

Meeting of the Council of Governors 24 November 2016

MEETING OF THE COUNCIL OF GOVERNORS

Thursday 24 November 2016 commencing at 1.00 pm
Conference Rooms A&B, Centre for Research and Development,
Kingsway, Derby, DE22 3LZ

AGENDA		ENC	LED BY	TIME
1.	Welcome, introductions and Chairman's Opening Remarks Apologies and Declaration of Interests		Richard Gregory	1:00
2.	Minutes of meeting held 6 September 2016 Minutes of meeting held on 12 October 2016 Matters arising and Actions Matrix	A B	Richard Gregory	1:05
3.	Acting Chief Executive's Report (includes an update on Derbyshire Sustainability and Transformation Plan)	C	Ifti Majid	1:15
HOLDING TO ACCOUNT				
4.	Strategic Options Case & Questions Relating to the Strategic Options Case	D	Richard Gregory	1.30
5.	Integrated Performance Report	E	Claire Wright/Mark Powell	1:45
6.	Non-Executive Director Updates	Verbal	NEDs	1:55
7.	Report from Nominations and Remunerations Committee Recommendations to appoint a Non-Executive Director (to follow)	F G	Sam Harrison Richard Gregory	2:10
8.	Feedback from Non-Executive Directors on Operational Plan	H	NEDs	2:20
9.	Report from Governance Committee	I	Gillian Hough	2:30
10.	Governance Improvement Action Plan – Update (to follow)	J	Sam Harrison	2:40
11.	Task and Finish Group Report	K	John Morrissey	2:50
3:00 B R E A K				
12.	CQC Summit Feedback	L	Carolyn Green	3:15
13.	Council of Governors Annual Effectiveness Survey - September 2016	M	Sam Harrison	3:30
14.	Ratified Minutes of Board Meetings held on 7 September and 5 October 2016	N	Richard Gregory	3:40
15.	Any Other Business		Richard Gregory	3:55
16.	Close – at 4:00pm	-	Chair	4:00
FOR INFORMATION				
I. Governor Meeting Timetable II. Governor Development Training Programme III. Glossary of NHS Terms		O	-	
Next Meeting:-1:00 pm – Thursday 19 January 2017, Conference Rooms A&B, R&D Centre, Kingsway				

The Council of Governors will also discuss in a separate private session items to be considered in private due to their confidential nature

MEETING OF COUNCIL OF GOVERNORS

Tuesday 6 September 2016, commencing at 1pm

St Thomas Centre, Chatsworth Road, Brampton, Derbyshire S40 3AW

The meeting opened at 1pm and closed at 4.20pm

PRESENT:	Richard Gregory	Interim Chairman
GOVERNORS PRESENT:	Shelley Comery Dr Paula Crick Rob Davison Rosemary Farkas Sarah Gray Gillian Hough Alexandra Hurst Moira Kerr Lynda Langley John Morrissey Nitesh Painuly Kelly Sims	Public Governor Erewash North Appointed Governor, University of Derby Appointed Governor, Derbyshire County Council Public Governor Surrounding Areas Staff Governor (Nursing and Allied Professions) Public Governor Erewash North Public Governor High Peak Public Governor Derby City West Public Governor Chesterfield North Public Governor Amber Valley South and Lead Governor Staff Governor (Medical and Dental) Staff Governor (Admin and Allied Support)
IN ATTENDANCE:	Caroline Maley Maura Teager Margaret Gildea Julia Tabreham Ifti Majid Samantha Harrison Amanda Rawlings Carolyn Gilby Carolyn Green Mark Powell Anna Shaw Sue Walters Gareth Harry Rehana Shaheen Sue Turner	Senior Independent Director and Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Acting Chief Executive Director of Corporate Affairs and Trust Secretary Interim Director of Workforce, Organisational Development and Culture Acting Director of Operations Director of Nursing and Patient Experience Director of Strategic Development Deputy Director of Communications and Involvement Senior Staff Engagement Project Lead Chief Commissioning Officer, Hardwick Clinical Commissioning Group Carer to Moira Kerr Board Secretary
APOLOGIES:	Barry Appleby Paul Crawford Jim Dixon Diane Froggatt Ruth Greaves John Jeffrey Carole Riley April Saunders Claire Wright	Public Governor, South Derbyshire Appointed Governor, University of Nottingham Non-Executive Director Appointed Governor, Derby City Council Public Governor Derbyshire Dales Public Governor Bolsover Public Governor Derby City West Staff Governor (Nursing and Allied Professions) Director of Finance
VISITORS:	Josie Rogers Carol Sayers Peter Purnell	Carers Forum Member of public Member of public

For item DHCFT/Gov/2016/056

DHCFT/Gov/ 2016/050	<p><u>INTERIM CHAIRMAN'S WELCOME</u></p> <p>Richard Gregory, Interim Chairman, opened the meeting and welcomed everyone. Apologies were duly noted and listed as above.</p> <p>Richard Gregory was delighted to welcome and introduce the two new Non-Executive Directors, Margaret Gildea and Julia Tabreham. He also introduced Amanda Rawlings who has commenced her post as Interim Director of Workforce, Organisational Development and Culture. Amanda joins Derbyshire Healthcare while retaining her substantive role of Director of People and Organisational Effectiveness at DCHSFT.</p> <p>Richard Gregory also introduced Gareth Harry, Chief Commissioning Officer from Hardwick Clinical Commissioning Group who would present the 21C proposal on providing better care closer to home.</p>
DHCFT/Gov/ 2016/051	<p><u>MINUTES OF THE MEETING OF THE COUNCIL OF GOVERNORS HELD ON 21 JULY 2016</u></p> <p>The minutes of the meeting held on 21 July were accepted and agreed subject to the list of attendees being amended to show that Alexandra Hurst and Lynda Langley were in attendance and apologies were received from Phil Harris, Non-Executive Director.</p>
DHCFT/Gov/ 2016/052	<p><u>MINUTES OF THE MEETING OF THE COUNCIL OF GOVERNORS HELD ON 12 JULY 2016</u></p> <p>The minutes of the meeting held on 12 July were accepted and agreed subject to the list of attendees being amended to show Gareth Harry, Chief Commissioning Officer from the Hardwick CCG in attendance for item 3. when he talked to governors about the advantages of integrating mental health services and physical health services as part of the 21C Joined Up Care proposals and consultations with the Derbyshire Sustainability and Transformation Plan (STP).</p>
DHCFT/Gov/ 2016/053	<p><u>REVIEW OF ACTIONS MATRIX</u></p> <p>Updates on progress with actions were noted directly to the matrix and actions agreed as completed were archived.</p>
DHCFT/Gov/ 2016/054	<p><u>MATTERS ARISING</u></p> <p>DHCFT/Gov/2016/039 The Code of Conduct: Moira Kerr expressed her disappointment in the guidance relating to communication with the media contained in the Code of Conduct. She did not believe it was good policy that governors be prevented from speaking to the media without prior approval from the Trust. Richard Gregory pointed out that the Code of Conduct had been drawn up based on best practice and reiterated that its purpose was to protect both the Trust and governors. He stressed that the Trust was not trying to silence governors and was committed to open and transparent communication. He reminded Moira that the revised version had been approved by governors at the previous meeting.</p> <p>DHCFT/Gov/2016/040 Engagement Agenda: The Trust's engagement agenda will be presented at the next meeting of the Council of Governors in November by Amanda Rawlings and the Engagement Lead, Sue Walters. Amanda Rawlings described the work taking place to introduce quarterly Pulse Checks to assess how staff feel about matters such as leadership and support in developing their skills. Richard Gregory commented that he was impressed with the work carried out so far by Amanda Rawlings and Sue Walters. He was also pleased with the alliance formed</p>

	<p>with Staff Side (trades unions) and the work being overseen by the People & Culture Committee which was critical in taking engagement forward. Kelly Sims, staff governor for admin and allied support was reassured by the work undertaken so far by Sue Walters. Governors were urged to join Sue Walters in talking to staff in the ambition to achieve 100% participation in the forthcoming staff survey.</p>
DHCFT/Gov/ 2016/055	<p><u>ACTING CHIEF EXECUTIVE'S REPORT</u></p> <p>Ifti Majid delivered his report which provided the Council of Governors with feedback on changes within the national health and social care sector as well as providing local updates within the health and social care community. The report is aimed to support the Council in its duty of holding the Board to account by way of informing governors of feedback from external stakeholders such as our commissioners and feedback from Trust staff.</p> <p>Ifti Majid hoped his report would clarify the ongoing streams of work around the Sustainability and Transformation Plan (STP) to improve joined up care. He drew attention to the work taking place to explore collaboration with DCHS (Derbyshire Community Health Services Foundation Trust) and NHS Improvement's (NHSI) requirement for back office collaboration within Finance, Human Resources (HR), IM&T (Information Management and Technology), Procurement, Payroll, Governance and Risk, Estates and Facilities and Legal Services functions. He confirmed that the Trust is working in line with NHSI guidance and focussing on HR, Organisational Development and Leadership functions, supported by Amanda Rawlings, and was also focussing on IM&T, Procurement, Estates and Facilities.</p> <p>Ifti Majid reminded governors that they had received the slides and update from last Wednesday's Stakeholder Engagement Session and emphasised that he would be happy to answer any questions governors might have outside of the meeting.</p> <p>He was pleased to inform governors that next week's strike by junior doctors had been called off and assured governors that a strong contingency plan is in place for future strike action.</p> <p>John Morrissey (lead governor and public governor for Amber Valley South) asked if the Trust had any dealings with the general practices associated with Chesterfield Royal Hospital and whether the Trust would be developing new ways of working with these practices. Ifti Majid advised that the Trust was working with six secondary care organisations involved in direct care access supporting people in getting access to mental health practitioners and physiotherapy by shifting the focus out into the communities.</p> <p>Rosemary Farkas (public governor for surrounding areas) asked if this would take the pressure off acute services. Ifti Majid informed her that it is hoped that this will relieve some of the pressure from GPs. This is a way to offer alternative treatment and solutions and working with intervention as a new model of care.</p> <p>Moira Kerr was of the opinion that care in the community was not effective. It was her view that patients end up on the streets through lack of beds rather than having care provided in the community, and she felt this programme of work should have increased resource so that it does not put additional pressure on carers. Ifti Majid reiterated the section of his report which set out how clinical teams were working with acute trusts and with NHS England to improve care in the community.</p> <p>Moira Kerr was concerned that in the context of the closer working with DCHS, as Ifti Majid, Acting Chief Executive was moving to another role within the STP and that Carolyn Gilby, Acting Director of Operations was retiring, the Trust was losing two of its most significant roles. She was concerned that the Trust could be open to a 'take</p>

	<p>over' by DCHS and that mental health services may not be sufficiently prioritised. Richard Gregory intervened and assured governors that he and the wider Board were working to ensure that in the collaborative work with DCHS, specialist services for mental health patients are prioritised and protected going forwards. Before he leaves his position at the end of the year he will work to ensure that, should the SOC recommend a merger, the right Board will be in place to run a service with the relevant mental health expertise and skills and the appropriate governor council also to represent community and mental health services. These were fundamental principles.</p> <p>Richard Gregory explained that the substantive Chief Operating Officer post would be recruited to. The Board would also make sure its Non-Executive Director complement is in place and that he had no reason to doubt the integrity of the approach of the DCHS Board. Amanda Rawlings wanted to assure governors that the clinical case for change would need to be strong and that DCHS governors also have a commitment to deliver this change properly to serve the people in our population. Patient care is at the centre of future decisions and the two Boards will work together to get the right outcome. Richard Gregory emphasised his belief in putting the interests of patients, service users, and staff above organisational interests and that he had always been an advocate of integrated health structures to enable patient centred decision making across teams.</p> <p>Governors raised concern that Derbyshire Voice had ceased to operate and were informed that the Derbyshire Mental Health Alliance had since been formed and was working closely with the Trust. Representatives from this organisation regularly attended the Trust's Board meetings and were also represented on the Quality Committee.</p> <p>RESOLVED: The Council of Governors noted the contents of the Acting Chief Executive's update</p>
DHCFT/Gov/ 2016/056	<p><u>21C PROPOSALS – BETTER CARE CLOSER TO HOME</u></p> <p>Ifti Majid introduced Gareth Harry, Chief Commissioning Officer from Hardwick Clinical Commissioning Group who set the context and detail of the current public consultation process underway which focusses on better care closer to home. The presentation set out how older people currently receive inpatient care in a community hospital usually after a spell of care at an acute hospital following an illness or accident, and the care of older people with dementia who presently receive services from community hospitals.</p> <p>Gareth Harry explained how the 21C partnership has been working closely with patients and the public to establish a new model of care built around the needs of individuals to improve care for people in north Derbyshire that is cost effective, with care being provided in people's own homes rather than in hospital.</p> <p>Questions were raised by governors and the responses from Gareth Harry are shown in italics as follows:</p> <p>Shelly Comery (public governor for Erewash North): Community teams are under tremendous stress. This is adding more work for them. How will this new model help? <i>More resource will be provided to community teams, staffing resource will transfer into community teams and investment in staffing will be made to take the pressure off existing staff.</i></p> <p>Kelly Simms (staff governor, admin and allied support): Feedback from focus groups has not been very positive – how is this being responded to? <i>There has been a lot of concern about proposed closure of inpatient facilities at Whitworth Hospital. However, people have said they don't want to be admitted to hospitals. They want services co-</i></p>

ordinated and integrated around their needs and treated in their own homes, but also don't like the proposal to close current services.

Shelly Comery (public governor for Erewash North): How are carers of people being cared for in their homes going to cope? *A lot of response has been received from carers. Existing day hospital services for people with dementia mean that part of their day has been spent in hospital care and this has provided a form of respite for the carer. We recognise that when assessment takes place in people's homes there needs to be an element of respite. We do not want to lose the respite element for carers.*

John Morrissey (lead governor and public governor for Amber Valley South): How would you work out how much time will be taken up for staff travel to people's homes? *We already provide services where people get out and about to people in their homes? There is a business case behind the consultation document that goes into detail of costs in the proposed and future model. There is also a workforce element in the business case that addresses training for staff in the community. People working in community hospitals will receive training in the community setting. We want people to recognise the capacity associated with residential care. There will be facilities we can invest in and secure longer term diagnosis in appropriate settings where we can provide care. This is not about changing residential care it is about providing other care settings.*

Josie Rogers of the Carers Forum who attended as a visitor at the meeting voiced her concern about the type of care described in the proposed model. She said that carers play a vital role in supporting current services and that the new proposals would increase reliance on the voluntary sector.

Linda Langley (public governor Chesterfield North): What would happen to the hospital buildings when the hospitals close? *There are no plans yet for Newholme or Bolsover. Discussion has taken place about potential use of the sites, but there are no plans at the moment.*

Alexandra Hurst (public governor High Peak): Do workers who provide respite care provide care for the patient until the regular carer or family member returns to the home? *The person's needs would be assessed. If there is a need for respite in someone's home the person's needs and level of function would be assessed. It would be significant part of how care is provided in the future.*

Rosemary Farkas (public governor, Surrounding Areas) providing respite in people's homes would be very inefficient. It would mean carers would not get any respite if people are being treated in their own home. *It is not just about services provided in people's homes; day hospitals have assessment services provided by an integrated team working with people in their own homes. The rest of the services are based on people coming together in a local centre.*

Gillian Hough (public governor Erewash north): Where does the funding come from and what percentage of saving would this scheme achieve? What form will a report take when the consultation ends on 5 October and what is the next step? *There is a funding programme that will take its course over the next five years. There will be no savings as such. Funding will be reinvested in the new model of care. With demand increasing at the current rate there will be a significant financial gap in five years' time. If we continue to invest in the traditional model we will not be able to build on the increase in demand for people's needs in five years' time. This is how we break out of this cycle. The consultation ends on 5 October and an independent evaluation will be made of all the responses by academics from the University of East Anglia. This analysis will form a final proposal that will go to each governing body of the Clinical Commissioning Groups involved for final decision.*

	RESOLVED: The Council of Governors received the Better Care Closer to Home Consultation
DHCFT/Gov/ 2016/057	<p><u>STRATEGY IMPLEMENTATION</u></p> <p>The Board of Directors approved the Trust Strategy 2016/21 in May of this year and an outline of the strategy implementation process was presented to governors at the June meeting. Today's report, delivered by Mark Powell, provided governors with assurance of the timeframes in respect of delivery and implementation of the Trust strategy.</p> <p>Mark Powell advised governors of the next stage of the process and how this would be developed in terms of care pathways. He pointed out that whilst good headway had been made in engaging more widely with other organisations and with bidding priorities, this had proved quite challenging due to the pressure the teams were under to deliver the Governance Improvement Action Plan (GIAP) and respond to actions arising from the recent CQC inspection. Although he felt this was a key risk in delivering the strategy he wished to assure governors that good progress had been achieved.</p> <p>RESOLVED: The Council of Governors</p> <ol style="list-style-type: none"> 1. Noted the contents of this report 2. Received assurance that the strategy implementation process is progressing and that appropriate measures are in place to ensure that it is in-line with the system wide STP process
DHCFT/Gov/ 2016/058	<p>Integrated Performance Report – Month 4</p> <p>Carolyn Gilby highlighted key areas contained in the report which gave governors an overview of performance as at the end of July 2016 with regard to workforce, finance and operational delivery and quality performance.</p> <p>The main financial challenge was the focus on the Cost Improvement Programme (CIP) which was now focussing on cost reduction and cost avoidance. Richard Gregory pointed out that it would be a challenge to achieve the forecast set by the Trust. The quality of the organisation's services remained at the forefront of everyone's priorities but recruitment was proving difficult. Although the Trust had received funding for recruitment it was proving difficult to recruit to posts due to a national shortage of nurses. The Trust was addressing this by skill mixing and looking at ways to retain staff and trying to establish stability on the wards.</p> <p>Governors were informed that there had recently been a number of cases of violence and aggression towards members of staff. It was pointed out that these incidents of violence were not related to nicotine withdrawal since the Trust had become a smoke free environment. Governors were assured that the effect of smoking cessation was being closely monitored by the Quality Committee. Carolyn Green proposed to provide additional information to NEDs so they can report back to governors on the effects of nicotine withdrawal and incidents of violence on staff.</p> <p>ACTION: Carolyn Green to advise NEDs on effects of nicotine withdrawal and incidents on violence on staff.</p> <p>ACTION: NEDs to report back to governors on effects of nicotine withdrawal and incidents of violence on staff.</p> <p>RESOLVED: The Council of Governors considered the Integrated Performance Report for month 4 and received assurance on the current performance across</p>

	the areas presented.
DHCFT/Gov/ 2016/059	<p><u>NON-EXECUTIVE DIRECTOR UPDATES</u></p> <p>This was the second Council of Governors meeting where NEDs have given verbal updates on their activities. Verbal reports were received from Caroline Maley and Maura Teager as follows:</p> <p>Caroline Maley informed Governors that there had not been a meeting of the Audit & Risk Committee since governors last met in July, the next meeting of the Committee is not due to take place until October. The Audit and Risk Committee is overseeing the appointment of internal auditors and counter fraud services and Caroline Maley looked forward to having new contracts in place for these functions with effect from November 2016.</p> <p>She had attended the meeting of the Finance & Performance Committee chaired by Jim Dixon when the Committee discussed the challenges of recruiting to the medical workforce and how this could be managed in order to reduce agency staff costs. The Committee also discussed CIP (Cost Improvement Programme) challenges and requirements to deliver the control total.</p> <p>Caroline Maley took part in a quality visit on 25 August with the Engagement and Organisational Development team.</p> <p>Although two new NEDs have recently been appointed Caroline Maley added that further NED capacity was still required.</p> <p>She pointed out that the Governance Committee's task and finish report was still outstanding and John Morrissey replied that he hoped this report would be received at the next Governance Committee meeting.</p> <p>Maura Teager informed governors that she continues to chair the monthly meetings of the Quality Committee and was pleased to invite Julia Tabreham, the newly appointed NED, to the last meeting who will eventually take over the role of Chair. The Committee discussed how to take forward the results of the CQC inspection and the additional areas of work that will need to be covered. Maura Teager echoed Caroline Maley's concerns regarding the capacity of the NEDs as well as the capacity of Executive Directors.</p> <p>Maura Teager wished to take the opportunity to thank Clare Grainger, Head of Quality, for her contribution to the Trust and to the Quality Committee as she would be retiring at the end of the month. She also wanted to acknowledge the work of Jose Rogers of the Carers Forum.</p> <p>Maura Teager is also the Chair of the Safeguarding Committee. The August meeting of the Committee was recently postponed and will now take place on 7 October.</p> <p>Maura Teager continued to carry out quality visits throughout July and August and wished to point out that these visits are not just intended to provide assurance as to the quality of care and patient experience, but that they are an important showcase of good practice.</p> <p>RESOLVED: The Council of Governors noted the verbal updates provided by Caroline Maley and Maura Teager on their activities in their NED role</p>
DHCFT/Gov/ 2016/060	<p><u>GOVERNANCE IMPROVEMENT ACTION PLAN (GIAP)</u></p> <p>Mark Powell presented his paper which provided a brief update on the delivery of the</p>

	<p>GIAP and an overview of the actions that the Council of Governors is responsible for seeking assurance on delivery.</p> <p>Mark Powell informed governors that good progress continues to be made to deliver the plan. He also explained that he, Richard Gregory and Ifti Majid had met with the enforcement team from NHSI where progress against the GIAP was discussed in detail. NHSI confirmed that the Trust had made good progress across the plan and was satisfied with the underpinning process we have adopted which supports delivery of the planned actions.</p> <p>It was agreed with NHSI that as part of the next phase of delivery, the Trust would seek peer support in two specific areas of the plan, these being Culture and Engagement and Committee Effectiveness. Two Trusts have been approached who are deemed to be delivering best practice to ascertain how the Trust could be supported and learn in these specific areas. Dudley and Walsall Mental Health Trust have been approached for Culture and Engagement and Hertfordshire Partnership Trust for Committee Effectiveness.</p> <p>Mark Powell assured governors that progress in these areas will be reported through future reports to the Board of Directors and Council of Governors.</p> <p><u>TASKS RELATING TO THE COUNCIL OF GOVERNORS</u></p> <p>Sam Harrison's report provided governors with a detailed update on those tasks within the Governance Improvement Action Plan which are assigned to the Council of Governors for oversight. Governors understood that the progress against these actions was reported to the last Council of Governors meeting on 21 July, and this latest update showed progress on specific tasks as relevant.</p> <p>Sam Harrison referred to CG2 and informed governors that the Governance Committee was taking ownership of the formal training programme and development plan which was seen as an extremely positive step and was providing value to governors.</p> <p>RESOLVED: The Council of Governors reviewed and received the Governance Improvement Action Plan, alongside the Director of Corporate Affairs' paper covering tasks relating to the Council of Governors</p>
DHCFT/Gov/ 2016/061	<p><u>ACTIONS AND LEARNINGS FROM PATIENT STORIES</u></p> <p>Carolyn Green explained to governors that she was in the process of preparing a booklet to be circulated to governors that will list the outcomes of the patient stories received at Board meetings over the last two years. She described the positive impact of these stories and how they had influenced the services within the Trust.</p> <p>ACTION: Outcomes of patient stories to be circulated to governors.</p> <p>RESOLVED: The Council of Governors noted the verbal update on actions and learnings from patient stories.</p>
DHCFT/Gov/ 2016/062	<p><u>RATIFIED MINUTES OF THE BOARD MEETINGS HELD ON 30 JUNE 2016</u></p> <p>The ratified minutes of the Board meetings held on 30 June were received and noted.</p> <p>RESOLVED: The Council of Governors received the minutes of the Trust's Public Board meeting held on 30 June 2016</p>
DHCFT/Gov/	<u>UPDATED TERMS OF REFERENCE AND REPORT OF NOMINATIONS AND</u>

2016/063	<p><u>REMUNERATIONS COMMITTEE</u></p> <p>Sam Harrison presented her report which updated governors on the meeting of the Nominations and Remuneration Committee held on 3 August.</p> <p>RESOLVED: The Council of Governors</p> <ol style="list-style-type: none"> 1) Received the report of the Nominations and Remunerations Committee meeting held on 3 August. 2) Ratified the Terms of Reference 3) Noted the approach taken for the recruitment of the 'clinical' Non-Executive Director
DHCFT/Gov/ 2016/064	<p><u>REVISION OF ENGAGEMENT WITH THE BOARD OF DIRECTORS AND COUNCIL OF GOVERNORS POLICY</u></p> <p>This report was presented by Sam Harrison and set out a revised draft policy that has been developed from reviewing best practice and incorporated comments arising from discussion at the Governance Committee at its 6 June and 7 July meeting.</p> <p>Governors agreed to approve the policy which outlined the commitment by the Board of Directors and governors to develop engagement and two-way communication to carry out their respective roles effectively. The policy would also be approved by the Trust's Board of Directors at the October Board meeting.</p> <p>ACTION: Engagement with the Board of Directors and Council of Governors Policy to go to October Board.</p> <p>RESOLVED: The Council of Governors received and approved the revised Engagement with the Board of Directors and Council of Governors Policy</p>
DHCFT/Gov/ 2016/065	<p><u>ANY OTHER BUSINESS</u></p> <p>Kelly Simms commented that she felt the governor training and development was an excellent programme and commended the finance training delivered by Claire Wright and Rachel Leyland. She urged all governors to carry out finance training to enable them to effectively evaluate finance reports. Richard Gregory noted her comments and suggested that a formal letter of thanks be made to Claire Wright and Rachel Leyland on behalf of the governors.</p> <p>Richard Gregory pointed out to governors that Carolyn Gilby, Acting Director of Operations was retiring at the end of September and thanked her for her tremendous contribution to the Trust over the years.</p>
DHCFT/Gov/ 2016/066	<p><u>MEETING CLOSE</u></p> <p>Richard Gregory was disappointed that not many members of staff had attended today's meeting and asked that when future meetings are organised an email should be circulated to all staff setting out arrangements for staff to meet with governors. Local advertising to encourage members of the public to attend should also be considered.</p> <p>There being no other matters to discuss, Richard Gregory thanked governors for attending and closed the meeting at 4:20pm.</p>
DHCFT/Gov/ 2016/067	<p><u>DATE OF NEXT MEETING</u></p> <p>Thursday, 24 November 2016 at 1pm, Conference Rooms A&B, Centre for Research and Development, Kingsway site.</p>

EXTRAORDINARY MEETING OF COUNCIL OF GOVERNORS

Wednesday 12 October 2016 commencing at 2.00 pm

**Training Rooms 1 & 2, First Floor, Research & Development Centre,
Kingsway, Derby, DE22 3LZ**

The meeting opened at 2.00 pm and closed at 3.40 pm

PRESENT:	Caroline Maley	Senior Independent Director and Non-Executive Director
GOVERNORS:	Shelley Comery Rosemary Farkas Ruth Greaves Gillian Hough Alexandra Hurst Moira Kerr April Saunders John Morrissey Kelly Sims	Public Erewash North Public Surrounding Areas Public Derbyshire Dales Public Erewash North Public High Peak Public Derby City West Staff (Nursing and Allied Professions) Public Amber Valley South and Lead Governor Staff (Admin and Allied Support)
IN ATTENDANCE:	Maura Teager Margaret Gildea Julia Tabreham Ifti Majid Samantha Harrison Anna Shaw Donna Cameron Rehana Shaheen	Non-Executive Director Non-Executive Director Non-Executive Director Acting Chief Executive Director of Corporate Affairs and Trust Secretary Deputy Director of Communications and Involvement Corporate Services Officer (note taker) Carer
APOLOGIES:	Richard Gregory Paula Crick Rob Davison Lynda Langley Carole Riley	Interim Chairman Appointed, University of Derby Appointed, Derbyshire County Council Public Chesterfield North Public Derby City East

DHCFT/Gov/ 2016/068	<p><u>WELCOME, INTRODUCTIONS, CHAIR'S OPENING REMARKS, APOLOGIES & DECLARATIONS OF INTEREST</u></p> <p>Caroline Maley, Senior Independent Director, welcomed attendees to the meeting. Apologies were offered on behalf of the Chair, Richard Gregory, and Caroline Maley advised she would be chairing today's meeting in his absence.</p> <p>Governors were thanked for accommodating this Extraordinary Meeting of the Council of Governors (CoG).</p> <p>Further to an item escalated to CoG by the Governance Committee earlier this week, today's agenda will, in addition to the planned business, provide an update on the Strategic Options Case and associated next steps.</p> <p>There were no declarations of interests made.</p> <p>Apologies were noted as listed above.</p> <p>John Morrissey queried if this meeting was a public meeting of the CoG, which was confirmed.</p>
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**DHCFT/Gov/
2016/069**

Board Succession Planning & The Strategic Options Case

Ifti Majid reminded governors that the Strategic Options Case (SOC) will be discussed in the Confidential Trust Board Meeting on 27 October. The SOC document is a complex options appraisal which will give a high level description of the potential clinical, organisational and financial benefits of increased collaboration between the Trust and Derbyshire Community Health Services NHS Foundation Trust (DCHS) and will point to a preferred option. During the Confidential Trust Board the Directors will have an opportunity to discuss the SOC and decide whether or not to invest further time and resources in progressing to the next stage. The Confidential Board meeting will conclude with a recommendation to propose to the Council of Governors (CoG).

Immediately after the Confidential Board meeting there will be a private CoG and Board of Directors development session which will provide the opportunity to discuss the recommendation of the Board. CoG will not be required to make any decisions at this point.

After the meeting on 27 October there is a three week period where NHS Improvement will review the SOC and the Board's decision. NHS Improvement will use this time to assure themselves of the decision taken by the Board on 27 October on whether to progress to the next stage in the process or not.

If the Board's decision has been to continue to the next stage and this is approved by NHS Improvement there will then follow a six month period in which both Trusts will undertake stage one of the due diligence process, referred to as the Outline Business Case. This will involve engagement with stakeholders, both sets of governors, GPs, community interest groups, MPs and the public. Work will also begin to understand potential financial benefits. Alongside this, there will be deeper investigation into clinical outcomes and benefits.

At the end of this six month period, when the Outline Business Case is completed, each Board has to agree if they wish to progress to the next stage. The decision to progress is not a decision to deliver the transaction. It is an indication that both Trusts are still convinced of the benefits seen in the Outline Business Case and that they agree they are working in the right direction for the benefit of patients and the community.

There is a further potential six week break period at this time when NHS Improvement perform another check to assure themselves of the direction of the process.

Continued progress at this stage would be to stage two of due diligence, referred to as the Full Business Case. The Full Business Case includes an independent assessment/review by of due diligence by an external party in order to gain assurance/confirmation that processes and decision making have been sound. While this is taking place, the Trusts will begin to detail the longer term (five year) financial model.

When independent assessment has been concluded and the financial modelling complete, each CoG will be presented with a recommendation from their Board seeking approval on whether or not to proceed.

As outlined above, this process may take over a year. Ifti Majid assured governors they will be kept informed regularly through that time period. The intention is that governors be prepared and provided with sufficient information to enable them to consider the recommendation from the Board.

Ruth Greaves asked what would happen if governors disagreed with the direction of

travel before reaching the decision point. Ifti Majid assured governors that during the six month period when the Outline Business Case is developed governors will be involved in the engagement process. The Board expects and needs to be cognisant of what the governors are thinking during this time and will make every effort to ensure they are.

Gillian Hough expressed her frustration that there only appears to be one partner/collaborative option; DCHS. Ifti Majid clarified that all local providers have been assessed through the SOC against a variety of criteria. Governors were assured that whatever the final decision is, partnerships or collaborations with other organisations to achieve the best outcomes for services will continue; this is not a mutually exclusive collaboration. For example, work continues currently to review consolidating back office services across the county alongside the SOC work.

Ruth Greaves was concerned at the lack of approval points for governors through the process. Ifti Majid advised that while the process is mandated, the Board will be very clear in engaging with governors throughout, listening to views and providing support to ensure they are comfortable with progression points. Caroline Maley reiterated this point.

Moir Kerr asked for governors to be allowed to observe the Confidential Board Session on 27 October, adding that she is aware this is permitted in other Trusts. Caroline Maley agreed to take on board the request but reminded governors that they will have opportunity to challenge the Board during the Private CoG/Board workshop on 27 October.

April Saunders thanked Ifti Majid for the clarity on the process and asked that some assurances be given to staff as she had received feedback from staff that the situation is causing stress and anxiety. Ifti assured that following today's meeting a communication will be issued to staff where the process to be taken forward would be made as clear as possible.

Discussions moved to the constitution of the Board of Directors on 27 October when it was noted that Amanda Rawlings will be present. Caroline Maley confirmed the Board would be fully constituted at the meeting and that Amanda Rawlings will declare a conflict of interest due to her employment with DCHS, as she had at all previous meetings. Concerns were taken on board regarding the conflict. In the event of the Director of Organisation and People Effectiveness not being in the room, HR expertise is available on the Board through Margaret Gildea, Non-Executive Director, who is an HR professional.

Independence of the Process

Ifti Majid outlined that there are two ways for Boards to maintain their independence. Firstly, is to keep totally separate Boards. The second option, outlined in the NHSI Transaction Guidance and preferred by NHSI, encourages closer Board collaboration to create efficiencies and drive increased understanding of the merger, if the merger route is recommended. For example, Royal Derby Teaching Hospitals NHS Trust and Burton Hospitals NHS Foundation Trust currently have a joint Chair. DHCFT is already sharing a Director of Organisation and People Effectiveness with DCHS. Should the Trust continue down that route the way to preserve independence is via formal, legally constituted partnership agreement, describing clear break points for separation of any joint arrangements in order to revert back to two independent organisations.

In the near future there will be two pressure points regarding senior leadership; the departure of the Interim Chair and the secondment of the Acting Chief Executive. Due to the close proximity of the SOC meeting on 27 October and the Acting Chief

	<p>Executive's proposed departure in November, Ifti has confirmed he will delay his secondment until the end of November, therefore giving stability during the three week consideration period after the delivery of the SOC. The Board will work with the CoG to ensure that an informed decision can be reached regarding joint Chief Executive and/or joint Chair decisions. It is not recommended that the decision on the Chief Executive appointment is delayed any further than the end of November. It may be necessary to have some joint sessions with NEDs and the CoG explores the benefits of sharing posts or exploring alternatives. Following this it is recommended that a decision is made on the Chair position. Ifti Majid suggested that it may not be practical to seek external Chair or Chief Executive appointments.</p> <p>Caroline Maley concluded that consultation will be frequent throughout the process with the objective being the best outcome for the residents of the county.</p> <p>Governors thanked Ifti Majid for his presentation and Ifti left the meeting at 3.00 pm.</p> <p>ACTION: Attendance of governors at Confidential Trust Board meeting on 27 October to be considered.</p> <p>Post meeting note: all governors were duly notified that the Confidential Trust Board meeting would remain a closed meeting and that governors would be able to have full and open discussion with the Board at the CoG/Board meeting scheduled to follow the Board meeting on 27 October.</p>
DHCFT/Gov/ 2016/070	<p><u>APPOINTMENT OF NON-EXECUTIVE DIRECTORS</u></p> <p>John Morrissey presented a recommendation from the Nominations and Remuneration Committee to appoint two Non-Executive Directors (NEDs) to fill the vacancy left by Jim Dixon and the additional NED role on the Board.</p> <p>Following advice from Human Resources, assurance was given that due to the very recent recruitment process for NEDs (July 2016), it was possible to draw upon the remaining candidates from the cycle. Nominations and Remuneration Committee, at their meeting on 21 September, reviewed the remaining applications and concluded to recommend the appointment of Richard Wright and Barry Mellor. Richard's appointment would be for a three year term. Barry Mellor's appointment would be for a one year term.</p> <p>Margaret Gildea left the room while Council of Governors debated the approval of candidates, giving their feedback from the original interview and views on suitability. The decision to appoint each candidate proceeded to a vote. Of the eight governors present, six accepted the recommendation to appoint each candidate, with two governors abstaining from the vote.</p> <p>RESOLVED: Council of Governors approved the appointment of Richard Wright as Non-Executive Director of the Trust Board for a three year term of office with an annual fee of £12,638.</p> <p>RESOLVED: Council of Governors approved the appointment of Barry Mellor as a Non-Executive Director of the Trust Board for a one year term of office with an annual fee of £12,638.</p> <p>Appointments will commence as soon as possible, preferably from 1 November, subject to completion and compliance with Fit and Proper Persons checks.</p> <p>ACTION: Sam Harrison to initiate relevant paperwork and liaise with candidates to complete the recruitment and induction process.</p>

DHCFT/Gov/ 2016/071	<p><u>APPOINTMENT OF DEPUTY TRUST CHAIR</u></p> <p>Julia Tabreham left the room in order for John Morrissey, Lead Governor, to present the recommendation of the Nomination and Remunerations Committee to approve the appointment of Julia Tabreham to the position of Deputy Trust Chair, effective from 1 November 2016, upon the departure of Jim Dixon. Careful consideration had been given by the Nominations and Remuneration Committee regarding the requirements of the Trust in relation to the needs of the Board of Directors and Council of Governors. The appointment will run to the end of Julia's current three year term as Non-Executive Director. The role attracts an additional payment of £1,250 annually</p> <p>RESOLVED: The Council of Governors accepted the recommendation to appoint Julia Tabreham as Deputy Trust Chairman in line with Paragraph 4.4 of the Trust's constitution.</p> <p>ACTION: Sam Harrison to initiate relevant change paperwork and confirm appointment and induction arrangements.</p>
DHCFT/Gov/ 2016/072	<p><u>ANY OTHER BUSINESS</u></p> <p>Escalation item from Governance Committee</p> <p>Gillian Hough asked governors if they were content that the question escalated to Council of Governors from the Governance Committee had been addressed. The question was:</p> <p><i>Governance Committee would like to know more about the progress, process, pace, efficiency and effectiveness of the SOC.</i></p> <p>With regards to efficiency, Ruth Greaves and Moira Kerr sought clarification on the motivation for the collaboration process. Caroline Maley reminded governors that this forms part of the wider county-wide Sustainability and Transformation Plan and to achieve efficiencies as recommended in Lord Carter's review on productivity in the NHS. The objective is to provide the best services for patients and community.</p> <p>RESOLVED: Governors agreed that the question had been addressed.</p>
DHCFT/Gov/ 2016/073	<p><u>MEETING CLOSE</u></p> <p>There being no other matters to discuss, Caroline Maley thanked governors for attending and closed the meeting at 3.40 pm.</p>
DHCFT/Gov/ 2016/074	<p><u>DATE OF NEXT MEETING</u></p> <p>Thursday, 24 November 2016 at 1pm, Conference Rooms A&B, Centre for Research and Development, Kingsway site.</p>

COUNCIL OF GOVERNORS ACTION MATRIX - NOVEMBER 2016							Enc B
Date of Minutes	Minute Reference	Heading	Lead	Status of Action	To be completed by	Current Position	
1.6.2016	DHCFT/Gov/2016/026	GIAP	Carole Riley Jim Dixon	Carole Riley to liaise with Jim Dixon and explore potential secondary school representative contacts/appointed governors.	24.11.2016	Schools to be guided in mental health issues. This approach is to be extended to primary schools also. It was suggested that a Trust representative could work with schools to provide guidance in mental health issues and a presentation made to a head teachers group to show how early intervention could work. Jim Dixon agreed to speak to Carolyn Green to take this forward.	Amber
1.6.2016	DHCFT/Gov/2016/030	Any other business - Governor Visits	Carolyn Green	Carolyn Green to develop a protocol for governor visits within the Trust	24.11.2016	A first draft has been developed but requires further work from governors and will be circulated week commencing 19 July. Sam Harrison and Carolyn Green are holding discussions to develop appropriate protocol. To be discussed at Governance Committee at its December meeting	Amber
21.7.2016	DHCFT/Gov/2016/038	Appointment of Non-Executive Directors	Sam Harrison	Samantha Harrison to arrange for pre-employment checks to be carried out on the newly appointed NEDs and for them to undergo the fit and proper persons test	24.11.2016	All fit and proper person checks completed. Induction meetings and documentation undertaken for Margaret Gildea and Julia Tabreham. ACTION COMPLETE.	Green
21.7.2016	DHCFT/Gov/2016/040	GIAP	Sam Harrison	Staff Engagement Project Lead to be invited to attend the next meeting of the Council of Governors meeting to present the engagement agenda.	19.01.2017	Deferred to January meeting	Yellow
21.7.2016	DHCFT/Gov/2016/044	Inter-Service Department Waiting Times	Sam Harrison	Samantha Harrison to engage with Scott Lunn, Carolyn Green, Gillian Hough and Carole Riley to draft a letter to invite commissioners to discuss extending the CAMHS service to an appropriate age limit	24.11.2016	Awaiting response from Scott Lunn. ONGOING.	Amber
6.9.2016	DHCFT/Gov/2016/050	Integrated Performance Report – Month 4	Carolyn Green	Carolyn Green to advise NEDs on effects of nicotine withdrawal and incidents on violence on staff	24.11.2016	A report was included in the November Quality Committee as part of the Patient Experience Minutes. ACTION COMPLETE.	Green
6.9.2016	DHCFT/Gov/2016/050	Integrated Performance Report – Month 4	NEDs	NEDs to report back to governors on effects of nicotine withdrawal and incidents of violence on staff	24.11.2016	Increase in violence on analysis is related more to patient profile and significant risk rather than purely smoking related. Verbal update in the meeting.	Amber
6.9.2016	DHCFT/Gov/2016/061	Actions and learnings from Patient Stories	Carolyn Green Sue Turner	Outcomes of patient stories to be circulated to governors	24.11.2016	Booklet containing patient story outcomes circulated to governors ACTION COMPLETE	Green

6.9.2016	DHCFT/Gov/2016/064	Revision of Engagement with the Board of Directors and Council of Governors Policy	Sam Harrison	Engagement with the Board of Directors and Council of Governors Policy to go to October Board	24.11.2016	Engagement with the Board of Directors and Council of Governors Policy received and approved at October Board Meeting ACTION COMPLETE	Green
12.10.2016	DHCFT/Gov/2016/069	Board Succession Planning & the Strategic Options Case	Sam Harrison	Attendance of governors at Confidential Trust Board meeting on 27 October to be considered.	24.11.2016	All governors were duly notified that the Confidential Trust Board meeting would remain a closed meeting and that governors would be able to have full and open discussion with the Board at the CoG/Board meeting scheduled to follow the Board meeting on 27 October. ACTION COMPLETE.	Green
12.10.2016	DHCFT/Gov/2016/070	Appointment of Non-Executive Directors	Sam Harrison	Sam Harrison to initiate relevant paperwork and liaise with candidates to complete the recruitment and induction process.	24.11.2016	Barry Mellor and Richard were formally appointed to their NED role on 16 November 2016. ACTION COMPLETE.	Green
12.10.2016	DHCFT/Gov/2016/071	Appointment of Deputy Trust Chair	Sam Harrison	Sam Harrison to initiate relevant change paperwork and confirm appointment and induction arrangements.	24.11.2016	ACTION COMPLETE	Green

Key

Agenda item for future meeting	YELLOW		
Action Ongoing/Update Required	AMBER		
Resolved	GREEN		
Action Overdue	RED		

Derbyshire Healthcare NHS Foundation Trust
Report to Council of Governors 24 November 2016

Acting Chief Executives Report to the Council of Governors

Purpose of Report:

This report provides the Council of Governors with feedback on changes within the national health and social care sector as well as providing an update on developments occurring within our local Derbyshire health and social care community. The report also updates the Council on feedback from external stakeholders such as our commissioners and feedback from our staff.

