NHS
Derbyshire Healthcare
NHS Foundation Trust

MEETING OF THE COUNCIL OF GOVERNORS

Tuesday 7 March 2017
Informal Lunch for Governors & Non-Executive Directors at 12.00
Meeting Commences at 1.00 pm
Ilkeston Resource Centre, Ilkeston Community Hospital, Heanor Road, Ilkeston DE7 8LN

AGENDA

	SUBJECT MATTER	ENC	LED BY	TIME
1.	Welcome, introductions and Chair's Opening Remarks Apologies and Declaration of Interests		Caroline Maley	1:00
2.	Submitted questions from members of the public		Caroline Maley	1:05
3.	Minutes of meeting held 19 January 2017	**A**	Caroline Maley	1:15
4.	Matters arising and Actions Matrix	**B**	Caroline Maley	1:20
5.	Chief Executive's Report - Update on DCHS and DHcFT Integrated Working	**C**	Ifti Majid	1:30
HOLDING TO ACCOUNT & STATUTORY ROLES & RESPONSIBILITIES				
6.	Collaboration with DCHS	**-**	Caroline Maley & Ifti Majid	1.40
7.	Staff Engagement Survey (no advance papers due to national embargo in place until 7 March 2017)	**Presentation**	Margaret Gildea & Amanda Rawlings	2:10
B R E A K 2.30 – 2.40				
8.	Non-Executive Director Update – People & Culture Committee	**-**	Margaret Gildea	2.40
9.	Integrated Performance Report – as presented to the Board on 1 March 2017	**D**	Mark Powell	2.50
10.	Lead Governor and Deputy Lead Governor proposals	**E**	Caroline Maley & Sam Harrison	3.00
11.	Report from Governance Committee held on 15 February 2017	**F**	Carole Riley	3.05
12.	Recommendation from Governance Committee to dismiss a governor	**G**	Carole Riley	3.10
13.	Selection of Quality Indicators	**H**	Carolyn Green	3.20
14.	Governance Improvement Action Plan Update as presented to the Trust Board on 1 March 2017	**I**	Sam Harrison	3.30
15.	Any Other Business	**-**	Caroline Maley	3.40
	• Quality Visits	**-**	John Morrissey	
16.	Meeting Effectiveness	**-**	Caroline Maley	3.45
17.	Close – at 3.50 pm	**-**	Caroline Maley	3.50

Better together

FOR INFORMATION			
I. Governor Meeting Timetable II. Glossary of NHS Terms	**J**		

Next Meeting:-1:00 pm – Tuesday 2 May 2017, Belper Football Club, Christchurch Meadow, Bridge St, Belper DE56 1BA

Derbyshire Healthcare NHS
NHS Foundation Trust

MEETING OF COUNCIL OF GOVERNORS
HELD IN PUBLIC SESSION

Thursday 19 January 2017

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

The meeting opened at 1.00 pm and closed at 15.30

PRESENT	Caroline Maley	Acting Trust Chair
GOVERNORS PRESENT	Shelly Comery	Public Governor, Erewash North
	Rosemary Farkas	Public Governor, Surrounding Areas
	Sarah Gray	Staff Governor, Nursing & Allied Professions
	Ruth Greaves	Public Governor, Derbyshire Dales
	Gillian Hough	Public Governor, Derby City East
	Moira Kerr	Public Governor, Derby City West
	John Morrissey	Public Governor, Amber Valley South
	Carole Riley	Public Governor, Derby City East
	Helen Sentance	Public Governor, Erewash South
	April Saunders	Staff Governor, Nursing & Allied Professions
	Kelly Sims	Staff Governor, Administration & Support Staff
	Gemma Stacey	Appointed Governor, University of Nottingham
IN ATTENDANCE	Julia Tabreham	Non-Executive Director
	Maura Teager	Non-Executive Director
	Richard Wright	Non-Executive Director
	Claire Wright	Director of Finance
	Samantha Harrison	Director of Corporate Affairs & Trust Secretary
	Donna Cameron	Assistant Trust Secretary (notes)
	Anna Shaw	Deputy Director of Communications & Involvement
	Denise Baxendale	Communications & Involvement Manager
	Jason Holdcroft	Incoming Staff Governor, Medical & Dental
	Rehana Shaheen	Support Worker to Moira Kerr
	Angela Meynall	Member of the Public
2017/011 only	Mike Gray	AIM (Active in Mind)
2017/011 only	Phil Alcock	AIM (Active in Mind)
APOLOGIES	Rob Davison	Appointed Governor, Derbyshire County Council
	Paula Holt	Appointed Governor, University of Derby
	Alexandra Hurst	Public Governor, High Peak
	John Jeffrey	Public Governor, Bolsover
	Lynda Langley	Public Governor, Chesterfield North
	Alan Smith	Public Governor, Chesterfield South
	Margaret Gildea	Non-Executive Director
	Barry Mellor	Non-Executive Director
	Anne Wright	Non-Executive Director
	Ifti Majid	Acting Chief Executive
	John Sykes	Medical Director
	Mark Powell	Acting Chief Operating Officer
	Lynn Wilmott-Shepherd	Interim Director of Strategic Development
	Amanda Rawlings	Interim Director of People and Organisational Effectiveness

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DHCFT/Gov/ 2017/001	**WELCOME & APOLOGIES** Caroline Maley, Acting Trust Chair, welcomed governors and attendees to the Council of Governors meeting. Apologies were noted as above. Governors and attendees were urged to confirm attendance to Shirley Houston, Engagement Officer, to ensure that sufficient resources are available for the meeting.
DHCFT/Gov/ 2017/002	**MINUTES OF PREVIOUS MEETINGS** **Extraordinary Meeting held on 14 December 2016** With the addition of apologies from Maura Teager, the minutes were accepted as a correct record of the meeting. **Meeting held on 24 November 2016** Page 1 - Maura Teager's apologies to be added. Page 3 – item 2016/073 – final bullet point – first sentence – to be amended to read 'Gillian Hough asked if a strategic stance had been taken not to respond to ex governors making repeated comments in the press'. With no further comments, the minutes were accepted as a correct record of the meeting.
DHCFT/Gov/ 2017/003	**MATTERS ARISING & ACTIONS MATRIX** Updates on progress with actions were noted directly to the matrix.
DHCFT/Gov/ 2017/004	**ACTING CHIEF EXECUTIVE'S REPORT** Claire Wright delivered the update report on behalf of the Acting Chief Executive, who was delivering a presentation to the Derby City Health & Wellbeing Board on mental health issues. The report provided the Council of Governors with feedback and changes nationally, locally and within the Trust. Moira Kerr sought clarification on the application of seven day standards to mental health inpatient services. Claire Wright confirmed that these were acute provider reporting standards currently but we may be asked to report on them in due course. Moira Kerr requested information regarding Standard 2: Time to Consultant Review. Claire Wright confirmed that the current key reporting performance indicators are found in the integrated performance review report in the later agenda item and the time it takes a Consultant to review could be a topic for future discussion. Moira Kerr enquired how it is determined which agency takes the lead on investigations on deaths. Claire Wright suggested this could be another topic for future discussion. Julia Tabreham assured governors that the Quality Committee receives monthly updates on serious incidents, has a strong focus on complaints and advised that the Trust now has a Non-Executive Director Lead on Mortality & Learning From Deaths (Dr Anne Wright), who also sits on the Quality Committee.

	Governors discussed the outcome of the contracting negotiations and expressed their disappointment and concerns regarding the outcome. Claire Wright assured governors that the Trust is viable and is continuing to work towards achieving its Cost Improvement Plan for 2016/17. Any plans for commissioner disinvestment will be shared with the governors. However any proposed disinvestments will require an extremely rigorous quality impact assessment and consultation in many cases before services could be removed. Richard Wright, as Chair of Finance & Performance Committee, assured governors that the Trust had taken a very strong stance with Commissioners to protect services as much as possible. Caroline Maley added that the outcome had been achieved through very difficult and complicated discussions and overall was better than anticipated.

Assurance was sought by John Morrissey on the issues identified in the Healthwatch Derbyshire's report into experiences of using services. The Acting Chair confirmed that the Trust had engaged with Healthwatch on this report. Julia Tabreham confirmed that Healthwatch Derby had attended the Quality Committee to present its report. A robust action plan has been put in place to deal with issues raised.

Moira Kerr observed the recruitment challenges with Band 5 Nursing staff. Gemma Stacey reported that mental health nursing is a very popular choice and commissions increase annually for nurses. However, competition for nurses is greater than ever with the additional attraction of the benefits of private sector working.

DCHS and DHcFT – Towards more integrated working
Governors received this document, prepared by both Trusts. The document summarised the current status of the merger by acquisition and set out the role of both Boards and Council of Governors throughout the transition period of joint working. The paper also set out the NHS Improvement guidance as to the key differences between a merger and acquisition as outlined in the Strategic Options Case. The Board, at its meeting on 11 January 2017 had agreed that it was satisfied with the transaction route and confirmed its commitment to the process. Caroline Maley assured the governors that they will be engaged with throughout the transaction process. Governors raised the anticipated changes to the Council of Governors through the acquisition by merger and were assured that changes will be discussed as part of the future journey. Timescales are still indicative for the process. The Acting Chair confirmed that governors will continue to be informed regularly throughout the process.

RESOLVED: The Council of Governors confirmed they understood their role within the merger by acquisition process and reaffirmed their commitment to progressing with the outline and full business case.

ACTIONS:
1. **Clarification to be sought regarding the need for further reporting versus areas of interest for potential governor development sessions.** |
| **DHCFT/Gov/ 2017/005** | <u>**INTEGRATED PERFORMANCE REPORT (IPR)**</u>

The report, presented by Claire Wright, provided the Council of Governors with an integrated overview of performance as at the end of November 2016, |

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	focussing on workforce, finance, operational delivery and quality performance.

Claire Wright highlighted the staffing pressures, which are impacted by vacancies and sickness. As previously reported, an action plan is in place to take forward improvements in recruitment which is already seen to be delivering benefits. Kelly Sims remarked upon on the breach of night shift skill mix. The Acting Chair confirmed that this is high on the Board's agenda and reassurance is taken from the investment in staff to address this. Maura Teager echoed the point made by Kelly Sims, adding that the Executive Directors had been asked to consider if any interim measures are available.

RESOLVED: The Council of Governors noted the Trust's integrated overview of performance at the end of November 2016.

ACTION: The cover sheet and summary that accompanied the IPR to Public Board is to be circulated to governors. |
| **DHCFT/Gov/ 2017/006** | **NON-EXECUTIVE DIRECTOR UPDATES**

Richard Wright
As Chair of the Finance and Performance Committee, Richard advised that the recent focus had been dominated by contract negotiations. Assurance has been received by the Committee that significant work is going into starting 2017/18 in a positive way.

Dr Julia Tabreham
As Chair of Quality Committee, Julia reported that nurse staffing levels and skill mix across the Trust's inpatient wards, both mental health and community, had been reviewed in January. She is becoming involved in interview panels for clinical staff. The Quality Dashboard continues to be developed and evolves. The Director of Nursing & Patient Services continues to work on and deliver completion of actions arising from the CQC inspection. Both regularly meet to review the status of actions via the CQC portal. The Acting Chief Operating Officer has delivered an Emergency Preparedness, Resilience and Response (EPRR) Strategy 2017-2020 and associated implementation plans which are being operationalised. Suicides in the city and county have risen 112% in the last 12 months, which is of concern. Executive focus has been directed to upon performance related to completion of the Governance Improvement Action Plan. Investment has been made in complaints resource to address concerns raised by Healthwatch Derby. The Quality Committee has received feedback from the 4Es Carers Network on Information Governance issues, which have been recorded and are being addressed.

Maura Teager
Maura confirmed the Trust's continued focus on nursing workforce, particularly recruitment and retention. Two unannounced CQC visits have been received and feedback is being given on improvements. The safeguarding agenda continues to emerge and grow. As an outgoing NED (Maura Teager steps down at the end of March) she confirmed her confidence in the Board, emphasizing the importance of looking to the future.

Barry Mellor
The Acting Chair delivered an update in Barry Mellor's absence.   As Chair of |

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	Audit & Risk Committee (A&R), Barry reported that a deep dive into strategic risks had gone well. Barry Mellor takes over the role of Chair of A&R from Caroline Maley. **Dr Anne Wright** Delivered by the Acting Chair on behalf of Dr Anne Wright. Anne has spent time shadowing Maura Teager for handover and knowledge sharing. Anne has met with the Lead Governor and looks forward to continuing to build the relationship with governors and directors alike. She has been most impressed with the scale and pace of work to address CQC actions. She noted her disappointment at the potential disinvestment in services by CCGs and the potential risks resulting from that. **Caroline Maley** In post for 19 days as Acting Chair. Reported a positive handover from Richard Gregory. Has met with James Mullins, the CQC's Head of Hospital Inspections (Mental Health), who expressed confidence in the Trust. Related to the STP, there is a will amongst community service providers to begin more collaborative working. Next week Caroline will be attending a meeting with the Chair of DCHS. **RESOLVED: The Council of Governors noted the NED comments regarding their portfolios.**
DHCFT/Gov/ 2017/007	**VERBAL REPORT FROM GOVERNORS NOMINATIONS & REMUNERATION COMMITTEE HELD ON 13 JANUARY 2017** Samantha Harrison delivered a verbal update on the meeting, which had been held on 13 January 2017. Governors were informed of the outcome of the Interim Trust Chair's appraisal, as summarised to the Council of Governors on today's agenda. Fit and Proper Persons Tests were confirmed as completed for Julia Tabreham, Margaret Gildea, Richard Wright and Barry Mellor. NED salary benchmarking was presented, to include local, regional and national comparator information. The Acting Chair shared her proposal for Board Committee allocation of the NEDs, which was recommended to the Council of Governors and follows consultation with the Board. Volunteers had been sought for the SID role. The only NED to express an interest was Margaret Gildea. The role description, as tabled at Council of Governors today, had been amended to reflect the experience of Caroline Maley in the role and to strengthen the connection with governors. A report on the exit interview held with Jim Dixon was received and his feedback noted. Caroline Maley gave feedback to Nominations & Remuneration Committee on an exit interview with Richard Gregory. Ruth Greaves enquired if exit interviews were conducted with governors. Anna Shaw advised that feedback is requested and support offered to those who resign. Comments gathered are retained on file. But these are not classed as exit interviews.

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	RESOLVED: The Council of Governors 1. **The amended role description for the SID was received and noted.** 2. **The update from the Governors Nominations & Remuneration Committee was noted.**
DHCFT/Gov/ 2017/008	<u>**SUMMARY OF REPORT ON INTERIM CHAIR'S APPRAISAL**</u> Caroline Maley referred to the summary report on the Interim Chair's appraisal, which had been previously seen by the Governors Nominations & Remuneration Committee. **RESOLVED: The Council of Governors** 1. **Received assurance that a robust appraisal process has been followed for the appraisal of the Interim Trust Chair for the period December 2015 – December 2016.** 2. **Noted the feedback received on the performance of the Interim Trust Chair.**
DHCFT/Gov/ 2017/009	<u>**REPORT FROM THE GOVERNANCE COMMITTEE**</u> The report provided the Council of Governors with an update on the meetings of the Governance Committee held on 21 December 2016 and 10 January 2017. The report summarised matters discussed at the meetings. Carolyn Green had delivered a presentation on Quality Visits, Protocol for Visits and the Quality Account at the 10 January meeting. At the Council of Governors meeting in March, governors will be requested to confirm their selection of indicators for the Quality Account. The Acting Chair has requested increased focus on the membership and engagement strategy; the importance of engagement with communities over the coming months and period of the merger by acquisition will be of particular importance. Gillian Hough advised the need for Council of Governors to be aware of on-going Code of Conduct issues. The Committee is well attended and working positively. **RESOLVED: The Council of Governors** 1. **Noted the discussions of the Governance Committee meetings held in December 2016 and January 2017.** **ACTION:** 1. **Quality Account indicators to be agreed at the March meeting.**
DHCFT/Gov/ 2017/010	<u>**DEPUTY LEAD GOVERNOR ROLE**</u> Samantha Harrison reminded the meeting that governors had been invited to express an interest in the role of Deputy Lead Governor prior to this meeting. One offer had been received from Carole Riley. **RESOLVED: The Council of Governors** 1. **Accepted Carole Riley's offer to become Deputy Lead Governor,**

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	effective immediately until 7 March when the outcome of the ballot for the substantive role for the Deputy Lead Governor and Lead Governor will be presented. Richard Wright and Maura Teager left the meeting at this time (2.35 pm).
DHCFT/Gov/ 2017/011	**ACTIVE IN MIND PRESENTATION (AIM)** April Saunders introduced Phil Alcock and Mike Gray from Active in Mind (AIM). AIM is a free club for Trust service users, family and supporters, in partnership with Lifefit, to enable and facilitate various physical activities which are led by qualified coaches/instructors. Both Phil and Mike are England Athletics Mental Health Ambassadors. The mission of AIM is to enable and encourage all who are suffering from mental health problems or anguish, their carers and supporters to enjoy physical activities and nature in order to improve their physical and mental well-being. The club offers a variety of activities including Nordic walking, running and eco-therapy (outdoor activities in nature). It is hoped to extend the services to include orienteering, nature rambles and climbing. Rosemary Farkas and Sarah Gray left the meeting at this time (3.00 pm). Occupational Therapists can make referrals to the club. It is also possible to self-refer. Each participant receives a personalised plan. AIM hopes to explore opportunities for carers and the option for service users to compete in events. Future plans include the desire to increase the qualified coaches and mental health ambassadors within AIM to support the development of the services across activities and Derbyshire. The Council of Governors expressed their sincere thanks to AIM and April Saunders.
DHCFT/Gov/ 2017/012	**GOVERNANCE IMPROVEMENT ACTION PLAN UPDATE** Samantha Harrison presented the Council of Governors with an update on the progress of delivery the Governance Improvement Action Plan (GIAP) and the 53 recommendations contained within it. 29 recommendations are on track; a body of evidence is being established to confirm they are fully complete and embedded as 'business as usual' within the Trust. Eleven recommendations have been signed off as completed. When issues are off-track the Board is provided with assurance on how each recommendation is being managed. April Saunders left the meeting at 3.20 pm. **RESOLVED: The Council of Governors** 1. **Noted the progress made against addressing the GIAP recommendations and the approval of 11 recommendations via sign-off of relevant blue completion forms at the January Trust Board.** 2. **Noted the assurance provided for the areas rated as 'off track' and 'some issues'.**

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DHCFT/Gov/ 2017/013	**STAFF ENGAGEMENT SURVEY** Samantha Harrison delivered a verbal update on the Staff Engagement Survey. The survey closed on 2 December. 39% of staff had responded (the national average is 46.5%). The results are embargoed while analysis is undertaken. The embargo will be lifted at the end of February. Margaret Gildea has been invited to present the results to the Council of Governors in March. It was highlighted that detailed results will be available across 22 service lines and this will be helpful in action planning. Some downward trends have been observed, however, out of the 88 questions, there is no significant difference in 77 of them. This item will continue to be a standing item on the agenda throughout the delivery of the Action Plan, which will result from the analysis. **RESOLVED: The Council of Governors** **1. Noted the update.** **ACTIONS.** **1. Margaret Gildea to present results of the survey to the March meeting.** **2. Staff Engagement Survey to be a standing item on the Council of Governors agenda.**
DHCFT/Gov/ 2017/014	**RATIFIED MINUTES OF BOARD MEETINGS HELD ON 2 NOVEMBER AND 7 DECEMBER 2016** **Minutes of 2 November 2016** In the apologies section, Gillian Hough's name and constituency to be corrected. **RESOLVED: The Council of Governors received the ratified minutes of the Public Board meetings held on 2 November and 7 December 2017.**
DHCFT/Gov/ 2017/015	**ANY OTHER BUSINESS** The Chair thanked Angela Meynall, a Trust member who had observed the meeting, for her attendance and engagement. She confirmed she had found the meeting very interesting. Samantha Harrison highlighted the Governor Meeting Timetable, noting that the next Council of Governors meeting will be held in Ilkeston and the May meeting in Belper, in response to governor requests to hold meetings off site. The Governor Development Session on 16 February with Hardwick CCG had been confirmed.
DHCFT/Gov/ 2017/016	**CLOSE OF MEETING** There being no further business, Caroline Maley thanked governors for attending and closed the meeting at 3.30 pm.

