Derbyshire Healthcare
NHS Foundation Trust

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

TUESDAY 26 SEPTEMBER 2017

GOVERNOR & NED LUNCH
12:00 – 1:00 PM

COUNCIL OF GOVERNORS' MEETING
1.00 – 4.00 PM

WINDING WHEEL.HOLYWELL STREET, CHESTERFIELD, DERBYSHIRE, S41 7SA

AGENDA

	SUBJECT MATTER	ENC	LED BY	TIME
1.	Welcome, introductions and Chair's opening remarks Apologies and Declaration of Interests		Caroline Maley	1.00
2.	Submitted questions from members of the public	-	Caroline Maley	1.05
3.	Minutes of the previous meeting held on Tuesday 18 July 2017 and the extraordinary meeting held on Wednesday 13 September 2017	A	Caroline Maley Margaret Gildea	1.15
4.	Matters arising and actions matrix	B	Caroline Maley	1.20
5.	Chief Executive's Report	C	Ifti Majid	1.25
HOLDING TO ACCOUNT				
6.	Integrated performance report as presented to the Board on 27 July 2017	D	Claire Wright	1.40
7.	NED update on Safeguarding & Mental Health Act Committees	-	Dr Anne Wright	1.50
8.	Staff engagement & Pulse check update	E	Margaret Gildea Amanda Rawlings	2.10
9.	Escalation Items to the Council of Governors • Waiting lists • Support for carers • Forensic Unit • HR back office	-	 Julia Tabreham Julia Tabreham Julia Tabreham Margaret Gildea	2.20
BREAK – 2.45				

Better together

10.	Amendment to Governors' Code of Conduct	F	Sam Harrison	3.00
11.	Governance Improvement Action Plan – Six Month Review of Embeddedness of Actions	G	Sam Harrison	3.10
12.	Governance Committee Report	H	Gillian Hough	3.20
13.	Nominations & Remuneration Committee	I	Margaret Gildea	3.30
14.	Elections update	J	Denise Baxendale	3.40
15.	Any other business • CQC attendance at 21 March 2018 Council of Governors meeting	-	Caroline Maley	3.45
16.	Review of effectiveness	-	Caroline Maley	3.50
17.	Close of meeting	-	Caroline Maley	4.00
FOR INFORMATION				
Ratified minutes of the Public Board meeting held on 28 June 2017.		J	-	
Governor meeting timetable Glossary of NHS terms		K L	-	
Next Meeting: 10.30 am – 1.30 pm on Wednesday 22 November 2017 in Rooms 1 & 2, Research & Development Centre, Kingsway, Derby, DE22 3LZ				

Please note that the meeting scheduled for 22 November replaces the previously advertised date of 28 November

Derbyshire Healthcare NHS Foundation Trust

MEETING OF THE COUNCIL OF GOVERNORS HELD IN PUBLIC SESSION

TUESDAY 18 JULY 2017

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

THE MEETING OPENED AT 1.00 PM AND CLOSED AT 3.30 PM

PRESENT	Caroline Maley	Acting Trust Chair
GOVERNORS PRESENT	Amran Ashraf	Public Governor, Derby City West
	Shelley Comery	Public Governor, Erewash North
	Rosemary Farkas	Public Governor, Surrounding Areas
	Sarah Gray	Staff Governor, Nursing & Allied Professions
	Ruth Greaves	Public Governor, Derbyshire Dales
	John Morrissey	Public Governor, Amber Valley South
	Kevin Richards	Public Governor, South Derbyshire
	Carole Riley	Public Governor, Derby City East
	April Saunders	Staff Governor, Nursing & Allied Professions
	Kelly Sims	Staff Governor, Administration & Allied Support Staff
	Gemma Stacey	Appointed Governor, University of Nottingham
	Robin Turner	Appointed Governor, Derby City Council
IN ATTENDANCE	Joan Barnett	Engagement Manager, Grant Thornton
	Denise Baxendale	Communications & Involvement Manager
	Donna Cameron	Assistant Trust Secretary (Note Taker)
	Margaret Gildea	Senior Independent Director
	Dr Kaanthan Jawahar	ST2 NIHR Academic Clinical Fellow Shadowing Ifti Majid
	Ifti Majid	Acting Chief Executive
	Barry Mellor	Non-Executive Director
	Anna Shaw	Deputy Director of Communications & Involvement
	Dr Julia Tabreham	Non-Executive Director & Deputy Trust Chair
	Lynn Wilmott-Shepherd	Interim Director of Strategic Development
	Dr Anne Wright	Non-Executive Director
	Claire Wright	Deputy Chief Executive & Executive Director of Finance
	Richard Wright	Non-Executive Director
	Maurice Lawrence	Member of the Public
	Shirish Patel	Member of the Public
APOLOGIES	Carolyn Green	Executive Director of Nursing & Patient Experience
	Samantha Harrison	Director of Corporate Affairs & Trust Secretary
	Dr Jason Holdcroft	Staff Governor, Medical & Dental
	Paula Holt	Appointed Governor, University of Derby
	Gillian Hough	Public Governor, Derby City East
	Moira Kerr	Public Governor, Derby City East
	Lynda Langley	Public Governor, Chesterfield North
	Mark Powell	Acting Chief Operating Officer
	Amanda Rawlings	Interim Director of People & Organisational Effectiveness
	Dr John Sykes	Executive Medical Director
	David Wilcoxson	Public Governor, Amber Valley North

DHCFT/GOV/ 2017/50	**WELCOME, INTRODUCTIONS, OPENING REMARKS, APOLOGIES FOR ABSENCE, DECLARATIONS OF INTEREST** The Chair opened the meeting at 1.00 pm and welcomed attendees to the meeting.

	Apologies were noted as above. No declarations of interests were received.
DHCFT/GOV/ 2017/51	**MINUTES OF THE PREVIOUS MEETING** The minutes of the previous meeting, held on Tuesday 2 May 2017, were accepted as an accurate record.
DHCFT/GOV/ 2017/52	**MATTERS ARISING & ACTIONS MATRIX** **Matters Arising** There were no matters arising from the minutes of the previous meeting. **Actions Matrix** Updates on progress were noted on the matrix.
DHCFT/GOV/ 2017/53	**CHIEF EXECUTIVE'S REPORT** Ifti Majid, Acting Chief Executive, presented his report to give the Council of Governors feedback on changes within the national health and social care sector, as well as providing an update on developments occurring within the local Derbyshire health and social care community. The report also updates the Council on feedback from external stakeholders and staff. The report is to support the Council of Governors' understanding of key risks and opportunities facing the Trust and to aid holding the Board to account for delivery of the Trust strategy. Following improvements made in regards to CQC compliance confirmation that all breach requirements have been met, the Trust had received formal notification from NHS England, as part of the routine quarterly Nottinghamshire and Derbyshire Quality Surveillance Group (QSG), that the Trust's rating in respect of partners' shared view of risks to quality across NHS commissioned services had returned to green - the highest possible rating that can be achieved. Governors noted the update on the Derbyshire Sustainability and Transformation Partnership. As the lead for the Mental Health Workstream, the Acting Chief Executive will be focussing on the following domains: • Mental Health Primary Care Support • Responsive Community Services • Dementia and Delirium • Forensic and Rehabilitation pathways A summary containing brief details of work that needs to be achieved in each area was distributed in the meeting and will follow electronically in Governor Connect. The Trust had carried out an internal review of all fire risk assessments. All buildings and inpatient facilities had been assessed by Derbyshire Fire & Rescue Service. No major issues were found. Ifti Majid highlighted that the Trust is extremely busy. There are high levels of activity, pressures on capacity and increasing acuity is being seen in

	patients receiving services. Staff were commended for their flexibility and goodwill in dealing with these pressures. **ACTION: STP Update to be distributed to all governors via Governor Connect.** **RESOLVED: The Council of Governors scrutinised the report, noting the risks and actions being taken.**
DHCFT/GOV/ 2017/54	**PRESENTATION OF THE ANNUAL ACCOUNTS FROM THE EXTERNAL AUDITOR** Joan Barnett, Engagement Manager with the Trust's External Auditors, Grant Thornton, presented the Annual Audit Letter. The Annual Audit Letter reflects satisfaction with the Trust's Annual Report and Accounts, confirming consistency with the audited financial statements. Grant Thornton was satisfied that the Trust had put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ending 31 March 2017. The Quality Report received an unqualified limited assurance opinion. Joan Barnett commended the Trust for its positive report and outcomes in what had been a busy year in responding to the CQC and delivering the Governance Improvement Action Plan. Joan Barnett praised the work of Anna Shaw, Darryl Thompson and the Finance Team in drawing together the annual accounts, annual report and quality report and thanked them for contributing to the efficient audit. **RESOLVED: The Council of Governors received and noted the Annual Audit Letter from Grant Thornton.**
DHCFT/GOV/ 2017/55	**GOVERNORS NOMINATIONS & REMUNERATION COMMITTEE** Caroline Maley presented the report. The Council of Governors received and noted the summary of the exit interview and appraisal conducted with Maura Teager before her departure from the Trust in March 2017. The Committee's year-end report was received, demonstrating its effectiveness in performing to its Terms of Reference. Recommendations on amendments to the Terms of Reference of the Governors' Nominations & Remuneration Committee were approved and two new members elected; Carole Riley, Public Governor, and Kelly Sims, Staff Governor. **RESOLVED: The Council of Governors** **1. Noted that the Committee has conducted an annual review of its Terms of Reference and approved the proposed amendments** **2. Invited governors to inform Donna Cameron during the break if they would wish to be considered for membership of the Nominations & Remuneration Committee with the intention of resolving this during the meeting** **3. Agreed that membership of the Committee would be for the duration of current term of office** **4. Received and noted the Committee's report of its collective performance as per the Terms of Reference**