National Context

1. The CQC's State of health and Adult Social Care in England 2016/16 was released during October. The report gives a detailed view of the trends, influences and pressures in care across England. As the report covers both care delivered in the NHS and Local Authorities it is able to note shifts in unmet need and the impact of this on both sectors. Some of the key messages include:

- Most services are delivering safe, high quality care through caring staff but the system is under pressure due to increased demand, financial constraints and clinical complexity.
- Clinical and care variation remains too great with gaps opening up for specific groups including those with protected characteristics.
- Pressures are very high on Social Care, it is at 'tipping point' and this is having a resultant impact on health providers through more presentations at emergency departments, hospital discharge delays and reduced ability to maintain people at home.
- The CQC has recognised that sustained system wide pressures coupled with staffing shortages have impacted on providers' ability to achieve the triple aim of maintaining quality, improving efficiency and driving ongoing improvement.
- Trusts rated 'requires improvement' find it the hardest to improve as they do not get the support those organisations in special measures get. Leadership and a focus on patient centred approaches seem to be the key in those RI Trusts who do rapidly improve.
- The report makes it clear that those most successful Trusts are the ones who are able to collaborate with all parts of the health and social care system and are central to local STP development and delivery.

2. Not wishing to remind members of the Council that the summer has drawn to a close but NHS England has now launched their cold weather plan for 2016, *Protecting Health and Reducing Harm from Cold Weather*. The Cold Weather Plan for England is a framework intended to protect the population from harm to health from cold weather. It aims to prevent the major avoidable effects on health during periods of cold weather in England by alerting people to the negative health effects of cold weather, and enabling them to prepare and respond appropriately. There are five key recommendations to all local areas:

- All local organisations should consider this document and satisfy themselves

that the suggested actions and Cold Weather Alerts are understood across the system, and that local plans are adapted as appropriate to the local context.

- NHS and local authority commissioners should satisfy themselves that the distribution of Cold Weather Alerts will reach those that need to take action.
- NHS and local authority commissioners should satisfy themselves that providers and stakeholders will take appropriate action according to the Cold Weather Alert level in place and their professional judgements.
- Opportunities should be taken for closer partnership working with the voluntary and community sector to help reduce vulnerability and to support the planning and response to cold weather.
- Long-term planning and commissioning to reduce cold-related harm both within and outside the home is considered core business by health and wellbeing boards and should be included in joint strategic needs assessments and joint health and wellbeing strategies.

Within our Trust we will comply with the guidance and ensure we have a robust cascade system in place for responding to the cold weather alert system.

Local Context

3. The Derbyshire footprint in along with the other 43 nationally submitted its 21 October checkpoint submission. This is by no means the final plan and we expect to continue developing business cases in the coming months. On 18 November, which was the very first permissible day, the Derbyshire Sustainability and Transformation Plan was made public. For ease of reference I have attached the summary document as appendix 1. You will note that all organisations in Derbyshire have signed to say that their Boards or Governing Bodies have discussed, understand and support the direction of travel outlined in the 21 October submission. The direction of travel is clear, we need to move the system to ensure people have better access to local services in their community including but not just primary care/GPs, better access to urgent care both at the hospital but also in communities, we need to increase co-ordination of healthcare across organisations and through these things reduce our reliance on bed based care.
4. The collaboration work between ourselves and Derbyshire Community Healthcare Services has now reached its first milestone. The Strategic Options Case was presented to a confidential Board of Directors meeting on 27 October 2016 and discussed at a private Board and Governors workshop immediately after. A preferred option for both organisations has been identified through these considerations, which is for the two Trusts to fully merge, through acquisition, with DCHS being the acquiring organisation. The SOC has been reviewed by both Boards independently and both have agreed to this preferred strategic option, on the following grounds:
 - That both Trusts are committed to the creation of a new organisation with Executive Directors, Non-Executive Directors and Council of Governors balanced to reflect the scope of the services provided
 - That a full business case will be undertaken, reflecting the views of a wide range of stakeholders
 - The collaboration results in genuine parity of esteem, so that physical and mental health are treated equally and care is not differentiated
 - Specialisms in both organisations are protected

- The Trusts create a shared culture and values.

The SOC did scope a number of other organisations that DHCFT and DCHS could separately have sought potential collaboration with. However the merger of the two Trusts is deemed to be the best fit in terms of the clinical case for change, nature of services and geographical areas covered.

Consideration has also been given to which Trust would lead the acquisition process. Due to the complexity of assets associated with some of the DCHS services, together with ratings from both Trusts' recent CQC reports and NHS Improvement, it is felt that it would only be possible for DCHS to be the acquiring organisation. It would not be possible to dissolve both organisations and create a single new Trust as this would result in both Trusts losing their Foundation Trust status and create a number of significant risks. However, the spirit of the merger would be to create a new organisation, as outlined above.

Following this initial agreement by both Boards, we have confirmed our commitment to the next more detailed phases; the development of an Outline Business Case and then Full Business Case. These will require a further stage of approval – from both Trust Boards and both Council of Governors – prior to any implementation taking place.

5. On 26 October I presented at and sat on a Q&A panel in Derby hosted by 38 degrees looking at the future of NHS services in Derby. The debate was lively and the passion from all involved was clear to see.

Within our Trust

6. During October I attended the Trusts Mortality Group chaired by Dr Paul Rowlands. The group examined data presented by the Southern Derbyshire Liaison Team based at Derby Teaching Hospitals. Key points to note included:
 7.
 - The impact and association of completed suicide with drugs and alcohol
 - The importance of Trust clinicians being notified quickly if a patient dies in primary care or other hospital
 - Counter to national evidence, locally there is a lower suicide rate for those people presenting at a weekend
 - The importance of understanding historical data in supporting changes to clinical practice and the benefit of having a research component in clinical teams.
8. I am delighted to inform Council that following local system advertisement and a competency and values based interview, I have been able to appoint Lynn Wilmott-Shepherd as Acting Director of Strategic Development pending the standard employment check and a fit and proper persons' assessment.
9. On 19 October we had a '*Spotlight on Leaders*' session on engagement and how to be an engaging manager. The session created much discussion amongst managers present and I was struck by the synergies between our organisational values and those elements that make an engaging manager. Through some of the exercises we were clearly able to demonstrate the direct link between engaging managers and improved clinical quality for people who use our services. There is a clear link through

to next month's session which is around improving personal and organisational efficiency through use of Lean techniques.

10. Where I directly receive compliments from people who interact with our services I try to share them with the Board to add a further dimension to the information received through Board assurance processes. Last week I heard feedback from Dr Chris Scofield at Queens Medical Centre, Nottingham. Following the North Crisis Teams liaison with them about a patient he said '.....I was impressed by the quality of assessment, communication, friendliness and how approachable and professional staff were when they made initial contact and afterwards when we continued liaising with them. He commented this approach was not something he was used to from services local to him'. This sort of positive feedback is an essential component of teams continually learning and developing their services.

11. During October I attended a team meeting with the North Derbyshire Dales older Adult Team, part of the neighbourhood team covering Matlock and Bakewell. It was good to be able to have a direct conversation with staff about the collaboration work with DCHS and address some of the inevitable rumours head on. A couple of other themes from the conversation included:

- The importance of the staff and clinical environment in delivering good quality care.
- Some great examples of integration were shared by the team working closely with colleagues in both primary care and the local integrated care teams.
- The benefits of closer working with colleagues from Derbyshire County Council.

Strategic considerations

- This document is relevant to supporting the Trust achieve all of its strategic objectives however the feedback from staff is particularly of note in supporting the Board being connected to service delivery

Consultation

None

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

Equality Delivery System

There are no issues raised in this paper that would have a negative impact on any regards groups

Recommendations

The Council of Governors is requested to:

- 1) Note the contents of the update

Report prepared and presented by:

**Ifti Majid
Acting Chief Executive**

Joined Up Care

Derbyshire Sustainability and Transformation Plan (STP)

October 21st Submission Executive Summary

Derbyshire Sustainability and Transformation Plan

Name of footprint and no:

(12) Derbyshire

Region:

Midlands and East

Nominated lead of the footprint including organisation/function:

Gary Thompson - Chief Officer, Southern Derbyshire CCG

Contact details (email and phone):

Gary.Thompson@southernderbyshireccg.nhs.uk

01332 888 177

Organisations within footprints:

- **Erewash CCG**
- **Hardwick CCG**
- **North Derbyshire CCG**
- **Southern Derbyshire CCG**
- **Chesterfield Royal Hospital NHS Foundation Trust**
- **Derby Teaching Hospitals NHS Foundation Trust**
- **Derbyshire Healthcare NHS Foundation Trust**
- **Derbyshire Community Health Services NHS Foundation Trust**
- **Derbyshire Health United Limited**
- **East Midlands Ambulance Service NHS Trust**
- **Derby City Council**
- **Derbyshire County Council**
- **Burton Hospitals NHS Foundation Trust – Associate Member**

Derbyshire Health and Social Care Community

Statutory Body involvement and sign up to the Sustainability and Transformation Plan

On behalf of our Boards and Governing Bodies, we confirm that our Boards/Governing Bodies have discussed the Derbyshire Sustainability and Transformation Plan, understand the direction of travel as indicated in the iteration of the 21st October 2016 and confirm the support of the Board/Governing Body to continue to work together to develop the plan as we move into implementation of both the sustainability and transformational components.



Gary Thompson
AO Southern Derbyshire CCG



Rakesh Marwaha
AO Erewash CCG



Andy Smith
Strategic Director of People
Derby City Council



Joy Hollister
Strategic Director
Derbyshire County Council



Andy Gregory
AO Hardwick CCG



Steve Allinson
AO North Derbyshire CCG

As Chairs of Derby and Derbyshire Health and Wellbeing Boards we confirm that both Boards have had regular updates on the plan and its strategic direction.



Tracy Allen
CEO DCHS FT



Gavin Boyle
CEO Royal Derby Hospitals FT



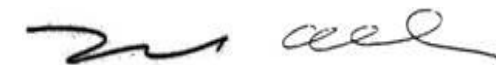
Ifti Majid
Acting CEO Derbyshire Healthcare FT



Simon Morritt
CEO CRH FT



Councillor Martin Repton
Chair Derby City HWB



Councillor Dave Allen
Chair Derbyshire County HWB



Stephen Bateman
CEO Derbyshire Health United

Overview of the Derbyshire Sustainability and Transformation Plan (STP)

The headlines below provide a 'one page' draft of the key public messages...

The message is clear from people in Derbyshire when we ask what changes they think are needed to health and care.

They say services are generally good quality, but sometimes people fall through gaps in the "system".

This lack of co-ordination in care services is frustrating for patients and carers, as well as health and social care professionals.

Derbyshire people say they want better access to doctors (primary care) and emergency services (urgent care) and these services need to be seamless in the way they are provided.

And they say they want care closer to home.

We know that our services are too reliant on bed based care.

The Derbyshire Sustainability and Transformation Plan (STP) is not just a document to sit and gather dust. It is a commitment to a different more 'joined up' way of working between NHS organisations and Local Authorities to ensure we provide better more co-ordinated care making best use of the money we have.

We will:

- Support the 50,000 people with the most complicated needs, provided an extra 13,200 appointments per week
- Improve support for the 150,000 people with long-term conditions (such as diabetes), to manage their care needs, providing an extra 6,000 appointments per week
- Invest in General Practice to ensure it is able to continue to play the central role in delivering joined up care
- In addition, invest to provide extra evening and weekend GP appointments for people in Derbyshire

- By 2021, have 2,500 more staff delivering care in communities which will:
 - Care for people at home to stop them having to be looked after in a hospital, care home or community hospital
 - Support people with complicated needs coming out of hospital to be looked after at home as soon as possible
- Make sure we see people who need to go to A&E within four hours
- Reduce the number of people being taken to hospital (A&E) by ambulance by 25,000, by putting in place more alternatives to give people the care they need
- Make the most of improvements in technology and medical knowledge to allow care to be given out of hospital
- Make sure patients with serious illnesses, including cancer, are seen quickly within national target times for their treatment
- Spend more on mental health services and help more Derbyshire people get treatment here in the county
- Mental health will be a key part of our urgent and emergency care
- Develop the community services for people with learning disabilities to reduce the need for institutional bed based care

Our plans have been directed by what people have told us about the changes they want to see and we will be continuing to talk to people in Derbyshire about our STP so they help us shape future services.

Derbyshire STP – ‘plan on a page’

The summary below provides a high level overview of the Derbyshire STP

(1) The gaps

The health and care challenges we face, and our plans for addressing them, are rooted in the particular needs of the County:

- Fundamentally, we know that across Derbyshire people are living longer in ill health and significant inequalities exist
- We have made significant progress with beginning to ‘join up care’, however there remain many opportunities to integrate care more effectively and consistently; we are still overly reliant on bed-based care
- We also know we have significant improvements to make in Primary Care and Urgent Care, as well as ongoing improvements in a number of other areas
- The financial gap for the Derbyshire health system is £219m, with a further £109m gap across the two LAs - there are a number of factors that are driving this position

To tackle the gaps, requires transformational changes to the way in which care is provided.

To direct the changes we have defined an aiming point - a place based care system which is effectively joined up with specialist services and managed as a whole.

(2) Our priorities

Five priorities form the core of our sustainability and transformation plan:

- **Place-based care:** We will accelerate the pace and scale of the work we have started to ‘join-up’ care to operate as a single team to wrap care around a person and their family, tailoring services to different community requirements across our 21 places.
- **Prevention and self-management:** By preventing physical and mental ill health, intervening early to prevent exacerbation and supporting self-management, we will improve health and wellbeing
- **Urgent Care:** Transforming urgent care provides our single greatest opportunity to address fragmentation and unwarranted variation
- **System efficiency:** We will ensure ongoing efficiency improvements across commissioners and providers
- **System Management:** Our organisations’ leaders will come together to manage the Derbyshire system through an aligned leadership and governance approach

(3) Impact & Implications

Delivering our STP will help us to:

- **For the people of Derbyshire:** meet our aims to keep people: **safe & healthy** – free from crisis and exacerbation; **at home** – out of social and health care beds; **and independent** – managing with minimum support. We will begin to **address lifestyle issues** related to poor health and will **improve access** to urgent and routine care.
- **Achieve a financially sustainable system:** the combined impact of the priorities described will enable us to achieve a **financially balanced health system in 2020/21**.

Significantly change the ‘shape’ of the system:

- **£247m more care delivered through Place** (growing from 30% to 39% of all care delivered) and a reduction in care delivered in specialist settings
- Major changes to the workforce – **2,500 more staff delivering place based care** (c.10% of our current workforce)
- Reduction of bed based care – **535 fewer beds** (400 acute NEL; 300 within Derbyshire system)
- And, changes to the physical configuration of place based services

(4) Next steps

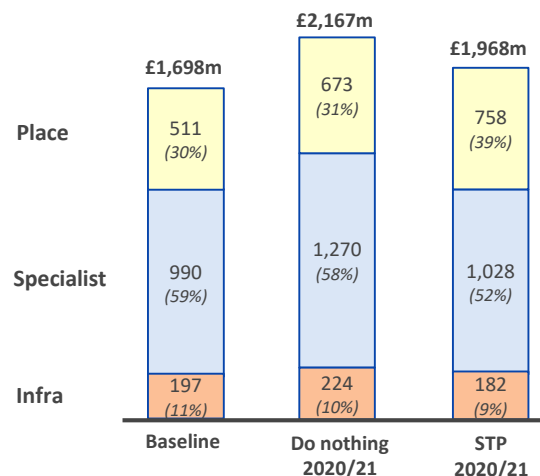
Delivering the STP:

- The work over the next five years to deliver our STP is part of and consistent with our ongoing journey – more place based care to reduce the current reliance on institutional care. We will accelerate the pace and scale of these changes to have the necessary transformational impact.
- We now begin the transition from planning into delivery (including through the revised 2 year contracting process)
- During the next 6 months we will:
 - Establish our system delivery team;
 - Define and implement revised 2 year contracts monitored through the system based architecture;
 - Commence delivery of a number of high impact transformation schemes to support immediate sustainability;
 - Continue our localised engagement programme focussing on staff, stakeholders and our local population.

Implications for the 'shape' of the system

The combined impact of the priorities will result in a significant transformation of the 'shape' of the system, more place based care reducing the current reliance on institutional care. Clearly, this will result in (& rely upon) major changes to the workforce, our use of bed based care and the physical configuration of services.

'Shape' of our system (costs)



£247m more care delivered through place (growing from 30% to 39% of all care delivered)

Reduction in care delivered in specialist settings

Infrastructure costs reduced by 10% (shared back office and management):

- Greater collaboration between NHS Trusts
- Greater collaboration between commissioners
- Reduction in estates costs

Workforce implications

2,500 more staff delivering place based care (c.10% of our current workforce)

Managing the transition - our workforce of 5 years time is predominantly the workforce we have now. This means that we must invest to support our workforce to transition into the Places with the skills and competencies our population needs.

Cultural change of focus:

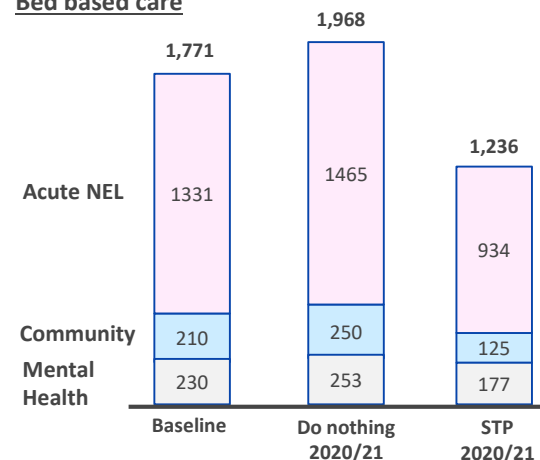
- Encourage and empower people to share decision making about their care
- Provide person centred care engaging people, their families and carers as partners
- Deliver integrated place based services which transcend organisational boundaries

Develop and attract key skills / capabilities / roles:

- Increase the number of people who enter into our **care workforce**, be that in private, voluntary, Local Authority or Health provision
- Increase the number of **Advanced Clinical Practitioners**, drawing this workforce from not only nursing but AHP, Paramedic and Pharmacy workforce
- Ensure the supply of **medical (including GPs), therapy and nursing** workforce by being a place where learners thrive and wish to stay

Using a **collaborative cross system approach** including health and social care to employing, rewarding and developing our workforce across the system

Bed based care



Investing in place based care will enable us to reduce our bed based care significantly:

- c.400 fewer acute NEL (RDH 188, CRH 112, out of area 100)
- c. 85 fewer community hospital
- c. 50 fewer MH

In addition, there will be reductions in the number of people requiring care in long term care homes

Physical configuration of services

The development of place based care and the greater integration of services and organisations will require:

- The development of place based 'community hubs / networks' – aligned to local service needs (e.g. urban/rural) – fully integrated with primary care. This will mean, in some places, the reconfiguration / redevelopment of community (health and LA) and primary care facilities. And, that MIUs/WICs will not exist as standalone services.
- Less bed based care: c.12 fewer acute wards in Derbyshire; c.4-5 fewer community wards; 1-2 fewer specialist MH & 1 fewer dementia care wards).
- Some of the community hospital sites may not be required; others will play a key role within community hubs.
- The development of co-located urgent care centres at ED sites.
- Rationalisation of back office facilities.

Strategic Options Case

Purpose of Report:

The purpose of this paper is for the Council of Governors to formally receive the outcomes of the collaboration discussions between Derbyshire Community Health Services NHSFT (DCHS) and Derbyshire Healthcare NHS Foundation Trust (DHcFT). The attached Strategic Options Case (SOC) summary (Appendix 1) outlines the key considerations and recommendations of the SOC.

The SOC defines the strategic case and explores a range organisational forms that could be developed in order to address the challenges, and appraises each option to determine the preferred model. The SOC was discussed at the Extraordinary Confidential Trust Board meeting on 27 October when the Board assessed and approved the outcomes of the SOC on the following basis.

- 1) The Board noted the strategic case which defines the significant challenges and anticipated benefits which could be derived through closer collaboration between DCHS and DHcFT.
- 2) The Board noted the strategic options considerations and process undertaken to arrive at the preferred option.
- 3) The Board approved the preferred strategic option for merger by acquisition, with DCHS as the acquiring organisation which is considered to minimise the potential risks of a significant transaction for both parties. This is subject to the commitment to the creation of a new organisation which would have strong leadership and governance, including the skills required to safeguard and develop the expertise of the two current organisations and the constitution would be reconfigured with Executive Directors, Non-Executive Directors and Council of Governors balanced to reflect the scope of services provided.
- 4) The Board approved this SOC and in doing so confirm on-going commitment to progress to the next, more detailed stages; the Outline Business Case (OBC) and Full Business Case (FBC) and subsequent implementation (subject to necessary approvals).
- 5) The Board approved a shared project budget (also subject to regulatory approval).

The SOC was shared with governors at the Council of Governors to Board development session held on 27 October. At this meeting directors and governors had the opportunity to review the content of the SOC and the rationale for the Board's decision to proceed to next stage in the transaction process.

In addition the Governance Committee at its meeting held on 9 November discussed potential areas for further discussion with the Board, specifically to engage in their role in holding Non-Executive Directors to account in this process. All governors were given the opportunity to forward questions and queries and the Governance Committee have outlined initial questions for formal response by Non-Executive Directors. These are

attached in appendix 2 and responses will be given in the meeting.

These questions and answers will be recorded centrally by the Communications and Involvement team as part of an ongoing record of governor engagement in this process.

The role of governors in the transaction process has been discussed. The relevant pages from the NHSI Transaction Manual are also enclosed which reiterates the role of governors.

Summary

The considerations set out in the SOC stem from the hypothesis that closer collaboration between DCHS and DHcFT would bring a number of benefits to our service users and could have a significant impact of the three 'gaps' identified in the Derbyshire Sustainability and Transformation Plan (STP) which are the result of national influences such as NHS funding, rising demand and expectations, and local factors such as marked health inequalities across the county and city, regional workforce shortages and the historical pattern of NHS provision in the patch. For that reason the STP provides the framework for our considerations, and as such the compelling case for change and assessment of the strategic options are structured around the three gaps (health and well-being, care quality, finance and efficiency).

There are a number of obstacles and barriers which currently prevent our respective organisations responding effectively to our organisational and system challenges such as an uncoordinated workforce and lack of shared information; yet we need to overcome these obstacles if we are to genuinely integrate our services through 'Place Based Care' whilst making our approach more effective and efficient. Furthermore, both organisations fully recognise the importance of bringing together physical and mental health so that both are treated equally; the importance of which and the opportunities this collaboration presents, are emphasised throughout the SOC.

The SOC sets out the work which has been undertaken to assess the range of strategic options which could address the case for change. In turn it provides the rationale for the option which has been identified as the recommended model for a strategic partnership between the two organisations.

As part of this assessment process, the potential choice and competition challenges have been considered to identify any areas where there could be a perceived negative impact. To support this, independent advice was sought to scrutinise our assumptions. At this time we do not envisage a significant competition or choice challenge; however we recognise the need for further more detailed assessment as part of the next stage in the developments.

Following careful consideration, the preferred option identified is a strategic partnership of our two Trusts, sole provider, by way of a merger by acquisition; with DCHS as the acquiring organisation. At the SOC stage it is not possible or appropriate to define the details in relation to future organisational form as this will be subject to the due diligence process and full business case. However, for the avoidance of doubt, there is an absolute commitment from the start that the proposed option will be developed and managed in a balanced way which reflects the services and expertise of both organisations.

We believe the anticipated impact and benefits of the proposed option include (these will be developed in greater detail in the subsequent stages of the process should the SOC

be approved):

For our Patients

- Physical and Mental health treated equally; improving care and experience
- More coordinated care; which is genuinely integrated by removing the current obstacles and organisational boundaries by delivering care through 'place'
- Vulnerable people better supported and safeguarded
- Streamlined patient access and reduced complexity when navigating their way through the system

For our Organisations, which will ultimately also impact on the benefits for our patients

- Opportunities to better use our estates and resources to facilitate the move towards place based care
- Our staff are our most valuable asset and this will enable us to support a resilient workforce (developing our workforce to deliver more general services through the benefits of pooled resources whilst retaining our specialist provision and expertise)
- Improving the quality of services offered by sharing learning and best practice
- Reduced duplication in our services and lower overhead costs; releasing funds for front line patient care

For our Stakeholders

- Strengthening our response to the Derbyshire STP ambitions and Commissioner intentions
- Facilitating integration so people (patients and professionals such as GPs) only have to 'tell their story once'
- Reduced system transaction costs
- Simplified arrangements for commissioners and external agencies to link with one provider

Successful delivery of the proposed transaction will require robust programme and project management arrangements to be established as an immediate priority following approval to proceed, to enable this an associated programme budget (over both organisations) will also require approval.

Strategic considerations

This document is relevant to supporting the Board achieve all of its strategic objectives in addition the document presents information that supports the delivery of objectives within the Derbyshire Sustainability and Transformation Plan.

Board Assurances

- The Board can take assurance that the process undertaken to complete the SoC has followed the NHSI transaction manual
- There has been engagement with key stakeholders in drawing up the SoC

Consultation

The evidence pack that has driven the creation of the SoC was presented to the Working Closer Together Programme Board on 21 September 2016

Governance or Legal Issues

This document presents an emerging recommendation that will need to be subject to full compliance with the NHSI Transaction Manual (Appendix 3).

Equality Delivery System

Any potential equality and diversity implications will be assessed and managed in the next stage of the development process, which is subject to approval of this SOC.

Recommendations

The Council of Governors is requested to:

- 1) Note the strategic case which defines the significant challenges and anticipated benefits which could be derived through closer collaboration between DCHS and DHcFT.
- 2) Note the strategic options considerations and process undertaken to arrive at the preferred option.
- 3) Note the Board's approval of the preferred strategic option for merger by acquisition, with DCHS as the acquiring organisation which is considered to minimise the potential risks of a significant transaction for both parties. This is subject to the commitment to the creation of a new organisation which would have strong leadership and governance, including the skills required to safeguard and develop the expertise of the two current organisations and the constitution would be reconfigured with Executive Directors, Non-Executive Directors and Council of Governors balanced to reflect the scope of services provided.
- 4) Note the Board's approval of this SOC and confirmation of ongoing commitment to progress to the next, more detailed stages; the Outline Business Case (OBC) and Full Business Case (FBC) and subsequent implementation (subject to necessary approvals).
- 5) Noted the Board's approval of a shared project budget (also subject to regulatory approval).
- 6) Support the recommendation for a collapsed OBC/FBC stage with the appropriate breakpoints built in for key decisions stages.

Report presented by: **Richard Gregory**
Interim Chairman

Report prepared by: **Sam Harrison**
Director of Corporate Affairs and Trust Secretary

Derbyshire Community Health Services NHS Foundation Trust and Derbyshire Healthcare NHS Foundation Trust

‘Towards more integrated working’

As you will be aware the trust boards of both organisations have been looking carefully at the options for closer integrated working between us.

Much closer integration generally across all Derbyshire’s health and social care providers is being proposed over the next five years in response to the shared ‘gaps’ highlighted in Derbyshire’s Sustainability and Transformation Plan or ‘STP’. This is a term you will be hearing more and more in the coming month – it is the blueprint for how we will all be aligning care around Derbyshire’s patients in future.

When we first started to think about a closer collaboration between our two organisations, we thought there would be benefits but we needed to test that out fully and thoroughly before making a formal proposal. Our thought-processes have been very much influenced by the broader transformation agenda, in streamlining services and removing any organisational barriers to providing the very best quality care. That process has gone along, in depth, over the past few months, with much detailed analysis of the various options for how that closer working might be achieved. As a result of all that preparatory work, a paper called a Strategic Options Case – or SOC for short – was approved by both our trust boards at their meetings on 27 October.

So what does the SOC say?

In short, it recommends that there are major benefits to closer collaboration and genuine integration of services, helping to overcome traditional organisational boundaries and opening the doors for better coordination of care and shared information. It also provides an opportunity to bring together physical and mental health so that both are treated equally and holistically.

With the approval now of both boards for this strategic development, we will move to the next step in bringing our two organisations a step closer together.

What will this look like?

A large part of the preparatory process has been assessing various options for how this closer working might be achieved in practical terms. Six options were considered: including a ‘do nothing’ approach with the other five looking at varying

degrees of integration. After looking at all the evidence – and taking account of stakeholder views – the preferred option is for us to become a sole provider.

Overall this option was considered to provide the greatest opportunities in relation to governance and accountability arrangements; it would lend itself to creating a shared culture (which was highlighted as a particular area of importance at a recent stakeholder engagement event); and will help us to work more efficiently, removing unnecessary duplication.

Now that the SOC is approved by both organisations it gives us the strategic direction to move in this general direction towards becoming a sole provider or 'single entity'.

What does it mean for me?

The technical process by which we are looking to achieve this integration is called 'merger by acquisition', with DCHS as the acquiring organisation. But it is important to note that although this is technically an acquisition, both organisations fully understand and are committed to change which is reflective of community physical and mental health services delivered by *both* organisations.

There is a commitment to creating a single entity which has strong leadership and governance arrangements, so executive directors, non-executive directors and the Council of Governors would be balanced to reflect the scope and expertise in the services provided.

What happens next?

A stakeholder session was held in August 2016 and the key themes which emerged from this session are those things which we must protect and safeguard as we move forward; these will form our guiding principles. We will continue to build upon this inclusive approach to communication and engagement to ensure staff opinion and that of other stakeholders is considered throughout.

This is of particular importance as we move into developing a 'full business case', or FBC; a vital piece of work to ensure we follow robust programme and project management arrangements.

What are the benefits?

For our organisations

- Our staff are our most valuable asset and this will enable us to support a resilient workforce (developing our workforce to deliver more general services through the benefits of pooled resources whilst retaining our specialist provision and expertise)
- Improving the quality of services offered by sharing learning and best practice

Appendix 1

- Opportunities to make better use of our estates and resources, facilitating the move towards increased 'place-based' care
- Reduced duplication in our services and lower overhead costs; releasing funds for front line patient care.

For our patients

- Physical and mental health will be treated equally; improving care and service user experience
- Better coordinated care; which is genuinely integrated by removing the current obstacles and organisational boundaries by delivering care in 'places'
- Vulnerable people will be better supported and safeguarded
- Streamlined access for patients and reduced complexity when navigating their way through the system.

For our stakeholders

- Strengthening our response to the Derbyshire STP gaps, ambitions and commissioner intentions
- Facilitating integration so people (patients and professionals) only have to 'tell their story once'
- Reduced system transaction costs
- Simplified arrangements for commissioners and external agencies to link with one provider.

Derbyshire Healthcare NHS Foundation Trust
Council of Governors 24 November 2016

**Questions Raised by Governors
Relating to the Strategic Options Case**

1. How will governors be able to hold NEDs to account throughout forthcoming process and when will be able to have a timeframe?
2. How can NEDs give assurance of how under new structure physical health and mental health will not continue be treated as separate?
3. How can NEDs assure us that staff will be fully involved in the acquisition/merger?
4. What assurance can NEDs give they have engaged with service users and are keeping them involved in developments?
5. What assurance can the NEDs give us that they have considered the media approach to the SOC?
6. What sort of independent board do we put together now and how can governors be involved in that?

Responses to the questions will be provided at the meeting.

Excerpt from NHSI Transaction Manual

Statutory responsibilities and procedures

7.1 Responsibilities of directors and governors in transactions

Executive directors should make proposals for the future of the organisation. They should work with governors by providing them with sufficient information on a proposed transaction for the purposes of considering their required approval (see Section 7.2 below), explaining to governors why they believe the transaction is necessary, and providing evidence to support their view.

Non-executive directors should challenge the executives to justify their recommendations, deal with the risks involved and seek assurance that the executive directors' decisions are the right ones.

Governors must (according to legislation) hold the non-executive directors to account, both individually and collectively, for the performance of the board of directors, and represent the interests of the NHS foundation trust members and the public. Their majority approval is required for statutory or significant transactions (see Section 7.2 below); in order to give this governors are responsible for satisfying themselves that the board of directors (that is, executive and non-executive directors collectively) has:

- been thorough and comprehensive in reaching its proposal (that is, has undertaken proper due diligence)
- obtained and considered the interests of trust members and the public as part of the decision-making process.

Provided appropriate assurance is obtained, governors should not unreasonably withhold their consent for a proposal to go ahead.

7.2 Required governor approvals

The following requirements stem from the Health and Social Care Act 2012.

For statutory transactions:¹⁶ more than half the members of the **full** council of governors must approve any application by the trust to:

- merge with or acquire another trust
- separate the trust into two or more new NHS foundation trusts
- be dissolved.

This means more than half of the total number of governors must approve, not just half the number that attends the meeting at which the decision is taken. If the other party to the proposed transaction is also an NHS foundation trust, more than half the governors of that foundation trust must also approve the transaction.

For other transactions: more than half of the members of the full council of governors of the trust **voting** need to approve the trust entering into any 'significant' transaction as

Appendix 3

specified in the trust's constitution (note that this is not the same as Monitor's definition of significant in Appendix C of the 'Risk assessment framework').¹⁷ This means more than half of the governors who are in attendance at the meeting and who vote at that meeting must approve.

If a transaction requires both votes to take place, the trust may choose to combine the voting procedures.

7.3 Governor approvals in practice

The 2006 Act, as amended, states that a trust's constitution must "provide for all the powers of the corporation to be exercisable by the board of directors on its behalf". This means that whether a transaction should proceed must ultimately be decided by the board of directors.

Trust boards must help governors make good decisions by providing appropriate information on any proposed transactions and, consistent with the general requirement for NHS foundation trusts, ensure that the governors are equipped with the skills and knowledge they need to fulfil their role. Given that the planning for a transaction is likely to take place over a period of time, it is good practice for the board to engage with the governors about transaction plans in the earlier stages.

The trust needs to arrange a vote of the full council on the proposed transaction and to inform the directors of the outcome. Voting procedures (including any rules on the chair's vote, casting votes or abstentions) should be determined locally and are normally detailed in the trust's constitution.

Directors and governors must agree on a process for the approval of transactions by governors. Such a process might specify:

- the content and timing of information to be provided to governors
- at what point in the process governors will be asked to approve the transaction(s)
- how the views of members will be sought and stakeholders kept informed

Governors should be provided with as much information as reasonably possible for them to be able to make an informed judgement. So that the governors have sufficient information and are assured that the board has been through a thorough and comprehensive process before voting on the transaction, the governors' formal vote should take place after the finalisation of due diligence reports, after our issuance of its amber or green risk rating and soon after the board's approval. This places the vote shortly before completion in the process, after the full business case stage. It should however be **before** the trust(s)' formal application to Monitor (required for statutory transactions), since governor approval is one of the necessary steps to have been completed before we can grant the application.

Derbyshire Healthcare NHS Foundation Trust
Report to Board of Directors 2 November 2016

Integrated Performance Report Month 6

Purpose of Report

This paper provides Trust Board with an integrated overview of performance as at the end of September 2016. The focus of the report is on workforce, finance, operational delivery and quality performance.

Recommendations

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

Executive Summary

The Trust continued to deliver good performance against many of its key indicators across September Challenges have though continued to be evident across all 4 domains of performance during month 6.

This Executive Summary provides an overview of the some of the key issues during the month, assurance in a number of challenged areas and a forward look of some future risks and/or issues Board members need to be aware of.

Quality Performance

Board members will note that the quality section of the Integrated Performance report continues to be expanded to cover a greater breadth of quality indicators. In addition, existing ward staffing information has been supplemented with average bed occupancy figures to provide further information to support discussion about each service area.

A significant amount of time and effort has been invested in addressing the issues arising from the Trust's recent Care Quality Commission (CQC) inspection report. Clinical and operational teams, led by the Director of Nursing and Patient Experience have been working on delivering the actions resulting from the CQC warning notice, CQC comprehensive report, as well as the on-going improvements required to improve patient care. A number of the Trust's Committees received assurance on CQC plans.

Some of the key areas of focus have been on:

- Improving Fire warden training compliance in Campus teams which has seen a sustained improvement and is referenced in the quality dashboard
- Safeguarding children's training at Level 3, resulting in increased improvement. The Children's team have particularly focused on this area and changes to the supervision policy to gain additional support for the Safeguarding children's unit.
- Capital funding reallocation to meet CQC priority areas.
- Ensuring that supervision and appraisals are recorded.

- Developing reports on the capacity of teams such as Care co-ordination, Psychology, Paediatrician access/ waiting time and Speech and Language waiting list, management and associated mitigation plans, to be presented to the performance, contract and operational group.

The integrated approach to the management of CQC actions continues to strengthen the one team approach to our organisational effectiveness. The use of CQC portal 1 and CQC portal 2 action tracker has enabled an integrated approach to managing competing priorities and there continues to be extensive activity across all service lines to focus on environmental, clinical, policy and organisational governance priorities.

Operational Performance

Overall performance remains relatively stable, with all NHSI indicators being achieved. There are a number of areas where performance remains variable, with further detail provided in the main body of the report.

During the last month the Acting Chief Operating Officer has begun a process to review performance in a number of key and challenging areas to ensure that adequate mitigation plans are in place. This is to ensure that the Trust is able to deliver against the expectations that it has set itself, but to also fully understand the reasons why performance, may at times, fall below set thresholds. This work will inform how assurance is provided to Board members through the Integrated Performance report over the course of the coming months.

In recognition of the capacity that is currently available across all teams, and the need to prioritise resource towards addressing CQC action planning, the focus in the last month has been limited to seeking greater clarity and assurance on the following key performance indicators.

