

MEETING OF THE COUNCIL OF GOVERNORS

Thursday 19 January 2017 commencing at 1.00 pm
Conference Rooms A&B, Centre for Research and Development,
Kingsway, Derby, DE22 3LZ

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.	Minutes of meeting held 24 November and Extraordinary Meeting held 14 December 2016	A	Caroline Maley	1:05
3.	Matters arising and Actions Matrix	B	Caroline Maley	1:15
4.	Chief Executive's Report - Update on DCHS and DHcFT Integrated Working - Strategic Options Case Q&As	C	Claire Wright on behalf of Ifti Majid	1:20
HOLDING TO ACCOUNT				
5.	Integrated Performance Report	D	Claire Wright	1:40
6.	Non-Executive Director Updates	Verbal	NEDs	1:50
7.	Verbal Report from Nominations and Remuneration Committee meeting held on 13 January	Verbal	Sam Harrison	2:05
8.	Summary Report on Interim Chairman's Appraisal	E	Caroline Maley	2:15
9.	Report from Governance Committee	F	Sam Harrison	2:30
10.	Deputy Lead Governor Role	Verbal	Sam Harrison	2:40
2:45 B R E A K				
11.	AIM (Active in Mind)	-	April Saunders	3:00
12.	Governance Improvement Action Plan Update	G	Sam Harrison	3:30
13.	Staff Engagement Survey	Verbal	Sam Harrison	3:40
14.	Ratified Minutes of Board Meetings held on 2 November, 7 December 2016	H	Caroline Maley	3:45
15.	Any Other Business	-	Caroline Maley	3:50
16.	Close – at 4:00pm	-	Caroline Maley	4:00
FOR INFORMATION				
	I. Governor Meeting Timetable II. Glossary of NHS Terms	I	-	
Next Meeting:-1:00 pm – Tuesday 7 March 2017, Ilkeston Resource Centre, Ilkeston Community Hospital				

**EXTRAORDINARY MEETING OF COUNCIL OF GOVERNORS
HELD IN PUBLIC SESSION**

Wednesday 14 December 2016

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

The meeting opened at 12:15 and concluded at 12:50

PRESENT:	Richard Gregory	Interim Trust Chair
GOVERNORS PRESENT	Shelley Comery Alan Smith Rob Davison Rosemary Farkas Gillian Hough Moirra Kerr John Morrissey Kelly Sims Ruth Greaves Carole Riley April Saunders	Public Governor Erewash North Public Governor Chesterfield South Appointed Governor, Derbyshire County Council Public Governor Surrounding Areas Public Governor Derby City East Public Governor Derby City West Public Governor Amber Valley South and Lead Governor Staff Governor Admin and Allied Support Public Governor Derbyshire Dales Public Governor Derby City East Staff Governor Nursing & Allied Professions
IN ATTENDANCE:	Ifti Majid Richard Wright John Sykes Barry Mellor Margaret Gildea Samantha Harrison Anna Shaw Rehana Shaheen Donna Cameron Denise Baxendale	Acting Chief Executive Non-Executive Director Executive Medical Director Non-Executive Director Non-Executive Director Director of Corporate Affairs and Trust Secretary Deputy Director of Communications and Involvement Carer to Moira Kerr Corporate Services Officer & note taker Communications & Involvement Manager
APOLOGIES:	Paula Holt Dianne Froggatt Lynda Langley Paula Lewis Helen Sentance Gemma Stacey	Appointed Governor, University of Derby Appointed Governor, Derby City Council Public Governor Chesterfield North Public Governor Derby City West Public Governor Erewash South Appointed Governor, University of Nottingham

DHCFT/Gov/ 2016/086	<u>INTERIM CHAIR'S WELCOME</u> The Council of Governors resumed in Public Session and were joined by members of the Board.
DHCFT/Gov/ 2016/087	<u>RECOMMENDATION REGARDING THE APPOINTMENT OF ACTING TRUST CHAIR</u> A process had been conducted involving the Nominations & Remuneration Committee of the Council of Governors (CoG) and the recommendation discussed in CoG Private Session.

	<p>A secret ballot was held to determine the outcome of the recommendation of the Nominations & Remuneration Committee to appoint Caroline Maley as Acting Trust Chair.</p> <p>At the conclusion of the ballot, the count was made and verified. The Trust Chair announced that the recommendation of Nominations & Remuneration Committee had been accepted. The Chair will inform both candidates of the outcome in private at the end of this meeting.</p> <p>RESOLVED: The Council of Governors</p> <ol style="list-style-type: none"> 1. Approved the recommendation to appoint Caroline Maley to the role of Trust Chair, effective 1 January 2017 on an Acting basis for the period until the transaction arrangements with DCHS are agreed and enacted. In line with payments made to the outgoing Trust Chair, it is proposed that a fee of £50,000 per annum s given for this role, inclusive of home to base mileage. 2. Julia Tabreham was noted to a have a valued role in the Trust as both Quality Committee Chair and Deputy Chair and the Council recognised and wished to ensure that her valuable contribution to the Trust was acknowledged.
<p>DHCFT/Gov/ 2016/088</p>	<p><u>LEAD GOVERNOR AND DEPUTY LEAD GOVERNOR ARRANGEMENTS</u></p> <p>Sam Harrison presented the review of Lead and deputy Lead Governor roles.</p> <p>The paper proposes to increase the term of office for John Morrissey, Lead Governor, and Ruth Greaves from 22 January to 1 February, to align with wider public governor terms of office and election outcome dates.</p> <p>This follows Governance Committee discussions on aligning governor terms and dates to reduce the number of elections required.</p> <p>Job Description for Lead Governor</p> <p>The paper also proposes the role of Deputy Lead Governor as a support to the Lead Governor. Having a deputy would also fill a leadership gap on the CoG should the Lead Governor not be re-elected. Interest in the Deputy role will be gathered from governors. The job description was noted. .</p> <p>RESOLVED: The Council of Governors</p> <ol style="list-style-type: none"> 1. Approved to increase the term of office for John Morrissey and Ruth Greaves from 22 January to 1 February, to align with wider public governor terms of office 2. Agreed to extend John Morrissey’s position as Lead Governor to 7 March, subject to his re-appointment as public governor for Amber Valley South 3. Agreed to introduce a new Deputy Lead Governor role, for appointment initially on an interim basis at the Council of Governors meeting on 19 January 2017. Both the Lead and Deputy role will be re-elected to on 7 March 2017 and all governors invited to express an interest.
<p>DHCFT/Gov/ 2016/089</p>	<p><u>ANY OTHER BUSINESS</u></p> <p>In the absence of any other business, Richard Gregory thanked the Council of Governors for their support. This would be his last Council Meeting. He wished all a Merry Christmas and every best wish for the future.</p>

	<p>Governors thanked Richard Gregory for his leadership and support and wished him well.</p> <p>The meeting closed at 12.40.</p>
DHCFT/Gov/ 2016/090	<p><u>DATE AND TIME OF NEXT MEETING</u></p> <p>The next meeting is scheduled for Thursday 19 January 2017 at 1.00 pm in Conference Rooms A & B, Research & Development Centre, Kingsway, Derby, DE22 3LZ.</p>

DRAFT

MEETING OF COUNCIL OF GOVERNORS

Thursday 24 November 2016, commencing at 2pm

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

The meeting opened at 2pm and closed at 3:50pm

PRESENT:	Richard Gregory	Interim Chairman
GOVERNORS PRESENT:	Rob Davison	Appointed Governor Derbyshire County Council
	Rosemary Farkas	Public Governor Surrounding Areas
	Diane Froggatt	Appointed Governor Derby City Council
	Ruth Greaves	Public Governor Derbyshire Dales
	Gillian Hough	Public Governor Derby City East
	Alexandra Hurst	Public Governor High Peak
	Lynda Langley	Public Governor Chesterfield North
	Paula Lewis	Public Governor Derby City West
	John Morrissey	Public Governor Amber Valley South and Lead Governor
	Nitesh Painuly	Staff Governor (Medical and Dental)
	Carole Riley	Public Governor Derby City East
	Helen Sentance	Public Governor Erewash South
	April Saunders	Staff Governor (Nursing and Allied Professions)
	Kelly Sims	Staff Governor (Admin and Allied Support)
	Alan Smith	Public Governor Chesterfield South
IN ATTENDANCE:	Caroline Maley	Senior Independent Director and Non-Executive Director
	Margaret Gildea	Non-Executive Director
	Julia Tabreham	Non-Executive Director
	Ifti Majid	Acting Chief Executive
	Samantha Harrison	Director of Corporate Affairs and Trust Secretary
	Carolyn Green	Director of Nursing and Patient Experience
	Mark Powell	Director of Strategic Development
	Claire Wright	Director of Finance
	Anna Shaw	Deputy Director of Communications and Involvement
	Sue Turner	Board Secretary (minutes)
APOLOGIES:	Barry Appleby	Public Governor South Derbyshire
	Shelley Comery	Public Governor Erewash North
	Sarah Gray	Staff Governor (Nursing and Allied Professions)
	Dr Paula Holt	Appointed Governor University of Derby
	John Jeffrey	Public Governor Bolsover
	Moira Kerr	Public Governor Derby City West

DHCFT/Gov/ 2016/068	<p><u>INTERIM CHAIRMAN'S WELCOME</u></p> <p>Richard Gregory, Interim Chairman, opened the meeting and welcomed everyone. Apologies were duly noted and listed as above.</p>
DHCFT/Gov/ 2016/069	<p><u>MINUTES OF THE MEETING OF THE COUNCIL OF GOVERNORS HELD ON 6 SEPTEMBER 2016</u></p> <p>The minutes of the meeting of the Council of Governors held on 6 September were accepted and agreed as an accurate record of the meeting.</p>
DHCFT/Gov/ 2016/070	<p><u>MINUTES OF THE EXTRAORDINARY MEETING OF THE COUNCIL OF GOVERNORS HELD ON 12 OCTOBER 2016</u></p> <p>The minutes of the extraordinary meeting of the Council of Governors held on 12 October were accepted and agreed as an accurate record of the meeting.</p>
DHCFT/Gov/ 2016/071	<p><u>MATTERS ARISING REVIEW OF ACTIONS MATRIX</u></p> <p>Updates on progress with actions were noted directly to the matrix and actions agreed as completed were archived.</p>
DHCFT/Gov/ 2016/072	<p><u>ACTING CHIEF EXECUTIVE'S REPORT AND UPDATE ON DERBYSHIRE SUSTAINABILITY AND TRANSFORMATION PLAN</u></p> <p>This report provided the Council of Governors with feedback on changes within the national health and social care sector as well as providing an update on developments occurring within our local Derbyshire health and social care community. The report also updated the Council on feedback from external stakeholders such as our commissioners and feedback from our staff.</p> <p>Councillor Rob Davison, Appointed Governor Derbyshire County Council, referred to the cold weather plans for 2016 that were outlined in the report. He was concerned that although he was working with NHS on winter pressure plans he did not consider extra capacity could be provided by Derbyshire County Council this year. Governors noted that the Trust will comply with the guidance provided and will ensure there is a robust cascade system in place for responding to the cold weather alert system.</p> <p>The report also included an update on the Derbyshire Sustainability and Transformation Plan (STP) which was noted by governors but not discussed.</p> <p>RESOLVED: The Council of Governors noted the contents of the Acting Chief Executive's update</p>
DHCFT/Gov/ 2016/073	<p><u>STRATEGIC OPTIONS CASE AND QUESTIONS RELATING TO THE STRATEGIC OPTIONS CASE</u></p> <p>The Council of Governors formally received the outcomes of the collaboration discussions between Derbyshire Community Health Services NHSFT (DCHS) and Derbyshire Healthcare NHS Foundation Trust (DHcFT), together with the Strategic Options Case (SOC) summary which outlined the key considerations and recommendations of the SOC.</p> <p>Rob Davison drew attention to point 6 of the recommendations contained in the report which asked governors to support the recommendation for a collapsed OBC/FBC stage with the appropriate breakpoints built in for key decisions stages. He did not consider that governors should be asked to support the proposal and asked that</p>

governors be requested to merely note rather than support this recommendation. It was agreed that this recommendation would be amended so that governors would be asked to note recommendation 6 for a collapsed OBC/FBC stage with the appropriate breakpoints built in for key decisions stages.

Richard Gregory reminded governors that the SOC had been presented to them at the Council of Governors and Board Development session on 27 October which had allowed governors to formally raise questions. All questions had since been collated and were set out along with answers in (Appendix 2) and were circulated at today's meeting. The following points were noted:

- **How will governors be able to hold NEDs to account throughout the forthcoming process and when will we be able to have a timeframe?** NEDs were happy to share their knowledge of the SOC process and it was agreed that more detail of NED's opinions relating to the forthcoming process would be included in future briefing documentation. Caroline Maley advised governors that she can be contacted by email for any further clarifications.
- **How can NEDs give assurance of how under the new structure physical health and mental health will not continue to be treated as separate?** John Sykes responded that this new service would be about wrapping the needs around the person by providing a "one stop shop" approach that would offer both a physical and a psychological service within a community based setting.
- **What assurance can NEDs give that they have engaged with service users and are keeping them involved in developments?** Anna Shaw replied that NED involvement will be key to this process. The People & Culture Committee will also follow this through, especially as staff governors regularly attend the meeting and can ensure staff are fully engaged in the process. Anna Shaw assured governors that further engagement with stakeholders will take place and governors will also have the opportunity to be involved.
- **What assurance can the NEDs give that they have considered the media approach to the SOC?** Gillian Hough asked if NEDs had made a decision regarding ex governors making repeated comments in the press. This was an issue that had caused concern and Julia Tabreham shared governors' anxieties and would seek advice from a communications expert about how to respond to this issue with ex governors and establish the correct approach to take. Governors were concerned that these instances have tarnished the work that had been done by the Trust and agreed to follow the approach by the Board and NEDs in respect of discussions held with the media. It was noted that a governor development session will take place to provide guidance on social media. At this point Ifti Majid took the opportunity to thank Anna Shaw for leading the Trust in dealing with media attention from ex governors.

RESOLVED: The Council of Governors:

- 1) **Noted the strategic case which defines the significant challenges and anticipated benefits which could be derived through closer collaboration between DCHS and DHcFT.**
- 2) **Noted the strategic options considerations and process undertaken to arrive at the preferred option.**
- 3) **Noted the Board's approval of the preferred strategic option for merger by acquisition, with DCHS as the acquiring organisation which is considered to minimise the potential risks of a significant transaction for both parties. This is subject to the commitment to the creation of a new organisation which would have strong leadership and governance, including the skills**

	<p>required to safeguard and develop the expertise of the two current organisations and the constitution would be reconfigured with Executive Directors, Non-Executive Directors and Council of Governors balanced to reflect the scope of services provided.</p> <p>4) Noted the Board's approval of this SOC and confirmation of ongoing commitment to progress to the next, more detailed stages; the Outline Business Case (OBC) and Full Business Case (FBC) and subsequent implementation (subject to necessary approvals).</p> <p>5) Noted the Board's approval of a shared project budget (also subject to regulatory approval).</p> <p>6) Noted the recommendation for a collapsed OBC/FBC stage with the appropriate breakpoints built in for key decisions stages.</p>
<p>DHCFT/Gov/ 2016/074</p>	<p><u>INTEGRATED PERFORMANCE REPORT</u></p> <p>This report provided the Council of Governors with an integrated overview of performance as at the end of September 2016 and focussed on workforce, finance, operational delivery and quality performance.</p> <p>Mark Powell acknowledged the significant challenges the Trust was facing around recruitment and informed governors that this was being resolved through the People & Culture Committee. He also highlighted the challenging issues surrounding the CIP (Cost Improvement Programme) gap which is being compensated for by other cost avoidance and underspends. Rob Davison responded that underspends are often a one off action and he was concerned that similar challenges would be encountered next year.</p> <p>RESOLVED: The Council of Governors noted the Trust's integrated overview of performance as at the end of September 2016.</p>
<p>DHCFT/Gov/ 2016/075</p>	<p><u>NON-EXECUTIVE DIRECTOR UPDATES</u></p> <p>The Council of Governors acknowledged that NEDs have been very engaged in their roles and agreed not to discuss a full account of their activities in this instance.</p>
<p>DHCFT/Gov/ 2016/076</p>	<p><u>REPORT FROM NOMINATIONS AND REMUNERATIONS COMMITTEE</u></p> <p>The Council of Governors received an update on the meetings of the Nominations and Remuneration Committee held on 21 September, 11 November and 23 November 2016.</p> <p>A second paper requesting governors to consider the Nominations and Remuneration Committee's recommendation to appoint a Clinical Non-Executive Director was tabled at the meeting. The paper also set out the recruitment process, interview arrangements and stakeholder assessment that took place with five candidates on 23 November. Governors were informed that following interview, the Committee met and discussed the consideration of skills, experience, values, motivation and organisational fitness of each candidate and unanimously agreed to recommend that Dr Anne Wright be offered the post.</p> <p>After considering the recommendation from the Nominations and Remuneration Committee governors approved the appointment of Dr Anne Wright as Clinical Non-Executive Director, subject to satisfactory checks and compliance with the Trust's Fit and Proper Persons policy.</p> <p>RESOLVED: The Council of Governors:</p> <p>1) Approved the appointment of Dr Anne Wright as Clinical Non-Executive</p>

	<p>Director of the Trust Board for a three year term of office at an annual fee of £12,638. The appointment start date will be arranged with the candidate and commence subject to the approval of the Council of Governors and compliance with Fit & Proper Persons checks.</p> <p>2) Received the report of the meetings held on 21 September, 11 November and 23 November 2016</p>
<p>DHCFT/Gov/ 2016/077</p>	<p><u>FEEDBACK FROM NON-EXECUTIVE DIRECTORS ON OPERATIONAL PLAN</u></p> <p>A Governor Development session was held on 15 November where the operational planning process was outlined and governors were given the opportunity to feed in their views. Governors asked to receive feedback on key points raised by the Non-Executive Directors and this feedback was set out in the report.</p> <p>Julia Tabreham informed governors that the draft operational plan was thoroughly discussed at the Board Development Day on 16 November and was usefully challenged by NEDs. Barry Mellor concurred that an open and frank discussion took place and NEDs agreed it was a very good performance managed document.</p> <p>Governors were advised that the draft Operational Plan has since been submitted to NHSI. The updated Operational Plan will be presented to the Board requesting authority delegated to Acting Chief Executive and Director of Finance to sign off the final plan on 7 December. Updates on the Operational Plan will be noted at the Board Development Day on 14 December and the Final Operational Plan will be submitted to NHS Improvement on 23 December.</p> <p>Governors formally noted the Board's confirmation of acceptance of the control total and that the final version of the document will contain caveats due to contract negotiations that are still ongoing.</p> <p>RESOLVED: The Council of Governors:</p> <p>1) Noted the Non-Executive Director comments regarding the DRAFT Operational Plan</p> <p>2) Noted the timeframes for development of the final Operational Plan</p>
<p>DHCFT/Gov/ 2016/078</p>	<p><u>REPORT FROM GOVERNANCE COMMITTEE</u></p> <p>This report provided the Council of Governors with an update on meetings of the Governance Committee held on 20 September, 11 October and 9 November.</p> <p>The report was a summary of matters discussed at the meetings. Gillian Hough, Chair of the Committee was pleased to report that staff from the Children's Service and the Veterans Services will be attending the Governance Committee in January and February and she assured governors that the Committee is now well established and was effectively addressing key areas of governor business.</p> <p>RESOLVED: The Council of Governors noted the discussions of the Governance Committee meetings held in September, October and November.</p>
<p>DHCFT/Gov/ 2016/079</p>	<p><u>GOVERNANCE IMPROVEMENT ACTION PLAN UPDATE</u></p> <p>This report provided the Council of Governors with an update on the delivery of the Governance Improvement Action Plan (GIAP) and an overview of performance against all 53 recommendations set against each respective core area as report to the Board on 2 November.</p> <p>Sam Harrison drew attention to the two GIAP Blue Completion Forms which were</p>

	<p>completed to provide evidence of the progress made to date. The form for GIAP task CoG1 enabled the Council of Governors to obtain assurance that the Policy for Engagement between the Trust Board and Council of Governors policy will be part of ongoing work within the Trust.</p> <p>The GIAP Blue Completion Form for COG2 and COG 3 relating to governor recruitment and the implementation of a programme of activities to increase engagement with Governors was also signed off by governors.</p> <p>Governors confirmed they were satisfied that these key tasks were complete and were informed that both completion forms will be taken to the Board on 7 December for final sign off.</p> <p>RESOLVED: The Council of Governors reviewed the GIAP and confirmed that the blue forms could proceed to the December meeting of the Trust Board for further review and approval.</p>
<p>DHCFT/Gov/ 2016/080</p>	<p><u>TASK AND FINISH GROUP REPORT</u></p> <p>The Task & Finish Report had been produced following a request from the Council of Governors to undertake an independent review of the actions of the Trust Board in the circumstances surrounding the Employment Tribunal.</p> <p>The report concluded that Non-Executive Directors (NEDs) had not acted as if accountable to the Council of Governors but there had since been a marked change in this approach. It was noted that Governors and NEDs had worked hard on communications in the intervening period and relationships are much improved. Should a similar situation arise today the Group felt the Trust would be better prepared to deal with it.</p> <p>Governors agreed to move forward from these events and acknowledged the improved relationship between Governors, NEDs and the Board.</p> <p>RESOLVED: The Council of Governors noted the contents of the Task and Finish Group Report.</p>
<p>DHCFT/Gov/ 2016/081</p>	<p><u>CQC SUMMIT FEEDBACK</u></p> <p>Carolyn Green's report updated the Council of Governors on the CQC Quality Summit that took place on 8 November. A presentation from Ifti Majid that responded to the CQC report was included as an addendum to the report and showed how the Trust would learn and improve from the actions recommendations.</p> <p>Governors noted that the summit was a very positive experience. The Trust's CQC action plan was shared noting a number of changes and improvements that had taken place since the CQC visited our services in June 2016. It is clear that the Trust has made a great deal of progress, but there are also a number of actions that need to be fully addressed and changes need to become embedded. The Trust will continue to deliver this plan at pace and checks will be made to ensure changes have been made.</p> <p>Carolyn Green informed governors that some commissioning gaps still exist and the executive team were working towards finding the capacity to fill these gaps. From a governance perspective it is not yet clear if we have done enough but Carolyn Green was pleased to report that there has been an outstanding response from Staffside, back office functions and clinicians in complying with the CQC warning notice actions.</p> <p>RESOLVED: The Council of Governors noted the feedback from the CQC</p>

	Quality Summit
DHCFT/Gov/ 2016/082	<p><u>COUNCIL OF GOVERNORS ANNUAL EFFECTIVENESS SURVEY SEPTEMBER 2016</u></p> <p>This report provided the Council of Governors with the results of the first Annual Effectiveness Survey of the Council of Governors, undertaken in September 2016.</p> <p>The report was noted as positive evidence of progress made and it was agreed that the survey would be repeated on an annual basis. Governors confirmed they have sufficient opportunity for contact, and good communication, with the Board of Directors. The response to both Non-Executive and Executive Director contact was good although governors expressed the wish for greater contact with the Executive Medical Director. Governors also noted that opportunities to engage with the Board are available at the Public Board Meetings.</p> <p>The number of governors who disagreed on a number of the questions was seen as a concern by Mark Powell. Richard Gregory responded that governors could speak to him about this if they wished.</p> <p>RESOLVED: The Council of Governors:</p> <ol style="list-style-type: none"> 1) Noted the outcome of the Council of Governors Annual Effectiveness Survey 2) Agreed actions as identified 3) Agreed the survey should be repeated in September 2017
DHCFT/Gov/ 2016/083	<p><u>RATIFIED MINUTES OF BOARD MEETINGS HELD ON 7 SEPTEMBER AND 5 OCTOBER 2016</u></p> <p>The ratified minutes of the Board meetings held on 7 September and 5 October were received and noted.</p> <p>RESOLVED: The Council of Governors received the minutes of the Trust's Public Board meetings held on 7 September and 5 October 2016</p>
DHCFT/Gov/ 2016/084	<p><u>ANY OTHER BUSINESS</u></p> <p>In response to the formal request made by John Morrissey for a governor representative to attend Confidential Board meetings, Richard Gregory informed governors that there are matters that the Board has to discuss in closed session but the Board would consider this request at the next Board meeting to be held in confidential session on 7 December.</p> <p>As this was the last scheduled meeting that would be chaired by Richard Gregory, John Morrissey wished on behalf of all governors to acknowledge the huge investment made by him during his term as Interim Trust Chair. Richard Gregory thanked the Council of Governors for their support and replied that due to decisions recently made he believed that the Trust will move forward in the right direction. He believed that the Council had made tremendous progress over the year and was now a very effective governance body.</p>
DHCFT/Gov/ 2016/085	<p><u>MEETING CLOSE</u></p> <p>There being no other matters to discuss, Richard Gregory thanked governors for attending and closed the meeting at 3:50pm.</p>

COUNCIL OF GOVERNORS ACTION MATRIX - JANUARY 2017							Enc B
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.	19.1.2017	Schools to be guided in mental health issues. This approach is to be extended to primary schools also. It was suggested that a Trust representative could work with schools to provide guidance in mental health issues and a presentation made to a head teachers group to show how early intervention could work. 19.1.2017 Update provided by Scott Lunn on potential for Youth Council at Governance Committee on 10 January.	Amber
1.6.2016	DHCFT/Gov/2016/030	Any other business - Governor Visits	Carolyn Green	Carolyn Green to develop a protocol for governor visits within the Trust	19.1.2017	Discussed at Governance Committee on 10 January. Draft issued to governors for further comment.	Amber
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.	19.1.2017	Staff Engagement Survey on January agenda and a verbal update on early findings will be provided at the meeting.	Yellow
21.7.2016	DHCFT/Gov/2016/044	Inter-Service Department Waiting Times	Sam Harrison	Samantha Harrison to engage with Scott Lunn, Carolyn Green, Gillian Hough and Carole Riley to draft a letter to invite commissioners to discuss extending the CAMHS service to an appropriate age limit	19.1.2017	Referred to Governance Committee and discussed with Scott Lunn at the meeting held on 10 January. Will be progressed further by Governance Committee.	Amber

Key	Agenda item for future meeting				
			YELLOW	1	25%
			AMBER	3	75%
			GREEN	0	
			RED	0	
				4	100%

Derbyshire Healthcare NHS Foundation Trust
Report to Council of Governors 19 January 2017

Acting Chief Executives Report to the Council of Governors

Purpose of Report:

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

National Context

1. NHS Improvement have reminded Organisations of their duty to comply with the ongoing commitment that patients admitted as an emergency will receive services that meet the 4 priority clinical standards detailed below, 7 days a week:

- Standard 2: Time to Consultant Review
- Standard 5: Access to Diagnostics
- Standard 6: Access to Consultant-directed Interventions
- Standard 8: On-going Review

At present it does not seem that these standards are to be monitored in mental health and/or community based organisations, however as the NHS Mandate states the total population of England will have access to 7 day services by 2020 it is essential that we begin to give some consideration to these issues within our Trust and services.

