

Derbyshire Healthcare NHS Foundation Trust
Council of Governors

Conference Rooms A/B, Research & Development Centre, Kingsway, Derby, DE22 3LZ
3 July 2018 14:00 - 3 July 2018 16:30

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

COUNCIL OF GOVERNORS' MEETING

**TUESDAY 3 JULY 2018
2.00 PM – 4.30 PM**

**CONFERENCE ROOMS A/B, RESEARCH & DEVELOPMENT CENTRE, KINGSWAY,
DERBY, DE22 3LZ**

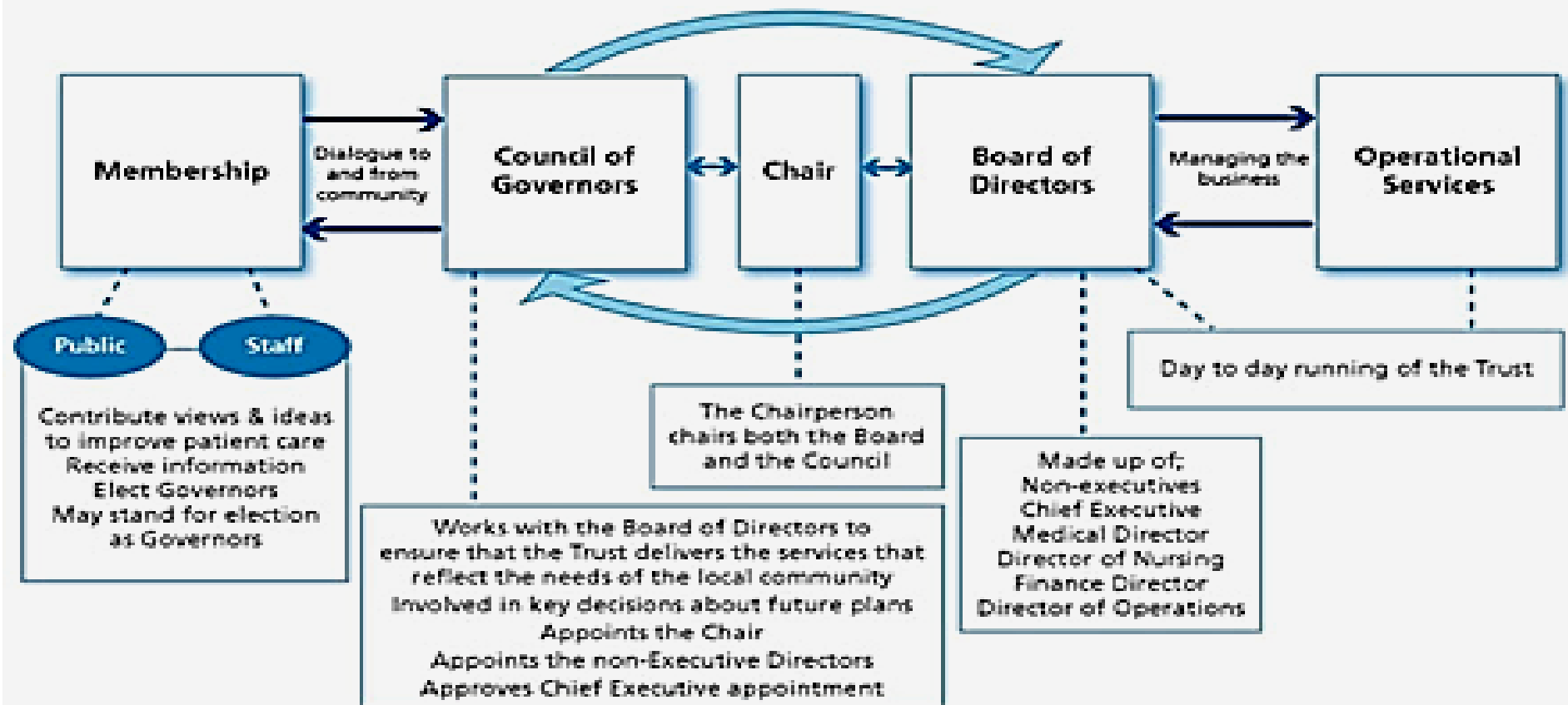
AGENDA

ITEM		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 1 May 2018	Caroline Maley	2.10
4.	Matters arising and actions matrix <ul style="list-style-type: none"> • Selection of quality indicators • Issue raised with governors from Trust complainant 	Caroline Maley Sam Harrison John Morrissey	2.15
STATUTORY ROLE			
5.	Annual Report & Accounts 2017/18	Claire Wright & Geoff Lewins	2.25
6.	External Auditor opinion on the Annual Report & Accounts 2017/18	External Auditors	2.35
HOLDING TO ACCOUNT			
7.	NED Deep Dive	Geoff Lewins	2.45
8.	Integrated Performance Report Summary	Non-Executive Directors	3.00
9.	Escalation items to the Council of Governors	Caroline Maley	3.15
10.	Staff engagement update	Richard Wright	3.25
11.	Membership of Governors Nominations & Remuneration Committee	Sam Harrison	3.35

OTHER MATTERS			
12.	Governance Committee Report	Gillian Hough	3.45
13.	Staff governor job description	Sam Harrison	3.50
14.	Any other business	Caroline Maley	4.00
15.	Review of meeting effectiveness and following the principles of the Code of Conduct	Caroline Maley	4.05
16.	Close of meeting	Caroline Maley	4.10
FOR INFORMATION			
<ul style="list-style-type: none"> • Ratified minutes of the Public Board meeting held on 28 March 2018 • Chair's Report as presented to Public Trust Board on 3 July 2018 • Chief Executive's Report as presented to Public Trust Board on 3 July 2018 • Governor meeting timetable • Glossary of NHS terms 		-	-
Next Meeting: Tuesday 4 September 2018, 2.00 – 4.30 pm, Conference Rooms A/B, Research & Development Centre, Kingsway, Derby, DE22 3LZ			

Getting the balance right

FT Governance Arrangements



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 !

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

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

**MINUTES OF THE COUNCIL OF GOVERNORS MEETING
HELD ON TUESDAY 1 MAY 2018**

2.00 – 3.45 PM

**CONFERENCE ROOMS A/B, RESEARCH & DEVELOPMENT CENTRE, KINGSWAY,
DERBY, DE22 3LZ**

PRESENT	Caroline Maley	Trust Chair & Chair of Council of Governors
GOVERNORS PRESENT	Shelley Comery	Public Governor, Erewash
	Paula Holt	Appointed Governor, University of Derby
	Gillian Hough	Public Governor, Derby City East
	Moirra Kerr	Public Governor, Derby City West
	Angela Kerry	Appointed Governor, Derbyshire Mental Health Forum
	Roger Kerry	Appointed Governor, Derbyshire Voluntary Action
	Lynda Langley	Public Governor, Chesterfield
Items 37 - 44	John Morrissey	Public Governor, Amber Valley
	Shirish Patel	Public Governor, Erewash
	Jim Perkins	Appointed Governor, Derbyshire County Council
	Carole Riley	Public Governor, Derby City East
	Adrian Rimington	Public Governor, Chesterfield
	Martin Rose	Public Governor, Bolsover
	April Saunders	Staff Governor, Allied Professions
	Kelly Sims	Staff Governor, Admin & Allied Professions
	Robin Turner	Appointed Governor, Derby City Council
	Christine Williamson	Public Governor, Derby City West
IN ATTENDANCE	Denise Baxendale	Communications & Involvement Manager
	Sarah Bennett	CQC
	Donna Cameron	Assistant Trust Secretary
	Margaret Gildea	Non-Executive Director
Items 37 - 44	Carolyn Green	Director of Nursing & Patient Experience
	Sam Harrison	Director of Corporate Affairs & Trust Secretary
	Gareth Harry	Incoming Director
	Avtar Johal	NeXT Director Programme
	Katie Lawson-King	CQC
	Geoff Lewins	Non-Executive Director
	Ifti Majid	Chief Executive
	Stacey Rach	Lead Nurse, Morton Ward, Hartington Unit
	Denise Robson	Support Worker for Moira Kerr
	Julia Tabreham	Deputy Trust Chair & Non-Executive Director
	Anne Wright	Non-Executive Director
	Richard Wright	Non-Executive Director
APOLOGIES	Rosemary Farkas	Public Governor, Erewash
	Jason Holdcroft	Staff Governor, Medical and Dental
	Kevin Richards	Public Governor, South Derbyshire
	Gemma Stacey	Appointed Governor, University of Nottingham

ITEM NUMBER	<u>ITEM</u>
DHCFT/GOV/037	<p data-bbox="459 297 1406 365">WELCOME, INTRODUCTIONS, CHAIR'S OPENING REMARKS, APOLOGIES FOR ABSENCE & DECLARATION OF INTERESTS</p> <p data-bbox="459 398 1406 701">The Trust Chair, Caroline Maley, welcomed all present to the meeting. Today's Council of Governors (COG) is the first time the meeting has directly followed the Public Trust Board; thanks were given to those governors who had attended the Board meeting. As a result of the new approach the papers for the COG meeting differ slightly. Included in the pack for this meeting, in the <i>For Information</i> section, is a copy of the Trust Chair and Chief Executive's reports as presented to the Public Trust Board. Although these are included for information, questions are welcomed.</p> <p data-bbox="459 734 1406 1238">Caroline Maley introduced Avtar Johal, who is spending time with the Trust to build on his experience as a trainee Non-Executive Director (NED). Gareth Harry was introduced: Gareth will join the Trust on 1 June in the post of Director of Business Improvement & Transformation. Shadowing the Chair is Stacey Rach, Lead Nurse on Morton Ward at the Hartington Unit. Also welcomed to the meeting was Adrian Rimington, recently appointed as Public Governor for the Chesterfield constituency. The Chair reported the resignation of Rick Cox from the position of Public Governor of the High Peak and Derbyshire Dales, effective 30 April. Robin Turner, Appointed Governor from Derby City Council, was welcomed to his final meeting; Robin will be standing down from the Council effective 3 May as he is not standing for re-election. Robin was warmly thanked for his contribution to the Trust. Also welcomed were colleagues from the Care Quality Commission (CQC) attending to observe the CoG meeting.</p> <p data-bbox="459 1272 882 1305">Apologies were noted as above.</p> <p data-bbox="459 1339 1002 1373">No declarations of interest were received.</p>
DHCFT/GOV/038	<p data-bbox="459 1406 1406 1473"><u>OUTCOME OF RECENT TRIAL INVOLVING AN INDIVIDUAL KNOWN TO OUR SERVICES</u></p> <p data-bbox="459 1507 1406 1608">Carolyn Green, Director of Nursing & Patient Services was invited to update the Council of Governors on the outcome of a recent trial involving an individual known to the Trust's services.</p> <p data-bbox="459 1641 1406 1977">Governors had previously been briefed regarding a serious incident in the community involving an individual who had been open to the Trust's community services and was being supported at the time of the incident. The individual had been on a treatment order, following a previous conviction which had restrictions under the Mental Health Act. Evidence had been given in the trial that the individual's capacity was not impacted and he therefore understood his actions. The jury in the case had returned a verdict today of murder with no attachment of diminished responsibility. Governors can expect to see news coverage regarding this case.</p>

DHCFT/GOV/039	<p><u>SUBMITTED QUESTIONS FROM MEMBERS OF THE PUBLIC</u></p> <p>Caroline Maley reported that a member of the Trust had submitted a question. The detailed response was tabled for information and will be sent to the member directly. The response is appended to the minutes at Appendix 1.</p>
DHCFT/GOV/040	<p><u>APPROACH FROM A COMPLAINANT</u></p> <p>Carole Riley, Deputy Lead Governor, reported that governors had been approached by a complainant via the governor email account. Carole Riley and John Morrissey, Lead Governor, will respond in line with the Trust's complaints policy with the support of the Complaints Team.</p>
DHCFT/GOV/041	<p><u>MINUTES OF THE PREVIOUS MEETING</u></p> <p>The minutes of the previous meeting, held on 21 March 2018 were accepted as a correct record with one minor amendment.</p>
DHCFT/GOV/042	<p><u>MATTERS ARISING AND ACTIONS MATRIX</u></p> <p>Updates were provided by members of the Committee and noted on the actions matrix. All completed 'green' actions were scrutinised to ensure that they were fully complete.</p> <p>Moira Kerr, Public Governor, commented on the action matrix item DHCFT/GOV/026 in relation to text communications and reminders. Moira did not feel assured of the effective implementation of text reminders. Carolyn Green confirmed that the responsible operational team had reviewed activation elements and uptake of the service and improvements will be made. Richard Wright, Non-Executive Director, confirmed to governors that he would hold Executives to account for the performance of this service through his role as Chair of Finance & Performance Committee.</p> <p>ACTION: Richard Wright to report back to the Council of Governors at the July meeting through the Integrated Performance Report Summary on the performance of the text activation service and will maintain oversight in Finance & Performance Committee.</p>
DHCFT/GOV/043	<p><u>GOVERNORS' NOMINATIONS AND REMUNERATION COMMITTEE REPORT</u></p> <p>Caroline Maley presented the report on behalf of the Committee. The Governors' Nominations & Remuneration Committee is a standing committee of the CoG and as such is required to update on its business.</p> <p>A summary of the meeting held on 20 March was provided. This meeting reflected on the performance of the Non-Executive Directors, the mid-year appraisal of the Chair and objectives for the coming year for NEDs and the Chair. Margaret Gildea confirmed that she had led on the activities in relation to the Chair, as the Trust's Senior Independent Director. The Committee received confirmation that Fit and Proper</p>

Persons tests had been applied successfully to Geoff Lewins, Non-Executive Director prior to his appointment. The Chair reported on the appraisals for Non-Executive Directors, of which the CoG received a summary report, along with objectives for each NED for the coming year. The Nominations & Remuneration Committee agreed that the Trust has very strong Non-Executive Directors, as evidenced by the appraisal process, which included 360 degree feedback in which governors participated. A summary of the exit interview held with Barry Mellor had been presented to the Committee. Feedback had been taken on board and discussed with the Committee and also fellow Non-Executive Directors.

The Committee had received Chair and NED salary benchmarking information from NHS Providers. It was agreed that no salary review was required at this time. The balance of skills and portfolios of the NEDs had been reviewed and approved. An annual review of the terms of reference had resulted in some changes which were presented for information. Membership has been amended to increase flexibility and to ensure that publicly elected governors must be in majority.

The full report of the Committee's work in 2017/18 was presented for information. Members of the Committee were thanked for their contribution in what has been a busy year where the Committee covered a wide range of responsibilities.

Moira Kerr, a member of Governors' Nominations & Remuneration Committee added that she felt the Committee's work had been of great benefit to the Trust and welcomed the support and information members had received. As a member she had felt valued and informed throughout the very formal and important responsibilities the Committee had undertaken.

Members of the Council of Governors were invited to share their thoughts on the business of the Governors Nominations & Remuneration Committee. Gillian Hough felt she had been informed and involved in recruitment processes. Kelly Sims, as a member of Nominations & Remuneration Committee agreed with the comments made by Moira Kerr, adding that information received and processes followed by the Committee had been extremely thorough. Sam Harrison added that governors had also had the opportunity to be involved in stakeholder groups for NED appointments, and indeed had been invited to similar groups for Executive Director appointments. The feedback from both candidates and stakeholder group members had proved very valuable.

RESOLVED: The Council of Governors

- 1. Received the update on the activity undertaken by the Committee.**
- 2. Confirmed it had received assurance that Geoff Lewins had successfully completed all checks as required under the Trust's Fit & Proper Persons Policy.**
- 3. Received assurance that a robust appraisal process has been followed for Julia Tabreham, Margaret Gildea, Anne Wright, Richard Wright and Barry Mellor. Noted the summary of Non-**

	<p>Executive Director appraisals and agreed future objectives.</p> <p>4. Approved the NED membership of Board Committees as recommended by the Nominations & Remuneration Committee.</p> <p>5. Approved the Terms of Reference as proposed by the Committee.</p> <p>6. Approved the annual report of the Committee.</p>
DHCFT/GOV/044	<p><u>NON-EXECUTIVE DIRECTOR DEEP DIVE – QUALITY</u></p> <p>Julia Tabreham, Deputy Trust Chair and NED Chair of Quality Committee presented her Deep Dive covering the remit of her role.</p> <p>The Quality Committee, as part of its year-end activities, had reviewed its effectiveness with very strong results. Changes made in year have contributed to improvements and increasingly robust assurance levels. The Committee continues to be advised that services across the Trust are under significant pressure but the Committee is assured that quality is still being maintained despite increasing demand and rising acuity.</p> <p>A summary of items received at the March meeting was given, outlining the levels of assurance received. The Board Assurance Framework, risks assigned to the Quality Committee are reviewed at each meeting. Papers were received on Clinical Audit, Quality Impact Assessment and an update on the implementation of the recommendations following the Well Led governance framework review by Deloitte. The Committee received an update on Accessible Information Standards and an annual report on inquest activity. There had been significant dialogue on the remaining CQC actions and the Executive Directors were held to account on routes to improve these. The quality priorities for 2018/19 were received, as was the Quality Account, which is currently out to consultation with stakeholders. Limited assurance was received on Serious Incidents, due to the resource required to improve assurance; a review is underway to assess if this area is adequately resourced. The latest report from Healthwatch was positive; it did contain some criticism around lack of support to carers in drug and alcohol services and some criticism regarding lack of information for service users in reception areas of partner organisations. Other reports received included progress against the Dementia Strategy, safer working hours for junior doctors, an update on emergency planning and the Committee's own year-end report.</p> <p>Julia Tabreham is in discussions with Carolyn Green, Executive Director Lead for the Quality Committee on the development of a Quality Chair Report where networking and learning can be shared and also provide an opportunity to show how NEDs triangulate work and seek assurance between meetings. Julia Tabreham is keen to develop quality conversations and seminars to share and learn from other experiences.</p> <p>April Saunders, Staff Governor, commented that she is working with Derbyshire Local Services to arrange training days for our staff in Drug & Alcohol Services, which she will share with Healthwatch and Carolyn Green. Kelly Sims, Staff Governor, asked if other areas, as well as Serious Incidents, are being reviewed from a resource perspective. Ifi Majid responded that middle tier leadership carries the responsibility for</p>

	<p>an increasing range of issues which has led to a leadership review as part of the people strategy.</p> <p>Gillian Hough asked if the Trust can be assured of quality in areas where the Trust is involving third parties, i.e. HR and Estates. Margaret Gildea, NED Chair of the People & Culture Committee, responded that the HR team has TUPE'd over to a joint venture team with Derbyshire Community Healthcare Services NHS Trust and is part of one team giving broader coverage with more expertise. There is no change in service and the accountable Director continues to be Amanda Rawlings. Holding the Executive Directors to account for this will continue through the People & Culture Committee; any concerns will be escalated to the Trust Board through the usual process. Ifti Majid confirmed there is no change in Estates services.</p> <p>A summary of the information shared can be found in the Public Trust Board papers as part of the Quality Committee Assurance Summary.</p> <p>RESOLVED: The Council of Governors noted the Deep Dive by Julia Tabreham which outlined the work of the Quality Committee.</p>
DHCFT/GOV/045	<p><u>INTEGRATED PERFORMANCE REPORT SUMMARY</u></p> <p>Caroline Maley invited the NED Committee Chairs to illustrate the use of the information in the Integrated Performance Report (IPR) in relation to NED duties. The full IPR had been discussed at length in the Public Trust Board meeting earlier in the day.</p> <p>Finance & Performance Committee Since the last CoG meeting on 21 March, the Finance & Performance Committee (F&P) had met once, on 26 March. The Committee had received an update on the Trust Strategy and Forward View. It had also received a presentation from Information Management & Technology which underpinned and clarified the use of data in triangulating information regarding services. The Committee received confirmation that the Trust had met all required NHS Improvement standards. The control total had been exceeded and as a result Sustainability and Transformation Fund money had been received; this funding can only be spent on capital and offers the Trust increased flexibility when considering capital investments. The Trust has signed its contract with Commissioners for 2018/19.</p> <p>Adrian Rimington, Public Governor for Chesterfield, noted that waste had not been referred to and asked if the Trust had eradicated it or what percentage of improvement had been made in reducing waste. Caroline Maley responded that the NHS has operated Cost Improvement Programmes (CIP) for a number of years which had led the Trust to look for ways to improve the use of resources, citing the Carter Review as an example of that. Caroline Maley assured governors that the Trust always tries to maximise the best use of resources.</p> <p>Robin Turner asked who, in the NHS, receives the information regarding the pressure on and use of resources. Ifti Majid responded that he has communication with NHS England, NHS Improvement and</p>

also speaks to the National Mental Health Director for the NHS on these wider issues.

