Derbyshire Healthcare
NHS Foundation Trust

Derbyshire Healthcare NHS Foundation Trust
Council of Governors' Meeting

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

7 May 2019 14:00 - 7 May 2019 16:00

INDEX

Derbyshire Healthcare
NHS Foundation Trust

COUNCIL OF GOVERNORS' MEETING – TUESDAY 7 MAY 2019
FROM 2.00 PM – 4.00 PM, IN CONFERENCE ROOM A & B, FIRST FLOOR, CENTRE FOR RESEARCH AND DEVELOPMENT KINGSWAY HOSPITAL SITE, DERBY, DE22 3LZ

AGENDA		LED BY	TIME
1.	Welcome, introductions and Chair's opening remarks Apologies and Declaration of Interests	Caroline Maley	2.00
2.	Submitted questions from members of the public	Caroline Maley	2.05
3.	Minutes of the previous meeting held on 5 March 2019	Caroline Maley	2.10
4.	Matters arising and actions matrix	Caroline Maley	2.15
5.	Briefing NHS Long-term Plan	Ifti Majid	2.20
STATUTORY ROLE			
6.	Report from Governors Nominations & Remuneration Committee	Caroline Maley	2.25
HOLDING TO ACCOUNT			
7.	NED Deep Dive	Richard Wright	2.35
8.	Verbal summary of Integrated Performance Report (full report provided for information)	Non-Executive Directors	2.45
COMFORT BREAK			3.00
9.	Escalation items to the Council of Governors – three questions	Caroline Maley	3.20
OTHER MATTERS			
10.	Governance Committee Report	Kelly Sims	3.30
11.	Update – Annual Members' Meeting	Denise Baxendale	3.35
12.	Review of the current processes and role description for the Lead/Deputy Lead Governor	Justine Fitzjohn	3.40
13.	Update on Recent Governor Elections	Denise Baxendale	3.50
14.	Review of meeting effectiveness and following the principles of the Code of Conduct	Caroline Maley	3.55
15.	Close of meeting	Caroline Maley	4.00

FOR INFORMATION

- Ratified minutes of the Public Board meetings held on 5 February 2019 and 5 March 2019
- Chair's Reports as presented to Public Trust Board on 2 April 2019 and 7 May 2019
- Chief Executive's Reports as presented to Public Trust Board 2 April 2019 and 7 May 2019
- Governor meeting timetable
- Glossary of NHS terms

Next Meeting: Tuesday 2 July 2019, 2.00 – 4.30 pm, Conference Rooms A&B, Centre for Research & Development, Kingsway Hospital Site, Kingsway, Derby DE22 3LZ

Derbyshire Healthcare
NHS Foundation Trust

Our vision

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

Making a positive difference

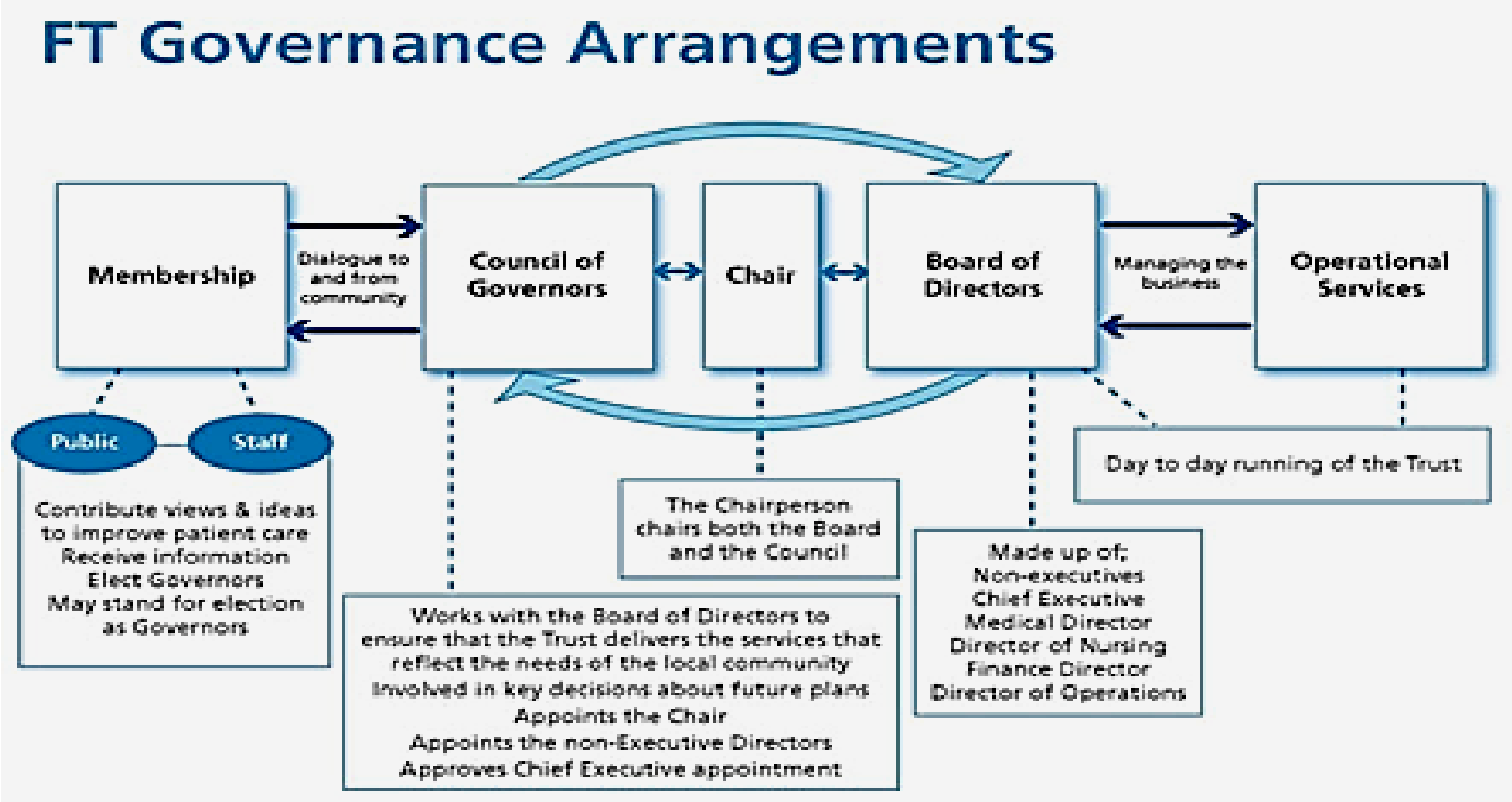
Our values

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

Our Trust values are:

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

Getting the balance right



CHARIS consultants ltd

The implications for governors and 'holding to account'

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

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

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

CHARIS consultants ltd

how do we ask effective questions?

Good questions

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

CHARIS consultants ltd

how do we ask effective questions?

Good questions

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

Derbyshire Healthcare NHS Foundation Trust

MINUTES OF THE COUNCIL OF GOVERNORS MEETING HELD ON TUESDAY 5 MARCH 2019 2.00 – 4.35 PM CONFERENCE ROOMS A & B, RESEARCH & DEVELOPMENT CENTRE, KINGSWAY, DERBY, DE22 3LZ

PRESENT	Caroline Maley	Trust Chair and Chair of Council of Governors
	Rosemary Farkas	Public Governor, Surrounding Areas
	Jo Foster	Staff Governor, Nursing
	Moira Kerr	Public Governor, Derby City West
	Angela Kerry	Appointed Governor, Derbyshire Mental Health Forum
	Roger Kerry	Appointed Governor, Derbyshire Voluntary Action
	Lynda Langley	Public Governor, Chesterfield
	Tony Longbone	Staff Governor, Admin & Allied Support Staff
	John Morrissey	Public Governor, Amber Valley
	Al Munnien	Staff Governor, Nursing
	Carole Riley	Public Governor, Derby City East
	Kelly Sims	Staff Governor, Admin & Allied Support Staff
	Karen Smith	Public Governor, Amber Valley
	Roy Webb	Appointed Governor, Derby City Council
	Wendy Wesson	Appointed Governor, University of Derby
	Christine Williamson	Public Governor, Derby City West
IN ATTENDANCE	Denise Baxendale	Membership and Involvement Manager
	Margaret Gildea	Non-Executive Director – Senior Independent Director
	Carolyn Green	Director of Nursing and Patient Experience
	Sam Harrison	Director of Corporate Affairs
	Geoff Lewins	Non-Executive Director
	Nicola Lewis	Senior Occupational Therapist
	Ifti Majid	Chief Executive
	Suzanne Overton-Edwards	NExT Director scheme
	Amanda Rawlings	Director of People and Organisational Effectiveness - *(item DHCFT/GOV/2019/025)*
	Leida Roome	Personal Assistant – note taker
	Darryl Thompson	Deputy Director of Nursing and Patient Experience (item DHCFT/GOV/2019/024)
	Anne Wright	Non-Executive Director
	Richard Wright	Non-Executive Director
	Andrew Beaumont	Trust Member
	Martyn Bell	Trust Member
	Elaine Jackson	Trust Member
	Ian Barber	Grant Thornton *(item DHCFT/GOV/2019/024)*
	Lorraine Noak	Grant Thornton *(item DHCFT/GOV/2019/024)*
APOLOGIES	Shelley Comery	Public Governor, Erewash
	Ann Grange	Public Governor, High Peak & Derbyshire Dales
	Gillian Hough	Public Governor, Derby City East
	Shirish Patel	Public Governor, Erewash
	Jim Perkins	Appointed Governor, Derbyshire County Council
	Rob Poole	Public Governor, Bolsover and NE Derbyshire
	Kevin Richards	Public Governor, South Derbyshire
	Adrian Rimington	Public Governor, Chesterfield
	Martin Rose	Public Governor, Bolsover & NE Derbyshire

April Saunders	Staff Governor, Allied Professions
Gemma Stacey	Appointed Governor, University of Nottingham
Julia Tabreham	Non-Executive Director
Marie Varney	Public Governor, High Peak & Derbyshire Dales

ITEM	ITEM
DHCFT/GOV /2019/019	**WELCOME, INTRODUCTIONS, CHAIR'S OPENING REMARKS, APOLOGIES FOR ABSENCE & DECLARATION OF INTERESTS** Caroline Maley welcomed all to the meeting and was pleased to see the number of governors in attendance. A special welcome was extended to Nicola Lewis, Senior Occupational Therapist, who was shadowing Caroline Maley for the day. An update was provided on Julia Tabreham, who is hoping to return to work in April. Apologies were noted as above. ***Declaration of interest:*** John Morrissey advised that as a member of the Liberal Democrat Party he has put himself forward for election in May 2019 as a councillor for Amber Valley.
DHCFT/GOV /2019/020	**SUBMITTED QUESTIONS FROM MEMBERS OF THE PUBLIC** No questions were submitted by members of the public.
DHCFT/GOV /2019/021	**MINUTES OF THE PREVIOUS MEETING** The minutes of the previous meeting held on 9 January 2019 were accepted as a correct record. The following comments were made: • Moira Kerr asked for clarification on the query, raised by Andrew Beaumont, concerning staffing. Carolyn Green confirmed that this is not about consultants/doctors, but about the general staffing of the ward. A further discussion will take place between Moira Kerr and Carolyn Green on this outside the meeting. • In response to a query from Moira Kerr on the net increase of staff Margaret Gildea advised that this was a fluid figure but correct at the time of the meeting.
DHCFT/GOV /2019/022	**MATTERS ARISING & ACTION MATRIX** The Council of Governors agreed to close all competed actions. Updates were provided and noted on the actions matrix. All completed 'green' actions were scrutinised to ensure that they were fully complete. There were no matters arising. With reference to item DHCFT/GOV/2019/008 Carolyn Green confirmed that a meeting has been arranged with Roy Webb.
DHCFT/GOV /2019/023	**BRIEFING ON NHS LONG TERM PLAN** Ifti Majid provided a presentation on the NHS Long Term Plan. The full report of 120 pages is available via the link https://www.longtermplan.nhs.uk/ and governors were encouraged to read this. Hard copies can be made available to governors on request. The Plan outlines many commitments concerning reform including Integrated Care Systems (ICS) and Primary Care Networks (PCNs), as well as clinical priorities,

	workforce and digital issues. It was noted that the Clinical Review of Standards, the Workforce Implementation Plan, the Social Care Green Paper, Prevention Green Paper and the Spending Review have not been published as yet. Information was provided in the presentation on the effect this plan may have on the Trust's services, such as Children and Young People's Services and Learning Disabilities including Autism. Expectations on better efficiency were also listed. Ifti explained the importance of the Primary Care Networks and the Integrated Care System as well as the challenges. It was noted that primary legislative change is required for the Integrated Care Systems to be implemented. An infographic was provided in the presentation to show the Delivery Governance Arrangements for Transformation and Financial Recovery via the Joined Up Care Derbyshire Board. Roy Webb thanked Ifti for the informative presentation. He noted that Integrated Care Services have been on the agenda for Derby City Council for some time but that Place based care is not integrated across Derbyshire. In response Ifti advised that the green paper on Social Care is awaited and that is was important to ensure that financial resources are not absorbed by the Primary Care Network, that we are working towards one aim, that the right network is in place for primary care and that contracts are amended to reflect this. Moira Kerr expressed her thanks for the informative presentation and requested another meeting, including service users and the public, in order to discuss this plan in more detail. She suggested that it would also be helpful if Ifti Majid could meet with constituents. Caroline Maley thanked Moira for her suggestion and advised that in the Joined Up Care Board meetings engagement with the public/service users has been raised by Ifti and herself. It was agreed that the NHS Long Term Plan will be a standing item on the agenda for the Council of Governors meetings. Any comments/queries can be sent to Ifti Majid. **ACTION: NHS Long Term plan to be a standing item on the Council of Governors meeting.** **RESOLVED: The Council of Governors** **1. Noted the information provided in the presentation by Ifti Majid** **2. Requested this item to become a standing agenda item.**
DHCFT/GOV /2019/024	**<u>SELECTION OF QUALITY INDICATORS/ARRANGEMENTS FOR PRODUCTION OF GOVERNOR STATEMENTS ON THE QUALITY REPORT</u>** Caroline Maley welcomed Ian Barber and Lorraine Noak from Grant Thornton and Darryl Thompson, Deputy Director of Nursing for this agenda item. ***<u>Selection of Quality Indicators</u>***: Darryl Thompson referred to the paper provided; the purpose of the report is to outline the requirement for the Council of Governors to select a local quality indicator for 2018/19 for inclusion in the annual Quality Report. Proposals for capturing governors' feedback on this year's Quality Report would also be discussed. The mandated indicators are: 1) Early intervention in psychosis (EIP); people experiencing a first episode of psychosis treated with a National Institute for Health and Care Excellence (NICE) approved package within two weeks of referral

	2) Inappropriate out-of-area placements for adult mental health services. The Trust also has the option of choosing one local indicator, against which an audit will be conducted to assure data accuracy. There are 3 options available as defined by NHS Improvement (NHSI): 1) ***Option 1*****:** improving access to psychological therapies (IAPT) 2) ***Option 2:*** 100% enhanced Care Programme Approach patients receiving follow up contact within seven days of discharge from hospital during the reporting period 3) ***Option 3:*** admission to adult facilities for patients under 16 years old. A number of governors had already discussed the options in a pre-meeting and Rosemary Farkas provided the following feedback: Options 1 and 3 were discounted by the group because: - IAPT is a well-controlled service, which caters for service users who are on the less severe aspect of the spectrum - In-patients under 16 years old – this does not apply to the Trust. The preferred option is option 2 – clinical contact was felt to be important after discharge. It was suggested to extend the audit by asking whether contact was made in person or by phone. ***Arrangements to gain governors' feedback on the first draft of this year's Quality Report:*** As had been effectively undertaken in the previous year, Darryl Thompson proposed to gather information from governors and to prepare the statement on behalf of the governors, who can then approve this before submission. Sam Harrison proposed that the governor discussion could be undertaken as part of the Governance Committee on 9 April or as an extension to this as the agenda allowed. This was agreed to take forward and governors will be informed of proposed timings. The Quality Report for consultation will be available from 1 April, and comments will be required to be sent in to Darryl prior to the meeting, or raised at the meeting. Following the discussion, Darryl will draw up the statement and circulate for comment and agreement to be submitted prior to the 30 April consultation deadline. The finalised statement will be presented to the Council of Governors at its 7 May meeting for formal receipt. **RESOLVED: The Council of Governors** **1. Accepted option 2 as the preferred option** **2. Accepted the proposal for Darryl Thompson to gather information, arrange for a pre-meeting and present the report to the 7 May Council of Governors.** *Amanda Rawlings joined the meeting at 3.00 pm.*
DHCFT/GOV /2019/025	**CO-PRODUCTION SERVICE USER INVOLVEMENT/EXPERTS BY EXPERIENCE UPDATE** Roger Kerry updated on the progress of the new project relating to co-production and service user involvement/experts by experience. Roger confirmed that he has agreed to take on the role as independent chair for the project and Carolyn Green is the executive lead. Carolyn also confirmed that Gareth Harry will be involved in order to connect with STP developments. The project will run as a six month pilot scheme and the first meeting took take place on the 14 January 2019, which was given over to planning. Roger explained that a patient board is being established to represent the service user voice. It is proposed to have four board meetings a year when representatives can attend – a facilitated conference where all service users can

	attend is also suggested. It may be that there will be a North and a South group. A range of items, potentially four to five, regarding the Radbourne Unit, the Derby Community Area, the Hartington Unit and the County Community Area, can then be reported to Board, on an interactive basis. Roger Kerry pointed out that the Trust is in the early stages of setting up this group and overall involvement is encouraged. Carolyn Green thanked Roger Kerry for canvassing views – overall this new group and aims were well received. The governors looked forward to receiving further updates on this. **RESOLVED: The Council of Governors** **1. Noted the update provided on this new group** **2. Requested further updates as and when available**
DHCFT/GOV /2019/026	**DEEP DIVE** Caroline Maley provided the Deep Dive Report with information to governors on the various activities that she carries as out as Chair for the Trust. The following were listed: • Visits to various departments in the Trust She recently visited Ward 1, where she was given a tour by Nicola Lewis, Senior Occupational Therapist, who is shadowing Caroline today • Delivering Excellence Every Day Awards, which recognises the work done by staff • The Christmas Decorations competition provided an ideal opportunity to see the Team Derbyshire spirit in action • Involvement in attending award ceremonies or celebrations – for example she visited York Minster with Shirley Houston and Simon Rose, in order to attend the service of celebration for the 70th Anniversary of the NHS • Caroline is particularly pleased with the continuous development and improvement in the working of the Council of Governors, and in particular the relationship between the Council of Governors and the Board. Attendance at Council of Governors meetings has been very good and a full complement of governors is now in place • Caroline was pleased to welcome Roger Kerry and Angela Kerry as appointed governors from the voluntary sector. She also recognised the continued support of governors appointed by University of Derby and University of Nottingham. The Annual Members' meeting took place on 20 September 2018 and Caroline was pleased to report that planning for the next meeting is already under way • Caroline has also been instrumental in reducing the number of the Confidential Board meetings. • Reverse mentoring has been a positive development within the Trust and Ifti Majid has presented on a national meeting on this. • Caroline has supported the NeXT Director scheme. Avtar Johal was our first placement and currently we have Suzanne Overton-Edwards, who was present at the meeting. Suzanne's placement completes at the end of June and Caroline extended her thanks to Suzanne for covering for Julia Tabreham at various meetings. • Caroline and Ifti attend the meetings of the Joined Up Care Derbyshire (JUCD). • The report from the Care Quality Commission was initially disappointing but a number of significant improvements were noted. Moira Kerr was impressed with the amount and the variety of work undertaken by

	Caroline. She queried what needed to discussed in Confidential Board and why this could not be raised in Public Board. Caroline Maley responded with some examples including the embargoed staff survey results and commercially sensitive contracts. John Morrissey provided assurance to the Council of Governors by asking for it to be noted that he does receive the agenda for the Confidential Board. Moira Kerr invited Caroline to attend the Mental Health Action Group meeting and the Derbyshire Carers Group meeting. Caroline Maley thanked Moira for the suggestion and requested the dates for these meetings. **RESOLVED: The Council of Governors** **1. Received the Deep Dive report from Caroline Maley.**
DHCFT/GOV /2019/027	**<u>STAFF SURVEY</u>** Margaret Gildea provided some background information to the paper provided, which shows the current position of the Trust based on the 2018 staff survey. She noted that previous national analysis of key findings have now been replaced by 10 themes, which are listed below: 1. Equality, diversity and inclusion 2. Health and Wellbeing 3. Immediate managers 4. Morale 5. Quality of appraisals 6. Quality of care 7. Safe environment – bullying and harassment 8. Safe environment - violence 9. Safety culture 10. Staff engagement She was pleased to report that more staff have taken part in this survey; a number of hotspots have been identified and there is focus on these. Our Trust falls within the Combined Mental Health/Learning Disability and Community Trusts benchmarking group, which is a total of 31 organisations. Amanda Rawlings provided some further background information about the above mentioned themes. As the survey was different from last year it was not possible to compare the findings. For Health and Wellbeing, if staff are off with sickness/stress, rapid support is now available. For Leadership, money has been secured for learning and a Leadership Management Programme has now been started. An induction programme for new managers has also been set up, to ensure that each new manager has the tools to start the job effectively. A new process is being launched for appraisals. As for bullying, harassment and violence from service users, we will ensure that the right support is in place for staff. A Freedom to Speak Up Guardian is also available for staff. Rather than having an action plan, the Trust has now set up a Key Work Programme, which includes a Wellbeing Strategy, a Leadership Management Strategy and enhancing the Freedom to Speak up Guardian work. Moira Kerr queried whether we should look at the actions of staff in relation to violence, which may escalate the situation. In response Amanda Rawlings pointed out that compassionate care is what the Trust stands for and it is a priority to look after the wellbeing of our staff. Our staff are well trained and there is always a balance between the wellbeing of our service users and the wellbeing of our staff. Ifti Majid also reinforced that assault, including verbal assault, is not acceptable and that staff sometimes have to work under very difficult circumstances. Moira Kerr felt that there were a number of areas which are interlinked and that work

	needs to be undertaken. Amanda Rawlings was in agreement and confirmed that work is in progress on this. **RESOLVED: The Council of Governors** **1. Noted the outcome of the Staff Survey 2018.**
DHCFT/GOV /2019/028	**<u>INTEGRATED PERFORMANCE REPORT – VERBAL SUMMARY</u>** The Integrated Performance Report (IPR) provides the Council of Governors with an integrated overview on performance at the end of January 2019. The focus of the report is on workforce, finance, operational delivery and quality performance. Non-Executive Directors provided the following details: ***Geoff Lewins:*** The IPR was discussed in detail at the Board meeting this morning. As for Finance, there is reasonable confidence that the Trust will achieve its financial target, control total. Out of area placements still receive a lot of attention as these are costly. Waiting lists have also been discussed in detail. Trends are likely to get worse, demand will increase but benchmarking is ongoing. ***Anne Wright:*** Anne reiterated the focus on out-of-area placements and said that a plan has now been put in place. ***Richard Wright:*** Richard gave thanks to Claire Wright and her team for working hard to ensure that the Trust is likely to reach the control total. As for the Cost Improvement Programme, it was disappointing to see that there were a number of non-recurring improvements; we would have liked to see a higher percentage or recurring improvements (i.e. effective year after year). Contract negotiations are not yet completed but going well. ***Margaret Gildea:*** Concerning sickness/absence, initiatives are now in place to support staff such as the Wellbeing Strategy, which was discussed at the People and Culture Committee. As said during the Staff Survey item discussion, a new process is now in place for Appraisals and a Leadership Management Programme, which focusses on compassionate leadership, is ongoing. The following questions were posed: - ***Karen Smith:*** clarification was requested as to why the Trust needs to go out of area for beds. Ifti Majid responded that there are no Psychiatric Intensive Care Unit beds in Derbyshire such that if one is required this will require out of area provision; if a bed is required on a normal ward and there is no bed available, service users will be provided with a bed out of area. - ***Moira Kerr:*** with reference to the remark from Roy Webb about CAMHS waiting times, can the Trust confirm whether extra money for this service has been received. Ifti Majid confirmed that money had been received but this is not being used for CAMHS Core Services. - ***Moira Kerr:*** concerning the waiting lists, the rise in population was queried, is it not due to more people becoming unwell. Ifti Majid said that this is due to both, more people are seeking help but the population is also rising. **RESOLVED: The Council of Governors** **1. Considered the content of the paper, as presented from the perspective of the Non-Executive Directors** **2. Agreed that through their role the Non-Executive Directors have held**

	the Executive Directors to account.
DHCFT/GOV /2019/029	**ESCALATION ITEMS TO THE COUNCIL OF GOVERNORS** Three escalation items were raised from the 12 February Governance Committee: **Question 1: Non-Executive Directors are requested to provide assurance that inpatient staffing pressures and issues and potential impact on patient safety are being addressed.** Response by Geoff Lewins Staffing levels are monitored by the operations team and Chief Nurse daily and overseen at the Quality Committee and People and Culture Committee. We have made significant inroads into recruitment and increased the size of our bank this year. However we have an ongoing challenge to recruit and retain staff and we have hot spots in our inpatient areas. The senior operations team review the staffing levels daily and move skills and capacity around to ensure we have safe staffing levels and maintain quality. **Question 2: Non-Executive Directors are requested to provide assurance, following recruitment feedback at the Hartington Unit, that recruitment processes and interview scoring systems ensure that the best appointment for the role is made.** Response presented by Margaret Gildea When recruiting we ask interview panels to use a scoring mechanism to ensure we have an objective and fair process. This provides a safeguard for recruiters and allows for feedback to applicants. Panels are expected to test against experience, knowledge and values Through the questions panels can test whether someone fits with the Trusts values and decide not proceed with an applicant if they do not fit/display the values we are expecting. We are looking to strengthen the process further and will be reviewing the feedback from recent appointments to strengthen our guidance on values based interviewing questions. **Question 3: Non-Executive Directors are asked to provide assurance that an effective strategy for physical and mental health care is in place, especially for the management of an ageing population with multiple co-morbidities.** Response presented by Anne Wright The Physical Healthcare Strategy has been agreed and investment and development has started. However, the strategy is not fully in place but the Quality Committee have focus on this. An implementation plan is being developed by Dr John Sykes for the delivery of the Physical Healthcare Strategy to close any gaps re resources and equipment and to future proof this. The document will be presented at the next Quality Committee meeting. **RESOLVED: The Council of Governors** **1. Noted the questions from the Governance Committee** **2. Accepted the responses provided.**
DHCFT/GOV /2019/030	**GOVERNANCE COMMITTEE REPORT** Carole Riley advised governors that during the 12 February Governance Committee meeting Kelly Sims was voted in as the new chair of the Committee

	and Christine Williamson as the vice-chair. Kelly Sims asked for governors to approve the revisions to the Governor Code of Conduct following discussion and recommendation for approval from the committee, and to agree the governor training and development programme for 2019/20. John Morrissey found the revisions to the Code of Conduct very helpful and governors agreed to carry this forward. The Governor Training and Development Programme for 2019/20 was discussed and agreed. Denise Baxendale was thanked for her work on this programme and Carole Riley reminded governors that the programme was a collation of ideas and suggestions arising from governors themselves. Rosemary Farkas expressed concern that there was limited training available for mental health issues on the programme. Angela Kerry offered to provide information on mental health training, available throughout Derbyshire, which will be placed in Governor Connect. **ACTION: Angela Kerry to provide information on mental health training for circulation in Governor Connect.** **RESOLVED: The Council of Governors** **1. Noted the report from the Governance Committee meeting, 12 February 2019** **2. Approved the revisions to the Governor Code of Conduct for re-issue and signature by all governors** **3. Agreed the governor training and development programme for 2019/20.**
DHCFT/GOV /2019/031	**REVIEW OF GOVERNORS' MEMBERSHIP ENGAGEMENT ACTION PLAN** Angela Kerry presented the update on the Governors' Membership Engagement Action Plan. When the Action Plan was discussed at Council of Governors in August 2018, six monthly intervals for review were agreed. After discussion the Action Plan, which identifies a range of activities was agreed with the caveat that reviews will take on a yearly rather than a six monthly basis, with any issues escalated in between as required. **RESOLVED: The Council of Governors** **1. Noted the Governors Membership Engagement Action Plan and agreed that reviews will take place on an annual basis.**
DHCFT/GOV /2019/032	**ANY OTHER BUSINESS** ***Governor Travel Expenses:*** Denise Baxendale reminded governors that travel expenses forms need to be sent to her prior to the end of the month, bearing in mind that it is the end of the financial year. Governors are also requested to send in expense forms monthly as is encouraged within Trust policy. Any claims over three months may not be paid. ***Governor update – High Peak and Derbyshire Dales***: Ann Grange due to personal circumstances has had to stand down as a governor. The next in line for this post, Carol Sheriff, has now taken on the role and will be offered induction as soon as possible. ***Declarations of Interest:*** Declarations of interest are reviewed yearly. Denise Baxendale requested governors to check their details and sign these off on a prepared document after the meeting.