	5. Received confirmation of the appraisal and exit interview held with Maura Teager, former Non-Executive Director.
DHCFT/GOV/ 2017/56	**INTEGRATED PERFORMANCE REPORT** Claire Wright, Deputy Chief Executive & Finance Director presented the Integrated Performance Report (IPR) to provide governors with an overview of performance as at the end of May 2017 with regards to workforce, finance, operational delivery and quality performance. The same report had been presented to the Public Trust Board on 28 June 2017. Board Committee Chairs illustrated how the report is used to hold Executive Leads to account in each of the Board Committees:- • Julia Tabreham confirmed that the Quality Committee receives the Quality Dashboard on a monthly basis; its use had led to focussed discussions on areas such as prone restraint, falls and treatment of BME groups. • At the People & Culture Committee, Margaret Gildea reported focus on sickness absence, workforce staffing and staffing by wards. The data has assisted in the focus on resourcing issues. • Richard Wright confirmed that the Finance & Performance Committee, at its last meeting, had used the IPR to look at efficiencies and costs, but noted that this had been in light of the then considered merger. Data tends to present the outcomes of work being undertaken in other areas, such as medical agency spend and recruitment. • Dr Anne Wright found the IPR very useful in reviewing the challenging work of the Mental Health Act Committee. Ruth Greaves welcomed the approach of NEDs relating their use of the IPR to their respective Board Committee and would support it continuing. Ruth Greaves reported she was aware of rumours circulating about which staff, in the Trust's HR department, were not employed by the Trust. In addition to Amanda Rawlings, who has a joint contract, Ruth Greaves asked if there are any other people employed in the Trust's HR department not employed by the Trust. Margaret Gildea confirmed that there are or there will be as this was agreed as part of the process to rationalise back office services.. This approach is independent of the merger and is working well. Ifti Majid added that the overarching specification of the new function had been agreed by both organisations and will be a joint function, owned equally. Phase one of the work was to understand the leaders in each of the teams and sub-teams, which has been completed. The second phase is currently active, which is a live HR process. Ruth Greaves asked if the work would stop people moving around local Trusts. Ifti Majid responded that part of the Derbyshire Systems Plan is to enable people to move between roles in a planned manner without creating levels of instability. Kevin Richards asked if the work would accrue any savings. Claire Wright advised there may be a small amount of savings but nothing in 2017/18; long term efficiencies may be seen from improvements in providing the service. Margaret Gildea emphasised that the motivation for this project is not financial and her perception of HR is of a very motivated department which has benefitted from improvements in leadership. April Saunders

	reported that some staff are concerned regarding their future while Kelly Sims added that staff side is reluctant to bring such conversations to Board Committees as they are part of the process. Ifti Majid confirmed these concerns had been raised with him, he is listening to them and trying to resolve. John Morrissey requested assurance from NEDs that they have been taking notice of these concerns, that they know the opinions of staff and that staff are able to give opinions without jeopardising their careers. Margaret Gildea confirmed these discussions are taking place and Caroline Maley assured governors the Board is aware. **RESOLVED: The Council of Governors received and noted the report.**
DHCFT/GOV/ 2017/57	**STAFF ENGAGEMENT UPDATE** Margaret Gildea, Non-Executive Director and Chair of People & Culture Committee (PCC) presented the report on Progress with the Staff Survey, as delivered to the Public Trust Board meeting on 28 June 2017. An overview of the 2016 staff survey and quarter one pulse check were highlighted. The approach and actions being taken to improve staff engagement across the Trust was outlined. Ifti Majid confirmed to Ruth Greaves that a pulse check had very recently concluded and that the results were awaited. Kevin Richards observed that the negative responses continue and Caroline Maley assured governors that areas/comments are tracked/highlighted through the IPR and PCC. A Staff Engagement Forum is being developed where staff representatives will be able to meet with directors and shape decisions and initiatives; both April Saunders and Kelly Sims, staff governors, are actively involved. Kelly Sims reported to her fellow governors that as an observer at PCC she witnesses NED challenge on survey findings and she is assured plans are in place to address these concerns. Caroline Maley reported that during a recent Board Development session it was agreed to further increase the focus of how the Trust helps its people.. **RESOLVED: The Council of Governors noted the progress in the report and looks forward to the next survey.**
DHCFT/GOV/ 2017/58	**NON-EXECUTIVE DIRECTOR UPDATE ON AUDIT & RISK COMMITTEE** Barry Mellor, Non-Executive Director and Chair of Audit & Risk Committee gave an update on the work of the Audit & Risk Committee, highlighting the purpose and membership of the Committee. A summary of the work of the Committee during 2016/17 and its priorities for 2017/18 was provided. Shelley Comery asked how the Audit & Risk Committee received assurance in relation to risk findings. Barry Mellor advised that the purpose of internal audit is to ensure the Trust is following the risk areas and procedures, concerns are in part addressed by the team and, where required, action plans developed to address. The Committee is able to challenge where processes are not in line with the action plan and seek assurance on how resolutions will be concluded. **RESOLVED: The Council of Governors received and noted the Non-Executive Director update on the Audit & Risk Committee.**

DHCFT/GOV/ 2017/59	**GOVERNANCE COMMITTEE REPORT** Shelley Comery, Deputy Chair of Governance Committee, presented an update on meetings of the Governance Committee held on 17 May and 3 July 2017. Notably the Committee had reviewed its Terms of Reference, at the conclusion of its first year and presented revisions for approval. **RESOLVED: The Council of Governors** **1. Noted the discussions at the Governance Committee meetings held in May and July 2017.** **2. Approved the refreshed Terms of Reference for the Governance Committee.**
DHCFT/GOV/ 2017/60	**UPDATE ON GOVERNOR APPOINTMENTS & RESIGNATIONS** Anna Shaw presented a report detailing appointments and resignations since May 2017. Four public governors and one appointed governor had resigned. Two public governors and one appointed governor have joined the Trust. Elections for public governor vacancies are scheduled for the autumn and an election for a Staff Governor – Nursing & Allied Professions, will take place in September. Ruth Greaves enquired if the Trust could have prevented any of the governor resignations. Anna Shaw responded that the resignations were for a variety of reasons including complexity of the role, working arrangements, demands of the role and personal circumstances. Each governor is offered support to stay on and all have been thanked for their service. Prior to the public governor elections in the autumn, membership events will be held to increase membership numbers in those areas, particularly where it has been difficult to recruit a governor in the past. Caroline Maley added that the Trust's constitution provides for two voluntary sector governors. It had previously been decided not to recruit to these roles in light of the potential merger; however, these will now be reviewed with the Director of Corporate Affairs & Trust Secretary. **RESOLVED: The Council of Governors noted the resignations, recent appointments and planned elections.**
DHCFT/GOV/ 2017/61	**FINAL GOVERNANCE IMPROVEMENT PLAN** Claire Wright presented the report, as delivered to Public Trust Board on 24 May 2017, which confirmed the completion of all actions to address Governance Improvement Action Plan recommendations (GIAP). The Council of Governors recognised the enormous achievement associated with this work across the organisation. **RESOLVED: The Council of Governors noted the report and the completion of actions associated with the GIAP.**
DHCFT/GOV/ 2017/62	**ANY OTHER BUSINESS** **Attendance at Other Committee Meetings** Amran Ashraf enquired about attending other meetings. Caroline Maley

	referred to the Governor Observer Protocol where nominated governors were invited to observe People & Culture and Quality Committee. Shelley Comery recommended attending the Governance Committee.
DHCFT/GOV/ 2017/63	**REVIEW OF MEETING EFFECTIVENESS** Governors remarked that the NED contribution regarding the IPR and its relation to their respective Board Committee had worked well. Caroline Maley welcomed the opportunity to informally meet with governors over a lunch prior to CoG. Governors were encouraged to attend and advise of their attendance in order for catering to be managed efficiently.
DHCFT/GOV/ 2017/64	**CLOSE OF MEETING** With no further business the meeting closed at 3.20 pm.
DHCFT/GOV/ 2017/65	**FOR INFORMATION** Governors received the following items for information: • Ratified minutes of Public Board Meetings held on 1 March 2017, 26 April 2017 and 24 May 2016. • Summary of the Confidential Council of Governors Meeting, held on 6 June 2016. • The latest Governor Meeting timetable. • Glossary of NHS terms.
DHCFT/GOV/ 2017/66	**NEXT MEETING** Date: Tuesday 26 September 2017 Time: NED/CoG Lunch 12.00 – 1.00, Meeting 1.00 – 4.00 pm Venue: The Winding Wheel, 13 Holywell Street, Chesterfield, S41 7SA

