivers such as national policy and Brexit which could impact on its ability to effectively implement its strategy</i> is rated highly enough. Ifi Majid responded that the Trust is trying to capture the effect of negotiating Brexit and felt confident that this risk has been accurately rated</p>

	<p>Richard Wright added that risk 3a <i>The risk that the Trust fails to deliver its financial plans</i> will be affected by achieving CIP (Cost Improvement Plan) targets. He felt it was worth clarifying to the Board that in addition to achieving CIP and the forecast plan, wider STP savings and STP risk sharing is adding to the financial pressure being felt by the Trust this year.</p> <p>In response to Geoff Lewins seeking assurance on risks associated with waiting lists and lack of commissioning in acute inpatient areas in risk 1a, it was agreed that Geoff would discuss this outside of the meeting with Rachel Kempster.</p> <p>Board members approved the third issue of the BAF for 2019/20 and confirmed that they have seen the BAF worked through the Board Committees and are familiar with individual risks. The Board also gave its approval to increasing the rating of risk 1a from high to extreme. As this risk is now an extreme rated risk a deep dive of risk 1a will be held by the Audit & Risk Committee in October. The Board also agreed to continue to receive quarterly updates of the BAF as scheduled in the forward plan.</p> <p>ACTION: Clarification of risks associated with waiting lists and lack of commissioning in acute inpatient areas to be discussed between Rachel Kempster and Geoff Lewins.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Approved the third issue of the BAF for 2019/20 and received significant assurance in the process of the review, scrutiny and update of the BAF in seeking to identify and mitigate risks to achieving the Trust's strategic objectives 2) Approved Risk 1a to be increased from high to extreme risk 3) Agreed to continue receive a quarterly update of the 2019/20 BAF risks as outlined in the forward plan.
<p>DHCFT 2019/121</p>	<p><u>PULSE CHECK RESULTS AND STAFF SURVEY PLAN</u></p> <p>Director of People Services & Organisational Effectiveness, Amanda Rawlings updated the Board on the recent Pulse Check results, which show the Trust's current position based on the Q1 all staff survey; and shared the plan for the 2019 NHS Staff Survey.</p> <p>The Board was pleased to see that the Pulse Check response rate has risen from 18% – 34% and that the staff Friends and Family Test (FFT) recommending the Trust as a place to work has increased by 10%. It was thought that the significant shift in response could be contributed to the FTSU Guardian's work in helping staff to feel safe to challenge and speak up.</p> <p>The Board was pleased with the overall result of the Pulse Check. It was noted that a focus is being made to support individual teams with lower staff engagement through shared learning from areas with strong engagement.</p> <p>Anne Wright asked why some staff were not participating in the Pulse Check. Amanda responded that small pockets of staff feel that the survey is not anonymised or secure. Therefore work is taking place to make staff feel confident in participating by demonstrating the work carried out over the past year resulting from the survey results that tackled bullying and harassment, investment in leadership development and ensuring colleagues are able to have meaningful appraisals. This work also underpinned the new strategic priorities contained in the</p>

	<p>refreshed Trust Strategy that will help achieve an improved culture within the Trust that will bring about the change staff are looking for, particularly the putting people first value.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Received and reviewed the Q1 Pulse Check results 2) Noted and received significant assurance regarding the plan for the 2019 NHS Staff Survey.
DHCFT 2019/122	<p><u>WORKFORCE RACE EQUALITY STANDARD (WRES) REPORT AND ACTION PLAN</u></p> <p>Head of Equality, Diversity and Inclusion, Harinder Dhaliwal presented the annual Workforce Race Equality Standards (WRES) 2018/19 to the Board for consideration and approval.</p> <p>The Board recognised that the aim of the WRES is to improve workplace experiences, treatment and employment opportunities for BME colleagues and was disappointed to note that the Trust is rated worse than the national average. The Board committed to taking an organisational development approach to drive change and inclusive leadership through holding leaders to account and tracking performance. This includes the introduction of new BME inclusion targets to achieve a diverse workforce spearheaded by Ifti Majid as Chief Executive and BME Executive Sponsor.</p> <p>Ifti clarified that inclusion targets relate to the draft national People Plan and he recommended that this is accepted by the Board so that results can be reported through information metrics. He looked to the Board to lead this and drive the requirements of the national People Plan forward throughout the Trust. This will enable the Trust to build on the progress and initiatives achieved so far including the reverse mentoring programme and will support BME networks further to create a social movement to enable the Trust to be a better organisation.</p> <p>Julia Tabreham observed that the report contained some worrying comments from BME colleagues who say they have experienced harassment, bullying and abuse and asked if there was data that breaks this down further as bullying seemed to be the most prevalent complaint. Harinder explained that data relating to bullying and harassment is based on the results of the staff survey. This data is used within peer support sessions where concerns are shared and enables an understanding of how these concerns affect our colleagues.</p> <p>Margaret Gildea recognised the significant work that has taken place to improve culture within the Trust and noted that the improvement plan showed positive ways of tackling problems. She urged Board members to help increase pace by driving action through the Board Committees that play a part in pledging that bullying and harassment and discrimination will not be tolerated. Geoff Lewins shared Margaret's view. He was also concerned that the data contained in the NHS England pulse check template report was complicated when describing 'white British' and 'white other'.</p> <p>Ifti Majid spoke of feeling confident from recent discussions held by the Board that there is a desire to change the culture and he felt that the improvement actions contained in the report were appropriate. He proposed that in order to provide further assurance that the Trust is carrying out positive work to achieve the desired results he, Amanda Rawlings and Harinder Dhaliwal will present a simplified action</p>

	<p>plan to the Board for approval that shows action that is more applicable to the Trust rather than the national position. This action plan is to include improved training around diversity that includes stories showing the impact of discrimination so that it feels more real.</p> <p>ACTION: A revised WRES action plan to be presented to the Board for approval that is applicable to the Trust rather than the national position at the Board meeting to be held on 5 November.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Considered and discussed Trust WRES data and journey – organisational performance and improvement actions 2) Noted the introduction of the new BME Inclusion targets as part of the workforce dashboard. 3) Approved the WRES 2018/19 template and associated documents prior to publishing on the Trust website on 27 September, 2019 and sharing with commissioners.
DHCFT 2019/123	<p><u>WORKFORCE DISABILITY EQUALITY STANDARD (WDES) REPORT AND ACTION PLAN</u></p> <p>The Workforce Disability Equality Standard (WDES) 2018/19 reporting summary and actions were presented by Harinder Dhaliwal for consideration and approval prior to sharing with lead commissioners and publishing on the Trust's public-facing website by 30 September 2019.</p> <p>This was the first WDES to be submitted to the Board for discussion and approval. The report showed that declaration rates of staff with disabilities in the Trust are low. It was acknowledged that whilst it is important that staff declare non-visible disabilities, the medical model of what determines a disability might be driving an underrepresentation from disabled staff as some people do not regard their long term disabilities necessary to declare. The Board considered that if people disclose their disabilities this gives the Trust permission to support them. This will be achieved by developing a person centred culture so that people do not feel judged by their disability or their needs.</p> <p>The Board approved the WDES report and concluded that the 2018/19 position shows there is considerable work to be done to address the variations in experience, workforce representation, recruitment progression and development for disabled people. It was established that an Inclusion Strategy is being developed that encompasses people's different needs and this will be taken further by Harinder Dhaliwal, and Amanda Rawlings through the People and Culture Committee and wider network groups.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Noted the findings against the ten performance indicators and the need to improve the disclosure rate so that support colleagues can be supported with reasonable adjustments. 2) Approved the WDES Report that will be published on the Trust's website by 30 September 2019 and shared with commissioners.
DHCFT 2019/124	<p><u>LEARNING FROM DEATHS MORTALITY REPORT</u></p> <p>The 'National Guidance on Learning from Deaths' requires each Trust to collect and publish specified information on a quarterly basis. This end of year report</p>

	<p>presented by Dr John Sykes, covered the financial year 1 April 2018 to 31 March 2019 outlines the progress to date.</p> <p>John Sykes outlined how most of the deaths taking place in the community are people who have been in contact with the Trust's services over the last six months. The report shows that people suffering from a mental illness and/or substance misuse or those who have a mental disorder or learning difficulty have a reduced life expectancy compared to the general population without these characteristics. Although there is an absence of concern in most individual cases there is also an assumption based on national data that patients will be dying at a premature age due to comorbid physical illnesses, particularly related to cardio vascular risk factors or substance misuse disorders. Therefore the Trust is introducing the LESTER tool which will enable clinicians to monitor these risk factors and identify where intervention is required. This will become a focus of mortality reviews from October 2019.</p> <p>The Board noted that in addition to the suicide prevention strategy that is being taken forward, a safety plan is being developed with an increasing focus on specific safety plans for individual services which will be linked to the use of suicide prevention assessment tools that is being underpinned with accredited training.</p> <p>Carolyn Green commented that the report would benefit from commentary outlining the effects that the Trust's quality improvement priorities have had on the wider population of the people of Derbyshire.</p> <p>The Board took full assurance from the approach being taken to review learning from deaths and agreed for the report to be published on the Trust's website in line with national guidance.</p> <p>RESOLVED: The Board of Directors accepted the Mortality Report as assurance of the Trust's approach and noted that it would be published on the Trust's website in line with national guidance.</p>
<p>DHCFT 2019/125</p>	<p><u>CONTROL OF INFECTION REPORT</u></p> <p>Carolyn Green presented the Board with the Annual Control of Infection Report that summarised the activity over the preceding twelve months of work related to infection control.</p> <p>Board members were conscious that this report was presented to the Quality Committee in July 2019 when the information was scrutinised and reviewed. The Quality Committee endorsed the report and the required duties under the Health Act. The Board therefore approved the report with good performance being noted and agreed that it provided significant assurance of the system and processes in place within the Trust.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Noted the reporting of key areas, such as surveillance of healthcare associated infections – alert organisms, outbreaks of infection, staff training. 2) Received significant assurance on standards of cleanliness of clinical areas and food preparation areas 3) Received and approved the report in public session to assure the community on the Trust's infection control standards.

