Derbyshire Healthcare
NHS Foundation Trust

Derbyshire Healthcare NHS Foundation Trust
Council of Governors' meeting

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

2 July 2019 14:00 - 2 July 2019 16:35

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Derbyshire Healthcare
NHS Foundation Trust

COUNCIL OF GOVERNORS' MEETING – TUESDAY 2 JULY 2019
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	Caroline Maley	2.05
3.	Minutes of the previous meeting held on 7 May 2019	Caroline Maley	2.10
4.	Matters arising and actions matrix	Caroline Maley	2.15
5.	Verbal update on Joined up Care Derbyshire (JUCD) (impact of NHS Long Term Plan)	Ifti Majid	2.20
6.	Refresh of Trust Strategy	Ifti Majid	2.25
7.	Care Quality Commission update (verbal)	Ifti Majid	2.45
STATUTORY ROLE			
8.	Presentation of the Annual Report and Accounts 2018/19 and report from the External Auditors (Lorraine Noak, Grant Thornton)	Claire Wright/Geoff Lewins/External Auditors	2.50
9.	Report from Governors' Nominations and Remuneration Committee 22 May and 21 June 2019: • Recommendation for the re-appointment of Non-Executive Directors (NEDs) • Update on NED recruitment • Recommendation to approve changes to the Terms of Reference and linked amendment of the Trust Constitution	Caroline Maley	3.05
COMFORT BREAK			3.15
HOLDING TO ACCOUNT			
10.	NED Deep Dive – including Annual Report of the Audit and Risk Committee (verbal)	Geoff Lewins	3.30
11.	Verbal summary of Integrated Performance Report (full report provided for information)	Non-Executive Directors	3.40
12.	South Liaison Team - presentation	Lesley Fitzpatrick/ Fiona White	4.00
REPRESENTING THE VIEWS OF MEMBERS AND THE PUBLIC			
13.	Annual Members' Meeting update (verbal)	Roger Kerry	4.15
OTHER MATTERS			
14.	Governance Committee Report – 12 June 2019	Kelly Sims	4.20
15.	Any Other Business	Caroline Maley	4.25
16.	Review of meeting effectiveness and following the principles of the Code of Conduct	Caroline Maley	4.30
17.	Close of meeting	Caroline Maley	4.35

FOR INFORMATION

- Ratified minutes of the Public Board meetings held on 2 April 2019 and 7 May 2019
- Chair's Reports as presented to Public Trust Board on 4 June 2019 and 2 July 2019
- Chief Executive's Reports as presented to Public Trust Board 4 June 2019 and 2 July 2019
- Governor meeting timetable
- Glossary of NHS terms

Next Meeting: Tuesday 3 September 2019, 2.00 – 4.30 pm, Conference Rooms A&B, Centre for Research & Development, Kingsway Hospital Site, Kingsway, Derby DE22 3LZ

Derbyshire Healthcare
NHS Foundation Trust

Our vision

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

Making a positive difference

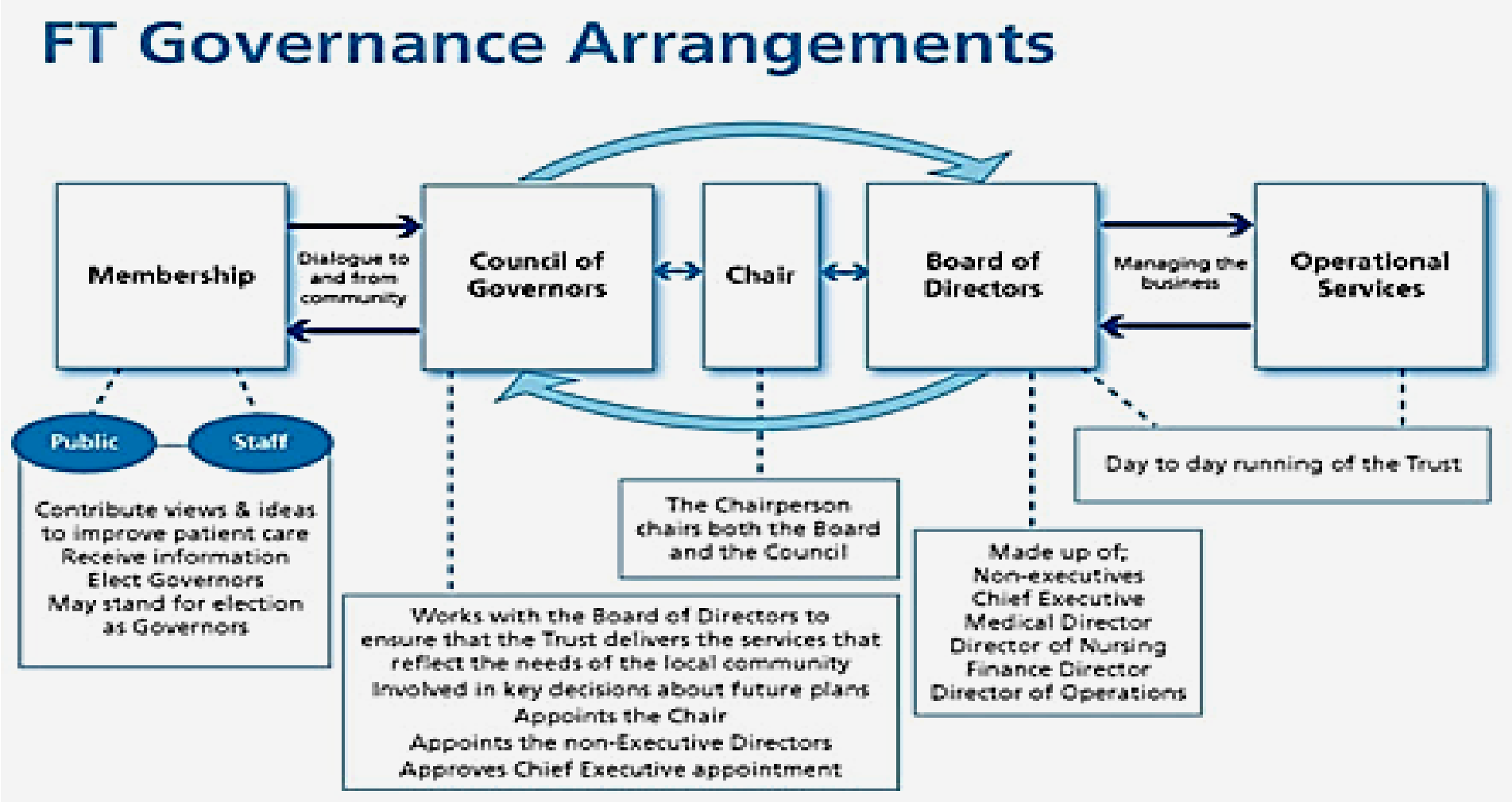
Our values

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

Our Trust values are:

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

Getting the balance right



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The implications for governors and 'holding to account'

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

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

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

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how do we ask effective questions?

Good questions

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

CHARIS consultants ltd

how do we ask effective questions?

Good questions

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

Derbyshire Healthcare
NHS Foundation Trust

MINUTES OF THE COUNCIL OF GOVERNORS MEETING HELD ON TUESDAY 7 MAY 2019 2.00 – 4.35 PM CONFERENCE ROOMS A & B, RESEARCH & DEVELOPMENT CENTRE, KINGSWAY, DERBY, DE22 3LZ

PRESENT	Caroline Maley	Trust Chair and Chair of Council of Governors
	John Morrissey	Public Governor, Amber Valley
	Rob Poole	Public Governor, Bolsover & North East Derbyshire
	Lynda Langley	Public Governor, Chesterfield
	Julie Lowe	Public Governor, Derby City East
	Bob MacDonald	Public Governor, Derby City East
	Moira Kerr	Public Governor, Derby City West
	Christine Williamson	Public Governor, Derby City West
	Shirish Patel	Public Governor, Erewash
	Kevin Richards	Public Governor, South Derbyshire
	Rosemary Farkas	Public Governor, Surrounding Areas
	Kelly Sims	Staff Governor, Admin & Allied Support Staff
	April Saunders	Staff Governor, Allied Professions
	Farina Tahira	Staff Governor, Medical and Dental
	Jo Foster	Staff Governor, Nursing
	Al Munnien	Staff Governor, Nursing
	Roy Webb	Appointed Governor, Derby City Council
	Jim Perkins	Appointed Governor, Derbyshire County Council
	Angela Kerry	Appointed Governor, Derbyshire Mental Health Forum
	Gemma Stacey	Appointed Governor, University of Nottingham
IN ATTENDANCE	Ifti Majid	Chief Executive
	Carolyn Green	Director of Nursing and Patient Experience
	Claire Wright	Deputy Chief Executive & Director of Finance
	Margaret Gildea	Non-Executive Director & Senior Independent Director
	Geoff Lewins	Non-Executive Director
	Julia Tabreham	Deputy Chair & Non-Executive Director
	Anne Wright	Non-Executive Director
	Richard Wright	Non-Executive Director
	Suzanne Overton-Edwards	NExT Director Scheme
	Denise Baxendale	Membership and Involvement Manager
	Justine Fitzjohn	Trust Secretary
	Leida Roome	Personal Assistant – note taker
	Denise Robson	Assistant to Moira Kerr
	Dave Waldron	Trust Member
APOLOGIES	Karen Smith	Public Governor, Amber Valley
	Martin Rose	Public Governor, Bolsover & North East Derbyshire
	Adrian Rimington	Public Governor, Chesterfield
	Christopher Williams	Public Governor, – Erewash
	Carol Sheriff	Public Governor, High Peak & Derbyshire Dales
	Marie Varney	Public Governor, High Peak & Derbyshire Dales
	Tony Longbone	Staff Governor, Admin & Allied Support Staff
	Roger Kerry	Appointed Governor, Derbyshire Voluntary Action
	Wendy Wesson	Appointed Governor, University of Derby

ITEM	ITEM
DHCFT/GOV /2019/037	**WELCOME, INTRODUCTIONS, CHAIR'S OPENING REMARKS, APOLOGIES FOR ABSENCE & DECLARATION OF INTERESTS** Caroline Maley welcomed all to the meeting and was pleased to see the number of governors in attendance. A special welcome was extended to new governors Julie Lowe, Bob MacDonald and Dr Farina Tahira. Also welcomed were Justine Fitzjohn, who will be starting as the new Trust Secretary in June 2019 and Julia Tabreham, Non-Executive Director, who has returned after illness. Apologies were noted as above. ***Declaration of interest:*** John Morrissey advised that he was not elected as a Councillor for Amber Valley in the recent May elections.
DHCFT/GOV /2019/038	**SUBMITTED QUESTIONS FROM MEMBERS OF THE PUBLIC** No questions were submitted by members of the public.
DHCFT/GOV /2019/039	**MINUTES OF THE PREVIOUS MEETING** The minutes of the previous meeting held on 5 March 2019 were accepted as a correct record.
DHCFT/GOV /2019/040	**MATTERS ARISING & ACTION MATRIX** The Council of Governors agreed to close all completed actions. Updates were provided and noted on the actions matrix. All completed 'green' actions were scrutinised to ensure that they were fully complete. There were no matters arising. With reference to item DHCFT/GOV/2019/008 Roy Webb confirmed that he had met with Carolyn Green.
DHCFT/GOV /2019/041	**BRIEFING ON NHS LONG TERM PLAN** Ifti Majid provided a further briefing on the NHS Long Term Plan and how the Trust was responding to its implementation. The full report is available via the link https://www.longtermplan.nhs.uk/. The following items were noted: 1) Contract Negotiation agreement – the Mental Health Investment standard will be met in full, which will mean extra income. Further monies will be received but these will only be used for special investments such as the Perinatal Liaison Project. Monies will also be received for Sustainability Transformation Partnerships (STPs), which are now listed by population size; it is likely that this money will be used for Crisis and Home Treatment Teams in order to reduce pressure on inpatient services. 2) Concerning Joined up Care Derbyshire, governors noted the four Clinical Commissioning Groups (CCGs) have now been re-structured into one – the Derby and Derbyshire CCG. A Strategic Commissioner will be in place for both the Trust and the STP. Work has started on an implementation trajectory for the Primary Care Networks (PCN's) and a new contract will be available from July. 3) NHSI and NHSE have been re-structured into one body, and performance management will come from this new body. A refreshed timeline for the STP's has been agreed and will be presented to Board in September/October for agreement and ratification. Ifti stressed the importance of involvement from all for the people who use our services.

	Roy Webb sought clarification on whether the changes will impact on Governance issues. Ifti Majid confirmed that no legislative changes have been made to date, but that this is likely to change to support organisations in delivering the Long Term Plan. Roy Webb also asked if a process has been put in place to avoid further animosity from the public especially relating to changes in care. In response Ifti Majid explained the importance of ensuring that the public are aware that the changes are not about closing beds, but about supporting people at home where appropriate. John Morrissey sought assurance that there will be adequate staffing to support the new care model e.g. caring for people outside of Hospitals and supporting people at home. Ifti Majid explained that in the implementation of the plan, there will be lots of different models of care, as well as new staffing models. He quoted the Non-Medical Prescribers and Apprentices. Moira Kerr queried whether the long term monies will be able to be used to bid for the Perinatal and Liaison Psychotherapy services. Ifti Majid advised that the Trust will need to produce a Business Case to continue to deliver these services. Regarding the public's reaction to the previous changes, Moira Kerr also drew attention to the groups which were disruptive during the previous consultation. Moira confirmed that a meeting has been planned at St Peter's Church on the 14 May, which she is hoping to attend, as she feels it is important to engage with these groups. Ifti Majid agreed that it is important to engage with these groups, he thanked Moira for the relevant information which he will share with Sean Thornton, Assistant Director NHS Derby and Derbyshire CCG. In supporting the Trust's integrated partnership working, April Saunders explained that as Physical Health and Wellbeing Lead, she is working with GPs to explain the referral process and to encourage early intervention for younger people. Caroline Maley explained that John Morrissey is representing Governors on the newly established CCG and JUCD Engagement Committee, which meets monthly. Caroline explained that the Committee has been established to oversee the public and patient involvement and engagement in local service developments. Caroline requested that a member of the Council of Governors supports John in this role. Kevin Richards agreed to attend the meetings with John and Moira Kerr also offered her support. **ACTION:** • **Update on the Trust's response to the NHS Long Term Plan to be a standing item on the Council of Governors meeting.** **RESOLVED: The Council of Governors:** **1. Noted the briefing provided by Ifti Majid.**
DHCFT/GOV /2019/042	**<u>REPORT FROM GOVERNORS NOMINATIONS AND REMUNERATION COMMITTEE</u>** Caroline Maley presented an update from the meeting of the Nominations and Remuneration Committee, which was held on the 13 March 2019. The Committee received satisfactory appraisals for four Non-Executive Directors (NEDs): Julia Tabreham, Anne Wright, Richard Wright and Geoff Lewins. It also noted that a NED Skills Audit and succession planning exercise had been undertaken. As a result, the Committee will be considering proposals for the re-appointment of three NEDs at its next meeting. The Committee will also be agreeing the recruitment arrangements to replace Anne Wright, who has chosen not to seek a second term after her current Term of Office ends in January 2020.

	The Trust will be seeking a NED with clinical skills and will be encouraging applications from underrepresented groups. As part of the Annual Report of the Committee's work in 2018/19, a revised Terms of Reference was presented for approval by the Council of Governors. Moira Kerr raised a number of concerns about the proposed changes as well as the process that had been carried out on previous amendments. Moira suggested that a systematic review takes place. She provided the meeting with printed information on her thoughts. John Morrissey felt that, whilst the revised Terms of Reference are pertinent and important, the decision to revise these does not lie with the Nominations and Remuneration Committee; they can only recommend and not decide. After some discussion it was agreed to refer the issues back to the Nominations and Remuneration Committee with a view to bringing back a revised proposal to the Council of Governors on 2 July 2019. **ACTION:** • **Justine Fitzjohn to refer the Terms of Reference back to the next Nominations and Remuneration Committee.** **RESOLVED: The Council of Governors:** **1. Received the update on the business undertaken by the Committee** **2. Received assurance that a robust appraisal process has been followed for Julia Tabreham, Richard Wright, Anne Wright and Geoff Lewins** **3. Agreed that the Committee's Terms of Reference will be referred back to the Committee** **4. The Annual Report of the Committee was approved.**
DHCFT/GOV /2019/043	**<u>NON-EXECUTIVE DIRECTOR DEEP DIVE</u>** Richard Wright, Chair, Finance and Performance Committee and member of the Quality Committee, provided the Deep Dive report to the Council of Governors. Richard gave an outline of the work of the Finance and Performance Committee, which also covers contract negotiations, estates, information systems, including digital and the risk register. He was happy to advise that the control total was achieved last year as was the Cost Improvement Programme (CIP), albeit mostly non-recurrent. He added that the challenges will be greater in the current financial year and future years but noted the commitment of all who work in the Trust. He also added that contract negotiations will be more difficult and the mix of services will be critical as will the waiting times. Richard stressed that Estates and information systems are of strategic importance and data systems need to be focused on long term. Governors noted that the Trust's NEDs were working with NEDs from other Trusts; this links to a greater understanding of the STP/Joined Up Care work and provides assurance that other Trusts are motivated in the same way. He added that continuous improvements are ongoing but sometimes change takes a long time. In response to a question from John Morrissey on whether contracts, that the Trust currently has, are at risk from private competition, Richard Wright advised that this is a manageable risk. The Trust is well placed and he does not have any concerns about this. Richard is also involved in interviews for consultants, which he finds interesting. Richard has been involved in the Operational Plan sign off and has recently had

	his yearly appraisal with Caroline Maley. **RESOLVED: The Council of Governors:** **1. Noted and appreciated the information provided in the Deep Dive by Richard Wright.**
DHCFT/GOV /2019/044	**INTEGRATED PERFORMANCE REPORT** The Council of Governors received the Integrated Performance Report, which provides an overview of performance at the end of March 2019. Geoff Lewins confirmed that the control total surplus was met by the Trust, which generated additional funding of £1.4 million. Geoff explained that there are restrictions on how the Trust can spend the additional funding. Christine Williamson asked whether the additional funding can be used for extra staff. Geoff Lewins explained that these monies can only be used for capital investment or savings to improve services and not on employing staff or de-activated services. The Cost Improvement Programme (CIP) was also achieved mainly with non-recurrent monies, i.e. one off savings. Regarding the Trust's Operational Performance, out of area placements continues to be a concern – this is also a national issue. Geoff explained that not only are out of area placements expensive but they can also impact on a patient's recovery. It was noted that a paper on this will be presented to the next Finance and Performance Committee meeting. Anne Wright confirmed that the Health Visitor workload continues to be high and caseloads and staffing have been reviewed. Following on from the review the Trust will meet with Commissioners to consider options. An update on a new contract and new service specifications will be presented to the next meeting. Anne also explained that the Safeguarding workload remains high – this will also be discussed with Commissioners along with the rising demand for services. Julia Tabreham referred to the service responsiveness data and was pleased to report that services are responding very well despite increased pressure. Staff were working well with management support but waiting times remain challenging. Julia explained that the new targets are very challenging and reiterated the importance of collaborative working in order to meet these increased challenges. A robust business plan is in place and Non-Executive Directors have received assurance from this. Margaret Gildea confirmed that a clinical development workshop focusing on pathways is being arranged John Sykes, Medical Director; Carolyn Green, Executive Director of Nursing and Patient Experience; and Amanda Rawlings, Director of People and Organisational Effectiveness will be involved and will be discussing the workforce for the future i.e. staff on acute wards.. Ifti Majid is leading work with partner organisations which is focusing on offering services in a different way. The apprenticeship scheme is proving successful and the apprentice levy was used to upskill staff. The Trust is considering whether future apprenticeships may work differently i.e. a mix of work based and college attendance. Sickness absence continues to be a concern and the Trust has recently changed its wellbeing provider to enable staff to access counselling and occupational therapy services more quickly. April Saunders asked if the Trust is considering a different pathway for people with personality disorders – who are currently making up 30% of service users. Ifti Majid advised that work is ongoing on this,

	the Trust is looking at a hub and spoke model. Margaret Gildea explained that the Trust is keen to increase the uptake for the flu jab and is trying to ascertain why colleagues are not having the flu jab. The Staff Wellbeing Lead, Jamie Broadley will engage with colleagues on this, and April Saunders offered her support. Roy Webb commented that staff absence rates were low, which was very positive. Margaret Gildea appreciated Roy's comment and reiterated that the Trust is working hard with its staff to keep the rates down. Regarding the clinical development workshop, Roy Webb asked if attendance is voluntary. Margaret explained that General Managers and Clinical Staff work together and that the work is a natural cascade. Moira Kerr sought clarification whether there are sufficient Health Visitors for the new service operation. In response Anne Wright commented that there are vacancies but recruitment is ongoing and efforts are also being made to retain colleagues. The job specification for this role is due to be reviewed. Jo Foster agreed that retaining staff is important, a happy workforce impacts on the service users. Jo confirmed that two staff from the Hartington Unit have completed an apprenticeship, and interest has been received from some Health Care Assistants in joining the scheme. **RESOLVED: The Council of Governors:** **1. Noted the information provided in the Integrated Performance Report** **2. Appreciated the additional information and the re-assurance provided by the Non-Executive Directors.**
DHCFT/GOV 2019/045	**<u>ESCALATION ITEMS TO THE COUNCIL OF GOVERNORS</u>** Three escalation items were raised from the 9 April 2019 Governance Committee: **Question 1: How have the Non-Executive Directors assured themselves that the Liaison Teams, which are co-located in the Acute Hospitals, are delivering the required outcomes expected by the commissioned operational requirements? In particular, what evidence is there that the Trust is delivering the services required in terms of Accident and Emergency department attendance; support for service users/patients in crisis who need referral to mental health services and attending service users in the Medical Assessment Unit (MAU).** Richard Wright responded that the Liaison Teams are monitored in three ways: through monthly Key Performance Indicators, via the Team Specifications and adherence to the Royal College of Psychiatric accredited standards for Liaison Teams. Data is available for attendance, i.e. 6760 and 3844 patients were seen respectively by the South and the North Liaison Teams. Referrals from A&E were 53% in the South and 40% in the North. With reference to the one hour target 88% were seen in the South and 98% in the North. Concerning the Medical Assessment Unit the percentages are 30% in the South and 40% in the North. The referral percentages to Mental Health Services are 40% and 31% respectively. Referral details are retained and a Safe and Well Plan is made. Moira Kerr expressed surprise at the high figures of patients, who were not seen. Roy Webb queried whether frequent attenders were included in the figures and Ifti Majid confirmed that this is the case but that work is ongoing concerning the frequent attenders. **Question 2: How are Non-Executive Directors assured that staff feel**

	confident to "speak up" with no retribution? Margaret Gildea explained that it is difficult to guarantee that all colleagues are happy, a new Freedom to Speak Up Guardian has recently been appointed, Tamera Howard. Furthermore an excellent policy for Raising Concerns is now in place and colleagues are also able to approach the Chief Executive, Executive Directors, Union representatives, Staff Governors or Margaret herself in order to raise concerns. An employee survey is also undertaken yearly as is a regular Pulse Check. Leadership culture is also important to enable colleagues to speak freely. The Trust has adopted a new strategy for leadership, with Team Derbyshire days taking place. Networking also takes place with the Joint Negotiating Committee, the Black, Asian and Minority Ethnic (BAME) group and the Staff Forum. It was noted that the Trust has a zero tolerance to harassment and bullying. **Question 3: It has come to the Committee's notice that some care co-ordinators are producing online care plans for service users without the involvement of the service user. Amongst other things, this can lead to incorrect personal information being included. How do the Non-Executive Directors become assured that care plans are properly in place, with all guidelines around content and involvement met, and that they are properly reviewed at least annually.** In response Anne Wright noted that triangulated evidence is provided to the Quality Committee as well as at Quality Visits. Care plans are joint plans and are person centred plans. Work is ongoing on this. Roy Webb queried whether the Care Quality Commission monitors care plans. Ifti Majid confirmed that to the Trust's knowledge no monitoring is carried out by the Care Quality Commission on care plans. He also explained that there is a pro forma for the care plan, which is person centred and should be completed by the service user and the relevant Trust colleague together. April Saunders commented the importance of training on care plans and Ifti Majid confirmed that bite-sized training is to be rolled out. He also reinstated the importance of supervision in checking and controlling the care plans. **RESOLVED: The Council of Governors:** **1. Noted the questions from the Governance Committee** **2. Accepted the responses provided.**
DHCFT/GOV /2019/046	**<u>GOVERNANCE COMMITTEE REPORT</u>** Kelly Sims provided the Council of Governors with an update report on the Governance Committee meeting, which was held on 9 April 2019. A good level of attendance was attained and Kelly was congratulated on chairing her first meeting. The Committee had approved the content of the governor and membership section of the Annual Report. It also approved the Council of Governors statement for inclusion in the Quality Report. For next year's Quality Report the Committee suggested including the following for clarity: • A separate section for partnership working, including work undertaken as part of Joined Up Care Derbyshire • An additional column showing comparative data from the previous year on the Trust's Performance Dashboard • A more detailed section on the Quality Visit programme, detailing governors' involvement in visits. **RESOLVED: The Council of Governors:**

	1. Noted the content of the report made at the Governance Committee meeting on 9 April 2019.
DHCFT/GOV /2019/047	**UPDATE – ANNUAL MEMBERS' MEETING** Denise Baxendale provided an update on the Annual Members' Meeting (AMM), which is scheduled for 11 September 2019. The AMM is being held in the Centre for Research and Development, Kingsway Hospital Site. A Governor Task and Finish Group has met to discuss the programme which apart from the formal business will include a market place, presentations on the theme of equality, diversity and inclusion and the announcement of the winning entries from the Trust's Writing Competition titled 'Looking Back/Looking Forwards'. All governors are encouraged to attend the AMM and to promote it in their constituencies. An update will be presented to the next meeting.
DHCFT/GOV /2019/048	**REVIEW OF THE CURRENT PROCESSES AND ROLE DESCRIPTION FOR THE LEAD/DEPUTY LEAD GOVERNOR** Justine Fitzjohn presented a paper, which details the summary discussions from a Task and Finish Group, convened to review the current role descriptions and processes around the Lead Governor and Deputy Lead Governor roles. A benchmarking exercise was undertaken to compare the Trust's current role descriptions and processes for the Lead Governor and the Deputy Lead Governor. Initial findings were reported back to the Governance Committee for their April 2019 meeting; a Task and Finish Group was established to discuss the issue in more detail. The paper detailed the potential amendments for discussion and agreement by the Council of Governors. A discussion ensued on the skills required as well as the qualifying period that Governors would need to be in office before they could stand for Lead Governor or Deputy Lead Governor. Moira Kerr felt that some of the proposed changes around qualifying criteria could exclude people in terms of equality/diversity and added that the solution to provide ongoing support might not be sufficient. Bob MacDonald challenged the qualifying period of time, indicating that appointments should be based on the person and not the time they had spent in the governor role. Caroline Maley was keen to progress the item and on a show of hands, it was agreed that the qualifying period in order, to stand to become a Lead Governor would be 12 months and for a Deputy Lead Governor six months. The amendments on the role description were accepted and it was agreed that nominee's statements should not exceed 250 words. *(April Saunders left the meeting at 16.15 hours and Gemma Stacey at 16.25 hours.)* **RESOLVED: The Council of Governors:** **1. Discussed and agreed the amendments to the role description/process for the Lead Governor and Deputy Lead Governor as suggested in Appendix A of the paper** **2. Noted that an election process will be held for a Deputy Lead Governor, based on the agreed documentation.**
DHCFT/GOV /2019/049	**UPDATE ON RECENT GOVERNOR ELECTIONS** Denise Baxendale presented a paper updating governors on recent elections for Staff and Public Governors to provide assurance on the process taken. The elections were undertaken by Electoral Reform Services, an independent company used by the majority of Foundation Trusts to run their elections.

	Six seats were available; all seats were contested and Denise was pleased to announce that the following were elected: • Chesterfield – Lynda Langley (re-elected) • Derby City East – Julie Lowe and Bob MacDonald • Erewash – Lewis Hall • Surrounding Areas – Rosemary Farkas (re-elected) • Medical – Dr Farina Tahira The newly elected governors have attended an induction session and have taken advantage of the "buddy up" system that is provided by more experienced governors to help them in their role. Denise Baxendale asked for it to be noted that Lewis Hall, elected as Public Governor for Erewash, has resigned due to personal circumstances. In line with the Trust's Constitution, the next highest polling candidate was approached and Christopher Williams had accepted. Governors were asked to note the range of activities that took place to promote the vacancies. The turn-out rates for the elections compared favourably to ERS's average turnout rate of 12%. **RESOLVED: The Council of Governors:** **1. Received assurance that the recent governor recruitment exercise was carried out according to election rules as outlined in the Constitution and resulted in recruitment to all vacant posts** **2. Noted the details of the outcome of the governor role and post for Erewash.**
DHCFT/GOV /2019/050	**REVIEW OF THE MEETING EFFECTIVENESS AND FOLLOWING THE PRINCIPLES OF THE CODE OF CONDUCT** The following comments were made: • meeting did not finish on time • meeting did keep to the agenda items • the behaviour of the meeting attendees was good • it was deemed to be an effective meeting.
DHCFT/GOV /2019/051	**CLOSE OF MEETING** Caroline Maley thanked all those present for their input and attendance and closed the meeting at 16.35 hours.

COUNCIL OF GOVERNORS ACTION MATRIX - AS AT 24 JUNE 2019							
Date of Minutes	**Minute Reference**	**Item**	**Lead**	**Action**	**Completion by**	**Current Position**	
07/05/2019	DHCFT/GOV/2019/041	Briefing on NHS Long Term Plan	Denise Baxendale	Update on the Trust's response to the NHS Long Term Plan to be a standing item on the Council of Governors meeting	02/07/2019	Included on the Forward Plan. COMPLETE	Green
07/05/2019	DHCFT/GOV/2019/042	Report from the Governors Nominations and Remunerations Committee	Justine Fitzjohn	Justine Fitzjohn to refer the Terms of Reference back to the next Nominations and Remuneration Committee	02/07/2019	Discussed by the Nominations and Remunerations Committee and on the Council of Governors agenda for the meeting on 2/7/19. COMPLETE	Green

Key	**Agenda item for future meeting**		**YELLOW**	0	0%
	Action Ongoing/Update Required		**AMBER**	0	0%
	Resolved		**GREEN**	2	100%
	Action Overdue		**RED**	0	0%
				2	100%

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 2 July 2019

Revised Trust Strategy 2018-2022

Purpose of Report
An initial updated Trust Strategy was shared at the May 2019 Board of Directors. Since that date further engagement has taken place on the draft revised strategy. This has included significant promotion with colleagues and groups across the Trust.

The feedback has been captured and reflected in a revised strategy, which is included in today's papers, alongside the paper that was received at the Board of Directors on 2 July 2019.

Governors are asked to provide further feedback on this updated draft, prior to its final approval.

Executive Summary
The feedback received through engagement of the draft Trust Strategy provides a broad consensus that the update achieves its two key aims:

- To make sure the Trust Strategy is relevant to addressing local/national challenges of the day
- To be simpler and easily accessible to staff, who can relate the strategy to their areas of work.

Positive feedback has been received about the three new strategic objectives and how these are easy to remember and neatly summarise the priorities of the Trust in an accessible way.

There are a number of positive suggestions and changes that have been made, which are outlined in the report and reflected in the updated strategy. Of particular note, the clinical ambition has revised, following detailed discussions at the Trust's Medical Advisory Committee (TMAC).

The update also included clarification of the Trust's 'people first' value and how it applies to staff, in order to improve patient care. The value now reads as:

- **People first** – We focus on our colleagues, in the knowledge that a well-supported, engaged and empowered workforce results in good patient care.