Moira Kerr requested information on the changes in out of area (OOA) placements, the new standards for OOA and how OOA placement affects people getting the care appropriate to their needs. Julia Tabreham responded that the Quality Committee had held Executive Directors to account over OOA. Currently the Trust has 15 acutely ill people in OOA beds. In seeking assurance in Board earlier today, Executive Directors had compared this time of the year as the 'winter' for mental health, i.e. the time of year when the demand for acutely ill services in our population increases. NEDs were assured that this is an area of focus for the Board. In responding to concerns regarding paediatric beds and eating disorders, Ifti Majid added that the Trust can only control the pathways it is commissioned to provide services for; these are specialties that the Trust is not commissioned to provide.

Audit & Risk Committee

Geoff Lewins reported on the volume of year-end activity being seen at the Audit & Risk Committee. The meeting scheduled for 3 May will receive the first full review of the Trust's Annual Report and Accounts.

People & Culture Committee

As highlighted in the IPR, Margaret Gildea confirmed that the Trust continues to have challenges in recruitment. However, the Trust grew by 100 new people in 2017/18, which is a positive move in the right direction. Ifti Majid added that the Trust has a vacancy rate of 5%, which is low and testament to the tremendous work and focus to fill vacancies.

Margaret Gildea also took the opportunity to respond to a question regarding recruitment that had been escalated to the Council of Governors from the Governance Committee.

Question

With summer approaching and staff going on holiday, what assurance can governors be given that adequate focus and preparation has taken place regarding staff recruitment and retention - thereby ensuring a minimum reliance on use of agency staff?

Margaret Gildea reported that the Trust is undertaking an intensive recruitment campaign in May in some of the most expensive parts of the country to live in to try to attract new staff and is offering support with relocation. The Trust now has a staff Bank in-house and is actively recruiting to the Bank through our own workforce to offer additional shifts. Staff who wish to be on Bank only contracts are fully trained and inducted into the Trust. This will help to provide more resilience going forwards.

Moira Kerr queried the levels of pay for Bank staff; Margaret Gildea responded that staff are paid for the rate of the role they are undertaking.

	<p>Safeguarding Committee & Mental Health Act Committee Anne Wright, NED Chair of both Committees, reported that neither had met since the last meeting of Council of Governors due to the quarterly schedule of both meetings. The Safeguarding Committee meets on 10 May and Mental Health Act Committee (MHAC) meets on 8 June. The effectiveness of both committees continues to be reviewed and was recently evaluated. Changes continue as both committees move towards assurance committees; new initiatives are being introduced in both Committees. Caroline Maley added that as a Board, improvements are being seen in MHAC as a result of the work of the Committee Chair and Executive Lead (John Sykes).</p> <p>Gillian Hough asked if the Trust had been affected by the impact of visa allocation for Non-EU nationals having been reached. Caroline Maley confirmed that the Trust had not been affected by this matter.</p> <p>Quality Committee Covered in the NED Deep Dive.</p> <p>RESOLVED: The Council of Governors received the update from the perspective of the NEDs on how they have held the Executive Directors to account through their role.</p>
DHCFT/GOV/046	<p><u>ESCALATION ITEMS TO THE COUNCIL OF GOVERNORS</u></p> <p>Three questions had been escalated to the CoG by the Governance Committee. One question was addressed during Margaret Gildea's IPR Summary as outlined earlier in the meeting. The remaining two questions and responses are given below.</p> <p><i>VOLUNTEERS</i> <i>Governors seek assurance that the Trust's volunteer coordinator has adequate resources and time allocation to carry out the role. How many volunteers are there? Are we actively taking on volunteers at the moment?</i></p> <p>Caroline Maley responded that the Trust has a very valuable body of volunteers, approximately 125, who are a huge asset to the Trust, supporting occupational and social recovery. The volunteering service is led by a Senior Occupational Therapist. The Trust has invested in its volunteering service but, as may be expected, with limitations, due to the pressure on clinical services. The Trust is committed to its volunteer service and we have many examples of people going on to employment with the Trust after a period as volunteer. However, all of our volunteers require support and training when they come on board. Whilst the Trust's volunteer coordinator has adequate resources and time allocation to carry out their role, with restricted expectations, there is a limit to the number of volunteers that we can accommodate as we need to retain the capacity to support them throughout their time with us. If governors receive enquiries during the course of public engagement regarding volunteering with the Trust they are encouraged to direct those individuals to our website to register. Whilst we do have limited capacity, there is a turnover and at some point there will be an opportunity to participate.</p>

	<p>CHILDREN'S SERVICES <i>What assurance can NEDs provide that the positive impact of early intervention in young people's services is not being overlooked?</i></p> <p>Julia Tabreham responded that children's services the Trust continue to work with a variety of partners to develop new approaches to recognise the role of early intervention. In Child and Adolescent Mental Health Services (CAMHS) the Trust has been developing and supporting a new role called Emotional Wellbeing Practitioners (EWP) who work in schools to provide early intervention with emotional difficulty, providing timely local intervention. Early indications are positive. The overall approach in CAMHS is of empowerment and resilience. Our 0-19 years universal children's services contract also focuses on early intervention by embedding good health messages, including our excellent compliance with breastfeeding targets. We provide healthy eating and lifestyle advice throughout our delivery in health visiting and school nursing via a dedicated 'healthy schools healthy settings team'. We have recently had an increase in resource to accommodate enhanced delivery of good dental health in the City, starting at nursery school age.</p> <p><i>What assurance can NEDs give that the Trust is achieving positive outcomes with respect to physical and mental wellbeing (in Children's Services)?</i></p> <p>In addition to the actions outlined above, the Trust also has a focus on reducing harm from medication side effects in CAMHS via our Health Hub, where we continue to monitor physical health in those we prescribe to, and cannot be solely cared for in primary care.</p> <p>Paula Holt added that Derby is one of the country's 12 Opportunity Areas, which has a mental health strand which has representatives on it from the Trust and the University of Derby and part of its work is to enhance and improve health and wellbeing in schools. Ifi Majid added that the Health & Wellbeing Board had set up a mental health prevention group, which Paula Holt is also part of, which increases involvement in this area.</p> <p>A question submitted by Adrian Rimington, Public Governor for Chesterfield for escalation to the Council of Governors will be responded to at the July meeting.</p>
DHCFT/GOV/047	<p><u>GOVERNANCE COMMITTEE REPORT</u></p> <p>Gillian Hough, Chair of the Governance Committee, presented the report of the meeting of the Governance Committee held on 17 April 2017, for information. The CoG is asked to note that the Terms of Reference have been reviewed and are presented for approval. The CoG was also asked to note that John Morrissey, the Lead Governor, had finalised and approved the governors' response to the Quality account following consultation with governor colleagues.</p> <p>Caroline Maley thanked Gillian Hough for the report and complimented the work of the Governance Committee. The Trust is working to</p>

	<p>support governors in increasing engagement with community and this remains a focus of the Governance Committee. Gillian Hough added that two Task & Finish groups have been set up (one for engagement and a second for review of governor and member information on the Trust's website) to take this forward.</p> <p>Gillian Hough has indicated that she would like to stand down from the position as Chair in September after two years in the role. Governors are encouraged to contact Gillian directly if they would like to discuss taking on this role.</p> <p>Resolved: The Council of Governors:</p> <ol style="list-style-type: none"> 1. Noted the report of the Governance Committee meeting held on 17 April 2018. 2. Reviewed and approved the refreshed Terms of Reference for the Governance Committee. 3. Noted that the Lead Governor had finalised and approved the Governors' response to the Quality Report 2017/18.
DHCFT/GOV/048	<p><u>FOR INFORMATION</u></p> <p>Governors received the following items for information:</p> <ul style="list-style-type: none"> • Ratified minutes of the Public Board meeting held on 28 February 2018 • Chair's Report as presented to Public Trust Board on 1 May 2018 • Chief Executive's Report as presented to Public Trust Board on 1 May 2018 • Governor meeting timetable • Glossary of NHS terms <p>Caroline Maley highlighted the additional information in this section. As the CoG now meets immediately following the Public Trust Board Meeting a copy of the reports the Chair and Chief Executive will be included in the 'For Information' section going forwards.</p> <p>Ifti Majid, Chief Executive, highlighted within his report, the information regarding the work in the local healthcare system regarding 'Place'; work is gathering pace and it has been agreed as a system that the Place Board will focus on frailty; this gives the impetus to focus on difficulties in that area.</p>
DHCFT/GOV/049	<p><u>ANY OTHER BUSINESS</u></p> <p>Governor Elections Denise Baxendale, Communications & Involvement Manager, reported that nominations for vacant governor posts closed on 19 April. Notice of the poll will be published on 9 May, voting packs despatched on 10 May and elections will close on 31 May. Results will be declared the following day. The process is being managed by Electoral Reform Services.</p> <p>Bid Board for External Auditor Procurement</p>

	Sam Harrison confirmed that the first meeting of this group had taken place. Appointment of the External Auditors is a statutory role for the Council of Governors. To inform the process, three governors are involved in the Bid Board.
DHCFT/GOV/050	<p><u>REVIEW OF MEETING EFFECTIVENESS AND FOLLOWING THE PRINCIPLES OF THE CODE OF CONDUCT</u></p> <p>Caroline Maley sought views on the effectiveness of the meeting, reflecting on this meeting being the first of its kind to follow Public Trust Board. Kelly Sims welcomed the new approach. Lynda Langley, having observed the Board meeting found the CoG meeting much easier to follow.</p>
DHCFT/GOV/051	<p><u>DATE AND TIME OF NEXT MEETING</u></p> <p>Date: Tuesday 3 July 2018 Time: 2.00 – 4.30 pm Venue: Conference Rooms A/B, Research & Development Centre, Kingsway, Derby, DE22 3LZ</p>
DHCFT/GOV/052	<p><u>CLOSE OF MEETING</u></p> <p>With no further business the meeting closed at 3.45 pm.</p>

APPENDIX 1

COUNCIL OF GOVERNORS MEETING TUESDAY 1 MAY 2018

RESPONSE TO A QUESTION FROM A MEMBER OF THE PUBLIC

Andrew Beaumont, Member of the Trust submitted a two part question as follows.
The question is in bold.

Part One

It would seem that there are issues with all our currently four popular forms of mental health treatment - antidepressants, counselling, mental hospitals and ECT (although diet, exercise, meditation, doing things you like, positive relations with family and friends, and support groups can be effective). Most of the first four not in brackets, were not used 1000 years ago anywhere, or currently by aborigines in Australia. Thus the meagre spend on Mental Health research in the UK of about £130 million (See appendix F - I don't have exact the figure to hand?) - seems disappointing. **Is there any scope to work with international organisations or the Compassionate Mind Foundation (www.compassionatemind.co.uk) 1 Full Street, Derby 01332 742722?**

Response to Part One

Yes, there is a historic underfunding of Mental Health Research which mirrors underfunding of Mental Health Services. There is no evidence to suggest that diet, exercise, meditation, doing things you like positive relations with family and friends, support groups can be effective on their own whilst anti-depressants, counselling, mental hospitals and ECT are not effective? However, research is helping to advance our understanding and hence effectiveness all the time e.g. the links with diet, exercise etc. are being better understood as a result of more recent research. We do get involved in a wide variety of grant funded research e.g. the falls prevention study for people with early Dementia/Mild Cognitive Impairment through different intensity exercise programmes.

There is scope to work with international organisations or Compassionate Mind Foundation. Research funding has come from EU grants in the past. We have not had any non-EU research grants as these can become more complicated to manage due to different regulations and governance requirements in different countries. However, all the commercially sponsored clinical trials of medicinal products we have been involved in are operated as multi-national sites with country specific approvals in place.

The compassionate mind foundation is founded by Paul Gilbert. It is a charity but does not provide research grants as such. Paul Gilbert now works as part of the

University of Derby School for Health and Social Care so any research opportunities should become evident through our partnership with the University also.

Part Two

I have another question which may be outside the scope of these meetings -

Do antidepressants only work by a placebo effect?

Response to Part 2

Antidepressants are normally recommended as first line treatment in patients whose depression is at least of a moderate severity. Of this group approximately 20% will recover with no treatment at all, 30% will respond to placebos and 50% will respond to antidepressant drug treatment. This gives a number needed to treat to get a response ratio of 3 for antidepressant over true non-treatment control and 5 for antidepressants over placebos.

The response in clinical trials is generally defined as a 50% reduction in depression rating scale scores. It is very interesting that placebos are an effective treatment for depression significantly enhanced by the addition of reactive drugs. In patients with lesser degrees of depression it is difficult to separate the response rate from antidepressants from that of placebos and so antidepressant treatment is not generally indicated unless the patient has a history of severe depression in order to prevent a relapse.

As regards onset of action it is a widely held myth that antidepressants do not exert their effect for 2-4 weeks. All antidepressants show a pattern of response where the rate of improvement is highest during weeks 1-2 and lowest during weeks 4-6. Statistical separation of placebo is seen at weeks 2-4 in single trials (hence the idea of a lag effect). Where large numbers of patient are treated and detailed rating scales are used an antidepressant effect is evident at week 1. If no antidepressant effect is evidenced after 3-4 weeks treatment a change in dose or drug may be indicated.

COUNCIL OF GOVERNORS ACTION MATRIX - AS AT 25 JUNE 2018						
Date of Minutes	Minute Reference	Item	Lead	Action	Completion by	Current Position
24.01.18	DHCFT/GOV/013	Membership Strategy	Denise Baxendale	Governance Committee to evaluate the Membership Strategy in six month's time and report back to the Council of Governors.	03.07.18 04.09.18	Evaluation added to the forward plan for the Governance Committee to review in June 2018. Results of review to be presented to the Council of Governors in July 2018. Deferred to the September meeting at the request of Governance Committee.
21.03.18	DHCFT/GOV/026	Escalation items to CoG from Governance Committee	Carolyn Green Richard Wright	Review of communications to maximise attendance at appointments to be reviewed. Carolyn Green to investigate further & liaise with Mark Powell.	01.05.18 03.07.18	The individual case has been investigated, followed up and an apology offered. Planning on how to implement the learning through this and improve effective implementation through the organisation will be taken forward. UPDATE AT THE MAY MEETING Further assurance was sought at the May meeting on the effectiveness of this service. Richard Wright will hold Executive Directors to account for this through his role as Chair of Finance & Performance Committee and report back to the Council of Governors at the July Meeting through his summary of the Integrated Performance Report.

Key	Agenda item for future meeting		YELLOW	1	50%
	Action Ongoing/Update Required		AMBER	1	50%
	Resolved		GREEN	0	0%
	Action Overdue		RED	0	0%
				2	100%

Annual Report and Accounts 2017/18

Summary for Council of Governors



DHCFT



@derbyshcft

5. Annual Report and Accounts 2017-18 - Summary - CoG - 03.07.18.pptx

www.derbyshirehealthcareft.nhs.uk



Making a
positive
difference

Overall Page 25 of 113

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)

Summary 17/18 financial performance

	Plan	Actual	Variance
	£000	£000	£000
Control Total Surplus / (Deficit)	2,765	3,428	663
Additional STF incentive funding	0	2,329	2,329
Surplus / (Deficit) after STF	2,765	5,757	2,992
Adjustment for allowable impairments	(300)	(685)	(385)
Surplus / (Deficit) reported in accounts	2,465	5,072	2,607

+ Favourable Variance / (Adverse) Variance

Main factors

The over achievement of the planned surplus was made possible by a combination of factors, predominantly :

1. One-off historical disposal receipt
2. Reduced cost pressure for out-of-area placement costs
3. Additional Sustainability Transformation Fund (STF) income from NHS Improvement.

Use of our cash

- Better cash position now enables us to review the future size and breadth of our capital programme.
- In direct support of our people, quality and operational delivery objectives, we will utilise the bonus STF cash to make asset investments for the benefit of our staff and patients.

Annual Audit Letter – Presentation for the Council of Governors Meeting

Year ending 31 March 2018

Derbyshire Healthcare NHS Foundation Trust
3 July 2018



Contents



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Overview

Our Annual Audit Letter summarises the key findings arising from the following work that we have carried out the Trust for the year ended 31 March 2018:

- auditing the 2017/18 accounts
- assessing the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources
- reviewing the Trust's Quality Report.

Opinion on the Financial Statements

Our annual work programme was conducted in accordance with the NAO's Code of Audit Practice ('the Code'), International Standards on Auditing (UK and Ireland) and other guidance issued by the NAO and NHSI.

The accounts process went well again. We were provided with a good set of accounts supported by comprehensive working papers. Finance and other staff were very helpful and co-operative contributing to an efficient audit.

Adjustments to the financial statements made are to a small number of disclosures, either to reflect information not available when the accounts were drafted or to improve the quality of disclosures. No other adjustments were required.

We issued the following:

- an unmodified opinion on the accounts on 25 May 2018 (ahead of the national deadline).
- a group assurance certificate to the National Audit Office, in respect of Whole of Government Account.

We were also satisfied that the Trust's Annual Report, which includes the Annual Governance Statement, met the requirements set out in the NHS Foundation Trust Annual Reporting Manual and was consistent with the audited financial statements.

Use of Resources

We are required by the Code to satisfy ourselves whether the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are required to report “by exception” should an issues arise from this work.

We assess the Trust against the following Use of Resources criteria: Informed decision making, Sustainable resource deployment, and partnership working.