DHCFT 2019/126	<p><u>BOARD COMMITTEE ASSURANCE SUMMARIES AND ESCALATIONS</u></p> <p>Assurance summary reports were received from the Quality, Audit and Risk, Finance and Performance and Safeguarding Committees. Due to time constraints the reports were noted and not discussed.</p> <p>RESOLVED: The Board of Directors received and noted the Board Committee Assurance Summaries.</p>
DHCFT 2019/127	<p><u>IDENTIFICATION OF ANY ISSUES ARISING FROM THE MEETING FOR INCLUSION OR UPDATING IN THE BOARD ASSURANCE FRAMEWORK</u></p> <p>The following issues were noted for inclusion and updating within the BAF:</p> <ul style="list-style-type: none"> • Gaps in assurance relating to waiting times will be discussed and taken forward outside of the meeting with the Risk and Assurance Manager • Quality improvement on WRES and WDES to be included in the BAF to show how the Trust compares with other organisations • Inclusion for all protected characteristics will be enhanced to enable inclusion around making the Trust a great place to work.
DHCFT 2019/128	<p><u>2019/20 BOARD FORWARD PLAN</u></p> <p>The 2019/20 forward plan was noted and will continue to be reviewed further by all Board members.</p>
DHCFT 2019/129	<p><u>MEETING EFFECTIVENESS</u></p> <p>Attendees and visitors were thanked for their attendance at today's meeting. Caroline Maley felt that although today's agenda was particularly extensive it contained appropriate matters. The Board always strives to have a patient story heard at the start of each meeting and the effect of a patient story was missed at today's meeting. A report on the impact of patient stories is due to be received at the next meeting in October.</p> <p>Hannah Osgood who shadowed Carolyn Green thanked the Board for inviting her to attend the meeting. She felt heartened to hear the discussions that took place today about work taking place on the wards and within the local communities. Kuda Mumvuri from the Drugs and Alcohol Recovery Service who shadowed Caroline Maley shared the same views as Hannah. He had previously thought there was a disconnect between the Board and front line services but saw from what was discussed today that the Board is heavily involved with the key issues that affect staff on the wards and in the community. Kuda and Hannah both undertook to brief their teams and share these observations.</p>
<p>The next meeting of the Board to be held in public session will take place at 9.30am on Tuesday 1 October 2019 in Conference Rooms A and B, Centre for Research and Development, Kingsway Hospital, Derby DE22 3LZ</p>	

Trust Chair's report to the Board of Directors

Purpose of Report

This report is intended to provide the Board with the Trust Chair's reflections on my activity with and for the Trust since the previous Board meeting on 2 September 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 4 September 2019 I visited the Mental Health Liaison team at the Royal Derby Hospital where I spent time observing how the team work, and also walking through the hospital to wards where patients were being treated and supported by our team. It is apparent how difficult it is to gather information from four different systems when our team are reviewing the case history and support required. I was briefed on the challenges the team face when it is not appropriate to see a patient in A&E (for example when person is intoxicated or under the influence of drugs), and how this can cause tension with the hospital staff and family and carers. I was impressed with the caring attitude of staff, and also the way that they work with the hospital staff, both in teaching and training about mental health and substance misuse, but also in terms of supporting patients who might be deemed medically fit for discharge, but where the community (mental health, substance misuse or social care) support may not yet be in place. This visit was led by a member of staff experienced in alcohol and substance misuse.

On 19 September I visited the Mental Health Liaison team again, but with a focus on the mental health areas of support. I met with staff from the Royal Derby Hospital who have been working on developing care plan for those service users who attend A&E frequently. This work has been able to significantly reduce the number of attendances by these patients, in some cases by up to 70%. I was also able to see details of a service user who has been attending A&E frequently (daily) with violence and abuse to A&E staff. It is evident that this is a challenging environment for all involved.

3. On 25 September I plan to attend the BME Network Conference. I will cover this in my next report along with attending a further Schwartz Round, shadowing a consultant in the community, and visit to CAMHS (Child and Adolescent Mental Health Service) and CAMHs Rise.

Council of Governors

4. On 2 September I chaired the Council of Governors meeting. At this meeting, the Council confirmed the appointment of Dr Sheila Newport as a Non-Executive Director (NED), who will take over from Anne Wright as the clinical NED, and the interim appointment of Suzanne Overton-Edwards whilst the recruitment process

takes place for the appointment of a sixth NED. The Council also received a report on the current position with regard to waiting lists.

5. On 11 September I met with four of our six Staff Governors for a regular quarterly meeting. This was Tony Longbone's last meeting as he has stepped down as he starts his nurse training at the University of Derby. His post will be included in the next round of Governor elections. Areas discussed included the concerns about staff abused by patients, and the support that the Trust provides.
6. Election for new public Governors have commenced in Derby City West and Erewash. Polling closes on 26 September, with the results being announced at the end of September.
7. On 4 September I met with Lynda Langley, Lead Governor. 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. Outstanding business remains the appointment of a Deputy Lead Governor.
8. On 11 September, we held the Annual Members meeting at the Research and Development Centre at Kingsway. The meeting was preceded by a "market place" where teams were able to showcase the good work that they do. The meeting was well attended, and the writing competition "Looking Back / Looking Forward" winners were announced. The writing competition was the idea of the Council of Governors and had 56 entries of really high quality. The aim was to challenge the stigma around mental ill health, learning disabilities and the wider services provided by the Trust, and to celebrate equality, diversity and inclusion by giving entrants the opportunity to explore these topics. My thanks go to all the members of the Council involved in the planning and delivery of the afternoon, and to the Communications and Involvement team who were helpful in the delivery of a good meeting.
9. The next meeting of the Council of Governors will be on 5 November after the public Board meeting. The next Governance Committee takes place on 10 October. The Nominations and Remuneration Committee will be meeting as required over the course of October and November to appoint a new NED and to receive my appraisal and the appraisal of two of the NEDs.

Board of Directors

10. Board Development on 18 September was focussed on living our values – People First and Respect. The focus was on developing a person centred leadership culture, and using a feedback model to be open and honest in terms of providing feedback – both appreciative and constructive feedback were explored.
11. In September I met with Anne Wright, Margaret Gildea and Geoff Lewins for their regular NED quarterly development meetings. During these meetings we review performances against objectives set at the beginning of the appointment / review cycle, as well as discuss generally mutual views on the progress of the NED and the Trust and any personal development requirements. We have also commenced the gathering of feedback for the Chair and NED appraisals for Julia Tabreham, Margaret Gildea and myself. A new tool is being used to expedite this process.

12. During the next few months we will be recruiting a sixth NED, with the aim of ensuring that we improve the diversity of our Board. Suzanne Overton-Edwards is filling this gap with an interim appointment, and we have Perminder Heer with us as our NExT Director through to August 2020.

System Collaboration and Working

13. On 13 September, Joined Up Care Derbyshire (JUCD) held a stakeholder engagement event in Matlock. Ifti Majid was one of the presenters, and I facilitated one of eleven tables of attendees. The meeting was attended by some 90 participants and I covered a lot of information about the refresh of the Joined Up Care Derbyshire plan which is due for submission in the Autumn of 2019. I was pleased to see a number of Governors from our Trust in the room.

14. On 20 September I met with the JUCD Independent Chair, John MacDonald.

15. I attended the Joined Up Care Derbyshire Board on 20 September. Attached as Appendix 1 are the key messages noted from this meeting.

Regulators; NHS Providers and NHS Confederation and others

16. On 10 September, Ifti Majid and I attended a regular Chiefs and Chairs meeting hosted by NHS Providers. Speakers at the meeting included a strategy and policy update from Chris Hopson, CEO of NHS Providers; a panel session exploring Primary Care Networks and a Briefing on Brexit planning and the No Deal implications.

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 started her placement thereby continuing to support the system development of future potential NEDs from diverse backgrounds.

New recruitment for NEDs and board members will proactively seek 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**

JUCD Board – 20 September 2019 – Key Messages**STP Refresh**

Progress is now being made on the collation of material produced as part of the STP refresh. Delivery Boards across the health and care system have been assessing priorities in the context of the NHS Long Term Plan and other local issues. The current draft of the plan was discussed at JUCD Board with further work taking place between now and the initial submission date of 27 September.

Along with clinical engagement, the refreshed plan has also been the subject of extensive engagement, with the first wave culminating in a stakeholder event on Friday 13 September where councillors, MPs, patient reps and staff were able to hear the emerging details from the refresh. The draft plan will continue to be refined with more detail added, including financial and activity based projections, workforce and digital opportunities. The final version will need to be completed by mid-November.

Population Health

Population Health is an approach aimed at improving the health of an entire population. It is about improving the physical and mental health outcomes and wellbeing of people within and across a defined local, regional or national population, while reducing health inequalities. JUCD is an active member of the cohort of organisations developing the approach further and we expect it to be central to the way in which we understand the outcomes we require for Derbyshire people as we deliver the STP Plan. There was a strong commitment from the system to develop and use population health information to inform our future decision making and where appropriate resource allocation.