Strategic Considerations (All applicable strategic considerations to be marked with X in end column)	
1) We will deliver **quality** in everything we do providing safe, effective and service user centred care	x
2) We will develop strong, effective, credible and sustainable **partnerships**	x

with key stakeholders to deliver care in the right place at the right time	
3) We will develop our **people** to allow them to be innovative, empowered, engaged and motivated. We will retain and attract the best staff.	x
4) We will **transform** services to achieve long-term financial sustainability.	x

Assurances
The Trust Strategy outlines refreshed strategic objectives, alongside a set of detailed building blocks that detail how these priorities are to be achieved.

Consultation
Engagement on the Trust Strategy has included promotion of the revised draft with all staff via Team Brief, which has been cascaded through team meetings. A short survey was set up to capture responses.

Focused conversations have taken place with the Staff Forum, the Trust's three Staff Networks, Trust Management Team (TMT) and the Trust's Medical Advisory Committee (TMAC). The strategy was a significant discussion point at the staff conference in June, with a number of polls being taken on the day, to collate feedback from those present. Comments were also invited from members of the Trust's emerging patient council, EQUAL.

Engagement with the Trust's Council of Governors is scheduled to take place in the afternoon of 2 July.

Governance or Legal Issues
- There is a requirement for the Trust to have a strategy for its future development, setting out its strategic objectives over the medium-long term
- There is a requirement that the Trust Board Assurance Framework is informed by the Trust's strategic objectives
- The Trust's strategic objectives and priority actions will inform the agendas and remit of the Trust's management committees and those of the Committees of the Board.

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

minimise those risks.	

Actions to Mitigate/Minimise Identified Risks
Our strategic objectives to provide ‘great care’ and be a ‘great place to work’ will both need to take into account and address the existing disadvantages faced by people with protected characteristics within our care and our workforce. Systems are in place to monitor the impact on people with protected characteristics.

Recommendations

The Council of Governors is requested to:

1) Note progress and changes following engagement on the Trust Strategy
2) Provide feedback on the updated Trust Strategy.

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

Report prepared by: **Anna Shaw, Deputy Director of Communications**

Revised Trust Strategy 2018-2022

Background

The Trust Strategy has been revised in order to meet two clear aims:

- To address current local/national challenges
- To be simpler and easily accessible to staff, who can relate the strategy to their areas of work.

In May 2019, the Board of Directors received an updated draft Trust Strategy for 2018-22, following a refresh in order to meet the aims outlined above. At this meeting members agreed to move forwards to engage Trust colleagues and stakeholders on the revised content. Since this date, the refreshed Trust Strategy has been shared widely with colleagues and key internal stakeholder groups, providing clear opportunities for discussion and feedback.

This has included the following:

- Information in the May and June Team Brief, providing opportunities for discussion in team meetings
- Discussion with colleagues at all of our staff networks
- Feedback from our Staff Forum
- Medics focused discussion at the Trust's Medical Advisory Committee (TMAC)
- Meeting with senior managers at Trust Management Team (TMT)
- Discussions with JNCC and Staff Side
- Dedicated article in the staff magazine, Team Talk
- Focused conversations and poll feedback at the 2019 staff conference
- An internal survey has been available to capture feedback from teams and individuals following the above promotion mechanisms
- Feedback from the Trust's emerging patient council, EQUAL.

Due to the scheduling of meetings, a wider discussion with the Trust's Council of Governors has been scheduled for this afternoon's meeting. Further amendments will be made following these conversations, where relevant.

Feedback received

All feedback following the engaging mechanisms outlined above has been captured and considered for the updated Strategy being presented to Board today.

In summary, feedback has been very positive, with colleagues confirming that the new approach is simple, memorable and easy to understand. A poll at the staff conference, held towards the end of the engagement period on 10 June, provided the following feedback:

88% felt new strategic objectives made sense
89% felt the building blocks were a good way of representing the aims of the strategy
60% understood the clinical ambition

82% could relate the strategy to their role
88% felt the right priorities had been identified.

A consistent theme in the feedback received has been to further clarify and simplify the language contained in the new clinical ambition, whilst retaining its original sentiment. Following this early feedback, TMAC held a focused discussion on how to update the clinical ambition to ensure it felt part of the wider strategy and that the key priorities were expressed in a way that was easily understood by our clinical workforce. Following these conversations, an updated clinical ambition is included in today's refresh. In addition to the language used, changes include:

- Removing the reference to care within the last 1000 days of a person's life to throughout someone's life
- Clarifying that we seek to provide hospital admissions in Derbyshire where possible, to acknowledge services that are not commissioned in the county
- Adding reference to wider partnership working (within and outside of the NHS)
- Referencing the need for compassion alongside our ambition to take account of trauma informed practice
- Providing further explanation of the principles of co-production and run this theme throughout the clinical ambition.

Wider themes that arose in the engagement period have also been reflected in the new draft and include the following:

- There has been broad support to focus the Trust's 'people first' value on colleagues although conversations suggested that further clarification was included about our intention to do this in the knowledge that a well-supported engaged and empowered workforce has a direct positive impact upon good patient care. This has been rewritten in the refresh shared at today's Board
- A desire to develop a single 'plan on a page', to present the strategy in a visual way
- Use of simple language where we can e.g. ongoing rather than recurrent
- Consistency of colour coding the strategic objectives and building blocks for clarity and wider staff promotion.

Positive comments received include:

"It's clear and easy to understand"

"Great to see a new strategy to support staff health and wellbeing"

"Staff development and retention is a very important factor in providing excellent patient care"

Plans to re-launch the new strategy

Following approval of the new strategy, colleagues will receive an update and link to the strategy, which will be uploaded to the Trust's website and intranet. Colleagues will be thanked for their feedback and the changes that have been made as a result of the engagement will be shared with staff.

The clinical ambition will be created as a visual image, in a similar way to the Team Derbyshire Healthcare Promise. A Trust 'roadmap' showing our direction of travel will also be created and shared with all staff.

Whilst the Trust values have remained largely consistent, there has been a small change to the text that accompanies the 'People First' value, to confirm the Trust's focus on its staff. Additional messages will be shared with colleagues to express this and also to embed the values further amongst our staff.

The Trust's Communications Team will launch and promote this change during Values Week, held nationally by Health Education England between 15 - 18 July. This provides an ideal opportunity to focus on the Trust's values through a short internal campaign #livingthevalues.

A new vision and values card will be developed and shared with all staff through payslips in August 2019, also including the visual 'roadmap' and designed clinical ambition. Further consideration will be made about how staff sign-up to the new strategy, with the potential to include this activity in local engagement visits.

The new strategy will be shared with external stakeholders through the first issue of a new stakeholder newsletter.

Link to clinical strategies work

The clinical strategies work will result in the development of a series of new three to five year strategies covering each service area. These documents will outline how the service plans to change and improve over future years and will provide a shared vision of the purpose for the service for both colleagues and patients.

The clinical strategies have been developed in partnership between colleagues working in the service and people with lived experience, echoing the principles outlined in the new Trust Strategy.

A number of development projects will come out of the clinical strategies work, contributing to achievement of the Trust's strategic objectives and building blocks.

Monitoring and evaluation

Progress towards achieving the priority actions outlined for each building block will be discussed and monitored regularly through meetings of the Executive Leadership Team. The Board of Directors will also continue to receive an update on an annual basis, alongside wider quarterly reports on progress against the risks to delivering the Trust Strategy, as outlined in the Board Assurance Framework.

NHS
Derbyshire Healthcare
NHS Foundation Trust

Trust Strategy

2018-2022

(Refresh June 2019)

DHCFT @derbyshcft

www.derbyshirehealthcareft.nhs.uk

Making a positive difference

Foreword by Chief Executive: Welcome to our refreshed Trust Strategy (2018 – 2021)

We find ourselves at an exciting point in the development of our Trust. This strategy is important because it identifies the common purpose all of us who work in the Trust share, the way we go about doing business and what outcomes people can expect to see from us over the next few years.

It is important we continue to refresh our strategy because as a Board of Directors we have recognised the absolute need to focus on 'people first' and by that we mean colleagues who work in the Trust. We are clear that only by doing this, can we together, create a culture that supports continuous improvement, that learns from mistakes and promotes innovation. Focusing on people will enable us to attract colleagues to work with us and will ensure we create new and exciting roles to give more opportunity for personal development.

In this refresh we have simplified our strategic objectives (see p3) to make them clear and easy to use so colleagues and teams can simply identify how they contribute to the achievement of the Trust objectives.

Things are changing in our wider health and social care environment too, a focus on delivering care as close to home as possible, more collaboration across clinical pathways and a focus on prevention; all things we need to take into account when working together to refine and improve how we deliver our services.

Nationally the launch of the NHS Long Term Plan has an impact on every single service we deliver with some great opportunities for service improvement but equally clarity on the challenges we face together in this new environment.

I look forward to working together to make our strategy a reality for the people of Derbyshire.

Ifti Majid
Chief Executive

TEAM
Derbyshire Healthcare

Introduction: Background

What is a Trust Strategy?

Derbyshire Healthcare NHS Foundation Trust is a specialist provider of mental health, learning disability, substance misuse and children's services across Derbyshire

Derbyshire is a county that covers 1000 square miles with a population of about 1million people. The rural, semi-rural and urban landscape gives rise to a mixture of affluent and seriously deprived areas. The city of Derby is a vibrant place where over 300 languages are spoken.

Our strategy is a way of setting out our shared ambition over a period of several years. It simply defines the main improvements and changes we together aim to make, how we will go about doing that and how we will measure the success of those actions.

Our strategy is not a static document but one that together we regularly review to make sure it remains relevant to our challenges and opportunities.

Some of the key things we have taken into account when developing and continuing to evaluate our strategy include:

- The NHS it at a point of change with a number of major policy changes being released in 2019 such as the NHS Long Term Plan and changes to the Mental Health Act
- Best practice is continuing to evolve and develop
- There is a growing focus on how organisations in a system work together to provide more integrated care. In Derbyshire this is called Joined up Care Derbyshire (JUCD). The purpose of JUCD is:
  - Improve health and wellbeing
  - Improve care and quality of services
  - Improve financial efficiency and sustainability
- Demand for all of our services is growing and we are seeing people with more complex needs living longer.

Our vision, values and strategic objectives

Our vision

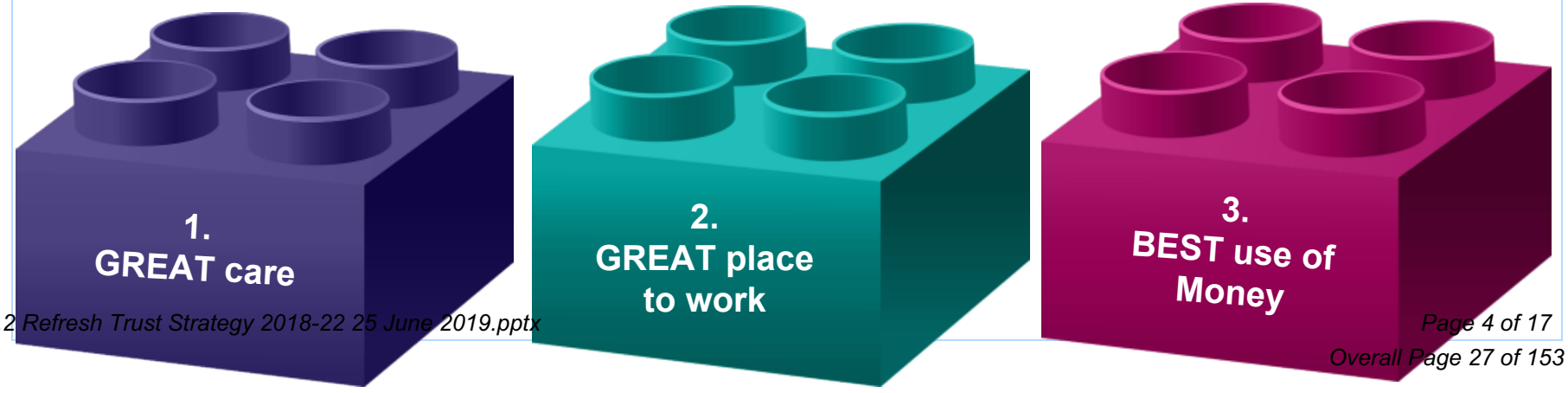
'To make a positive difference in people's lives by improving health and wellbeing'

Our values

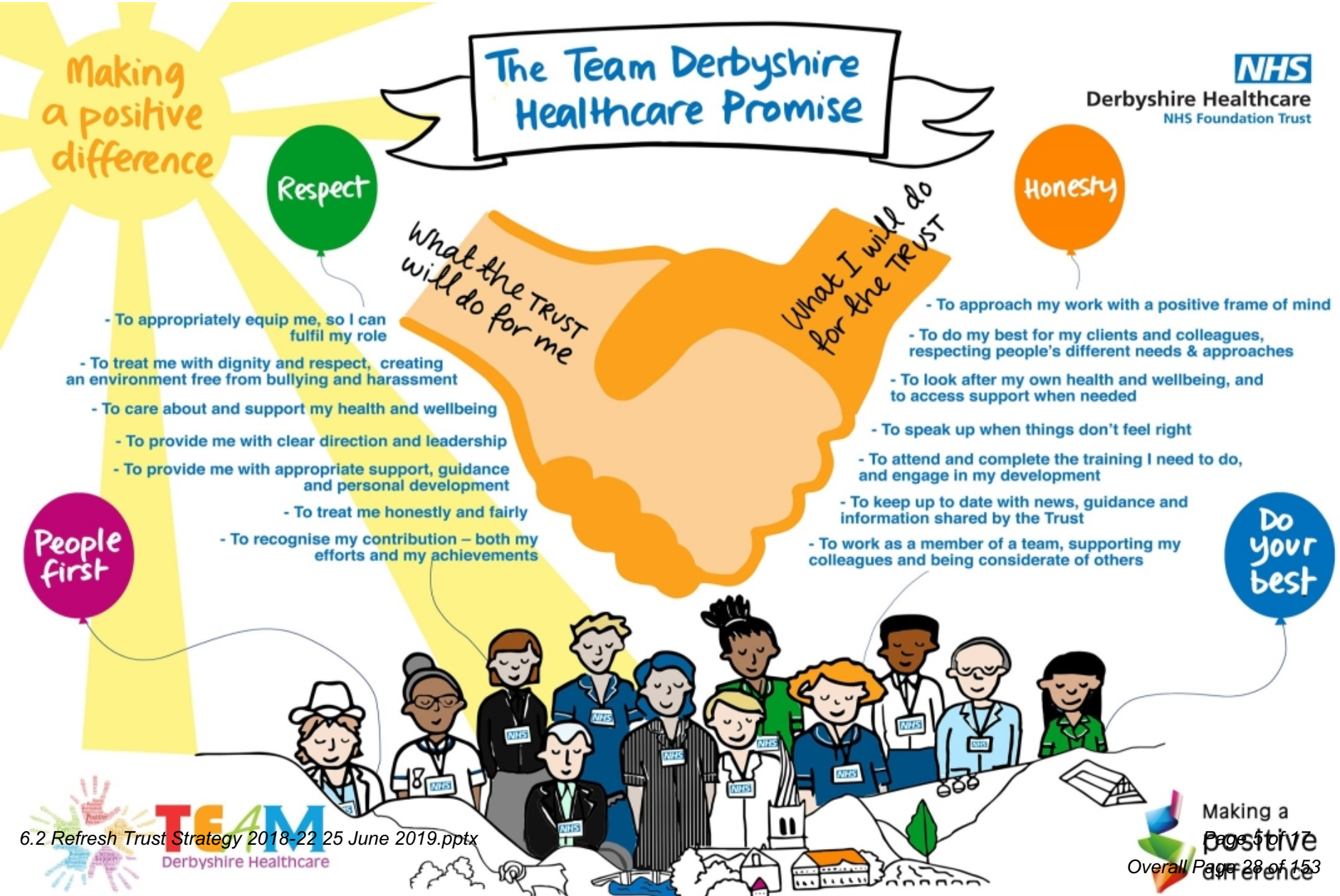
Our vision is underpinned by four key values, which were developed in partnership with our patients, carers, colleagues and wider partners.

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

Our strategic objectives



Delivering GREAT care, GREAT place to work, BEST use of money - together



Our clinical ambition

Our services will:

- Be based on the best clinical evidence
- Be designed in consultation with our colleagues and people who use our services.

Our clinical model will:

- Be person centred, seek to prevent ill health and support our patients beyond periods of acute illness
- Involve people who use our services in designing their care and treatment, to meet personal goals throughout their lives
- Provide care at home or in the community where possible, through a partnership approach to promote individual and community resilience
- Ensure any admission to hospital is within Derbyshire where possible and kept to the shortest effective period of time
- Be compassionate and take account of trauma informed practice.

GREAT care, GREAT place to work, BEST use of money means…

GREAT care

Delivering compassionate, person-centred, innovative and safe care.

Choice, empowerment and shared decision making is the norm.

GREAT place to work

Attracting colleagues to work with us who we develop, retain and support by excellent management and leadership

An empowered, compassionate and inclusive culture that actively embraces diversity.

BEST use of money

Making financially-wise decisions every day and avoid wasting resources

Always striving for best value by finding ways to make our money go further.

Achieving our vision

What we need to achieve – to deliver GREAT care

What we need to achieve – to be a GREAT place to work

What we need to achieve – to make BEST use of our money

Measuring the success of our strategy

How will we measure our achievements?

Building blocks to deliver GREAT care in all our services	What are the key priority actions?	How will we know we have improved?
Improving patient and carer experience	• Introduction of the 'EQUAL' approach to patient and carer engagement an involvement • Implementing effective care planning for everybody who uses our services • Implement a process to ensure we receive routine feedback on patient experience on discharge or service transition	• All service developments reporting co-production and evidence of impact • Feedback from patients and regulators • Feedback from carers/family and regulators • Evidence from services of using routine feedback, systematically and routinely in service improvement.
Improving physical healthcare	• Deliver physical healthcare implementation plan • Agree with primary (integrated) care the principles of shared care across our care pathways.	• Physical health care (PHC) will feature as an active part in every patient's care plan • The LESTER tool approach will be embedded in all relevant care plans and smoking reduction/cessation will be an accepted approach throughout our care pathways • High fidelity to policies regarding for example Speech and Language Therapy (SALT) assessments, PHC in substance misuse services, PHC interventions after restrictive practices and in the eating disorder service.
Improving access to services	• Develop a plan to meet the national and local access standards across all our service.	• There will not be a "one way valve" effort when accessing our services • Reduction in waiting times, out of area placements. Increase in bed availability including (Psychiatric Intensive Care Unit) PICU placements • Improved clinical outcomes and these are routinely measured in all services.

How will we measure our achievements?

Building blocks to deliver GREAT care in all our services	What are the key priority actions?	How will we know we have improved?
Improve clinical outcomes	• Review and revise our clinical pathways • Deliver the quality improvement strategy • Deliver implementation plan to achieve Royal College of Psychiatrists (RCPsy) standards for acute services.	• Implementation of new pathways • Comprehensive compliance/audit programme • Every individual/team able to demonstrate involvement in Quality Improvement • External accreditation from RCPsy for acute services • Acute services rated as good by the Care Quality Commission (CQC).
Improving safety	• Implementation of medicines optimisation strategy • Delivery of a relapse prevention programme • Implementation of safety planning and suicide prevention strategy • Implement the digital transformation strategy.	• Improvement in staff reporting in staff survey in safety. • Reduction in inpatient suicides • Reduction in suicide rates of patients open to Trust services.
Improve our estate to deliver the new models of care	• Refresh estates strategy and deliver the associated implementation plan based on outcomes from clinical strategies work • Implement the agreed interventions to enable the eradication of adults being placed out of Derbyshire to access a bed • Scope a long term plan for the eradication of dormitories • Reduce bed numbers per ward • Scope a plan for the delivery of PICU services locally.	• No inappropriate gender/age mixes on wards • We are implementing our estate strategy. With achievements year on year • Reduction in sexual safety incidents • Achievement of best practice norms • No waiting list for PICU services. Confirmed plans to establish PICU within Derbyshire.

How will we measure our achievements?

Building blocks to be a GREAT place to work	What are the key priority actions?	How will we know we have improved?
Retain our colleagues	• Provide colleagues with health and wellbeing campaigns and a support package that provides rapid access to wellbeing services when needed • Increase staff involvement and engagement across all teams to ensure all colleagues work in a positive environment • Implement actions from the bullying and harassment working group.	• Increased availability of staff who feel supported and engaged in their roles to be able to provide great care.
Develop our colleagues	• To make available supervision, coaching and mentoring for staff • Provide career pathways for registered and un registered staff with access to the development, using the Health Education England (HEE) money and apprenticeship levy where required • Development of an integrated workforce strategy and implementation plan.	• Staff with the right skills and training to be able to provide great care.

How will we measure our achievements?

Building blocks to be a GREAT place to work	What are the key priority actions?	How will we know we have improved?
Attract new colleagues	• Proactive recruitment campaigns to reach a broad range of applicants • Grow our bank to reduce the need to use agency staff • Offer flexible contracts to attract a broader range of colleagues to join and stay with our Trust.	• Staff available to deliver great care who know our systems, processes and live our values.
Support our leaders and managers	• All leaders to attend the Leading - Team Derbyshire Healthcare expectations session • All new and recent leaders in post to attend an induction and be supported with a mentor • Roll out the 360 process and coaching and a menu of master classes to support development.	• Well run and engaged teams who can provide great care to our patients.
Be a 'positively inclusive' and fair employer	• Thriving Staff Networks to guide the Trust on 'what matters to staff' • Develop an quality improvement programme to ensure we record protected characteristics to evidence improvements in inclusion • Scale up the Reverse Mentoring programme • Co-produce and implement a plan to reduce the gender pay gap.	• To provide services that meet the needs of the people we serve, that is respectful and Inclusive • Reduction and closure of the gender pay gap • Metrics equalised with respect to disciplinary, grievances and training opportunities.

How will we measure our achievements?

Building blocks to make BEST use of our money	What are the key priority actions?	How will we know we have improved?
Be financially sustainable by delivering ongoing cost improvement plans	• Achieve full Cost Improvement Plan (CIP) for current year • Meet the overall financial position as planned each year • Continually identify the pipeline of future efficiencies • Develop long term financial management strategy.	Achievement of in-year CIP plan Achievement of Trust overall financial plan Approval of future year CIP plans.
Achieve best value from future investment and current resources	• Monitor and hold to account for benefits realisation for delivery of all future investments • Deliver continuous improvement plans to improve productivity and reduce waste in current resources • Implement e-roster/e job planning and the new shift pattern.	Achievement of planned benefits and efficiencies Improved outcomes from continuous improvement activity Reduced temporary staffing costs, reduced absence and improved productive time.
Work with partners to achieve best value across Derbyshire	• Articulate and maintain up-to-date view of the risk mitigation and risk management of the whole system plans • Ensure that our specific workstreams deliver objectives as described (e.g. where Senior Responsible Officer or SRO) • Ensure organisational capacity to deliver system objectives is directed appropriately.	Evidence of Derbyshire-wide system delivery – in total and in workstreams Risk is managed as opposed to transferred Good governance is not compromised.

Derbyshire Healthcare
NHS Foundation Trust

Annual Report and Accounts 2018/19

Summary for Council of Governors

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Making a positive difference

Governor statutory role

Requirement under Trust constitution:

Governors must be presented with 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.

The year end report and accounts

Trust Performance

- In-year reports to Council of Governors and in public session of the Trust Board.
- The total financial performance for the whole year creates the annual accounts. Annual report reflects the year's performance overall.
- The accounts are audited by our independent external auditors, Grant Thornton
- Audit and Risk Committee sign-off on behalf of the Trust Board (Lead governor attended)
- Completed on 'Going Concern' basis

Main factors

- We met our control total of £2.3m surplus (despite continuing pressures both locally and nationally)
- As a result we received additional Provider Sustainability Fund (PSF) income from NHS Improvement which further increased our surplus to £3.8m

Summary 18/19 financial performance

	Plan *£000*	Actual *£000*	Variance *£000*
Control Total Surplus	**2,331**	**2,335**	**4**
Additional PSF bonus		1,430	1,430
Surplus reported in accounts	**2,331**	**3,765**	**1,434**

Other Headlines

- We achieved cost improvement savings of £4.5m. £3m of the savings were one-off in nature which means the amounts saved will need to be found again in 2019/20.
- In our capital expenditure plan we spent £4.7m against an original plan of £3.6m (because we got some national money for IT and cyber security)
- Over many years we have built strong cash reserves. This is important for financial resilience against unexpected events requiring cash resources, but this must be balanced with ensuring cash is appropriately utilised on capital programme requirements.

The Annual Audit Letter for Derbyshire Healthcare NHS Foundation Trust

Year ended 31 March 2019

2 July 2019

Contents

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Executive Summary

Purpose

Our Annual Audit Letter (Letter) summarises the key findings arising from the work that we have carried out at Derbyshire Healthcare NHS Foundation Trust (the Trust) for the year ended 31 March 2019.

This Letter is intended to provide a commentary on the results of our work to the Trust and external stakeholders, and to highlight issues that we wish to draw to the attention of the public. In preparing this Letter, we have followed the National Audit Office (NAO)'s Code of Audit Practice and Auditor Guidance Note (AGN) 07 – 'Auditor Reporting'. We reported the detailed findings from our audit work to the Trust's Audit & Risk Committee as those charged with governance in our Audit Findings Report on 23 May 2019.

Respective responsibilities

We have carried out our audit in accordance with the NAO's Code of Audit Practice, which reflects the requirements of the National Health Service Act 2006 (the Act). Our key responsibilities are to:

- give an opinion on the Trust financial statements (section two)
- assess the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources (the value for money conclusion) (section three).

In our audit of the Trust financial statements, we comply with International Standards on Auditing (UK) (ISAs) and other guidance issued by the NAO.

Our work

Materiality	We determined materiality for the audit of the Trust's financial statements to be £2,600,000 which is 1.9% of the Trust's gross operating costs.
Financial Statements opinion	We gave an unqualified opinion on the Trust's financial statements on 24 May 2019.
NHS Group consolidation template (WGA)	We also reported on the consistency of the financial statements consolidation template provided to NHS England with the audited financial statements. We concluded that these were consistent.
Use of statutory powers	We did not identify any matters which required us to exercise our additional statutory powers.

Executive Summary

Value for Money arrangements	We were satisfied that the Trust put in place proper arrangements to ensure economy, efficiency and effectiveness in its use of resources. We reflected this in our audit report to the Directors of the Trust on 24 May 2019.
Quality Report	We completed a review of the Trust's Quality Report and issued our report on this on 24 May 2019. We concluded that the Quality Report and the indicators we reviewed were prepared in line with the NHS foundation trust annual reporting manual and supporting guidance.
Certificate	We certified that we have completed the audit of the financial statements of Derbyshire Healthcare NHS Foundation Trust in accordance with the requirements of the Code of Audit Practice on 24 May 2019.

Working with the Trust

During the year we have delivered a number of successful outcomes with you:

- An efficient audit – we delivered an efficient audit with you in May, delivering the financial statements 5 days before the deadline, releasing your finance team for other work.
- Understanding your operational health – through the value for money conclusion we provided you with assurance on your operational effectiveness.
- Sharing our insight – we provided regular audit committee updates covering best practice. We also shared our thought leadership reports
- Providing training – we provided your teams with training on financial statements and annual reporting

We would like to record our appreciation for the assistance and co-operation provided to us during our audit by the Trust's staff.

Grant Thornton UK LLP
July 2019

Audit of the Financial Statements

Our audit approach

Materiality

In our audit of the Trust's financial statements, we use the concept of materiality to determine the nature, timing and extent of our work, and in evaluating the results of our work. We define materiality as the size of the misstatement in the financial statements that would lead a reasonably knowledgeable person to change or influence their economic decisions.

We determined materiality for the audit of the Trust's financial statements to be £2,600,000, which is 1.9% of the Trust's gross operating expenditure. We used this benchmark as, in our view, users of the Trust's financial statements are most interested in where the Trust has spent its revenue in the year.

We also set a lower level of specific materiality of £100,000 in respect of the table of in-year remuneration and £250,000 for the cash equivalent transfer value disclosures of pension entitlement

We set a lower threshold of £130,000, above which we reported errors to the Audit & Risk Committee in our Audit Findings Report.

The scope of our audit

Our audit involves obtaining sufficient evidence about the amounts and disclosures in the financial statements to give reasonable assurance that they are free from material misstatement, whether caused by fraud or error. This includes assessing whether:

- the accounting policies are appropriate, have been consistently applied and adequately disclosed;
- the significant accounting estimates made by management are reasonable; and
- the overall presentation of the financial statements gives a true and fair view.

We also read the remainder of the Annual Report to check it is consistent with our understanding of the Trust and with the financial statements included in the Annual Report on which we gave our opinion.

We carry out our audit in accordance with ISAs (UK) and the NAO Code of Audit Practice. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Our audit approach was based on a thorough understanding of the Trust's business and is risk based.

We identified key risks and set out overleaf the work we performed in response to these risks and the results of this work.

Audit of the Financial Statements

Key Audit Matters

These are the risks which had the greatest impact on our overall strategy and where we focused more of our work.

Key Audit Matters reported in our Enhanced Audit Report	How we responded to the risk	Findings and conclusions
The occurrence and accuracy of patient care income from contract variations and other operating income and existence of associated receivable balances The Trust's significant income streams are operating income from patient care activities and other operating income. Approximately 90% of the Trust's income (£134m of £149m) is from patient care activities, including contracts with NHS commissioners and local authorities. These contracts include the rates for, and expected level of, patient care activity to be undertaken by the Trust. The Trust recognises patient care activity income during the year based on the completion of these activities. This includes the block contract, which is agreed in advance at a fixed price, and patient care income from contract variations. Patient care activities provided that are additional to those incorporated in the block contracts with NHS commissioners (contract variations) are subject to verification and agreement of the completed activity by the commissioners. As such, there is the risk that income is recognised in the accounts for these additional services that is not subsequently agreed to by the commissioners. .	As part of our audit work we have: Evaluated the Trust's accounting policies for recognition of income from patient care activities and other operating revenue for appropriateness and compliance with the DHSC Group Accounting Manual 2018/19; Updated our understanding of the Trust's system for accounting for income from patient care and other operating revenue, and evaluated the design of the associated controls; **In respect of patient care income**: Tested a sample of patient care income from contract variations to supporting evidence such as invoices and signed agreements to contract variation. In each case, we confirmed that the income belonged to the Trust and was accurately recorded in the financial statements;	Our audit work enabled us to conclude that patient care income from contract variations, other operating income and the associated receivable balances are not materially misstated.

Audit of the Financial Statements

Key Audit Matters continued

These are the risks which had the greatest impact on our overall strategy and where we focused more of our work.

Key Audit Matters reported in our Enhanced Audit Report	How we responded to the risk	Findings and conclusions
Continued Due to the nature of block contracts we have not identified a significant risk of material misstatement in relation to block contracts. Other income represents £14m of the Trusts total income An important element of this revenue is the Provider Sustainability Fund (PSF) which is awarded for achieving set financial targets. As such there is a risk that other income recognition in the does not accurately reflect the income received for other services. We therefore identified the occurrence and accuracy of patient care income from contract variations and other operating income and existence of associated receivable balances as a significant risk, which was one of the most significant assessed risks of material misstatement	**Continued** Obtained the Department of Health and Social Care (DHSC) exception report that details differences in reported income and expenditure and receivables and payables between NHS bodies, and identifying all differences in excess of £300,000. For all differences we corroborated the amounts recorded in the Trust's financial statements to supporting evidence such as correspondence with the other NHS body; Confirmed if contract receivables have been settled after year-end by confirming to cash receipts and remittance confirmations; **In respect of other operating income:** Agreed a sample of income and year end receivables to invoices and cash payment; and Agreed the income recognised in relation to the PSF to NHS Improvement notifications, including the bonus payment award	

Audit of the Financial Statements

Audit opinion
We gave an unqualified opinion on the Trust's financial statements on 24 May 2019.