We focussed our work in one area – development of recurrent CIP schemes and impact of updated NHSI guidance on the submission of the refreshed financial plan for 2018/19. This focus on longer term financial sustainability was common across many public sector organisations.

We were satisfied that Derbyshire Healthcare NHS Foundation Trust had proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

We had nothing to report by exception in our Audit Opinion, stating “*we have nothing to report in respect of these matters*”.

Quality Report

We were engaged by the Council of Governors of the Trust, as required by NHSI, to perform an independent assurance engagement in respect of the Trust's Quality Report

We checked that

- the Quality Report had been prepared in line with the requirements set out in NHSI's *Annual Reporting Manual*
- it was consistent in all material respects with the sources specified in NHSI's Detailed Guidance on Quality Reports 2017/18.

We reviewed the following indicators:

- Early intervention in psychosis completed two week waits
- Improving access to psychological therapies within six weeks of referral
- The percentage of admissions to acute wards/inpatient services for which the Crisis Resolution/Home Treatment team acted as a gatekeeper during the reporting period.

We provided an unqualified limited assurance opinion on the Trust's Quality Report.



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Integrated Performance Report Month 2

Purpose of Report

This paper provides the Council of Governors with an integrated overview of performance as at the end of May 2018. The focus of the report is on workforce, finance, operational delivery and quality performance.

Executive Summary

The content of the Integrated Performance Report (IPR) has been reviewed following the refresh of the Trust Strategy. It also incorporates feedback from Deloitte who suggested a reduction in the number of indicators being report at Board. As a result, the IPR has been refocussed on two key areas with a dashboard for each. These are:

- **Regulatory Compliance Dashboard**

The purpose of this dashboard is to set out all key indicators included in the Single Oversight Framework. These have been split across different domains of finance, quality and operations and workforce. This dashboard will give the Board of Directors oversight of, and assurance that regulatory compliance is being achieved. There will still be a need for the Board of Directors to receive assurance on non-measurable (KPI) regulatory performance through the wider governance framework. This is currently provided through Board Committees and will continue accordingly.

- **Strategy Performance Dashboard**

The purpose of this dashboard is to provide a suite of indicators that will give the Board assurance on delivery of the component parts of our new Trust Strategy. These have been split across different domains of finance, quality and operations and workforce focusing on strategic objectives. For many of the measures a 12 month trend has been added to provide a view over the longer term, as well as a month to month view.

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

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

1. Regulatory Compliance dashboard
 - Sickness absence
 - Appraisals
 - Mandatory Training
2. Strategy Performance dashboard
 - Cost Improvement Plan
 - Agency Spend
 - Delayed Transfers of Care (DTOC)
 - Neighbourhood waiting times

At the end of the report further information is provided regarding some aspects of data quality assurance for a number of amber rated kitemarks and a rationale for why all finance measures are rated as green.

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 been presented during the Public Trust Board Meeting held on 3 July 2018. Some content supporting the overview presented is regularly provided to, Finance and Performance Committee, People and Culture Committee and Quality Committee.

Governance or Legal Issues

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

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

Actions to Mitigate/Minimise Identified Risks

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

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

Recommendations

The Council of Governors is requested to 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.

Feedback is welcomed on the refreshed IPR.

Report presented by: Non-Executive Directors

Report prepared by: Peter Charlton, General Manager, IM&T
Rachel Leyland, Deputy Director of Finance
Liam Carrier, Workforce Systems & Information Manager
Rachel Kempster, Risk and Assurance Manager
Peter Henson, Performance Manager

Integrated Performance Report Month 2

1. Regulatory Dashboard

Category	Sub-set	Metric	Period	Plan	Actual	Variance	Trend	Last 12 Months	DQ
Finance	Finance Scorecard	Finance Scorecard	YTD	2	1	G ●	→		
			Forecast	1	2	R ●	↑		
		Capital Service Cover	YTD	3	2	G ●	→		
			Forecast	2	2	G ●	→		
		Liquidity	YTD	1	1	G ●	→		
			Forecast	1	1	G ●	→		
		Income and Expenditure Margin	YTD	2	1	G ●	→		
			Forecast	1	1	G ●	→		
	Single Oversight Framework	Income and Expenditure variance to plan	YTD	1	1	G ●	→		
			Forecast	1	2	R ●	↑		
		Agency variance to ceiling	YTD	1	1	G ●	→		
			Forecast	1	2	R ●	↑		
		Agency costs as % of total pay costs	YTD	2.9%	2.7%	G ●	→		
			Forecast	2.9%	3.4%	R ●	↑		
		NHS I Segment	YTD	N/A	2		→		
Quality and Operations	KPIs	CPA 7 Day Follow-up (M)	May, 2018	95.00%	96.08%	G ●	↓		
			Apr, 2018		100.00%	G ●			
		Data Quality Maturity Index (DQMI) - MHSDS Data Score (Q)	May, 2018	95.00%	96.17%	G ●	→		
			Apr, 2018		96.49%	G ●			
		IAPT RTT within 18 weeks (Q)	May, 2018	95.00%	99.86%	G ●	→		
			Apr, 2018		99.85%	G ●			
		IAPT RTT within 6 weeks (Q)	May, 2018	75.00%	96.13%	G ●	↑		
			Apr, 2018		95.10%	G ●			
		Early Intervention in Psychosis RTT Within 14 Days - Complete (Q)	May, 2018	53.00%	82.76%	G ●	↓		
			Apr, 2018		100.00%	G ●			
		Early Intervention in Psychosis RTT Within 14 Days - Incomplete (Q)	May, 2018	53.00%	83.33%	G ●	↓		
			Apr, 2018		100.00%	G ●			
		Patients Open to Trust In Employment (M)	May, 2018		10.25%	G ●	→		
			Apr, 2018		10.44%	G ●			
		Patients Open to Trust In Settled Accommodation (M)	May, 2018		59.36%	G ●	↓		
			Apr, 2018		60.47%	G ●			
		Under 16 Admissions To Adult Inpatient Facilities (M)	May, 2018	0	0	G ●	→		
			Apr, 2018		0	G ●			
		IAPT People Completing Treatment Who Move To Recovery (Q)	May, 2018	50.00%	53.25%	G ●	↓		
			Apr, 2018		54.81%	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, 2018		8		↓		
			Apr, 2018		11				
		Out of Area - Number of Patients PICU (M)	May, 2018		26		↑		
			Apr, 2018		23				
		Out of Area - Average Per Day Non PICU (M)	May, 2018	9.7	3.7	G ●	↓		
			Apr, 2018	9.7	4.5	G ●			
		Out of Area - Average Per Day PICU (M)	May, 2018	24.6	15.6	G ●	↑		
			Apr, 2018	24.6	14.1	G ●			
		Written complaints – rate (Q)	Q4 2017/18		0.03		↑		
			Q3 2017/18		0.02				
		Staff Friends and Family Test % recommended – care (Q)	Q4 2017/18		73%		→		
			Q2 2017/18		73%				
		Occurrence of any Never Event (M)	May, 2018	0	0	G ●	→		
			Apr, 2018	0	0	G ●			
		Patient Safety Alerts not completed by deadline (M)	May, 2018	0	0	G ●	→		
			Apr, 2018	0	0	G ●			
		CQC community mental health survey (A)	2017		7.3/10		↑		
			2016		7.0/10				
		Potential under-reporting of patient safety incidents (M)							
Workforce and Engagement	KPIs	Turnover (annual)	May, 2018	10.00%	10.19%	G ●	→		
			Apr, 2018		10.42%	G ●			
		Sickness Absence (monthly)	May, 2018	5.04%	4.91%	G ●	→		
			Apr, 2018		4.82%	G ●			
		Sickness Absence (annual)	May, 2018	5.04%	5.40%	R ●	→		
			Apr, 2018		5.39%	R ●			
		Vacancies (funded fte)	May, 2018		11.94%		↓		
			Apr, 2018		13.18%				
		Appraisals All Staff (number of employees who have received an appraisal in the previous 12 months)	May, 2018	90.00%	79.06%	R ●	→		
			Apr, 2018		79.52%	R ●			
		Medical Appraisals (number of medical employees who have received an appraisal in the previous 12 months)	May, 2018	90.00%	100.00%	G ●	→		
			Apr, 2018		100.00%	G ●			
		Compulsory Training (staff in-date)	May, 2018	90.00%	85.67%	A ●	→		
			Apr, 2018		85.81%	A ●			
		NHS Staff Survey (A)	Work		60.92%				
			Treatment		72.77%				

Key:

Period

Current Month
Previous Month



Achieving target



Not achieving target



Within tolerance



No Target Set

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

1.1 Finance Position

The overall score of a '1' is better than plan year to date. The forecast of a '2' is worse than the plan. This is mainly due to two of the metrics:

- Income and Expenditure variance to plan – Plan was based on Income and Expenditure of £2.331m as a percentage of total income of £143.79m which is 1.62%. The forecast Income and Expenditure is as per the plan but the forecast income has increased to £144.7m which generates a margin of 1.61%, so a variance to plan of 0.01% which changes the score on that metric to a '2'.
- Comparing the actual expenditure on Agency to the ceiling, we are below the ceiling value by £62k (12%) at the end of May. This generates '1' on this metric within the finance score. Agency expenditure is forecast to be above the ceiling by 15.5% which is generating a score of '2' which is worse than the plan. Agency expenditure is forecast to be above the ceiling by £468k. Included in the forecast is a contingency of £450k.

1.2 Agency cost as % of total pay

The plan of 2.9% reflects the ceiling of £3.030m as a percentage of the total pay budget. The agency expenditure is forecast to be higher than plan and also the total pay expenditure is forecast to be less than the plan.

The forecast agency expenditure equates to 3.4% of the pay budgets (3.7% last month). National NHSI benchmarking information from 2017/18 showed agency expenditure at 4.5% of pay budgets with Midlands and East region at 5.2%.

1.3 Sickness Absence

The table below shows the main sickness absence hotspot service areas for May.

Sickness Absence May 2018	HC	%
RDH Ward 36 Adult Acute Inpatient IP	28	18.35%
Hartington Unit Tansley Ward Adult IP	24	16.34%
Patient Records	10	12.37%
Derby City Drug Team	18	12.15%
Derby City Early Intervention	14	11.98%
Nursing and Operations Management	12	11.29%
KillInthCfld Neighbourhood - Older Adult	10	10.93%
Hope & Resilience Hub	22	10.84%
Psychology LD	11	10.80%
Derby City Neighbourhood - Adult Team C	29	10.79%
County South Early Intervention	10	10.52%
Enhanced Care Ward IP	31	10.50%
Maintenance	21	10.45%
City & County South CRHT	32	10.19%
RDH Ward 33 Adult Acute Inpatient IP	26	10.01%
Amber Valley Neighbourhood - Adult	19	9.64%
RDH Ward 35 Adult Acute Inpatient IP	29	9.10%
LRCH Ward 1 OP IP	35	8.06%
District CAMHS Medical	12	8.03%
KillInthCfld Neighbourhood - Adult	22	8.02%

A main area of focus has been the Radbourne Unit where dedicated time has been spent during the last month looking at sickness. 22 staff were absent during May - 12 on short-term absence and 10 on long-term absence (4 weeks or more) some staff are now back at work. It has been agreed that ER Managers will pick up the long term (4 months and over cases) with managers to help work through bottlenecks.

A new attendance guide has been written and is currently being discussed with the unions regarding attendance. It is proposed that first care will send this out with their first letter.

1.4 Appraisals

The table below shows the main appraisal hotspot service areas for May.

Appraisal Compliance May 2018	HC	%
CfildCentral Neighbourhood - Adult	32	25.00%
CAMHS IAPT	11	27.27%
Amber Valley Neighbourhood - Adult	19	42.11%
Early Access	30	46.67%
Operational Support Admin	10	50.00%
Supported Care	28	57.14%
Nursing and Operations Management	12	58.33%
UPC Management	17	58.82%
County South Early Intervention	10	60.00%
Psychology Neighbourhood	35	62.86%
Pharmacy	36	66.67%
Derby City Drug Team	18	66.67%
IAPT	80	67.50%
Enhanced Care Ward IP	31	67.74%
Dynamic Psychotherapy Duffield Road	13	69.23%
In Reach + Home Treatment OP	13	69.23%
Neuro Developmental Team	10	70.00%
Medics Neighbourhood Sth	10	70.00%
County North Early Intervention	17	70.59%
Domestics MH Properties	14	71.43%

There are low completion rates in some areas where leaders have been under pressure due to staff shortages and sickness absence. There is some apathy noticed in the staff survey that staff do not feel the appraisal is of value, more of a tick box exercise, paperwork is lengthy and not easy to complete.

New appraisal paperwork to be rolled out (date tbc) which will be aligned to incremental progression as in Agenda for Change, this will provide for more meaningful and qualitative appraisals and will drive up completion rates.

New People Services, Divisional People Leads will be taking a lead with services to look at hot spots and provide support and guidance, new training to be rolled out as part of the leadership strategy which will raise the profile and importance of a good appraisal.

The number of Medical staff who have received an appraisal within the last 12 months is currently 100%

1.5 Training

The table below shows the main mandatory training hotspot service areas for May.

Compulsory Training Compliance May 2018	HC	%
CAMHS IAPT	11	32.99%
County South Training Grades	10	56.82%
UPC Management	17	66.67%
Domestics MH Properties	14	69.84%
Paediatric Medical	17	73.86%
Trainee Clinical Psychologist	10	74.44%
Medics Neighbourhood City	11	74.75%
Liaison Team North	23	75.36%
Chesterfield CRHT	25	77.33%
Sth DD Neighbourhood - Adult	24	78.24%
Supported Care	28	78.57%
The Lighthouse DH	14	78.57%
Derby City Early Intervention	14	79.37%
CAMHS Admin	23	79.61%
Medics Neighbourhood Nth	17	79.74%
Hartington Unit Morton Ward Adult IP	27	79.84%
CfIdCentral Neighbourhood - Adult	32	79.86%
County South Early Intervention	10	80.00%
Domestic Kingsway	55	80.72%
Maintenance	21	81.48%

A deep dive will be undertaken to understand which elements of mandatory and role specific training require additional resource.

In addition, now that People Services are in place colleagues are now available to work alongside operational colleagues to understand and address any barriers to completion. Moreover, supportive sessions are being conducted across the organisation to engage with staff and in particular bank staff to understand ESR and undertake eLearning.

2. Strategy Delivery

Category	Metric	Period	Target	Actual	Variance	Trend	Last 12 Months	
Finance Scorecard	Finance Scorecard	YTD	2	1	G ●	→		
		Forecast	1	2	R ●	↑		
	Control Total position £000	YTD	164	395	G ●	↑		
		Forecast	2331	2331	G ●	→		
	CIP achievement £m	YTD	0.759	0.681	R ●	↑		
		Forecast	4.871	4.871	G ●	→		
		Recurrent	4.871	2.460	R ●	↓		
	Agency £m	YTD	0.506	0.443	G ●	↑		
		Forecast	3.030	3.498	R ●	↓		
Quality and Operations Scorecard	RTT Incomplete Within 18 Weeks (%)	May, 2018	92%	93.1%	G ●	↓		
		Apr, 2018		94.1%	G ●			
	CPA Review in last 12 Months (on CPA > 12 Months)	May, 2018	95%	95.1%	G ●	→		
		Apr, 2018		96.0%	G ●			
	Delayed Transfers of Care (%)	May, 2018	0.8%	2.1%	R ●	↑		
		Apr, 2018		0.9%	R ●			
	North Neighbourhood Average Wait (weeks)	May, 2018		8.0		↓		
		Apr, 2018		9.4				
	North Neighbourhood Current Waits (number)	May, 2018		1973		↓		
		Apr, 2018		1993				
	City Neighbourhood Average Wait (weeks)	May, 2018		8.1		↓		
		Apr, 2018		8.8				
	City Neighbourhood Current Waits (number)	May, 2018		1382		↑		
		Apr, 2018		1340				
	South Neighbourhood Average Wait (weeks)	May, 2018		10.1		↑		
		Apr, 2018		9.1				
	South Neighbourhood Current Waits (number)	May, 2018		1764		↓		
		Apr, 2018		1802				
	CAMHS Average Wait (weeks)	May, 2018		7.0		↓		
		Apr, 2018		8.0				
	CAMHS Current Waits (number)	May, 2018		344		↓		
		Apr, 2018		350				
Workforce and Engagement Scorecard	RETAIN - Staff engagement score	2017 Annual	To see an improvement in the staff engagement score	3.740	G ●	↑		
		2016 Annual		3.690				
		Q4 Mar 2018		72%	G ●	↑		
		Q2 Sep 2017		70%				
	DEVELOP - Retention of preceptorship staff	Q4 Mar 2018	Percentage of preceptorship staff who stay with the Trust greater than 2 years	75%	R ●	↓		
		Q3 Dec 2017		80%	R ●			
		Q2 Sep 2017		82%	R ●			
		Q1 Jun 2017		84%				
	ATTRACT - Students who return substantively following their placement	Q4 Mar 2018	Number of students who return substantively following their placement	7		↓		
		Q3 Dec 2017		24				
		Q2 Sep 2017		9				
		Q1 Jun 2017		n/a				
	LEADERSHIP & MANAGEMENT - Employee relations cases	Q4 Mar 2018	To see a reduction in the number of cases	48	R ●	↑		
		Q3 Dec 2017		45	R ●			
		Q2 Sep 2017		37	G ●			
		Q1 Jun 2017		38				

Key:

Period

Month

Previous Month



Achieving target



Not achieving target



No Target Set



Target



Trend



Trend compared to previous month with tolerance of 1%

2.1 Cost Improvement Programme (CIP)

As at the end of May CIP of £4.1m has been actioned in the ledger (84% of target) leaving a balance of £775k. This is an increase from last month of £657k. Of the £4.1m assured 41% of it is recurrent.

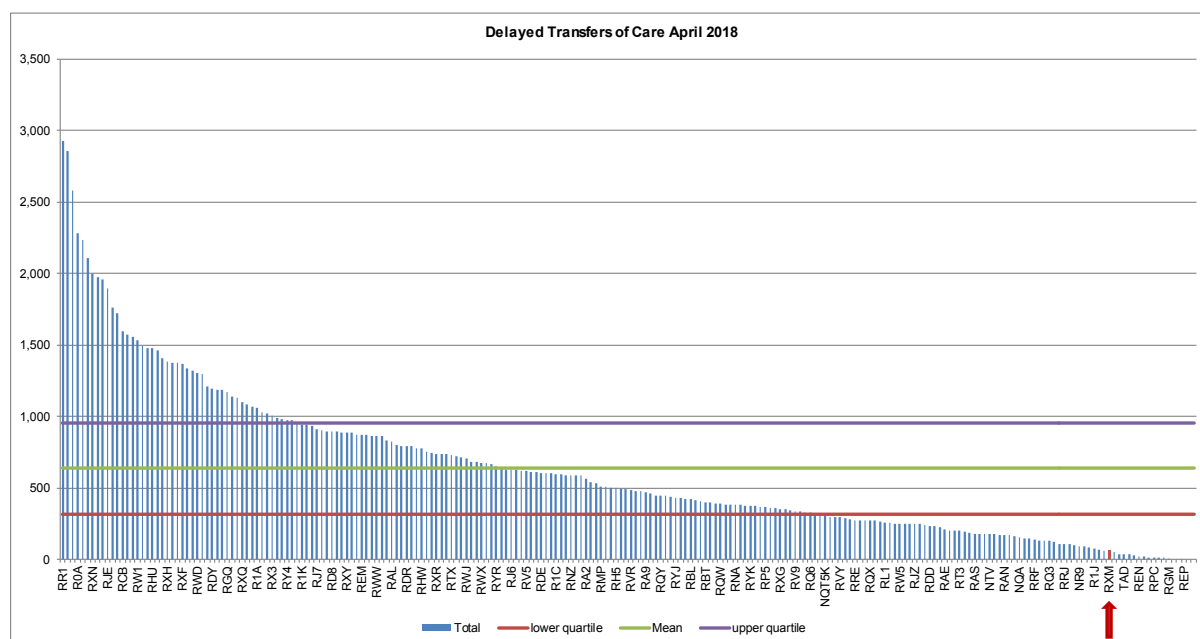
The forecast assumes that the balance of the CIP will be found recurrently. The current gap without any identified schemes has reduced to £189k.