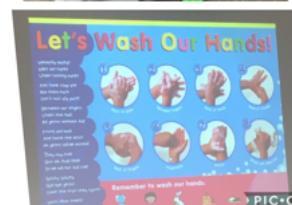
Trust Chair's report to the Board of Directors

Purpose of Report

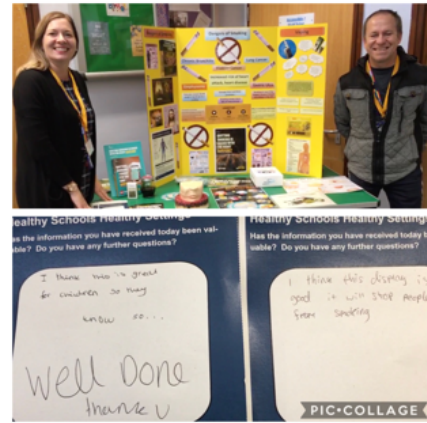
This report is intended to provide the Board with the Trust Chair's reflections on my activity with and for the Trust since the previous Board meeting on 1 October 2019. The structure of this report reflects the role that I have as Trust Chair.

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 25 September I attended the Black and Minority Ethnic (BME) conference held in the R&D Centre. It was really good to see the commitment to making a positive difference for those who work for us, and to address some of the issues that we see in the Workforce Race Equality Standards (WRES) data which we are addressing – such as equal opportunities for development and promotion; recruitment which is done differently to remove any unconscious bias, and the reviewing the processes which result in BME staff experiencing more disciplinary processes than others. This work is now progressing with real focus. I have also taken time over the past month to talk to some of our BME staff who have experienced racism so that I can understand their stories. I am determined that we have a zero tolerance of racism in our Trust, including from service users to staff, and we must learn the lessons from incidents where this has happened so that the way that we work recognises and welcomes the diversity of our staff. It was a pleasure to welcome Sharon Rumin, the Vice Chair of the BME Network as my shadow at the last Board.
3. On 26 September 2019 I attended the Schwartz Round held at the Radbourne Unit. This was a powerful and emotional story from a staff member, under the title of "Are you OK?". It reminded me that we need to ensure that our culture is compassionate, and that we do look after the wellbeing of all of our staff, as the work that they are required to do is in a tough environment with lots of demands - physical and mental.
4. On 4 October, I observed an outpatient clinic at Matlock, where in the course of a morning a wide range of patients was seen. It was noticeable that the consultant was familiar with his patients, and also was taking an interest in their physical as well as mental health.
5. On 15 October I joined the Healthy Schools team delivering a Hand Washing session that St Martins School. The classes were keen to participate in the hands on work, especially when the hand box showed them where they had missed when washing their hands.



This was followed by a Stoptober display at the Bemrose School where lunch time was an opportunity to encourage the students to live a healthy lifestyle and not to smoke, or give up smoking. This second visit was a clear reminder of the diversity of our population, with many different languages and groups being evident as they “mobbed” our table. Our staff clearly built good rapport with the students and the messages were unmissable. It was evidence of our staff working to prevent future ill-health.



6. On 22 October I visited Rivermead where I met with Learning Disability staff and Child and Adolescent Mental Health Services (CAMHS) Family Practice staff. I find that there is always something that I learn from meeting our staff and hearing what is concerning them. In the afternoon I visited the CAMHS Rise team who are based on the Puffin Children's ward at the Royal Derby Hospital. They provide the liaison support for the Children's Emergency Department and also services which help to reduce the likelihood of admission.
7. On 24 October I visited the Hartington Unit and was able to shadow the bleep holder for a few hours. This was a great insight into the work of our staff on the unit and a salutary reminder to me of the challenges that they deal with on a daily basis. It was good to see the continued improvements that are being made as part of the transformation programme.

My thanks go out to all of the staff I met 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

8. During the month I met with Lynda Langley, Lead Governor and Kelly Sims, Chair of the Governance Committee. Both of these Governors are working well to support the Council of Governors to deliver their duties. In these meetings we share thoughts on the agendas for the various governors meetings and discuss opportunities and challenges. This is an important part of my role in supporting the Council and I thank Lynda and Kelly for the work that they do.
9. The Governance Committee met on the 10 October, and was well attended. Time was spent at this meeting considering the progress made on the Membership Engagement Plan, as well as the Membership Strategy.
10. The Council of Governors and Board met together on 16 October to consider progress that is being made on the Clinical Strategies which were conceived at the similar meeting last year; the estates strategy, and the work that has started to assess our Electronic Patient Record implementation.
11. On Thursday 17 October we welcomed two new Governors following the recent public elections, and one returning Governor to the Trust. We provide a comprehensive induction for all our Governors at the start of their term.
12. The next meeting of the Council of Governors will be on 5 November after the

public Board meeting. The next Governance Committee takes place on 10 December. The Nominations and Remuneration Committee will be meeting as required over the course of November to appoint a new Non-Executive Director (NED) and to receive my appraisal and the appraisal of two of the NEDs.

Board of Directors

13. Board Development on 16 October was spent considering our performance against the Key Lines of Enquiry in preparation for the Well Lead Review by the CQC expected over the next few months. This time was valuable in reminding us how much we have done since our last review and the progress that we continue to make against our values and our strategy.
14. In October I have completed the appraisals of Margaret Gildea and Julia Tabreham, and my own appraisal is substantially complete. During these meetings we review our performance against objectives set at the beginning of the appointment / review cycle, as well as discuss generally mutual views on the progress of the NED and the Trust and any personal development requirements. I have also met with Perminder Heer, our NExT Director to consider the progress she has made on her placement with us.
15. During the next month we will be recruiting a sixth NED, with the aim of ensuring that we improve the diversity of our Board. Suzanne Overton-Edwards is filling this gap with an interim appointment, and we have Perminder Heer with us as our NExT Director through to August 2020.

System Collaboration and Working

16. On 2 October, I joined a large gathering of leaders arranged by NHS Improvement / NHS England (NHSI/E) from across with Midlands to hear more about the journey we are all on to becoming integrated care systems (ICS). As always, these events are useful opportunities to hear from others who may be further along the journey, or have introduced useful place based service delivery. In the evening the provider chairs in Derbyshire met with John MacDonald, the Joined Up Care Derbyshire (JUCD) Independent Chair to consider ways in which we could make further progress on our journey to becoming an ICS.
17. On 18 October, JUCD Board met and Richard Wight attended as my deputy. Attached as Appendix 1 are the key messages noted from this meeting.

Regulators; NHS Providers and NHS Confederation and others

18. On 8 and 9 October, I attended the NHS Providers Conference in Manchester, being joined by Claire Wright, Geoff Lewins and Justine Fitzjohn. A highlight for all of us was the plenary session with Isabel Hardman and Sue Baker OBE. This session focussed on how prevention can play a key role in managing mental health, both for individuals managing their own mental health issues, and more broadly in society. It was also a reminder of the support that an organisation can give their staff who are suffering with mental ill-health. It was a powerful session. We also heard from the Secretary of State for Health and Social Care, Matt Hancock.

Strategic Considerations

- | | |
|--|---|
| 1) We will deliver great care by delivering compassionate, person-centred | X |
|--|---|

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 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

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

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

Board Update on Joined Up Care Derbyshire – October 2019

PURPOSE

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

MATTERS FOR CONSIDERATION

Integrated Care System/STP Chairs Meetings

John Macdonald, Joined Up Care Derbyshire (JUCD) Chair, has attended a number of national and regional events where experience and issues have been shared across leaders from the NHS and local authorities. Themes emerging from these discussions which are consistent with the outputs from Derbyshire's local Integrated Care System (ICS) development programme in relation to those things we said we would do over the next 6 months on our journey to become an ICS by April 2021. These include:

- Agree our 5 year System Transformation Strategy
- Be able to evidence the impact of our Transformational Change Programmes
- Be clear on the role of Primary Care Networks (PCN) and how they work with other community providers
- Continue to build resilience and services provided at Place Alliance level
- Embed Population Health Management at Place Alliance and PCN level
- Describe how many Integrated Community Providers Derbyshire will have and what benefits they will offer for our communities
- Implement a system wide Board level OD programme to help organisations increasingly work in the system space
- Develop a shared system financial plan for future years

JUCD Board will review progress at its November Board meeting and consider the next steps.

Delivering the NHS Long Term Plan: Financial Regime

NHSE/I have published details of Future financial architecture, system planning and FRF allocations. This reshapes financial support for the provider sector moving from centrally controlled totals and PSF to a targeted financial recovery fund (FRF). The recent announcement on capital for a number of hospitals across England and discussions about a strategic approach to improving our hospitals and health infrastructure within the Department of Health and Social Care may also have implications for the way the ICS accesses capital. The implications of this for how we operate as a system will need to be considered at the JUCD Finance Committee before coming to the JUCD Board.

Joined Up Care Derbyshire Refresh - draft submitted

The Joined Up Care Derbyshire Plan has been refreshed this summer and our first draft has been submitted to NHS England/Improvement for review. We've taken the step of adding the draft plan to the Joined Up Care Derbyshire website, please visit <https://joinedupcarederbyshire.co.uk/about/our-plans> to review it.

Our overarching priorities remain the same, but this refreshed plan also includes details of how the system is to deliver the NHS Long Term Plan (LTP), published in January.

Following feedback from NHSE/I, the final plan will be submitted on 15 November and formally published later in the month. The regional assurance review meeting took place on 10 October 2019 where feedback in relation to the draft submission was received. The narrative plan was well received, although there were some programme specific areas where suggestions were made to strengthen demonstrable delivery of the LTP commitments. These will be developed further as appropriate in the next iteration of the plan. We will work through those areas deemed necessary and continue to work on the finance and activity elements of the submission.