2. Half way through the financial year it is useful to review the performance of the NHS, enabling us to then think about the information contained in our integrated performance report in the context of NHS performance as a whole. The following are points of note:

- 89 per cent attainment of 4 hours A&E performance target. Attendances over the last year have increased by 4.5%.
- 200,000 DTOC cases in October 2016, up from 160,100 at the same time last year. The 200,000 delayed days represents the highest figure since monthly data was first collected in August 2010. Our position in October was a DTOC of 2.39% significantly below our target of 7.5%.
- 67.3% of category A calls received an 8 minute ambulance response rate, 90.4% received a response within 19 minutes. There were 839,724 emergency calls handled in October 2016, up 4.8% on the previous year.
- 90.4 per cent of RTT (Referral to Treatment) patients were waiting up to 18 weeks to start treatment in October 2016. 3.8m patients were waiting to start elective treatment at the end of the month, of which 1,427 were waiting more than 52 weeks. By comparison in October we had nobody with an RTT greater than 52 weeks and our in month performance was 92.31% within 18 weeks and 99.44% for IAPT services.

- 39 CCGs have plans that show a cumulative deficit by the end of 2016/17, and 93 CCGs reporting year to date overspends
3. In December 2016 the CQC published their review of the way NHS Trusts review and investigate deaths of patients in England called Learning, Candour and Accountability. A year after the NHSE commissioned review at Southern Health, the CQC have now completed their national review. To support the findings the CQC:
- Carried out a national survey of all NHS trusts and visited 12 acute, community healthcare and mental health trusts
 - Engaged with over 100 families, holding interviews and events, as well as seeking views through an online form, online community and social media
 - Consulted with charities and NHS professionals

The general themes covered 5 key areas, due to the importance I have included more detail than I routinely do in this report and I would expect the quality committee to complete a review against each of the findings for our Trust:

- **Involvement of families and carers**
Families and carers often have a poor experience of reviews and investigations, and are not always treated with kindness, respect and sensitivity. The CQC found that the extent of their involvement in reviews and investigations varies and they are not always listened to.
- **Identification and reporting**
The CQC found inconsistency in the way organisations became aware of the deaths of people in their care, with no clear systems for a provider that identifies a death to tell commissioners or other providers involved in the person's care. Other issues include the lack of a consistent way of recording the deaths of patients that have recently been discharged. We also found that electronic systems don't always support the sharing of information between NHS trusts and other services involved in someone's care.
- **Decision to review or investigate**
Healthcare staff use the Serious Incident Framework to help them decide whether a review or investigation is needed. But this can mean investigations only happen if a serious incident has been reported, and the criteria for deciding to report an incident and the application of the framework both vary. Clinicians are using different methods to record their decisions, definitions used to identify and report deaths are used inconsistently, and sharing information between providers is often difficult.
- **Reviews and investigations**
The quality of investigations is often poor and methods set out in the Serious Incident Framework aren't applied consistently. Specialised training and support aren't given to all staff carrying out investigations. There are problems with the timeliness of investigations and confusion about standards and timelines set out in the guidance. Where a number of agencies are involved, their ability to work together is restricted by a lack of clarity over which agency is responsible for leading the investigation and they often work in isolation.

- **Governance and learning**

There are no consistent frameworks or guidance requiring boards to keep all deaths under review, and boards only receive limited information about the deaths of people using their services. When they do receive information, they often don't challenge the data effectively. Where investigations take place, there are no consistent systems to make sure recommendations are acted on or learning is shared. There's a lack of robust mechanisms to disseminate learning from investigations or benchmark beyond a single trust.

The CQC detailed 8 recommendations that the Quality Committee should monitor our compliance against as a Trust:

- Learning from deaths needs much greater priority within the NHS to avoid missing opportunities to improve care.
- Bereaved relatives and carers must receive an honest and caring response from health and social care providers and the NHS should support their right to be meaningfully involved.
- Healthcare providers should have a consistent approach to identifying and reporting the deaths of people using their services and share this information with other services involved in a patient's care.
- There needs to be a clear approach to support healthcare professionals' decisions to review and/or investigate a death, informed by timely access to information.
- Reviews and investigations need to be high quality and focus on system analysis rather than individual errors. Staff should have specialist training and protected time to undertake investigations.
- Greater clarity is needed to support agencies working together to investigate deaths and to identify improvements needed across services and commissioning.
- Learning from reviews and investigations needs to be better disseminated across trusts and other health and social care agencies, ensuring that appropriate actions are implemented and reviewed.
- More work is needed to ensure the deaths of people with a mental health or learning disability diagnosis receive the attention they need

Local Context

4. On 21 December a group of Board members comprising of the Board Chair, Chair of Audit, Chair of Finance and Performance, Acting CEO, Director of Finance and Acting Director of Strategic Development met to review the latest contract offer. The Board members present in the meeting were in agreement with signing the contract and believe that any potential benefits of going to contractual arbitration were outweighed by the risk and costs of doing so. We recognised that whilst a stretching requirement for us as a Trust with a number of significant risks that it is not possible to fully mitigate at this point in time, given the NHS operating environment, this would be seen as a favourable settlement.

Prior to indicating our formal acceptance all Board members were given sight of contract details and had the opportunity to make comments. The deadline for contract signing passed on 23 December 2016 with our Trust having agreed an initial contract position subject to a number of caveats detailed as formal side letters to the contract.

The gap between the total contractual income in the contract and the control total is £6.9m. This will be met by a combination of Trust CIP of £3.85m (at our risk) and commissioner disinvestment, income and cost out, of £3.05m (at commissioner risk). This is challenging but deliverable and CIP plans have already been drafted for the majority of the £3.85m, subject to detailed work up and quality impact assessment.

It should be noted that with respect to the disinvestment £3.05m:

- This will be a reduction in service with equivalent costs out to match the lost income
- The CCGs have not currently shared any plans for disinvestment
- Plans to be developed by 31 January 2017 for £2.2m of it and 31 March for £850k, if plans are not in place the money will be paid back into the contract and we will receive the income
- We have agreed to work collaboratively.
- Plans will be rigorously quality impact assessed and would require consultation in many cases

There are a number of areas where further discussion is required ahead of the commencement of the contract, most noticeable of those is the need for investment to support both the requirements of the CQC comprehensive inspection ie staffed 136 suites and increased availability of psychological therapies and historical underfunding such as the recognised shortfall in community care coordinators. Without further investment it is unclear how the CCG's will meet the requirements detailed by Claire Murdoch (NHSE National Mental Health Director) around parity of esteem.

5. During January 2017 there will be a stock take of the Derbyshire STP, organisations ongoing commitment to the submitted plan and agreement around how to start to implement the business cases agreed as part of the development process. This is essential for our Organisation as our own strategy relies on the implementation of both the Children's and Mental Health business cases to achieve the transformed pathways that deliver better outcomes for people using our services. I will be strongly supporting the ongoing implementation of the STP transformational business cases but will be clear in my belief we have to break the cycle of investing in acute (physical) bedded care at the expense of developing community services if we are going to support people to receive credible, evidenced care closer to home
6. Over the next month there will be a number of key meetings in relation to the Outline Business Case for our acquisition/merger with DCHS. Myself and Caroline Maley attended a meeting with Prem Singh and Tracey Allen from DCHS, this meeting was primarily about reconfirming the direction of travel and our commitment to that process as well as understanding the action we needed to take over the next few weeks then months to deliver the outline then full business case. It was agreed that a separate paper would be completed to be shared with both Boards and Councils and this is covered under separate agenda item.

Within our Trust

7. On 15 December it was our Parisian themed Team Awards evening. It was a well-attended event, which saw the Ashbourne Centre transformed into a French café!

Congratulations to all those who won awards and were shortlisted, the quality, innovation and commitment showed by all present was outstanding. Congratulations to our CAMHS Service who won the Team of the Year award recognising several years of work in difficult and challenging circumstances.

8. Derbyshire County Healthwatch have released their report into the review they have done into people's experiences of using health and social care services, before, during and after a mental health crisis. The report covered not just our direct Crisis services but also psychiatric liaison services at the acute hospitals, how people were treated in A&E departments, by the police, in primary care and by out of hours primary care providers. Some clear positive themes emerged around being able to access support by phone, the benefit of a strong relationship with a CPN with clearly understood contact arrangements, benefits of support groups and a strong theme of the advantages of short respite care at Trevayler House as opposed to acute admission. There were concerns around lack of co-ordination as a crisis was occurring before accessing specialist services, continuity of CPNs during a crisis, lack of consistency in primary care in dealing with a crisis, waits in A&E, how well the police are able to identify risk and actual overdoses or how well they explained the use of restraint when used, some issues around privacy in more secure settings, a lack of awareness of advocacy, the role of the named nurse being unclear and some specific issues raised around the Priory private hospital that have been addressed with them directly. The recommendations and provider action plans will be monitored through the crisis concordat group in association with Healthwatch.
9. My thanks to Sara Johnson and the staff and patients at Audrey House who were so welcoming when I called in for a visit the week before Christmas. It was great to see how much the staff and patients value the improved environment, even though, as it was pointed out to me people have further to travel into town. I would also like to recognise the staff team for their innovation in developing a check list of vital information for staff that are sent to Audrey House for a single shift.
10. On 23 December I was fortunate to visit each ward in our Trust. Whilst great to see how much effort staff had put into making the ward environments as festive as possible it was a great opportunity to hear the issues and daily changes staff were facing. Recruitment was the issue mentioned most often, particularly band 5 nurses but other issues included an increasing challenge to discharge people in a timely manner due to delays with housing, noticed pressure on community care coordinators due to their workload and vitally the importance of ensuring we engage with staff when there are changes in how we deliver services, recognising that change even if it is seen positively can be stressful.
11. Activity levels remain very high in the Trust particularly in adult mental health settings both in-patient and community services and this has led to some patients needed to be admitted out of Derbyshire to acute beds. Senior clinical and operational leaders are working to understand what interventions could be adopted to increase flow through our beds and reduce length of stay. In older adult in-patient services we are seeing the opposite phenomena where less people are requiring admission to both our functional beds on the London Road site and our dementia beds on Kingsway. This is so material that we no longer have the demand to keep using beds on both wards at London Road and plans are underway to consolidate services onto one ward.

12. Recruitment into a range of posts within the Trust remains challenging, in particular band 5 nursing posts in our wards and some more specialist medical posts such as CAMHS and Paediatric consultants. The Trust is adopting a two pronged approach to reducing this risk, firstly working to understand how we can use different skill mix and some of the exciting new posts such as physicians associates. Secondly we agreed a basket of measures aimed at making the Trust more attractive including things like relocation packages and recruitment premiums for hard to recruit to posts.

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

Recommendations

The Council of Governors are requested to note the contents of the update

Report presented by: Claire Wright
Director of Finance

Report prepared by: Ifti Majid
Acting Chief Executive

DCHS and DHcFT ‘Towards more integrated working’

Trust Boards and Council of Governors’ Update

**January 2017
Draft v0.1**

Status update

- ✓ Strategic Options Case (SOC) complete
- ✓ Recommendation: Preferred option agreed as acquisition of DHcFT by DCHS and to progress to next more detailed stage of developing OBC and FBC - approved by October 2016 Trust Boards of both organisations
- ✓ SOC shared with the Council of Governors (CoGs) of both organisations November 2016
- ✓ NHS Improvement (NHSI) support in relation to the recommendation received December 2016 based on final SOC, with early indication the transaction would be 'low risk'
- ✓ Formal governance and programme management arrangements (Joint Integration Programme Committee Terms of Reference) approved by both Trust Boards in December 2016

What next?

- Proceed to the next more detailed phases (Outline Business Case and Full Business Case) now that all the necessary approvals are in place for stage one (SOC)
- **This a pivotal point (investment of significant management and clinical resource, along with strategic advice costs) therefore important to:**
 - **reiterate our principles, roles and responsibilities to ensure continued shared understanding**
 - **Reconfirm commitment to working together to deliver the transaction and associated benefits (recognising some factors may be outside our control)**

Refresh....opportunity to remind ourselves

- What does the approved recommendation mean in terms of a 'merger by acquisition'
- Why is this not considered a merger if we are genuinely creating a new organisation?
- Why is our approach different?
- Why is our approach important?

What does the approved recommendation mean in terms of the legal transaction to create one integrated organisation?

The NHSI guidance (Supporting NHS providers: guidance on transactions for foundation trusts, March 2015) summarises the key differences between a merger and acquisition procedures as (as set out in the SOC Appendices Page 39):

Merger	Acquisition *
<ul style="list-style-type: none"> • A merger reflects a broad equivalence in size / scale between the merging organisations • Dissolution of the existing Trusts and the formation of a new NHS Trust where; <ul style="list-style-type: none"> • The Board of Directors and Council of Governors of both organisations is dissolved and one new board and one new council is formed • New public, staff and patient constituencies drawn up and elections held to elect governors to represent them • Membership could be carried forward to the new entity provided members are given the option to opt out or the existing membership could be disbanded and completely new membership recruited. • Constitution takes effect once the regulator grants the merger which is subject to the transaction risk rating; it is at this point the merging trusts would confirm the merger is to proceed and the new organisations governance structure comes into effect • Once fully constituted the new governors would appoint the Chair and Non-Executive Directors; who in turn appoint the new Chief Executive and other Executive Directors. • The new organisation will then need to implement the merger integration plan and re-apply for its FT status 	<ul style="list-style-type: none"> • An acquisition is where one Trust ‘takes-over’ another Trust (exceptionally, the taking over of a smaller NHS Trust by a much larger NHS Trust) where; <ul style="list-style-type: none"> • The acquired Trust will be dissolved and assets and liabilities transferred to the balance sheet of the acquiring organisation; • The acquiring Trust will continue to exist and its Board of Directors and Council of Governors may remain in place; the acquired Board and Council of Governors will be dissolved as a consequence • Unless there is an overlap in the geographical areas served by the two trusts, the acquiring NHS foundation trust is likely to choose to extend its original public constituency areas to cover the areas served by the acquired trust. • A foundation trust acquiring another foundation trust can either incorporate the acquired trust’s membership into its membership (provided the members are given the opportunity to opt out), or it can disband the acquired trust’s membership and recruit completely new members • With regards to staff members and governors, an acquirer cannot create a staff membership and elect staff governors for the target trust until the acquisition is completed and the staff have been transferred.

***Legally this is an acquisition with DCHS as the acquiring organisation**

Overall page

Why is this not considered a merger if we are genuinely creating a new organisation?

The decision was taken not to merge the organisations because:

- a) A merger would require the two existing organisations to be dissolved and a new entity created. There was little evidence or experience of NHS mergers being undertaken in this way. A merger would increase the associated transaction costs (e.g. legal and need to re-acquire assets). Therefore an acquisition was considered the most financially efficient mechanism to bring the two organisations together; ensuring the best use of tax payers money.
- b) There were risks associated with dissolving DCHS, related to the TCS transfer of assets when the organisation was created. If the organisation was to be dissolved, the assets would need to be transferred back to the Secretary of State.
- c) DCHS is the larger of the two in terms of turnover and Whole Time Equivalents (WTEs) which is usually the case in NHS acquisitions (for mergers they are traditionally of equal size).
- d) The recent CQC reports and 'Single Oversight Framework' (NHSI, September 2016) 'segmentation' ratings (which at time of writing the SOC for DCHS and DHcFT are 1 and 3 respectively) also demonstrated that DCHS would be in the stronger position to take the lead role in the transaction.

We have framed the transaction as a 'merger by acquisition' to demonstrate our intent to take the transaction forward in a collaborative way between both organisations as equal partners; rather than a 'takeover' in the traditional sense of an acquisition.

Why merger by acquisition?

- At our Stakeholder Event in August 2016 we developed our guiding principles as *those 'things we must protect and safeguard'* in our developments and these will be applied throughout the development. These principles are:

The preferred option should create something 'new' which:

- **Is designed to deliver patient benefits by making more efficient and effective use of resources and addresses the case for change ('form will follow function')**
- **Enables a clear joint clinical vision and plan for our services creating genuinely holistic integrated care that treats physical and mental health equally**
- **Improves quality for our patients and overcomes current complexities in the system**
- **Enables a shared culture and values so everyone is working towards a shared vision**
- **Protects specialisms in both organisations**
- **Values our staff**
- **Does not compromise local partnerships in the wider health and social care system**

- Because of the reasons described, a merger was not deemed feasible but if we are to genuinely create something new it was felt that a traditional acquisition would not facilitate adherence to our guiding principles (e.g. with the Board and CoG of DCHS simply remaining in place and that of DHcFT being dissolved)
- So, a 'merger by acquisition' reflects our commitment to the creation of a new organisation with strong leadership and governance, including the skills required to safeguard and develop the expertise of the two existing organisations and the constitution will be reconfigured with Executive Directors , Non-Executive Directors and Council of Governors balanced to reflect the scope of the services provided

Why is our approach important?

- Although this is technically an acquisition both organisations fully understand and are committed to integrating to create a new organisation which is reflective of both physical and mental health services delivered by both organisations and will continue to ensure both are equally and fairly reflected with the involvement of representatives from both organisations (including clinically led service integration)
- Our patients are our priority in the considerations, and the approach will enable us to take the 'best of both' to improve quality and create genuinely holistic physical and mental healthcare and ensure we protect the specialisms in both organisations
- The approach enables us to achieve a balance of the technical and legal aspects of a transaction with genuine collaborative development, so neither organisation is 'done to'
- Culture and values was identified as a critical aspect at our stakeholder session; this approach will enable a new positive culture to be created together so its is owned by everyone

What is the role of the Joint Integration Programme Committee (JIPC)?

The JIPC is made up of equal representatives from both organisations. The purpose of the committee is to provide leadership and oversight in relation to delivery of the project objectives and deliverables, by:

- Overseeing the planning, approval (Boards and regulatory) and execution of the proposed acquisition of DHcFT by DCHS to create a new organisation which is reflective of both physical and mental health services delivered by both organisations;
- Providing scrutiny and oversight of the development of the integration business case through to implementation subject to the necessary Board and regulatory approvals;
- Ensuring that the proposals are developed in a robust, open and transparent manner and that Programme Committee members are given the opportunity to influence each stage in the development and refinement of the preferred option; and
- Making recommendations to Trust Boards of both DCHS and DHcFT and in particular advise on:
 - Delivery of the programme in line with the proposals agreed in the SOC
 - Development of programme deliverables and progress against agreed timescales, in particular the management of cross-organisational issues, risks and dependencies

Board and CoG roles and responsibilities

The transaction manual defines statutory responsibilities and procedures as:

- **Executive directors** should make proposals for the future of the organisation. They should work with governors by providing them with sufficient information on a proposed transaction for the purposes of considering their required approval, explaining to governors why they believe the transaction is necessary, and providing evidence to support their view.
- **Non-executive directors** should challenge the executives to justify their recommendations, deal with the risks involved and seek assurance that the executive directors' decisions are the right ones.
- **Governors** must (according to legislation) hold the non-executive directors to account, both individually and collectively, for the performance of the board of directors, and represent the interests of the NHS foundation trust members and the public. Their majority approval is required for statutory or significant transactions ;in order to give this governors are responsible for satisfying themselves that the board of directors (that is, executive and non-executive directors collectively) has:
 - been thorough and comprehensive in reaching its proposal (that is, has undertaken proper due diligence)
 - obtained and considered the interests of trust members and the public as part of the decision-making process.
 - Provided appropriate assurance is obtained, governors should not unreasonably withhold their consent for a proposal to go ahead

Governors' duty to 'hold the non-executive directors, individually and collectively to account for the performance of the board of directors' does not mean that governors are responsible for the decision itself, or the operational detail behind it. Responsibility for a decision remains with the board of directors. This means that whether a transaction should proceed must ultimately be decided by the board of directors.

More specifically, what is the role of the Council of Governors?

Following approval of the transaction by the Board of Directors the formal submission to NHSI will require evidence of approval of the transaction by a majority of the governors of the NHS foundation trust(s).

This will be achieved by:

- For statutory transactions more than half the members of the **full** council of governors must approve any application by the trust to:
 - o merge with or acquire another trust
 - o separate the trust into two or more new NHS foundation trusts
 - o be dissolved.

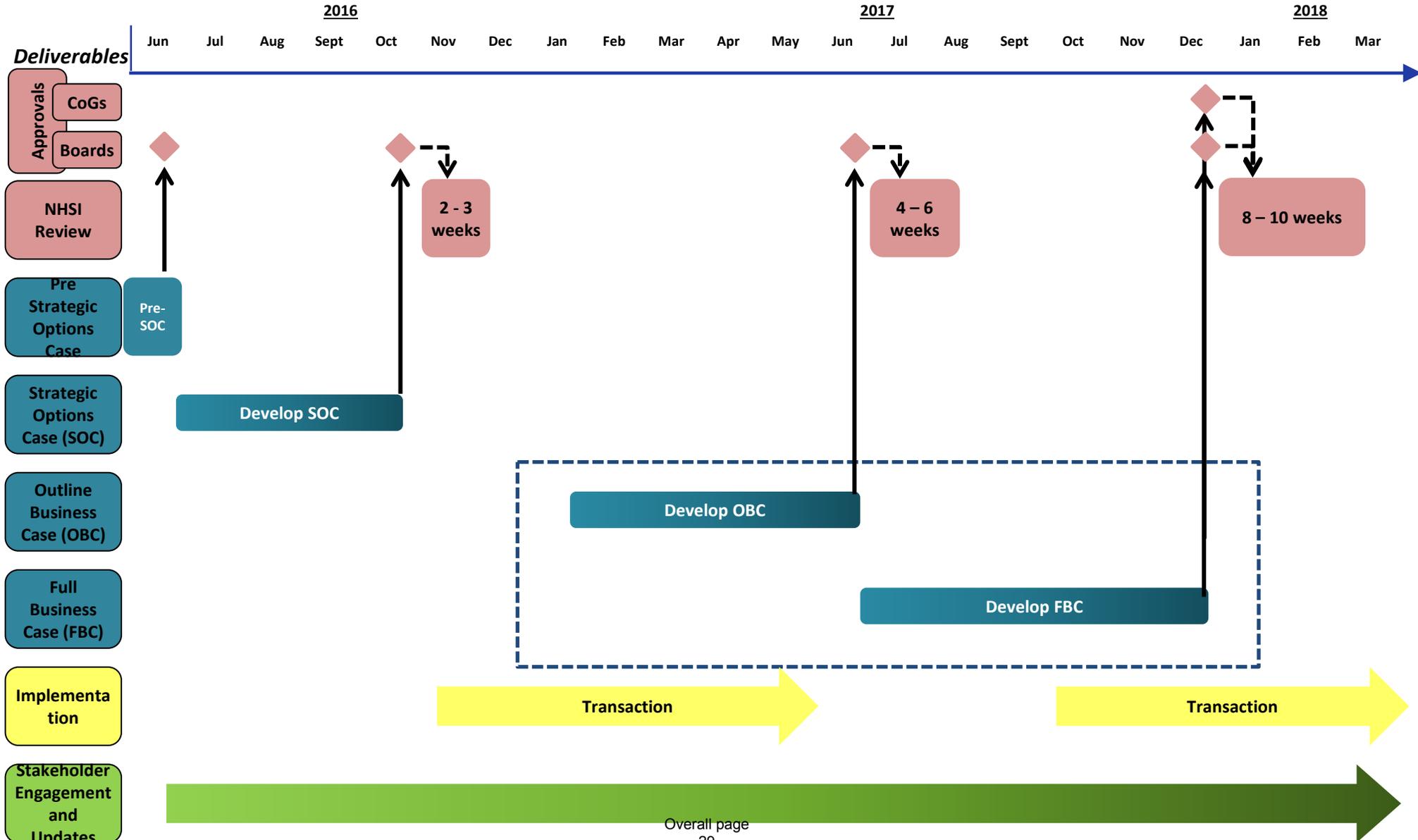
This means more than half of the total number of governors must approve, not just half the number that attends the meeting at which the decision is taken. If the other party to the proposed transaction is also an NHS foundation trust, more than half the governors of that foundation trust must also approve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

How will the governor approvals work in practice?

- Trust boards must help governors make good decisions by providing appropriate information on any proposed transactions and, consistent with the general requirement for NHS foundation trusts, ensure that the governors are equipped with the skills and knowledge they need to fulfil their role.
- The trust needs to arrange a vote of the full council on the proposed transaction and to inform the directors of the outcome. Voting procedures (including any rules on the chair's vote, casting votes or abstentions) should be determined locally and are normally detailed in the trust's constitution.
- Directors and governors must agree on a process for the approval of transactions by governors.
- Governors should be provided with as much information as reasonably possible for them to be able to make an informed judgement. So that the governors have sufficient information and are assured that the board has been through a thorough and comprehensive process before voting on the transaction, the governors' formal vote should take place after the finalisation of due diligence reports, after NHSI issuance of its amber or green risk rating and soon after the board's approval. This places the vote shortly before completion in the process, after the full business case stage.
- NB: the vote to approve is not to approve the business case itself but for Governors approval that they are assured of the process as set out earlier
- It should however be **before** the trust(s)' formal application to Monitor (required for statutory transactions), since governor approval is one of the necessary steps to have been completed before the application can be granted
- **Separate to the approval process by the Governors the Joint Integration Programme Board will ensure that governors of both organisations are appropriately involved in the development of governance proposals and plans and engaged with and able to influence the developing Outline/Full Business Case throughout the development process**

So what do we need to do?

DCHS & DHcFT 'Towards more integrated working' – Revised Indicative Timeline (Draft v0.1)



Recommendations and next steps

In considering the SOC at the October 2016 meetings, the Boards of both organisations:

1. Noted the strategic case which defines the significant challenges and anticipated benefits which could be derived through closer collaboration between DCHS and DHcFT.
2. Noted the strategic options considerations and process undertaken to arrive at the preferred option.
3. Approved the preferred strategic option for merger by acquisition, with DCHS as the acquiring organisation which is considered to minimise the potential risks of a significant transaction for both parties. This is based on:
 - The guiding principles being carried forward in the developments and considerations;
 - Recognition that although this is technically an acquisition both organisations fully understand and are committed to change which is reflective of both physical and mental health services delivered by both organisations;
 - Commitment to the creation of a new organisation which would have strong leadership and governance, including the skills required to safeguard and develop the expertise of the two organisations and the constitution would be reconfigured with Executive Directors, Non-Executive Directors and Council of Governors balanced to reflect the scope of the services provided;
 - The new Board and governance details will be developed and shaped with representatives from both organisations as part of the integration process; and
 - The approach to service integration will be clinically led
4. Approved the SOC and in doing so the Boards confirmed their on-going commitment to progress to the next, more detailed stages; the Outline Business Case (OBC) and Full Business Case (FBC) and subsequent implementation (subject to necessary approvals).