	Thanks for Sam Harrison: Carole Riley, on behalf of the governors, extended her thanks to Sam Harrison for all her support and commitment and wished her well for the future. A card and presents on behalf of the governors were presented. Sam Harrison thanked the governors for their kind words and presents, confirming that over the last three years she has found it a privilege to work with governors on developing strong governance, training and development activities and supporting governors in their roles.
DHCFT/ GOV/2019/033	**REVIEW OF MEETING EFFECTIVENESS** The following was noted: • Use of microphones really helpful • Agenda had the right items and the right amount of time • Principles of respect and listening were followed.
DHCFT/GOV /2019/034	**DATE AND TIME OF NEXT MEETING** **Date:** Tuesday 7 May 2019 **Time:** 2.00 – 4.30 pm **Venue:** Conference Rooms A & B, first floor, Centre for Research and Development. Kingsway Hospital Site, Kingsway, Derby DE22 3LZ
DHCFT/GOV /2019/035	**FOR INFORMATION** The following documentation was presented to governors for information: • Ratified minutes of the Public Board meeting held on 4 December 2018 • Chair's Report as present to the Public Trust Board on 5 February 2019 • Chief Executive's Report as presented to the Public Trust Board on 5 February 2019 • Chair's report as presented to Public Trust Board on 5 March 2019 • Chief Executive's Report as presented to the Public Trust Board on 5 March 2018 • Governor Meeting Timetable • Glossary of NHS Terms.
DHCFT/GOV /2019/018	**CLOSE OF MEETING** Caroline Maley thanked all those present for their input and attendance and closed the meeting at 16.35 hours.

COUNCIL OF GOVERNORS ACTION MATRIX - AS AT 8 APRIL 2019						Appendix B	
Date of Minutes	**Minute Reference**	**Item**	**Lead**	**Action**	**Completion by**	**Current Position**	
9/1/19	DHCFT/GOV/2019/008	Integrated Performance Report - December 2018	Roy Webb	To meet with Carolyn Green outside the meeting to discuss issues with social services		Carolyn Green's PA is in the process of arranging a meeting. Meeting arranged for 11 March 2019. COMPLETE	Green
05/03/2019	DHCFT/GOV/2019/023	NHS Long Term Plan	Denise Baxendale	To ensure that the NHS Long Term Plan is a standing agenda item.	07/05/2019	Included on the Forward Plan. COMPLETE	Green
05/03/2019	DHCFT/GOV/2019/030	Governance Committee Report	Angela Kerry	Angela Kerry to provide information on mental health training for publication in Governor Connect.	07/05/2019	Circulated in Governor Connect - 4.4.19. COMPLETE	Green

Key	**Agenda item for future meeting**		**YELLOW**	0	0%
	Action Ongoing/Update Required		**AMBER**	0	0%
	Resolved		**GREEN**	3	100%
	Action Overdue		**RED**	0	0%
				3	100%

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 7 May 2019

Report from Governors Nominations and Remuneration Committee

Purpose of Report

This paper provides an update from the meeting of the Nominations and Remuneration Committee held on 13 March 2019.

Executive Summary

Since the last report to the Council of Governors in January 2019, the Committee has met once, on 13 March 2019. A summary of the business conducted is as follows:

Matters arising from the minutes of the last meeting held on 1 November 2018
Moira Kerr had expressed concern that amendments to the Governors Nominations and Remuneration Committee Terms of Reference regarding quoracy had been proposed at the last meeting, and ratified by the Council of Governors in January. Her concern related to the fact that a majority of public governors is now not required in the decision making process. The Committee agreed that the proposal that the terms of reference should revert to public governor majority should a decision be required, should be put to the full Council of Governors. A track changed version of the Terms of Reference agreed by the Council of Governors on 9 January 2019 is attached as Appendix i for consideration.

Non-Executive Director Appraisals
A summary report of the appraisals conducted for Julia Tabreham, Anne Wright, Richard Wright and Geoff Lewins were received. The reports were satisfactory and no recommendations are required to the Council of Governors. The process was led by the Chair, and the Board and Council of Governors had been invited to participate.

Non-Executive time commitment, balance of skills, committee members and succession planning
Caroline Maley confirmed that the NED Skills Audit, a self-assessment, was undertaken in January 2019 and will be discussed and moderated at the Board Committee Chairs meeting on 2 April The Trust Chair reviews the NEDs workload, including committee membership at 1:1 meetings and during the appraisal process.

Succession planning for NEDs was considered which included consideration of renewal of appointments. Further discussion will take place at the next committee meeting on 22 May to include planning for replacement of Anne Wright who is to leave the Trust at the end of her term in January 2020.

The committee membership for January-March 2019 was presented and noted that this was to continue until June 2019 – the arrangements ensure appropriate cover arrangements during Julia Tabreham's sickness absence and phased return.

End of Year Report of performance of the committee including Terms of Reference
The draft of the year-end report for 2018/19 on the effectiveness of the Committee in

the context of it meeting its Terms of Reference (ToR) was presented to the Committee. Each point in the ToR has been reviewed; the primary source of evidence has been the minutes and summary feedback papers to the Council of Governors. The finalised report is attached as Appendix ii.

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

Assurances

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

Consultation

No formal consultation is required for this update.

Governance or Legal Issues

The Governor Nomination & Remuneration Committee conducted its role in line with its Terms of Reference and statutory role.

Equality Impact Risk Analysis

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

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

Actions to Mitigate/Minimise Identified Risks

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

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

Recommendations

The Council of Governors is requested to:

1. Receive the update on the business undertaken by the Committee
2. Receive assurance that a robust appraisal process has been followed for the appraisals of Julia Tabreham, Anne Wright, Richard Wright and Geoff Lewins
3. Consider the Committee's proposal that the terms of reference should revert to public governor majority should a decision be required
4. Approve the annual report of the Committee.

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

Derbyshire Healthcare
NHS Foundation Trust

Terms of Reference of Governors' Nominations & Remuneration Committee

a) Authority

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

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

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

b) Conflicts of Interest

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

1. Nomination Role

The Committee will:

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

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

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

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

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

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

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

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

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

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

2. Remuneration Role

The Committee will:

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

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

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

2.8 Oversee other related arrangements for Non-Executive Directors.

3. Membership

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

3.2 The Committee will normally be chaired by the Trust Chair. Where the Chair has a conflict of interest, for example when the Committee is considering the Chair's re-appointment or remuneration, the Committee will be chaired by the Deputy Chair.

3.3 For any committee decisions ~~A~~a quorum shall be three members subject to a public governor majority, supporting the principle that public governors should be in the majority for any decision making required.~~: should attendance be more than this~~, ~~an equal number of public governors to other governors is satisfactory, supporting the principle that public governors should not be in the minority for any decision making required~~.

3.4 By exception, in order to achieve quorum, a governor can be nominated to 'step in' from the same category.

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

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

3.7 No two Governors will be appointed from the same Public Constituency or Staff Class of the Staff Constituency,

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

4. Secretary

4.1 The ~~Director of Corporate Affairs &~~ Trust Secretary shall ensure appropriate administrative support to the Committee.

5. Attendance

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

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

5.3 The ~~Director of Corporate Affairs &~~ Trust Secretary may attend as a non-member.

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

6. Frequency of Meetings

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

7. Minutes and Reporting

7.1 Formal minutes shall be taken of all Committee meetings and once approved by the Committee, circulated to all members of the Council of Governors unless a conflict of interest or matter of confidentiality exists.

7.2 The Committee will report to the Council of Governors after each meeting.

7.3 The Committee shall receive and agree a description of the work of the Committee, its policies and all Non-Executive Director emoluments in order that these are accurately reported in the required format in the Trust's Annual Report.

7.4 Where remuneration consultants are appointed, a statement should be made available as to whether they have any other connection with the Trust.

8. Performance Evaluation

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

9. Review

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

Governors' Nominations & Remuneration Committee
Year End Report
2018/19

Elements of the Committee terms of reference are shown in bold with the evidence relating to carrying out this activity described after each element to clearly demonstrate the range of work undertaken by the Committee during the period 1 April 2018 to 31 March 2019.

1. Nominations

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

One NED term of office ends in January 2020 and the Committee has agreed to take the view of the Board along with a review the balance of skills, knowledge, experience and diversity of the NEDs to ensure that the required qualities and experience are reflected on the Trust Board.

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

The performance evaluation process has not highlighted any specific skills gap that would require further appointments to the Board. However, each NED has, through their appraisal process, had areas identified for development to enhance the Board.

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

All Non-Executive Directors have a terms of service arrangement of 4-5 days per month, which benchmarks alongside the majority of other Trusts, and the Chair works with all NEDs to keep Trust commitments manageable and appropriate. Amendments to the Governance Calendar for 2018/19 have taken into account the best use of time of the NEDs - for example Board and NED meetings are scheduled on the same day.

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

The Trust is now in a position where all five NEDs and the Trust Chair are currently serving their first term with the Trust, three of these end in Autumn 2019. The Committee has agreed to consider re-appointments.

Non-Executive Director	Date of Appointment	Current Term Ends
Dr Julia Tabreham	7 September 2016	6 September 2019
Margaret Gildea	7 September 2016	6 September 2019
Richard Wright	18 November 2016	17 November 2019
Dr Anne Wright	11 January 2017	10 January 2020
Caroline Maley (Trust Chair)	14 September 2017	13 September 2020
Geoff Lewins	1 December 2017	30 November 2020

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

As each of the respective NEDs reaches the end of their term the Governors Nomination & Remuneration Committee will be asked to consider succession planning as part of the discussion regarding renewal of appointment.

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

This has been a point of consideration in each NED appointment process.

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

Not applicable in 2018/19.

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

Advice is given by the Director of Corporate Affairs and the Director of People & Organisational Effectiveness on issues that may affect nominations and remuneration.

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

Not applicable in 2018/19.

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

Not applicable in 2018/19.

1.11 Identify and nominate suitable candidates to fill vacant posts within the Committee's remit, for appointment by the Council of Governors.

Not applicable in 2018/19.

1.12 Ensure that a proposed Non-Executive Director is a 'fit and proper' person as defined in law and regulation and in line with the Trust's Fit And Proper Person Test Policy.

The Trust Chair presented a declaration of Fit and Proper Person's compliance for all Board members to the Public Trust Board in May 2018 and this was discussed by the Committee at the November 2018 meeting.

1.13 Ensure that a proposed Non-Executive Director's other significant commitments are disclosed to the Council of Governors before appointment and that any changes to their commitments are reported to the Council of Governors as they arise.

Up to date Directors' declarations of interest are provided as part of Public Board papers.

1.14 Ensure that proposed appointees disclose any business interests that may result in a conflict of interest prior to appointment and that any future business interests that could result in a conflict of interest are reported. Determine whether or not any Non-Executive Director proposed for appointment is independent (according to the definition in the Foundation Trust Code of Governance and/or in the Trust's constitution or governance procedures).

Not applicable in 2018/19.

1.15 Ensure that on appointment Non-Executive Directors receive a formal letter of appointment setting out clearly what is expected of them in terms of time commitment, Committee service and involvement outside Board of Director meetings.

Not applicable in 2018/19.

1.16 Carefully consider what compensation commitments Executive Directors' terms of appointment would give rise to in an event of early termination to avoid rewarding poor performance. Contracts should allow for compensation to be reduced to reflect a departing Executive Director's obligation to mitigate loss. Appropriate claw back provisions should be considered in case of an Executive Director returning to the NHS within the period of any putative notice.

Not applicable in 2018/19.

1.17 Advise the Council of Governors in respect of the re-appointment of any Non-Executive Director. Any term beyond six years must be subject to a particularly rigorous review.

Not applicable in 2018/19.

1.18 Advise the Council of Governors in regard to any matters relating to the removal of office of a Non-Executive Director.

Not applicable in 2018/19.

1.19 Make recommendations to the Council of Governors on the membership of Committees as appropriate, in consultation with the chairs of those Committees.

The Committee reviewed the NED membership of Board Committees at its March 2019 meeting to ensure the best use of skills and fair apportionment of Committee commitments.

2. Remuneration Role

2.1 Recommend to the Council of Governors remuneration and terms of service policy for Non-Executive Directors, taking into account the views of the Chair (except in respect of her own remuneration and terms of service) and the Chief Executive and any external advisers.

Not applicable in 2018/19.

2.2 In accordance with all relevant laws and regulations, recommend to the Council of Governors the remuneration and allowances, and the other terms and conditions of office, of the Non-Executive Directors.

Not applicable in 2018/19 no changes in terms and conditions were raised.

2.3 Agree the process and receive and evaluate reports about the performance of individual Non-Executive Directors and consider this evaluation output when reviewing remuneration levels.

The Committee reviewed the process for NED evaluations in August 2017. Having acknowledged that the process had been successfully implemented in 2017/18 it was agreed that the same appraisal process would be used in 2018/19.

Reports following appraisals of NEDs held during the year (Margaret Gildea, Geoff Lewins, Julia Tabreham, Anne Wright and Richard Wright)) were considered by the Committee at its November 2018 and March 2019 meetings. It also received The Trust Chair's appraisal at the November 2018 meeting.

2.4 Input into the Non-Executive Directors appraisals, including approving the appraisal structure and giving assurance to Council of Governors that satisfactory appraisals have taken place.

NED appraisals were reviewed and agreed at its November 2018 and March 2019 meetings. The Committee supported objective setting and agreed feedback for consideration of NED portfolios and development plans. The appraisal structure itself had been reviewed and approved in August 2017.

2.5 Input into the annual performance appraisal of the Trust Chair, which will be led by the Senior Independent Director and follow the appraisal structure used for Non-Executive Directors, giving assurance that a satisfactory appraisal has taken place.

The Trust Chair's appraisal was reviewed and agreed at its November 2018 meeting. The Committee supported the objectives agreed for 2019/20

2.6 In adhering to all relevant laws and regulations establish levels of remuneration which:

2.6.1 Are sufficient to attract, retain and motivate non-executive directors of the quality and with the skills and experience required to lead the trust successfully, without paying more than is necessary for this purpose, and at a level which is affordable for the Trust;

2.6.2 Reflect the time commitment and responsibilities of the roles;

2.6.3 Take into account appropriate benchmarking and market-testing, while ensuring that increases are not made where trust or individual performance do not justify them; and

2.6.4 Are sensitive to pay and employment conditions elsewhere in the Trust.

We are awaiting the outcome from NHS Improvement on recommendations and revisions to NED pay and will consider and implement.

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

At the meeting on November 2018 the Committee confirmation was received that existing Directors remain 'fit and proper persons', as defined in law, regulation and to comply with Trust policy.

2.8 Oversee other related arrangements for Non-Executive Directors.

The job description for the Clinical NED will be reviewed and amended to reflect the experience of the outgoing candidate and the qualities required from candidates.

3. Membership

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

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

The Director of Corporate Affairs & Trust Secretary may also attend as a non-member.

3.2 The Committee will normally be chaired by the Trust Chair. Where the Chair has a conflict of interest, for example when the Committee is considering the Chair's re-appointment or remuneration, the Committee will be chaired by the Vice-Chair.

During the November 2018 meeting, the Trust Chair's appraisal was presented and discussed. In the absence of the Deputy Trust Chair this item was chaired by the Senior Independent Director.

3.3 A quorum shall be three members: should attendance be more than this, an equal number of public governors to other governors is satisfactory, supporting the principle that public governors should not be in the minority for any decision making required.

At the November 2018 meeting the Committee proposed an amendment of the terms of reference to reflect that an equal number of public governors to other governors was satisfactory. This supported the principle that public governors should not be in the minority for any decision making required. The revised terms of reference were approved by the Council of Governors on 9 January 2019. At the March meeting, this was again discussed and a proposal to revert to the public governor majority on Committee decision making was made. This will be raised at the Council of Governors meeting in May 2019.

3.4 By exception, in order to achieve quorum, a governor can be nominated to 'step in' from the same category.

It was not necessary to adopt this exception during the year.

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

Details on terms for the current member governors are listed below. In 20/19/20 the Committee will need to consider its members' appointment terms.

Governor	1, 2, 3rd term	Current Term Ends
John Morrissey (Public)	2nd term	1 February 2020
Carole Riley (Public)	1st term	20 March 2019
Kevin Richards (Public)	1st term	31 January 2020
Moira Kerr (Public)	3rd term	31 January 2020
April Saunders (Staff)	2nd term	26 September 2020
Kelly Sims (Staff)	2nd term	1 June 2021
Gemma Stacey (Appointed)	1st term	13 November 2019
Vacancy (Appointed)	-	-

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

The Committee had not exercised its right to vote during the year, but had reached conclusions through discussion, deliberation and debate.

3.7 No two governors will be appointed from the same Public Constituency or Staff Class of the Staff Constituency.

The Council of Governors ensured that the membership for 2018/19 did not include two governors from the same Public Constituency or Staff Class of the Constituency.

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

There is currently one vacancy for an Appointed Governor; the current membership does not include a Local Authority Governor or a governor appointed by the voluntary sector.

4. Secretary

4.1 The Director of Corporate Affairs & Trust Secretary shall ensure appropriate administrative support to the Committee.

Support was provided to the Committee to support its work throughout the year.

5. Attendance

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

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

5.3 The Director of Corporate Affairs & Trust Secretary may attend as a non-member.

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

A summary of attendance is presented below. As and when required and by invitation the Chief Executive may attend the meeting.

Member	1/11/18	13/3/19	Attendance
Caroline Maley (Trust Chair)	Y	Y	2/2
Moira Kerr (Public Governor)	N	Y	1/2
John Morrissey (Public Governor)	Y	Y	2/2
Kevin Richards (Public Governor)	Y	N	1/2
Carole Riley (Public Governor)	N	Y	1/2
April Saunders (Staff Governor)	Y	Y	2/2
Kelly Sims (Staff Governor)	Y	Y	2/2
Gemma Stacey (Appointed Governor)	N	N	1/2
Vacancy (Appointed Governors)	-	-	-
Other attendees			
Samantha Harrison (Director of Corporate Affairs & Trust Secretary	Y	Y	2/2
Margaret Gildea (Senior Independent Director)	Y	N	1/2

6. Frequency of Meetings

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

In 2018/19 two meetings were held.

7. Minutes and Reporting

7.1 Formal minutes shall be taken of all Committee meetings and once approved by the Committee, circulated to all members of the Council of Governors unless a conflict of interest or matter of confidentiality exists.

Minutes have been received by the Committee but are not routinely circulated due to the confidentiality of issues discussed. The Committee agreed that draft minutes should be circulated for comment as soon as possible after each meeting.

7.2 The Committee will report to the Council of Governors after each meeting.

Summary reports were given to the Council of Governors on the business undertaken at each meeting and recommendations made as and when required.

7.3 The Committee shall receive and agree a description of the work of the Committee, its policies and all Non-Executive Director emoluments in order that these are accurately reported in the required format in the Trust's Annual Report.

Details of the work of the Committee are included in the Council of Governors section of the annual report and accounts.

7.4 Where remuneration consultants are appointed, a statement should be made available as to whether they have any other connection with the Trust.

No remuneration consultants were engaged during 2018/19.

8. Performance Evaluation

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

The Committee's review of its work in 2018/19 will be presented to the Council of Governors at its meeting in May 2019.

9. Review

9.1 The terms of reference of the Committee shall be reviewed by the Council of Governors at least annually.

The Committee reviewed its terms of reference in February 2018. Changes were made to reflect the addition of the requirement for public governors to be in the majority at any meeting held. The terms of reference were approved by the Council of Governors in May 2018.

The annual review of the terms of reference forms part of the forward plan for the Committee but they will continue to be reviewed as and when required. As such, a further review was undertaken in November 2018 and the Committee agreed to amend the terms of reference to reflect that an equal number of public governors to other governors was satisfactory. This supports the principle that public governors should not be in the minority for any decision making required. The terms of reference were approved by the Council of Governors in January 2019. It is against these terms of reference that the Committee has based its review for 2018/19.

Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 7 May 2019

Integrated Performance Report (IPR) Month 12

Purpose of Report

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

Executive Summary

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

The Trust met its control total surplus and as a result received additional Provider Sustainability Fund (PSF) income from NHS Improvement (NHSI) of £1.4m which further increased our surplus to £3.8m at the end of the financial year.

There are a number of areas where performance is below the required standard in the month, or where trends might indicate an overall change in performance. In order to ensure that there is a focused discussion on key issues these have been listed below:

1. Regulatory Compliance dashboard:

    - Out of area placements
    - Sickness absence
    - Annual appraisals

2. Strategy Performance dashboard:

    - Cost improvement programme
    - Delayed transfers of care
    - Neighbourhood waiting lists
    - CAMHS waiting list
    - Paediatric referral to treatment
    - Health Visitor caseloads

This month's integrated performance report is supplemented by a more detailed report that focuses on the 'responsiveness' of several Trust services. This provides more specific detail on a number of the issues that are described in this IPR.

As the Trust's strategy has recently been refreshed, the same will need to happen to the IPR so that it reflects these changes. A review of the strategy dashboard will be undertaken over the next three months with a revised IPR presented to September's Trust Board meeting.

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

Assurances

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

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

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

Consultation

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

Governance or Legal Issues

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

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

Actions to Mitigate/Minimise Identified Risks

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

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

Recommendations

The Board of Directors is requested to:

1) Confirm the level of assurance obtained on current performance across the areas presented.
2) Determine whether further assurance is required and if so, at which Committee this needs to be provided and by whom.