JUCD Board Patient Story

The Joined Up Care Derbyshire Board has started to hear a patient story at the start of every meeting, to bring home the successes of implementing our integrated working, along with any emerging challenges faced in delivering our strategy.

This month, the Board heard about the work of the integration that has taken place between Derby City Council, Derbyshire Community Health Services and University Hospitals of Derby and Burton in supporting patients who are in hospital to be supported through the correct discharge pathway. The integration has seen the team challenging traditional roles and boundaries of working, finding workarounds for barriers such as IT systems. The team has won awards for the approach and were congratulated by the Board on their vision and desire to make progress. The Board also reflected that it was great example of where team shaving permission to innovate often result in the greatest results.

End of Life Strategy

A system-wide End of Life Strategy has been approved by the JUCD Board to ensure there is a standardised, Derbyshire-wide approach to supporting people at the end of their lives, personalised to allow people to die in their preferred place of care.

Actions will include improved sharing of records relating to end of life care plans, 24/7 access to critical services, increased support for families and carers as part of the person's 'dying team' and a greater understanding of what matters to the person most at the end of their life.

The strategy will be circulated across the system partners shortly and also be accompanied by a broad campaign to continue to help raise awareness of the need to talk about and plan our death.

Financial Position

The Derbyshire system remains in financial challenge as we reach the half way point of the year. £43m has been saved across the Derbyshire system in the first half of 2019/20, against a £48m target year-to-date. This is an improvement against plan; however, due to further emerging risks to the savings plan, the system is forecasting outturn position of £106.9m against a savings target of £145.8m. Savings so far have been delivered a cross a wide range of transactional and contractual changes, along with ongoing drive to improve efficiency in all of the partner organisations.

The JUCD Board continues to work to track progress and to understand how the system working together can collectively address the deficits. The System Savings Group is undertaking a deep dive programme which will conclude in November 2019. The transformation agenda is crucial to delivering better outcomes for the communities we serve whilst at the same time making a significant contribution to closing the financial gap. The system clinical transformation schemes have been reviewed with recovery action plans requested via STP Delivery Boards to seek assurance on actions in place to mitigate risk.

Delivering the NHS Long term Plan: Personalised Care in Derbyshire

A system wide review of personalised care in Derbyshire has been completed. The review was based on the key commitments and actions required by 2023/24 of delivering universal implementation of the Comprehensive Model of Personalised Care across England, which fully embeds the six standard components, including shared decision making, personalised care and support planning, enabling choice, social prescribing, supported self-management, personal health budgets and integrated personal budgets across the NHS and the wider health and care system. Over the next five years the NHS will ramp up support for people to manage their own health, starting with diabetes prevention and management, asthma and respiratory conditions, maternity and parenting support, and online therapies for common mental health problems.

The Derbyshire review identified that within each of the 5 year long term plans for the relevant JUCD STP work-streams (Place, Primary Care, Maternity, LD and Autism, Mental Health, Prevention) examples such as health coaching, peer support and education

programmes that support personalised support planning featured strongly. Additionally the required commitments to support care quality and outcomes within the Long Term Plan were clearly included within a number of the work-stream plans.

Whilst examples in relation to community pharmacies, bespoke wheelchairs, community-based packages of personal and domestic support and Mental Health PHB's were more limited, further work is planned to develop a system wide approach to fully embed and align the personalisation agenda across JUCD. The outputs of the system review were shared with NHS England and identified as an example of good practice, and will support a workshop planned with Jim Manton, NHS England National Personalised Care Team.

Health and Care Expo 2019

The national Health and Care Expo Event took place in September 2019. JUCD presented on the evolving Derbyshire Citizen's Panel. The focus of the presentation was about how Citizen's Panels can bring communities and decision makers together. Colleagues from Derbyshire shared their experience and learning from this new approach and based on the early successful rollout of our Citizen's Panel described how Citizen's Panels can create a shift in patient and public involvement. The presenters also described how they have helped make involvement more inclusive, reducing the risk of the unconscious bias and ensuring a greater balance of views. The presentation was really well received and we lots of questions and positive feedback from those who attended.

People Metrics

Further to a request from the JUCD Board for a regular overview of people (workforce) metrics from across the JUCD system, it has been announced there will be a new approach nationally to people metrics as part of the Long-Term Plan (LTP) and Interim People Plan (IPP). Previously the JUCD Board were updated on the development of a system-wide integrated workforce dashboard. The report included the intention to develop a tracker to monitor key people metrics, including metrics developed via the LTP and IPP national approach.

Supporting General Practice: Staff Wellbeing and Engagement Offer

A new scheme is being offered as a pilot to four Derbyshire practices which supports the development and implementation of a bespoke wellbeing package. The programme is funded by NHS England Retention monies and delivered through the new single Primary Care Training Hub for Derbyshire.

Studies have shown that 80% of people feel more positive in their employment if they are offered meaningful health and wellbeing benefits. This evidence also points towards reduced sickness, absence, job satisfaction and staff retention when a formal staff wellbeing programme is in place. This sort of scheme has already been piloted at Cripps Health Centre at the University of Nottingham and produced encouraging results. Following the Cripps model, the wellbeing scheme aims to make transformational and sustainable changes in 6 key areas:

- Communication
- Promoting a culture of self-reliance and care
- Making the multi-disciplinary team work
- Colleague driven change
- Perceived inequalities in reward, workload and working conditions
- Tackling evidence of burn out early.

An evaluation of the success in the pilot practices will allow a decision to be made about wider roll out with Derbyshire.

Population Health Management (PHM) Update

Derbyshire is one of eight areas participating in the PHM Programme commissioned by NHS England and NHS Improvement (Midlands) taking place during 2019/20. It is a one-year programme with the outcome to increase the PHM capacity and capability within the systems participating. The focus of the Derbyshire project is to develop and embed a PHM approach at Place level and in doing so creating a PHM framework or 'blueprint' for practical

use and application locally. The SRO for this programme of work for the system is Dean Wallace, Director of Public Health, Derbyshire County Council.

Clinical and Professional Reference Group Update

Members of the CPRG are currently in the process of developing an overarching Joined Up Care Derbyshire Clinical Care Strategy, which demonstrates a combined approach to deliver the Model of Care. The strategy will describe the ambition as system clinicians to clinically enable the changes identified within the STP refresh.

Integrated Volunteering Approaches Programme - Memorandum of Understanding

NHS England and NHS Improvement have launched a programme to explore integrated volunteering approaches across Sustainability and Transformation Partnerships (STP). This is to support the delivery of the NHS Long Term Plan commitments and provides additional resource to enable STP's to explore the addition of volunteering approaches to ongoing transformation work. It will help systems to realise the impact and value that this can add, as well as the opportunities and benefits that come from developing greater connections with the voluntary sector.

JUCD have been successful in securing funding for year one of this initiative up to the end of March 2020. Year 1 funding is to give 'thinking space' to understand the potential for developing integrated volunteering approaches in Derbyshire. Year 2 and 3 funding will only be provided to 7-10 STPs whose approaches show the greatest promise and potential for impact. For year 1, up to 31 March 2020 we have committed to employing someone to:

- Explore how the current 'community connector' programme (Erewash) operates, and look at the potential for growth
- Map other volunteering schemes operating in each of our Places
- Identify any gaps or challenges, which could be addressed by volunteering initiatives, particularly at PCN level
- Identify possible new initiatives and interventions
- Liaise with key partners to identify opportunities for further development

Our expression of interest focused on a commitment to identify volunteering approaches, that:

- Support public health ambitions
- Access and developing community assets
- Support integrated care, particularly in relation to the impact of the wider determinants of health on a person's health and wellbeing

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. NHS Providers have released the findings of their annual survey into regulation in the NHS. It is of particular interest this year, as we are in a time of transition, with NHS Improvement and NHS England coming together. I thought the results of the survey were generally optimistic, that the new national structure will be more efficient and better placed to support system leadership, through providing a more joined up perspective. However, the findings indicate that, under the new joint working arrangements with NHS Improvement, there will be a need for NHS England to rapidly develop and demonstrate its understanding of the provider sector. Trust leaders also see opportunity for the national NHS leadership to use this juncture to reset the culture towards one of improvement support and to focus on shared culture, values and behaviours, something we have heard the leaders of the Organisation talking about in a number of settings.

It is encouraging that most trusts reported a sense of stability in the level of regulatory burden over the last 12 months. This is in contrast to each of the previous four years, in which this annual survey has run, when the majority of trusts have said that the burden had increased. There has also been an improvement in the proportion of trusts who agree that reporting requirements are proportionate to the level of risk they manage. This is reflective of our relationship with the newly developing joint Organisation with our performance review meetings being cancelled in favour of system wide ones. In addition we have seen a lot of 'true' improvement support from NHS Improvement's quality team with our transformation plan for acute services.

2. The NHS Oversight Framework for 2019/20 outlines the joint approach NHS England and NHS Improvement will take to oversee organisational performance and identify where commissioners and providers may need support. The NHS Oversight Framework for 2019/20 has replaced the provider Single Oversight Framework and the Clinical Commissioning Group (CCG) Improvement and Assessment Framework (IAF), and will inform assessment of providers in 2019/20. It is intended as a focal point for joint work, support and dialogue

between NHS England (NHSE) and NHS Improvement (NHSI), CCGs, providers and sustainability and transformation partnerships, and integrated care systems.