We are now at a pivotal point in terms of establishing the joint programme arrangements to commence the detailed work required to develop the integration case and therefore it is important that we now use this opportunity to restate our absolute commitment to the process and doing all we can as Boards and CoGs to support the successful delivery of a new integrated organisation and the benefits it offers to our communities, patients and staff.

Governor Q&As on the Strategic Options Case

NAME	QUESTION	RESPONSE
Ruth Greaves	What percentage of the governor vote would be needed to approve a significant transaction?	<p>The Constitution usually says that more than 50% of the vote in favour of a significant transaction is required. In this case the NHS Improvement transaction manual will be used, which similarly requires “more than half the members of the full Council of Governors” to give their approval. There would need to be more than 50% voting in favour from both Councils of Governors (i.e. at both Trusts), voting separately. The 50% refers to the full Council of Governors and not just those present to vote on the day.</p> <p>The NHS Improvement transaction manual also says of governors:</p> <p>“Their majority approval is required for statutory or significant transactions; in order to give this governors are responsible for satisfying themselves that the board of directors (that is, executive and non-executive directors collectively) has:</p> <ul style="list-style-type: none"> • been thorough and comprehensive in reaching its proposal (that is, has undertaken proper due diligence) • obtained and considered the interests of trust members and the public as part of the decision-making process. <p>“Provided appropriate assurance is obtained, governors should not unreasonably withhold their consent for a proposal to go ahead.”</p> <p>Governors’ duty to ‘hold the Non-Executive Directors, individually and collectively to account for the performance of the Board of Directors’ does not mean that governors are responsible for the decision itself, or the operational detail behind it. Responsibility for a decision remains with the Board of Directors. This means that whether a transaction should proceed must ultimately be decided by the Board of Directors.</p>
Alan Smith	Are service receivers going to have an input	Yes, the next stage – the preparing of an outline business case – will include service receiver and stakeholder engagement with the plan.

NAME	QUESTION	RESPONSE
	into the plan?	As noted above, governors must be satisfied that directors have “obtained and considered the interests of trust members and the public (which includes people who use our services) as part of the decision-making process”.
Rosemary Farkas	Is there a plan to integrate with Social Care?	There is no plan at this stage to make structural changes that include social care providers. The merger being discussed is between Derbyshire Healthcare and DCHS. However, social care providers are key partners for the Trust and the Sustainability and Transformation Plan (STP) for Derbyshire reflects a joint commitment between health and social care providers to work more closely together and take a joined-up approach in the delivery of care and support in the years ahead.
Ruth Greaves	<p>Concern regarding the formation of one organisation. What about the funding too for the mental health demography.</p> <p>Waiting times: will be too long for mental health patients.</p> <p>Stigma: has a very different approach to acute health.</p> <p>Risk: mental health patients present more risk than others in the community.</p> <p>Staff: mental health staff would also be at risk and</p>	<p>These issues will need to be explored during the development of the outline business case and full business case. Looking at specific points raised here:</p> <p>Waiting times: the way our services are commissioned and provided would not change – we would still need to meet the service specification agreed with our commissioners.</p> <p>Risk: it is true that there are many differences between the two Trusts and the needs of the two organisation’s service receiver groups. However it is important to note that there are no plans to create generic job roles; the specialisms of mental health nursing and medical staff would be maintained. In terms of reducing risk, the benefit of closer collaboration with physical health experts should not be underestimated – it is clear that addressing physical health conditions directly correlates with improved mental health. The two organisations are often seeing the same people, and the proposed merger would help to break down silo-working and potentially challenge the ‘stigma’ around mental health in the process.</p> <p>Staff: as noted above, there is no suggestion that generic job roles would be created. There is similarly no suggestion that mental health staff would be put at risk through a merger.</p> <p>Please note that DCHS is not an acute Trust, but a community Trust, caring for many of</p>

NAME	QUESTION	RESPONSE
	<p>other staff would need to be trained in mental health symptoms.</p> <p>Carers: mental health and acute are very different, how will carers be supported?</p>	<p>the same people as our Trust.</p>
John Morrissey	Pg 9 of the SOC briefing: Health spending, will they be getting additional money?	<p>There will be no external monies available to support the process and on its own a single organisation will not attract additional investment that two standalone organisations would have access to. That said there are some initiatives that require scale to be able to deliver such as new care roles such as physicians associate that we could implement as one organisation with support from people like Health Education England. Both organisations will still need to deliver their cost improvement programmes (CIPs). However it is believed that a merger would deliver wider efficiencies particularly in support services through economies of scale.</p>
Ruth Greaves	<p>Showed concern about the CQC statement and result. When will problems be sorted by?</p> <p>Why don't we have a full management team each?</p>	<p>It is difficult to say exactly when all the areas for improvement will be addressed to the CQC's satisfaction. The CQC summit in November 2016 suggested that the inspectors are satisfied with our progress to date. The CQC are currently in the process of revisiting the Trust to see what improvements we have made.</p> <p>As you know things have moved on and the Trust will retain a fully independent Board including acting CEO and Chair right up to the acquisition point thus ensuring independence and the capacity to focus on nosiness as usual as well as acquisition work.</p>
Barry Appleby	Will there be job losses?	<p>We cannot confirm the structure of any new organisation at this stage or the staffing levels it may require.</p> <p>However, we will have to continue to deliver the same range and depth of services we do today and so certainly in terms of frontline clinical staff, all indications are that there will</p>

NAME	QUESTION	RESPONSE
		<p>continue to be a very real need for their skills. We do have general staffing shortages in many areas and being a larger organisation with focused recruitment support is likely to have a positive impact on this.</p> <p>It is difficult to say at this point what might happen in terms of 'back-office' posts. There is an NHS back-office rationalisation programme underway across the country, as mandated by NHS Improvement. We must therefore look to integrate our back-office services irrespective of any potential merger, similar to how other Trusts are doing this.</p> <p>If the merger were to go ahead, we would need to understand the requirements of the new organisation before considering what back-office staffing levels were needed. Whilst we would not anticipate large-scale redundancies, any change would take place in line with our organisational change policies, working closely with our staff side colleagues, meaning we would seek to minimise any compulsory redundancies.</p>
Alan Smith	<p>What are staff going to say? Is this going to affect the already low morale of the staff? Will service receivers be affected by low staff morale?</p> <p>What does the briefing mean when it says: "The right thing"?</p> <p>Is this a government directive?</p>	<p>Staff are aware of these proposals and we have committed to engaging with them throughout this period. Already, five staff drop-in sessions have been held by the Acting Chief Executive (with various directors in attendance) and a fifth drop-in session is planned for 23 November. A joint leadership event for senior leaders from both Trusts was held in December. Early feedback from staff is they are generally supportive and anecdotally, many staff have indicated that they think the merger would be a positive step in terms of avoiding duplication, freeing up resources and putting to rest the events associated with the employment tribunal.</p> <p>The intention, clearly, is to minimise any impact on staff morale.</p> <p>When the briefing says "the right thing" it is referring to the clinical benefits of the potential merger – these were the primary criteria for deciding the level of collaboration between the two Trusts.</p> <p>The proposed merger is not a government directive. However it is in line with the direction many Trusts are currently taking. All health and care organisations are being encouraged to work more closely together by NHS England. Derbyshire's Sustainability and</p>

NAME	QUESTION	RESPONSE
		Transformation Plan (STP) is looking at how all health and care providers can work differently and ensure that people are at the centre of what we do. The proposed merger is in line with the STP.
Barry Appleby	What changes will take place in the estates and facilities departments?	We do not know the detail at this stage. However it is important to note that there will be changes to the estates and facilities department, and closer collaboration with DCHS, regardless of whether the merger goes ahead. This is due to the back-office rationalisation and streamlining work required by NHS Improvement.
April Saunders / Kelly Sims	Could the communications be sent out honestly and clearly and encourage staff to talk about the changes, in so doing, to normalise the situation?	<p>We are committed to communicating with our staff and stakeholders in an open and transparent way and this approach will continue throughout the process.</p> <p>Already we have sent out all-staff email messages, held five staff drop-in sessions prepared a detailed set of FAQs and arranged a joint leadership event with DCHS.</p> <p>We would value the ongoing feedback from our staff governors about our internal communications, as we move forward.</p>
John Morrissey	Will the Board and CoG see how DCHS works?	Governors are welcome to attend DCHS' public COG and Board meetings. Many of our governors have done this already. We are looking to develop events for both sets of governors so that you can get to know each other better.
Ruth Greaves	Why can't there be a mini Board for mental health and a mini Board for physical health?	<p>This would defeat the purpose of the merger, which would seek to bring parity to mental and physical health and more closely align the services. It would also not be possible from a governance perspective for a single organisation to have two Boards.</p> <p>The new organisation would also be required to elect a new Council of Governors, from both memberships. This would include consideration of both Trusts current constituencies.</p>
Rob Davison	Why does the agreement	All the organisations that signed up to the Sustainability and Transformation Plan (STP) are committed to looking at how they can work differently ensuring that people are at the

NAME	QUESTION	RESPONSE
	<p>not incorporate CCGs?</p> <p>Would like an opportunity to test where these scores come from (Page 36)?</p> <p>Would we be losing mental health vacancies instead of physical health vacancies?</p> <p>How can we “future proof” this plan?</p> <p>Will mental health be lost?</p> <p>No assurances have been given!</p>	<p>centre of what they do and that care is delivered in local communities as close to home as possible . For the CCGs, the first step is to assess how they can work more closely together as commissioners, and this is something they are currently doing through the development of their strategic case for change. The NHS’s provider-commissioner split means that it is more difficult for Trusts and CCGs to directly combine their resources.</p> <p>Re: vacancies: By working together on staff recruitment, we stand a better chance of filling our vacancies across both mental health and physical health services. Many staff will be attracted to working for a larger organisation with more opportunities across a wide number of health services and specialties.</p> <p>Re: ‘future proofing’ this plan: This plan is ‘future proofed’ in that it meets the vision of the Five Year Forward View set out by NHS England, and Derbyshire’s STP.</p> <p>Re: assurances around mental health: a number of principles were agreed whilst the strategic options case (SOC) was being prepared. One of these was that we “will enable ‘Parity of Esteem’ so that physical and mental health are treated equally and care is not differentiated.” This principle will be carried forward and will ensure that the focus on mental health is not lost.</p>
Ruth Greaves	What/how can governors feedback?	<p>There will be opportunities for governors to engage with the process both during the development of the outline business case and the full business case.</p> <p>In the meantime governors are also invited to feedback any questions to Shirley Houston, Engagement Officer, at any time during the process.</p>
Gillian Hough	Can the Governance Committee be used to feed back any questions about the process?	Yes it can, and the Governance Committee can have ongoing discussions about the process. These FAQs will be shared and updated on an ongoing basis, as new questions are asked.
Shelley	Can we have a joint meeting of our governors	Yes – this has also been raised as a request at the Governance Committee, and we have made a commitment to ensure such a meeting takes place. We are working with

NAME	QUESTION	RESPONSE
Comery	and DCHS's governors?	colleagues at DCHS to identify an appropriate date and venue.
	What will happen to the two Councils of Governors if the merger goes ahead?	<p>Assuming the outline and full business process continues to an acquisition, part of that process will detail the governance arrangements for the new organisation to ensure they enable it to perform the requirements of the new combined portfolio of services. A new constitution would need to be drawn up and ratified, which would need to include rules about the make-up of the Council of Governors for the new organisation, and the constituencies that the governors represent. There would then need to be agreement about the transition process from two Councils of Governors down to one.</p> <p>It is too early at this stage to speculate about the detail of how the new single COG would be structured.</p>

Highlights

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

Challenges

- CIP forecast to deliver further but not 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

Highlights

- NHSi Single Oversight Framework has been implemented

Challenges

- 10 day outpatient letter target has been breached due to a software upgrade
- Clustering of patients
- Outpatient Cancellations have breached
- 6-8 week coverage has fallen below target

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.
- Appraisal compliance rates remain low.

Highlights

- No of incidents involving patients held in seclusion has decreased compared to the previous month.
- Although at an early stage of implementation, % of patients with a Safety Plan has increased
- % of staff compliant with Fire Warden training has increased
- % of in patient older adults rights forms received by MHA Office has increased
- % of staff receiving clinical and management supervision has increased
- The position re outstanding actions following serious Incident investigations has improved, but continues to be pressured

Challenges

- No of incidents of moderate to catastrophic incidents has continued to increase compared to the previous month.
- No of incidents of physical assault (patient on patient) has increased slightly
- No of concerns continues to increase
- A new indicator regarding response rates to complaints has been included this month and indicates significant delays in the operational response

Financial Perspective

Operational Perspective

People Perspective

Quality Perspective

FINANCIAL OVERVIEW – NOVEMBER 2016

Category	Sub-set	Metric	Period		Actual	Rating	Trend	Key Points
Governance	Use of Resources (UoR) Metric	Overall Use of Resources Metric	YTD		3	A		<p>As at the end of November the Use of Resources Rating is 3 and is now also forecast to be a 3 at the end of the year, due to triggering an override on the agency.</p> <p>The agency forecast has got worse this month compared to last month and now triggers an override at the end of the financial year driven by the agency metric.</p> <p>We have been segmented in segment 3.</p>
			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				
	Forecast		4	R				
Single Oversight Framework	NHS I Segment	YTD		3	n/a	n/a		
				Plan	Actual	Variance	Trend	
I&E and profitability	Income and Expenditure	Control Total position £'000	In-Month	290	256	R		<p>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.</p> <p>The Normalised Income and Expenditure shows the financial performance adjusting for any non-recurrent costs or benefits that will not continue.</p>
			YTD	1,562	2,232	G		
			Forecast	2,531	2,531	G		
		Underlying Income and Expenditure position £'000	In-Month	221	187	R		
			YTD	1,008	1,679	G		
			Forecast	1,701	1,701	G		
	Normalised Income and Expenditure position £'000	In-Month	221	222	G			
		YTD	1,008	1,577	G			
		Forecast	1,701	1,797	G			
		Profitability	Profitability - EBITDA £'000	In-Month	893	830	R	
YTD	6,425			6,901	G			
Forecast	9,806			9,699	R			
Profitability - EBITDA %	In-Month		7.8%	7.3%	R			
	YTD		7.0%	7.7%	G			
	Forecast		7.1%	7.2%	G			
Liquidity	Cash	Cash £m	YTD	11.295	13.915	G		<p>Cash is currently above plan but is forecast to be below plan at year end due to the forecast release of some provisions.</p> <p>Capital is slightly behind plan YTD but is forecast to fully spend by the end of the financial year.</p>
			Forecast	13.153	12.711	R		
	Net Current Assets	Net Current Assets £m	YTD	5.964	8.060	G		
			Forecast	7.570	6.505	R		
	Capex	Capital expenditure £m	YTD	2.060	1.535	R		
			Forecast	3.450	3.450	G		
Efficiency	CIP	CIP achievement £m	In-Month	0.358	0.226	R		<p>CIP is currently behind plan and is forecast not to deliver the full plan at the end of the financial year.</p> <p>This is compensated for by other cost avoidance and underspends in the overall position.</p>
			YTD	2.867	1.520	R		
			Forecast	4.300	2.694	R		
			Recurrent	4.300	1.645	R		

Key:

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

Achieving plan
 Not achieving plan

Overall page

Plan In-month or Year end Trust plan

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

OPERATIONAL OVERVIEW – NOVEMBER 2016

Category	Sub-set	Metric	Period	Plan	Actual	Variance	Trend	Key Points
Performance Dashboard	NHSI	CPA 7 Day Follow-up (M)	Month	95.00%	96.39%	G		NHSI have introduced a new Single Oversight Framework to monitor Trusts Performance. The dashboard has been updated to reflect all the new activity based indicators. The Trust is compliant with all NHSI targets where they have been set except Physical Health where work is required to capture all the information needed to calculate the indicators. Until that work has been concluded Physical Health compliance will be assessed via a quarterly audit. The Priority Metrics indicator - the Trust is awaiting clarification from NHSI regarding the derivation of this indicator. The compliance target is 85% by the end of the financial year. Early intervention referral to treatment – work is in progress to resolve issues relating to how the position is calculated in order to ensure an accurate position is reported. For each metric we have indicated if it is monitored by NHSI Quarterly (Q) or Monthly (M).
			Quarter	95.00%	97.88%	G		
		Data completeness - Identifiers (M)	Month	95.00%	99.45%	G		
			Quarter	95.00%	99.56%	G		
		Data completeness - Priority Metrics (M)	Month	N/A	71.13%			
			Quarter	N/A	69.19%			
		Crisis Gatekeeping (Q)	Month	95.00%	97.65%	G		
			Quarter	95.00%	97.40%	G		
		IAPT RTT within 18 weeks (Q)	Month	95.00%	99.70%	G		
			Quarter	95.00%	99.63%	G		
		IAPT RTT within 6 weeks (Q)	Month	75.00%	88.41%	G		
			Quarter	75.00%	87.35%	G		
		Early Intervention in Psychosis RTT Within 14 Days - Complete (Q)	Month	50.00%	68.00%	G		
			Quarter	50.00%	65.00%	G		
		Early Intervention in Psychosis RTT Within 14 Days - Incomplete (Q)	Month	50.00%	51.39%	G		
			Quarter	50.00%	50.00%	G		
		Patients Open to Trust In Employment (M)	Month	N/A	8.91%			
			Quarter	N/A	8.67%			
		Patients Open to Trust In Settled Accommodation (M)	Month	N/A	59.70%			
			Quarter	N/A	57.19%			
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%	53.13%	G				
	Quarter	50.00%	53.52%	G				
Physical Health - Cardio-Metabolic - Inpatient (Q)	Month							
	Quarter							
Physical Health - Cardio-Metabolic - EI (Q)	Month							
	Quarter							
Physical Health - Cardio-Metabolic - on CPA (Community) (Q)	Month							
	Quarter							

Key:

Period

Month Current Month
 Quarter Current Quarter



Achieving target
 Not achieving target



Trend compared to previous month/quarter

OPERATIONAL OVERVIEW – NOVEMBER 2016

Category	Sub-set	Metric	Period	Plan	Actual	Variance	Trend	Key Points
Performance Dashboard	Locally Agreed	CPA Settled Accommodation	Month	90.00%	96.54%	G		The majority of clinicians now successfully manage their PbR caseloads either independently or through positive engagement with available support.
			Quarter	90.00%	96.72%	G		
		CPA Employment Status	Month	90.00%	97.21%	G		
			Quarter	90.00%	97.27%	G		
		Data completeness - Identifiers	Month	99.00%	99.45%	G		
			Quarter	99.00%	99.56%	G		
		Data completeness - Outcomes	Month	90.00%	93.73%	G		
			Quarter	90.00%	93.80%	G		
		Patients Clustered not Breaching Today	Month	80.00%	77.26%	R		
			Quarter	80.00%	77.61%	R		
		Patients Clustered regardless of review dates	Month	96.00%	94.65%	R		
			Quarter	96.00%	94.61%	R		
		7 Day Follow-up - all inpatients	Month	95.00%	96.04%	G		
			Quarter	95.00%	96.85%	G		
		Ethnicity coding	Month	90.00%	91.64%	G		
			Quarter	90.00%	91.30%	G		
		NHS Number	Month	99.00%	99.98%	G		
			Quarter	99.00%	99.98%	G		
		CPA Review in last 12 Months (on CPA > 12 Months)	Month	95.00%	95.20%	G		
			Quarter	95.00%	95.35%	G		
		Community Care Data - Activity Information Completeness	Month	50.00%	93.79%	G		
			Quarter	50.00%	94.01%	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%	74.46%	G		
			Quarter	50.00%	74.75%	G		
		Early Interventions New Caseloads	Month	95.00%	148.90%	G		
			Quarter	95.00%	148.90%	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 – NOVEMBER 2016

Category	Sub-set	Metric	Period	Plan	Actual	Variance	Trend	Key Points
Performance Dashboard	Schedule 6	Consultant Outpatient Trust Cancellations	Month	5.00%	6.25%	R		Associate Clinical Directors to continue to review cancellation reasons and discuss with consultant(s) concerned where reasons do not appear valid, if applicable. IM&T have now adapted Paris to enable the recording of cancellation reasons for individual appointments, not just whole clinics, has started to have a positive impact in terms of monitoring. There was some disruption to service whilst the digital dictation software was upgraded. Normal service has now been resumed. A review of 28 day readmissions, to be undertaken by the Associate Clinical Director and Head of Nursing, has been commissioned. The findings will be reported to PCOG in January 2017.
			Quarter	5.00%	6.03%	R		
		Consultant Outpatient DNAs	Month	15.00%	14.23%	G		
			Quarter	15.00%	15.08%	R		
		Under 18 admissions to Adult inpatients	Month	0	0	G		
			Quarter	0	0	G		
		Outpatient letters sent in 10 working days	Month	90.00%	88.77%	R		
			Quarter	90.00%	87.89%	R		
		Outpatient letters sent in 15 working days	Month	95.00%	95.82%	G		
			Quarter	95.00%	94.80%	R		
		Inpatient 28 day readmissions	Month	10.00%	13.82%	R		
			Quarter	10.00%	9.20%	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%	98.47%	G		
			Quarter	98.00%	98.99%	G		
Delayed Transfers of Care	Month	7.50%	1.79%	G				
	Quarter	7.50%	1.88%	G				
18 Week RTT Less Than 18 Weeks - Incomplete	Month	92.00%	94.15%	G				
	Quarter	92.00%	94.15%	G				

OPERATIONAL OVERVIEW – NOVEMBER 2016

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%	94.44%	G		
			Quarter	92.00%	94.55%	G		
		Mixed Sex accommodation breaches	Month	0	0	G		
			Quarter	0	0	G		
		Completion of IAPT Data Outcomes	Month	90.00%	95.87%	G		
			Quarter	90.00%	95.70%	G		
		Ethnicity coding	Month	90.00%	92.22%	G		
			Quarter	90.00%	91.18%	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%	98.52%	G		Vacancies have impacted on compliance
			Quarter	98.00%	98.84%	G		
	% 6-8 Week Breastfeeding coverage	Month	98.00%	96.76%	R			
		Quarter	98.00%	97.83%	R			
	IAPT	Recovery Rates	Month	50.00%	52.74%	G		Compliant with IAPT Targets
			Quarter	50.00%	52.91%	G		
		Reliable & Recovery Rates	Month	65.00%	69.68%	G		
			Quarter	65.00%	69.69%	G		
Safer Staffing	Inpatient Safer Staffing Fill Rates	Month	90.00%	101.4%	G		Detailed ward level information shows specific variances	
		Quarter	90.00%	101.2%	G			

WORKFORCE OVERVIEW – NOVEMBER 2016

Category	Sub-set	Metric	Period	Plan	Actual	Variance	Trend	Key Points	
Workforce Dashboard	NHSI Key Performance Indicator (KPI)	Turnover (annual)	Nov-16	10%	11.71%	↘	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 0.80% higher compared to the previous month and it is also 0.58% higher than in the same period last year (November 2015). The annual sickness absence rate is running at 5.60%. The regional average annual sickness absence rate for Mental Health & Learning Disability Trusts is 5.09% (as at July 2016 latest available data). Anxiety/stress/depression/other psychiatric illnesses remains the Trusts highest sickness absence reason and accounts for 27.97% of all sickness absence, followed Surgery at 13.17% and cold, cough, flu - influenza at 9.65%. Vacancy rates have decreased by 0.42% compared to the previous month. The number of employees who have received an appraisal within the last 12 months has increased by 3.58% to 72.24%. Year to date the level of Agency expenditure exceeded the ceiling set by NHSI by £1.332m of which £726k related to Medical staff. Compulsory training compliance has decreased this month by 1.28% but still remains above the 85% main contract non CQUIN.
			Oct-16		11.79%	G ●			
		Sickness Absence (monthly)	Nov-16	5.04%	6.65%	↗	R ●	↓	
			Oct-16		5.85%	R ●			
		Vacancies (including 10% funded fte cover)	Nov-16	10%	16.40%	↘	A ●	↓	
			Oct-16		16.82%	A ●			
		Vacancies (actual)	Nov-16	0%	6.40%	↘	A ●	↓	
			Oct-16		6.82%	A ●			
		Appraisals (all staff - number of employees who have received an appraisal in the previous 12 months)	Nov-16	90%	72.24%	↗	R ●	↑	
			Oct-16		68.66%	R ●			
	Appraisals (medical staff only - number of employees who have received an appraisal in the previous 12 months)	Nov-16	90%	85.59%	↘	R ●	↑		
		Oct-16		87.74%	R ●				
	Qualified Nurses (to total nurses, midwives, health visitors and healthcare assistants)	Nov-16	65%	68.09%	↘	G ●	↓		
		Oct-16		68.75%	G ●				
	Agency Usage (£ year to date level of agency expenditure exceeding the ceiling set by NHSI)	Nov-16	£0	£1.332m	↗	R ●	↑		
		Oct-16		£1.194m	R ●				
Agency Usage (% year to date level of agency expenditure exceeding the ceiling set by NHSI)	Nov-16	0%	65.89%	↘	R ●	↑			
	Oct-16		67.40%	R ●					
Other KPI	Compulsory Training (staff in-date)	Nov-16	90%	86.94%	↘	G ●	↓		
		Oct-16		88.22%	G ●				

Key:

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

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

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

QUALITY OVERVIEW – NOVEMBER 2016

Category	Sub-set	Metric	Period	Plan	Actual	Variance	Trend	Key Points
Quality	Safe	No of incidents of moderate to catastrophic actual harm	Month	24	43			Plan: average last fin yr (month)
			Quarter	73	83		NA	Plan: average last fin yr (Qtr). Actual: Q2. Inclusion of trend data to commence Q3
		No of episodes of patients held in seclusion	Month	8	6			Plan: previous month. Actual: Current month.
			Quarter	35	59			Plan: Q1 data. Actual: Q2 data
		No of incidents involving patients held in seclusion	Month	20	6			
			Quarter	61	60			Q2 data
		No of incidents involving physical restraint	Month	55	41			
			Quarter	165	211			Q2 data
		No of incidents involving prone restraint	Month	5	10			Plan: Mth Qtr, average from 1/4/16 when prone restraint collected on Datix as defined field.
			Quarter	15	30			Q2 data
		No of incidents of physical assault - patient on patient	Month	15	12			
			Quarter	44	42		NA	Q2 data. Inclusion of trend data to commence Q3
		No of incidents of physical assault - patient on staff	Month	20	11			
			Quarter	61	81		NA	Q2 data. Inclusion of trend data to commence Q3
		No of falls on in-patient wards	Month	38	29			
			Quarter	113	84		NA	Q2 data. Inclusion of trend data to commence Q3
		No of incidents of absconson	Month	43	28			
			Quarter	130	85		NA	Q2 data. Inclusion of trend data to commence Q3
		No of patients with a clinical risk plan (FACE or Safety Plan)	Month	100%	79.81%			
			Quarter	100%	80.20%			
		Of above, no of patients with a Safety Plan	Month	90%	1.17%			Early stage of implementation. Go live from 1/11/16.
			Quarter	90%	0.80%			
		% of staff compliant with Level 3 Safeguarding Children training	Month	95%	70.07%			
			Quarter	95%	NA			Qtr comparison not available
		% of staff compliant with Think Family training	Month	95%	72.40%			
			Quarter	95%	NA			Qtr comparison not available
		% of staff compliant with Clinical Safety Planning eLearning	Month	95%	92.58%			
			Quarter	95%	NA			Qtr comparison not available
		% of staff compliant with Fire Warden training	Month	90%	75.7%			As of 31/10/16 cohort increased 3x due to change in policy. The figure respresent staff within in-patient areas.
			Quarter	90%	NA			Qtr comparison not available
		No of people with LD or Autism admitted without a CTR (Care & Treatment Review)	Month	0	3			
			Quarter	45	0	7		