- 18 Week Referral to Treatment
- Early intervention in Psychosis Referral to Treatment within 14 days
- Improving Access to Psychological Therapies (IAPT)

Clear action plans for each of these have been requested and will be presented to the Trust's Performance, Contract and Operational Group (PCOG) on the 31st October for wider discussion and approval. The plans will continue to be monitored via PCOG to ensure that variations in performance are understood and adequately managed.

In addition, a further set of analysis has been commissioned in the following areas to better understand the issues driving performance in them.

- Outpatient Clinic Trust Cancellations
- Outpatient Clinic Do Not attend (DNA's)
- Breastfeeding rates

The analysis for these areas will be presented to December's PCOG meeting to enable a better understanding of the issues, which will result in greater clarity on the actions that are required, and by whom, to improve performance.

Financial Performance

Overall there is a favourable variance to plan year to date which is driven by the following:

- Pay budget is significantly underspent which is mainly driven by vacancies across the Trust. Some of this relates to planning assumptions which are different to final contract negotiations (which is offset by corresponding income reductions), new service developments that are in the process of being recruited to. These also have associated non-pay underspends.
- Reserves are underspent in month as expenditure is forecast over the coming months and spans across the financial year, so is in a different phasing to the original plan.
- This is helping to offset the Cost Improvement Programme which is behind plan year to date.

Board members need to be aware of emerging financial risks that are being quantified and are currently only incorporated into the worse-case forecast. The Board should be aware that it is likely that in month 7 some of these may crystallise and become part of the likely case forecast. These additional risks include not fully closing the CIP gap, the possibility of income being removed by Commissioners, additional transactional costs, additional agency costs and backdated pay related to outstanding job evaluations.

People Performance

A recent key concern for the Trust has been the difficulty in recruiting to registered nurse vacancies. From July to September there has been a small improvement in this staff group, with a net improvement of circa 10 whole time equivalents. Whilst this is only a small change it is an upward trajectory following a number of months where the trajectory has been downward. In addition, two posts have been approved for the HR team to add capacity to speed up the recruitment process. These are expected to be in post before the end of November.

During the last month greater focus and scrutiny has been placed on better understanding the Trust's agency spend and the actions that are being delivered to address this.

A weekly Executive led meeting started on 10th October, reviewing a number of issues associated with agency spend including, information provision, policy and process, wage rates and the case of need for all medical agency posts.

The meeting on 17 October reviewed all agency medical spend line by line to fully understand the case of need, status of recruitment processes, wage rates and how these factored in to Trust wide financial planning. Through this governance process it was confirmed that forecast medical agency spend for 2016/17 is not likely to reduce by the end of the year due to insufficient applications for some posts and interview panels not being scheduled until December for those posts where there has been applications.

At this stage the weekly meeting remains very transactional and needs to become much broader with a greater focus on workforce planning and long term service sustainability.

Strategic Considerations

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

Board Assurances

This report should be considered in relation to the relevant risks in the Board Assurance Framework. As an integrated performance report the content provides assurance across several BAF risks related to workforce, operational performance, quality performance, financial performance and regulatory compliance.

Consultation

This paper has not been considered elsewhere however papers and aspects of detailed content supporting the overview presented are regularly provided to, Finance and Performance Committee, People and Culture Committee and Quality Committee.

Governance or Legal Issues

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

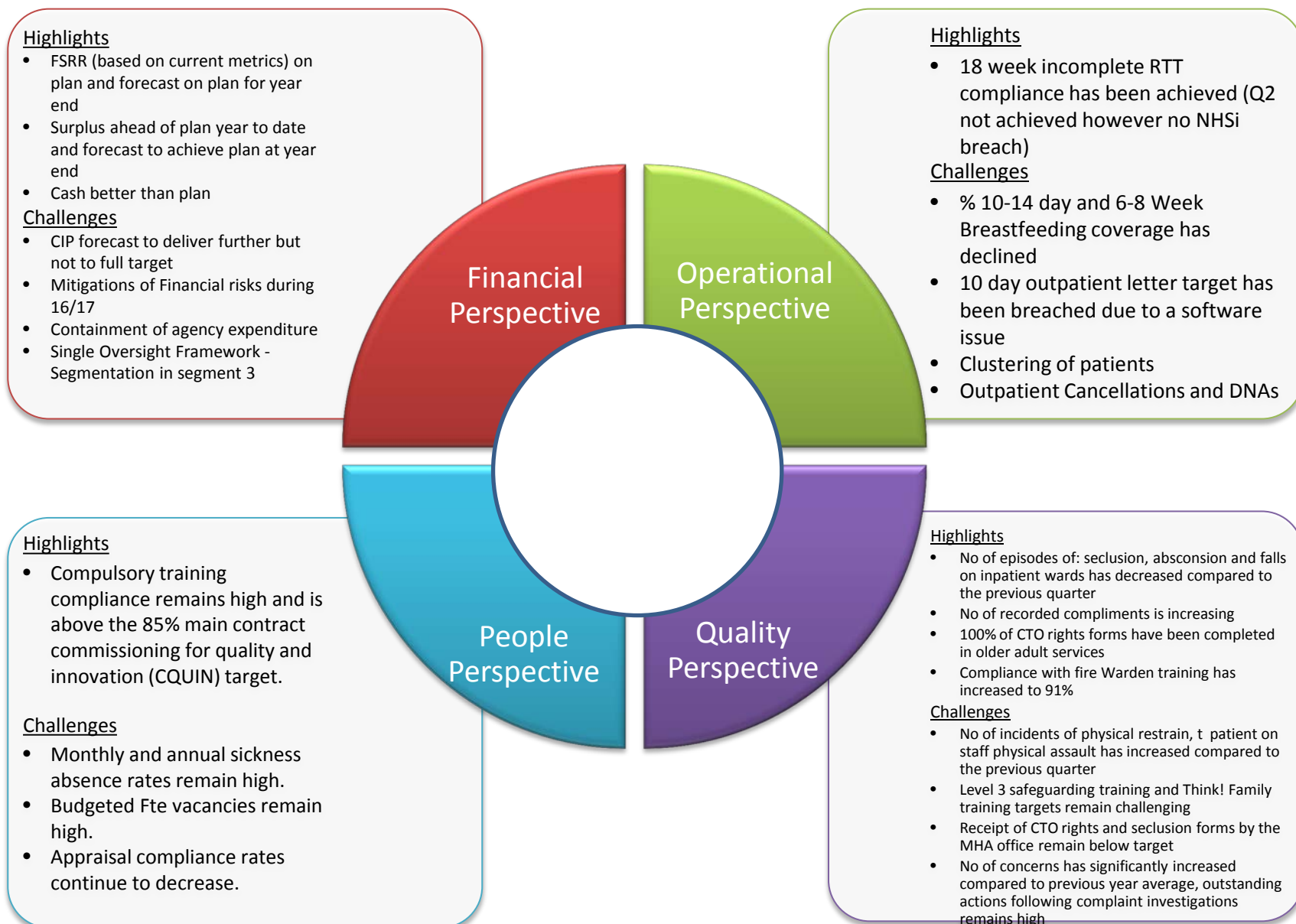
Information supplied in this paper is consistent with returns to the Regulator. This report has replaced the previous operational and financial reports reported to Trust Board.

Equality Delivery System

This report reflects performance related to our whole staff and service receiver population and therefore includes members of those populations with protected characteristics in the REGARDS groups. Any specific impact on members of the REGARDS groups is described in the report itself.

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

Report prepared by: Peter Charlton, General Manager, Information Management
 Rachel Leyland, Deputy Director of Finance
 Liam Carrier, Workforce Systems & Information Manager
 Hayley Darn, Nurse Consultant



FINANCIAL OVERVIEW – SEPTEMBER 2016

Enc E

Category	Sub-set	Metric	Period	Plan	Actual	Variance	Trend	Key Points
Governance	Financial Sustainability Risk Rating (FSRR)	Overall Financial Sustainability Risk rating	YTD	4	4	G		As at the end of September the FSRR is 4 which is in line with plan and is forecast to be a 4 at the end of the year. Each of the quarters are also forecast to be a 4. The ratings quoted are under the Risk Assessment Framework. This will be replaced by the new Single Oversight Framework with effect from 1st October and will result in different ratings and segmentation of providers. We have been shadow segmented in segment 3.
			Forecast	4	4	G		
		Debt Service Cover	YTD	3	3	G		
			Forecast	3	3	G		
		Liquidity	YTD	4	4	G		
			Forecast	4	4	G		
		Income and Expenditure Margin	YTD	4	4	G		
			Forecast	4	4	G		
		Income and Expenditure Margin Variance	YTD	4	4	G		
			Forecast	4	4	G		
	Single Oversight Framework	NHS I Segment	YTD	n/a	3	n/a	n/a	
I&E and profitability	Income and Expenditure	Control Total position £'000	In-Month	360	193	R		The Control Total shows the position including the Sustainability Transformation Fund (STF) and the Underlying Income and Expenditure position excludes the STF. Surplus is worse than plan in the month and due to changes in the run rate is forecast to achieve plan at the end of the financial year. The Normalised Income and Expenditure shows the financial performance adjusting for any non-recurrent costs or benefits that will not continue.
			YTD	977	1,647	G		
			Forecast	2,531	2,531	G		
		Underlying Income and Expenditure position £'000	In-Month	291	124	R		
			YTD	562	1,232	G		
			Forecast	1,701	1,701	G		
		Normalised Income and Expenditure position £'000	In-Month	291	99	R		
			YTD	562	1,056	G		
			Forecast	1,701	1,988	G		
	Profitability	Profitability - EBITDA £'000	In-Month	963	781	R		
			YTD	4,634	5,162	G		
			Forecast	9,806	9,705	R		
		Profitability - EBITDA %	In-Month	8.4%	7.0%	R		
			YTD	6.7%	7.7%	G		
			Forecast	7.1%	7.3%	G		
Liquidity	Cash	Cash £m	YTD	11.843	13.188	G		Cash is currently above plan but is forecast to be below plan at year end due to the forecast release of some provisions. Capital is slightly behind plan YTD but is forecast to fully spend by the end of the financial year.
			Forecast	13.153	12.711	R		
	Net Current Assets	Net Current Assets £m	YTD	5.086	6.819	G		
			Forecast	7.570	5.779	R		
	Capex	Capital expenditure £m	YTD	1.459	1.136	R		
			Forecast	3.450	3.450	G		
Efficiency	CIP	CIP achievement £m	In-Month	0.358	0.184	R		CIP is currently behind plan and is forecast not to deliver the full plan at the end of the financial year. This is compensated for by other cost avoidance and underspends in the overall position.
			YTD	2.150	1.111	R		
			Forecast	4.300	2.901	R		
			Recurrent	4.300	2.051	R		

Key:

Period In-Month = Current Month
YTD = Year to Date
Forecast = Year end out-turn

Plan In-month or Year end Trust plan

Achieving plan
 Not achieving plan





























































Overall Page Number



Trend Comparing current month against previous month actual/YTD/Forecast

OPERATIONAL OVERVIEW – SEPTEMBER 2016

Enc E

Category	Sub-set	Metric	Period	Plan	Actual	Variance	Trend	Key Points
Performance Dashboard	NHSI	CPA 7 Day Follow-up	Month	95.00%	95.24%	G 		Compliant with all NHSI targets.
			Quarter	95.00%	96.21%	G 		
		CPA Reviews in Last 12 months	Month	95.00%	95.22%	G 		
			Quarter	95.00%	95.22%	G 		
		Delayed Transfers of Care	Month	7.50%	2.53%	G 		
			Quarter	7.50%	2.54%	G 		
		Data completeness - Identifiers	Month	97.00%	99.43%	G 		
			Quarter	97.00%	99.43%	G 		
		Data completeness - Outcomes	Month	50.00%	93.65%	G 		
			Quarter	50.00%	93.65%	G 		
		Community Care Data Activity - Completeness	Month	50.00%	93.53%	G 		
			Quarter	50.00%	93.38%	G 		
		Community Care Data - RTT Completeness	Month	50.00%	92.31%	G 		
			Quarter	50.00%	92.31%	G 		
		Community Care Data - Referral Completeness	Month	50.00%	75.16%	G 		
			Quarter	50.00%	76.32%	G 		
		18 Week RTT incomplete	Month	92.00%	92.73%	G 		
			Quarter	92.00%	93.47%	G 		
		Early Interventions New Caseload	Month	95.00%	153.60%	G 		
			Quarter	95.00%	153.60%	G 		
		Clostridium Difficile Incidents	Month	7	0	G 		
			Quarter	7	0	G 		
		Crisis Gatekeeping	Month	95.00%	100.00%	G 		
			Quarter	95.00%	100.00%	G 		
		IAPT RTT within 18 weeks	Month	95.00%	98.01%	G 		
			Quarter	95.00%	99.30%	G 		
		IAPT RTT within 6 weeks	Month	75.00%	84.72%	G 		
			Quarter	75.00%	87.43%	G 		
		Early Intervention in Psychosis RTT Within 14 Days	Month	50.00%	55.17%	G 		
			Quarter	50.00%	55.45%	G 		

Key:

Period

Month

Current Month

Quarter

Current Quarter



Achieving target

Not achieving target

Overall Page Number

49



Trend compared to previous month/quarter

OPERATIONAL OVERVIEW – SEPTEMBER 2016

Enc E

Category	Sub-set	Metric	Period	Plan	Actual	Variance	Trend	Key Points		
Performance Dashboard	Locally Agreed	CPA Settled Accommodation	Month	90.00%	96.42%	G		The majority of clinicians now successfully manage their PbR caseloads either independently or through positive engagement with available support. There have been challenges with 5 patients follow-ups in September.		
			Quarter	90.00%	96.42%	G				
		CPA Employment Status	Month	90.00%	97.31%	G				
			Quarter	90.00%	97.31%	G				
		Data completeness - Identifiers	Month	99.00%	99.43%	G				
			Quarter	99.00%	99.43%	G				
		Data completeness - Outcomes	Month	90.00%	93.65%	G				
			Quarter	90.00%	93.65%	G				
		Patients Clustered not Breaching Today	Month	80.00%	79.92%	R				
			Quarter	80.00%	80.71%	G				
		Patients Clustered regardless of review dates	Month	96.00%	94.76%	R				
			Quarter	96.00%	94.94%	R				
		7 Day Follow-up - all inpatients	Month	95.00%	94.87%	R				
			Quarter	95.00%	95.62%	G				
		Ethnicity coding	Month	90.00%	91.38%	G				
			Quarter	90.00%	91.38%	G				
	NHS Number	Month	99.00%	99.98%	G					
		Quarter	99.00%	99.98%	G					
	Schedule 4	Consultant Outpatient Trust Cancellations	Month	5.00%	7.02%	R		The main reasons given for cancellation were consultant sickness, annual leave, having to attend an inquest and junior doctors on nights. The rate of DNAs was above the target threshold once again. Where mobile numbers are recorded on Paris we send out text message reminders, however these will only prove to be effective if the mobile numbers held on file are current.		
			Quarter	5.00%	6.71%	R				
		Consultant Outpatient DNAs	Month	15.00%	16.22%	R				
			Quarter	15.00%	16.14%	R				
		Under 18 admissions to Adult inpatients	Month	0	0	G				
			Quarter	0	0	G				
		Outpatient letters sent in 10 working days	Month	90.00%	85.98%	R				
			Quarter	90.00%	88.89%	R				
		Outpatient letters sent in 15 working days	Month	95.00%	96.01%	G				
			Quarter	95.00%	95.34%	G				
		Inpatient 28 day readmissions	Month	10.00%	9.24%	G				
			Quarter	10.00%	6.01%	G				
		MRSA - Blood stream infection	Month	0	0	G				
			Quarter	0	0	G				
		Mixed Sex accommodation breaches	Month	0	0	G				
			Quarter	0	0	G				
		18 weeks RTT greater than 52 weeks	Month	0	0	G				
			Quarter	0	0	G				
		Discharge Fax sent in 2 working days	Month	98.00%	100.00%	G				
			Quarter	98.00%	99.66%	G				
Overall Page Number			50							

OPERATIONAL OVERVIEW – SEPTEMBER 2016

Enc E

Category	Sub-set	Metric	Period	Plan	Actual	Variance	Trend	Key Points
Performance Dashboard	Fixed Submitted Returns	18 weeks RTT greater than 52 weeks	Month	0	0	G		Compliant with Fixed Targets except Quarterly incomplete RTT where underperformance in previous months has had a impact on the Quarterly position.
			Quarter	0	0	G		
		18 Week RTT incomplete	Month	92.00%	92.95%	G		
			Quarter	92.00%	91.09%	R		
		Mixed Sex accommodation breaches	Month	0	0	G		
			Quarter	0	0	G		
		Completion of IAPT Data Outcomes	Month	90.00%	95.55%	G		
			Quarter	90.00%	95.58%	G		
		Ethnicity coding	Month	90.00%	91.18%	G		
			Quarter	90.00%	90.91%	G		
		NHS Number	Month	99.00%	99.99%	G		
			Quarter	99.00%	99.99%	G		
Other Dashboards	Health Visiting	% 10-14 Day Breastfeeding coverage	Month	98.00%	97.41%	R		Coverage can be attributed to low staffing levels, a changing service and no Infant Feeding Co-ordinator in post; a result of not being able to
			Quarter	98.00%	99.30%	G		
		% 6-8 Week Breastfeeding coverage	Month	98.00%	97.84%	R		
			Quarter	98.00%	98.05%	G		
	IAPT	Recovery Rates	Month	50.00%	52.18%	G		
			Quarter	50.00%	53.57%	G		
		Reliable & Recovery Rates	Month	65.00%	70.02%	G		
			Quarter	65.00%	72.67%	G		
	Safer Staffing	Inpatient Safer Staffing Fill Rates	Month	90.00%	102.4%	G		Detailed ward level information shows specific variances
			Quarter	90.00%	103.8%	G		

WORKFORCE OVERVIEW – SEPTEMBER 2016

Enc E

Category	Sub-set	Metric	Period	Plan	Actual	Variance	Trend	Key Points	
Workforce Dashboard	NHSI Key Performance Indicator (KPI)	Turnover (annual)	Sep-16	10%	11.25%	↗	G ●	↑	Annual turnover remains within the Trust target parameters and is below the regional Mental Health & Learning Disability average of 12.65% (as at June 2016 latest available data). The monthly sickness absence rate is 0.19% lower compared to the previous month and it is also 0.20% lower than in the same period last year (September 2015). The annual sickness absence rate has decreased by 0.06%, to 5.77%. The regional average annual sickness absence rate for Mental Health & Learning Disability Trusts is 5.04% (as at May 2016 latest available data). Anxiety/stress/depression/other psychiatric illnesses remains the Trusts highest sickness absence reason and accounts for 30.21% of all sickness absence, followed by Surgery at 10.22%, other musculoskeletal problems at 9.95% and Injury/Fracture at 7.80%. Vacancy rates have increased slightly by 0.32% compared to the previous month. The number of employees who have received an appraisal within the last 12 months has decreased by 0.41% to 65.88%. Year to date the level of Agency expenditure exceeded the ceiling set by NHSI by £992k of which £563k related to Medical staff. Compulsory training compliance has decreased this month by 0.97% but still remains above the 85% main contract non CQUIN.
			Aug-16		10.72%		G ●		
		Sickness Absence (monthly)	Sep-16	5.04%	5.89%	↘	R ●	↑	
			Aug-16		6.08%		R ●		
		Vacancies (including 10% funded fte cover)	Sep-16	10%	16.92%	↗	A ●	↓	
			Aug-16		16.60%		A ●		
		Vacancies (actual)	Sep-16	0%	6.92%	↗	A ●	↓	
			Aug-16		6.60%		A ●		
		Appraisals (all staff - number of employees who have received an appraisal in the previous 12 months)	Sep-16	90%	65.88%	↘	R ●	↓	
			Aug-16		66.29%		R ●		
		Appraisals (medical staff only - number of employees who have received an appraisal in the previous 12 months)	Sep-16	90%	80.73%	↗	R ●	↓	
			Aug-16		79.46%		R ●		
		Qualified Nurses (to total nurses, midwives, health visitors and healthcare assistants)	Sep-16	65%	68.07%	↘	G ●	↑	
			Aug-16		68.36%		G ●		
		Agency Usage (£ year to date level of agency expenditure exceeding the ceiling set by NHSI)	Sep-16	£0	£992k	↗	R ●	↑	
			Aug-16		£809k		R ●		
		Agency Usage (% year to date level of agency expenditure exceeding the ceiling set by NHSI)	Sep-16	0%	65.30%	↗	R ●	↑	
			Aug-16		63.90%		R ●		
	Other KPI	Compulsory Training (staff in-date)	Sep-16	90%	89.26%	↘	G ●	↓	
			Aug-16		90.23%		G ●		

Key:

Period Current month and previous month
Plan Trust target
↗ Variance to previous month

● Achieving target/within target parameters
● Approaching target/approaching target parameters
● Not achieving target/outside target parameters

↑↓ Trend based on previous 4 months
 Turnover parameters (8% to 12%)
 Vacancy parameters (10% to 20%)

QUALITY OVERVIEW – SEPTEMBER 2016

Enc E

Category	Sub-set	Metric (New indicators)	Period	Plan	Actual	Variance	Trend	Key Points
Quality	Safe	No of incidents of moderate to catastrophic actual harm	Month	24	28		NA	Plan: average last fin yr. No trend added as new indicator
			Quarter	73	83		NA	Plan: average last fin yr. Actual rolling 3 mth av.
		No of episodes where patients were held in seclusion	Month	NA	NA	NA	NA	Monthly seclusion episodes data available from next month
			Quarter	35	25			Plan: Q1 data. Actual: Q2 data
		No of incidents where patients were held in seclusion	Month	20	18			
			Quarter	61	60			
		No of incidents involving physical restraint	Month	55	33			
			Quarter	165	211			
		No of incidents involving prone restraint	Month	4	13	NA	NA	Prone restraint collected as defined field only from 1/4/16. Alert re data quality.
			Quarter	15	28	NA	NA	
		No of incidents of physical assault - patient on patient	Month	15	14		NA	
			Quarter	44	42		NA	
		No of incidents of physical assault - patient on staff	Month	20	13		NA	
			Quarter	61	81		NA	
		No of falls on in-patient wards	Month	38	23		NA	
			Quarter	113	84		NA	
		No of incidents of absconsion	Month	43	25		NA	
			Quarter	130	85		NA	
		No of patients with a clinical risk plan (FACE or Safety Plan)	Month	100%	80.56%		NA	
			Quarter	100%	80.36%		NA	
		Of above, no of patients with a Safety Plan	Month	90%	0.38%		NA	Early stage of implementation. Go live from 1/11/16.
			Quarter	90%	0.37%		NA	
		% of staff compliant with Level 3 Safeguarding Children training	Month	95%	61.96%			
			Quarter	95%	NA			Qtr comparison not available
		% of staff compliant with Think Family training	Month	95%	67.06%			
			Quarter	95%	NA			Qtr comparison not available
		% of staff compliant with Clinical Safety Planning eLearning	Month	95%	90.66%			
			Quarter	95%	NA			Qtr comparison not available
		% of staff compliant with Fire Warden training	Month	90%	91.70%			In-patient areas only
			Quarter	90%	NA			
		No of people with LD or Autism admitted without a CTR (Care & Treatment Review)	Month	0	1			
			Quarter	0	NA	NA	NA	

QUALITY OVERVIEW – SEPTEMBER 2016

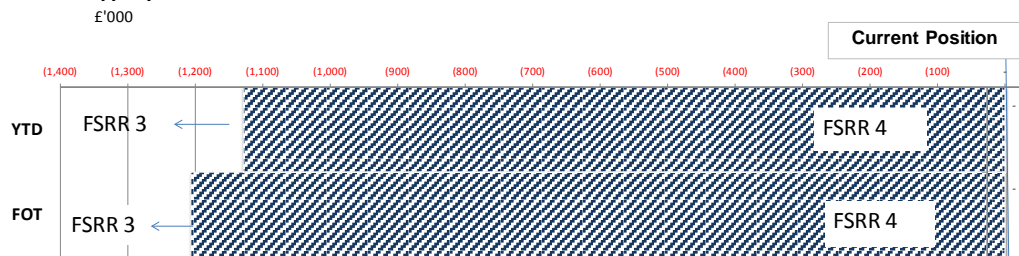
Enc E

Category	Sub-set	Metric (New indicators)	Period	Plan	Actual	Variance	Trend	Key Points
Quality	Caring	No of complaints received	Month	9	9		NA	
			Quarter	26	39		NA	
		No of concerns received	Month	18	34		NA	
			Quarter	53	121		NA	
		No of compliments received	Month	72	97		NA	
			Quarter	217	292		NA	
		No of incidents requiring Duty of Candour	Month	2	1		NA	This figure will fluctuate based on the outcome of investigations.
			Quarter	8	1		NA	This figure will fluctuate based on the outcome of investigations.
	Effective	% of in-patients with a recorded capacity assessment	Month	100%	77%			
			Quarter	100%	NA	NA	NA	
		% of patients with a care plan in place, reviewed within last 12 months	Month	90%	95.29%		NA	
			Quarter	90%	95.79%		NA	
		No of seclusion forms not received by MHA Office	Month	0	NA	NA	NA	Monthly seclusion episodes data available from next month
			Quarter	0	10		NA	
		% of CTO rights forms received by MHA Office	Month	100%	75%		NA	Relates to whole cohort of patients
			Quarter	NA	NA	NA	NA	
		% of in patient older adults rights forms received by MHA Office	Month	100%	100%		NA	
			Quarter	100%	100%		NA	
	Responsive	% uptake of Flu Jabs by staff	Month	45%	26%			This is an estimated figure
			Year	45%	22.7%			Relates to 2015.16 campaign
		% of policies in date	Month	95%	91.5%		NA	
			Quarter	95%	99.3%		NA	
	Well Led	% of staff who have received Clinical Supervision, within defined timescales	Month	90%	31.93%			
			Quarter	90%	NA	NA	NA	
		% of staff who have received Management Supervision, within defined timescales	Month	90%	48.06%			
			Quarter	90%	NA	NA	NA	
		No of outstanding actions following serious Incident investigations	Month	0	0			
			Quarter	0	2			
		No of outstanding actions following complaint investigations	Month	0	44		NA	With operational teams to resolve
			Quarter	0	NA	NA	NA	
		No of outstanding actions following CQC comprehensive review report	164	0	108			86% of all the actions are either complete or in progress

Financial Section

The FSRR at the end of September is a 4 which is in line with plan. The forecast on the current metrics (as of end of September) continues to be a rating of 4 as per the plan.

The headroom down to a FSRR of 3 (current metrics) year to date and forecast is £1.1m and £1.2m respectively. The headroom is shown in the graph below:



The year to date FSRR at the end of each of the quarters is shown in the table below:

	YTD @ Quarter 1		YTD @ Quarter 2		YTD @ Quarter 3		YTD @ Quarter 4	
	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual
Capital Service Capacity rating	2	3	3	3	3	3	3	3
Liquidity rating	3	4	4	4	4	4	4	4
I&E Margin rating	3	4	4	4	4	4	4	4
I&E Margin Variance rating	4	4	4	4	4	4	4	4
FSRR	3	4	4	4	4	4	4	4

Looking forward to next month when the new metrics within the Single Oversight Framework will come into effect, the performance for the last two quarters is shown below. It is important to note that the new metrics have been reversed and the best rating is a '1' as opposed to a '4'.

As part of the new framework Trusts are put into one of four segments which indicates their level of autonomy and regulatory support. We have been allocated a shadow segmentation of 3.

	YTD @ Quarter 1		YTD @ Quarter 2		YTD @ Quarter 3		YTD @ Quarter 4	
	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual
Capital Service Capacity rating	2	3	3	3	2	2	2	2
Liquidity rating	3	4	4	4	1	1	1	1
I&E Margin rating	3	4	4	4	1	1	1	1
I&E Margin Variance rating	4	4	4	4				
Difference to plan					1	1	1	1
Agency distance to cap			Overall Page Number		1	3	1	2
FSRR	3	4	4	4	1	2	1	1

Income and Expenditure

Enc E

Statement of Comprehensive Income

September 2016

	Current Month			Year to Date			Forecast		
	Plan	Actual	Variance Fav (+) / Adv (-)	Plan	Actual	Variance Fav (+) / Adv (-)	Plan	Actual	Variance Fav (+) / Adv (-)
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Clinical Income	10,654	10,362	(292)	63,559	61,978	(1,581)	127,406	124,345	(3,061)
Non Clinical Income	849	790	(59)	5,095	4,652	(443)	10,190	9,388	(802)
Employee Expenses	(8,376)	(8,048)	327	(50,948)	(48,166)	2,782	(101,492)	(96,838)	4,654
Non Pay	(2,164)	(2,322)	(158)	(13,072)	(13,301)	(230)	(26,298)	(27,190)	(892)
EBITDA	963	781	(182)	4,634	5,162	528	9,806	9,705	(100)
Depreciation	(295)	(271)	23	(1,767)	(1,631)	136	(3,534)	(3,452)	83
Impairment	0	0	0	0	(36)	(36)	(300)	(300)	0
Profit (loss) on asset disposals	0	0	0	0	0	0	0	0	0
Interest/Financing	(175)	(170)	5	(1,090)	(1,071)	19	(2,141)	(2,110)	30
Dividend	(133)	(146)	(13)	(800)	(813)	(13)	(1,600)	(1,613)	(13)
Net Surplus / (Deficit)	360	193	(167)	977	1,611	634	2,231	2,231	(0)
Technical adjustment - Impairment	0	0	0	0	(36)	(36)	(300)	(300)	0
Control Total Surplus / (Deficit)	360	193	(167)	977	1,647	670	2,531	2,531	(0)
Technical adjustment - STF Allocation	69	69	0	415	415	0	830	830	0
Underlying Net Surplus / (Deficit)	291	124	(167)	562	1,232	670	1,701	1,701	(0)

Due to the timing differences between the submission of the annual plan and the conclusion of contract negotiations a set of income and expenditure assumptions were included in the plan that are not in the actual or forecast position. Therefore there will be variances across Income, pay and non-pay but mostly with nil effect overall.

The Statement of Comprehensive Income shows both the control total of £2.5m which includes the Sustainability Transformation Fund (STF) and the underlying surplus / (deficit) against the underlying plan with the STF excluded.

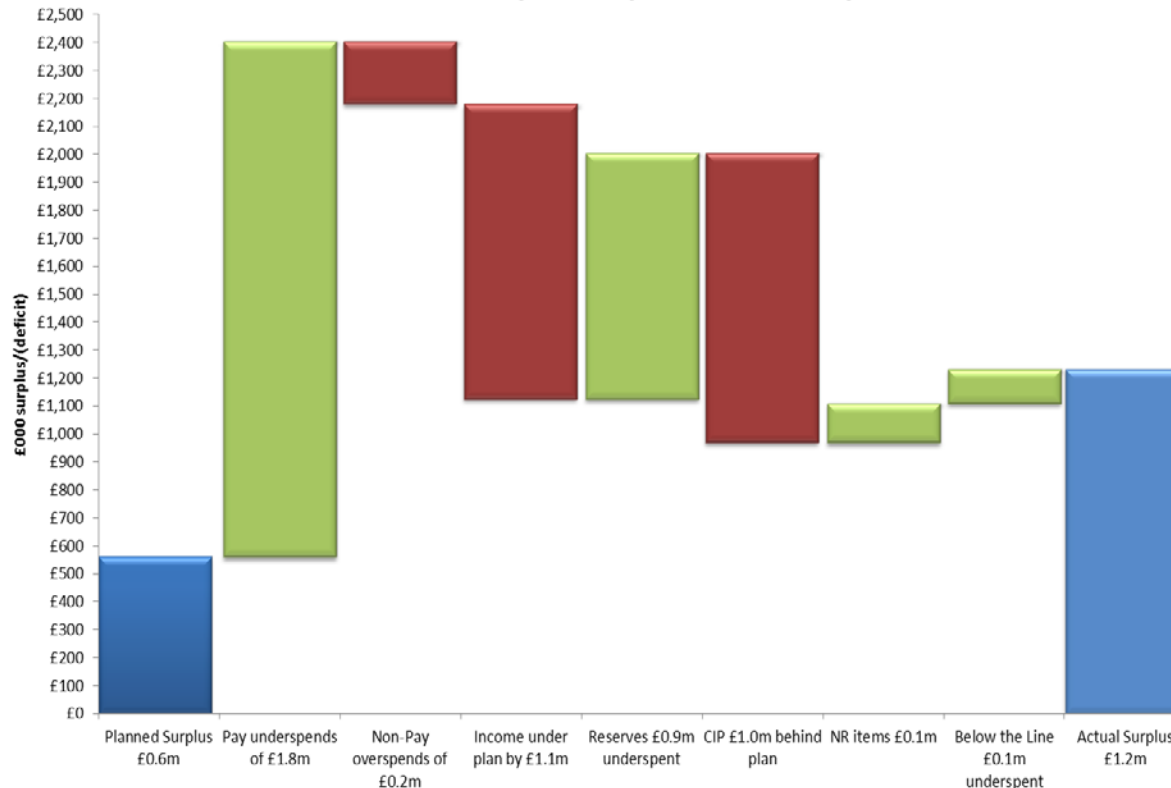
Clinical Income is £0.3m less than plan in month and is forecast to be £3.1m worse by the end of the year of which a significant proportion is due to differences in planning assumptions with offsetting expenditure reductions. There is however forecast underperformances on activity related income.

Non Clinical income is less than plan in the month by £59k and has a forecast outturn of £0.8m behind plan. £0.4m relates to a miscellaneous income target with no income forecast against it.

Pay expenditure is £0.3m less than the plan in the month and the year end position is £4.7m more favourable than plan which is due to planning assumptions (with offsetting income reductions) but also vacancies and recruitment.

Non Pay is overspent in the month by £158k and has a forecast outturn of £0.2k behind plan which mainly relates to Drugs and PICU expenditure.

Year to date actual surplus compared to Plan - September 2016



Summary of key points Enc E

Overall favourable variance to plan year to date which is driven by the following:

- Pay budget is significantly underspent which is mainly driven by vacancies across the Trust. Some of this relates to planning assumptions which are different to final contract negotiations (which is offset by corresponding income reductions), new service developments that are in the process of being recruited to. These also have associated non-pay underspends.
- Reserves are underspent in month as expenditure is forecast over the coming months and spans across the financial year, so is in a different phasing to the original plan.
- This is helping to offset the CIP which is behind plan year to date.

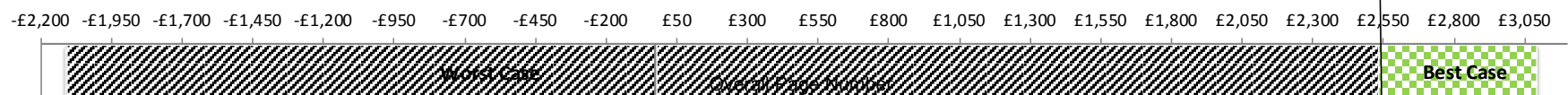
The forecast includes a set of assumptions based on knowledge and expectations at this point in time. There remains a large performance range from worst-case to best-case outturn which is primarily dependant on the mitigation of risks as well as factors such as recruitment, retention and agency expenditure levels.

Forecast Range

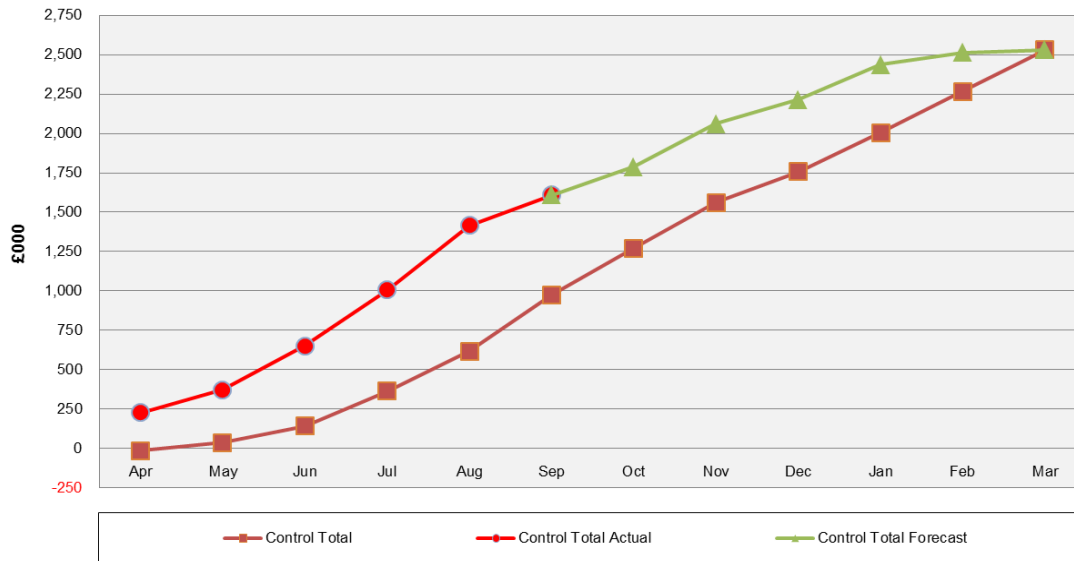
Best Case	Likely Case	Worst Case
£3.1m Surplus	£2.5m surplus	£2.1m deficit

£'000s

Forecast + surplus / - deficit



2016-17 Actual / forecast cumulative surplus / (deficit) compared to the Control Total



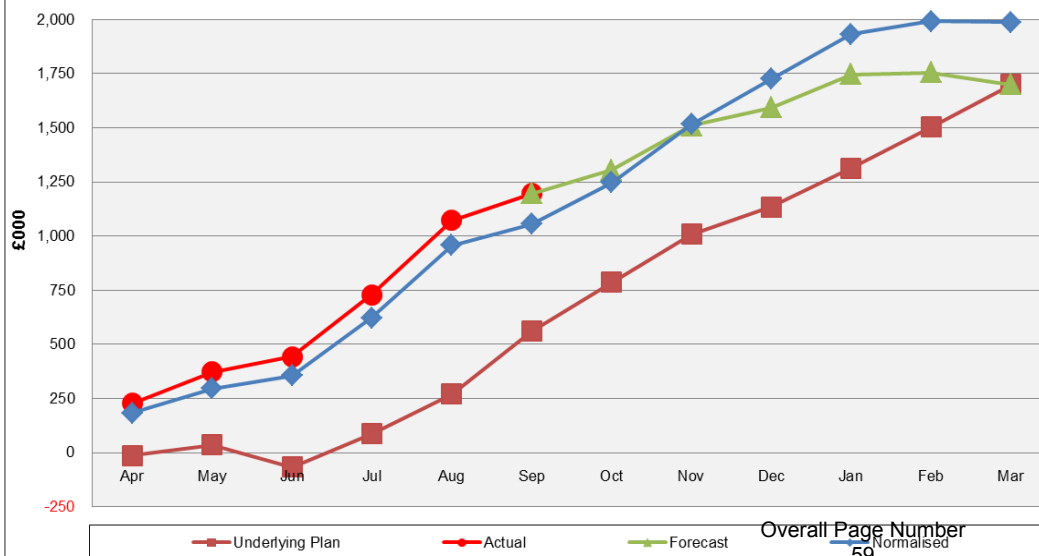
The first graph shows the actual and forecast cumulative surplus against the control total (including the Sustainability Transformation Fund (STF)). The surplus is forecast to remain ahead of plan in the first part of the financial year and then slowly reduce back down to the planned control total.

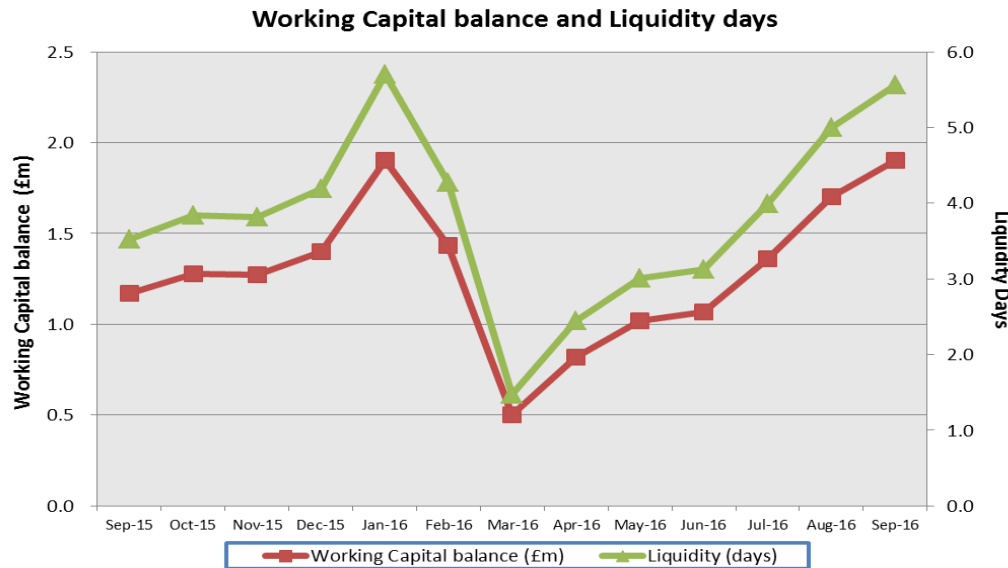
The second graph shows the underlying actual and forecast surplus against the underlying plan excluding the STF.