Changes to oversight will be characterised by several key principles:

- NHSE and NHSI teams speaking with a single voice, setting consistent expectations of systems and their constituent organisations.
- A greater emphasis on system performance, alongside the contribution of individual healthcare providers and commissioners to system goals.
- Working with and through system leaders, wherever possible, to tackle problems rather than directly with individual organisations.
- Matching accountability for results with improvement support, as appropriate.
- Greater autonomy for systems with evidenced capability for collective working and track record of successful delivery of NHS priorities.

The existing statutory roles and responsibilities of NHS Improvement and NHSE in relation to providers and commissioners remain unchanged. The key change is the context in which they are applied, which will now reflect the principles set out above. This will serve to identify and address both:

- Performance issues in organisations directly affecting system delivery
- Development issues which may, if not addressed, threaten future performance.

Linked to the new People Plan, leadership and culture in organisations and systems, will form a core part of oversight conversations, as part of the commitment to making the NHS a better place to work.

Oversight will incorporate:

- System review meetings: discussions between the regional team and system leaders, drawing on corporate and national expertise as necessary, informed by a shared set of information and covering:
 - performance against a core set of national requirements at system and/or organisational level. These will include: quality of care, population health, financial performance and sustainability, and delivery of national standards;
 - any emerging organisational health issues that may need addressing;
 - implementation of transformation objectives in the NHS Long Term Plan.

In the absence of material concerns, the default frequency for these meetings will be quarterly, but regional teams will engage more frequently where system or organisational issues make it necessary. There will be more focused engagement with the system and the relevant organisations where specific issues emerge outside these meetings.

Board members will note I fed back on our first system wide performance review meeting at the last Board meeting and since then we have had a focussed meeting on urgent care in Derbyshire – demonstrating the new system is operating already.

Local Context

3. I chaired an extended facilitated session for system leaders on 16 September 2019 looking at how we develop Integrated Care Partnerships (ICPs) in Derbyshire. ICPs are a formal alliance of a number of providers, often including statutory NHS, Local Authorities and the voluntary and independent sector, that come together to deliver an agreed specification for a range of services for an agreed population.

The meeting reviewed best practice from elsewhere, for example Mid Nottinghamshire ICP, Surry Heartlands ICP, and Greater Manchester ICP, as well as remind us about the need for any ICP development to add value to the quadruple aim for Derbyshire:

- Improving experience of care
- Improving population health
- Improving staff experience and resilience
- Improving the per capita cost of healthcare

The meeting enabled us to agree some critical success criteria which will include areas such as (not an exhaustive nor finalised list):

- Focus on population health
- Will not focus on health alone - must focus on wider determinants of health and therefore be clear where colleagues from local authorities and public health engage and add value
- Not dismiss gains already made
- Not a new organisation
- Any partnerships/alliance must be relevant to local residents
- Need to consider capacity to service any new infrastructure.

The group agreed to consider a range of options for ICP development based around variations on the following:

- Geographic - linked to Derby City, South and North County
- Needs and pathways
- Current PLACE alliances

Next steps are for a steering group, led by myself, to create a detailed list of success criteria that will allow us to review the full variety of ICP configurations, generated so a short list can be presented through system governance structures and ultimately through to statutory Boards.

4. The Joined up Care Derbyshire (JUCD) Board met on 20 September 2019. The key highlights that I think are relevant to our Organisation are as follows:
- We received our first Patient story - outreach partnership linked to homelessness called Street Health, led by Sherwood Forest Acute Trust, which makes it unique. The key was linking with existing Council for Voluntary Service (CVS) services, such as the soup kitchen. We heard clear examples of how this programme had reduced admissions to hospital for this cohort of people. I thought a major learning was the fact

- we don't need to create complex partnerships to have strong outcomes.
- Agreement that we need to agree the Primary Care Network and ICP structure by November submission.
 - We agreed to have a “confirm and challenge” of each of the workstreams over the next few months, which will include looking to see how to simplify the Workstream Structure.
 - System finance update - at month 5 we are reporting “off plan” with a circa £45m risk. We agreed we need to create a single joint report that simply updates each statutory Board of system risk and opportunity. A deep dive of month 6 will be the first discussion at the new System Finance Committee.
 - The first draft of the refreshed STP submission, due 27 September, with a probable updated submission in October, heading to final 21 November submission to NHSI/E. For the current draft please see the separate paper. We agreed the draft would be shared with all statutory Boards.
 - We heard about the development of the new specialist National Rehabilitation Centre at Stanford Hall near Loughborough. Currently going through various gateway approval processes, aiming for approval in March next year, it is hoped this could have a positive impact on local rehabilitation pathways.
 - Helpful presentation around population health, its link with the Integrated Care System approach, and a drive to improve inequalities in our local communities. This reminded us that only 30% of the things that impact on the health of populations are based in health Organisations, hence the need to focus resource on the wider determinants of health.
5. The Board will recall last month as part of this report, I spoke about the planned formation of an East Midlands Mental Health and Learning Disability Alliance. You will recall that, as part of developing a new way of working to support the implementation of New Care Models for Mental Health (the management of services previously commissioned by NHSE specialist commissioning hub), the CEOs of the five East Midlands NHS Mental Health Trusts and St Andrew's Healthcare, have agreed to work together to establish a mental health provider alliance in the East Midlands.

A second meeting of the Alliance CEOs was held in early September. At that meeting, the CEOs considered a number of issues:

- Feeding in to a draft common Board paper to be used by each member organisation. The content went to our Board last month in my report.
- A discussion paper on the development of a Memorandum of Understanding between Alliance partners.
- The establishment of a Strategy Director Group, to implement decisions taken by the CEO Group, and to develop options and recommendations for the CEO Group.
- A proposal to host the NHS England New Care Model, related to staff together in one Trust, before the CEOs take a collective view on how to deploy them.
- A proposal to bring in part-time leadership for the Alliance and to support the CEOs.
- A proposal to take forward a communications plan once each Board has held discussions on this Alliance proposal.

- Concerns about the potential approach to risk and resource transfer, to New Care Models from NHS England, and the need for a strong collective voice.

It is important that through this discussion I am able to indicate our formal support to review the Memorandum of Understanding at our next Board meeting.

Within our Trust

6. The Board will be aware that we received our CQC Provider Information Request on 20 August 2019. Following some great collaboration between the Nursing and Quality Team and the Operations Team, supported by Finance, Workforce, Estates and IM&T (Information Management and Technology), we successfully submitted our completed return by the deadline of 3 September. We have now commenced the next phase of the inspection preparation, which includes answering direct queries from the CQC related to the submission.
7. As an Executive we understand the importance of colleagues throughout the Trust being aware of some of the great initiatives we have undertaken over the last year that have an impact on our culture, leadership, innovation and quality, as well as supporting delivery of our strategy. To this end we have started to produce weekly newsletters entitled '*Making a Positive Difference*' that provide updates to all colleagues in the Trust on the following areas:

Topic	Publication Date	Lead
What are we doing about recruitment?	09/09/2019	Amanda
How are we supporting enhancing retention?	16/09/2019	Amanda
What QI type pilots have we got running (nurse led clinics etc etc)?	23/09/2019	Gareth
Developing our estate strategy	30/09/2019	Mark
Early outcomes from clinical pathway work	07/10/2019	Gareth
Leadership and management offer	14/10/2019	Amanda
Enhancing inclusion	21/10/2019	Claire/Amanda
Speaking up and opportunities for engagement	28/10/2019	Ifti/Anna/Tam
System working	04/11/2019	Ifti
Our financial position/CIP and plans for financial sustainability	11/11/2019	Claire/Gareth
IM&T Developing our Electronic Patient Record	18/11/2019	Mark

Feedback from the first two editions has been very positive and I have attached them for Board members' information.

8. On 9 September myself and Mark Powell hosted a meeting with our Area Service Managers and General Managers. It was really helpful to have an open agenda meeting that enabled us to focus on culture, the impact of our refreshed strategy, and the support our operational managers feel they need in taking their roles forward.
9. 11 September saw our Annual Members' Meeting (AMM) and innovation Market Place. My thanks to all colleagues who took the time to prepare a market place stall showing off their team's innovations and it was fantastic so many stayed through to the main meeting.

The AMM started with an update by representatives from three of our four networks, talking about the developments we have made in the year around inclusion and diversity in its broadest sense, including one of our experts by experience from CAMHS (Child and Adolescent Mental Health Service) reading out a personal account of her experiences. Thanks to colleagues who took part as it is daunting talking in front of a full conference room. This set the tone for the meeting and I think it was a great idea from our Governors to have such a focus, recognising the importance of inclusion to us as a Trust.

This, coupled with the announcing of the winners of the writing competition, created a real sense of being focussed on the people who use our services and their carers throughout the AMM, and brought to life some of the conversation about quality improvements, links with the Trust Strategy and financial performance that are mandatory components of an AMM.

We concluded our AMM by presenting certificates to the category winners of the writing competition and the overall winner, Jill. Jill, who has used our services recently, asked to address the meeting and gave a passionate and emotional thank you to the colleagues who had cared for her during her illness and who are supporting her towards recovery. Jill also endorsed our refreshed strategy, saying looking after the people who would look after her was exactly the right thing to do. I have to say there wasn't a dry eye in the house!!

10.25 September was our annual BME Network Conference and, as this happened after the Board paper deadline, I shall report on this next month.

11. Communications activities have continued over the month, with a number of positive and proactive features receiving coverage in the local media. This has included the Trust's partnership work with wider local agencies to promote World Suicide Prevention Day and to share the opportunities available to talk to a healthcare professional at football events taking place across the county in September. The Trust also shared its expertise through local features, aimed at supporting children on their return to school and celebrated good news, including fundraising activities raised by teenagers on the National Citizens Service (NCS) for our CAMHS teams in Derby.