2.2 Delayed Transfers of Care (DTC)

The number of occupied bed days each month is used as the denominator to calculate the rate of delayed transfers of care. The higher the number of occupied bed days, the lower the rate of delayed transfers. When NHS England set the Trust's target back in January 2017 they estimated that we would have 8384 occupied bed days a month. We have subsequently reduced bed numbers and in May our actual occupancy was 7524. This makes it very difficult to achieve the target.

There were 7 delayed transfers in May, 2 of which have now been resolved.

To put this into context, in the most recently published national data we were 18th lowest of all organisations for delayed transfer bed days.



<https://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/statistical-work-areas-delayed-transfers-of-care-delayed-transfers-of-care-data-2018-19/>

2.3 Neighbourhood Waits

There has been an increase in demand in Derby City neighbourhood during May, predominantly for community mental health services. Service Managers have local systems for monitoring their waiting lists and receive weekly waiting list reports from IM&T in order to support this process. In addition, the waiting list policy is being reviewed to ensure that it clearly sets out the need for colleagues to communicate effectively with referrers and those on the waiting list. This is turn being underpinned by having a consistent approach to managing waiting lists.

In the South team we continue to experience difficulties with obtaining consistent locum cover for the vacant consultant post, with the latest locum leaving at short notice. This is impacting on average waits for outpatients.

The review of neighbourhood services continues to be undertaken with specific outcomes seeking to address current issues across community mental health services. The conclusion of this work is expected after the summer period.

Workforce and engagement measures

The staff engagement score is taken from the annual staff survey and the quarterly Trust pulse check (Q1, Q2 & Q4). The maximum score for the annual staff survey is 5.00 and the maximum score for the pulse check is 100%.

The percentage of preceptorship staff who started between two and five years before the end of each quarter and who have stayed with the Trust for more than 2 years.

The number of students who return substantively following their placement. This measure will change to a percentage from the next reporting period and the reporting period will also be reviewed.

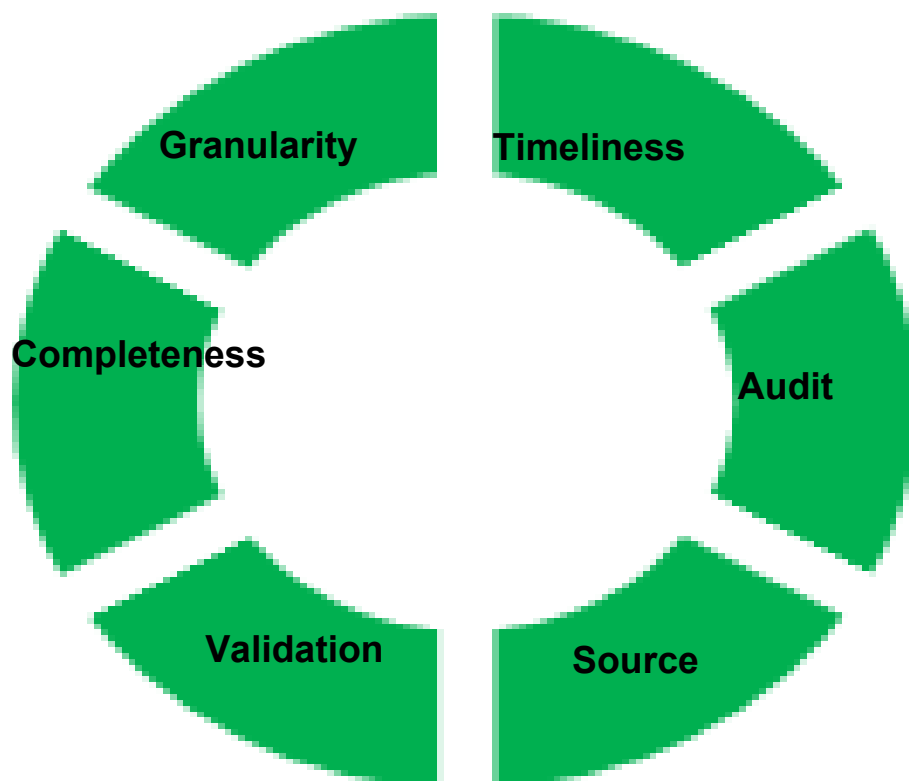
Number of open cases 'as at' the end of each quarter. At the end of Q4 there were 19 disciplinary cases, 15 dignity at work cases and 14 grievance cases.

Data Quality Kitemark

Background

A number of Trusts prepare data quality kitemarks 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 kitemark 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 Kitemark. 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.
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.

Amber ratings on the current NHSi Dashboard

8 indicators are currently rated Amber for validation on the NHSi Dashboard. This is because processes are not yet in place to share the granular detail of those records included and excluded from the calculation of the indicators. Plans are in place to develop a suite of reports which will allow the teams to review the information on a monthly basis.

The assessment of the Finance rating is categorised as sufficient across all elements. This is because the finance information is the most up to date information taken from the ledger and the monthly compliance return to NHSI. The finance system processes under goes regular internal audits and also NHS Business Services who provide the ledger system also send copies of their audits to their clients each year. The data reported is validated against the ledger and the NHSI monthly return and signed off by Deputy Director of Finance following those checks. There are procedure notes in place so staff know how to extract the data, with at least 4 core members of the team who can complete this reporting. The information is extracted from the ledger in each of the relevant categories and can be reconcile back to the ledger. It can also be drilled down to cost centre and account code level and is also reported to teams at that level in order for them to manage their budgets.

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – Tuesday 3 July 2018

Staff Engagement: NHS Staff Survey, Pulse Checks and wider activities

Purpose of Report

The purpose of this paper is to:

- Highlight to the Council of Governors where we are now in relation to the staff feedback received over the past six months
- Present the Council of Governors with the Q4 Pulse Check results
- Detail the key themes from both the NHS Staff Survey and Q4 Pulse Check survey, which translate into four key organisational focus areas for action for the year ahead
- Outline next steps in terms of local engagement across services
- Provide an opportunity for the Council of Governors to discuss the above
- Outline wider activities underway to increase staff engagement.

Executive Summary

Whilst we have seen a steady incline in some areas – NHS Staff Survey Staff Engagement Score increased from 2016, Staff Friends and Family Test 'great place to work' metric improving quarterly and we have seen an increase in response rates – there is always work to be done to continue to improve quarter by quarter.

Based on a number of avenues – engagement with staff via the Staff Forum, the NHS England data, triangulation with free text comments and the Q4 Pulse Check results – we have really tried to get behind the data this year, listen to what staff are telling us and identify key themes from the results. *Please note this is an ongoing project and we are still exploring the data.*

Following discussion at the Executive Leadership Team meeting on 14 May 2018, it has been agreed that the organisation will focus on the following 4 key areas:

1. Visibility of the Board and Trust Management Team – particularly in clinical areas
2. Staff feeling confident to raise concerns and that they will be acted on – through multiple channels
3. Fair and equal opportunities for development – via learning/training, promotion/recruitment etc.
4. Staff involvement in decisions made at Derbyshire Healthcare – organisationally and locally

Organisational action to these areas will be running simultaneously with local initiatives, including a targeted engagement pilot with 20 staff groups – based on the Q4 Pulse Check data.

The Organisational Effectiveness Team will work closely with services over the next

six months and monitor progress at set touch points throughout the year using the Pulse Check and Staff Friends and Family Test surveys.

Alongside the work being undertaken in the areas outlined above, the Trust's Communications Team has developed a new range of activities to ensure that staff feel engaged with the organisation through effective internal communications. This plan was agreed by the Trust Board in November 2017 and shared at a previous meeting of the Trust Management Team. These internal communications activities will continue and will adapt in response to feedback from staff, and also to reflect the key areas outlined above.

Strategic Considerations

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

Assurances

- Increase in NHS Staff Survey staff engagement score from 2016
- Increase in Staff Friends and Family Test 'great place to work' metric from Q1 – Q4
- Maintained in Staff Friends and Family Test 'care and treatment' metric between Q1 – Q4
- Plan of action for both organisational and local focus for 2018
- Positive feedback in response to new internal communication activities focused on staff engagement e.g. launch of a new staff magazine, introduction of Team Brief system etc.

Consultation

We have engaged with staff via the Staff Forum and Staff Engagement Group in order to help inform the key focus areas for 2018. Internal communication activities were developed in response to a local staff survey in the summer of 2017.

The contents of this paper has also been discussed at the Trust Management Team, Executive Leadership Team and People and Culture Committee.

Governance or Legal Issues

The NHS Staff Survey and Staff FFT are NHS England requirements.

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

Actions to Mitigate/Minimise Identified Risks

N/A

Recommendations

The Council of Governors is requested to:

- Note where we are now in relation to the staff feedback received over the past 6 months, including the NHS Staff Survey and Pulse Check results, where key themes have been identified and the suggestions in terms of the local engagement pilot across services
- Take assurance from 'next steps'
- Note the ongoing internal communications programme for staff engagement and provide any further feedback in respect of these mechanisms.

Report presented by: Richard Wright, Non-Executive Director and Member of People & Culture Committee

Report prepared by: Clair Sanders, Organisational Effectiveness Lead
Anna Shaw, Deputy Director of Communications and Involvement

Staff Engagement: NHS Staff Survey and Pulse Checks

Section 1 – Background

Engaged staff think and act in a positive way about the work they do, the people they work with and the organisation that they work in. It is also evidenced that staff feedback is associated with patient feedback across a range of measures. Engaged staff experience a blend of job satisfaction, organisational commitment, involvement in the direction of their own job and a feeling of empowerment. They have a desire to improve the way things are in their organisation, both for themselves, their colleagues and the outcomes of the organisation itself.

Evidence of high staff engagement may also include: improved patient experience, lower accident rates, higher productivity, fewer conflicts, more innovation, lower staff turnover and reduced sickness rates.

Section 2 – Q4 Pulse Check results

The Derbyshire Healthcare Pulse Check, which includes the National Staff Friends and Family Test (FFT), was launched in April 2016 and offers an indicator throughout the year as to how staff are feeling. The Pulse Check provides information to allow focus and relevant action to be taken each quarter rather than once a year.

The Q4 survey ran from Monday 5 – Sunday 25 March 2018. Whilst we have seen a steady incline in some areas, including response rates, there is always work to be done to continue to improve quarter by quarter. The latest results are summarised below.

Staff Engagement Scores (SES)

The SES is a new measure for Derbyshire Healthcare and will be including each quarter going forward. It is calculated as an average of the three categories below, each of which are each made up of 3 questions from the survey:

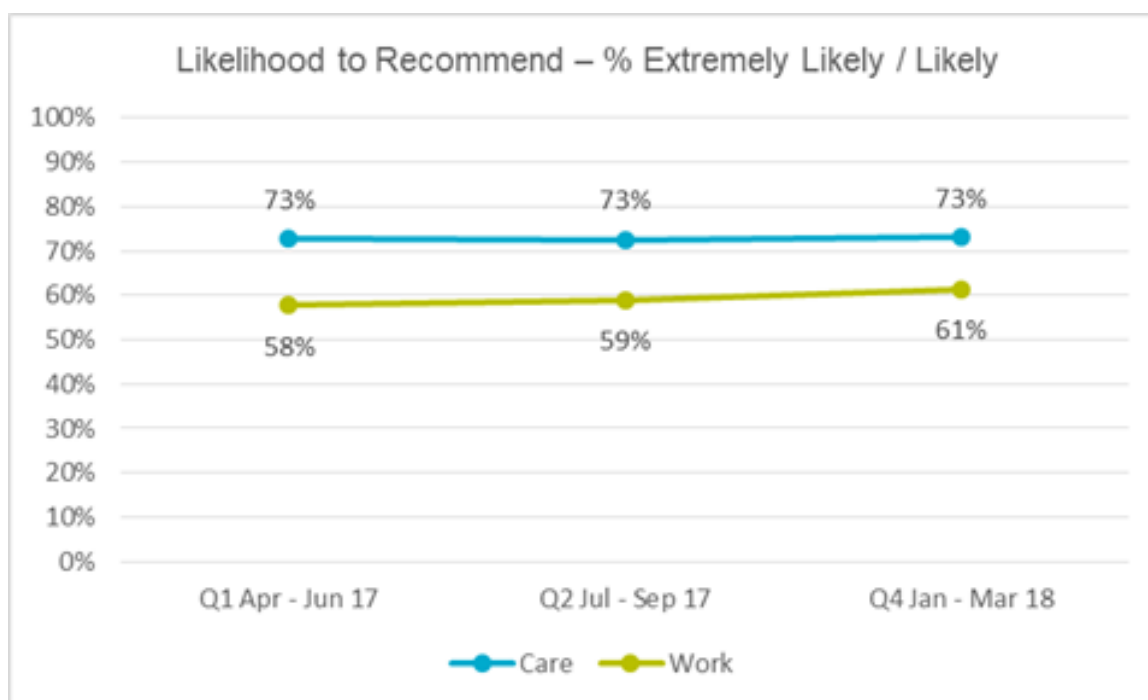
- Advocacy – speak highly of Derbyshire Healthcare
- Involvement – how involved you feel in what happens in your team/department/Derbyshire Healthcare
- Motivation – how much you enjoy your job and being part of the organisation

	Q4 Jan – Mar 2018
SES	72 (out of 100)

Staff Friends and Family Test (FFT) results

The Staff FFT results focus on two key questions (exact wording below) and the percentage results are created from the number of staff who answer either 'likely' or 'extremely likely':

1. How likely are you to recommend this organisation to friends and family if they needed care or treatment?
2. How likely are you to recommend this organisation to friends or family as a place to work?



The Q1 Pulse Check will open on Monday 11 June and run for 3 weeks, closing on Saturday 30 June 2018.

Over quarters 1 and 2 the Organisational Effectiveness Team will initially be identifying and targeting teams which have never had an engagement score due to a lack of responses, but do have the team number to be able to produce results in theory. There will be a focus on increasing the participation rate in low performing teams through understanding barriers, introducing bespoke action plans, with alternative delivery methods, and supporting change and improvement.

Section 3 – Key themes

A thorough and detailed analysis of all 169 free text comments was undertaken – the main organisational themes that came out are listed below:

- Trust working hard to manage demands
- Culture is shifting in a positive direction

- Fantastic team that value staff, appreciate colleagues and service users
- Board and ELT have made significant improvements over past few years and shown a real shift in their leadership approach
- Communication within organisation is improving
- Increased waiting lists and caseloads – cannot meet demand, needs or expectations of patients
- Staffing issues across the Trust
- Work-related stress is a common theme – high pressure on staff
- Low staff morale
- Lack of funding and/or career development opportunities
- Would like to see directors/senior managers being more visible and visiting clinical areas – still seen as disconnect from frontline
- Ineffective communication between senior management and staff
- Feeling that the Trust doesn't act on concerns raised by staff or union reps
- Experiences of bullying and harassment
- Feeling that staff are not supported or recognised

Section 4 – Organisational focus areas

The original 5 organisational focus areas recommended via the Staff Engagement Group at Board in March were as follows:

- Recruitment, selection and retention
- Staff wellbeing
- Leadership and management
- Bullying and harassment
- Opportunities for development (including succession planning).

Based on a number of avenues – engagement with staff via the Staff Forum, the NHS England data, triangulation with free text comments and the Q4 Pulse Check results – we have really tried to get behind the data this year, listen to what staff are telling us and identify key themes from the results. Following discussion at Exec Leadership Team (on 14 May 2018) it has been agreed that the organisation will focus on the following 4 key areas:

1. Visibility of the Board and Trust Management Team – particularly in clinical areas
2. Staff feeling confident to raise concerns and that they will be acted on – through multiple channels
3. Fair and equal opportunities for development – via learning/training, promotion/recruitment etc.
4. Staff involvement in decisions made at Derbyshire Healthcare – organisationally and locally

These focus areas will now be used to inform and develop a bottom-up action plan that sits comfortably with staff and resonates with their priorities of what will make Derbyshire Healthcare the best place to work.

It is important to note that these focus areas and the action plans are seen as a growing document, as more themes emerge and the organisation goes through further transformational change these areas could be adapted.

Once action plans have been finalised, communications will be sent to all staff to share the focus areas and the actions we will be taking as a result of what the survey has told us. This year communication of updates to the action plan relating to the key focus as we progress will be labelled under the following:

- We said, we are doing...
- We said, we did...
- We said, we can't do because... (to feedback and show we have still taken on board and listened and explained why we cannot change if applicable).

It is suggested that there will be no mandatory organisational requirement for each service to submit an action plan to address the focus areas. Instead, the Organisational Effectiveness Team will engage with general managers/service leaders to ensure they understand the areas of focus and have local plans in place to address them. We believe that 'one size does not fit all' so localised planning is the best way to make improvements.

The Organisational Effectiveness Team will work closely with services over the next 6 months and monitor progress at set touch points throughout the year using the Pulse Check and Staff FFT surveys.

It is proposed that progress on the action areas is reported bimonthly to People and Culture Committee, then fed through to the Trust Management Team.

Section 5 – Local engagement initiatives

The Organisational Effectiveness Team have undertaken a thorough analysis to identify the 10 most (METs) and least (LETs) engaged teams in the organisation (according to the Q4 Pulse Check data). It is worth noting that these scores are based on the number of staff who answered the survey in those areas.

It is suggested that these 20 targeted teams will remain anonymous to the wider organisation, and just be referred to as part of an engagement pilot.

A comprehensive triangulation exercise is underway to help us better understand the areas and begin to work with HRBs to target, create and executive our staff engagement plan, including targeted OD interventions, to work with and support these teams over the coming financial year.