This graph also shows the normalised financial position. This is referring to the position removing any one off non-recurrent items of cost or income that is not part of the business as usual.

There is some additional non-recurrent income in the year to date and forecast position along with additional non-recurrent costs related to Governance Improvement Action Plan and additional resources. In the normalised position these have been removed.

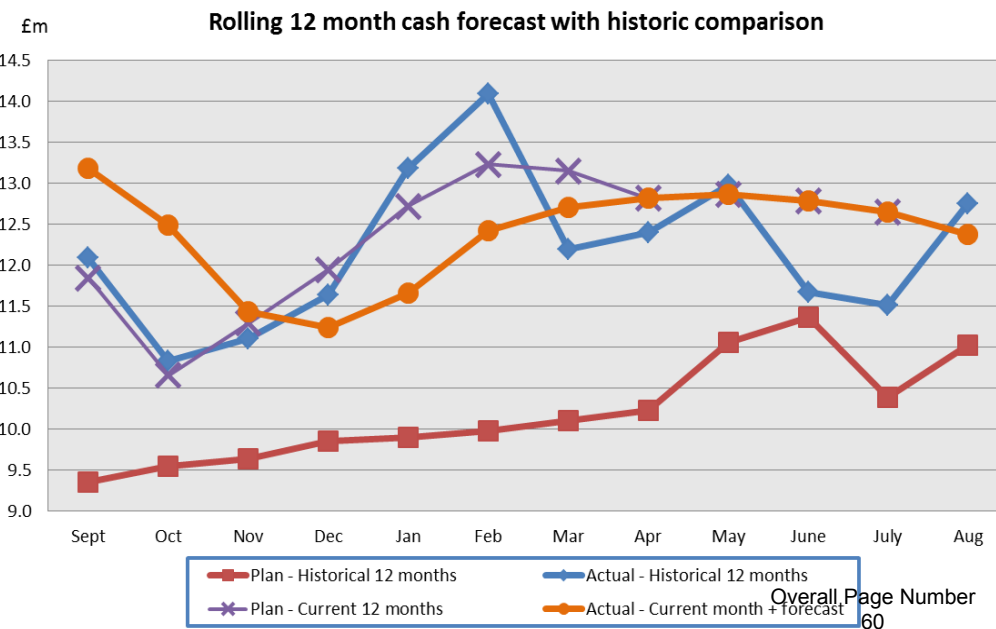
2016-17 Underlying cumulative surplus / (deficit) compared to Plan and Normalised surplus / (deficit)





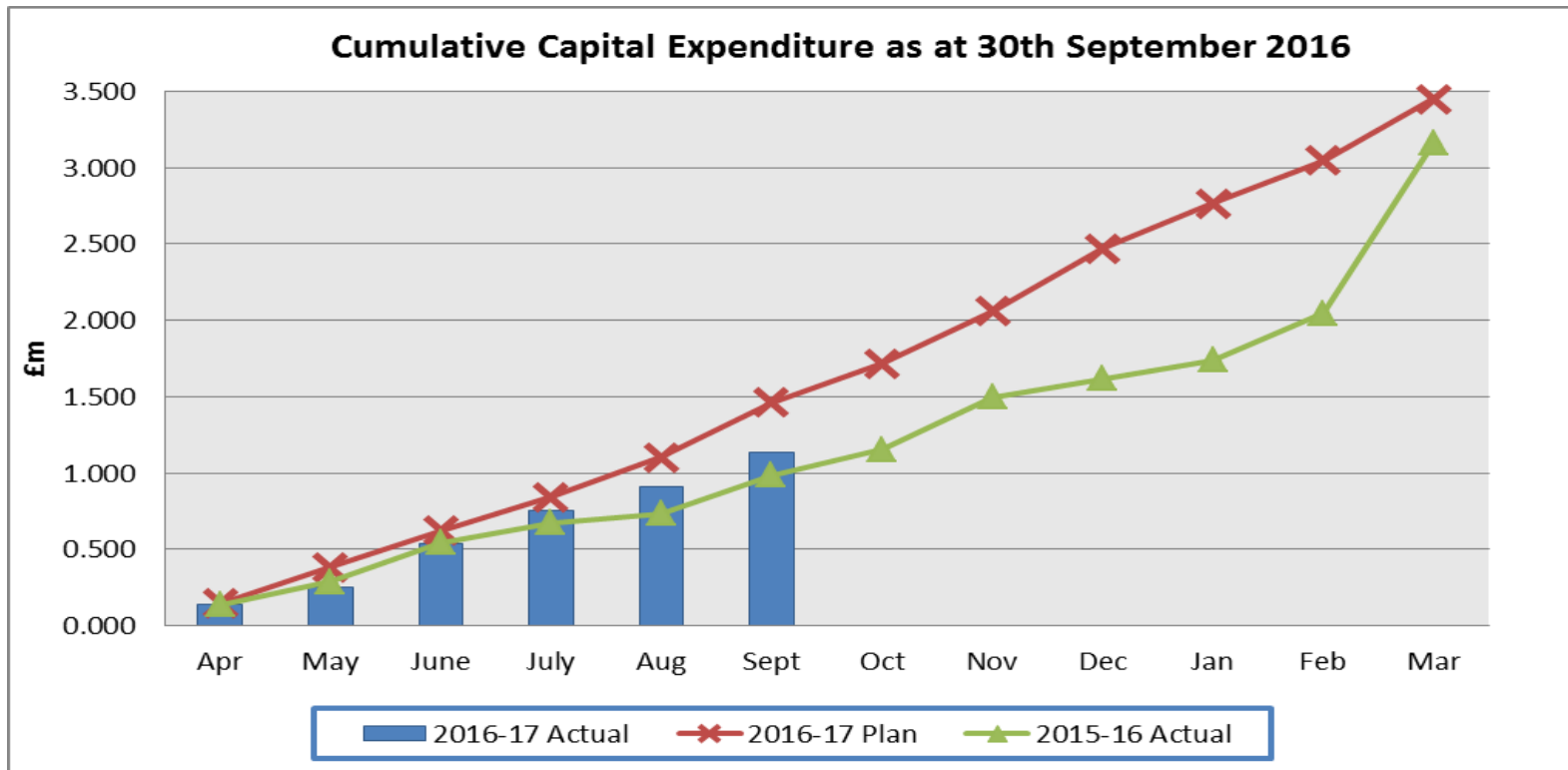
The first graph shows the working capital balance (net current assets less net current liabilities adjusted for assets held for sale and inventories) and how many days of operating expenses that balance provides.

During last financial year working capital continued to improve due to improved cash levels. The downward trend at the end of last financial year is reflective of the reduction in cash due to year end transactions. September continues to show a further improvement up to 5.6 days which still gives a rating of 4 on that metric (-7days drops to a rating of 3).



The Trust Board is reminded that sector benchmarking information recently provided by external auditors illustrates that the peer average continues to be around +24 days, therefore our liquidity must remain a strategic priority for us to continue to improve.

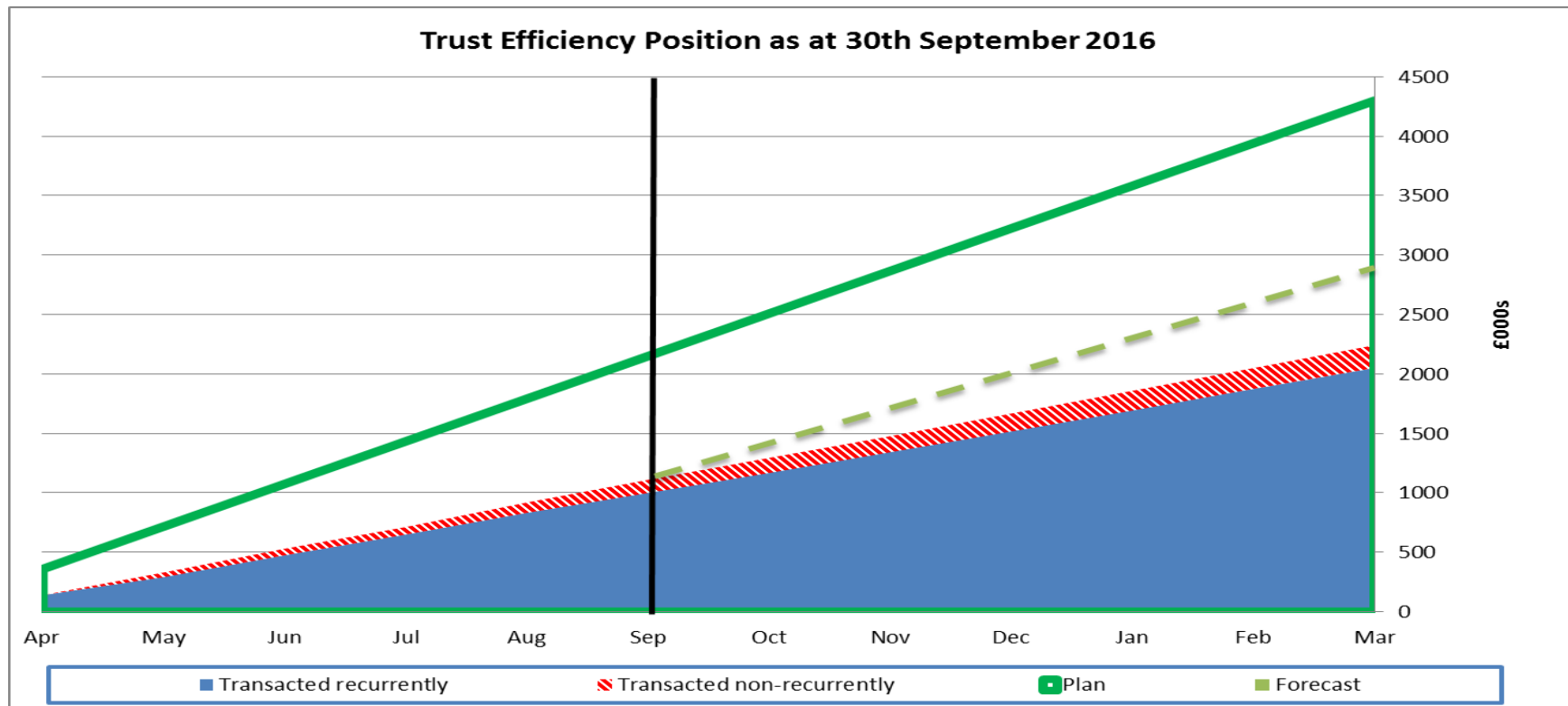
Cash is currently at £13.2m which was £1.3m better than the plan at the end of September. This is mainly driven by the Income and Expenditure surplus.



Capital Expenditure is £323k behind plan year to date but is forecast to spend to the plan of £3.45m by year end.

The 2016/17 schemes are regularly reviewed by Capital Action Team (CAT) including the reprioritisation to fund any new schemes. Some reprioritisation of schemes has already taken place to date this year in order to fund more urgent schemes. Capital Action Team members are currently collating a list of all CQC-related capital requirements in order to inform the prioritisation for the remainder of the year.

Cost Improvement Programme (CIP)



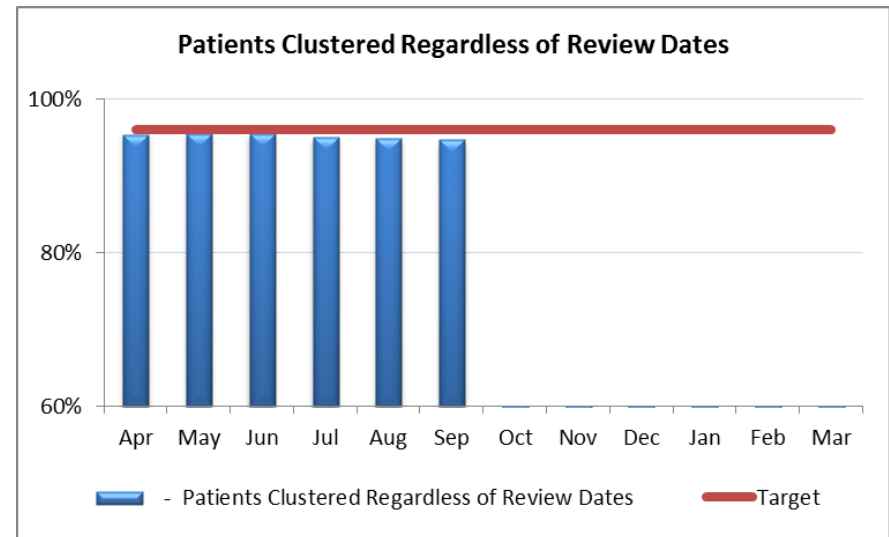
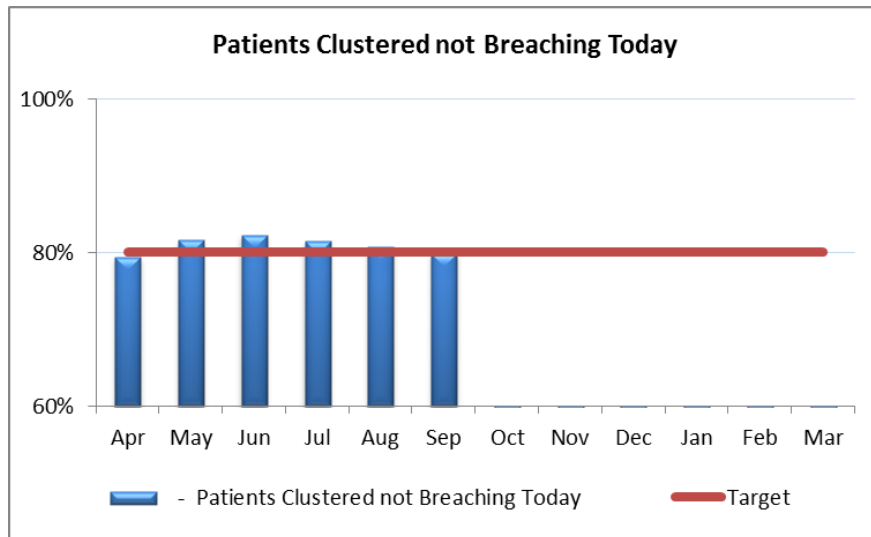
At the end of September there was a shortfall against the year to date plan of £1.039m. The full year amount of savings identified at the end of September reporting is £2.2m leaving a gap of £2.1m.

The forecast assumes that a further £0.7m will be achieved by the end of the financial year leaving unfound CIP of £1.4m. This underachievement is compensated for by cost avoidance and other underspends in the overall position.

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

Operational Section

Clustering

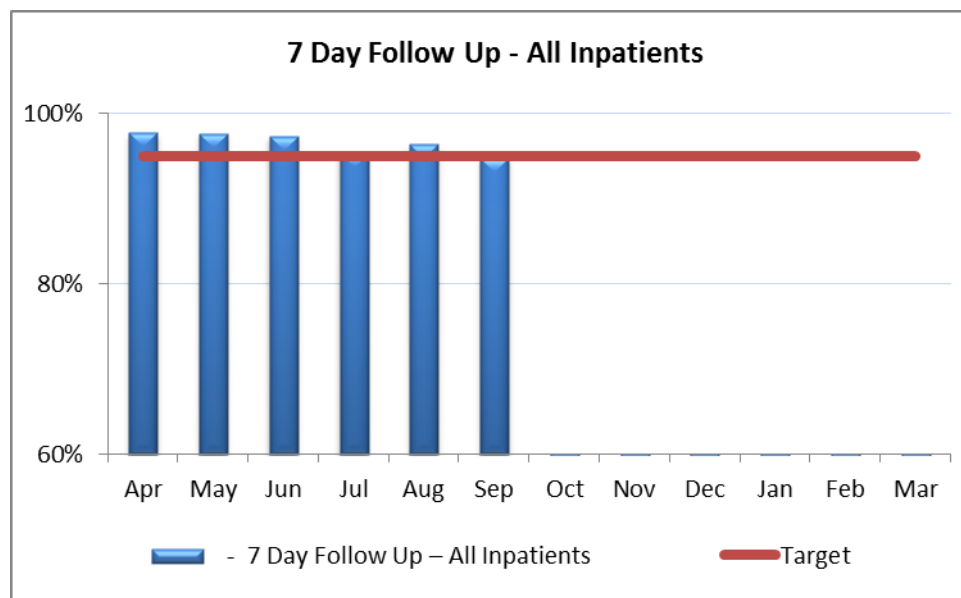


The majority of clinicians now successfully manage their PbR caseloads either independently or through positive engagement with available support.

Solutions being deployed on an ongoing basis:

- to data cleanse
- to make improvements in practitioner clustering
- to highlight to staff responsible for clustering the issues needing to be resolved
- PbR Advisors continue to target support to those clinicians with the largest clustering backlogs.
- Taught Course “Understanding HoNOS and Care Clusters – Flustered About Clusters?” has now been introduced.

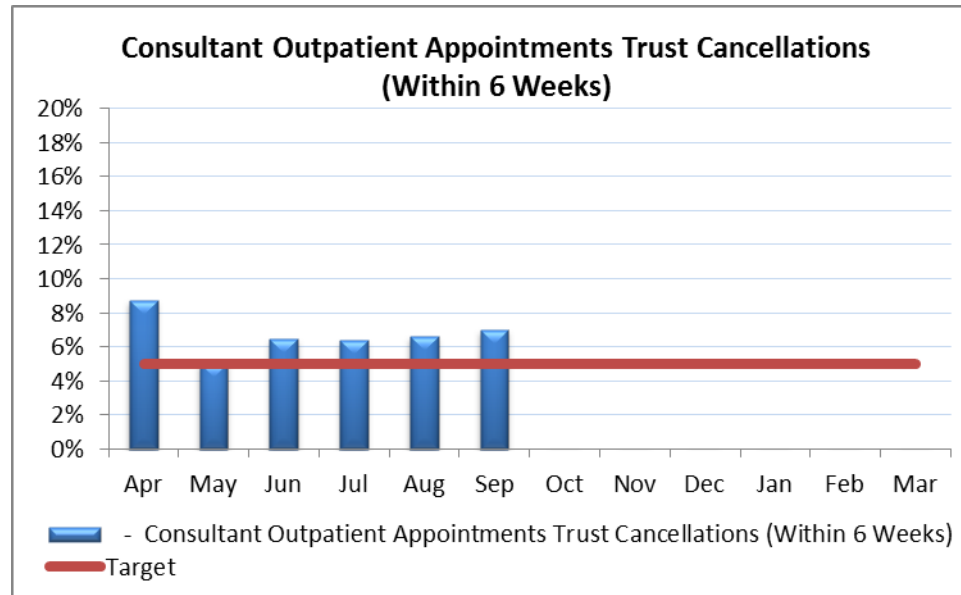
7 Day Follow Up - All Inpatients



The main reasons given for not being able to follow-up within 7 days were difficulties contacting patients despite multiple attempts. This will continue to be monitored. The specific circumstances for each breach were;

Discharge Ward	Comments
Morton Ward	Patient had a follow up appointment with In reach for 30th September 2016, he failed to show for this and did not have a telephone number for contact and had changed his address
Ward 36	Telephone contact made with patient on 5/10/2016 (day 7). Patient informed us that they were in London, has registered with a GP and is awaiting allocation of a CPN.
Tansley Ward	Patient failed to attend the follow-up appointment. Contact made with Barnados who advised that the patient had been with them most of the morning and was their usual self.
Tansley Ward	Several attempts made to make contact in person and on the telephone but without success.
Morton Ward	Discharged in their absence. No history of self-harm. No risk of suicide. Follow-up was arranged via their family member, but they failed to attend. Several attempts have been made to make contact but without success.

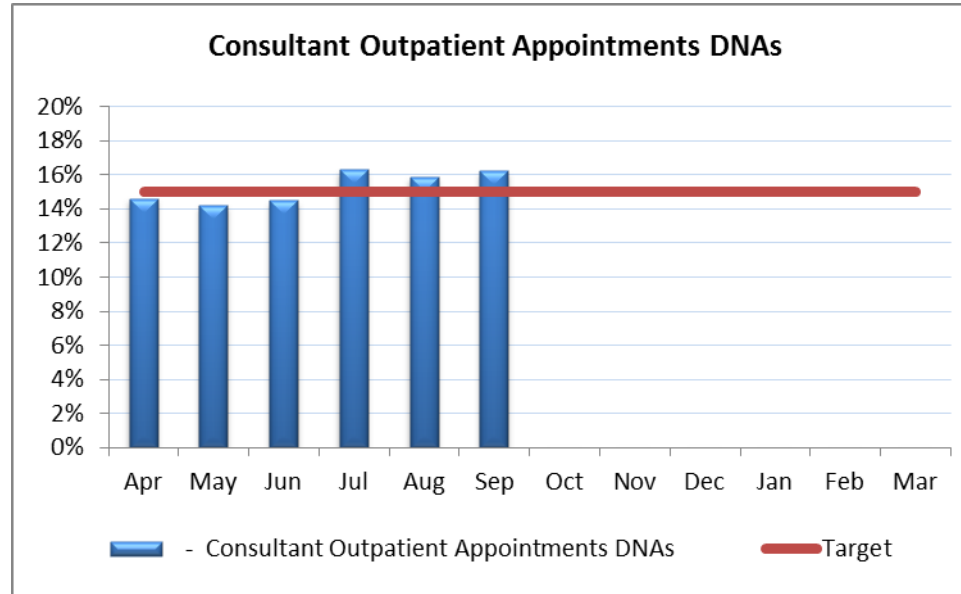
Consultant Outpatient Appointments Trust Cancellations (within 6 weeks)



The main reasons given for cancellation were consultant sickness, annual leave, having to attend an inquest and junior doctors on nights.

- Associate Clinical Directors to review cancellation reasons and discuss with consultant concerned where the reason does not appear valid, if applicable.
- List of clinic cancellation reasons has been agreed and added to Paris by IM&T to enable easier reporting and monitoring. IM&T have adapted Paris to enable the recording of cancellation reasons for individual appointments, not just whole clinics.

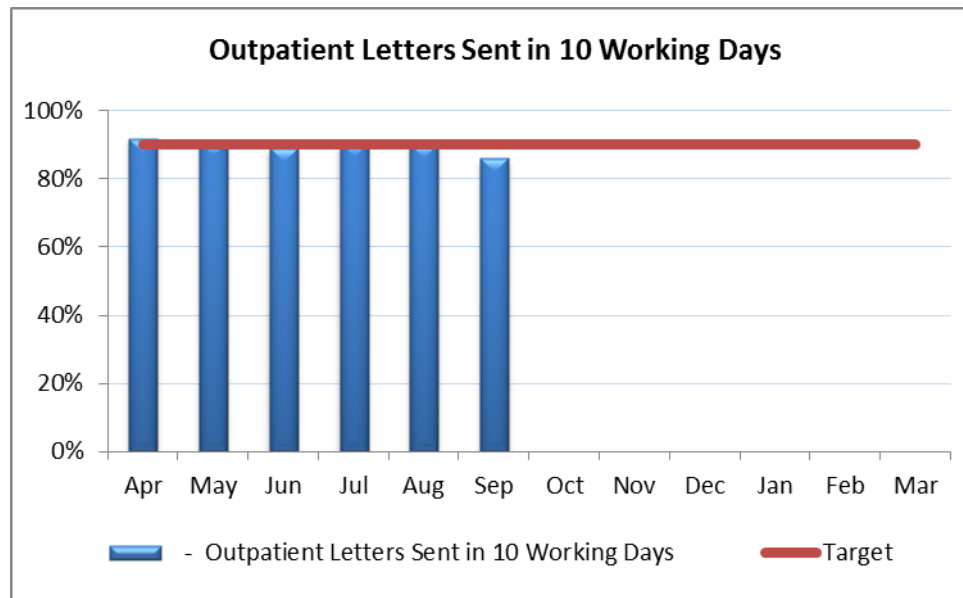
Consultant Outpatient Appointments DNAs



The rate of DNAs was above the target threshold once again. Where mobile numbers are recorded on Paris we send out text message reminders, however these will only prove to be effective if the mobile numbers held on file are current.

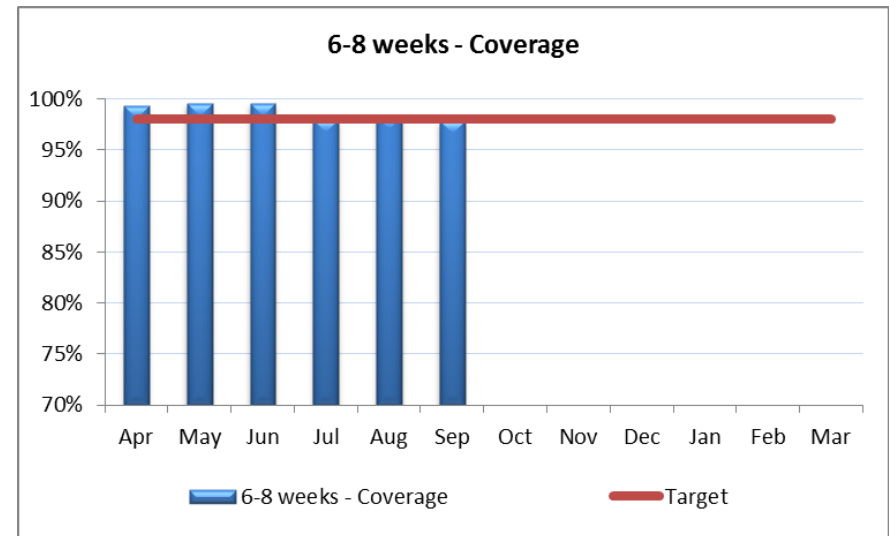
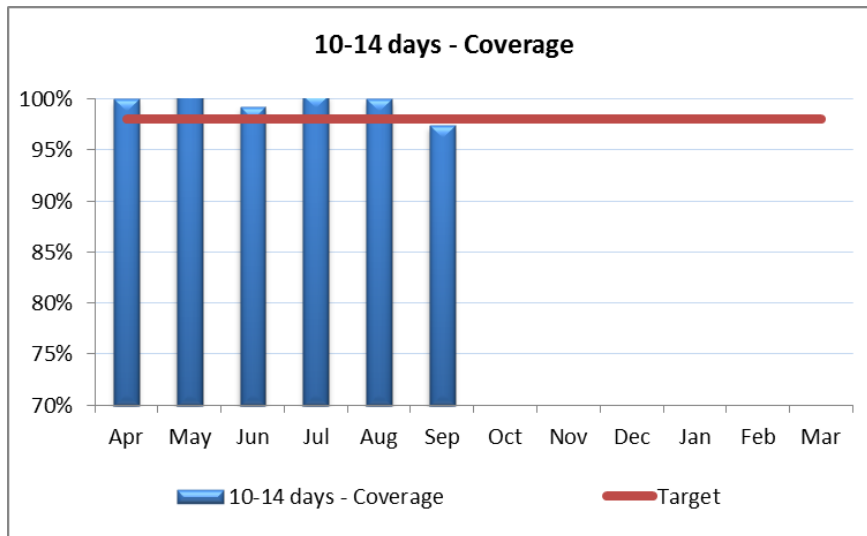
- The Divisional Admin Coordinator and Professional Lead has been requested to review outpatient administration processes.
- To continue to monitor

Outpatient Letters Sent in 10 Working Days



The main reason for the under performance was an IT issue which resulted in secretaries not being able to process dictations for several days. The supplier, DictateIT, has now investigated and fixed the problem.

10-14 day and 6-8 weeks breastfeeding - Coverage



Coverage can be attributed to low staffing levels, a changing service and no Infant Feeding Co-ordinator in post; a result of not being able to recruit. The actions in place are;

- Accurate recording of coverage to be improved in some teams.
- To explore a temporary solution until the Infant Feeding Co-ordinator post is filled.

WARD STAFFING

Enc E

Ward name	Occupancy % Rate	Day		Night		Comments Required	Analysis and Action Plan for 'Average fill rate' above 125% and below 90%
		Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)		
AUDREY HOUSE RESIDENTIAL REHABILITATION	75.00%	169.2%	65.7%	143.3%	56.7%	Yes	We currently have two vacant RMN posts and are in the process of shortlisting at the present time.
CHILD BEARING INPATIENT	79.44%	114.9%	145.6%	100.0%	110.3%	Yes	Fill rate tolerances for care staff on days was broken due to long term sickness absence and increased engagement levels supporting mothers with infant care.
CTC RESIDENTIAL REHABILITATION	86.81%	105.4%	95.2%	100.0%	103.3%	No	
ENHANCED CARE WARD	84.67%	80.6%	110.1%	52.5%	154.0%	Yes	No comment received
HARTINGTON UNIT - MORTON WARD ADULT	93.33%	102.8%	103.1%	67.9%	189.2%	Yes	During September Morton Ward had 6.36 registered nurse vacancies, therefore the majority of the night shifts were staffed by 1 x registered nurse and 2 x Health Care Assistants, rather than the 2 x registered nurse and 1 x Health Care Assistant ratio.
HARTINGTON UNIT - PLEASLEY WARD ADULT	103.33%	101.1%	78.6%	92.6%	119.4%	Yes	Throughout September the Ward has experienced short term sickness and a period of longer term sickness, both HCA related. This had impacted on our HCA figures. Although the shifts have been put out to nurse bank and we have attempted to cover through substantive staff this has not always been successful.
HARTINGTON UNIT - TANSLEY WARD ADULT	90.56%	70.1%	137.1%	52.5%	190.3%	Yes	Tansley Ward is currently running with a high level of Band 5 vacancies against funded posts. In September there were 8.2 whole time equivalent (wte) Band 5 vacancies and only 9.7 wte Band 5 nurses in post. 2 x newly qualified Band 5 nurses commenced in post part way through September as per the information below but have started on supernumary status. The impact of the vacancies and absence has been significant on our ability to maintain minimum numbers of Band 5 nurses on shift at 2/2/1.

WARD STAFFING

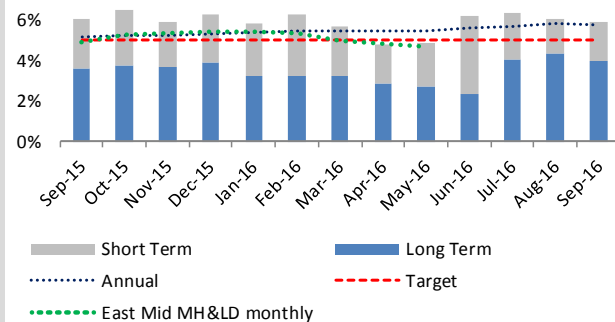
Enc E

Ward name	Occupancy % Rate	Day		Night		Comments Required	Analysis and Action Plan for 'Average fill rate' above 125% and below 90%
		Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)		
KEDLESTON LOW SECURE UNIT	89.67%	106.6%	91.1%	100.0%	100.0%	No	
KINGSWAY CUBLEY COURT - FEMALE	74.81%	100.9%	89.3%	78.3%	116.7%	Yes	We have R/N vacancies - which we are actively looking to recruit into.
KINGSWAY CUBLEY COURT - MALE	88.89%	74.8%	126.8%	73.3%	150.0%	Yes	Cubley Court Male currently have 5 registered nurses vacancies out of 15 funded posts. We are struggling to recruit - this means that we are struggling to ensure two registered staff on night shifts as well as day. We have been running on higher staffing levels due to complexity of patient need which will be indicated in increased care staff levels, as well as increased care staff filling registered shifts
LONDON ROAD COMMUNITY HOSPITAL - WARD 1 OP	99.79%	127.5%	63.3%	73.3%	150.0%	Yes	During the month of September there was registered nurse and Nursing assistant sickness. There was also a week with Block training which 2 registered nurses and 1 nursing assistant attended On occasions Registered staff have supported other areas on days and nights x 12 over the course of the month which has impacted on our figures. Registered nurse 22.5 hours left the ward.
LONDON ROAD COMMUNITY HOSPITAL - WARD 2 OP	87.08%	111.7%	89.9%	116.7%	138.4%	Yes	The nursing assistant shifts were over the establishment due to observation levels and high clinical activity on the ward
RADBOURNE UNIT - WARD 33 ADULT ACUTE INPATIENT	92.00%	98.6%	97.7%	94.6%	100.0%	No	
RADBOURNE UNIT - WARD 34 ADULT ACUTE INPATIENT	94.83%	86.9%	125.8%	54.2%	366.7%	Yes	Ward 34 continue to carry a high number of registered nurse vacancies, 3 new starters have commenced but vacancies remain high. Clinical activity has also been consistently high with increased number of engagement levels and the increased use of bank staff.
RADBOURNE UNIT - WARD 35 ADULT ACUTE INPATIENT	88.17%	77.8%	124.4%	84.5%	123.1%	Yes	We have current RN vacancies which we are recruiting into.
RADBOURNE UNIT - WARD 36 ADULT ACUTE INPATIENT	97.33%	93.3%	110.9%	100.0%	123.4%	No	

Workforce Section

Sickness Absence

(Monthly)



Jul-16

6.32%

Aug-16

6.08%

Sep-16

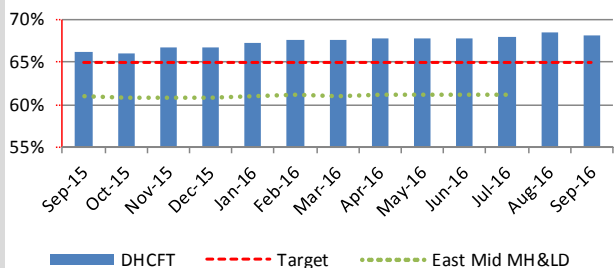
5.89%

Target 5.04%

The Trust annual sickness absence rate is currently 5.77%. Monthly sickness absence is 0.19% lower than the previous month and is 0.20% lower than the same period last year. In June 2016 there was a large increase in short term absence caused by traditional long term absence reasons which has now developed into long term sickness. Anxiety / stress / depression / other psychiatric illnesses remains the Trusts highest sickness absence reason and accounts for 30.21% of all sickness absence, followed by surgery at 10.22%, other musculoskeletal problems at 9.95% and injury/fracture at 7.80%.

Qualified Nurses

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



Jul-16

67.95%

Aug-16

68.36%

Sep-16

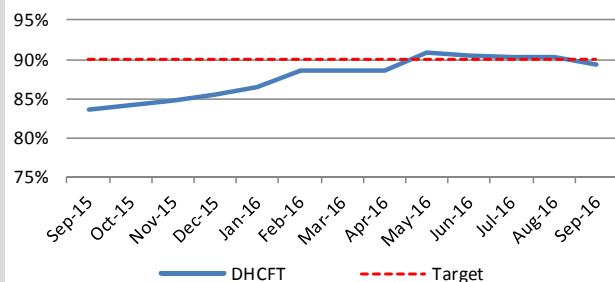
68.07%

Target 65%

Contracted staff in post qualified nurses to total nurses, midwives, health visitors and healthcare assistants is running at 68.07%. Vacancy rates can impact on this measure. The average for East Midlands Mental Health & Learning Disability Trusts is 61.19%. Health Visitors represent 5.51% of the Trust total and are not included in the Qualified Nurses calculation. Healthcare Assistants and Nursing Support staff represent 26.42% of the total.

Compulsory Training

(Staff in-date)



Jul-16

90.31%

Aug-16

90.23%

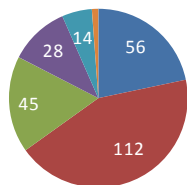
Sep-16

89.26%

Target 90%

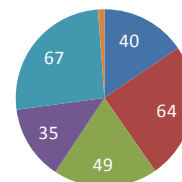
Compulsory training compliance continues to remain high running at 89.26%, a decrease of 0.97% compared to the previous month. Compared to the same period last year compliance rates are 5.71% higher. Compulsory training compliance remains above the 85% main contract commissioning for quality and innovation (CQUIN) target and is just below the Trust target.