Following last month's Board meeting, I appeared on East Midlands Today on 13 September, to continue the inclusion focused conversations that took place in the September meeting. This focused on the Trust's commitment to prevent any inequality or discrimination on the basis of an individual's race or ethnicity. Following the overwhelming support received from colleagues and wider stakeholders about this approach, the Trust is now considering a wider campaign to confirm that such discrimination will not be tolerated in our services.

A wider feature about the Trust's approach to supporting people with drug and alcohol misuse towards a gradual recovery also came from the last Board meeting. This article has featured in a number of local newspapers, reflecting the Trust's knowledge and expertise in safely supporting people towards recovery whilst reducing the risks of relapse or accidental death.

Our social media channels continue to celebrate the Trust's DEED nominees and winners. During the month a number of conversations took place during and following the Trust's attendance at Belper and Derby Pride events, together with

posts and comments regarding the recent AMM. We also shared messages to support teenagers receiving exam results, to encourage nursing as a rewarding career for school leavers, and to promote National Breastfeeding Week. An unexpected highlight of the month was reaching over 1,800 people following a post about two new guinea pigs at Audrey House - and the positive benefits for our patients when looking after animals.

12. On 4 September I was privileged to have been asked to speak at the First Steps Eating Disorder Conference, which attracted people in the specialist field from all over the East Midlands. It was really important to support First Steps, who are key partners for us here in Derbyshire, and I was particularly pleased that the focus was about the style of how we work, focussing on compassion, assets and self-actualisation, rather than a more traditional deficit illness model.
13. During September I have enjoyed getting out and meeting staff through continued engagement visits, for example taking part in the Stoptober event at Kingsway. I have held *Ifti on the Road* engagement events at The Hartington Unit, where I was able to meet some of our acute care colleagues, and at the Ashbourne Centre, Kingsway, as well as carrying out a Quality Visit to Clinical Audit and Library Services. (I am not reporting here on the outcomes from the quality visits).

On the Road feedback

- A first for me was that a service user called in to see me at the Hartington Unit, telling me how helpful and supportive our colleagues had been in helping her to find a step down placement before she went home, and how she thought that would really help her recovery.
- Service users who I met in the Hub at the Hartington Unit also told me how pleased they were with our revised Tobacco Dependence Policy (they didn't refer to it as that!). One person told me that it made her feel like an 'adult' by respecting her choices even when not well.
- It was great to hear from a couple of colleagues about staffing levels increasing, but noting some pressures on Pleasley Ward and the importance of being able to get offers of employment converted to start dates asap. I picked this specific action up with our recruitment team through Amanda Rawlings.
- I was reminded of the importance of our ward admin colleagues in bringing calmness and consistency to our wards.

These issues are logged and cross referenced through conversations with our Freedom to Speak up Guardian.

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 the 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

- This 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.

This paper demonstrates some strong features of good practice relating to inclusion and diversity in its broadest sense. Working with partners such as First Steps helps to provide a wider funnel of access to our services, knowing that some individuals from local communities either do not trust or historically don't use statutory services.

The feedback from colleagues in our BME, LGBT+ and Disability & Wellness Group at our AMM gives hope to the changing culture in the Organisation and the recognition that, as part of business as usual, we are rolling out best practice. It is also worth noting that some of that best practice, for example the building in of an 'unconscious bias stop' in disciplinary processes, will have a positive effect on all colleagues in the Trust.

There is no doubt that in order to fully understand the best solutions to tackle bias and how it shows itself across recruitment, disciplinary and personal development, we have to create a culture where colleagues feel able to tell us what is happening in the Trust – we have made significant moves forward in this regard and, as our BME Network reminded me this month, the next step is then about co-creating solutions.

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.
- 3) Approve the move towards agreeing a Memorandum of Understanding with other Mental Health Trusts in the East Midlands.

Report presented by: Ifti Majid
Chief Executive

Report prepared by: Ifti Majid
Chief Executive



MAKING A POSITIVE DIFFERENCE UPDATE



**Colleague e-newsletter 16 September 2019
Issue 2**

Help colleagues in your area who have limited access to emails: please print and share this bulletin

Message from our Chief Executive, Ifti Majid

Last week we issued the first of a new series of bulletins, reflecting on what we are doing to address our key issues and challenges so that we meet our vision of 'making a positive difference in people's lives by improving health and wellbeing'. At the same time this gives us an opportunity to share progress on the implementation of the 'building blocks' that make up our [Trust strategy](#).

The [first bulletin](#) was about recruitment, because we know we need to 'attract new colleagues' to make the Trust a great place to work. If you missed that bulletin, you can find a link to it on the Chief Executive and Chair's page on [Connect](#).

This week Amanda Rawlings, our Director of People Services and Organisational Effectiveness, will look at how we are making a positive difference on our strategic building block of 'retain our colleagues'. Amanda describes some of the ways we are seeking to make Derbyshire Healthcare a great place to work by ensuring that more of our workforce stays with the organisation for longer – which means we give better, more consistent care to our service users and build up a stronger sense of 'team' for all colleagues.

Thank you to everyone who has provided feedback on the first bulletin. Please contact the Communications Team if you have any comments or would like to make a suggestion for a future topic.



Making a positive difference on... enhancing staff retention



Amanda Rawlings
Director of People
Services and
Organisational
Effectiveness

***I am 'making a positive
difference in people's
lives' by...***

***Focusing on making
Derbyshire Healthcare a great place to
work so that colleagues want to join and
stay with us.***

Last week I shared with you the steps we are taking to attract new colleagues to our Trust.

In this bulletin I would like to share some of the things we are doing to retain the amazing colleagues we already employ.

Our turnover levels compare well to other NHS and Mental Health Trusts (the group we are often compared against) and many colleagues have chosen to stay and move to new roles and positions internally. However, we still have work to do to further reduce our turnover and retain more colleagues within our Trust. We have just launched a new exit interview process so we can gather more insight into reasons why colleagues would want to leave the Trust.

We know that to be a 'great place to work' we need to continue to engage and involve staff in the running of the organisation and shaping how it moves forward. I am very proud of how our Staff Forum has grown and flourished in the last year. The group have identified a number of important issues and made significant changes to date. This year we also had an amazing staff conference which helped to shape the next stage of our strategy. We have grown our staff networks; BME, LGBT+, Disability and Wellness and Armed Forces. These groups play a significant role in helping us to be an inclusive place to work and receive care.

In January we reviewed our wellbeing offer and made the decision that we wanted to invest in a local staff support service –

Resolve – in addition to the confidential 24-hour telephone support. We have brought Neyber on board to be there for any staff who require financial support. We have worked with Occupational Health to provide rapid access to musculoskeletal (MSK) services and we are launching an NHS-approved 24 hour mental wellbeing app – read Weekly Connect this week for more details.

We are in the process of consulting on new shift times so we can provide breaks during shifts and between shifts to promote the health and well-being of colleagues. We are also introducing 12-week shift rosters to colleagues to help with better work/personal life planning and forward shift planning.

We know we have many fabulous leaders and managers in the Trust but we haven't provided enough support and development to them over recent years. So we have made this a strategic priority in our strategy. Over 500 leaders and managers have spent time with Ifti, Claire Wright and I to discuss leadership and management in our Trust and the development support we are putting into place. I will soon be doing a future bulletin on this topic with more detail.

We have an ongoing ambition to reach full nursing establishment in our adult acute inpatient wards. In order to support this ambition we are introducing a competency-based development programme for all band 5 clinical practitioners in our acute units to progress to a band 6 (should they choose to) over a two-year period. This will be offered firstly to nurses in our acute units as this is the majority of the acute inpatient workforce. We are committed to developing the ward-based OT/AHP route using the same methodology.

I am keen to hear from you of things that you feel we need in place to make DHCFT a great place to work. Please get in touch via amanda.rawlings2@nhs.net

Our staff survey will be out later this month so please take the time to tell us what is going well and what we need to do better. It is totally confidential and non-attributable and I do read all the comments that are made.



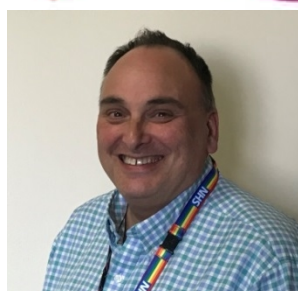
The *Making a Positive Difference Bulletin* is a newsletter for all Derbyshire Healthcare NHS Foundation Trust staff.

If you have a topic you would like to include in a future issue please email dhcft.communications@nhs.net.

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MAKING A POSITIVE DIFFERENCE UPDATE



**Colleague e-newsletter 9 September 2019
Issue 1**

Help colleagues in your area who have limited access to emails: please print and share this bulletin

Message from our Chief Executive, Ifti Majid

When I am out 'on the road' across the Trust, or talking to colleagues at meetings or events, there are certain topics that come up regularly. They are often some of the biggest challenges we face and impact on staff working at all levels in the organisation, across different teams and services.

Ahead of our forthcoming inspection by the Care Quality Commission (CQC), members of our Staff Forum have asked if we could outline the Trust's current position on these key issues – how we have developed over the last year and what our plans are going forwards.