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COUNCIL OF GOVERNORS ACTION MATRIX - AS AT 28 FEBRUARY 2017							
Date of Minutes	Minute Reference	Item	Lead	Action	Completion 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.	07.03.2017	The January Meeting requested that clarification on this action is sought from the Governance Committee at its meeting on 15 February. This was discussed at Governance Committee and it has agreed to close this item. COMPLETE.	Green
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	19.01.2017	Draft protocol discussed by governors at Governance Committee on 10 January 2017. All governors were emailed requesting feedback. 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	Update delivered in meeting on 19 January 2017. Staff Engagement will be a standing item on the Council of Governors agenda. COMPLETE.	Green
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	19.1.2017	Referred to Governance Committee and discussed with Scott Lunn at the meeting held on 10 January. Action transferred to Governance Committee to articulate next steps. Being taken forward as part of Governance Committee agenda. COMPLETE.	Green
19.01.2017	DHCFT/Gov/ 2017/004	Acting Chief Executive's Report	Ifti Majid	Further discussion may be required regarding current key reporting performance indicators and areas of interest to governors, eg, Standard 2: Time to Consultant Review and Lead for Inter-Agency Investigation on Deaths.	07.03.2017	Ifti Majid to clarify with governors, in the Council of Governors meeting, their need for further reporting vs areas of interest for potential development sessions. FOR COMPLETION IN THE MEETING.	Green
19.01.2017	DHCFT/Gov/ 2017/005	Integrated Performance Report	Claire Wright	The cover sheet that accompanied the IPR to the Public Trust Board meeting in January will be distributed to governors	07.03.17	Issued in Governor Connect. COMPLETE.	Green
19.01.2017	DHCFT/Gov/ 2017/009	Report from the Governance Committee	Carolyn Green	Quality Indicators to be agreed at the March meeting of Council of Governors	07.03.2017	On March Council of Governors. COMPLETE.	Green

Key	Agenda item for future meeting		YELLOW	0	
	Action Ongoing/Update Required		AMBER	0	
	Resolved		GREEN	7	100%
	Action Overdue		RED	0	
				7	100%

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors - 7 March 2017

Acting Chief Executives Report to the Council of Governors

Purpose of Report:

This report provides the Council of Governors (CoG) 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 CoG on feedback from external stakeholders such as our commissioners and feedback from our staff.

National Context

1. The Secretary of State has announced plans for new regulations that will make it a legal requirement for all Trusts to recover the costs upfront and in full for any non-urgent or immediately necessary care to be given to 'overseas visitors and migrants'. These changes will come into effect from April 2017. As a Trust we provide care and treatment on rare occasions to the patient groups detailed in the proposed revised legislation.

2. The Policing and Crime Bill has received Royal Assent meaning it now becomes an Act of Parliament. The Act has significant and positive implications for mental health with measures including:

   - Stopping those under 18 from being detained in a police station and restricting such detention for adults by reforming police powers under sections 135 and 136 of the Mental Health Act 1983
   - An extended definition of places that can be used as places of safety (encouraging innovation through the use of alternative providers such as voluntary sector groups and enabling suitable places to be used on an ad hoc basis on a contingency basis)
   - Extending section 136 powers to anywhere other than a domestic dwelling
   - Enabling mental health assessments under section 135 to take place in the person's own home rather than having to remove them
   - Reducing the detention time from 72 hours to 24 hours – with provision for an extension of time on clinical grounds alone
   - New powers of search for safety purposes in homes or places of safety under s135 and 136

   The mental health provisions are currently on course to come into effect from May and guidance will be published in due course to support this. It will be for us as local health and policing partners to work together, I think through the Crisis Concordat meetings to identify wider implications for how to implement the changes. We must consider awareness amongst our practitioners, provision of places of safety and resourcing when rolling out the changes.

3. On 15 February I received a letter from Claire Murdoch, Bruce Keogh and Mathew Swindells from NHS England with respect to the operational planning and contracting round 2017-9 and the assurance of the mental health investment standard, mental

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health in STPs and the delivery of national commitments for mental health. NHS England are seeking assurance that:

- The two-year mental health investment reported in commissioner financial plans is accurate and sufficient to facilitate the delivery of the mental health implementation plan in the local health economy
- This investment will meet the planning guidance mental health 'must do's' and deliver the 5 year forward view for mental health commitments
- The additional funding for children and young people mental health services, included in CCG baseline allocations, is used for the purpose for which it was intended.

To ensure that NHSE has confidence that the first two points above will be delivered they have amended the finance planning template and updated the finance FAQs The amended finance template and additional guidance have been designed to facilitate triangulation with providers and to improve commissioner data quality on mental health spend. This template will form part of the consolidated finance return on the 27th February. On point three the health select committee and the CQC are doing deep dives into Children and Young Peoples Services in 17/18. Importantly NHSE are also asking for a jointly signed letter from CCGs and their main NHS mental health provider confirming that their mental health finance returns are an accurate reflection of health economy investment in mental health and ensure a joint commitment to meeting national expectations set out in the Five Year Forward View. Finally, it is clear NHSE look to 2017/18 as a key year for delivery of the Mental Health Five Year Forward View, and they are putting in place regional deep dive meetings to assess delivery plans for the next two years with a specific focus on mental health investment plans, the 2017/18 delivery plan and the vision for mental health set out in STP plans.

It is my belief that the details set out in the letter are a real indication of the commitment from NHS England to truly ensure that the 5 year forward view for people with mental health problems is transparently supported and provides real leverage to local providers to ensure CCGs are held accountable to local people for their commissioning decisions relating to mental health funding and services. As we continue with our contracting discussions we will be asking local CCGs about their response to the requirements detailed in the NHSE letter.

Local Context

4. On 9 February the system held the first formal system management executive meeting after the contracting process was completed on 23 December 2016. We heard feedback from the national meeting of STP responsible officers with Simon Stevens. From this it was clear that STPs are likely to remain as a currency of engagement between NHSE, NHSI and local systems. They are to receive increased devolved powers from those two regulators and are expected in time to become an entity of local governance with an appointed leader who will have a level of authority to make decisions on behalf of the system. We need to fully understand how this vision will be actioned to enable us to get clarity on the impact within our system locally. In addition local leaders spent some time understanding commitment to the Derbyshire system from all Organisations, an analysis of what happened to system working during the contracting round and what actions need to be taken to prevent 'sovereign organisation first' behaviour derailing the delivery of system agreed outcomes.

5. The Erewash MCP Vanguard has received support for the next year from the NHSI

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Vanguard team. This funding is enabling the development of initiatives to support integrated care delivery under two workstream areas: Community and Personal Resilience and Primary Care Development. The Community and Personal Resilience programme has worked with the local community in Erewash to develop initiatives focussed around:

- Strengthening the voluntary sector
- Community Development Forum
- Community Wellbeing Link workers
- TimeSwap Erewash
- Person Centred Planning
- Alcohol and women over 45
- Move More Erewash
- Brilliant Erewash – primary school initiative
-

These initiatives are already having an impact on people who use our services, for example the person centred planning lead has attended Kedleston Unit and other Wards on the Kingsway site to discuss and support our drive towards improving person centred planning.

Within our Trust

6. Mark Powell and I attended a meeting with South and City Early Interventions Team at St Andrew's House, thanks to the team for their hospitality, openness and willingness to adopt a solution focussed approach. Key things from the meeting for me were associated with the need for clear two way communication to team level to ensure Board messages and approaches arrive at teams. I was also struck by the teams willingness to develop solutions to issues and our need as a Trust to ensure Teams have the right amount of autonomy to make decisions locally, hopefully this will be supported by the new accountability framework.

7. During February we had re-visits from the Care Quality Commission to our learning Disabilities services to review actions associated with our warning notice and CQC action plan. Little feedback was received on the day and I understand that feedback will be added to previous visits in January to give the CQC a more complete picture of our current compliance levels.

8. Current areas of pressure within clinical services continue to centre around community team capacity and waiting lists associated with this including paediatric services and psychological services, pressure on our adult mental health inpatient services and issues reflecting the national pressures associated with recruitment in particular band 5 nurses and consultant psychiatrists. On a positive note the need for us to admit older adults both with functional and organic needs has reduced due to enhanced community provision resulting in ongoing bed capacity.

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

Assurances

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

Consultation

- The report has not been to any other group or committee

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

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

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Derbyshire Healthcare NHS Foundation Trust
Report to Board of Directors – 1 March 2017

Integrated Performance Report Month 10

Purpose of Report

This paper provides Trust Board with an integrated overview of performance as at the end of December 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 perform well against many of its key indicators during December. 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 view of some future risks and/or issues Board members need to be aware of.

The key theme for month 10 continues to be one of ongoing staffing and activity pressure in many of the Trust's services. This is highlighted by the difficulty in achieving 100% Registered Nurse fill rates for day and night shifts on our inpatient wards. Although mitigated by extra Nursing Assistant cover this continues to be a concern which is being closely monitored. During January there continued to be patients placed Out of Area (OOA) because the Trust had limited beds available at times.

Activity pressures on both Radbourne and Hartington Units are highlighted by very high bed occupancy across all wards. As a result of this, the Deputy Director of Operations and Campus General Manager have reviewed staffing levels in order to determine if there is a need to instigate emergency measures in response to reduced staffing levels. They have reviewed bed occupancy and for certain periods there are high levels of patient leave so although staffing continues to be an ongoing concern the number of patients on wards reduces the risks. Occupancy levels are of more concern on the Hartington Unit as they are operating routinely on higher bed numbers with same staffing levels as the Radbourne Unit. An ongoing review of staffing against bed occupancy will continue in order to risk assess and determine if further emergency action is required

Further activity pressure as a result of demand being greater than capacity available is highlighted in the Board deep dive on Neighbourhoods which will be discussed later in the agenda.

Quality Performance

During the month quality performance focus has remained on 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 the existing action plan. In addition there have been additional data requests for additional service visits to the Kedleston unit, Older Adults wards in the South, Learning Disability and additional queries for Children's services. We do envisage further unannounced visits in addition to those we have received in January 2017, and are maintaining focus on improvement.

The use of CQC portals 1 and 2 action tracker has continued to provide 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. A number of the Trust's committees received assurance on CQC plans.

Some of the key areas of sustained focus have been on:

- Maintaining the increase in Fire warden training compliance which is now at 78%.

- Safeguarding children's training at Level 3 which is now reported at 76% for Level 3 training at three yearly, and just shy of the predicted at 85% + at 82.57% for the annual yearly refresher. This demonstrates significant in year improvement in staff training levels. Specific detailed analysis and assurance has been supplied to the February safeguarding committee. Medical staff continue to be an outlier and despite, exception reporting and specific requests for training, the progress towards improvement remains slow and is of concern. Anticipated in previous reports. Training will continue to be delivered, and performance managed, overseen by the Trust Management Team.

- Mental capacity assessments, both completion rates and the quality of this clinical decision making and record keeping have continued to improve. Further analysis of the impact of the Mental Capacity training, both for mental health services and the children's services is required. This should be over seen by the Mental Health act committee with an exception report on the new version training, current compliance levels and the new mental capacity training for Children's services based upon System one and its impact.

- Ensuring that supervision and appraisals are recorded has been a significant focus and a slight improvement is noted. This continues to improve in Neighbourhoods and Children's services and in some areas is still challenging which impacts upon our Trust wide overall position with the Deputy Director of Operations taking oversight of the mitigation plan. Significant improvement has been made in management supervision and further improvement in clinical supervision is still required in campus settings.

- Reports on the capacity of teams such as Care co-ordination in mental health community teams has been reviewed and pressure on the teams remains significant and plans to mitigate this have not currently been established with our commissioners. Sessions with the community teams to explore the pressure, discussion re clinical practice changes to mitigate this are being progressed jointly between Operations and Nursing and Quality.

- There continues to be significant challenge around compliant investigations completed within the 40 working days timeframe. The recruitment of the 2 posts to lead on serious incident investigations is underway, increased review and performance monitoring through the TMT is in place to continue to improve this situation.

- There has been a reduction in episodes of physical restraint and use of seclusion within this month

The new indicators which have been added this month include number of deaths, and complaint investigations by the Parliamentary Ombudsman.

There continues to be challenge around the plans to move towards full implementation of the safety plan model. Training for staff to be able to use the model is reported now at 93%. However the reported use of the model remains very low. The anticipated date to cease use of the existing system, FACE, is April 2017. This is led by the Medical Director and the Patient safety plan implementation group that report to the Quality committee on their progress.

Operational Performance

Overall performance remains relatively stable, with all of the new activity based Single Oversight Framework indicators being achieved.

There are a number of areas where performance remains variable, with further detail provided in the main body of the report.

Key areas of note are as follows;

Performance for outpatient letters has been reviewed by the General Manager. Sickness and annual leave have continued to impact on capacity, resulting in performance being just below 90%. At the time of writing this report February's performance was above 90%.

The number of outpatient appointments cancelled by the Trust continues to be high. The main reasons continue to be sickness absence /no consultant, both of which relate to short episodes of sickness from a small number of Doctors.

Financial Performance

The year to date, and forecast score, from the Use of Resources (UoR) metrics is unchanged from last month: our overall UoR is a 3. Four of the five metrics are strong at 2, 1, 1 and 1, but the fifth metric, agency spend against ceiling, remains at 4, and that triggers an override that restricts the overall rating to a 3.

When considering the impact of agency on the Trust overall Use of Resources rating: to avoid triggering the override, the Trust would need to spend £629k less than forecast (i.e. to spend less than 50% above ceiling by the end of March). If that were the case, the overall use of resource rating of the Trust would be 2 not 3.

In surplus terms, the Trust remains ahead of plan cumulatively for the year to date, with a trajectory to return to planned control total by year end due to the aggregate impact of changes in the run rates of costs and income at year end.

In forecasting the achievement of the control total surplus, the Board are aware that it still assumes the mitigation of some significant risks, the potential for backdated pay which is not yet fully quantified, ongoing pressures in agency costs and other emerging costs.

Early planning continues for cost improvement action required to reach 2017/18 control total financial plan. Whilst early plans exist for some of the Trust CIP of £3.85m (at our risk) the Commissioner-driven QIPP disinvestment of £3.05m (at commissioner risk) is not yet agreed.

People Performance

In January we continue to see slight movement in a number of our people metrics. Compulsory training compliance has stabilised at 86.21%, below our internal 90% target but is above our main contract non CQUIN target of 85%. There has been a slight improvement in appraisal completion to 74.60%.

Staff attendance remains a significant challenge to the trust at 6.47% against a target of 5.04% which is very high against comparable trusts. Annual sickness absence rates are beginning to stabilise following a two year period of increase, but remain high. The People and Culture Committee reviewed this at its meeting in February.

As a result in the issues associated with workforce supply, close monitoring of agency usage continues along with recent actions taken to reduce agency usage. Our vacancy rate has reduced slightly in the month due to increased recruitment and there is an ongoing focus on clinical vacancies which is supported by a detailed action plan which was presented at the People and Culture Committee. The action plan covers how we plan to tackle each vacancy and includes campaigns and open days across the UK, incentives where necessary and introducing overseas recruitment for hard to fill posts. Our recruitment process continues to improve with the recent changes to the approval process and the introduction in March 2017 of a new e-Recruitment system (TRAC) which will enable managers and candidates to utilise a streamlined, interactive and responsive process, which will reduce or eliminate paperwork and unnecessary delays.

Strategic considerations

This paper relates directly to the delivery of the Trust's 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 of 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** **Rachel Kempster, Risk and Assurance Manager** **Peter Henson, Performance Manager**

Financial Perspective

Highlights
- Surplus better than plan YTD. Forecast to achieve plan at year end.
- Cash better than plan at the end of January

Challenges
- CIP forecast not to deliver to full target
- Containment of agency expenditure which is currently triggering an override on the new Use of Resources Rating
- Mitigations of Financial risks during 16/17

Operational Perspective

Highlights
- Breastfeeding coverage targets have been addressed

Challenges
- A review of the waiting list for IAPT services has caused the rate of recovery to reduce.

People Perspective

Highlights
- Compulsory training compliance remains high and is above the 85% main contract commissioning for quality and innovation (CQUIN) target.

Challenges
- Monthly and annual sickness absence rates remain high.
- Budgeted Fte vacancies remain high but are decreasing.
- Appraisal compliance rates remain low but compliance is increasing.