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Derbyshire Healthcare NHS Foundation Trust

MINUTES OF AN EXTRAORDINARY MEETING OF COUNCIL OF GOVERNORS HELD IN PUBLIC SESSION

HELD ON WEDNESDAY 13 SEPTEMBER 2017
10:00 – 10:30
MEETING ROOM 1, ALBANY HOUSE, KINGSWAY, DERBY, DE22 3LZ

PRESENT	Margaret Gildea	Chair of Meeting & Senior Independent Director
	Denise Baxendale	Communications & Involvement Manager
	Donna Cameron	Assistant Trust Secretary
	Rosemary Farkas	Public Governor, Surrounding Areas
	Sam Harrison	Director of Corporate Affairs & Trust Secretary
	Jason Holdcroft	Staff Governor, Medical & Dental
	Paula Holt	Appointed Governor, University of Derby
	Gillian Hough	Public Governor, Derby City East
	Lynda Langley	Public Governor, Chesterfield North
	John Morrissey	Public Governor, Amber Valley South
	Kevin Richards	Public Governor, South Derbyshire
	Carole Riley	Public Governor, Derby City East
	Robin Turner	Appointed Governor, Derby City Council
	Anna Shaw	Deputy Director of Communications & Involvement
From 2017/68	Kelly Sims	Staff Governor, Admin & Allied Support Staff
	Claire Wright	Deputy Chief Executive & Director of Finance
APOLOGIES	Amran Ashraf	Public Governor, Derby City West
	Sarah Gray	Staff Governor, Nursing & Allied Professions
	Ruth Greaves	Public Governor, Derbyshire Dales
	Ifti Majid	Acting Chief Executive
	Caroline Maley	Acting Trust Chair
	Barry Mellor	Non-Executive Director
	Gemma Stacey	Appointed Governor, University of Nottingham
	Julia Tabreham	Deputy Trust Chair & Non-Executive Director
	Anne Wright	Non-Executive Director
	Richard Wright	Non-Executive Director

ITEM NUMBER	ITEM
DHCFT/GOV/ 2017/67	**WELCOME, INTRODUCTIONS, APOLOGIES & DECLARATION OF INTERESTS** Margaret Gildea explained that the meeting had been called to receive the recommendation of the Governors Nomination & Remuneration Committee on the appointment of the Trust Chair and that she would be chairing the meeting in lieu of the Trust Chair and Deputy Trust chair who had declared an interest in this matter. Apologies were noted as above. There were no declarations of interest received.
DHCFT/GOV/ 2017/68	**RESOLUTION TO MOVE TO A CONFIDENTIAL MEETING** Due to the confidential nature and content of the following items, Margaret

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	Gildea sought approval from the Council of Governors to take the following items in confidential session. • Minutes of the Confidential Council of Governors Meeting, held on 18 July 2017 • Governors Nomination & Remuneration Committee recommendation to appoint a Trust Chair **RESOLVED: The Council of Governors** **1. Agreed to move to private session for the two items above.** **2. Agreed to close the private session on conclusion of these matters and return to public session.**
DHCFT/GOV/ 2017/69	**CONFIRMATION OF DECISION RELATING TO APPOINTMENT OF THE TRUST CHAIR** The meeting reconvened in public session. The recommendation from the Governors Nomination & Remuneration Committee to appoint Caroline Maley as Trust Chair for a three year term, effective 14 September 2017, at an annual fee of £50,000 inclusive home to base mileage expenses was approved and confirmed as carried, following a confidential ballot. A staff message and a stakeholder message had been prepared and will be issued today. Sam Harrison and John Morrissey will arrange for confirmation of the outcome to be communicated to Caroline Maley. The Governors Nomination & Remuneration Committee were thanked for their contribution to this process.
DHCFT/GOV/ 2017/69	**ANY OTHER BUSINESS AND MEETING EFFECTIVENESS** There were no items of any other business. Attendees agreed the meeting had been effective.
DHCFT/GOV/ 2017/69	**CLOSE OF MEETING** With no further business the meeting closed at 10.25 am.

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COUNCIL OF GOVERNORS ACTION MATRIX - AS AT 19 SEPTEMBER 2017							
Date of Minutes	**Minute Reference**	**Item**	**Lead**	**Action**	**Completion by**	**Current Position**	
02.05.17	DHCFT/Gov /2017/037	Acting Chief Executive's Report	John Sykes	Options for junior doctors to access hot food out of hours to be looked into.	~~18.07.17~~ 22.11.17	National report discussed at Board and Consultants' meeting. Obtaining hot meals is an issue. Doctors mess has kitchen facilities including freezer and microwave. Meals also available for Kingsway and RDH but not after hours. Probably not enough demand for vending machine. JS made enquiry made re obtaining food from hospital kitchens supplying wards – awaiting reply. Action transferred to Executive Leadership Team to consider and report back.	Yellow
02.05.17	DHCFT/Gov /2017/044	Governor protocol for attendance at Board Committees	Sam Harrison	The protocol will be reviewed in six month's time	28.11.17	Agenda item for future meeting.	Yellow
18.07.17	DHCFT/Gov /2017/53	Chief Executive's Report	Denise Baxendale	STP update to be distributed to governors via Governor Connect	26.09.17	Issued on Governor Connect on 28 July. Complete	Green

Key					
	Agenda item for future meeting		**YELLOW**	1	33%
	Action Ongoing/Update Required		**AMBER**	0	0%
	Resolved		**GREEN**	2	67%
	Action Overdue		**RED**	0	0%
				3	100%

Derbyshire Healthcare NHS Foundation Trust
Report to Council of Governors – 26 September 2017

Acting Chief Executive's Report to the Council of Governors

Purpose of Report:

This report provides the Council of Governors with feedback on changes within the national health and social care sector as well as providing an update on developments occurring within our local Derbyshire health and social care community. The report also updates the Council of Governors on feedback from external stakeholders such as our commissioners and feedback from our staff. The report should be used to support the Council's understanding of key risks and opportunities facing the Trust and to aid holding the Board to account for the delivery of the Trust strategy

National Context

1. Last month NHS Improvement and NHS England published their review of winter 2016/17. In summary whilst non elective admissions and ambulance calls each grew by just over 1%, overall A&E attendances fell by 1.7% and calls to 111 fell by a huge 4.2%. in fact all four types of activity grew by less than the 5 year average growth which does suggest a very marginal slowdown of activity during last winter

   That said:
   - In aggregate across England, acute providers had more acute hospital beds open in winter 16/17 than the previous winter.
   - Delayed transfer of care (DTOC) levels reached their highest recorded level in January, with DTOC levels over winter on average 22% higher than the year before, occupying on average about 6,400 beds every day.
   - Decline in A&E performance over the course of the past three years has largely arisen because the usual balance between demand and capacity has been altered which has further caused patient flow to slow. In the past three years increasing difficulties with discharging patients (DTOC) have led to a significant rise in emergency bed days (1.8m). This has in turn pushed up occupancy.

   Whilst this data relates to acute hospital care it resonates with the activity in the mental health sector and in our Trust where occupancy levels remain high driven an increasing difficulty to discharge often related to community capacity.

   The report makes 3 recommendations that in Derbyshire will be overseen by the Urgent Care Board:

   - Occupancy levels should be more actively monitored and actions taken to ensure that they remain below 92%, to allow patient flow to be maintained to deliver A&E performance.
   - To ensure delivery of safe, effective care this winter the NHS needs to free up 2,000-3,000 acute beds. This freeing up beds should come from a reduction in DTOCs.
   - Building on the forthcoming additional collection of data on primary care capacity, the NHS needs to routinely have a more complete picture of capacity available across the system, particularly in community care.

2. The Royal Society for Public Health has published a report which looks at the positive and negative effects of social media on young people's mental health. The report finds that negative effects include: anxiety; depression; lack of sleep; poor body image. Positive effects include: learning about other people's experiences; self-expression; building relationships.

   Key recommendations include:
   - Provide users with a pop-up warning when they exceed a set level of usage.
   - Highlight when images of people have been digitally manipulated.
   - Teach safe social media use in schools.
   - Identify users at risk

Local Context

3. Our involvement continues in the Erewash Vanguard and the providers involved in delivering care as part of Wellbeing Erewash have now come together in the 'Erewash Alliance' The Vanguard Quarterly review took place on Wednesday 26th of July 2017 with NHS England and we received very positive feedback, particularly in the areas of Carers, Dementia and empowering people and communities. There was additional recognition for the robust plans evaluation that are now in place. Positive work around the community and personal resilience work streams have been evident, particularly around the initiatives: TimeSwap and Brilliant Erewash. The key priority for the rest of this year will focus on further role out of the 'on day' joint primary care service offer as well as developing social prescribing.