Report presented by:	**Mark Powell, Chief Operating Officer**
	Claire Wright, Director of Finance/Deputy CEO
	Amanda Rawlings, Director of People and Organisational Effectiveness
	Carolyn Green, Director of Nursing and Patient Experience
Report prepared by:	**Liam Carrier, Assistant Head of Systems & Information/ Project Manager**
	Peter Charlton, General Manager, IM&T
	Peter Henson, Head of Performance, Delivery & Clustering
	Rachel Kempster, Risk and Assurance Manager
	Rachel Leyland, Deputy Director of Finance
	Celestine Stafford, Assistant Director of People & Culture Transformation
	Darryl Thompson, Deputy Director of Nursing

1. Regulatory Dashboard

Category	Sub-set	Metric	Period	Plan	Actual	Variance	Trend	Last 12 Months	DQ
Finance	Finance Score	Finance Scorecard	YTD	1	1	G	→		
			Forecast	1	1	G	→		
		Capital Service Cover	YTD	2	2	G	→		
			Forecast	2	2	G	→		
		Liquidity	YTD	1	1	G	→		
			Forecast	1	1	G	→		
		Income and Expenditure Margin	YTD	1	1	G	→		
			Forecast	1	1	G	→		
		Income and Expenditure variance to plan	YTD	1	1	G	→		
			Forecast	1	1	G	→		
		Agency variance to ceiling	YTD	1	1	G	→		
			Forecast	1	1	G	→		
	Single Oversight Framework	Agency costs as % of total pay costs	YTD	2.91%	2.83%	G	→		
			Forecast	2.87%	2.83%	G	→		
		NHS I Segment	YTD		2		→		
Quality and Operations	KPIs	CPA 7 Day Follow-up (M)	Mar, 2019	95.00%	96.72%	G	→		
			Feb, 2019		96.55%	G			
		Data Quality Maturity Index (DQMI) - MHSDS Data Score (Q)	Mar, 2019	95.00%	96.19%	G	→		
			Feb, 2019		96.56%	G			
		IAPT RTT within 18 weeks (Q)	Mar, 2019	95.00%	100.00%	G	→		
			Feb, 2019		100.00%	G			
		IAPT RTT within 6 weeks (Q)	Mar, 2019	75.00%	96.72%	G	↓		
			Feb, 2019		98.40%	G			
		Early Intervention in Psychosis RTT Within 14 Days - Complete (Q)	Mar, 2019	53.00%	100.00%	G	↑		
			Feb, 2019		94.12%	G			
		Early Intervention in Psychosis RTT Within 14 Days - Incomplete (Q)	Mar, 2019	53.00%	93.33%	G	↓		
			Feb, 2019		100.00%	G			
		Patients Open to Trust In Employment (M)	Mar, 2019		10.01%	G	→		
			Feb, 2019		10.24%	G			
		Patients Open to Trust In Settled Accommodation (M)	Mar, 2019		58.04%	G	↓		
			Feb, 2019		59.15%	G			
		Under 16 Admissions To Adult Inpatient Facilities (M)	Mar, 2019	0	0	G	→		
			Feb, 2019		0	G			
		IAPT People Completing Treatment Who Move To Recovery (Q)	Mar, 2019	50.00%	55.47%	G	↓		
			Feb, 2019		57.31%	G			
		Physical Health - Cardio-Metabolic - Inpatient (Q)							
		Physical Health - Cardio-Metabolic - EI (Q)							
		Physical Health - Cardio-Metabolic - on CPA (Community) (Q)							
		Out of Area - Number of Patients Non PICU (M)	Mar, 2019		21		↑		
			Feb, 2019		19				
		Out of Area - Number of Patients PICU (M)	Mar, 2019		27		↑		
			Feb, 2019		24				
		Out of Area - Average Per Day Non PICU (M)	Mar, 2019		10.0		↑		
			Feb, 2019		7.3				
		Out of Area - Average Per Day PICU (M)	Mar, 2019		15.3		↑		
			Feb, 2019		13.0				
		Written complaints – rate (Q)	Q42018/19		0.03		→		
			Q32018/19		0.03				
		Staff Friends and Family Test % recommended – care (Q)	Q3 2018/19	81%	61%	R	↓		
			Q22018/19		73%	R			
		Occurrence of any Never Event (M)	Mar, 2019	0	0	G	→		
			Feb, 2019		0	G			
		Patient Safety Alerts not completed by deadline (M)	Mar, 2019		1		↓		
			Feb, 2019		2				
		CQC community mental health survey (A)	1905		6.9/10		↑		
			2017		7.3/10				
		Mental health scores from Friends and Family Test – % positive (M)	Mar, 2019	81%	97%	G	↑		
			Feb, 2019		95%	G			
		Potential under-reporting of patient safety incidents per 1000 bed days(M)	Apr18-Sep18		40.90	G	→		
			Oct17-Mar18		36.10	G			
Workforce and Engagement	KPIs	Turnover (annual)	Mar, 2019	10.00%	10.31%	G	↑		
			Feb, 2019		10.11%	G			
		Sickness Absence (monthly)	Mar, 2019	5.00%	6.11%	R	↓		
			Feb, 2019		6.73%	R			
		Sickness Absence (annual)	Mar, 2019	5.00%	TBC	R	↑		
			Feb, 2019		5.74%	R			
		Vacancies (funded fte)	Mar, 2019		8.87%		↑		
			Feb, 2019		9.30%				
		Appraisals All Staff (number of employees who have received an appraisal in the previous 12 months)	Mar, 2019	90.00%	75.30%	R	↑		
			Feb, 2019		75.52%	R			
		Medical Appraisals (number of medical employees who have received an appraisal in the previous 12 months)	Mar, 2019	90.00%	85.00%	A	↓		
			Feb, 2019		90.00%	G			
		Compulsory Training (staff in-date)	Mar, 2019	85.00%	85.59%	G	↑		
			Feb, 2019		84.32%	A			
		NHS Staff Survey (A)	Work		60.92%				
			Treatment		72.77%				

Key:

Period Current Month / Previous Month

Achieving target
Not achieving target
Within tolerance
No Target Set

Target

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

1.1 Finance position

The Trust met its control total surplus and as a result received additional Provider Sustainability Fund (PSF) income of £1.4m increasing the surplus to £3.8m.

The overall finance risk rating score of a '1' is in line with plan, with all individual metrics achieving individual plans.

Comparing the actual expenditure on Agency to the ceiling, we are below the ceiling value by £130k at the end of the financial year. This generates '1' on this metric within the finance score.

The agency expenditure equates 2.8% of the pay budgets. National NHSI benchmarking information from 2017/18 showed agency expenditure at 4.5% of pay budgets, with the Midlands and East region at 5.2%.

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

The number of patients whom the Trust admitted to out of area beds in March increased slightly to an average of 8-10 patients on any given day. The Trust continues to take part in the regional learning collaborative that is focused on supporting Trusts to reduce out of area placements. A paper is being prepared for Trust Management Team and commissioners and will include an overarching project plan for eliminating out of area placements and a work plan reflecting key deliverables for the next 2 years.

This report will be presented and discussed at May's Finance and Performance Committee.

1.3 People position

Sickness absence levels have continued to improve over the last two months showing a reduction from 6.73% in February 2019 to 6.11% in March 2019 which is a 0.62% improvement. Long terms sickness has increased slightly by 0.05% from February 2019 to March 2019 and short term sickness has improved from 3.07% in February 2019 to 2.41% in March 2019, an improvement of 0.66%.

The focus is now moving to better recording and closing of absences and improving the advice and support to managers when considering phased returns and return to work interviews. As part of the Leadership Development programme to support all line managers, a module "Managing Health & Attendance" is now available to book onto, this will be mandatory for all line managers to attend and sessions are available throughout 2019.

Compulsory training compliance has improved with a compliance rate of 85.59% an improvement of 1.27% from February 2019.

Appraisal completion has dipped slightly this month at 75.30% from 75.52% in February 2019. It is expected that completion rates should begin to improve with the rollout of the new appraisal paperwork and the supporting training for all line managers. This is a mandatory course module which is part of the new Leadership Development programme.

The Trust vacancy rate includes funded Fte surplus for flexibility including sickness and annual leave cover and is currently running at 8.87% an improvement from February 2019 of 9.30%.

Recruitment activity across the Trust continues to move at a fast pace and remains a key focus for inpatient areas in particular. During March 2019, 16 people have been recruited externally, comprising of 6 Nursing and Midwifery Registered, 5 Additional Clinical Services, 2 Administrative and Clerical, 2 Additional Professional and Technical and 1 Medical and Dental.

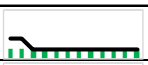
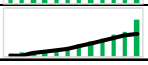
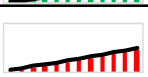
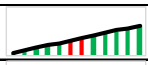
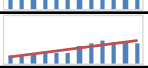
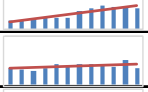
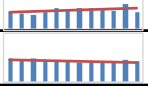
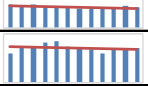
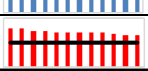
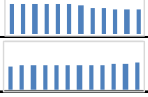
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Sickness Absence KPI	5%	5%	5%	7%	6%	6%	7%	7%	7%	8%	7%	6%
Corporate Services	4%	3%	3%	4%	5%	4%	6%	5%	5%	6%	6%	5%
Business Improvement + Transformation	2%	1%	0%	6%	9%	1%	0%	0%	0%	0%	2%	1%
Corporate Central	0%	0%	0%	0%	5%	4%	1%	3%	1%	1%	1%	1%
Estates + Facilities	5%	4%	5%	6%	6%	6%	8%	7%	7%	9%	8%	7%
Finance Services	3%	1%	1%	0%	1%	1%	3%	2%	5%	8%	11%	10%
Med Education & CRD	2%	1%	1%	1%	1%	0%	3%	0%	1%	2%	0%	2%
Nursing + Quality	7%	7%	7%	7%	9%	8%	12%	11%	7%	8%	9%	5%
Ops Support	3%	2%	3%	3%	2%	2%	5%	4%	3%	2%	4%	4%
IT, Information Management + Patient Records	3%	3%	3%	1%	2%	3%	8%	5%	2%	1%	3%	2%
Ops Management	0%	0%	0%	0%	0%	0%	2%	8%	16%	11%	13%	12%
Pharmacy	3%	0%	4%	6%	2%	2%	3%	3%	1%	3%	3%	4%
People Services	24%	22%	N/A	N/A	N/A	N/A	0%	0%	0%	0%	0%	0%
Operational Services	5%	5%	6%	7%	7%	7%	8%	7%	7%	8%	7%	6%
Campus	6%	8%	8%	11%	10%	9%	10%	8%	9%	11%	8%	8%
Central Services	4%	4%	4%	4%	4%	4%	5%	6%	5%	5%	5%	5%
Children's Services	3%	4%	4%	4%	5%	5%	7%	7%	6%	8%	7%	6%
Clinical Serv Management	4%	0%	3%	3%	3%	2%	1%	2%	0%	3%	3%	4%
Neighbourhood	5%	4%	5%	6%	6%	6%	7%	8%	7%	7%	7%	6%

NB “People Services” consists of 2 staff members employed by the Trust

Compulsory Training KPI	86%	86%	82%	83%	83%	83%	83%	84%	84%	84%	84%	86%
Corporate Services	84%	84%	82%	83%	83%	82%	85%	85%	86%	85%	85%	86%
Business Improvement + Transformation	87%	94%	97%	90%	93%	94%	94%	94%	89%	89%	87%	85%
Corporate Central	73%	73%	70%	72%	76%	77%	78%	80%	79%	77%	78%	79%
Estates + Facilities	82%	82%	81%	81%	81%	78%	82%	82%	83%	84%	83%	84%
Finance Services	98%	97%	98%	97%	99%	98%	99%	99%	97%	98%	98%	97%
Med Education & CRD	77%	79%	77%	77%	73%	76%	80%	81%	80%	76%	76%	78%
Nursing + Quality	85%	85%	83%	85%	87%	88%	86%	88%	87%	86%	86%	88%
Ops Support	91%	91%	88%	88%	90%	89%	92%	92%	93%	93%	92%	94%
IT, Information Management + Patient Records	95%	98%	98%	95%	97%	95%	99%	99%	98%	99%	98%	99%
Ops Management	92%	92%	86%	78%	78%	73%	74%	77%	80%	71%	70%	87%
Pharmacy	87%	85%	77%	80%	83%	84%	85%	86%	90%	90%	89%	90%
People Services	89%	89%	89%	67%	72%	72%	72%	52%	72%	72%	72%	67%
Operational Services	86%	86%	82%	83%	83%	83%	83%	84%	84%	84%	84%	85%
Campus	87%	87%	83%	83%	83%	81%	82%	82%	84%	83%	83%	84%
Central Services	86%	87%	83%	84%	84%	86%	86%	86%	86%	86%	87%	88%
Children's Services	85%	83%	80%	80%	81%	82%	82%	82%	83%	82%	83%	84%
Clinical Serv Management	68%	68%	61%	64%	66%	67%	70%	72%	74%	72%	73%	77%
Neighbourhood	87%	87%	83%	84%	84%	84%	84%	85%	85%	85%	86%	87%

NB “People Services” consists of 2 staff members employed by the Trust

2. Strategy Delivery

Category	Metric	Period	Target	Actual	Variance	Trend	Last 12 Months	DQ
Finance Scorecard	Finance Scorecard	YTD	1	1	G	→		
		Forecast	1	1	G	→		
	Control Total position £000	YTD	2331	3764	G	↑		
		Forecast	2331	3764	G	↑		
	CIP achievement £m	YTD	4.871	4.584	R	↑		
		Forecast	4.871	4.584	R	→		
		Recurrent	4.871	1.466	R	→		
	Agency £m	YTD	3.030	2.900	G	↑		
		Forecast	3.030	2.900	G	↑		
	Cash £m	YTD	21.608	27.445	G	↓		
		Forecast	21.608	27.445	G	↑		
Quality and Operations Scorecard	RTT Incomplete Within 18 Weeks (%)	Mar, 2019	92%	96.1%	G	→		
		Feb, 2019		96.7%	G			
	CPA Review in last 12 Months (on CPA > 12 Months)	Mar, 2019	95%	95.2%	G	→		
		Feb, 2019		95.2%	G			
	Delayed Transfers of Care (%)	Mar, 2019	0.8%	2.03%	R	→		
		Feb, 2019		1.22%	R			
	North Neighbourhood Average Wait (weeks)	Mar, 2019		7.5		↑		
		Feb, 2019		7.2				
	North Neighbourhood Current Waits (number)	Mar, 2019		1787		↑		
		Feb, 2019		1775				
	City Neighbourhood Average Wait (weeks)	Mar, 2019		8.3		↓		
		Feb, 2019		8.6				
	City Neighbourhood Current Waits (number)	Mar, 2019		1455		↓		
		Feb, 2019		1487				
	South Neighbourhood Average Wait (weeks)	Mar, 2019		8.5		↓		
		Feb, 2019		10.1				
	South Neighbourhood Current Waits (number)	Mar, 2019		1801		↑		
		Feb, 2019		1674				
	CAMHS Average Wait (weeks)	Mar, 2019		8.9		↓		
		Feb, 2019		9.6				
	CAMHS Current Waits (number)	Mar, 2019		865		↓		
		Feb, 2019		895				
	Community Paediatrics Average Wait (weeks)	Mar, 2019		17.0		↓		
		Feb, 2019		25.8				
	Community Paediatrics Current Waits (number)	Mar, 2019		859		↓		
		Feb, 2019		876				
	Number of Adult Acute Inpatients (Hartington and Radbourne) LoS > 50 Days	Mar, 2019		69		↑		
		Feb, 2019		66				
	Health Visiting 0-19 Caseload (based on 50.8 WTE)	Mar, 2019	250	327	R	↑		
		Feb, 2019		327	R			
	Distinct LD Caseload	Mar, 2019		1061		↓		
		Feb, 2019		1067				
	Distinct Substance Misuse Caseload	Mar, 2019		5465		↑		
		Feb, 2019		5351				
	RTT Incomplete Within 18 Weeks inc Paediatrics (%)							
Workforce and Engagement Scorecard	RETAIN - Staff engagement score	2018 Annual	To see an improvement in the staff engagement score	0.540	G	↑		
		2017 Annual		0.450				
		Q2 Sep 2018		74%	G	→		
		Q1 Jun 2018		74%				
	DEVELOP - Recruitment of preceptorship staff	2018/19	Number of students recruited into preceptorship	50	R	↓		
		2017/18		52				
	ATTRACT - Retention of preceptorship staff	2018 Annual	Number of students recruited into preceptorship who stay for at least one year	96%	G	↑		
		2017 Annual		85%				
	LEADERSHIP & MANAGEMENT - Employee relations cases	Q4 Mar 2019	To see a reduction in the number of cases	31	G	↓		
		Q3 Dec 2018		34	G			
		Q2 Sep 2018		34	G			
		Q1 Jun 2018		40				

Key:

Period Month / Previous Month

Achieving target / Not achieving target / No Target Set

Target / Trend

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

2.1 Cost Improvement Programme (CIP)

At the end of the financial year £4.6m of CIP has been assured in the ledger with no further schemes to deliver. This then leaves a gap to delivery of the full plan by £287k. Of the total savings only 32% is to be saved recurrently.

2.2 Delayed Transfers of Care

Currently there are 5 patients whose discharges are being delayed. We continue to work with relevant partners to address and minimise delays to avoid unnecessary waits in beds.

2.3 Neighbourhood Waiting Lists

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

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

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

2.4 CAMHS Waiting List

Work is still in progress to seek to reduce waiting times within the resources available. This includes clearly mapping interventions to specific pathways. An action plan is in place and was reviewed at Trust Management Team in February. The action plan includes administrative processes, proactive appointment booking, follow-up of DNA and enhanced clinical oversight. This is monitored at divisional level.

We are also in dialogue with commissioners regarding a planned review of CAMHS capacity. A weekly trajectory has been devised to monitor progress. CAMHS ASIST is currently offering 20 assessments per week. This will be increased to 27 assessments per week from May 2019 which will have a positive impact on the waiting list.

2.5 Paediatric Waiting List

As reported in the last 2 months, the CCG have suggested that a joint working group be set up and we proactively responded with suggested representatives and dates. We await confirmation from the CCG. We continue to working internally to maximise current capacity, respond to referrals and actively reduce long waits and review the 18 week referral to treatment process and reporting.

2.6 Health Visitor Caseloads

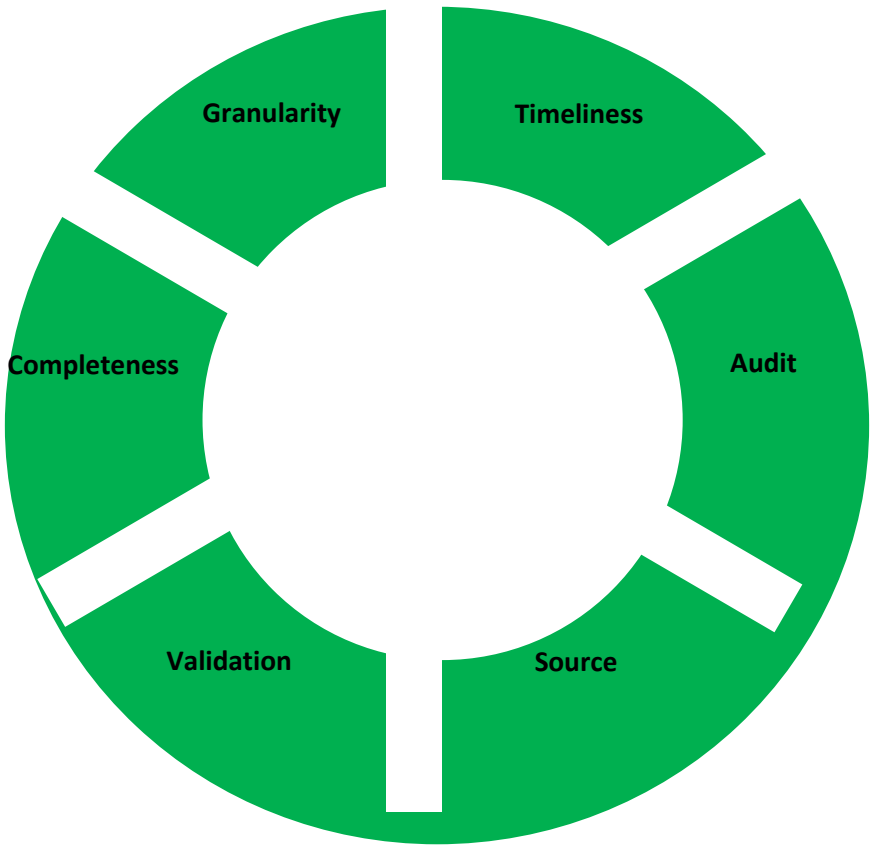
Caseloads and staffing have been reviewed. Findings are being considered and options will be explored with commissioners in due course. The safeguarding workload remains high and of concern in this service and rising demand will be explored with commissioners.

Data Quality Kite Mark

Background

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

Approach



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

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

Data Quality Indicator	Definition	Not yet assessed	Sufficient	Insufficient
	e.g. spot checks, random sample checks, involvement of a clinician, the associated service or approval by Executive Director?		source. The indicator owner can assure the data is a true reflection of performance, supported by a sign off process and underlying information.	owner cannot assure that the data truly reflects performance. A random sample may reveal errors.
Source	Is the source of the data fully documented and understood?	Not yet assessed	All users understand how to extract the data in line with the indicator definition. The data source is well documented in the event that there is a change in personnel producing the indicator.	The data source is poorly documented and could be inconsistently extracted.
Completeness	Is the indicator a reflection of the complete performance of the Trust	Not yet assessed	All the appropriate activity has been included within the indicator	A material amount of activity has not been included within the indicator that may alter the Trust level performance.
Granularity	Can the data be disaggregated into smaller parts? E.g. evaluated at a division or ward level as well as a Trust level.	Not yet assessed	Data can be drilled down to a division or ward level in order to understand and drive performance improvement.	Data is only available at a Trust level.

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

KPI Data Quality Reviews

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

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 7 May 2019

Report from Governance Committee

Purpose of Report
This paper provides an update on the meeting of the Governance Committee held on 9 April 2019.

Executive Summary
Since the last summary was provided in March the Governance Committee has met once on 9 April 2019. The Governance Committee agreed to escalate three questions to the Council of Governors.

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

Assurances

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

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

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

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

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

Actions to Mitigate/Minimise Identified Risks

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

Recommendations

The Council of Governors is requested to:

1. Note the report made at the Governance Committee meeting on 9 April 2019.

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

Report prepared by: Denise Baxendale, Membership and Involvement Manager

Report from Governance Committee – 9 April 2019

The Governance Committee of the Council of Governors (CoG) has met once on 9 April 2019 since its last report to the Council of Governors in March. Fifteen governors attended. This report provides a summary the meeting including actions and recommendations made.

Annual Members' Meeting (AMM)

- The planning meeting scheduled for 18 March was cancelled by governors. A meeting is in the process of being reconvened.

Membership and Engagement

- Governors were encouraged to complete the governor engagement template which has been produced and developed to enable governors to log issues and feedback from members and the public
- Governors were encouraged to actively source appropriate events in their constituencies to attend to engage with their constituents and the wider public.

Escalation items to the Council of Governors

- Three questions were escalated to the Council of Governors:

  - Question 1: How have the NEDs assured themselves that the Liaison teams, which are co-located in the Acute hospitals, are delivering the required outcomes expected by the commissioned operational requirements? In particular, what evidence is there that the Trust is delivering the services required in terms of A&E attendance; support for service users / patients in crisis who need referral to mental health services; and attending service users in MAU.

  - Question 2: How are NEDs assured that staff feel confident to "speak up" with no retribution?

  - Question 3: It has come to my notice that some care coordinators are producing online care plans for service users without the involvement of the service user in order to "cover my back". Amongst other things, this can lead to incorrect personal information being included. How do the Non-Executive Directors become assured that care plans are properly in place, with all guidelines around content and involvement met, and that they are properly reviewed at least annually?

Quality Report and Governor Statement

- Governors discussed the contents of the draft Quality Report and agreed the draft statement
- For next year's Quality Report governors suggested including the following for clarity:
  - A separate section for partnership working, including work undertaken as part of Joined Up Care Derbyshire

- Include an additional column showing comparative data from the previous year on the Trust's Performance Dashboard.
- A more detailed section on the Quality Visit programme, detailing Governors' involvement in visits.

Governor and Membership Section of the Annual Report

- Governors approved the content of the governor and membership section of the Annual Report.

Governor attendance at the Council of Governors

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

Revised Governor Code of Conduct

- All governors are required to sign the revised Code of Conduct. Prompts have been circulated by *Governor Connect*.

Governors Annual Effectiveness Survey

- The revised version of the questionnaire was presented and agreed
- The questionnaire to be circulated to governors in August 2019
- The results to be presented to the Governance Committee on 10 October and presented to the Council of Governors on 5 November 2019

Lead/Deputy Lead Governor

- A Task and Finish was established to discuss and agree any revisions to the current processes and role description for the Lead/Deputy Lead Governor
- The final version to be presented to the Council of Governors on 7 May 2019 for approval and to sanction the election timetable for a new Deputy Lead Governor.

Invite for a governor representative – CCG and JUCD Engagement Committee

- The newly established committee has been formed to oversee the public and patient involvement and engagement in local service developments.
- The first meeting is scheduled for 1 May and the Chair of the Committee is seeking a governor representative. The invitation has been circulated to all governors via Governor Connect.

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 7 May 2019

Review of the current processes and role description for the Lead Governor/Deputy Lead Governor

Purpose of Report

To present summary discussions from a Task and Finish Group convened to review the current role descriptions and processes around the Lead Governor and Deputy Lead Governor roles.

Executive Summary

A benchmarking exercise was undertaken to compare the Trust's current role descriptions and processes for the Lead Governor and Deputy Lead Governor. The initial findings were reported back to April's Governance Committee which volunteered a Task and Finish Group to discuss the issue in more detail. Potential amendments are suggested for discussion and agreement by the Council of Governors.

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

Assurances

This report takes into account Regulator guidance around the Lead Governor role and contains benchmarking information from other Foundation Trusts. Suggested changes have been co-produced with Governors.

Consultation

Trust Chair, Governance Committee, Virtual Task and Finish Group of Governors and the Trust Secretary.

Governance or Legal Issues
Monitor's Code of Governance requires each NHS Foundation Trust to appoint or elect a Governor as Lead Governor and the role is described in the Code. The

Deputy Lead Governor is not a mandated role.

Public Sector Equality Duty & Equality Impact Risk Analysis The author has a responsibility to consider the equality impact and evidence on the nine protected characteristics (REGARDS people (Race, Economic disadvantage, Gender, Age, Religion or belief, Disability and Sexual orientation).	
There are no adverse effects on people with protected characteristics (REGARDS).	
There are potential adverse effect(s) on people with protected characteristics (REGARDS). Details of potential variations /inequalities in access, experience and outcomes are outlined below, with the appropriate action to mitigate or minimise those risks.	X
Actions to Mitigate/Minimise Identified Risks Governors are fully supported by the Trust and reasonable adjustments implemented. Governors elected into these roles will be offered on-going support and training.	

Recommendations

The Council of Governors is requested to:

1. Discuss and agree any amendments to the role description/processes for the Lead Governor and Deputy Lead Governor and;

2. Note that an election process will be held for a Deputy Lead Governor, based on the agreed documentation.

Report prepared and presented by: Justine Fitzjohn, Trust Secretary

Background

The recent Governor elections left a vacancy for a Deputy Lead Governor (DLG). It was therefore opportune to review the current role description and processes for this role and also that of Lead Governor (LG). A benchmarking exercise of over 10 Foundation Trusts was undertaken and initial results were reported back to the Governance Committee on 9 April.

The Governance Committee supported the following in principle:

- Inclusion of a section about appropriate skills and experience
- Inclusion of a supporting statement with any nomination - this would particularly help new governors being asked to vote
- Leave the term of LG and DLG as current (in line with a Governor's remaining term of office)

A Task and Finish Group was formed and has shared comments virtually due to the timescales of reporting back to May's Council of Governors, to avoid a longer delay in appointing a new DLG.

The group considered a number of additional elements that were not currently included in the Trust's documentation. These were around:

1. A qualifying period of office that a person should have as a Governor of the Trust before becoming a LG/DLG.
2. A higher voting threshold for terminating the appointment of LG/DLG and a description of the criteria and process.
3. A more detailed description/ definition around the role of DLG
4. A stipulation that the DLG also has to be a public governor.
5. Additional criteria around personal qualities, for example, excellent interpersonal skills, ability to deal with personal conflicts, ability to command respect, confidence and support of colleagues, committed to reflecting the views of the whole Council as well as being able to commit time to the role and being prepared to acquire detailed knowledge of Foundation Trust Governance and of the Trust.