Quality Perspective

Highlights
- New indicators for deaths, serious incidents, and complaint investigations by the Parliamentary Ombudsman have been added this month
- Seclusion episodes and incidents for Q3 have decreased compared to previous quarter
- Incidents of physical restraint overall and prone restraint specifically, have continued to decrease
- Incidents of physical assault have decreased
- No of concerns has fallen
- CTO rights forms received by the MHA office has improved
- % of staff recorded as compliant with clinical and management supervision has increased

Challenges
- Incidents of reported as moderate to catastrophic harm has increased, although no specific trends identified
- No of inpatient falls has increased slightly from 19 in Dec 16 to 27 in Jan 17
- % of complaint investigations completed on time is low and falling
- No of actions from serious incidents and complaints has increased

FINANCIAL OVERVIEW – JANUARY 2017

Category	Sub-set	Metric	Period	Actual	Rating	Trend	Key Points
Governance	Use of Resources (UoR) Metric	Overall Use of Resources Metric	YTD	3	A	→	As at the end of January the Use of Resources Rating is 3 and is also forecast to be a 3 at the end of the year, due to triggering an override on the agency metric.
			Forecast	3	A	→	
		Capital Service Cover	YTD	2	Y	→	
			Forecast	2	Y	→	
		Liquidity	YTD	1	G	→	
			Forecast	1	G	→	
		Income and Expenditure Margin	YTD	1	G	→	
			Forecast	1	G	→	
		Income and Expenditure variance to plan	YTD	1	G	→	
			Forecast	1	G	→	
		Agency variance to ceiling	YTD	4	R	→	We have been segmented in segment 3.
			Forecast	4	R	→	
	Single Oversight Framework	NHS I Segment	YTD	3	n/a	n/a	

Category	Sub-set	Metric	Period	Plan	Actual	Variance	Trend	Key Points
I&E and profitability	Income and Expenditure	Control Total position £'000	In-Month	248	5	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 better 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.
			YTD	2,006	2,815	G	🟢 ↗	
			Forecast	2,531	2,531	G	🟢 →	
		Underlying Income and Expenditure position £'000	In-Month	179	-64	R	🔴 ↓	
			YTD	1,315	2,124	G	🟢 ↓	
			Forecast	1,701	1,701	G	🟢 →	
		Normalised Income and Expenditure position £'000	In-Month	179	-17	R	🔴 ↓	The Normalised Income and Expenditure shows the financial performance adjusting for any non-recurrent costs or benefits that will not continue.
			YTD	1,315	1,979	G	🟢 ↓	
			Forecast	1,701	1,657	R	🔴 ↓	
	Profitability	Profitability - EBITDA £'000	In-Month	851	592	R	🔴 ↓	
			YTD	8,075	8,665	G	🟢 ↑	
			Forecast	9,806	9,701	R	🔴 →	
		Profitability - EBITDA %	In-Month	7.4%	5.2%	R	🔴 ↓	
			YTD	7.0%	7.7%	G	🟢 ↗	
			Forecast	7.1%	7.2%	G	🟢 →	
Liquidity	Cash	Cash £m	YTD	12.719	15.748	G	🟢 ↑	Cash is currently above plan but is forecast to be below plan at year end due to expected large payments as contracts discussions are resolved. 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	6.616	8.872	G	🟢 ↑	
			Forecast	7.570	6.505	R	🔴 →	
	Capex	Capital expenditure £m	YTD	2.766	1.910	R	🔴 ↑	
			Forecast	3.450	3.450	G	🟢 →	
Efficiency	CIP	CIP achievement £m	In-Month	0.358	0.195	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	3.583	1.909	R	🔴 ↓	
			Forecast	4.300	2.299	R	🔴 →	
			Recurrent	4.300	1.645	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

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Category	Sub-set	Metric	Period	Plan	Actual	Variance	Trend	Key Points
Performance Dashboard	NHSI	CPA 7 Day Follow-up (M)	Month	95.00%	95.24%	G 🟢	➡	All NHSi metrics are all compliant except "Priority Metrics" which is a new indicator and does not become a measured target until the next financial year. For each metric we have indicated if it is monitored by NHSi Quarterly (Q) or Monthly (M).
			Quarter	95.00%	95.95%	G 🟢	➡	
		Data completeness - Identifiers (M)	Month	95.00%	99.49%	G 🟢	➡	
			Quarter	95.00%	99.49%	G 🟢	➡	
		Data completeness - Priority Metrics (M)	Month	85.00%	70.38%	R 🔴	➡	
			Quarter	85.00%	69.98%	R 🔴	➡	
		Crisis Gatekeeping (Q)	Month	95.00%	98.59%	G 🟢	➡	
			Quarter	95.00%	98.78%	G 🟢	⬆	
		IAPT RTT within 18 weeks (Q)	Month	95.00%	99.70%	G 🟢	➡	
			Quarter	95.00%	99.61%	G 🟢	➡	
		IAPT RTT within 6 weeks (Q)	Month	75.00%	90.80%	G 🟢	⬆	
			Quarter	75.00%	90.71%	G 🟢	⬆	
		Early Intervention in Psychosis RTT Within 14 Days - Complete (Q)	Month	50.00%	96.30%	G 🟢	⬆	
			Quarter	50.00%	97.06%	G 🟢	⬆	
		Early Intervention in Psychosis RTT Within 14 Days - Incomplete (Q)	Month	50.00%	85.71%	G 🟢	⬆	
			Quarter	50.00%	84.38%	G 🟢	⬆	
		Patients Open to Trust In Employment (M)	Month	N/A	8.93%		➡	
			Quarter	N/A	8.86%		➡	
		Patients Open to Trust In Settled Accommodation (M)	Month	N/A	59.54%		➡	
			Quarter	N/A	59.04%		⬆	
		Under 16 Admissions To Adult Inpatient Facilities (M)	Month	0	0	G 🟢	➡	
			Quarter	0	0	G 🟢	➡	
		IAPT People Completing Treatment Who Move To Recovery (Q)	Month	50.00%	53.33%	G 🟢	➡	
			Quarter	50.00%	52.82%	G 🟢	➡	
		Physical Health - Cardio-Metabolic - Inpatient (Q)	Month	N/A				
			Quarter	N/A				
		Physical Health - Cardio-Metabolic - EI (Q)	Month	N/A				
			Quarter	N/A				
		Physical Health - Cardio-Metabolic - on CPA (Community) (Q)	Month	N/A				
			Quarter	N/A				

Key:

Period　　　　Month　　Current Month　　　　　　　🟢　Achieving target

　　　　　　　　Quarter　Current Quarter　　　　　　　🔴　Not achieving target

⬆➡⬇　　Trend compared to previous month/quarter

Category	Sub-set	Metric	Period	Plan	Actual	Variance	Trend	Key Points
Performance Dashboard	Locally Agreed	CPA Settled Accommodation	Month	90.00%	96.78%	G 🟢	➡	
			Quarter	90.00%	96.78%	G 🟢	➡	
		CPA Employment Status	Month	90.00%	97.25%	G 🟢	➡	
			Quarter	90.00%	97.25%	G 🟢	➡	
		Data completeness - Identifiers	Month	99.00%	99.49%	G 🟢	➡	
			Quarter	99.00%	99.49%	G 🟢	➡	
		Data completeness - Outcomes	Month	90.00%	93.96%	G 🟢	➡	
			Quarter	90.00%	93.96%	G 🟢	➡	
		Patients Clustered not Breaching Today	Month	80.00%	77.46%	R 🔴	➡	An improvement plan has been defined to address Clustering.
			Quarter	80.00%	77.48%	R 🔴	➡	
		Patients Clustered regardless of review dates	Month	96.00%	94.15%	R 🔴	➡	
			Quarter	96.00%	94.10%	R 🔴	➡	
		7 Day Follow-up - all inpatients	Month	95.00%	96.80%	G 🟢	⬆	
			Quarter	95.00%	97.33%	G 🟢	⬆	
		Ethnicity coding	Month	90.00%	90.30%	G 🟢	⬇	
			Quarter	90.00%	90.30%	G 🟢	⬇	
		NHS Number	Month	99.00%	99.99%	G 🟢	➡	
			Quarter	99.00%	99.99%	G 🟢	➡	
		CPA Review in last 12 Months (on CPA > 12 Months)	Month	95.00%	95.06%	G 🟢	➡	
			Quarter	95.00%	95.06%	G 🟢	➡	
		Community Care Data - Activity Information Completeness	Month	50.00%	93.48%	G 🟢	➡	
			Quarter	50.00%	93.45%	G 🟢	➡	
		Community Care Data - RTT Information Completeness	Month	50.00%	92.31%	G 🟢	➡	
			Quarter	50.00%	92.31%	G 🟢	➡	
		Community Care Data - Referral Information Completeness	Month	50.00%	72.40%	G 🟢	⬇	
			Quarter	50.00%	72.32%	G 🟢	⬇	
		Early Interventions New Caseloads	Month	95.00%	133.90%	G 🟢	⬇	
			Quarter	95.00%	133.90%	G 🟢	⬇	
		Clostridium Difficile Incidents	Month	7	0	G 🟢	➡	
			Quarter	7	0	G 🟢	➡	
		18 Week RTT Greater Than 52 weeks	Month	0	0	G 🟢	➡	
			Quarter	0	0	G 🟢	➡	

OPERATIONAL OVERVIEW – JANUARY 2017

Enclosure D

Category	Sub-set	Metric	Period	Plan	Actual	Variance	Trend	Key Points
Performance Dashboard	Schedule 6	Consultant Outpatient Trust Cancellations	Month	5.00%	6.15%	R	⬆	Information is now available to identify the specific reason cancelations occur.
			Quarter	5.00%	5.84%	R	➡	
		Consultant Outpatient DNAs	Month	15.00%	16.50%	R	⬇	
			Quarter	15.00%	16.81%	R	⬇	
		Under 18 admissions to Adult inpatients	Month	0	0	G	➡	The 10 day typing target has been breached primarily due to 2 consultants leaving the Trust.
			Quarter	0	0	G	➡	
		Outpatient letters sent in 10 working days	Month	90.00%	88.37%	R	⬆	
			Quarter	90.00%	88.44%	R	⬆	
		Outpatient letters sent in 15 working days	Month	95.00%	96.73%	G	⬆	
			Quarter	95.00%	96.67%	G	⬆	
		Inpatient 28 day readmissions	Month	10.00%	2.24%	G	⬆	
			Quarter	10.00%	1.89%	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	➡	
		Discharge Fax sent in 2 working days	Month	98.00%	99.16%	G	➡	
			Quarter	98.00%	99.30%	G	➡	
		Delayed Transfers of Care	Month	0.80%	1.17%	R	➡	Trust Target has been set by the NHS at 0.8% which is below the rate currently being achieved.
			Quarter	0.80%	1.12%	R	➡	
		18 Week RTT Less Than 18 Weeks - Incomplete	Month	92.00%	94.87%	G	⬆	
			Quarter	92.00%	94.69%	G	⬆	

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
			Quarter	0	0	G 🟢	➡️	
		18 Week RTT incomplete	Month	92.00%	94.87%	G 🟢	⬆️	
			Quarter	92.00%	94.87%	G 🟢	➡️	
		Mixed Sex accommodation breaches	Month	0	0	G 🟢	➡️	
			Quarter	0	0	G 🟢	➡️	
		Completion of IAPT Data Outcomes	Month	90.00%	95.31%	G 🟢	⬇️	
			Quarter	90.00%	95.31%	G 🟢	➡️	
		Ethnicity coding	Month	90.00%	91.84%	G 🟢	⬆️	
			Quarter	90.00%	91.84%	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%	98.57%	G 🟢	➡️	Compliant with Health Visiting Targets
			Quarter	98.00%	98.57%	G 🟢	➡️	
		% 6-8 Week Breastfeeding coverage	Month	98.00%	99.62%	G 🟢	➡️	
			Quarter	98.00%	99.62%	G 🟢	➡️	
	IAPT	Recovery Rates	Month	50.00%	53.43%	G 🟢	➡️	Reliable & Recovery Rates have been impacted by a review of the IAPT waiting lists
			Quarter	50.00%	53.43%	G 🟢	➡️	
		Reliable & Recovery Rates	Month	65.00%	64.70%	R 🔴	➡️	
			Quarter	65.00%	64.70%	R 🔴	⬇️	
	Safer Staffing	Inpatient Safer Staffing Fill Rates	Month	90.00%	104.3%	G 🟢	⬇️	Detailed ward level information shows specific variances
			Quarter	90.00%	104.3%	G 🟢	⬇️	

WORKFORCE OVERVIEW – JANUARY 2017

Category	Sub-set	Metric	Period	Plan	Actual	Variance		Trend	Key Points
Workforce Dashboard	NHSI Key Performance Indicator (KPI)	**Turnover** (annual)	**Jan-17**	10%	**11.37%**	↗	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 0.08% lower compared to the previous month, however it is 0.18% higher than in the same period last year (January 2016). The annual sickness absence rate is running at 5.57% (as at 31st December 2016 latest available data). The regional average annual sickness absence rate for Mental Health & Learning Disability Trusts is 5.14% (as at October 2016 latest available data). Anxiety/stress/depression/other psychiatric illnesses remains the Trusts highest sickness absence reason and accounts for 25.61% of all sickness absence, followed by at cold, cough, flu - influenza at 15.05% and Surgery at 13.42%. Budgeted Fte vacancy rates have decreased by 0.57% compared to the previous month. The number of employees who have received an appraisal within the last 12 months has increased by 0.32% to 74.60%. Year to date the level of Agency expenditure exceeded the ceiling set by NHSI by £1.608m of which £976k related to Medical staff. Compulsory training compliance remains static this month at 86.21% and remains above the 85% main contract non CQUIN.
			Dec-16		11.28%		G 🟢		
		Sickness Absence (monthly)	**Jan-17**	5.04%	**6.47%**	↘	R 🔴	➡	
			Dec-16		6.55%		R 🔴		
		Vacancies (including 10% funded fte flexibility / cover)	**Jan-17**	10%	**14.35%**	↘	A 🟡	⬇	
			Dec-16		14.92%		A 🟡		
		Vacancies (actual against target)	**Jan-17**	0%	**4.35%**	↘	A 🟡	⬇	
			Dec-16		4.92%		A 🟡		
		Appraisals (all staff - number of employees who have received an appraisal in the previous 12 months)	**Jan-17**	90%	**74.60%**	↗	R 🔴	⬆	
			Dec-16		74.28%		R 🔴		
		Appraisals (medical staff only - number of employees who have received an appraisal in the previous 12 months)	**Jan-17**	90%	**82.41%**	↗	A 🟡	⬇	
			Dec-16		80.19%		A 🟡		
		Qualified Nurses (to total nurses, midwives, health visitors and healthcare assistants)	**Jan-17**	65%	**69.24%**	↗	G 🟢	⬆	
			Dec-16		69.05%		G 🟢		
		Agency Usage (£ year to date level of agency expenditure exceeding the ceiling set by NHSI)	**Jan-17**	£0	**£1.608m**	↗	R 🔴	⬆	
			Dec-16		£1.392m		R 🔴		
		Agency Usage (% year to date level of agency expenditure exceeding the ceiling set by NHSI)	**Jan-17**	0%	**63.67%**	↗	R 🔴	⬆	
			Dec-16		61.20%		R 🔴		
	Other KPI	**Compulsory Training** (staff in-date)	**Jan-17**	90%	**86.21%**	→	A 🟡	⬇	
			Dec-16		86.21%		A 🟡		

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 – JANUARY 2017

Category	Sub-set	Metric	Period	Plan	Actual	Variance	Trend	Key Points
Quality	Safe	No of incidents of moderate to catastrophic actual harm	Month	24	39	🔴	➡️	Plan: average last fin yr (month). No specific increase in trends when analysed by team or incident category
			Quarter	73	91	🔴	➡️	Plan: average last fin yr (Qtr). Actual: Q3 data
		No of deaths of patients who have died within 12 months of their last contact with DHcFT	Month	170	189	🟡		New data item. Trend to commence from next month. Plan: average last fin yr (month) . Note: Not all deaths for Jan 17 will have been reported.
			Quarter	511	547	🟡		New data item. Trend to commence from next quarter. Plan: average last fin yr (Qtr). Actual: Q3 data
		No of serious incidents reported to the CCG	Month	6	6	🟡	➡️	New data item: Plan - average last fin yr (month)
			Quarter	18	16	🟡	➡️	New data item: Plan - average last fin yr (Qtr). Actual: Q3 data
		No of episodes of patients held in seclusion	Month	6	8	🟡	⬆️	
			Quarter	35	23	🟢	⬆️	Plan: average last fin yr (Qtr). Actual: Q3 data
		No of incidents involving patients held in seclusion	Month	20	10	🟢	⬆️	
			Quarter	61	32	🟢	⬆️	Plan: average last fin yr (Qtr). Actual: Q3 data
		No of incidents involving physical restraint	Month	55	38	🟢	⬆️	
			Quarter	165	113	🟢	⬆️	Plan: average last fin yr (Qtr). Actual: Q3 data
		No of incidents involving prone restraint	Month	10	9	🟢	➡️	Month plan based on average from 1/7/16 when prone restraint collected on Datix as defined field.
			Quarter	29	28	🟢	➡️	Qtr plan based on average for Q2/Q3. Actual Q3 data
		No of incidents of physical assault - patient on patient	Month	15	11	🟢	➡️	
			Quarter	44	34	🟢	⬆️	Actual: Q3 data.
		No of incidents of physical assault - patient on staff	Month	20	11	🟢	➡️	
			Quarter	61	34	🟢	⬆️	Actual: Q3 data
		No of falls on in-patient wards	Month	38	27	🟢	⬇️	
			Quarter	113	72	🟢	⬆️	Actual: Q3 data
		No of incidents of absconsion	Month	43	35	🟢	⬇️	
			Quarter	130	87	🟢	➡️	Actual: Q3 data
		No of patients with a clinical risk plan (FACE or Safety Plan)	Month	100%	79.39%	🟡	➡️	
			Quarter	100%	79.56%	🟡	➡️	
		Of above, no of patients with a Safety Plan	Month	90%	1.64%	🔴	➡️	Safety Plan to replace FACE from 1/4/2017
			Quarter	90%	2.41%	🔴	⬆️	
		% of staff compliant with Level 3 Safeguarding Children training	Month	95%	76.15%	🔴	➡️	
			Quarter	95%	NA			Qtr comparison not available
		% of staff compliant with Think Family training	Month	95%	79.08%	🔴	➡️	
			Quarter	95%	NA			Qtr comparison not available
		% of staff compliant with Clinical Safety Planning eLearning	Month	95%	93.54%	🟡	➡️	
			Quarter	95%	NA			Qtr comparison not available
		% of staff compliant with Fire Warden training	Month	90%	78.0%	🔴	➡️	Estimated compliance provided for Jan 17
			Quarter	90%	NA			Qtr comparison not available
		No of people with LD or Autism admitted without a CTR (Care & Treatment Review)	Month	0	2	🔴	➡️	
			Quarter	0	7	🔴	➡️	