   The New Care Models Team has confirmed Vanguard funding conditions for 2017/18. They have stated that a Vanguard's impact on non-elective admissions will determine Q3 and 4 release of funding. This is contrary to previous information stating that it is spend (not performance) that determines the quarterly release of funds. All Vanguards were RAG rated according to their impact on non-elective admissions and Wellbeing Erewash is *'almost at risk'*. Funding for Q3 is safe, and funding for Q4 is potentially at risk depending on performance and our ability to explain the reasons for any growth in activity.

4. NHS England has published the STP dashboard and it has confirmed Derbyshire as one of the areas rated *"advanced"* in the first STP Progress Dashboard. The Dashboard, driven by indicators in three broad areas; hospital performance, patient-focused changed and transformation. Senior colleagues, chief executives and chairs from all 11 organisations involved in Joined Up Care Derbyshire (our Sustainability and Transformation Partnership, or 'STP') have held the first board meeting and created a new governance structure to help transform health and care services in the county. The Board agreed to prioritise and speed up the implementation of the plans set out in Joined Up Care Derbyshire and focus their organisations on the main projects, or 'workstreams'. This will help all 11 organisations start working together as a whole system on an everyday basis, with patient care and services at the heart of their focus, and move away from functioning as separate entities

   Following the announcement by senior health leaders this week that the NHS is pumping £325 million into new projects in 15 areas across the country, it was confirmed that Derbyshire would receive up to £30m for two local projects. The £325m has been awarded to Sustainability and Transformation Partnerships (STP) which are

considered to be the strongest and most advanced in the country. Derby Teaching Hospitals Foundation NHS Trust will now be able to move forward plans for an Urgent Care Village' which will incorporate GP services, a frailty clinic and mental health services to make sure patients receive the right care in the right place, first time, and avoid going to A&E unnecessarily. The remaining investment will go towards supporting work that is considering new facilities that will bring community services, outpatient clinics, testing and diagnostics and specialist rehabilitation services together in one place in the county

5. The Better Care Closer to home plan was agreed following extensive public consultation at an extra ordinary public governing body meeting between North Derbyshire CCG and Hardwick CCG on July 24th 2017.A multi-agency implementation team will develop and deliver the implementation plan working with Place groups to develop local solutions this will be overseen by a program implementation board reporting to CCG Governing bodies with links to the Health and Wellbeing Board. A lay member reference group will act as a critical friend to constructively challenge the process. The first meeting of the Implementation Board was on the 11th September 2017.Following the sign off of a consultation plan a critical issue, requiring rapid resolution, has already occurred. This issue related to the ability of the DCHS to safely staff Riverside ward at Newholme Hospital. The number of patients on Riverside ward has been falling for some time and for the previous six months the ward usually had between 4 to 6 patients. This recently dropped even below that and at the end of July there was only a single patient needing to remain on the ward. Adding to this occupancy issue providing qualified nurse cover to the ward was increasingly difficult. Derbyshire Community Health Services have taken the decision to temporarily close Riverside ward increasing their capacity in other wards to cover previous demand. The temporary closure of the ward frees up a small group of staff who in conjunction with our services are able to focus on the formation of a small dementia rapid response team to work with patients in the community to avoid admission.

Within our Trust

6. Staff from our Trust led two large scale World Suicide Prevention Day events one in Chesterfield where we had around 30 volunteers, the largest component from our own staff group and we engaged with as many of the 5164 fans as we could and had a number of conversations with service users and general public attending the match We were also able to make positive links with our partners in Derbyshire County Council, Public Health, Network Rail, Samaritans and Cruse. The trust also got good press from a PeakFM interview, Chesterfield Post article and website/social media posts from the football club.

Dr Allan Johnston (Consultant Psychiatrist) with the Chesterfield Football Club mascot

7. At Spotlight on Leaders event held of 13 September the Workforce and OD team provided a well-attended interactive learning development session focussed on Employee Relations (ER). Case studies and lessons learned meant that attendees left with a much deeper appreciation of the impact on individuals, teams and the wider Trust. It was a well-received opportunity to share experiences and key learning points to improve the experience of all involved. Key messages included addressing emerging ER problems early, following policy rigorously, concluding formal processes as quickly as possible and appropriately supporting all those involved. The imminent appointment of the new Freedom to Speak Up Guardian and the availability of a new jointly-developed ER management information system (developed together by WOD and ops) will complement the practical learning. Many thanks to Gary, Susan and Rose and their team for pulling the session together

8. On the 6th September, James Mullins (Head of Hospital Inspections, Mental Health) from the CQC visited the Trust to meet staff and review the progress and improvements we have made since the comprehensive inspection. Whilst it was only an informal visit, James was pleased with what he saw and gave us positive feedback. Many local leaders and members of the operations and nursing/quality team worked very hard to prepare for the visit and I would like to thank them on behalf of the Board.

9. Since our last Council of Governors meeting I have met with/visited staff from our Crisis North Team in the High Peak, Teams at Dale Bank View, St Andrews House, and our Estates leadership team. These meetings were either individually arranged or part of an opportunity before our Executive Leadership Team meetings that are now scheduled out in the Trust not just at HQ. Common themes that emerge from these meetings include:
    - We still need to be more response in supporting staff to have the 'tools' to do their job with staff citing delays in receiving some essential equipment or environmental improvements. Car parking was raised as an issue and frustration in several places.
    - The pressure of recruitment difficulties is telling on teams, staff working very hard to manage increased pressure due to demand with less capacity. It was also noticeable that in some instances staff were not aware of all the measures put in place to address our recruitment challenges
    - Extended role requirements add further pressure, particularly for more senior leaders, for example involvement in investigations. The need for ongoing training for managers around conducting grievance and disciplinary investigations was clear.
    - Some teams were looking for support in managing relationships with other Organisations that are key to their service for example Pennine Care, Stepping Hill in the High Peak.

    I would ask the Council of Governors to note that the Executive Team are focussed on actions from this feedback and importantly will ensure feedback is given directly to teams.

10. At the end of August I met with Toby Perkins, MP for Chesterfield to update him on the progress the Trust has made around the governance and quality improvements as well as the decisions not to progress with the merger. I also had the opportunity to brief him on the current pressure facing providers such as ourselves and the risks this poses to residents of Derbyshire. Toby was responsive and agreed to raise these issues in the House particularly a reality check of the expectation of Trusts to deliver the mental

health *'national must do's'* in an environment where finances talked about nationally are not finding their way down to the front line.

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 Council of Governors can take assurance that Trust level of engagement and influence is high in the health and social care community
- Feedback from staff is being reported into the Board

Consultation

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

Governance or Legal Issues

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

Public Sector Equality Duty & Equality Impact Risk Analysis The author has a responsibility to consider the equality impact and evidence on the nine protected characteristics – Race, Economic disadvantage, Gender, Age, Religion or belief, Disability and Sexual orientation (REGARDS).	
There are no adverse effects on people with protected characteristics (REGARDS).	
There are potential adverse effect(s) on people with protected characteristics (REGARDS). Details of potential variations /inequalities in access, experience and outcomes are outlined below, with the appropriate action to mitigate or minimise those risks.	x
Actions to Mitigate/Minimise Identified Risks	
This document is a mixture of a strategic scan of key policy changes nationally and locally that could have an impact on our Trust and the reporting of internal actions and feedback I have received relating to the strategy delivery.	

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

That said some of the reports both nationally and within the Derbyshire system have the potential to have an adverse impact on people with protected characteristics (REGARDS).

Internal Trust and wider system transformation schemes all need to involve an appropriate equality impact assessment in order to mitigate any risks that are identified in actions being proposed

That 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.

Transformation done well has the potential to *improve* our delivery of equality, by for example, increasing the opportunity for communities to come together in more positive ways than those that exist in the way we currently deliver services

The development of a dementia rapid response team is an example of a new service that will have more flexibility to respond to the local needs of individual communities than a fixed in-patient provision.

The work we are leading in Erewash around 'timeswaps' and Brilliant Erewash are specific community focussed initiative responding to reported REGARDS needs.

Recommendations

The Council of Governors is requested to:

1. Scrutinise the report, noting the risks and actions being taken
2. Discuss and raise questions on the content therein.

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

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

Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 27 July 2017

Integrated Performance Report Month 3

Purpose of Report

This paper provides Trust Board with an integrated overview of performance as at the end of June 2017. The focus of the report is on workforce, finance, operational delivery and quality performance.

Executive Summary

The Trust continued to perform well against many of its key indicators during June This Executive Summary draws out a number of key issues for discussion by the Board of Directors.

The main key theme for month's 3, 4 and 5 is the escalation in staffing issues across the acute inpatient wards.

Despite the delivery of recruitment activities, staffing remains a constant challenge for many Trust services both in the community and ward areas. As requested by the Board of Directors, the Director of Nursing has reviewed the safer staffing report.

The Trust wide vacancy rate is 8% below the Trust target of 10%. This is well below the national and regional average. It was discussed last month the need to reduce this trajectory down to drive performance improvement so we focus on service areas which are significant outliers against the trust average.