Summary of Task and Finish Group comments

Supporting Nomination Statement
All of the group supported the inclusion of a supporting statement that would accompany any nomination. The caveat being that administrative support would be offered to any potential candidate to complete this. There was also majority support for the term of office being in line with the Governors remaining term of office. However this would potentially reduce the overall term if a qualifying period was introduced. There was a mixed response to the inclusion of a section about appropriate skills and experience as described below.

Inclusion of specific skills/experience
Group comments were around being inclusive and the need to put support in place to make reasonable adjustments as necessary to assist any governor to fulfil either role. Additional suggestions were to include a proviso around the 'ability to

demonstrate' the agreed skills in the role rather than a strict requirement at nomination stage. Other interpersonal skills suggested were around listening skills and ability to exercise good judgment, compassion and objectivity.

Qualifying period before standing for either role
The majority of group members supported a qualifying period. This varied from 12 months for both roles to 12 months for the LG and a shorter period of 6 months for the DLG. The general view being that it was important for a LG/DLG to get to know the existing Governors and the Trust, even if they had previous experience of similar roles before being elected as a Trust Governor.

Having a higher voting threshold for terminating the appointment of LG or DLG
This was supported. A further discussion is needed around the process and specific criteria for terminating the appointments of LG or DLG, outside of the Constitutional process for removing Governors. It is suggested that a discussion takes place on this at the next Governance Committee (GC) based on the fact that this Committee has a role to hear back from the Lead Governor about investigations into alleged breaches under the Governor's Code of Conduct. This may require alteration to GC's Terms of Reference.

A wider description/definition of DLG role
The current description is 'to support the Lead Governor across their range of duties'. Additional criteria were suggested around when they would provide cover and also additional duties.

Time commitment/being prepared to acquire detailed knowledge
The majority of the group agreed with including a statement about the ability to commit time to the role and being prepared to acquire detailed knowledge of Foundation Trust Governance and of the Trust.

<u>Proposed amendments to current LG/DLG paperwork</u>

At Appendix A is a track changes version of the current paperwork to assist in the discussions.

Recommendations

The Council of Governors is requested to:

1. Discuss and agree any amendments to the role description/process for the Lead Governor and Deputy Lead Governor as suggested in Appendix A and;

2. Note that an election process will be held for a Deputy Lead Governor, based on the agreed documentation.

LEAD GOVERNOR ROLE

Background

The Council of Governors (CoG) elects a Trust's Nominated Lead Governor, as required by NHSI (Monitor).

Although NHSI (Monitor) guidance states that the role is intended to create one point of contact between NHSI (Monitor) and the Council of Governors (CoG) (when necessary), best practice suggests that the role of the Lead Governor should be expanded to include greater responsibility and accountability.

Monitor guidance states that where NHS Foundation Trusts choose to broaden the Lead Governor's role, Directors and the Council of Governors should agree what it should and should not include. The Council of Governors should vote on or otherwise decide who the Lead Governor will be; Directors (including the Chair) should not be involved in this process. The Council of Governors will need to satisfy itself that whoever is appointed has the appropriate skills and experience.

Please note Monitor is part of NHS Improvement (NHSI) but remains referenced in this job description due to the regulatory requirements which directly related to Monitor.

Summary of roles and responsibilities

1. Direct link between the Governors and NHSI ~~Monitor~~ in situations where it would be inappropriate for NHSI ~~Monitor~~ to go through the Chair
2. Act as the point of contact between CoG and the Care Quality Commission (CQC)
3. In exceptional circumstances, act as deputy to the Trust Chair in situations relating to CoG, when it is not appropriate for the usual Trust Deputy Chair~~person~~ to act into this role
4. Prioritising agenda items for CoG and ensuring action plans are followed
5. Maintain regular communication with the Chair conducting regular reviews of the performance of the Trust
6. Member of the Nominations and Remuneration Committee
7. Member of the Governance Committee
8. Represent concerns that Governors may have (either as a body, or individually) to the Chair
9. To undertake appropriate action where non-compliance or any misconduct is alledged under the Governors' Code of Conduct, as set out in the Code, which could include, together with the Chair addressing inappropriate action by any Governor and raising the matter at the Governance Committee~~subject to Nominations and Remuneration Committee approval~~
10. Lead appraisal process for the CoG: facilitate CoG review of effectiveness, following completion of the CoG appraisal documents
11. Maintain close working relationship with the Senior Independent Director (SID) of the Board of Directors (BoD)
12. Together with the SID carry out the appraisal of the Chair
13. ~~Agree the format of regular CoG/Non-Executive Director (NED) meetings~~
13. As representative of CoG establish and maintain working relationships with NEDs, BoD and forge links with external bodies such as CQC, and CoGs of other Foundation Trusts.
14. With the Chair, mutually agree with a Governor any formal time away from the role. The

Lead Governor will then provide support following return of that governor from a leave of absence.

Personal Specification/ Time Commitment

The Lead Governor should have the ability to demonstrate the following in the role:

1. excellent interpersonal skills including listening skills and the ability to exercise good judgement, compassion and objectivity
2. ability to deal with personal conflicts, ability to command respect, confidence and support of colleagues, committed to reflecting the views of the whole Council
3. being prepared to acquire detailed knowledge of Foundation Trust Governance and of the Trust.
4. being able to commit time to the role.

The Trust will take steps to provide reasonable adjustments as necessary to assist any Governor to fulfil the role.

Qualifying Period and term of office.

The Lead Governor will be a Public Governor and will be have served a minimum of 12 months as a Governor of the Trust before taking up the office of Lead Governor. They will then ~~will~~ hold office as Lead Governor for the remaining period they are a Public Governor or before if the CoG decide to terminate the appointment at an earlier date. An initial investigation into a request to terminate the appointment the Lead Governor will be managed by the Governance Committee, which will make a recommendation to the Council of Governors.

Extract from the Trust's Constitution in relation to the Lead Governor (Annex 5)

10.1 *The Council of Governors shall nominate one of its Governors as the nominated lead Governor (the "Nominated Lead Governor").*

10.2 The Nominated Lead Governor shall provide their contact details to NHSI (Monitor) and continue to update NHSI (Monitor) with their contact details as and when they change.

10.3 The role of the Nominated Lead Governor is to facilitate direct communication between NHSI (Monitor) and the Council of Governors in the limited circumstances where it may not be appropriate to communicate through the normal channels.

10.4 The Nominated Lead Governor shall take steps to understand NHSI (Monitor)'s role, the available guidance and the basis on which NHSI (Monitor) may take regulatory action.

10.5 In the event that an individual Governor wishes to make contact with NHSI (Monitor), this contact will be through the Nominated Lead Governor.

DEPUTY LEAD GOVERNOR ROLE

The Trust will also have a Deputy Lead Governor to support the Lead Governor across their range of duties. The Council of Governors will vote or otherwise decide who the Deputy Lead Governor will be.

They will be have served a minimum of 6/12 months as a Governor of the Trust before taking up the office of Deputy Lead Governor. They will then hold office as Deputy Lead Governor for the remaining period they are a Public Governor or before if the CoG decide to terminate the appointment at an earlier date. An initial investigation into a request to terminate the appointment the Deputy Lead Governor will be managed by the Governance Committee, which will make a recommendation to the Council of Governors.

Their role will be:

- To deputise for the Lead Governor in their absence through illness or other clashing commitments
- To cover for the Lead Governor, where the Lead Governor may have a conflict of interest in taking part in an activity
- To offer support alongside the Lead Governor in maintaining working relationships with external bodies as detailed in Point 14 of the Role Description.
- To familiarise themselves with the workings of the Trust, NHSI and any other agencies in order to carry out their role.

Nomination process for both roles ~~and term of office~~

The role of Lead Governor/ ~~–~~Deputy Lead Governor shall be reviewed by the Council of Governors on the approach of the expiry of the current term of office of the Public Governor(s) appointed to the post(s).

Subject to the qualifiying period described in this document ~~N~~nominations will be sought from all Public Governors eligible for appointment to the post(s) and, in the event of there being more than one nominee for each post; the appointment(s) will be determined by a ballot in which all Governors will vote. If the Public Governor who has served as Lead Governor or Deputy Lead Governor is re- elected as a Public Governor on expiry of their term of office, they will be eligible for consideration for re-appointment to the Lead Governor or Deputy Lead Governor subject to following the agreed nomination process.

The proposed procedures for appointment are:

- All Public Governors able to meet the required qualifying period are invited to self-nominate
- Nominees must submit a brief statement (maximum 250 words) with their nomination setting out what they would bring to the role. This statement will be distributed to all Governors to help them choose which candidate to vote for. Support will be given to complete the statement if required.
- If more than one valid nomination is received for either post, all governors are issued with a ballot paper and the person who receives the most votes will be appointed as the

Lead Governor/-Deputy Lead Governor (as long as over 50% of all Governors vote). It is proposed that a simple majority is appropriate as all decisions, where a vote is requested, are passed on a simple majority

- If there is only one valid nomination for either post, all Governors will be asked to support the nomination and if this person receives the support of the majority of Governors they will be appointed as the Lead Governor/Deputy Lead Governor.

More details of the voting and timeline are shown in Appendix 1

Appendix 1

Timeline for appointment of the Lead Governor and Deputy Lead Governor

Date 1	Nomination forms, with covering letter are sent to all governors from the Membership and Involvement Manager
Date 2	Nominations and nomination statement deadline
Date 3	Ballot papers issued to Governors
Date 4	Closing date for ballot
Date 5~~4~~	Results declared ~~of voting given to Council of Governors~~

Voting

If the matter comes to a vote then each Governor will be asked to mark their voting paper once for their preferred candidate, in a 'first past the post' voting method.

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 7 May 2019

Update on Recent Governor Elections

Purpose of Report

To update governors on the recent elections for public and staff governors to provide assurance on the process taken.

Executive Summary
The election process is undertaken by Electoral Reform Service (ERS), an independent company used by the majority of foundation trusts to run their elections.

There were six governor vacancies in the following constituencies:

- Chesterfield – one public governor vacancy
- Derby City East – two public governor vacancies
- Erewash – one public governor vacancy
- Surrounding Areas – one public governor vacancy
- Medical – one staff governor vacancy

The timeline for the elections was as follows:

ELECTION STAGE	Timeline
Trust to send nomination material and data to ERS	14.12.18
Notice of Election / nomination open	2.1.19
Nominations deadline	30.1.19
Summary of valid nominated candidates published	31.1.19
Final date for candidate withdrawal	4.2.19
Electoral data to be provided by Trust	7.2.19
Notice of Poll published	20.2.19
Voting packs despatched	21.2.19
Close of election	18.3.19
Declaration of results	19.3.19

Governors are asked to note the range of activities that took place to promote the vacancies and identify individuals interested in the governor vacancies::

- Stakeholders distributed information in their member newsletters e.g. Derbyshire Voluntary Action, Derbyshire Mental Health Forum, Healthwatch Derbyshire, Healthwatch Derby, Erewash Voluntary Action and Alzheimer's Society
- Letters and posters circulated to all stakeholders and networks in the election areas: e.g. North and South Carers' Forums, Rhubarb Farm, Healthwatch, Derbyshire Voluntary Action, GP surgeries, Derbyshire Mental Health Forum, Erewash CVS
- Letters and posters circulated to all staff across Trust services
- Vacancies promoted via social media to raise awareness: posted on

Facebook on 2 January 2019 with a link to the Trust's website; Tweets on 2 January with follow ups during the call for nominations

- Postcards outlining details of the Trust and the governor vacancies were distributed to all members in the election areas
- Email and text messages to members in the elected areas
- Press releases prepared and sent to the relevant areas: all Derbyshire papers including: Derby Telegraph, Burton Mail, Derbyshire Times, Ilkeston Advertiser, Buxton Advertiser, Matlock Mercury, Belper News, Ripley and Heanor News, Chesterfield Post, Peak Advertiser; also to Radio Derby and Peak FM; also to newspapers serving Surrounding Areas, including Sheffield Star, Congleton Chronicle series, Stoke Sentinel, Express and Star, Nottingham Post, Leicester Mercury
- Press releases were published in Biddulph Chronicle, Alsager Chronicle, Congleton Chronicle, Sandbach Chronicle, Ilkeston Advertiser, Derbyshire Times and Sheffield Star
- Promoted in the Trust's Members' News e-news bulletin in January 2019
- Promoted in Weekly Connect asking staff to share with their family and friends in January 2019
- Medical vacancy promoted in Weekly Connect in January 2019 with follow ups encouraging medics to vote
- Medical vacancy promoted as a screen saver
- Medical vacancy promoted by the Deputy Chief Executive in her weekend note in January 2019
- Attended the Trust Medical Advisory Committee meeting in December 2018 to discuss the vacancy and outline the staff governor role
- Councils/district councils that cover the election areas were contacted asking them to promote the vacancies to staff and contacts, including Chesterfield Borough Council, Derbyshire County Council, Derby City Council
- Chesterfield Leisure Centre, Chesterfield Library, Chesterfield Information Centre, Chesterfield and North East Derbyshire Volunteer centre displayed posters
- Letters and posters sent to all the Trust's services in the election areas
- Over 200 letters and posters sent to all contacts made through our membership involvement work
- Governors encouraged to display the poster and raise awareness of the elections via Governor Connect, email and at Governance Committee meetings where updates on the progress of the elections were given
- Requested support from the Trust's Head of Equality, Diversity and Inclusion to target community and unrepresented groups.

This year all seats were contested which is a significant achievement and the following were elected:

- Chesterfield – Lynda Langley, re-elected
- Derby City East – Linda Lowe and Bob MacDonald
- Erewash – Lewis Hall
- Surrounding Areas – Rosemary Farkas, re-elected
- Medical – Farina Tahira

The newly elected governors' were notified of the results. Their term of office is for

three years and began on 21 March 2019.

The turnout rates for the elections are as follows:

- Chesterfield – 22.3% (number of eligible voters 458)
- Derby City East – 13.7% (number of eligible voters 1,019)
- Erewash – 18.1% (number of eligible voters 520)
- Surrounding Areas – 10.8% (number of eligible voters 507)
- Medical – 34.1% (number of eligible voters 126)

This compares favourably to ERS's average turnout of 12% for all trusts' elections in 2018. The turnout figures for 2019 are not yet available.

The newly elected governors have attended an induction session and have taken advantage of the 'buddy up' system that is provided by more experience governors to help them in their role.

As reported at the Governance Committee meeting on 9 April, Lewis Hall elected as public governor for Erewash, has resigned. Governors will be aware that in the event of a resignation being received within 12 months of a governor being elected, the Trust's Constitution states that the role can be offered to the candidate who was ranked next highest in the last election for the Constituency. The second highest ranking candidate has been contacted and we are waiting for confirmation if they wish to accept the role.

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

Assurances
Governors can be assured that the elections were run independently of the Trust.

Consultation
This paper has not been considered at any other Trust meeting to date.

Governance or Legal Issues

These elections were undertaken in line with the Model Election Rules as included in the Trust's Constitution.

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

Actions to Mitigate/Minimise Identified Risks

We have proactively sought to promote governor vacancies to all members of the community. We also provide support to any current or prospective governors to enable them to carry out their role to address any specific needs they may have. This includes providing transport for those who may not be able to access public transport due to physical needs, accommodating communication requirements and providing support workers at meetings.

Recommendations

The Council of Governors is requested to:

1) Receive assurance that the recent governor recruitment exercise was carried out in line according to election rules as outlined in the Constitution and resulted in recruitment to all vacant posts.
2) Note that details of the outcome of the governor role for Erewash will be communicated to governors as soon as this is known.

Report presented and prepared by: **Denise Baxendale, Membership and Involvement Manager**

Derbyshire Healthcare
NHS Foundation Trust

MINUTES OF A MEETING OF THE BOARD OF DIRECTORS

Held in Training Rooms 1 & 2
Research and Development Centre, Kingsway, Derby DE22 3LZ

Tuesday 5 February 2019

MEETING HELD IN PUBLIC

Commenced: 9.30 Closed: 12:50

PRESENT	Caroline Maley	Trust Chair
	Margaret Gildea	Senior Independent Director
	Geoff Lewins	Non-Executive Director
	Dr Anne Wright	Non-Executive Director
	Richard Wright	Non-Executive Director
	Ifti Majid	Chief Executive
	Claire Wright	Director of Finance & Deputy Chief Executive
	Mark Powell	Chief Operating Officer
	Carolyn Green	Director of Nursing & Patient Experience
	Dr John Sykes	Medical Director
	Samantha Harrison	Director of Corporate Affairs
	Amanda Rawlings	Director of People Services & Organisational Effectiveness
	Gareth Harry	Director of Business Improvement & Transformation
	Suzanne Overton-Edwards	Non-Executive Director under NHSI NExT Director scheme
IN ATTENDANCE	Anna Shaw	Deputy Director of Communications & Involvement
	Sue Turner	Board Secretary (minutes)
For item DCHFT2019/159	Karen Sangha	Clinical Lead Occupational Therapist, Radbourne Unit
For item DCHFT2019/159	Tanya Wilson	Nursing Assistant, Trainee Practitioner, Radbourne Unit
For item DCHFT2019167	Denise Reid	Occupational Therapy Support Worker, Radbourne Unit
For item DCHFT2019/167	Tracy	Service User
For item DCHFT2019/167	Simon	Peer Support Worker and volunteer
VISITORS	John Morrissey	Lead Governor
	Al Munnien	Staff Governor, Nursing
	Rachel Leyland	Deputy Finance Director
	Jessimen Samanga	Student Mental Health Nurse
	Agnieszka Florian	Student Mental Health Nurse
	Luke Appleton	Populo Consulting Ltd
	Sandra Austin	Derby City & South Derbyshire Mental Health Carer's Forum and Trust Volunteer
	Martyn Bell	Trust Member
APOLOGIES	Dr Julia Tabreham	Deputy Trust Chair and Non-Executive Director

DHCFT 2019/001	**CHAIR'S WELCOME, OPENING REMARKS, APOLOGIES FOR ABSENCE AND DECLARATION OF INTERESTS** The Trust Chair, Caroline Maley, welcomed all to the meeting. Apologies for absence were noted from Deputy Trust Chair and Non-Executive Director, Julia Tabreham due to an extended leave of absence. The Declaration of Interests register, as included in the Board papers, was noted. No additional declarations of interest in agenda items were raised.
DHCFT 2019/002	**PATIENT STORY** Colleagues from the Hope and Resilience Hub joined the meeting to discuss the service they provide at the Hope and Resilience Hub based at the Radbourne Unit. Service receiver Tracy and Peer Support Worker Simon also attended and shared their experience as inpatients at the Radbourne Unit and gave an account of how the therapies they had received had aided their recovery. The Hope and Resilience Hub is based at the Radbourne Unit and provides intervention and crisis care for day patients. The staffing mix consists of occupational therapists, registered mental health nurses and volunteers who work closely with the Crisis and Inpatient teams to aid service users to rediscover their coping, emotional and social skills through individual and group therapy sessions while working to the individual's recovery needs. They also work in partnership with Quad, Derby County Football Club and a selection of non-referral groups such as the Hearing Voices Group. The Board heard how the activities and therapies used at the Hub had enabled Tracy and Simon to recover and move forward with their lives. Simon gave an account of the difficulties he had encountered when he was well enough to leave the Radbourne Unit while not being assigned to a regular CPN (Community Psychiatric Nurse) which meant he had to continually repeat his medical history. He now has a permanent CPN and a Peer Support Worker who has helped him move forward with his life. Simon has since become a Peer Support Worker at the Radbourne Unit and helps facilitate anxiety management group work and recovery education art sessions which has given him the satisfaction of being able to give back help to the team that gave him help when he needed it. Tracy explained how the Hub had "brought me back to being me" which the Board felt was a wonderful recovery quote. She went on to say how she also plans to carry out peer support work as she found that speaking to someone who has been through a similar experience had helped her enormously. Tanya, Denise and Karen described how fulfilling it is to enable people to recover and take back control of her lives through person centred care and described how they are a strong team that supports each other with the day to day challenges at the Hub. The Board was disappointed to hear that Tracy and Simon did not receive care from the Trust earlier and expressed concern they only received the help they needed when they were referred to the Crisis Team. This initiated discussion on how the Trust's services should be better publicised in the community so that people can recognise when they become ill and access the help they need. Caroline expressed the Board's appreciation of the valuable and inspirational work provided at the Hub that enables people's recovery. Tracy and Simon were both thanked for their openness with the Board and for their constructive feedback that

	would provide potential opportunity for improving the service that the Trust provides to its service users.
DHCFT 2019/003	**MINUTES OF THE BOARD OF DIRECTORS MEETING HELD ON 4 DECEMBER 2018** The minutes of the previous meeting, held on 4 December 2018, were accepted as a correct record of the meeting.
DHCFT 2018/004	**MATTERS ARISING – ACTIONS MATRIX** The Board agreed to close all completed actions. Updates were provided by members of the Board and noted on the actions matrix. All completed 'green' actions were scrutinised to ensure that they were fully complete and actions that were not complete were challenged with Executive Director leads.
DHCFT 2019/005	**QUESTIONS FROM GOVERNORS OR MEMBERS OF THE PUBLIC** No questions had been received from members of the public or governors in advance of the meeting.
DHCFT 2019/006	**CHAIR'S UPDATE** This report provided the Board with the Trust Chair's summary of activity she had undertaken since the previous Board meeting on 4 December 2018. Caroline reflected on the visits she had made to some of the Trust's front line services which provided her with a good understanding of the services that the organisation provides. Reference was made to the HFMA (Healthcare Financial Management Association) Chairs Conference held in London which focussed on the key challenges faced by the NHS. Caroline found this a particularly inspiring event and noted that many of the issues that Chairs should be focussed on, as raised at the event by Peter Wyman, CQC Chair, are regularly on our Board agenda. **RESOLVED: The Board of Directors noted the activities of the Trust Chair since the last meeting held on 4 December 2018**
DHCFT 2019/007	**CHIEF EXECUTIVE'S UPDATE** This report provided the Board of Directors with feedback on changes within the national health and social care sector as well as providing an update on developments occurring within our local Derbyshire health and social care community. The report provided a detailed focus on the NHS Long Term Plan, the Workforce Race Equality Standard (WRES) report and the Trust's EU Exit planning assurance. Board members were encouraged to read the NHS Long Term Plan that was published in January and familiarise themselves with the specific areas that impact the Trust. Chief Executive, Ifti Majid, paid particular attention to the impact that the plan would have on Children and Young People's Mental Health Services. He was pleased to see that current service models will be extended so that by 2020 transitions to adult services will be based on need and not age and that the new model will be driven by CAMHS (Child and Adolescent Mental Health Service)

	practitioners and young people themselves. Non-Executive, Director, Richard Wright said that he did not feel that the report set out how the plan would transform and was disappointed that it made no reference to the current environment in which the NHS works nor how the impact of social media on child suicide could be tackled. The Board discussed how the report did not venture into the specific issues of children and young people's needs and acknowledged that the whole life of the child needs to be looked at in order to deal with the issues children and young people are facing. Reference was made to the key findings contained in the Workforce Race Equality Standard (WRES) data. Although steady improvement could be seen in most of the WRES indicators Ifti was disappointed that in the Midlands and East the appointment rate for BME applications had slightly worsened. There is still a concentration of BME people in low band roles and only a slight increase at senior levels. The Board reiterated its commitment to improve these levels. Ifti looked forward to the March Board Development session when the BME Talent Network will be joining the Board to understand how senior leaders in our organisation and the NHS can ensure that BME colleagues have the right aspiration, knowledge and skills and how these individuals can be used as role models to make a tangible difference in the NHS workforce. In preparation for the UK's exit from the EU Ifti was pleased to confirm Chief Operating Officer, Mark Powell as Senior Responsible Officer for EU Exit for the Trust and that he has completed risk assessments on all the key areas of risk identified by the Department of Health and Social Care. Since the last Board meeting Ifti and members of the Board had met with residents of the Kingsway housing development to discuss the challenges of living near a busy hospital. He had shared information about the services that the Trust provides and hoped this would help understanding of how our services operate. The Chairs and CEO meetings referred to in Ifti's report were discussed in relation to ascertaining the system's appetite for changing the focus of care, particularly as this is an area where Non-Executive Directors (NEDs) focus their challenge to Executive Directors. NEDs committed to holding Board members to account and would focus on providing the best outcomes for those people within Trust services and deliver appropriate care models. **RESOLVED: The Board of Directors scrutinised the Chief Executive's update, noting the risks and actions being taken.**
DHCFT 2019/008	**<u>INTEGRATED PERFORMANCE AND ACTIVITY REPORT</u>** The Integrated Performance Report (IPR) provided the Board with an integrated overview of performance as at the end of December 2018. The focus of the report is on workforce, finance, operational delivery and quality performance. Chief Operating Officer, Mark Powell, drew attention to the assurance that the report provided on impact of actions undertaken to improve urgent care services, particularly adult acute inpatient areas. An acknowledgement was made of the challenges faced in reducing waiting lists in neighbourhood CAMHS services and Paediatrics. Work is continuing to achieve best practice in neighbourhood waiting lists and Mark is hopeful that learning obtained from other trusts on how they have improved waiting times will yield improvements.