Preparation of the financial statements
The Trust presented us with draft financial statements in accordance with the national deadline, and provided a good set of working papers to support them. The finance team responded promptly and efficiently to our queries during the course of the audit.

Issues arising from the audit of the financial statements
We reported the key issues from our audit to the Trust's Audit & Risk Committee on 23 May 2019.
In addition to the key audit risk reported above, we identified minor disclosure adjustments which the Trust amended in the final Financial Statements.

Annual Report, including the Annual Governance Statement
We are also required to review the Trust's Annual Report, including the Annual Governance Statement. It provided these on a timely basis with the draft financial statements with supporting evidence.

Whole of Government Accounts (WGA)
We issued a group return to the National Audit Office in respect of Whole of Government Accounts, which did not identify any issues for the group auditor to consider.

Certificate of closure of the audit
We certified that we have completed the audit of the financial statements of Derbyshire Healthcare NHS Foundation Trust in accordance with the requirements of the Code of Audit Practice on 24 May 2019.

Value for Money conclusion

Background

We carried out our review in accordance with the NAO Code of Audit Practice, following the guidance issued by the NAO in November 2017 which specified the criterion for auditors to evaluate:

In all significant respects, the audited body takes properly informed decisions and deploys resources to achieve planned and sustainable outcomes for taxpayers and local people.

Key findings

Our first step in carrying out our work was to perform a risk assessment and identify the risks where we concentrated our work.

The risks we identified and the work we performed are set out overleaf.

As part of our Audit Findings report agreed with the Trust in May 2019, we agreed recommendations to address our findings.

Overall Value for Money conclusion

We are satisfied that in all significant respects the Trust put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ending 31 March 2019.

Value for Money conclusion

Value for Money Risks

Risks identified in our audit plan	How we responded to the risk	Findings and conclusions
Long term financial sustainability and development of recurrent CIP Schemes The financial health of the wider Derbyshire Health Economy is poor with significant deficits at Derby and Burton Hospitals NHS Foundation Trust and within the Derbyshire Clinical Commissioning Groups. These deficits continue to impact on the health economy and the funding available to Derbyshire Healthcare. Although the Trust's finances are relatively strong and it has a good track record of delivering to budget it has become more reliant on non recurrent CIP schemes. This has increased the risk to the Trust's finances in both 18/19 and beyond. We have identified the inadequate financial health of the wider Derbyshire Health Economy as a significant risk to the Trust's future financial sustainability.	The financial outturn for 2018/19 was an in-year surplus of £3.8m. The Trust also delivered 94% of its planned CIP savings. This was a good performance. CIP remains a key focus for the Trust and this is monitored monthly by both the executive and the Finance and Performance Committee. However, we note that £2.6 million of the £4.6 million CIPs were non-recurrent in nature. While we consider that this does not undermine the Trust's financial stability we consider that further action is needed to deliver CIPs on a recurrent basis. However the full year effect of the unidentified balance bridges the non-recurrrent gap because the in-year plan is to turn non-recurrent CIP into recurrent delivery. The wider health economy remains in significant cumulative deficit. The impact of the system wide deficit means that achieving system based solutions is difficult. The Trust has recognised the need for urgent action in relation to future system wide CIPs and has worked closely with Joined Up Care Derbyshire (JUCD) the Derby and Derbyshire Sustainability and Transformation Partnership (STP) to identify savings which could be implemented by the partners which may support long-term financial sustainability of the Trust . While the Trust is working closely with partners to develop more recurrent CIP schemes for 2019/20 we note that there are few system wide proposed savings plans to date. Overall, we consider that the Trust's own long term financial sustainability is good but note the increasing level of risk due to wider health system deficits.	**Auditor view** On the basis of our findings we are satisfied the risk is sufficiently mitigated and the Trust has adequate plans to secure its long term financial sustainability including development of recurrent CIP where possible. Trust management confirmed that the Trust has plans in place to maintain its long term financial sustainability

Quality Report

The Quality Report

The Quality Report is an annual report to the public from an NHS Foundation Trust about the quality of services it delivers. It allows Foundation Trust Boards and staff to show their commitment to continuous improvement of service quality, and to explain progress to the public.

Scope of work

We carry out an independent assurance engagement on the Trust's Quality Report, following NHS Improvement (NHSI) guidance issued in February 2019. We give an opinion as to whether we have found anything from our work which leads us to believe that:

- the Quality Report is not prepared in line with the criteria specified in the NHS foundation trust annual reporting manual and supporting guidance;
- the Quality Report is not consistent with other information, as specified in the NHSI guidance; and
- the indicators in the Quality Report where we have carried out testing are not compiled in line with the NHS foundation trust annual reporting manual and supporting guidance and do not meet expected dimensions of data quality.

Quality Report Indicator testing

We tested the following mandated indicators:

- Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a National Institute for Health and Care Excellence (NICE)-approved care package within two weeks of referral selected from the subset of mandated indicators based on our discussions with the Trust and the Council of Governors in March 2019; and
- Inappropriate out-of-area placements for adult mental health services selected from the subset of mandated indicators based on our discussions with the Trust and the Council of Governors in March 2019.

In line with the auditor guidance, we have reviewed the following local indicator:

- Percentage of patients on care programme approach (CPA) followed up within seven days of discharge (by call or in person) – selected by the Council of Governors of the Trust in March 2019. We have also considered whether contact was made by phone call or in person and whether contact was made within three days as specifically requested.

For each indicator tested, we considered the processes used by the Trust to collect data for the indicator. We checked that the indicator presented in the Quality Report reconciled to underlying Trust data. We then tested a sample of cases included in the indicator to check the accuracy, completeness, timeliness, validity, relevance and reliability of the data, and whether the calculation of the indicator was in accordance with the defined indicator definition.

Quality Report

Key messages

- We confirmed that the Quality Report had been prepared in line with the requirements of the NHS foundation trust annual reporting manual and supporting guidance
- We confirmed that the Quality Report was consistent with the sources specified in the NHSI Guidance
- We confirmed that the commentary on indicators in the Quality Report was consistent with the reported outcomes
- Based on the results of our procedures, nothing came to our attention that caused us to believe that the indicators we tested were not reasonably stated in all material respects.

Conclusion

As a result of this we issued an unqualified conclusion on the Trust's Quality Report on 24 May 2019.

A. Reports issued and fees

We confirm below our final reports issued and fees charged for the audit and **confirm there were no fees for the provision of non audit services**.

Reports issued

Report	Date issued
Audit Plan	January 2019
Audit Findings Report	May 2019
Annual Audit Letter	July 2019

Fees

	Planned £	Actual fees £	2017/18 fees £
Statutory audit	34,290	34,290	33,990
Quality report	6,000	6,000	7,500
Total fees	**40,290**	**40,290**	**41,490**

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 2 July 2019

Report from the Governors Nominations and Remuneration Committee and Council of Governor approvals

Purpose of Report
This paper provides an update from the meetings of the Nominations and Remuneration Committee held on 22 May 2019 and 21 June 2019 and the Committee's recommendations to the Council of Governors in relation to the re-appointment of three Non-Executive Directors, revised Terms of Reference and a related amendment to the Trust's Constitution.

Executive Summary
Since the last report to the Council of Governors in May 2019, the Committee has met twice, on 22 May 2019 and 21 June 2019. A summary of the business conducted is as follows:

22 May 2019

Recruitment for a Non-Executive Director
The Committee considered and approved the job description, person specification and agreed the recruitment timeline for the Non-Executive Director vacancy, created by Anne Wright's decision not to seek a second term. Although Anne's term does not end until January 2020, a handover period had been built in to the recruitment.

Proposals for re-appointment of Non-Executive Directors
The Committee supported the re-appointments of three current Non-Executive Directors for a second three year term and agreed to recommend to the Council of Governors that it approves the re-appointments.

Committee Terms of Reference following the discussions at the Council of Governors on 7 May 2019
Several options of quoracy were discussed along with a number of other areas in the Terms of Reference. The Committee agreed it would be helpful to review the Terms of Reference in its entirety and agreed to set up a working group to review the Terms of Reference.

Confirm the process of Non-Executive Directors and Chair appraisals for 2019/20
The Committee agreed to follow the same process used for 2018/19 which includes 360^{o} feedback for appraisals for 2019/20.

Review levels of remuneration for Non-Executive Directors
The Chair had received the data from NHS Providers the previous day and, on quick review, Caroline confirmed that the remuneration paid to the Trust NEDs was in line with the average levels paid Nationally and suggested that no compulsory uplift was required or justified. The Committee would consider the matter formally at a future meeting.

21 June 2019

Proposal to revise the Committee Terms of Reference
The Committee agreed to recommend revisions to the Terms of Reference to the Council of Governors following the working group review.

Update on Non-Executive (NED) recruitment
The Committee received an update on the recruitment and agreed the longlist/shortlist process. An initial discussion was held on the focus group topics and Panel questions for the 8 August.

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

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

Assurances
As outlined in the Governors' Nominations and Remuneration Committee report, the Committee is conducting its business in compliance with its Terms of Reference.

Consultation
No formal consultation is required for this update.

Governance or Legal Issues
The Governors' Nominations & Remuneration Committee conducted its role in line with its Terms of Reference and its statutory role. It is the statutory role of the Governors to re-appoint NEDs and to approve any amendments to the Trust Constitution. The Trust Board is also required to approve any amendments to the Constitution. The recommendation to re-appoint the NEDs for a second term has been considered in accordance with Section B.7.1 of the Foundation trust Code of Governance which requires the Trust Chair to confirm to the Governors that, following formal performance evaluation, the performance of the individuals proposed for re-appointment continues to be effective and demonstrates commitment to the role.

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

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

Actions to Mitigate/Minimise Identified Risks

Although there are no specific issues raised in the report which impact on individuals with protected characteristics, the Nominations and Remuneration 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.

The Committee will ensure that all efforts are made to encourage applicants from the Trust's diverse community in recruiting to the Clinical Non-Executive Director role.

Recommendations

The Council of Governors is requested to:

1. Receive the update on the business undertaken by the Committee
2. Approve the Non-Executive Director re-appointments for Margaret Gildea, Julia Tabreham and Richard Wright for a second three year term.
3. Approve the revised Terms of Reference and the required changes to the Trust Constitution.

Report presented by: Caroline Maley, Trust Chair
Report prepared by: Justine Fitzjohn, Trust Secretary and Denise Baxendale, Membership and Involvement Manager

Report from Governors' Nominations and Remuneration Committee and Council of Governor approvals

The Committee met on 22 May and 21 June and discussed the matters listed on the front sheet. There are a number of matters requiring approval of the Council of Governors as outlined below:

Re-appointment of NEDs

The terms of office for three Non-Executive Directors' end in 2019; Margaret Gildea and Julia Tabreham in September and Richard Wright in November. All three have indicated their desire to be re-appointed for a second term of office. The Committee discussed the re-appointments of the three Non-Executive Directors and noted:

- The Board would benefit from continuity and stability if they were re-appointed
- They continue to make significant contributions to the Board
- The Committee had received excellent appraisal out turns for the three Non-Executive Directors.

The Trust Chair fully supports the re-appointments.

Proposal to revise the Terms of Reference of the Governors' Nominations and Remuneration Committee

The Committee is recommending the approval of the Terms of Reference, attached at **Appendix 1**, following a full review by a small working group.

The main changes relate to the composition of the Committee and a revised quorum. If approved, this will also require an amendment to the Trust's Constitution. Any changes to the Constitution will require approval by both the Board and the Council of Governors.

The proposal is to increase the Public Governor membership by one member and reduce the seats for Staff and Appointed Governors to one each (currently two each). The rationale around the increase to five Public Governors (currently four) is in the spirit of the strength of the Public Governor voice to support the Council of Governors in its key statutory role (mirroring the Council of Governors composition), without the need to have a majority binding within the quorum, which was proving impractical.

The new quorum proposed is any three Public Governors, the Chair and another governor from either Staff or Appointed (so five members).

This change will to go back to the previous number of Staff/Appointed Governor seats on the Committee. In practical terms we would be looking for nominated deputies in these constituencies to provide cover for the named members. The Committee also has a provision for 'step in' members but ideally this should only be used by exception so we have continuity of experience.

<u>Other changes</u>

There is an amendment that clarifies that the' step in' members are classed as

members for that meeting so it is clear that it there is no contradiction with the term that only members can attend.

There is an amendment to change the wording of 7.3 replacing the word emoluments to remuneration and expenses.

Changes to the Trust Constitution

The Trust's Constitution currently outlines the membership and duties of the 'Nominations Committee' and the 'Remuneration Committee'. At the Trust these are combined in the one Nominations and Remuneration Committee which makes recommendations to the Council of Governors on its statutory duties to appoint (or remove) the Chair and Non-Executive Directors and decide their remuneration and allowances, and the other terms and conditions of office.

The extract of Section 9 of ANNEX 5 - Additional Provisions - Council of Governors is attached at **Appendix 2.**

It is recommended that the detail on membership and duties be removed from the Constitution on the basis that this is covered fully in the Committee's Terms of Reference, which have to be approved by the full Council of Governors. There is no requirement to list this level of detail in the Constitution. The proposed amendment is therefore presented in **Appendix 3.**

The same request has been sent to the Trust Board for approval, subject to the Council of Governors approving the revised Terms of Reference and the required amendments to the Constitution.

RECOMMENDATIONS

The Council of Governors is requested to:

1. **Receive the update on the business undertaken by the Committee**
2. **Approve the Non-Executive Director re-appointments for Margaret Gildea, Julia Tabreham and Richard Wright for a second three year term.**
3. **Approve the revised Terms of Reference and the required changes to the Trust Constitution.**

Terms of Reference of Governors' Nominations & Remuneration Committee

a) Authority

The Council of Governors' Nominations and Remuneration Committee (the Committee) is constituted as a Standing Committee of the Council of Governors. Its Constitution and Terms of Reference shall be as set out below, subject to amendment at future meetings of the Council of Governors. The Committee is authorised by the Council of Governors to act within its Terms of Reference. All members of staff are requested to cooperate with any request made by the Committee.

The Committee is authorised by the Council of Governors, subject to funding approval by the Board of Directors, to request professional advice and request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary for or expedient to the exercise of its functions.

The Committee is also authorised to request such internal information as is necessary and expedient to the fulfilment of its functions.

b) Conflicts of Interest

The Chair of the Trust, or any Non-Executive Director present at Committee meetings, will withdraw from discussions concerning their own re-appointment, remuneration or terms of service.

1. Nomination Role

The Committee will:

1.1 Periodically review the balance of skills, knowledge, experience and diversity of the Non-Executive Directors and, having regard to the views of the Board of Directors and relevant guidance on board composition, make recommendations to the Council of Governors with regard to the outcome of the review.

1.2 Review the results of the Board of Directors' performance evaluation process that relate to the composition of the Board of Directors.

1.3 Review annually the time commitment requirement for Non-Executive Directors.

1.4 Give consideration to succession planning for Non-Executive Directors, taking into account the challenges and opportunities facing the.Trust and the skills and expertise needed on the Board of Directors in the future.

1.5 Make recommendations to the Council of Governors concerning plans for succession.

1.6 Keep the leadership needs of the Trust under review at non-executive level to ensure the continued ability of the Trust to operate effectively in the health economy.

1.7 Agree with the Council of Governors a clear process for the nomination of a Non-Executive Director.

1.8 Keep up to date and fully informed about strategic issues and commercial changes affecting the Trust and the environment in which it operates.

1.9 Take into account the views of the Board of Directors on the qualifications, skills and experience required for each position.

1.10 For each appointment of a Non-Executive Director, prepare a description of the role and capabilities and expected time commitment required.

1.11 Identify and nominate suitable candidates to fill vacant posts within the Committee's remit, for appointment by the Council of Governors.
1.12 Ensure that a proposed Non-Executive Director is a 'fit and proper' person as defined in law and regulation and in line with the Trust's Fit and Proper Person Test Policy.
1.13 Ensure that a proposed Non-Executive Director's other significant commitments are disclosed to the Council of Governors before appointment and that any changes to their commitments are reported to the Council of Governors as they arise.
1.14 Ensure that proposed appointees disclose any business interests that may result in a conflict of interest prior to appointment and that any future business interests that could result in a conflict of interest are reported. Determine whether or not any Non-Executive Director proposed for appointment is independent (according to the definition in the Foundation Trust Code of Governance and/or in the Trust's Constitution or governance procedures).
1.15 Ensure that on appointment Non-Executive Directors receive a formal letter of appointment setting out clearly what is expected of them in terms of time commitment, Committee service and involvement outside Board of Director meetings.
1.16 Carefully consider what compensation commitments Executive Directors' terms of appointment would give rise to in an event of early termination to avoid rewarding poor performance. Contracts should allow for compensation to be reduced to reflect a departing Executive Director's obligation to mitigate loss. Appropriate claw back provisions should be considered in case of an Executive Director returning to the NHS within the period of any putative notice.
1.17 Advise the Council of Governors in respect of the re-appointment of any Non-Executive Director. Any term beyond six years must be subject to a particularly rigorous review.
1.18 Advise the Council of Governors in regard to any matters relating to the removal of office of a Non-Executive Director.
1.19 Make recommendations to the Council of Governors on the membership of Committees as appropriate, in consultation with the Chairs of those Committees.

2. Remuneration Role

The Committee will:

2.1 Recommend to the Council of Governors remuneration and terms of service policy for Non-Executive Directors, taking into account the views of the Chair (except in respect of their own remuneration and terms of service) and the Chief Executive and any external advisers.
2.2 In accordance with all relevant laws and regulations, recommend to the Council of Governors the remuneration and allowances, and the other terms and conditions of office, of the Non-Executive Directors.
2.3 Agree the process and receive and evaluate reports about the performance of individual Non-Executive Directors and consider this evaluation output when reviewing remuneration levels.
2.4 Input into the Non-Executive Directors appraisals, including approving the appraisal structure and giving assurance to Council of Governors that satisfactory appraisals have taken place.
2.5 Input into the annual performance appraisal of the Trust Chair, which will be led by the Senior Independent Director and follow the appraisal structure used for Non-Executive Directors, giving assurance that a satisfactory appraisal has taken place.
2.6 In adhering to all relevant laws and regulations establish levels of remuneration which:

2.6.1 are sufficient to attract, retain and motivate Non-Executive Directors of the quality and with the skills and experience required to lead the trust successfully, without paying more than is necessary for this purpose, and at a level which is affordable for the Trust;
2.6.2 reflect the time commitment and responsibilities of the roles;
2.6.3 take into account appropriate benchmarking and market-testing, while ensuring that increases are not made where Trust or individual performance do not justify them; and
2.6.4 are sensitive to pay and employment conditions elsewhere in the Trust.

2.7 Monitor procedure to ensure that existing Directors remain 'fit and proper' persons as defined in law and regulation;

2.8 Oversee other related arrangements for Non-Executive Directors.

3. Membership

3.1 The membership of the Committee shall consist of Governors appointed by the Council of Governors.

- The Lead Governor and four other Public Governors
- One Appointed Governor
- One Staff Governor
- Chair of the Trust

3.2 The Committee will normally be chaired by the Trust Chair. Where the Chair is unavailable, or has a conflict of interest, for example when the Committee is considering the Chair's re-appointment or remuneration, the Committee will be chaired by the Deputy Chair. Where the Trust Chair or Vice Chair have declared an interest under b), the Committee will be chaired by a Governor member for the duration of the item where b) applies

3.3 A quorum shall be the Chair of the Trust (or their Deputy), three Public Governors members and one other Governor member. Unless b) applies in which case the quorum shall be three Public Governor members and one other Governor member.

3.4 By exception, in order to achieve quorum, a Governor can be nominated to 'step in' from the same category. The step in will be classed as a member of the Committee for that meeting.

3.5 Initial appointment terms shall be to the end of a member Governor's term.

3.6 Every member of the Committee shall be entitled to one vote on any question to be determined by voting. In the event of there being equal votes cast to a motion, then the person presiding at such a Committee meeting shall have a casting vote subject to having already voted in the initial vote.

3.7 No two Governors will be appointed from the same Public constituency, this will not apply to step ins or the Lead Governor.

4. Secretary

4.1 The Trust Secretary shall ensure appropriate administrative support to the Committee.

5. Attendance

5.1 Only members of the Committee have the right to attend Committee meetings.

5.2 At the invitation of the Committee, meetings shall be attended by the Chief Executive but the Chief Executive is not a member of the Committee and shall have no vote on any matter considered by it.

5.3 The Trust Secretary may attend as a non-member.

5.4 Other persons may be invited by the Committee to attend a meeting so as to assist in deliberations.

6. Frequency of Meetings

6.1 Meetings shall be held as required, but at least twice in each financial year.

7. Minutes and Reporting

7.1 Formal minutes shall be taken of all Committee meetings and approved by the Committee.
7.2 The Committee will report to the Council of Governors after each meeting.
7.3 The Committee shall receive and agree a description of the work of the Committee, its policies and all Non-Executive Director remuneration and expenses in order that these are accurately reported in the required format in the Trust's Annual Report.
7.4 Where remuneration consultants are appointed, a statement should be made available as to whether they have any other connection with the Trust.

8. Performance Evaluation

8.1 The Committee shall review annually its collective performance and report this to the Council of Governors.

9. Review

9.1 The Terms of Reference of the Committee shall be reviewed by the Council of Governors at least annually.

Appendix 2 – Extract – Annex 5 of the Trust's Constitution

9. Council of Governors: Committees and Sub-Committees

9.1 A committee, chaired by the Chair, shall be established to assist the Council of Governors with the nomination and selection of the Non-Executive Directors (the "Nomination Committee for Non-Executive Directors"). In the case of the nomination and selection of the Chair the Nominated Committee for Non-Executive Directors shall be chaired by the Deputy Chair.

9.2 The Nominations Committee for Non-Executive Directors will comprise:

9.2.1 The Chair (or, if the Chair is not available, the Deputy Chair or one of the other Non-Executive Directors who is not standing for appointment);

9.2.2 *six* elected governors including Public Governors and Staff Governors and two Appointed Governors;

9.2.3 no two governors will be appointed from the same Public Constituency or Staff Class of the Staff Constituency;

9.2.4 not more than one may be a Local Authority Governor and not more than one may be a governor appointed by the voluntary sector.

9.3 A committee may be established to assist the Council of Governors with the remuneration of the Chair and Non-Executive Directors (the "Remuneration Committee for Non-Executive Directors").

9.4 The functions of the Nominations Committee for Non-Executive Directors shall be as follows:

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

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

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

9.5 The Council of Governors shall resolve in general meeting to appoint such candidate or candidates (as the case may be) as it considers appropriate and

in reaching its decision it shall have regard to the views of the Board of Directors and of the Nominations Committee for Non-Executive Directors as to the suitability of the available candidates and the remuneration and allowances and other terms and conditions of office.

Appendix 3 – Revised extract – Annex 5 of the Trust's Constitution

9. Council of Governors: Committees and Sub-Committees

9.1 A committee, chaired by the Chair, shall be established to assist the Council of Governors with the nomination and selection of the Non-Executive Directors (the "Nomination Committee for Non-Executive Directors"). In the case of the nomination and selection of the Chair the Nominated Committee for Non-Executive Director shall be chaired by the Deputy Chair.

9. 2 A committee may be established to assist the Council of Governors with the remuneration of the Chair and Non-Executive Directors (the "Remuneration Committee for Non-Executive Directors").

9.3 The Trust has established the Governors' Nominations and Remuneration Committee for the purposes of 9.1 and 9.2 above and the functions and membership are listed within its Terms of Reference which will be approved by the Council of Governors.

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

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 2 July 2019

Integrated Performance Report (IPR) 2019/20 – Month 2

Purpose of Report

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

Executive Summary

The Trust continues to perform favourably against many of its key indicators, with maintenance or improvement ongoing across many of the Trust's services. This can be seen within the body of the report.

There are a number of challenging areas where performance is persistently below the required standard in the month. In order to ensure that there is a focused discussion on key issues these have been listed below:

1. Regulatory compliance dashboard:
   - Out of area placements
   - Sickness absence
   - Annual appraisals

2. Strategy performance dashboard:
   - Cost improvement programme
   - Delayed transfers of care
   - Neighbourhood waiting lists
   - CAMHS waiting list
   - Paediatric referral to treatment
   - Health Visitor caseloads

Section 3 of the IPR contains benchmark performance information in the following areas:

- Friends and Family Test
- Outpatient referrals and rate of non-attendance
- Mental Health Community Survey
- Delayed Transfers of Care
- Mental Health Servcices Dats set indicators

This information has been added to provide a wider context for Board members and also to help inform the development of Clinical Strategies and associated clinical models, particularly for working age adults.

In line with the Trust's refreshed strategy a revised Inteagrated Performance Report has been developed which is being considered at June's Board Development session. It is expected that a new Integrated Performance Report will be presented to September or October's Board meeting.

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

Assurances

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

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

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

Consultation

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

Governance or Legal Issues

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

Public Sector Equality Duty & Equality Impact Risk Analysis The author has a responsibility to consider the equality impact and evidence on the nine protected characteristics (REGARDS people (Race, Economic disadvantage, Gender, Age, Religion or belief, Disability and Sexual orientation)).	
There are no adverse effects on people with protected characteristics (REGARDS).	
There are potential adverse effect(s) on people with protected characteristics (REGARDS). Details of potential variations /inequalities in access, experience and outcomes are outlined below, with the appropriate action to mitigate or minimise those risks.	X

Actions to Mitigate/Minimise Identified Risks

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

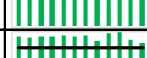
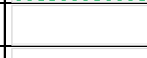
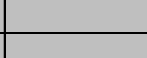
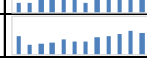
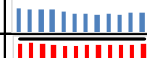
Any specific impact on members of the REGARDS groups is described in the report itself.

Recommendations

1) The Council of Governors is requested to 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 Services and Organisational Effectiveness** **Carolyn Green, Director of Nursing and Patient Experience**

1. Regulatory Dashboard

Category	Sub-set	Metric	Period	Plan	Actual	Variance	Trend	Last 12 Months	DQ
Finance	Finance Score	Finance Scorecard	YTD	1	1	G	→		
			Forecast	1	1	G	→		
		Capital Service Cover	YTD	2	2	G	→		
			Forecast	2	2	G	→		
		Liquidity	YTD	1	1	G	→		
			Forecast	1	1	G	→		
		Income and Expenditure Margin	YTD	1	1	G	→		
			Forecast	1	1	G	→		
		Income and Expenditure variance to plan	YTD	1	2	R	→		
			Forecast	1	1	G	→		
		Agency variance to ceiling	YTD	1	1	G	→		
			Forecast	1	1	G	→		
	Single Oversight Framework	Agency costs as % of total pay costs	YTD	2.87%	2.56%	G	→		
			Forecast	2.87%	2.78%	G	→		
		NHS I Segment	YTD		2		→		
Quality and Operations	KPIs	CPA 7 Day Follow-up (M)	May, 2019	95.00%	98.18%	G	↓		
			Apr, 2019		100.00%	G			
		Data Quality Maturity Index (DQMI) - MHSDS Data Score (Q)	May, 2019	95.00%	96.30%	G	→		
			Apr, 2019		96.70%	G			
		IAPT RTT within 18 weeks (Q)	May, 2019	95.00%	100.00%	G	→		
			Apr, 2019		100.00%	G			
		IAPT RTT within 6 weeks (Q)	May, 2019	75.00%	95.44%	G	↓		
			Apr, 2019		97.10%	G			
		Early Intervention in Psychosis RTT Within 14 Days - Complete (Q)	May, 2019	56.00%	70.00%	G	↓		
			Apr, 2019		79.17%	G			
		Early Intervention in Psychosis RTT Within 14 Days - Incomplete (Q)	May, 2019	56.00%	77.78%	G	↓		
			Apr, 2019		93.75%	G			
		Patients Open to Trust In Employment (M)	May, 2019		10.25%	G	→		
			Apr, 2019		10.29%	G			
		Patients Open to Trust In Settled Accommodation (M)	May, 2019		59.39%	G	→		
			Apr, 2019		60.00%	G			
		Under 16 Admissions To Adult Inpatient Facilities (M)	May, 2019	0	0	G	→		
			Apr, 2019		0	G			
		IAPT People Completing Treatment Who Move To Recovery (Q)	May, 2019	50.00%	53.89%	G	→		
			Apr, 2019		54.05%	G			
		Physical Health - Cardio-Metabolic - Inpatient (Q)							
		Physical Health - Cardio-Metabolic - EI (Q)							
		Physical Health - Cardio-Metabolic - on CPA (Community) (Q)							
		Out of Area - Number of Patients Non PICU (M)	May, 2019		19		↓		
			Apr, 2019		22				
		Out of Area - Number of Patients PICU (M)	May, 2019		28		↓		
			Apr, 2019		31				
		Out of Area - Average Per Day Non PICU (M)	May, 2019		9.3		↓		
			Apr, 2019		11.3				
		Out of Area - Average Per Day PICU (M)	May, 2019		15.9		↑		
			Apr, 2019		15.1				
		Written complaints – rate (Q)	Q42018/19		0.03		→		
			Q32018/19		0.03				
		Staff Friends and Family Test % recommended – care (Q)	Q4 2018/19	81%	76%	R	↑		
			Q3 2018/19		61%	R			
		Occurrence of any Never Event (M)	May, 2019	0	0	G	→		
			Apr, 2019		0	G			
		Patient Safety Alerts not completed by deadline (M)	May, 2019		1		→		
			Apr, 2019		1				
		CQC community mental health survey (A)	1905		6.9/10		↑		
			2017		7.3/10				
		Mental health scores from Friends and Family Test – % positive (M)	May, 2019	81%	97%	G	↑		
			Apr, 2019		96%	G			
		Potential under-reporting of patient safety incidents per 1000 bed days(M)	Apr18-Sep18		40.90	G	↑		
			Oct17-Mar18		36.10	G			
Workforce and Engagement	KPIs	Turnover (annual)	May, 2019	10.00%	10.44%	G	↑		
			Apr, 2019		10.32%	G			
		Sickness Absence (monthly)	May, 2019	5.00%	5.90%	R	↓		
			Apr, 2019		6.52%	R			
		Sickness Absence (annual)	May, 2019	5.00%	6.07%	R	↑		
			Apr, 2019		5.99%	R			
		Vacancies (funded fte)	May, 2019		10.26%		↑		
			Apr, 2019		10.15%				
		Appraisals All Staff (number of employees who have received an appraisal in the previous 12 months)	May, 2019	90.00%	77.85%	R	↑		
			Apr, 2019		74.43%	R			
		Medical Appraisals (number of medical employees who have received an appraisal in the previous 12 months)	May, 2019	90.00%	99.00%	G	↑		
			Apr, 2019		98.00%	G			
		Compulsory Training (staff in-date)	May, 2019	85.00%	85.91%	G	↑		
			Apr, 2019		85.48%	G			
		NHS Staff Survey (A)	Work		60.92%				
			Treatment		72.77%				

Key:

Period Current Month / Previous Month

Achieving target
Not achieving target
Within tolerance
No Target Set

Target

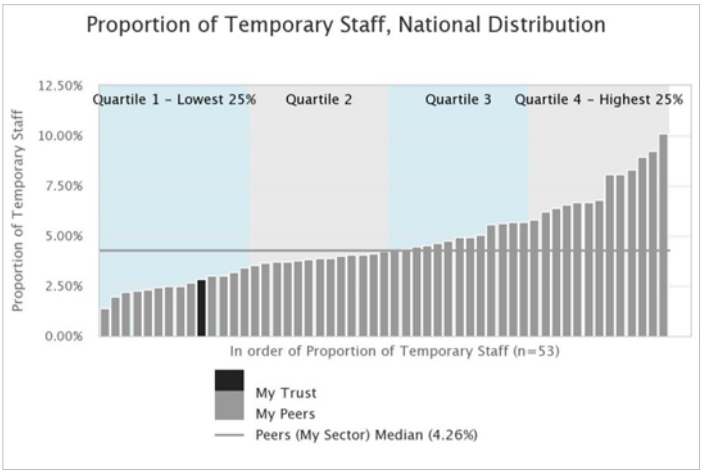
↑ → ↓ Trend compared to previous month/quarter with tolerance of 1%

1.1 Finance position

The overall finance risk rating score of a '1' is in line with plan. The Income and Expenditure variance to plan YTD is reporting behind plan due to the YTD overspend position. This is forecast to achieve the plan at the end of the financial year. There are significant risks to achieving the control total due to known and emerging cost pressures which are currently being appraised and plans are being developed to mitigate those pressures.