There is a high level of RMN (Registered Mental Health Nurse) / RNLD (Registered Nurse Learning Difficulties) in the Trust's workforce. In addition, campus skill mix is set at five staff on shift which is set at three registered professionals. This is above the national average.

Acute areas have had very traditional skill mix models, over 2016/ 17, pilots of occupational therapists working day shifts at the Hartington unit have been undertaken and in design at the Radbourne unit. These posts are out to advert and we are using our expanded OT (Occupational Therapy) and AHP (Allied Health Professionals) leads to attract, recruit and retain this workforce.

The Director of Nursing has partial assurance on staffing levels, against planned standards, however, is assured that safe and effective operational management is in place to mitigate all risks, however our performance in filling ward staffing is fluctuating significantly.

Nursing and Quality staff, as well as other staff, are being deployed to support campus services over the summer period to maintain safety and also to support our staff in this time of transition until our new staff commence.

Last month the team discussed the need to have a continued focus over the summer to restabilising key campus sites and ensure proactive operational management and planning. To mitigate this in particular at the Hartington unit, additional senior

management support will be meeting with the Hartington campus team to ensure full mitigating actions are put in place to maintain safe services over this period.

Bed occupancy is lower at this time and this is creating a balancing situation of risk which is being monitored closely by the leadership team.

If operational vacancies and mitigating plans are not fully realised, the Director of Nursing's opinion is there is still a risk to patient experience and to the quality of the service which we provide. Further mitigation and deployment of our resources and additional resources are still required to maintain the quality of our services.

Additional recruitment programmes to drive forward some recruitment diversification from RGN's, (Registered Nurses) social workers and occupational therapists are being additionally supported and have had external support in social media of staff taking an interest in positions.

Quality and Operational Performance

There is substantial improvement in the uptake of supervision in some service areas. However, there remains a concerted effort to create sufficient time to enable supervision to be undertaken in Campus.

Following a reported increase in May across a number of indicators, during June;

- The number of incidents of prone restraint has decreased compared with the previous month (from 13 to 9)
- The number of incidents of absconsion has reduced
- The number of patients with a Safety Plan is continuing to increase. A trajectory is in design by the medical Director and is considering the monthly activity and the need to focus upon the individuals with the greatest needs.
- The number of inpatients with a VTE (Venous Thromboembolism) assessment is increasing and this is showing a more firm improvement
- The forensic risks assessment and risk profile HCR20 assessments have been completed for relevant patients
- The percentage of in-patients with a recorded capacity assessment has neared the target at 94.49%; we continue to invest the time of our clinical skills tutor and staff to work on improving the quality. We will roll out further initiatives over the summer to ensure layering of knowledge and skills in this area.
- In our patient experience reports the number of compliments has increased

Also of note is the number of outstanding actions following serious incident investigations has reduced. We have scheduled a number of learning events over the summer period for our children's, substance misuse and county wide services to address the improvement required in safeguarding training.

The number of outstanding actions following the CQC (Care Quality Commission) comprehensive review has reduced, we continue to have focused meetings to drive continual service improvement and ensure our learning is embedded.

There remain a number of challenges. This report includes quarterly data and raises issues with respect to an overall increase against quarterly targets in serious incidents, duty of candour, seclusion, physical assault on staff and patients, due to the increases previously reported during May. Some further equalisation of trend will be required over a twelve month period rather than a quarterly or monthly observation in these areas.

There is an increase in the number of concerns raised, this service feedback is critical to enabling our service to learn and improve.

Continued focus is required to improve compliance with; safety plans, VTE assessment, response to complaints, completing actions resulting from complaints and serious incidents. As previously highlighted the impact will not be experienced until September 2017.

Issues with systems to accurately identify LD (Learning Difficulties) Care and Treatment Review are in progress and we endeavour to see improvements in this area again in September.

The Quality Committee has reviewed longitudinal data on the positive and safe strategy considering the use of restraint and seclusion. Over time this continues on a downward trajectory and performance this month with the number of episodes of patients held in seclusion has increased needs to be reviewed in this context.

The number of inpatients with a VTE assessment is increasing, although compliance remains low and has limited improvement. It has been recommended that this continues to be a main focus for the Executive Director for physical health and campus ACDs (Associate Clinical Directors) with their wider teams to significantly improve this trajectory. This is a key indicator for our emerging Physical Healthcare Strategy which is in design and will be completed in September 2017.

Linked to the above, there has been increase in the number of serious incidents reported to the CCG (Clinical Commissioning Group) and an increase in the number of incidents meeting the duty of candour requirements. This shows good governance of our model of operations in this area. The quality committee will assess and benchmark whether there is a trend over one quarter.

The number of falls on inpatient wards has increased, however initial base analysis demonstrates this is related to good reporting and less actual harm. The Director of Nursing has reviewed an analysis and the full analysis will be included in the Quality Committee report in September.

Operational performance remains relatively stable with the vast majority of KPI’s being achieved.

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

People Performance

Staff attendance remains a significant challenge to the Trust with an annual sickness absence rate of 5.53%. In June the sickness absence rate for the month was 5.49% which is lower than the annual rate and 0.79% lower than in the same period last year (June 2016).

Compulsory training compliance remains high at 86.96% which is below our 90% target but above our main contract non CQUIN (Commissioning for Quality and Innovation) target of 85%. There has been an increase in overall appraisal completion at 75.22% against a target of 90%, however medical staff appraisal completion has decreased by 1.13% but remains high at 84.16%.

The budgeted full time equivalent vacancy rate for June was 8.32%, a decrease of 0.11% compared to the previous month. During June 21 employees left the Trust and 23 people joined the Trust as new starters. Over the previous six months 118 employees have left the Trust and 154 people joined the Trust.

Work continues on the recruitment action plan which covers how we plan to tackle each vacancy and includes campaigns and open days across the UK, incentives where necessary and overseas recruitment for hard to fill posts.

Financial Performance

In surplus terms, the Trust is slightly ahead of plan in the month by £5k and is ahead of plan by £22k year to date. The forecast is to achieve the control total at the end of the financial year.

With regard to other financial performance factors, the Use of Resources (UoR) metrics is a 2 year to date and is forecast to be a 2 at the end of the financial year. Current performance is strong in all measures. Forecast-wise four of the five metrics remain strong at 2, 1, 1 and 2, but there is deterioration in agency spend against ceiling, which is forecast at a 3 by year end. This is, however, still better than last year and would meet our objective of being less than 50% above the ceiling. Currently the forecast for agency medical expenditure is above the required reduction by £190k. However it is important to note that the forecast includes a contingency for unforeseen agency requirements. If this was not included in the forecast then the required reduction would be achieved.

Planning continues for cost improvement action required to achieve 2017/18 control total financial plan. The forecast assumptions for the year-end financial plan delivery now requires an over-achievement against the cost reduction target, so there is now even greater urgency required in finalising the CIP (Cost Improvement Programme) plans. The Commissioner-driven QIPP (Quality, Innovation, Productivity and Prevention) disinvestment schemes that require £3.05m income and cost reduction are not yet agreed. These are incorporated into the Mental Health STP (Sustainability Transformation Programme) work stream planning.

The numbers reported in the IPR are consistent with the numbers reported in the monthly finance return to NHS Improvement.

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 papers and aspects of detailed content supporting the overview presented are regularly provided to, Finance and Performance Committee, People and Culture Committee and Quality Committee.

Governance or Legal Issues

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).	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 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 consider the content of the paper and consider the level of assurance obtained on current performance across the areas presented.

Report presented by:	**Mark Powell, Acting Chief Operating Officer** **Claire Wright, Director of Finance** **Amanda Rawlings, Director of People and Organisational Effectiveness** **Carolyn Green, Director of Nursing and Patient Experience**
Report prepared by:	**Peter Charlton, General Manager, Information Management** **Rachel Leyland, Deputy Director of Finance** **Liam Carrier, Workforce Systems & Information Manager** **Rachel Kempster, Risk and Assurance Manager** **Peter Henson, Performance Manager**

Enclosure D

Financial Perspective

Highlights
- Surplus slightly ahead of plan year to date
- Forecast achievement of control total
- Cash better than plan
- All UoR ratings strong YTD
- Cost Improvement Programme forecast to over deliver

Challenges
- Delivery of Cost Improvement Programme
- Containment of expenditure in order to deliver the control total
- Containment of agency expenditure within ceiling set by NHSI

Operational Perspective

Highlights
- Outpatient letters compliance has improved

Challenges
- Achieving priority metric compliance
- Clustering
- Outpatient cancellation compliance
- Discharge fax sent in 2 working days
- Delayed transfers of care

People Perspective

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

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

Quality Perspective

Highlights
- No of incidents of prone restraint has decreased compared with the previous month (from 13 to 9)
- No of incidents of absconsion has reduced
- No of patients with a Safety Plan is continuing to increase
- No of inpatients with a VTE assessment is increasing
- All HCR20 assessments have been completed for relevant patients
- No of compliments has increased
- % of in-patients with a recorded capacity assessment has neared the target at 94.49%
- No of outstanding actions following serious incident investigations has reduced
- No of outstanding actions following the CQC comprehensive review has reduced