QUALITY OVERVIEW – JANUARY 2017

| Category	Sub-set	Metric	Period	Plan	Actual	Variance	Trend	Key Points
Quality	Caring	No of complaints opened for investigation	Month	9	8	🟡	⬆	
			Quarter	26	26	🟡	⬆	Actual: Q3 data
		No of concerns received	Month	18	18	🟡	⬆	
			Quarter	53	109	🟢	⬆	
		No of compliments received	Month	72	49	🟢	⬇	
			Quarter	217	313	🟢	➡	
		No of investigations by the Parliamentary Ombudsman	2015/16	5	1	🟢	⬆	
			2016/17	5	7	🔴	➡	Note: Ombudsman active review of cases increasing nationally. Not all refer to complaints raised during 2016/17
		% of complaints upheld (full or in part) by the Parliamentary Ombudsman	2015/16	2	0	🟢	⬆	
			2016/17	2	2	🟡	➡	Note: Figures to date. 1 no further action. 4 still ongoing.
		% of responded to (orange) complaint investigations completed within 40 working days, opened after 01/04/2016	Year	100%	24%	🔴	⬇	108 (orange) complaints. 47 not responded to within 40 working days. 35 ongoing
			Year	100%	0%	🔴	➡	5 (red) complaints. 3 not responded to within 60 working days. 2 ongoing.
		No of incidents requiring Duty of Candour	Month	2	0	🟢	⬆	These figures will fluctuate based on the outcome of investigations.
			Quarter	8	1	🟢	NA	
	Effective	% of in-patients with a recorded capacity assessment	Month	100%	87.84%	🔴	➡	
			Quarter	100%	87.60%	🔴	➡	
		% of patients who have had their care plan reviewed and have been on CPA > 12months	Month	90%	94.16%	🟢	➡	
			Quarter	90%	95.66%	🟢	➡	
		No of seclusion forms not received by MHA Office	Month	0	7	🟡	⬇	
			Quarter	0	6	🔴	⬆	Actual: Q3 data
		% of CTO rights forms received by MHA Office	Month	100%	95%	🟡	⬆	
			Quarter	NA	NA	NA	NA	
		% of in patient older adults rights forms received by MHA Office	Month	100%	95.20%	🟡	⬆	
			Quarter	100%	100%	🟢	⬆	
	Responsive	% of staff uptake of Flu Jabs	Month	45%	38.4%	🔴	➡	Data to end of 30/11/16
			Year	45%	22.7%	🔴	➡	Relates to 2015.16 compaign
		% of policies in date	Month	95%	96.6%	🟢	➡	
			Quarter	NA	NA	NA	NA	
	Well Led	% of staff who have received Clinical Supervision, within defined timescales	Month	90%	42.71%	🔴	⬆	
			Quarter	90%	NA	NA	NA	
		% of staff who have received Management Supervision, within defined timescales	Month	90%	61.7%	🔴	⬆	
			Quarter	90%	NA	NA	NA	
		No of outstanding actions following serious Incident investigations	Month	0	40	🔴	⬇	As of 9/2/17 this number had reduced to 29.
			Quarter	0	27	🔴	NA	
		No of outstanding actions following complaint investigations	Month	0	63	🔴	⬇	
			Quarter	0	NA	NA	NA	
		No of outstanding actions following CQC comprehensive review report	Month	120		🔴	⬆	Figure as at 28/01/2017

Financial Section

Governance – Use of Resources (UoR) Rating

The Use of Resources rating at the end of January is a 3 which is due to triggering the override rule as the agency metric is a 4. The agency expenditure is forecast to continue to be in excess of 50% above the ceiling and therefore continuing to trigger a 4 generating a UoR rating of 3 at the end of the financial year.

	YTD @ Quarter 1		YTD @ Quarter 2		YTD @ Quarter 3		YTD @ Quarter 4	
	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual
Capital Service Capacity rating	3	2	2	2	2	2	2	2
Liquidity rating	2	1	1	1	1	1	1	1
I&E Margin rating	2	1	1	1	1	1	1	1
Distance from Financial Plan	1	1	1	1	1	1	1	1
Agency distance from Cap	1	4	1	4	1	4	1	4
UoR	2	2	1	2	1	2	1	2
4 on any metric	No Trigger	Trigger	No Trigger	Trigger	No Trigger	Trigger	No Trigger	Trigger
UoR	2	3	1	3	1	3	1	3

To note some of the metrics including the overall rating does not have a plan set by NHS Improvement, so the plan figures are based on an internal calculation.

As four of the metrics are in a healthy position and it is the agency metric that is driving the lower rating and the trigger, this is the area of focus from a headroom perspective, which is shown in the chart below. YTD if agency expenditure had been £0.3m less we would have not triggered an override and remained at an overall rating of 2. From a forecast perspective we would need to reduce expenditure by £0.6m in the next two months in order avoid triggering an override and achieve an overall rating of a 2.
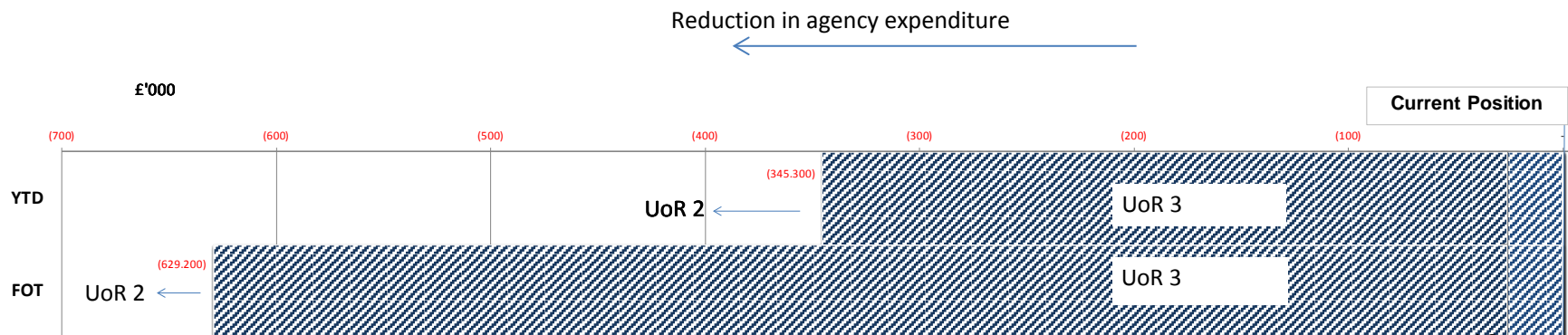
Income and Expenditure

Statement of Comprehensive Income | **January 2017**

	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	10,580	10,336	(243)	105,417	103,143	(2,274)	126,576	123,997	(2,579)
Non Clinical Income	918	947	29	9,183	8,666	(517)	11,020	10,350	(670)
Employee Expenses	(8,422)	(7,929)	494	(84,648)	(80,259)	4,389	(101,492)	(96,887)	4,605
Non Pay	(2,225)	(2,763)	(538)	(21,877)	(22,885)	(1,008)	(26,298)	(27,759)	(1,461)
EBITDA	**851**	**592**	**(259)**	**8,075**	**8,665**	**589**	**9,806**	**9,701**	**(104)**
Depreciation	(295)	(279)	16	(2,945)	(2,737)	208	(3,534)	(3,456)	78
Impairment	0	(2)	(2)	0	(38)	(38)	(300)	(300)	0
Profit (loss) on asset disposals	0	0	0	0	0	0	0	0	0
Interest/Financing	(175)	(175)	0	(1,790)	(1,766)	24	(2,141)	(2,102)	39
Dividend	(133)	(133)	(0)	(1,333)	(1,346)	(13)	(1,600)	(1,613)	(13)
Net Surplus / (Deficit)	**248**	**3**	**(245)**	**2,006**	**2,778**	**771**	**2,231**	**2,231**	**0**
Technical adjustment - Impairment	0	-2	(2)	0	(38)	(38)	(300)	(300)	0
Control Total Surplus / (Deficit)	**248**	**5**	**(243)**	**2,006**	**2,815**	**809**	**2,531**	**2,531**	**0**
Technical adjustment - STF Allocation	69	69	0	692	692	0	830	830	0
Underlying Net Surplus / (Deficit)	**179**	**-64**	**(243)**	**1,315**	**2,124**	**809**	**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.
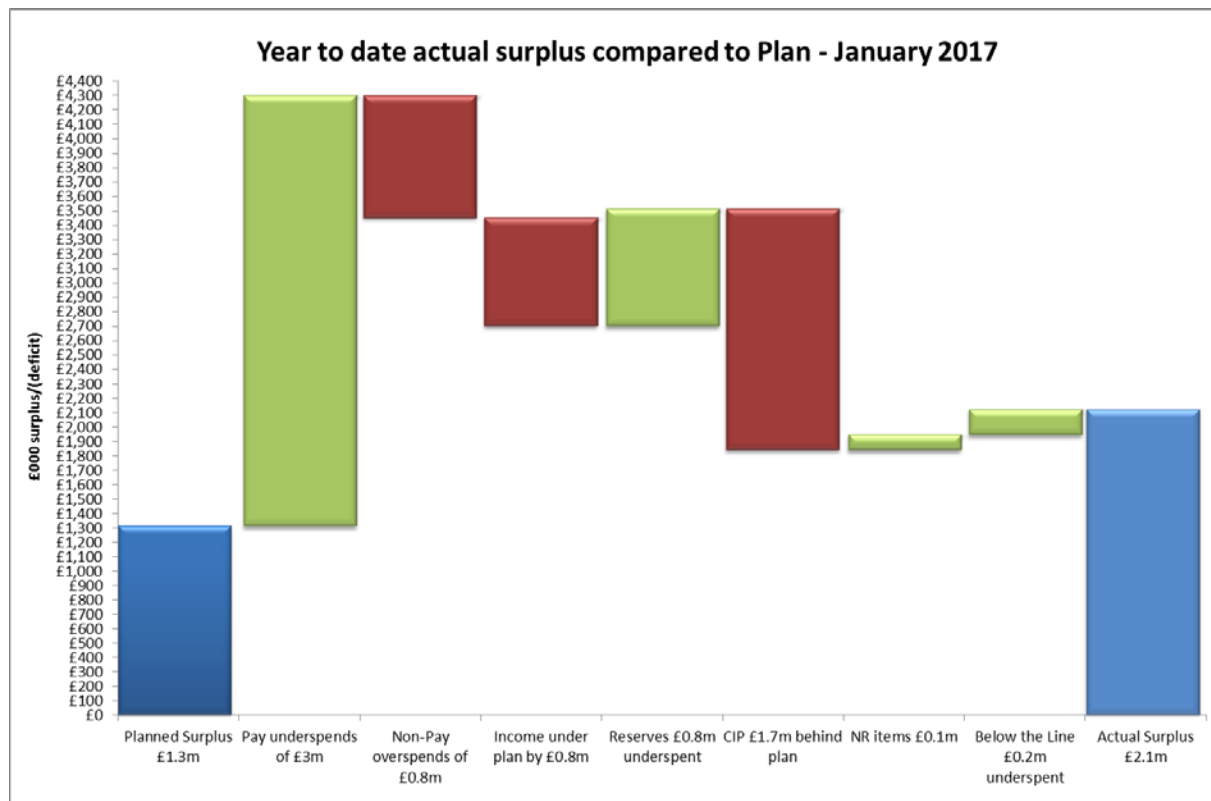
The Statement of Comprehensive Income shows both the control total of £2.5m which includes the Sustainability Transformation Fund (STF) and the underlying surplus / (deficit) against the underlying plan with the STF excluded.

Clinical Income is £0.2m less than plan in month and is forecast to be £2.6m less than plan 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 £29k and has a forecast outturn of £0.6m behind plan. £0.4m of this relates to a miscellaneous income target with no income forecast against it.
Pay expenditure is £0.5m less than the plan in the month and the year end forecast position is £4.6m 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 £0.5m and has a forecast outturn of £1.5m worse than plan which mainly relates to Drugs and PICU expenditure.

Year to date actual surplus compared to Plan - January 2017

£000 surplus/(deficit)

| Planned Surplus £1.3m | Pay underspends of £3m | Non-Pay overspends of £0.8m | Income under plan by £0.8m | Reserves £0.8m underspent | CIP £1.7m behind plan | NR items £0.1m | Below the Line £0.2m underspent | Actual Surplus £2.1m |

Summary of key points for YTD variances

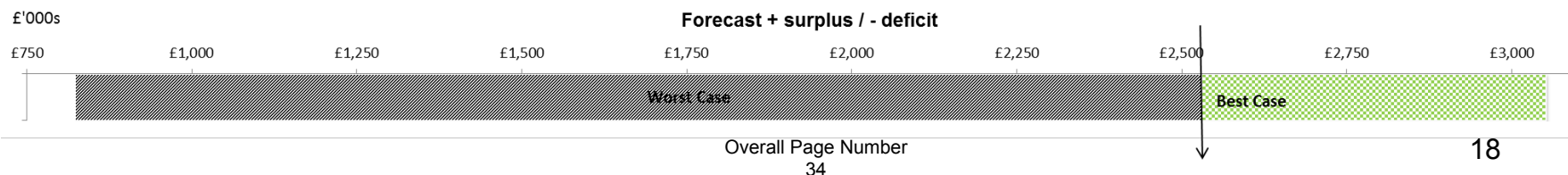Overall favourable variance to plan year to date which is driven by the following:

- Pay budget is significantly underspent which is mainly driven by vacancies across the Trust. Some of this also relates to planning assumptions which are different to final contract negotiations (which is offset by corresponding income reductions).
- Non pay overspends related to Drugs and PICU placements.
- Income is behind plan mainly due to activity related services.
- Reserves are underspent due to actual expenditure phased differently to the original plan.
- This is helping to offset the CIP which is behind plan year to date by £1.7m.

Forecast Range

| Best Case	Likely Case	Worst Case
£3.0m surplus	£2.5m surplus	£0.8m surplus

Forecast range

The main variables in the forecast range are: STF income loss (2 months), agency expenditure, AfC backlog claims, PICU, IAPT, CPC income and other unexpected non-pay costs.

£'000s

Forecast + surplus / - deficit

| £750 | £1,000 | £1,250 | £1,500 | £1,750 | £2,000 | £2,250 | £2,500 | £2,750 | £3,000 |

Worst Case   Best Case

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

2016-17 Underlying cumulative surplus / (deficit) compared to Plan and Normalised surplus / (deficit)
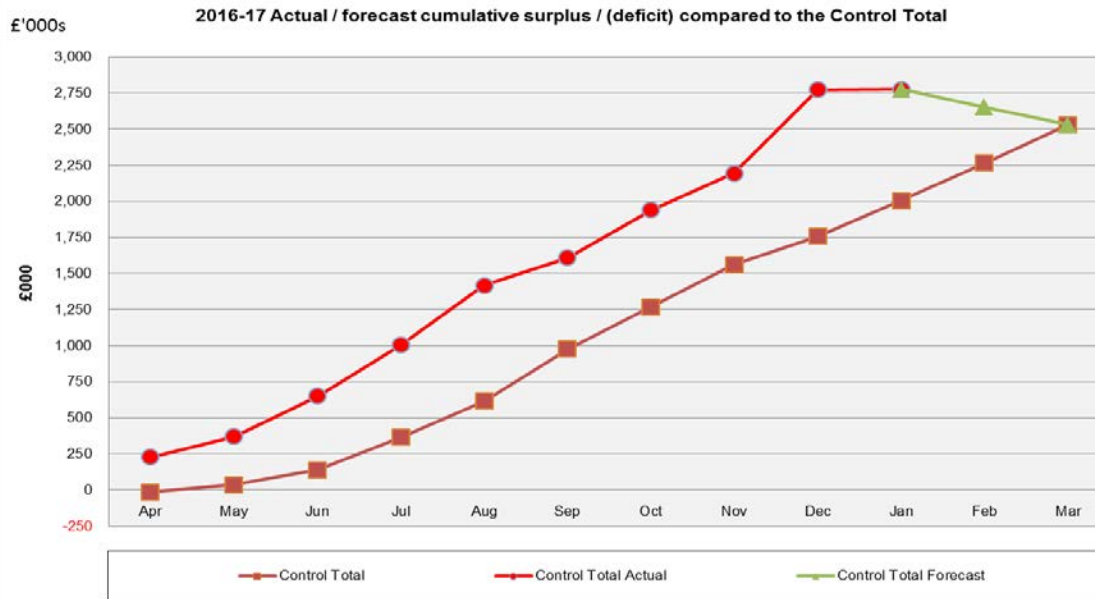
The first graph shows the actual and forecast cumulative surplus against the control total (including the Sustainability Transformation Fund (STF). The surplus is forecast to remain ahead of plan until the latter part of the financial year when it will reduce back down to the planned control total.
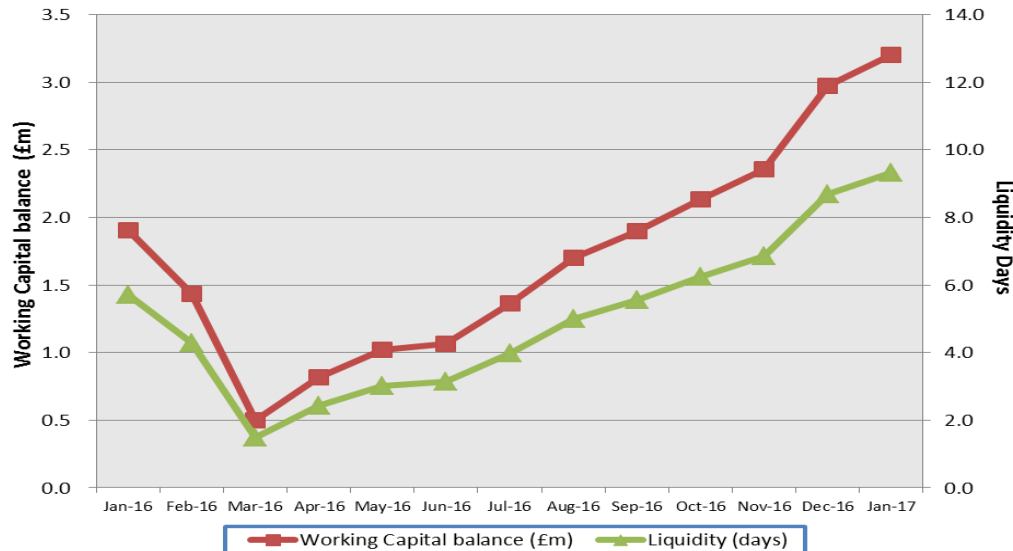
The second graph shows the underlying actual and forecast surplus against the underlying plan excluding the STF.
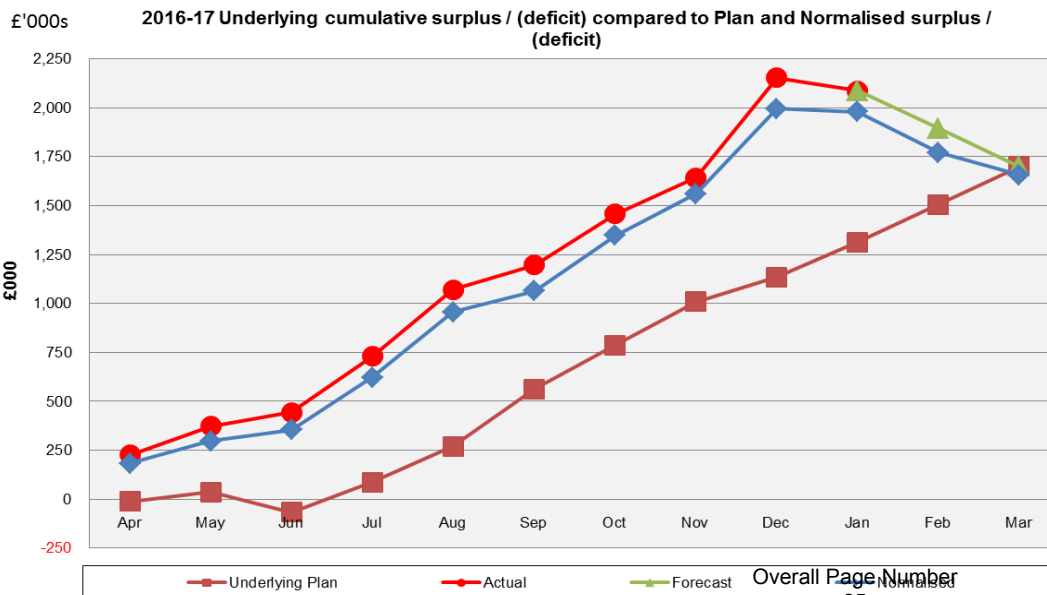
This graph also shows the normalised financial position. This is referring to the position removing any one off non-recurrent items of cost or income that is not part of the business as usual.