In response to this suggestion, I want to take a moment each week to reflect on what we are doing to address those challenges and meet our vision of 'making a positive difference in people's lives by improving health and wellbeing'. This will also provide an opportunity to share progress on the implementation of the 'building blocks' that make up our [Trust strategy](#). We will also colour code the bulletins to show which strategic objective they relate to. I know colleagues are working tremendously hard to change and improve our Trust, and in this short series of weekly updates I would like to acknowledge that. There is no complacency about the work that still needs to be done in the months and years ahead. But I want us all to recognise how far we have come and be confident about our progress when we are meeting with and talking to CQC inspectors.

This week Amanda Rawlings, our Director of People Services and Organisational Effectiveness, will look at how we are making a positive difference on our strategic building block of 'attract new colleagues'. Amanda provides an overview of our focused work over the last year to look at new and innovative ways of attracting people to come to work for Derbyshire Healthcare.

I hope these bulletins are useful. Please contact the Communications Team if you have any comments or would like to make a suggestion for a future topic.



Making a positive difference on... staffing levels



Amanda Rawlings

Director of People Services and Organisational Effectiveness

*I am 'making a positive difference in people's lives' by...
Focusing on recruitment to make sure we get the right people into
vacant positions to ensure service delivery is maintained and reduce
staff pressures*

You will hear every day about the national workforce shortage in the NHS. Today there are many professions where there are more roles available than the people trained to fill them. Over the past two years we have worked incredibly hard to improve our reputation as a great place to work. Whilst we know we are not there yet, I am pleased to hear that people are choosing Derbyshire Healthcare as their place to work. We have seen a strong and steady flow of applications over the last year and have been successful at attracting 339 new substantive staff (plus 124 new bank workers). We compare very well for our vacancy rates, times to recruit and applications levels against other Trusts and Mental Health Trusts. However, we know that we need to keep a relentless focus on finding new ways to attract people to the Trust. A summary of the recruitment activity over the past 12 months is outlined below:



Here are some of the things we have done to improve our approach to recruitment over the last year:

- Invested in a recruitment site which has case studies and provides a platform for us to show case what we do: www.derbyshirehealthcarejobs.co.uk
- Attended local and regional recruitment events to promote the Trust and all our vacancies
- Built very strong relationships with universities and schools
- Promoted career pathways from apprenticeships to specialist and senior roles

- Rewritten our adverts to make them more attractive and inclusive
- Increased our social media presence promoting all our key vacancies across Twitter and Facebook.

This is not an exhaustive list, but a summary of the things we have seen to work. We have appreciated the feedback we have had from applicants, new joiners and appointing officers on how we can improve what we do and would welcome any ideas you may have. Please contact DCHST.peopleresourceteam@nhs.net or amanda.rawlings2@nhs.net

The *Making a Positive Difference Bulletin* is a newsletter for all Derbyshire Healthcare NHS Foundation Trust staff.

If you have a topic you would like to include in a future issue please email dhcft.communications@nhs.net.



Follow the Trust on Twitter [@derbyshcft](https://twitter.com/derbyshcft) and [Facebook](#)

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. NHS England and NHS Improvement (NHSE/I) have published the community mental health framework for adults and older adults, which describe the NHS long term plan's vision for a place-based community mental health model in more detail, and how the NHS can modernise community mental health services to shift to whole person, whole population health approaches.

Key points from the report:

- The community and mental health framework sets out a new approach in which place-based and integrated mental health support, care and treatment for adults and older adults are situated and provided in the community.
- The framework places a renewed focus on people living in their communities with a range of long-term severe mental illnesses. It also places a focus on people whose needs are deemed too severe for improving access to psychological therapies (IAPT) services but not severe enough to access services in secondary care.
- These new models of care will span both core community provision and also dedicated services, where the evidence supports them, and they will be built around primary care networks (PCNs).
- The overall approach will be tested using targeted central transformation funding over the next two years. However, NHS England expects that, as a minimum, all local systems start by using the new CCG baseline funding starting from 2019/20 to expand community mental health teams (CMHTs) and align them with PCNs.
- In line with the clinically-led review of NHS access standards, four-week waiting times for adult and older adult CMHTs will be tested in 12 selected areas over the next two years as part of wider testing of these new models in 2019/20 and 2020/21, supported by over £70m new funding.
- A key component of the framework is setting out a method for coordination of care that will replace the care programme approach (CPA). The new

approach intends to enable high-quality, personalised care and support planning in line with the NHS England comprehensive model of personalised care.

- Staff currently working in secondary care community mental health services are the starting point for the workforce of these new models. However, to implement the joined-up approach the framework sets out, it is expected that these teams would “fully integrate” their working with other local services.
- The framework states that a specific community connector or social prescribing link worker may need to be created, or these functions carried out by existing staff, for example peer support workers or care coordinators.

Within Derbyshire we will be implementing the plan via the Mental Health System Delivery Group

2. NHS England and NHS Improvement (NHSE/I) have released the quarter one (Q1) financial figures for the provider and commissioning sectors this month.

The key headlines include:

- The provider sector is forecasting a deficit of £279.8m, slightly ahead of the planned outturn of a £281.8m deficit. If achieved, this would be a significant improvement on last year's year-end deficit of £575m.
- In Q1 the provider sector was £805.8m in deficit after provider sustainability fund (PSF), financial recovery fund (FRF), and marginal rate emergency tariff (MRET) allocations. This position is £26m better the planned figure of £832m.
- Across the NHS, including the commissioner aggregate position, the Q1 run rate is largely consistent with plan. The forecast overspend by the end of the year is expected to be £84m – against a planned breakeven. NHSE/I say this 0.1% variance is “due largely to technical reasons”.
- PSF, FRF and MRET allocations amounted to £421m in Q1. This is 95% of the total planned allocations for Q1.
- A total of £2.7bn of PSF/FRF/MRET funding is available for 2019/20.
- The sector position includes £35m of uncommitted PSF/FRF, which is £22m more than planned. A total of £81m of PSF/FRF/MRET funding is expected to be uncommitted at the end of the year.
- There are 20 trusts currently reporting a financial position worse than plan, after PSF/FRF/MRET allocations. In 2018/19 at year end, 61 trusts reported a position worse than the plan.
- Total capital departmental expenditure limit (CDEL) spend for Q1 is £651m. This is 34% below the planned level of £984m for the quarter.
- The provider deficit is largely concentrated in the acute sector. Of the total reported financial deficit position across the provider sector, 95% is accounted for by acute providers. The acute sector's deficit in Q1 is 7.1% higher than forecast.
- The remaining deficit position is attributed to the mental health sector, although its £18.7m deficit position is almost £9m better than plan. The mental health sector is forecasting a year-end surplus position.
- The ambulance and community sectors are both reporting surpluses for Q1 and are forecasting they will finish the year in surplus.

- Total employee expenses were £14.45bn in Q1 – not significantly different from plan – and forecast spend for the year is on track to meet plan at £57bn.
- Agency ceiling performance spend was 6% over plan at £595m, though is projected to be within the forecast plan by year-end at £2.14bn. Separately, providers overspent by 9.7% on bank staff costs. This is driving an expected 4% overspend on temporary staff by year end.
- Providers achieved £439m of cost improvement plan savings in Q1, which was 88% of the target. The year-end forecast is for providers to achieve 97% of their £3.18bn efficiency savings target.
- Providers spent £45m more than planned on purchasing healthcare from other providers. At a total of £881, this is £41m more than in Q1 in 2018/19.

This national data is of relevance to our Trust as we must now start to consider our performance in the context of the system we operate within enhancing the importance of the Board understanding performance in other sectors.

Local Context

3. Claire Wright attended the October Joined Up Care Derbyshire (JUCD) Board on my behalf and the highlights included:

- Success of patient story as described through Perth House example – Integrated working of Derbyshire Community Health Services NHS Foundation Trust (DCHS), Derby City Council and University Hospitals of Derby and Burton NHS Foundation Trust (UHDB) team and the positive impact on patients' experience and outcomes
- We discussed at length the challenges of achieving the 2019/20 financial positions for providers and commissioner due to increasing demand, capacity, winter planning and cost pressures
- Progress with 5 year plan. Good feedback had been received from NHSE/I on the initial submission and work continues on November submissions. Main submission is 15 November although an additional 1 November submission was also required, which complicated governance sign-off processes that had been previously agreed. Therefore it was pragmatic to delegate sign-off of the interim submission to CEOs. Triangulation between activity, workforce and financial information continues. JUCD Board members agreed that JUCD would not be supportive of heroic assumptions for efficiency requirements in the November submission. At the same time discussions continue regarding the next stage of evolution in the Derbyshire system-working and how best to make that as effective as possible including how best to value the impact of the workstreams. To put Derbyshire in good stead for becoming an ICS in 2021 it is hoped to put as many pieces of the jigsaw in place by April 2020 as possible.
- New End of Life Strategy was approved – this will now go to implementation planning to ensure that patients have a personalised advanced care plan that includes identifying their place of choice for death; these services will be provided through a model of care that is community based with specialist outreach. Implementation will involve changes for all system partners in terms of additions to personalised care planning, education and training, 24/7 access to end of life (EOL) services and access to shared records.