Challenges
- This report includes quarterly comparison data for Q2 17/18. It raising challenges with respect to an increase in serious incidents, duty of candour, seclusion, physical assault on staff and patients, overall during the last quarter due to the increases previously reported during May
- An increase in the number of concerns raised
- Continued focus required to improve compliance with; safety plans, VTE assessment, response to complaints, completing actions resulting from complaints and serious incidents
- Issues with systems to accurately identify LD Care and Treatment Review and seclusion episodes to be resolved

FINANCIAL OVERVIEW – June 2017

Enclosure D

Category	Sub-set	Metric	Period	Plan	Actual	Rating	Trend	Key Points
Governance	Use of Resources (UoR) Metric	**Overall Use of Resources Metric**	YTD	1	2	Y	↓	At the end of June the Use of Resources Rating is an overall '2'.
			Forecast	1	2	Y	→	
		Capital Service Cover	YTD	2	2	Y	→	Forecast is a rating of '2' which is slightly worse than the plan of '1'. This is mainly driven by the agency metric which is forecast at a '3' for the end of the financial year.
			Forecast	2	2	Y	→	
		Liquidity	YTD	1	1	G	→	
			Forecast	1	1	G	→	
		Income and Expenditure Margin	YTD	1	1	G	→	The downward trend in the overall metric, moving from '1' last month to '2' this month is due to the Income and Expenditure variance to plan metric. As previously forecast this metric has moved to '2' due to a lower forecast surplus and income being forecast higher than the plan.
			Forecast	1	1	G	→	
		Income and Expenditure variance to plan	YTD	1	2	Y	↓	
			Forecast	1	2	Y	→	
		Agency variance to ceiling	YTD	1	2	Y	↓	
			Forecast	1	3	A	→	
	Single Oversight Framework	NHS I Segment	YTD		2	n/a	n/a	

Category	Sub-set	Metric	Period	Plan	Actual	Variance	Trend	Key Points
I&E and profitability	Income and Expenditure	Control Total position £'000	In-Month	339	345	G	↑	At the end of June the surplus is slightly ahead of plan by £22k and is forecast to achieve the control total at the end of the financial year.
			YTD	803	825	G	↑	
			Forecast	2,765	2,765	G	→	
		Underlying Income and Expenditure position £'000	In-Month	300	305	G	↑	
			YTD	684	706	G	↑	
			Forecast	1,971	1,971	G	→	
		Normalised Income and Expenditure position £'000	In-Month	300	340	G	↑	EBITDA is slightly behind plan at the end of June by £36k and forecast £1m behind plan. This is offset by below the line items such as profit on disposal, small underspends on depreciation and Public Dividend Capital payments.
			YTD	684	820	G	↑	
			Forecast	1,971	2,161	G	→	
	Profitability	Profitability - EBITDA £'000	In-Month	952	948	R	↑	
			YTD	2,681	2,645	R	↑	
			Forecast	10,159	9,137	R	↓	
		Profitability - EBITDA %	In-Month	8.5%	8.2%	R	↗	
			YTD	8.0%	7.7%	R	↗	
			Forecast	7.6%	6.6%	R	↘	

Category	Sub-set	Metric	Period	Plan	Actual	Rating	Trend	Key Points
Liquidity	Cash	Cash £m	YTD	13.424	14.917	G	↗	Cash is ahead of plan year to date. The forecast includes additional STF income from 2016/17 that will be received during 2017/18 along with cash receipts from asset disposals. Net Current Assets are less than plan due to the removal of an Asset Held for Sale. Capital expenditure is behind plan year to date but is forecast to achieve full spend.
			Forecast	12.193	15.835	G	↑	
	Net Current Assets	Net Current Assets £m	YTD	7.742	4.930	R	↑	
			Forecast	8.345	7.161	R	↑	
	Capex	Capital expenditure £m	YTD	0.468	0.224	R	↓	
			Forecast	3.338	3.338	G	→	

Category	Sub-set	Metric	Period	Plan	Actual	Rating	Trend	Key Points
Efficiency	CIP	CIP achievement £m	In-Month	0.321	0.380	G	↑	CIP is currently behind plan. The forecast assumes an overachievement of £853k by the end of the financial year.
			YTD	0.962	0.829	R	↑	
			Forecast	3.850	4.703	G	↑	
			Recurrent	3.850	1.170	R	→	

Key:

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

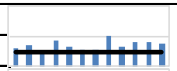
Plan In-month or Year end Trust plan

Achieving plan
Not achieving plan

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

OPERATIONAL OVERVIEW – JUNE 2017

Enclosure D

Category	Sub-set	Metric	Period	Plan	Actual	Variance	Trend	Last 12 Months	Key Points
Performance Dashboard	NHSI	CPA 7 Day Follow-up (M)	Month	95.00%	97.73%	G	→		All NHSi metrics are all compliant except "Priority Metrics" which is a new indicator since April 2017. Plans are being formulated to address the under-performance. For each metric we have indicated if it is monitored by NHSi Quarterly (Q) or Monthly (M).
			Quarter	95.00%	97.93%	G	→		
		Data completeness - Identifiers (M)	Month	95.00%	99.39%	G	→		
			Quarter	95.00%	99.39%	G	→		
		Data completeness - Priority Metrics (M)	Month	85.00%	71.12%	R	↓		
			Quarter	85.00%	69.49%	R	↓		
		Crisis Gatekeeping (Q)	Month	95.00%	100.00%	G	→		
			Quarter	95.00%	100.00%	G	↑		
		IAPT RTT within 18 weeks (Q)	Month	95.00%	100.00%	G	→		
			Quarter	95.00%	99.90%	G	→		
		IAPT RTT within 6 weeks (Q)	Month	75.00%	96.50%	G	↑		
			Quarter	75.00%	94.63%	G	↑		
		Early Intervention in Psychosis RTT Within 14 Days - Complete (Q)	Month	50.00%	83.33%	G	↓		
			Quarter	50.00%	85.71%	G	↓		
		Early Intervention in Psychosis RTT Within 14 Days - Incomplete (Q)	Month	50.00%	77.78%	G	↑		
			Quarter	50.00%	74.42%	G	↑		
		Patients Open to Trust In Employment (M)	Month	N/A	8.98%		→		
			Quarter	N/A	8.75%		→		
		Patients Open to Trust In Settled Accommodation (M)	Month	N/A	59.15%		↓		
			Quarter	N/A	56.97%		↓		
		Under 16 Admissions To Adult Inpatient Facilities (M)	Month	0	0	G	→		
			Quarter	0	0	G	→		
		IAPT People Completing Treatment Who Move To Recovery (Q)	Month	50.00%	52.85%	G	→		
			Quarter	50.00%	53.48%	G	→		
		Physical Health - Cardio-Metabolic - Inpatient (Q)	Month	N/A					
			Quarter	N/A					
		Physical Health - Cardio-Metabolic - EI (Q)	Month	N/A					
			Quarter	N/A					
		Physical Health - Cardio-Metabolic - on CPA (Community) (Q)	Month	N/A					
			Quarter	N/A					

Key:

Period

Month — Current Month

Quarter — Current Quarter

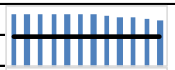
Achieving target

Not achieving target

↑ → ↓ Trend compared to previous month/quarter

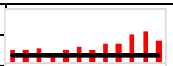
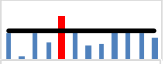
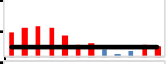
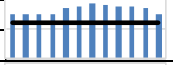
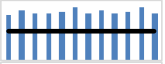
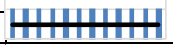
OPERATIONAL OVERVIEW – JUNE 2017

Enclosure D

Category	Sub-set	Metric	Period	Plan	Actual	Variance	Trend	Last 12 Months	Key Points
Performance Dashboard	Locally Agreed	CPA Settled Accommodation	Month	90.00%	95.12%	G	→		An action plan has been implemented. We should be able to start evaluating the impact of the actions as each is completed over the next few months.
			Quarter	90.00%	95.12%	G	↓		
		CPA Employment Status	Month	90.00%	96.27%	G	→		
			Quarter	90.00%	96.27%	G	→		
		Data completeness - Identifiers	Month	99.00%	99.39%	G	→		
			Quarter	99.00%	99.39%	G	→		
		Data completeness - Outcomes	Month	90.00%	93.51%	G	→		
			Quarter	90.00%	93.51%	G	→		
		Patients Clustered not Breaching Today	Month	80.00%	77.52%	R	→		
			Quarter	80.00%	77.91%	R	→		
		Patients Clustered regardless of review dates	Month	96.00%	93.89%	R	→		
			Quarter	96.00%	94.08%	R	→		
		7 Day Follow-up - all inpatients	Month	95.00%	97.85%	G	↑		
			Quarter	95.00%	96.27%	G	↓		
		Ethnicity coding	Month	90.00%	91.56%	G	↓		
			Quarter	90.00%	91.56%	G	↓		
		NHS Number	Month	99.00%	100.00%	G	→		
			Quarter	99.00%	100.00%	G	→		
		CPA Review in last 12 Months (on CPA > 12 Months)	Month	95.00%	95.12%	G	→		
			Quarter	95.00%	95.12%	G	↓		
		Community Care Data - Activity Information Completeness	Month	50.00%	94.32%	G	→		
			Quarter	50.00%	94.24%	G	→		
		Community Care Data - RTT Information Completeness	Month	50.00%	92.31%	G	→		
			Quarter	50.00%	92.31%	G	→		
		Community Care Data - Referral Information Completeness	Month	50.00%	73.74%	G	→		
			Quarter	50.00%	74.63%	G	↓		
		Early Interventions New Caseloads	Month	95.00%	100.00%	G	↓		
			Quarter	95.00%	100.00%	G	↓		
		Clostridium Difficile Incidents	Month	7	0	G	→		
			Quarter	7	0	G	→		
		18 Week RTT Greater Than 52 weeks	Month	0	0	G	→		
			Quarter	0	0	G	→		