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 CQC action plan for additional resources. In the normalised position these have been removed.
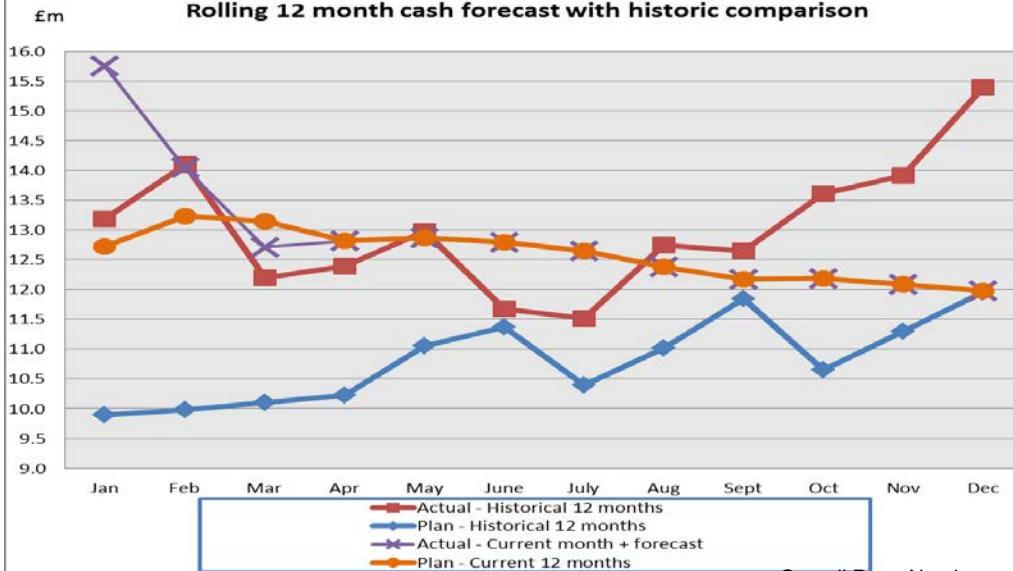
19

Liquidity

Working Capital balance and Liquidity days

Legend: Working Capital balance (£m) — Liquidity (days)

Rolling 12 month cash forecast with historic comparison

Legend:
- Actual - Historical 12 months
- Plan - Historical 12 months
- Actual - Current month + forecast
- Plan - Current 12 months

The first graph shows the working capital balance for the last 12 months (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. January continues to show a further improvement up to 9.32 days which still gives a rating of 1 (the best) on that metric (-7days drops to a rating of 2).

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 and protect.
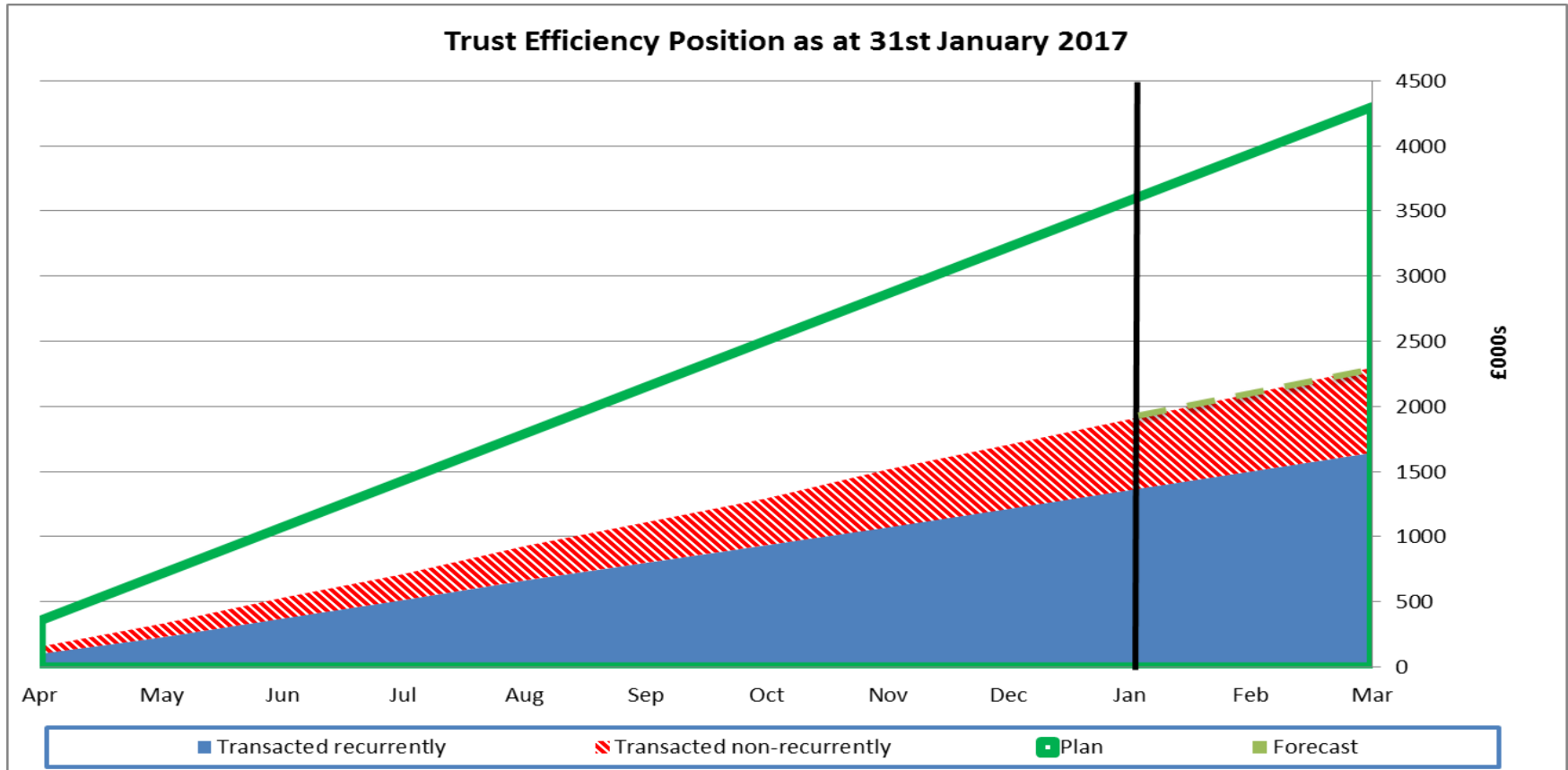
Cash is currently at £15.7m which was £3.2m better than the plan at the end of January. This is mainly driven by the Income and Expenditure surplus and capital being slightly behind plan.

Cumulative Capital Expenditure as at 31st January 2017

Legend: 2016-17 Actual, 2016-17 Plan, 2015-16 Actual
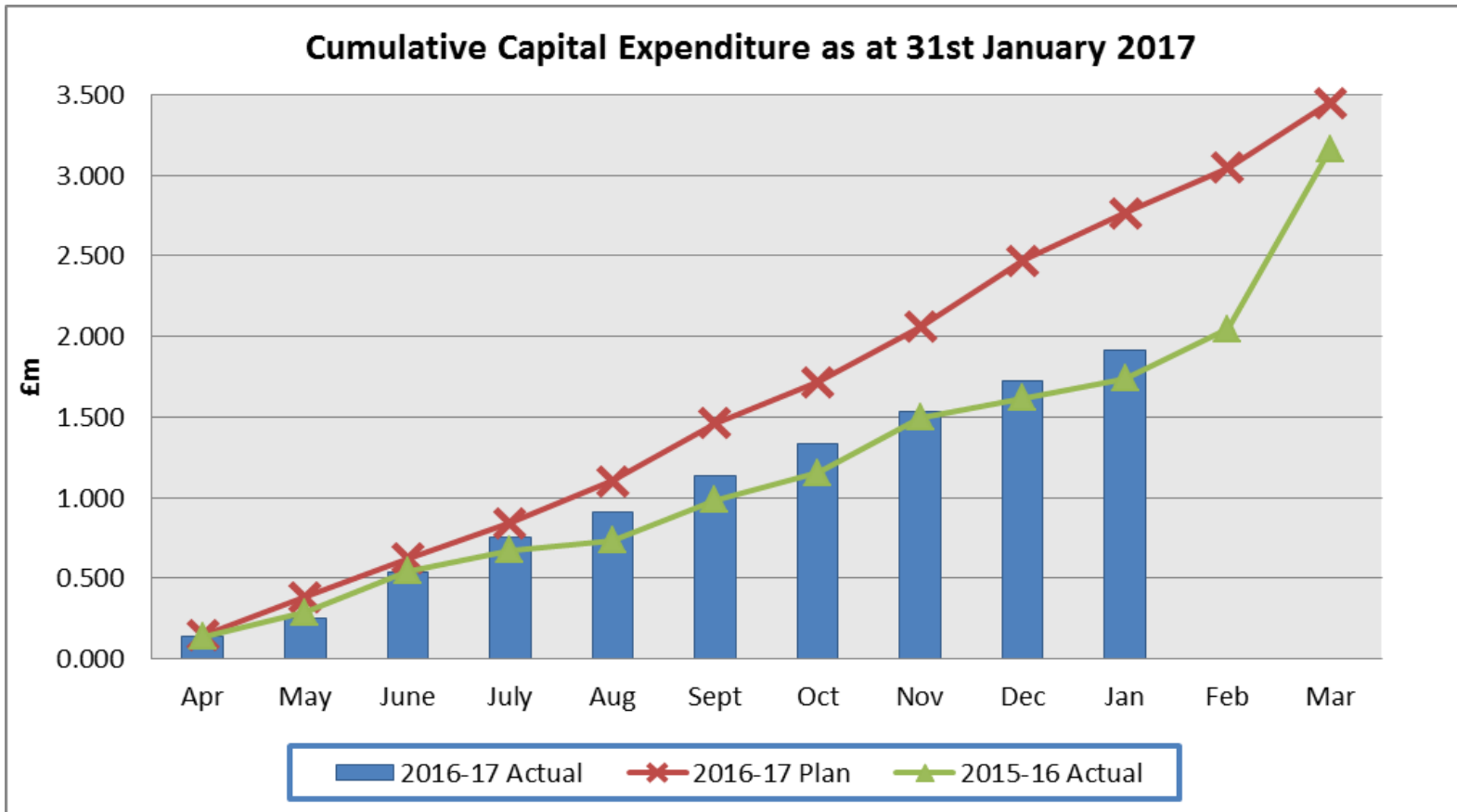
Capital Expenditure is £856k behind plan year to date but is forecast to spend to the plan of £3.45m by year end.

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 overseeing the delivery of CQC-related capital requirements related to environment.

Cost Improvement Programme (CIP)

Trust Efficiency Position as at 31st January 2017

Legend: Transacted recurrently | Transacted non-recurrently | Plan | Forecast

At the end of January there was a shortfall against the year to date plan of £1.674m. The full year amount of savings identified at the end of January reporting is £2.3m leaving a gap of £2.0m.

The forecast assumes no further CIP will be achieved by the end of the financial year leaving unfound CIP at £2.0m. 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.
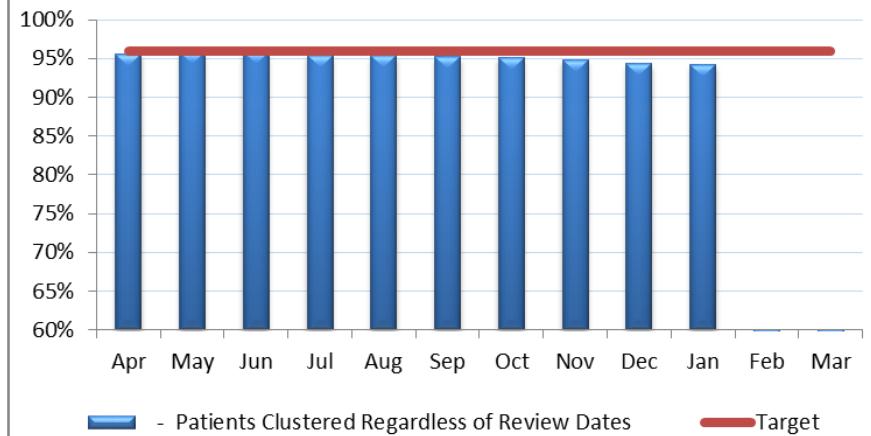
Operational Section

Clustering

**Patients Clustered not Breaching Today**

- Patients Clustered not Breaching Today — Target

Patients Clustered Regardless of Review Dates
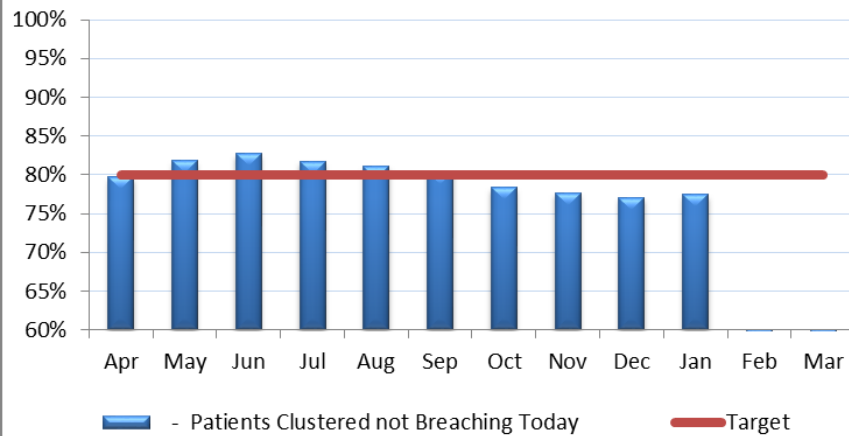
- Patients Clustered Regardless of Review Dates — Target

An action plan has been implemented. We should be able to start evaluating the impact of the actions as each is completed over the next few months.

Consultant Outpatient Appointments Trust Cancellations (within 6 weeks)
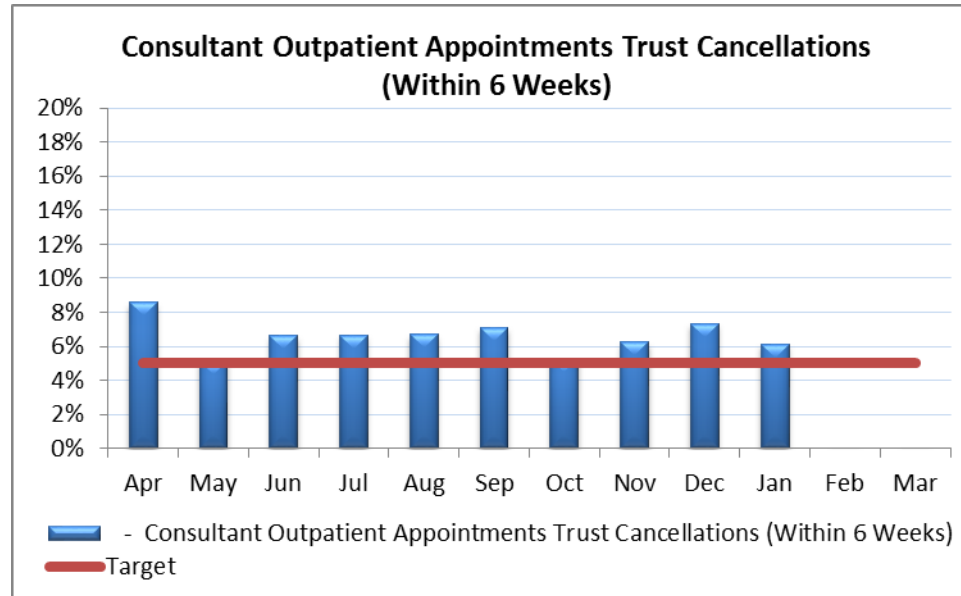
- The vast majority of cancellations were unavoidable. The main reasons for cancellations were consultant sickness absence, appointments being rescheduled to meet 18 week referral to treatment requirements, or because there was no consultant.