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



- 1 - Extremely Likely
- 2 - Likely
- 3 - Neither likely nor unlikely
- 4 - Unlikely
- 5 - Extremely unlikely
- 6 - Don't Know
- 7 - No Response

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



Overall staff engagement

2014
3.75

2015
3.73

National Average
3.81

Appraisals

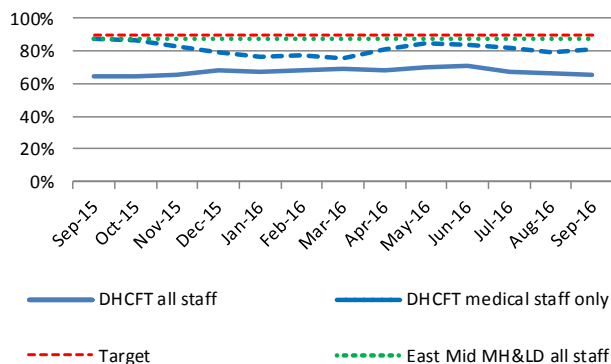
(All staff)

Jul-16
67.19%

Aug-16
66.29%

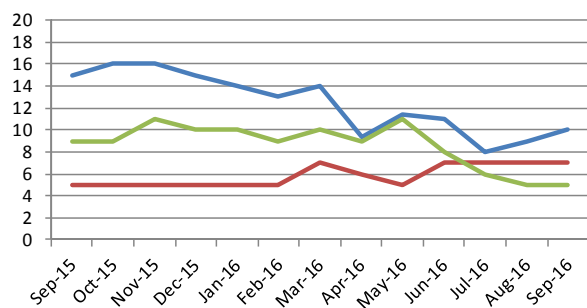
Sep-16
65.88%

Target 90%

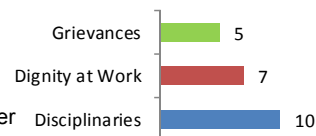


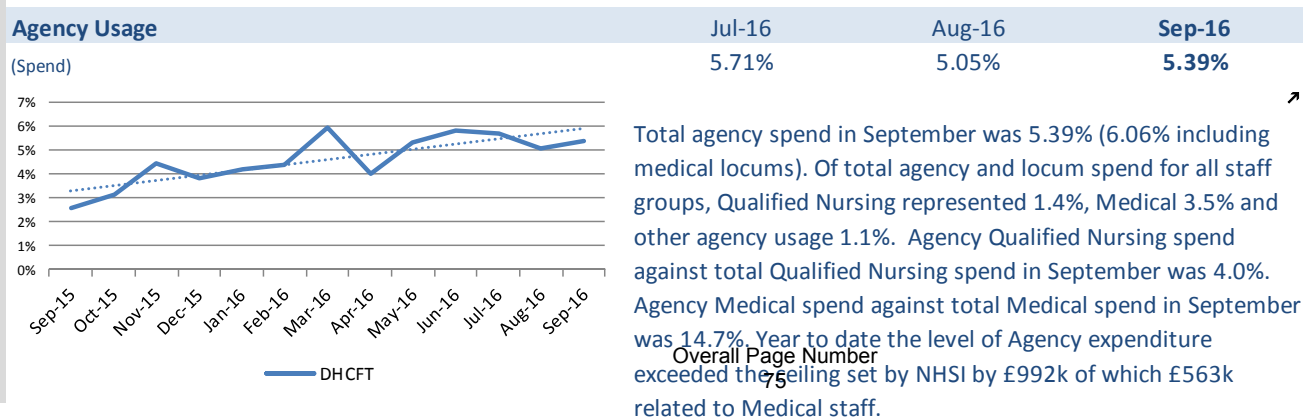
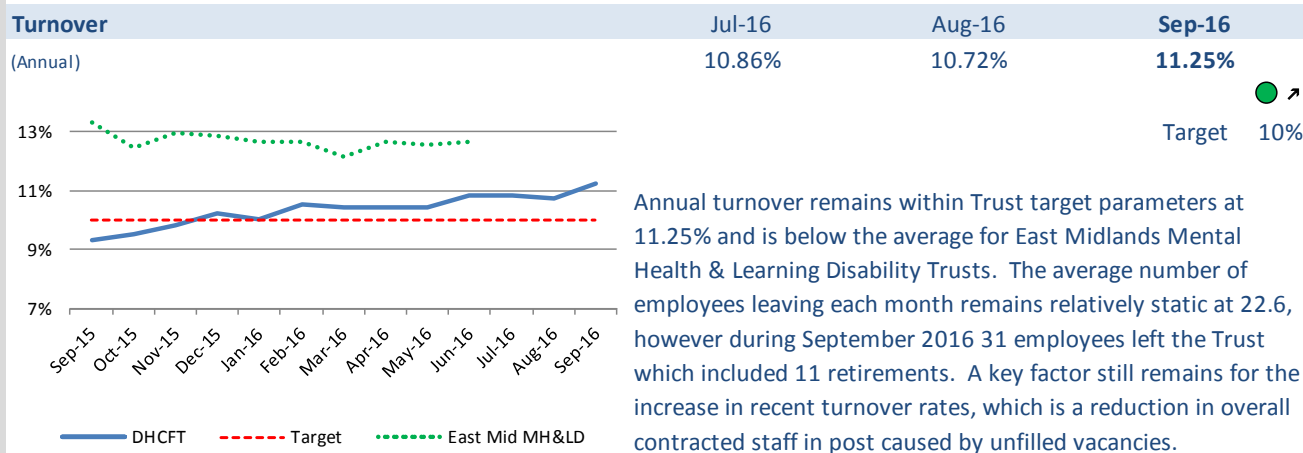
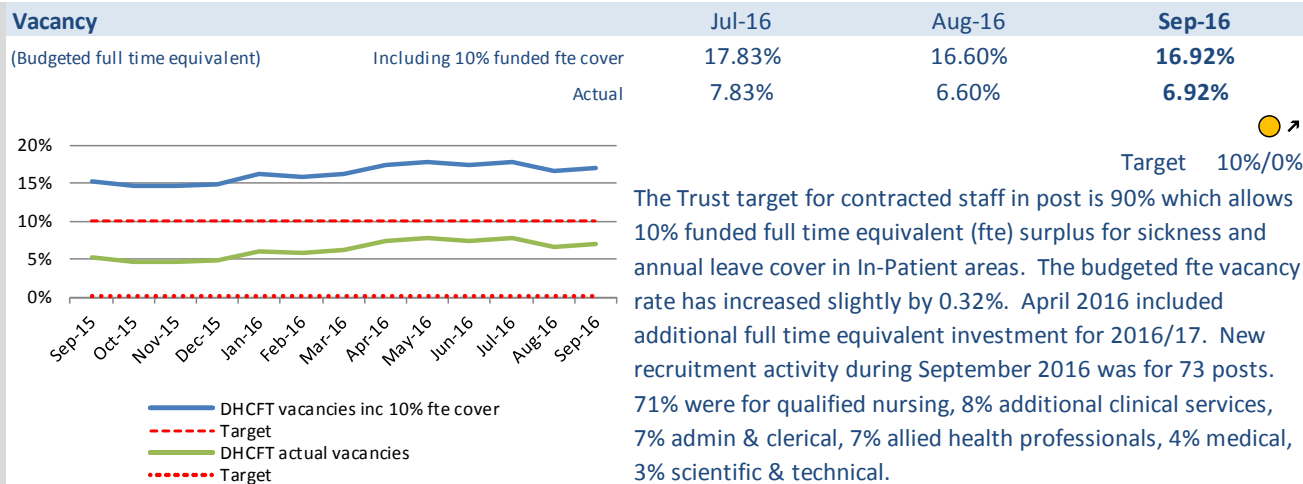
The number of employees who have received an appraisal within the last 12 months has decreased by 0.41% during September 2016 to 65.88%. Compared to the same period last year, compliance rates are 1.82% higher. Medical staff appraisal compliance rates are running at 80.73%. According to the latest staff survey results, the national average for Mental Health & Learning Disability Trusts is 91%. Local benchmarking data for a range of Trusts in the East Midlands shows an average completion rate of 77.33%.

Grievances/Dignity at Work/Disciplinaries as at 30/09/16



There are 5 grievances currently lodged at the formal stage, no new grievencys have been lodged and efforts continue to resolve the issues. There are 7 dignity at work cases currently lodged, no new cases and efforts continue to bring existing cases to a conclusion. There are 10 disciplinaries in progress, 2 cases have been resolved and 3 new cases have been received during September.





Quality Section

Strategic Risks (Board Assurance Framework)

Enc E

Risk Description	Risk rating	Trend
1a) Failure to achieve clinical quality standards	HIGH	↔
1b) Lack of compliance with equality legislation	HIGH	NEW
1c) Risk to delivery of care due to being unable to source sufficient clinical staff		NEW
2a) Risk to delivery of national and local system wide change.	HIGH	↔
3a) Loss of public confidence due to Monitor enforcement actions and CQC requirement notice and adverse media attention	HIGH	↔
3b) Loss of confidence by staff in the leadership of the organisation at all levels	HIGH	↔
3c) Risk that turnover of the Board members could adversely affect delivery of the organisational strategy	MED	↔
4a) Failure to deliver short term and long term financial plans	EXTR	↔
4b) Failure to deliver the agreed transformational change at the required pace	HIGH	↔

A further 2 new risks have been added to the BAF this month. These are 1b – compliance with equality legislation and 1c – sourcing of sufficient permanent and temporary clinical staff

Clinical Risks (Significant). *The list below relates to themes from across a number of risk assessments recorded on Datix*

Risk Description	Risk rating	Trend
Significant staffing level risks across a number of service areas remain: Radbourne Unit, pharmacy, paediatricians, psychology, neighbourhood teams. In the last month the Memory Assessment Service and CAMHS have identified high risks associated with staffing.	HIGH (Extreme for paediatricians)	↔
Associated with the number of staff vacancies, staff are identifying increases in work related stress and increased risks of violence and aggression on the Radbourne Wards	HIGH	↔
Exceeding of the agency cap for reasons of patient safety	HIGH	↑
Increased risk of fire identified on some inpatient wards associated with the smoking ban continues to be raised, although currently no increases in actual fires	HIGH	↔
New high level operational risks with respect to discharge from the DRH and transfer across neighbourhood boundaries.	HIGH	NEW

Derbyshire Healthcare NHS Foundation Trust
Report to Council of Governors 24 November 2016

Governors Nominations & Remuneration Committee

Purpose of Report

The paper provides an update on the meetings of the Nominations and Remuneration Committee, held on 21 September 2016, 11 November and 23 November 2016.

Executive Summary

The Governors Nominations & Remuneration Committee has met four times since the last Council of Governors Meeting.

At its meeting on 21 September 2016, the Committee:

- Reviewed and approved a proposed job description for the Senior Independent Director (SID) for discussion and agreement with the SID
- Agreed the recruitment and selection process for the Clinical Non-Executive Director (NED) post, including the advertisement, timeline, job description and person specification
- Recommended the appointment of Richard Wright as NED for a three year period and Barry Mellor on a one year contract.
- Recommended the appointment of Julia Tabreham as Deputy Chair from 1 November 2016.
- Received exit interview feedback from Phil Harris.
- Noted NED representation on Board Committees.

The recommendations as outlined were approved at the Extraordinary Council of Governors meeting held on 12 October 2016.

At its meeting on 11 November 2016, the Committee:

- Shortlisted candidates for the Clinical NED role.
- Agreed arrangements for the interview day to include stakeholder groups, and discussed potential questions for candidates

A further meeting was held on 14 November to which all governors were invited. Draft minutes from this meeting and matters arising will be discussed in confidential session of the Council of Governors.

The meeting of 23 November 2016 was convened for the interview of candidates for the Clinical NED Role. A separate paper with recommendations to appoint as appropriate will be tabled.

Strategic considerations

- By delivering its terms of reference the Committee is operating in line with the Trust's Corporate Governance Framework.

Assurances

- The Terms of Reference will be used by the Committee to populate the year work plan for the Committee and the Committee will report against its effectiveness in terms of complying with the Terms of Reference in an end of year report to Council of Governors (CoG).
- The Council of Governors can be assured from the updates provided that the Committee is meeting its requirements as set out in the Terms of Reference and statutory responsibilities..

Consultation

- Governors consulted through involvement in Committee. .

Governance or Legal issues

- By following its Terms of Reference the Committee is following and practicing good governance.

Recommendations

The Council of Governors is asked to:

- Receive the report of the meeting of 21 September, 11 November and 23 November

Report prepared by: Donna Cameron
Corporate Services Officer

Report presented by: Sam Harrison
Director of Corporate Affairs & Trust Secretary

Derbyshire Healthcare NHS Foundation Trust

Report to the Council of Governors 24 November 2016

Feedback from Non-Executive Directors on Operational Plan 2017-19**Purpose of Report**

A Governors Development session was held on 15 November 2016 where the operational planning process was outlined and governors were given the opportunity to feed in their views. Governors asked to receive feedback on key points raised by the Non-Executive Directors so that these could be discussed at the Council of Governors 24th November.

Summary of Key Points

Key points raised by Non-Executive Directors at their Board Development session on the 16th November were:

- Overall feedback was that there needs to be more quantifiable figures in each section describing where we are now and where we want to be including KPI's (across the board but particularly finance, workforce and quality) – specific chapter leads have been asked to consider where information may be added.
- Assumption that the GIAP actions are complete by the start of this plan

Quality Section

- Need to remove large parts of references to the STP as this is covered in another section
- Needs more information on CQC and quality governance
- Need to ensure we have alignment with the 5 Year Forward View Quality Objectives
- Need to ensure that we are not under-selling ourselves with regard to all the work we have done and continue to do with regard to the CQC feedback

Workforce

- Recognition that the STP references are valid however it was suggested that we put in 'for this Trust it means...'
- Recognition of the actions the People and Culture Committee are putting in place
- If possible include the position now and where we want it to be

Finance

- Acknowledged that tables will be added but where possible have something that shows where we are now and where we want to be
- Under 'Procurement' need to be much clearer about what is happening in this Trust and what it means for us

STP

- Include reference to feedback from centre that the Derbyshire STP includes more on Mental Health than any other area, with key links to the 5 Year Forward View.
- Strengthen the section related to the Strategic Options Case to include reference

to moving to Outline Business Case and Full Business Case

Membership

- Need to include more about the next 12 months i.e. looking forward

Governors also requested to discuss the draft Operational Plan at the informal meeting of governors and Non-Executive Directors scheduled from 11.30-12.30 on 24 November. Feedback from this meeting and any issues arising to be taken forward will be raised as part of the Council of Governors agenda item for the formal record.

Strategic Considerations

The organisation faces significant challenges over the next 1-2 years in terms of the transformation of clinical services and with the wider challenges facing the Trust from a financial, clinical and operational perspective.

Assurances

This report should be considered in relation to the financial risk contained in the Board Assurance Framework 2015/16:

- 1a Failure to achieve clinical quality standards required by our regulators which may lead to harm to service users
- 2a Risk to delivery of national and local system wide change. If not delivered this could cause the Trusts financial position to deteriorate resulting in regulatory action
- 4a Failure to deliver short term and long term financial plans could adversely affect the financial viability and sustainability of the organisation
- 4b Failure to deliver the agreed transformational change, at the required pace could result in reduced outcomes for service users, failure develop financial requirements and negative reputational risk

Consultation

The Operational Plan has been reviewed by the Executive Leadership Team. The DRAFT plan was considered at both a Governors Development session and a Board Development session.

Governance or Legal Issues

There are no governance or legal exceptions to note.

Equality Delivery System

This report has a neutral impact on REGARDS groups.

Recommendations

1. Note the Non-Executive Director comments regarding the DRAFT Operational Plan
2. Note the following timeframes for development of the final Operational Plan:

Date	Item
15 November 2016	Draft Operational Plan presented to the Council of Governors
16 November 2016	Draft Operational Plan presented to Board Development Day for comment
24 November 2016	Full draft Operational Plan presented to NHS Improvement
7 December 2016	Updated Operational Plan presented to Board requesting authority delegated to Acting Chief Executive and Director of Finance to sign off final plan
14 December 2016	Updates on Operational Plan noted at Board Development Day
23 December 2016	Final Operational Plan submitted to NHS Improvement

Report prepared by: Lynn Wilmott-Shepherd
Interim Director of Strategic Development

Presented by: Non-Executive Directors

Sam Harrison
Director of Corporate Affairs & Trust Secretary

Operational Plan 2017/19

December 2016

Overall Page Number
85



Approach to activity planning [MAXIMUM 2 PAGES]

A fundamental requirement of the 2017/18 to 2018/19 operational planning round is for providers and commissioners to have realistic and aligned activity plans. It is therefore essential they work together transparently to promote robust demand and capacity planning.

To help support this process, the national Demand and Capacity Programme has provided regional training events to more than 1,000 attendees and will continue to provide one-day events up to early December 2016. These focus on the principles and practice of demand and capacity modelling for elective care and include content for commissioners around the general principles of external assurance of provider demand and capacity workstreams. In response to feedback from previous events, there will also be two specific one-day events in November focused on the NHS Improvement Intensive Support Team demand and capacity models. More information will be shared on the Demand and Capacity events in due course.

In the operational plan narrative, therefore, providers should support their activity returns with a written assessment of activity over the next year, based on robust demand and capacity modelling and lessons from previous years' winter and system resilience planning.

They should provide assurance to NHS Improvement that:

- the activity plans for 2017/18 to 2018/19 are based on outputs from:
 - the demand and capacity approach for 2016/17
 - demand and capacity modelling tools that have been jointly prepared and agreed with commissioners
- activity returns are underpinned by agreed planning assumptions, with explanation about how these assumptions compare with expected growth rates in 2016/17
- they have sufficient capacity to deliver the level of activity that has been agreed with commissioners, indicating plans for using the independent sector to deliver activity, highlighting volumes and type of activity if possible
- activity plans are sufficient to deliver, or achieve recovery milestones for, all key operational standards, in particular accident and emergency (A&E), referral to treatment (RTT), incomplete, cancer, diagnostics and mental health waiting times. They should also refer to any explicit plans agreed with commissioners around:
 - extra capacity as part of winter resilience plans, for instance extra escalation beds
 - arrangements for managing unplanned changes in demand.

Activity plans for 2017/18 have been modelled at a system level as part of the Sustainability and Transformation Plan (STP) development. The approach through the STP has been to base this on month 5 activity, with growth levels applied as per NHS Improvement guidance to extrapolate to a year end position. As a provider, we have then had the opportunity to review the activity plan and triangulate it with our own internal planning mechanisms.

This has given us a 'do nothing' baseline which we all recognise would be unaffordable. However, inherent in this is the knowledge that demand for our mental health and learning disability (LD) services are growing and that, in order to meet this demand, large-scale transformation and investment is required. The STP work streams for mental health, children and learning disabilities take into account the levels of transformation, investment and cross boundary working that are required to meet our populations needs over the next two years and beyond. In addition to these pressures, the introduction of national access standards, which form part of the Single Oversight Framework, presents further challenge for the organisation in evidencing the achievement of those standards.

Our most significant areas of growth in demand have been for Improving Access to Psychological Therapies (IAPT), adult mental health and LD services. We have seen significant growth in the numbers of service users open to our mental health and LD services over the last three years. We continue to experience sustained high levels of demand for our inpatient beds which, despite every effort to minimise where possible, has had a resulting impact on the number of out of area placements for our patients.

The STP work streams are closely aligned to our internal strategy implementation process and are aimed at providing services at 'place' in order to signpost people to the most appropriate service and provide support at the lowest level. Enhanced integrated community teams are a key element of the STP to provide support as near to the service receivers home and stop hospital admission and/or assist discharge. The aim is to reduce the demand for inpatient beds where appropriate. This work builds on our transformation programme from previous years and extends it to ensure greater synergy with key partners.

Given the significance of the transformation programme, the Trust Board wanted to ensure that our plans and assumptions were rigorously and independently tested. A company called Sim:pathy were previously commissioned to carry out independent simulation modelling of the assumptions within the programme, to give this assurance. A number of key areas continue to be addressed and will be incorporated into STP planning including:

- The level of inpatient beds to provide for local people with mental health problems
- The configuration of community services delivering the right pathways for each care cluster
- Identifying the staffing and skill mix that are required to provide optimal services within available resources
- The level of service required to manage the impact of demographic change

However, despite the significant transformation of services to meet demand, there remains capacity issues associated with either the increase in demand or historic underinvestment across many services, the most substantial of which is within community mental health services. The STP aims to address this issue.

Application of the Department of Health (2002) Mental Health Policy Implementation Guide - Community Mental Health Teams showed that our capacity in community teams needed enhancing by circa 60WTE Band 5 and/or Band 6 nursing staff in order to ensure

each locality is staffed to best practise national guidance around caseloads. Commissioners have partially funded this need and we continue to review commissioning gaps in community services e.g. Dialectical Behavioural Therapy and Forensic and Rehabilitation pathways. We also continue to address the assessed shortfall in capacity and associated investment required in community resources with commissioners. We are working with commissioners to balance this need with the growing demand for other services, ensuring that we mitigate the clinical risks this may pose. Reasonable caseload levels are modelled into the STP work. However, workforce supply remains an issue and more innovative approaches to skill mix are being considered.

We produce activity reports on a monthly basis and share these with commissioners discussing any changes in demand and activity. Activity targets are then only changed following Contract Variations to reflect any agreed changes in service delivery. When we agree service developments, associated activity implications are agreed and reflected in the plan. We have established a joint working group with commissioners to review the activity targets in light of the STP.

Negotiations with commissioners with respect to the new national access standards for Early Intervention Services have been implemented and the funding allocation to support the changes required to deliver the step-change in access times and treatment choices continues to be reviewed.

Approach to quality planning [MAXIMUM 4 PAGES]

Quality standards for patient services are clearly set out in the NHS Constitution and in the CQC quality and safety standards. They continue to define the expectations for the services of providers.

To meet these standards, providers should have a series of quality priorities for the next two years set out in a quality improvement plan. This plan needs to be underpinned by the local STP, the provider quality account, the needs of the local population and national planning guidance. To create these priorities providers need to consider:

- national and local commissioning priorities
- the provider's quality goals, as defined by its strategy and quality account, and any key milestones and performance indicators attached to them
- an outline of existing quality concerns (from internal intelligence, CQC, the quality account or other parties) and plans to address them
- key risks to quality and how these will be managed.

For the 2017/18 to 2018/19 operational plan narrative, providers should self-assess and outline their approach to quality in a narrative split into four sections:

1. Approach to quality governance
2. Summary of the quality improvement plan (including compliance with national quality priorities)
3. Summary of the quality impact assessment process
4. Summary of triangulation of quality with workforce and finance.

We will use this narrative to seek assurance that the approach to quality is sound and robust. Where appropriate, we may ask individual providers for more information, such as their detailed quality improvement plan.

We suggested the following content for each section.

Section 1: Approach to quality improvement

Providers should outline their approach to quality improvement including:

- a named executive lead for quality improvement
- a description of the organisation-wide improvement approach to achieving a good or outstanding CQC rating (or maintain an outstanding rating) including the governance processes underpinning this
- details of the quality improvement governance system, from the ward to the board, with details of how assurance and progress against the plan are monitored
- how quality improvement capacity and capability will be built in the organisation to implement and sustain change
- measures being used to demonstrate and evidence the impact of the investment in quality improvement.

Section 2: Summary of the quality improvement plan (including compliance with national quality priorities)

Providers should detail their quality improvement plans in relation to local and national initiatives to be implemented in the next two-year period, including (but not limited to):

- national clinical audits
- the four priority standards for seven-day hospital services
- safe staffing
- care hours per patient day
- mental health standards (Early Intervention in Psychosis and Improving Access to Psychological Therapies)
- actions from the Better Births review
- improving the quality of mortality review and Serious Incident investigation and subsequent learning and action
- anti-microbial resistance
- infection prevention and control
- falls
- sepsis
- pressure ulcers
- end of life care
- patient experience
- national CQUINs
- confirmation that the provider's quality priorities are consistent with STPs.

Section 3: Summary of quality impact assessment process

Each provider should have an effective QIA process for service developments and efficiency plans in line with National Quality Board (NQB) guidance (examples include 7-day services and CIPs). This section should include:

- a description of the governance structure surrounding scheme creation, acceptance and monitoring of implementation and its impact (whether positive or negative)
- a description of this governance structure that clearly articulates:
 - how frontline/business unit-level clinicians are creating schemes and what challenge there is regarding potential risks and acceptance of schemes
 - the QIA process and whether this is assessed against the three core quality domains (safety, effectiveness and experience) or the wider five CQC domains (safe, effective, responsive, caring and well led), allowing insight into staff impact
 - how schemes received executive sign-off by the medical and nursing directors (including an articulation of whether all schemes are seen, or whether there is a risk-based process to sign off such as monetary value, risk score, etc)
- identification of key performance metrics aligned to specific schemes to facilitate early sight of potential impact on the quality of care.

It is important that providers have clear monitoring mechanisms for initiatives so that they can identify when care is being compromised. The provider board needs clear visibility of these monitoring arrangements. In this section providers should articulate:

- how appropriate baseline data have been recorded before implementation of the change, including the duration of this data, eg to capture seasonal variations
- where the provider does not define specific metrics but use generic quality measures, how they interrogate and challenge poor performance to make sure the efficiency plans do not drive any deterioration
- how the board receives oversight of any potential cumulative impact of several schemes on a particular pathway, service, team or professional group.

This is particularly important for providers experiencing transactions, mergers or in special measures.

Section 4: Summary of triangulation of quality with workforce and finance

We expect each provider to triangulate intelligence, for example quality, workforce and financial indicators, on at least a six-monthly basis. In this section, they should outline:

- their approach to triangulation
- the key indicators used in this process
- how the board intends to use this information.

They should also give assurance that this information will be used to improve the quality of care and enhance productivity.

Quality standards for our clinical services are based upon the CQC Quality and safety standards, organisational clinical incidences, Trust clinical audits and national learning from other Trusts inspections as well as our own inspections (the latest being June 2016).

The named joint executive lead for quality improvement is the Director of Nursing and the Medical Director.

Through embedded quality governance structures, we will ensure a clinical compliance, quality governance and improvements in performance are driven through the Trust Management Board and its reporting groups. The compliance models will be further enhanced by the achievement of full roll out of electronic patient records and a wider set of quality dashboards.

Our quality priorities will remain in place until they are achieved; these include:

1. Physical healthcare – this continues into its third year in order to embed sustained change in our diligence in physical healthcare and to minimise diagnostic overshadowing. This will be measured through compliance audits against clinical standards to show an improved performance in our submission to the Royal College of Psychiatrists annual audits, as well as our contribution to national clinical audits.

2. To become a recovery-focused organisation – through our neighbourhood model of delivering community services (our internal quality standards). We will design new metrics through nationally mandated measures such as Recovering Quality of Life (ReQoL) and or Patient Activation Measures (PAMs) following a trial and proof of concept audit in 2016/17. A baseline and trajectory for clinical improvement will be set and measured.
3. We will maintain our focus on Mental Capacity act and Mental Health Act compliance and ensure these clinical practice and quality governance aspects are fully embedded and maintained in practice to expected regulatory standards.
4. We will complete our roll out of electronic patient records (EPR) and measure its impact on improvements in clinical record keeping. This will be measured through personalised care planning (to above the national average) and one measure of patient safety defined by the clinical divisions. This will be a measure that they have identified from a performance issue, which has been identified by early warning signs, a serious incident or our own internal audit to develop our service level led, identifying and improving clinical practice through systems and checks to identify practice improvements (metric to be set with improvement trajectories with significant improvement over the baseline finding) .
5. Clinical outcomes as part of our NHS Standard Contract with the Clinical Commissioning Groups (CCGs) and NHS England will include subject to consultations are
6. Add CQUINS
7. We will continue to monitor our CCG contract Schedule 4 and Schedule 6 requirements. We will and ensure that we are compliant with our quality standards and are monitoring all aspects of anti-microbial resistance, maintain our strong performance in infection prevention and control, reduce falls and maintain our falls prevention work, contribute to identification and prevention of sepsis, maintain our strong performance in effective management of imported pressure ulcers and low incidence of hospital acquired pressure ulcers, and maintain our good performance in patient experience and the 'Good' rating for 'Caring' by our quality regulators.
8. We will contribute towards the STP, actively engaging our clinicians time in design, quality monitoring and clinical delivery. The proposals are designed to enhance community services, reduce relapse rates (and therefore the need for hospital beds), provide an improved patient experience and create greater flexibility to meet future challenges.
9. We will contribute to the clinical case for change with regard to the acquisition plans for the integration of Derbyshire Community Health Services NHS Foundation Trust and Derbyshire Healthcare NHS Foundation Trust. (Year 1 and Year 2). We envisage that we will fully deliver on the Outline Business Case and Full Business Case following the Strategic Options case and develop our clinical case for change and delivery on these findings.

In addition, our immediate focus for 2017 will be ensuring that any residual improvements from our CQC comprehensive inspection action plan are fully implemented, that all aspects of our warning notice are implemented and the trust has lifted its service from 'required improvement' to a 'good' rating We will ensure that these are are maintained with ongoing compliance checks, and our system of early warning indicators of service failure is fully

developed both for Campus, Neighbourhood and Central services. We will incorporate our own information but we will also integrate any specific data sets that assist us form the Five Year Forward View dashboard. To consider this, a suite of metrics has been developed based around the core elements of the mental health programme, including children and young people's mental health, perinatal mental health, adult mental health, secure care pathway, health and justice, and suicide prevention to enable benchmarking of our current performance. We will maintain our strong performance in mental health standards (Early Intervention in Psychosis and Improving Access to Psychological Therapies).

In addition we will ensure that our focus on HR, training and improvements will have been sustained. The strengthening of the Board and skill set continues to grow. The Trust Equalities plan is fully delivered and maintained, that our safe staff monitoring is maintained and we continue to stringently monitor performance on these areas and reduce agency and bank usage, which we believe organisationally leads to worsened organisational and clinical outcomes. We will find effective and efficient ways to implement care hours per patient day in mental health and all required service areas and embed this into our system of quality governance.

The STP and Strategic Options Care recommendation for a merger by acquisition with Derbyshire Community Health Services NHS Foundation Trust will further provide a number of quality objectives as we progress to outline and full business case stages. The STP is based on a clinical case for change with key components of the care quality gap identified as below:

Case for Change: The Care Quality Gap

Closer collaboration between DCHS and DHFT provides significant opportunities in addressing our collective challenges. The anticipated benefits are summarised below. The detailed case for change can be found at Appendix 3.

"The local system is not as joined up as it should be, is overly reliant on bed based care and that we do not always provide care in the right settings"



Strategy and defined goals

Our key risks to quality and how these will be managed are the ability to fill all clinical vacancies to ensure a safe and effective service, and achievement of all regulatory improvements through a period of transition through formal acquisition. This will be mitigated through the strengthening of Board leadership, CEO, Chair and a new set of experienced non-executive directors to support the remaining clinical directors to transition the Trust safely over this period.

We will continue to take steps to fill vacancies and redesign the workforce profile based upon available labour and the clinical needs of the organisation. Our Board Assurance Framework and risk strategy will continue to drive forward our risk migration plans. Our integrated dashboard has been redesigned with specific requirements of the Oversight framework (and will include any subsequent iterations) to ensure our focus is refined. Any new requirements from our regulators will also be encompassed into our monitoring, which will include metrics such as any requirements with regard to learning from deaths and incidents as outlined by any subsequent changes to regulatory standards by the CQC. Our CQC report did not negatively assess our efforts in mortality reviews and nor in serious incident investigation, and we will embed any residuals required actions surrounding subsequent learning and actions

Self-assessment of quality governance

Approach to quality governance

The Trust is redefining its accountability framework to put in place a Trust Management Board and investing CPD of professionals to understand both Clinical governance and Quality governance and expectations of their roles and accountabilities against the Trust Strategy and defined quality and performance metrics

Summary of the quality improvement plan

The quality priorities have been defined and this is in line with national quality priorities and the requirements of STP'S.

Summary of the quality impact assessment process

Quality governance and developments are subject to our programme assurance monitoring systems through project vision, which include checks and balances on quality impact assessments to undertake due regard. These are scrutinised both as service line, division and Trust wide level through a quality impact assessment panel led by the Medical and Nursing Director to ensure a helicopter view of risks and how these accumulated schemes or pressures could adversely affect the quality of care.

Our number one key clinical risk remains community capacity and overall capacity outstripping demand. This is as a result of historic underinvestment in mental health services. This is a risk that is jointly owned with commissioners. Some investment in community capacity has been funded in 2016/2017. However, there still remains a capacity deficit which we continue to discuss with our CCGs. Further mitigation is in place via our new clinical dashboards that will monitor caseload, serious incidents and complaints to enable our Board to see early warning signs of service failure.

Our other key clinical risks are the staffing requirements for Section 136 suites and suicide prevention. Investment from commissioners to help us fulfil our obligations to ensure that 136 Suites are staffed independently of the wards has not been forthcoming for both north and south, and therefore this remains a key risk. We are exploring how this can be resolved within the wider context of our urgent care pathway review work across the health economy.

We have a redeveloped quality dashboard and will have both inpatient and community skill mix in reviews in place prior to acquisition and service changes. This clear baseline data, with associated waiting times for access to services, will be formally logged on the programme assurance process before STP changes are implemented. The project vision model gives the ability to review service changes and Cost Improvement Programme (CIP) schemes over time to spot changes, as well as considering the duration of this data, to enable monitoring to capture seasonal variations such as winter pressures or key hotspot periods.

Each scheme would have specific metrics supplemented by generic quality dashboard measures, and this data and intelligence is interrogated through the Trust Management Board and the Quality Leadership Groups, which enables challenge of poor performance and ensure any concerns with regard to patient safety or effectiveness do not result in deterioration of patient safety. It is, however, expected that some non-urgent patient experience may be adversely affected by waiting times.

The Board receives oversight of any potential cumulative impact of several schemes on a particular pathway, service, team or professional group through its committee structures and clear escalations from Clinical Reference Groups or Quality Leadership Teams (QLTs) to the Trust Management Board and Quality Committee both thorough DATIX reporting of incidents, complaints, commissioning concerns and staff raising concerns through the risk management systems and processes,.

The use of quantitative, qualitative and soft intelligence will be particularly important for our Trust as we move from mandated support and achieve our quality outcomes and transition through our organisation acquisition.

Summary of triangulation of quality with workforce and finance.

We are embedding an integrated dashboard approach at every level of the organisation and this formal triangulation of information will be more frequent than at six monthly intervals. This will be supplemented with additional intelligence from hotspots, cold reporting areas for quality governance and using the oversight framework dashboard and the MH dashboard supplemented by additional local indicators.

We will be designing a ward and community service dashboard with integrated metrics. This may be a similar model to South London and Maudsley NHS FT QUEST model which will be redefined to consider our specific goals and integrated into our monitoring developments. The QUEST metrics include:

- New or no ward manager in post (within last 6 months)
- Vacancy rate higher than 7%

- Bank shifts is higher than 6%
- Sickness absence rate higher than 3%
- No monthly MPT review of key quality indicators (e.g. peer review or governance team meetings)
- Planned annual appraisals not performed
- Planned clinical supervision sessions not performed
- No formal feedback obtained from patients during the month (e.g. questionnaires or surveys)
- 2 or more formal complaints in a month
- No evidence of resolution to recurring themes
- Unusual demands on service exceeding capacity to deliver
- Number of hours of enhanced levels of observation exceed 120
- Ward/department appears untidy/disrepair • No evidence of effective multidisciplinary/multi-professional team working
- On-going investigation or disciplinary investigation

This new addition to our quality monitoring and a dashboard from community services will complement our quality governance offer and ensure proactive identification of service failure. This will enable proactive management action and targeted interventions at QLT, CRG and the Trust Board, providing the additional safety net and assurance level monitoring.

Approach to quality improvement

The quality standards for patient services are built into our organisational quality framework and our organisation has fully embraced the NHS Constitution and the fundamental standards of quality and safety published by Care Quality Commission (CQC). These quality standards continue to define the expectations of our services and during our clinical and corporate Board, governor and commissioners visits these are the standards against which services showcase their clinical and service innovations. The 'Quality Visit' model will be revisited to include a compulsory compliance check by a member of the quality visit panel to test the quality governance is in place to be triangulated with a newly implemented QUEST equivalent model.

Quality impact assessment process

The key components to our quality review of potential cost improvement schemes are as follows:

- The project teams are responsible for considering quality and ensuring it is appropriately monitored and recorded. Following an initial assessment of potential quality impact, reviews of quality are mandatory at 3, 6 and 12 months following implementation.
- Our Cost Improvement Programme (CIP) is underpinned by a Quality Impact Assessment (QIA) process. Each project with a potential clinical impact identifies a Quality Lead with responsibility for ensuring quality is properly assessed. This provides a framework through which quality can be addressed across the projects, including provision of training and support, and linking to the Programme Assurance Board (PAB).

- The PAB has responsibility for monthly consideration of reports on issues affecting time, finance or quality for projects, and initiating necessary action. This is the focal point where quality risks are monitored and issues raised.
- The process also includes an Escalation Exception Group (EEG), a sub group of PAB, that explore in more detail projects where there are important issues including those affecting quality that are difficult to resolve.

All clinical projects with a potential adverse quality impact are referred to a panel consisting of at least the Medical Director and Director of Nursing to review and mitigate any potential risks. If a project does not meet approval by the panel, the project team are required to review the scheme and seek alternative proposals.

Triangulation of indicators

To better enable the triangulation of indicators at a Trust Board level, we have developed an integrated performance report which includes finance, operational, quality and workforce information to ensure that balanced and informed decisions are made around service related issues discussed at the Board.

We are focusing on quality interventions in our Quality Strategy. Some work in 2014 and 2015 has seen some early returns in our analysis of our inpatient survey with significant improvement in our results. Our focus has been on clinical evidence such as restrictive practices, research led mental health, safe wards and clinical interventions. We will continue to focus on these areas to embed a culture of continuous reflection, learning and service improvement. Our early impressions of our improvements are a combination of safe wards, safer staffing levels, clinical stability both in nursing and in inpatient psychiatry which we will continue to roll out across all services and measure our progress through baseline measures and post project reviews of impact on patient experience and quality measures.

Approach to workforce planning [MAXIMUM 2 PAGES]

To support the numeric workforce plan providers must demonstrate the following in their operational plan narratives:

- articulation of a workforce planning methodology linked to the strategic aims of the provider, informed by financial and service objectives and contributing to the integrated operational plan
- an underpinning workforce strategy developed with staff involvement (also linked to clinical and wider STP strategies)
- a robust governance process to offer assurance and approval and act as a means of assessing performance against plan in year
- well-modelled alignment with both financial and service activity plans to ensure the proposed workforce levels are affordable, sufficient and able to deliver efficient and safe care to patients
- achievement of workforce efficiency, capitalising on collaboration opportunities to increase workforce productivity within STPs and inform subsequent CIP development (taking into account any impact on quality and safety, with ongoing measurement to identify adverse outcomes and ensure effective mitigating actions where necessary.)
- detail the required workforce transformation and support to the current workforce, underpinned by new care models and redesigned pathways (responding to known supply issues), detailing specific staff group issues
- plans for any new workforce initiatives agreed with partners and funded specifically for 2017/18 to 2018/19 as part of the Five Year Forward View demonstrating the following:
 - a link with the STP approach to workforce resourcing and how this will be supported through the operational plan
 - how a balance in workforce supply and demand will be achieved
 - the right skill mix, maximising the potential of current skills and providing the workforce with developmental opportunities
 - underpinning strategies to manage agency and locum use including spend avoidance. (Approaches may include, but are not limited to, strengthening bank staffing arrangements and utilisation of the flexible workforce by developing shared banks with other providers in the STP footprint. Providers should also consider the effective use of technology including e-rostering and job planning systems to enable more effective rota management and staff utilisation, focused on flexibility around patient need.)
- activity to support delivery of workforce plans in conjunction with local workforce advisory boards
- engagement with commissioners to ensure alignment with the future workforce strategy of their local health system
- affordable plans for implementing the four priority standards for seven-day hospital services by March 2018 for providers in the second tranche of roll-out and by March 2020 for providers not in the first or second tranches.

Operational plans should consider the impact of legislative changes and policy developments including (but not limited to) the opportunities identified in the Carter review for improved productivity, changes to the apprenticeship levy from April 2017, the supply of staff from Europe and beyond, the immigration health surcharge and changes to NHS nursing and allied health professional bursaries, all of which should be taken into account in development of the workforce plan.

In the development of the Derbyshire five year STP, all workforce leads have come together to prepare a five year workforce plan and strategy in response to the five key focus areas identified in the STP:

- Place Based Care
- Prevention and self-management
- Urgent care
- System efficiency
- Transforming system management

The Derbyshire wide workforce plan and strategy covers four key areas:

- Workforce planning
- Workforce development
- Workforce capacity and productivity
- Organisational development

As part of the STP and Derbyshire wide workforce plan, we have refreshed our workforce plan to reflect the new models of care and the significant challenges we are facing with workforce supply and retention. The Derbyshire Local Workforce Advisory Board (LWAB) will oversee the delivery of the system plan and the People and Culture Committee has sponsored the development of our plan and will oversee the implementation. Some of the key actions we are taking are:

- Revamping our recruitment offer to include bespoke offers of training ie a Registered General Nurse (RGN) recruitment programme with a Mental Health mindedness training to develop a psychologically aware RGN.
- Increased recruitment campaigns through open days planned for both the south and north of the county.
- Working closely with Health Education England (HEE) and local **Higher Education Institutions** (HEIs) to attract the return to practice nurses
- We have written to all retired nurses to invite them back to work
- We are part of the nursing associate national pilot; to grow our own workforce
- Increasing retention rates through increased reflective practice groups, supervision access and interesting Continuing Professional Development (CPD) training to enable our practitioners to be reenergised and replenished in their knowledge and in their ability to return with new ideas and inspired to put acquired knowledge into practice and change or enhance behaviours at the clinical front line.
- Redistributing our workforce to ensure we have the right skills in the most impactful areas to have the best clinical outcome. For example we have staff with highly required therapy skills working in areas where their skill set is not fully utilised.

- Redesigning our working practices to enable the most effective use of our available resource both in cost and effectiveness. If our registered nurse stock is challenged, how do we protect that staff group within key roles, and skill mix in areas where those skill sets are not as effective. Our physical healthcare skills set are still not at an optimal level of functioning, physical healthcare and testing is critical to our safe management of individuals with higher risks of complex health conditions and prolonged long term conditions.
- Redesigning our model of care to be prepared for predicted workforce shortages. We have key and emerging challenges in recruiting paediatricians and CAMHS psychiatrists, and in time we will struggle to recruit psychiatrists as the uptake of training courses are not fulfilling the future need. We are preparing for this change in our workforce now. We will be developing advanced nurse practitioners with independent prescribing skills, extended roles and commence pilots for psychology and nurses to become responsible clinicians and approved clinicians. We need to develop senior posts and roles for lead clinicians to take their fair share of clinical risk at a senior level and support our colleagues on call who can sometimes take the sharp end of on call rotas and higher risk decision making. Our work force needs to build real strength in clinical leadership across all professions and pull together in pressured future times. Our leaders will be pressed to lead across care pathways and across organisational and systems boundaries, and we need to invest in them to be prepared and resilient for the challenge.
- We are preparing to utilise the apprenticeship levy to support development for our existing staff to aid retention

The workforce challenges we have are currently impacting on our ability to achieve our agency spend reductions. There is significant Executive focus on this and additional resources being put into place to lead on developing new approaches to recruitment to develop alternative or more cost effective solutions to the staffing gaps we have. We will be looking at our workforce supply based on what we need substantively, building a flexible workforce pool that can respond to gaps across the organisation, changing how we run our bank and tightening further the criteria for using agencies across the trust.

WE NEED TO INCLUDE WHAT WILL BE HAPPENING WITH THE NUMBERS AND SKILLS AND HERE

CARTER

Approach to financial planning [MAXIMUM 6 PAGES]

Strengthening financial performance and accountability in 2016/17 established the clear expectation that the provider sector will achieve financial run rate balance in aggregate by the start of 2017/18. Delivery of this expectation will require providers' plans to be stretching from a financial perspective, delivering (or improving on) the financial control totals agreed with NHS Improvement, implementing transformational change through the STPs, and taking full advantage of efficiency opportunities to ensure that the control totals for 2017/18 and 2018/19 can be delivered.