Overall page

QUALITY OVERVIEW – NOVEMBER 2016

Category	Sub-set	Metric	Period	Plan	Actual	Variance	Trend	Key Points	
Quality	Caring	No of complaints received	Month	9	10				
			Quarter	26	39			Q2 data. Inclusion of trend data to commence Q3	
		No of concerns received	Month	18	42				
			Quarter	53	121				
		No of compliments received	Month	72	85				
			Quarter	217	292				
		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%	88.35%			
				Quarter	100%	NA	NA	NA	Qtr comparison not available
	% of patients who have had their care plan reviewed and have been on CPA > 12months		Month	90%	95.14%				
			Quarter	90%	95.79%				
	No of seclusion forms not received by MHA Office		Month	0	3			1 form from Oct 16 not received and 3 from Nov. Being actively chased by MHA office with support of ASM/HoN	
			Quarter	0	10		NA	Q2 data. Inclusion of trend data to commence Q3	
	% of CTO rights forms received by MHA Office		Month	100%	84%			Relates to whole cohort of patients	
			Quarter	NA	NA	NA	NA		
	% of in patient older adults rights forms received by MHA Office		Month	100%	85%			Relates to Cubley Ct and Wards 1&2	
			Quarter	100%	100%		NA	Relates to Cubley Ct only	
	Responsive	% of staff uptake of Flu Jabs	Month	45%	32.9%			Data to end of 30/11/16	
			Year	45%	22.7%			Relates to 2015.16 campaign	
		% of policies in date	Month	95%	96.0%				
			Quarter	NA	NA	NA	NA		
	Well Led	% of staff who have received Clinical Supervision, within defined timescales	Month	90%	52.75%				
			Quarter	90%	NA	NA	NA		
		% of staff who have received Management Supervision, within defined timescales	Month	90%	63.1%				
			Quarter	90%	NA	NA	NA		
		No of outstanding actions following serious Incident investigations	Month	0	19			16 only became overdue as of 30/11/16	
			Quarter	0	7		NA	Average for Q2. Comparison to Q1 not analysed	
No of outstanding actions following complaint investigations		Month	0	44			With operational teams to resolve		
		Quarter	0	NA	NA	NA			
% of responded to (orange) complaint investigations completed within 40 working days		Year	100%	36%			From 1/4/16 to 30/11/16. 24 of the 93 'orange rated' complaints were not responded to within 40 working days. 26 complaints are still ongoing		
% of responded to (red) complaints investigations completed within 60 working days		Year	100%	0%			From 1/4/16 to 30/11/16. 3 of the 4 'red' rated complaints were not responded to within 60 working days. 1 complaint is still ongoing.		
No of outstanding actions following CQC comprehensive review report	Month	0	170			82% of all the actions are either complete or in progress and on target 08/12/2016 UPDATE: A full review of all actions will be undertaken by the end of December. The status of each action will be agreed by the Action Lead and the Director of Nursing. Updated statistics will be produced following the review			

Financial Section

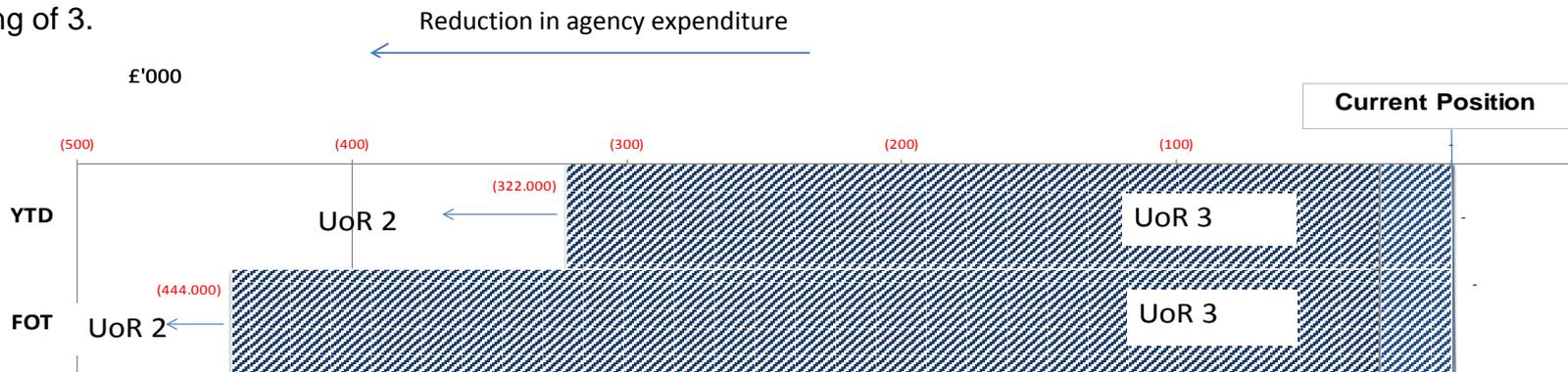
Governance – Use of Resources (UoR) Rating

The Use of Resources rating at the end of November is a 3 which is due to triggering a 4 on the agency metric. Due to agency expenditure being above the ceiling in excess of 50% and therefore continuing to trigger a 4, the forecast UoR is also a 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						
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 on the Distance from Plan and the overall rating is based on an internal plan.

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 was £0.3m less we would have not triggered an override and remained at a rating of 2. From a forecast perspective we would need to reduce expenditure by £0.4m in order avoid triggering an override and remain at a rating of 3.



Income and Expenditure

Statement of Comprehensive Income

November 2016

	Current Month			Year to Date			Forecast		
	Plan	Actual	Variance Fav (+) / Adv (-)	Plan	Actual	Variance Fav (+) / Adv (-)	Plan	Actual	Variance Fav (+) / Adv (-)
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Clinical Income	10,654	10,555	(98)	84,866	82,957	(1,909)	127,406	124,632	(2,774)
Non Clinical Income	849	836	(13)	6,793	6,322	(471)	10,190	9,371	(819)
Employee Expenses	(8,426)	(8,152)	274	(67,800)	(64,356)	3,444	(101,492)	(96,535)	4,958
Non Pay	(2,183)	(2,409)	(226)	(17,435)	(18,022)	(587)	(26,298)	(27,770)	(1,472)
EBITDA	893	830	(63)	6,425	6,901	476	9,806	9,699	(107)
Depreciation	(295)	(271)	23	(2,356)	(2,173)	183	(3,534)	(3,451)	83
Impairment	0	0	0	0	(36)	(36)	(300)	(300)	0
Profit (loss) on asset disposals	0	0	0	0	0	0	0	0	0
Interest/Financing	(175)	(170)	5	(1,440)	(1,416)	24	(2,141)	(2,105)	36
Dividend	(133)	(133)	(0)	(1,067)	(1,079)	(13)	(1,600)	(1,613)	(13)
Net Surplus / (Deficit)	290	256	(35)	1,562	2,196	635	2,231	2,231	0
Technical adjustment - Impairment	0	0	0	0	(36)	(36)	(300)	(300)	0
Control Total Surplus / (Deficit)	290	256	(35)	1,562	2,232	671	2,531	2,531	0
Technical adjustment - STF Allocation	69	69	0	553	553	0	830	830	0
Underlying Net Surplus / (Deficit)	221	187	(35)	1,008	1,679	671	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 £0.1m less than plan in month and is forecast to be £2.8m 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 £13k and has a forecast outturn of £0.8m behind plan. £0.4m relates to a miscellaneous income target with no income forecast against it.

Pay expenditure is £0.3m less than the plan in the month and the year end forecast position is £4.9m 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 £226k and has a forecast outturn of £1.5m worse than plan which mainly relates to Drugs and PICU expenditure.



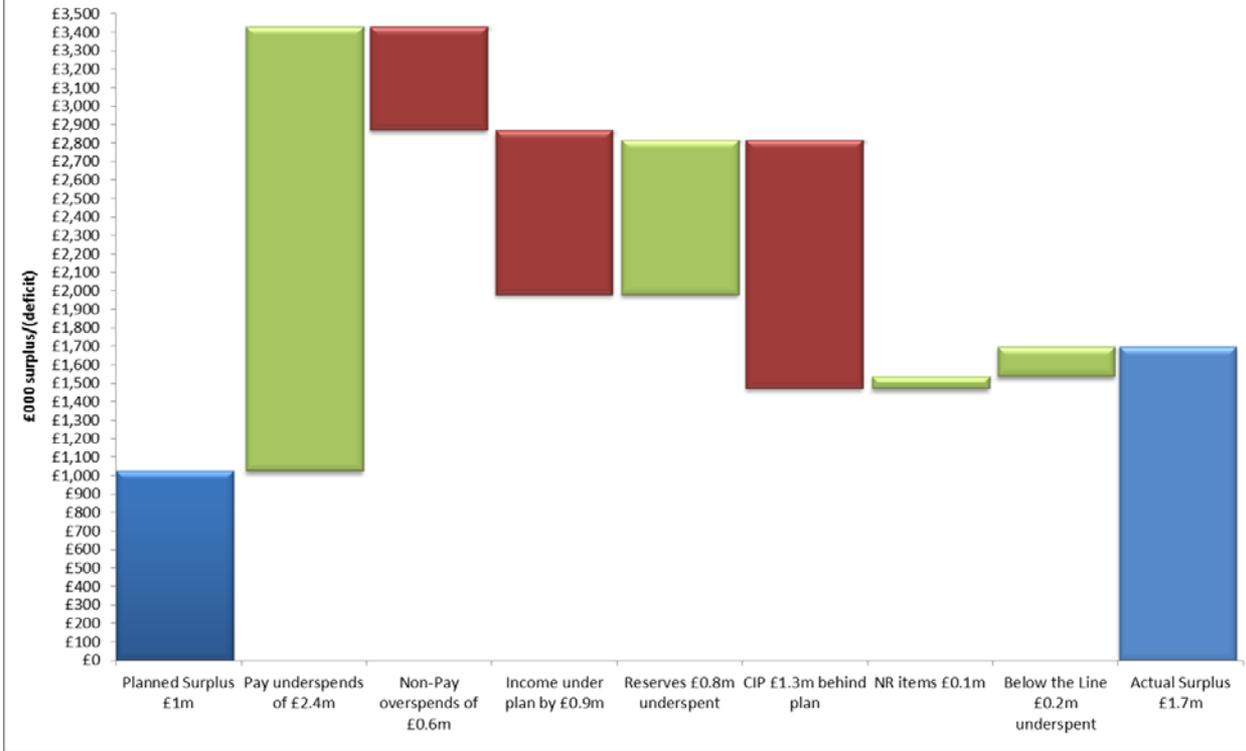
Summary of key points

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

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

The main variables in the forecast range are: CIP assumptions, STF income, income claw back, agency expenditure, AfC backlog claims, PICU, IAPT, CPC income and other unexpected non-pay costs.

Year to date actual surplus compared to Plan - November 2016



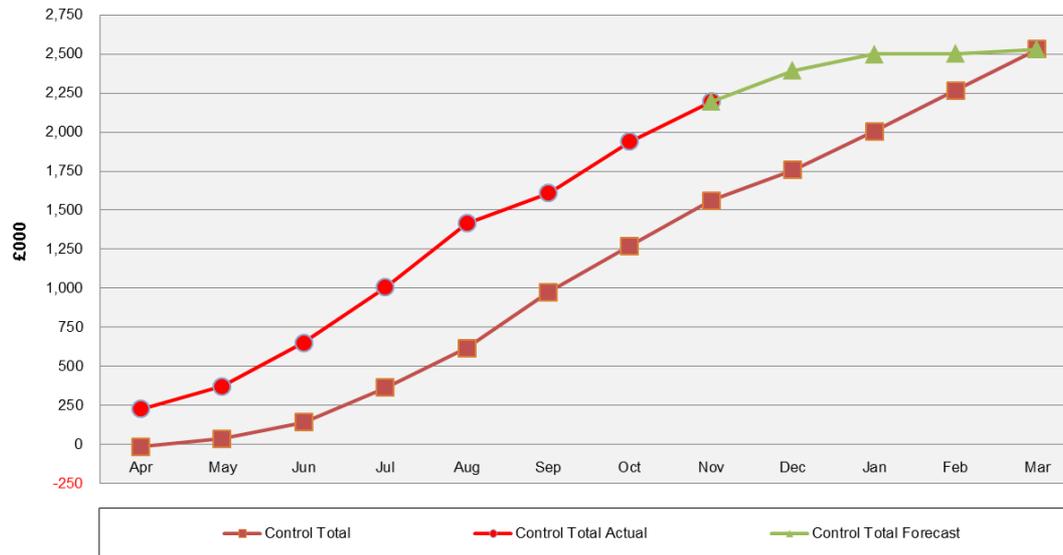
Forecast Range

Best Case	Likely Case	Worst Case
£3.8m Surplus	£2.5m surplus	£1.0m deficit



Normalised Income and Expenditure position

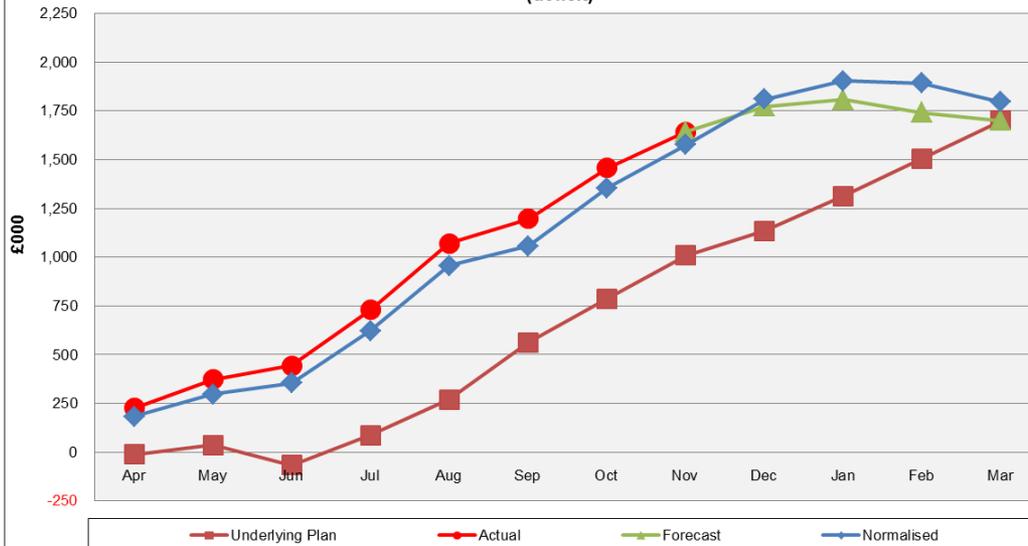
2016-17 Actual / forecast cumulative surplus / (deficit) compared to the Control Total



The first graph shows the actual and forecast cumulative surplus against the control total (including the Sustainability Transformation Fund (STF)). The surplus is forecast to remain ahead of plan 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.

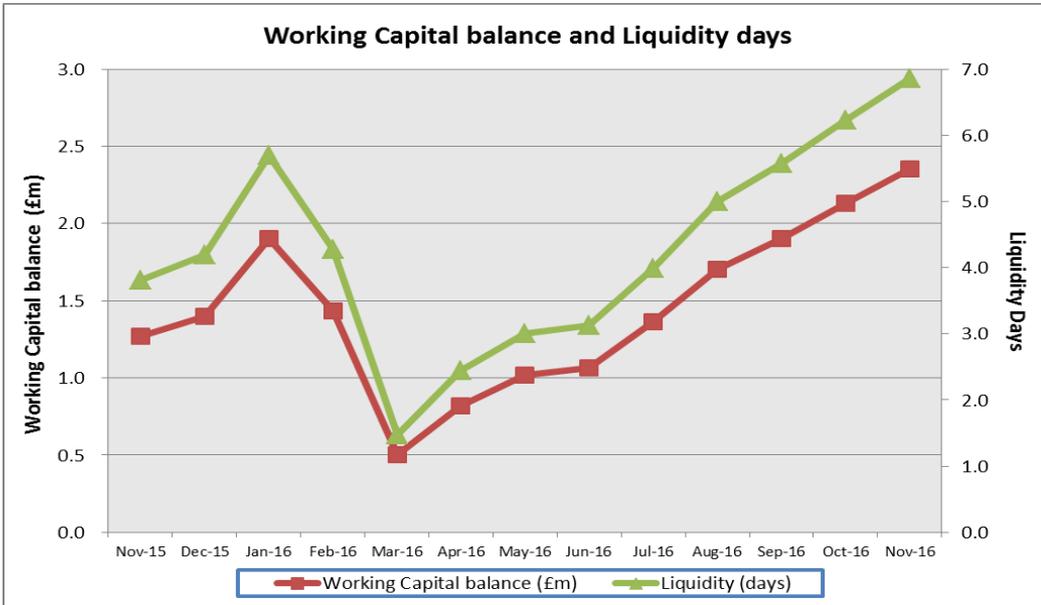
2016-17 Underlying cumulative surplus / (deficit) compared to Plan and Normalised surplus / (deficit)



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

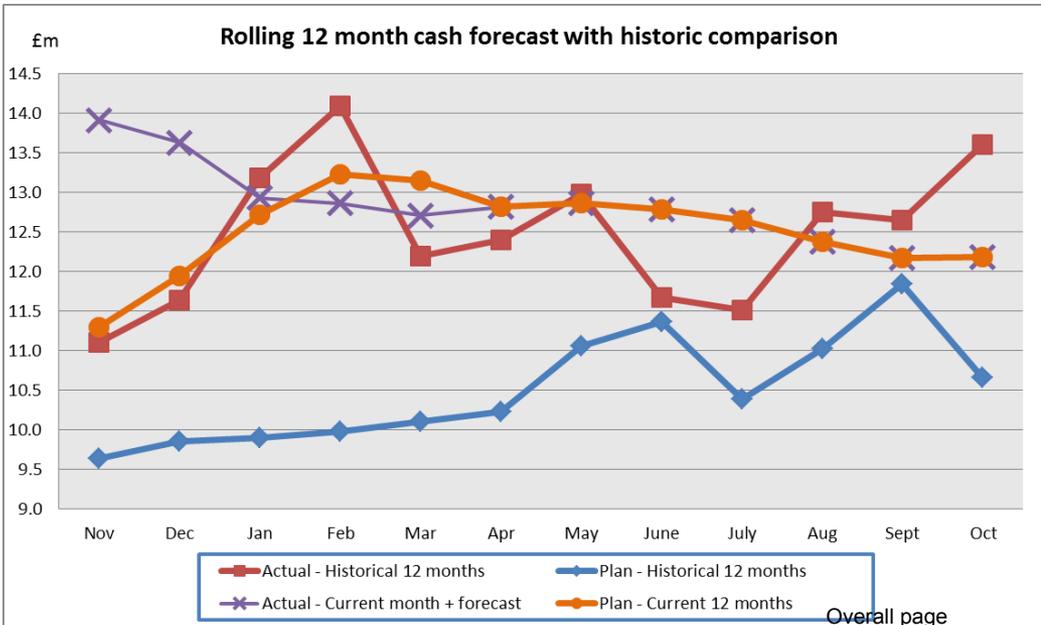
There is some additional non-recurrent income in the year to date and forecast position along with additional non-recurrent costs related to Governance Improvement Action Plan and additional resources. In the normalised position these have been removed.

Liquidity



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.

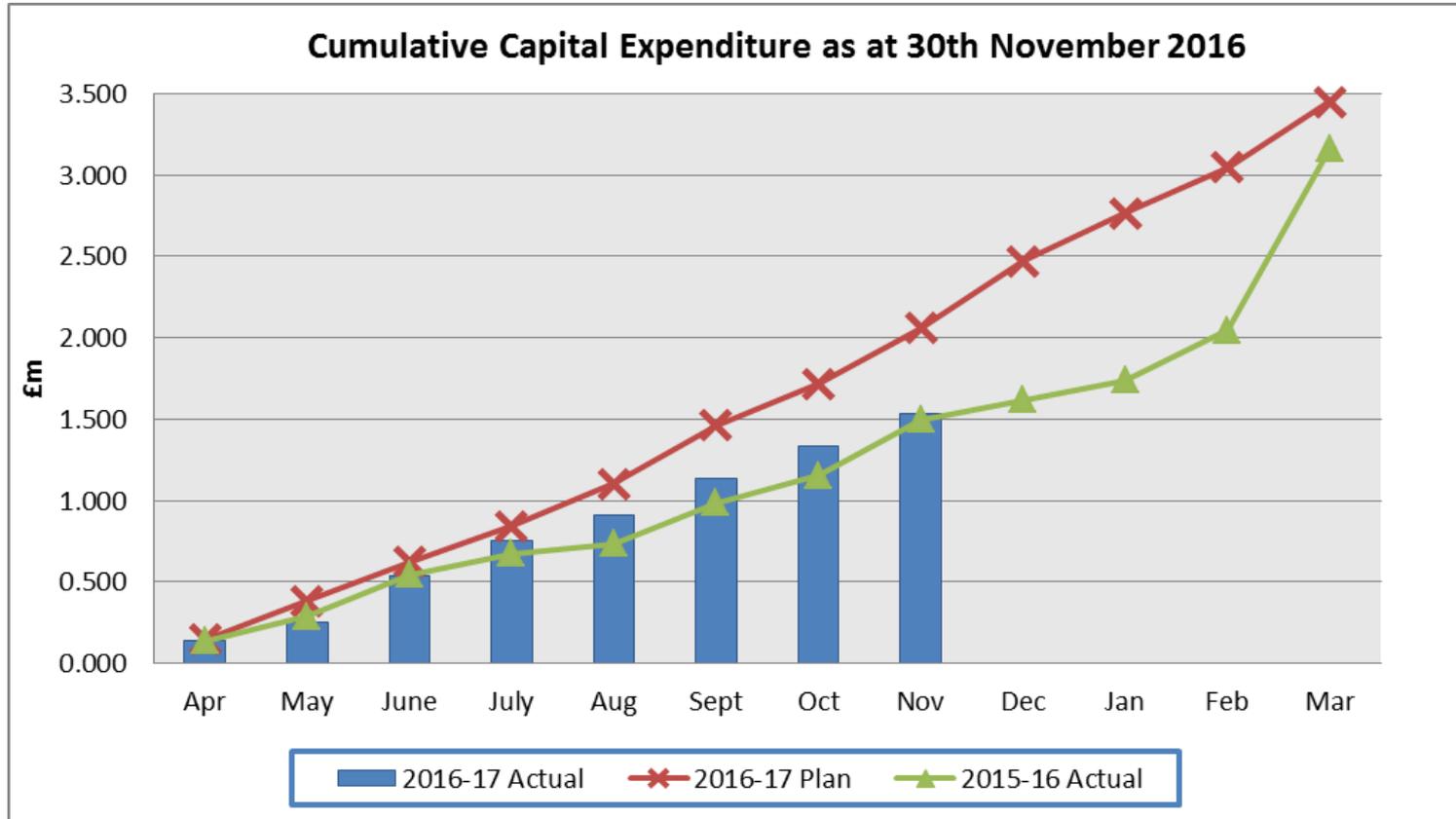
During last financial year working capital continued to improve due to improved cash levels. The downward trend at the end of last financial year is reflective of the reduction in cash due to year end transactions. November continues to show a further improvement up to 6.86 days which still gives a rating 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 £13.9m which was £2.6m better than the plan at the end of November. This is mainly driven by the Income and Expenditure surplus and capital being slightly behind plan.

Capital Expenditure

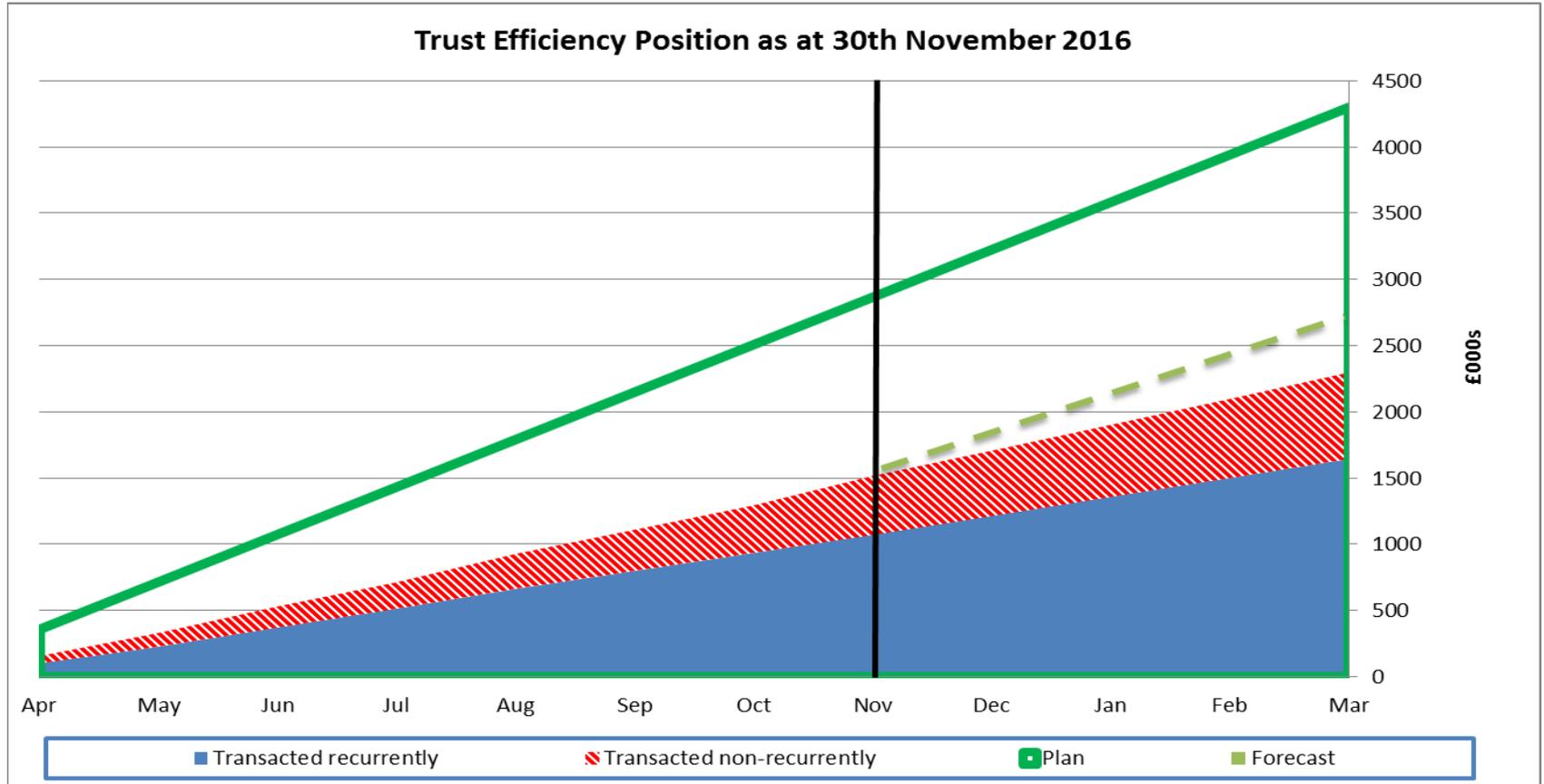


Capital Expenditure is £525k behind plan year to date but is forecast to spend to the plan of £3.45m by year end.