- First step is to work with the LETs this quarter to utilise technology to increase response rates to get a true picture of feeling across these teams
 - Site walk rounds, drop in sessions and iPad completion supported by OE Team, Comms and Involvement Team, HRBs and GMs

- Work with the Systems and Information Team to triangulate data against teams sickness absence, retention and training compliance etc.
- Use Q4 baseline data and Q1 results to establish if the engagement in these areas still correlates when we have a fuller picture via the whole team responding
- OE Team to meet individually with the 10 LETs to firstly understand the results through a series of focus groups, then work with the GMs and HRBs to develop action plans - targeted OD interventions, supported by the Staff Wellbeing Team - for the year ahead (which will be monitored at touch points through the year via Pulse Check and the NHS Staff Survey)
- Work with the METs to understand what they do well to share best practice across the organisation via engagement initiatives such as: case studies (paper, online and vlog).

Section 6 – Internal communications programme to support staff engagement



In the summer of 2017, Chief Executive Ifti Majid ran a survey, open to all staff, titled 'working together and feeling connected'. The feedback provided through this survey outlined the reasons why people first chose to work for the NHS and Derbyshire Healthcare

and the changes staff want to see, that would make a real difference to their roles at work.

In response to this feedback and in line with the Trust's focus on improving staff engagement, the Communications Team worked with the Chief Executive to launch the new 'Team Derbyshire Healthcare' programme, designed to achieve the following:

- Promote two-way communication and opportunities to receive feedback from staff
- Understand how teams currently engage and receive information
- Provide information that is designed specifically for colleagues, with a focus on showcasing the work our teams do
- Recognise and reward staff in a meaningful way
- Provide clarity about the expectations of colleagues and the importance of staff accessing corporate information sent out by the Trust
- Provide specific briefings to leaders, to support their role and own cascade processes.

As part of the programme (and in response to staff feedback), colleagues have been given the opportunity to have a two-way conversation with senior management through a new, monthly Team Brief system. An 'on the road' engagement schedule was launched for the Chief Executive to visit colleagues across all Trust sites, a new



closed Facebook group has been developed for use amongst Trust colleagues and, in March 2018, a new staff magazine, Team Talk, was launched.

Over the forthcoming year the Trust intends to further develop its approach to colleague engagement through the development of a new intranet site and the launch of the Trust's first staff conference.

Thanks in part to senior managers' commitment to the Team Derbyshire Healthcare programme, colleagues' attitudes towards the Trust are improving; there were significant improvements in the following questions in the 2017 NHS Staff Survey:

- 'Communication between senior management and staff is effective' (up 7%)
- 'Senior managers try to involve staff in important decisions' (up 6%)
- 'Senior managers act on staff feedback' (up 8%)
- 'I would recommend the organisation as a place to work' (up 9%).

The new programme of internal communications has received positive feedback from staff to date. The Communications Team have recently introduced new mechanisms to capture feedback from staff and demonstrate wider improvements that are being made across the Trust, in response to the improved focus on staff engagement.

Membership of Governors' Nominations & Remuneration Committee

Purpose of Report

To seek approval for invitations of interest for membership of the Governors' Nominations & Remuneration Committee.

Executive Summary

The membership of the Governors' Nominations & Remuneration Committee is a reflection of the composition of the variety of constituencies that make up the Trust's Council of Governors. As outlined in the Terms of Reference, attached, the membership is listed below, along with guidance relating to staff and appointed governors:

- Four Public Governors (including Lead Governor)
- Two Appointed Governors
- Two Staff Governors
- Chair of the Trust

Conditions attached to appointments include:

- Initial appointment terms shall be to the end of a member governor's term
- No two Governors will be appointed from the same Public Constituency or Staff Class of the Staff Constituency
- Not more than one may be a Local Authority Governor and not more than one may be a Governor appointed by the voluntary sector.

Staff Governor Membership

According to the Terms of Reference of the Committee there are two staff governors who form part of the membership of the Committee. These roles are currently filled by Kelly Sims (Administrative & Allied Support) and April Saunders (Allied Professions). Both have been re-elected in recent staff governor elections. The membership term for staff governors is outlined to extend until the end of their current term office so it is good practice to open up the opportunity of membership to the wider staff governor group to identify two staff governor members going forwards. Following recent amendments to the Constitution, there are now four categories of staff governor; Medical, Allied, Admin & Allied and Nursing (where previously Nursing & Allied Professions had formed one constituency).

Appointed Governors

According to the Terms of Reference, two appointed governors form part of the membership of the Committee. One role has been filled by Dr Paula Holt from one of our partnership organisations, the University of Derby. Previous requests to

appointed governors have not yielded a second governor. However, following recent appointments from two voluntary organisations and confirmation that both local authority governors are now in place, it is timely to seek expressions of interest from this group.

General Information

The Governors' Nominations & Remuneration meets at least twice a year to discharge the business outlined in the Terms of Reference. Additional meetings may be required on an ad hoc basis should the requirement arise to recruit to NED roles for example. The next scheduled meeting of the Governors' Nominations & Remuneration Committee is 1 November 2018.

Process

It is proposed that expressions of interest are sought from all current staff and appointed governors through direct email contact. In the event of more than two expressions of interest being received from the staff constituency and more than one from the appointed constituency, a ballot will be held by email (to all governors) and two staff governor members and one appointed member will be chosen by number of votes received.

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	
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

That the membership of the committee is compliant with its Terms of Reference.

Consultation

Trust Chair discussed with Lead Governor and Deputy Lead Governor on 26 June 2018.

Governance or Legal Issues

Extract from the Terms of Reference, as approved by the Council of Governors on 1 May 2018.

- 3.1 The membership of the Committee shall consist of governors appointed by the Council of Governors.
- Four Public Governors (including Lead Governor)

•	Two Appointed Governors
•	Two Staff Governors
•	Chair of the Trust
3.5	Initial appointment terms shall be to the end of a member governor's term.
3.7	No two Governors will be appointed from the same Public Constituency or Staff Class of the Staff Constituency,
3.8	Not more than one may be a Local Authority Governor and not more than one may be a Governor appointed by the voluntary sector.

Equality Impact Risk Analysis

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

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

Actions to Mitigate/Minimise Identified Risks

Governors without access to email for the purpose of receiving information regarding expressions of interest will be contacted by mail correspondence. All eligible governors will be supported to have equal access to participation in the expression of interest process. Successful governors will be supported in their role to meet any requirements raised by protected characteristics.

Recommendations

The Council of Governors is requested to:

1. Confirm agreement with the process proposed.
2. Agree that expressions of interest would be sought during July/August with results presented to the next Council of Governors meeting on 4 September.

Report presented by: Sam Harrison, Director of Corporate Affairs

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

Terms of Reference of Governors' Nominations & Remuneration Committee

a) Authority

The Council of Governors' Nomination 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 his 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.
- Four Public Governors (including Lead Governor)
 - Two Appointed Governors
 - Two Staff Governors
 - Chair of the Trust
- 3.2 The Committee will normally be chaired by the Trust Chair. Where the Chair 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. .
- 3.3 A quorum shall be three members, two of whom must be public governors, subject to being a majority of public governors.
- 3.4 By exception, in order to achieve quorum, a governor can be nominated to 'step in' from the same category.
- 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, 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 or Staff Class of the Staff Constituency,

- 3.8 Not more than one may be a Local Authority Governor and not more than one may be a Governor appointed by the voluntary sector.

4. Secretary

- 4.1 The Director of Corporate Affairs & 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 normally 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 Director of Corporate Affairs & 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 once approved by the Committee, circulated to all members of the Council of Governors unless a conflict of interest or matter of confidentiality exists.
- 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 emoluments 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.

TOR Approved by Council of Governors – 1 May 2018

Report from Governance Committee

Purpose of Report

This paper provides an update on the meeting of the Governance Committee held on 12 June 2018.

Executive Summary

Since the last summary was provided in March the Governance Committee has met once on 12 June 2018.

The Governance Committee also agreed to escalate three questions to the Council of Governors.

Strategic Considerations

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

Assurances

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

Consultation

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

Governance or Legal Issues

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

Equality Impact Risk Analysis

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

There are no adverse effects on people with protected characteristics (REGARDS).	x
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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.	
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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 2018.

Report presented by: Gillian Hough, Chair of Governance Committee

Report prepared by: Denise Baxendale, Membership and Involvement Manager

Report from Governance Committee

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

Election of Deputy Chair of the Committee

- Governors agreed to defer the election of the Deputy Chair to the autumn to align with the election of the Committee Chair
- Both posts will be promoted via the governors e-newsletter *Governor Connect*

Information for governors about our services

- A draft leaflet was presented outlining the services provided by the Trust, specifically designed for governors to support them in their increased engagement role.
- Governors approved the draft leaflet subject to agreed amendments for circulation to all governors to use in their engagement activities.

Membership & Engagement

- An engagement log has been created to record all events that governors have attended. The log includes themes, topics of conversation and issues arising
- Governors agreed that the engagement log is reviewed every six months by the Committee so that recurring items/issues/themes can be escalated to the Council of Governors
- Feedback was received from engagement opportunities which were arranged by the Engagement Officer, and also from governors regarding Patient Participation Groups and staff forums
- Governors were encouraged to attend engagement events as agreed focus for governors activity for 2018/19
- Governors received an updated list of opportunities in 2018 to attend membership events in communities across the City and County and were asked for details of any events in their constituencies that they are aware of
- Governors were encouraged to feedback themes from engagement events / topics of conversation to present membership/public viewpoints and issues to NEDs as part of the governor statutory engagement role
- A crib sheet for governors to refer to when engaging with members and the public was presented and approved for circulation to all governors.

Staff governor job description

- Governors approved the draft presented to the meeting and agreed to present the job description to the Council of Governors in July.

Feedback – Engagement Task and Finish Group

- Angela Kerry presented the Action Plan which is based on the key priorities in the Membership Strategy 2018-2021
- The action plan will be presented to the Governance Committee in August, and once approved will be presented to the Council of Governors in September.

Feedback – Website Task and Finish Group

- The group was initially tasked with improving the governor section on the current website; but this has been superseded by the Trust's development of a new website.

- Carole Riley who is leading this group will represent governors on the development group.

Governor attendance at Council of Governor meetings and Trust Board meetings

- Governors are encouraged to attend Trust Board which is followed by the Council of Governors meeting
- Denise Baxendale will investigate the possibility of providing a quiet room for those governors that are attending both meetings
- A lunch voucher will be given to governors who attend both meetings.

Escalation items to the Council of Governors

- There were three items to escalate to the Council of Governors relating to the Trust's People Services, information on the website regarding help in a crisis, and Joined Up Care Derbyshire.

Governor attendance at the Council of Governors

- All governors had attended at least one of the last three successive normal Council of Governors meetings.

Governor Training & Development

- The governors' training and development programme as developed by Governors for this year was presented and agreed

Staff Governor Job Description

Purpose of Report

To present the draft staff governor job description to the Council of Governors.

Executive Summary

The Trust values and supports its staff governors and acknowledges that it is a complex role. The draft staff governor job description was developed through reference to other trusts' practice. The Trust recognises that it is important to ensure that staff governors and those who work with staff governors understand the remit and limitations of the role. The draft staff governor job description has been drawn up to help clarify the role for new and existing staff governors.

Strategic Considerations

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

Assurances

The draft staff governor job description clarifies the roles and responsibilities of staff governors.

Consultation

The draft job description has been shared and agreed with staff governors and was presented to the Governance Committee on 12 June 2018. The Governance Committee agreed that the draft staff governor job description be presented to the Council of Governors for approval.

Governance or Legal Issues

It is hoped that this clarification of the staff governor role will be helpful to new staff governors who joined the Council of Governors in June and to existing staff 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	
<p>Although there are no specific issues raised in the report which impact on individuals with protected characteristics, the Trust is committed to ensure that staff governors who may require additional support and/or adjustments are provided with this to ensure that they can carry out their role.</p> <p>We welcome nominations from all staff groups and seek to ensure that our staff governors are representative of our diverse workforce.</p>	

Recommendations
<p>The Council of Governors is requested to:</p> <ol style="list-style-type: none"> 1. Approve the staff governor job description for circulation to existing and new staff governors.

Report presented by: Samantha Harrison, Director of Corporate Affairs/Trust Secretary

Report prepared by: Denise Baxendale, Membership and Involvement Manager

Staff Governor Job Description

Introduction

Derbyshire Healthcare NHS Foundation Trust was established on 1 February 2011. As an NHS foundation trust we now have independence from central government and a governance structure designed to ensure that staff working in foundation trusts and people from the communities served by the Trust can take part in governing them.

The Trust has a Council of Governors which performs an important role. It is responsible for representing the interests of the Trust's members, the public and partner organisations, in how the Trust is governed. The Council is chaired by the Trust's Chair and comprises:

- Public Governors (elected by the members on a constituency basis)
- Staff Governors (elected by staff)
- Partnership Governors (appointed by their organisations)

Job Summary

Governors have a number of statutory responsibilities including:

- Acting as an advisor to the Trust
- Holding the Trust's Non-Executive Directors (NEDs) to account
- Providing an important link to the communities that the Trust serves
- Ensuring that the Trust operates in a way that fits with its purpose and authorisation
- Acting as an ambassador for the Trust and championing health and anti-stigma campaigns
- Receiving the NHS Foundation Trust's annual accounts, any report of the auditor on them and the annual report
- Appointment of external auditors
- Approving appointment of Chief Executive
- Appoint Chair and NEDs

All governors are required to sign to the Code of Conduct which seeks to set out appropriate conduct for governors and addresses both the requirements of office and the personal behaviour of governors. Governors are able to act and make decisions collectively – no governor has the authority to act individually on behalf of the Trust.

Role of staff governors

In addition to taking part in the formal business of the Council of Governors, staff governors fulfil a number of other roles including:

- Staff engagement – for example, listening to staff's views, concerns and ideas of staff within your constituency
- Informing staff about the work of the Council of Governors
- Representing the interests and views of staff members throughout the Trust (excluding contractual issues or where there may be a potential conflict of interest)
- Signposting staff to sources of help and guidance, for example, how to raise a concern, directing staff to Peoples Services for help with individual employment issues etc.

Governors are also encouraged to:

- Play an active part in Council of Governors' meetings
- Attend any training and development sessions for Governors
- Attend Quality Visits.

Engaging with members

Staff governors will communicate with staff in their constituency and feed the views of staff back to the Council of Governors and into any working groups or committees they are part of. Staff governors should advise the Council of the impact of decisions on staff and advise on how staff can contribute to improving services for patients. The Trust will work with the staff governors to develop effective ways to make sure this happens.

Staff governors will seek to engage with staff as much as possible about the work of the Council and the Trust. Staff governors will be expected to conduct themselves appropriately within the Trust, at Council meetings and when involved in any external work as a staff governor: in some situations a governor is the public face of the Trust.

What the role does not involve

- The Council of Governors cannot veto or over-rule decisions made by the Board of Directors
- The Council of Governors is not involved in the day to day running of the Trust, setting budgets, staff pay or other operational matters. These responsibilities lie within the Board of Directors
- The Council of Governors does not have a role in considering the appointment or dismissal, appraisal, pay levels or conditions of service of Executive Directors
- Governors should not raise complaints on behalf of individuals or to act as advocates. They are required to represent a broad range of interests in their constituency or area of special interest.

Commitment

It is difficult to gauge the time commitment which will be required from governors and, in part, this will depend on how much time Governors can devote to the role.

The Council of Governors has to meet a minimum of six times per year. There will also be other meetings, for example Governance Committee which meets bi-monthly. In preparation for the meetings there are a number of papers that governors will need to read.

Governors will be supported to engage with their constituents.

Training and development sessions are also arranged and are usually held on a quarterly basis. These sessions focus on key skills and knowledge areas that are important to ensure governors are equipped to carry out their role.

Where required the Trust does have the ability to fund backfill.

Feedback

The effectiveness of Council as a collective group will be reviewed annually so as to inform the future development requirements and priorities of tasks undertaken by Council.

MINUTES OF A MEETING OF THE BOARD OF DIRECTORS

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

Wednesday 28 March 2018

MEETING HELD IN PUBLIC

Commenced: 1pm

Closed: 4:20pm

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
	Dr John Sykes	Medical Director
	Carolyn Green	Director of Nursing & Patient Experience
	Samantha Harrison	Director of Corporate Affairs & Trust Secretary
	Amanda Rawlings	Director of People & Organisational Effectiveness
	Lynn Wilmott-Shepherd	Interim Director of Strategic Development

IN ATTENDANCE:	Anna Shaw	Deputy Director of Communications & Involvement
	Kathryn Lane	Deputy Director of Operational Services
	Joe Wileman	Head of Programme Delivery
	Sue Turner	Board Secretary (minutes)
For item DHCFT 2018/033	Lt Col Duncan Jenkins	Commanding Officer of 162 Regiment, Royal Logistic Corps
For item DHCFT 2018/033	Catherine Suckling	Ministry of Defence Assistant Regional Employer Director, East Midlands
For item DHCFT 2018/033	Helen Raisbeck	Cognitive Behaviour Therapist
For item DHCFT 2018/033	Catherine Parker	Cognitive Behaviour Therapist

APOLOGIES:	Mark Powell	Chief Operating Officer
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VISITORS:	Rosemary Farkas	Public Governor, Surrounding Areas
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DHCFT 2018/032	<u>CHAIR'S WELCOME, OPENING REMARKS, APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST</u>
	Trust Chair, Caroline Maley, opened the meeting and welcomed everyone. Apologies were noted from Chief Operating Officer, Mark Powell, who was represented by Deputy Director of Operational Services, Kathryn Lane.
	Caroline Maley reminded everyone that this meeting was the last Public Board meeting taking place on a Wednesday afternoon and that from 1 May all Board meetings to be held in public session will commence at 9:30am on the first Tuesday of each month.
	Caroline Maley referred to the Declarations of Interest Register and informed the Board that on 26 March she had been appointed as a Governor of Brooksby Melton College and