Capital resources are constrained and will require prioritisation, so plans should only include schemes that are essential to the provision of safe, sustainable services, are affordable and offer value for money. Plans should be underpinned by robust financial forecasts and modelling and should be consistent with the strategic intent of the STP. We therefore recommend providers divide their financial narratives as follows:

1. Financial forecasts and modelling
2. Efficiency savings for 2017/18 to 2018/19
3. Capital planning.

Section 1: Financial forecasts and modelling

Provider plans and priorities for quality, workforce and activity should align with the financial forecasts in their draft and final operational plans. The operational plan narrative should clearly set out how they make sure their plans are internally consistent.

To help providers demonstrate their plans are internally consistent we will make available for mandatory submission a triangulation file that will include both reconciliation points and reasonableness tests between the differing elements of the operational plan.

The plans will comprise two-year financial projections based on robust local modelling and reasonable planning assumptions aligned with national expectations and local circumstances.

The forecasts should also be supported by clear financial commentary in the operational plan narrative.

Collectively the financial forecasts and commentary should explain how the control totals will be delivered and outline the key movements that bridge 2016/17 forecasts and plans for 2017/18 and 2018/19 and also clearly set out:

- the financial impact of the planning assumptions set out in *Technical Guidance for NHS planning 2017/18 and 2018/19* plus the impact of the 2017/18 and 2018/19 national tariff (including the changes associated with the introduction of HRG4+), NHS Standard Contract and Commissioning for Quality and Innovation (CQUIN) guidance; the narrative should also highlight any significant deviations from national assumptions
- the impact of activity changes, relating to underlying demand, quality, efficiency programmes, and the impact of other commissioning intentions

- other key movements, including other changes in income expectations, revenue impact of any capital plans, or in-year non-recurrent income or expenditure
- the impact of initiatives, such as, but not limited to, CIPs, revenue-generation schemes, service developments and transactions
- the STF contingent on delivery of the control total (receipt of which should only be included in plans where providers have both agreed their financial control totals and submitted assurance statements-and, if applicable, agreed performance improvement trajectories- in relation to selected national standards).

The narrative financial commentary should address:

- the assumptions underpinning these drivers
- the impact of these drivers on the overall financial forecasts: in particular on performance against the Single Oversight Framework finance metrics
- the outcomes of any sensitivity analysis.

Operational plans will be developed before a final 2016/17 year-end financial position is known so providers should use a projected year-end outturn for 2016/17 based on the most up-to-date and relevant information available. For the 24 November submission the forecast outturn position used should agree with the Month 6 returns and for the 23 December return (collections will close on 30 December) this should be updated to agree with the Month 7 position.

Section 2: Efficiency savings for 2017/18 to 2018/19

All providers should ensure they have a robust efficiency savings plan to enable them to deliver the control totals set for 2017/18 and 2018/19 by NHS Improvement.

To achieve this they should focus on the development and delivery of robust multi-year savings plans focusing primarily on cost reduction but also reflecting a growth in contribution from commercial income. Operational plan narratives should outline broad plans for operational efficiency including, but not limited to, opportunities identified in the Carter review and agency rules.

The efficiency plans should also reflect savings arising from collaboration and consolidation plans in the STP processes and any opportunities identified through the commissioner-led programme.

In operational plan narratives providers should set out their approach to identifying, quality assuring and monitoring delivery of efficiency savings.

Lord Carter's provider operational productivity work programme

Lord Carter's review *Operational productivity and performance in English NHS acute hospitals: unwarranted variation* set out productivity and efficiency opportunities totalling £5 billion in workforce, hospital pharmacy and medicines, pathology and imaging, procurement, estates and facilities, corporate and administration and through optimising the patient pathway. NHS acute providers should continue to develop plans

that cover the themes and recommendations in the Carter review and fully use the benchmarking data and best practice information in the Model Hospital when developing their efficiency plans.

Acute provider efficiency plans should maximise the opportunities identified in the Purchasing Price Index Benchmarking tool, ensuring all acute providers are taking steps to ensure that they are getting the best possible price for commonly procured items.

We will monitor acute provider progress against delivering the opportunities identified within the Carter review on an ongoing basis. Lord Carter and the NHS Improvement Operational Productivity Directorate are currently reviewing the operational productivity and performance of the mental health and community sectors. The work on these reviews will start in autumn. In advance of the publication of the outcome of these reviews, non-acute providers should consider the broad themes within the acute hospital Carter review that are applicable to them.

Agency rules

Providers should outline how they will continue to make effective use of the agency rules and what they will do to ensure they will be able to contain spend within their annual agency ceiling.

Procurement

Acute provider efficiency plans should maximise the opportunities identified in the Purchasing Price Index Benchmarking tool, ensuring all acute providers are working collaboratively to get the best possible NHS price for commonly procured items.

We are working with the NHS Business Services Authority, the Department of Health Commercial Team and a number of providers (including groups like the Shelford Group) to implement a range of nationally mandated products. Providers will be expected to support the development and implementation of universal use of these products.

Providers will need to ensure that progress against their procurement transformation plans implementing the Carter procurement recommendations is consistent with delivering the metrics in full and on time.

Section 3: Capital planning

Providers should explain in their narratives how their proposed capital investments are consistent with their clinical strategies and how they demonstrate the delivery of safe, productive services.

Given the constrained level of capital resource identified in the Spending Review from 2016/17 to 2020/21, they should also demonstrate that the highest priority schemes are being assessed and taken forward.

Where they are required to submit business cases for NHS Improvement, DH or HM Treasury approval providers should present robust strategic, economic, commercial, management and financial cases including clear links between the investment case and activity and financial projections as well as workforce and productivity assumptions.

They will also need to follow the key business case documentation requirements which may require the approval of strategic outline cases, outline business cases and full business cases.

Finally, providers should outline how they plan to make better use of the NHS estate. This may include alternative methods of securing assets, maximising and accelerating disposals and extending asset lives.

As per *Strengthening financial performance and accountability in 2016/17* this operational plan is stretching from a financial perspective and delivers the financial control totals XXXXXXXX however we are yet to have the full information with which to make a definitive confirmation.

It is aligned with Derbyshire STP and implements transformational change planned by the the STP. It assumes successful delivery of efficiency opportunities to ensure that the control totals for 2017/18 and 2018/19 can be delivered.

As in previous years all capital planning assumptions are self funding funded from depreciation. All schemes are considered to be essential to the provision of safe, sustainable services, are affordable and offer value for money.

Section 1: Financial forecasts and modelling

Our plans and priorities for quality, workforce and activity align with the financial forecasts in the operational plan we have undertaken triangulation exercise to ensure plans are internally consistent and that any apparent inconsistency is explained (NBxxxxactivity/workforce/costs/income /LSU capital).

We have utilised the mandatory submission triangulation file.

INSERT TRIANGULATION EVIDENCE?

Key assumptions in the operational financial plan have been tested with local STP provider and commissioner colleagues as part of the corroboration of STP submissions, operational plans and contracting approach which reflect national expectations and local circumstances.

Xxxx insert charts and key assumptions narrative/bridges

Being as the Operational Plan has been developed before a final 2016/17 year-end financial position is known we have used a projected year-end outturn for 2016/17 based on the most up-to-date and relevant information available. For the 24 November submission the

forecast outturn position used should agree with the Month 6 returns and for the 23 December return (collections will close on 30 December) this should be updated to agree with the Month 7 position. This is the case.

Section 2: Efficiency savings for 2017/18 to 2018/19

There is still work to do on finalising robust efficiency savings plan to deliver the control totals set for 2017/18 and 2018/19. Even though the Carter review focus is very much currently on Acute sector, we have considered the broad themes within the Carter review that are applicable to us: We will deliver Carter type savings in STP workstreams such as procurement and back office collaboration including estate.

Mention the review of the 'FIP' AREAS?

We are also implementing continual improvement in our oversight and mitigation of agency expenditure in order to comply with the agency rules.

Efficiency will also come from wider system efficiency created by the transformational system changes themselves outlined in the STP. The implementation detail for these new delivery models is still being defined. This is made more challenging by the need to balance plans in year one as opposed to allowing the headroom needed for double running.

For the areas outlined we continue to work towards the development and delivery of robust multi-year savings plans focusing primarily on cost reduction. Please note that we are not able to reflect a growth in contribution from commercial income in our plan as we have very little pure commercial activity.

The plan is written as a continuing entity, NHSI will be aware that the organisation is in the early stages of exploring merger through acquisition with an STP partner organisation (DCHS)

Our approach to identifying, quality assuring and monitoring delivery of efficiency savings is through the use of project assurance office and system (ProjectVision) and the oversight governance framework of project assurance board and the successor system in our accountability framework.

Procurement

With reference to Lord Carter's provider productivity work programme, we have reviewed non-pay expenditure and contracts including taking account of transferable learning as it relates to estates, purchasing and medicines management such as;

- Review of potential savings through NHS Supply Chain through the use of more cost effective products and product standardisation.
- Collaborative procurement.
- A refresh of category spend analysis to identify other potential savings.

We lead on a number of pan-Derbyshire collaborative procurement projects across the following organisations:

- Derby Teaching Hospitals NHS Foundation Trust (DTHFT).
- Chesterfield Royal Hospital NHS Foundation Trust (CRHFT).
- Derbyshire Community Health Services NHS Foundation Trust (DCHSFT).
- Derbyshire Healthcare NHS Foundation Trust (DHcFT).

These collaborative procurement projects include:

- Power and Gas (involving DTHFT, DCHSFT and DHcFT) – based on a historical cost comparison for the 2015 calendar year, annualized cost savings of up to £800k have been identified. However, discussions are ongoing with Crown Commercial Services regarding the termination of current contracts as of 31st March 2017.
- Waste (involving CRHFT, DCHSFT and DHcFT) – the Official Journal of the European Union (OJEU) process is due to start late 2016 and a new contract will be in place for May 2017. At this stage it is not possible to estimate the cost savings that might accrue from this collaboration.
- Printing (involving DTHFT, DCHSFT and DHcFT) – a full OJEU process is due to start in October 2016.
- Meat and Chilled and Frozen (involving DCHSFT and DHcFT) – an initial offer has been received from Brakes with savings of c.£50k p.a. These are currently being verified.

We are committed to working with any national initiatives and will engage with any new opportunities that are identified as the 11 Procurement Towers are developed.

This is currently classified as a mix of low and medium risk.

Agency rules

We will continue to make effective use of the agency rules and our efforts to ensure we will be able to contain spend within their annual agency ceiling include weekly meetings that are exec led. Increased Board oversight. Increased reporting to board, ETL, F&P. ACTIONS – recruitment etc xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx.

Section 3: Capital planning

Our proposed capital investments are consistent with our clinical strategies. xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxand how they demonstrate the delivery of safe, productive services.

We have had a very successful estate rationalisation programme over recent years and now have a strong estate portfolio, however we continue to work with partners in local estates for and in particular with DCHS to make better use of the NHS estate in Derbyshire. We have also recently reviewed our asset lives in a benchmarking exercise with nonacute colleagues in Midlands and East.

Link to the local 'Sustainability and Transformation Plan' (STP) [MAXIMUM 2 PAGES]

Significant progress on transformation is expected through 2017/18 to 2018/19 operational plans so all providers are expected to reflect the implementation of the local health and care system's STP. See Operational planning and contracting guidance 2017/18 and 2018/19 for more details.

Although we acknowledge that local health and care systems will be at very different stages of their strategic development, providers should briefly articulate the following in their operational plan narratives:

- how the vision for their local STP is being taken forward through the operational plan, including the provider's own role**
- how the three to five critical transformational programmes articulated in the local STP affect the provider's individual, organisational operational plan (for instance, setting out the most locally critical milestones for accelerating progress in 2017/18 to 2018/19 and the key improvements in finance/activity/ workforce/quality these programmes are planned to deliver).**

In February 2016 it was confirmed that Derbyshire County and Derby City would form one 'footprint' area for the development of the STP. This was accepted by NHS England and an embryonic governance structure, led by the Chief Officer of Southern Derbyshire CCG, was set-up to take planning forward. The Acting Chief Executive of our Trust has played a pivotal role in the 'Chiefs Group' who drove forward plans at the pace and scale required.

The initial draft STP was submitted in April, with the final draft at the end of June, as per NHS England timescales. A meeting took place towards the end of July 2016 where the plan was discussed with both NHS England and NHS Improvement. Feedback was received and the points noted in order to take the plan through to the final submission in October. At each stage, senior members of our organisation played an integral role in the development of the STP for mental health, children, learning disabilities and 'place'.

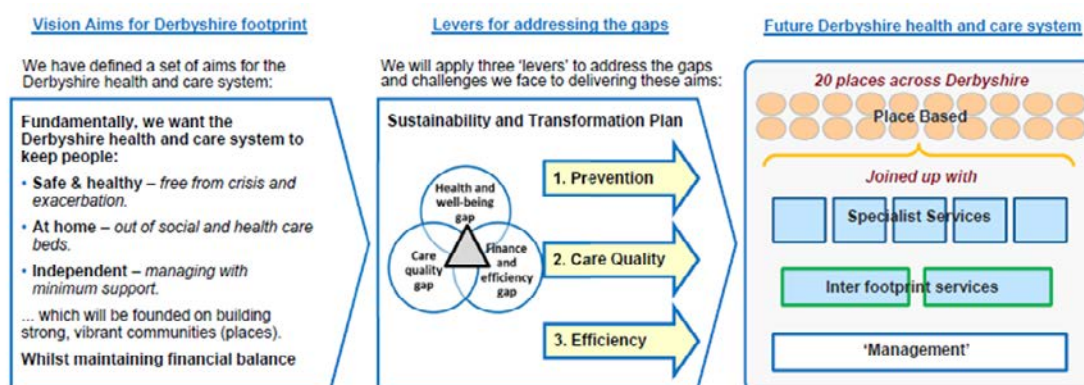
We have been working with CCGs and other providers to develop integrated care by creating joined up services; for instance through the Erewash Vanguard and the North Derbyshire Community Hubs model; this will develop further as we move towards place based care across the whole of the County and City. We are a key strategic STP partner and will play a crucial role in ensuring the success of place based care. Furthermore, our existing priorities are effectively aligned to those that the Derbyshire health and care system is now working to.

As part of the STP we are working with Derbyshire Community Health Services NHS Foundation Trust (DCHS) on the hypothesis that the closer working between the two organisations could have a significant impact on all three STP gaps identified. In particular, through delivering 'Place Based Care', and bringing together physical and mental health. Over the past few months work has been on-going to produce a Strategic Outline Case (SOC) for consideration by both Boards. Our thought-processes have been very much influenced by the broader transformation agenda, in streamlining services and removing any

organisational barriers to providing the very best quality care. The SOC provided an in depth analysis of the various options for how closer working might be achieved in order to close the three gaps of health and wellbeing, care quality and finance and efficiency. As a result of all that preparatory work, the SOC was approved by both our trust boards at their meetings on 27th October 2016.

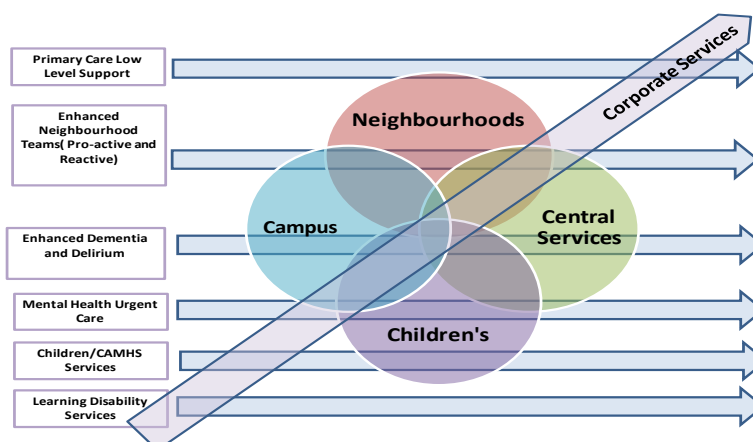
The STP is predicated around 20 'places' across Derbyshire (to be finalised) each of these are currently undergoing a baseline assessment to agree their state of readiness, recognising that some areas will be further advanced than others. Whilst many of our services will be at the specialist level, spanning 'places', there will be some i.e. Primary Care Low Level Support. The need for differential place-based services is recognised within the individual workstream plans.

The diagram below highlights how increased collaboration would enable strong, capable providers to transform our services to support the system vision and challenges from a position of strength.



In May 2016, our Strategy 2016-21 was approved by the Board. The strategy is in-line with the STP and a strategy implementation process was launched in June 2016. This effectively aligns the identified STP workstreams with internal transformation as outlined below:

Putting our Strategy in the Context of System Wide Planning
The STP Themes for Mental Health



We recognised that any redesign of services need to align with system priorities and be completed in collaboration with other stakeholders such as commissioners, social care and the voluntary sector.

Owing to the fact that we have implemented this work, the Mental Health STP has had a clear clinical focus and allowed us to have a greater influence on the priorities and proposed models. However, it should be noted that work continues to be a collaborative process.

Timelines for the next two years have been developed jointly. However, there remains a risk with regard to project management capacity and the ability to release clinical staff to play an active part in development. This will be part of wider STP discussions as well as internal processes.

The STP outlines a number of investment and saving areas for mental health, learning disabilities and children. These will all be reflected within the contract and within operational plans.

Membership and elections (NHS foundation trusts only) [MAXIMUM 1 PAGE]

For 2017/18 NHS foundation trusts should provide a high-level narrative on memberships and elections, including:

- **governor elections in previous years and plans for the coming 12 months**
- **examples of governor recruitment, training and development, and activities to facilitate engagement between governors, members and the public**
- **membership strategy and efforts to engage a diverse range of members from across the constituency over past years, and plans for the next 12 months.**

Any NHS foundation trusts that did not have NHS foundation trust status as at 1 April 2016 should also detail the activities of their shadow council of governors and members.

We hold elections at set stages throughout the year, capturing vacancies that arise, and tenures that come to an end. During 2016 we have sought to consolidate these election periods in order to align the terms of office of our governors. Three election periods have been scheduled for 2016/17:

- May 2016 – new governors were elected to the following constituencies: Bolsover, Chesterfield North, Derby City East (two seats), Erewash North, High Peak, Surrounding Areas and Nursing and Allied Professions (staff).
- October 2016 – new governors were elected to the following constituencies: Chesterfield South, Erewash South and Derby City West.
- The third set of elections will take place towards the end of this year, with new governors being sought for the following seats: Amber Valley North, Amber Valley South, North East Derbyshire, South Derbyshire, Derby City West and Staff Medical and Dental. These elections have a planned start date of February 2017. The Trust is aware that a number of long standing governors, whose terms of office come to an end this winter, are included in these vacant seats. We expect a number of existing governors to stand for re-election during this period.
- The Trust also has a vacant appointed governor seat for Nottingham University and we are seeking to identify a new appointed governor, in line with the above timescales.

Throughout the year we have sought to increase the understanding and accessibility of the work of the Council of Governors with its members. We have undertaken this by proactively encouraging members to attend Council meetings and wider engagement events and by providing a wider range of opportunities for members to meet with their governors. For example, we have held large scale community events to recognise world mental health day and world suicide prevention day. We have also identified a prominent guest speaker at its Annual Members' Meeting (AMM), to encourage members to attend the event and meet with fellow members, governors and staff.

During 2016/17 we have focused on knowing more about our members, in order to shape our communication and engagement activities. Our newly established governance committee has a regular focus on membership and we are actively providing governors with details about the demographics of their members and the constituency they serve. We are

currently undertaking developing a member survey and considering options for a further Membership Week in 2017.

All newly elected governors receive a detailed induction and there is a broad programme of training and development events. Joint training (between us and Derbyshire Community Health Services NHS Foundation Trust) is scheduled for November with an external facilitator, regarding the role of the governor.

Governors receive specific briefings when required (for example on publication of the our CQC report). They are also encouraged to take part in Governwell training and participate in the regional mental health Trusts governors' conferences.

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors 24 November 2016

Report from Governance Committee

Purpose of Report

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

Executive Summary

- Since the last summary was provided in July, the Governance Committee has met three times (20 September, 11 October and 9 November)
- Gillian Hough was appointed by election as Chair of the Governance Committee following the resignation of the previous Chair

Strategic Considerations

The Governance Committee has been established to support the functions of the Council of Governors and allow for detailed debate and scrutiny on key issues prior to formal consideration by the Council of Governors.

Assurances

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

Consultation

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

Governance or Legal Issues

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

Equality Delivery System

There is no impact on REGARDS groups although the committee, through its membership focus, has a responsibility to ensure local people have equal access to becoming a member and to information about the Trust and its services.

Recommendations

The Council of Governors is requested to note the discussions of the Governance Committee meetings held in September, October and November.

**Report prepared by: Donna Cameron
Corporate Services Officer**

**Report presented by: Gillian Hough, Chair of the Governance Committee of
Council of Governors**

Report from Governance Committee

The Governance Committee of the Council of Governors has met three times since its last report to the Council of Governors in July (September, October and November). This report provides a summary of issues discussed.

Meeting held on 20 September 2016 - Nine governors attended.

Code of Conduct

- Attendance at Council of Governors meetings is reviewed monthly. The Trust's Constitution suggests governors consider the circumstances of individuals who miss three consecutive meetings (excluding extraordinary meetings) and it has subsequently been agreed, through the Governance Committee, for the Lead Governor to speak informally to those individuals as a first step. The Lead Governor has spoken to one governor regarding attendance and while attendance at CoG meetings may prove challenging at times due to professional responsibilities, commitment to and engagement with the Trust remains and is valuable.
- Governors have been asked to sign the Governor Code of Conduct and work continues to collect a signed copy from each governor.

Membership & Engagement

- It was agreed that should governors not be able to attend full CoG meetings, their views on agenda items will be sought for inclusion and consideration in discussion.
- Membership demographic by constituency was shared with governors. Broader constituency profiling will be developed to assist with membership engagement.
- The Membership Champion presented an update on membership events, engagement opportunities and recruitment of new members via these activities.
- Members were involved in the planning of the Annual Members Meeting, which was agreed to be very successful.
- Feedback on the Trust's involvement in Suicide Prevention Day activities at Derby County Football Club was shared.
- Planning for Membership Week in 2017 was initiated.
- Updates on Governor Elections were provided, including the election timetable.

Holding to Account

- The Committee was assured that actions assigned to CoG on the Governance Improvement Action Plan (GIAP) were complete.
- Governors were advised of the intended departure of Jim Dixon and plans for further NED recruitment via the Governors Nominations & Remuneration Committee.

Training & Development

- The governor training and development programme is continually updated, incorporating training requests from governors. Feedback is also received on a monthly basis on activities undertaken.

- In August governors had attended the NHS Finance Development Session and had fed back that this was particularly valuable.

Meeting held on 11 October 2016 – Nine governors attended.

Code of Conduct

- Governors received the Governor Register of Interests and noted that the completed Register will be published on the Trust's website.
- Governors were reminded of the requirement to sign and return their copy of the Governor Code of Conduct.

Membership & Engagement

- Feedback on the Annual Members Meeting (AMM) was discussed and governor input received. Planning for the 2017 AMM will be initiated with governors in the new year.
- Governor elections closed on the day of the October meeting therefore updates would be provided after confirmation had been given to successful candidates.
- Governors received the results of the first annual effectiveness survey of the Council of Governors. A separate report is to be presented to the Council of Governors at its November meeting.

Holding to Account

- Governors were advised that the format of reporting on the GIAP will be revised and presented to the Council of Governors in November.
- Governors received the draft report of the Task & Finish Group, set up to enable governors to review the actions of the Trust Board in the circumstances surrounding the Employment Tribunal. The Trust procured independent legal advice for the Group in this matter. This will be presented to Council of Governors in November.
- Governors raised issues in regard to the Strategic Options Case (SOC). They were assured that an extraordinary meeting of Council of Governors, scheduled for 12 October, would be to discuss progress to date. Governance Committee escalated a request to CoG on 12 October to address the need for information on progress, process, pace, efficiency and effectiveness of the SOC.

Training & Development

- The future training programme was highlighted, including the session with Hardwick CCG on 15 November and the opportunity to attend the joint governor induction with governors from Derbyshire Community Healthcare NHS Foundation Trust.
- An evaluation report on the development session on CQC Update and Quality Priorities noted positive feedback.

Meeting held on 9 November 2016 - Nine governors attended.

Code of Conduct

- The latest report on attendance at CoG meetings was received but deferred to the next meeting for discussion.

Membership & Engagement

- The election timetable for the cycle beginning on 30 November was provided. The results of the elections will be received on Monday 30 January. Governors were encouraged to promote the vacant opportunities.
- Governors agreed to review a promotional email on the Council of Governors meetings encouraging member/public attendance; a draft will be discussed at the December Governance Committee meeting.

Quality

- Governors received an overview of the systems in place to recognise employees and volunteers who have demonstrated Trust values in practice and aspired to deliver excellence, which included the DEED Scheme and the Delivering Excellence Awards.

Holding to Account

- Richard Gregory updated governors on the situation regarding future leadership arrangements in the Trust. Governors were given the opportunity to discuss options regarding this, prior to meetings of the Nominations & Remuneration Committee. It was agreed that a special meeting of Governors Nomination & Remuneration Committee would be arranged to discuss this further. A wider invitation would be extended to all governors to attend.
- Governors had been asked to submit questions regarding the SOC and received a consolidated list for review and approval. The questions will be submitted to NEDs for response at the November CoG meeting.

Training & Development

- Positive feedback was received on the governor induction session held on 3 November, which had been attended by DCHS governors.
- The latest training programme was provided with updates and additional training noted.

Derbyshire Healthcare NHS Foundation Trust

Report to the Council of Governors 24 November 2016

Task & Finish Group Report**Purpose of Report**

This paper provides the conclusions of the Council of Governors Task & Finish Group.

Executive Summary

The Task & Finish Report had been produced following a request from the Council of Governors to undertake independent review of the actions of the Trust Board in the circumstances surrounding the Employment Tribunal.

The group consisted of Ruth Greaves - Public Governor, John Morrissey – Public Governor, Moira Kerr – Public Governor, Mick Walsh – Public Governor, April Saunders – Staff Governor, Paula Crick - Appointed Governor, Nitesh Painuly – Staff Governor and Robert Quick – Public Governor. The group met several times, chaired mainly by Robert Quick. The group was supported with independent legal advice provided by Philip Farrar of Hill Dickinson LLP, procured by the Trust.

The report concluded that Non-Executive Directors (NEDs) had not acted as if accountable to the Council of Governors but there had since been a marked change in this approach. It was noted that Governors and NEDs had worked hard on communications in the intervening period and relationships are much improved. Should a similar situation arise today the Group felt the Trust would be better prepared to deal with it.

Strategic Considerations

Effective working relationships between the Board and governors is a fundamental element of the Foundation Trust model.

Assurances

The Council of Governors can be assured that the Task and Finish Group have undertaken a thorough review and it has provided assurance of much improved relationships between NEDs and governors.

Consultation

The report has been reviewed and discussed by the Governance Committee at its meeting on 11 October 2016. It has also been shared with Caroline Maley and Maura Teager.

Governance or Legal Issues

It has been highlighted as part of the Governance Improvement Action Plan that it is essential for effective engagement and communication between the board and governors is implemented.

Equality Delivery System

No impact on REGARDS groups.

Recommendations

Council of Governors is asked to note the content of the report.

Report prepared by: **Task & Finish Group**
 John Morrissey, Lead Governor
 Donna Cameron, Corporate Services Officer

Report presented by: **John Morrissey, Lead Governor**
 Ruth Greaves, Public Governor

Task & Finish Group Report

16-09-19

When over several months in 2014/15 there emerged the conclusions & recommendations of the Employment Tribunal convened through litigation by Mrs Helen Marks, former Human Resources Director of the Board, there was among some members of the Council of Governors an opinion that we should have been informed earlier of these events that have proved to be of significant financial, organisational & reputational disadvantage to the Trust. We believed that it was right that Governors, in representing the public, should review the actions of the Non-Executive Directors of the Trust Board in these matters and should ask why these events came about and, in particular, could the Non-Executive Directors have taken action to prevent these outcomes by way of individual action or different processes and could things be improved to lessen the chance of such matters occurring again. To this end we set up a Task & Finish Group the membership of which was to be open to any Governor and that was, until he had to resign as a governor on changing the area where he lived, under the chairmanship of Robert Quick. The Trust, in response to our representations, agreed to fund independent legal advice for the group in the person of Philip Farrar LLP of Hill Dickinson. It is fair to say that Governors who participated in the Group's investigation did not feel that they had sufficient training to be able to undertake this without that help. In addition, the chronic shortage at that time in the number of governors in the Council & the turnover even of this reduced number have hampered the efficiency of this Group and contributed to the tardiness of the conclusions of this report.

We believe that, whilst some Governors (or indeed anyone) may feel that we have not examined every aspect, we think that we have pieced together a relatively detailed assessment of the related episodes in retrospect. The central part is formed from the Tribunal's Judgment and the Yates report, together with the information the Governors' sub-committee has received. This latter included the Trust's own governance improvement plan; the observations of Monitor (and its successor) and those of the Care Quality Commission.

The questions we posed to Non-Executives Directors (whose number was reduced by this time) were replied to carefully and fully and these, together with the background materials to hand, allowed the Governors present to assess how the circumstances had progressed. The singular circumstances of this case, where the Chairman and Chief Executive at the time could direct the Trust's response to such serious employment issues including the litigation in the Employment Tribunal, meant that what was to be determined ultimately by the Tribunal was not appreciated by others in the Trust especially the Non-Executive Directors. Ideally none of the circumstances that resulted in the claim and its outcome should have existed. It is utopian to imagine processes that unfailingly prevent any problems occurring, but the gravity of the issues here mean that it is obvious that opportunities were missed; the question is whether there were process aspects, which allowed the circumstances to arise as they did or were they all due to failings by individuals.

The advice we received indicates that It is not feasible or indeed normally desirable for a Trust to manage issues of this type at Board level. There appears to have been awareness of the processes, but they were left in the hands of relevant officers taking advice from a reputable and experienced firm of Solicitors. It can be said, however, that where cases involve its most senior officers and where those officers are also able to lead the response of the Trust, caution should be taken with how that is managed to avoid, at the very least, a conflict of personal interests. An unusual aspect here was that the Board did not have in place a Human Resources Director: normally this Director could be expected to take a major role in how a Trust would deal with the circumstances of an Employment Tribunal and we feel that an appreciation of this handicap should have alerted the Board to the necessity of caution. The stage in which the Trust's case began to unravel evidentially with the disclosure

of text messages is perhaps one where a re-appraisal of the Trust's prospects should have been taken place. It seems clear that the Yates report has looked at the legal advice provided at that stage and, other than the former Chairman Mark Todd, Non-Executive Directors were not involved (and to repeat in ordinary cases that would be entirely normal).

We believe that it is common ground that the exchange of information with Governors was not at any stage what it should have been. Part is process and part the culture then prevailing in the Trust that did little to foster such an exchange in any significant manner.

The Employment Tribunal found that the Trust was at fault and recommended that Mrs Marks should be awarded substantial damages. The Trust did not appeal against these recommendations and (correctly, we feel) made an apology to Mrs Marks in a public session of the Tribunal. The interim Chairman of the Trust Richard Gregory also offered Mrs Marks an apology.

Our view is that a number of failings coincided to result in the matters that were litigated by Helen Marks. Had all those principally involved remained under the control of the Trust then actions could have been considered to discipline or remove as appropriate but that, of course, is not the case. Beyond that we believe that the Trust Board showed a lack of curiosity and initiative during the period before & during the deliberations of the Employment Tribunal but we would not single out any individuals for criticism.

We always return to the wish that these circumstances had not arisen but in terms of the relationship between Governors and the Board significant steps have been taken already in this regard to improve communication: both mutual understanding of the complexities and the work undertaken to address them, as well as practical arrangements which include planned informal meetings and a more regular attendance by Non-Executive Directors at Council of Governors meetings. We think that this will make it less likely that something similar could happen again.

The circumstances that this and other issues have produced in the Human Resources Department were and are still in train as we met. We have been advised and agree that there is a significant difference between the more general Yates review of something that is in the public domain and the Human Resources review which could (and, we believe, has) resulted in internal processes. The Governors were aware that the Human Resources review was underway and unless there was something very unusual normally that is all one would expect Governors to be informed of.

We would like to thank Non-Executive Directors for their attendance at our meetings and for responding to our questions.

We are grateful for Phillip Farrar's guidance in a task where there might be many pitfalls for us (probably many more than we realised).

Ruth Greaves
Deputy Chairman of Governors Task & Finish Group

John Morrissey
Lead Governor

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CQC Summit Feedback

Purpose of Report

To update the Council of Governors on the CQC Quality Summit that took place on 8 November.

Summary of Key Points

A Quality Summit is an event that takes place in every Trust after its CQC report has been published, in order to share the outcomes with our stakeholders and ensure effective progress on all recommendations.

The summit was a very positive experience, and had a wide attendance from the CQC, NHS Improvement and a number of our stakeholders including representatives from both Local Authorities, our commissioners, Healthwatch, governors and Staff Side colleagues

The Trust's CQC action plan was shared noting a number of changes and improvements that had taken place since the CQC visited our services in June 2016.

We confirmed the Trust's acceptance of all the recommendations in the report, our commitment to addressing them at pace and to make sure there are real, long term changes to the way we work.

In response the CQC reflected that they were pleased with the Trust's approach. They emphasised how warm, friendly and committed staff were when they visited, and the positive feedback they had received from our patients and carers.

It is clear that the Trust has made a lot of progress, but also that we still have a lot of actions we need to fully address and changes that we need to embed. We must therefore continue to deliver this plan at pace and we will keep checking that changes have been made. The CQC will be visiting services to check if these actions have been completed, in the ways we say they have. So future visits are expected. Staff have been asked to reflect our recent learning and changes in response to the issues the CQC raised.

Assurances

- Governors can be assured that progress is being made and positive feedback has been received from the CQC on the Trust's improvements and action plan.
- The Executive Leadership Team and Quality Committee meetings will ensure that the Action Plan is updated and evidence collated and that timescales are met. And any delays in implementation are escalated to the Board
- This is monitored by the Quality Committee with escalations to our Trust Board and a report will be completed for each committee, with Quality Committee leading oversight.

Consultation

Consultation has been via engagement with stakeholders including representatives from Local Authorities, our commissioners, Healthwatch, governors and Staff Side colleagues in the Quality Summit. All staff have been provided with an update following the summit.

Governance or Legal Issues

The CQC authorises and regulates the Trust, a warning notice and concerns expressed in a comprehensive review is an important matter which impacts on our ability to operate and will be declared in our Annual Report and in our rating of our organisation. Failure to deliver on these improvement areas can impact upon our ability to win contracts as well as being a breach of our licence. If we fail to improve against notices, the Trust can have more serious action imposed, risk a financial penalty and if quality domains deteriorate further can risk the Trust entering into special measures.

Equality Delivery System

The specific areas of concern relate to staff and the following of procedures in relation to staff, this would have an impact upon the Equality delivery system and REGARDS. Wider concerns regarding staff policy and procedures being followed are assessed by the People and Culture committee for any individuals or protected characteristics of our staff being adversely affected.

Recommendations

The Council of Governors is asked to note the update.

Report prepared by: Donna Cameron, Corporate Services Officer
Sam Harrison, Director of Corporate Affairs &
Trust Secretary

Report presented by: Carolyn Green, Executive Director of Nursing
& Patient Experience

Responding to the CQC report

Ifti Majid
Acting Chief Executive

Requires improvement

- We fully accept all recommendations, we are disappointed with our performance.
- We acknowledge that there is significant learning required
- We recognise the need to change our ways of working, processes and culture
- And at pace
- We are committed to achieving this.

How well did we know our challenges?

- Feedback from the 'well led' review, leading to the development of our GIAP
- Capacity and consent were not fully mitigated
- Seclusion and the redesign of seclusion rooms awaiting planning permission
- Ligature minimisation programme in place, but not completed
- Medicines management, some compliance improvements
- Compliance with supervision and appraisals
- Internal culture during a period of change
- Future plans for some of our estate.

In June our priorities were:

- Staff support and engagement
- Improving our culture and raising concerns
- Innovations to manage clinical capacity and service pressures
- Improving patient safety through a roll out of our full electronic patient record
- Transformation - internally and across the wider health care economy
- Learning from the 'well led' review and full implementation of actions.

CQC warning notice actions

Issue	What we have done	Current position
Fire warden training	<ul style="list-style-type: none"> • We have received assurance from the Fire service • Additional clinical setting fire warden training has been delivered. 	<ul style="list-style-type: none"> • Fire warden training in our inpatient areas is currently at 91.7% compliance at October Board.
Equalities and EDS2	<ul style="list-style-type: none"> • Equalities action plan 2016/17 is now in place • Workforce Race Equality Standard published • E&D is now included on the BAF and risk register • EDS2 self evaluation completed and awaiting independent review • PSED report produced and published • Development of a new equalities forum to join the Quality and HR work • The Trust is an approved Disability Confident Employer • BME network members are invited to the People and Culture Committee. 	<ul style="list-style-type: none"> • The Trust has now met its legal requirements, as reported at the October Board • The Trust has appointed a new, experienced Director of HR, who has specific expertise in equality and diversity • We have increased our resource in this area.

CQC warning notice actions

Issue	What we have done	Current position
Accessible information standard	<ul style="list-style-type: none"> • The Trust has reviewed its actions plan and evidence of delivery against the Accessible information standard, against the criteria • A detailed paper was taken to the Trust Board in September 2016. 	<ul style="list-style-type: none"> • We are now fully compliant with this standard.
Mental Capacity Act and DoLS	<ul style="list-style-type: none"> • Introduced a new model of clinical skills tutors • Teaching sessions and training with specialists in the local authority • Teaching and training sessions have been targeted at all staff and nursing staff have included the requirement to document the presumption of capacity and the quality of what should be recorded. <p data-bbox="498 1362 678 1396"><i>Continued...</i></p>	<ul style="list-style-type: none"> • Paper records audit (October) shows compliance of 84% (16 out of 19) • The current in-patient compliance of capacity assessments is 88% (electronic, all in-patients) • DOLS authorisation re CQC forms have been compliance checked and performance is 100% (all in-patients) • Audit of best interest assessments shows the current compliance is 77% (10 out of 13). <p data-bbox="1682 1362 1862 1396"><i>Continued...</i></p>

CQC warning notice actions

Issue	What we have done	Current position
Mental Capacity Act and DoLS (cont.)	<ul style="list-style-type: none"> • Clinical pathway specific training and video briefings have been issued • Priority to older adults and Learning disability teams, but a Trust-wide approach • Personalised care planning – embedding ‘I’ statements and subsequent audits to ensure involvement • In-reach into services to support clinical audit and compliance checks • Experienced Mental Capacity Administrator in post • New MCA e-learning package complete and ready for CQC sign-off • New MCA e-learning requirement – every three years • New DOLS training package being prepared with updated RCPsych content. 	<ul style="list-style-type: none"> • Since CQC inspection – 535 staff either received face-to-face training or viewed MCA video briefings presented by their clinical lead or associate clinical director.