Comparing the actual expenditure on Agency to the ceiling, we are below the ceiling value by £42k at the end of May. This generates '1' on this metric within the finance score. The agency expenditure is forecast to be below the ceiling at the end of the financial year by £19k. The forecast also includes a level contingency spend for any unforeseen agency posts.

The agency expenditure equates to 2.6% of pay budgets at the end of May and 2.8% at the end of the financial year. Published on the Model Hospital is data for March 2019 which compares our percentage of agency costs of 2.8% against the peer median of 4.3% and the national median of 4.3%.



1.2 Inappropriate out of area adult placements (non-PICU)

The number of patients whom the Trust admitted to out of area beds in May reduced slightly to an average of around 11 patients on any given day. The Trust has continued to participate in the NHS Improvement regional learning collaborative that is focused on supporting Trusts to reduce out of area placements, with the final workshop scheduled to take place in July. A paper was prepared for Trust Management Team and commissioners which included an overarching project plan for eliminating out of area placements and a work plan reflecting key deliverables over the next two years. This programme of work has been approved by the CCG (Clinical Commissioning Group) and STP (Sustainability and Transformation Partnership) Delivery Board.

The Trust is in the process of recruiting a Programme Manager to lead this programme of transformation. A project Board is now established which is reviewing progress against all projects contributing to elimination of out of area placements.

1.3 People position

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 where necessary from Divisional People Leads (DPLs), focus is particularly aimed at long term sickness cases and what support is in place to either support the employee back to work in a more timely way or to look at alternative solutions. Each case is treated individually working within policy and where available with staff side support. Progress is being made in reducing the number of long term sickness cases, however the emphasis continues to focus in this area as new cases come through. The attendance masterclasses are up and running and it is mandatory that all line managers attend this training to support proactive management in this area.

Compulsory training compliance is running at 86% and appraisals at 78%. Through performance reviews Divisions are asked to focus with support from their DPL's at their particular teams who are appearing in our hotspot data which includes sickness, compulsory training compliance and appraisal completion.

The Trust vacancy rate includes funded FTE (Full Time Equivalent) surplus for flexibility, including sickness and annual leave cover and is currently running at 10.3%, a decrease of 1.7% compared to May 2018. During the last twelve months (June 2018 to May 2019) 326 people have joined the Trust through external recruitment and 265 employees have left the Trust, which included 75 retirements.

Targeted recruitment has been taking place over the last quarter to fill the hard to recruit areas, in particular this refers to inpatient acute areas where the People Resourcing team has been working closely with operational colleagues to chase at each stage of the recruitment process through the 'Trac' recruitment system. Weekly updates have been escalated to senior colleagues and any blockages e.g. shortlisting delays etc have been investigated and are now being resolved in a more timely way.

There continues to be pressure from inpatient areas where turnover is higher than average and where sickness levels are also high, leading to staff choosing to move to community posts, not necessarily leaving the Trust. Work is ongoing to develop different approaches to aid retention in these areas and further updates will be reported once these are in process.

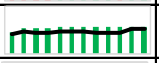
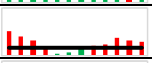
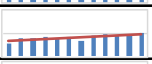
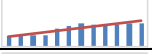
1.4 Corporate workforce performance

	Apr-19	May-19		Apr-19	May-19
Annual Turnover (Target 8-12%)	10.4%	10.4%	Appraisal Completion (Target 90%)	74.4%	77.9%
Corporate Services	7.5%	7.6%	Corporate Services	71.3%	69.1%
Business Improvement + Transformation	25.0%	25.0%	Business Improvement + Transformation	14.3%	21.4%
Corporate Central	13.0%	12.5%	Corporate Central	86.2%	76.7%
Estates + Facilities	6.7%	6.6%	Estates + Facilities	79.6%	74.0%
Finance Services	0.0%	0.0%	Finance Services	90.9%	90.9%
Med Education & CRD	2.2%	2.2%	Med Education & CRD	33.3%	37.5%
Nursing + Quality	3.8%	3.8%	Nursing + Quality	41.2%	47.1%
Ops Support	12.4%	13.1%	Ops Support	87.8%	83.9%
IT,rmation Management + Patient Records	10.0%	9.8%	IT,rmation Management + Patient Records	97.6%	100.0%
Ops Management	16.7%	16.7%	Ops Management	50.0%	50.0%
Pharmacy	14.3%	16.2%	Pharmacy	82.4%	71.1%
Operational Services	10.9%	10.9%	Operational Services	75.0%	79.6%
Campus	9.8%	9.2%	Campus	74.3%	75.9%
Central Services	11.6%	12.2%	Central Services	73.1%	78.2%
Children's Services	17.2%	18.1%	Children's Services	75.9%	80.8%
Clinical Serv Management	3.1%	3.1%	Clinical Serv Management	84.4%	81.3%
Complex Care	0.0%	0.0%	Complex Care	25.0%	75.0%
Neighbourhood	8.0%	7.7%	Neighbourhood	76.4%	83.7%

	Apr-19	May-19		Apr-19	May-19
Bank Usage (Target 4.98%)	6.2%	5.2%	Agency Usage (Target 1.9%)	1%	1%
Corporate Services	2.1%	1.3%	Corporate Services	1%	1%
Business Improvement + Transformation	0.0%	0.0%	Business Improvement + Transformation	0%	0%
Corporate Central	0.0%	0.0%	Corporate Central	3%	3%
Estates + Facilities	2.9%	2.6%	Estates + Facilities	2%	1%
Finance Services	0.0%	0.0%	Finance Services	0%	0%
Med Education & CRD	0.0%	0.0%	Med Education & CRD	0%	0%
Nursing + Quality	2.8%	0.3%	Nursing + Quality	0%	0%
Ops Support	1.4%	0.7%	Ops Support	0%	0%
IT,rmation Management + Patient Records	0.0%	0.0%	IT,rmation Management + Patient Records	0%	0%
Ops Management	0.0%	0.0%	Ops Management	0%	0%
Pharmacy	3.2%	1.7%	Pharmacy	0%	0%
Operational Services	7.1%	6.1%	Operational Services	1%	1%
Campus	16.2%	13.5%	Campus	1%	1%
Central Services	2.2%	2.0%	Central Services	0%	0%
Children's Services	2.0%	1.5%	Children's Services	1%	1%
Clinical Serv Management	0.0%	0.9%	Clinical Serv Management	0%	0%
Complex Care	0.0%	0.0%	Complex Care	8%	15%
Neighbourhood	1.6%	1.6%	Neighbourhood	2%	2%

	Apr-19	May-19		Apr-19	May-19
Sickness Absence (Target 5%)	6.5%	5.9%	Compulsory Training (Target 85%)	85.5%	85.9%
Corporate Services	5.0%	4.1%	Corporate Services	86.9%	85.1%
Business Improvement + Transformation	0.8%	5.4%	Business Improvement + Transformation	84.9%	85.7%
Corporate Central	0.9%	1.3%	Corporate Central	78.3%	78.3%
Estates + Facilities	7.4%	5.9%	Estates + Facilities	86.5%	84.8%
Finance Services	9.7%	6.5%	Finance Services	97.1%	95.2%
Med Education & CRD	1.6%	0.2%	Med Education & CRD	78.9%	77.5%
Nursing + Quality	6.5%	5.8%	Nursing + Quality	85.3%	85.1%
Ops Support	2.8%	2.2%	Ops Support	94.4%	89.4%
IT,rmation Management + Patient Records	1.2%	3.1%	IT,rmation Management + Patient Records	99.3%	95.9%
Ops Management	12.8%	0.0%	Ops Management	87.0%	87.0%
Pharmacy	1.9%	1.6%	Pharmacy	89.2%	81.9%
Operational Services	6.8%	6.3%	Operational Services	85.2%	86.1%
Campus	7.9%	7.0%	Campus	83.8%	84.7%
Central Services	5.8%	6.8%	Central Services	87.7%	88.6%
Children's Services	6.4%	5.6%	Children's Services	83.1%	84.6%
Clinical Serv Management	8.5%	3.5%	Clinical Serv Management	77.2%	79.3%
Complex Care	N/A	0.0%	Complex Care	86.1%	83.3%
Neighbourhood	6.3%	5.9%	Neighbourhood	86.8%	87.4%

2. Strategy Delivery

Category	Metric	Period	Target	Actual	Variance	Trend	Last 12 Months	DQ
Finance Scorecard	Finance Scorecard	YTD	1	1	G	→		
		Forecast	1	1	G	→		
	Control Total position £000	YTD	505	492	R	↑		
		Forecast	1800	1800	G	↑		
	CIP achievement £m	YTD	0.883	0.763	R	↑		
		Forecast	4.598	4.598	G	→		
		Recurrent	3.016	3.297	G	↑		
	Agency £m	YTD	0.505	0.462	G	↑		
		Forecast	3.030	3.011	G	→		
	Cash £m	YTD	25.661	27.964	G	↑		
		Forecast	26.128	26.128	G	↓		
Quality and Operations Scorecard	RTT Incomplete Within 18 Weeks (%)	May, 2019	92%	93.3%	G	→		
		Apr, 2019		92.9%	G			
	CPA Review in last 12 Months (on CPA > 12 Months)	May, 2019	95%	95.0%	G	→		
		Apr, 2019		95.0%	R			
	Delayed Transfers of Care (%)	May, 2019	0.8%	1.44%	R	→		
		Apr, 2019		1.62%	R			
	North Neighbourhood Average Wait (weeks)	May, 2019		10.5		↑		
		Apr, 2019		8.0				
	North Neighbourhood Current Waits (number)	May, 2019		1814		↑		
		Apr, 2019		1797				
	City Neighbourhood Average Wait (weeks)	May, 2019		8.2		↓		
		Apr, 2019		8.8				
	City Neighbourhood Current Waits (number)	May, 2019		1517		↑		
		Apr, 2019		1445				
	South Neighbourhood Average Wait (weeks)	May, 2019		9.5		↑		
		Apr, 2019		8.5				
	South Neighbourhood Current Waits (number)	May, 2019		1857		↑		
		Apr, 2019		1794				
	CAMHS Average Wait (weeks)	May, 2019		9.9		↓		
		Apr, 2019		10.9				
	CAMHS Current Waits (number)	May, 2019		946		↑		
		Apr, 2019		944				
	Community Paediatrics Average Wait (weeks)	May, 2019		18.3		↓		
		Apr, 2019		20.0				
	Community Paediatrics Current Waits (number)	May, 2019		887		↓		
		Apr, 2019		889				
	Number of Adult Acute Inpatients (Hartington and Radbourne) LoS > 50 Days	May, 2019		71		↓		
		Apr, 2019		73				
	Health Visiting 0-19 Caseload (based on 50.8 WTE)	May, 2019	250	330	R	↑		
		Apr, 2019		328	R			
	Distinct LD Caseload	May, 2019		1031		↓		
		Apr, 2019		1049				
	Distinct Substance Misuse Caseload	May, 2019		5590		↑		
		Apr, 2019		5498				
	RTT Incomplete Within 18 Weeks inc Paediatrics (%)							
Workforce and Engagement Scorecard	RETAIN - Staff engagement score	2018 Annual	To see an improvement in the staff engagement score	0.540	G	↑		
		2017 Annual		0.450				
		Q2 Sep 2018		76%	G	↑		
		Q1 Jun 2018		74%				
	DEVELOP - Recruitment of preceptorship staff	2018/19	Number of students recruited into preceptorship	50	R	↓		
		2017/18		52				
	ATTRACT - Retention of preceptorship staff	2018 Annual	Number of students recruited into preceptorship who stay for at least one year	96%	G	↑		
		2017 Annual		85%				
	LEADERSHIP & MANAGEMENT - Employee relations cases	Q4 Mar 2019	To see a reduction in the number of cases	31	G	↓		
		Q3 Dec 2018		34	G			
		Q2 Sep 2018		34	G			
		Q1 Jun 2018		40				

Key:

Period Month
Previous Month

Achieving target
Not achieving target
No Target Set

Target
Trend

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

2.1 Control Total

At the end of May the surplus was behind plan by £13k which has reduced due to the favourable in month variance. The Trust resubmitted its financial plan on 15 May as requested by NHS Improvement in light of additional income to fund Agenda for Change cost pressures. Therefore this month the planned surplus has increased to £1.8m from £1.4m.

The forecast assumes the plan of £1.8m is achieved which assumes the CIP (Cost Improvement Programme) plan is delivered in full. However, there are significant risks to achieving the control total due to known and emerging cost pressures which are currently being appraised and plans are being developed to mitigate those pressures.

2.2 Cost Improvement Programme

The plan submission identified schemes for £4.1m against a target of £4.6m, leaving an unidentified gap of £0.5m. At month 2 the gap has been reduced to £0.4m.

As at month 2 CIP has been transacted in the ledger totalling £3.6m for the full year, leaving a balance in the ledger of £1.04m. The forecast assumes that the identified schemes will deliver in full and that the current gap of £0.4m will be closed.

Plans to close the gap will be presented to Finance and Performance Committee during July.

2.3 Delayed Transfers of Care

Currently there are 3 patients whose discharges are being delayed. We continue to work with relevant partners to address and minimise delays to avoid unnecessary waits in beds and have internal improved escalation processes. NHS England have recently advised that our target threshold for delayed transfers is 3.5%, which is a level we consistently achieve.

2.4 Neighbourhood Waiting Lists

As reported previously, the number of referrals received has been steadily increasing over time. This is likely to continue in line with population growth. A clinical strategy is under development for both working age and older adult community mental health services.

Service Managers in all areas review their waiting lists regularly and Area Service Managers review at management meetings. Datix is used to report growing wait lists in specific areas. All teams prioritise inpatient and crisis referrals for allocation; because of this there is a group of patients of lower priority need who are waiting longer, most of whom are open to outpatients and therefore reviewed by medics during their wait for care coordination.

The Waiting Well Protocol has recently been reviewed and teams are working towards compliance with the changes that this has generated. Patients awaiting allocation are written to advising of who to contact should their condition deteriorate and duty workers can be contacted to escalate need for more urgent interventions. Work is currently underway to develop the system to provide assurance regarding compliance with the protocol.

2.5 CAMHS Waiting List

The planned review of CAMHS (Child and Adolescent Mental Health Service) by the CCG is still placed on hold. The CCG have advised that they will recommence it for completion by March 2020. Meanwhile, we have submitted an investment proposal as requested by the CCG to add resource to the CAMHS supported care service.

Weekly monitoring is in place to review progress in reducing the external waits for first assessment. CAMHS ASIST is currently offering 20 assessments per week to manage the external referrals. This has increased to circa 27 assessments per week from May 2019 which we anticipate will have a positive impact on the waiting list. Staff wellbeing and workload is an important consideration here and is being monitored

by local management. Internal waits for therapy such as CBT have improved, however pressure remains in the neurodevelopmental assessment and support services in CAMHS. Any investment will help supplement this. Waiting well standards are being developed for CAMHS.

2.6 Paediatric Waiting List

As reported in the last 3 months, the CCG have suggested that a joint working group be set up and we proactively responded with suggested representatives and dates. We have written to the CCG for confirmation on when this will commence. We continue to working internally to maximise current capacity, respond to referrals and actively reduce long waits and review the 18 week referral to treatment process and reporting.

The improvement plan presented at May's Finance and Performance Commiteee continues to be delivered. Progress aginst the plan will be presented at November's committee.

2.7 Health Visitor Caseloads

Caseloads and staffing have been reviewed. Findings are being considered and options will be explored with commissioners in due course. The safeguarding workload remains high and of concern in this service and rising demand is being discussed with commissioners to seek to find a satisfactory resolution.

Recruitment to vacancies is underway, and confirmation of 3 Health Visitor training places , commencing in September 2019, has recently been received and recruitment for trainees is also underway. We are looking forward to our 3 health visitor students qualifying in September taking up substantive posts.

3. Benchmarking

3.1 Friends and Family Test (April 2019)

Trust Code	Trust Name	Total Responses	Total Eligible	Percentage Recommended
	England (including Independent Sector Providers)	**21,597**	**672,743**	**90%**
	England (excluding Independent Sector Providers)	**20,713**	**658,125**	**89%**
	Selection (excluding suppressed data)	**21,597**	**672,743**	**90%**
RKL	WEST LONDON NHS TRUST	0	7,994	NA
RR7	GATESHEAD HEALTH NHS FOUNDATION TRUST	90	308	100%
AM5	OUTLOOK SW LTD	15	5,186	100%
R0B	SOUTH TYNESIDE AND SUNDERLAND NHS FOUNDATION TRUST	294	1,053	99%
NNF	CITY HEALTH CARE PARTNERSHIP CIC	248	2,642	98%
TAJ	BLACK COUNTRY PARTNERSHIP NHS FOUNDATION TRUST	174	7,796	97%
R1F	ISLE OF WIGHT NHS TRUST	27	3,550	96%
RXM	DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST	343	15,948	96%
RTV	NORTH WEST BOROUGHS HEALTHCARE NHS FOUNDATION TRUST	350	12,385	96%
TAH	SHEFFIELD HEALTH & SOCIAL CARE NHS FOUNDATION TRUST	237	9,632	96%
RHA	NOTTINGHAMSHIRE HEALTHCARE NHS FOUNDATION TRUST	301	17,270	96%
RNK	TAVISTOCK AND PORTMAN NHS FOUNDATION TRUST	23	3,157	96%
RH5	SOMERSET PARTNERSHIP NHS FOUNDATION TRUST	46	5,230	96%
NQL	NAVIGO HEALTH AND SOCIAL CARE CIC	194	2,608	95%
RDY	DORSET HEALTHCARE UNIVERSITY NHS FOUNDATION TRUST	717	8,521	95%
RXG	SOUTH WEST YORKSHIRE PARTNERSHIP NHS FOUNDATION TRUST	174	3,217	94%
RXY	KENT AND MEDWAY NHS AND SOCIAL CARE PARTNERSHIP TRUST	589	13,056	94%
RXL	BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST	81	1,653	94%
RWV	DEVON PARTNERSHIP NHS TRUST	454	4,249	94%
TAF	CAMDEN AND ISLINGTON NHS FOUNDATION TRUST	180	1,908	93%
RNN	CUMBRIA PARTNERSHIP NHS FOUNDATION TRUST	155	4,268	93%
RW4	MERSEY CARE NHS FOUNDATION TRUST	454	12,994	93%
RNU	OXFORD HEALTH NHS FOUNDATION TRUST	968	10,879	92%
RAL	ROYAL FREE LONDON NHS FOUNDATION TRUST	39	133	92%
RW1	SOUTHERN HEALTH NHS FOUNDATION TRUST	363	11,117	92%
RW5	LANCASHIRE CARE NHS FOUNDATION TRUST	372	26,268	92%
R1C	SOLENT NHS TRUST	153	1,699	92%
RWK	EAST LONDON NHS FOUNDATION TRUST	604	16,100	91%
RRP	BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST	593	8,612	91%
RXT	BIRMINGHAM AND SOLIHULL MENTAL HEALTH NHS FOUNDATION TRUST	548	17,931	91%
RT5	LEICESTERSHIRE PARTNERSHIP NHS TRUST	118	11,309	91%
NR5	LIVEWELL SOUTHWEST	293	2,279	90%
RY4	HERTFORDSHIRE COMMUNITY NHS TRUST	20	673	90%
RXX	SURREY AND BORDERS PARTNERSHIP NHS FOUNDATION TRUST	329	9,190	90%
RY6	LEEDS COMMUNITY HEALTHCARE NHS TRUST	138	932	90%
RAT	NORTH EAST LONDON NHS FOUNDATION TRUST	617	18,412	90%
RT1	CAMBRIDGESHIRE AND PETERBOROUGH NHS FOUNDATION TRUST	320	6,555	89%
RV9	HUMBER TEACHING NHS FOUNDATION TRUST	159	4,539	89%
RTF	NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST	28	242	89%
NV2	THE HUNTERCOMBE GROUP	37	650	89%
RVN	AVON AND WILTSHIRE MENTAL HEALTH PARTNERSHIP NHS TRUST	969	5,830	89%
RXE	ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST	137	19,470	89%
RV3	CENTRAL AND NORTH WEST LONDON NHS FOUNDATION TRUST	825	24,408	89%
NDK	FRESHNEY PELHAM CARE LIMITED	9	10	89%
RMY	NORFOLK AND SUFFOLK NHS FOUNDATION TRUST	187	14,369	89%
RJ8	CORNWALL PARTNERSHIP NHS FOUNDATION TRUST	124	4,211	89%
RX4	NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST	679	27,407	89%
R1L	ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST	160	11,643	88%
RT2	PENNINE CARE NHS FOUNDATION TRUST	352	13,996	88%
RP1	NORTHAMPTONSHIRE HEALTHCARE NHS FOUNDATION TRUST	533	6,164	88%
RX3	TEES, ESK AND WEAR VALLEYS NHS FOUNDATION TRUST	1,995	84,306	88%
RP7	LINCOLNSHIRE PARTNERSHIP NHS FOUNDATION TRUST	734	3,440	87%
NWX	HERE	76	692	87%
RWR	HERTFORDSHIRE PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST	448	12,557	87%
RWX	BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST	657	3,515	87%
RLY	NORTH STAFFORDSHIRE COMBINED HEALTHCARE NHS TRUST	298	2,233	87%
RX2	SUSSEX PARTNERSHIP NHS FOUNDATION TRUST	149	15,583	87%
TAD	BRADFORD DISTRICT CARE NHS FOUNDATION TRUST	66	8,181	86%
RCU	SHEFFIELD CHILDREN'S NHS FOUNDATION TRUST	34	687	85%
RXA	CHESHIRE AND WIRRAL PARTNERSHIP NHS FOUNDATION TRUST	121	9,279	84%
RPG	OXLEAS NHS FOUNDATION TRUST	413	8,823	84%
RV5	SOUTH LONDON AND MAUDSLEY NHS FOUNDATION TRUST	650	33,871	83%
RYG	COVENTRY AND WARWICKSHIRE PARTNERSHIP NHS TRUST	81	10,337	81%
RBS	ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	125	916	81%
RRE	MIDLANDS PARTNERSHIP NHS FOUNDATION TRUST	249	11,805	80%
R1A	WORCESTERSHIRE HEALTH AND CARE NHS TRUST	290	2,213	80%
RQY	SOUTH WEST LONDON AND ST GEORGE'S MENTAL HEALTH NHS TRUST	128	16,180	77%
RGD	LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST	12	7,035	75%
NMJ	CYGNET HEALTH CARE LIMITED	8	422	75%
RXV	GREATER MANCHESTER MENTAL HEALTH NHS FOUNDATION TRUST	123	13,239	68%
RYK	DUDLEY AND WALSALL MENTAL HEALTH PARTNERSHIP NHS TRUST	108	7,608	68%

Data source: https://www.england.nhs.uk/publication/friends-and-family-test-data-april-2019/

Neighbourhood Division are working towards utilising this information in a much more transparent way. The Friends and Family returns are now reviewed on a regular basis. Any concerns are shared with the relevant service areas who are asked to consider whether changes to services are required as a result of the comments made. Often positive comments mention individual clinicians and these are shared with the relevant clinician directly to ensure that they receive the acknowledgement and praise made by our service users.

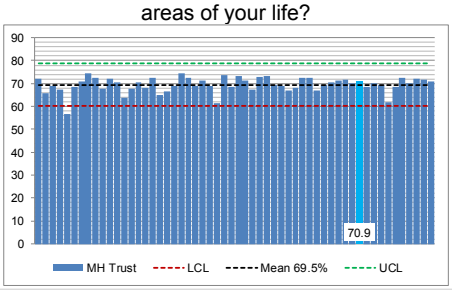
3.2 Outpatient referrals and rate of non-attendance (Quarter 4, 2018/19)

Org Name	GP Referrals Made	Other Referrals Made	First Attendances Seen	First Attendances DNA	Subsequent Attendances Seen	Subsequent Attendances DNA	Referrals	DNA Rate
LEICESTERSHIRE PARTNERSHIP NHS TRUST	236	282	307	77	909	286	518	23%
BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST	-	-	792	170	2,604	664	-	20%
NORTH WEST BOROUGHS HEALTHCARE NHS FOUNDATION TRUST	1,917	-	1,188	246	12,471	2,762	1,917	18%
BIRMINGHAM AND SOLIHULL MENTAL HEALTH NHS FOUNDATION TRUST	1,310	2,511	3,187	907	19,513	3,952	3,821	18%
PENNINE CARE NHS FOUNDATION TRUST	13	-	1,167	217	4,522	973	13	17%
DUDLEY AND WALSALL MENTAL HEALTH PARTNERSHIP NHS TRUST	1,149	612	1,172	285	6,513	1,255	1,761	17%
ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST	-	1,266	810	170	2,613	512	1,266	17%
CHESHIRE AND WIRRAL PARTNERSHIP NHS FOUNDATION TRUST	-	-	328	55	1,576	319	-	16%
DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST	81	2,639	1,998	471	7,192	1,287	2,720	16%
CAMBRIDGESHIRE AND PETERBOROUGH NHS FOUNDATION TRUST	127	516	154	26	713	127	643	15%
NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST	98	277	306	81	3,016	502	375	15%
BLACK COUNTRY PARTNERSHIP NHS FOUNDATION TRUST	469	1,426	1,857	349	5,572	848	1,895	14%
COVENTRY AND WARWICKSHIRE PARTNERSHIP NHS TRUST	572	225	681	105	1,014	156	797	13%
NORTH EAST LONDON NHS FOUNDATION TRUST	463	2,028	2,292	35	5,958	1,214	2,491	13%
SOUTHERN HEALTH NHS FOUNDATION TRUST	887	36	963	135	2,563	358	923	12%
SOMERSET PARTNERSHIP NHS FOUNDATION TRUST	48	31	380	63	1,527	197	79	12%
CUMBRIA PARTNERSHIP NHS FOUNDATION TRUST	237	306	393	60	1,033	119	543	11%
MIDLANDS PARTNERSHIP NHS FOUNDATION TRUST	1,336	696	2,369	244	5,247	710	2,032	11%
OXLEAS NHS FOUNDATION TRUST	26	144	331	39	409	49	170	11%
MERSEY CARE NHS FOUNDATION TRUST	3,667	2,674	1,458	417	8,350	746	6,341	11%
SOUTH WEST LONDON AND ST GEORGE'S MENTAL HEALTH NHS TRUST	3,607	5,420	6,320	570	63,024	7,580	9,027	11%
SOLENT NHS TRUST	1,199	1,524	879	123	3,779	410	2,723	10%
BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST	244	372	515	118	983	52	616	10%
CENTRAL AND NORTH WEST LONDON NHS FOUNDATION TRUST	345	458	407	77	1,218	82	803	9%
HUMBER TEACHING NHS FOUNDATION TRUST	413	64	388	37	446	40	477	8%
WORCESTERSHIRE HEALTH AND CARE NHS TRUST	2,647	2,006	1,716	172	3,972	303	4,653	8%
NORTHAMPTONSHIRE HEALTHCARE NHS FOUNDATION TRUST	27	483	283	35	649	41	510	8%
DORSET HEALTHCARE UNIVERSITY NHS FOUNDATION TRUST	1,651	198	1,229	82	1,640	141	1,849	7%
ISLE OF WIGHT NHS TRUST	8,325	8,334	13,658	1,117	21,802	1,549	16,659	7%
NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST	15,178	11,781	29,872	1,826	68,943	4,600	26,959	6%
CORNWALL PARTNERSHIP NHS FOUNDATION TRUST	309	218	483	5	-	-	527	1%
BRADFORD DISTRICT CARE NHS FOUNDATION TRUST	636	-	362	-	-	-	636	0%
NOTTINGHAMSHIRE HEALTHCARE NHS FOUNDATION TRUST	-	45	32	-	79	-	45	0%
EAST LONDON NHS FOUNDATION TRUST	3,533	1,994	7,991	-	-	-	5,527	0%
KENT AND MEDWAY NHS AND SOCIAL CARE PARTNERSHIP TRUST	-	-	-	-	-	-	-	-

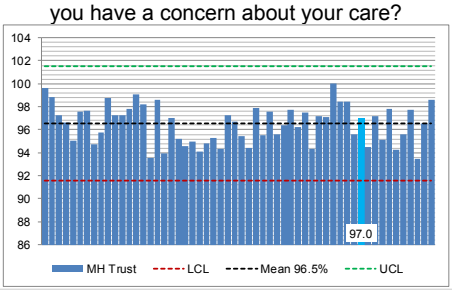
Data source: https://www.england.nhs.uk/statistics/statistical-work-areas/hospital-activity/quarterly-hospital-activity/qar-data/

3.3 Mental Health Community Survey 2018/19 (DHCFT = ■)

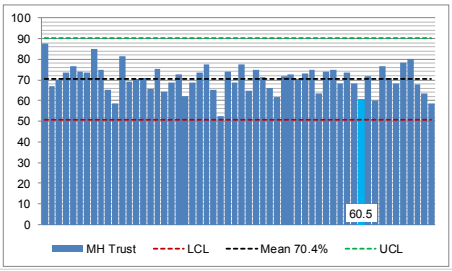
Did the person or people you saw understand how your mental health needs affect other areas of your life?



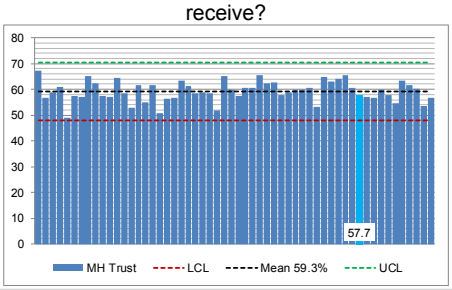
Do you know how to contact the person in charge of organising your care and services if you have a concern about your care?



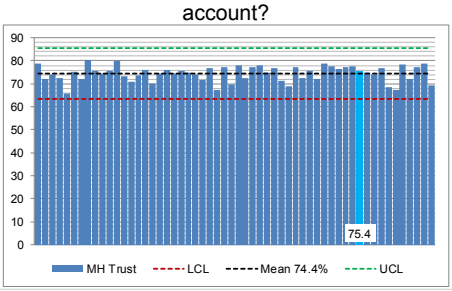
Do you know who to contact out of hours if you have a crisis?



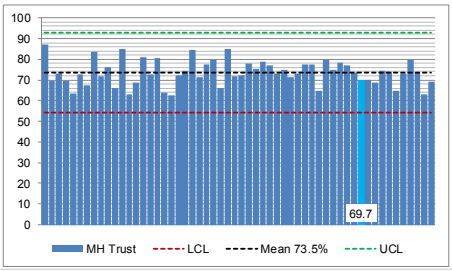
Have you agreed with someone from NHS mental health services what care you will receive?