	<p>that the Register of Directors Interests should be amended accordingly. Non-Executive Director, Richard Wright's declaration had been updated since the last meeting and would be corrected to state that he remains Chair of the UTC Sheffield Multi Academy Trust but is no longer a member of the Advisory Board of Sheffield National Centre for Sport and Exercise Medicine.</p> <p>ACTION: Declarations of Interest to be updated in respect of Caroline Maley and Richard Wright</p>
DHCFT 2018/033	<p><u>ARMED SERVICES COVENANT</u></p> <p>Chief Executive, Ifti Majid, welcomed Lieutenant Colonel Duncan Jenkins, Commanding Officer of 162 Regiment, Royal Logistic Corps and Catherine Suckling, Assistant Regional Employer Director for the Ministry of Defence who had been invited to take part in the signing of the Armed Forces Covenant. They were joined by Helen Raisbeck the Trust's veteran champion and Catherine Parker who both currently provide a service to the Armed Forces Community on behalf of the Trust.</p> <p>The Board heard from Helen Raisbeck about her work in psychotherapy and the treatment she provides for veterans who need specialist understanding of their military culture and background. Catherine Parker talked about her role as a clinician and how important it is to give veterans the care and service they need so they can overcome the trauma they may have experienced.</p> <p>Lieutenant Colonel Duncan Jenkins described how people who leave the armed forces have skills that are varied and sometimes need support in transferring their military skills to the civilian workplace. Their spouses also need support so they can engage in the workplace and return to their chosen professions. Research also indicates that NHS organisations who employ ex-service personnel reflect positively on how military skills fit in with their organisation's needs.</p> <p>The Board acknowledged the sacrifices that armed forces personnel and their families have made over the years and committed to support the Armed Forces Community. The transferability of their skills and experience that could enhance our organisation was acknowledged and the Trust would celebrate the skills that veterans can bring. A communication will be issued to all staff to show how reservists and members of the wider Armed Forces Community would be supported.</p> <p>The Board reflected on how the Armed Forces Covenant is a promise from the nation that those who serve or have served in the Armed Forces, and their families, are treated fairly and confirmed that Chief Operating Officer Mark Powell would be the Trust's Executive Director Sponsor of the Armed Forces Covenant. The Covenant fits with the Trust's vision and values and it will make a positive difference to people's lives by improving health and wellbeing. Through signing the Covenant the Board committed to support all of those in the Armed Forces Community who have contact with the Trust whether as patients, staff, carers or the general public. The signing of these pledges will enable the Board to take direct action to support the health and wellbeing of those who are serving, have served and their families.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Received and signed up to the Armed Forces Covenant 2) Confirmed that Chief Operating Officer Mark Powell would be the Trust's Executive Director Sponsor of the Armed Forces Covenant
DHCFT 2018/034	<p><u>MINUTES OF THE MEETING DATED 28 FEBRUARY 2018</u></p> <p>The minutes of the previous meeting, held on 28 February were agreed and accepted as an accurate record subject to the removal of the last sentence of the fourth paragraph of the item DHCFT 2018/023.</p>

<p>DHCFT 2018/035</p>	<p><u>ACTIONS MATRIX AND MATTERS ARISING</u></p> <p>The Board agreed to close all completed actions. Updates were provided by members of the Board and were noted on the actions matrix. All completed 'green' actions were scrutinised to ensure that they were fully complete and actions that were not complete were challenged with Executive Director leads.</p> <p>DHCFT 2018/023 Integrated Performance and Activity Report (IPR): In response to Non-Executive Director, Anne Wright, requesting further information on cancelled consultant appointments and whether patients who were cancelled resulted in subsequent DNAs (Did Not Attend), Deputy Director of Operational Services, Kathryn Lane, advised that a piece of work was taking place to assess whether these cancellations resulted in DNAs. The results of this assessment will be included in the IPR to be submitted to the next meeting on 1 May.</p> <p>ACTION: DNA and cancelled consultant appointment assessment to be included in IPR to be submitted to the next meeting on 1 May</p> <p>DHCFT 2018/024 Deep Dive – Joint Eating Disorders Service: Ifti Majid informed the Board that he had raised the need to increase the threshold for funding for eating disorders services at the Mental Health Sub-Group (part of the Derby City Health and Wellbeing Board). This has also been raised with commissioners, who have confirmed that eating disorders will be included as part of the Mental Health Investment Standard (MHIS) for 2019/20. As a result we are now working on ways to link eating disorders services with children's and adult services to achieve connectivity.</p>
<p>DHCFT 2018/036</p>	<p><u>CHAIR'S UPDATE</u></p> <p>Caroline Maley's report provided an update on the recent meetings and visits to staff and services since the last meeting was held on 28 February. She reflected that this meeting was held during some of the worst winter weather and she thanked all staff for the remarkable effort that was made to ensure the Trust's services ran without interruption.</p> <p>One of the main highlights of the month was Caroline's visit to Walton Hospital to see how staff are operating and this enabled her to gain a better understanding of the development of the CPA (Care Programme Approach).</p> <p>Caroline noted the number of governor vacancies that have arisen within the Council of Governors and appreciated that recruitment is being overseen by the Director of Corporate Affairs who is working with the Communications and Involvement Team to seek to recruit new governors over the coming months.</p> <p>Deputy Trust Chair, Julia Tabreham, referred to the new streamlined membership within the Health and Wellbeing Boards that was mentioned in the Chair's report and asked if there could be potential risks or benefits in this being a smaller group of members. Caroline explained that there are other meetings being held outside of the Health and Wellbeing Boards that will provide direct links and she hoped that having a smaller membership would avoid any duplication of discussions.</p> <p>RESOLVED: The Board of Directors noted the activities of the Trust Chair throughout March</p>
<p>DHCFT 2018/037</p>	<p><u>CHIEF EXECUTIVE'S REPORT</u></p> <p>The Chief Executive's report provided the Board of Directors with an update on developments occurring within the local Derbyshire health and social care community. The report also updated the Board on feedback from external stakeholders such as commissioners and feedback from staff. Ifti Majid's report was used to support strategic</p>

	<p>discussion on the delivery of the Trust strategy.</p> <p>Ifti Majid made reference to the recent changes within the obligations of the Fit and Proper Persons Requirement (FPPR) that are applied to all executive and non-executive director posts within the Trust that were set out in his report. He assured the Board that the strength of the Trust's annual process has been reviewed to ensure the Trust remains compliant with the most up to date guidelines.</p> <p>Ifti was pleased to report that the Trust was able to present its specialist skills in physical healthcare improvements of people with serious mental illness when he chaired the East Midlands Mental Health Clinical Transformation and Substantiality Network on 7 March. He was proud that the Trust had been able to demonstrate its work that is supported by the local public health team to achieve the best possible outcomes for people.</p> <p>Ifti informed the Board that he had met with the CEO of the Derbyshire CCGs, Dr Chris Clayton, to discuss the requirement to adhere to the mental health investment standard, where the percentage growth the CCGs receive should be as a minimum matched in terms of percentage uplift of mental health programme spend. He was pleased to report that it is the confirmed intention of the CCGs to comply with this requirement and Chris Clayton had also given this assurance to NHS England. Director of Nursing and Patient Experience, Carolyn Green, referred to efficiencies being made through Quality, Innovation, Productivity and Prevention (QIPP) and emphasised that anything disinvested from our Trust should be reinvested into mental health services and specialist services.</p> <p>Ifti took time to thank Interim Director of Strategic Development, Lynn Wilmott-Shepherd, for her commitment and dedication whilst she has been working in this role. He drew attention to the work Lynn has overseen in developing the Trust's strategy as well as driving the success of the mental health work stream as part of Joined up Care Derbyshire and he wished her well in the next stage of her career when she leaves the Trust at the end of May.</p> <p>Ifti also paid tribute to colleagues throughout the Trust who ensured that services continued to function throughout the recent cold spell, particularly in the north of the county which was badly affected by snow. He and the Board extended thanks to all staff who had worked hard to keep services operating throughout this difficult period.</p> <p>Carolyn Green, took the opportunity to inform the Board that Learning Disabilities (LD) services have asked the Board to champion people with LD and that we listen to their voice and employ people within the organisation with LD.</p> <p>RESOLVED: The Board of Directors noted and scrutinised the Chief Executive's update</p>
<p>DHCFT 2018/038</p>	<p><u>INTEGRATED PERFORMANCE AND ACTIVITY REPORT (IPR)</u></p> <p>The IPR provided the Trust Board with an integrated overview of performance as at the end of February that focussed on workforce, finance, operational delivery and quality performance.</p> <p>The Trust continues to perform well against many of its key indicators, with maintenance or improvements continuing across many of the Trust's services and this could be seen within the body of the report. The issues identified in previous reports continue to be worked on through plans that were previously referenced in the Integrated Performance Report.</p> <p>Deputy Chief Executive and Director of Finance, Claire Wright, presented the report from a financial perspective. We are nearing the end of the year and the majority of work covered by the Finance and Performance Committee is concerned with next year's financial plan. She was pleased to report that she was still confident that the Trust will</p>

	<p>achieve its control total although achieving next year's plan would be very challenging.</p> <p>Director of People & Organisational Effectiveness, Amanda Rawlings, drew attention to the information contained in the new People Flow Metrics graph. This graph was first reviewed at the People and Culture Committee and was considered to be extremely helpful in giving a greater understanding of the flow of new starters and employees leaving the Trust. The data showed that although there are vacancy hot spot areas this is not a problem across the whole of the organisation. Compliance with the high level requirements of mandatory training was raised as a concern and work is underway to ensure staff can be released from services to attend mandatory training programmes. Carolyn Green assured the Board that although non-compliance with mandatory training was included on the risk register work was taking place to fast-track staff onto role specific mandatory training. This will be monitored by the Trust Management Team meetings (TMT) to ensure we return to our contracted quality standard level.</p> <p>Carolyn Green was pleased to report that quality levels remained steady during February and had no exceptions to bring to the Board's attention from a quality perspective.</p> <p>Kathryn Lane reported from an operational perspective that clustering remains challenging as well as consultant cancellations and outpatient DNAs (Did not Attend). A report on appointment cancellations was presented and discussed in detail at the Finance & Performance Committee where it was recognised that a large proportion of cancellations related to medical sickness, recruitment issues or appointments having to be rescheduled to fit in more urgent appointments. This is a challenging problem to overcome and utilising different ways of working would take a long time to implement. She was pleased to report that the target for CPA (Care Programme Approach) review over the last twelve months had been achieved despite the ongoing challenges with care co-ordination.</p> <p>The IPR also showed unusual performance with seven day follow ups although a good performance overall had been maintained in this area. Non-Executive Director, Geoff Lewins, also referred to clinical absences and saw that a significant improvement had been made with consultant absences and assured the Board that the Finance and Performance Committee had spent a considerable amount of time discussing alternative methods of working.</p> <p>Caroline Maley referred to outpatient cancellations and requested that future reports show the reasons why clinicians are absent from work. Kathryn Lane clarified that although data collection can sometimes be difficult this detail on absences could be included in forthcoming reports.</p> <p>In response to Non-Executive Director, Anne Wright, asking whether recruitment issues are discussed at the Finance and Performance Committee as well as the People and Culture Committee, Kathryn Lane assured her that the Finance and Performance Committee is taking the lead on the reshaping of the neighbourhoods. Work is also taking place to develop a more integrated workforce to ensure that when a clinician is absent the work is covered by other members of staff. Recruitment issues are also regularly discussed at other performance meetings across the organisation.</p> <p>Ifti Majid referred to Delayed Transfers of Care (DTOC) and expressed his frustration that service users with mental health problems were not receiving the same priority of DTOC escalation as acute hospitals. He understood that this is sometimes due to the need for specialist accommodation requirements. The need to use the same mechanisms used in acute hospitals is to be escalated to local authorities and commissioners on behalf of our patients using our services. Julia Tabreham concurred and thought that DTOC was a symptom of systemic problems within social care and that solving this issue would need to be carried out through a multi-agency approach.</p> <p>ACTION: IPR to contain clinical absence detail associated with outpatient</p>
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	<p>cancellations</p> <p>ACTION: The need to use the same DTOC methods of escalation as acute hospitals is to be escalated to local authorities and commissioners</p> <p>RESOLVED: The Board of Directors considered the Integrated Performance Report and obtained limited assurance on current performance across the areas presented.</p>
<p>DHCFT 2018/039</p>	<p><u>QUALITY POSITION STATEMENT</u></p> <p>Carolyn Green provided the Board of Directors with an update on the organisation's continuing work to improve the quality of services that are provided in line with the Trust Strategy, Quality Strategy and Framework and strategic objectives.</p> <p>This month's report included details around safety and 'Always Events'. This was highlighted by Carolyn as a clear, action-orientated and pervasive practice or set of behaviours that provides aspects of the patient experience that are important to patients, their care partners, and service users. Healthcare providers must aim to perform them consistently for every individual, every time.</p> <p>Attention was drawn to the NICE guideline and specification for mental health liaison that requires services to meet the one hour standard and the five year forward view. The Board was assured that learning obtained from other trusts had shown that the Trust provides in-reach and advice to all acute wards on the continuation of medicines and effective integrated clinical treatment. Although the Trust is currently compliant with the five year forward view, monitoring of the staffing, effectiveness and responsiveness of these teams is important to ensuring a safe and sustainable service.</p> <p>Non-Executive Director, Richard Wright, reflected on the report from IM&T (Information Management & Technology) received by the Finance & Performance Committee on actions that are taking place to improve the performance of the Paris system (electronic patient record system). He asked Carolyn if she was confident that these actions can be resolved in line with the priority that IM&T will have given to them. Carolyn assured the Board that these actions have been discussed and prioritised at the Clinical Reference Group and a number of the actions contained in the Quality Position Statement have already been delivered.</p> <p>Also included in the report was the Learning from Deaths Mortality Report that was submitted to the Quality Committee on 8 March. Medical Director, John Sykes, assured the Board that neither he, or the Quality Committee had found any cause for concern relating to the CQC's recommendations of how the NHS should investigate patient deaths. He added that compared to other organisations our rates are comparable and that all deaths that occur are reviewed in order to obtain learning, even when they have occurred through natural causes.</p> <p>Anne Wright, who is also the NED Lead for Mortality and Learning From Deaths, asked if an action plan had been developed around learning from deaths through substance misuse and was assured that trajectories were being developed, followed up and improved.</p> <p>Julia Tabreham made the point that completing Serious Incident (SI) investigations in a timely manner requires a significant investment of time and professional input and we need to have enough resource in place to ensure this process does not become overly demanding. John Sykes assured the Board that our SI process is extremely robust in meeting the challenges involved and implementing recommendations following the resolution of incidents and investigations.</p> <p>The Board accepted this Mortality Report and noted that it had been published on to the</p>

	<p>Trust website prior to end of March 2018, as per national guidance.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Received the Quality Position Statement and gained significant assurance on safety with the Trust 2) Accepted the Mortality Report and agreed for it to be published on to the Trust website as per national guidance
DHCFT 2018/040	<p><u>STRATEGY REFRESH 2018-21</u></p> <p>Following agreement by the Trust Board in November 2017 to refresh the strategy and to revise the vision and values it was necessary to update the current Trust Strategy 2016-21. Lynn Wilmott-Shepherd, presented the draft Strategy Refresh for 2018-21 to the Trust Board for approval.</p> <p>The Board understood that the strategy had been refreshed to more clearly articulate intentions around how the Trust aims to put people first in order to live its values, how the Trust develops its leaders to create the environment where people experience the Trust's values, and how the Trust fits within system-wide and partnership working.</p> <p>In response to Carolyn Green asking how the strategy could be cascaded to staff, Lynn advised that she was working closely with the Communications Team and business managers to ensure the strategy is widely circulated within the organisation.</p> <p>The Board approved the refreshed Trust Strategy for 2018-21 and agreed that as the Board has signed up to the Armed Forces Covenant this should be included in the refreshed Trust Strategy.</p> <p>ACTION: Armed Forces Covenant to be included in the refreshed Trust Strategy</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Noted the contents of the plan and obtained assurance that there has been wide consultation within the organisation 2) Approved the refreshed Trust Strategy for 2018-21, subject to final design work, branding and inclusion of the Armed Forces Covenant
DHCFT 2018/041	<p><u>BUSINESS PLAN 2018-19</u></p> <p>Lynn Wilmott-Shepherd presented the Trust Board with the final Business Plans for clinical divisions, clinical support services and corporate areas. She explained that the draft plans have been amended with the comments from the January and March TMT meetings and she was seeking final approval of the plans from the Board. She will also be working closely with Carolyn Green to make sure this plan is connected correctly with CQC recommendations.</p> <p>Lynn clarified that each division and corporate area clearly understood that the business plan will help them achieve their strategic goals and STP aims. The Quality Strategy and People Strategy are linked into the business plan and TMT (Trust Management Team) and COATs (Clinical Operational Assurance Teams) are the areas where the strategy and the business plan can be embedded and be performance managed.</p> <p>The Board considered the business plan was work in progress. The next step would be to articulate how the Trust Strategy, People Strategy and the Business Plan is cascaded through the organisation so people delivering front line care understand what they need to achieve in order to comply within the Trust Strategy and the Business Plan.</p> <p>RESOLVED: The Board of Directors noted the contents of the business plan and was assured that the plan was in the process of development</p>

BOARD ASSURANCE SUMMARIES AND ESCALATIONS

Assurance summaries were received from meetings of the Quality Committee, Audit and Risk Committee and People and Culture Committee. Committee Chairs summarised the escalations that had been raised and these were noted by the Board as follows:

Quality Committee: Committee Chair, Julia Tabreham, updated the Board on key items that were discussed and decisions made. The Committee continued to see a rise in pressure on services and focussed on assurance of continuity and prevention. The emergent risk to staff from patient assaults was also raised as a concern. The Committee was aware of the rise in unexpected service user deaths and was assured that there are no untoward patterns. Some CQC actions remain outstanding and are being closely monitored. The Trust is not expected to achieve the national target for flu vaccinations which is 75%. The key risks anticipated in achieving the national target for flu and physical healthcare improvements meant that the Committee could only obtain limited assurance on delivery of investment allocated to CQUIN implementation. The Committee formally escalated to the Board evidence of a breach in the Equalities Act relating to age discrimination. This risk has already been included in the risk register under Safety and Quality BAF risk 1a. Ifti Majid undertook to raise this formally with commissioners.

ACTION: Age discrimination breach within the Equalities Act to be raised with commissioners

Audit and Risk Committee: Chair, Geoff Lewins, reported that the Committee had undertaken a deep dive into BAF risk 4b on governance business planning process and agreed to reduce the likelihood rating of this risk from 4x5(20) to 3x15 (15). This completed the last of the deep dives included in the 2017/18 schedule. The Committee had early sight of the draft 2017/18 Annual Report, Quality Account and Annual Governance Statement and was significantly assured that these drafts are on target for final approval by the Committee in May. Similarly the internal and external auditors were able to confirm that their work is on track for completion. Significant assurance was obtained relating to the governance processes and arrangements that are set in place to oversee progress of Deloitte phase 3 recommendations relating to the Committee. A positive benchmarking report was received from the internal auditors which has been forwarded to members of the Finance and Performance Committee. The Committee looked at the counter fraud plan and reviewed the counter fraud self-assessment and was satisfied that this could be issued in its present form. The BAF risks for 2018/19 were reviewed and the Committee agreed arrangements for its members to achieve a better understanding of these risks at the Board Development Session scheduled for 18 April.

People and Culture Committee: Chair, Margaret Gildea, informed the Board that the March meeting would be the last meeting to be held under the Committee's old format. It is hoped that from April onwards a more streamlined attendance would prove more effective. A high level overview of the Committee's end of year effectiveness report was received which set out the activity that has been undertaken during the year. The Committee also reviewed the people priorities and the BAF progress that has been achieved throughout 2017/18. The Committee closed off the last remaining GIAP action that it has oversight for (WOD2). The People Strategy was reviewed and approved for submission to the Board at today's meeting. The Committee had discussed how the Trust could use the Apprentice Levy and agreed that it would use the levy to invest in a small scale Apprentice Nurse Training pilot scheme to improve and secure a clinical workforce for the future. Risks related to training compliance within specific areas of training such as positive and safe, resuscitation training, safeguarding and physical health were highlighted to the Board as significant risks. The Staff Health and Wellbeing Strategy has been escalated to the Executive Leadership Team (ELT) for discussion. Risks relating to mandatory training compliance have been escalated to ELT for onward monitoring.