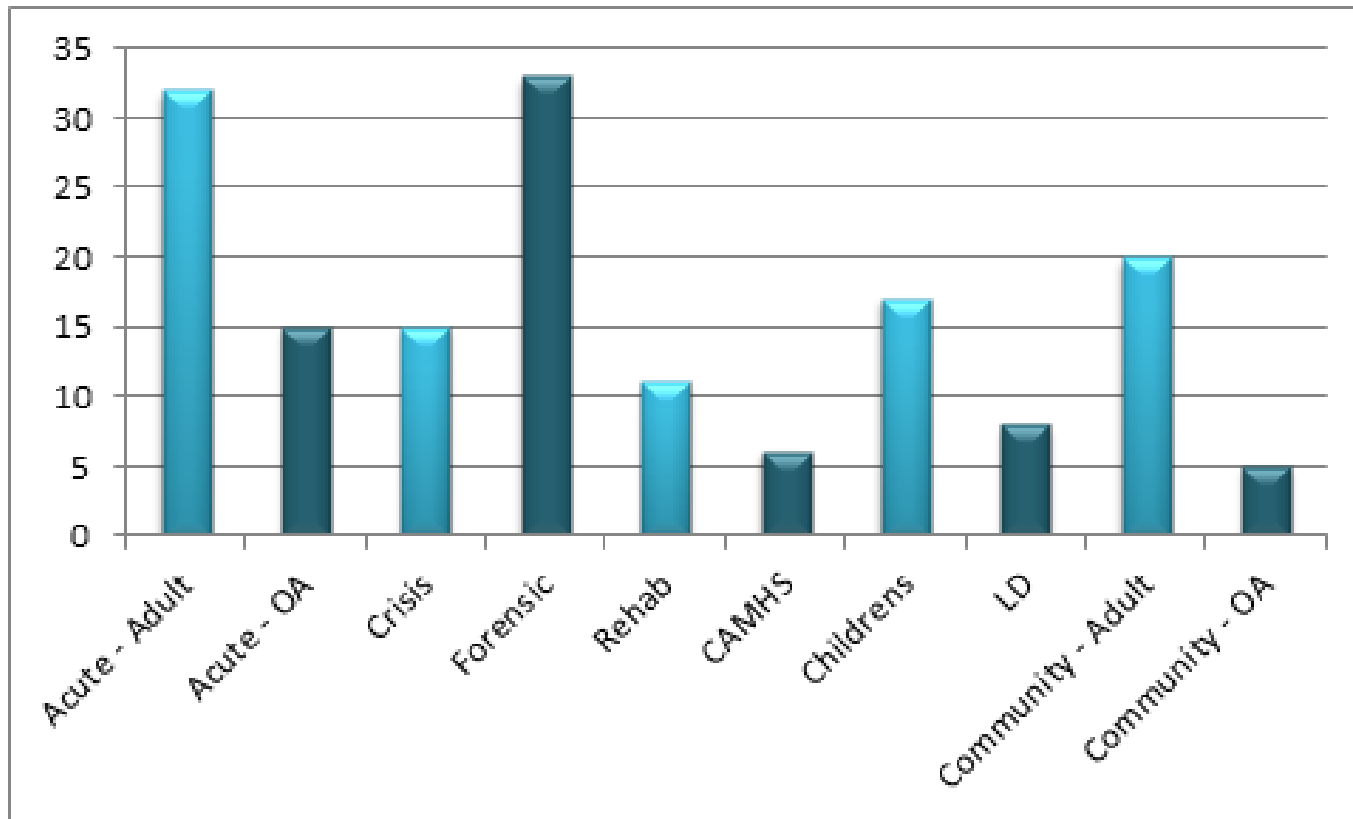
CQC warning notice actions

Issue	What have we done	Current position
Mental Health and MHAC governance	<ul style="list-style-type: none"> • Redesign of electronic patient record and develop automated responses • Review of CTOs and rights to ensure correct paperwork has been completed and filed • SOAD requests in a timely fashion, a briefing to responsible clinicians has been developed • SOAD monitoring is now occurring at the MHAC • Review of CTO paperwork and policy adjustment • Compliance report at the MHA Committee and MHA data set forms the new integrated board dashboard. 	<ul style="list-style-type: none"> • Audit findings show that all older adults in-patient rights have been completed by the October period, 100% • The CTO rights have been given and all documentation received for 91% (92 out of 101). Two patients were unavailable and two forms in post! • SOAD monitoring - a compliance report will be run in future on the new system, but it is not possible to run retrospectively.

CQC warning notice actions

Issue	What we have done	Current position
Safeguarding Level 3 training compliance was 46% at the time of inspection	<ul style="list-style-type: none"> Fast-tracked additional training Trajectory for training to meet 90% by March 2017. 	<ul style="list-style-type: none"> Safeguarding training level 3 – compliance rate is currently 61.96% Trust-wide (85% and 81% in children's and CAMHS) with plans in place.
Staff who have contact with children must have supervision and safeguarding supervision for nursery nurses through line management was not occurring effectively	<ul style="list-style-type: none"> Safeguarding adults named Doctor appointed Changes to supervision policy and model Implementation of Southern Derbyshire MASH and additional investment (2x band 7 posts). 	<ul style="list-style-type: none"> All nursery nurses now have direct supervision from the safeguarding unit. Audits of compliance are available.
Safeguarding individuals from financial abuse - Loop hole of reporting – low level thefts and losses as a cluster over an extended time period	<ul style="list-style-type: none"> Independent investigation commissioned All safety and security incidents sent to safeguarding leads for cluster analysis and review Policy changes made Action plan in place to ensure learning from losses and learning, Trust-wide Information shared with CCGs and LA's. 	<ul style="list-style-type: none"> Independent investigation completed, with action plan agreed by Trust Board Security action plan in place and being implemented All safeguarding leads review thefts and losses for all incidents, going forward since inspection feedback and improvement plan.

Actions across our services



Safe

- We have improved our environments and community resuscitation equipment
- We have reviewed our PAT testing emergency equipment and audit
- We have relocated Audrey House from a listed building to the Kingsway site. This completes all CQC recommended ligature and environmental actions
- We have published our safeguarding adults reports and we are able to demonstrate monitoring and an increase in referrals. Processes are in place to monitor any low reporting areas.

Safe

- Mandatory training levels has improved and our current performance is 88.28%
- We have made significant improvement in RT and NG10, streamlining reporting and monitoring
- We have reviewed lone working procedures, risk registers and environmental action plans.

Caring

- Our evidence of involvement and co-creation of care plans is improving but sustained improvement is required.
- The forensic service has had additional specific audits in this area and is improving
- We issue these leaflets to staff, patients and carers so they know what to expect:



Effective

- We have focused on the Mental Capacity Act, Mental Health Act and the Code of Practice
- We have made significant policy changes
- We have audited our practices with Rapid Tranquilisation
- We have focused on reviewing the seclusion pathway and our reporting and monitoring of this.

Responsive

- We have developed an analysis of waiting times for psychological therapy
- Since the inspection we have been flagged as a high performer and one of the top ten national performers for IAPT access and access and responsiveness through the EI standards
- We have undertaken a mapping of PICU beds and benchmarking in partnership with our commissioners
- We have undertaken improvement work on discharge planning from our older adult service.

Well led

- Peer review re cultural development and GIAP
- Strengthened Board:
 - New NEDs and Deputy Chair in place
 - New, experienced Director of HR
- Review of executive director portfolios
- Strengthening senior leadership, e.g. executive deputies being recruited
- Quality involvement of NEDs
- A lead NED for security, to monitor and ensure standards.

Well led

- Significant capacity to support GIAP, HR and quality compliance monitors
- Ongoing progress with GIAP
- New equalities forum established
- Revised Accessible Information Standard
- Investment in a clinical skills model to monitor and audit to enable the executive team to more rapidly identify performance failings until full EPR roll out enables a more automated process
- Revised quality dashboard with MHAC indicators. This will enable early identification of reduced performance
- Future integration work with DCHS.

Monitoring changes and improvements


DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST

CQC Action Plan

Dear Carolyn Green,

Please note the status had changed for the following ACTION.

From: **Concerns**



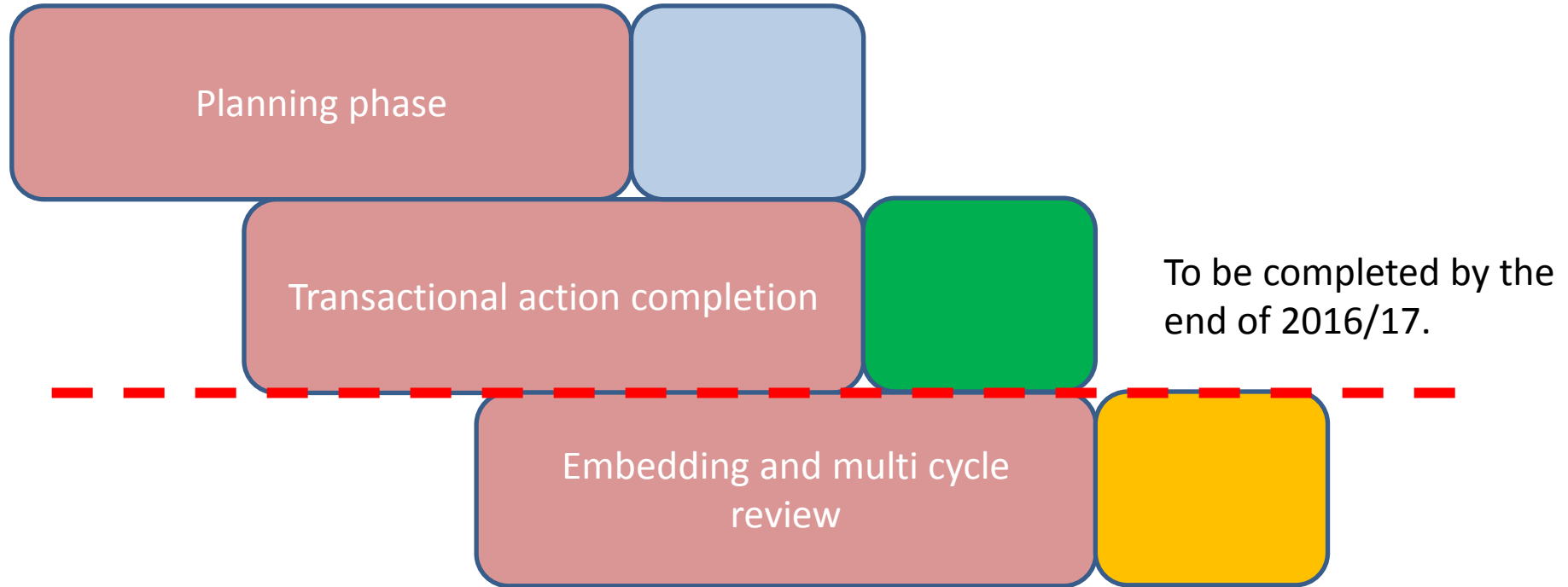
To: **In progress and on target**




Action ID	179
Action Summary	Learning disability - The trust should ensure that there is an effective way of maintaining confidentiality at the Council house, Derby City team office environment
Action Progress	Put measures in place to put passcodes on the printing device. The licence to convert the device to "uniflow" has been obtained and it is anticipated that this will be in place within 4 weeks. Seek assurance from partners in the Council House regarding levels of confidentiality and IG policies and practice. Link Manager for the City Team to monitor Datix incidents relating to IG - related incidents. Staff members to continue to apply vigilance regarding telephone and face to face conversations of a confidential nature. Calls, that can be anticipated, of a more sensitive nature are made in more private areas or alternative bases.
Target Date	02/09/2016
Status	In progress and on target
Action Members	Karen Billyeald, Alex Rose

Recommendation

Recommendation ID	14
Recommendation Title	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Section Heading	REGULATION 17 - GOOD GOVERNANCE
Recommendation Lead	Carolyn Green

Our approach and progress



-  Progress assured
-  On target
-  Underway

Over the next six months

- We will focus on **HR, training and improvements**
- Strengthening the **Board skill set**
- We will deliver on our **equalities plan**
- We will revisit our **quality dashboard** to identify best practice in identifying early warning indicators of service
- We will deliver the **CQC action plan**
- We will deliver the **Outline Business Case** and **Full Business Case** following the **Strategic Options Case** and develop our clinical case for change and delivery
- We will deliver on embedding the **Mental Capacity Act in our practice**, we will strengthen our Mental Health Act Committee and our **clinical performance management**.

Our commitment to change

- We have spoken openly with our staff
- Involved our teams in checking and responding to the report
- Fostered a **'can do' approach** and collective support for our staff
- Developed a detailed action plan to address areas of concern
- Undertaken our own 'spot tests' and audits
- Started implementation immediately.
- We believe we have **made significant headway** in a short space of time.

Moving forwards

- We accept the CQC's findings and thank the CQC teams who have given their time to audit our teams
- We have a collective commitment to learn, change and improve
- We have focused on areas wider than the warning notice
- **Your help and all contributions** to our action plan are welcomed
- We look forward to welcoming you back into our services, to demonstrate the progress we have made.

Derbyshire Healthcare NHS Foundation Trust
Report to Council of Governors – 24 November 2016

Council of Governors
Annual Effectiveness Survey
September 2016

Purpose of Report

This report provides the Council of Governors with the results of the first Annual Effectiveness Survey of the Council of Governors, undertaken in September 2016.

Executive Summary

The first iteration of the Annual Effectiveness Survey of the Council of Governors (CoG) was developed in response to Governance Improvement Action Plan (GIAP) Action to develop and implement a process for the assessment of the effectiveness of the CoG.

A proposal for the evaluation of effectiveness of the CoG was discussed and agreed at the CoG on 6 June 2016.

The survey was undertaken in September 2016 and a total of nine governors responded, 50% of the complement of 18 governors at that time. Some of the key findings are highlighted below:

Question 1 - The Trust's values, mission and priorities have been adequately explained to the Council

100% of respondents agreed with this statement. A commitment by the Trust was made to continue to make sure that efforts continue to make sure this remains true through ongoing updates and through the annual workplan of the Governance Committee.

Question 9 - The Council communicates with, listens and responds to members and other stakeholders effectively

The majority of respondents agreed with this statement but Governance Committee agreed that this is an area where more can be done. The Governance Committee are to focus in the new year on areas to improve member engagement and the Trust committed to support governors in developing relevant skills and in facilitating opportunities for effective engagement and feedback.

Action: Ways to improve communication with members and stakeholders is to be reviewed as part of the Membership Strategy review which is scheduled for January 2017.

Question 14 – The Council of Governors have sufficient opportunity for contact, and good communication, with the Board of Directors:

The response to both Non-Executive and Executive Director contact was good but Governors expressed the wish for greater contact with the Executive Medical Director. Governors also noted that opportunities to engage with the Board are available at the Public Board Meetings.

Action: Executive Medical Director to be invited attend Council of Governors Meetings and to lead a governor development session.

Question 15 – The Council of Governors has sufficient communication with the members of the Trust, either via the Trust or independently

Response was mixed, with over 60% of responses indicating ‘don’t know’ or ‘disagree’.

Action: A wider discussion on Membership Strategy is scheduled to commence in January 2017 (see also response to question 9).

Question 22: 22. The Council has agreed a process of dialogue with the non-executive directors and the Trust to enable it to carry out its general duty to hold the non-executive directors individually and collectively to account for the performance of the Board of Directors

89% of governors strongly agreed/agreed with this statement and Governance Committee noted that this reflected the change in culture and also processes and structures set in place to enable effective dialogue with NEDs.

Question 26 - I have received adequate training and development opportunities to support me in my role as governor

The work undertaken to deliver the positive response to this question was acknowledged and the Governance Committee was assured that it will remain a focus. The training and development programme set in place over the past 9 months continues to be led by governors and evaluation of sessions are regularly reviewed to inform future activities.

Strategic Considerations

- Council of Governor effectiveness links directly to the Trust’s strategy
- Closely aligned to the improvements required as part of the GIAP

Assurances

- This paper should be considered in relation to key actions identified in the GIAP (ref CoG1 Task 3)

Consultation

- The report was discussed at the Governance Committee at its meeting on 11 October 2016.

Governance or Legal Issues

- GIAP ref CoG1 Task 3 – to develop and implement a process for the assessment of the effectiveness of the CoG.

Recommendations

The Council of Governors is asked to

- 1) Note the outcome of the Council of Governors Annual Effectiveness Survey.
- 2) Agree actions as identified.
- 3) Agree the survey should be repeated in September 2017.


Report prepared by: **Sam Harrison, Director of Corporate Affairs
& Trust Secretary
Donna Cameron, Corporate Services Officer**





Report Presented by: **Sam Harrison, Director of Corporate Affairs
& Trust Secretary**




Council of Governors – Annual Effectiveness Survey

September 2016

9 Surveys received

1. The Trust's values, mission and priorities have been adequately explained to the Council				
			Response Percent	Response Total
1	Strongly agree		0.00%	0
2	Agree		100.00%	9
3	Don't know		0.00%	0
4	Disagree		0.00%	0
5	Strongly disagree		0.00%	0

2. The Council is appropriately consulted and engaged in the Trust's strategy and development				
			Response Percent	Response Total
1	Strongly agree		11.11%	1
2	Agree		66.67%	6
3	Don't know		11.11%	1
4	Disagree		11.11%	1
5	Strongly disagree		0.00%	0

3. The Trust's strategy is informed by the input of governors				
			Response Percent	Response Total
1	Strongly agree		0.00%	0
2	Agree		55.56%	5
3	Don't know		33.33%	3
4	Disagree		11.11%	1
5	Strongly disagree		0.00%	0

4. Governors are aware of risks to the quality, sustainability and delivery of current and future services

			Response Percent	Response Total
1	Strongly agree		0.00%	0
2	Agree		88.89%	8
3	Don't know		0.00%	0
4	Disagree		11.11%	1
5	Strongly disagree		0.00%	0

6. The Council of Governors uses the individual skills, experience, knowledge and diversity of its members to its best advantage:

	Strongly agree	Agree	Don't know	Disagree	Strongly disagree	Response Total
In Council meetings	22.2% (2)	44.4% (4)	33.3% (3)	0.0% (0)	0.0% (0)	9
In sub-committees	22.2% (2)	33.3% (3)	44.4% (4)	0.0% (0)	0.0% (0)	9





7. The Council of Governors carries out its work:

	Strongly agree	Agree	Don't know	Disagree	Strongly disagree	Response Total
In an open, transparent manner	55.6% (5)	44.4% (4)	0.0% (0)	0.0% (0)	0.0% (0)	9
With quality as its focus	44.4% (4)	44.4% (4)	11.1% (1)	0.0% (0)	0.0% (0)	9



8. The relationship between the Governors and Trust chairman works well

			Response Percent	Response Total
1	Strongly agree		33.33%	3
2	Agree		66.67%	6
3	Don't know		0.00%	0
4	Disagree		0.00%	0
5	Strongly disagree		0.00%	0



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

			Response Percent	Response Total
1	Strongly agree		11.11%	1
2	Agree		66.67%	6
3	Don't know		11.11%	1
4	Disagree		11.11%	1
5	Strongly disagree		0.00%	0




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

			Response Percent	Response Total
1	Strongly agree		33.33%	3
2	Agree		66.67%	6
3	Don't know		0.00%	0
4	Disagree		0.00%	0
5	Strongly disagree		0.00%	0

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

			Response Percent	Response Total
1	Strongly agree		11.11%	1
2	Agree		88.89%	8
3	Don't know		0.00%	0
4	Disagree		0.00%	0
5	Strongly disagree		0.00%	0

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

			Response Percent	Response Total
1	Strongly agree		11.11%	1
2	Agree		77.78%	7
3	Don't know		0.00%	0
4	Disagree		11.11%	1
5	Strongly disagree		0.00%	0

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

	Strongly agree	Agree	Don't know	Disagree	Strongly disagree	Response Total
With the Executive Directors	0.0% (0)	66.7% (6)	0.0% (0)	33.3% (3)	0.0% (0)	9
With the Non-Executive Directors	0.0% (0)	88.9% (8)	11.1% (1)	0.0% (0)	0.0% (0)	9

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

		Response Percent	Response Total
1	Strongly agree	0.00%	0
2	Agree	33.33%	3
3	Don't know	44.44%	4
4	Disagree	22.22%	2
5	Strongly disagree	0.00%	0




16. The Council of Governors has a strong voice and is able to influence change

		Response Percent	Response Total
1	Strongly agree	0.00%	0
2	Agree	55.56%	5
3	Don't know	22.22%	2
4	Disagree	22.22%	2
5	Strongly disagree	0.00%	0




17. Council of Governor sub-committees (Nominations Committee and Governance Committee) are effective and provide quality update reports to the council

		Response Percent	Response Total
1	Strongly agree	0.00%	0
2	Agree	66.67%	6
3	Don't know	33.33%	3
4	Disagree	0.00%	0
5	Strongly disagree	0.00%	0



19. The Council of Governors receives sufficient information to hold the Board of Directors to account

			Response Percent	Response Total
1	Strongly agree		11.11%	1
2	Agree		44.44%	4
3	Don't know		44.44%	4
4	Disagree		0.00%	0
5	Strongly disagree		0.00%	0




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

			Response Percent	Response Total
1	Strongly agree		22.22%	2
2	Agree		55.56%	5
3	Don't know		22.22%	2
4	Disagree		0.00%	0
5	Strongly disagree		0.00%	0




21. Governors can ask questions regarding performance reports

			Response Percent	Response Total
1	Strongly agree		55.56%	5
2	Agree		44.44%	4
3	Don't know		0.00%	0
4	Disagree		0.00%	0
5	Strongly disagree		0.00%	0




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

			Response Percent	Response Total
1	Strongly agree		11.11%	1
2	Agree		77.78%	7
3	Don't know		11.11%	1
4	Disagree		0.00%	0
5	Strongly disagree		0.00%	0




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

			Response Percent	Response Total
1	Strongly agree		0.00%	0
2	Agree		55.56%	5
3	Don't know		22.22%	2
4	Disagree		22.22%	2
5	Strongly disagree		0.00%	0




25. I feel that I am able to contribute positively to the work of the Council of Governors

			Response Percent	Response Total
1	Strongly agree		22.22%	2
2	Agree		66.67%	6
3	Don't know		11.11%	1
4	Disagree		0.00%	0
5	Strongly disagree		0.00%	0

26. I have received adequate training and development opportunities to support me in my role as governor

			Response Percent	Response Total
1	Strongly agree		33.33%	3
2	Agree		55.56%	5
3	Don't know		11.11%	1
4	Disagree		0.00%	0
5	Strongly disagree		0.00%	0

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

			Response Percent	Response Total
1	Strongly agree		11.11%	1
2	Agree		77.78%	7
3	Don't know		11.11%	1
4	Disagree		0.00%	0
5	Strongly disagree		0.00%	0

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

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

Wednesday, 7 September 2016

MEETING HELD IN PUBLIC

Commenced: 1pm

Closed: 4:50pm

PRESENT:	Richard Gregory	Interim Chairman
	Caroline Maley	Senior Independent Director
	Maura Teager	Non-Executive Director
	Margaret Gildea	Non-Executive Director
	Julia Tabreham	Non-Executive Director
	Ifti Majid	Acting Chief Executive
	Claire Wright	Executive Director of Finance
	Carolyn Green	Director of Nursing & Patient Experience
	Dr John Sykes	Executive Medical Director
	Carolyn Gilby	Acting Director of Operations
	Mark Powell	Director of Strategic Development
	Amanda Rawlings	Interim Director of Workforce, Organisational Development and Culture
	Samantha Harrison	Director of Corporate Affairs & Trust Secretary
IN ATTENDANCE:	Anna Shaw	Deputy Director of Communications & Involvement
	Sue Turner	Board Secretary and Minute Taker
For item DHCFT 2016/1	Libby Runcie	Professional Leader, Commissioning Differently
For item DHCFT 2016/1	Karen Billyeald	Area Service Manager, Learning Disability Services
APOLOGIES:	Jim Dixon	Deputy Chair and Non-Executive Director
VISITORS:	John Morrissey	Lead Governor
	Gillian Hough	Public Governor, Derby City East
	Rosemary Farkas	Public Governor, Surrounding Areas
	Mark McKeown	Derbyshire Mental Health Alliance
	Owen Fulton	Principal Employee Relations Manager

**DHCFT
2016/128**

INTERIM CHAIRMAN'S WELCOME, OPENING REMARKS AND APOLOGIES

The Interim Chairman, Richard Gregory, opened the meeting and welcomed everyone who was present. Apologies were noted as above.

Richard Gregory was delighted to welcome and introduce the two new Non-Executive Directors, Margaret Gildea and Julia Tabreham. He also introduced Amanda Rawlings in her role as Interim Director of Workforce, Organisational Development and Culture. Whilst Amanda will retain her substantive role of Director of People and Organisational Effectiveness at Derbyshire Community Health Services NHS Foundation Trust (DCHS) she will provide interim support to the Trust in the light of our recent initiatives about working in greater collaboration with DCHS.

The Board noted the declaration of interest made by Amanda Rawlings in respect of her

	association with DCHS. Richard Gregory confirmed he was content with her declared interest in view of the dual role she will be performing.
DHCFT 2016/129	<p><u>MINUTES OF THE MEETING DATED 27 JULY 2016</u></p> <p>The minutes of the meeting held on 27 July were accepted and agreed.</p>
DHCFT 2016/130	<p><u>MATTERS ARISING AND ACTIONS MATRIX</u></p> <p>The Board agreed to close all completed actions. Updates were provided by members of the Board and were noted directly on the actions matrix.</p>
DHCFT 2016/131	<p><u>CHAIRMAN'S VERBAL REPORT</u></p> <p>Richard Gregory updated the Board on a positive meeting he, Ifti Majid and Mark Powell recently had with NHS Improvement's (NHSI) enforcement team on the Governance Improvement Action Plan. Good progress continues to be made to deliver the plan and NHSI confirmed that the Trust had made good progress and they were satisfied with the underpinning process we have adopted which supports delivery of the planned actions.</p> <p>A great deal of the Board's time has recently been taken up with the Board of DCHS (Derbyshire Community Health Services Foundation Trust) exploring a range of options for potential future collaboration and Richard Gregory looked forward to the recommendations that would be contained in the Strategic Options Case (SOC) report that would be received by both Boards at the end of October, and then shared with staff and governors.</p> <p>As part of the development of this case an engagement event was held for key stakeholders on 31 August that was well attended by Board members, governors from Trusts, clinical leaders and representatives from other Derbyshire organisations which provided the opportunity for good strategic discussions and the chance to examine the different options. Richard Gregory made it clear that he and the Board recognised the impact and the destabilising nature that constant change within the NHS has on staff and stressed that he and the Board would make sure that every attempt to alleviate these impacts would be made.</p> <p>RESOLVED: The Board of Directors noted the Interim Chairman's verbal update.</p>
DHCFT 2016/132	<p><u>ACTING CHIEF EXECUTIVE'S REPORT</u></p> <p>The Board received Ifti Majid's report which provided feedback on changes within the national health and social care sector as well as providing an update on developments occurring within the local Derbyshire health and social care community. The report also updated the Board on feedback from external stakeholders such as commissioners and the Trust's staff.</p> <p>Ifti Majid drew attention to the fact that NHSI have put the 2017/18 and 2018/19 tariff out to consultation, within that is the guidance to move away from block contracts for Mental Health services and use either episodic or capitation methods or other local contractual agreements. He felt this remains a risk to the Trust if we want to contract in a different way within the system and he hoped the Trust would receive support from regulators with regard to the organisation's contract agreements.</p> <p>Ifti Majid felt it was important to recognise the pressure the Trust is under particularly in inpatient services. The last few months have seen an increased pressure on bed availability for adults with mental health problems. The impact of this is that patients presenting at Emergency Departments have had to wait longer for a bed whilst one was sourced. This has led to an increasing number of people waiting longer than 12 hours and this is not an acceptable experience for those individuals. Ifti Majid informed the</p>

	<p>Board that Carolyn Gilby and the clinical teams have been working closely with counterparts in acute trusts in order to improve this situation and with NHS England. It was noted that Carolyn Gilby would report on progress through the Quality Committee and he hoped this reporting structure would assure the Board that we are working to resolve this. Julia Tabreham commented that she felt the 12 hour wait within Emergency Departments was a key indicator of how the system is not working. As incoming Chair of the Quality Committee she proposed to ensure that some very robust analysis of these services would take place on behalf of patients, carers and families.</p> <p>It was recognised that people are anxious to learn the outcome of the CQC visit which took place in June. Ifti Majid assured the Board that work was still taking place completing factual accuracy checks on the reports that will be returned to the CQC. He wished to make it clear that there will be a period of time when the CQC will review these reports before the final comments can be released into the public domain.</p> <p>On a positive note Ifti Majid was pleased to say that during his visits with staff he had noticed that staff felt able to talk to him and members of the Board about their concerns and this was a significant improvement from how it had been in the past.</p> <p>Point 3 of the report talked about funding in the system and Julia Tabreham felt this would cause anxiety for service receivers and asked for assurance regarding the funding mechanisms going forward. In his response Ifti Majid said that the Trust's current transformation process has been running for three years and people who use our services were heavily involved in this process. Service user complaints and the quality impact on people is scrutinised by the Quality Committee to ascertain how we can improve our services. The next phase of the transformation plan will be to consult with the general public who use our services to help our services move forward. Carolyn Green added that we also consult with service user groups and they are helping with our work with care planning. Governors and organisations such as Healthwatch Derby and the Carers Association also contribute to the improvements we will make to our services.</p> <p>RESOLVED: The Board of Directors noted the contents of the Acting Chief Executive's report.</p>
<p>DHCFT 2016/133</p>	<p><u>INTEGRATED PERFORMANCE AND ACTIVITY REPORT</u></p> <p>The Board received the integrated overview of performance as at the end of July 2016 with regard to workforce, finance and operational delivery and quality performance.</p> <p>Claire Wright updated the Board on the financial aspect of the report and described the Trust's continuing trend of performing well against plan financially for the year to date. She was pleased to report that the organisation's current risk rating was sound and that the Trust was still in a position to meet the control total although risks remain, not least the CIP gap and run rate changes.</p> <p>Ifti Majid asked how NHSI would view the Trust's performance in achieving the control total whilst leaving some CIP (Cost Improvement Programme) unmet. Claire Wright replied that she had discussed this with them and it was her opinion that achieving our control total is NHSI's prime focus. Julia Tabreham asked whether services had stopped where developments weren't funded. Claire Wright explained the variance related to timing of contract negotiations compared to submitting the plan, which had been difficult this year and the plan showed the total picture that had been requested. In the analysis there are ongoing variances to both the income side of the plan and costs side of the plan which are equal opposites for the developments not funded. Mark Powell reiterated that the CIP programme is still a considerable challenge and plans are being developed to deliver this programme or close the gap in other ways. He wanted to make the Board aware that we are striving to close this gap and the Finance and Performance Committee monitors CIP performance to gain assurance that the control total will be achieved.</p>

	<p>Amanda Rawlings drew attention to the Workforce section of the report and stressed that recruitment will be prioritised to ensure the Trust is positioned as an employer of choice. She pointed out that there are different generations of the workforce who want different things out of the workplace and this would be considered within the plans for retention. Another big area of focus will be staff appraisal completion. Amanda Rawlings would also be focussing on the reasons for the rise in sickness levels and would ensure that managers would take responsibility for managing sickness levels of their staff.</p> <p>Carolyn Green took the Board through the Quality aspect of the report. She drew attention to the issue of supervision and compliance and talked about the work taking place to review the Early Interventions in Psychosis Performance data alongside the Workforce and Organisational Development indicators. A key feature of integrated performance reporting is triangulation and identification of themes. This prompted a review of supervision rates for that service to see if this was contribution to a dip in quality service a provision and staff experience. She explained that supervision rates were low compared to the target of 90% and she is considering how this can be reported in the future and what other aspects of quality could demonstrate the performance of early interventions.</p> <p>When asked by Maura Teager how additional support could be provided to teams in distress, Carolyn Green answered that a patients and services review is being carried out to establish new ideas for team leadership. New models of group supervision are being brought in to bring supervision levels up and she hopes to report an improvement next month.</p> <p>Carolyn Gilby talked about the Operational perspective of the report and drew attention to the emergency planning procedures that reprioritise our work to provide a safe environment on campus. She reiterated that safety always comes first.</p> <p>Claire Wright was concerned as to how this report will change with regard to the CQC action plan. Carolyn Green said that she hopes to have a dashboard that will show progress with the CQC action plan ready for November report. This will form part of the quality dashboard and the report will develop areas of concern as well as areas of success.</p> <p>Ward staffing was raised by Ifti Majid. He asked what was being done to address night time staffing. Carolyn Gilby replied that the Operations Directorate are carrying out emergency planning but are struggling with the bank staff fill rate and work will take place with Amanda Rawlings to improve staffing rates and to look at how we can attract recruits.</p> <p>Maura Teager commented from the patient perspective that patients feel very vulnerable at night time especially in terms of their psychotic issues. She was pleased to hear that Carolyn Green will take management action to address this through internal control.</p> <p>The Board also discussed the clinical risks associated with work related stress, increased violence and aggression, lone working and workplace stress on the Radbourne Unit and the increased risk of fire identified on some inpatient ward associated with the smoking ban.</p> <p>RESOLVED: The Board of Directors scrutinised the content of the report and obtained assurance on the current performance across the areas presented.</p>
DHCFT 2016/134	<p><u>POSITION STATEMENT ON QUALITY</u></p> <p>Carolyn Green delivered her report which provided the Board of Directors with an update on the continuing work to improve the quality of the organisation's services in line with the Trust's Strategy, Quality Strategy and Framework and strategic objectives.</p>

	<p>She drew attention to the CCG's (Clinical Commissioning Group) and the Safeguarding Board chair's visit to the Trust when they explored our Safeguarding strategy and assurance and wished to thank Tina Ndili and Dr Joanne Kennedy for their diligent work in compiling extensive and detailed evidence during this exercise. She now looks forward to receiving a written report from the CCG and the Safeguarding Board's formal feedback on their visit.</p> <p>Changes are taking place in the clinical services groups. Carolyn Green referred to the retirement in September of Clare Grainger, Head of Quality, and thanked her for her longstanding commitment and contribution to the Trust. She explained that this post has been redesigned and recruitment to this position was supported through an assessment panel with staff, service receiver representatives and a carer's representative from North Derbyshire Carers Association. The panel was skilled and informed in its assessments thorough this approach and members were thanked for their insightful and extensive contributions. Derbyshire Mental Health Alliance gave positive feedback and thanked the Trust for the continued inclusive approach that was taken.</p> <p>Carolyn Green informed the Board that the Quality Visit Programme is well underway for 2016 and to date over 60 visits to clinical and non-clinical teams have been completed. She pointed out the importance of governors and the Board taking part in quality visits and she made it clear that these visits are not intended to provide assurance of clinical quality, they are Board to service area site visits, and allow staff to have discussions with Board members, commissioners and governors and present and showcase their services, ideas and innovations against the sections of the key lines of enquiries. Carolyn Green assured the Board that actions agreed during the visits would continue to be monitored and best practice examples would be recorded following moderation for teams to learn from. This feedback would also be shared with the Quality Leadership Teams to draw from the feedback, and enable staff to take management actions to support teams.</p> <p>Carolyn Green pointed out that some staff have expressed an interest in revisiting the Quality Visit model and a review will be completed after the end of this season. She urged all Board members to reflect upon the current model in the meantime and provide her with any views or recommendations they might have.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Received the Quality Position Statement 2) Gained assurance on its content
<p>DHCFT 2016/135</p>	<p><u>BOARD COMMITTEE ESCALATIONS</u></p> <p>An assurance summary was received from the Quality Committee which identified key risks, assurance and decisions made.</p> <p>It was noted that assurance summaries had not been received from the Mental Health Act Committee or the Audit & Risk Committee and these would be received at the October meeting.</p> <p>The ratified minutes of the Quality Committee held in July were received for information only and no issues were raised.</p> <p>RESOLVED: The Board of Directors received the Board Committee escalations and ratified minutes of meetings held in June.</p>
<p>DHCFT 2016/136</p>	<p><u>EQUALITY DELIVERY SYSTEM EDS2 UPDATE</u></p> <p>Amanda Rawlings presented to the Board the four outcomes of the EDS2 and explained how the Trust is positioned against its objectives and offered guidance as to next steps in terms of governance.</p>

	<p>It was noted that EDS2 is critical to the Trust's working and Amanda Rawlings thanked Owen Fulton for his work carried out on EDS2 over the last few weeks.</p> <p>Amanda Rawlings explained that her priority would be to ensure the Board was sighted on the 18 outcomes against which NHS organisations assess and grade themselves. It was acknowledged that presently, the Trust does not have a comprehensive plan to deliver on its EDS2 work streams. This has impacted certain groups adversely both from a patient and employee point of view and it was noted that non-compliance with EDS2 will be included in the Trust Board Assurance Framework. Amanda Rawlings assured the Board that excelling in this work would be linked into the Trust's governance framework and she described how the People and Culture Committee and the Quality Committee would monitor EDS2 as we move towards. The People and Culture Committee would be the lead committee and would ensure the Trust is compliant with EDS2 and the Quality Committee will measure the patient outcomes.</p> <p>The Board approved the report but recognised it would be necessary to have the required resource in place to deliver this plan and agreed that resource and capacity would be addressed through the Executive Leadership Team (ELT).</p> <p>ACTION: Non-compliance with EDS2 to be included in the Board Assurance Framework</p> <p>ACTION: ELT to address the Trust's resource to deliver EDS2.</p> <p>RESOLVED: The Board of Directors</p> <ol style="list-style-type: none"> 1. Endorsed the establishment of the Equalities Forum 2. Noted progress on the EDS2 goals 1, 2, 3 and 4 including actions to date for implementation 3. Agreed that the risk is to be included in the Trust BAF regarding non-compliance with EDS2
DHCFT 2016/137	<p><u>DEEP DIVE – LEARNING DISABILITIES – COMMISSIONING DIFFERENTLY</u></p> <p>Libby Runcie, Professional Leader, Commissioning Differently and Karen Billyeald, Area Service Manager, Learning Disability (LD) Services attended the meeting and advised the Board as to how the Commissioning Differently for Learning Disabilities programme was driving to change practices 'to do things differently' following the recommendations contained in the Winterbourne Review, which set out a programme of action to transform services for people with learning disabilities or autism and mental health conditions or behaviours described as challenging.</p> <p>The Board noted that within the LD team there are only two specially employed managers, Karen Billyeald and Debbie Hargreaves, other clinical leaders take on management responsibilities. Recruitment is a problem across the service and work is taking place to recruit to teams to enable patients to be treated at home rather than being admitted to hospital. Recruitment of band 4 nurses has been of a high quality but it has been very difficult to recruit qualified nurses and it is also difficult to recruit to speech and language therapy posts.</p> <p>Maura Teager asked if you assumed the right to be creative with recruitment what organisational development action did you take? Karen Billyeald explained that a skill mix review was undertaken across the service line and every vacancy was skill mixed. Recruitment was looked at from all angles as advertising on NHS Jobs does not always attract people with the right skills. She had also liaised and researched how other trusts manage recruitment and she also used social media to attract staff.</p> <p>Amanda Rawlings spoke about training and asked how anyone new was inducted into the service and hoped this could be a programme that DCHS and the Trust can work together on. Offering the right training opportunities and leadership programmes will</p>

	<p>attract people and would help when competing with other organisations.</p> <p>Libby Runcie offered assurance to the Board that the LD team was working hard to support victims of historical abuse who had been detained at Aston Hall and was working with individuals and sharing their medical records. Carolyn Green thanked Karen Billyeald for her sterling work in making safeguarding personal and going beyond the call of duty.</p> <p>Examples of collaborative working with partners to allow personalisation of support for individuals, preventing inappropriate or reoccurring hospital admissions were given. The Board was made aware of how the Commissioning Differently programme works to purchase homes for people in need so they can be cared for in their homes. Libby Runcie talked with enthusiasm about the care they were providing for a particularly difficult LD case. This person had been institutionalised in the private sector in appalling conditions for most of their life and was now being helped to lead a happier life living in a bungalow that had been funded by the Commissioning Differently programme rather than in a hospital.</p> <p>The Board was struck by the enthusiasm and drive of the team in describing the care they have put in place for this particular individual which they used as an example of Commissioning Differently. Some people with learning difficulties are caught up in criminal justice system because this is the only place they feel safe. There is a lack of appropriate treatment which is a national issue.</p> <p>The Board considered action to be taken and heard through Carolyn Green that the case described above by Libby Runcie would be taken to Safeguarding Adults Board as a case study to the sub groups to explore the risks for Derbyshire patients. The CAMHS team will also write a report on Commissioning Differently and examples and concerns will be monitored through the Trust's Safeguarding Committee.</p> <p>The Board thanked Libby and Karen for their informative item on Commissioning Differently and was grateful for their commitment to challenging the practices they are driving to change. Carolyn Green informed the Board that challenges around waiting time, caseloads, capacity, recruitment and dealing with people with an autism diagnosis that were also reported in the deep dive but not explored in detail would be addressed within the new sub group for performance and Performance Outcomes Group .</p> <p>RESOLVED: The Board of Directors received the deep dive into Learning Disabilities and Commissioning Differently</p>
DHCFT 2016/138	<p><u>STRATEGY IMPLEMENTATION UPDATE</u></p> <p>The Board approved the Trust Strategy 2016-21 in May of this year. At that time a brief outline of the strategy implementation process was presented. This latest report appraised the Board of the progress and provided assurance against the agreed timeframes.</p> <p>Risks associated with delivery of the strategy were highlighted by Mark Powell and are listed below:</p> <ul style="list-style-type: none"> • System wide planning – the draft STP (Sustainability and Transformation Plan) was submitted on 30 June and the strategy implementation process was based on this submission. Clarification was sought in early August following a meeting that Chief Officers attended with Senior NHS officers in late July. Whilst there is a slight reframing of work, this is not significant and will actually make it easier for internal processes. The system-wide planning represents a risk to our process although we are mitigating it by ensuring close alignment to the 'Engine Room' (the central team driving the process) and the Commissioner Leads. The risk is medium.