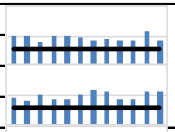
OPERATIONAL OVERVIEW – JUNE 2017

Enclosure D

Category	Sub-set	Metric	Period	Plan	Actual	Variance	Trend	Last 12 Months	Key Points
Performance Dashboard	Schedule 6	Consultant Outpatient Trust Cancellations	Month	5.00%	9.31%	R	↑		The most common reason was clinician absent from work.
			Quarter	5.00%	11.22%	R	↓		
		Consultant Outpatient DNAs	Month	15.00%	16.05%	R	→		
			Quarter	15.00%	15.70%	R	→		
		Under 18 admissions to Adult inpatients	Month	0	0	G	→		
			Quarter	0	0	G	→		
		Outpatient letters sent in 10 working days	Month	90.00%	90.08%	G	↑		
			Quarter	90.00%	88.71%	R	↑		
		Outpatient letters sent in 15 working days	Month	95.00%	96.89%	G	↑		
			Quarter	95.00%	95.00%	G	↑		
		Inpatient 28 day readmissions	Month	10.00%	7.34%	G	↑		
			Quarter	10.00%	8.79%	G	↓		
		MRSA - Blood stream infection	Month	0	0	G	→		
			Quarter	0	0	G	→		
		Mixed Sex accommodation breaches	Month	0	0	G	→		
			Quarter	0	0	G	→		
		Discharge Fax sent in 2 working days	Month	98.00%	85.23%	R	↓		13 discharge faxes were sent outside the target 2 patients on Ward 34 are causing the target to be breached
			Quarter	98.00%	91.09%	R	↓		
		Delayed Transfers of Care	Month	0.80%	0.88%	R	→		
			Quarter	0.80%	0.79%	G	→		
		18 Week RTT Less Than 18 Weeks - Incomplete	Month	92.00%	94.74%	G	↓		
			Quarter	92.00%	95.92%	G	↓		
Performance Dashboard	Fixed Submitted Returns	18 weeks RTT greater than 52 weeks	Month	0	0	G	→		Compliant with Fixed Targets
			Quarter	0	0	G	→		
		18 Week RTT incomplete	Month	92.00%	94.40%	G	↓		
			Quarter	92.00%	95.64%	G	→		
		Mixed Sex accommodation breaches	Month	0	0	G	→		
			Quarter	0	0	G	→		
		Completion of IAPT Data Outcomes	Month	90.00%	95.73%	G	↓		
			Quarter	90.00%	96.39%	G	→		
		Ethnicity coding	Month	90.00%	99.86%	G	↑		
			Quarter	90.00%	95.15%	G	↑		
		NHS Number	Month	99.00%	99.99%	G	→		
			Quarter	99.00%	99.99%	G	→		

OPERATIONAL OVERVIEW – JUNE 2017

Enclosure D

Category	Sub-set	Metric	Period	Plan	Actual	Variance	Trend	Last 12 Months	Key Points
Other Dashboards	Health Visiting	% 10-14 Day Breastfeeding coverage	Month	98.00%	99.28%	G	↓		Compliant with Health Visiting Targets
			Quarter	98.00%	99.73%	G	→		
		% 6-8 Week Breastfeeding coverage	Month	98.00%	99.56%	G	→		
			Quarter	98.00%	99.72%	G	→		
	IAPT	Recovery Rates	Month	50.00%	52.92%	G	→		Compliant with IAPT Targets
			Quarter	50.00%	53.48%	G	→		
		Reliable Improvement Rates	Month	65.00%	69.00%	G	→		
			Quarter	65.00%	70.17%	G	↑		
	Safer Staffing	Inpatient Safer Staffing Fill Rates	Month	100.00%	97.4%	G	↑		Detailed ward level information shows specific variances
			Quarter	100.00%	98.7%	G	↑		

WORKFORCE OVERVIEW – June 2017

Enclosure D

Category	Sub-set	Metric	Period	Plan	Actual	Variance		Trend	Key Points
Workforce Dashboard	NHSI Key Performance Indicator (KPI)	**Turnover** (annual)	**Jun-17**	10%	**10.49%**	↘	G	↑	Annual turnover remains within the Trust target parameters and is below the regional Mental Health & Learning Disability average of 12.49% (as at April 2017 latest available data). The monthly sickness absence rate is 0.19% higher than the previous month, however compared to the same period last year (June 2016) it is 0.79% lower. The annual sickness absence rate is running at 5.53% (as at May 2017 latest available data). The regional average annual sickness absence rate for Mental Health & Learning Disability Trusts is 5.18% (as at March 2017 latest available data). Anxiety / stress / depression / other psychiatric illnesses remains the Trusts highest sickness absence reason and accounts for 33.47% of all sickness absence, followed by surgery at 18.32% and other musculoskeletal problems at 8.08%. The Funded Fte vacancy rate has decreased by 0.11% to 8.32%. The number of employees who have received an appraisal within the last 12 months has increased by 0.60% to 75.22%. Year to date the level of Agency expenditure exceeded the ceiling set by NHSI by £232k. Compulsory training compliance has decreased by 0.77% to 86.96% but remains above the 85% main contract non CQUIN.
			May-17		10.59%		G		
		Sickness Absence (monthly)	**Jun-17**	5.04%	**5.49%**	↗	R	↓	
			May-17		5.30%		R		
		Sickness Absence (annual)	**May-17**	5.04%	**5.53%**	→	R	↓	
			Apr-17		5.53%		R		
		Vacancies (including funded fte flexibility / cover)	**Jun-17**		**8.32%**	↘		↓	
			May-17		8.43%				
		Appraisals (**all staff** - number of employees who have received an appraisal in the previous 12 months)	**Jun-17**	90%	**75.22%**	↗	R	↑	
			May-17		74.62%		R		
		Appraisals (**agenda for change staff only** - number of employees who have received an appraisal in the previous 12 months)	**Jun-17**	90%	**74.83%**	↗	R	↑	
			May-17		74.13%		R		
		Appraisals (**medical staff only** - number of employees who have received an appraisal in the previous 12 months)	**Jun-17**	90%	**84.16%**	↘	A	↓	
			May-17		85.29%		A		
		Agency Usage (£ year to date level of agency expenditure exceeding the ceiling set by NHSI)	**Jun-17**	£0	**£1.122m**	↗	R	↑	
			May-17		£0.707m		R		
		Agency Usage (% year to date level of agency expenditure exceeding the ceiling set by NHSI)	**Jun-17**	0%	**26.04%**	↗	R	↑	
			May-17		8.83%		R		
	Other KPI	**Compulsory Training** (staff in-date)	**Jun-17**	90%	**86.96%**	↘	A	↓	
			May-17		87.73%		A		

Key:

Period Current month and previous month

Plan Trust target

↗ Variance to previous month

Achieving target/within target parameters

Approaching target/approaching target parameters

Not achieving target/outside target parameters

Trend based on previous 4 months Turnover parameters (8% to 12%)

QUALITY OVERVIEW – JUNE 2017

Enclosure D

Category	Sub-set	Metric	Period	Plan	Actual	Variance	Trend	Key Points
Quality	Safe	No of incidents of moderate to catastrophic actual harm	Month	29	32			Plan: average last fin yr 2016/17 (month).
			Quarter	88	98			Plan: average last fin yr (Qtr) 2016/17. Actual: 2017/18 Q1 data
		No of deaths of patients who have died within 12 months of their last contact with DHcFT	Month	104	115			Note, data as at 05/07/2017
			Quarter	312	382			Plan: average last fin yr (Qtr).Actual: 2017/18 Q1 data Note, data as at 05/07/2016
		No of serious incidents reported to the CCG	Month	5	5			Plan - average last fin yr (month)
			Quarter	16	22			Plan: average last fin yr (Qtr). Actual: 2017/18 Q1 data
		No of episodes of patients held in seclusion	Month	10	11			Note, 1 incident did not have the patients details.
			Quarter	30	33			Plan: average last fin yr (Qtr). Actual: 2017/18 Q1 data Note, 1 incident form did not have the patients details.
		No of incidents involving patients held in seclusion	Month	16	12			
			Quarter	47	50			Plan: average last fin yr (Qtr). Actual: 2017/18 Q1 data
		No of incidents involving physical restraint	Month	48	40			
			Quarter	143	126			Plan: average last fin yr (Qtr). Actual: 2017/18 Q1 data
		No of incidents involving prone restraint	Month	10	9			Month plan based on average from 1/7/16 when prone restraint collected on Datix as defined field
			Quarter	29	32			Qtr plan based on average for Q2/Q3/Q4. Actual 2017/18 Q1 data
		No of incidents of physical assault - patient on patient	Month	12	15			
			Quarter	37	37			Actual: 2017/18 Q1 data
		No of incidents of physical assault - patient on staff	Month	19	27			
			Quarter	56	61			Actual: 2017/18 Q1 data