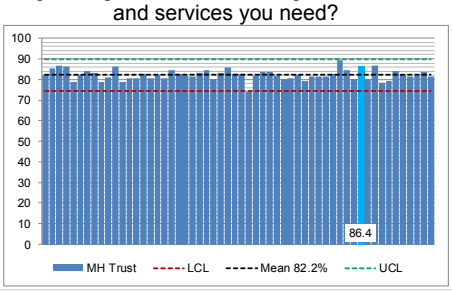
Does this agreement on what care you will receive take your personal circumstances into account?



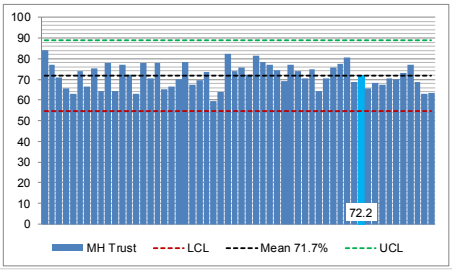
Have you been told who is in charge of organising your care and services?



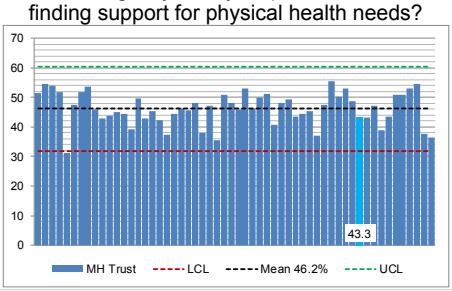
How well does this person in charge of organising care & services organise the care and services you need?



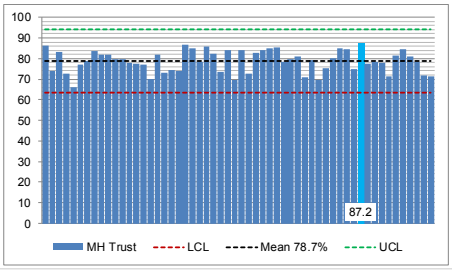
In the last 12 months have you had a formal meeting to discuss how your care is working?



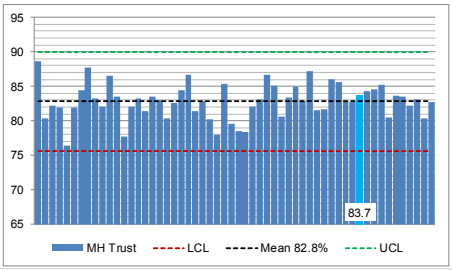
In the last 12 months, did NHS mental health services give you any help or advice with finding support for physical health needs?



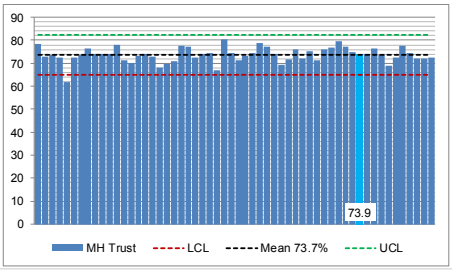
In the last 12 months, have your medicines been reviewed?



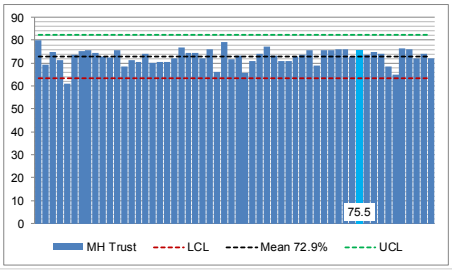
Overall in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services?



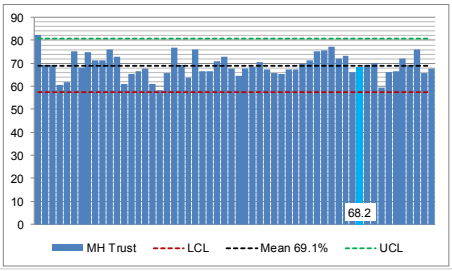
Were you given enough time to discuss your needs and treatment?



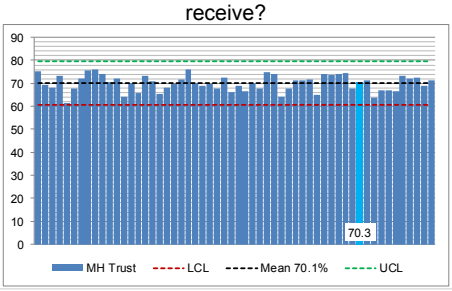
Were you involved as much as you wanted to be in agreeing what care you will receive?



Were you involved as much as you wanted to be in deciding what NHS therapies to use?



Were you involved as much as you wanted to be in decisions about which medicines you receive?



Data source: https://www.england.nhs.uk/statistics/statistical-work-areas/pat-exp/sup-info/

3.4 Delayed transfers of care

	Delayed Days			
Name	**NHS**	**Social Care**	**Both**	**Total**
England	82,964	35,810	12,068	130,842
East Kent Hospitals University NHS Foundation Trust	2,859	25	31	2,915
Manchester University NHS Foundation Trust	1,448	1,204	114	2,766
University Hospitals Birmingham NHS Foundation Trust	1,218	1,169	235	2,622
Barts Health NHS Trust	1,672	392	6	2,070
University Hospital Southampton NHS Foundation Trust	821	921	327	2,069
University Hospitals Of North Midlands NHS Trust	2,009	27	0	2,036
Lancashire Teaching Hospitals NHS Foundation Trust	681	1,131	144	1,956
York Teaching Hospital NHS Foundation Trust	1,203	530	0	1,733
Hampshire Hospitals NHS Foundation Trust	852	341	446	1,639
Oxford University Hospitals NHS Foundation Trust	1,035	104	487	1,626
University Hospitals Coventry And Warwickshire NHS Trust	1,130	238	232	1,600
Southern Health NHS Foundation Trust	446	822	221	1,489
Nottingham University Hospitals NHS Trust	1,416	20	41	1,477
Royal Cornwall Hospitals NHS Trust	858	588	27	1,473
Frimley Health NHS Foundation Trust	819	438	161	1,418
South Tees Hospitals NHS Foundation Trust	1,286	122	0	1,408
Mersey Care NHS Foundation Trust	887	268	204	1,359
North West Anglia NHS Foundation Trust	1,209	90	18	1,317
Leeds And York Partnership NHS Foundation Trust	761	54	498	1,313
Cambridge University Hospitals NHS Foundation Trust	925	281	105	1,311
North Bristol NHS Trust	645	503	148	1,296
Oxford Health NHS Foundation Trust	444	159	680	1,283
Gloucestershire Hospitals NHS Foundation Trust	421	607	254	1,282
University Hospitals Of Derby And Burton NHS Foundation Trust	800	413	35	1,248
Mid Yorkshire Hospitals NHS Trust	1,129	98	0	1,227
Cornwall Partnership NHS Foundation Trust	545	422	260	1,227
Dorset Healthcare University NHS Foundation Trust	661	145	391	1,197
Leeds Teaching Hospitals NHS Trust	1,173	1	0	1,174
Birmingham And Solihull Mental Health NHS Foundation Trust	826	94	248	1,168
Brighton And Sussex University Hospitals NHS Trust	721	233	192	1,146
East Suffolk And North Essex NHS Foundation Trust	737	356	29	1,122
Northampton General Hospital NHS Trust	354	628	121	1,103

	Delayed Days			
Name	NHS	Social Care	Both	Total
Sussex Partnership NHS Foundation Trust	595	450	52	1,097
London North West University Healthcare NHS Trust	588	396	49	1,033
Buckinghamshire Healthcare NHS Trust	969	54	0	1,023
Royal Devon And Exeter NHS Foundation Trust	781	225	0	1,006
Sheffield Teaching Hospitals NHS Foundation Trust	466	302	226	994
Great Western Hospitals NHS Foundation Trust	803	151	31	985
Portsmouth Hospitals NHS Trust	690	178	106	974
Greater Manchester Mental Health NHS Foundation Trust	641	246	68	955
Kettering General Hospital NHS Foundation Trust	450	451	49	950
Guy's And St Thomas' NHS Foundation Trust	506	239	204	949
Birmingham Community Healthcare NHS Foundation Trust	447	461	33	941
Pennine Care NHS Foundation Trust	398	337	166	901
Maidstone And Tunbridge Wells NHS Trust	522	361	10	893
Salford Royal NHS Foundation Trust	570	305	6	881
Royal United Hospitals Bath NHS Foundation Trust	593	269	0	862
Worcestershire Health And Care NHS Trust	479	202	179	860
Pennine Acute Hospitals NHS Trust	573	272	12	857
Rotherham Doncaster And South Humber NHS Foundation Trust	294	432	126	852
Kent And Medway NHS And Social Care Partnership Trust	215	539	97	851
East Sussex Healthcare NHS Trust	684	162	0	846
Norfolk And Norwich University Hospitals NHS Foundation Trust	377	435	32	844
University Hospitals Of Morecambe Bay NHS Foundation Trust	406	435	0	841
Hull University Teaching Hospitals NHS Trust	473	359	5	837
University Hospitals Bristol NHS Foundation Trust	292	341	199	832
Royal Berkshire NHS Foundation Trust	552	154	125	831
East Lancashire Hospitals NHS Trust	607	117	82	806
Norfolk And Suffolk NHS Foundation Trust	423	319	61	803
North Cumbria University Hospitals NHS Trust	410	231	162	803
University Hospitals Plymouth NHS Trust	705	84	7	796
Western Sussex Hospitals NHS Foundation Trust	738	53	0	791
Leicestershire Partnership NHS Trust	503	122	150	775
Countess Of Chester Hospital NHS Foundation Trust	264	308	182	754
Stockport NHS Foundation Trust	280	440	9	729
Sherwood Forest Hospitals NHS Foundation Trust	689	35	0	724
Midlands Partnership NHS Foundation Trust	614	92	17	723
Barking, Havering And Redbridge University Hospitals NHS Trust	633	67	21	721
Cumbria Partnership NHS Foundation Trust	365	202	151	718
North West Boroughs Healthcare NHS Foundation Trust	212	346	140	698
Hertfordshire Partnership University NHS Foundation Trust	590	103	0	693
Central And North West London NHS Foundation Trust	516	143	30	689
The Royal Wolverhampton NHS Trust	264	421	0	685
Essex Partnership University NHS Foundation Trust	514	73	96	683
West Hertfordshire Hospitals NHS Trust	346	123	207	676
Tees, Esk And Wear Valleys NHS Foundation Trust	252	96	325	673
Sussex Community NHS Foundation Trust	368	253	42	663
South London And Maudsley NHS Foundation Trust	424	201	30	655
Royal Free London NHS Foundation Trust	447	202	0	649
Oxleas NHS Foundation Trust	332	223	90	645
Milton Keynes University Hospital NHS Foundation Trust	612	8	24	644
Royal Liverpool And Broadgreen University Hospitals NHS Trust	547	96	0	643
United Lincolnshire Hospitals NHS Trust	440	51	136	627
Blackpool Teaching Hospitals NHS Foundation Trust	231	301	81	613
Bedford Hospital NHS Trust	554	7	35	596
St Helens And Knowsley Teaching Hospitals NHS Trust	475	108	7	590
Luton And Dunstable University Hospital NHS Foundation Trust	481	20	71	572
Northern Lincolnshire And Goole NHS Foundation Trust	488	35	43	566
Dorset County Hospital NHS Foundation Trust	532	34	0	566
Avon And Wiltshire Mental Health Partnership NHS Trust	324	210	25	559
West Suffolk NHS Foundation Trust	330	107	116	553
Tameside And Glossop Integrated Care NHS Foundation Trust	166	381	0	547
Bolton NHS Foundation Trust	156	260	129	545
University College London Hospitals NHS Foundation Trust	385	159	0	544
Poole Hospital NHS Foundation Trust	457	80	0	537
Hertfordshire Community NHS Trust	408	116	4	528
Calderdale And Huddersfield NHS Foundation Trust	346	95	81	522
Mid Cheshire Hospitals NHS Foundation Trust	387	135	0	522
Torbay And South Devon NHS Foundation Trust	232	275	12	519
Worcestershire Acute Hospitals NHS Trust	286	13	216	515
Northumberland, Tyne And Wear NHS Foundation Trust	139	105	269	513
The Newcastle Upon Tyne Hospitals NHS Foundation Trust	484	26	0	510
Kent Community Health NHS Foundation Trust	471	34	4	509
Northamptonshire Healthcare NHS Foundation Trust	181	311	16	508
Aintree University Hospital NHS Foundation Trust	481	25	0	506
Imperial College Healthcare NHS Trust	310	194	0	504
Norfolk Community Health And Care NHS Trust	321	139	34	494

	Delayed Days			
Name	NHS	Social Care	Both	Total
Cambridgeshire And Peterborough NHS Foundation Trust	354	88	50	492
Chelsea And Westminster Hospital NHS Foundation Trust	446	28	18	492
Warrington And Halton Hospitals NHS Foundation Trust	468	16	3	487
Wye Valley NHS Trust	205	278	0	483
The Walton Centre NHS Foundation Trust	273	186	0	459
Sandwell And West Birmingham Hospitals NHS Trust	251	204	0	455
The Royal Bournemouth And Christchurch Hospitals NHS Foundation Trust	453	0	0	453
Isle Of Wight NHS Trust	246	143	58	447
Croydon Health Services NHS Trust	173	267	0	440
Berkshire Healthcare NHS Foundation Trust	237	135	67	439
University Hospitals Of Leicester NHS Trust	435	0	0	435
St Martins Hospital	262	169	0	431
Csh Surrey	364	39	27	430
Somerset Partnership NHS Foundation Trust	249	173	7	429
Walsall Healthcare NHS Trust	366	62	0	428
Livewell Southwest	351	76	0	427
Wiltshire Health And Care	205	211	7	423
Nottinghamshire Healthcare NHS Foundation Trust	302	0	117	419
East Cheshire NHS Trust	218	198	0	416
Salisbury NHS Foundation Trust	175	231	0	406
King's College Hospital NHS Foundation Trust	147	185	68	400
Royal Surrey County Hospital NHS Foundation Trust	347	50	0	397
South Warwickshire NHS Foundation Trust	231	154	6	391
Homerton University Hospital NHS Foundation Trust	113	269	2	384
Medway NHS Foundation Trust	216	157	0	373
Nottingham Citycare Partnership	295	77	0	372
North Tees And Hartlepool NHS Foundation Trust	353	18	0	371
Devon Partnership NHS Trust	283	58	30	371
Kingston Hospital NHS Foundation Trust	317	44	0	361
West London NHS Trust	89	139	129	357
North East London NHS Foundation Trust	131	217	0	348
Solent NHS Trust	169	144	35	348
Lewisham And Greenwich NHS Trust	39	300	0	339
Southend University Hospital NHS Foundation Trust	192	95	40	327
Surrey And Sussex Healthcare NHS Trust	177	148	0	325
The Robert Jones And Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	259	56	0	315
The Dudley Group NHS Foundation Trust	115	74	120	309
Dartford And Gravesham NHS Trust	202	107	0	309
Coventry And Warwickshire Partnership NHS Trust	212	32	53	297
Shrewsbury And Telford Hospital NHS Trust	184	25	87	296
The Hillingdon Hospitals NHS Foundation Trust	268	27	0	295
Mid Essex Hospital Services NHS Trust	205	49	35	289
Barnet, Enfield And Haringey Mental Health NHS Trust	156	46	84	286
Epsom And St Helier University Hospitals NHS Trust	110	172	0	282
Sirona Care And Health	29	252	0	281
South Tyneside And Sunderland NHS Foundation Trust	195	77	4	276
Bradford Teaching Hospitals NHS Foundation Trust	219	55	0	274
Surrey And Borders Partnership NHS Foundation Trust	229	30	15	274
Gateshead Health NHS Foundation Trust	192	81	0	273
Weston Area Health NHS Trust	132	137	0	269
The Queen Elizabeth Hospital, King's Lynn, NHS Foundation Trust	168	99	0	267
The Rotherham NHS Foundation Trust	133	129	0	262
The Princess Alexandra Hospital NHS Trust	227	31	0	258
Wirral University Teaching Hospital NHS Foundation Trust	172	84	0	256
Northern Devon Healthcare NHS Trust	101	149	1	251
Virgin Care Services Ltd	162	58	30	250
Wrightington, Wigan And Leigh NHS Foundation Trust	120	124	5	249
Doncaster And Bassetlaw Teaching Hospitals NHS Foundation Trust	151	92	0	243
Ashford And St Peter's Hospitals NHS Foundation Trust	162	77	0	239
Taunton And Somerset NHS Foundation Trust	151	80	8	239
East And North Hertfordshire NHS Trust	229	9	0	238
George Eliot Hospital NHS Trust	224	12	0	236
Cheshire And Wirral Partnership NHS Foundation Trust	188	30	0	218
James Paget University Hospitals NHS Foundation Trust	28	186	0	214
Basildon And Thurrock University Hospitals NHS Foundation Trust	127	43	31	201
Whittington Health NHS Trust	127	60	0	187
Southport And Ormskirk Hospital NHS Trust	183	0	0	183
North Middlesex University Hospital NHS Trust	160	15	0	175
Camden And Islington NHS Foundation Trust	0	105	60	165
East London NHS Foundation Trust	50	114	0	164
Lancashire Care NHS Foundation Trust	60	100	0	160
Chesterfield Royal Hospital NHS Foundation Trust	124	14	12	150
St George's University Hospitals NHS Foundation Trust	117	32	0	149
Sheffield Health And Social Care NHS Foundation Trust	0	30	119	149
Harrogate And District NHS Foundation Trust	101	40	0	141

	Delayed Days			
Name	**NHS**	**Social Care**	**Both**	**Total**
Anglian Community Enterprise Community Interest Company	76	64	0	140
North Staffordshire Combined Healthcare NHS Trust	130	1	6	137
Northumbria Healthcare NHS Foundation Trust	111	19	0	130
Royal Brompton And Harefield NHS Foundation Trust	108	18	0	126
Humber Teaching NHS Foundation Trust	66	60	0	126
Central London Community Healthcare NHS Trust	111	14	0	125
Birmingham Women's And Children's NHS Foundation Trust	90	30	0	120
South West London And St George's Mental Health NHS Trust	87	24	8	119
Derbyshire Healthcare NHS Foundation Trust	60	28	30	118
County Durham And Darlington NHS Foundation Trust	94	2	0	96
Lincolnshire Partnership NHS Foundation Trust	62	0	30	92
South West Yorkshire Partnership NHS Foundation Trust	32	0	60	92
2Gether NHS Foundation Trust	57	0	32	89
Gloucestershire Care Services NHS Trust	66	22	0	88
North Somerset Community Partnership Community Interest Company	12	76	0	88
Yeovil District Hospital NHS Foundation Trust	62	24	0	86
Airedale NHS Foundation Trust	79	6	0	85
Liverpool Heart And Chest Hospital NHS Foundation Trust	71	9	0	80
Derbyshire Community Health Services NHS Foundation Trust	66	0	0	66
Dudley And Walsall Mental Health Partnership NHS Trust	28	37	0	65
Hounslow And Richmond Community Healthcare NHS Trust	52	11	0	63
Black Country Partnership NHS Foundation Trust	0	30	30	60
Barnsley Hospital NHS Foundation Trust	32	21	0	53
First Community Health And Care Cic	32	15	0	47
Shropshire Community Health NHS Trust	18	24	2	44
Lincolnshire Community Health Services NHS Trust	29	1	7	37
Provide	30	0	0	30
The Royal Marsden NHS Foundation Trust	30	0	0	30
Royal National Orthopaedic Hospital NHS Trust	19	9	0	28
Royal Papworth Hospital NHS Foundation Trust	17	0	0	17
The Royal Orthopaedic Hospital NHS Foundation Trust	5	11	0	16
Navigo Health And Social Care Cic	14	0	0	14
The Clatterbridge Cancer Centre NHS Foundation Trust	7	3	0	10
Bradford District Care NHS Foundation Trust	8	0	0	8
The Christie NHS Foundation Trust	8	0	0	8
City Health Care Partnership Cic	7	0	0	7
East Coast Community Healthcare C.I.C	6	0	0	6
Queen Victoria Hospital NHS Foundation Trust	3	0	0	3
Moorfields Eye Hospital NHS Foundation Trust	0	0	0	0
John Taylor Hospice Charity	0	0	0	0
Leeds Community Healthcare NHS Trust	0	0	0	0
Liverpool Women's NHS Foundation Trust	0	0	0	0

Data source: https://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/delayed-transfers-of-care-data-2019-20/

3.5 Mental Health Services Data Set Indicators (March 2019)

PRIMARY_LEVEL_DESCRIPTION	AMH01 - People in contact with adult mental health services at the end of RP	AMH02 - People in contact with adult mental health services on CPA at the end of RP	**Proportion of patients on CPA**	AMH03 - People in contact with adult mental health services on CPA aged 18-69 at the end of RP	AMH05 - People in contact with adult mental health services on CPA for 12 months at the end of RP	AMH06 - People in contact with adult mental health services on CPA for 12 months with review at the end of RP	**CPA review rate**	MH01 - People in contact with mental health services at the end of RP	MH08 - People in contact with mental health services subject to the MHA at the end of RP	**Proportion of patients subject to the MHA**
SOLENT NHS TRUST	3180	540	17%	375	340	315	93%	6620	55	0.8%
NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST	3505	80	2%	10	45	45	100%	3505	15	0.4%
ISLE OF WIGHT NHS TRUST	3510	425	12%	360	285	*		3510	35	1.0%
HUMBER TEACHING NHS FOUNDATION TRUST	6155	2460	40%	2025	1465	1325	90%	10080	170	1.7%
BIRMINGHAM WOMEN'S AND CHILDREN'S NHS FOUNDATION TRUST	7280	850	12%	730	375	*		7365	*	
CAMBRIDGESHIRE AND PETERBOROUGH NHS FOUNDATION TRUST	7375	1520	21%	1225	830	785	95%	9870	100	1.0%
WORCESTERSHIRE HEALTH AND CARE NHS TRUST	7625	940	12%	870	595	565	95%	9035	115	1.3%
CUMBRIA PARTNERSHIP NHS FOUNDATION TRUST	8280	1025	12%	920	590	520	88%	10340	10	0.1%
CORNWALL PARTNERSHIP NHS FOUNDATION TRUST	8415	3435	41%	2155	1380	1080	78%	10455	100	1.0%
SOMERSET PARTNERSHIP NHS FOUNDATION TRUST	8860	1790	20%	1065	660	570	86%	8880	75	0.8%
DUDLEY AND WALSALL MENTAL HEALTH PARTNERSHIP NHS TRUST	10195	1365	13%	1170	1060	*		14265	20	0.1%
CAMDEN AND ISLINGTON NHS FOUNDATION TRUST	10645	1905	18%	1770	1555	1365	88%	10645	415	3.9%
DORSET HEALTHCARE UNIVERSITY NHS FOUNDATION TRUST	11005	2250	20%	1530	1095	955	87%	14565	255	1.8%
SHEFFIELD HEALTH & SOCIAL CARE NHS FOUNDATION TRUST	11355	1330	12%	1310	845	745	88%	11355	205	1.8%
NORTH STAFFORDSHIRE COMBINED HEALTHCARE NHS TRUST	11375	1450	13%	1315	925	890	96%	12940	120	0.9%
2GETHER NHS FOUNDATION TRUST	11880	1365	11%	1210	900	875	97%	15030	205	1.4%
BLACK COUNTRY PARTNERSHIP NHS FOUNDATION TRUST	12465	695	6%	665	695	*		15000	65	0.4%
ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST	13250	1880	14%	1685	1525	950	62%	17090	140	0.8%
WEST LONDON NHS TRUST	13285	2565	19%	2400	1840	1760	96%	16910	770	4.6%
OXFORD HEALTH NHS FOUNDATION TRUST	13400	4855	36%	4055	3470	1865	54%	26405	440	1.7%
BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST	13815	3200	23%	2830	2020	1940	96%	19080	555	2.9%
BRADFORD DISTRICT CARE NHS FOUNDATION TRUST	13880	3240	23%	2905	1885	1535	81%	14140	175	1.2%
LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST	14215	2165	15%	1945	1205	1015	84%	14375	360	2.5%
HERTFORDSHIRE PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST	14660	2690	18%	2435	1430	1300	91%	18200	250	1.4%
NORTHAMPTONSHIRE HEALTHCARE NHS FOUNDATION TRUST	14940	1320	9%	945	710	555	78%	17260	120	0.7%
LINCOLNSHIRE PARTNERSHIP NHS FOUNDATION TRUST	15160	1140	8%	930	435	335	77%	15255	110	0.7%
NORTH WEST BOROUGHS HEALTHCARE NHS FOUNDATION TRUST	15615	2735	18%	2155	1720	*		19345	165	0.9%
OXLEAS NHS FOUNDATION TRUST	15760	2130	14%	1700	1385	1355	98%	18465	175	0.9%
DEVON PARTNERSHIP NHS TRUST	16035	820	5%	695	560	*		16035	155	1.0%
SOUTHERN HEALTH NHS FOUNDATION TRUST	16175	2020	12%	1710	1100	850	77%	16175	410	2.5%
SOUTH WEST LONDON AND ST GEORGE'S MENTAL HEALTH NHS TRUST	16220	3135	19%	2790	1925	1890	98%	17565	395	2.2%
BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST	16365	985	6%	860	595	505	85%	20725	90	0.4%
SURREY AND BORDERS PARTNERSHIP NHS FOUNDATION TRUST	16725	2705	16%	2565	1450	980	68%	26545	210	0.8%
DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST	18650	2470	13%	2025	1790	1680	94%	20455	235	1.1%
NOTTINGHAMSHIRE HEALTHCARE NHS FOUNDATION TRUST	19250	1885	10%	1545	930	895	96%	22220	670	3.0%
MIDLANDS PARTNERSHIP NHS FOUNDATION TRUST	19485	3975	20%	3540	2215	2090	94%	23950	195	0.8%
NORFOLK AND SUFFOLK NHS FOUNDATION TRUST	19800	4395	22%	3685	2340	220	9%	24835	370	1.5%
SOUTH WEST YORKSHIRE PARTNERSHIP NHS FOUNDATION TRUST	20805	3975	19%	3205	2490	30	1%	25995	*	
KENT AND MEDWAY NHS AND SOCIAL CARE PARTNERSHIP TRUST	21060	3010	14%	2580	1800	1600	89%	21060	350	1.7%
CHESHIRE AND WIRRAL PARTNERSHIP NHS FOUNDATION TRUST	21700	2755	13%	2345	1875	985	53%	25805	340	1.3%
NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST	21800	3550	16%	3100	1755	1455	83%	29810	555	1.9%
LEICESTERSHIRE PARTNERSHIP NHS TRUST	21940	1600	7%	1305	940	510	54%	25250	270	1.1%
PENNINE CARE NHS FOUNDATION TRUST	22410	3445	15%	2765	2670	2155	81%	31070	510	1.6%
AVON AND WILTSHIRE MENTAL HEALTH PARTNERSHIP NHS TRUST	22935	5820	25%	4840	3150	2960	94%	25030	515	2.1%
CENTRAL AND NORTH WEST LONDON NHS FOUNDATION TRUST	25735	3555	14%	3185	2645	2185	83%	30755	790	2.6%
EAST LONDON NHS FOUNDATION TRUST	27300	4670	17%	4245	2825	2710	96%	33065	800	2.4%
COVENTRY AND WARWICKSHIRE PARTNERSHIP NHS TRUST	27330	1860	7%	1525	885	845	95%	38435	185	0.5%
GREATER MANCHESTER MENTAL HEALTH NHS FOUNDATION TRUST	28415	8415	30%	7330	5885	4725	80%	29765	855	2.9%
MERSEY CARE NHS FOUNDATION TRUST	28430	3995	14%	3740	3010	775	26%	28430	455	1.6%
ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST	29765	4780	16%	3790	3140	2700	86%	29765	360	1.2%
SOUTH LONDON AND MAUDSLEY NHS FOUNDATION TRUST	30810	4950	16%	4145	3535	2705	77%	36325	375	1.0%
SUSSEX PARTNERSHIP NHS FOUNDATION TRUST	31850	4835	15%	3760	2960	2600	88%	44835	400	0.9%
NORTH EAST LONDON NHS FOUNDATION TRUST	34725	3470	10%	3055	2550	2350	92%	37155	305	0.8%
BIRMINGHAM AND SOLIHULL MENTAL HEALTH NHS FOUNDATION TRUST	35010	5165	15%	4650	3010	2860	95%	36530	860	2.4%
TEES, ESK AND WEAR VALLEYS NHS FOUNDATION TRUST	35980	8745	24%	6485	4730	4040	85%	48165	570	1.2%

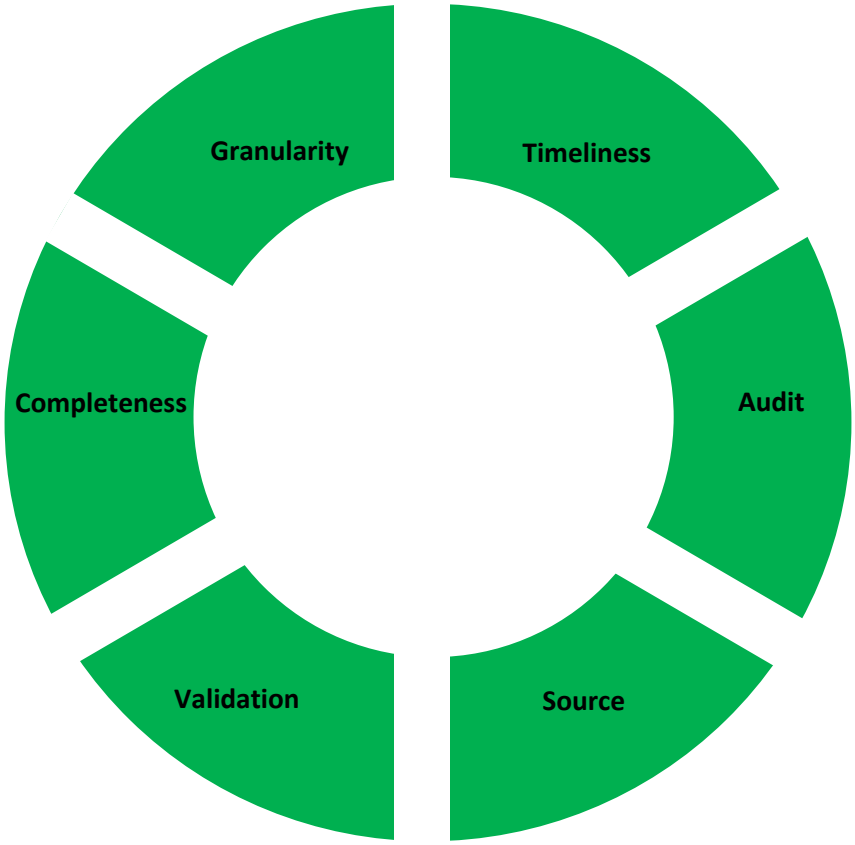
Data source: https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-services-monthly-statistics/final-march-2019

Data Quality Kite Mark

Background

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

Approach



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

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

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

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

KPI Data Quality Reviews

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

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 2 July 2019

Report from Governance Committee

Purpose of Report
This paper provides an update on the meeting of the Governance Committee held on 12 June 2019.

Executive Summary
Since the last summary was provided in May the Governance Committee has met once on 12 June 2019.

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

Assurances

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

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

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

Equality Impact Risk Analysis	
The author has a responsibility to consider the equality impact and evidence on the nine protected characteristics – Race, Economic disadvantage, Gender, Age, Religion or belief, Disability and Sexual orientation (REGARDS).	
There are no adverse effects on people with protected characteristics (REGARDS).	x

There are potential adverse effect(s) on people with protected characteristics (REGARDS). Details of potential gaps/inequalities are outlined below, with the appropriate action to mitigate or minimise those risks.	