	<ul style="list-style-type: none"> • Clinical and senior management involvement – whilst there is good clinical and management involvement the timing and the importance of the CQC inspection and subsequent report will mean that staff have competing priorities. Teams are trying to balance requirements although this will undoubtedly remain a high risk to delivery. • Medical leadership – the need for Associate Clinical Directors (ACDs) and other senior consultants to lead the process is a cultural change and is proving challenging. However, key senior managers are working closely with the Medical Director and ACD's to ensure that there are appropriate levels of involvement. Managers continue to provide support which helps alleviate the time commitment, which still remains considerable. This remains a high risk. <p>Mark Powell pointed out that the report intended to provide assurance to the Board that the process is progressing according to plan and aligned with the STP and that more action would take place over the next few weeks which will be feature in the next report.</p> <p>The Board noted that where we have suitable structures in place, such as Dementia Board, CAMHS Transformation Group, projects are being integrated into their core business to reduce complexity and demand on staff time. There are also some key risks that need to be reflected on in the Board Assurance Framework (BAF). Capacity generally is a real issue and it was noted that risks to the transformation programme and strategy implementation have been captured in the BAF.</p> <p>The next stage for the process is 'Gateway 2' on 16 and 23 September, where proposals will be discussed with a panel consisting of Directors, a representative from the Non-Executive Directors, a staff and public governor representative, Senior Managers and Commissioners.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1. Noted the contents of this report 2. Received assurance that the strategy implementation process is progressing and that appropriate measures are in place to ensure that it is in-line with the system wide STP process
DHCFT 2016/139	<p><u>REPORT FROM COUNCIL OF GOVERNORS MEETINGS HELD ON 12 AND 21 JULY</u></p> <p>The Council of Governors met on 12 July for an extraordinary confidential meeting and also on 21 July for a scheduled public meeting. The report provided a summary of issues discussed and was noted by the Trust Board.</p> <p>RESOLVED: The Board of Directors noted the summary report from the Council of Governors.</p>
DHCFT 2016/140	<p><u>GOVERNANCE IMPROVEMENT ACTION PLAN (GIAP)</u></p> <p>Mark Powell delivered his report which provided Board members with an update on progress on the delivery of the GIAP, including the identification of tasks and recommendations that are off track. The report also provided assurance on the delivery and risk mitigation received from Board Committees and lead Directors and enabled constructive challenge to establish whether sufficient evidence has been provided for completed actions and to decide whether tasks and recommendations can be closed and archived.</p> <p>The Board noted the need to amend the way in which the GIAP is reported to provide the Board and its Committees with a greater emphasis on specific, difficult to deliver tasks and also to place much greater focus on how actions are being embedded across the organisation. Mark Powell pointed out the responsibility for developing an organisational accountability framework sits with the Executive Leadership Team which will allow wider</p>

	<p>debate on any further adaptations and this will be agreed and implemented by the end of October.</p> <p>Mark Powell referred to the Blue Action Form and explained how this had been designed to provide final assurance to the Board that each core area within the GIAP has been concluded.. He pointed out that the Board should receive 53 blue forms over a period of time and this will ensure the Board has assurance of each completed action and the Board meeting agenda will be structured accordingly to capture each completed action.</p> <p>The Board recognised that the GIAP is now far more focused on assurance of completion of actions. All areas that are off track will be monitored through the Board Committees and the accountability framework will be addressed at ELT and implemented by the end of October. The Board was satisfied with the evidence contained in the report that actions have been evaluated which constituted good governance.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Noted the progress made against GIAP 2) Reviewed the content of this paper and KPIs 3) Discussed the areas rated as 'off track' and 'some issues' 4) Approved the revised reporting process and templates for each Core area and blue completion forms
DHCFT 2016/141	<p><u>AUDIT & RISK COMMITTEE - GOVERNANCE IMPROVEMENT ACTION PLAN</u></p> <p>At the Audit and Risk Committee meeting on the 19 July, members of the Committee were not assured on the progress of the GIAP actions which Audit and Risk Committee has oversight.</p> <p>The Board noted the detail contained in the report and was assured by the evidence of progress against each of the actions for which the Committee has oversight. Caroline Maley, as Chair of the Audit and Risk Committee was satisfied with the progress detailed in the report but said her only concern was that the Audit and Risk Committee would not be meeting until 11 October and then again in December.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Received the report and noted the update of the actions. 2) Noted and agreed that ClinG3 (2), CorpG4 (1) and CorpG (12) are complete.
DHCFT 2016/142	<p><u>TRUST COMPLIANCE – ACCESSIBLE INFORMATION STANDARD AND INFORMATION GOVERNANCE REPORT</u></p> <p>This report presented by Carolyn Gilby provided the Board with an update on the Trust's compliance with the Accessible Information Standard since the previous update was update reported to the Board in June.</p> <p>The Board noted the key actions that had been completed.</p> <p>Carolyn Green challenged how the audit plan and compliance checks would be evidenced to show this was in place. Carolyn Gilby explained that this is very important area of our work which is evidenced through the Information Governance Committee. This Committee has a comprehensive programme for continuous review and improvement and the Information Governance Committee reports to the Quality Committee every six months. Examples of completed audits and the work plan are included in the report and an annual report is received by the Board and this will be reflected in the Board's forward plan.</p> <p>ACTION: Timing for the Annual Report on Information Governance to be captured in the forward plan.</p> <p>RESOLVED: The Board of Directors:</p>

	<p>1) Acknowledged full implementation and Trust compliance with the Accessible Information Standard</p> <p>2) Acknowledged post implementation monitoring and audit.</p>
DHCFT 2016/143	<p><u>ANY OTHER BUSINESS</u></p> <p>Carolyn Gilby's Retirement: Richard Gregory reminded the Board that this would be Carolyn Gilby's last attendance at Board. He thanked her for her tremendous contribution to the Trust throughout her career and wished her well in her retirement.</p> <p>Security and Safety: Carolyn Green asked for input from a Non-Executive Director as Lead Security NED to look at standards of security and safety. Sam Harrison and Richard Gregory agreed to discuss this outside of the meeting with Non-Executive Directors as part of a wider portfolio review. Sam Harrison added that NED portfolios will be considered and discussed at the quarterly NEDs meetings and she would circulate a paper to the Board outlining current arrangements</p> <p>ACTION: Sam Harrison to circulate paper on NED portfolios to the Board of Directors.</p>
DHCFT 2016/144	<p><u>BOARD FORWARD PLAN</u></p> <p>The forward plan was noted and would be updated in line with today's discussions.</p> <p>RESOLVED: The Board of Directors noted the forward plan for 2016/17</p>
DHCFT 2016/145	<p><u>IDENTIFICATION OF ANY ISSUES ARISING FROM THE MEETING FOR INCLUSION OR UPDATING IN THE BOARD ASSURANCE FRAMEWORK OR GIAP</u></p> <ul style="list-style-type: none"> • Trust's non-compliance with EDS2 will be included as a risk in the BAF. • The capacity of Non-Executive Directors and Executive Directors will be reflected in the BAF. • Risks associated with delivery of the Trust' Strategy as identified in Strategy Implementation Update
DHCFT 2016/146	<p><u>BOARD PERFORMANCE AND CONTENT OF MEETING</u></p> <p>The Board felt that today's deep dive into Learning Disabilities was a remarkable account of the worthwhile work carried out through the Commissioning Differently programme. The Integrated Performance Report stimulated good discussion</p>
<p>The next meeting of the Board held in Public Session will take place at 1pm on Wednesday, 5 October 2016.</p> <p style="text-align: center;">The location is Conference Rooms A and B Research and Development Centre, Kingsway, Derby DE22 3LZ</p>	

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

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

Wednesday, 5 October 2016

MEETING HELD IN PUBLIC

Commenced: 1pm

Closed: 4:40pm

PRESENT:	Jim Dixon Caroline Maley Maura Teager Julia Tabreham Ifti Majid Claire Wright Carolyn Green Dr John Sykes Mark Powell Amanda Rawlings Samantha Harrison	Deputy Trust Chair and Non-Executive Director Senior Independent Director Non-Executive Director Non-Executive Director Acting Chief Executive Executive Director of Finance Director of Nursing & Patient Experience Executive Medical Director Acting Chief Operating Officer Director of People & Organisational Effectiveness Director of Corporate Affairs & Trust Secretary
IN ATTENDANCE:	Anna Shaw Sue Turner	Deputy Director of Communications & Involvement Board Secretary and Minute Taker
APOLOGIES:	Richard Gregory Margaret Gildea	Interim Chairman Non-Executive Director
VISITORS:	John Morrissey Mark McKeown Melissa Castledine Dave Waldram	Lead Governor Derbyshire Mental Health Alliance Derbyshire Mental Health Alliance Member of the public

DHCFT 2016/147	<u>DEPUTY CHAIRMAN'S WELCOME, OPENING REMARKS AND APOLOGIES</u> In the absence of the Interim Chairman, Richard Gregory, Jim Dixon, Deputy Trust Chair and Non-Executive Director opened the meeting and welcomed everyone. Apologies were noted as above.
DHCFT 2016/148	<u>SERVICE RECEIVER STORY</u> Chris Kirk, Clinical Team Leader/Senior Nurse for CAMHS RISE (Child and Adult Mental Health Services Rapid Intervention Support and Empowerment) accompanied service receiver Lucy to the meeting who kindly agreed to speak to the Board about her experience of CAMHS (Child and Adult Mental Health Services). Lucy had been receiving support from CAMHS for a year and had been through a programme called 'Walking the Middle Path' that focusses on young people and their parents. Lucy explained her condition when she started the programme and the positive impact which that the programme has had to enable her and her family to learn skills and establish common ground. Being able to identify and understand herself and her parents' perspective has made an incredible difference to Lucy.

	<p>Lucy is in her last year of her A levels and is looking forward to going to university next year and is now able to see a positive future ahead of her. She was extremely happy to be talking to the Board and sharing her experiences. She feels she is in a better place than she was before and is incredibly thankful to CAMHS and the Walking the Middle Path programme.</p> <p>Maura Teager commended Lucy for getting her hope back for her future and asked if there was anything she would like to change about the services that she had received. When Lucy first joined CAMHS she did not know too much about the service and was quite sceptical about taking part due to the stigma surrounding mental illness, but her foster parents encouraged her to attend the sessions. She felt that promotion and understanding of the CAMHS service needs to change to make individuals less fearful.</p> <p>Ifti Majid asked Lucy about support received through her school. Lucy acknowledged that her secondary school had a safeguarding team but felt that more could have been done to support her. Carolyn Green asked Lucy what advice the Trust could give to the safeguarding teams in schools to help them in supporting others. In response Lucy said they should take young people's concerns seriously and make them feel they are being listened to. Carolyn Green explained to Lucy that the Trust wants to integrate mental health and physical health. Lucy felt that integrating mental health and normalising mental illness is a good idea as coming to terms with her mental health issues had been difficult because it was seen as very separate from other health areas.</p> <p>Members of the Board were very impressed by Lucy's articulate explanation of her story and the messages they heard about listening to young people and would certainly reflect on the way some of the Trust's services are promoted so they emphasise the importance of focussing on the family.</p> <p>Jim Dixon thanked Chris and the CAMHS team for their achievements in helping young people with difficult issues. Members of the Board asked Lucy to keep them updated about her future and hoped she would stay involved in mental healthcare as they thought she was tremendous advocate of mental health services.</p> <p>RESOLVED: The Board of Directors expressed thanks to Lucy for sharing her experiences and appreciated the opportunity to hear her feedback first hand.</p>
DHCFT 2016/149	<p><u>DECLARATIONS OF INTEREST</u></p> <p>An additional declaration of interest was recorded in respect of Amanda Rawlings' joint role as Director of People and Organisational Effectiveness with Derbyshire Community Healthcare Services (DCHS).</p>
DHCFT 2016/150	<p><u>MINUTES OF THE MEETING DATED 7 SEPTEMBER 2016</u></p> <p>The minutes of the meeting held on 7 September were accepted and agreed as an accurate record of the meeting subject to the following amendments:</p> <p>The first sentence of the penultimate paragraph of item DHCFT 2016/137, the Deep Dive into Learning Disabilities – Commissioning Differently would be amended to read <i>'The Board considered action to be taken and heard through Carolyn Green that the case described above by Libby Runcie would be taken to Safeguarding Adults Board as a case study to the sub groups to explore the risks for Derbyshire patients'</i>. The final sentence of this item would also be amended to read <i>'Carolyn Green informed the Board that challenges around waiting times, caseloads, capacity, recruitment and dealing with people with an autism diagnosis that were also reported in the Deep Dive but not explored in detail would be addressed within the new sub group for performance and the Performance Outcomes Group'</i>.</p>

	An action is to be added to the Security and Safety item listed under DHCFT 2016/143. <i>'Sam Harrison is to liaise with the chairman and Non-Executive Directors to assign a lead director to the security and safety NED lead role.'</i>
DHCFT 2016/151	<p><u>MATTERS ARISING AND ACTIONS MATRIX</u></p> <p>The Board agreed to close all completed actions. Updates were provided by members of the Board and were noted directly on the actions matrix.</p>
DHCFT 2016/152	<p><u>CHAIRMAN'S VERBAL REPORT</u></p> <p>Jim Dixon, Deputy Trust Chair and chair of today's meeting did not give a verbal report.</p>
DHCFT 2016/153	<p><u>ACTING CHIEF EXECUTIVE'S REPORT</u></p> <p>The Board received Ifti Majid's report which provided feedback on changes within the national health and social care sector as well as providing an update on developments occurring within the local Derbyshire health and social care community.</p> <p>Ifti Majid advised the Board that collaboration work between the Trust and DCHS is continuing and this will result in the Strategic Options Case (SOC) being presented to the Board in confidential session on 27 October. The Board will then share the outcome of the SOC with the Council of Governors immediately after the meeting at a separate development session.</p> <p>Attention was drawn to the presentation received at the Trust's Medical Advisory Committee that showcased the good work around clinical variation associated with prescribing behaviours within the Trust. Ifti Majid gave his support to medical colleagues to involve themselves in these discussions as this will improve the consistency of practice leading to better outcomes for people who use the Trust's services.</p> <p>Ifti Majid thanked Jonny Benjamin for his opening address at the Annual Members Meeting held on 22 September. He was pleased to note that from questions received at the event that the commitment to supporting improvements in outcomes for all the groups of people the Trust works with remains very strong. He also wished to extend thanks from the Board to all the staff who worked so hard to plan for the event.</p> <p>The report also contained a note received from Sukhi Katkhars, a specialist highlighting the work of North Derbyshire's Liaison Team. Ifti Majid felt this was a great example of teams working together. Maura Teager concurred as she thought this statement was a good illustration of shared experience and how they managed their work and supported each other.</p> <p>Julia Tabreham referred to the Perinatal Mental Health Toolkit mentioned in the report. She hoped that the Trust could implement the diverse range of resources and learning the toolkit provides which would assist members of the primary care team to deliver the highest quality care to women with mental health problems during the perinatal period, and take advantage of the opportunities the toolkit provides for intervening earlier which would improve outcomes. Julia Tabreham also asked what plans were in place to evaluate the Health Education England support in meeting national targets to expand the workforce providing children and young people's mental health services. Ifti Majid explained that the Trust is already part of a Children's and Young People Improving Access to Psychological Therapy (IAPT) service but as North Derbyshire does not have an IAPT service, the IAPT team will share their working experience to support North Derbyshire and this will be reported on and progressed through the People and Culture Committee.</p> <p>Care issues around capacity and consent and the Mental Health Act were discussed as the Board was keen to see an improvement with this issue. John Sykes pointed out that a</p>

	<p>bulletin had been issued to staff that sets out the structure and points of compliance with the Mental Health Act and the Mental Capacity Act that need to be reinforced. A report on compliance with both these Acts will be submitted to the Mental Health Act Committee in November. He expected that by 31 October the Trust should be able to see progress in these areas.</p> <p>In addition to this, John Sykes wanted to thank the Board for the investment made in the clinical skills tutor who has been appointed to ensure clinical staff were aware of their responsibilities under the Mental Capacity Act. A compliance dashboard will be used within the Mental Health Act Committee to monitor progress which he hopes can be factored into the Integrated Performance Report.</p> <p>RESOLVED: The Board of Directors noted the contents of the Acting Chief Executive's report.</p>
<p>DHCFT 2016/154</p>	<p><u>INTEGRATED PERFORMANCE AND ACTIVITY REPORT</u></p> <p>The Board received the integrated overview of performance as at the end of August 2016 with regard to workforce, finance, operational delivery and quality performance.</p> <p>Mark Powell updated the Board on operational performance. He was pleased to provide assurance that breast feeding RTT (Referral To Treatment) target had improved from August's below target performance of 92%. NHS Improvement have asked the Trust to provide an exception report explaining how this can be brought back on target and Mark Powell and Carolyn Green are in the process of discussing the short term actions with clinical colleagues. It was pointed out that although the 18 week RTT target has not been met for two consecutive months the information for the end of September indicates we have achieved September's 18 week RTT. Claire Wright stressed the fact that maintaining performance of each month was important and Mark Powell gave assurance that he was working to ensure that sustainable plans will be in place.</p> <p>Caroline Maley referred to the amount of DNAs (Did not Attend Appointments) as this was above the target threshold for the second time in six months. It was noted that where mobile telephone numbers are recorded on PARIS (electronic patient record system) so that message reminders about appointments can be sent to patients, these will only prove to be effective if the mobile numbers held on file are current. It was agreed that outpatient administration processes will be looked at and Mark Powell will submit a report to the Finance and Performance Committee giving further detail regarding DNAs. Julia Tabreham asked if there is any kind of peer oversight or challenge around individual clinical efficiency and whether comparisons were made against clinicians' performance. Ifti Majid assured her that parameters are set and a dashboard of clinicians' performance can be found on CONNECT (the Trust's intranet).</p> <p>Safer Staffing was discussed and the Board was pleased to note that there was no longer a requirement for the Trust to carry out emergency planning measures regarding staffing levels, although challenges remain at the Hartington and Radbourne Units.</p> <p>Claire Wright updated the Board on the financial aspect of the report. She was pleased to report that the Trust was still ahead of plan financially for the year to date and that she is expecting the Trust to meet its planned control total at the end of the year. Agency spend is a key pressure and this will impact on the Trust's risk ratings however it was highlighted that agency expenditure is being contained within the overall budget. Closing the Trust's CIP (Cost Improvement Plan) gap will be challenging and there is a need to resolve cost avoidance as soon as possible, and more proactive work is required to achieve this.</p> <p>In order to provide the Board and with assurance regarding agency spend, Mark Powell pointed out that the Programme Assurance Board had met and discussed agency spend on the low secure unit, IAPT and PICU (Psychiatric Intensive Care Unit) with regard to</p>

	<p>cost avoidance plans. He was pleased to report that from the agency spend point of view we are performing better than planned and he is confident there is a robust system in place to give a good understanding of the timeline of individual posts within the recruitment process.</p> <p>Mark Powell also ran through the CIP and cost avoidance issues which are a challenge currently. The Trust has delivered nearly half of the CIP so far and will continue to strive to recover the full year to date requirement. Julia Tabreham felt it necessary that CIP information is presented in a different manner in the public domain. It was proposed that a single page on the CIP within the Operational Performance Report would be valuable and will be included in future reports.</p> <p>Amanda Rawlings drew attention to the Workforce section of the report. She was pleased to point out that compulsory training remains on track, compliance remains high and is above the 85% main contract commissioning for quality and innovation (CQUIN) target. Monthly and annual sickness absence rates continue to rise and Amanda Rawlings is trying to understand how sickness is being managed in order to actively reduce the number of sickness absences.</p> <p>Carolyn Green took the Board through the Quality aspect of the report. The CQC (Care Quality Commission) report was received on 23 August following their inspection of the Trust in June and she was pleased to point out that the focus on fire warden training has shown as a 27% improvement in compliance since the warning notice was received earlier in August. Julia Tabreham commended Carolyn Green on the work she had put into this initiative since the CQC report was received which she had achieved with limited resources within a short timeframe.</p> <p>ACTION: Mark Powell to submit a DNA report to the Finance and Performance Committee</p> <p>ACTION: Future Operational Performance Reports to include a single page covering CIP delivery.</p> <p>RESOLVED: The Board of Directors scrutinised the content of the report and obtained assurance on the current performance across the areas presented.</p>
DHCFT 2016/155	<p><u>POSITION STATEMENT ON QUALITY</u></p> <p>Carolyn Green delivered her report which provided the Board of Directors with an update on the continuing work to improve the quality of the organisation's services in line with the Trust's Strategy, Quality Strategy and Framework and strategic objectives.</p> <p>Jim Dixon thanked Carolyn Green for leading the CQC preparation work which he understood was a huge undertaking for staff. He observed that Carolyn Green was already working with the same energy and enthusiasm in making improvements as she had in the preparedness work.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Received the Quality Position Statement 2) Gained assurance on its content
DHCFT 2016/156	<p><u>BOARD COMMITTEE ESCALATIONS</u></p> <p>Assurance summaries were received from the Audit and Risk Committee, Mental Health Act Committee and the Quality Committee which identified key risks, assurance and decisions made. Ratified minutes of the meeting of the People and Culture Committee held on 15 July were included for information. It was noted that the draft minutes of the meeting of the Quality Committee held on 8 September were included in error in place of the ratified minutes of the August meeting.</p>

	RESOLVED: The Board of Directors received the Board Committee escalations.
DHCFT 2016/157	<p><u>NHSI SINGLE OVERSIGHT FRAMEWORK</u></p> <p>Claire Wright presented her report which summarised the key elements and risk areas relating to the new NHSI oversight framework. She described how the new performance rating is assessed across quality of care, finance and use of resources, operational performance, strategic change and leadership and improvement capability ratings and confirmed that the Trust's current performance against the various indicators will place the Trust in segment 3, which is for trusts that are in actual or suspected breach of their licence. She advised the Board that this rating will trigger a mandated support package from NHSI.</p> <p>Although this report was received mainly for information purposes, the Board familiarised itself with the framework and understood that it was not required to make a decision regarding the control totals framework at today's meeting. It was noted that performance against the framework will be a helpful addition to Board reporting as this will show how the oversight framework is used to establish risk areas.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Scrutinised and became familiar with the new Single Oversight Framework 2) Noted the key risk areas for this organisation and to consider the likelihood and implications of segmentation into segment 3 <p>Noted that they will receive information regarding any future updates or iterations of the framework</p>
DHCFT 2016/158	<p><u>NHS OPERATIONAL PLANNING AND CONTRACTING GUIDANCE 2016 - 2019</u></p> <p>Mark Powell's report provided the Board with a summary of the recently published NHS Operational Planning and Contracting Guidance for 2017 – 2019.</p> <p>The timeline for delivery of the operational plan was noted along with the key points within the planning guidance. The Board considered that the implementation of the Trust's strategy and the current position of the STP (Sustainability and Transformation Plan) were clear drivers to deliver a coherent operational plan. It was agreed that corporate governance involvement in the operational plan by the Board will be covered during the November and December Board Development sessions to ensure there is a clear direction in the implementation of operational policies in the five year forward view.</p> <p>ACTION: Operational Plan to be included in the Board Development programme for November and December.</p> <p>RESOLVED: The Board of Directors noted the key points within the operational planning guidance.</p>
DHCFT 2016/159	<p><u>EQUALITY AND DIVERSITY</u></p> <p>Amanda Rawlings presented the Board with a summary of the Trust's position with regards to the equalities agenda and statutory compliance.</p> <p>The Board noted the Trust's position to date and that the detailed Equalities Action Plan 2016 – 17 addressed all issues as raised by the CQC during their inspection in June. It was agreed that the action plan could be included as evidence to assure the CQC that the Trust is complying with its equality and diversity obligations.</p> <p>RESOLVED: The Board of Directors approved the Trust's Equalities Action Plan 2016 – 17 as set out in the report.</p>

DHCFT 2016/160	<p><u>RECOVERY OUTCOMES</u></p> <p>Carolyn Green's report delivered a two year review of patient stories heard by the Board and the continuing work to improve the quality of the Trust's services.</p> <p>The Board reflected on the positive and difficult experiences that service users, children, families and staff had talked about when they had attended Board meetings to tell their stories, and the impact each account had upon the learning within the organisation as well as the important impact and value experienced by the Board when hearing these stories. Discussion took place as to how these stories can be used going forward and it was agreed that Carolyn Green would work with Anna Shaw and the Communications Team to establish a wider communication of the issues and the learning obtained from the stories. It was also suggested that a foreword written by service receivers could be included in the final publication of the recovery outcomes.</p> <p>The Board agreed that the analysis of the recovery outcomes would be repeated on an annual basis. It was proposed that future service user stories would include the perspective of the voluntary sector and other representative groups and should also include focus on experiences that have not been positive.</p> <p>ACTION: Carolyn Green to work with Anna Shaw and the Communications Team on a wider communication of patient receiver stories and the learning obtained from each.</p> <p>ACTION: Review of Recovering Outcomes to be reflected in the forward plan on an annual basis.</p> <p>ACTION: Recovery stories will also consider and include the voice of the voluntary sector and other representative groups as well as carers' views. There will also be an increase in the number of children service stories, service receivers from the criminal justice and forensic services as well as individuals in primary care with regard to access to the service and/or the representation from IAPT services.</p> <p>RESOLVED: The Board of Directors</p> <ol style="list-style-type: none"> 1) Agreed to repeat this analysis at annual intervals and consider the voice of the voluntary sector and other representative groups in addition to service receivers and carers views. 2) Agreed to increase the number of Children service stories to be more representative of the service provision 3) Agreed to schedule the voice of the service receivers from the criminal justice and forensic services. 4) Agreed to consider the voice of individuals in primary care with regard to access to the service and or the voice of representation from IAPT services.
DHCFT 2016/161	<p><u>GOVERNANCE IMPROVEMENT ACTION PLAN</u></p> <p>This paper presented by Mark Powell, provided the Board with an update on the progress of delivering the Governance Improvement Action Plan (GIAP).</p> <p>The Board discussed the areas rated as off track and areas that contained some issues and sought assurance on each. It was acknowledged that it is the responsibility of the Board Committees to mitigate actions through scrutiny and the executive director lead has ownership of each recommendation area. It was agreed that outstanding issues that did not capture the required mitigation within set time frames will be monitored and challenged by the respective Board Committee at each meeting and additional evidence will be provided against each action so that the Board can obtain the required assurance on each of these areas.</p>

	<p>The Board agreed that a six month review of the GIAP will take place by each Board Committee as set out in the paper (arising from recommendations in the Deloitte preliminary report on implementation of the GIAP) in order to establish an understanding of the BRAG (Board Assurance RAG Rating) and to demonstrate to the Board that these actions have been triangulated and can be signed off within the GIAP. Sam Harrison and Mark Powell will work with each Committee to ensure a consistent approach is applied.</p> <p>ACTION: Each Board committee will conduct a six month review of their respective GIAP actions and demonstrate to the Board that these actions have been triangulated and can be signed off. Sam Harrison and Mark Powell will work with each Committee to ensure a consistent approach is applied.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Noted the progress made against the GIAP 2) Discussed the areas rated as 'off track' and 'some issues', seeking assurance where necessary on the mitigation provided 3) Discussed Deloitte's preliminary recommendations and agreed to the suggested 6 month review of GIAP as set out in this paper 4) Agreed at the end of the Public Board meeting whether any further changes are required to the GIAP following presentation of papers, outcomes of item specific discussions and/or other assurances provided throughout the meeting
<p>DHCFT 2016/162</p>	<p><u>REPORT FROM COUNCIL OF GOVERNORS</u></p> <p>The Council of Governors met on 6 September. This report provided a summary of issues discussed and was noted by the Board.</p> <p>RESOLVED: The Board of Directors noted the summary report from meeting of the Council of Governors</p>
<p>DHCFT 2016/163</p>	<p><u>REVISION OF ENGAGEMENT WITH THE BOARD OF DIRECTORS AND COUNCIL OF GOVERNORS POLICY</u></p> <p>This paper set out a proposed policy that has been developed from reviewing best practice and incorporated comments arising from discussion by governors at the Governance Committee at its 6 June and 7 July meetings. The governors subsequently approved the policy at the Council of Governors meeting on 6 September for onward consideration by the Board of Directors. Sam Harrison explained that the policy outlined the process for engagement between the Board of Directors and Council of Governors, noting the good practice that had been established over recent months to build an effective and open working relationship.</p> <p>The Board reviewed and approved the revised policy, subject to the completion of the Equality Impact Risk Analysis and agreed that it would be reviewed on an annual basis and this would be reflected in the forward plan.</p> <p>ACTION: Sam Harrison to complete the Equality Impact Risk Analysis</p> <p>ACTION: Policy for Engagement between the Board of Directors and Council of Governors to be captured in forward plan on an annual basis.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Approved the revised Policy for Engagement between the Board of Directors and Council of Governors 2) Agreed to review the implementation of the policy on an annual basis to ensure that it is being effectively used to the satisfaction of both the Board and Council of Governors.

DHCFT 2016/164	<p><u>ANY OTHER BUSINESS</u></p> <p>Electronic Patient Record: Caroline Maley informed the Board that while attending quality visits she had observed that some areas within the Trust were not fully compliant with the Electronic Patient Record (EPR) system and suggested that the Board receives an update on progress of EPR across the Trust. The Board agreed that in order to address Caroline Maley's observation a deep dive would be held on the Trust's Full Service Record (FSR) at the November meeting.</p> <p>ACTION: Full Service Record Deep Dive to be an agenda item for the November meeting.</p>
DHCFT 2016/165	<p><u>BOARD FORWARD PLAN</u></p> <p>The forward plan was noted and would be updated in line with today's discussions.</p> <p>RESOLVED: The Board of Directors noted the forward plan for 2016/17</p>
DHCFT 2016/166	<p><u>IDENTIFICATION OF ANY ISSUES ARISING FROM THE MEETING FOR INCLUSION OR UPDATING IN THE BOARD ASSURANCE FRAMEWORK OR GIAP</u></p> <p>None were noted and the Board considered the Board Assurance Framework was up to date. All matters relating the GIAP were recorded in item DHCFT 2016/161 above.</p>
DHCFT 2016/167	<p><u>BOARD PERFORMANCE AND CONTENT OF MEETING</u></p> <p>Deputy Trust Chair, Jim Dixon considered that good discussions had been held during the meeting and urged Board members to contribute outside their areas of expertise as advised by Deloitte in their report. Achievements against the strategy would be made more visible and show how they are being performance managed. Board members were reminded that all acronyms are to be more clearly explained in reports.</p>
<p>The next meeting of the Board held in Public Session will take place at 1pm on Wednesday, 2 November 2016.</p> <p style="text-align: center;">The location is Conference Rooms A and B Research and Development Centre, Kingsway, Derby DE22 3LZ</p>	

Governor Meeting Timetable 2016

07 November 2016

DATE	TIME	EVENT	LOCATION
24/11/16	11.30 – 12.30	Governors to NEDS	Conference Room A&B, Research and Development Centre
24/11/16	1pm onwards	Council of Governors meeting	Conference Room A&B, Research and Development Centre
5/12/16	1pm – 4pm	Governor Training – Information Governance and Social Media	Meeting Room 1, Albany House
07/12/16	1pm onwards	Trust Board Meeting	Conference Room A&B, Research and Development Centre
21/12/16	10am – 12.30	Governance Committee	Meeting Room 1, Albany House
10/01/17	10am – 12.30	Governance Committee	Meeting Room 1, Albany House
11/01/17	1pm onwards	Trust Board Meeting	Conference Room A&B, Research and Development Centre
19/01/17	11.30 – 12.30	Governors to NEDS	Conference Room A&B, Research and Development Centre
19/01/17	1pm onwards	Council of Governors meeting	Conference Room A&B, Research and Development Centre
15/02/17	10am – 12.30	Governance Committee	Meeting Room 1, Albany House
01/02/17	1pm onwards	Trust Board Meeting	Conference Room A&B, Research and Development Centre
01/03/17	1pm onwards	Trust Board Meeting	Conference Room A&B, Research and Development Centre
07/03/17	11 – 12.30	Governors to NEDS	Conference Room A&B, Research and Development Centre
07/03/17	1pm onwards	Council of Governors meeting	Conference Room A&B, Research and Development Centre
15/03/17	10am – 12.30	Governance Committee	Meeting Room 1, Albany House
12/04/17	10am – 12.30	Governance Committee	Meeting Room 1, Albany House
17/05/17	10am – 12.30	Governance Committee	Meeting Room 1, Albany House
14/06/17	10am – 12.30	Governance Committee	Meeting Room 1, Albany House
12/07/17	10am – 12.30	Governance Committee	Meeting Room 1, Albany House

DATE	TIME	EVENT	LOCATION
16/08/17	10am – 12.30	Governance Committee	Meeting Room 1, Albany House
13/09/17	10am – 12.30	Governance Committee	Meeting Room 1, Albany House
18/10/17	10am – 12.30	Governance Committee	Meeting Room 1, Albany House
15/11/17	10am – 12.30	Governance Committee	Meeting Room 1, Albany House
06/12/17	10am – 12.30	Governance Committee	Meeting Room 1, Albany House

Governor Development Training Programme 2016/2017
Updated 4 November 2016

Date	Time	Training	Presenter	Venue
Friday 22nd April 2016	1pm - 5pm	Trust Strategy and Governance Improvement Action Plan	Mark Powell and Jenna Davies	Meeting room one, Albany House, Kingsway Site, Derby, DE22 3LZ
Monday 9th May 2016	9am - 1pm	Trust Strategy and CQC Preparations	Carolyn Green	Meeting room one, Albany House, Kingsway Site, Derby, DE22 3LZ
Tuesday 31 May 2016	9am - 4pm	Governor Induction	Sam Harrison	Conference Room A&B, Research & Development Centre
Monday 4th July 2016	10am - 1pm	Nominations & Remuneration Committee members - The Governor role in recruiting NEDS	Sam Harrison/Emma Pickup Gatenby Sanderson Recruitment	Meeting Room two, Albany House, Kingsway Site, Derby
Tuesday 5th July 2016	2pm - 5pm	NHS Audit	Mark Stocks (Grant Thornton) and Caroline Maley	Meeting room one, Albany House, Kingsway Site, Derby, DE22 3LZ
Friday 19th August 2016	1pm - 4pm	NHS Finance	Claire Wright/Rachel Leyland	Meeting room one, Albany House, Kingsway Site, Derby, DE22 3LZ
Tuesday 4th October 2016	1pm - 4pm	Quality Priorities and CQC update	Carolyn Green	Meeting room one, Albany House, Kingsway Site, Derby, DE22 3LZ
Thursday 03 November 2016	1.15pm - 4.30pm	New Governor Induction with DCHS	Claire Lea	Post Mill Centre
Tuesday 15 November	1 - 5pm	Governor Q&A session Hardwick CCG / Annual Planning session	Andy Gregory and Lynn Wilmott Shepherd	Meeting room one, Albany House, Kingsway Site, Derby, DE22 3LZ
Monday 5th December 2016	1pm - 4pm	IG/Social media	Richard Eaton / Andrew Preston	Meeting room one, Albany House, Kingsway Site, Derby, DE22 3LZ
January	10am - 12 noon	Behaviours, Trust Values and charring meetings	Sue Walters / Sam Harrison	Meeting room one, Albany House, Kingsway Site, Derby, DE22 3LZ
February	TBC	Mental Health Act	TBC	TBC
March	TBC	Research and Development	TBC	TBC

GLOSSARY OF NHS TERMS	
NHS Terms of Abbreviations	Terms in Full
A	
A&E	Accident & Emergency
ACCT	Assessment, Care in Custody & Teamwork
AfC	Agenda for Change
AHP	Allied Health Professional
AMHP	Approved Mental Health Professional
AP	Assistant Practitioner
B	
BAF	Board Assurance Framework
BMA	British Medical Association
BME	Black & Minority Ethnic
C	
CAMHS	Child and Adolescent Mental Health Services
CASSH	Care & Support Specialised Housing
CBT	Cognitive Behavioural Therapy
CCG	Clinical Commissioning Group
CCT	Community Care Team
CDIM	Clinical Digital Maturity Index
CEO	Chief Executive Officer
CES	Care Episode Statistics
CFH	Connecting for Health
CIP	Cost Improvement Programme
CMHT	Community Mental Health Team
CNST	Clinical Negligence Scheme for Trusts
COF	Commissioning Outcomes Framework
COG	Council of Governors
CPA	Care Programme Approach
CPD	Continuing Professional Development
CPN	Community Psychiatric Nurse
CPR	Child Protection Register
CQC	Care Quality Commission
CQUIN	Commissioning for Quality Innovation
CRB	Criminal Records Bureau
CRG	Clinical Reference Group
CRS	(NHS) Care Records Service
CRS	Commissioner Requested Services
CTO	Community Treatment Order
D	
DAT	Drug Action Team
DfE	Department for Education
DoH	Department of Health
DHCFT	Derbyshire Healthcare NHS Foundation Trust
DIT	Dynamic Interpersonal Therapy
DNA	Did Not Attend
DPA	Data Protection Act
DWP	Department for Work and Pensions
E	
ECT	Enhanced Care Team
ECW	Enhanced Care Ward

GLOSSARY OF NHS TERMS	
NHS Terms of Abbreviations	Terms in Full
ED	Emergency Department
EHIC	European Health Insurance Card
EHR	Electronic Health Record
EI	Early Intervention
EIA	Equality Impact Assessment
EMDR	Eye Movement Desensitising & Reprocessing Therapy
EMR	Electronic Medical Record
EPR	Electronic Patient Record
ERIC	Estates Return Information Collection
ESR	Electronic Staff Record
EWTD	European Working Time Directive
F	
FOI	Freedom of Information
FT	Foundation Trust
FTN	Foundation Trust Network
F&P	Finance and Performance
G	
GMC	General Medical Council
GP	General Practitioner
H	
HEE	Health Education England
HES	Hospital Episode Statistics
HoNOS	Health of the Nation Outcome Scores
HSCIC	Health & Social Care Information Centre
HSE	Health and Safety Executive
HWB	Health and Wellbeing Board
I	
IAPT	Improving Access to Psychological Therapies
ICT	Information and Communication Technology
ICU	Intensive Care Unit
IG	Information Governance
IM&T	Information Management and Technology
IPR	Individual Performance Review
IPT	Interpersonal Psychotherapy
J	
JNC	Joint Negotiating Committee
K	
KPI	Key Performance Indicator
KSF	Knowledge and Skills Framework
L	
LA	Local Authority
LCFS	Local Counter Fraud Specialist
LHP	Local Health Plan
LHWB	Local Health and Wellbeing Board
M	
MARS	Mutually Agreed Resignation Scheme
MAU	Medical Assessment Unit
MDA	Medical Device Alert
MDT	Multi-Disciplinary Team

GLOSSARY OF NHS TERMS	
NHS Terms of Abbreviations	Terms in Full
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
NOM	Network Operation Manager
O	
OBC	Outline Business Case
ODG	Operational Delivery Group
OP	Out Patient
OSC	Overview and Scrutiny Committee
P	
PAB	Programme Assurance Board
PAG	Programme Advisory Group
PALS	Patient Advice and Liaison Service
PCC	Police & Crime Commissioner
PCOG	Performance and Contract Operational Group
PHE	Public Health England
PICU	Psychiatric Intensive Care Unit
PID	Project Initiation Document
PLIC	Patient Level Information Costs
PPT	Partnership and Pathway Team
PREM	Patient Reported Experience Measure
PROMS	Patient Reported Outcome Measure
Q	
QC	Quality Committee
QLT	Quality Leadership Team
QOF	Quality and Outcomes Framework
R	
RAID	Rapid Assessment, Interface and Discharge
RCGP	Royal College of General Practitioners
RoCR	Review of Central Returns
S	
SBS	Shared Business Services
SEN	Special Educational Needs
SLA	Service Level Agreement
SLR	Service Line Reporting
SPOR	Single Point of Referral
S(U)I	Serious (Untoward) Incident
T	
TARN	Trauma Audit and Research Network
TDA	Trust Development Authority
TUPE	Transfer of Undertakings (Protection of Employment) Regulations 1981

GLOSSARY OF NHS TERMS	
NHS Terms of Abbreviations	Terms in Full
TMAC	Trust Medical Advisory committee
W	
WTE	Whole Time Equivalent