	<p>Caroline Maley thanked the Board Committee Chairs for their feedback.</p> <p>RESOLVED: The Board of Directors received and noted the Board Committee Assurance Summaries and Escalations</p>
DHCFT 2018/043	<p><u>DRAFT PEOPLE STRATEGY</u></p> <p>Amanda Rawlings presented the draft People Strategy to the Board that had been developed to support the revised Trust Strategy and which provides five key aspects of putting 'People First' and making the Trust a great place to work.</p> <p>The Board recognised that the strategy outlined the key priorities that will be focussed upon over the next three years to retain, develop and attract staff supported and enabled by a focus on management and leadership and inclusion. The development of the strategy involved a wide range of staff, including the Staff Engagement Group and it has been revised and discussed with the Executive Leadership Team and the People and Culture Committee. The strategy will be developed further once the Board supports the direction of travel. The strategy will also be worked on further with the Communications Team to create a more visual and engaging version that will be widely communicated and available on the Trust's website and will also be used as recruitment material.</p> <p>Caroline Maley commented that the strategy was a good piece of work and was easy to read and digest. The Board understood that Amanda Rawlings had consulted widely to produce a well-informed third draft and approved the strategy and delegated authority to ELT and the People and Culture Committee to address measures going forward with the implementation of the strategy.</p> <p>RESOLVED: The Board of Directors received, and approved the draft People Strategy and delegated authority to ELT and the People and Culture Committee to address its direction of travel throughout the Trust.</p>
DHCFT 2018/044	<p><u>STAFF SURVEY RESULTS</u></p> <p>Amanda Rawlings updated the Board on the initial NHS Staff Survey results which showed the Trust's current position based on the 2017 all staff survey.</p> <p>The Board took assurance that the results showed that the staff survey is progressing in a more positive direction than previous years.</p> <p>Claire Wright observed the visible difference in the response rates between clinical and corporate areas. She also requested that analysis of the staff survey should include focus on REGARDS (Race, Economic disadvantage, Gender, Age, Religion or belief, Disability and Sexual orientation) groups. It was also clear to the Board that more work needs to be undertaken to ensure staff appraisals are more effective in setting staff objectives.</p> <p>The Board considered that overall the staff survey showed good improvements which is a reflection of the hard work that has taken place to improve staff engagement and the culture of the Trust.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Received and reviewed the 2017 NHS Staff Survey results 2) Discussed the initial focus areas from the 2017 results and agreed the priorities for 2018
DHCFT 2018/045	<p><u>GENDER PAY GAP (GPG)</u></p> <p>This paper presented by Amanda Rawlings covered the requirements under the new</p>

	<p>GPG reporting and set out the results of GPG in the Trust. Following government consultation, it became mandatory on 31 March 2017 for public sector organisations with over 250 employees to report annually on their gender pay gap (GPG). This data has to be reported by 30 March 2018 and is part of the Public Sector Equality Duty under the Equality Act 2010.</p> <p>The Board noted the statistical analysis, gaps between genders and the actions that have been taken in committing the Trust to addressing the imbalance in the workforce. GPG tools will be used to address the gaps and variations between genders and the Trust will go beyond this to equalise the balance by developing our own robust methods to identify where gaps exist.</p> <p>The Board discussed the need to be more supportive and positive in addressing the family commitments of staff in leadership positions as these roles are often seen as untenable by staff with families.</p> <p>The Board approved the GPG data analysis and agreed that a clear explanation of GPG reporting would be communicated to staff on the intranet and any questions that arise will be clearly addressed. The results of the Trust's GPG data analysis and the steps we intend to take to close the gaps will be published on the Trust's external website and Government Equalities Office by 30 March 2018.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Noted the statistical analysis and gaps between the genders. 2) Approved the data analysis and the narrative; including the steps we are going to take to equalise the imbalance in pay. 3) Note the requirement to publish on Trust website and Government Equalities Office by 30 March 2018. 4) Noted the communication plan to explain to staff colleagues so there is a clear explanation of the variations and steps we are taking to equalise gaps.
<p>DHCFT 2018/046</p>	<p><u>GOVERNANCE IMPROVEMENT ACTION PLAN EMBEDDEDNESS UPDATE</u></p> <p>Director of Corporate Affairs, Sam Harrison, updated the Board on the embeddedness of actions undertaken as part of the Trust's Governance Improvement Action Plan (GIAP).</p> <p>All actions within the GIAP were completed and signed off by the Trust Board in May 2017 and ongoing implementation of the actions was embedded as business as usual for the Trust. A six month update presented to the 1 November 2017 Trust Board provided evidence and updates on work relating to actions that fall under the remit of the Board and its Committees.</p> <p>The Board agreed that the report provided assurance that the GIAP actions have now been fully completed and they are embedded into business as usual with the Trust's work. The Board was confident that these recommendations are now set within the Trust's governance practice and will be sustained through the work of Board assurance Committees and reviewed and developed as part of ongoing work to ensure compliance with NHSI's well-led governance framework.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Received assurance from the evidence as outlined and assurance received from Board Committees on the embeddedness of the actions taken to address the GIAP recommendations identified. 2) Agreed that this assurance report completes the review of sustained implementation of actions to address all GIAP recommendations. 3) Noted that work to ensure ongoing embeddedness is now incorporated into business as usual with the Trust's work and that this will be scrutinised through the work of Board Committees and ongoing work programmes to ensure continued compliance with NHS Improvement's well-led framework.

<p>DHCFT 2018/047</p>	<p><u>BOARD EFFECTIVENESS SURVEY</u></p> <p>Sam Harrison presented her report which provided the Board with the results of the Board Effectiveness Survey conducted in November 2017.</p> <p>As part of the Deloitte review of Trust governance arrangements in January 2016, a Board Effectiveness Survey was undertaken and the results of that survey were used to inform some of the Deloitte recommendations. After Board discussion it was agreed that the Board would continue to use the survey in order to assess improvements and also gauge how effective the Board believes it is and to triangulate other information on Board effectiveness. The fourth and most recent survey was undertaken in November 2017. This survey was developed to include opportunity for free comments from respondents. The survey with full analysis of results over the two year period was discussed at the Board Development Session on 20 December 2017. It was agreed that results reflected positively on the effectiveness of the Board from the perspective of Board members</p> <p>Reference was made to the mixed response received to question 12 “When corrective action is taken, changes made are embedded. It is rare for our Trust to have issues that reoccur”. Comments acknowledged the work that has been undertaken but also suggest that there is still work to do and that further time and cycles need to pass to ensure embeddedness.</p> <p>The Board acknowledged that work undertaken on board effectiveness, including individual and whole Board training and development and implementation of good governance practice had contributed to the positive responses. Good feedback had also been received from Deloitte over the past year. Work will be sustained to ensure the good practice reflected in responses is maintained and the Board Development Programme for 2018/19 has been developed to support ongoing training and development of the Board. The survey is to be completed again in October 2018.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Noted the outcome of the Board Effectiveness Survey November 2017. 2) Agreed that effective Board practices would be sustained and supported through the Board Development programme 2018/19. 3) Agreed that the survey should be completed again in October 2018.
<p>DHCFT 2018/048</p>	<p><u>BOARD ASSURANCE FRAMEWORK (BAF) FIFTH AND FINAL ISSUE 2017/18</u></p> <p>This report detailed the fifth and final issue of the BAF for 2017/18 and the initial draft headline risks for the BAF for 2018/19.</p> <p>Sam Harrison gave a brief overview of the end of year position. There remain eleven risks identified on the BAF for 2017/18. The risk rating for one risk, 4b Failure to deliver internal transformational change at pace, has been reduced due to strong ongoing progress with the mental health work stream. The reduction of risk 4a, Failure to deliver financial plans, was described in the previous (fourth) issue of the BAF to the Board. Two risks remain identified as extreme, five as high, three as moderate and one as low risk. Risk ratings at each quarter were shown in the report, together with risks which have been removed from the BAF in year. The Deep Dive programme for review of risks by Board Committees has remained on track throughout the year and completed to agreed timescales.</p> <p>It was understood that since the Board Development session held on 14 February 2018 to consider strategic risks, Board members had proposed the headlines risks for the 2018/19 BAF and these were further considered and amended following review by ELT on 12 March, and Audit and Risk Committee on 20 March. A further developed first issue of the BAF is planned for consideration by Audit and Risk Committee members at the Board Development session on 18 April, and by the Board of Directors on 1 May.</p>

	<p>The Board took significant assurance from the report and duly approved the fifth and final issue of the BAF 2017/18 and approved the headline risks for the 2018/19 BAF.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Approved this fifth and final issue of the BAF for 2017/18 and received significant assurance with the process of the review, scrutiny and update of the BAF in seeking to identify and mitigate risks to achieving the Trust's strategic objectives 2) Approved the initial headline risks for the 2018/19 BAF and the proposal for the BAF to be further worked up and agreed by Audit and Risk Committee members on 18 April and the Board of Directors on 1 May 2018.
DHCFT 2018/049	<p><u>IDENTIFICATION OF ANY ISSUES ARISING FROM THE MEETING FOR INCLUSION OR UPDATING IN THE BOARD ASSURANCE FRAMEWORK</u></p> <p>As a result of today's discussions it was agreed that mitigation plans relating to mandatory training compliance will be recorded in the BAF.</p> <p>ACTION: BAF to record mitigation plans relating to mandatory training compliance</p>
DHCFT 2018/050	<p><u>MEETING EFFECTIVENESS</u></p> <p>It was agreed that appropriate items for discussion in public session were included on the agenda which enabled informed discussion of strategic issues. It was thought that discussions were more effective when reports were taken as read as it was clear that many papers had previously been discussed in detail at Board Committees. In view of this, Sam Harrison felt it would be helpful to state the nature of previous debate at other forums where reports are considered and undertook to factor this detail into the covering report template.</p> <p>ACTION: Board report template to be revised to capture other forums where reports are discussed</p>
DHCFT 2018/051	<p><u>2018/19 BOARD FORWARD PLAN</u></p> <p>The 2018/19 forward plan was noted for information.</p>
DHCFT 2018/052	<p><u>REPORT FROM COUNCIL OF GOVERNORS MEETING 21 MARCH 2018</u></p> <p>The report on the meeting of the Council of Governors held on 21 March was noted for information.</p>
<p>The next meeting of the Board to be held in Public Session will take place at 9:30 on Tuesday, 1 May 2018.</p> <p style="text-align: center;">The location will be Conference Rooms A&B Research and Development Centre, Kingsway, Derby DE22 3LZ</p>	

Trust Chair's report to the Board of Directors

Purpose of Report

This report is intended to provide the Board with the Trust Chair's reflections on my activity with and for the Trust since the previous Board meeting on 5 June 2018. The structure of this report reflects the role that I have as Trust Chair.

Our Trust and Staff

1. I have made 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 15 June, I was pleased to welcome Pauline Latham, MP, Jacqui Woodcock, and Rob Johnstone, from the TUC to witness the Trust signing up to the Dying to Work Charter. The Charter sets out how we will support, protect and guide staff throughout their employment, following a terminal diagnosis. This event was attended by a number of members of the Board, staff and staff-side representatives, Governors and public members. Jacqui Woodcock started up this campaign after she received a terminal diagnosis and was not supported by her employer. I am very pleased that we have been able to make this commitment on behalf of the Trust to our staff.
3. On 21 June, I visited the Learning Disabilities Team and the Older Adults Community Team in Swadlincote. I was made very welcome by Donna Dyke, Kim West, and Sarah Seale, and I had a brief opportunity to talk to other staff members in the office. Once again I was impressed by the passion and commitment that our staff have for the work that they do and what they do for our service users and carers, the latter being really important to the way that we work. The challenging themes continue to reflect the pressure on our services, the space in which we accommodate staff and access to IT systems. However, it was also an opportunity to reflect on the specialist nature of the skills of staff who look after patients with really challenging needs – and how long it takes to train people to take on these roles. I believe that it is important in looking forward to our services of the future to ensure that we have a pipeline of training for staff to be able to deliver these services as our staff with longer tenure retire. I have raised this with the Executive Leadership Team.

Council of Governors

4. The elections for our new governors ended on Friday 1 June, and I am delighted to be welcoming a number of new governors (both appointed and elected – public and staff) to the Trust over the next few weeks. Formal induction takes place on 26 June, after the completion of this report.

5. The Governance Committee of the Council of Governors met on 12 June. The Committee is chaired by Gillian Hough, and they are doing a lot of work to address the means of engagement with the community, and holding NEDs to account, in terms of framing the questions that they need answers for.
6. On 26 June I am meeting with John Morrissey and Carole Riley, lead and deputy lead Governors, as part of our regular one to one meetings. These are important meetings to ensure that we share information and that there are no surprises.
7. The next meeting of the Council of Governors will be on 3 July following the public Board meeting. The next Governance Committee takes place on 21 August.

Board of Directors

8. On 5 June, I attended the People and Culture Committee to observe how it is in the process of reconfiguring its membership and attendance to become more of an assurance board. There is more to do with the new People Services function settling in, and I am confident that it is on the right path to deliver its objectives.
9. I attended the Mental Health Act Committee on 7 June. One of the important areas that was considered was the work of the Associate Hospital Managers who perform an important role for the Board. It is important that we reconfigure how this group of volunteers is supported, trained and managed to do the role that we need them to do. I look forward to seeing the outcome of the benchmarking and development work that is required to support these people to do the best for our service users.
10. On 7 June I met with Avtar Johal, our NeXT director placement with us, to review his experience so far and his objectives on the scheme. Avtar has also been attending the Board and Council of Governors, as well as the Mental Health Act Committee and Quality Committee as part of his placement. The placement is to help people who want to become NEDs in the NHS to gain exposure to the work of a NED, and our Trust agreed to focus on those from a BAME background. The placement will be reviewed again at the end of September.
11. On 20 June Board Development looked at a psychometric tool called Lumina Spark – both identifying our own working types as well as that of the Board as a whole, Executives and NEDs – helping us to understand the findings from this tool and how they relate to the context of our Trust and culture. It was an important day spent working on our own behaviours and I am sure that we have taken away some valuable actions from the day.
12. I continue to meet with Non-Executives on a one to one basis quarterly. There have been no such meetings in the last month.

System Collaboration

13. The Joined Up Care Derbyshire (JUCD) Board meeting took place on 21 June, and I attended this along with Ifti Majid. Once again there was a focus on the financial gap that the system has in the current financial year and a briefing on

the actions that are being taken to minimise these. However, it seems at times that this is almost an impossible task. We also received updates on the requirements for the system progression towards a Derbyshire Integrated Care System and how the development of the strategic commissioner is progressing, including joint commissioning teams and joint governance and decision making. More detail will be included in the CEO report to this Board.

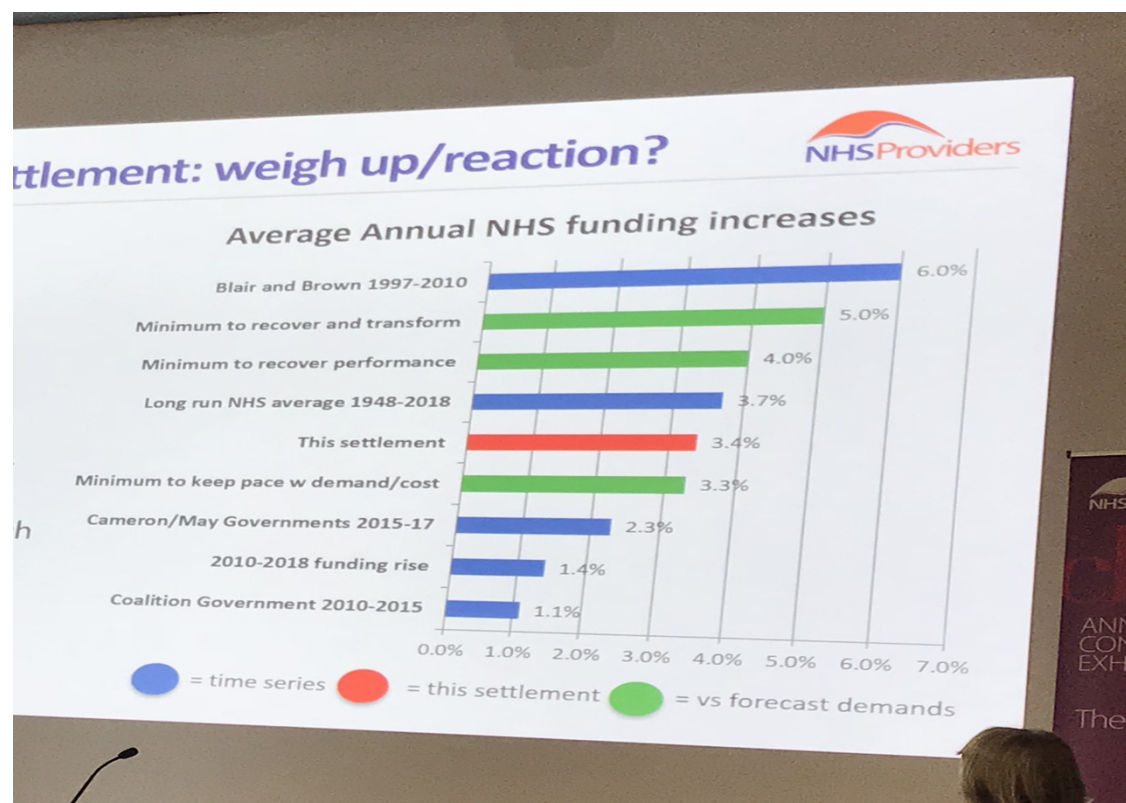
14. The system has agreed to progress to the appointment of a substantive Sustainability and Transformation Partnership (STP) director, and interviews will be taking place on 6 July. Our Trust has offered to host this important role, and other roles that are appointed to support the development of JUCD.

Regulators: NHS Providers and NHS Confederation and others

15. Together with Ifti Majid, Claire Wright and Richard Wright, I attended the NHS Confederation annual conference held in Manchester. The conference had a packed agenda, with opportunities to hear from Simon Stevens and Ian Dalton on the coming together of NHS Improvement (NHSI) and NHS England (NHSE), from Jeremy Hunt on the future of the NHS funding - although of course this was before the announcement on 17 June and many other speakers covering a range of important topics. One of the benefits from attending the conference is to meet up with colleagues from trusts all around the country and to compare notes on developments in their systems and performance challenges.
16. On 19 June I attended the quarterly meeting of NHS Providers of Chiefs and Chairs. The meeting heard from David Behan as he nears retirement as CEO of CQC (Care Quality Commission) and what he has learned from his time in charge. He structured his presentation around the following, which I think are all relevant to us today:
- Purpose - why is your organisation there - this is not the same as its vision;
 - Values and behaviour – the behaviours deliver the purpose, and leaders are judged by what they say and do;
 - Staff engagement – a firm believer that a happy staff delivers great service and improvement starts and ends with staff;
 - Culture of learning, openness and transparency - a just culture is one that recognises that people make mistakes, does not blame but recognises the learning; it requires trust and organisational improvement;
 - Collaboration – no single organisation can meet the needs to the complex comorbidity that we see today; collaboration is about behaviours and not documents or governance.