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.

Efficiency

Cost Improvement Programme (CIP)



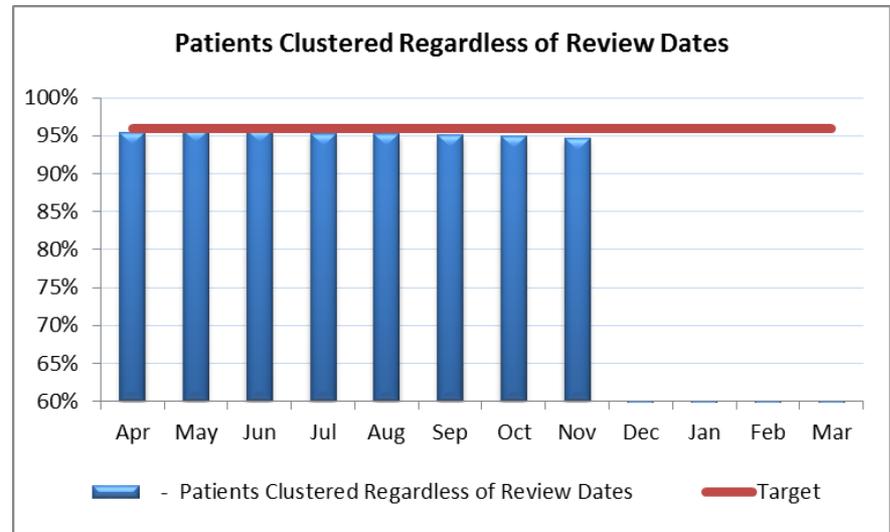
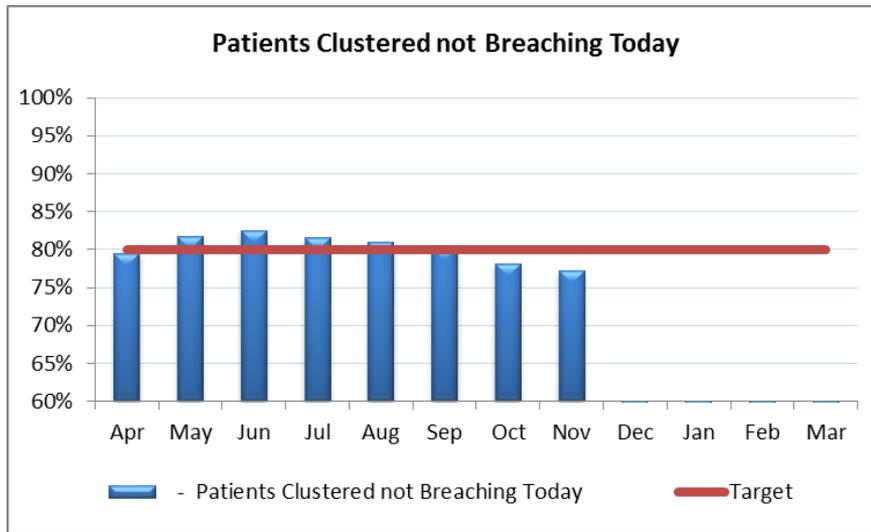
At the end of November there was a shortfall against the year to date plan of £1.346m. The full year amount of savings identified at the end of November reporting is £2.3m leaving a gap of £2.0m.

The forecast assumes that a further £0.4m will be achieved by the end of the financial year leaving unfound CIP of £1.6m. 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

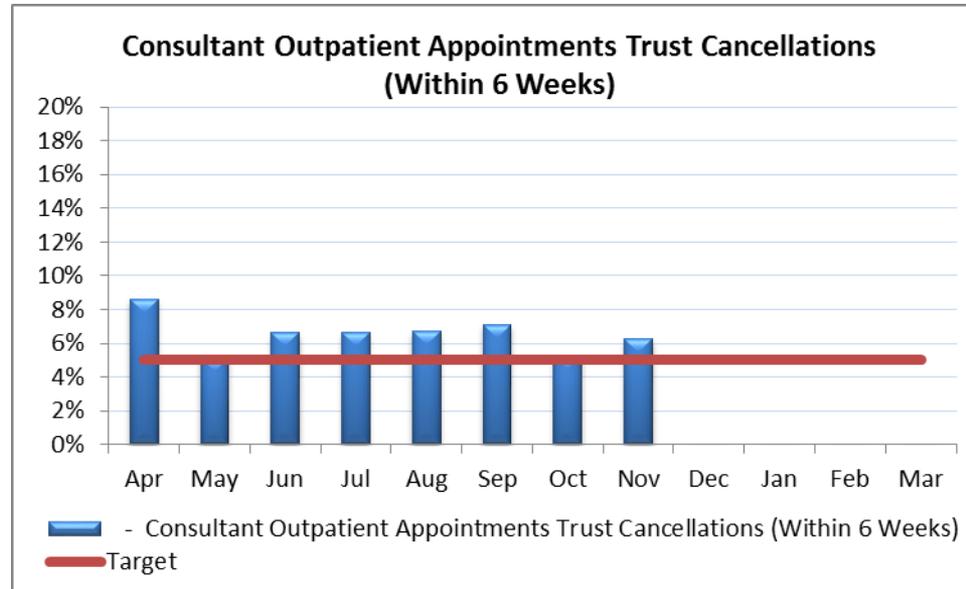


An action plan is being implemented. The actions relate to staff support and improvements to the IT system. Actions are due to conclude at the end of February (3), March (1) and April (4). The impact of these actions will be monitored by the Performance and Contract Overview Group (PCOG).

Other solutions being deployed on an ongoing basis:

- Associate Clinical Directors are reviewing at medical management meetings and being requested to raise with individual medics
- to data cleanse
- to make improvements in practitioner clustering
- to highlight to staff responsible for clustering the issues needing to be resolved
- PbR Advisors continue to target support to those clinicians with the largest clustering backlogs.
- Taught Course “Understanding HoNOS and Care Clusters – Flustered About Clusters?” continues.

Consultant Outpatient Appointments Trust Cancellations (within 6 weeks)



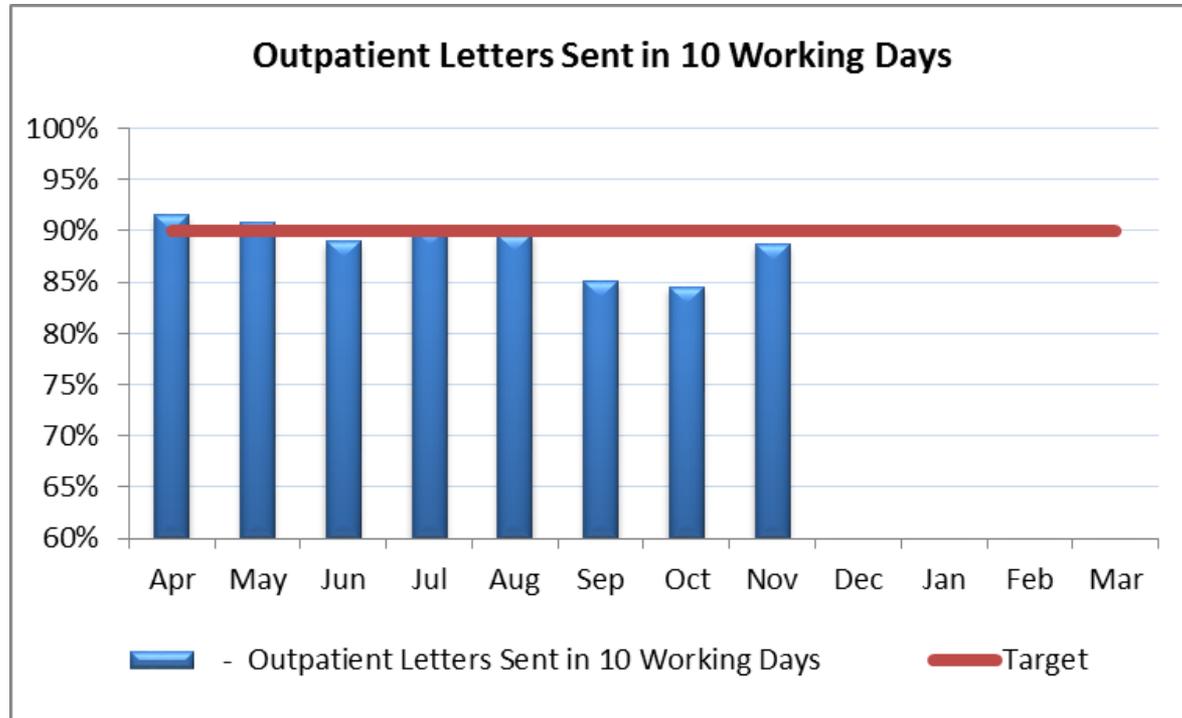
The main reasons given for cancellation in November were consultants being absent from work through sickness (44%), clinics being rescheduled to create capacity to see more urgent appointments (15%) and clinics booked in error (6%). 144 appointments had to be cancelled through consultant sickness absence. Wherever possible these appointments would be picked up by other consultants, however there is very limited capacity in the system to do so.

IM&T have now adapted Paris to enable the recording of cancellation reasons for individual appointments, not just whole clinics. We have started using this new reporting functionality to monitor reasons and minimise avoidable cancellations.

The rate of cancellations has continued to increase in December, the vast majority of which have been unavoidable (96%), however there were also 11 appointments cancelled for reasons of consultant annual leave.

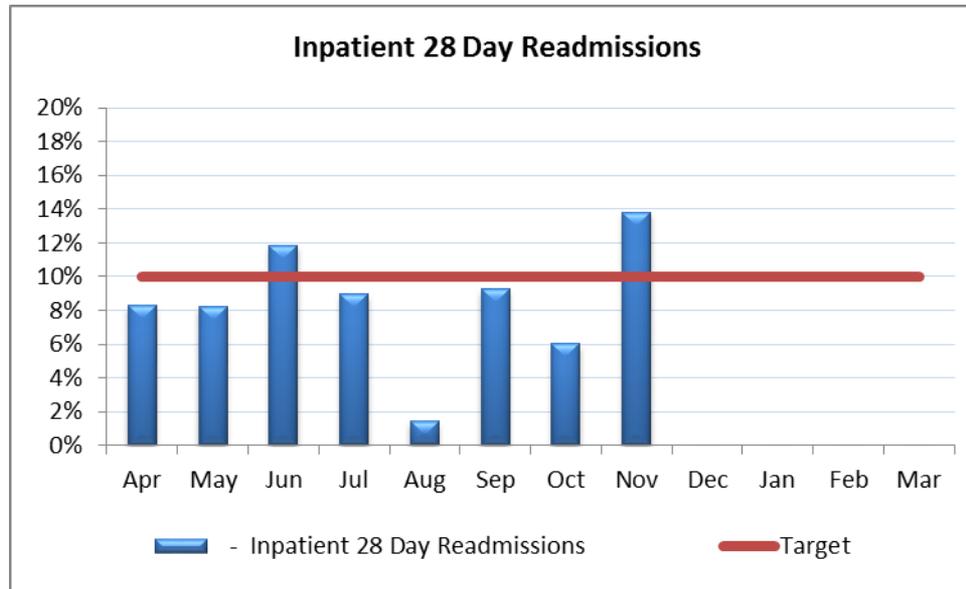
- Associate Clinical Directors to review cancellation reasons monthly and discuss with consultant(s) concerned where reasons do not appear valid, if applicable.
- Medical Director to re-brief all medics by 31/1/2017 of the requirement to book annual leave giving at least 6 weeks' notice to ensure patients are not inconvenienced.

Outpatient Letters Sent in 10 Working Days



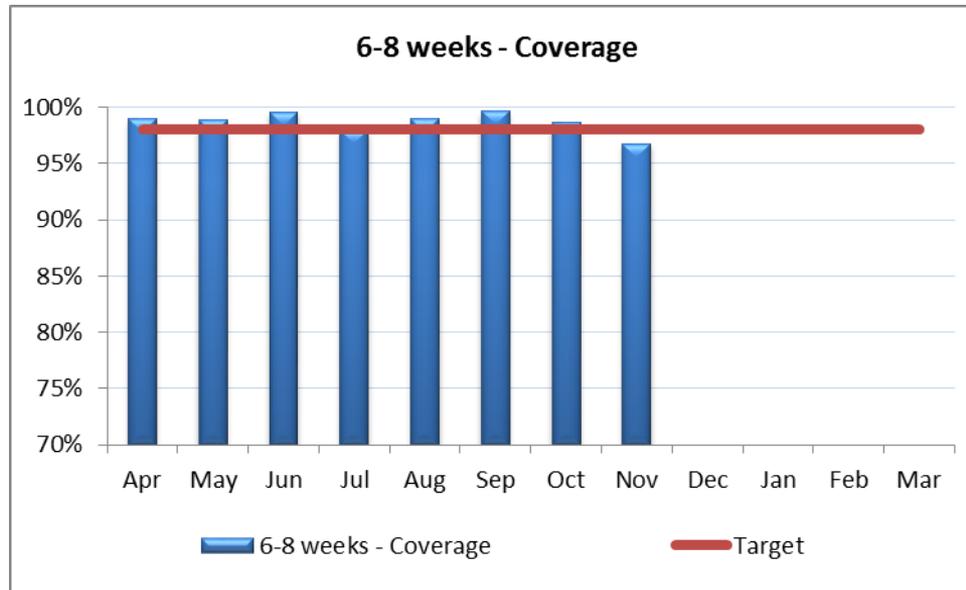
Following the upgrade of the Dictate.IT software in October we experienced quite a few residual issues which extended into November. These issues have now been resolved and the system is working properly, however it is likely we will also fall below target in December owing to sickness and annual leave having a significant impact on capacity. There is an expectation that performance improves from January 2017 onwards.

Inpatient 28 Day Readmissions



A review of the 28 day readmissions, to be undertaken by the Associate Clinical Director and Head of Nursing, has been commissioned. The detailed findings will be reported in January 2017. Pending the full report, initial verbal feedback would indicate that around a quarter of the readmissions in November were patients being transferred back from placements in Psychiatric Intensive Care Units, so were not specific 28 day readmissions against agreed criteria. The readmission rate in December is likely to be well below the target ceiling at around 4.5%.

6-8 weeks - Coverage



Low staffing levels continue to impact on achievement of the 6-8 week target. The funded establishment is 57.17 wte (work time equivalent) Health Visitors, compared with 47.16 wte staff in post. In addition there are 3.9 wte Health Visitors on maternity leave.

1.9 wte Health Visitors are currently working their notice to leave. 1.6 wte Health Visitors are on long-term sick and 1.4 wte Health Visitors are on a career break until May 17 and July 18 respectively.

Some progress is being made with recruitment, with 5 wte new starters expected to be in post by the end of March following a recruitment fair which proved successful. Another recruitment fair is planned for February.

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	94.67%	158.9%	69.1%	186.7%	20.0%	Yes	We now work on 2RN staff to work a night shift. RN staff compared to NA staff we have more RN staff to ensure where possible we are working to 2RN at night and during the early and late shifts. Our establishment as been uplifted by 2 additional RN posts which means we loose 2NA posts – 1 as recently retired and 1 moved to the Beeches so we have not replaced these posts. Please note through November I had redeployed 2 NA staff to support Kedleston Unit for 3 weeks each which did have a knock on effect due to then having some sickness with annual leave previously granted and so some shifts may not have been filled by the bank and some covered by RN staff to ensure safe staffing across the unit.
CHILD BEARING INPATIENT	74.44%	112.2%	108.3%	113.3%	182.8%	Yes	Current fill rate tolerances for care staff on nights were broken due to long term sickness and engagement levels, particularly with regards to infant care.
CTC RESIDENTIAL REHABILITATION	86.52%	111.3%	94.0%	100.0%	100.0%	No	
ENHANCED CARE WARD	98.33%	86.7%	101.1%	68.3%	163.3%	Yes	We have at present outstanding RN Vacancies which we have ongoing adverts to recruit into. Have total of 1.2 RNs starting in January but have a 1.0 leaving. Also have 5.6 NA Vacancies out to advert. All shifts covered by trust employed RN.
HARTINGTON UNIT - MORTON WARD ADULT	96.81%	98.9%	126.1%	56.9%	202.8%	Yes	We are currently carrying some Band 5 vacancies and therefore cannot always roster x2 qualified staff on night shift. These vacancies are also often covered by unqualified staff. We are also carrying Band 3 vacancies on the ward.

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	94.50%	113.1%	82.9%	81.5%	122.0%	Yes	A HCA remains removed from duty, the ward skill mix is also biased towards registered staff in light of the population the ward serves i.e. 12 older adult beds/8 adult. Our O/A population often requiring more intensive nursing. This accounts for the 84% cited for care staff on days. The ward also continues to carry x1 Registered nurse vacancy (identified staff member to commence at start of January 2017), and x1 band 5 who is currently seconded into a lead nurse (Band 6) role. This shortfall, again with the usual pressures of A/L, training, sickness etc. have meant the ward has not been able to place x2 registered nurses on every night shift, this has inevitably been covered by the use of HCA staff resulting in the breach of night figures.
HARTINGTON UNIT - TANSLEY WARD ADULT	98.06%	101.1%	100.8%	50.0%	200.0%	Yes	Tansley Ward has broken the fill rate rules on skill mix on night duty for the month of November. The planned number of registered staff on night duty is 2 however throughout November there was only ever 1 registered nurse on duty. Rationale for deficits on night duty: <ul style="list-style-type: none"> • There are currently 4.4 wte vacancies at Band 5 and 1 x Band 5 on special leave with no provisional date for return. • All posts are open to the rolling recruitment programme and we are actively looking for staff to fill the vacancies. One nurse was recruited at the recent recruitment fayre in Derby last month however she is still a student and will not qualify until September 2017 and as such unavailable until that time. • Of the staff currently in post 5 registered nurses are under preceptorship having recently commenced in post and are working predominantly day duty as part of their induction to the ward and role. From December onwards they have had periods of rotation onto night duty bringing some of the night shifts in December up to the required numbers. • Although the skill mix did not meet the planned requirements registered nurse deficits were covered by Bank HCAs and minimum staffing numbers were met. Going forward there will be scope to plan to increase the number of registered nurses on night duty taking into account remaining vacancies sickness, training and annual leave to be more in line with requirements.

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	82.33%	102.3%	101.8%	103.3%	100.0%	No	
KINGSWAY CUBLEY COURT - FEMALE	65.93%	80.3%	109.3%	70.0%	114.4%	Yes	R/N tolerances rates have been broken due to current R/N vacancies. We are actively recruiting, and have some new starters in the New Year.
KINGSWAY CUBLEY COURT - MALE	71.30%	64.9%	118.0%	63.3%	137.8%	Yes	R/N tolerances rates have been broken due to current R/N vacancies. We are actively recruiting, and have some new starters in the New Year.
LONDON ROAD COMMUNITY HOSPITAL - WARD 1 OP	86.04%	108.3%	72.1%	78.3%	159.9%	Yes	Registered staff have been moved due to short term sickness/vacancy days and nights x 13 over the course of the month Additional RN band 5 seconded to CCM for 6 months to cover vacancy Additional LN band 6 to support audit other ward x 3 shifts Bank shift requested unfilled No agency use Bleep shifts Band 6/7 off site x 10 shifts this month Training commitments 13 RN band 5 and 5 NA band 3 shifts
LONDON ROAD COMMUNITY HOSPITAL - WARD 2 OP	61.88%	103.3%	84.3%	100.0%	108.3%	Yes	The reason why the day staff nursing assistants are showing at red is because the ward has had low patient numbers so we have sent staff to support other areas on a regular basis
RADBOURNE UNIT - WARD 33 ADULT ACUTE INPATIENT	103.67%	97.0%	96.3%	93.5%	98.9%	No	
RADBOURNE UNIT - WARD 34 ADULT ACUTE INPATIENT	101.50%	100.0%	97.6%	65.2%	164.6%	Yes	Ward 34 continue to carry a large number of vacancies and currently have an increase number of nurse under preceptorship, we are currently unable to facilitate 2 qualifier nurse on nights but is constantly being reviewed.
RADBOURNE UNIT - WARD 35 ADULT ACUTE INPATIENT	100.33%	90.5%	108.3%	76.5%	126.7%	Yes	We have fallen below required level of qualified due to maternity leave and vacancies. These shifts have been covered by unqualified.
RADBOURNE UNIT - WARD 36 ADULT ACUTE INPATIENT	100.50%	97.2%	97.7%	100.0%	108.1%	No	

Workforce Section

Wellbeing

Sickness Absence

(Monthly)

Sep-16

5.89%

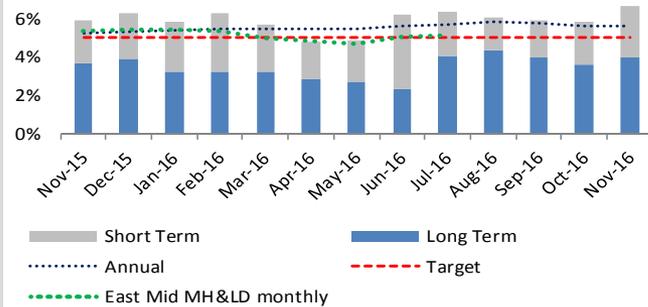
Oct-16

5.85%

Nov-16

6.65%

Target 5.04%



The Trust annual sickness absence rate is currently 5.60%. The monthly sickness absence rate is 6.65% which is 0.80% higher than in the previous month (an increase of 0.35% in long term absence, notably surgery, and 0.45% increase in short term, notably cold, cough, flu - influenza) and it is also 0.78% higher than in the same period last year (November 2015). Anxiety / stress / depression / other psychiatric illnesses remains the Trusts highest sickness absence reason and accounts for 27.97% of all sickness absence, followed by Surgery at 13.17% and cold, cough, flu - influenza at 9.65%.

Qualified Nurses

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

Sep-16

68.07%

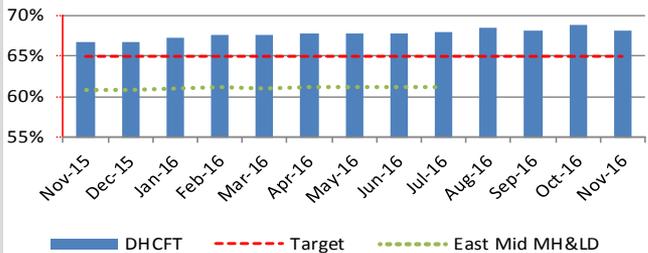
Oct-16

68.75%

Nov-16

68.09%

Target 65%



Contracted staff in post qualified nurses to total nurses, midwives, health visitors and healthcare assistants is running at 68.09%. Vacancy rates can impact on this measure. The average for East Midlands Mental Health & Learning Disability Trusts is 61.19%. Health Visitors represent 5.36% of the Trust total and are not included in the Qualified Nurses calculation. Healthcare Assistants and Nursing Support staff represent 26.55% of the total.

Compulsory Training

(Staff in-date)

Sep-16

89.26%

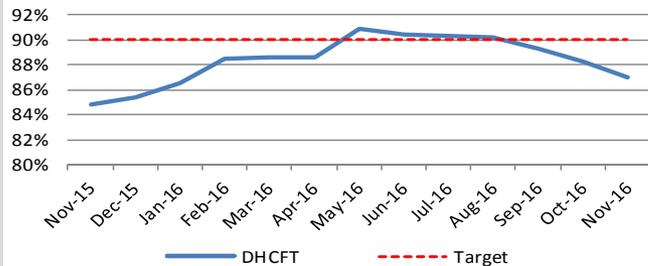
Oct-16

88.22%

Nov-16

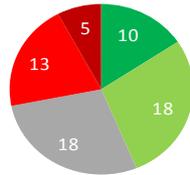
86.94%

Target 90%



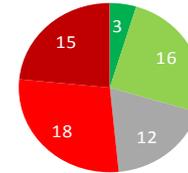
Compulsory training compliance continues to remain high running at 86.94%, although a decrease of 1.28% compared to the previous month. Compared to the same period last year compliance rates are 2.51% higher. Compulsory training compliance remains above the 85% main contract commissioning for quality and innovation (CQUIN) target and is slightly below the Trust target.

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



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

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



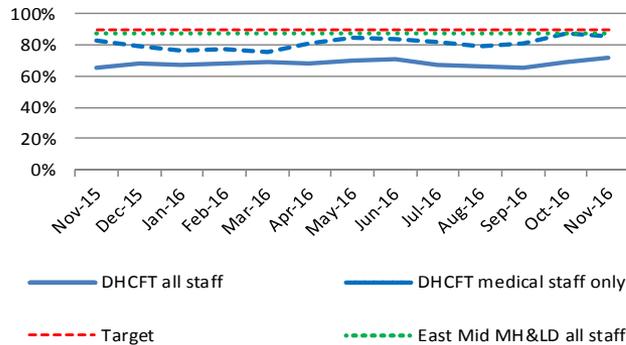
	2014	2015	National Average
Overall staff engagement	3.75	3.73	3.81

Appraisals

(All staff)

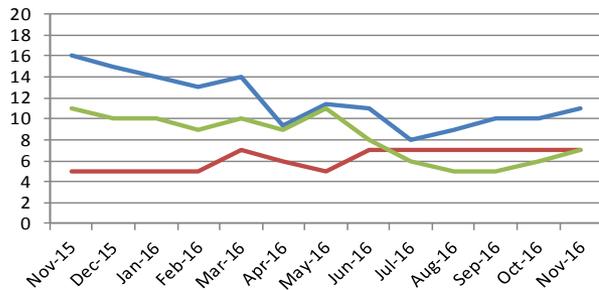
Appraisals	Sep-16	Oct-16	Nov-16
(All staff)	65.88%	68.66%	72.24%

Target 90%



The number of employees who have received an appraisal within the last 12 months has increased by 3.58% during November 2016 to 72.24%. Compared to the same period last year, compliance rates are 6.70% higher. Medical staff appraisal compliance rates are running at 85.59%. 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%.