	Reference was made to the decision to report Paediatrics as part of the 18 week RTT (referral to treatment) standard. It is acknowledged that this will result in a deterioration in overall RTT performance as there are longer waits in this service. The Board was assured of the action that is taking place to address these challenges as funding to support delivery of the 18 week standard is being discussed with commissioners. In the meantime NHSI have been informed of the Trust's decision and the implications this will have on RTT performance in the short to medium term. Director of Nursing and Patient Experience, Carolyn Green asked for assurance that quality levels are being secured across all services and highlighted the need to commit to apply RTT standards to Learning Disabilities and Substance Misuse Services. In terms of Urgent Care improvements, the greater visibility of senior leaders to support the implementation and oversight of clinical standards has had a positive impact and clear improvements are being seen. Staffing remains a significant challenge particularly in inpatient services and is constantly being monitored, and is driven by the amount of vacancies and sickness levels. The Board was assured that staff are being supervised more efficiently and that day to day operational performance is being monitored. Mark Powell was pleased to report that positive feedback had been received from the NHSI/CCG visit to the Trust's acute inpatient services in January. The Board took assurance from the actions that have been taken to embed improvements as outlined in the Urgent Care Improvement Plan. Non-Executive Director, Anne Wright asked what was being done to enable staff to be released to attend training to maintain and increase their skills. The Board was assured of work being undertaken to deliver training in a more efficient way and the learning that is being obtained from other trusts on how training compliance levels can be improved. As a result of discussions the Board recognised the improvements that have been made in the urgent care services and agreed that limited assurance could be obtained from the report due to the reported areas that are performing below standard. **RESOLVED: The Board of Directors received the report and obtained limited assurance on current performance across the areas presented**
DHCFT 2019/009	**SAFE STAFFING AND STRATEGIC WORKFORCE CHALLENGES** This supplementary report to the IPR presented by Mark Powell covered safe staffing and strategic workforce challenges and was used by the Board to engage in discussion on both operational and strategic issues as well as current and future workforce challenges. The Board noted areas where the Trust had made improvements and where further action is continuing to address ongoing risks and recognised that there is still further work to be done to improve safe staffing reporting more widely. Staff retention was regarded as an important step, particularly in senior leadership roles. Director of People and Organisational Development, Amanda Rawlings advised that the key to retention would be achieved through creating a culture where people feel listened to, supported, enabled and fulfilled in their roles.

	Director of Finance and Deputy Chief Executive, Claire Wright asked how reporting of staff from BME groups and those with protected characteristics could be made more visible to provide a better understanding of the Trust's culture. This led to the Board discussing the aspirations of different types of people within the workforce and accepted that much of this is captured in the People Strategy which is overseen by the People and Culture Committee. The People Strategy is also used to analyse recruitment and development opportunities to map career pathway work. The Board considered the challenges presented within the report and agreed that a Board Development session should be arranged to discuss wider workforce issues. **ACTION: Amanda Rawlings to lead a Board Development session to explore wider workforce issues.** **ACTION: ELT is to consider how safer staffing is to be reported to the Board to ensure reporting is correctly focussed to meet the requirement of NHSI Developing Workforce Safeguards guidance.** **RESOLVED: The Board of Directors** **1) Noted the triangulated information contained within this report with other information from the IPR and Committee reports** **2) Noted the key areas of concern set out in the report – identified as hotspots**
DHCFT 2019/010	**<u>QUALITY STRATEGY REPORT</u>** This report presented by Director of Business Improvement and Transformation, Gareth Harry, outlined the approach agreed by the Trust for Quality Improvement and the use of Continuous Improvement methodologies. It also provided examples of how continuous improvement has been put into practice since the strategy was agreed and how it has been implemented into business as usual processes. Continuous Improvement methodologies have been at the heart of new approaches to Business and Operational Planning, identification of cost savings plans and the future development of clinically-led strategies, together with the potential difficulties in balancing the need for urgent service improvements with long-term objectives and in identifying specific Cost Improvement Plans from wider ranging improvement programmes. The Board reflected on how a wider Continuous Improvement Plan could be drawn from Cost Improvement Plans and how continuous improvement methodology and CQC expectations apply to the Quality Strategy. The need for an overarching framework that indicates the specific tools to be used in approaching individual problems without creating a bureaucracy is required along with the need to encourage confidence from clinicians and provide them with opportunities to choose the appropriate approach. It was thought that this could be applied through sharing examples of success or case studies that have produced improved outcomes. The Board discussed ways of using examples of rapid service improvement work carried out within the last nine months and how this can be allied with medium and long term quality improvement objectives. It was decided that successes should be promoted as opportunities for longer term quality improvement to encourage a culture where staff are inspired by leaders to take action where it is required. The

	Board agreed this could be achieved through developing a culture that thrives on involvement. This will enable people to foster their creativity and make decisions on patient outcomes. It was thought that quality improvement and authority could be delegated to teams in the same way that the Board permeates its authority through ELT and throughout the organisation. This could be replicated using performance management review meetings to develop quality improvement projects based on the agreed quality priorities which will enable staff to have a wider engagement with our quality priorities. Identification of continuous improvement work and identification of cost improvement schemes is reported through the Finance and Performance Committee where work will take place to establish a practical way of how this can be reported to the regulators. The Board saw that the balance of compliance versus innovation is possible within the Trust's governance framework. Board members undertook to use opportunities when meeting teams to celebrate, share success and support learning throughout the organisation. The Continuous Improvement programme will be improved by empowering staff and encouraging them to develop schemes by focusing on what they think is most important to them. **RESOLVED: The Board of Directors:** **1) Noted the report** **2) Discussed the delivery of Quality Improvement Strategy objectives, versus requirements for urgent service improvement schemes** **3) Considered further opportunities to support and nurture a culture of continuous improvement in the Trust** **4) Considered the potential implications of failure to identify specific CIP schemes from wider Continuous Improvement Programmes**
DHCFT 2019/012	**LEARNING FROM DEATHS MORTALITY REPORT** This report presented to the Board by Medical Director, John Sykes is produced to meet requirements set out in the 'National Guidance on Learning from Deaths'. As the data contained in the mortality report was not available for the 4 December Board 2018 meeting this report was submitted retrospectively to the Board and has been published on the Trust's website in line with national requirements. John Sykes outlined how he had escalated to NHSI (NHS Improvement) that although it is not possible to determine the outcome of some deaths, the Trust is working towards being able to undertake more efficient reviews of deaths. He assured the Board that learning obtained from Serious Incident investigations is used to acquire informative learning and confirmed that no inpatient deaths were found to have been avoidable throughout September, October and November 2018. **RESOLVED: The Board of Directors accepted the Mortality Report as assurance of the Trust's approach and acknowledged that the report has been published on the Trust's website**
DHCFT 2019/013	**SECTION 37/41 BRIEFING ON SECRETARY OF STATE'S POSITION ON THE DISCHARGE OF RESTRICTED PATIENTS ON CONDITIONS THAT INVOLVE A DEPRIVATION OF LIBERTY** This report served to brief the Board on the consequences of a Supreme Court

	Ruling in December 2018 which concluded that forensic patients discharged into the community with restrictions (otherwise known as conditionally discharged patients or Section 42 patients) could not be deprived of their liberty through the conditions imposed on their Section by the Ministry of Justice or in the associated care plan. John Sykes assured the Board that the Trust has a triage process established for Section 37/41 cases which has been agreed as appropriate. As the Ministry of Justice proposed that this is now expanded into a multi-agency panel that would consider the Section 37/41 cases in the community or awaiting imminent discharge, a multi-agency meeting took place where it was decided that a scoping exercise will run until the end of May and that further guidance may be forthcoming from the Ministry of Justice over this timescale. The Board decided that it was not its remit to decide on the level of risk that the implication of the recent Supreme Court Judgement places on the Trust. It was agreed that actions taken from the Section 37/41 meeting held on 25 January would be reported to the Mental Health Act Committee. The Committee is to provide assurance to the Board on the approach being taken and will escalate any issues to the Board arising from the review of Section 37/41 actions. **ACTION: Mental Health Act Committee to provide assurance on approach being taken to Section 37/41** **RESOLVED: The Board of Directors:** **1) Noted the implications of the recent Supreme Court Judgement** **2) Noted that the actions taken at the Section 37/41 meeting on 25 January 2019 together with the full notes of the meeting will be submitted to the Mental Health Act Committee on 7 March** **4) Agreed that the Mental Health Act Committee will escalate to the Board any issues arising from the review of Section 37/41 actions.**
DHCFT 2019/014	**<u>BOARD ASSURANCE FRAMEWORK (BAF) FOURTH ISSUE FOR 2018/19</u>** This report presented by Director of Corporate Affairs, Sam Harrison provided the Board with details of the fourth issue of the BAF for 2018/19. Revised risk ratings for two risks were presented since issue 3 of the BAF: • Risk 3a (risk that the Trust fails to deliver its financial plan) has been reduced from extreme to high due to reduction in gaps in controls in relation to reducing agency expenditure and delivery of firm plans for 2018/19 CIP, with the decision by the Executive Leadership Team (ELT) to reconcile the 2018/19 programme and move focus to the 2019/20 programme. • Risk 2a (risk that if the Trust doesn't engage our workforce and create an environment where they experience the aims and values of the Trust). This risk was reduced from high to moderate due to the significant amount of action undertaken to mitigate the risk and the further work planned to engage middle managers to improve engagement across the organisation. • Two risks continue to be rated as extreme. These are 4a (retention, development and attraction of staff) and 4d (acute inpatient flow). • Discussion at the Quality Committee in December 2018 proposed splitting the

	risk 18_19 4d *There is a risk that the Trust will not improve the acute inpatient flow of patients through our service,* to highlight the specific risks around acute inpatient care. Work is already underway to develop the 2019/20 BAF to include a specific focus on acute inpatient care and this will be completed for the Audit and Risk Committee in March 2019. In the interim, risk 18_19 Risk 4d has been amended to include the focus on inpatient flow, rather than overall flow of patients through services. • The Mental Health Act Committee agreed to retain risk 18_19 1b *There is a risk that the Trust will fail to provide full compliance with the Mental Health Act (1983) and Mental Capacity Act (2005)* as high, pending results of an audit around compliance with capacity assessment in the community which is due March 2019 Sam Harrison outlined how the consideration of risks for the 2019/20 BAF have commenced with ELT and will be agreed at the Board Development session planned for 20 February 2019. It is proposed that Executive Directors will take a more collective responsibility for updating and reviewing the BAF during 2019/20. This will ensure updates to the BAF reflect the range of executive input to the risk and are actively challenged and shared responsibility to develop appropriate controls and assurances, with associated shared ownership for mitigation of the risk. Executive Leads for individual risks will remain. Richard Wright cross referenced the proposed 2019/20 longlist risks with matters he noted to have arisen within Board Committees. He received confirmation that this mapping would be undertaken as part of the Board BAF session on 20 February where all Board members could confirm and challenge proposed risks. The Board was satisfied that the BAF had been the subject of thorough scrutiny Margaret Gildea commented on discussion on risk 2a held at the People and Culture Committee in December and this is to be clarified outside of the meeting. **ACTION: People and Culture Committee to clarify the status of BAF risk 2a** **RESOLVED: The Board of Directors:** **1) Agreed and approved this fourth issue BAF for 2018/19 and the significant assurance the paper provides of the process of the review, scrutiny and update of the BAF in seeking to identify and mitigate risks to achieving the Trust's strategic objectives** **2) Agreed the amended risk rating, that is to decrease risk 3a (financial plan) from extreme to high risk and 2a (engagement) from high to moderate as proposed by the Executive Leadership Team and supported by the Audit and Risk Committee** **3) Received the initial list of potential risks for inclusion in the 2019/20 BAF for discussion and agreement at the Board Development session on 20 February 2019** **4) Agreed to receive the final version (v5) of the 2018/19 and first version (v1) of the 2019/20 BAF in April 2019.**
DHCFT 2019/015	**<u>BOARD COMMITTEE ASSURANCE SUMMARIES AND ESCALATIONS</u>** Assurance summaries were received from the Board Committees and highlights were provided by the respective Non-Executive Chair. **Mental Health Act Committee 7 December:** Caroline Maley chaired this meeting

	in the absence of Anne Wright. The summary accurately captured the decisions made during the meeting and was noted by the Board. **People & Culture Committee 18 December:** Committee chair, Margaret Gildea, referred to the review of BAF Risk 2a Staff Engagement and reported that the Committee agreed that the risk rating would remain rated as high until the results of the staff survey are released. **Quality Committee 9 January:** In the absence of the Committee chair, Margaret Gildea had chaired the meeting. She escalated the Committee's concerns regarding the clinical commissioning strategy and asked that the Board consider the capacity and demands made upon the Trust's services compared with the commissioned services. The Board agreed that this would be discussed further in in order to assess the investment to be had from MHIS (Mental Health Investment Standard) and how this can be taken forward within our next contracting round. **Audit & Risk Committee 15 January:** Committee Chair, Geoff Lewins reported that the Committee was satisfied with the programme of work being undertaken to prepare the Trust's Annual Report and Accounts for 2018/19. **Finance & Performance Committee 22 January:** Chair, Richard Wright made no escalations to the Board on behalf of the Committee. He reported that an extraordinary meeting of the Committee would be held on 20 February to receive a progress update on 2019/20 Continuous Improvement including CIP (Cost Improvement Plan), financial planning and current contract negotiations. **RESOLVED: The Board of Directors received and noted the Board Committee Assurance Summaries**
DHCFT 2019/016	**IDENTIFICATION OF ANY ISSUES ARISING FROM THE MEETING FOR INCLUSION OR UPDATING IN THE BOARD ASSURANCE FRAMEWORK** No additional issues were raised in the meeting for updating and including in the Board Assurance Framework.
DHCFT 2019/017	**2018/19 BOARD FORWARD PLAN** The forward plan was noted by the Board along with upcoming reports to be received at subsequent meetings. The 2019/20 forward plan is under development and dates of meetings have now been published on the Trust's website.
DHCFT 2019/018	**MEETING EFFECTIVENESS** Attendees and visitors were thanked for their attendance at today's meeting. The Board reflected on the extensive discussions that had taken place during the meeting and the need to anticipate when reports might need extended debate.
The next meeting of the Board to be held in public session will take place at 9.30 on Tuesday 5 March 2019 in Conference Rooms A&B, Research and Development Centre, Kingsway, Derby DE22 3LZ.	

Derbyshire Healthcare
NHS Foundation Trust

MINUTES OF A MEETING OF THE BOARD OF DIRECTORS

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

Tuesday 5 March 2019

MEETING HELD IN PUBLIC

Commenced: 9.30 Closed: 12:20

PRESENT	Caroline Maley	Trust Chair
	Margaret Gildea	Senior Independent Director
	Geoff Lewins	Non-Executive Director
	Dr Anne Wright	Non-Executive Director
	Richard Wright	Non-Executive Director
	Ifti Majid	Chief Executive
	Claire Wright	Director of Finance & Deputy Chief Executive
	Mark Powell	Chief Operating Officer
	Carolyn Green	Director of Nursing & Patient Experience
	Dr John Sykes	Medical Director
	Samantha Harrison	Director of Corporate Affairs
	Amanda Rawlings	Director of People Services & Organisational Effectiveness
	Gareth Harry	Director of Business Improvement & Transformation
	Suzanne Overton-Edwards	Non-Executive Director under NHSI NExT Director scheme
IN ATTENDANCE	Anna Shaw	Deputy Director of Communications & Involvement
	Sue Turner	Board Secretary (minutes)
	Nicola Lewis	Senior Occupational Therapist
For item DCHFT2019/030	Kully Hans	Freedom to Speak Up Guardian
VISITORS	John Morrissey	Lead Governor and Public Governor, Amber Valley
	Lynda Langley	Public Governor, Chesterfield
	Jo Foster	Staff Governor, Nursing
	Tony Longbone	Staff Governor, Admin & Allied Support Staff
	Kelly Sims	Staff Governor, Admin & Allied Support Staff
	Sandra Austin	Derby City & South Derbyshire Mental Health Carer's Forum and Trust Volunteer
	Martyn Bell	Trust Member
APOLOGIES	Dr Julia Tabreham	Deputy Trust Chair and Non-Executive Director

DHCFT 2019/019	**CHAIR'S WELCOME, OPENING REMARKS, APOLOGIES FOR ABSENCE AND DECLARATION OF INTERESTS** The Trust Chair, Caroline Maley, welcomed all to the meeting. Nicola Lewis, Senior Occupational Therapist from Ward 1, London Road Community Hospital who had been invited to shadow the Chair at today's meeting was welcomed by the Board. Apologies for absence were noted from Deputy Trust Chair and Non-Executive Director, Julia Tabreham due to an extended leave of absence. The Declaration of Interests register, as included in the Board papers, was noted. Non-Executive Director, Geoff Lewins advised that his declaration as a Director at Woodhouse May Limited could be removed from the register. No additional declarations of interest in agenda items were raised. **ACTION: Geoff Lewins declaration as a Director at Woodhouse May Limited to be removed from the Declaration of Interests Register**
DHCFT 2019/020	**MINUTES OF THE BOARD OF DIRECTORS MEETING HELD ON 5 FEBRUARY 2019** The minutes of the previous meeting, held on 5 February 2019, were accepted as a correct record of the meeting.
DHCFT 2018/021	**MATTERS ARISING – ACTIONS MATRIX** The Board agreed to close all completed actions. Updates were provided by members of the Board and noted on the actions matrix. All completed 'green' actions were scrutinised to ensure that they were fully complete and actions that were not complete were challenged with Executive Director leads.
DHCFT 2019/022	**QUESTIONS FROM GOVERNORS OR MEMBERS OF THE PUBLIC** No questions had been received from members of the public or governors in advance of the meeting.
DHCFT 2019/023	**CHAIR'S UPDATE** This report provided the Board with the Trust Chair's summary of activity undertaken since the previous Board meeting on 5 February 2019. Caroline reflected on the visits she had made to some of the Trust's front line services which provided her with a good understanding of the services that the organisation provides. A particular highlight was the visit to Ward 1 at the London Road Community Hospital where she joined Nicola Lewis and a number of patients undertaking a craft activity. She was pleased to hear their positive views on the ward, their care, and in particular their praise for the staff who work hard to look after them and help them recover. Caroline also referred to the training event she attended with the Council of Governors which focused on engaging with members and holding the Non-Executive Directors to account for the performance of the Board.

	RESOLVED: The Board of Directors noted the activities of the Trust Chair since the last meeting held on 5 February 2019
DHCFT 2019/024	**CHIEF EXECUTIVE'S UPDATE** This report provided the Board of Directors with feedback on changes within the national health and social care sector as well as providing an update on developments occurring within our local Derbyshire health and social care community. The key findings relating to nursing shortages contained in the Health Foundation's third annual NHS workforce trends report and the impact this will have on the number of students enrolling in nursing degrees was referred to by Chief Executive, Ifti Majid. The Board was concerned that almost a quarter of students starting a nursing degree either did not graduate or failed to do and the impact this is having on the number of nursing applications being made within the NHS. Discussion took place on how to respond to the outlook of the younger workforce by adapting the structure of work and terms and conditions. The recommendations that have been accepted from the review of the Fit and Proper Persons Test (FPPT) by the Secretary of State were noted. The Trust has a FPPT policy that is comprehensive and already covers areas such as full employment history, references and social medial searches. Ifti assured the Board that the Trust's Remuneration and Appointments Committee would undertake a piece of work to understand the impact of these additional recommendations. The Derbyshire Health and Social Care system combined stocktake meeting with NHS Improvement and NHE England was held on 14 February. The purpose of the meeting was to understand the trajectory to contract sign off and planning submissions as well as to evaluate the expected journey towards becoming an integrated care system. It was noted that the challenges arising from the need to adopt different approaches to planning and develop better contracting models to increase income will be further discussed by the Finance and Performance Committee and the Executive Leadership Team. Ifti was pleased to report that the new leadership and management development offer called Leading Team Derbyshire Healthcare has now been rolled out. This initiative has been favourably received and levels of engagement through the session have been high. It would appear that managers have appreciated the tone and content of these sessions as well as having time to discuss and understand their expectations. **RESOLVED: The Board of Directors scrutinised the Chief Executive's update, noting the risks and actions being taken.**
DHCFT 2019/025	**INTEGRATED PERFORMANCE AND ACTIVITY REPORT** The Integrated Performance Report (IPR) provided the Board with an integrated overview of performance as at the end of January. The focus of the report is on workforce, finance, operational delivery and quality performance. The Trust continues to perform well against many of its key indicators with maintenance or improvements continuing across many of the Trust's services. Chief Operating Officer, Mark Powell, reported that good progress had been made to reduce agency spend but the challenge going forward will be to minimise these

	costs within the medical workforce. Sickness absence in January was higher than previous months due to winter illnesses. The cause and flow of sickness absence will be further looked at to see what seasonal effort needs to be put in place. The Board was assured that initiatives are in place to support managers to help staff return to the workplace as quickly as possible. . Discussion focused on waiting lists and how they could be reduced. The Board was pleased to see that work is being undertaken to seek best practice from other trusts to reduce waiting times and to understand how other trusts deliver their services and manage demand to establish what the best outcome will be for patients. Methods of how to be more efficient will be discussed in the Finance and Performance Committee. The increased number of patients being treated out of area was highlighted. It was understood that this was due to an increase in PICU (Psychiatric Intensive Care Unit) demand in February which is a service that the Trust is not commissioned to provide. Work is taking place with commissioners to develop a business case to assess the provision of PICU service and potentially to incorporate a PICU facility within the new Estates Strategy. Director of Finance and Deputy Chief Executive, Claire Wright reported on the Trust's financial position. The Trust is expecting to achieve its control total for 2018/19. The Board was informed that the gap between income and costs for next year is more significant than previous years. The work to close the gap for 2019/20 and achieve the CIP (Cost Improvement Programme) target will be discussed in detail at the Finance and Performance Committee on 19 March. Director of People and Organisational Effectiveness, Amanda Rawlings updated the Board on the investment that the Trust is making in Staff Health and Wellbeing. The Board was informed of plans to support and help staff to maintain good physical and mental wellness. We have seen an increase in staff reporting mental health related issues and we are establishing local access to support, Detail relating to this initiative will be taken to the next meeting of the People and Culture Committee. Amanda also referred to the new programme of Executive Director engagement which is planned to take place from April. This will involve every service team receiving an informal visit from an Executive Director over the next year The Board welcomed the charts and benchmarking data contained in the paper and understood that the IPR will be further improved to report on workforce and safer staffing. This will be developed by Carolyn Green, Mark Powell and Amanda Rawlings who are looking at best practice used at other trusts. This detail will also be discussed at the People and Culture Committee. **RESOLVED: The Board of Directors received the report and obtained limited assurance on current performance across the areas presented**
DHCFT 2019/026	**<u>WORKFORCE SAFETY STANDARDS</u>** In October 2019, NHS Improvement wrote to all trusts asking them to review their workforce safeguards and implement some formal recommendations. This report presented by Carolyn Green set out to assure the Board that the Trust is formally assessing its compliance. The report also contained a self-assessment of the workforce safeguards.

	The Board was informed that the People and Culture Committee will scrutinise and review all workforce information, systems and process of staff deployment, rostering and skill mix of our services. Carolyn Green assured the Board that specific plans are in place to measure the Trust's safety standards that will enable us to benchmark ourselves against other trusts. This work will be taken through the People and Culture Committee to ensure that critical work relating to Workforce Safety Standards is embedded within the Workforce Plan. The Board acknowledged that limited assurance could be obtained from key areas shown in the report. Gaps in assurance related to vacancies and the demand on the Trust's services. It was accepted that further improvement work will be undertaken to ensure reporting is enhanced through a revised reporting structure and the final submission of the Workforce Plan to ensure that the Trust has a stable workforce of suitably qualified and trained staff in all our areas. This would include additional checks on fill rates, Bank usage, mandatory training and ensuring all wider compliance checks are all in order. **RESOLVED: The Board of Directors:** **1) Reviewed the self-assessment and the briefing contained in the report.** **2) Received limited assurance of the compliance areas** **3) Accepted that further improvement work is required to produce a revised reporting structure and a final submission of a revised Workforce Plan.**
DHCFT 2019/027	**<u>QUALITY REPORT WELL-LED DOMAIN</u>** This paper presented by Sam Harrison provided the Trust Board with a focused report on well led (leadership) as part of the wider cycle of reporting relating to Care Quality Commission (CQC) domains. The report included an overview of work undertaken within the context of the well-led domain which supported our achievement in receiving an improved rating from the recent CQC report. This prompted strategic discussion about the approach being taken to staff engagement within the Trust. It was acknowledged that staff communication is serving to reiterate the expectation that staff keep up to date and participate in engagement and read corporate communications as a key element of their role within the Trust. It was understood that the principle of delivering team briefing is being highlighted and that feedback and questions on content are returned for reporting to the Executive Leadership Team which will enable us to identify whether further development or focus may be needed. The Board was assured that the principles of well-led are embedded within the day to day business of the organisation. Well-led will continue to be assessed by the CQC and will be reported to the Board on a regular basis. The Board concluded that the paper provided a comprehensive summary of the progress made within well-led domain and that it outlined the continuing work to enable the Trust to achieve a good CQC rating in future. It was noted that an external three year Well Led external independent review is due in 2021 and an internal Trust-wide review is due to be undertaken during 2019. **RESOLVED: The Board of Directors:** **1) Agreed that current priorities for management and leadership, culture and governance adequately address our aim to ensure the Trust is well led to meet its strategic objectives** **2) Received significant assurance on current oversight across the areas**

	presented **3) Agreed that the report would update the 2018/19 Board Assurance Framework and inform the development of the 2019/20 BAF where appropriate.**
DHCFT 2019/028	**STAFF SURVEY RESULTS** Amanda Rawlings' paper updated the Board on the NHS Staff Survey – NHS England results, which show our current position based on the 2018 all staff survey. The Board was pleased to note the improved participation and increase in positive feedback across all domains. The report provided a comparison against 30 other NHS trusts and showed that every one of our themes had either improved or stayed the same compared to the 2017 NHS Staff Survey. Efforts will be focused over the coming months on the four themes that scored below average; these were the quality of appraisals, quality of care, safety culture, and staff engagement. A particular priority will be areas around safety and encouraging people to feel confident in raising concerns. It was established that safety culture will take some time to improve and will be taken forward through the investigation of serious incidents. It was acknowledged that next steps would involve communicating the results of the staff survey to all staff, governors and other key stakeholders. Work is to start on finalising the triangulation of 2019 priorities into current work programmes. This will include further work and analysis on all protected characteristics. A final summary report containing detailed triangulation is to be made to the People and Culture Committee on 23 April 2019. **RESOLVED: The Board of Directors:** **1) Received and review the 2018 NHS Staff Survey – NHS England results** **3) Approved the priorities for 2019** **3) Received significant assurance from the report at this point based on:** • **the significant increase in the response rate** • **the fact that every one of the themes either improved (7) or stayed the same (2) compared to the 2017 NHS Staff Survey**
DHCFT 2019/029	**EQUALITY DELIVERY SYSTEM 2 UPDATE AND DRAFT GENDER PAY GAP REPORT** This paper presented by Amanda Rawlings included the annual Equality Delivery System 2 (EDS2) and incorporated an update for Universal Children Services following a recent focus on children's services. The mandatory annual Gender Pay Gap Report was also presented for approval. Both documents were presented at the Equalities Forum on 26 February 2019. The Board accepted that the Universal Children Services EDS2 positively demonstrated the Trust's commitment to continuous improvement in delivering an inclusive service and evidenced that the Trust has listened and acted on the recommendations of the community. It was noted that the next EDS2 equality assessment will look at forensic services. The Board acknowledged that the report on gender pay gap showed an improvement in the representation of females within the medical workforce but there are not enough females in senior management positions. It is expected that

	a significant piece of work associated with the Clinical Excellence Awards will be taken forward as part of further innovative work that can underpin the progress of our female workforce. **RESOLVED: The Board of Directors:** **1) Noted the EDS2 Children Services Year 1 Report 2018/19 - positive feedback and 'very good' grading by external stakeholders** **2) Noted the EDS2 implementation 2019/20 plan and revised workforce grading process** **3) Approved the Gender Pay Gap Report February 2019 prior to publishing on Trust website by 30 March 2019**
DHCFT 2019/030	**FREEDOM TO SPEAK UP GUARDIAN REPORT** Freedom to Speak Up Guardian (FTSUG) Kully Hans joined the meeting and presented the Board with her second six-monthly update report. The Board was pleased to note the increasing number of people who are coming forward to share their concerns and that key themes were being identified. As a result the Trust had learnt from these concerns and had made improvements from staff speaking up. Over the year 20 cases of bullying and harassment were referred to the FTSUG and a number of concerns were raised with regard to policies and procedures. The Board discussed the need for staff to raise concerns with their line managers wherever possible before taking their concerns to the FTSUG. It was agreed that further engagement would take place with staff to ensure that leaders and managers are the first point of contact for staff concerns as part of development of an open and learning culture. It was also established that the Executive Leadership Team is to be more sighted on the concerns raised by staff in order to understand trends. Work is also to take place on engaging managers so that concerns raised are discussed and reviewed at a divisional level and during performance review meetings. It was noted that any issues relating to safety of staff raised with the FTSUG are fed back to the Director of Nursing and Patient Experience. It was acknowledged that the report reflected the FTSU Guardian's (FTSUG) personal opinion of identified issues and areas for improvement. Formal thanks were extended to Kully Hans for the work she had undertaken within her role as FTSUG in ensuring that staff felt more confident in raising concerns. **RESOLVED: The Board of Directors:** **1) Noted this second report from the Freedom to Speak up Guardian** **2) Received assurance that the role is effective within the Trust, with a clear framework of policies, procedures and personal support to implement this work** **3) Noted the recommendations that the Trust is asked to consider.**
DHCFT 2019/031	**FINAL REPORT ON RECOMMENDATIONS ARISING FROM THE DELOITTE PHASE 3 REPORT** Director of Corporate Affairs, Sam Harrison presented a final report on progress with agreed actions to address recommendations arising from the Phase 3 Deloitte review of the Trust's governance arrangements.