We also heard from Chris Hopson, the CEO of NHS Providers, with perspectives including the financial settlement that was announced on 17 June, and the role that the regions being developed by NHSI and NHSE will play in the future.

There is a sharp reminder that the new money will not solve all the issues that we wish and that we still need significant transformation in the NHS. It is also clear that the new ten year plan to be developed over the next few months will include mental health waiting targets.



Jeremy Hunt also attended in the afternoon, and recognised the importance of the commitment of the government to the NHS, but also recognised the challenges that remain without Social Care receiving any additional funds / being considered as part of the next spending review.

Beyond our Boundaries

17. There is no activity to report this month.

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

The report outlines the Trust signing up to the Dying to Work charter which is a direct commitment to support those with a terminal diagnosis and to ensure that there is no discrimination to these individuals within the Trust and that a colleague with a life limiting condition is supported throughout their employment with compassion and the provision of reasonable adjustments as required (based on individual needs).

Governor Elections - 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. We currently have 16 publically elected governors representing our local demographic population.

The Board Development session on 20 June looked at a psychometric tool called Lumina Spark – both identifying our own working types as well as that of the Board as a whole. This will have a positive impact in terms of enabling an inclusive culture which embraces different perspectives, fostering good relationships and support by

valuing individual diversity and individual needs/preferences (neurodiversity).

Demonstrating inclusive leadership at Board level

Through the Trust's involvement in the NeXT Director scheme, hosting a placement for Avtar Johal, we are supporting the development of those who may find it more difficult to be appointed as a NED in the NHS. This placement will run to the end of September, when we will review the effectiveness of our support for Avtar and the scheme before deciding on our next steps.

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**

Chief Executive's Report to the Public Board of Directors

Purpose of Report

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

National Context

1. On 18 June the Prime Minister, Theresa May, announced a new five year funding settlement for the NHS starting from 2019/20, giving the service real terms growth of more than 3% for the next five years. In addition she has also tasked the NHS with producing a ten year plan to improve performance, specifically on cancer and mental healthcare, and unpick barriers to progress. The key points the Board should be aware of from this announcement include:

- The average annual uplift is 3.4% per year above inflation – based on Office for Budget Responsibility projections. The funding is frontloaded, meaning the annual rates of growth are: 3.6%; 3.6%; 3.1%; 3.1%; 3.4%.
- This will equate to £20.5bn more revenue in real terms compared with 2018-19.
- A further £1.25bn has been found to deal with an increase in pensions costs associated with the new Agenda for Change pay deal.
- The funding is for the NHS England commissioning budget only.
- In an appearance in front of the Public Accounts Committee and in his speech at Confederation 2018, Simon Stevens said there was an explicit commitment from the government that the adult social care budget would be set to not put further pressure on the NHS.
- Simon Stevens has told MPs the extra money does include funding for an increase in Agenda for Change salaries from next year.
- How the increase will be funded is unclear. While the prime minister has emphasised that some of it will come from monies no longer being paid to the European Union, along with tax and borrowing rises, the “Brexit” element has been disputed by economists.

In return for the increase in funding, the NHS has been tasked to develop a ten year plan, via an “assembly” convened by national leaders that I referred to in my report to Board last month. The Prime Minister has emphasised that this should have strong clinical input.

The ten year plan, which will likely be delivered by the autumn budget, should set out how the service intends to deliver major improvements in mental health and cancer care.

Ministers may be considering legislative reform: the Prime Minister described the number of contracts held between NHS organisations as a “problem”, and said she wanted the service to suggest ways of breaking down any barriers that might hold up progress, including in the regulatory framework.

The Prime Minister set out five priorities for the NHS:

- Putting the patient at the heart of how care is organised
- A workforce empowered to deliver the NHS of the future
- Harnessing the power of innovation
- A focus on prevention
- “True parity of care” between mental and physical health.

The Prime Minister said she would like to see the ten year plan set out ambitious “clinically defined access standards” for mental health and, she said clinicians should confirm the NHS is focused on the right performance targets for both physical and mental health – indicating that ministers may be willing to reconsider key performance standards.

From our Trust’s perspective the five year funding settlement is good news, it may be below what economists have said the NHS requires, however it is in line with the average settlements other public sector organisations have seen since 2010. It is good news the pension increases will be funded separately although more understanding is needed around the general agenda for change pay award funding from next year. Equally of concern is the lack of clarity about any settlement for our Children’s Universal and Specialist Services and Substance Misuse Services funded by Public Health as these are excluded from the settlement announced by the Prime Minister.

It is very positive to see mental health playing a strong part in the narrative associated with the announcement. I welcome the opportunity to look again at how we develop meaningful targets and will be urging they are a mixture of short term and longer term mental health prevention based measures. The mental health/physical health agenda is clearly in urgent need of targeted investment but it is important that some other core areas that have suffered due to austerity measures start to be built up again such as primary care mental health services and the wide range of guided and self-help facilities provided by the voluntary and independent sector. Finally I note the focus in some of the content of the Prime Minister’s enhancements to digital and its use to support capacity. This is something we must look more at in our organisation both around efficiency of support services as well as direct clinical care delivery but note it is not a replacement for adequately staffed services.

2. At the beginning of June 2018 NHS Improvement released the performance of the Foundation Trust and Trust sector for 2017/18. The key headlines include:

- The Q4 deficit for the sector is £960m compared to the £791m figure reported the previous year. Board members will remember the sector start plan deficit was £496m
- The Q4 actual position does however show an in quarter improvement against the Q3 deficit of £1.28bn
- The CCGs ended the year £251m in deficit but commissioning as a whole finished underspent by £955m due to NHS England central underspends)
- 44% of Trusts finished the year in deficit (89 Acute Trusts and 13 Community / MH / Ambulance)
- The sector deficit position was driven by
 - Unprecedented winter pressures
 - Non delivery of CIP (achievement was £3.2bn however underachievement was £477m)
 - £1.49bn over spend on pay costs including £976m on bank overspend. Agency spend reduced by 18% resulting in an overall reduction in

temporary staffing of £67m (1.2%). I think it important to see this real reduction in the context of the staffing shortages we as a Board have been very aware of and that have been replicated throughout the sector.

- Worth noting spend on non-pay increased during Q4 with increased spending on both clinical and non-clinical supplies, premises and spend on other providers (out of area placements for example). There is no doubt that with the operational productivity review for community and mental health services now being released we can expect to see increased focus on non-pay spend and measures to reduce.
- Only 22 trusts did not sign up to their control total and thus received no Sustainability Transformation Fund (STF) income either during the year or as part of the year end round up.
- Financial penalties imposed by commissioners fell during the year to \$40m nationally.
- 5.34 million patients attended A&E this year of whom 84.97% were seen within 4 hours, a slight improvement from last year.
- 6.26 million non-elective admissions during the year 2.2% above plan and 3.5% above last year and is important as this relates to the regulators reluctance to allow growth to below national expectations.
- Sadly the elective waiting list has grown by 2.9% during the year with more patients waiting longer than 18 weeks and an increase in people waiting longer than a year for treatment.
- The NHS had 92,694 vacancies in NHS Trusts (8%)

As we review the integrated performance report it is important to view our Trust performance in the context of overall NHS performance.

Local Context

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

4.

- Confirmation that the JUCD Assurance Board had met for the first time and would now be acting as the point of assurance for all programmes of work within the Sustainability Transformation Programme (STP) regardless of whether there was a financial benefit attached to the programme.
- The previously discussed strengthening of the core STP support Team is underway with the advert for a lead director closing on 22 June. Derbyshire Healthcare will be acting as the host organisation for these support teams with financial costs and risks being equally shared throughout the system. This demonstrates the system view of our Trust as a key advocate and supporter of the need to work in a different way, delivering the agreed programmes of work.
- A new JUCD website will go live on 11 July, replacing the existing website. In addition to support the increased focus on how we communicate with and engage residents of Derbyshire a video is being produced that will describe the case for change locally.
- Derbyshire has been allocated £508,000 to support new models of workforce to support the required transformation with expectations this will focus on areas such as extended roles (non-medical prescribing), apprenticeships, promoting prevention and health and wellbeing.
- Discussions about the development of Place Alliance Groups and how these support the development of the strategic commissioner by taking responsibility for developing and testing new local models of care and acting as the point of local integrated care delivery.
- Received an update about the wave 4 capital bids that had been prioritised by

Derbyshire in association with updating our Local Estates Strategy. The top three priorities are Buxton Community Hub, Bakewell Community Hub and Shirebrook Joint Service Centre.

- The JUCD received and approved an engagement strategy for the STP to support engaging local people around the proposed changes

5. On Monday 18 June I had the privilege of being part of the Derbyshire County Council recruitment panel to appoint the Director of Adult Social Care to replace Joy Hollister. Joy is retiring after the summer and her passion, drive and challenge in the way the system works and how it should prioritise community interventions will be missed. I am delighted at the new appointment which will be formally announced in the near future.
6. I was invited to attend a Workforce Race Equality Standard Roundtable event in Birmingham led by Yvonne Coghill who is the NHS England Lead. This event was a mixture of understanding national data patterns and developing an understanding about themes emerging around recruitment, disciplinary and disciplinary sanction and personal development. In addition we were able to share some actions attendees were taking to address those common themes. Since the meeting I have set up a task group to look at the development of 'Inclusion Guardians' who would be trained to sit on all recruitment (and possibly disciplinary) panels to ensure equity of opportunity for colleagues from all protected characteristics.

Within our Trust

7. During June I am absolutely delighted that myself and several Executive Directors took part in their first Reverse Mentoring for Diversity and Inclusion session being mentored by colleagues from different BME backgrounds at various levels within our organisation. As I mentioned in my report in April the process is closely governed and will follow a four domain framework model. In addition through links with the University of Nottingham this work will be part of a formal research study. The sessions are an exciting and alternative way to hear the voice of BME colleagues in our organisation as well as to support the development of both the Executive and the BME Mentor. I would add that this is a real 'power shift' with the sessions being led not by the Executive but by the BME Mentor.
8. On 15 June we held a ceremony attended by Pauline Latham MP, representatives from the TUC, Governors and Board members to sign the Dying to Work Charter – a vital pledge and call to action to ensure that people who are diagnosed with terminal illness are treated fairly and with dignity at work and ensuring that at a time of great need they are not taken advantage of by unscrupulous employers. It was particularly great to hear from Jacci Woodcock, the courageous individual who started the charter following her own battle with cancer and challenges with her employer.



9. Week commencing 11 June saw the CQC visiting Trust Services for the second in depth review as part of the revised comprehensive inspection. Services visited included Learning Disability, Crisis and Liaison, Adult Mental Health Community and In-Patient. It is too early to confirm full feedback for these services or revised ratings however on behalf of the Board I would like to thank colleagues involved for the confident and professional way the visits were managed particularly as they came at a time of increased pressure with regards capacity in many of the services visited. We still have the well led component of the visit to complete week commencing 9 July and I would hope to see the initial draft reports some 6 - 8 weeks after that.
10. I am delighted to inform the Board that congratulations are in order for our Community Perinatal Service as it has now received formal notification of it achieving accreditation via The Royal College of Psychiatrists. This means that we now have an accredited inpatient and community perinatal service which meet all the expected essential standards. This is great timing given the recent confirmation of national investment to support community service expansion
11. Since the last Board the Executive Team have been actively engaging colleagues through individual Director visits, *Ifti on the Road* engagement events and pre-ELT drop ins at:
 - St Andrews House, Derby
 - Rivermead, Belper
 - Learning Disability services as part of LD Awareness Week and included a letter of thanks to all staff for their support during change processes
 - IAPT Team Ilkeston Resource Centre
 - Derby City Mission
 - Century House, Long Eaton

Key themes that emerged from these sessions included:

- The importance of a welcoming reception environment and it was great to hear colleagues at St Andrews coming up with a number of good options for improvement.
- The need for greater understanding about the impact that changes in Place may have on our community teams
- Car parking, whilst improvements noted in some areas in others pressures continue
- Some positive comments about safety planning and how it has supported and

enabled appropriate discharge from services.

Feedback from each visit has been logged on our engagement spreadsheet, actions allocated and shared with our freedom to speak up guardian. The Board may remember some feedback in relation to the environment at St Marys Gate, Chesterfield (Substance Misuse Service) two months ago. I am delighted to report that the requested bike sheds are now in place and work has been completed to increase air circulation within the building.

Strategic considerations

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

Assurances

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

Consultation

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

Governance or Legal Issues

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

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

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

X

Actions to Mitigate/Minimise Identified Risks

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

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

That said some of the reports both nationally and within the Derbyshire system have the potential to have an adverse impact on people with protected characteristics for example the work looking at current estate utilisation and prioritisation of some locality buildings over others whilst increasing access in some areas could by definition reduce access for some users of our service.

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

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

The specific focus we have on hearing the views of colleagues from a BME background through our reverse mentoring programme supports our adherence with our Board equalities of colleagues from protected groups is complex as colleagues by definition will fall into several groups.

The signing of the Dying to Work Charter demonstrates the Trusts commitment to supporting those colleagues with a disability/Long Term Condition and is a positive contribution to inclusion within the workplace.

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 2018 – 2019

DATE	TIME	EVENT	LOCATION
3/7/18	9.30am onwards	Trust Board Meeting	Conference Room A&B, first floor, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
3/7/18	2.00pm onwards	Council of Governors meeting	Conference Room A&B, first floor, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
19/7/18	9.30am-1.30pm	Training and Development: Mental Health Act / CCGs/information governance	Training Rooms 1&2, first floor, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
21/8/18	10.00am-12.30pm	Governance Committee	Meeting Room 1, Albany House Kingsway Site, Derby DE22 3LZ
4/9/18	9.30am onwards	Trust Board Meeting	Conference Room A&B, first floor, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
4/9/18	2.00pm onwards	Council of Governors meeting	Conference Room A&B, first floor, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
2/10/18 ★	9.30am onwards	Trust Board Meeting	Venue changed to St Thomas' Centre, (behind St Thomas' Church) Chatsworth Road, Brampton, Chesterfield S40 3AW http://st-thomas-brampton.org/st-thomas-centre/
16/10/18	10.00am-12.30pm	Governance Committee	Conference Room A&B, first floor, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
16/10/18	1.30-5.00pm	Induction part ii.	Conference Room A&B, first floor, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
17/10/18 ★★	TBC	Strategic Priorities – strategic review – joint session with the Trust Board	Conference Room A&B, first floor, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
6/11/18	9.30am onwards	Trust Board Meeting	Training Room 1, first floor, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
6/11/18	2.00pm onwards	Council of Governors meeting	Training Room 1, first floor, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
4/12/18	9.30am onwards	Trust Board Meeting	Conference Room A&B, first floor, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
11/12/18	10.00am-12.30pm	Governance Committee	Training Room 1, first floor, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
9/1/19	2.00pm onwards	Council of Governors meeting	Conference Room A&B, first floor, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ

(Updated 15 June 2018)

FOR INFORMATION 4 - Governor meeting timetable - CoG - 03.07.18.docx

			Kingsway Site, Derby DE22 3LZ
5/2/19	9.30am onwards	Trust Board Meeting	Training Room 1, first floor, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
12/2/19	10.00am-12.30pm	Governance Committee	Meeting Room 1, Albany House Kingsway Site, Derby DE22 3LZ
5/3/19	9.30am onwards	Trust Board Meeting	Training Room 1, first floor, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
5/3/19	2.00pm onwards	Council of Governors meeting	Training Room 1, first floor, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ

* The venue has recently been changed

** This has recently been added to the list

GLOSSARY OF NHS TERMS

NHS Terms of Abbreviations	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)
AfC	Agenda for Change
AHP	Allied Health Professional
ALB	Arms-length body
AMHP	Approved Mental Health Professional
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
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
CQUIN	Commissioning for Quality Innovation
CRB	Criminal Records Bureau
CRG	Clinical Reference Group
CRS	(NHS) Care Records Service
CRS	Commissioner Requested Services
CTO	Community Treatment Order
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

GLOSSARY OF NHS TERMS

NHS Terms of Abbreviations	Terms in Full
DIT	Dynamic Interpersonal Therapy
DNA	Did Not Attend
DH	Department of Health
DoLS	Deprivation of Liberty Safeguards
DPA	Data Protection Act
DTOC	Delayed Transfer of Care
DVA	Derbyshire Voluntary Action (formerly North Derbyshire Voluntary Action)
DWP	Department for Work and Pensions
E	
ECT	Enhanced Care Team
ECW	Enhanced Care Ward
ED	Emergency Department
EDS2	Equality Delivery System 2
EHIC	European Health Insurance Card
EHR	Electronic Health Record
EI	Early Intervention
EIA	Equality Impact Assessment
ELT	Executive Leadership Team
EMDR	Eye Movement Desensitising & Reprocessing Therapy
EMR	Electronic Medical Record
EPR	Electronic Patient Record
ERIC	Estates Return Information Collection
ESR	Electronic Staff Record
EWTD	European Working Time Directive
F	
FBC	Full Business Case
FOI	Freedom of Information
FFT	Friends and Family Test
FSR	Full Service Record
FT	Foundation Trust
FTN	Foundation Trust Network
F&P	Finance and Performance
5YFV	Five year forward view
G	
GDPR	General Data Protection Regulation
GGI	Good Governance Institute
GMC	General Medical Council
GP	General Practitioner
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

GLOSSARY OF NHS TERMS	
NHS Terms of Abbreviations	Terms in Full
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
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
LHP	Local Health Plan
LHWB	Local Health and Wellbeing Board
M	
MARS	Mutually Agreed Resignation Scheme
MAU	Medical Assessment Unit
MAPPA	Multi-agency Public Protection Arrangements
MARAC	Multi-agency Risk Assessment Conference (meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, probation, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs) and other specialists from the statutory and voluntary sectors.
MCA	Mental Capacity Act
MDA	Medical Device Alert
MDM	Multidisciplinary Meeting
MDT	Multi-Disciplinary Team
MFF	Market Forces Factor
MHA	Mental Health Act
MHIN	Mental Health Intelligence Network
MHRT	Mental Health Review Tribunal
N	
NCRS	National Cancer Registration Service
NED	Non-Executive Director
NICE	National Institute for Health and Care Excellence
NHS	National Health Service

GLOSSARY OF NHS TERMS	
NHS Terms of Abbreviations	Terms in Full
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
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
PPT	Partnership and Pathway Team
PREM	Patient Reported Experience Measure
PROMS	Patient Reported Outcome Measure
Q	
QAG	Quality Assurance Group
QC	Quality Committee
QIPP	Quality, Innovation, Productivity Programme
R	
RAID	Rapid Assessment, Interface and Discharge
RCGP	Royal College of General Practitioners
REGARDS	Race, Economic disadvantage, Gender, Age, Religion or belief, Disability and Sexual orientation
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

GLOSSARY OF NHS TERMS	
NHS Terms of Abbreviations	Terms in Full
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