Actions to Mitigate/Minimise Identified Risks

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

Recommendations

The Council of Governors is requested to:

1. Note the report made at the Governance Committee meeting on 12 June 2019.

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

Report prepared by: Denise Baxendale, Membership and Involvement Manager

Report from Governance Committee – 12 June 2019

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

Matters Arising

Five governors have still not signed the revised Code of Conduct despite reminders being sent. It was agreed that the Lead Governor should contact the governors concerned.

Governor Training and Development

- The programme for 2019/20 was discussed and amended to include a session on mental health conditions.

Membership and Engagement

- 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

- Governors were encouraged to actively source appropriate events in their constituencies to attend to engage with their constituents and the wider public.

Annual Members' Meeting (AMM)

- The AMM is being held at the Kingsway Hospital site
- A market place will provide an opportunity for Trust services and networks to share information and meet Trust members and the public
- The programme will include presentations focusing on equality and diversity from the Trust's networks
- Joanna Cannon, bestselling author and former Trust colleague will be announcing the winners of the Trust's Writing Competition 'Looking Back/Looking Forwards'
- Governors were encouraged to promote the AMM and writing competition widely within their constituencies.

Governor Elections

- Two public governors' terms of office end on 30 September and therefore elections will be held in Derby City West and Erewash

- Nominations for the vacancies in Derby City West and Erewash on 12 July and close on 9 August

- Three public governors' terms of office end on 31 January 2020 and elections will need to be held in Amber Valley, Derby City West and South Derbyshire.

Governor attendance at the Council of Governors

- The majority of governors had attended at least two of the last three

successive scheduled Council of Governors meetings

- The Lead Governor has contacted those governors who have missed the last three successive normal Council of Governors meetings to discuss the reasons for absence. The Lead Governor was satisfied with the reasons given for absence. He would continue to keep in touch with these governors.

Care Quality Commission (CQC) inspection

- Carolyn Green presented the CQC's final report following their visit to the Trust's acute inpatient wards in March 2019
- An update on the report will be presented to the Council of Governors on 2 July 2019.

Derbyshire Borderline Personality Disorder Support Group

- Carolyn Green will feedback on the issues raised.

Lead Governor and Deputy Lead Governor update

- All governors present supported Lynda Langley's nomination for Lead Governor and as such was appointed as the Lead Governor
- John Morrissey will continue in the Lead Governor role until 1 September
- No nominations had been received for the Deputy Lead Governor role.

Quality Visits Programme

- The Quality Visits Programme is underway and all eligible governors have been invited to participate.

Derbyshire Healthcare
NHS Foundation Trust

MINUTES OF A MEETING OF THE BOARD OF DIRECTORS

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

Tuesday 2 April 2019

MEETING HELD IN PUBLIC

Commenced: 9.30 Closed: 12:15

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
	Suzanne Overton-Edwards	Non-Executive Director under NHSI NExT Director scheme
IN ATTENDANCE	Anna Shaw	Deputy Director of Communications & Involvement
	Justine Fitzjohn	Incoming Trust Secretary
	Sue Turner	Board Secretary (minutes)
	Gail Tivey	Team Administrator Eating Disorders Service
	Michaela Gilbert	Higher Specialist Trainee
For item DCHFT2019/047	Rachel Kempster	Risk and Assurance Manager
VISITORS	Lew Hall	Public Governor, Erewash
	Lynda Langley	Public Governor, Chesterfield
	Jo Foster	Staff Governor, Nursing
	Kelly Sims	Staff Governor, Admin & Allied Support Staff
	Sandra Austin	Derby City & South Derbyshire Mental Health Carer's Forum and Trust Volunteer
	Noel O'Sullivan	Trust Volunteer and Peer Support Worker

DHCFT 2019/037	**CHAIR'S WELCOME, OPENING REMARKS, APOLOGIES FOR ABSENCE AND DECLARATION OF INTERESTS** The Trust Chair, Caroline Maley, welcomed all to the meeting. Introductions were made to Gail Tivey, Team Administrator from the Eating Disorders Service who attended meeting to shadow the Chair and Michaela Gilbert a Higher Specialist

	Trainee who was shadowing Chief Executive, Ifti Majid. Incoming Trust Secretary, Justine Fitzjohn was welcomed to her first meeting with the Board prior to her official start date in June. A warm welcome was extended to Deputy Trust Chair and Non-Executive Director, Julia Tabreham after her extended leave of absence. No declarations of interest in agenda items were raised.
DHCFT 2019/038	**DECLARATIONS OF INTEREST REGISTER** The Declaration of Interests Register annual report provided the Board with an account of Directors' interests during 2018/19. It was noted that all Board members have personally reaffirmed in writing their agreement to comply with the NHS Codes of Conduct and Accountability, and the Seven Principles of Public Life (Nolan). The Declaration of Interests Register will be listed in the Trust's annual report and accounts for 2018/19 and will include the declarations relating to the Chief Operating Officer, Mark Powell that had not been included in the report. Declarations raised at the meeting by Suzanne Overton-Edwards who is undertaking a placement through the NHSI NExT Director scheme are not required to be disclosed within the Declaration of Interests Register as they have been recorded in the Trust's Fit and Proper Person Test (FPPT) files in line with the FPPT Policy. **ACTION: Register of Interests to be updated to include declarations made by the Chief Operating Officer** **RESOLVED: The Board of Directors:** **1) Approved the declarations of interest as disclosed, subject to the addition of declarations relating to the Chief Operating's Officer** **2) Acknowledged that the Register of Interests is accessible to the public at the Trust Head Office and will be listed in the Trust's annual report and accounts for 2018/19** **3) Recorded and noted that all Directors have signed as to compliance with the NHS Codes of Conduct and Accountability and Nolan principles; no relevant audit matters have been declared.**
DHCFT 2019/039	**PATIENT STORY** Today's story featured the voice of a child told through School Nurse, Stephanie Coglan who relayed the experience of a fourteen year old girl who disclosed a two year episode of inter familial sexual abuse. Stephanie conveyed how this disclosure was made to her during one of the drop in sessions that she holds for students to talk to her about their worries and anxieties. Initially this student wanted to talk about the relationship difficulties she was experiencing at home and eventually disclosed that a family member had been sexually abusing her for around two years. This was the first time she had told anyone and to begin with she felt relieved to have finally had the courage to speak about it.

	The student was referred to a specialised service called The Keep which is commissioned collaboratively between Derby City Council and Southern Derbyshire CCG and delivered by a specialist team of Clinical Psychologists and Therapeutic Social Workers from Derby Teaching Hospitals NHS Foundation Trust. The Board heard how she had found treatment extremely difficult as she was not ready to undergo psychological work around her abuse. In addition to this she was not provided with person-centred goals as there appears to be a gap between psychological services when a person is pre-therapy. Ifti Majid observed the wider issues relating to this complex case and reflected on the importance of listening to people and providing them with appropriate treatment that is aligned around person centred care. This is a change that should be made to the way that the system and the Trust works with its partner services so that a better trauma informed practice can be provided for children and young people in similar situations in the future to eliminate all gaps. The Board recognised that school nursing is critical to enabling children to make disclosures. The anxiety felt by children and young people is overwhelming and a large part of a school nurse's working week is spent dealing with students who are suffering from anxiety based issues. The main themes being disclosed are general anxiety and social anxiety, issues relating anger management as well as self-harm. The Board discussed how important it is that lessons are learnt about interagency working and responding to the needs of people so that the individual can decide on the trauma therapy and psychological support treatment to be received at a pace that is meaningful to them. As a mental health system it is important to join up with multi-agency partners and work with a trauma service across the system to improve the service for children and young people who have access to our services. In this case the CAMHS (Child and Adolescent Mental Health Service) team decided not to treat the trauma from sexual abuse. This was to be treated by The Keep that supports children and young people who have suffered sexual abuse by providing evidenced based interventions on a one-to-one basis. The Board resolved to learn from this case and committed to taking this learning forward with the Trust's system partners to ensure that a trauma and person centred approach is provided for young people. This will be raised through the children and young people's work stream to ensure this story serves as an example to drive commissioning of children's services across Derbyshire. This story will be articulated as evidence of the need to change and improve the service provided for children. **RESOLVED: The Board of Directors committed to taking the learning from this case forward with the Trust's system partners to drive commissioning and improve the delivery of children's services across Derbyshire**
DHCFT 2019/040	**MINUTES OF THE BOARD OF DIRECTORS MEETING HELD ON 5 MARCH 2019** The minutes of the previous meeting, held on 5 March 2019, were accepted as a correct record of the meeting.
DHCFT 2018/041	**MATTERS ARISING** **DHCFT2019/032 Flu Self-assessment report:** Director of People and Organisational Effectiveness, Amanda Rawlings advised the Board that following

	the previous meeting a review of staff flu vaccination data had determined that the vaccination rate had increased from 51% to 54%. Work is taking place within the People and Culture Committee and Executive Leadership Team to ensure improved staff vaccination rates during next year's campaign.
DHCFT 2018/042	**ACTIONS MATRIX** The Board agreed to close all completed actions. Updates were provided by members of the Board and noted on the actions matrix. All completed 'green' actions were scrutinised to ensure that they were fully complete and actions that were not complete were challenged with Executive Director leads.
DHCFT 2019/043	**QUESTIONS FROM GOVERNORS OR MEMBERS OF THE PUBLIC** No questions had been received from members of the public or governors in advance of the meeting.
DHCFT 2019/044	**CHAIR'S UPDATE** This report provided the Board with the Trust Chair's summary of activity undertaken since the previous Board meeting held on 5 March 2019. Caroline gave a brief overview of the visits she had made to some of the Trust's services. She referred to her visit to the Eating Disorders team in Belper where she attended a clinical meeting. She also attended a team meeting and was pleased to have Eating Disorders, Team Administrator, Gail Tivey attending today's Board meeting as her shadow. Caroline reported on the positive feedback received from the NHS Providers regional governor workshop that the Trust hosted on 26 February. She was pleased with the engagement by the Trust's governors who attended and was extremely proud of the presentation that she made with Lead Governor, John Morrissey on how the relationship between the Board and the Council of Governors has developed and what they considered were the elements of success. Caroline also welcomed new governors following the outcome of Council of Governor elections held in March. Of particular note was the business that the Remuneration and Appointments Committee discussed. This included succession planning and consideration of the impact that changes to pension taxation rules that affect wider staff which is a national issue. The Committee agreed to escalate these changes to the Board and to include the risk that arises from these changes on the retention of a number of senior staff and consultants in the Board Assurance Framework (BAF). Special thanks were made in Caroline's report to Director of Corporate Affairs and Trust Secretary, Sam Harrison who is leaving the Trust after her three year tenure. Appreciation was shown for her support during the transition to incoming Trust Secretary Justine Fitzjohn over the next few weeks. Caroline drew attention to the Operational Plan meeting held on 27 March that she attended with the Chief Executive, Chair of Audit and Risk Committee, Chair of Finance and Performance Committee, the Director of Finance and Deputy Director of Finance to scrutinise the Trust's 2019/20 plan ahead of submission to NHS Improvement on 4 April. She confirmed that, with delegated authority on behalf of the Board, they were able to sign off the plan.

	RESOLVED: The Board of Directors noted the activities of the Trust Chair since the last meeting held on 5 March 2019
DHCFT 2019/045	**CHIEF EXECUTIVE'S UPDATE** This report provided the Board of Directors with feedback on changes within the national health and social care sector as well as providing an update on developments occurring within our local Derbyshire health and social care community. The report reflected on a wider view of the Trust's operating environment and served to highlight risks that may affect the organisation. Risks identified will be taken forward to assess their operational and strategic impact and recorded on operational risk registers or the BAF. Ifti Majid drew attention to the key findings of the 'Addressing the Care Deficit' particularly with regard to the pressures being experienced with demand for services outstripping supply. He intends to discuss addressing the MHIS (Mental Health Investment Standard) in our organisation with the CCGs as it is clear that changes to universal credit and benefits has increased demand for services, particularly with issues such as loneliness, homelessness and wider deprivation here in Derbyshire. The Board noted the uncertainty about the future role of mental health specialist organisations and the care that will support the governance of the Integrated Care Systems (ICS) and how people with complex health problems will have their needs met. Discussion focussed on the ICS proposal and how this will be worked through Joined Up Care Derbyshire (JUCD). Ifti thought that this work sounded encouraging. An integrated data source across all organisations across Derbyshire is helping us understand how cohorts of people using services would benefit from the revision of services within the county. Ifti proposed bringing a paper to the Board that will outline the new plan of the integrated care offer that will be considered when work commences with the refresh of our Trust Strategy and the new care model. This paper will enable further discussions on changes within system care. The report also provided an update on developments within work streams of the Mental Health System Delivery Board. Ifti and Non-Executive Director Anne Wright had both attended this meeting on 21 March and were pleased to see that notable progress had taken place with regard to the planning of the development of wellbeing hubs. There is more to understand about what the expectation standards are for mental health services and the work that Chief Operating Officer, Mark Powell is undertaking with a working group reviewing mental health standards will mean that the Trust will be at the forefront of embracing this work. Non-Executive Director, Geoff Lewins referred to the proposals to modernise the four hour wait target in A&E departments. He asked about waiting time access and whether there are liaison teams already in place within hospitals. Ifti was pleased to assure him that we have a very strong liaison team in our two main hospitals in Derbyshire who work to make sure that if someone presents with a mental health disorder they will be seen within an hour. The Board was pleased to note that the Trust has continued to perform strongly in data security and protection through the Information Governance Toolkit. In response to Non-Executive Director, Richard Wright's reference to the Trust's

	increased posting of news and features on Facebook and Twitter, he was assured that the relevance of these messages was being measured and controlled by generating activity around key subjects with the aim of addressing some of the stigma regarding mental health diagnoses and services. **RESOLVED: The Board of Directors scrutinised the Chief Executive's update, noting the risks and actions being taken.**
DHCFT 2019/046	**INTEGRATED PERFORMANCE AND ACTIVITY REPORT** The Integrated Performance Report (IPR) provided the Board with an integrated overview of performance as at the end of February. The focus of the report is on workforce, finance, operational delivery and quality performance. This month's report included benchmarking data that demonstrates how the Trust is performing in comparison with other trusts. The Trust continues to perform well against many of its key indicators with maintenance or improvements continuing across many of the Trust's services. In terms of workforce performance it was noted that sickness absence levels had improved throughout February. The new adjustments in sickness absence management and the introduction of the wellbeing support process were seen as a positive initiative that will help improve sickness absence rates. Director of People and Organisational Effectiveness, Amanda Rawlings reported that a new style induction welcoming new starters to the Trust had commenced this week. New staff now carry out a five day induction that includes the completion of mandatory training enabling them to be fully prepared when they move into their role. Richard Wright noted the increased levels of recruitment that have occurred following a range of new and innovative techniques were introduced and asked how the pipeline of new staff was being built up. Amanda Rawlings advised that the People Services team is working closely with universities and increasing nursing apprenticeships are helping to grow and develop our workforce. We are also working closely with schools and colleges to promote nursing as a career within the Trust as well as helping people return to practice. The increased activity that took place on recruitment resulted in the enrolment of over 360 staff in 2018/19. A number of consultants have also been recruited to the workforce. Medical Director, John Sykes added that although we have been successful in recruiting consultants, retention is proving challenging due to changes to taxation and pensions which has resulted in a number of consultants moving into the private sector. Some specialities are difficult to recruit to but we are seeing success with new workforce models that have been designed for new generations to encourage young consultants to join us. There are also a high number of cases of maternity leave. Geoff Lewins asked whether the high health visitor caseload was due to the need to recruit and retain staff or whether it is due to lack of commissioning. Mark Powell explained that there is a real difficulty in recruiting health visitors. This area of work is quite challenging and the recruitment of more staff would result in reduced caseloads. A significant amount of safeguarding work is a specific part of this service and discussions are taking place with commissioners to make them aware of the type of cases we are dealing with and the need to develop an improved specification.

	Discussion took place on out of area placements. The split of out of area placements between adult acute and PICU (Psychiatric Intensive Care Unit) shows that two out three out of area placements are within PICU which is due to the Trust not being commissioned for PICU. It was thought that having access to our own PICU facilities would be beneficial as 880 beds are across adult acute and PICU, most of which are provided by private providers. A report on the plans that are being developed and the PICU clinical operational detail will be reported to the Finance and Performance Committee in May. It was also suggested that a Board Development session takes place to enable us to develop the Trust's PICU position. Mark Powell drew attention to the NHS complaints benchmarking information. The Quality Committee regularly analyses themes arising from complaints contained in reports on patient experience. Key themes are often related to access to services and waiting times and shows we are rated comparatively with other trusts. Other benchmarking data covered the use of IAPT services which showed that the Trust is performing well. It was understood that commissioners are potentially looking for a lead provider that will take responsibility of this high volume complex service. Mark Powell proposed bringing a report to the Board outlining how this service will be commissioned which will provide an opportunity for strategic options to be explored. Director of Finance and Deputy Chief Executive, Claire Wright reported on the Trust's financial position. The Trust is expecting to achieve its control total for 2018/19 and she waits to be informed whether we will qualify for bonus provider sustainability funding. The Board concluded that good debate had taken place on the Trust's strategic options for the future. An update report on responsiveness will be included as an addendum to the IPR next month that will set out our response to access standards as well as our performance. **ACTION: Development of PICU to be captured in Board Development programme** **RESOLVED: The Board of Directors received the report and obtained limited assurance on current performance across the areas presented**
DHCFT 2019/047	**<u>BOARD ASSURANCE FRAMEWORK</u>** This report presented by Risk and Assurance Manager, Rachel Kempster, provided the Board with details of the fifth and final issue of the Board Assurance Framework (BAF) for 2018/19. The report also included the first issue of the 2019/20 BAF. At year end eleven risks are identified in the BAF for 2018/19. Since Issue 4 of the BAF, the risk ratings for two of the risks have been revised: • Risk 18_19 1d. *There is a risk that the Trust will fail to redesign the Care Programme Approach (CPA) processes, which may impact upon the quality of care provided to patients and their carers* has been reduced from a risk rating of high to moderate due to strong performance of CPA in line with compliance against national standards. Target risk rating achieved and risk appetite accepted.

	• Risk 18_19 3a *There is a risk that the Trust fails to deliver its financial plans* has been reduced from a risk rating of high to moderate based on Month 11 finance report and the financial forecast for year end. Target risk rating achieved and risk appetite accepted. The Board noted the decision taken at the Audit & Risk Committee on 21 March relating to Risk 18_191d *There is a risk that the Trust will fail to provide full compliance with the Mental Health Act and the Mental Capacity Act*. This risk was expected to have been reduced from high to moderate by the Mental Health Act Committee at its meeting on 8 March but gaps in controls had not been reduced enough for the risk to be downgraded. On that basis the Audit and Risk Committee was satisfied to accept the closure of the BAF for 2018/19on the basis that remaining gaps in controls would be worked through the next round of discussions and articulated in the next issue of the 2019/20 BAF. Following significant discussion and consideration by the Executive Leadership Team throughout February and March and the Board Development Session in February 2019, it is proposed the number of BAF risks for 2019/20 be reduced from eleven to five. The changes for 2019/20 were noted: • Following the review of the Trust's Strategic Objectives at Board in February 2019, risks have been identified to achieving these revised objectives with an enhanced focus on high level strategic actions to ensure that once completed the risk is mitigated and the risk rating reduced This has resulted in the number of gaps in controls and assurances for each risk being reduced, to identify only high level key gaps • Clear measurables have been included for each action identified to outline what is required to close the gaps in controls and assurances. These will be assertively monitored and regulated through the Executive Leadership Team The Board agreed and approved the closure of the fifth and final issue of the BAF for 2018/19. It was acknowledged that the BAF will evolve to include the Trust Strategy and the work of the Board Committees over next year with the approval of the first issue of the BAF for 2019/20. It was noted that Issue 2 of the BAF will be submitted to the Audit and Risk Committee on 23 May and will be received by the Board in June. **RESOLVED: The Board of Directors:** **1) Agreed and approved the fifth and final issue BAF for 2018/19 and the significant assurance the paper provides of 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, including the amended risk ratings for risk 1d and 3a** **2) Received and agreed the proposed BAF version 1.0 for 2019/20** **3) Agreed to receive a quarterly update of the 2019/20 BAF risks as outlined in the forward plan.**
DHCFT 2019/048	**<u>PREPARATIONS FOR BREXIT</u>** The Trust's EU Exit Senior Responsible Officer, Mark Powell provided Board members with a report on the Trust's preparations to operate under the conditions of a no deal Brexit.

	As part of this planning, the Trust is making regular returns to NHS England regarding the state of our preparedness. The Board noted the content of the submission that was made following Chair and CEO approval on 22 March by the Trust's EU Exit Senior Responsible Officer along with nominated colleagues from the Trust's EU Exit team. **RESOLVED: The Board of Directors noted the submission returned to NHS England**
DHCFT 2019/049	**LEARNING FROM DEATHS MORTALITY REPORT** This report presented to the Board by Medical Director, John Sykes was produced to meet requirements set out in the 'National Guidance on Learning from Deaths' as part of our wider focus on patient safety. The Board acknowledged that the Trust's services are under intense operational pressure dealing with patients with potentially high clinical risk. Services are run as safely as possible and the concept of a safety culture is continually being developed. It was noted that no trust in England has an outstanding rating for safety and that 37% of mental health trusts (including our own) are rated as 'require improvement'. The Board understood the need to avoid significant incident investigations and mortality reviews becoming a source of excessive anxiety for staff. Learning from deaths is vitally important will be fundamentally driven through the Trust Strategy in order to achieve continuous improvement. Assurance was received that actions contained in the action log within the report are closely monitored by the Quality Committee and the Serious Incidents Group. The main causes of death to people open to our services for Derbyshire are no different to other trusts across the country. Anne Wright made the point that people who have mental health issues tend to have a reduced life expectancy of twenty years and that understanding how this can be improved should be a focus of our learning. John Sykes as Executive Lead assured the Board that he is working to improve the prevention of any further mortality wherever possible and will take this up with the Mortality Group. **ACTION: Mortality Group to explore how to improve the life expectancy of people who have mental health issues by sampling cases of premature death** **RESOLVED: The Board of Directors accepted this Mortality Report as assurance of our approach and noted that it is published on the Trust's website as per national guidance**
DHCFT 2019/050	**BOARD EFFECTIVENESS SURVEY REPORT AND POLICY FOR ENGAGEMENT BETWEEN THE BOARD AND COUNCIL OF GOVERNORS** This report provided the Board with the results of the Board Effectiveness Survey conducted in September/October 2018. Caroline Maley was pleased to note that the survey results showed a sustained improvement but was disappointed that only eleven out of fourteen Board members had responded to the survey. It was agreed that the survey would be completed again in September and reported to the Board in November.

	It was noted that a review of the policy for engagement between the Board and Council of Governors had demonstrated the development of engagement opportunities that are now embedded as business as usual which ensured that a positive relationship has been upheld. **ACTION: Results of Board Effectiveness Survey to be reported to the Board in November 2019 and captured in the forward plan** **RESOLVED: The Board of Directors:** **1) Noted the outcome of the Board Effectiveness Survey October 2018** **2) Agreed that the survey should be completed again in September 2019 and reported to the Board in November** **3) Noted the activity to positively implement the Policy for Engagement between the Trust Board and Council of Governors which has been presented to the Council of Governors in November 2018**
DHCFT 2019/051	**<u>BOARD COMMITTEE ASSURANCE SUMMARIES AND ESCALATIONS</u>** Assurance summaries were received from the Board Committees and highlights were provided by the respective Non-Executive Chair. **Mental Health Act Committee 8 March:** Committee Chair, Anne Wright reported that discussion during the meeting had focussed on reviewing improvement activity in areas of high occupancy/workload levels and compliance with the Mental Capacity Act and Mental Health Act and the approach to be taken to facilitating positive and safe practice. The Committee requested that the Chief Executive produces a report to the Board clarifying the strategic importance and outcome of reverse commissioning to ensure that meaningful input can be made by the Committee. Ifti Majid proposed that this report be included as part of the next Equality and Diversity report to the Board due in July. **Quality Committee 12 March:** Acting Chair, Margaret Gildea highlighted the wider strategic impact of overloaded services and suggested that an improvement strategy is addressed by the Board through a Board Development session. The Board observed that a similar demand on capacity was highlighted by the Mental Health Act Committee and supported this proposal. **Finance and Performance Committee:** Chair, Richard Wright reported that the Committee had discussed next year's plan and commissioning which was also reported on in the IPR. The Committee's objectives for 2019/20 were considered when a review of the Committee's end of year effectiveness was held. It was thought that objectives relating to speaking up and equality, diversity and inclusion should be consistent throughout all the Board Committees. **Audit and Risk Committee 21 March:** Chair, Geoff Lewins advised that the Committee is in the process of year-end verification activity. Significant assurance was obtained that the 2017/18 annual report has been prepared in line with the requirements set out in the External Auditors' benchmarking report. The Committee also received significant assurance on lessons learned on counter fraud and bribery cases and the issues raised through a historic review of sickness absence. **ACTION: Report on the outcome of reverse commissioning to be received as part of the Workforce Race Equality Standard due in July**

	ACTION: Board Development session to be scheduled to address the impact of overloaded services **RESOLVED: The Board of Directors received and noted the Board Committee Assurance Summaries**
DHCFT 2019/052	**SUMMARY REPORT OF MEETING OF COUNCIL OF GOVERNORS HELD ON 5 MARCH 2019** This report was included for information purposes and was noted by the Board.
DHCFT 2019/053	**REGISTER OF TRUST SEALINGS 2018/19** In accordance with the Standing Financial Instructions and Standing Orders of the Board of Directors the Trust Seal is affixed to legal transactions, including deeds, transfer and letting of contracts over £100,000. This report provided the Trust Board with an update of the authorised use of the Foundation Trust Seal since the last report to the Board in October 2018 and completes reporting on the use of the seal for the 2018/19 financial year. **RESOLVED: The Board of Directors noted the authorised use of the Foundation Trust Seal since 2 October 2018 and received full assurance that this has been undertaken in accordance with the Standing Financial Instructions and Standing Orders of the Board of Directors.**
DHCFT 2019/054	**IDENTIFICATION OF ANY ISSUES ARISING FROM THE MEETING FOR INCLUSION OR UPDATING IN THE BOARD ASSURANCE FRAMEWORK** No additional issues were raised in the meeting for updating and including in the Board Assurance Framework.
DHCFT 2019/055	**DRAFT 2019/20 BOARD FORWARD PLAN** The draft 2019/20 forward plan was noted by the Board and would be further reviewed by the Executive Leadership Team. The schedule for quality reporting on essential standards set by the CQC is currently being worked into the forward plan. An update report on responsiveness will be brought to the Board next month that will set out our response to access standards as well as our performance.
DHCFT 2019/056	**MEETING EFFECTIVENESS** Attendees and visitors were thanked for their attendance at today's meeting. All Board members confirmed they felt included in today's discussions. Strategic discussions took place particularly with regard to the CEO's report and the IPR. Today's moving patient story had been at the forefront of the Board members' thoughts during the meeting and had enabled the Board to reflect on the action to be taken forward. Carolyn Green proposed conducting an impact analysis of patient stories received by the Board and would prepare a report so that the Board can be made aware of action taken. The Board was delighted that Noel O'Sullivan had attended today's meeting as a visitor as this showed the influence of the direction that can be taken from patient stories to the Board.

	Gail Tivey who shadowed Caroline Maley was pleased to see how the Board had discussed issues that concerned the Eating Disorders team, these included waiting times and the lack of capacity and high demand felt by staff which she would feed back to the team. Michaela Gilbert enjoyed her involvement shadowing Ifti Majid. She found it reassuring that the Board had talked seriously about concerns felt by front line staff. She was pleased that the Trust is getting more involved in social media which she felt will have a positive effective on reducing the stigma associated with mental health. Having returned to the Trust after a leave of absence Julia Tabreham found it interesting to observe the evolution of the Board. She felt this had been an extremely positive meeting and had found the development of the BAF extremely effective. **ACTION: Forward plan to feature reporting of Patient Story outcomes**
The next meeting of the Board to be held in public session will take place at 9.30 on Tuesday 7 May 2019 in Conference Rooms A&B, Research and Development Centre, Kingsway, Derby DE22 3LZ.	