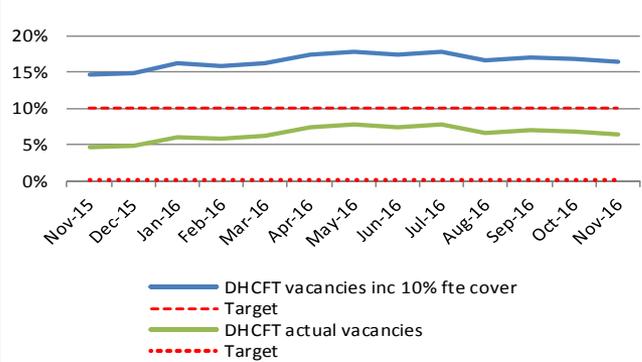
Grievances/Dignity at Work/Disciplinaries as at 30/11/16



There are 7 grievances currently lodged at the formal stage, 1 new grievance has been lodged and efforts continue to resolve the issues. There are 7 dignity at work cases currently lodged, no new cases and efforts continue to bring existing cases to a conclusion. There are 11 disciplinaries in progress, no further cases have been resolved and 1 new case have been received.



Vacancy	Sep-16	Oct-16	Nov-16
(Budgeted full time equivalent) Including 10% funded fte flexibility/cover	16.92%	16.82%	16.40%
Actual	6.92%	6.82%	6.40%

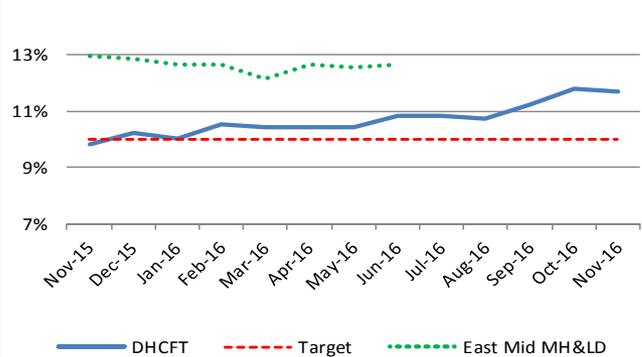


The Trust target for contracted staff in post is 90% which allows 10% funded full time equivalent (fte) surplus for flexibility including sickness and annual leave cover in In-Patient areas. The budgeted fte vacancy rate has decreased by 0.42%. April 2016 included additional full time equivalent investment for 2016/17. New recruitment activity during November 2016 was for 94 posts. 57% were for qualified nursing, 16% admin & clerical, 15% additional clinical services, 6% prof / scientific / technical, 4% allied health professionals and 2% medical.



Target 10%/0%

Turnover	Sep-16	Oct-16	Nov-16
(Annual)	11.25%	11.79%	11.71%

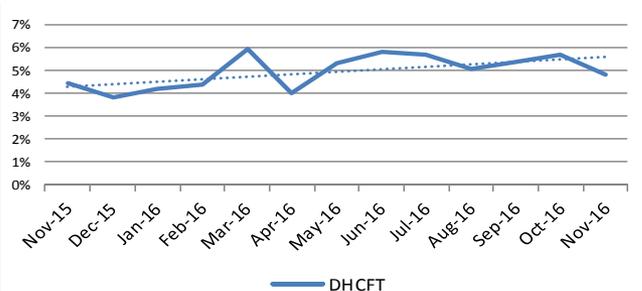


Annual turnover remains within Trust target parameters at 11.71% and is below the average for East Midlands Mental Health & Learning Disability Trusts. The number of employees leaving the Trust has risen in previous months to an average of 22.9. During November 2016 18 employees left the Trust which included 3 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.



Target 10%

Agency Usage	Sep-16	Oct-16	Nov-16
(Spend)	5.39%	5.65%	4.79%



Total agency spend in November was 4.79% (5.52% including medical locums). Of total agency and locum spend for all staff groups, Qualified Nursing represented 1.6%, Medical 2.2% and other agency usage 1.0%. Agency Qualified Nursing spend against total Qualified Nursing spend in November was 4.1%. Agency Medical spend against total Medical spend in November was 13.5%. Year to date the level of Agency expenditure exceeded the ceiling set by NHSI by £1.332m of which £726k related to Medical staff.



Quality Section

Strategic Risks (Board Assurance Framework)

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

No significant change. V4 of BAF in process of update for Audit and Risk Committee Jan 2017.

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

Risk Description	Risk rating	Trend
Significant staffing level risks across a number of service areas remain: Radbourne Unit, pharmacy, paediatricians, psychology, neighbourhood teams., Memory Assessment Service Since last reported Children in Care have identified a high staffing level risk . A number of risks associated remain with exceeding of the agency cap for reasons of patient safety	HIGH	↔
Associated with the number of staff vacancies, risks related to work related stress and increased risks of violence and aggression on the Radbourne Wards remain	HIGH	↔
Increased risk of fire identified on some inpatient wards associated with the smoking ban continues to be raised, although currently no increases in actual fires	HIGH	↔
Risks with respect to discharge from the DRH and transfer across neighbourhood boundaries. remain	HIGH	↔
Recent high level risks have been identified in relation: patient transport to out of area beds; and access to e-learning within the Trust.	HIGH	↔

Derbyshire Healthcare NHS Foundation Trust
Report to Council of Governors – 19 January 2017

Chair's Appraisal Summary for December 2015 to December 2016

Purpose of Report

To provide the Council of Governors with a summary report on the outcome of the appraisal for the Trust Chairman.

Executive Summary

It is the responsibility of the Senior Independent Director (SID), in conjunction with the Lead Governor and Nominations and Remuneration Committee to lead the process of the Chair's appraisal.

The SID and Lead Governor liaised on the process and the results were presented to the Governors Nominations & Remuneration Committee on 13 January 2017.

A summary is presented to Council of Governors to note the outcome of the process.

Strategic Consideration

The NHS Foundation Trust Code of Governance (the Code) states that the Board of Directors should undertake a formal, rigorous annual evaluation of individual directors.

The Senior Independent Director is responsible for leading the process for the Chairman in conjunction with the Lead Governor and Governors Nominations & Remuneration Committee. The Chair is responsible for leading the process for Non-Executive Directors. Responsibility for the Executive Directors rests with the Chief Executive.

Board Assurances

The Board can be assured that process has been followed in consulting with Governors' Nominations & Remuneration Committee as per the Terms of Reference (extract below in *Governance or Legal Issues*).

Governors have approved the appraisal process, input into the appraisal and Nominations & Remuneration Committee assures the Council of Governors that a formal, rigorous annual appraisal has taken place.

Consultation

Each board member and governor was been invited to participate in the appraisal process of the Chair. The process for the appraisal was presented to the Committee on 11 November 2016 and agreed.

As per the Terms of Reference of the Governors' Nominations & Remuneration Committee, members were asked to input into Non-Executive Director appraisals, including approving the appraisal structure.

Governance or Legal Issues

This paper should be considered in relation to the NHS Foundation Trust Code of Governance (the Code), where there is a requirement for a formal, rigorous evaluation of the performance of individual directors, with the SID leading the process for evaluation of the Chairman in liason with the Lead Governor and Governors Nominations and Remuneration Committee.

Equality Delivery System

This paper does not impact on any of the REGARDS groups.

Recommendations

The Council of Governors is asked:

- 1) To receive 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) To note the feedback received on the performance of the Interim Trust Chair.

Report prepared by: **Caroline Maley, Senior Independent Director
Sam Harrison, Director of Corporate Affairs & Trust
Secretary**

Also on behalf of: **John Morrissey, Lead Governor.**

Name of appraisee (Chair)	Richard Gregory
Date of appraisal	21 December 2016
Date of first appraisal	N/A
Current appointment dates	December 2015 to 31 December 2016
Period of assessment	December 2015 to 31 December 2016
Board meetings attended	10 out of 11 Board Meetings 2 out of 2 Extraordinary Board Meetings

The Appraisal Framework

The framework below outlines the process conducted as previously agreed, based on a 360 degree feedback process involving the Trust Board and the Council of Governors.

Activity	By when
Self-assessment completed by the Chairman	End November 2016
Peer assessment questionnaires completed and returned to the Director of Corporate Affairs	End November 2016
Summary of peer assessment produced and provided to SID and Chair	Early December 2016
Additional comments collected by SID (through liaison with Lead Governor, Chief Executive and NEDs)	Early-mid December 2016
Appraisal/performance review meeting held and documentation completed (SID and Chair)	21 December 2016
Summary report by SID to Nominations and Remuneration Committee, without the Chair present; a brief report, including any recommendations, is produced for the Council of Governors	13 January 2017
Summary report to Council of Governors	19 January 2017
Summary to Public Board	1 February 2017

Assessment of Performance against key objectives

Performance was assessed using a scoring system of one to four, as outlined below.

1.	An <i>outstanding performance</i> ; making a critically important contribution to the work of the Board.
2.	A <i>fully satisfactory</i> performance; demonstrated the range of skills and qualities required.
3.	A <i>generally satisfactory</i> performance but with room for development.
4.	A performance <i>giving cause for concern</i> across a significant number of areas requiring prompt improvement.

Summary of feedback on competencies

The Chair's performance was assessed against agreed competencies.

The overall rating of the Chair by the Trust Board is either Outstanding /Fully Satisfactory. This also was similar to the Chair's own self assessment against these competencies. The views were almost completely unanimous with any differences discussed; no areas for concern were raised.

The overall rating of the Chair by the Council of Governors is Outstanding/ Fully Satisfactory.

360 feedback and comments

360 feedback enabled free form comments to be made by Trust Board and Governors.

The feedback on performance and values, gathered from the Board and the Council of Governors, were shared with the Chair. There was a lot of synergy between the comments and the Chair felt it fairly reflected how he saw his own performance.

Additional items were covered at the request of the Council of Governors and noted in the formal appraisal process however, no action was required.

Significant Contributions 2015/16/Performance against objectives set on appointment

The Interim Trust Chair was appointed to enable the Trust to address the issues which were evident from the investigation reports following the Employment Tribunal, to improve governance in the Trust and to rebuild the relationships between the Trust Board and the Council of Governors.

The SID and Lead Governor agreed that the Interim Trust Chair delivered a very strong performance, delivering the main objective for his appointment which was to see the Trust through a very challenging year and leaving it in a better place than when he arrived.

In summary, the **conclusion** on the overall performance by Richard Gregory was noted as:

It has been a very strong performance and a privilege to have Richard as Interim Chair for a very challenging year in the Trust. His passion for the Trust and the work that it does has been obvious from the beginning. He has championed the Trust when needed, but also pushed for action to address the weaknesses that have been identified.

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 19 January 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 November, the Governance Committee has met twice (21 December 2016 and 10 January 2017).
-

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

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

Recommendations

The Council of Governors is requested to note the discussions of the Governance Committee meetings held in December 2016 and January 2017.

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

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

DRAFT

Report from Governance Committee

The Governance Committee of the Council of Governors has met twice since its last report to the Council of Governors in November 2016 (21 December 2016 and 10 January 2017). This report provides a summary of issues discussed.

Meeting held on 21 December 2016 - Nine governors attended.

Code of Conduct Issues

- Governors approved a proposed schedule of meetings for 2017/18. Locations of meetings will be reviewed to reflect the constituencies of the Trust.
- Attendance at Council of Governors meetings is reviewed monthly. The Trust's Constitution requires that governors consider the circumstances of individuals who miss three consecutive meetings (excluding extraordinary meetings) and it has subsequently been agreed, through the Governance Committee, for the Lead Governor to speak informally to those individuals as a first step. The Lead Governor will be making contact with two governors to discuss their attendance.
- Governors have been asked to sign the Governor Code of Conduct and work continues to collect a signed copy from each governor. It was agreed that it was not acceptable for a governor to omit items of the Code of Conduct before signing.
- Governors have been asked to sign a Declaration of Interests form. Work continues to collect a signed form from all governors.

Membership & Engagement

- Planning for Membership Week in 2017 continues. Content has been agreed for a membership survey to seek input from members on engagement and involvement with the Trust.
- Updates on Governor Elections were provided, including the election timetable.
- An invitation to Trust members to attend Council of Governors meetings has been agreed and will be sent from January onwards.
- Governors discussed ways to incorporate education service input to the meeting, which will be explored further.
- A new deputy lead governor role has been agreed. Governors have been invited to express an interest in undertaking this role ahead of a ballot to determine the outcome at Council of Governors on 19 January 2017.

Holding to Account

- The role of governor observer on Board level and other committees has been discussed and will be explored further over the coming months.

Training & Development

- The governor training and development programme is continually updated, incorporating training requests from governors. Feedback is also received on a monthly basis on activities undertaken.
- November's development session was a Questions & Answer session with Commissioners and an opportunity to discuss the operational plan and was well received.

- December's development session covered Social Media and Information Governance and received positive response.
- The Lead Governor attended the Regional Governors' Conference in November 2016 and fed back on areas of discussion.

Meeting held on 10 January 2017 – nine governors attended

Code of Conduct

- The Trust's Constitution suggests governors consider the circumstances of individuals who miss three consecutive meetings (excluding extraordinary meetings) and it has subsequently been agreed, through the Governance Committee, for the Lead Governor to speak informally to those individuals as a first step. The Lead Governor made contact with one governor to discuss their attendance and while attendance at Council meetings has proven challenging at times due to ill health, commitment and engagement to the Trust remains.
- Governors have been asked to sign the Governor Code of Conduct and work continues to collect a signed copy from each governor.
- The Governor Code of Conduct was agreed to be reviewed in March.

Membership & Engagement

- The Committee received an update on the participation framework and plans for the Youth Council. Consideration is to be given regarding youth participation in the Council of Governors.
- Governor involvement and attendance in meetings across the Trust is to be mapped. The role of 'governor observer' in Board committees to be developed and attendance at meetings reviewed.
- NHS mail accounts are going to be provided to governors. The addresses will be internally facing only initially for receipt of communications from the Trust. The generic governor email address will continue to be promoted on the website.

Quality

- Governors received a draft protocol for governor visits. Further consultation will be undertaken during January with governors.
- Governors were asked to consider the quality indicators for the quality account. A formal discussion and vote will be held in Council of Governors at the January meeting.

Training & Development

- Governors have agreed subjects for further development sessions and all governors will be asked for additional areas of focus.

Holding to Account

- Governors will collaborate to share their thoughts with the new Acting Trust Chair regarding the needs and expectations of the Council of Governors.

Derbyshire Healthcare NHS Foundation Trust
Report to Council of Governors 19 January 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. This report provides an update to CoG reflecting reporting to the Trust Board.

Therefore, the purpose of this paper is as follows:

1. To provide CoG with an update on progress on the delivery of the GIAP

Executive Summary

This paper provides 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 Strategic Development
Core 11 - NHS improvement undertakings	Board of Directors	Director of Corporate Affairs

The summary table below provides 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	4	2
Core 3 - Clinical Governance	3	0	2	0	1
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	1	0	4	0
Core 7 - HR and OD	8	0	1	7	0
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	1	0	0	1
Core 11 - NHS improvement undertakings	6	0	0	3	3
Total	53	2	3	29	19

Executive Leadership Team

At their meeting on 19 December ELT reviewed a report which highlighted the pipeline of planned completion of blue action forms for all GIAP recommendations. This report will be presented monthly to ELT to ensure oversight of progress and escalation and management of any issues arising.

Overall, Board RAG ratings have improved and progress has been made in the areas that are currently rated as ‘off track’ or ‘some issues’. The body of the report provides more detail on this.

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

Assurances

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 Council of Governors is asked to:

- 1) Note the progress made against addressing GIAP recommendations , and the approval of 11 recommendations via sign-off of relevant blue completion forms at January Trust Board.
(HR1, HR2, HR5, PC1, PC6, CorpG2, CorpG9, CorpG10, CorpG12, CorpG13, CQC1)
- 2) Note the assurance provided for the areas rated as 'off track' and 'some issues'

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

Report prepared by: Kelly Sims (Project Support Officer)

1. Introduction

Detailed below are updates against Core areas where there have been changes in Board RAG ratings:

Core 1 – HR and Associated Functions

It was agreed at the extraordinary meeting of the People and Culture Committee, held on 14 December, that blue completion forms for recommendations HR1, HR2 and HR5 (following review of the evidence and narrative) should be forwarded to the January Trust Board for sign-off (see attached). It was also agreed that recommendation HR3 would be ready for review by the People and Culture Committee in April 2017.

Core 2 – People and Culture

At the extraordinary meeting of the People and Culture Committee held on 14 December, it was agreed that blue forms related to recommendations PC1 and PC6 are complete and should be forwarded to Trust Board for sign-off (see attached).

At the GIAP planning meeting, held on 11 November it was agreed that the status of recommendation PC5 should be changed to 'on track'. The Trust values have been refreshed and work on embedding them is ongoing. It was further agreed that the concept of the behavioural framework is not being progressed at present and will be reviewed as part of the joint development work with DCHS.

Core 3 – Clinical Governance

Following discussion at the Quality Committee, held on 15 December, it was agreed that a blue form could be prepared for ClinG2 for presentation to the January Committee meeting. This followed assurance also received at the Audit & Risk Committee held on 12 December, as this Committee also has an oversight role of this recommendation. There are still some issues with recommendations with ClinG1 and ClinG3, with plans to complete actions and embed activity. ClinG1 is scheduled for Committee review in March 2017, with potential sign-off. ClinG3 is scheduled for further review at January's Quality Committee meeting.

Core 4 – Corporate Governance

At the Audit & Risk Committee on 13 December blue forms for five recommendations were agreed. These related to four completed recommendations: CorpG2, CorpG10, CorpG12 and CorpG13, and for one recommendation that was agreed to be no-longer applicable, CorpG9 (see attached).

Core 6 – Roles and Responsibilities of Board Members

It was agreed at the November Remuneration and Appointments Committee that three further recommendations could be designated as 'on track' following presentation and scrutiny of reports relating to RR2 (Board Development Programme), RR3 (360 appraisal process for Board members) and RR5 (Board member mandatory and professional development).

Following discussion at the Committee held on 7 December, Board Development activity was reviewed and actions agreed that would provide assurance that activity was embedded as business as usual. It was agreed to move the status of recommendation RR2 to 'on track' for delivery by an April 2017 deadline.

Core 10 – CQC

Recommendation CQC1 states that ‘the Trust should ensure that the outcome of this focused inspection impacts directly upon the organisational strategy’. Following discussion at the People & Culture Committee GIAP Planning Meeting held on 11 November it was confirmed that a blue completion form should be completed for this recommendation. This was supported at the Executive Leadership Team (ELT) held on 19 December 2016 (see attached).

2. **Red Rated ‘Off Track’ recommendations**

There are 2 recommendations rated as Red as detailed in the table below (2 last month):

Core Area	Recommendation	Action(s)	Mitigation
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	<p>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.</p> <p>Further discussion at December’s Remuneration and Appointments Committee confirms this position is unchanged</p>
Core 10 - CQC	CQC 2 - The Trust should continue to proactively recruit staff to fill operational vacancies	Implement the recruitment plan and monitor effectiveness against an agreed vacancy rate trajectory	<p>A revised recruitment plan has not yet been fully developed. However, two posts have been appointed to within the HR team to add capacity to speed up the recruitment process.</p> <p>Discussion at ELT on 19.12.16 clarified actions required to complete this recommendation and embed in ongoing Trust work.</p> <p>Further discussion with Interim Chief Operating Officer on 22.12.16 has identified proposed evidence of actions to address this recommendation to include: Recruitment Plan as presented to the PCC, evidence of weekly agency meetings with attendance by Executive Directors. Assurance to be provided through completion of internal audit recommendations on agency controls. Monthly reporting is in place to the confidential Trust Board to highlight progress and impact on actions. A relocation expenses policy was approved by ELT on 19.12.16. A specific recruitment plan for each staff group is to be developed. Evidence to be presented to People & Culture Committee February meeting for proposed sign-off with blue completion form planned for March Board (subject to Committee approval).</p>

3. Amber rated ‘some issues’ rated recommendations

There are 3 recommendations rated as Amber as detailed below (7 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	<ol style="list-style-type: none"> 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 	<p>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 four months the Committee indicated they would be prepared to sign off this recommendation.</p> <p>Reviewed at December Quality Committee – confirmed that this remains ‘some issues’ pending evidence to be received over further months.</p>
	ClinG3 - Increase the effectiveness of the Quality Committee by ensuring clear alignment of the committee with the quality strategy and associated objectives, and ensuring a clear focus on seeking assurance	Ensure that Quality Committee agenda is structured so that it focuses on topics to deliver quality strategy and goals	<p>QC agreed that there needed to be more focus on revising the agenda template to confirm how papers supported delivery of the Trust Strategy, in ensuring completion of actions and having a clear forward plan</p> <p>At October’s meeting QC agreed that the Action Log required richer narrative when capturing actions and accountabilities. Overall, the Committee expects to sign off this recommendation off by the end of the calendar year</p> <p>Reviewed at December Quality Committee – confirmed that this remains ‘some issues’.</p>
Core 7 - HR and OD	WOD7 - The Trust should monitor the adherence to the grievance, disciplinary, whistle-blowing policies and the current backlog of cases concluded	The backlog of cases made known to the CQC at the time of the inspection are concluded	<p>Progress continues to be made resolving all cases in line with Trust policy. Robust review undertaken and regular review by Executive Leadership Team. Status to be reviewed at December PCC with a view to status becoming ‘on track’.</p> <p>To be reviewed at January PCC as there was no formal December PCC meeting.</p>

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

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

Wednesday, 2 November 2016

MEETING HELD IN PUBLIC

Commenced: 1pm

Closed: 4:45pm

PRESENT:

Richard Gregory	Interim Chairman
Caroline Maley	Senior Independent Director
Maura Teager	Non-Executive Director
Margaret Gildea	Non-Executive Director
Dr Julia Tabreham	Deputy Trust Chair and Non-Executive Director
Ifti Majid	Acting Chief Executive

For items DHCFT 2016/169
to 174

Claire Wright	Executive Director of Finance
Carolyn Green	Director of Nursing & Patient Experience
Dr John Sykes	Executive Medical Director
Mark Powell	Acting Chief Operating Officer
Amanda Rawlings	Director of People & Organisational Effectiveness
Samantha Harrison	Director of Corporate Affairs & Trust Secretary

IN ATTENDANCE:

Barry Mellor	Incoming Non-Executive Director
Richard Wright	Incoming Non-Executive Director
Lynn Wilmott-Shepherd	Acting Director of Strategic Development
Anna Shaw	Deputy Director of Communications & Involvement
Sue Turner	Board Secretary and Minute Taker
Karen Wheeler	Acting Divisional Lead Occupational Therapist
Andrew	Service Receiver
Bev Green	Service Improvement
David Hurn	Area Service Manager for Substance Misuse
Clem Nicholls	Lead Nurse, Substance Misuse
Rais Ahmed	Clinical Director, Neighbourhoods
Sarah Butt	Assistant Director Clinical Practice and Nursing
Peter Charlton	General Manager, Information Management
Anne Munnien	Clinical Lead, FSR Project
John Staley	FSR Programme Manager

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Item DHCFT 2016/180

APOLOGIES:

Jim Dixon	Non-Executive Director
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VISITORS:

John Morrissey	Lead Governor
Gillian Gough	Public Governor, Erewash North
Ruth Greaves	Public Governor, Derbyshire Dales
Sarah Waite	Account Development Manager, Vodafone Limited

**DHCFT
2016/168**

INTERIM CHAIRMAN'S WELCOME, OPENING REMARKS AND APOLOGIES

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

Richard Gregory was pleased to welcome and introduce the two incoming Non-Executive

	<p>Directors, Barry Mellor and Richard Wright. Lynn Wilmott-Shepherd was introduced in her role as Acting Director of Strategic Development. Karen Wheeler, Acting Divisional Lead Occupational Therapist who was shadowing Carolyn Green, Director of Nursing and Patient Experience was welcomed to the meeting.</p>
<p>DHCFT 2016/169</p>	<p><u>SERVICE RECEIVER STORY</u></p> <p>Bev Green, introduced Service Line Manager for Substance Misuse, David Hurn and Lead Nurse, Clem Nichols, who accompanied service receiver Andrew who kindly agreed to speak to the Board about his recovery from heroin addiction through the charity, and one of the Trust's partners, Phoenix Futures which helps people overcome drug and alcohol problems.</p> <p>Andrew tried many times to stop taking heroin and was only successful when he went into rehabilitation with Phoenix Futures in Sheffield after leaving prison. Andrew explained that since leaving rehab Andrew has remained involved with Phoenix Futures supporting other service users in their recovery. His work involves encouraging service users to become more involved in the services Phoenix Futures offers particularly through recreational activities, and sport, mainly boxercise as this was the activity that especially helped him in his recovery. Andrew is now a Phoenix Futures service user representative and encourages people to take part in physical exercise to keep them motivated and to feel good about themselves as he believes that improving your physical fitness improves your physical wellbeing.</p> <p>The Board was interested to know if there was anything the Trust could do to help people like Andrew who have been in very challenging situations. Andrew replied that each individual has to be ready to face the process for overcoming their drug and alcohol problems. He felt connected to Phoenix Futures whilst he was in rehab and while he was there he was prescribed medication for people addicted to heroin. His criticism was that prescriptions were given out too easily and people are not supervised when they visit the pharmacist which may result in service users selling their prescribed medication.</p> <p>Andrew was asked if he was treated with respect while he was in the Trust's care especially as there is a lot of stigma associated with mental health issues allied to recovery from substance misuse addiction. Andrew replied that he received respect once he had decided he wanted to recover from his heroin addiction.</p> <p>Andrew also explained that whilst he was taking part in his recovery he became involved in an education programme called Intuitive Thinking Skills which helps people to progress with life skills while promoting abstinence. This scheme also provides people with the tools and knowledge to write CVs, attend interviews and gives people the confidence to demonstrate they are ready and have the right attitude for work. He hoped to progress with this and work with Phoenix Futures to develop intuitive thinking skills with children and young people.</p> <p>When asked by Ifti Majid if the national drug strategy differentiated between maintenance, reduction and abstinence and whether this made it difficult for people using our services, David Hurn responded that people need to feel stabilised when they are in recovery. He thought that people need to understand that all the different aspects of recovery are inextricably linked. It is important to help people's ability to be challenged so they can use their intuitive thinking skills and the Trust's staff are trained in these skills. He agreed with Andrew that the physical activities that Phoenix Futures offer in gym facilities are good ideas that can be offered to service users. Phoenix Futures also have very good care workers and have people like Andrew working with them who have gone through the same experience.</p> <p>Clem Nichols, lead nurse in substance misuse explained that he and his colleagues give people the intuitive thinking skills to deal with their recovery. Being in partnership with Phoenix Futures also means resources are there in the community such as boxercise</p>