Outpatient Letters Sent in 10 Working Days
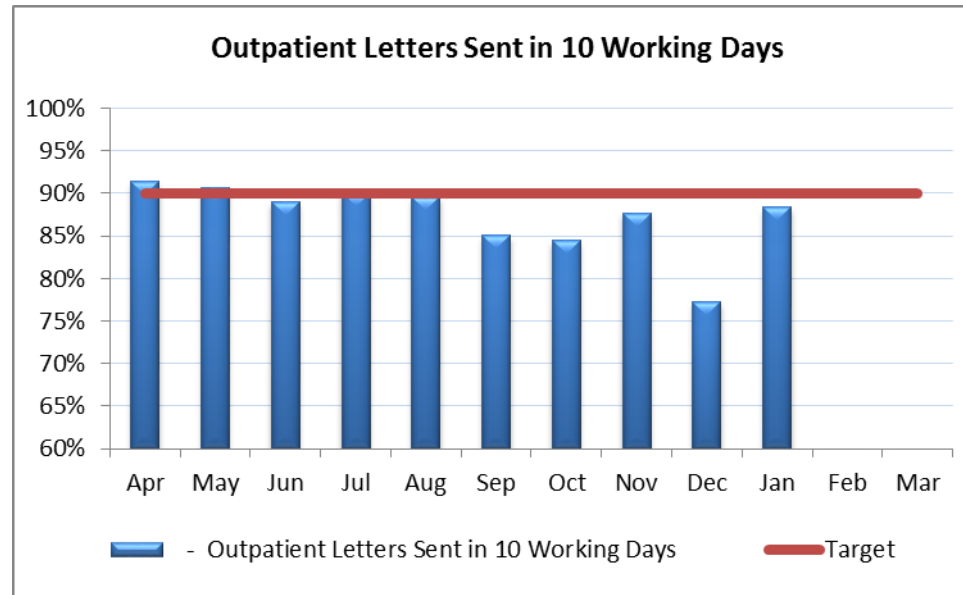
- Two Consultants left the Trust late Jan/early Feb (which meant we needed to clear all their typing before their last day to enable signature). A consultant left 27th January (51 letters typed immediately upon upload during her last week); A consultant left on 3rd February (67 letters typed immediately upon upload during his last week).
- There was a delay in some of the new cohort of junior doctors gaining access to both DictateIT and the correct Teams on Paris. The delay appears to have resulted from communication issues and annual leave of key individuals.
- Capacity was reduced in the support office, with the equivalent of 1.8 wte absent for the entire month. This was as a result of retirements, a bereavement and a full time member of staff successfully gaining a permanent role in another team.

Actions:
- The Professional Head of Admin and Secretarial Services to address the communication gaps ahead of the next rotation in August.
- Proactive audit continues and alerts are sent to all Medics found to have uploaded late or delayed jobs.

Delayed Transfers of Care
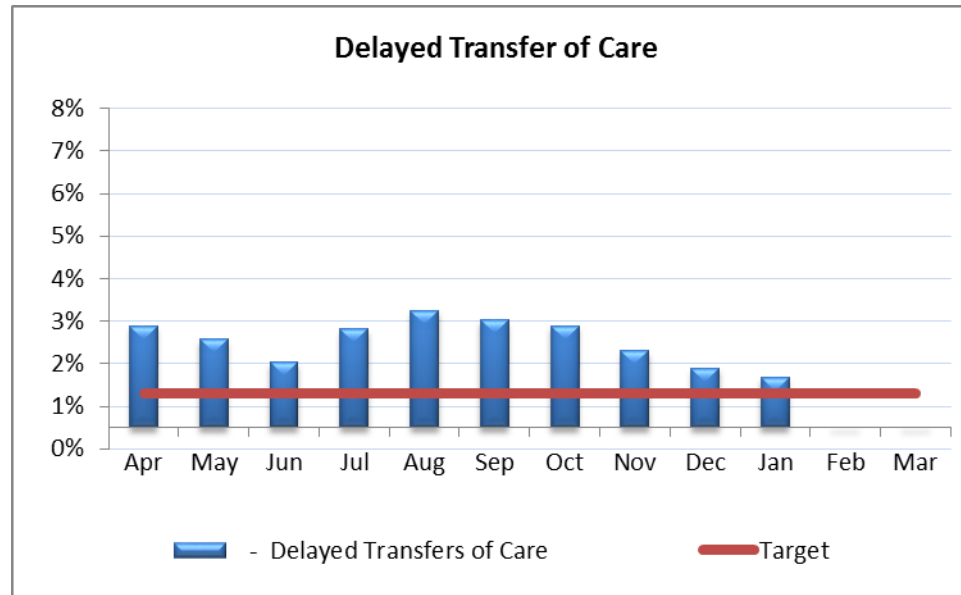
There are currently 4 delayed transfers of care: 2 patients are awaiting public funding and 2 patients are awaiting residential home placements by social services.

IAPT Reliable & Recovery Rates
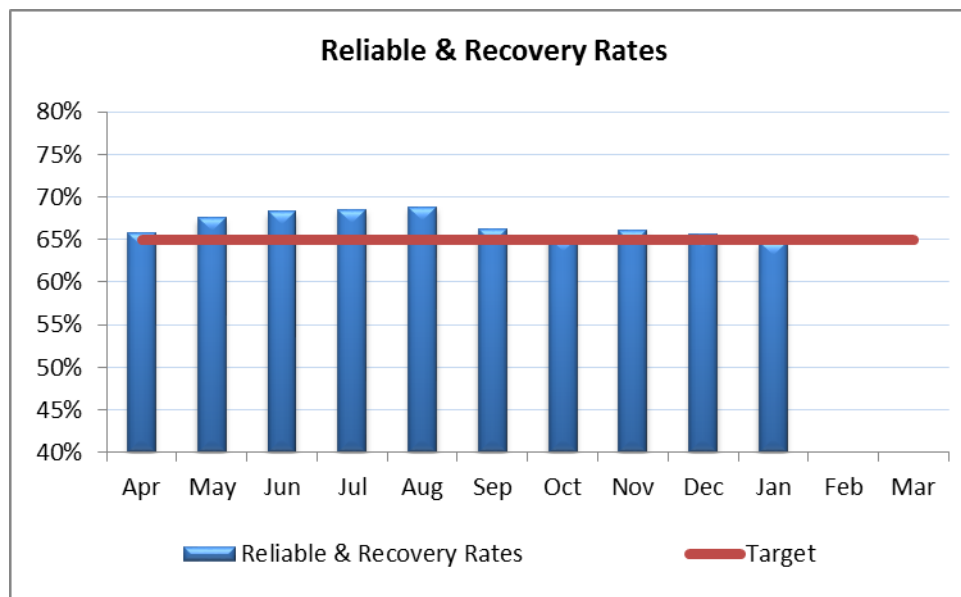
We have been following through on several initiatives to try to ratify our wait lists and reduce them wherever possible. One of our initiatives is to follow up a first appointment with a second contact within 4 weeks to address a letter of concern about wait times. We have been doing this and these are then seen by the system as treatments. When we then contact people on our wait list to see if they are happy to continue waiting, if people are discharged at that point they have an impact on the recovery rate.

We have conducted wait list ratification in Erewash, Derby City and South Derbyshire where there have been the largest numbers waiting to get a clear number of people who are still waiting for treatment. Unfortunately these initiatives have a short term concentrated impact on recovery rates as can be seen in January, and they may have a similar impact in February whilst this process is completed.

WARD STAFFING

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	80.65%	139.6%	73.2%	138.7%	61.3%	Yes	Again we continue to run on 2qualified at nights unless moved to another area which will be back filled by unqualified staff. We currently have only have 4 full time NA staff and 1 part time NA staff. Our qualified ratio is now higher to come in line with trust procedure in attempting to work to 2 qualified per shift.
CHILD BEARING INPATIENT	87.63%	62.7%	105.4%	96.8%	183.9%	Yes	The current fill rate tolerance for registered nurses on days was broken due to covering vacancy and care staff on nights due to long term sickness.
CTC RESIDENTIAL REHABILITATION	82.19%	109.2%	90.9%	106.5%	95.2%	No	
ENHANCED CARE WARD	100.00%	84.0%	112.5%	66.1%	182.3%	Yes	ECW is carrying 3.8 RN vacancies and have further interviews planned for 20/02 we continue to maintain having a trust RN on every shift. We have also had 2 band 6 nurses of sick for the majority of January. We have now recruited into 4 of our NA vacancies and will have them in post as soon as pre employment checks are completed. We have 2 NAs on long term sick. We continue to attempt to use a group of bank staff familiar with the ward and our patients.
HARTINGTON UNIT - MORTON WARD ADULT	98.39%	123.4%	154.7%	53.2%	232.3%	Yes	We continue to carry some band 3 and band 5 vacancies - some if these are recruited into and the new starters are awaiting start dates. Also we have increased observations on the ward which requires higher staffing levels. Finally we are in the process of going"live" with the electronic patient records and this has also led to an increase in staffing levels.

WARD STAFFING

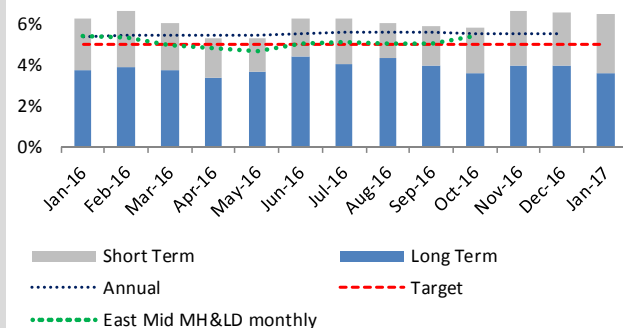| Ward name	Occupancy % Rate	Day		Night		Comments Required	Analysis and Action Plan for 'Average fill rate' above 125% and below 90%
		Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)		
HARTINGTON UNIT - PLEASLEY WARD ADULT	99.68%	126.8%	81.6%	36.8%	167.7%	Yes	The ward currently has one HCA removed from duty and through January was carrying a 0.6 B3 vacancy. Due to the last staff up lift the ward carries reduced HCA's on it's staffing complement. These factors have resulted in a higher ratio of Registered staff to HCA's on days. Due to sickness and training commitments it has been difficult to ensure two registered staff on every night shift, this has been further complicated by having two registered staff who are still completing Preceptorship. The ward has had to rely on bank HCA cover on nights resulting in the higher ratio of HCA's to Registered staff on nights. In the coming weeks it is expected that two full time HCA's will be returning to duty and the registered under preceptor will have completed allowing a more equitable ratio of staff on both days and nights.
HARTINGTON UNIT - TANSLEY WARD ADULT	98.52%	88.5%	127.0%	56.8%	174.2%	Yes	Deficits in Registered Nurse duties have been filled by predominantly Bank HCA duties to enable overall staffing figures of 5/5/3 the reasons for the skills deficits are detailed below: Vacancies: currently 4.4 wte Band 5 posts, 1 x wte recruited into from October 17 after the candidate qualifies, 1 x wte held for the development of the MOT role (Medicines Optimisation Technician) to support the registered nurses in the safety and governance of medicines which is just about to go out to advert and 2 x wte unfilled. Absences: 1 wte Band 5 removed from the Ward pending investigation, due to be interviewed this month, 0.6 x wte Band 5 on maternity leave due to return within the next 4 weeks, 0.6 x wte Band 5 on long term sick. 1 x wte Band 6 on long term sick, in addition a number of Band 5 staff have reported short term sickness over the last 4 weeks due to usual winter conditions. All sickness reported and in the process of being managed. This means that only around 75% of the budgeted wte at Band 5 is available for duty before taking into account short term sickness, training or annual leave in addition only 50% of wte Band 6 is available for duty on day duty to cover Lead Nurse and Bleep duties or clinical shifts. All registered staff are doing extra shifts where they can to keep a safe skill mix and staffing ratio we expect as sickness reduces and staff return from maternity leave the skill mix will once again improve.

WARD STAFFING

| 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	62.10%	89.0%	99.2%	100.0%	100.0%	Yes	We have been carrying several Registered Nurse vacancies which may contribute to us not having 2RN's on each ward per shift. We are always aiming for 3 across both wards in the day and use support from bleep holder etc and leadership team where necessary.
KINGSWAY CUBLEY COURT - FEMALE	58.06%	113.3%	91.8%	66.1%	115.1%	Yes	he reasons for breaking the night qualified safe staffing rules are: 1 RN vacancy, Annual leave, Maternity leave, 2 RN on Block Training.
KINGSWAY CUBLEY COURT - MALE	72.58%	81.1%	134.0%	77.4%	194.6%	Yes	We have 2 new RNs who started 30th Jan and 1st Feb this will improve February's fill rate of RN's. We also had some unplanned sickness in January due to the time of year bugs etc
LONDON ROAD COMMUNITY HOSPITAL - WARD 1 OP	85.28%	99.3%	79.0%	90.3%	117.0%	Yes	There were variations in the care staff ratio up to the 17/1/17 Prior to this the patient numbers were low on wards 1 & 2 Care staff and Registered nurses were redeployed to other wards to cover sickness and vacancies after the 17/1/17 the establishment numbers have been increased to reflect the increased risk as ward 1 is a stand alone unit There are also shifts when Temporary Staffing Dept. have not filled outstanding shifts for short term sickness
LONDON ROAD COMMUNITY HOSPITAL - WARD 2 OP	33.47%	116.7%	73.2%	100.0%	106.7%	Yes	Ward 2 was combined with Ward 1 16/2/2017
RADBOURNE UNIT - WARD 33 ADULT ACUTE INPATIENT	103.23%	75.4%	172.6%	54.8%	148.4%	Yes	Tolerance rates have been broken due to significant Band 5 Registered Nurse Vacancies, unable to fulfil the required 2 Band 5 Registered Nurse on nights shifts, these shifts and day shifts are being filled by Unqualified staff.
RADBOURNE UNIT - WARD 34 ADULT ACUTE INPATIENT	104.35%	91.3%	132.4%	69.4%	251.6%	Yes	Ward 34 have had increased level of engagements and continue to carry RN vacancies which has increased the use of bank nursing assisitants.
RADBOURNE UNIT - WARD 35 ADULT ACUTE INPATIENT	107.10%	80.4%	152.3%	72.6%	140.3%	Yes	We continue to run with vacancies for Band 5 nurses that we are unable to fill despite ongoing recruitment.
RADBOURNE UNIT - WARD 36 ADULT ACUTE INPATIENT	100.32%	80.0%	116.2%	51.6%	135.5%	Yes	During January we have had 2 members of staff on long term sick, a daily escort to RDH and ECt escorts twice per week , therefore the staff return is correct

Workforce Section

Sickness Absence

Wellbeing

	Nov-16	Dec-16	Jan-17
(Monthly)	6.65%	6.55%	**6.47%**

Target   5.04%

Short Term   Long Term
Annual   Target
East Mid MH&LD monthly

The monthly sickness absence rate is 0.08% lower compared to the previous month, however it is 0.18% higher than in the same period last year. The Trust annual sickness absence rate is running at 5.57% (as at Dec 2016 latest available data). Anxiety / stress / depression / other psychiatric illnesses remains the Trusts highest sickness absence reason and accounts for 25.61% of all sickness absence, followed by at cold, cough, flu - influenza at 15.05% and Surgery at 13.42%. Compared to the previous month short term sickness absence has increased by 0.28% (notable increase in cold, cough, flu) and long term sickness absence has decreased by 0.36% (notable decrease in surgery).

Qualified Nurses

	Nov-16	Dec-16	Jan-17
(To total nurses, midwives, health visitors and healthcare assistants)	68.86%	69.05%	**69.24%**

Target   65%

DHCFT   Target   East Mid MH&LD
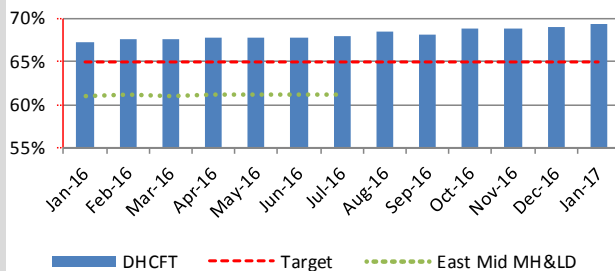
Contracted staff in post qualified nurses to total nurses, midwives, health visitors and healthcare assistants is running at 69.24%. Vacancy rates can impact on this measure. The average for East Midlands Mental Health & Learning Disability Trusts is 61.19%. Health Visitors represent 5.08% of the Trust total and are not included in the Qualified Nurses calculation. Healthcare Assistants and Nursing Support staff represent 25.68% of the total.

Compulsory Training
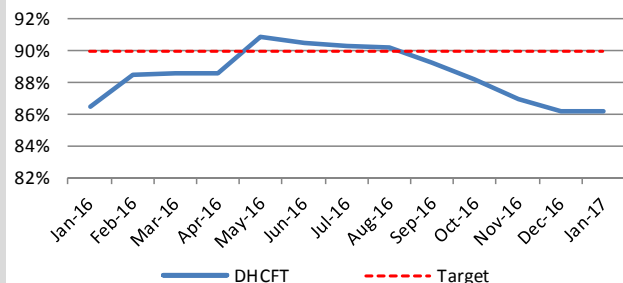
	Nov-16	Dec-16	Jan-17
(Staff in-date)	86.94%	86.21%	**86.21%**

Target   90%


DHCFT   Target

Compulsory training compliance continues to remain high running at 86.21%, retaining the same level of compliance compared to the previous month. Compared to the same period last year compliance rates are 0.07% higher. Compulsory training compliance remains above the 85% main contract commissioning for quality and innovation (CQUIN) target.

33

Staff FFT Q2 2016/17 (In-Patient campus focus; 64 responses, 10.08% response rate)   **&   Staff Survey** 2015

WORKFORCE DASHBOARD

Motivation

How likely are you to recommend this organisation to friends and family if they needed care or treatment.
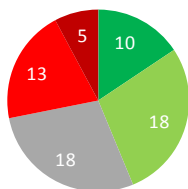
- ■ 1 - Extremely Likely
- ■ 2 - Likely
- ■ 3 - Neither likely nor unlikely
- ■ 4 - Unlikely
- ■ 5 - Extremely unlikely
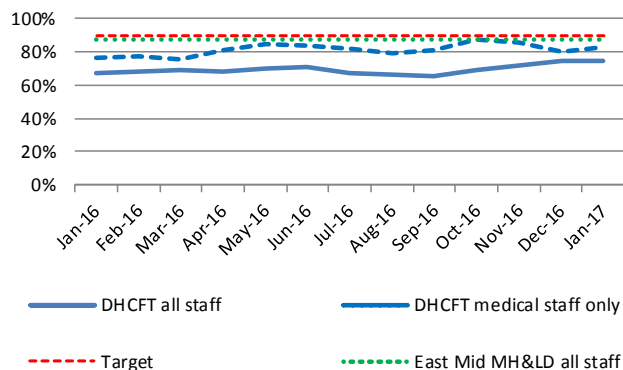- ■ 6 - Don't Know
- ■ 7 - No Response

How likely are you to recommend this organisation to friends and family as a place to work.
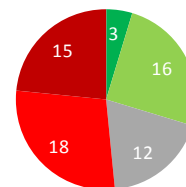
	2014	**2015**	National Average
Overall staff engagement	3.75	**3.73**	3.81

Appraisals	Nov-16	Dec-16	**Jan-17**
(All staff)	72.24%	74.28%	**74.60%**

● ↗

Target   90%

- DHCFT all staff
- DHCFT medical staff only
- - - - Target
- ⋯⋯⋯ East Mid MH&LD all staff

The number of employees who have received an appraisal within the last 12 months has increased by 0.32% during January 2017 to 74.60%. Compared to the same period last year, compliance rates are 6.73% higher. Medical staff appraisal compliance rates are running at 82.41%. According to the 2015 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 82.86%.