Derbyshire Healthcare
NHS Foundation Trust

MINUTES OF A MEETING OF THE BOARD OF DIRECTORS

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

Tuesday 7 May 2019

MEETING HELD IN PUBLIC

Commenced: 9.30am Closed: 12:15pm

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
	Suzanne Overton-Edwards	Non-Executive Director under NHSI NExT Director scheme
IN ATTENDANCE	Anna Shaw	Deputy Director of Communications & Involvement
	Justine Fitzjohn	Incoming Trust Secretary
	Sue Turner	Board Secretary (minutes)
	Louise Haywood	MASH Health Advisor
VISITORS	John Morrissey	Lead Governor and Public Governor, Amber Valley
	Lynda Langley	Public Governor, Chesterfield
	Jo Foster	Staff Governor, Nursing
	Kelly Sims	Staff Governor, Admin & Allied Support Staff
	Sandra Austin	Derby City & South Derbyshire Mental Health Carer's Forum and Trust Volunteer
	Rosemary Farkas	Public Governor, Surrounding Areas
	Christine Williamson	Public Governor, Derby City West
	Bob MacDonald	Public Governor, Derby City East
	April Saunders	Staff Governor, Allied Professions
	Al Munnien	Staff Governor, Nursing

DHCFT 2019/057	**CHAIR'S WELCOME, OPENING REMARKS, APOLOGIES FOR ABSENCE AND DECLARATION OF INTERESTS** The Trust Chair, Caroline Maley, welcomed all to the meeting. Introductions were made to Louise Haywood, Multi-Agency Safeguarding Hub Health Advisor, who attended the meeting to shadow Chief Executive, Ifti Majid. No declarations of interest in agenda items were raised. The 2019/20 Declarations of Interest Register was noted. Ifti Majid advised that the interest he had disclosed on behalf of his wife should be amended to show that she is now a Hospital Director for the Priory Group. **ACTION: 2019/20 Declarations of Interest Register to be corrected in respect of interest relating to the spouse of the CEO**
DHCFT 2019/058	**MINUTES OF THE BOARD OF DIRECTORS MEETING HELD ON 2 APRIL 2019** The minutes of the previous meeting, held on 2 April 2019, were accepted as a correct record of the meeting.
DHCFT 2018/059	**ACTIONS MATRIX** The Board agreed to close all completed actions. Updates were provided by members of the Board and noted on the actions matrix. All completed 'green' actions were scrutinised to ensure that they were fully complete and actions that were not complete were challenged with Executive Director leads.
DHCFT 2019/060	**QUESTIONS FROM GOVERNORS OR MEMBERS OF THE PUBLIC** No questions had been received from members of the public or governors in advance of the meeting.
DHCFT 2019/061	**CHAIR'S UPDATE** This report provided the Board with the Trust Chair's summary of activity undertaken since the previous Board meeting held on 2 April. Caroline reflected on her involvement in the undergraduate training induction day and the insight this gave her into the training of the Trust's workforce of the future. She also visited the Crisis Team North and was encouraged by the person centred and calm manner in which they assessed their patients. Lisa-Anne Mack, Senior Nurse on the team will shadow Caroline at the next Board meeting in June which will continue the connection between the Trust's services and the Board. Caroline also joined the BME Network for their regular meeting where she gained a good understanding of the issues that they are facing. The Board discussed and acknowledged the value of having a forum for reinforcing equality and inclusion and supported the BME Network in their aims and objectives. The Board Development Programme for 2019/20 appended to the report was referred to. Caroline was pleased that input from Board members had produced a balanced programme that will focus on the development of all Board members. Updates on system collaboration and key messages arising from the JUCD (Joined Up Care Derbyshire) Board meeting held on 18 April were also appended to the

	Chair's report and was noted. **RESOLVED: The Board of Directors noted the activities of the Trust Chair since the last meeting held on 2 April 2019**
DHCFT 2019/062	**<u>CHIEF EXECUTIVE'S UPDATE</u>** 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 national developments which included the formation of a new arms-length body called NHSX that will lead the NHS in optimising the use of digital technology to enhance productivity, efficiency and patient outcomes. Ifti highlighted the need for the Board to think about how the Trust Strategy links in with the responsibilities of NHSX as this is one of the Health Secretary's top priorities. The report also included details on the membership of the new NHS Assembly that will bring people together from across the health and care sectors to advice on delivery of the NHS Long Term Plan. From a local context Ifti referred to outcomes from the Joined up Care Derbyshire (JUCD) Board which met on 18 April and the key messages that were appended to the Chair's report. He was pleased to report that the four CCGs in Derbyshire have now completed their planned merger into a single organisation. He saw this as a positive move that will develop the new organisation known as NHS Derby and Derbyshire in its role as the strategic commissioner for Derbyshire. This was the second JUCD meeting as part of the 'system organisational development programme' which focussed on system Chairs and Non-Executive Directors (NEDs). He was pleased that NEDs Geoff Lewins and Richard Wright are involved in this programme and are committed to creating a culture in the system that enables open and transparent operating that will ensure that all NEDs in the system are kept up to date with developments within the Sustainability and Transformation Partnership (STP) which will result in increased joint reporting into Boards. The Trust's Clinical NED Anne Wright already attends one of the STP mental health work streams. To ensure the Board can be better sighted on the work streams Ifti undertook to raise at the next JUCD meeting the potential for more NEDs to attend further work stream meetings and proposed that regular reporting on the STP work streams be factored into the Board Forward Plan. Ifti drew attention to the event held by the Trust to mark the 100th anniversary of Learning Disability (LD) Nursing. He felt privileged to join colleagues in the Trust to celebrate how LD nursing has gone from a medically led profession, focussed on institutional care, to a profession focussed on individuals and families in their local communities. The Staff Forum has grown in pace over the last year and has become extremely influential. This month's forum focussed on developing a compassionate culture within Team Derbyshire Healthcare. It is hoped that this new staff support model will raise awareness of staff wellbeing and develop a culture of self-compassion to support staff resilience. Director of Finance and Deputy Chief Executive, Claire Wright emphasised the importance of the Staff Forum being fully represented by all areas within the Trust. Through Ifti's visits to clinical services he has seen the pressures that are driven by increasing demand which has resulted in a lack of effective connectivity between services. He is keen to ensure that the work in developing the Trust's clinical

	strategy will link services together going forward. Deputy Trust Chair, Julia Tabreham agreed that the Trust's services need to be more connected as she had seen evidence of silo working between some service teams. Chief Operating Officer, Mark Powell informed the Board that he was looking at the success achieved by another trust with internal collaboration which will help balance internal integration of the Trust's services. The clinically led strategy work being led by Director of Business Improvement and Transformation, Gareth Harry is looking to expand partnerships as it is clear there is a real desire by teams to work more inclusively. **ACTION: The potential for NEDs to attend STP work stream meetings is to be raised at the next JUCD meeting by the Chief Executive** **ACTION: Cycle of STP work stream reporting to the Board to be captured in the forward plan to include Urgent Care, Children's Services and PLACE** **RESOLVED: The Board of Directors scrutinised the Chief Executive's update, noting the risks and actions being taken.**
DHCFT 2019/063	**<u>INTEGRATED PERFORMANCE AND ACTIVITY REPORT</u>** The Integrated Performance Report (IPR) provided the Board with an integrated overview of performance as at the end of March. The focus of the report is on workforce, finance, operational delivery and quality performance. The Trust continues to perform well against many of its key indicators with maintenance or improvements continuing across many of the Trust's services. Director of Finance and Deputy Chief Executive, Claire Wright summarised the Trust's end of year financial position. The Trust met its control total surplus and as a result received additional Provider Sustainability Fund (PSF) income from NHS Improvement (NHSI) of £1.4m which further increased the Trust's surplus to £3.8m at the end of the financial year. The main area of concern for Claire is the Cost Improvement Programme (CIP). She reported that the CIP programme for 2019/20 is under development and will require non-recurrent schemes to become recurrent. Mark Powell reported that performance remains broadly the same across most key indicators. Ongoing concerns include out of area placements which have increased slightly over the last couple of months which is consistent with the national picture. The Finance and Performance Committee will receive a detailed report on the plans to improve performance in this area on 21 May. Ifti Majid expressed concern that the safeguarding workload remains high with Health Visitors and that it has caused a national shortage. Director of Nursing and Patient Experience, Carolyn Green referred to the high number of Health Visitor caseloads and proposed that the innovative use of technology will help ease the pressure on Health Visitors. The Board agreed that this should be further explored in order to reduce caseloads and increase efficiency. This will be supported through the Trust's refreshed digital strategy and will be linked in with the responsibilities of NHSX by the Information Management and Technology Team (IM&T). Director of People Services and Organisational Effectiveness, Amanda Rawlings reflected on how complex and difficult the role of the Health Visitor is and advised that she would be working to towards improving the role Health Visitors in order to improve the recruitment rate to this role.

	The Board received limited assurance due to the lack of progress made in several areas. It was noted that there are various plans of action in place that will be considered by the Quality Committee and Finance and Performance Committee as well as Board Development over the coming months. **RESOLVED: The Board of Directors** **1) Confirmed that limited assurance was obtained 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**
DHCFT 2019/064	**<u>QUALITY REPORT - RESPONSIVENESS</u>** This paper presented by Mark Powell provided the Board with a focused report on 'responsiveness' as part of wider reporting relating to Care Quality Commission (CQC) domains. The report included an overview of performance in this domain and prompted a strategic discussion about the Trust's approach to service delivery, skills and staffing requirements for the future and helped identify whether further development or focus may be needed. The report also included further detail on requirements and commitments set out in the NHS Long Term Plan and recent clinical review of national access standards in areas of urgent care and community services. The Board discussed the operational delivery, skills and staffing that will be required and how performance would be measured against the national access standards. It was recognised that the NHS Long Term Plan requires the Trust to deliver a different perspective on skills requirements and with current staffing the Trust would not be able to deliver its services to the required standard. Mark Powell advised that new access standards are already being embedded in the work the Trust is doing which will demonstrate how better access can be provided to service users. He will also look at how work with voluntary services and other partners can expand the Trust's services into other arenas. Margaret Gildea reflected on the challenges contained in the report and observed that the clinical strategy work will support the work taking place on workforce planning. She considered that having an understanding of the funding the Trust would receive would help establish the level of risk that the Board would be willing to tolerate with respect to services that are not yet delivering the national 'responsiveness' requirement. The Board understood that solutions to the challenges raised in the report and the impact this will have on patient safety will be looked at in more detail by the Finance and Performance Committee on 21 May which will provide a better understanding of the new standards that the Trust will be required to achieve. **ACTION: Finance and Performance Committee to address the service delivery, skills and resources that are required to achieve the new national access standards in areas of urgent care and community services** **RESOLVED: The Board of Directors:** **1) Considered the key strategic questions set out in the Executive summary, particularly in respect of the level of risk it is willing to tolerate** **2) Agreed to progress further action through the Finance and Performance Committee**

	3) Agreed to update the 2019/20 Board Assurance Framework accordingly
DHCFT 2019/065	**TRUST STRATEGY REVIEW AND UPDATE** Gareth Harry presented his report and outlined the progress made in 2018/19 against the key strategic actions within the Trust Strategy for 2018-21 that was refreshed in February 2018. Progress achieved against the key priorities was noted. The Board discussed the proposed strategy refresh for 2018-22 and was pleased to see that it has been designed to make the Trust's strategic objectives more accessible and relevant through the use of building blocks that outline what is required to achieve the three simple Strategic Objectives for delivering the Trust's vision for great care, the Trust being a great place to work and the best use of money. It was recognised that this updated version takes account of the challenges of the next three years. It also reflects the progress made since the strategy was last refreshed and is cross-referenced with the organisational risks. Ifti Majid confirmed that the draft strategy had received a positive response at recent leadership development sessions and it has been used as a framework for the 2019/20 Board Assurance Framework (BAF). The programme objectives contained in the strategy will provide the Executive Leadership Team (ELT) with a clear steer on how to respond to outcomes and will be used as a response measure. It was agreed that the strategy will now go forward for consultation with the Council of Governors, the Staff Forum and other staff networks for a period of 60 days and will be finalised by August. The Board Committees will monitor and manage the risks contained in the BAF that are aligned with the new strategy. **RESOLVED: The Board of Directors:** **1) Noted the progress made against the short-term priority actions outlined in the Refreshed Trust Strategy agreed in February 2018** **2) Noted that those areas that have not seen significant progress are included as key actions within the updated Trust Strategy for 2018-22** **3) Received and discussed the updated Trust Strategy for 2018-22** **4) Agreed that this updated version will go forward for consultation and engagement with stakeholders and partners.**
DHCFT 2019/066	**BUSINESS PLAN MONITORING CLOSE DOWN OF 2018/19** Gareth Harry presented the Board with the Trust's Business Planning Process for 2018/19 which included a 'plan on a page' summary for each clinical division, corporate areas and clinical support services. The Board reviewed the progress against the Trust's business planning process for 2018/19 alongside a summary of the position at the end of the financial year. Business plans. Assurance was received that that where areas are not completed or meeting the trajectory for completion, these are addressed through the operational route and challenged in performance reviews through the Trust Management Team (TMT) or via escalation to ELT. It was noted that priority actions for 2019/20 are being aligned to the new, developing Trust Strategy and will be provided in detail at the June meeting.

	RESOLVED: The Board of Directors **1) Noted the content of the paper.** **2) Received significant assurance with the performance management mechanisms that have been put in place**
DHCFT 2019/067	**NHS IMPROVEMENT YEAR-END SELF-CERTIFICATION** The aim of self-certification is for the Trust to assure itself it is in compliance with NHS Provider conditions. Incoming Trust Secretary, Justine Fitzjohn presented the proposed relevant declarations to the Trust Board. The Board noted the declarations regarding its NHS provider conditions as outlined and confirmed it was satisfied that the Trust is compliant with its licence conditions was satisfied that governance systems are in place to achieve the objectives set out in the licence condition and received assurance from the feedback received from governors that they have undergone training and support to carry out their roles. Additional external assurance was noted from the work undertaken through the Deloitte Well-led assessment. **RESOLVED: The Board of Directors:** **1) Confirmed its agreement with the proposed declarations for signature by the Chair and Chief Executive** **2) Agreed to the publication of the self-declarations on the Trust's website.**
DHCFT 2019/068	**SUMMARY OF YEAR-END GOVERNANCE REPORTING FROM BOARD COMMITTEES AND APPROVAL OF TERMS OF REFERENCE** Justine Fitzjohn presented a summary of the year end reports from the Board Committees, together with a full set of the Committees' Terms of Reference (TOR). The Board was advised that on 30 April the Audit and Risk Committee had received assurance from the full year-end reports that the Committees have effectively carried out their role and responsibilities as defined by their TOR during 2018/19. The Committee recommended at the meeting that all Board Committees should include an objective for 2019/20 relating to equality, diversity and inclusion. However this objective had been included in all the Terms of Reference as a permanent objective. It was also agreed that the TOR would be updated to include a paragraph relating to Speaking Up to ensure that when matters of concern are raised during Committee business these are dealt with openly and transparently and scrutinised as appropriate. These additions were highlighted in the TORs and were duly approved by the Board. **RESOLVED: The Board of Directors:** **1) Considered and noted the assurance received by the Audit and Risk Committee that all Board Committees have effectively carried out their role and responsibilities as defined by their TOR during 2018/19** **2) Considered and approve the revised TOR for all Board Committees as appended to the report**
DHCFT 2019/069	**BOARD COMMITTEE ASSURANCE SUMMARIES AND ESCALATIONS** Assurance summaries were received from the Board Committees and highlights were provided by the respective Non-Executive Chair.

	Quality Committee 9 April: Acting Chair, Margaret Gildea escalated to the Board the lack of progress that is being made on supervision and the need to develop alternative ideas to increase performance. The Board observed that the ability to achieve delivery outcomes is linked to the priority actions contained in the new strategy. This will measure the Trust's ability to deliver its services and meet physical healthcare standards. **People and Culture Committee 23 April:** Chair, Margaret Gildea reported that the Committee was monitoring the link between the workforce plan and integrated workforce planning. She highlighted the success of maximising opportunities through utilising the Apprenticeship Levy and was pleased to report that the Trust is developing its own apprenticeship programmes and designing bespoke training resources. The Committee had proposed operating a pilot scheme within the Trust that will ensure high quality apprenticeships and the ability to grow its own workforce. The Board supported this prospect and saw it as an opportunity to introduce much needed younger people into its workforce. **Audit and Risk Committee 30 April:** Chair, Geoff Lewins advised that the Committee had thoroughly reviewed the draft Annual Report and Accounts and the Annual Governance Statement. Significant assurance was obtained that the 2018/19 Annual Report has been prepared in line with the requirements set out in the External Auditors' benchmarking report. The Committee is due to receive the final audited version for approval at its next meeting on 23 May **RESOLVED: The Board of Directors received and noted the Board Committee Assurance Summaries**
DHCFT 2019/070	**IDENTIFICATION OF ANY ISSUES ARISING FROM THE MEETING FOR INCLUSION OR UPDATING IN THE BOARD ASSURANCE FRAMEWORK** It was agreed that Mark Powell and Carolyn Green will work together to include in the BAF the level of risk that the Board would be willing to tolerate with respect to services that are not yet delivering the national 'responsiveness' requirement and the impact this will have on patient safety. **ACTION: BAF to be updated to include risks associated with delivery the national responsiveness requirement**
DHCFT 2019/071	**2019/20 BOARD FORWARD PLAN** The 2019/20 forward plan was noted by the Board and would be updated as noted above in line with today's discussions.
DHCFT 2019/072	**MEETING EFFECTIVENESS** Attendees and visitors were thanked for their attendance at today's meeting. The Board considered that good debate had taken place on most items. Louise Haywood who shadowed Ifti Majid had found it reassuring that the Board had covered a number of issues that are regularly discussed by members of her team, particularly the discussion concerning Health Visitor caseloads. Louise explained that as her background is in LD nursing she was pleased to hear how LD services were discussed by the Board.

The next meeting of the Board to be held in public session will take place at 9.30am on Tuesday 4 June 2019 at The Postmill Centre, Market Street, South Normanton, Alfreton, Derbyshire DE55 2EJ.	

Derbyshire Healthcare NHS Foundation Trust
Report to the Public Board of Directors – 4 June 2019

Trust Chair's report to the Board of Directors

Purpose of Report

This report is intended to provide the Board with the Trust Chair's reflections on my activity with and for the Trust since the previous Board meeting on 7 May 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 21 May I visited the Kedleston Unit with Suzanne Overton-Edwards. It is good to hear that occupancy for the unit is up and in fact at capacity. Rebecca Mace, Senior Nurse on the unit demonstrated the way that best use is made of resources in delivering accommodation which meets CQC requirements, as well as being good for patients. It was also good to see the OxeHealth vital signs monitors which have just been installed.

3. On 22 May I joined Dr Sentil Mahalingham of our substance Misuse team at St Andrew's House. I was able to experience the parking challenges that our staff face there, as well as the need for investment in fans or air conditioning in the large meeting room. I attended a multi-disciplinary meeting of the alcohol team, and then joined a clinic with drug users. It was evident the positive difference that the team makes to those living with addiction, and it was good to see the positive interactions in the team meeting, with both caring and patient centred care being evidenced.

Council of Governors

4. On 14 May I met with a number of the staff governors. I plan to do this three or four times a year as a way of understanding the issues that they are picking up from their constituents, and also to engage them on any topics which I feel are important. Four of the six staff governors were able to attend the meeting and we covered a range of topics, including the Trust wellbeing offer; the new Freedom to Speak Up Guardian (and they met Tamara Howard who has just taken up the role) and the "Grab a Governor" sessions that they have been holding. I am grateful to the staff who take on this role with passion and commitment to the Trust.

5. On 22 May the Nominations and Remuneration Committee met to consider the process for the appointment of a clinical Non-Executive Director (NED) and also the extension of terms of office for three of our existing NEDs.

Recommendations will be made to the Council of Governors on 2 July. The terms of reference for the Committee have been reconsidered and should be represented to the July meeting of the Council of Governors for approval.

6. Our Lead Governor, John Morrissey, has resigned as Lead Governor after serving for some three years. He will hand over to a new lead governor in July. I would like to thank John for his support and contribution to the Council of Governors over this period. We will also be recruiting a new Deputy Lead Governor to replace Carole Riley who was not re-elected as a governor in March.

7. The next meeting of the Council of Governors will be on 2 July 2019 after the public Board meeting. The next Governance Committee takes place on 12 June.

Board of Directors

8. On 30 April I attended the Audit and Risk Committee to see an early draft of the annual report and financial statements and associated reports. It is pleasing to see again the usual high standard of preparation by so many teams in ensuring that we can deliver our reporting requirements in good time. I also met with external auditor Mark Stocks of Grant Thornton as part of the end of year processes. On 23 May I again joined the Audit and Risk Committee for the final review and approval of the annual report and accounts and signing on behalf of the Board. My thanks go out to the Finance team, the Communications team and others from the Nursing and Patient Experience team who have contributed so well to this annual process.

9. The Board met on 7 May in Derby and once again I was pleased with the attendance by governors and members of the public.

10. Board Development on 15 May addressed the following lenses of development: “strategy”, considering the clinical strategy work and also our digital readiness; “beyond our borders” with a briefing on the wider NHS strategic view from Saffron Cordery of NHS Providers; and “interpersonal” through consideration of our skills as a board and where there were gaps or opportunities to use skills differently We also completed our mandatory fire training. This was valuable time for the Board to spend considering a number of issues which are important in terms of the Trust’s priorities.

11. In May I met with Anne Wright, Geoff Lewis and Suzanne Overton-Edwards for their regular NED 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.

12. In May I also completed the appraisal of Ifti Majid and the reports to the Remuneration and Appointments Committee will be made in June.

13. I am currently working with NHS Improvement (NHSI) on the recruitment of a new NExT Director to join us for placement for a year, starting in July, when Suzanne’s secondment comes to an end. I will be meeting a prospective candidate on 13 June who has an HR background and meets my request to host

someone from a BME background.

System Collaboration

14. I attended the JUCD (Joined Up Care Derbyshire) Board on 16 May 2019. There continues to be a positive approach to collaboration and system working, which is reassuring. The main areas of discussion included financial reporting for the system at the end of the financial year, and looking forward to the financial gap and the savings plans that are required to close this. Importantly there was consideration given to the Risk Sharing Agreement which is on the agenda for our Board meeting this month. Whilst it may feel uncomfortable to be faced with a possible share of part of the system financial gap, we acknowledge that this is right for the system and we need to adopt a positive approach to closing the gap rather than debating how to share the residual costs. There is some exciting work being undertaken to understand from a system perspective our high users of resource, as well as more about the prevention agenda and what the local authorities can offer in terms of understanding the opportunities of working with their prevention approaches. This will be covered in more detail in the CEO report.

    Attached as Appendix 1 are the key messages noted from the meeting.

15. On 29 May I will be attending a system wide ICS (Integrated Care System) development session in Stafford.

Regulators; NHS Providers and NHS Confederation and others

16. On 1 May I attended the NHSI Chairs meeting held in Birmingham. This was the first meeting since the announcement of the Regional Director appointments of NHSI/NHSE (NHS England). We heard from Dale Bywater, the Midlands Regional Director about the way that the new structures are being set up, and also how he wants to work across the systems in his region. We also received a presentation from Aidan Fowler, National Director of Patient Safety, Crishni Waring, Chair of Northamptonshire Healthcare NHS Foundation Trust, who have been rated as outstanding as a mental health and community services trust; and from John Macdonald and Eric Morton, two chairs of Nottinghamshire trusts about the Nottinghamshire Integrated Care System.

17. On 15 May we hosted a visit by Saffron Cordery, Deputy Chief Executive of NHS Providers. We are pleased that she requested a visit to our Trust, and was able to make a good contribution to our Board Development day with a national overview of the sector. My thanks also go to teams who hosted her visits to our services to help her understanding of the work that we do.

18. Also on 15 May we were visited by Simon Stephens, CEO of NHSI/E and he met a number of staff and experts by experience from our Learning Disability Strategic Health Facilitation Team.

19. Also on 15 May, I attended with Ifti Majid a meeting of Chairs and Chief Executive Officers with Simon Stephens and Dido Harding, Chair of NHSI. It was good to hear the emphasis being placed on the workforce and making the NHS a

great place to work.

Beyond our Boundaries

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

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

Assurances

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

Consultation

This report has not been to other groups or committees.

Governance or Legal Issues

None

Public Sector Equality Duty & Equality Impact Risk Analysis

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

There are no adverse effects on people with protected characteristics (REGARDS).	x

There are potential adverse effect(s) on people with protected characteristics (REGARDS). Details of potential variations /inequalities in access, experience and outcomes are outlined below, with the appropriate action to mitigate or minimise those risks.	

Actions to Mitigate/Minimise Identified Risks

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

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

Demonstrating inclusive leadership at Board level

Through the Trust's involvement in the NeXT Director scheme, hosting a placement for Suzanne Overton-Edwards, we are supporting the development of those who may find it more difficult to be appointed as a NED in the NHS. We will also consider this as we look at succession planning for NEDs and Executives in the future.

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

Joined Up Care Derbyshire Board – 16 May 2018

Key Messages

Review of Derbyshire STP

The refresh of the Derbyshire STP has now commenced in earnest. Taking our original submission from October 2016 and applying the new directives contained within the NHS Long Term Plan, we will test out again the models of care are plans we developed for all our areas of care. Each Joined Up Care Derbyshire work stream will conduct a refresh of its plans during May and June and these will be used to refresh the overall plan, with a renewed focus on 'people' rather than patients and also factoring in the wider determinants of health, including housing, education and air quality.

The overall aim of the plan will be to ensure local people are able to:

- Have the best start in life
- Stay healthy
- Age Well
- Die Well

The summer will also see a period of significant stakeholder engagement in our planning to ensure that the public voice is heard in how we plan to improve health and care in Derbyshire.

In addition to the review, we start from the position of having a single, system financial plan, which is a huge step forward in understanding our starting position through an 'open book' approach across all partners, where the financial risk and also the planning process is shared across the system rather than separately in either the commissioner or provider organisations.

Local Health Indicators and a new Prevention Strategy

As part of the STP review, colleagues in public health have reviewed the current position regarding health indicators in Derbyshire. This work has shown again that Derbyshire has a wide variation of levels of deprivation, alongside a wide variation health outcomes for various reasons. As a City and County we are often average when compared to national statistics, but when this is reviewed at a district level we are outliers in many areas, including tobacco use, alcohol consumption and other measures. Much of our work within JUCD – incorporating both traditional health and care services and those services linked to education, housing and others – must be driven to make a difference to these outlying areas to ensure local people live longer lives, in better health.

Additionally, the JUCD prevention work stream has sets out the ambition for prevention. The vision and actions within this strategy aim to complement those of

the health and wellbeing board strategies, which have a broader focus on the wider determinants of health. These strategies are interdependent and taken together; provide a whole system approach to prevention across Derbyshire.

The 4 priorities of the prevention strategy are:

- Enabling people in Derbyshire to live healthy lives
- Building mental health, wellbeing and resilience across the life course
- Empowering the Derbyshire population to make healthy lifestyle choices
- Building strong and resilient communities where people are supported to maintain & improve their own wellbeing

Workforce

In a number of discussions during the Board meeting, the issue of workforce was a recurring theme, ensuring we have the planning in place to ensure our workforce plans are geared up to support the systems to deliver our local priorities. Setting a shared culture and supporting staff in their delivery of high quality local care is crucial and one of the main priorities of JUCD. Added to this, Sir Simon Stevens, NHS Chief Executive, visited Derbyshire on 15 May and a key theme of the discussion with staff was the importance of solving the workforce challenges we face, and ensuring our staff are supported in delivery and making the NHS a better place to work.

The national people plan is to be published shortly and the Joined Up Care Derbyshire Board agreed to spending some dedicated time to focus on organisational and system culture and what we can do to ensure Derbyshire remains an attractive place to live and to work.

Derbyshire Healthcare NHS Foundation Trust
Report to the Public Board of Directors – 2 July 2019

Trust Chair's report to the Board of Directors

Purpose of Report

This report is intended to provide the Board with the Trust Chair's reflections on my activity with and for the Trust since the previous Board meeting on 4 June 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 5 June we were visited by Peter Wyman, Chair of CQC, after I invited him to visit our Trust and see the work that we did. I was delighted to take him to visit Rebecca Mace at the Kedlestone unit; Emily Shaw, Shirley Heldreich and Karen Sangha at the Hope and Resilience Hub at the Radbourne Unit; and Rebecca Whibberley at the Beeches Perinatal Unit. I am pleased with how positive and enthusiastic all of our staff were who met Peter, and again were able to show innovation, compassion, patient focus and commitment through everything that they do. Peter wrote to me following the event: *I very much enjoyed my day with you yesterday. Will you please pass on my thanks to everyone who gave up their time to talk and to show me what they do. Everyone was so enthusiastic; it was great.*

Council of Governors

3. On 12 May I attended the Governance Committee of the Council of Governors, and part of the training provided in the afternoon. A focus of the work that we are undertaking with governors is the engagement with members and the community, and this was a main focus in the agenda for both sessions. It is good to see the level of discussion around how governors can and do carry out this part of their role, and how we use the "intelligence" that they gather to feed into the work of the Trust. This is the most difficult part of the governor role.

4. The Council of Governors will be meeting on the afternoon of 2 July following the Public Board meeting. Based on the recommendations of the Nominations and Remuneration Committee, the Council will consider the reappointment of three of our existing Non-Executive Directors (NEDs), and approve revised terms of reference for the committee.

5. The Nominations and Remuneration Committee met on 21 June to progress the recruitment a clinical NED. Julia Tabreham chaired this meeting in my absence.

6. Lynda Langley has been appointed as the new Lead Governor, and I look forward to working with her over the course of her term of office. Lynda will assume the role at the beginning of September, following a period of annual leave. John Morrissey has kindly offered to stay in post until Lynda's return from leave. Outstanding business is the appointment of a Deputy Lead Governor.

7. The next meeting of the Council of Governors will be on 2 July 2019 after the public Board meeting. The next Governance Committee takes place on 6 August. The Nominations and Remuneration Committee will be meeting as required over the course of July and August to appoint a new NED.

Board of Directors

8. Over the course of the month, I have been supporting the recruitment of a clinical NED by making myself available for meetings and phone calls with interested parties. At the time of writing I have spoken to some six potential candidates. We are also specifically trying to extend our reach into the BME communities to encourage BME candidates who meet the criteria of a clinical background / qualification and experience at Board level. This is to ensure we are doing all that we can to be inclusive in our recruitment processes and perhaps address the diversity of the Board to be more representative of the communities we serve. I sincerely hope that the use of social media and targeted approaches will yield a strong field.

9. The Board met on 4 June at the Post Mill Centre in South Normanton. This was a planned opportunity to be out and about in our area. I was pleased with the attendance by governors and members of the public.

10. Board Development this month will be taking place on 26 June, and I will cover this in my report next month.

11. In June I met with Margaret Gildea and Suzanne Overton-Edwards for their regular NED 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.

12. On 13 June I met a potential candidate for a placement via the NHSI NExT Director programme, and I am delighted that Perminder Heer will be joining us shortly for a year long placement. Perminder's background is in HR, organisational development and talent management. Once all the recruitment checks are completed, I look forward to Perminder joining our Board as a NExT director with a portfolio of committees to join.

System Collaboration

13. Richard Wright attended the JUCD (Joined Up Care Derbyshire) Board on 20 June 2019.

    Attached as Appendix 1 are the key messages noted from the meeting.

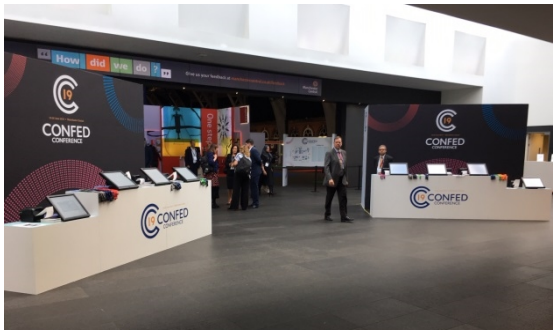
14. On 29 May attended a system wide ICS (Integrated Care System) development session in Stafford with Ifti Majid. At this meeting we considered where JUCD is on the maturity matrix for a developing ICS, as well as reminding ourselves of the vision for our ICS, and the values and behaviours that we want within our system. It is clear that we have an opportunity now as we refresh our ICS plans to ensure that the programme is focussed on achieving what is right for Derbyshire. This day is part of an ICS Development Programme, which has a number of modules, of which this was the first, followed by Governance workshop attended by Ifti Majid and Geoff Lewins on 17 June, and two further workshops in July around care redesign and finance.

15. I also met privately with Paul Wood, Chair of JUCD, to feed in my views on the progress of JUCD and the performance of the Board. The process to appoint an independent chair in underway, and I have also spoken to one of the other shortlisted candidates. This process will complete within the next few weeks. Once again we will host the Chair appointed as the employing organisation.

Regulators; NHS Providers and NHS Confederation and others

16. As mentioned at the start of this report, we hosted Peter Wyman, Chair of CQC, at our Trust on 5 June. Not only did we show him some of our services, but we also created time for him to meet with Ifti Majid and me in our roles as Chair and CEO, and time with the Executive Directors and NEDs to talk about our experience of CQC inspections and what we might wish to see being different. I was encouraged by how he listened to our views, and I have no doubt that we will be taking a few issues back to the CQC for consideration. This was a good opportunity to engage with our regulator in a positive way.

17. I attended along with Ifti Majid, Claire Wright, Margaret Gildea and Mark Broadhurst the NHS Confederation 2019 conference held in Manchester. There was an increased focus on Mental Health, Workforce and Diversity and Inclusion. It was good to see Ifti Majid being name checked in this forum, and Ifti led a session on the second day of the conference within the inclusion agenda. There were a lot of areas of interest to attend and take in, and as always one comes back from the conference weary but energised by new thoughts, ideas and practices.



Beyond our Boundaries

18. I am taking part in the assessment panels for the Regional Talent Board (Aspire Together). The vision of Aspire Together is to move talent management from

individual organisations to a place where it is owned and valued by the whole system. This is a pilot scheme being carried out in the Midlands and East and Dido Harding (Chair of NHSI (NHS Imp;rovement)) has an appetite to move faster with the pilot to identify more potential directors for a national talent pool.

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

Assurances

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

Consultation

This report has not been to other groups or committees.

Governance or Legal Issues

None

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

Actions to Mitigate/Minimise Identified Risks

This report reflects a wide range of activities across the Trust, and consideration relating to ensuring inclusion is embedded in operational work of the Trust. The

specific services visited provide support to those with protected characteristics by the nature of their work.

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

Demonstrating inclusive leadership at Board level

Through the Trust's involvement in the NExT Director scheme we are supporting the development of those who may find it more difficult to be appointed as a NED in the NHS. As Suzanne Overton-Edwards' placement has ended, we have again sought a new NExT Director to continue to support the system development of future potential NEDs from diverse backgrounds.