	<p>facilities.</p> <p>Carolyn Green informed the Board that Andrew had recently applied for a job in our organisation but had been unsuccessful because he has a criminal record. She believes policies need to reflect more flexibility to address these challenges and allow people who have had substance misuse problems and have a criminal record to work with us as they have real life experience and are in the best position to help us. It was agreed that the Trust would review its position regarding spent convictions to allow people to work in the Trust safely.</p> <p>Richard Gregory thanked Andrew for talking to the Board and sharing his insights into recovery and support issues and hoped he would continue to be well and find fulfilling opportunities in the future.</p> <p>ACTION: Jo Downing to be asked to work with HR to review the Trust’s approach regarding spent convictions to allow people to work in the Trust safely.</p> <p>RESOLVED: The Board of Directors expressed thanks to Andrew for sharing his experiences and appreciated the opportunity to hear his feedback first hand.</p>
DHCFT 2016/170	<p><u>DECLARATIONS OF INTEREST</u></p> <p>An additional declaration of interest was recorded in respect of Julia Tabreham who is assisting NICE (National Institute for Health and Care Excellence) to write training programmes for people providing lay advice to its Guideline Development Groups.</p>
DHCFT 2016/171	<p><u>MINUTES OF THE MEETING DATED 5 OCTOBER 2016</u></p> <p>The minutes of the meeting held on 5 October were accepted and agreed as an accurate record of the meeting subject to paragraph 3 of item DHCFT 2016/154 being amended to read that although there was no longer a requirement for the Trust to carry out emergency planning measures regarding staffing levels, challenges remain at the Hartington Unit and Radbourne Unit.</p>
DHCFT 2016/172	<p><u>MATTERS ARISING AND ACTIONS MATRIX</u></p> <p>The Board agreed to close all completed actions. Updates were provided by members of the Board and were noted directly on the actions matrix.</p>
DHCFT 2016/173	<p><u>INTERIM CHAIRMAN’S VERBAL REPORT</u></p> <p>Richard Gregory referred to the Care Quality Commission (CQC) inspection that took place in June and the subsequent warning notices and explained that an update on the organisation’s compliance ratings was shown in the Quality Position Statement under agenda item 9. Recruitment to reduce vacancy rates and the breach in agency spend has been an issue for some time now. The Trust is entering into a new era of inspection by NHS Improvement (NHSI) and there are significant process issues that need to be corrected regarding the Trust’s procurement of agency and locum staff and this will be monitored by the Finance and Performance Committee and Audit and Risk Committee.</p> <p>The proposed merger of the Trust with Derbyshire Community Health Services (DCHS) is referred to in the Chief Executive’s Report. Richard Gregory wished it to be recorded that these are very sensitive and emotionally charged times for the Trust. The Board is doing everything possible to ensure any anxieties are alleviated as much as possible for service receivers and staff and the Board will engage and communicate effectively with staff and will work closely with governors to work through the transaction.</p> <p>RESOLVED: The Board of Directors noted the Interim Chairman’s report.</p>

DHCFT 2016/174	<p><u>ACTING CHIEF EXECUTIVE'S REPORT</u></p> <p>The Board received Ifti Majid's report which provided feedback on changes within the national health and social care sector as well as providing an update on developments occurring within the local Derbyshire health and social care community.</p> <p>Ifti Majid highlighted key points from his report:</p> <ol style="list-style-type: none"> 1. The CQC's State of Health and Adult Social Care in England 2015/16 was released during October. The report gave a detailed view of the trends, influences and pressures in care across England. Some of the key messages included that the CQC has recognised that sustained system-wide pressures coupled with staffing shortages have impacted on providers' ability to achieve the triple aim of maintaining quality, improving efficiency and driving ongoing improvement. Trusts rated 'requires improvement' find it the hardest to improve as they do not get the support those organisations in special measures get. Leadership and a focus on patient centred approaches seem to be the key in those 'requires improvement' trusts who do rapidly improve. These points were highlighted by Ifti Majid as they have some resonance for the Trust. 2. The Derbyshire STP (Sustainability Transformation Plan) footprint was submitted on 21 October. This is not the final plan and we are now awaiting clarification from NHS England as to when the Trust can commence local engagement and communications with stakeholders and the public. It is hoped that a document will be presented to the next public Board meeting that clarifies the direction of travel identified within the STP submissions. 3. The Strategic Options Case was presented to the confidential meeting of the Board of Directors on 27 October and the recommendations were discussed immediately afterwards with the Council of Governors. The Board's decision has been to continue to the next stage. Ifti Majid emphasised that he felt that this was the right decision to make on behalf of the Trust's service users, staff and stakeholders and governors will be kept informed regularly to enable them to consider the recommendation from the Board. <p>Julia Tabreham referred to the CQC report and sought additional information on the social care and clinical care pathways in Derbyshire. Ifti Majid assured her that some initiatives of the STP would involve placing healthcare support into social care homes and looking at other models that can be developed to have a similar output and be less susceptible to market changes.</p> <p>Ifti Majid attached the NHS Providers' BREXIT briefing for October as an appendix to his report and this was noted by the Board.</p> <p>At this point Ifti Majid left the meeting to attend a meeting with NHS Improvement.</p> <p>RESOLVED: The Board of Directors noted the contents of the Acting Chief Executive's report.</p>
DHCFT 2016/175	<p><u>INTEGRATED PERFORMANCE AND ACTIVITY REPORT</u></p> <p>The Board received the integrated overview of performance as at the end of September 2016 with regard to workforce, finance, operational delivery and quality performance and additional verbal updates were provided by Board Directors.</p> <p>Mark Powell, Acting Chief Operating Officer, gave Board members an overview of the process he has initiated to review performance of key areas to ensure that adequate mitigation plans are in place to enable the Trust to deliver against the expectations it has set itself, and to fully understand the reasons why performance, may at times, fall below</p>

	<p>set thresholds. This work will inform how assurance is provided to Board members through the Integrated Performance report over the course of the coming months.</p> <p>The Board noted the joint effort of all staff teams and the work that is taking place to complete actions from the CQC inspection which has enabled an integrated approach to managing competing priorities across all service lines to focus on environmental, clinical, policy and organisational governance priorities.</p> <p>Amanda Rawlings, Director of People & Organisational Effectiveness, gave an update on staff vacancies. She was pleased to report that two posts have been approved for the Human Resources team which would improve efficiencies in the recruitment process. Work was also taking place to improve staff sickness rates. She also informed the Board that a piece of work has now commenced to improve the rate of non-medical staff appraisals. Staff will soon be targeted through a tracker system and will be urged to complete their appraisals with their line managers. It is hoped that this work will ensure an upward trend will be seen in the near future.</p> <p>Staff sickness rates were challenged by the Board. It was understood that one of the reasons for staff sickness is stress and anxiety and this correlates with staff shortages and the Board hoped that the work on recruitment will have a positive effect on staff sickness rates. Amanda Rawlings advised she is working on ways of improving staff sickness levels. Clear guidelines will be set up to enable line managers to manage sickness absence more efficiently.</p> <p>Director of Finance, Claire Wright reported that the half year financial position is ahead of plan. She pointed out that now the Strategic Options Case had been approved the transactional costs and the timing of the transaction will need to be assessed further and the Trust was anticipating costs to be in the region of £650k. This would be shared proportionately with the Trust assuming 40% of the costs, and DCHS assuming 60%.</p> <p>Claire Wright reminded the Board that NHSI's additional reporting requirements for agency expenditure will be discussed further at the Board Development session on 16 November. At that same session, the Board will also be discussing the new NHSI control total as part of the operational plan update. Progress with delivery of current and future year financial plans including agency expenditure will also be discussed in the Finance and Performance Committee at the end of November.</p> <p>Carolyn Green, Director of Nursing and Patient Experience, drew attention to the extended quality dashboard that was included in the report. The Board noted that this arose as request from the Quality Committee and thanks were given to Carolyn Green and Rachel Kempster for their work in producing this data. Carolyn Green was pleased to report a reduction in the duration of resolving outstanding actions from complaints at a local level. The Patient Experience Team are on track with their work but extra resource is sometimes required for complex cases. The Board recognised the challenges staff are facing when they are working on these investigations and understood that anything that is seen as a risk to patient safety is always prioritised.</p> <p>RESOLVED: The Board of Directors scrutinised the content of the report and obtained assurance on the current performance across the areas presented.</p>
DHCFT 2016/176	<p><u>POSITION STATEMENT ON QUALITY</u></p> <p>Carolyn Green delivered her report which provided the Board of Directors with an update on the continuing work to improve the quality of the organisation's services in line with the Trust's Strategy, Quality Strategy and Framework and strategic objectives.</p> <p>Carolyn Green was pleased to report that 86 out of 156 actions resulting from the action plan developed from CQC visit have now been completed. She felt the amount of work that has been carried out since the inspection has been a significant achievement. A</p>

	<p>substantial increase in fire warden training, and safeguarding training has been seen and the Quality Committee will continue to receive reports on compliance.</p> <p>The Trust continues to brief clinical staff on the learning and expectations of clinical practice with regard to the Mental Capacity Act. Carolyn Green was pleased to report that there has been a significant improvement in compliance levels and it is hoped to reach 88% compliance level in the near future. The Board appreciated that the key to this result has been through engagement with staff to confirm the essential actions required by staff. This has been led by the Medical Director and is being reported to the Mental Health Act Committee. The Board was pleased to note the good progress of compliance and quality of service as well as an improvement in the professional code of practice.</p> <p>Mark Powell wished to point out to the Board the operational issues within the Kedleston Unit regarding fire evacuation. Carolyn Green assured the Board that she was working with the Fire Service to ensure the Trust's fire procedures are in line with CQC requirements.</p> <p>Carolyn Green reminded the Board that the CQC Quality Summit was due to take place next week and she would provide a briefing pack before the meeting so that Board members can be prepared in advance of this event.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Received the Quality Position Statement 2) Received assurance on its content
DHCFT 2016/177	<p><u>BOARD COMMITTEE ESCALATIONS</u></p> <p>Assurance summaries were received from the meetings of the Quality Committee held on 13 October, Audit and Risk Committee held on 11 October and Safeguarding Committee held on 4 November which identified key risks, assurance and decisions made.</p> <p>The following points were noted:</p> <p>Quality Committee:</p> <ul style="list-style-type: none"> • The Equality Impact Assessment Policy is out of date and requires review and immediate attention and will be further progressed by the Quality Committee. • The Committee noted the death rate contained in the Serious Incident Report. Additional scrutiny will now take place due to limited confidence in NRLS (National Reporting and Learning System) data, plus the Trust now includes substance misuse deaths in the report. <p>Audit & Risk Committee:</p> <ul style="list-style-type: none"> • Control over agency spend matters raised by the Committee were addressed by the Board in the confidential session • Review of all GIAP actions to date to ensure they satisfy the original recommendations will form part of the wider GIAP report to the Board covered later in the agenda <p>Safeguarding Committee:</p> <ul style="list-style-type: none"> • Chief Executive support is required to prioritise PREVENT and CHANEL Gold Group for Complex Case Enquiries <p>Ratified minutes of the meeting of the Audit and Risk Committee held on 19 July, Quality</p>

	<p>Committee on 8 September, People and Culture Committee on 20 September and Safeguarding Committee held on 15 April were included for information.</p> <p>RESOLVED: The Board of Directors received the Board Committee escalations.</p>
<p>DHCFT 2016/178</p>	<p><u>SAFEGUARDING CHILDREN ANNUAL REPORT</u></p> <p>This annual report summarised the year 2016 to 2017 and included the Safeguarding Children's Board Strategic plans.</p> <p>The Board obtained assurance with the strong performance of the Safeguarding Children's service especially in areas associated with child exploitation and approved the report and its recommendations.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Noted the Safeguarding Children Annual Report and received assurance on the Trust's annual activity and agreed that the Trust's Safeguarding Committee would lead and set the future direction for Safeguarding Children in the Trust. 2) Approved this Annual report and its recommendations.
<p>DHCFT 2016/179</p>	<p><u>EMERGENCY PREPAREDNESS, RESILIENCE, RESPONSE (EPPR) ANNUAL REPORT</u></p> <p>The Board received Mark Powell's report on the Trust's emergency preparedness structure to meet the requirements of the Civil Contingencies Act 2004 (CCA 2004) and NHS Commissioning Board, Emergency Preparedness Framework 2015.</p> <p>The report outlined a single framework for dealing with major incidents and business continuity issues and evaluated the Trust's level of compliance as 'Partial compliance'. However, since writing the report Mark Powell had received a letter from commissioners indicating that the Trust's evaluation had been incorporated within last year's rating and not this year's and this now indicates that the Trust is 'not compliant'.</p> <p>The Board was disappointed to hear that despite the work carried out this was not enough for the Trust to reach the required level of compliance. Mark Powell informed the Board that as there is not enough resource to deliver our obligations he was working with DCHS to assess a business impact analysis, put in place robust continuity plans, as well as a training programme for major incidents to improve the Trust's position.</p> <p>The Board noted the organisation's lack of appropriate expertise to ensure there is a formal EPPR process in place and agreed that this issue would be included in the BAF (Board Assurance Framework). In response, Mark Powell undertook to establish new criteria for EPPR and will ensure that a monthly update on the EPPR action plan is received by the Quality Committee. The Board also noted Mark Powell's intentions to provide the Board with assurance that a plan is in place to ensure the Trust delivers its obligations and improves its level of compliance.</p> <p>ACTION: Monthly updates on the EPPR action plan to be received by the Quality Committee.</p> <p>ACTION: Lack of expertise to deliver EPPR requirements to be included in the BAF</p> <p>RESOLVED: The Board of Directors</p> <ol style="list-style-type: none"> 1) Reviewed the update provided in this annual report 2) Received the Trust's self-assessment and subsequent outcome of 'non-compliance' 3) Agreed that the Quality Committee would receive monthly progress reports on EPPR compliance and the EPPR action plan

<p>DHCFT 2016/180</p>	<p><u>DEEP DIVE – FULL SERVICE RECORD</u></p> <p>The Board received the Deep Dive report and presentation which gave an overview of the Full Single Patient Record Project (FSR). The report also showed examples of functionality that the system provides and examples of compliance reports based on information recorded in the system. The report also set out the role of the Clinical Reference Group in shaping future developments and highlighted the advantages identified by clinical representatives.</p> <p>Board members noted the difficulties staff were experiencing in using the FSR system that were impacting progress in the inpatient areas. These challenges included difficulties in allocating time to release staff for PARIS training, as well as Bank staff not having undertaken training. It was also clear that some staff do not feel comfortable working with technology. Other issues were not having sufficient laptop devices to access the system and not having a Project Support Officer in post to support the project.</p> <p>Caroline Maley accepted that full compliance with FSR was a difficult challenge as she had observed during quality visits that some teams were still using paper records. She also noticed there was a lack of access to laptops and teams were finding it difficult to adapt to using technology and was urged to inform people during quality visits that if they feel they did not have access to the technology they must ask for the equipment they needed.</p> <p>The Board recognised the importance of implementing electronic recording and moving towards an electronic process and the work that has taken place to engage staff in this procedure. It was also understood that the FSR team had looked at different solutions that would work with clinicians off-line but this had not been progressed further as the team considered that should the collaboration with DCHS progress there may be a need to work to a different system, System One.</p> <p>The Board considered this to be a very insightful Deep Dive and acknowledged that the Trust will continue to focus on implementing the PARIS system to ensure the benefits of the FSR system are delivered.</p> <p>RESOLVED: The Board of Directors received the Deep Dive report of the Full Single Patient Record Project and recognised the work which has been completed towards delivery of a Full Service Record.</p>
<p>DHCFT 2016/181</p>	<p><u>GOVERNANCE IMPROVEMENT ACTION PLAN</u></p> <p>The Board received the Governance Improvement Action Plan (GIAP) report which gave an update on the progress of delivering the GIAP. The report also provided an overview of performance against all 53 recommendations, set against each respective core area.</p> <p>Mark Powell drew attention to the GIAP Blue Completion Form which related to GIAP task Core 9 – Fit and Proper Persons - which had already been approved by the Remuneration & Appointments Committee. The form enabled the Board to obtain assurance that implementation of the fit and proper person test policy will be part of ongoing work within the Trust and allowed the Board to confirm it was satisfied that this task was complete.</p> <p>It was noted that the accountability framework had been received during the Board's confidential meeting and it was agreed that Core 7 and Core 9 could progress to the status of being on track.</p> <p>The Board reviewed the areas rated as 'off track' and with 'some issues' contained in the report. These comments were noted as follows and would be captured in the GIAP:</p> <ol style="list-style-type: none"> 1. Core 6 (Roles and Responsibilities of Board members) was discussed by the

	<p>Remuneration & Appointments Committee. The Board agreed this action will remain off track as there is further work to be done with regard to the finalisation of succession planning.</p> <ol style="list-style-type: none"> 2. Core 7 WOD3 (HR and OD): It was considered that sufficient work has taken place within the HR function to assure the Board that this action is now on track. 3. Core 7 WOD6 (HR and OD): It was agreed that due to monthly pulse checks taking place this action is now on track. 4. Core 10 (CQC2): The Board agreed that although work to fill vacancies has been extremely proactive this action will be monitored further by the People & Culture Committee and the action will remain off track. 5. Core 2 (People & Culture): It was considered that the exercise to revise the Trust values would be refreshed as a result of work taking place with DCHS. This action remains rated as still having issues to resolve. 6. Core 3 (Clinical Governance): This action remains rated as still having issues to resolve and will be brought back to the Quality Committee. 7. Core 7 (HR and OD): It was agreed that the adherence to the grievance, disciplinary, whistleblowing policies and current backlog of cases would be further reviewed by the People & Culture Committee. In addition to this the Audit & Risk Committee will commission a further update of this action in 6 months' time once new policies and training have had the chance to be embedded within the organisation. Assurance can then be given to the Board regarding effectiveness of this action. It was agreed that this action was now rated as on track. <p>RESOLVED: The Board of Directors</p> <ol style="list-style-type: none"> 1) Noted the progress made against GIAP 2) Discussed the areas rated as 'off track' and 'some issues', seeking assurance where necessary on the mitigation provided 3) Approved the blue completion form for Core 9 – Fit and Proper Persons 4) Agreed at the end of the Public Board meeting whether any further changes are required to the GIAP following presentation of papers, outcomes of item specific discussions and/or other assurances provided throughout the meeting
<p>DHCFT 2016/182</p>	<p>Board Assurance Framework</p> <p>This report details the third issue of the BAF for 2016/17 and was presented to the Audit & Risk Committee on 11 October.</p> <p>Sam Harrison drew the Board's attention to the three additional risks that have been added to the BAF this quarter which were noted as follows:</p> <ol style="list-style-type: none"> 1b) The Trust is not compliant with equality legislation. There is therefore a risk that the Trust does not operate inclusivity and may be unable to deliver equity of outcomes for staff and service users. (Currently assessed as high risk.) 1c) Risk to delivery of safe, effective and person centred care due to the Trust being unable to source sufficient permanent and temporary clinical staff. (Currently assessed as high risk.) 3c) There is a risk that turnover of Board members could adversely affect delivery of the organisational strategy due to loss of specialist organisational knowledge, capacity and stability. (Currently assessed as moderate risk.)

	<p>The Board considered the updated BAF and reflected on the challenges the organisation is focussing on and agreed that emergency planning will be added to the BAF. In addition to this, Claire Wright felt that back office collaboration and business continuity should be included as an additional risk to reflect how support functions will be affected by the collaboration with DCHS.</p> <p>ACTION: BAF to be updated to capture emergency planning (EPPR) and back office collaboration/business continuity</p> <p>RESOLVED: The Board of Directors approved this third issue of the BAF for 2016/17</p>
<p>DHCFT 2016/183</p>	<p><u>MEASURING THE TRUST STRATEGY</u></p> <p>The Trust Strategy 2016-21 was approved by the Board in May 2016. Since that time work has been ongoing to commence the implementation of the strategy in line with the system-wide Sustainability and Transformation Plan (STP). Lynn Willmott-Shepherd's report presented the Board with a method for providing assurance that the strategy is delivering the required outcomes and performance targets.</p> <p>Lynn Willmott-Shepherd explained that the Board already receives a monthly integrated performance report which enables regular monitoring of the strategy. She proposed that on an annual basis a dashboard would be presented to provide high level assurance of how the Trust is performing against its strategic objectives.</p> <p>The Board noted that the dashboard in Appendix A gave an overall picture of how the Trust is progressing and that the dashboard will be adjusted to capture changed trajectories for each measure for the five year period. The Board also noted that the Strategic Objectives set out in Appendix B will provide assurance on a monthly basis that the strategy is being delivered.</p> <p>The Board discussed the need to demonstrate that the progress of the strategy is being satisfactorily measured and agreed that this approach and a success criteria would be discussed further by the Executive Leadership Team (ELT).</p> <p>ACTION: The agreed approach for measuring the progress of the strategy and success criteria will be reviewed by ELT.</p> <p>RESOLVED: The Board of Directors</p> <ol style="list-style-type: none"> 1) Noted the suggested performance measures for the Trust strategy and provided feedback 2) Approved the use of the integrated performance report for on-going monitoring of the strategy
<p>DHCFT 2016/184</p>	<p><u>BOARD FORWARD PLAN</u></p> <p>The forward plan was noted and would be updated in line with today's discussions.</p> <p>RESOLVED: The Board of Directors noted the forward plan for 2016/17</p>
<p>DHCFT 2016/185</p>	<p><u>IDENTIFICATION OF ANY ISSUES ARISING FROM THE MEETING FOR INCLUSION OR UPDATING IN THE BOARD ASSURANCE FRAMEWORK OR GIAP</u></p> <p>The following risks will be added to the BAF:</p> <ul style="list-style-type: none"> • Lack of appropriate expertise to ensure the Trust's emergency preparedness structure meets EPPR requirements i.e. the requirements of the Civil Contingencies Act 2004 (CCA 2004) and NHS Commissioning Board, Emergency Preparedness Framework 2015

	<ul style="list-style-type: none"> • Business continuity will be included as an additional risk to reflect how support functions will be affected by the collaboration with DCHS <p>All matters relating the GIAP were recorded in item DHCFT 2016/181 above.</p>
DHCFT 2016/186	<p><u>BOARD PERFORMANCE AND CONTENT OF MEETING</u></p> <p>The meeting was well chaired but ran over time as there were so many items to discuss.</p> <p>Richard Gregory introduced Sarah Waite to the Board who had observed the meeting as the Trust's account manager from Vodafone. She explained that Vodafone was working closely with the Trust and DCHS to establish a solution for improved productivity and invited members of the Board to attend the Vodafone customer event entitled Transitioning to the Modern Workplace.</p>
<p>The next meeting of the Board held in Public Session will take place at 1pm on Wednesday, 7 December 2016.</p> <p style="text-align: center;">The location is Conference Rooms A and B Research and Development Centre, Kingsway, Derby DE22 3LZ</p>	

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

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

Wednesday 7 December 2016

MEETING HELD IN PUBLIC

Commenced: 1pm

Closed: 4:20pm

PRESENT:	Richard Gregory Julia Tabreham Caroline Maley Maura Teager Margaret Gildea Richard Wright Ifti Majid Claire Wright Carolyn Green John Sykes Mark Powell Amanda Rawlings Samantha Harrison Lynn Wilmott-Shepherd	Interim Trust Chair Deputy Trust Chair and Non-Executive Director Senior Independent Director Non-Executive Director Non-Executive Director Non-Executive Director Acting Chief Executive Executive Director of Finance Executive Director of Nursing & Patient Experience Executive Medical Director Acting Chief Operating Officer Director of People & Organisational Effectiveness Director of Corporate Affairs & Trust Secretary Interim Director of Strategic Development
IN ATTENDANCE:	Anna Shaw Donna Cameron Anne Wright Melanie Curd Zoe Kwan Lucia Whitney Joanna Miatt Helen Crowson	Deputy Director of Communications & Involvement Corporate Services Officer and Minute Taker Incoming Non-Executive Director Deputy Trust Secretary, DCHS Registrar, Observer Consultant Psychiatrist Consultant Clinical Psychologist Service Manager, Lead CBT Therapist
For Item DHCFT/2016/202 For Item DHCFT/2016/202 For Item DHCFT/2016/202		
APOLOGIES:	Barry Mellor	Non-Executive Director
VISITORS:	John Morrissey Mark McKeown Gillian Hough Shelley Comery Carole Riley Bernard Thorpe	Lead Governor, Public Governor, Amber Valley South Derbyshire Mental Health Alliance Public Governor, Derby City East Public Governor, Erewash North Public Governor, Derby City East Lead Governor, DCHS

DHCFT 2016/187	<u>INTERIM CHAIRMAN'S WELCOME, OPENING REMARKS AND APOLOGIES</u> Interim Chair, Richard Gregory, opened the meeting and welcomed everyone. Apologies were noted as above.
DHCFT 2016/188	<u>SERVICE RECEIVER STORY</u> Carolyn Green offered apologies to the Board for the absence of a patient story, due to ill health. However, a 'deep dive' on eating disorders will be presented later in the meeting and asked the Board if it could take into account the needs of service users with anorexia nervosa when receiving the item.