Within our Trust

4. An action that came out of the BME staff conference was to rapidly set up a group to look at disruptive recruitment. The purpose of our Recruitment Action Steering is going to be to challenge our recruitment processes to maximise our workforce diversity so that is more representative of the population we serve across all roles. I am delighted that the group met for the first time this month and is chaired by Suki Khatkar. The meeting made some key decisions, one of which for example is to introduce 'inclusion advocates' (or similar) into the processes for both shortlisting and interviewing for (initially) band 7 and above. This steering group will ensure that disruptive actions are devised and overseen in order to address improvement areas. Given the importance of the group it will report directly into the Executive Leadership Team (ELT).
5. The Board is aware that we are progressing to phase two of our Reverse Mentoring Programme. We have had great success in progressing with our next cohort of Reverse Mentors and Mentees. We expect to have 17 or 18 pairs for the cohort. We now move into implementation phase; where the mentors and mentees will receive training and the allocations of pairs will take place. The progress of the programme will be overseen by our Reverse Mentor Steering Group, chaired this quarter by Bal Singh which reports directly into ELT.
6. I am delighted that Rubina Reza has agreed to represent Derbyshire Healthcare NHS Foundation Trust (DHCFT) on the latest cohort 3 of the NHS Workforce Race Equality Standard (WRES) Expert Programme. The comprehensive 16-day programme is delivered in seven modules over a period of nine months. The aim of the WRES expert programme will be to support the Trust and the wider health economy in our area to improve workforce race equality and fairness.

Rubina has written a communication that will be shared with the whole Trust and I have attached this at appendix 1. Such is the importance for us of this programme that I am keen to share regular updates with the Board about Rubina's progress and learning but also she has to complete an assignment relating to our Trust that I feel we should extend the invitation to her to present that directly to the Board.
7. Claire attended a NHS Leaders roundtable event on my behalf to discuss the NHS People Plan, in particular the 'core offer' and 'leadership compact' parts of 'Best Place to Work' where I know that she talked about some of the best practice we have developed for example our values driven leadership development sessions, reverse mentoring and recruitment and retention incentives.
8. The BME Staff Network Conference took place on 25 September 2019 at Kingsway Hospital in Derby. Approximately 130 people attended the event, where the agenda included a thought-provoking and emotive session on 'Unconscious Bias' from an external facilitator and speaker, David Shosanya; updates on the 2018-19 Reverse Mentoring programme and their plans for Cohort 2 in 2019; and two action-planning workshops to address key areas in the Workforce Race Equality Standard, focusing on workforce diversity and representation and career development opportunities for BME colleagues.

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 new framework for community mental health care is directed at closer working with local communities and more naturally meeting the needs of communities we have a history of not engaging with – I believe this should be seen as a positive step towards better inclusion at a community level.

This paper demonstrates some strong features of good practice relating to inclusion and diversity. The BME staff conference focussing on unconscious bias created an opportunity for learning not just in relation to race to but bias in its broadest sense. Rubina's position on the WRES expert programme gives us a real opportunity to challenge our practice and understand what has worked elsewhere. It is also recognition of the level of importance the Trust places on inclusion.

The development of disruptive recruitment interventions, an action coming out of the BME conference is another example of positive practice around equality and inclusion.

There is a risk around the submission of the long term plan for Derbyshire that we don't spend enough time thinking about the equality impact of the plan on local communities and colleagues from all Organisations from protected groups. This is something I will raise at the Local Workforce Action Board and the CEO meetings to ensure we consider, document and mitigate any potential negative impacts on particular communities.

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

 Claire Wright
 Deputy Chief Executive

Dear Colleagues

My name is Rubina Reza and I am representing Derbyshire Healthcare NHS Foundation Trust (DHCFT) on the latest cohort 3 of the [NHS Workforce Race Equality Standard](#) (WRES) Expert Programme. My role as a WRES expert will be to support the Trust and the wider health economy in our area to improve workforce race equality and fairness.

As I start this 16-day programme delivered in seven modules over a period of nine months, with lots of work in between, I'd like to introduce myself and share my thoughts and learning with you as things progress. I also hope to use this opportunity to connect with as many colleagues as possible and to start those every day conversations which will enable us to work comfortably with race equality and to change the deep rooted cultures of race inequality in the system.

The WRES expert role will be alongside my usual day job at DHCFT which is leading the Research & Development (R&D) function, including Clinical Audit and Library & Knowledge services; I have been in this role since 2011 although I first started working for this Trust in 2003 and for the NHS in 1995. More recently, since 2016, I have also been providing a similar research leadership and management function, 2 days a week, to our neighbouring community Trust (DCHS). My own work experiences and those of many more BME people have led me to take on this challenging new opportunity.

My Executive Board sponsor on the programme is our Chief Executive, Ifti Majid and I am looking forward to working with Ifti on this shared vision for race equality at DHCFT.

So the programme launched with a day in London on the 9th of October. It was an inspiring and emotional experience for me, and to have shared the experience with my sponsor for the day, Amanda Rawlings, Director of People Services and Organisational Effectiveness, made this day a really important one.

The messages around [why race equality matters to the NHS](#), I'd heard before, but the delivery was so powerful and there was such a clear expectation for change, for the NHS to be the model employer. I was particularly moved when reminded of 'biological weathering' by Yvonne Coghill, Director, WRES Implementation, NHS England. This is the term used to describe the deterioration of our physical health as a result of an accumulation of lifelong stress-mediated physiological damage from being exposed to systemic racism.

It was a great introduction on what to expect over the next nine months and my main message back to the organisation from the day was said by Baroness Dido Harding, Chair, NHS Improvement, when it comes to workforce race equality in the NHS 'accept that being impatient for change is important'.

Governor Meeting Timetable 2019/2020

DATE	TIME	EVENT	LOCATION
31/10/19	*1.30-3.30pm (note new time)	Governor training and development session – Mental Health Act	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
5/11/19	9.30am onwards	Trust Board Meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
5/11/19	11.30am-1pm	CQC Governor Focus Group	Meeting room 5, Albany House, Kingsway Site, Derby DE22 3LZ
5/11/19	2.00pm onwards	Council of Governors meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
3/12/19	9.30am onwards	Trust Board Meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
10/12/19	10.00am-12.30pm	Governance Committee	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
10/12/19	1.30-5pm	Governor training and development session – Data Security and Protection; Raising Concerns; Mental Health Conditions	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
7/1/20	2.00pm onwards	Council of Governors meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
4/2/20	9.30am onwards	Trust Board Meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
11/2/20	10.00am-12.30pm	Governance Committee	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
3/3/20	9.30am onwards	Trust Board Meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
3/3/20	2.00pm onwards	Council of Governors meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
7/4/20	10.00am-12.30pm	Governance Committee	Training room 1 & 2, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
9/6/20	10.00am-12.30pm	Governance Committee	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
9/6/20	1.30 – end time TBC	Governor training and development session. Topics to be confirmed	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
11/8/20	10.00am-12.30pm	Governance Committee	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ

October 2019

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST TERMS

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

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST TERMS

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

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST TERMS

NHS Term / Abbreviation	Terms in Full
GP	General Practitioner
GPFV	General Practice Forward View
H	
HEE	Health Education England
HES	Hospital Episode Statistics
HoNOS	Health of the Nation Outcome Scores
HSCIC	Health & Social Care Information Centre
HSE	Health and Safety Executive
HWB	Health and Wellbeing Board
I	
IAPT	Improving Access to Psychological Therapies
ICS	Integrated Care System (formerly ACS)
ICT	Information and Communication Technology
ICU	Intensive Care Unit
IDVAs	Independent Domestic Violence Advisors
IG	Information Governance
IM&T	Information Management and Technology
IPP	Imprisonment for Public Protection
IPR	Individual Performance Review
IPT	Interpersonal Psychotherapy
J	
JNCC	Joint Negotiating Consultative Committee
JTAI	Joint Targeted Area Inspections
JUCB	Joined Up Care Board
JUCD	Joined Up Care Derbyshire
K	
KPI	Key Performance Indicator
KSF	Knowledge and Skills Framework
L	
LA	Local Authority
LCFS	Local Counter Fraud Specialist
LD	Learning 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
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)

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST TERMS

NHS Term / Abbreviation	Terms in Full
	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
N	
NCRS	National Cancer Registration Service
NED	Non-Executive Director
NICE	National Institute for Health and Care Excellence
NHS	National Health Service
NHSI	National Health Service Improvement
O	
OBC	Outline Business Case
ODG	Operational Delivery Group
OP	Out Patient
OSC	Overview and Scrutiny Committee
P	
PAB	Programme Assurance Board
PAG	Programme Advisory Group
PALS	Patient Advice and Liaison Service
PAM	Payment Activity Matrix
PARC	Psychosis and the reduction of cannabis (and other drugs)
PARIS	This is an electronic patient record system
PbR	Payment by Results
PCC	Police & Crime Commissioner
PHE	Public Health England
PICU	Psychiatric Intensive Care Unit
PID	Project Initiation Document
PLIC	Patient Level Information Costs
PMLD	Profound and Multiple Disability
PPT	Partnership and Pathway Team
PREM	Patient Reported Experience Measure
PROMS	Patient Reported Outcome Measure
Q	
QAG	Quality Assurance Group
QC	Quality Committee
QIA	Quality Impact Assessment
QIPP	Quality, Innovation, Productivity Programme
R	

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST TERMS

NHS Term / Abbreviation	Terms in Full
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
SLA	Service Level Agreement
SLR	Service Line Reporting
SOC	Strategic Options Case
SOF	Single Operating Framework
SPOA	Single Point of Access
SPOE	Single Point of Entry
SPOR	Single Point of Referral
STEIS	Strategic Executive Information System
STF	Sustainability and Transformation Fund
STP	Sustainability and Transformation Partnership
S(U)I	Serious (Untoward) Incident
T	
TARN	Trauma Audit and Research Network
TCP	Transforming Care Partnerships
TCS	Transforming Community Services
TDA	Trust Development Authority
TMT	Trust Management Team
TUPE	Transfer of Undertakings (Protection of Employment) Regulations 1981
TMAC	Trust Medical Advisory Committee
W	
WTE	Whole Time Equivalent