	The Board reviewed the progress made to implement the actions arising from the Deloitte phase 3 review of governance arrangements (which completed the NHSI well-led review), as assigned to Board Committees. Robust overview and scrutiny was outlined to ensure progress and embeddedness in business as usual of the Trust. The Board acknowledged the significant progress made by the Trust and confirmed full completion of all recommendations. **RESOLVED: The Board of Directors:** **1) Noted and agreed the update presented to the Board in respect of progress with implementation of the outstanding three actions to meet the Deloitte recommendations/address comments, confirming assurance that these are embedded in business as usual of the Trust** **2) Following the process used by Committees, the Board confirmed the ongoing embeddedness and sustained implementation of actions as highlighted in Recommendation 1, which has direct Board oversight** **3) Agreed that this is the final report closing all actions required on the recommendations/comments raised in the Deloitte Phase 3 governance review (February 2018).**
DHCFT 2019/032	**<u>FLU SELF-ASSESSMENT REPORT</u>** Amanda Rawlings' report updated the Board on the current position and next steps in regards to the 2018 Flu Campaign. The Board noted the status of the current campaign, which is based on local lessons learnt and national best practice guidelines. The flu vaccination rate was confirmed as 51% which is the Trust's highest rate to date. The Board was concerned that this figure is significantly lower than the national target of 75% and agreed that further work will take place to understand the reasons why colleagues do not see the value of the vaccination and are choosing not to be vaccinated, particularly in light of the disruption caused to some services this year through high levels of sickness absence. Work is also being undertaken to establish how other trusts have increased their uptake. **RESOLVED: The Board of Directors received limited assurance on the progress of the flu campaign to date.**
DHCFT 2019/033	**<u>BOARD COMMITTEE ASSURANCE SUMMARIES AND ESCALATIONS</u>** Assurance summaries were received from the Board Committees and highlights were provided by the respective Non-Executive Chair. **Safeguarding Committee 7 February:** Committee Chair, Anne Wright was pleased to report that as a result of escalating the lack of a community forensic team through the Quality Committee and the Board a community forensics team has now been established. The removal of a commissioning gap in community forensic service could now be removed from BAF Risk 1a *Safety and Quality Standards*. The Board noted the discussions held by the Committee as to whether the Safeguarding Committee will remain as a Board level Committee and agreed that this will be taken forward through the Trust's governance processes. **Quality Committee 12 February:** In the absence of the Committee Chair, Margaret Gildea had chaired the meeting. A deep dive took place on BAF Risk 1d *CPA Approach* that concluded that CPA compliance has now been achieved. The

	Committee reviewed the Trust's quality priorities and strategic objectives and agreed that revisions to the quality priorities would be referred to the Executive Leadership Team. **People & Culture Committee 19 February:** Committee Chair, Margaret Gildea reported that the level of discussion that takes place within the Committee has become much more strategic. The Staff Story heard at the meeting emphasised the real issues that take place in investigations relating to allegations of bullying and harassment. The Committee agreed to downgrade BAF Risk 2a *Staff Engagement* from high to moderate. **RESOLVED: The Board of Directors received and noted the Board Committee Assurance Summaries**
DHCFT 2019/034	**IDENTIFICATION OF ANY ISSUES ARISING FROM THE MEETING FOR INCLUSION OR UPDATING IN THE BOARD ASSURANCE FRAMEWORK** No additional issues were raised in the meeting for updating and including in the Board Assurance Framework. Details from the Well-Led report would however be used to confirm assurances and controls were fully captured in the BAF.
DHCFT 2019/035	**DRAFT 2019/20 BOARD FORWARD PLAN** The draft 2019/20 forward plan was noted by the Board and would be further reviewed by the Executive Leadership Team.
DHCFT 2019/036	**MEETING EFFECTIVENESS** Attendees and visitors were thanked for their attendance at today's meeting. The Board considered that effective discussion had taken place particularly when the IPR and workforce issues were reviewed. Nicola Lewis enjoyed observing the how discussions were held and was pleased to see that the experience of staff on the wards is escalated to this level. She would feed back her team that the Board is listening to staff concerns.
The next meeting of the Board to be held in public session will take place at 9.30 on Tuesday 2 April 2019 in Conference Rooms A&B, Research and Development Centre, Kingsway, Derby DE22 3LZ.	

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

Trust Chair's report to the Board of Directors

Purpose of Report

This report is intended to provide the Board with the Trust Chair's reflections on my activity with and for the Trust since the previous Board meeting on 5 March 2019. The structure of this report reflects the role that I have as Trust Chair.

Our Trust and Staff

1. I continue to make a point of visiting as many front line services as possible, so that my leadership is grounded on the reality of what our staff face every day, and also to ensure that I have a good understanding of the services provided by the Trust.

2. On 6 March I visited the Eating Disorders team based at Unity Mill in Belper. I was able to attend both a clinical meeting and a team meeting. It was useful to hear about some of the challenges the team experiences with interface between community mental health services and eating disorders services, where there may be dual diagnosis. It reinforces how important it is that communication is good and the patient's best interests need to be at the centre of decision making. Once again it was apparent that recruitment into specialist consultant roles is difficult. I am delighted that Gail Tivey is here today as my shadow from that team meeting.

3. Next month I am visiting the Crisis Team North; People Services in the Research and Development Centre; TMAC (Trust Medical Advisory Committee) and attend an induction day for new medical students.

Council of Governors

4. On 26 February, we hosted and I chaired a NHS Providers regional governor workshop. I was pleased with the level of attendance from trusts all around the midlands region, and was particularly pleased with the engagement by our governors who attended. Lead Governor, John Morrissey and I gave a brief presentation on how the relationship between the Board and the Council of Governors had been changed and what we saw as the elements of success.

5. Elections for the Council of Governors closed on 18 March with 434 votes cast for 6 vacancies with overall turnout of 16%. Induction for new governors (and returning governors) will take place on 26 March 2019.

6. Council of Governors met on 5 March after the Public Board meeting in the morning. Once again I was pleased at the attendance at the Board meeting in the morning and the full Council of Governors in the afternoon. At this meeting the Council agreed the Quality Indicators for inclusion in the Annual Quality Report. Chief Executive, Ifti Majid, also gave an overview of the NHS Long Term Plan. Governors also received the staff survey results which had just been released.

7. On 12 March with Gillian Hough who has stepped down as governor for Derby City East. Gillian was Chair of the Governance Committee for a substantial part of her term as a governor and I thanked her for the work that she did for the Trust, including attending many engagement events. Carole Riley was not re-elected as a governor in the recent elections for Derby City East, and I have thanked her for all the work that she too has done for the Trust, as Deputy Lead Governor, and also as Interim Chair of the Governance Committee.

8. I chaired the Nomination and Remuneration Committee of the Council on 13 March. The main business of the Committee was to receive the outcome of the appraisals of the NEDs, which will be formally reported to the Council on 7 May.

9. The next meeting of the Council of Governors will be on 7 May after the public Board meeting. The next Governance Committee takes place on 9 April.

Board of Directors

10. Board Development on 20 March included an excellent session, focussing on simulation training of seclusion with active participation by Board members. This brought to life the experience from both a patient and staff perspective of seclusion and how important it is that staff are able to manage the risk whilst also taking a patient centred approach. The afternoon session looked at our inclusive leadership and we were joined by members of staff from various networks across the Trust to help us explore what leadership and inclusivity means. It has been beneficial to spend this time with quality conversations and reflection.

11. The Remuneration and Appointments Committee met on 20 March. The main business of the Committee included a review of Succession Planning and consideration of the impact of changes to pension taxation introduced in 2014 and 2016. The Committee noted the position with regard to Executive Directors and wider staff who were being adversely impacted by the changes to the pension taxation rules, and noted that this is a national issue. As such, there is no direct action we can take as a Trust to mitigate these impacts, but we are actively engaged with the national debate that is taking place. As a Committee it was decided to escalate to the Board Assurance Framework as a gap in assurance the risk that arises from these changes on the retention of a number of senior staff and consultants. Other matters considered by the Committee included the annual review of the composition of the Board and year end Committee processes such as review of mandatory training, a consideration of the Board Development Programme for the next year and the annual year end effectiveness of the Committee report.

12. On 25 February I joined the recruitment panel for the appointment of a new Trust Secretary. I am pleased to welcome Justine FitzJohn to the Trust and thank her for being flexible in terms of supporting us prior to her official start date in June. I give my thanks once again to Sam Harrison for everything that she did for the Trust over her three year tenure, and also for her support on the transition over the next few months.

13. I have met with Richard Wright as part of my routine quarterly meetings with Non-Executive Directors (NEDs). During these meetings we review performances against objectives set at the beginning of the appointment / review cycle, as well as discuss generally mutual views on the progress of the NED and the Trust and any personal development requirements.

14. I am pleased to welcome Julia Tabreham back to the Board following a period of absence. Julia will be returning on a planned phased return to work, and I am sure will be pleased to give us some good reflection on the work that has taken place during her period of absence. I am pleased with the support and input we have had from Suzanne Overton-Edwards, our NExT Director placement with us until June 2019. I have met with Julia and Suzanne since the last Board meeting.

15. On 27 March, the Chief Executive, Chair of Audit and Risk Committee, Chair of Finance and Performance Committee, the Director of Finance and I met with the Deputy Director of Finance, to scrutinise the Trust 2019/20 Operational Plan ahead of submission to NHS Improvement. I am pleased to confirm that, with delegated authority on behalf of the Board, we were able to sign off the plan. The full set of declarations made can be found in the appendix to my report.

The effort and commitment of the Contracting and Finance teams, along with all other contributing members, should not be underestimated in enabling us to sign our 2019/20 contracts and Operational Plan, so thank you on behalf of the Board.

System Collaboration

1. I attended the JUCD (Joined Up Care Derbyshire) Board on 21 March. It was apparent that the focus was more on collaboration than I reported in my last report, and we received some useful inputs to stimulate strategic debate. There is still a financial challenge in the system finances to be resolved for 2019/20 but progress has been made in terms of the way to tackle this collectively. This will be covered in more detail in the CEO report.

Regulators; NHS Providers and NHS Confederation and others

2. In this month I have attended along with Ifti Majid the NHS Confederation Mental health Conference, and the NHS Provider Chiefs and Chairs meeting. I

was particularly pleased to see the recognition given to Ifti Majid as a member of the Mental Health Board. Ifti did a great job at bringing Brexit to life for those at the Conference. The morning session at the conference on how to achieve a diverse organisational board was thought provoking. Brexit continues to dominate these meetings, with planning for a no deal Brexit at the forefront of minds.

Beyond our Boundaries

3. I am taking part in the assessment panels for the Regional Talent Board (Aspire Together). The vision of Aspire Together is to move talent management from individual organisations to a place where it is owned and valued by the whole system. The first of the assessment days that I took part in was held on 3 December in Leicester. This is a pilot scheme being carried out in the Midlands and East and Dido Harding (Chair of NHSI) has an appetite to move faster with the pilot to identify more potential directors for a national talent pool.

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

Assurances

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

Consultation

This report has not been to other groups or committees.

Governance or Legal Issues

None

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

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

Actions to Mitigate/Minimise Identified Risks

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

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

Demonstrating inclusive leadership at Board level

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

Recommendations

The Board of Directors is requested to consider the content of this report, and to ask for any clarification or further information.

Report prepared and presented by: **Caroline Maley**
Trust Chair

Appendix 1

Self-Certification declarations in the 2019/20 Operational Plan

Finance Template

Self-Certification

The board is required to complete the following self-certification declarations:

1. **Declaration of review of submitted data**
   "The board is satisfied that adequate governance measures are in place to ensure the accuracy of data entered in this planning template.
   We would expect that the template's validation checks are reviewed by senior management to ensure that there are no errors arising prior to submission and that any relevant flags within the template are adequately explained."
   (Confirmed)

2. **2019/20 control total and PSF,FRF and MRET funding**
   The Board has accepted its control total and has submitted this operational plan for 2019/20 that meets or exceeds the required financial control total for 2019/20 and the Board agrees to the conditions associated with the provider sustainability fund (PSF), financial recovery fund (FRF) and marginal rate emergency tariff (MRET) funding.
   (Confirmed – control total accepted: PSF, FRF and MRET funding incorporated in plan)

3. **2019/20 Capital Delegation Limit**

   "All NHS Trusts have a capital delegated limit of £15m. Foundation Trusts that fulfil any of the distressed financing criteria in rows 25-27 will have a capital delegated limit of £15m. As set out in the Capital regime, investment and property business case approval guidance for NHS Trusts and Foundation Trusts, providers with delegated capital limits require business case approval from NHS Improvement.

   Foundation Trusts that do not fulfil any of the distressed financing criteria are subject to the reporting and review thresholds as per the “Transactions guidance – for trusts undertaking transactions, including mergers and acquisitions (November 2017)” and the Capital regime, investment and property business case approval guidance for NHS trusts and foundation trusts."

   Are you in Financial Special Measures? *(Not in Financial Special Measures)*
   If you are an FT, are you in breach of your licence? Or are you an NHS Trust? *(Not in breach of Foundation Trust licence)*

   Have you received distressed financing or are you anticipating receiving this in either of the planning years? (*Not in receipt of distressed financing)*

   Delegated capital limit (£000) – ‘existing reporting and review thresholds apply’

   Adjusted delegated capital limit (£000) ‘N/A’

The Board agrees to the delegated limit for capital expenditure and business case approvals in line with the Capital regime, investment and property business case approval guidance for NHS Trusts and Foundation Trusts.
(Confirmed)

In signing, the board is confirming that:

To the best of its knowledge, using its own processes, the financial projections and other supporting material included in the completed Provider Financial Monitoring System (PFMS) Template are internally consistent with the operational and, where relevant, strategic commentaries, and are based on assumptions which the board believes to be credible. This operating plan submission will be used to measure financial performance in 2019/20 and will be included in the calculation of the finance and use of resources metrics assessed under the Single Oversight Framework in 2019/20.

Workforce template

Declaration to be signed by the Director of Finance:

“The Board is satisfied that adequate governance measures are in place to ensure the accuracy of data entered in this planning template.

We would expect that the template's validation checks are reviewed by senior management to ensure that there are no errors arising prior to submission and that any relevant flags with the template are adequately explained.”
(Confirmed)

Triangulation template

This template requires sign off by the Director of Finance:

"The Director of Finance is satisfied that adequate governance measures are in place to ensure the accuracy of data linked in this triangulation tool, and specifically that the data within this return is consistent with the most recent submissions for finance, activity and workforce Operational Planning forms submitted to NHS Improvement.

The Director of Finance confirms that, to the best of their knowledge, the financial, activity and workforce projections in the completed triangulation tool are consistent with the most recent version of those forms submitted by the organisation to NHS Improvement as part of their Operational Planning submission for 2019/20, and where differences between these projections are highlighted in this triangulation model the reasons for those differences are fully understood and have been adequately explained by use of the appropriate commentary input fields."

Derbyshire Healthcare NHS Foundation Trust
Report to the Public Board of Directors – 7 May 2019

Trust Chair's report to the Board of Directors

Purpose of Report

This report is intended to provide the Board with the Trust Chair's reflections on my activity with and for the Trust since the previous Board meeting on 2 April 2019. The structure of this report reflects the role that I have as Trust Chair.

Our Trust and Staff

1. I continue to make a point of visiting as many front line services as possible, so that my leadership is grounded on the reality of what our staff face every day, and also to ensure that I have a good understanding of the services provided by the Trust.

2. I attended the induction day for undergraduate students (fourth year) from the University of Nottingham on 25 March 2019 as they began a five week placement with the Trust. I also attended two of their masterclasses – on anxiety disorders and on personality / substance misuse over the course of the month. I shadowed Simon Rose, an expert by experience, who works for the Trust and I was able to meet several other experts by experience who work as volunteers for us. The students can work on our wards, in the community and crisis teams and also engage in training with actors in the masterclasses. It was good insight into how we deliver this work. I hope that the students leave their placement with a desire to become psychiatrists, or if not that, having gained a good grounding in mental health which they can use in their future work in any line of medicine.

3. I visited Crisis Team North on 3 April. It was encouraging to hear how the team has grown a multi-disciplinary staff group with the addition of occupational health and social care workers, and the recruitment of band 5 nurses with experience of working in the inpatient units. I also sat with staff and watched them carrying out their work and was impressed by the patient centred and calm manner in which they assessed their patients. I look forward to returning in the future to join them out in the community visiting patients. I will be shadowed at the June Board Meeting by Lisa-Anne Mack, Senior Nurse on the team.

4. I met the training team of People Services on 10 April. It was a useful insight for me into the breadth of work that the team carries out, looking after both our staff and Derbyshire Community Health Services Foundation Trust (DCHS), some 7,500 staff in all. New recruits to the team were based in our offices, and it was good to meet them. It is clear that there are different needs for each trust, and different terminology for the team to get up to speed with, but there is no doubt that they were passionate about delivering what the Trust needs on all its training fronts.

5. I attended TMAC (Trust Medical Advisory Committee) with Mark Powell, Gareth Harry and Ifti Majid on 11 April. This is an important group of staff who we need

to engage on several fronts – from the development of our clinical strategies to the leadership programme that we have put in place. It is obvious that there is a tension between clinical work and engaging in leadership and other non-clinical meetings, but we need to enable this to happen wherever possible.

6. On 18 April, I joined the BME Network for their regular meeting. It was good to get an insight into the agenda that they are facing, and I would like to support them in achieving their aims and objectives. I am sad when I hear that individuals have been bullied and targeted because of the colour of their skin. No member of staff should face any bullying or harassment, and we need to find a way of spreading the message of zero tolerance for this behaviour. Sharon Rumin chaired the meeting, and I have invited her to shadow me at this month's Board Meeting. We also need to be supporting the group with a clear remit and enable them to deliver on these over the course of a year – whether it be with budget, opportunity or other resources.

7. Next month I am visiting the Community Team as St Oswalds, and the Substance Misuse team at St Andrew's House.

Council of Governors

8. On 26 March I met the newly elected governors at their induction training. This is an afternoon where we set out what the role of a governor in our Trust is and the support and help that they can expect from the Trust. Four governors attended, and as always it is good to see the passion and skills that they bring to their role.

9. I met with John Morrissey, Lead Governor on 4 April. This is a regular meeting with John, and hopefully he will be joined in future by the Deputy Lead Governor when elected in due course.

10. The Governance Committee met on 9 April and was chaired for the first time by Kelly Sims following her election as chair of the Governance Committee. A substantial part of the meeting was devoted to the consideration of the draft Quality Report, which governors are expected to provide feedback on under the NHS Improvement's (NHSI) requirements for quality reports. It was reassuring to see governors providing comments on the draft report, and even suggestions for improvement for next year's report.

11. The next meeting of the Council of Governors will be on 7 May 2019 after the public Board meeting. A Governors Nominations and Remuneration Committee meeting is planned for 22 May and will commence planning for the recruitment of a clinical Non-Executive Director (NED) over the course of the summer. The next Governance Committee takes place on 12 June.

Board of Directors

12. Board Development in April was cancelled due to the Easter Holidays impacting attendance. However, I am pleased to report that we have developed a comprehensive Board Development Programme, which is attached as Appendix 1 to this report. I am grateful for Senior Independent Director, Margaret Gildea's support in developing the programme, but also to other Board members

for their input both the programme, and in the future delivery of sessions. I firmly believe that the Board Development Programme needs to be a balanced programme, addressing the four lenses of development as set out in the Appendix.

13. The Board met on 2 April in Derby and once again I was pleased with the attendance by governors and members of the public.

14. I have not had any NED development meetings in this month, due to Easter holidays. In May I will be meeting with Anne Wright, Geoff Lewis and Suzanne Overton-Edwards. During these meetings we review performances against objectives set at the beginning of the appointment / review cycle, as well as discuss generally mutual views on the progress of the NED and the Trust and any personal development requirements.

15. Margaret Gildea, as Senior Independent Director, and I have worked together on a governor issue. I am grateful for the support I received from Margaret and other members of the Board in this matter, which is now resolved, and no formal report is required.

16. The Board Committee chairs met on 2 April, following the Board Meeting. This meeting was chaired by Geoff Lewins and time was spent considering end of year Committee reporting, cross Committee actions and other issues raised by NEDs.

System Collaboration

17. I attended the JUCD (Joined Up Care Derbyshire) Board on 18 April 2019. There continues to be a positive approach to collaboration and system working, which is reassuring. The main areas of discussion included financial reporting for the year and the future financial settlement; the development of primary care networks and the GP strategy, and the progress made on the development of a digital strategy. This will be covered in more detail in the CEO report.

18. Attached as Appendix 2 and 3 are the key messages noted from the meeting and the closedown reports for information.

Regulators; NHS Providers and NHS Confederation and others

19. Our planned quarterly catch up with Fran Steele, Delivery and Improvement Director, NHSI, was again postponed, and will now hopefully take place in May. There is a potential debate at JUCD on how the relationship with the regulators will develop, given the increasing focus on the ICS, indicating that the “old style” individual Trust PRM meetings (performance review meetings) with NHSI may not support a new way of working. I will keep you updated on how this develops.

20. In May we will be hosting Saffron Cordery, Deputy Chief Executive of NHS Providers. We are pleased that she requested a visit to our Trust, and we will be hearing from her at our Board Development day.

21. On 1 May I will be attending the NHSI Chairs meeting, which will be held in Birmingham. This is the first meeting since the announcement of the regional Director appointments of NHSI/NHSE (NHS England), and it will be interesting to see how this will change the focus or relationships at the meeting.

Beyond our Boundaries

22. I met with Dr Paula Holt from the University of Derby. It is pleasing to hear that we work well with the University in supporting our workforce of the future.

23. I met with Mark Hawkins, CEO of Factor 50, a small start-up company seeking to identify ways of supporting the NHS with digital analysis of data. They are currently exploring an option with Nottinghamshire Healthcare NHS Foundation Trust. The meeting was simply to find out more about mental health work and pressures and the system that we operate in. I worked with Mark more than 15 years ago.

24. I am taking part in the assessment panels for the Regional Talent Board (Aspire Together). The vision of Aspire Together is to move talent management from individual organisations to a place where it is owned and valued by the whole system. The first of the assessment days that I took part in was held on 3 December in Leicester. This is a pilot scheme being carried out in the Midlands and East and Dido Harding (Chair of NHSI) has an appetite to move faster with the pilot to identify more potential directors for a national talent pool.

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

Assurances

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

Consultation

This report has not been to other groups or committees.

Governance or Legal Issues

None

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

Actions to Mitigate/Minimise Identified Risks

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

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

Demonstrating inclusive leadership at Board level

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

Recommendations

The Board of Directors is requested to consider the content of this report, and to ask for any clarification or further information.

Report prepared and presented by: **Caroline Maley**
Trust Chair

Board Development

"NHS Boards need to operate as an entity and both comprehend and challenge a very complex and changing NHS environment. We therefore believe that all board should consider ongoing board development, but that this should be based on an understanding of the unfolding needs of the board and the likely future for their local services and market." [1]

In structuring the Board Development Programme for Derbyshire Healthcare, NHS Foundation Trust, we have attempted to adopt the following structure:

"Lenses of Development"	Purpose	Examples
Strategic	How to develop our strategic thinking and visioning capabilities of the whole board and provide regular opportunities to create, recreate and review strategic capabilities in the light of internal and external feedback.	• Strategy development and review • Stakeholder Management plan • BAF and risk planning • OD planning
Operational	How to build our effectiveness in the day to day working of the board; creating the opportunity to discuss, agree decision making processes, implementation / execution and review processes	• GGI Board Maturity Matrix (tool?) and Board effectiveness assessment / actions • Board to Ward – understanding the organisation we lead • CoG / Board holding to account and working relationships
Interpersonal	Building our softer skills; to build effective working relationships, identify and understand styles and appreciate diversity in the Board; to enable Board member to provide each other with constructive and developmental feedback on performance and behaviour within the Board team and its impact on others.	• Getting to know each other better • Understanding diversity of board skills and how best to deploy them Building better relationships – how to work as a team • Building the culture in the board that we want to see in the Trust
Wider needs	Beyond our boundaries; horizon scanning and time spent understanding the strategy implications of policy development and trends, scenario planning future proofing organisation and service developments	• Partnership working • Input from regulators / NHS Providers / other sectors • 3rd sector / voluntary sector deep dives • Board to Board with another organisation
Mandatory training	Board level mandatory training delivered appropriate to the needs of the Board that meets the need to demonstrate training compliance	• Training (MHA eg) • Information Governance • Safeguarding • Health and safety

Note: In 2018/19 we focussed on the 4 top lenses, but in 19/20 it is proposed that we separate out the mandatory training that is required to be done appropriately for the Board, so as to be explicit in allocation. It is the ambition to ensure that we have a balanced programme of Board development across the year, demonstrating growth and development in each of the lenses above.