<p>DHCFT 2016/189</p>	<p><u>DECLARATIONS OF INTEREST</u></p> <p>The Declaration of Interests register was noted.</p> <p>An additional declaration was registered for Dr Julia Tabreham who been asked by the Department of Health to lead on the Parliamentary and Health Service Ombudsman's contribution to establishing NHS complaints support in Ireland.</p> <p>Ifti Majid advised he had been invited to sit on the North East Midlands Leadership Academy Board.</p> <p>Lynn Wilmott-Shepherd advised that her substantive post is as Director of Commissioning at Erewash CCG.</p> <p>Maura Teager's position as Non-Executive Director of Ripplez had concluded at the end of September 2016 and so can be removed from the register.</p> <p>ACTION: The declaration of interests register to be updated.</p>
<p>DHCFT 2016/190</p>	<p><u>MINUTES OF THE MEETING DATED 2 NOVEMBER 2016</u></p> <p>The minutes of the previous meeting, held on 2 November 2016, were reviewed. The following amendments were requested:</p> <p>2016/189 Service User Story – Page 3 in the minutes Caroline Maley recalled that it had been agreed that the Trust would review its position regarding spent convictions to allow people to work in the Trust. Jo Downing had been asked to work with HR to review this. It was agreed that this should be reflected in the minutes and added to the actions matrix.</p> <p>2016/174 Acting Chief Executive's Report – final line above the resolution Caroline Maley requested that this line be expanded to explain the reason for Ifti Majid's departure from the Public Board Meeting. He had left to attend a meeting with NHS Improvement. It was agreed that the minutes should be amended to reflect this.</p> <p>2016/175 Integrated Performance & Activity Report – Page 5, Para 6 Caroline Maley requested the minutes to be amended to clarify that the transaction costs, anticipated to be £650k would be shared proportionately with the Trust assuming 40% of the costs, and DCHS assuming 60%.</p> <p>Page 6, Para 7 to be amended as below: Claire Wright reminded the Board that NHSI's additional reporting requirements for agency expenditure will be discussed further at the Board Development session on 16 November. At that same session, the Board will also be discussing the new NHSI control total as part of the operational plan update. Progress with delivery of current and future year financial plans including agency expenditure will also be discussed in the Finance and Performance Committee at the end of November.</p> <p>2016/181 Governance Improvement Action Plan To be amended as follows</p> <p>6. Core 3 (Clinical Governance): This action remains rated as still having issues to resolve and will be brought back to the Quality Committee (<i>not Remuneration & Appointments Committee</i>).</p>
<p>DHCFT 2016/191</p>	<p><u>MATTERS ARISING AND ACTIONS MATRIX</u></p> <p>Matters Arising</p>

	<p>2016/182 Board Assurance Framework</p> <p>Claire Wright updated the Board on discussions held at Finance & Performance Committee on 28 November. It had been agreed that the risk associated with the back office collaboration and business continuity should not be a separate risk, but that it should be incorporated into the existing Change risk, 4b, - Failure to deliver the agreed transformational change, at the required pace could result in reduced outcomes for service users, failure to deliver financial requirements and negative reputational risk.</p> <p>Actions Matrix</p> <p>The Board agreed to close all completed actions. Updates were provided by members of the Board and were noted directly on the actions matrix.</p>
<p>DHCFT 2016/192</p>	<p><u>INTERIM CHAIRMAN'S VERBAL REPORT</u></p> <p>Richard Gregory, Interim Chair, was pleased to report to the Public Board that, following a meeting of the Trust's Remuneration & Appointments Committee earlier in the day, Ifti Majid has been confirmed in post as Acting Chief Executive Officer for a period until the formal decision is made on whether to go ahead with the acquisition arrangements with DCHS and this decision is transacted. If the acquisition does not progress the Trust would return to an open, substantive recruitment process. Ifti Majid has formally withdrawn from the secondment to the Sustainability & Transformation Plan (STP) Managing Director post. The Board thanked Ifti Majid for his commitment to the Trust. In the same meeting, acting arrangements were confirmed for the Chief Operating Officer role (Mark Powell) and the Director of Strategy role (Lynn Wilmott-Shepherd). The Remuneration & Appointments Committee also approved the Voluntary Redundancy Programme and the Executive Director remuneration scheme. A full report had been given at the Confidential Trust Board meeting earlier in the day.</p> <p>The Governors' Nominations & Remuneration Committee on 13 December will meet with two internal candidates for the Acting Trust Chair post. A recommendation will be brought to an Extraordinary Council of Governors Meeting on 14 December.</p> <p>The Chairman paid tribute to Jim Dixon, who had stepped down from the Trust Board on 17 November. Richard Gregory will write to thank Jim Dixon for his significant contribution to the Trust. An exit interview will be scheduled.</p> <p>The Confidential Trust Board had received updates on contracts and the operational plan. A meeting is scheduled with NHS Improvement (NHSI) on Monday 12 December, which is the routine Performance Review Meeting. .</p> <p>ACTION: Chairman to write a letter of thanks to Jim Dixon.</p> <p>ACTION: Exit interview with Jim Dixon to be scheduled.</p> <p>RESOLVED: The Board of Directors noted the Interim Chairman's verbal report.</p>
<p>DHCFT 2016/193</p>	<p><u>ACTING CHIEF EXECUTIVE'S REPORT</u></p> <p>Ifti Majid, Acting Chief Executive, shared information on the latest correspondence from the Chief Executive of NHSI. There are on-going concerns regarding the use of interims in the NHS. Development of internal staff, particularly around leadership positions, is a requirement, and this is the journey the Trust has been on over the last year.</p> <p>This week has been 'contract mediation week' in the NHS. Trusts were required to notify NHS England (NHSE) or NHSI if they were in or needed to be in mediation. Mediation is if a Trust is not in a position to sign off on contracts. The majority of Trusts have signalled they are not ready to do that, including this Trust. However, final sign off is by 23 December and the Trust expects to be ready by this time.</p>

	<p>STP work is paused for an eight week period, as requested by NHSE and NHSI, in order for Trusts to deal with contracting. The contracting will reflect STP moves away from CCG/Provider to understanding system risks and dealing with contracts as an investment plan to deliver the STP over the length of the contract. Ifti Majid assured the Board that the Trust is looking for achievable targets to promote and provide mental health services.</p> <p>Ifti Majid reported that he had attended several meetings with the Chief Executive at Derbyshire Community Health Services (DCHS) to reaffirm this Trust's commitment to the on-going collaboration and journey towards acquisition. A Terms of Reference for the joint programme board to lead the collaboration journey has been agreed. A Board to Board meeting will be arranged for the New Year to enable those conversations. Ifti Majid also reported that he had attended a meeting with DCHS senior leaders where the impact on both organisations was discussed. More events will be planned as the journey continues.</p> <p>The Communications & Involvement Team were congratulated for delivering a fantastic Staff Award Ceremony recently. Team Awards are scheduled for later in the month.</p> <p>Caroline Maley enquired if NHSI had responded to the Strategic Options Case (SOC). Ifti Majid advised the SOC had been acknowledged and the Trust had been advised to proceed with the next phase. Both sets of governors can expect to be updated regularly throughout.</p> <p>Julia Tabreham expressed her support for the SOC but was anxious regarding closure of services and increased risk to patients; she asked that the Acting Chief Executive share his impressions of the biggest risk to provision locally. Ifti Majid considered that risks exist in a number of areas in trying to shift the locus of care from being too reliant on acute providers delivering services. Mark Powell added that much work is required to manage public expectation around where it is perceived to be the best place to receive services and help people understand the benefits of the new proposals.</p> <p>RESOLVED: The Board of Directors noted the verbal report from the Acting Chief Executive Officer.</p>
<p>DHCFT 2016/194</p>	<p><u>INTEGRATED PERFORMANCE AND ACTIVITY REPORT</u></p> <p>Mark Powell, Acting Chief Operating Officer, led the presentation of the integrated overview of performance as at the end of October 2016. The focus of the report was on workforce, finance, operational delivery and quality performance, all of which had been discussed in detail at various Board committees over the last few weeks as evidenced in the board assurance summaries.</p> <p>Quality Performance</p> <p>Actions taken to address the CQC warning notice had delivered assurance to the Quality Committee. The target group for Fire Warden Training was noted to have expanded but a sustained improvement was observed. Improved performance was highlighted against the Positive & Safe Strategy. Maura Teager sought assurance that changes in levels of reporting were not as a result of under-reporting. Carolyn Green, Executive Director of Nursing & Patient Experience, confirmed that regular checks are carried out and the Trust benchmarks well as a 'good reporter'. Mark Powell added that information used in reporting is triangulated and queried to provide additional assurance of accuracy. Julia Tabreham queried the Trust's confidence in achieving the quality trajectory for prone restraint. Carolyn Green responded that the Trust had agreed to retain this target, whereas many others had not. A nationally validated training programme is being utilised to assist with this.</p> <p>Caroline Maley observed the increase in concerns raised. Carolyn Green reflected on the strategy to reduce complex complaints which can result in an increase in concerns as they are addressed through an informal complaints process, as demonstrated in the</p>

	<p>Trust. No new themes have been observed.</p> <p>Operational Delivery This remains relatively stable with all NHSI indicators being achieved. Robust plans are in place in areas which are challenged and assurance is required.</p> <p>Finance Key risks were noted, including the on-going non-delivery of the full Cost Improvement Programme (CIP). However the Board noted the on-going actions in respect of this. Claire Wright highlighted the change to the Single Oversight Framework ratings with regard to changes in expected agency expenditure in Q4 and the impact of a resulting metric of 4 for agency costs, triggering an overrule that resulted in a maximum Use of Resources metric of 3 for the year end. In the Finance & Performance Committee on 28 November the Committee had been advised to expect that at year end. Headway is being made with the CIP and cost avoidance programme. Claire Wright shared with the Board that at STP level there had been discussion around treating the Derbyshire system cash reserves as a whole for utilisation by another provider; the Trust had made it clear this was not a position supported by its Board. Julia Tabreham sought further information on pressures related to drug spend. Mark Powell agreed to arrange a meeting to discuss. Carolyn Green agreed to share a previously presented paper on medicines management.</p> <p>People Performance/Workforce The People & Culture Committee had received a number of plans on recruitment and health and wellbeing. Actions continue to be reviewed by the Committee. Amanda Rawlings advised that the new TRAC Recruitment System is due to come on line imminently and this will improve the time taken to recruit.</p> <p>ACTION: Mark Powell to meet with Julia Tabreham to discuss pressures on drug spend.</p> <p>ACTION: Carolyn Green to forward a paper on Medicines Management to Julia Tabreham.</p> <p>RESOLVED: The Board of Directors noted the content of the report and Noted the assurance being received by the Board via the assurance summaries,</p>
<p>DHCFT 2016/195</p>	<p><u>POSITION STATEMENT ON QUALITY</u></p> <p>Carolyn Green presented the statement to provide the Board of Directors with an update on the organisation's continuing work to improve the quality of services provided in line with the Trust's Strategy, Quality Strategy and Framework and strategic objectives.</p> <p>The Appleby Homicide and Suicide study, expected in January 2017, will provide benchmark data for comparison with national trends. The Trust continues to work on security aspects and has submitted its latest self-assessment to NHS Protect. Feedback has been received on the Security Action Plan and a briefing will be provided.</p> <p>The December Quality Committee will be receiving feedback on complaints from Healthwatch Derby</p> <p>The CQC Community Mental Health Survey results have been published. The Trust is benchmarked against outstanding NHS Trusts, with a solid performance rated as good.</p> <p>Quality visits have been excellent but the Board should expect to note disappointment expressed by staff regarding outcomes which may have been impacted by their supervision and appraisal rates. Carolyn Green assured the Board that these are being reviewed and addressed. Visit participation is being reviewed and a suggestion considered that newer Non-Executive Directors (NEDs) are accompanied by more experienced NEDs initially and that clinical presence forms part of each visit.</p>

	<p>RESOLVED: The Board of Directors</p> <ol style="list-style-type: none"> 1. Received and noted the Quality Position Statement. 2. Gained assurance and information on the content of the statement.
<p>DHCFT 2016/196</p>	<p><u>BOARD ASSURANCE SUMMARIES & ESCALATIONS</u></p> <p>Assurance summaries were received from Safeguarding Committee held on 4 November 2016, Quality Committee held on 10 November 2016, People & Culture Committee held on 17 November 2016 and Mental Health Act Committee held on 18 November 2016. The following points were noted:</p> <p>Quality Committee</p> <p>No escalations from Quality Committee. However, Julia Tabreham advised that, as discussed at Committee Chairs, the NEDs feel there is repetition in the reporting mechanisms used. Sam Harrison emphasised the importance of an audit trail and that assurance summaries were a recommendation from the Deloitte's review to enable clear identification and escalation of issues. The Board agreed that the summaries will continue.</p> <p>People & Culture Committee</p> <p>Margaret Gildea reported on the focus on recruitment, processes and the staff survey. There seems very clear leadership in the HR function and a very clear agenda.</p> <p>Mental Health Act Committee</p> <p>Maura Teager highlighted the escalation identified regarding evidencing consents and compliance reports from PARIS, which the Acting Chief Operating Officer is looking into. The additional resource in the Mental Health Team is having a positive impact but PARIS is impacting on delivery. It was noted Mark Powell is to review the PARIS business case for delivery against original objectives and to set out a plan for the next 18 months to address the needs of the Trust.</p> <p>Ratified minutes of the meetings of Quality Committee held on 13 October 2016, People & Culture Committee held on 19 October 2016, Safeguarding Committee held on 7 October 2016 and Mental Health Act Committee held on 26 August 2016 were included for information.</p> <p>RESOLVED: The Board of Directors received the Board Committee Assurance Summaries and Escalations.</p>
<p>DHCFT 2016/197</p>	<p><u>SAFEGUARDING ADULTS ANNUAL REPORT</u></p> <p>Carolyn Green presented the Safeguarding Adults Annual Report 2015/16 and Programme of Work. The report provides an update of progress towards safeguarding adults, including a description of systems and processes to protect adults and the result of the Trust's plans to strengthen work in this area.</p> <p>The Safeguarding Committee has received this report which provides the Board with good assurance that the Trust has improved substantially over the last three years. Maura Teager, Chair of the Safeguarding Committee echoed this and likewise assured the Board of the growth in confidence on the adult safeguarding agenda and an increase in assurance. Julia Tabreham mentioned the consistent lack of attendance of key partners, which has been taken forward. The emergence of adult modern slavery will continue to be a focus going forward. Carolyn Green assured the Board that the Trust is meeting its requirements locally and a national assurance checks that the trust is active in this work, can confirm its attendance and commitment to PREVENT and assures all those aspects are in place.</p> <p>RESOLVED: The Board of Directors accepted and received the annual report and</p>

	agreed the recommendations as outlined in the section work plans.
DHCFT 2016/198	<p><u>LOOKED AFTER CHILDREN ANNUAL REPORT</u></p> <p>Carolyn Green presented the Looked After Children Annual Report, summarising the year 2015/16 to provide assurance to the Trust Board that the Trust is fully discharging its statutory duties in this area of practice.</p> <p>The report demonstrates another good year for the service with good performance. Richard Gregory sought an update on the resource gap identified. Carolyn Green advised that there had been no further update on the commissioning gap but noted that it is identified on the Trust's risk register. Maura Teager shared her concerns regarding the impact on skills in the current team due to leavers and retirements, as identified on the Board Assurance Framework, Carolyn Green assured the Board that mitigation plans are in place to maintain team performance while it is developed.</p> <p>Maura Teager acknowledged the contribution of Lesley Smales, Designed Nurse, Looked After Children, who has recently resigned.</p> <p>RESOLVED: The Board of Directors received and agreed the annual report and recommendations as outlined in it.</p>
DHCFT 2016/199	<p><u>ENGAGEMENT & CULTURE PLAN</u></p> <p>Amanda Rawlings presented the Board with an approach to deliver change in culture and improvement in staff engagement. The approach has been developed through consultation with staff, by accessing resource and support from NHSI and talking to colleagues in Dudley & Walsall Mental Health Partnership NHS Trust about their experiences in driving up engagement.</p> <p>The key themes identified and used to form a platform for approach are:</p> <ul style="list-style-type: none"> • Leadership, values and behaviours • Trust and credibility • Systems and processes <p>There will also be an on-going programme with DCHS around engagement. The People & Culture Committee will oversee performance and manage the implementation of the plan.</p> <p>The Board discussed the importance of leaders in engagement. Amanda Rawlings emphasised the need to recruit and develop a diverse pool of leaders and the requirement to equip them for their roles with access to mechanisms to support them in their leadership development journey. The Board was unanimously supportive of the plan.</p> <p>RESOLVED: The Board of Directors</p> <ol style="list-style-type: none"> 1. Agreed the approach and direction recommended in the report. 2. Noted the investment required to take the approach forward and expects a paper to outline the required investment at a later date.
DHCFT 2016/200	<p><u>REPORT FROM COUNCIL OF GOVERNORS MEETING HELD ON 24 NOVEMBER 2016</u></p> <p>Sam Harrison presented the regular summary from recent meetings, which had covered discussions on the Strategic Options Case and the Deputy Trust Chair Post. The November meeting had included an update on the SOC and had updated the governors on the performance report.</p>

	<p>RESOLVED: The Board of Directors noted the report and the regular updates to governors.</p>
<p>DHCFT 2016/201</p>	<p><u>GOVERNANCE IMPROVEMENT ACTION PLAN</u></p> <p>Sam Harrison presented the GIAP report to provide Board members with an update on progress on the delivery of the GIAP.</p> <p>In summarising, the number of actions ‘on track’ was noted to be 34. Six actions were ‘off track’ in November; this has been reduced to two in December. Core 1 and Core 4 have been reviewed and will be presented to the relevant Board Committee for sign off of recommendation as complete in December and subject to agreement, be presented to the Trust Board in January. Core 5 recommendations were agreed as being completed at the CoG on 24 November and the blue completion forms are presented to the Board today for formal sign off of CoG1, 2 and 3.</p> <p>Each Board Committee has reviewed its GIAP actions and recommendations against the context of the original Deloitte governance review. The Trust will be highlighting this review in the Performance Review Meeting with NHSI in December to provide assurance on progress and robustness of process.</p> <p>Ifti Majid thanked Sam Harrison for the momentum in addressing the actions and recommendations.</p> <p>RESOLVED: The Board of Directors</p> <ol style="list-style-type: none"> 1. Noted the progress made against GIAP recommendations. 2. Noted the areas rated ‘off track’ and with ‘some issues’. 3. Formally approved the blue completion forms as presented and confirmed CoG 1, 3 and 3 as now complete. .
<p>DHCFT 2016/202</p>	<p><u>DEEP DIVE – EATING DISORDERS SERVICE</u></p> <p>Lucia Whitney, Consultant Psychiatrist, Joanna Miatt, Consultant Clinical Psychologist and Helen Crowson, Service Manager, Lead CBT Therapist from the Eating Disorders Service, joined the meeting to present a ‘Deep Dive’ into the service.</p> <p>The service provides care for adults in Derby City and County with anorexia nervosa with a BMI of 16.9 and under. The team works from Belper but travels across the city and county offering a range of interventions. Beds are commissioned and paid for by NHS England. The local, preferred provider is Leicester’s Eating Disorder Unit, which has 13-15 beds to serve five surrounding counties. Private sector beds may be utilised if NHS beds are unavailable. Entry level criteria to the service is based on significant weight loss and BMI which can prevent the team from dealing with early onset and intervention; the likelihood of successful recovery is higher when treated earlier. The Trust has a lower death rate than the national average but the Board was asked to note that the client group is high risk and has the highest mortality of any psychiatric disorder.</p> <p>Partnership working takes place across primary and acute care. Relationships are strong with voluntary sector organisations, such as First Steps, which supports carers and families. Despite this, little information is available to the public on help for eating disorders and unfortunately the help that can be provided is restricted.</p> <p>The key challenge for the team is its capacity to provide a comprehensive service for Derby and Derbyshire and the challenge of not being able to treat clients with a BMI above 16.9; however if they did, referrals would significantly increase and the service would not be able to manage this volume operationally..</p> <p>Carolyn Green advised that the team will be putting together modelling for investment,</p>

	<p>including a potential pilot for next year's contracting round. The need for earlier intervention is a research and evidence-based recommendation which the team believe would lead to improved recovery rates. The model will go to the Quality Assurance Group and then to Commissioners. Margaret Gildea offered to assist in the delivery of the model to the Commissioners, to share her personal experience of services for eating disorders in the county.</p> <p>The Board unanimously supported this work and agreed that in order to extend the issues with BMI criteria this would be addressed through the Quality Assurance Group where all the CCGs are present. In addition to this Ifti Majid committed to include information on the service in a scheduled presentation to the Health & Wellbeing Board in January.</p> <p>The Chair thanked the Team for their powerful presentation and valuable involvement.</p> <p>ACTION:</p> <ol style="list-style-type: none"> 1. BMI criteria to be addressed through the Quality Assurance Group 2. Ifti Majid to include information on the Eating Disorders Service in a scheduled presentation to the Health & Wellbeing Board in January <p>RESOLVED: The Board of Directors received and noted the deep dive into the Eating Disorders Service</p>
<p>DHCFT 2016/203</p>	<p><u>2016/17 BOARD FORWARD PLAN</u></p> <p>The forward plan was noted.</p> <p>RESOLVED: The Board of Directors noted the forward plan for 2016/17.</p>
<p>DHCFT 2016/204</p>	<p><u>IDENTIFICATION OF ANY ISSUES ARISING FROM THE MEETING FOR INCLUSION OR UPDATING IN THE BOARD ASSURANCE FRAMEWORK OR GIAP</u></p> <p>Richard Gregory reported that Remuneration and Appointments Committee had discussed the Board Assurance Framework (BAF) Risk 3C – There is a risk that turnover of the Board members could adversely affect delivery of the organisational strategy due to loss of specialist organisational knowledge, capacity and stability. It is proposed, on behalf of Committee, that this risk has been mitigated with the recent appointments and therefore the risk should be removed from the BAF.</p> <p>RESOLVED: The Board of Directors agreed to remove Risk 3C from the BAF.</p>
<p>DHCFT 2016/205</p>	<p><u>MEETING EFFECTIVENESS</u></p> <p>The Board agreed the meeting had been effective. There had been much detailed progress reporting and discussion. The Integrated Performance Report was noted to be working well.</p>
<p>DHCFT 2016/206</p>	<p><u>ANY OTHER BUSINESS</u></p> <p>On behalf of the Board, Caroline Maley thanked Richard Gregory for his enormous contribution and effort. During his time as Interim Chairman he had navigated the Trust through challenging times, never losing his passion for the Trust and the services it provides for its users. The Board thanked Richard Gregory for leaving the Trust in a much stronger position and for establishing strong relationships with the Board and Governors, a sentiment echoed by John Morrissey, Lead Governor.</p> <p>Richard thanked the Board for its support. He had enjoyed his time working in a great Trust and wished all a successful future. It had been a difficult year to be Chair but he had been humbled by those he had worked with and hoped for a steady progression to</p>

	improvement.
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The next meeting of the Board held in Public Session will take place at 1pm on Wednesday, 11 January 2017.

**The location is Conference Rooms A and B
Research and Development Centre, Kingsway, Derby DE22 3LZ**

Revised Governor Meeting Timetable 2017

DATE	TIME	EVENT	LOCATION
10/01/17	10am – 12.30	Governance Committee	Meeting Room 1, Albany House
11/01/17	1pm onwards	Trust Board Meeting	Conference Room A&B, Research and Development Centre
18/01/17	10am – 12 noon	Governor development session – behaviours, values and chairing meetings	Meeting Room 1, Albany House
19/01/17	11.30am – 12.30	Governors to NEDS	Conference Room A&B, Research and Development Centre
19/01/17	1pm onwards	Council of Governors meeting	Conference Room A&B, Research and Development Centre
01/02/17	1pm onwards	Trust Board Meeting	Rooms 1 and 2, Research and Development Centre
07/02/17	1pm – 5pm	New governor induction	Conference Room A&B, Research and Development Centre
15/02/17	10am – 12.30	Governance Committee	Meeting Room 1, Albany House
16/02/17	2-5pm	Governor development session – commissioners TBC	Meeting Room 1, Albany House
01/03/17	1pm onwards	Trust Board Meeting	Conference Room A&B, Research and Development Centre
07/03/17	11.30am – 12.30	Governors to NEDS or Staff Drop in TBC	Ilkeston Resource Centre, Ilkeston Community Hospital
07/03/17	1pm onwards	Council of Governors meeting	Ilkeston Resource Centre, Ilkeston Community Hospital
15/03/17	10am – 12.30	Governance Committee	Meeting Room 1, Albany House
22/3/17	2-5pm	Governor development session – research and development/Mental Health Act	Meeting Room 1, Albany House
13/04/17	2-4.30pm	Governance Committee	Rooms 1 & 2, Research and Development Centre
18/04/17	10am – 12 noon	Governor development session – Finance TBC	Meeting Room 1, Albany House
02/05/17	11.30am – 12.30	Governors to NEDS or Staff Drop in TBC	Belper Football Club, Christchurch Meadow, Bridge St, Belper DE56 1BA
02/05/17	1pm onwards	Council of Governors meeting	Belper Football Club, Christchurch Meadow, Bridge St,

			Belper DE56 1BA
17/05/17	10am – 12.30	Governance Committee	Meeting Room 1, Albany House
18/05/17	2-5pm	Governor development session – TBC	Meeting Room 1, Albany House
15/06/17	2-4.30pm	Governance Committee	Rooms 1 & 2, Research and Development Centre
21/06/17	10am – 12noon	Governor development session – TBC	Meeting Room 1, Albany House
12/07/17	10am – 12.30	Governance Committee	Meeting Room 1, Albany House
18/07/17	11.30am – 12.30	Governors to NEDS or Staff Drop in TBC	Conference Room A&B, Research and Development Centre
18/07/17	1pm onwards	Council of Governors meeting	Conference Room A&B, Research and Development Centre
20/07/17	2-5pm	Governor development session – TBC	Meeting Room 1, Albany House
15/08/17	2-4.30pm	Governance Committee	Rooms 1 & 2, Research and Development Centre
24/08/17	2-5pm	Governor development session – TBC if required	Meeting Room 1, Albany House
13/09/17	10am – 12.30	Governance Committee	Meeting Room 1, Albany House
21/09/17	2-5pm	Governor development session – TBC	Meeting Room 1, Albany House
26/09/17	11.30am – 12.30	Governors to NEDS or Staff Drop in TBC	Venue to be confirmed (Chesterfield or Darley Dale TBC)
26/09/17	1pm onwards	Council of Governors meeting	Venue to be confirmed (Chesterfield or Darley Dale TBC)
17/10/17	10am – 12 noon	Governor development session – TBC	Meeting Room 1, Albany House
18/10/17	10am – 12.30	Governance Committee	Meeting Room 1, Albany House
15/11/17	10am – 12.30	Governance Committee	Meeting Room 1, Albany House
22/11/17	2-5pm	Governor development session – TBC	Meeting Room 1, Albany House
28/11/17	11.30am – 12.30	Governors to NEDS	Conference Room A&B, Research and Development Centre
28/11/17	1pm onwards	Council of Governors meeting	Conference Room A&B, Research and Development Centre
06/12/17	10am – 12.30	Governance Committee	Meeting Room 1, Albany House
14/12/17	10am – 12 noon	Governor development session – TBC if required	Meeting Room 1, Albany House

GLOSSARY OF NHS TERMS

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

GLOSSARY OF NHS TERMS

NHS Terms of Abbreviations	Terms in Full
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	
JNC	Joint Negotiating Committee
K	
KPI	Key Performance Indicator
KSF	Knowledge and Skills Framework
L	
LA	Local Authority
LCFS	Local Counter Fraud Specialist
LHP	Local Health Plan
LHWB	Local Health and Wellbeing Board
M	
MARS	Mutually Agreed Resignation Scheme

GLOSSARY OF NHS TERMS

NHS Terms of Abbreviations	Terms in Full
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.
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
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	
RAID	Rapid Assessment, Interface and Discharge
RCGP	Royal College of General Practitioners
REGARDS	Race, Economic disadvantage, Gender, Age, Religion or

GLOSSARY OF NHS TERMS

NHS Terms of Abbreviations	Terms in Full
	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
SPOR	Single Point of Referral
STP	Sustainability Transformation Plan
S(U)I	Serious (Untoward) Incident
T	
TARN	Trauma Audit and Research Network
TDA	Trust Development Authority
TUPE	Transfer of Undertakings (Protection of Employment) Regulations 1981
TMAC	Trust Medical Advisory committee
W	
WTE	Whole Time Equivalent