As we are recruiting for a new clinical NED, we have made a conscious effort to recruit from the BME community using networks and social media to reach those who might not usually consider a NED role. We will continue to consider this as we look at succession planning for NEDs and Executives in the future.

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

Joined Up Care Derbyshire Board – 20 June 2019

Key Messages

Primary Care Networks

Joined Up Care Derbyshire (JUCD) Board received an update on progress towards establishing Primary Care Networks (PCN). PCNs are groups of GP practices, working at scale to offer resilient services, and serving a population of 30-50,000. PCNs will be GP-only in 2019/20 with a requirement to collaborate with non-GP providers from 2020/21. Derbyshire is proposing 15 PCNs to NHS England. In many cases the PCNs are within place boundaries, but there are 4 PCNs which spread across more than one place.

In 2020/21 PCNs will be commissioned to provide structured medication reviews, enhanced health in care homes, anticipatory care, supporting early cancer diagnosis and personalised care. In 2021/22, this will broaden to include extended access, CVD prevention and diagnosis and tackling neighbourhood inequalities.

Each PCN will be led by a Clinical Director and funding will be available for additional staff at a PCN level. These staff will be Clinical Pharmacists and Social Prescribers in 19/20, Physician Associates and first contact Physiotherapists in 20/21 and first contact Community Paramedics in 21/22.

Work Stream Delivery Plans 19/20

To support system transformation and financial recovery, the eight identified JUCD STP work streams (Cancer, Children's, Learning Disability and Autism, Maternity, Mental Health, Place, Planned Care (MSK, Ophthalmology, Outpatients and Theatres) and Urgent & Emergency Care) have developed delivery plans for 2019/20. Further work is taking place on Urgent & Emergency Care and Place before these plans are finalised. Information on the achievements of our work streams and their plans for the year will be available shortly at www.joinedupcarederbyshire.co.uk

Engagement Opportunities in STP Refresh

The Derbyshire STP is being refreshed this summer to take the original 2016, review it in the context of emerging priorities from the recently-published NHS Long Term Plan, and ensuring that the aims and direction of travel remains relevant. JUCD is aiming to secure a significant amount of public and broader stakeholder engagement in the refresh, to ensure those interested in the work of our work streams, places and the JUCD Board itself can have a chance to hear about the plans and make comment before they are submitted to NHS England in the autumn.

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 Improvement / England has released a guide around how we develop and nurture our next generation of leaders as set out as an expectation in the Long Term Plan.

   We as a Board recognise that at the most senior levels of healthcare organisations, leaders face increasingly complex strategic and operational problems arising from the demands of an ageing population, shortages in key workforce groups and ongoing financial constraint.

   These challenges demand:

   - Effective team-based working within and across traditional organisational and sector boundaries
   - Innovation and experimentation to find new ways of delivering care
   - Collaborative and compassionate leadership to enable health and care staff to do their best work.

   Evidence suggests that professionally diverse teams and clinicians at board level increase the likelihood of meeting these challenges. Drawing on this, the NHS Long Term Plan highlights the importance of visible senior clinical leadership in enabling and assuring the delivery of high quality care, both within organisations and in the new system architecture

   Building on clinical leadership work by professional and national NHS bodies, NHS England, NHS Improvement, NHS Leadership Academy and NHS Providers are working together to respond to the 2018 recommendations. Our particular focus is increasing the number of people with clinical backgrounds involved in strategic leadership. Traditionally, doctors and nurses have a seat at the provider board table. However, there are a host of other clinicians – allied health professionals (AHPs), pharmacists, healthcare scientists, midwives, psychologists – who also have great leadership contributions to make but, because of career structures or expectations, may be less able to find their way to strategic roles that maximise their contribution. I

think this is a key toolkit for us as a Board as we are spending time and investing resources thinking about the leadership culture we are developing. The report highlights a number of key questions in five domains that we should consider when thinking about our senior leadership and our governance approaches and given the priority we are placing on creating the right leadership culture I have included the full set below:

Building Confidence

- How are you helping build clinicians' confidence in their ability to manage and lead?
- How are you helping clinicians to gain leadership and management skills?
- How are you helping clinicians to gain 'low risk' leadership experience?
- How are you preparing clinicians as they take on new roles?
- How are you developing clinicians to develop as leaders 'on the job'?

Widening Perspectives

- How are you helping clinicians to understand the breadth of available career options?
- How is your How is your senior leadership team creating or identifying opportunities for clinicians to develop leadership careers?
- How are you supporting clinicians to network outside your organisation?

Talent management

- How are your senior leaders spotting and nurturing clinicians who show interest or ability in management and leadership?
- How are you making sure that clinicians get high quality line management?
- How are clinicians' part of your talent management and succession planning systems for leadership roles?

Practical levers

- How are you encouraging and rewarding clinicians who take on and excel in leadership roles?
- How are you helping clinicians to continue their clinical practice as they take on leadership roles?
- How are you making sure that human resources and recruitment processes aren't biased against clinicians?

Organisational Culture

- How are you creating a flexible, supportive and trusting culture?
- Who is championing the involvement of clinicians in organisational leadership?
- How are you developing teams who value professional diversity?

I think there is merit in us as a Board requesting assurance on how we as a Trust are moving forward against these key questions and I would recommend we ask our People and Culture Committee to set up a process to gain the necessary assurance.

2. As a Board we have often discussed our influence in other sectors within the NHS and the importance of ensuring people with mental health difficulties receive the appropriate treatment in different sectors. NHS England have released data looking at the identification of older patients with dementia and delirium, monitoring of appropriate assessment and prompt appropriate referral and follow up after they

leave an acute hospital. Three measures are reported:

The number and proportion of patients aged 75 and over admitted as an emergency for more than 72 hours:

- Have a diagnosis of dementia or delirium or to whom case finding is applied
- Identified as potentially having dementia or delirium and are appropriately assessed
- Where the outcome was positive or inconclusive, are referred on to specialist services.

The data finds that:

- 84.6% of patients aged 75 and over *admitted as an emergency* for more than 72 hours were initially identified or given case finding for potential dementia
- Of the patients initially identified or found as potentially having dementia, 92.6% were further appropriately assessed
- Of the patients whose outcome was positive or inconclusive, 94.0% were referred for specialist services

For us this triangulates with information we receive from our psychiatric liaison services with respect to increasing activity levels of patients admitted in to acute hospitals

Local Context

3. The Joined up Care Derbyshire (JUCD) Board met on 16 May. The formal communications following the meeting is an appendix to the Chair's report however I also think it is important to share those issues I think are particularly relevant to our Trust:

    - The JUCD STP Leadership advert for the independent system Chair which will be hosted by our Organisation closed on 28 May and formal interviews including stakeholder panels will take place week commencing 3 June.
    - Something we have noted at our Board around the importance of building system capacity and resilience to manage the cross system change programmes is now being developed within the system. All responsible Officers have been contacted to understand the needs of each workstream and plans to develop a central PMO to support the shared savings plan are well under way.
    - Really importantly we agreed that the focus of the Learning Disability workstream will broaden out to include other Long Term Plan expectations such as medication management, meaningful activity and so on rather than just the repatriation agenda under transforming care. It was confirmed that I am the SRO (Senior Responsible Owner).
    - A really valuable discussion around workforce/people and system culture and an agreement this would become a standing agenda item at JUCD Board moving forward and would require and change in emphasis of the Local Workforce Action Board (LWAB).
    - Subject to internal audit opinion of accounts three out of four organisations in Derbyshire were reporting meeting their control total in 2018/19.
    - As reported last month we now have an agreed single savings plan over the

system and the systems savings group has been formalised as the mechanism for ongoing assurance against this shared plan

- Approved the risk share agreement that we discussed in confidential Board last month with myself and Caroline Maley sharing the feedback from our Board. The agreement is on the agenda of our meeting today for formal agreement by our Board in public session.
- Importantly for our Trust the JUCD Board agreed the request by the strategic commissioner for a review of psychological services in Derbyshire. It was agreed this review would include all types of psychological interventions not just those for people with mental health difficulties (so including services for people with long term conditions such as pain management). We agreed a phased approach however and that we would start with psychological services for people of all ages with mental health difficulties excluding IAPT (Improving Access to Psychological Therapies). This would include services provided by all four provider Organisations in Derbyshire.

Within our Trust

4. On 3 May I was privileged to speak to our doctors in training and to be involved in the first ever Derbyshire Healthcare Trainee awards. We were able to use The Kingsfund report into Junior Doctor morale as a benchmark to understand more about how junior doctors were treated in our organisation. It was good to hear that from a rest perspective our trainees felt they did have opportunities for on shift rest, provision of hot food and so on. In addition they reported being well supported when they were on call and that they felt they had a good level of influence of the rotas which is a big area of concern nationally. They spoke about struggling with our electronic patient record system and its lack of intuitiveness, important because they are not with us for long enough to become very familiar. Discussing what would persuade senior trainees to take up a permanent role with us the absolute key requirement is around role flexibility to allow for those with divided interests in different speciality areas and also to support employment of those trainees who were looking to take a break between core and speciality training.

5. I was delighted to try out some innovative new equipment we are using at the Hub at the Hartington Unit. Following an innovation bid by Martin Revis who works in reception at the Hartington Unit we purchased some state of the art virtual reality equipment to support patients on the Unit in relaxation and de-escalation. The equipment provides an incredible experience that can be tailored to an individual's interest, I heard about a patient who was very interested in archery, who clearly couldn't use that pastime to relax on the unit but the VR equipment gave her the opportunity to do that. My personal experience was around being under water and being able to reach out and touch sea creatures and flora in such a realistic way – incredible! Our next stage is to see how we can make the experience more mobile to enable people who are not allowed to leave our wards a similar experience.

6. On 15 May we were delighted to welcome Simon Stevens, Chief Executive of NHS England/Improvement to our Trust accompanied by Dale Bywater, Regional Director for the East Midlands. At his request Simon met with colleagues from our Learning Disability Strategic Health Facilitation Service and Jackie, Rachel, Daniel, Adam and Debbie did a superb job in describing to Simon the role of the team and some of the challenges in supporting people with a learning disability to access health screening. It was rewarding to hear Simon reference some of the statistics our team shared with him when he was presenting to East Midlands Chairs and Chief Executives at an event later that day.

7. I have mentioned in passing to the Board previously that as part of the pillar in our people plan about supporting and developing leaders and managers, we are currently engaged in rolling out a series of group conversations with all of our leaders/managers in the Trust. These sessions are led by myself supported by Amanda and Claire and we are focussing on the culture of leadership and management we want to create within the Trust, the barriers and enablers to that development, the benefits evidence, their role and importantly the support they can expect.

   The sessions are held at different venues up and down the county with the first session being held on the 7 February. To date we have held eleven sessions and they have been attended by approximately 50% of our leaders and managers.

   Feedback has been universally positive, participants are encouraged to share their reflections on the session with me afterwards, a very small selection of comments include:

   "I just wanted to say how inspired I was by the session this morning. I felt a little taller walking away from the event"

   "The overall event was very interesting and informative and it a very good idea that it is mandatory to attend if you are Management/Leaders"

   "Thanking you Ifti for facilitating the 'leading Team Derbyshire' event this morning. A lot of what you said resonated with me and I totally agree with collaborative leadership and needing new ways of working"

"Huge thanks to you and your team presenting the forum to day. It was really interesting and hugely inspiring. Something you said about the changing face of management and leadership really resonated with me".

We are now developing our Leadership and Management Touchpoint sessions that will happen twice a year with the purpose of bringing all leaders together again to review progress, challenges and opportunities for further development.

8. Saturday 11 May was the highlight of the Trust social calendar to date with our Trust five a side football tournament. Teams from a range of clinical and support services entered the competition which was played in a great spirit with some really good skills on show (not all relevant to football perhaps!). Congratulations to the Estates Team who beat the Radbourne Unit in a thrilling final.

9. By way of a communications update this month coverage of the visits to our Trust mentioned earlier were included in local media for Derby and Derbyshire. It also then featured in the NHS Providers electronic bulletin, shared with all provider trusts.

   This last month has also seen Mental Health Awareness Week and International Nurses Day. Both events and the work done by the Trust to promote and champion these initiatives received significant coverage, particularly through social media channels.

10. During May engagement visits have continued. I have held *Ifti on the Road* engagement events at Killamarsh Clinic and Century House. I also attended the Dales North adult mental health MDT (Multi-Disciplinary Team) Meeting and the operations meeting at the Hartington Unit.

    In addition I met with two patients at the Hartington Unit who had just been discharged who were keen to share some of their experience of our services

    Key themes that emerged from these sessions are numerous but included:

    Patient feedback

    - We could perhaps focus more on healthy food options and how much patients are encouraged to drink water when on the wards
    - The importance of engendering hope when talking to people who were

admitted on our wards
- Privacy and dignity, single sex ward areas great but need to think about male staff entering female areas at night
- Getting fresh air and exercise when an inpatient

On the Road feedback
- The impact in morale of person centred leadership
- Psychological therapies for older adults – are we discriminating?
- Dementia rapid response teams and the positive impact being seen in community teams
- Consultant vacancies causing pressures related to access times and the pressure this can then put on colleagues having difficult conversations with families

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

Assurances

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

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

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

Actions to Mitigate/Minimise Identified Risks

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

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

The use of innovative equipment such as VR detailed above provides a great opportunity to support access to interventions to a much wider more inclusive group of individuals.

As part of our leading Team Derbyshire Healthcare events we have a strong focus on inclusion and the leadership responsibility in creating a culture that actively seeks out difference. We share up to date data where it exists as an aid to helping leaders and managers understand the impact decisions they make have.

The feedback from patients I reference in my report challenges our thinking about how for the right reasons we sometimes can exacerbate a sense of exclusion and this is something we are working on as part of our ongoing acute care improvement work.

When I was at Killamarsh clinic I had some really interesting conversations about older adult access to therapies and was it discriminating that this was not as available as it was to younger adults. This is a challenge we need to address through some of our clinically led strategy work.

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

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 Improvement (NHSI), NHS England (NHSE) and Health Education England (HEE) have published the interim NHS People Plan with the final plan being published soon after the 2019 spending review is published in the autumn.

   The plan has four pillars with key areas of focus in each pillar. It is reassuring to note the pillars within the plan as well as the key focus areas have significant similarities to both our people plan and our 'Great Place to Work' strategic objective.

   NHS – The Best Place to Work

   The NHS Constitution will be revised to form the basis of a people dashboard that in effect will inform future CQC well led inspections. We can expect to see commitments around three broad themes

   - Creating a healthy, inclusive and compassionate culture focussing on equality, inclusion, bullying and harassment
   - Enabling development and fulfilling careers
   - Ensuring voice, control and conditions for NHS staff though improving health and wellbeing, work life balance and conditions for whistle blowers.

   Workforce Devolution

   The document proposes a new operating model whereby greater clarity is achieved between the long term (15 year+) planning requirements for workforce or where nationwide standardisation is required where planning will be carried out nationally, the assurance role associated with national plans that will be carried out at a regional level and the creation of strong local partnerships at an ICS (Integrated Care System) and local organisational level to manage local workforce flows, recruitment and retention initiatives and the management of health and wellbeing of local staff

   The document announces plans for the creation of an ICS maturity framework which will enable us to benchmark workforce activities at a local level.

Transformation and Skill Mix

It is pleasing to see the plan does not just focus on nurses and doctors but calls for a 'transformed workforce with a more varied and rich skills mix'. To this end the plan commits to undertaking a review of the number and mix of new posts needed over the next five years. Some of the non-medical/nursing commitments include:

- Expanding the NHSI national retention scheme to include the AHP (Allied Health Professions) workforce
- All sustainability and transformation partnerships (STPs) will be expected to develop a collaborative approach to apprenticeships
- Development of a new pharmacy foundation training programme
- Greater flexibility for career entry for healthcare scientists
- Training to ensure a core level of digital competency for all non IT technical staff.

Tackling Nursing Shortages

There is of course recognition that the current 40,000 nursing shortage needs urgent action. The NHS average vacancy rate of 11% has an ambitious but essential target to fall to 5% in the next ten years under the people plan.

There is a recognition that key to this ambition is increasing the number of undergraduate training places for nurses and a rapid increase, by 5,000 this year, of the number of available clinical placements. We can expect to see new recruitment campaigns co-ordinated nationally and support to students to ensure they understand the various final support packages available to undergraduate nursing students.

The draft people plan sets out clear expectations of boards to have greater visibility of people issues and for discussions about culture to have a higher priority on board agendas.

In the light of this national people plan we need to review the Trust People Plan to ensure it is in line with the expectations set out here, that we have a clear line of sight through the People and Culture Committee to the Board and that we continue to build on the discussions we are already having about the development of the open, transparent and inclusive culture we as a Board aspire to.

2. NHSI has released details of the provider sector performance up to year end 2018/19. Whilst three months ago, for us as a Board it is worth noting the trends risks and achievements last year as we look to finalise our understanding of how we are performing at the end of quarter 1 this year. Key headlines across the whole provider sector include:

    - Deficit of £571m at year end - £177m worse than planned
    - Capital spending totalled £3.9bn, less than forecast but £400m above plan
    - Recurrent efficiencies totalled £2.2bn along with another £1bn of non-recurrent savings meaning the average provider CIP (Cost Improvement Plan) was 3.6%
    - The overall number of vacancies in providers stood at 96,348wte (whole time

equivalent) which is 8.1% vacancy rate.
- Roughly the same amount was spent on bank and agency by the provider sector in 18/19 - £2.4bn.
- As a whole the mental health sector met all of its performance standards
- Twelve hour trolley waits are reducing down by 800 year on year
- At year end the 18 week referral to treatment standard performance had deteriorated down to 86.7% compliance about a half percent from the previous year.

Local Context

3. The Joined up Care Derbyshire (JUCD) Board met on 20 June 2019. Due to a clash with the 2019 NHS Confederation Conference the JUCD Board was attended by Gareth Harry and Richard Wright. The formal communications following the meeting is an appendix to the Chair's report however I also think it is important to share those issues I think are particularly relevant to our Trust:

    - JUCD reviewed the latest financial position of the system at Month 2, with the amended year-end position at UHDB (University Hospitals of Derby and Burton NHS Foundation Trust) was discussed.
    - Clive Newman presented the Primary Care Strategy (GP Practices) and the Board discussed and approved the strategy.
    - The Board received an update report on the development of Primary Care Networks (PCNs). The PCNs are groups of GP practices who have come together to provide enhanced services and be a potential vehicle for closer integration in community services across a 30-60k population. In Derbyshire, the PCNs are coterminous with our Place and Local Authority Boundaries with four exceptions. The Board and community providers noted that as the role of PCNs move on from the provision of enhanced services to start to integrate with community services, the boundaries of the PCNs will need to be reviewed and amended.
    - The Board received a concerning report about the potential funding reductions to 0-19s children's services in the county, due to reductions in the Council's Public Health allocations from central government. The Board requested that additional work be undertaken to understand the options available to providers of children's services in the county and to understand the potential risks to the safeguarding responsibilities of the system.

4. Healthwatch Derby has released its annual report for 2018/19. The organisation met with 6735 people who shared views about health and social care providers in the city. Some of the key themes from the report included:

    - Patients wanting faster access to see doctors and nurses
    - Healthcare receptionists should be non-judgemental and support patients to find the best solutions
    - Better access to NHS dental care in the city needed
    - Clearer communication is needed to ensure patients and their families really understand treatment options.

Within our Trust

5. The Trust has now received a final report from the Care Quality Commission (CQC)

following their visit to our acute inpatient wards in March 2019. The report highlights a number of areas where positive improvements have been made following feedback from the CQC's previous visit. However, the overall rating for the service remains inadequate and it is clear that there remains a significant level of change and improvement needed to our acute mental health wards in order to meet the requirements outlined by the CQC.

We are committed to acting quickly to address the issues raised by the report and - given the seriousness of this position - we are looking at new and innovative ways to make the changes necessary. Acute care colleagues came together for focused improvement sessions on Monday 3 June and Monday 24 June to explore meaningful ways we can address the issues raised by the report, how they can be implemented at speed across all of our acute wards and how we sustain improvements for the future.

The report highlights a number of issues that are organisation-wide. The Executive Leadership Team (ELT) is considering the Trust's approach to each of these issues and will be developing further short and long term plans to review, support or implement a new approach where necessary.

The report also shares a number of local issues – this is what our campus colleagues will be focusing on in terms of our improvements and action planning at a local level. We need to make improvements across both the Radbourne and Hartington Units and ensure a consistent approach across all wards on the two sites. Our rating for the 'caring' domain in the CQC report has dropped from 'good' to 'requires improvement', which is clearly very disappointing for our patient care and not where we would aspire to be.

Throughout the report the CQC acknowledged that we were on a journey of improvement and many examples of positive changes that had taken place since their last visit were noted. They also observed a number of kind and caring interactions by staff and overall patients felt staff were kind and respectful.

Services were described as being increasingly responsive to people's needs – as a result, the report indicates that the rating for 'responsiveness' will increase from 'requires improvement' to 'good'.

6. On Monday 10 June, over 100 colleagues came together at our annual staff conference. This year the event, which was held in Chesterfield, focused on the theme of 'moving with the times' and we explored local and national changes and challenges and how the Trust would be best positioned to address these.

   Guests were treated to two guest speakers throughout the day, each with their own unique perspective on how to 'move with the times', address change and work effectively as a team to overcome any hurdles. Our first speaker was Bonita Norris – the youngest woman to ever climb Everest. Bonita shared her story and motivations, following a chance encounter with climbing, that was set to change her life forever. Bonita's story was truly inspirational and colleagues watched in awe as she shared images of repaired household ladders that the team used to walk across 100 feet crevasses, high up in the Himalayas. Whilst a very different setting to our workplaces, Bonita's insight provided teams with a number of techniques that could be used to effectively achieve change. She also confirmed the importance of effective team work.

Our second speaker was Andrew McMillan, formerly the Head of Customer Services for John Lewis. Andrew made clear parallels between customer and patient experience and confirmed that the approach of John Lewis echoed the Trust – that an engaged and supported workforce resulted in improved patient care. Andrew challenged colleagues to think about how the Trust would be described, if it were a person (our culture), and how the experiences we give need to be consistently good in order to become the organisational brand in the eye of our patients. “Be conscious of your behaviour” he advised, “because everybody else is.”

Andrew spoke about the importance of having a clear organisational vision and values and understanding the ‘why’ of an organisation. For us this is our vision ‘to make a positive difference’ and Andrew even commented that the Trust’s new vision and values wheel was one of the best he’d ever seen

Thank you to everyone who attended and participated on the day. The feedback received has been overwhelmingly positive and it is clear that the staff conference has become a popular part of our programme of staff engagement throughout the year. I would also like to thank Hollie Cowan, from our communications team for her time and energy in organising the event – it was a great success. Throughout the day we were joined by an artist Cara, who visually captured the conversations of the day so we could share this with colleagues who were unable to attend

7. The staff conference was immediately followed by the 2019 Quality Awards ceremony. The awards celebrated initiatives ranging from improving the lives of children and new mothers to working with service users in substance misuse to give them new hope. Three finalists in each category were chosen following quality visits and a detailed shortlisting process. For the first time Trust staff then voted to choose the winner in each category.

   Award winners in each category were:

   - Clinical Team of the Year for showing how excellence has been consistently delivered over the past year - Dementia Rapid Response Team South, for its

work on carer support and education.

- Non-Clinical Team of the Year for showing how non-clinical teams have a direct impact on care - Hartington Unit Reception, for work to provide single-label printers in each consulting room at the unit
- Inclusion and Involvement Award for actively involving a person in their care - Perinatal Services, for the team's work with a mum with a complex presentation, including physical health problems and difficulties with engagement.
- Improving and Innovating Award where presentations evidenced how teams have improved or developed their service offer - 0-19 Integrated Family Service, for work on emotional wellbeing training for Health Visitors, working with new mothers.
- Green Shoots Award for innovative practice, where it might be too soon to see the full outcomes or benefits - Derbyshire Substance Misuse Service – Derbyshire Recovery Partnership, for a focus on service user involvement with a Recovery Through Nature programme.
- Hearing the Person's Voice Award for demonstrating the different ways that service users were listened to - Safeguarding Children and Adults Teams for their work to support the survivors of the abuse identified at Aston Hall.
- Resilience Award for presentations showing improvements in services in the context of high clinical demand or service pressures - Memory Assessment Services, for the way in which the assessment process supports needs-led clinical assessment and a holistic approach to interventions.
- Working in Partnership Award for strong connectivity with teams both in and out of the Trust - Children in Care Team, for improving processes to increase the number of looked-after children who have a robust and detailed Initial Health Assessment.

My thanks to all teams who were nominated, there was a huge amount of pride, compassion and innovation on show by all involved.

8. On Wednesday 12 June Emma Frudd, Carol Fordham and Claire Wright from our LGBT+ Network along with many other Derbyshire Healthcare colleagues attended the second Derbyshire LGBT+ Partnership Conference held at the University of Derby with a theme of Reaching Out. There were many thought-provoking sessions on the main stage many of which had related themes of mental health issues and LGBT+ equality and inclusion issues.

   Very fittingly Emma and Carol ran one of the most popular workshops, which was about LGBT+ mental health and wellbeing. As part of that the delegates also heard from Leanne Walker our CAMHS (Child and Adolescent Mental Health Services) expert by experience who shared her moving and inspirational personal story in a spoken word piece. Claire and Leanne are working on a way for us all to hear it soon, personally I can't wait!

   In recent days we have heard abhorrent alarming stories of phobic behaviour against members of the LGBT+ community. At Derbyshire Healthcare we are proud to have our thriving LGBT+ network, our LGBT+ rainbow lanyards and our LGBT+ commitments to celebrate the wealth of different identities with in our LGBT+ community and to inspire confidence for everyone to be themselves. My thanks to Emma, Carol, Claire and Leanne for doing Derbyshire Healthcare proud!

9. On 19 and 20 June myself, Caroline Maley, Claire Wright, Margaret Gildea and Mark Broadhurst attendied the annual NHS Confederation Conference. As you would expect in the current environment there was much focus on the journey to becoming an integrated care system, the developments outlined in the new people plan, technology and pleasingly sessions on suicide prevention and a great focus on inclusion. In my role as co-chair of the NHS Confederation's national BME leaders network I hosted two events during the conference – a breakfast session looking at how to bridge the clear gap in career progression for colleagues from diverse communities in the NHS and a breakout session entitled 'the view from the new frontline' a session focussed on recognising alternative challenges around community engagement in our journey to becoming ICSs.

10. It has been a busy month for the Trust in terms of positive and proactive media coverage. We received coverage from both the Derby Telegraph and Derbyshire Times following visits by Saffron Cordery and Simon Stevens to Kingsway Hospital in May. Local innovations have also been highlighted – for example our Health Visitors 'Bushtucker trial' to encourage children at a secondary school in Sinfin to try new foods as part of a healthy eating initiative.

    The Trust also received national attention following our CEO involvement in the publication of the draft People Plan. My comments as part of an article on the issue of fewer women and people from BME backgrounds in key jobs at NHS trusts received wide coverage from 6 - 7 June, including a story on the front page of The Guardian which was then picked up by several news websites. My piece published by NHS Confederation on how we create a culture on the board to enable colleagues from diverse backgrounds to flourish was also published on 12 June 2019 – highlighted the importance of an inclusive and representative Board, and how diversity is used to instil confidence in an organisation.

    It has also been an active month on social media following positive reactions to the Trust's posts to support International Nurses' Day and Mental Health Awareness Week. There was also significant coverage of the Trust's recent involvement in the LGBT+ partnership conference, in particular following a workshop led by Leanne Walker, CAMHS Expert by Experience. Social media followers also joined in celebrations for the Trust's Quality Awards in June and people were able to follow the Trust's Staff Conference following a series of live tweets from the day.

11. During June engagement visits have continued. I have held *Ifti on the Road* engagement events at the Revive Healthy Living Centre, Derby where I was able to meet some of our school nurses and health visitors and at Dale Bank View, Swadlincote. I also attended Dr Simon Taylors ASD clinic in Chesterfield.

    On the Road feedback

    - The pressure that continuous rounds of tendering can place on services like our school nursing service (and other universal children's and substance misuse services) and the importance of timely and honest communication with colleagues in those services
    - The need for clarity on home working arrangements and availability
    - Issues in relation to health visiting services and the increasing complexity and capacity issues for our school nurses
    - Some really helpful feedback about our new induction programme and a reminder that colleagues who are just starting in the Trust feel we could have got them into post sooner
    - Confusion and lack of clarity around bed finding responsibilities in areas such as Castle Donnington
    - Questions raised about career pathways for assistant practitioners on completion of training.

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

Assurances

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

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

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

Actions to Mitigate/Minimise Identified Risks

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

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

This paper has had a strong feature on good practice relating to inclusion and diversity in its broadest sense. The profile of senior leaders in the Trust relating to both national BME issues in particular community involvement and senior leadership representation and LGBT+ issues relating to awareness raising using some great role modelling and focus on LGBT+ and wellbeing is a tribute to the profile and importance placed on inclusion by our Trust.

The national people plan places a priority on inclusion and for the first time will compel organisations to set stretching targets for inclusion at a senior level. Something we will be discussing as a Trust in coming months.

Our PSED (Public Sector Equality Duty) also relates to internal structures creating differing patient experiences within Derbyshire and some of the feedback I had from Long Eaton around struggling to get bed access due to lack of clarity is a demonstration of that. Action is underway though the Deputy Director of Operations to address this issue.

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 prepared and presented by: **Ifti Majid**
Chief Executive

Governor Meeting Timetable 2019/2020

DATE	TIME	EVENT	LOCATION
2/7/19	9.30am onwards	Trust Board Meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
2/7/19	2.00pm onwards	Council of Governors meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
6/8/19	10.00am-12.30pm	Governance Committee	Meeting Room 1, Albany House Kingsway Hospital Site, Kingsway, Derby DE22 3LZ
3/9/19	9.30am onwards	Trust Board Meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
3/9/19	2.00pm onwards	Council of Governors meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
11/9/19	2.30-4pm – market place, 4.00-6.00pm formal meeting	Annual Members' Meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
1/10/19	9.30am onwards	Trust Board Meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
10/10/19	10.00am-12.30pm	Governance Committee	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
16/10/19	1.30-4.30pm	CoG and Board joint session – topic to be confirmed	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
31/10/19	1.30-5pm	Governor training and development session – Mental Health Act	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
5/11/19	9.30am onwards	Trust Board Meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
5/11/19	2.00pm onwards	Council of Governors meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
3/12/19	9.30am onwards	Trust Board Meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
10/12/19	10.00am-12.30pm	Governance Committee	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
7/1/20	2.00pm onwards	Council of Governors meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
4/2/20	9.30am onwards	Trust Board Meeting	Conference Room A&B, Centre for Research & Development,

			Kingsway Site, Derby DE22 3LZ
11/2/20	10.00am-12.30pm	Governance Committee	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
3/3/20	9.30am onwards	Trust Board Meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
3/3/20	2.00pm onwards	Council of Governors meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
7/4/20	10.00am-12.30pm	Governance Committee	Training room 1 & 2, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
9/6/20	10.00am-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

Derbyshire Healthcare NHS Foundation Trust

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST TERMS

NHS Term / Abbreviation	Terms in Full
A	
A&E	Accident & Emergency
ACCT	Assessment, Care in Custody & Teamwork
ACE	Adverse Childhood Experiences
ACP	Accountable Care Partnership
ACS	Accountable Care System (now known as ICS)
ADHD	Attention Deficit Hyperactivity Disorder
AfC	Agenda for Change
AHP	Allied Health Professional
ALB	Arms-length body 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 Disablities
LHP	Local Health Plan
LHWB	Local Health and Wellbeing Board
LOS	Length of Stay
M	
MARS	Mutually Agreed Resignation Scheme
MAU	Medical Assessment Unit
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