Grievances/Dignity at Work/Disciplinaries as at 31/01/17
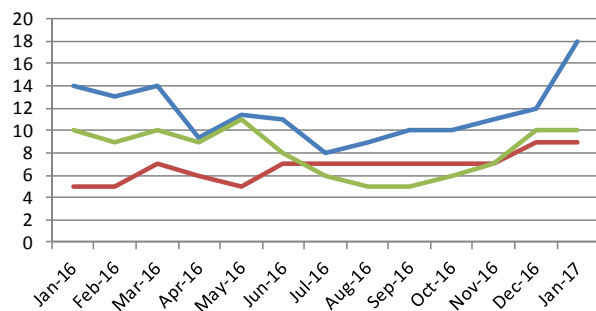
There continues to be 10 grievance cases lodged at the formal stage. No new grievances have been lodged and the outcome of 2 cases should be known before the next period. No new Dignity at Work cases have been identified and it is anticipated that up to 4 cases may be resolved before the next period. 6 new Disciplinary cases have occurred in the period making 18 in total with the possibility of 1 being resolved before the next period.

Overall Page Number 50

Grievances		10
Dignity at Work		9
Disciplinaries		18

34

WORKFORCE DASHBOARD

Attendance

Vacancy

Vacancy	Nov-16	Dec-16	Jan-17
(Budgeted full time equivalent) Including 10% funded fte flexibility/cover	15.22%	14.92%	**14.35%**
Actual against target	5.22%	4.92%	**4.35%**

Target   10%/0%

Legend:
- DHCFT vacancies inc 10% fte cover
- Target
- DHCFT actual vacancies
- Target

The Trust target for contracted staff in post is 90% which allows 10% funded full time equivalent surplus for flexibility including sickness and annual leave cover in In-Patient areas. The budgeted fte vacancy rate has decreased by 0.57%. April 2016 included additional full time equivalent investment for 2016/17. New recruitment activity during January 2017 was for 82 posts. 78% were for qualified nursing, 9% admin, 9% allied health professionals, 2% additional clinical services, 1% Medical and 1% estates-ancillary.

Turnover

Turnover	Nov-16	Dec-16	Jan-17
(Annual)	11.71%	11.28%	**11.37%**

Target   10%

Legend: DHCFT — Target — East Mid MH&LD

Annual turnover remains within Trust target parameters at 11.37% and remains below the average for East Midlands Mental Health & Learning Disability Trusts. The average number of employees leaving over the last 12 months has increased slightly to 23.08. During January 2017 18 employees left the Trust which included 2 retirements. A key factor still remains for the increase in recent turnover rates, which is a reduction in overall contracted staff in post caused by unfilled vacancies.

Agency Usage

Agency Usage	Nov-16	Dec-16	Jan-17
(Spend)	4.79%	3.91%	**5.91%**

Legend: DHCFT

Total agency spend in January was 5.91% (6.32% including medical locums). Of total agency and locum spend for all staff groups, Qualified Nursing represented 1.1%, Medical 3.6% and other agency usage 1.2%. Agency Qualified Nursing spend against total Qualified Nursing spend in January was 3.1%. Agency Medical spend against total Medical spend in January was 10.8%. The level of Agency expenditure exceeded the ceiling set by NHSI by £1.608m of which £976k related to Medical staff.

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors - 7 March 2017

Election of Lead Governor and Deputy Lead Governor

Purpose of Report: This report provides details on the process for electing a lead governor and deputy lead governor and the outcomes.

Executive Summary

The Council of Governors previously elected John Morrissey as the Trust's nominated lead governor, as required by NHS Improvement. John's position as lead governor was extended to 7 March at a meeting of the Council of Governors on 19 January 2017.
The Council of Governors also agreed with the creation of a deputy dead governor role, to support the lead governor. Carole Riley was elected, unopposed, to this position on 19 January 2017. Interest has been sought from all public governors to elect a substantive deputy lead governor and lead governor for a future period of office.

Nomination process:

Nominations were sought from all public governors for appointment to the posts and, in the event of there being more than one nominee; the appointment would be determined by a ballot in which all governors will vote.

The agreed procedures for appointment were:

- All public governors were invited to self-nominate.
- If more than one valid nomination was received, all governors would be issued with a ballot paper and the person who receives the most votes would be appointed as the lead governor / deputy lead governor (as long as over 50% of all governors vote). It was proposed that a simple majority was appropriate as all decisions, where a vote was requested, are passed on a simple majority.
- If there was only one valid nomination for each of the roles, all governors will be asked to support the nomination and if this person receives the support of the majority of governors they will be appointed as the lead governor/deputy lead governor.

Governors were invited to self-nominate on 1 February via Governor Connect, followed by further reminders. Hard copy notifications were sent to governors who do not have an email account. The deadline for receiving nominations was 17 February (5pm). One nomination for each of the roles was received and therefore a ballot was not issued.

John Morrissey self-nominated for the role of lead governor, and Carole Riley for the role of deputy lead governor. Copies of their supporting statements are attached.

Given only one candidate has self-nominated for each post, it is recommended that governors ratify the election of John Morrissey as lead governor and Carole Riley as deputy lead governor. Their term of office aligns with their term of office as public governors.

1

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

(COG) Assurances

- The agreed process for electing a lead and deputy lead governor has been followed.

Consultation

- All governors were made aware of the forthcoming opportunity to nominate themselves for the role of lead or deputy lead governor. The election process, as agreed by Council of Governors in December 2016, was followed and remains unchanged.

Governance or Legal Issues

- NHS Improvement requires each Foundation Trust to nominate a lead governor. This election satisfies this governance requirement.

Equality Delivery System

- The process followed was open, transparent and democratic.
- Hard copies of information sent to governors were sent to those governors who do not have an email account.

Recommendations

The Council of Governors is asked to support the recommendations in this paper

1.   To re-appoint John Morrissey as lead governor2.   To re-appoint Carole Riley as deputy lead governor

 Report presented by: Caroline Maley, Acting Trust Chair
                     Sam Harrison, Director of Corporate Affairs & Trust Secretary

 Report prepared by: Denise Baxendale, Communication and Involvement Manager

2

SUPPORTING STATEMENTS

John Morrissey

"It became clear about eighteen months ago that members of the Council of Governors had little opportunity to communicate with each other. This meant that, though it was only as group that we can function effectively, we did not in practice do so. Steps were taken in a number of ways to rectify this. One of these steps was to expand the role of lead governor from being a conduit to and from our regulators to a means of ensuring proper communication between our chairman and governors in between Council meetings. It does not mean that the lead governor actually leads the governors: if anyone does that role remains the chairman's.

However, a multiplicity of lines of communication available to governors has arisen and a number of governors have taken advantage of it. The more that you get involved the more that you learn and there are any number of ways that we can do this. I believe that we are now an effective council but we will remain so only if we work at it. I, among others, have encouraged those new to the council to avail themselves of these opportunities: committees, meetings with NEDs, Quality visits, training events inside and outside the Trust, events open to members and the public (this is not a comprehensive list). But, as important as our individual knowledge base is our interaction with each other so that we can also learn from the immensely varied experiences that we all bring."

Carole Riley

"The lead governor has an increasing role ensuring all governors are kept informed and involved with making decisions for current major developments, the STP and a possible merger with DCHT as well as the assurance of good leadership in the day to day running of the Trust.

I have skills learned from a professional career as well as long term volunteering as a governor in a primary school and as an active member of a youth organisation that includes leading and working alongside successful teams and ensuring access to adequate development and support.

I believe I will be able to use these skills plus the knowledge gained of our Trust to support the lead governor and the Council of Governors enabling all to carry out their important roles."

3

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 7 March 2017

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 January, the Governance Committee has met once, on 15 February 2017.
- The Governance Committee regularly monitors attendance at Council of Governors meetings and following discussion asks the Council of Governors to consider a recommendation to dismiss a public governor on the basis of consistent lack of attendance, failure to return a signed Code of Conduct and similarly a completed Declaration of Interests (see separate agenda item).

Strategic Considerations

The Governance Committee was 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 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 is 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

1

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

1. Note the discussions of the Governance Committee meeting held on 15 February 2017.

Report presented by: **Carole Riley, Public Governor**

Report prepared by: **Donna Cameron, Assistant Trust Secretary**

2

Report from Governance Committee

The Governance Committee of the Council of Governors has met once since its last report to the Council of Governors in January 2017 (15 February 2017). This report provides a summary of issues discussed.

Meeting held on 15 February
Eight governors attended. In the absence of Gillian Hough, the meeting was chaired by Carole Riley.

Code of Conduct Issues
- A recent Code of Conduct issue has been resolved and a verbal update was given by the Trust Chair on this matter.
- The Governance Committee will be conducting a review of the Governors' Code of Conduct at its March meeting.
- Governors have been asked to sign the Governor Code of Conduct and work continues to collect a signed copy from each governor.
- Governors have been asked to sign a Declaration of Interests form. Work continues to collect a signed form from all governors.
- Governance Committee recommends to Council of Governors the dismissal of one governor due to consistent lack of attendance, failure to sign a Code of Conduct or Declaration of Interest.
- The lead governor has been asked to discuss an outstanding issue regarding incomplete acceptance of the Code of Conduct, which will be supported by the Director of Corporate Affairs & Trust Secretary.

Membership & Engagement
- The Governor Development Session, scheduled for 22 March, will be refocused to discuss membership recruitment and engagement.
- A protocol for governor attendance at Board meetings has been developed and will be presented to the next Governance Committee meeting, which will clarify where governor attendance is appropriate, common and good practice. It will also clarify the governors' role when attendance Board meetings.

Holding to Account
- NED to Governor Sessions have been reviewed and changes proposed to maximise opportunities for the governors and NEDs to spend more time together informally getting to know each other; this follows feedback from governors.
- Expressions of interest will be sought from governors regarding involvement in a joint group with DCHS to begin to look at how the constitution for the new organisation might look.
- Governors received an update on next steps with DCHS and were advised of a report that will be presented to Council of Governors on 7 March that would provide further clarity.
- Governors were advised that the contract for the External Auditors was coming to an end in October 2017 and agreed that a recommendation from the Audit & Risk Committee would be put forward to the Council of Governors regarding extension to their appointment during the transaction discussions.

3

Training & Development
- An induction session for new governors was held on 7 February with much positive feedback received.
- A Development Session was held with Hardwick CCG on 16 February and was noted as a valuable opportunity to raise key commissioning issues.

4

Derbyshire Healthcare NHS Foundation Trust
Council of Governors – Tuesday 7 March 2017

Recommendation from Governance Committee
to dismiss a governor

Purpose of Report

The Governance Committee regularly monitors attendance at Council of Governors meetings. At its meeting on 15 February 2017 the latest report on attendance demonstrated that Governor 9 had not attended a meeting since 1 June 2016. He had missed four consecutive Council of Governors meetings and three exceptional Council of Governor meetings, in total seven meetings. Governor 9 has not returned a completed Declaration of Interest or signed a Code of Conduct. The Council of Governors is therefore asked to consider a recommendation to dismiss Governor 9.

Executive Summary

The Trust's Governor Code of Conduct states:

If a governor fails to attend three consecutive meetings of the Council of Governors, this will be taken to the Governance Committee for discussion, and then escalated to the Council of Governors. The Council of Governors will require a 75% majority of those members present, for tenure of office to be terminated. It may be that, following discussions at the Governance Committee, the Council of Governors is satisfied that the absence was due to a reasonable cause, and he/she will be able to attend meetings of the Council of Governors again within such a period as the other governors consider reasonable. Attendance of the Council of Governors will be monitored on an ongoing basis by the Governance Committee.

Governors are accountable to the membership and must demonstrate this by attending members meetings and other key events which provide opportunities to interface with their electorate in order to best understand and represent their views.

Governor 9 was elected to office with effect April 2016 and since that time he has attended one meeting of Council of Governors. Governor 9 has not returned a signed Code of Conduct or completed a Declaration of Interest. The Lead Governor has met with governor 9 to discuss his attendance, and he signalled his intention to attend the January Council of Governors meeting but subsequently submitted his apologies. Support is required and offered for transport to meetings and access to hearing loops.

Whilst it is acknowledged that ill health has played some part in the ability of Governor 9 to attend meetings, governors have expressed concern that Governor 9 would not be in a position to fulfil this responsibility as a governor due to absence from meetings and lack of engagement. Nor would he be in a position to contribute to the Council of Governors as he would not be familiar with the landscape of the health economy or the current challenges and activities within the Trust. In addition, in the absence of a signed Code of Conduct, a governor is not permitted to attend a Quality Visit or receive a NHS mail account.

1

The Lead Governor has indicated he would meet with Governor 9 again to discuss this situation. However, at the Governance Committee on 15 February 2017, strong views were expressed regarding lack of engagement and failure to attend meetings. As a result Governance Committee decided to take a vote on the future of this Governor. Seven of the eight governors present voted to recommend the dismissal of Governor 9 on the basis of lack of attendance.

The vacant seat would form part of the next round of scheduled elections.

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

Assurances

Every effort has been made to provide support to Governor 9 to attend meetings. Communications have been maintained and frequently supplemented to ensure Governor 9 is aware of the requirements placed upon him as a Governor.

Consultation

The Governance Committee has reviewed this matter on two occasions and the Lead Governor has discussed with Governor 9.

Governance or Legal Issues

The Governance Committee, as part of its Terms of Reference, reviews governor attendance and contribution, making recommendation to the Council of Governors in the event of any behavioural/conduct issues, including attendance.

Equality Delivery System

The Communications & Involvement Team have been aware of the requirements of Governor 9 when attending meetings. Support has been offered and has been available for each meeting that Governor 9 has been eligible to attend.

Recommendations

The Council of Governors is requested to:

1) Consider the recommendation to dismiss Governor 9 on the basis of
   - failing to attend seven consecutive meetings

2

- failing to return a signed Code of Conduct
- failing to return a completed Declaration of Interests

Report presented by: **Carole Riley, Public Governor**

Report prepared by: **Donna Cameron, Assistant Trust Secretary**

3

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors - 7 March 2017

Selection of Quality Indicators for the Quality Account

Purpose of Report:
For the Council of Governors to select a quality indicator for 2017/18 for inclusion in the Quality Report.

Executive Summary
As part of NHS Improvement's requirement, Foundation Trusts are required to produce an annual Quality Account, which gives a clear understanding of the Trust's performance and assurance of the steps the Trust is taking to improve patient safety, experience and outcomes. Ian Barber of Grant Thornton from our External Audit service is in attendance at the Council of Governors to guide governors through the choice available to them in line with the NHS Improvement's requirement and respond to any questions on the process. Governors are invited to choose an indicator each year as part of the Trust's internal and external audit of data quality checks. Governors are invited to select one of the options listed below. 1. 100% enhanced Care Programme Approach patients receiving follow-up contact within seven days of discharge from hospital. 2. Minimising delayed transfers of care. 3. Admissions to inpatient services to access crisis resolution home treatment teams. In addition, one local indicator is also required 1. Data completeness 2. Percentage of patients in settled accommodation 3. Patients who have had a review of their care plan in the last 12 months

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

1

(COG) Assurances

- The Trust has met its requirements as set out by NHS improvement.

Consultation

- These options have previously been presented to the Governance Committee at its January meeting for initial consideration ahead of agreement by the Council of Governors.
- Governors will be invited to input to the Quality Report via presentation of the draft document to the Governance Committee in April.

Governance or Legal Issues

- This is a formal duty of the Council of Governors as outlined in the NHS I standards and in the Trusts requirements
- Governors are required to take advice form the Trust and the auditors to understand their choice, formally vote and receive the information in the Trusts Annual accounts

Equality Delivery System

- Trust governors are elected by members to represent their constituent services and scrutinise the Trust in their endeavours

Recommendations

The Council of Governors is requested to:

1. Review the content of this paper, ask any points of clarity to inform their decision
2. Vote as a Council of Governors

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

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

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Derbyshire Healthcare NHS Foundation Trust
Report to Board of Directors 1 March 2017

Governance Improvement Action Plan (GIAP)

Purpose of Report

As described in the GIAP Governance and Delivery framework, the Board has overall responsibility for ensuring that the GIAP is delivered.

Therefore, the purpose of this paper is as follows:

1. To provide Board members with an update on progress on the delivery of the GIAP, including the identification of tasks and recommendations that are off track.

2. To receive assurances on delivery and risk mitigation from Board Committees and Lead Directors.

3. To enable Board members to constructively challenge each other to establish whether sufficient evidence has been provided for completed actions.

4. To decide whether tasks and recommendations can be closed and archived.

Executive Summary

This paper provides the Board with an update on the progress of delivering the GIAP.

The governance of each core area is as follows:

Core	Committee	Lead Director
Core 1 - HR and associated Functions	People and Culture	Interim Director of People and Organisational Effectiveness
Core 2 - People and Culture	People and Culture	Interim Director of People and Organisational Effectiveness
Core 3 - Clinical Governance	Quality	Director of Nursing and Patient Experience
Core 4 - Corporate Governance	Audit & Risk	Director of Corporate Affairs
Core 5 - Council of Governors	Council of Governors	Director of Corporate Affairs
Core 6 - Roles and Responsibilities of Board Members	Remuneration and Appointments	Director of Corporate Affairs
Core 7 - HR and OD	People and Culture	Interim Director of People and Organisational Effectiveness
Core 8 - Raising concerns at work	People and Culture	Director of Corporate Affairs
Core 9 - Fit and Proper	Remuneration and Appointments	Director of Corporate Affairs
Core 10 - CQC	People and Culture	Interim Director of People and Organisational Effectiveness
Core 11 - NHS improvement undertakings	Board of Directors	Director of Corporate Affairs

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The summary table below provides Board members with an overview of performance against all 53 recommendations, set against each respective core area.