[1] Developing board and senior teams: the how to do it guide (edited by Dr John Bullivant"

BOARD DEVELOPMENT PROGRAMME 2019/20

Board Dev Date	Development Lens 2019/20	Topic	Purpose of Session	Session Lead
No April meeting due to Easter school holiday break				
15 May	Strategic	Clinical pathway work part 1	9:30 – 10:00 Progress and high level themes coming out of the clinical strategy work to date	Gareth Harry
	Strategic	Digital Readiness	10:00 - 10.45 Update on current status of the readiness work and what, if anything, we would like to see included in the final report	Mark Powell
	Wider Needs	Visit by Saffron Cordery	11.00 – 12.30 presenting to Board a NHS Providers strategic scan followed by Q&A; lunch provided together at 12.30 – 1.00	Ifti and Caroline hosting
	Interpersonal	Board Skills assessment	1:00 – 3:00 Develop an understanding of the skills across the unitary board; an outcome for the session would be a better way of working playing to the skills of the whole board - more defined and comprehensive than the NEDs' skills assessment already undertaken	Margaret Gildea
	Mandatory training	Fire Safety	3:15 – 4.00 Fire Safety training to include all Board members - *compliance expires June 2019*	Carolyn Green (Carrina Gaunt to facilitate)
26 Jun (Remcom 9am)	Strategic	Clinical pathway work part 2	10:00 – 10:30 Outcome/next steps from clinical pathway work part II (including Clinical Champions)	Gareth Harry
	Strategic	Data usage	10:30 – 12:00 Making data count for Trust Boards: how to make more effective use of data to provide assurance and focus discussion.	Mark Powell
	Strategic	Corporate Governance structure	1:00 – 3:00 Aligning the Corporate Governance structure with the revised strategy; including Board Committees and membership and Exec leads	Caroline Maley / Ifti Majid / Justine Fitzjohn
	Mandatory training	Health & Safety training	*3:15 Compliance expires end of July. Mainly applicable to NEDs will be useful to include all Board members*	Carolyn Green (Carrina Gaunt to facilitate)

Board Dev Date	Development Lens 2019/20	Topic	Purpose of Session	Session Lead
17 Jul	Mandatory training?	Safeguarding	*This session was requested by the Safeguarding Committee to cover digital social media and a high level Serious Case Review KD17 which is relevant to Trust Strategy and care pathways - tbc*	Carolyn Green
	Operational / Strategic	Quality Improvement story	Developing a compassionate approach to patient care: understanding the work of Jenny Hartman and Stephanie Page and Cubleys (see email from John Sykes on 5/4/2019)	John Sykes
	Operational	Acute Units deep dive	To include staff teams/leaders *(Clarify outputs)*	Mark Powell
No August meeting (summer school holidays)				
18 Sep (Remcom 9am)	Interpersonal	Learning from constructive feedback	Developing a feedback culture in the board to enable personal learning and growth and to model the culture and behaviours that we expect from all in the organisation	Facilitated session: Clive Lewis; Sean; Simon Wilson?
15 Oct	Wider needs opportunity			
	Strategic	Board and CoG strategy and planning session	Board and Council of Governors Development Session (pm) *(Could this include Co-Production of Strategy)*	Justine Fitzjohn / *Carolyn Green?*
13 Nov	Strategic	Well-led self-assessment	Well-led self-assessment Session - *clarify exact purpose*	Justine Fitzjohn (360 Assurance)
	Wider needs opportunity			
18 Dec (Remcom 9am)	Mandatory training	Mandatory IG Training	Mandatory Data Security and Protection (IG) Training including cyber security	Claire Wright/Alex Rose
	Interpersonal	Christmas lunch	Build effective working relationships, identify and understand styles and appreciate diversity in the Board;	Caroline Maley

Board Dev Date	Development Lens 2019/20	Topic	Purpose of Session	Session Lead
15 Jan				
19 Feb	Strategic	Board Assurance Framework	BAF session and development of BAF for 2020/21(360 Assurance)	Justine Fitzjohn
18 Mar (Remcom 9am)	Mandatory training	Mental Health Act and Mental Capacity Act	Ensure compliance with required training; opportunity to understand implications of the changes to the MHA?	John Sykes
	Mandatory training	Equality and Diversity	Ensure Compliance with required training; option to extend to another opportunity to explore diversity and inclusion across the whole organisation	Amanda Rawlings Harinder Dhaliwal

Other sessions to be arranged in 2019/20:

- Leadership for Improvement – Board Development Programme - we have applied to be involved in this programme during 2019/20 and await details whether this will go ahead. The modules are as follows:
    - Organising for Improvement
    - Cultures and Behaviours for Improvement
    - Governing for Improvement
    - Measurement for Improvement
- Other meetings scheduled on 2019/20 Board Development Dates:
    - Remuneration and Appointments Committee meetings scheduled: 26 June, 18 September, 18 December, 18 March
    - NED visits following 4 June external Board meeting – to be planned!

Other topics to be scheduled:

Strategic	Interpersonal	Wider Needs	Operational
Stakeholder Management (Ifti Majid) Workforce – ten year plan (Amanda Rawlings) Co-production of Strategy (Carolyn Green)	Margaret Gildea and Caroline Maley to liaise and arrange	Board to Board with Northamptonshire Healthcare NHS Long term plan (Claire Murdock? (IM))	NHSI Session Freedom to Speak Up (Justine Fitzjohn)

JUCD Board – 18 April 2019 – Key Messages

1. Strategy for Primary Care

Primary Care remains at the heart of the local health and care system. The local GP vision, the CCG priorities and the national strategy for the sector continue to support this, build on existing success and to support practices to remain sustainable, to work at scale and in partnership and to continue to innovate in the provision of integrated care. A local primary care strategy is in development and this will be co-produced with primary care and other colleagues during the summer.

Primary Care Networks (PCNs) are being established to help practices work at scale and deliver an ambitious vision. Our local approach is that as much of the implementation is determined by PCNs to ensure they are locally owned. There are 14 proposed PCNs for Derby and Derbyshire and these largely reflect the geography of places and practices. We must confirm our final list of PCNs during May.

A transfer of resources from hospital-based care to primary and community care is required to deliver the agreed Derbyshire model. This will require some very detailed analysis, understanding and agreement about what this resource is needed for and how it can be released from secondary care in a meaningful way to support place-based services, tailored to local need.

2. Digital Developments

In 2015 all health economies were required to create a joint Local Digital Roadmap (LDR) including all NHS and social care partners. The focus in Derbyshire has been on 'converge and connect' strategy, supporting standardisation of information on common systems to support joined up care. There has been a significant amount of progress across the county, lots of which isn't immediately visible but has made a significant difference to patients and clinical services.

Developments have included:

- Shared records across community, mental health and social care to improve timeliness of care
- Supporting clinicians to transfer electronic readings from automated diagnostics and incorporate into patient records (eg BP monitoring)
- interoperability between services, particularly to support out of hours, end of life and infection control, including future support for patients to access own records
- Migration of mental health system to TPP SystmOne, as used in 80% of GP practices
- Safely sharing patient data across GP extended access hubs, supporting 108,200 additional and flexible GP appointments
- 100 mobile laptops to enable GPs to working in patient homes
- GP practice improvements, including patient display systems, security systems and equipment for consulting rooms to support practice expansions
- Wifi installed in care homes

3. System Finances

At month 11, the NHS element of the Derbyshire system is reporting an overspend of £13m, but it is expected that as month 12 information is validated that the NHS will achieve their final plans, including related sustainability funds from NHS England and NHS Improvement. The JUCD Board reflected that this a significant achievement for the system, considering the extent of the challenge we faced at the start of the financial year, and expressed their thanks to everyone involved for delivering this.

We begin 2019/20 with a £136.6m system deficit. It remains a challenging position, but the recovery plans to address the challenge are increasingly detailing transformation approaches which see parallel improvements to the quality and experience of care, whilst also providing financial savings.

A System Savings Planning Group has been established, including invitations to local authority colleagues, to ensure that our change programmes are properly coordinated across the system and to understand how we can share learning from previous work. We are also looking towards a system approach to how we engage with the new, joint health regulator, further evidencing that the system is increasingly working as a single unit in how it plans and is held accountable for change.

Joined Up Care Derbyshire

Our partnership

NHS, local councils and the voluntary and community sector have come together in 44 areas across England to develop proposals to improve health and care. They have formed new partnerships – known as sustainability and transformation partnerships – to plan jointly for the next few years. Our local sustainability and transformation partnership is known as Joined Up Care Derbyshire. It brings together twelve partner organisations and sets out ambitions and priorities for the future of the county's health and care.

All the organisations that provide health and care aim to work and plan much better together, focusing on new ways of working to:

- Help keep people healthy
- Give people the best quality care
- Run services well and make the most of available budgets.

In 2019 we will be reviewing our original plan, checking that our priorities still reflect the views of local people and that it is in line with requirements set out in the new NHS Long Term Plan.

Overview *[turn copy below into an infographic]*

<u>A review of 2018-19 – what is working well</u>

- Two new Dementia Rapid Response Teams introduced, supporting the new model of care for older people with mental ill health in the north of the county
- *£1.4m funding secured from East Midlands Cancer Alliance for four priority projects in southern Derbyshire - lung, prostate, colorectal (FIT) and living with and beyond cancer*
- The Intensive Home Support service for children and young people in mental health crisis led to a reduction in use of in-patient beds
- *'Single points of access' have been implemented within the four main Derbyshire health providers*
- £8.5 million was awarded to help develop the Bakewell community hub
- *An increase in the amount of patients achieving three NICE treatment targets (HbA1c, cholesterol and blood pressure) and reduced length of stay for in-patients with diabetes at University Hospitals of Derby and Burton*
- More efficient use of Chesterfield Royal's emergency department with GP streaming and an enhanced emergency department 'pit stop'
- *More than 3,700 online holistic wellbeing assessments have been completed in Derbyshire, helping our prevention agenda*
- A Quality Conversations Model has been developed, supporting the health and care workforce to maximise the health outcomes of their interactions with patients/carers
- *100% coverage across Derbyshire for extended access to GP practices, leading to 108,264 additional GP appointments available a year*

- Place Alliances have benefited from an organisational development programme, Leading Across Boundaries, helping clarify aims and accelerate change
- *A review of rotas in paediatric medicine at Chesterfield Royal has enabled a consultant presence on wards until 9pm, every day of the week*
- A programme to support GP retention has been run – 50 GPs have accessed the services to date
- *Services are being transformed for people with learning disabilities and/or autism so that fewer people require inpatient secure care, and acute and long-term inpatient care*
- Training and additional support has helped contribute to a reduction in the stillbirth rate, exceeding the local target of 4.79 stillbirths per 1,000 birth set for 2019
- *Access and recovery rates for Improving Access to Psychological Therapies are above national target*
- 1,422 members of the health, social care and voluntary sector have completed online delirium awareness training
- *Eight Place Alliances have been formed with clear reporting to the Place Board*
- A Derbyshire-wide Frailty Model has been launched
- *A Clinical Assessment Triage Service for MSK has been implemented across Derbyshire.*

A review of 2018-19 – our challenges

Our challenges have included capacity and resourcing – the difficulties of balancing organisational duties against working on STP priorities, resourcing the workstreams, and having sufficient project management capacity. We have faced difficulties with establishing pooled budgets, contracting mechanisms which do not support the new models of care being introduced, and challenges to services as a result of the CCGs' financial recovery plans. We know we need to improve communications between partners across the system. The Place Alliances need to become embedded and there needs to be greater clarity on roles and responsibilities for the workstreams. We also face challenges on recruitment and retention, with some 'hot spot' areas such as in pathology, radiology and oncology. These issues will be addressed in 2019-20.

Workstream highlights

Better Care Closer to Home

Better Care Closer to Home in North Derbyshire aims to improve care for older people by transferring the provision of care wherever possible from hospitals to the community. One initiative as part of this programme is the provision of community support beds, the number of which increased from 25 to 44 in 2018-19. These beds are for patients who are medically well enough to leave hospital but are not quite ready to return home or to the place they will call home.

https://www.youtube.com/watch?v=7nnEwAxLxFs&t=4s

Cancer

Our work aims to improve prevention, improve early diagnosis and treatment of cancer, and enable people to live well with and beyond a cancer diagnosis. In one area of diagnosis and treatment we secured £1.4m of funding from the East Midlands Cancer Alliance for four priority projects – lung, prostate, colorectal, and living with and beyond cancer. This has helped improve care and treatment across many services: speeding up diagnosis and testing using CT scanners and ECHO for lung cancer, providing MRI scans allowing one in four men with suspected prostate cancer to avoid an invasive biopsy, and providing more bowel cancer screening throughout the county.

Children's

Our work for children and young people covers various programmes including those with special educational needs and disability (SEND), delivering on the Future in Mind programme, and reducing use of urgent care. Future in Mind seeks to support mental wellbeing in children and young people through prevention and building resilience as well as improving access to services. In 2018-19, more than 1,500 'Be a mate' anti-stigma ambassadors were trained in schools; more children and young people were seen within the one and four-week waiting times in the community for eating disorder services; there was investment in third sector provision for early intervention; and the Intensive Home Support service for children and young people in mental health crisis helped reduce the number of inpatient bed days needed.

Digital

Health and care services have long been held back by a dated IT infrastructure and the inability of different organisational systems to work with each other. The digital workstream has been advancing plans to increase efficiency in the system and open up access to services. Primary care extended access has been delivered to all GP practices, new IT infrastructure is being installed (replacing the obsolete N3 data network), and online consultation pilots are being set up for patient signposting and renal telehealth.

Estates

Our health and care footprint across Derbyshire is constantly changing as we seek to make the best use of our land and buildings. Over the past year £8.5m has been awarded for the Bakewell Community Hub, we have gained income from selling land for housing at various sites including Walton Hospital, plans are in place for more integrated health and care

community hubs, and we are advancing plans for site developments and disposals linked to Better Care Closer to Home.

Knowledge and intelligence

In order to provide more insight to inform our plans, leaders in knowledge and intelligence have been working on various initiatives. These include the development of an outcome based accountability approach, helping gain a better understanding of the outcomes for patients/citizens who use the services, the establishment of a business intelligence working group, and a business intelligence sharing platform.

Learning disabilities and/or autism

Partner organisations have come together to improve the care and support available for people living with learning disabilities and/or autism in Derbyshire. People with a learning disability and/or autism are citizens with rights, who should expect to lead happy, safe, active lives in the community and live in their own homes just as other citizens expect to. In April 2018 there were 25 people in NHS England-commissioned secure beds – this is anticipated to be 16 people in March 2019. Organisations, including commissioners, NHS and local authority service providers, and the voluntary and community sector, have been working together in 2018-19 as the Transforming Care Partnership. Plans will be taken forward next year under 'Building the Right Support' – see the team's YouTube channel - https://bit.ly/2HgOFJm

Building the Right Support in Derbyshire - an introduction

Maternity

There are several priorities for maternity, including supporting safety, choice, continuity of care, post-natal care and improving access to place-based care. Improvements in maternity care over the past year have seen increased smoking cessation rates, a reduction in stillbirths, and further detection of growth restricted babies. Breastfeeding uptake has been promoted through a social marketing campaign, a pilot alternative model of postnatal care has taken place at the Queen's Burton unit (UHDB) and five continuity of care pilots are set to be launched.

Mental health

Mental health is being taken forward across four key areas – primary care, responsive communities, delirium and dementia, and complex care and forensic. In the case of primary care, there have been a number of advances made in 2018-19. Access and recovery rates for Improving Access to Psychological Therapies (IAPT) are above national target, the IAPT employment advisor service and IAPT long term conditions pilots are in place, a primary

care and responsive communities joint working group and a primary care/wellbeing hub interface working group have been established.

Place

'Place' involves commissioners, community services providers, local authorities, primary care, the voluntary and community sector, and the public working together to meet the needs of local people. Eight 'Place Alliances' have been established across Derbyshire. Place Alliances have been focused on supporting people to stay well for longer through a consistent set of work areas which include frailty (the Derbyshire-wide frailty model launched in September 2018), falls and care homes, as well as having the opportunity to develop tailored approaches to particular issues in their area. Projects have included interventions based on high intensity users of services (saving £220,000 in A&E attendances) and work with East Midlands Ambulance Service to reduce the number of people needing to attend hospital via ambulance.

Planned Care

Planned care relates to clinical services which patients access when they need scheduled operations, including the diagnostic and outpatient services which support clinicians in providing care. Clinicians can now use a new pilot service check whether patients need referring for a wide range of health conditions related to problems with muscles and bones. These can include back pain, hip replacements and physiotherapy. The aim is to have 50% of all appointments provided in the community. There is also ongoing work to move services from hospital settings into the community, where this is medically appropriate, and latest developments have seen some joint injections now provided outside of hospital. The way in which patients with heart, urology, ear nose and throat and respiratory conditions access services has also been improved.

Prevention

The main aim of the prevention work is to keep people well and avoid unnecessary admissions or contacts with other health services. In the last 12 months over 3700 holistic wellbeing assessments have been undertaken, providing clients with health and wellbeing plans and support or information into relevant services. The local community have been able to access stop smoking & Weight management support and referral into wider support services available in a variety of community venues across the county. 1059 smokers have accessed the stop smoking service and of those 568 have quit smoking. 774 people accessed the weight management service and 357 completed the programme, with 74% losing weight.

In Derby to date during 18/19, 538 people have joined the weight management programme, 52% achieving a 5% weight loss. 1303 have joined the stop smoking programme and 863 have achieved a 4 week quit rate.

Primary Care

All Derbyshire GP practices now offer extended access to patients, meaning there are now more than 108,000 additional weekend and evening appointments available. GP practices have also begun to work more closely in other ways, supporting their long-term resilience and sharing services for local patients. £800,000 has been invested in buildings and IT systems to improve care, with £1.5m spent on technology to support frontline GPs.

Urgent Care

Urgent Care incorporates all services which deal with patients who have unplanned, emergency or urgent health needs, including emergency departments, minor injury units, NHS 111, 999 and urgent care centres. A redesign of the way patients are received through the 'front door' of Royal Derby Hospital has seen a full business case submitted to NHS Improvement, along with designs being developed. This will bring benefits to both patients and the wider system in terms of improvement in flow in to the acute, improved outcomes, progress against the Derbyshire model of care, such as increased primary care streaming, an enhanced frailty provision, integration of teams and implementation of the Same Day Emergency Care Standards. This work has already been completed at Chesterfield Royal Hospital and despite increases in emergency department attendances of 130 patients per week compared to the same period last year, the Trust has maintained ED performance against agreed trajectory. A pilot study where clinicians validate potential NHS 111 referrals to emergency departments has seen a 75% reduction in the numbers of patients ultimately being referred, ensure patients receive care closer to home at the same time as saving the NHS money. The number of beds occupied by patients for more than 21 days has been significantly reduced by having an increased focus on their care planning.

Chief Executive's Report to the Public Board of Directors

Purpose of Report:

This report provides the Board of Directors with feedback on changes within the national health and social care sector as well as providing an update on developments occurring within our local Derbyshire health and social care community. The report also updates the Board on feedback from external stakeholders such as our commissioners and feedback from our staff. The report should be used to support strategic discussion on the delivery of the Trust strategy. The Board should note that the report reflects a wider view of the Trust's operating environment and serves to horizon scan for risks that may affect the organisation. Risks identified are highlighted in the report and taken forward to assess their operational and strategic impact and recorded on operational risk registers or the Board Assurance Framework as appropriate.

National Context

1. NHS Providers have published their review of the mental health sector called *'Addressing the Care Deficit'*. Some of the key findings of the report include:

    - Despite the progress following increased focus on the NHS Five Year Forward View and latterly the Long Term Plan, the survey of frontline mental health trust leader's shows there is a substantial care deficit in mental health that must be addressed. There is significant unmet need for a number of mental health conditions – particularly community services for adults and children, gender identity services and crisis home treatment teams – the report says that NHS commissioning decisions have resulted in services being cut or reduced. The survey indicated that 69% of mental health leaders are worried about maintaining the quality of services over the next two years.
    - Demand for services is outstripping supply and socio-economic factors are contributing to this. 92% of trusts said that changes to universal credit and benefits are increasing demand for services, as are loneliness, homelessness and wider deprivation. Mental health leaders pointed to rising demand during winter but it is clear that these pressures on services are a year-round phenomenon.
    - To overcome the demand challenge facing mental health services and derive full value out of any investment, national policy must focus on increased support for both mental health and public health.
    - As our Board is aware action on workforce is a top priority. The report says a national plan, with appropriate focus on the mental health workforce, must be published as soon as possible, coupled with adequate funding from the comprehensive spending review that meets the plan's education and training budgetary requirements.
    - Pressures on the workforce are twofold. Only 9% of trusts said they currently have the right staff in the right place and nearly two thirds of leaders are very concerned about the numbers and skills of staff in two years' time.

- In terms of financial investment, there are three important issues:
    - First, although additional money is welcome, the funding for mental health will only rise as a share of the NHS budget 0.5%.
    - Second, despite the mental health investment standard, trust leaders said that additional funding does not reach the frontline. Greater transparency and controls over the allocations are welcome steps but must be tightly monitored and enforced.
    - Third, the moves to new payment systems will help substantially as block contracts are inflexible and do not reflect changes in demand once they have been agreed.
- While the focus in the Five Year Forward View for mental health on a number of priorities has delivered progress in, for example in our Trust we have seen developments in eating disorders services and perinatal mental healthcare, we must ensure that this does not come at the expense of investment in core community services.
- The rapid move to system working has changed the mental health landscape. Trusts have mixed views on the impact of integrated care systems (ICSs) and sustainability and transformation partnerships (STPs) on their role, but the roll out of new care models in mental health is reported as a positive step which will help both overcome the fragmentation of commissioning and service provision in mental health and also drive greater value from the investment in services.

As we move from high level plan to implementation, the survey suggests there are a number of priorities and challenges that both mental health trusts and the national bodies will need to consider. They include:

- Mental health trusts, with the support of the national bodies, will continue to focus on reducing the number of patients receiving care out of area and address inpatient capacity problems, although national bodies need to recognise the sustained demand here
- Many providers are in need of capital investment so that urgent improvements can be made to estates
- Mental health trusts need the national bodies to continue to promote careers in mental health and retain the current financial incentives to recruit mental health professionals.
- Mental health trusts will be working hard to continue the progress already made on data collection and data quality to give a better understanding of mental health activity, access and outcomes that can then enable better commissioning.

2. NHS England has now published the response to the twelve week consultation which ran from August to October 2018 on the proposed contracting arrangements for Integrated Care Provider (ICPs). The ICP Contract was developed to give one lead provider responsibility for the integration of services for a population, allowing for the first time a contract designed specifically to enable integration of primary medical services with other health and care services, and creating greater flexibility to achieve integration of care.

   Following the consultation, the intention is that the ICP Contract will be made available for use by commissioners in a controlled and incremental way, conditional

on successful completion of NHS England and NHS Improvement assurance through the Integrated Support and Assurance Process (ISAP). Neither use of the ICP contract nor adoption of lead provider models for integration will be mandatory: they will be options for local commissioners and their providers to consider.

A wide range of stakeholders and members of the public gave feedback to the consultation.

3. Professor Stephen Powes, NHS National Medical Director has published his interim report setting out proposals to update several of the current performance standards in the NHS constitution. The review proposes a number of changes to existing standards and new standards for mental health, cancer, physical urgent and emergency services and elective care.

   With respect to mental health standards his review supports the mental health expectations in the long term plan and includes recommendations around:

   - Expert assessment within hours for emergency referrals; and within 24 hours urgent referrals to community mental health crisis services. (more testing is needed to understand what 'hours' for emergency assessment may mean)
   - Access within one hour of referral to liaison psychiatry services for adults and children and young people
   - Four week waiting times for routine referrals to adult, older adult and children and young people's specialist mental health services.

   Work is already under way in some areas to test the 4 week routine standard.

   Also of interest are the proposals to modernise the four hour wait target in A&E departments that has been in place since 2004. Concerns through the review have developed about the current standard not measuring the whole wait nor differentiating between severity and complexity of conditions. The review is recommending standards around time to initial assessment, time to emergency treatment, total time in emergency departments and utilisation of same day emergency care in community are tested.

Local Context

4. The Joined up Care Derbyshire (JUCD) Board met on 21 March 2019. Key issues discussed included:

   - NHSE have confirmed following a review of all EU exit plans from the Derbyshire system that as a system we are noted as 'assured'
   - Chief executives and local authority leads held a time out session during March in which all system leaders committed to a different approach to the development of a single plan including agreement to work on a shared savings plan and monitoring process, joint objectives associated with the STP Plan refresh and importantly behaviours supported with increased transparency and openness. This commitment has been captured in a letter to all senior leaders in all organisations.
   - Work is ongoing to agree contracts and starting positions within the System for 2019/20 however the position for this year has further deteriorated with a combined system position of deterioration of £13.7m

- Receiving an exciting presentation about the future of our local University Technical College in Derby/Derbyshire and how this could provide an opportunity through partnership working to start to shape our future workforce with different skills. JUCD Board members were particularly taken with the opportunities around the development of our wellbeing offer.
- Approving the process and timescales over the summer that will get us to a refreshed sustainability and transformation plan for Derbyshire by September 2019 in line with the national timescales. I was struck by and welcomed the shift away from focussing on illness to focussing on wellness and from patients to people as well as a commitment from all members to be involved in engaging our local communities in the refresh from the very start.