Core	Number of Recommendations	Off Track	Some Issues	On Track	Completed
Core 1 - HR and Associated Functions	5	0	0	2	3
Core 2 - People and Culture	6	0	0	1	5
Core 3 - Clinical Governance	3	0	1	0	2
Core 4 - Corporate Governance	13	0	0	8	5
Core 5 - Council of Governors	3	0	0	0	3
Core 6 - Roles and Responsibilities of Board Members	5	0	1	3	1
Core 7 - HR and OD	8	0	0	3	5
Core 8 - Raising concerns at work	1	0	0	1	0
Core 9 - Fit and Proper	1	0	0	0	1
Core 10 - CQC	2	0	0	0	2
Core 11 - NHS improvement undertakings	6	0	0	3	3
Total	53	0	2	21	30

There are 10 blue forms to present to the Board in March.

GIAP Recommendations Approval Pipeline, January – May 2017

As reported to the February Board meeting, a pipeline of planned completion of blue action forms for all GIAP recommendations has been developed. This report is presented monthly to ELT to ensure oversight of progress and escalation and management of any issues arising. The approval pipeline as at 23.02.17 is attached for information.

There is one recommendation which is deferred for one month which relates to 'Raising Concerns at work' Core 8, which has been reviewed by the Director of People and Organisational Effectiveness and the Director of Corporate Affairs. It was agreed that further evidence and assurance was required for completion of actions relating to this recommendation. The blue form is now on track for discussion at People and Culture Committee in March 2017.

The body of the report provides detail on areas that are currently rated as 'off track' or 'some issues'.

Strategic considerations

Delivery of the GIAP links directly to NHS Improvement's enforcement action and associated licence undertakings

1) We will deliver **quality** in everything we do providing safe, effective and service user centred care	**X**

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

Board Assurances
This paper should be considered in relation to key risks contained in the Board Assurance Framework namely:

3a: There is a risk that the NHSI enforcement actions and CQC requirement notice, coupled with adverse media attention may lead to significant loss of public confidence in our services and in the trust of staff as a place to work
3b: Risk of a fundamental loss of confidence by staff in the leadership of the organisation at all levels

Consultation
Core areas have been discussed at respective Board Committees.

Governance or Legal Issues
This paper links directly to NHSI enforcement action and associated licence Undertakings.

Equality Delivery System
Delivery of elements of the GIAP is likely to have a positive impact on outcomes for certain REGARDS groups.

Recommendations

The Board of Directors is asked to:
1) Note the progress made against addressing GIAP recommendations
2) Discuss the areas rated as 'some issues', seeking assurance where necessary on the mitigation provided
3) Formally approve the 10 blue forms as presented and confirm that this is provides assurance of completion, namely:
   - **PC3**
   - **PC4**
   - **PC5**
   - **ClinG3**
   - **WOD1**
   - **WOD3**
   - **WOD4**
   - **WOD7**
   - **WOD8**
   - **CQC2**
4) To note the GIAP recommendations approval pipeline and its role in supporting effective oversight of progress
5) Agree at the end of the Public Board meeting whether any further changes are

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required to the GIAP following presentation of papers, outcomes of item specific
discussions and/or other assurances provided throughout the meeting

Report presented by: **Kelly Sims (CQC and Governance Coordinator)**

Report prepared by: **Samantha Harrison (Director of Corporate Affairs
and Trust Secretary)**

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1. Introduction

The Board summary table provides Board members with an overview of performance against all 53 recommendations, set against each respective core area.

Detailed below are updates against Core areas where there have been notable decisions made with respect to actions required to confirm completion of recommendations and scheduled dates identified for these to be brought to respective Committees and the Trust Board:

Core 2 – People and Culture

It was agreed at the February meeting of the People and Culture Committee that recommendations PC3, PC4 and PC5 were complete. The blue forms were duly signed off.

It was agreed that PC2 was near completion but the blue form submission should be deferred until the March 2017 People and Culture Committee.

Core 3 – Clinical Governance

Following discussion at the Quality Committee, held in February, the blue form was approved for ClinG3. Progress on actions to complete recommendation ClinG1 have been formally escalated by the Committee Chair.

Core 7 – HR and OD

It was agreed at the February meeting of the People and Culture Committee that recommendations WOD1, WOD3, WOD4, WOD7 and WOD8 were complete. The blue forms were duly signed off.

Core 8 – Raising Concerns at Work

It was agreed at the January meeting of the People and Culture Committee that recommendation RC1 would be reviewed by the Director of People and Organisational Effectiveness and the Director of Corporate Affairs. It was agreed that further evidence and assurance was required for completion of actions relating to this recommendation. The blue form is now on track for discussion at People and Culture Committee in March 2017.

It was agreed at the February meeting of the People and Culture Committee that recommendation CQC2 complete. The blue form was duly signed off.

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2. Red Rated 'Off Track' recommendations
None to report.

3. **Amber rated 'some issues' rated recommendations**

There are 2 recommendations rated as Amber as detailed below (3 last month):

Core Area	Recommendation	Action(s)	Mitigation
Core 3 - Clinical Governance	ClinG1 - Refresh the role of Quality Leadership Teams to increase their effectiveness as core quality governance forums	1) Agree and implement a QLT forward plan process to ensure all required papers are received at each meeting 2) Develop and implement a standard escalation template to be used by QLTs 3) For a 6 month period DoN and MD to attend QLTs to provide coaching and oversight of meeting effectiveness	QC agreed that in order to progress this recommendation to completion it would need to see evidence of escalation templates, minutes of meetings, work plans linked to the Quality Committee forward plan, attendance embedded on the minutes and risk register. QLT leads will need to attend QC on a rotational monthly basis but detailed QLT updates from each Team will be provided monthly. When the Committee has received all this information from each QLT consistently on a monthly basis for three months the Committee indicated they would be prepared to sign off this recommendation. Reviewed at December Quality Committee – confirmed that this remains 'some issues' pending evidence to be received over further months. Position confirmed to remain as 'some issues' at January meeting. Risk to completion of this action escalated by Quality Committee Chair in January 2017. Action plan to ensure progress back on track to be developed.
Core 6 - Roles and Responsibilities of Board Members	RR1 - Implement proposals to improve succession planning at Board level, including ensuring that Governors are adequately engaged in this process. Alongside this, develop processes for succession planning for Senior Leader positions	Develop and approve Board level, key divisional and corporate leaders succession plan	A mitigation plan was agreed at October's Remuneration & Appointments Committee, with succession planning process being led by Amanda Rawlings and Ifti Majid. Further development of the succession plan was discussed at the November and December Remuneration and Appointments Committee and proposed to be deferred until the new year due to priorities of other work areas. The status was reported and noted at the January Board meeting and agreed following recommendation of the

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Core Area	Recommendation	Action(s)	Mitigation
			remuneration and appointment committee held in February that the status of this action be amended to 'Some Issues' reflecting the reprioritised timeline of April 2017.

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GIAP Recommendations: Approval Pipeline January - May 2017

Pipeline as at 23.02.17

Core	Total	Off Track	Some Issues	On track	Complete	Update	Programme for Blue Forms to Board				
							Jan	Feb	Mar	Apr	May
Core 1 - HR and associated Functions Director of People and Organisational Effectiveness	5	0	0	2	3	Forms approved by Board in Jan. PCC Jan agreed: **HR3** – to PCC in March **HR4** – to PCC in March	HR1 HR2 HR5			HR3 HR4	
Core 2 - People and Culture Lead - Director of People and Organisational Effectiveness	6	0	0	1	5	PCC Jan agreed: **PC2 -** to PCC in Feb **PC3 -** to PCC in Feb **PC4 -** to PCC in Feb **PC5 -** to PCC in Feb (following review by SH and AR)	PC1 PC6		PC3 PC4 PC5	*PC2*	
Core 3 - Clinical Governance Lead - Director of Nursing	3	0	1	0	2	**ClinG1:** Jan QC reviewed timescale to April for QC assurance on evidence **ClinG2** **ClinG3:** Update to Feb QC on actions, including potential effectiveness survey for members, feedback from observation and clear link to strategy		*ClinG2*	*ClinG3*		*ClinG1*
Core 4 - Corporate Governance Lead – Director of Corporate Affairs	13	0	0	8	5	Forms approved by Board in Jan (5) Jan A&R agreed: **CorpG1** – to Mar A&R **CorpG3** – to Mar A&R **CorpG4** – to Mar A&R **CorpG5** – to Mar A&R **CorpG6** – to Mar A&R **CorpG7** – to Mar A&R **CorpG8** – to Mar A&R **CorpG11** – to Mar A&R	CorpG2 CorpG10 CorpG12 CorpG13 Corp G9			CorpG1 CorpG3 CorpG4 CorpG5 CorpG6 CorpG7 CorpG8 CorpG11	
Core 5 - Council of Governors Lead – Director of Corporate Affairs	3	0	0	0	3	All areas Complete (signed off December 2016)					
Core 6 - Roles and Responsibilities of Board Members Lead – Director of Corporate Affairs	5	0	1	3	1	**RR1 –** to Apr RAC **RR2 –** to *Apr* RAC **RR3 –** to *Apr* RAC **RR4 –** March RAC **RR5 –** to *Apr* RAC				RR4	RR1 *RR2 RR3 RR5*
Core 7 - HR and OD Lead - Director of People and Organisational Effectiveness	8	0	0	3	5	Jan PCC agreed: **WOD1** - to Feb PCC **WOD2** - to Mar PCC **WOD3 -** to Feb PCC **WOD4** - to Feb PCC **WOD5** - to April PCC **WOD6** - to Mar PCC **WOD7** - to Feb PCC **WOD8** - to Feb PCC			WOD1 WOD3 WOD4 WOD7 WOD8	WOD2 WOD6	WOD5
Core 8 - Raising concerns at work Lead - Director of People and	1	0	0	1	0	To Feb PCC - to confirm how completion/ embeddedness to be				*RC1*	

Core	Total	Off Track	Some Issues	On track	Complete	Update	Programme for Blue Forms to Board				
							Jan	Feb	Mar	Apr	May
Organisational Effectiveness						defined (and become business as usual)					
Core 9 - Fit and Proper Lead – Director of Corporate Affairs	1	0	0	0	1	Complete. Approved by Board in November 2016.					
Core 10 – CQC Lead – Acting Chief Operating Officer	2	0	0	0	2	Jan Board approved CQC1. CQC 2 to be reviewed by Feb PCC	CQC 1		CQC2		
Core 11 - NHS improvement undertakings Lead - Chief Executive/Director of Corporate Affairs	6	0	0	3	3	Assurance and embeddedness is dependent on removal of enforcement undertakings and external assurance (e.g. Deloitte review)					M1 M2 M3 M4 M5 M6
Total	**53**	**0**	**2**	**21**	**30**	Approved prior Jan: **4**	**11**	**1**	**10**	**15**	**12**

At the February meeting of the People and Culture Committee it was agreed that PC2 was near completion but the blue form submission should be deferred until the March 2017 People and Culture Committee when further evidence and assurance will be presented.

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Governor Meeting Timetable 2017

DATE	TIME	EVENT	LOCATION
07/03/17	**12.00 – 1.00pm**	**Lunch and Network**	**Ilkeston Resource Centre, Ilkeston Community Hospital**
07/03/17	1.00pm onwards	Council of Governors meeting	Ilkeston Resource Centre, Ilkeston Community Hospital
15/03/17	**10.00am – 12.30pm**	**Governance Committee**	**Meeting Room 1, Albany House**
22/3/17	2.00 – 5.00pm	Governor development session – Engagement with members	Meeting Room 1, Albany House
13/04/17	**2.00 – 4.30pm**	**Governance Committee**	**Rooms 1 & 2, Research and Development Centre**
18/04/17	10am – 12.00pm	Governor development session – Quality Visits and Protocol	Meeting Room 1, Albany House
26/04/17	**1.00pm onwards**	**Trust Board Meeting**	**Conference Room A&B, Research & Development Centre**
02/05/17	**12.00 – 1.00pm**	**Lunch and Network**	**Belper Football Club, Christchurch Meadow, Bridge St, Belper DE56 1BA**
02/05/17	1.00pm onwards	Council of Governors meeting	Belper Football Club, Christchurch Meadow, Bridge St, Belper DE56 1BA
17/05/17	**10.00am – 12.30pm**	**Governance Committee**	**Meeting Room 1, Albany House**
18/05/17	**2.00 – 4.00pm**	**Governor development session - TBC**	**Meeting Room 1, Albany House**
24/05/17	**1.00pm onwards**	**Trust Board Meeting**	**Conference Room A&B, Research & Development Centre**
TBC	**1.00pm – 4.00pm**	**CoG to Board**	**Conference Room A&B, Research & Development Centre**
15/06/17	2.00 – 4.30pm	**Governance Committee CANCELLED due to rearranged meeting in July**	Rooms 1 & 2, Research and Development Centre
21/06/17	**10am – 12.00pm**	**Governor development session – Recruitment Training**	**Meeting Room 1, Albany House**
28/06/17	**1.00pm onwards**	**Trust Board Meeting**	**Conference Room A&B, Research & Development Centre**
03/07/17	11.30am – tour 1.00 – 4.30pm meeting	**Governance Committee (includes a tour of the campus)**	**Kedleston Road Campus, University of Derby**
18/07/17	**12.00 – 1.00pm**	**Lunch and Networking**	**Conference Room A&B, Research and Development Centre**
18/07/17	1.00pm onwards	Council of Governors meeting	Conference Room A&B, Research and Development Centre

Date	Time	Event	Location
20/07/17	2.00 – 4.00pm	Governor development session – Finance	Meeting Room 1, Albany House
26/07/17	1.00pm onwards	Trust Board Meeting	TBC
26/07/17	2.30 – 6.00pm	Annual Members Meeting Meeting starts at 4pm	Conference Room A&B, Research and Development Centre
01/03/17	1.00pm onwards	Trust Board Meeting	Conference Room A&B, Research and Development Centre
15/08/17	2.00 – 4.30pm	Governance Committee	Rooms 1 & 2, Research and Development Centre
24/08/17	2.00 – 4.00pm	Governor development session – CANCELLED	Meeting Room 1, Albany House
13/09/17	10.00am – 12.30pm	Governance Committee	Meeting Room 1, Albany House
21/09/17	2.00 – 4.00pm	Governor development session – Research & Development / Mental Health Act	Meeting Room 1, Albany House
26/09/17	12.00 – 1.00pm	Lunch and Networking	Winding Wheel, Chesterfield
26/09/17	1.00pm onwards	Council of Governors meeting	Winding Wheel, Chesterfield
27/09/17	1.00pm onwards	Trust Board Meeting	Conference Room A&B, Research & Development Centre
17/10/17	10am – 12 noon	Governor development session	Meeting Room 1, Albany House
18/10/17	10.00am – 12.30pm	Governance Committee	Meeting Room 1, Albany House
1/11/17	1.00pm onwards	Trust Board Meeting	Conference Room A&B, Research & Development Centre
8/11/17	1.00pm – 4.00pm	CoG to Board	Training rooms 1&2, Research and Development Centre
15/11/17	10.00am – 12.30pm	Governance Committee	Meeting Room 1, Albany House
22/11/17	2.00 – 4.00pm	Governor development session	Meeting Room 1, Albany House
28/11/17	12.00 – 1.00pm	Lunch and Networking	Conference Room A&B, Research and Development Centre
28/11/17	1.00pm onwards	Council of Governors meeting	Conference Room A&B, Research and Development Centre
29/11/17	1.00pm onwards	Trust Board Meeting	Conference Room A&B, Research & Development Centre
06/12/17	10.00am – 12.30pm	Governance Committee	Meeting Room 1, Albany House
14/12/17	10am – 12 noon	Governor development session – TBC	Meeting Room 1, Albany House
22/01/18	10.00am – 12.30pm	Governance Committee	Meeting Room 1, Albany House
24/01/18	12.00 – 1.00pm	Lunch and Networking	Post Mill Centre, South Normanton

24/01/18	1.00pm onwards	Council of Governors meeting	Post Mill Centre, South Normanton
27/02/18	10.00am – 12.30pm	Governance Committee	Meeting Room 1, Albany House
20/03/18	10.00am – 12.30pm	Governance Committee	Meeting Room 1, Albany House
21/03/18	12.00 – 1.00pm	Lunch and Networking	Conference Room A&B, Research and Development Centre
21/03/18	1.00pm onwards	Council of Governors meeting	Conference Room A&B, Research and Development Centre

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 Ethic
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
DBS	Disclosure and Barring Service
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
DTOC	Delayed Transfer of Care
DWP	Department for Work and Pensions
E	

Jan 2017

GLOSSARY OF NHS TERMS	
NHS Terms of Abbreviations	**Terms in Full**
ECT	Enhanced Care Team
ECW	Enhanced Care Ward
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
FFT	Friends and Family Test
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
IDVAs	Independent Domestic Violence Advisors
IG	Information Governance
IM&T	Information Management and Technology
IPR	Individual Performance Review
IPT	Interpersonal Psychotherapy
J	
JNCC	Joint Negotiating Consultative 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	

GLOSSARY OF NHS TERMS	
NHS Terms of Abbreviations	**Terms in Full**
MARS	Mutually Agreed Resignation Scheme
MAU	Medical Assessment Unit
MAPPA	Multi-agency Public Protection Arrangements
MARAC	Multi-agency Risk Assessment Conference (meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, probation, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs) and other specialists from the statutory and voluntary sectors.
MCA	Mental Capacity Act
MDA	Medical Device Alert
MDT	Multi-Disciplinary Team
MFF	Market Forces Factor
MHA	Mental Health Act
MHIN	Mental Health Intelligence Network
MHRT	Mental Health Review Tribunal
N	
NCRS	National Cancer Registration Service
NED	Non-Executive Director
NICE	National Institute for Health and Care Excellence
NHS	National Health Service
NHSI	National Health Improvement
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	
QAG	Quality Assurance Group
QC	Quality Committee
QIPP	Quality, Innovation, Productivity
QLT	Quality Leadership Team
QOF	Quality and Outcomes Framework
R	

Jan 2017

GLOSSARY OF NHS TERMS	
NHS Terms of Abbreviations	**Terms in Full**
RAID	Rapid Assessment, Interface and Discharge
RCGP	Royal College of General Practitioners
REGARDS	Race, Economic disadvantage, Gender, Age, Religion or belief, Disability and Sexual orientation
RoCR	Review of Central Returns
S	
SAAF	Safeguarding Adults Assurance Framework
SBS	Shared Business Services
SEN	Special Educational Needs
SLA	Service Level Agreement
SLR	Service Line Reporting
SOF	Single Operating Framework
SPOR	Single Point of Referral
STP	Sustainability Transformation Plan
S(U)I	Serious (Untoward) Incident
T	
TARN	Trauma Audit and Research Network
TCS	Transforming Community Services
TDA	Trust Development Authority
TUPE	Transfer of Undertakings (Protection of Employment) Regulations 1981
TMAC	Trust Medical Advisory committee
W	
WTE	Whole Time Equivalent