5. The Mental Health System Delivery Board met on 21 March 2019 receiving feedback about some of the improvements made around the 4 work streams with notable progress being made relating to the planning of the development of wellbeing hubs based on the Tameside and Glossop model, research around the effectiveness of Derbyshire's memory Assessment Service and development, agreement of the dementia 'day hospital equivalent' model and repatriation of local residents with mental health rehabilitation needs back to Derbyshire.

   Moving forward the group agreed there was a need to refocus the work streams to more clearly describe the programme of work they were to undertake for example the group focused on responsive communities would be focussing on reducing hospital admissions during the coming year. The group also noted the benefit of having dedicated resource in terms of delivering tangible outcomes for example in the Dementia/Delirium work stream where significant progress has been made. This was fed up to JUCB as part of the annual report and remains a key risk on the JUCD risk register.

   Finally the group reviewed proposed mental health investment standard areas, in particular sense checking that along with mandated areas of investment and full year effect of last year's investments, as a system we were focussing on the right areas. The group with representatives from all community based organisations including primary care were able to confirm their support.

Within our Trust

6. The Board is aware that the Trust has a strong track record with respect to data security assessments via the Information Governance Toolkit. The Data Protection & Security (DS&P) Toolkit has been completed and was submitted three weeks ahead of schedule this year. The completed toolkit, a culmination of twelve months' work by the DS&P team enables the Trust to evidence actions against the National Data Guardian's ten data security standards. The requirement of the toolkit also supports key requirements under the General Data Protection Regulation (GDPR). The DSP toolkit has changed in format from previous years, requiring compliance with assertions and (mandatory) evidence items. This change means that it has not been possible to draw a direct comparison between this Trust and other mental health Trusts across the UK. However, in 2017/18, the Trust achieved a toolkit score of 98% completed, which gave the Trust the highest score of any mental health trust in the UK. This year, the Trust has increased its completed score from 98% to 100%. Thanks to the DSP team and all staff across the Trust who have helped us achieve this impressive result.

   With Sam Harrison, Director of Corporate Affairs', departure from the trust on 31 March 2018, the role of SIRO (Senior Information Risk Owner) will be taken

forward by Director of Finance and Deputy Chief Executive, Claire Wright who will continue to work alongside Medical Director, John Sykes, Caldicott Guardian, to maintain our strong data security and protection performance.

7. We have seen an increase in media coverage over recent months, particularly in sharing positive news about the Trust, our services and developments.

   In February our communications team worked with First News, the national children's newspaper, to mark Children's Mental Health week. This resulted in a full page article featuring CAMHS (Child and Adolescent Mental Health Services) lead, Scott Lunn, exploring how children look after their bodies and minds and how this affects overall wellbeing. We also received press coverage of Consultant Psychiatrist, Dr Allan Johnston's prestigious new national appointment to advise on mental health to the UK's professional football managers and coaches, and for his role helping British athletes in the run-up to the 2020 Olympics.

   We are working closely with the Derby Telegraph to tackle stigma regarding mental health diagnoses and services, with a particular focus on the Radbourne Unit. We look forward to further developing these relationships to showcase the work of our acute colleagues and to raise wider awareness of mental health care and the ways we support people locally.

   We continue to actively post news and features on Facebook (aimed at staff and the public through the two separate accounts) and Twitter (as part of our wider stakeholder engagement). Our posts on Twitter during February earned more than 40,000 impressions, an increase of 10,000 up on January, while seven of our Facebook posts reached more than 1,500 people.

8. Since our last Board meeting, the clinically-led strategy development work has continued to consider the Working Age Adults pathway and services. Given the size of the service, this was planned over four days and clinicians from across community, crisis, liaison, inpatient and psychology services were represented alongside patient and carer representatives.

   The sessions have brought up over 200 small and big ideas from participants on the days, but also from wider engagement with teams in the weeks between sessions. Nearly 100 ideas have been scoped into outline project plans across the four days. These range from big ideas, such as Crisis Teams acting as the discharging clinicians from inpatient areas, rapid expansion of nurse-led outpatient clinics, central booking systems for clinical rooms and advisory links with GP Practices to small ideas that could make a big difference – a carer noted that it made a massive difference to her and her relative's experience and optimism for the future when staff were friendly and smiled.

   A further session is planned for 28 March to bring together the products of the four working age adults days into a single, cohesive strategy and improvement plan for the whole pathway. We will continue to keep the Board updated on progress on the other pathways in the coming weeks and months.

9. It's great to get feedback from stakeholders outside of our Trust about initiatives we have carried out. During March our Crisis Team in the High Peak attended a QUEST Training session with High Peak GPs at Thornbrook Surgery and created a presentation based on common frustrations GPs have had with our service including areas such as referral, information needed, and responsibility for patient safety and so on. This open dialogue has resulted in local GPs writing in with some really positive comments about the session and the team – great use of initiative and I was

particularly pleased that the senior nurse noted to me that the approach drew on the Leading Team Derbyshire Healthcare sessions I have spoken to Board previously about.

10. During March engagement visits have continued. I have held *Ifti on the Road* engagement events at Ilkeston Resource Centre and St Andrew's House as well as attending the IAPT (Improving Access to Psychological Therapies) administration meeting.

    Key themes that emerged from these sessions included:

    - The need to build on our initial work around veterans mental health with progress on e-learning slow
    - Do we need to consider investing again in a lead post to take veterans work forward
    - The lack of profile that colleagues who work in IAPT feel the service has within the Trust
    - The real benefit of employment advisors in mainstream mental health services
    - Lack of availability of rooms for clinical activity and the practice of trusts cross charging for use of rooms
    - Significant pressures remain with increased referrals to services

    Feedback from each visit has been logged on our engagement spreadsheet, actions allocated and shared with our freedom to speak up guardian.

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

Assurances

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

Consultation

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

Governance or Legal Issues

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

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

Actions to Mitigate/Minimise Identified Risks

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

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

Tackling the care deficit specifically looks at and comments key drivers that could have an impact on inclusion and equality such as our workforce availability make up.

It is positive to read about plans to review access times in mental health services and it would be great through the testing process to be able to evidence how differing application of standards could be used to enhance access from all communities.

To tackle some of these risks requires targeted action and our new leadership and management programme discussed within the paper provides that direct action as does the consideration of access through our local communities within our clinical strategy work.

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

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

Recommendations

The Board of Directors is requested to:

1) Scrutinise the report, noting the risks and actions being taken
2) Seek further assurance around any key issues raised.

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

Chief Executive's Report to the Board of Directors

Purpose of Report

This report provides the Board of Directors with feedback on changes within the national health and social care sector as well as providing an update on developments occurring within our local Derbyshire health and social care community. The report also updates the Board on feedback from external stakeholders, such as our commissioners, and feedback from our staff. The report should be used to support strategic discussion on the delivery of the Trust strategy. The Board should note that the report reflects a wider view of the Trust's operating environment and serves to horizon scan for risks that may affect the organisation. Risks identified are highlighted in the report and taken forward to assess their operational and strategic impact, and recorded on operational risk registers, or the Board Assurance Framework as appropriate.

National Context

1. Board members will be aware that the Secretary of State has announced the formation of a new department to lead the NHS in its aim to optimise the use of digital technology in enhancing productivity, efficiency and patient outcomes.

   Responsibility for technology, digital and data policy is currently split across lots of organisations and teams within the NHS infrastructure. From 1 July, this change will bring together teams from different organisations into one department to drive digital transformation and lead policy, implementation and change. NHSX combine teams from the Department of Health and Social Care, NHS England and NHS Improvement.

   Matthew Gould has been named CEO of NHSX and will join the organisation in the summer. Matthew is currently the Director General for Digital and Media at the Department for Digital, Culture, Media and Sport. NHSX will report directly to the Secretary of State and the Chief Executive of NHS England and NHS Improvement. NHSX will deliver the Health Secretary's Technology Vision, building on the NHS Long Term Plan, aiming to speed up the digital transformation of the NHS and social care. The core aims of NHSX are:

   - help people stay well and manage their own care by giving them easy access to quality digital services and their data
   - help NHS staff to focus on patients by freeing up their time through digital technology
   - work with providers and the Local Government Association to understand how technology can help staff and users of social care services

   NHSX will have nine core responsibilities:

   - Coordination and consistency
   - Setting standards
   - Driving implementation
   - Radical innovation
   - Common technologies and services

- Reforming procurement
- Cyber policy
- Digital capability
- Governance

As we review our strategy as an organisation, it is essential we note the digital expectations emerging through the long term plan and consider likely compliance requirements associated with governance, linked to both organisations and systems.

2. NHS England and Improvement have announced the membership of the new NHS Assembly. The NHS Assembly will bring together a range of individuals from across the health and care sectors at regular intervals to advise the joint boards of NHS England and NHS Improvement on delivery of the NHS Long Term Plan (LTP). The Assembly members are drawn from national and frontline clinical leaders, patients and carers, staff representatives, health and care system leaders and the voluntary, community and social enterprise sector.

   The Assembly will have an agreed programme of work to allow for tier two engagement activities to be conducted in advance of meetings to help bring wider insight to the membership as appropriate. For clarity, the Assembly is not itself responsible for LTP implementation, and nor does it cut across the current statutory accountabilities of NHS England and NHS Improvement.

   The first meeting of the group will be in spring and it will be co-chaired by leading GP, Dr Claire Gerada, and former head of the King's Fund think tank, Professor Sir Chris Ham.

3. NHS Improvement have published their six monthly official statistics update on patient safety incidents reported to the National Reporting and Learning System (NRLS). The national patient safety incident reports (NaPSIRs) set out the number of patient safety incidents reported to the NRLS and describe their patterns and trends. The data includes all patient safety incidents reported by NHS organisations in England.

   Two sets of data and analysis are presented in each NaPSIR data report:

   - the number of reports made to the NRLS by quarter, using data based on the date that the report was received
   - an overview of patterns and trends in incident reports using data based on the date that the incidents occurred

   The report reminds us that reporting to the National Reporting and Learning System (NRLS) is largely voluntary as this encourages openness and continual increases in reporting. As we as a Board are aware, increases in the number of incidents reported reflect an improved reporting culture and should not be interpreted as a decrease in the safety of the NHS. Equally, a decrease cannot be interpreted as an increase in the safety of the NHS.

   The report shows that the number of incidents reported to the NRLS for England continues to increase. The 488,242 incidents reported from July to September 2018 represents a 4.1% increase on the number reported from July to September 2017 (485,156).

Nationally there are still peaks every six months in the number of incidents reported. This is when users submit large batches of data at the cut-off for the six-monthly official statistics publications. It is of note that the overall profile of incident characteristics (incident type, degree of harm, care setting where the incident occurred) reported as occurring is consistent between October 2017 to September 2018 and October 2016 to September 2017.

A new data collection system (PSIMS) is currently being developed to replace the NRLS. The system will affect the exact type of data we as a Trust are required to collect and we hope to see more up to date complete reporting moving forward.

Local Context

4. The Joined up Care Derbyshire (JUCD) Board met on the 18 April 2019. Key issues discussed included:

- Noting that the 4 previous CCGs in Derbyshire have now completed their planned merger into a single organisation that will move to develop its role as the strategic commissioner for Derbyshire. The new Organisation is known as NHS Derby and Derbyshire. It is very helpful from an STP perspective to have a single CCG over the whole footprint.
- The second meeting as part of the 'system organisational development programme' focussed on system Chairs and Non-Executive Directors. Following this session it was agreed that a group of NEDs would be part of the STP refresh taking place over the summer. The importance of ensuring that all NEDs were kept up to date with developments within the STP (increased joint reporting into Boards) was requested. This will be taken forward by the STP communications team.
- System financial performance was off plan at month 11 with an aim to support all Organisations to reach their control total by month 12 close. All Organisational plans were submitted as required for 19/20 with 3 out of 4 Organisations having signed contracts.
- Ongoing development of a risk share agreement between all Health Organisations in Derbyshire, to optimise both efficiency and income into the system, and ensuring all Organisations reach their planned position by year end. Prior to agreement about a risk share, a single mitigation plan is being developed, as well as a set of pre-conditions for being part of the risk share agreement. This single approach to planning is a big step forward for our local system.
- The Board approved the timeline for the development of primary care networks with the aim that the new networks 'go live' on the Primary Care Network Contracts by July 2019.
- We received an update on the development of the system digital strategy which will be focussed on:
    - Analytics
    - Enabling people to support their health through use of digital (NHS App, remote monitoring and so on)
    - Innovations supported by partnerships
    - Ensuring colleagues across the system are digitally competent

- Foundation in high functioning infrastructure

Within our Trust

5. 2019 marks the 100th anniversary of Learning Disability (LD) Nursing. It was great to join colleagues in our Trust at a very inclusive, engaging and high energy event on the 15 April. Through the 100 years it is notable that LD nursing has gone from a medically led profession, focussed on institutional care, to a profession focussed on individuals and families in their local communities at the forefront of new professional roles.

6. Work continues to successfully increase positive media coverage of the Trust, our services and colleagues in local papers. A key feature from the Derby Telegraph last month was our Community Psychiatric Nurse, Amy Harcombe (based at our Killamarsh Clinic), who has been volunteering her time as part of the Inspiring the Future programme, which aims to inspire young people to train as NHS healthcare professionals.

   My role as co-chair of the NHS BME Network also received national coverage online during the month and I am pleased to note the Trust's association with such features, which helps to demonstrate our commitment to equality and inclusion to our staff, patients and communities.

   We also continue to generate conversations via social media – for example this month on International Women's Day, 100 years of Learning Disability Nursing and Allied Health Professions (AHP) Day. Posts regarding our DEED (Delivering Excellence Every Day) winners continue to be overwhelmingly positive and receive a number of comments and shares each week.

7. 10 April was our regular monthly staff forum event, this month focussed on developing a compassionate culture within Team Derbyshire Healthcare, with conversations focussing on supporting individuals to take more responsibility for their environment,

use of alternative transport methods, such as cycles, and optimising the use of our electronic patient record.

I was also delighted that a sub group presented an approved email etiquette and guidelines aimed at reducing pressure on colleagues through high volume use of emails and use of emails out of hours - the new etiquette and guidelines, which for example recognises individuals' flexible working practices and doesn't aim to control when emails are sent, but does make it clear not to expect a response out of somebody's normal working hours, will 'go live' in May.

8. During April, engagement visits have continued. I have held *Ifti on the Road* engagement events at the Radbourne Unit, London Road Resource Centre and Corbar View, Buxton.

   Importantly, I have also spent a day with our South County Crisis Team, a morning shadowing a consultant and nurse led clinic at the Hartington Unit and a morning shadowing one of our Health Visitors in Derby. This time spent in direct clinical services is a really effective way of understanding local challenges, innovations and opportunities for transformation driven by our front line colleagues.

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

   - Some great examples of innovations to avoid the need for admission for titration or commencement of medication i.e. Clozapine.
   - Improvements in how we monitor the physical health of patients on anti-psychotic medication.
   - The positive impact that ward OTs have had on flow. More work to do but green shoots clearly present.
   - Inpatient staffing pressures continue but feel to have improved.
   - Community caseload pressures have a clear knock-on impact up to the ability to avoid hospital admission.
   - The current lack of a team focussed on working with individuals with complex trauma means some people are being admitted when alternatives might have been possible.
   - The importance of a strong relationship with primary care.

   Through my visits to clinical services, I do have some concerns that capacity pressures driven by ever increasing demand, are resulting in a lack of effective connectivity between our services, something that our clinical strategy work must address.

   Feedback from each visit has been logged on our engagement spreadsheet, actions allocated and shared with our Freedom to Speak up Guardian.

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

Assurances

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

Consultation

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

Governance or Legal Issues

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

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

Actions to Mitigate/Minimise Identified Risks

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

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

The new NHSX digital strategy development must ensure that it takes into account those individuals who are not able to access or use digital technology due to language, culture or disability.

Some great practice from our Learning Disability colleagues in how to hold an inclusive event, supporting individuals with a learning disability to attend and vitally actively take part in celebrations in a meaningful way.

Capacity and demand pressures in services, leading to patients receiving care in suboptimal environments i.e. admitted to an inpatient ward due to lack of community alternatives, is leading to differential services being delivered, and this is something that must be addressed through our clinical strategy work, supported by an equality impact assessment of the final models of care delivery.

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

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

Recommendations

The Board of Directors is requested to:

1) Scrutinise the report, noting the risks and actions being taken
2) Seek further assurance around any key issues raised.

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

Governor Meeting Timetable 2019/2020

DATE	TIME	EVENT	LOCATION
7/5/19	9.30am onwards	Trust Board Meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
7/5/19	2.00pm onwards	Council of Governors meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
*4/6/19 –	9.30am onwards	Trust Board Meeting (please note change in venue)	Post Mill Centre, Market Street, South Normanton, Alfreton. Derbyshire DE55 2EJ
12/6/19	10.00am-12.30pm	Governance Committee	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
12/6/19	1.30pm-5pm	Governor training and development session – public engagement workshop	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
2/7/19	9.30am onwards	Trust Board Meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
2/7/19	2.00pm onwards	Council of Governors meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
6/8/19	10.00am-12.30pm	Governance Committee	Meeting Room 1, Albany House Kingsway Hospital Site, Kingsway, Derby DE22 3LZ
3/9/19	9.30am onwards	Trust Board Meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
3/9/19	2.00pm onwards	Council of Governors meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
*11/9/19	Afternoon – time TBC	Annual Members' Meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
1/10/19	9.30am onwards	Trust Board Meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
10/10/19	10.00am-12.30pm	Governance Committee	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
16/10/19	1.30-4.30pm	CoG and Board joint session – topic to be confirmed	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
31/10/19	1.30-5pm	Governor training and development session – Mental Health Act	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
5/11/19	9.30am onwards	Trust Board Meeting	Conference Room A&B, Centre for Research & Development,

			Kingsway Site, Derby DE22 3LZ
5/11/19	2.00pm onwards	Council of Governors meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
3/12/19	9.30am onwards	Trust Board Meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
10/12/19	10.00am-12.30pm	Governance Committee	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
7/1/20	2.00pm onwards	Council of Governors meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
4/2/20	9.30am onwards	Trust Board Meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
11/2/20	10.00am-12.30pm	Governance Committee	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
3/3/20	9.30am onwards	Trust Board Meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
3/3/20	2.00pm onwards	Council of Governors meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
7/4/20	10.00am-12.30pm	Governance Committee	Training room 1 & 2, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
9/6/20	10.00am-12.30pm	Governance Committee	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
9/6/20	1.30 – end time TBC	Governor training and development session. Topics to be confirmed	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
11/8/20	10.00am-12.30pm	Governance Committee	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ

Derbyshire Healthcare NHS Foundation Trust

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST TERMS	
NHS Term / Abbreviation	**Terms in Full**
A	
A&E	Accident & Emergency
ACCT	Assessment, Care in Custody & Teamwork
ACE	Adverse Childhood Experiences
ACP	Accountable Care Partnership
ACS	Accountable Care System (now known as ICS)
ADHD	Attention Deficit Hyperactivity Disorder
AfC	Agenda for Change
AHP	Allied Health Professional
ALB	Arms-length body such as NHS Improvement (NHSI) and NHS England (NHSE)
AMHP	Approved Mental Health Professional
ASD	Autism Spectrum Disorder
ASM	Area Service Manager
B	
BAF	Board Assurance Framework
BMA	British Medical Association
BAME	Black, Asian & Minority Ethnic group
C	
CAMHS	Child and Adolescent Mental Health Services
CASSH	Care & Support Specialised Housing
CBT	Cognitive Behavioural Therapy
CCG	Clinical Commissioning Group
CCT	Community Care Team
CDMI	Clinical Digital Maturity Index
CEO	Chief Executive Officer
CGA	Comprehensive Geriatric Assessment
CIP	Cost Improvement Programme
CMDG	Contract Management Delivery Group
CMHT	Community Mental Health Team
CNST	Clinical Negligence Scheme for Trusts
COAT	Clinical Operational Assurance Team
COF	Commissioning Outcomes Framework
COG	Council of Governors
CPA	Care Programme Approach
CPD	Continuing Professional Development
CPN	Community Psychiatric Nurse
CPR	Child Protection Register
CQC	Care Quality Commission
CQI	Clinical Quality Indicator
CQUIN	Commissioning for Quality Innovation
CRB	Criminal Records Bureau
CRG	Clinical Reference Group
CRS	(NHS) Care Records Service
CRS	Commissioner Requested Services

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST TERMS	
NHS Term / Abbreviation	**Terms in Full**
CTO	Community Treatment Order
CTR	Care and Treatment Review
D	
DAT	Drug Action Team
DBS	Disclosure and Barring Service
DfE	Department for Education
DHCFT	Derbyshire Healthcare NHS Foundation Trust
DIT	Dynamic Interpersonal Therapy
DNA	Did Not Attend
DH	Department of Health
DoLS	Deprivation of Liberty Safeguards
DPA	Data Protection Act
DRRT	Dementia Rapid Response Team
DTOC	Delayed Transfer of Care
DVA	Derbyshire Voluntary Action (formerly North Derbyshire Voluntary Action)
DWP	Department for Work and Pensions
E	
ECT	Enhanced Care Team
ECW	Enhanced Care Ward
ED	Emergency Department
EDS2	Equality Delivery System 2
EHIC	European Health Insurance Card
EHR	Electronic Health Record
EI	Early Intervention
EIA	Equality Impact Assessment
ELT	Executive Leadership Team
EMDR	Eye Movement Desensitising & Reprocessing Therapy
EMR	Electronic Medical Record
EPR	Electronic Patient Record
ERIC	Estates Return Information Collection
ESR	Electronic Staff Record
EWTD	European Working Time Directive
F	
FBC	Full Business Case
FOI	Freedom of Information
FFT	Friends and Family Test
FSR	Full Service Record
FT	Foundation Trust
FTN	Foundation Trust Network
F&P	Finance and Performance
5YFV	Five Year Forward View
G	
GDPR	General Data Protection Regulation
GGI	Good Governance Institute
GMC	General Medical Council

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST TERMS	
NHS Term / Abbreviation	**Terms in Full**
GP	General Practitioner
GPFV	General Practice Forward View
H	
HEE	Health Education England
HES	Hospital Episode Statistics
HoNOS	Health of the Nation Outcome Scores
HSCIC	Health & Social Care Information Centre
HSE	Health and Safety Executive
HWB	Health and Wellbeing Board
I	
IAPT	Improving Access to Psychological Therapies
ICS	Integrated Care System (formerly ACS)
ICT	Information and Communication Technology
ICU	Intensive Care Unit
IDVAs	Independent Domestic Violence Advisors
IG	Information Governance
IM&T	Information Management and Technology
IPP	Imprisonment for Public Protection
IPR	Individual Performance Review
IPT	Interpersonal Psychotherapy
J	
JNCC	Joint Negotiating Consultative Committee
JTAI	Joint Targeted Area Inspections
JUCB	Joined Up Care Board
JUCD	Joined Up Care Derbyshire
K	
KPI	Key Performance Indicator
KSF	Knowledge and Skills Framework
L	
LA	Local Authority
LCFS	Local Counter Fraud Specialist
LD	Learning Disablities
LHP	Local Health Plan
LHWB	Local Health and Wellbeing Board
LOS	Length of Stay
M	
MARS	Mutually Agreed Resignation Scheme
MAU	Medical Assessment Unit
MAS	Memory Assessment Service
MAPPA	Multi-agency Public Protection Arrangements
MARAC	Multi-agency Risk Assessment Conference (meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, probation, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs) and other specialists

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST TERMS	
NHS Term / Abbreviation	**Terms in Full**
	from the statutory and voluntary sectors.
MASH	Multi-Agency Safeguarding Hub
MCA	Mental Capacity Act
MDA	Medical Device Alert
MDM	Multi-Disciplinary Meeting
MDT	Multi-Disciplinary Team
MFF	Market Forces Factor
MHA	Mental Health Act
MHIN	Mental Health Intelligence Network
MHIS	Mental Health Investment Standard
MHRT	Mental Health Review Tribunal
MSC	Medical Staff Committee
N	
NCRS	National Cancer Registration Service
NED	Non-Executive Director
NICE	National Institute for Health and Care Excellence
NHS	National Health Service
NHSI	National Health Service Improvement
O	
OBC	Outline Business Case
ODG	Operational Delivery Group
OP	Out Patient
OSC	Overview and Scrutiny Committee
P	
PAB	Programme Assurance Board
PAG	Programme Advisory Group
PALS	Patient Advice and Liaison Service
PAM	Payment Activity Matrix
PARC	Psychosis and the reduction of cannabis (and other drugs)
PARIS	This is an electronic patient record system
PbR	Payment by Results
PCC	Police & Crime Commissioner
PHE	Public Health England
PICU	Psychiatric Intensive Care Unit
PID	Project Initiation Document
PLIC	Patient Level Information Costs
PMLD	Profound and Multiple Disability
PPT	Partnership and Pathway Team
PREM	Patient Reported Experience Measure
PROMS	Patient Reported Outcome Measure
Q	
QAG	Quality Assurance Group
QC	Quality Committee
QIA	Quality Impact Assessment
QIPP	Quality, Innovation, Productivity Programme
R	

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST TERMS	
NHS Term / Abbreviation	**Terms in Full**
RAID	Rapid Assessment, Interface and Discharge
RCGP	Royal College of General Practitioners
RCI	Reference Cost Index
REGARDS	Race, Economic disadvantage, Gender, Age, Religion or belief, Disability and Sexual orientation
RTT	Referral to Treatment
S	
SAAF	Safeguarding Adults Assurance Framework
SBARD	Situation, Background, Assessment, Recommendation and Decision (SBARD) tool
SBS	Shared Business Services
SEND	Special Educational Needs and Disabilities
SI	Serious Incidents
SLA	Service Level Agreement
SLR	Service Line Reporting
SOC	Strategic Options Case
SOF	Single Operating Framework
SPOA	Single Point of Access
SPOE	Single Point of Entry
SPOR	Single Point of Referral
STEIS	Strategic Executive Information System
STF	Sustainability and Transformation Fund
STP	Sustainability and Transformation Partnership
S(U)I	Serious (Untoward) Incident
T	
TARN	Trauma Audit and Research Network
TCP	Transforming Care Partnerships
TCS	Transforming Community Services
TDA	Trust Development Authority
TMT	Trust Management Team
TUPE	Transfer of Undertakings (Protection of Employment) Regulations 1981
TMAC	Trust Medical Advisory Committee
W	
WTE	Whole Time Equivalent