QUALITY OVERVIEW – JUNE 2017

Enclosure D

Quality	**Safe**	No of falls on in-patient wards	Month	32	28			
			Quarter	96	83			Actual: 2017/18 Q1 data
		No of incidents of absconsion	Month	33	24			
			Quarter	99	90			Actual: 2017/18 Q1 data
		No of patients with a clinical risk plan (FACE or Safety Plan)	Month	100%	76.14%			
			Quarter	100%	75.39%			
		Of above, no of patients with a Safety Plan	Month	90%	27.23%			Safety Plan replaced FACE from 1/4/2017
			Quarter	90%	27.64%			
		% of staff compliant with Level 3 Safeguarding Children training	Month	85%	78.93%			
			Quarter	85%	NA			Qtr comparison not available
		% of staff compliant with Think Family training	Month	85%	82.56%			
			Quarter	85%	NA			Qtr comparison not available
		% of staff compliant with Clinical Safety Planning eLearning	Month	95%	95.12%			
			Quarter	95%	NA			Qtr comparison not available
		No of people with LD or Autism admitted without a CTR (Care & Treatment Review)	Month	NA	NA			Concern re data quality remains . More robust systems to ensure data quality being worked up imminently with Commissioners.
			Quarter	NA	NA			
		% of compliance with inpatients VTE assessment	Month	95%	15.98%			
			Quarter	95%	NA			
		HCR20 assessment completed, Low Secure	Month	100%	12.5%			Indicator relates to no of patients with HCR20 assessment completed in time. All assessments now completed, but these were not within the timescale. Variance shown as amber, if a breach occurs going forward, the variance will return to red.
			Quarter	100%	NA			

QUALITY OVERVIEW – JUNE 2017

Enclosure D

Quality	**Caring**	No of complaints opened for investigation	Month	12	14			
			Quarter	37	47			Actual: 2017/18 Q1 data
		No of concerns received	Month	35	40			
			Quarter	104	106			
		No of compliments received	Month	100	99			
			Quarter	300	266			
		No of investigations by the Parliamentary Ombudsman	2016/17	NA	6			Data is provided cumulatively from 1st April each year
			2017/18	NA	1			
		% of complaints upheld (full or in part) by the Parliamentary Ombudsman	2016/17	2	0			1 ongoing and 5 no further action
			2017/18	0	0			
		% of responded to (orange) complaint investigations completed within 40 working days, opened after 01/04/2016	Year	100%	19%			As at 06/07/2017, 189 (orange) complaints. 91 not responded to within 40 working days. 62 ongoing
			Year	100%	0%			As at 06/07/2017, 7 (red) complaints. 4 not responded to within 60 working days. 3 ongoing.
		No of incidents requiring Duty of Candour	Month	1	1			These figures will fluctuate based on the outcome of investigations.
			Quarter	2	7			Due to increase in major incidents in May 2017
	Effective	% of in-patients with a recorded capacity assessment	Month	100%	94.49%			
			Quarter	100%	93.21%			
		% of patients who have had their care plan reviewed and have been on CPA > 12months	Month	90%	94.85%			
			Quarter	90%	95.30%			
		No of seclusion forms not received by MHA Office	Month	0	NA			Seclusion pathway being moved to PARIS. Being tested on Radbourne Unit from May 2017. Notifications not yet automating. Urgent solution being developed to resolve.
			Quarter	0	NA			
		% of CTO rights forms received by MHA Office	Month	100%	96.0%			
			Quarter	NA	NA	NA	NA	
		% of in patient older adults rights forms received by MHA Office	Month	100%	89.0%			
			Quarter	NA	NA	NA	NA	

QUALITY OVERVIEW – JUNE 2017

Enclosure D

Quality	**Responsive**	% of staff uptake of Flu Jabs	Month	45%	NA			Data to end of 30/11/16
			Year	45%	38.40%			Relates to 2016 campaign. Final data as shown in 16/17 Quality Account
		% of policies in date	Month	95%	97.24%			As at 06/07/2017
			Quarter	NA	NA	NA	NA	
	Well Led	% of staff who have received Clinical Supervision, within defined timescales	Month	100%	58.64%			% target increased to 100% to be in line with overall reporting
			Quarter	100%	NA	NA	NA	
		% of staff who have received Management Supervision, within defined timescales	Month	100%	69.10%			% target increased to 100% to be in line with overall reporting
			Quarter	100%	NA	NA	NA	
		No of outstanding actions following serious incident investigations	Month	0	24			Total overdue actions as at 30/06/2017
			Quarter	0	NA		NA	
		No of outstanding actions following complaint investigations	Month	0	56			Total overdue actions as at 30/06/2017
			Quarter	0	NA	NA	NA	
		No of outstanding actions following CQC comprehensive review report (2016)	Month	0	57			

Financial Section

Governance – Use of Resources (UoR) Rating

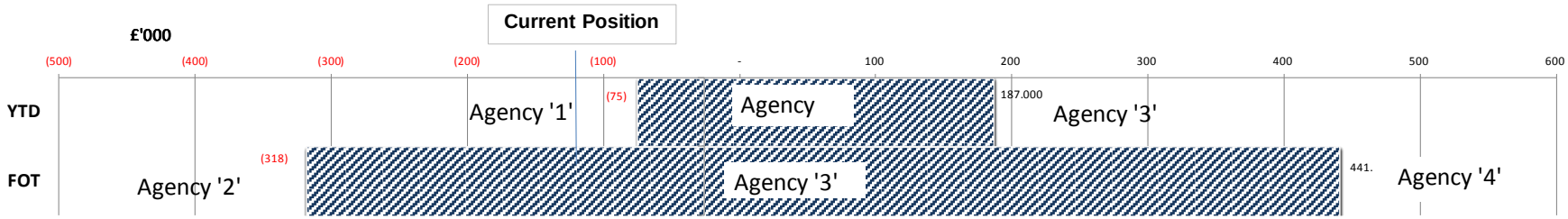
Enclosure D

The Use of Resources rating at the end of June is a '2', with the Liquidity rating and I&E Margin metrics being at a '1' and all other metrics at a '2'. The ratings for each quarter are forecast to be a '2' which is mainly driven by the agency metric moving to a 3 by the end of quarter 2'.

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

As most of the metrics are in a healthy position and it is the agency metric that is driving the lower rating in the forecast, this is the area of focus from a headroom perspective.

The agency metric is currently forecast at a '3' for the end of the financial year. In order to reduce that metric down to a '2' by the end of March then we need to reduce agency expenditure by £318k. However if we spend an additional £441k above the current forecasted levels then this would move the metric to a 4 and trigger an override.



Enclosure D

Income and Expenditure

Statement of Comprehensive Income — June 2017

	Current Month			Year to Date			Forecast		
	Plan	Actual	Variance Fav (+) / Adv (-)	Plan	Actual	Variance Fav (+) / Adv (-)	Plan	Actual	Variance Fav (+) / Adv (-)
	£000	0	£000	£000	£000	£000	£000	£000	£000
Clinical Income	10,297	10,698	401	31,136	31,912	776	124,378	127,846	3,468
Non Clinical Income	874	797	(77)	2,376	2,559	183	9,822	9,975	153
Employee Expenses	(7,914)	(8,205)	(291)	(23,829)	(24,571)	(742)	(95,932)	(99,877)	(3,945)
Non Pay	(2,305)	(2,342)	(37)	(7,003)	(7,255)	(253)	(28,108)	(28,807)	(699)
EBITDA	**952**	**948**	**(4)**	**2,681**	**2,645**	**(35)**	**10,159**	**9,137**	**(1,022)**
Depreciation	(278)	(272)	6	(835)	(815)	20	(3,338)	(3,319)	20
Impairment	0	0	0	0	0	0	(300)	(605)	(305)
Profit (loss) on asset disposals	0	0	0	0	0	0	0	950	950
Interest/Financing	(176)	(174)	2	(566)	(535)	31	(2,146)	(2,120)	26
Dividend	(159)	(157)	2	(478)	(471)	6	(1,910)	(1,884)	26
Net Surplus / (Deficit)	**339**	**345**	**5**	**803**	**825**	**22**	**2,465**	**2,160**	**(305)**
Technical adjustment - Impairment	0	0	0	0	0	0	(300)	(605)	(305)
Control Total Surplus / (Deficit)	**339**	**345**	**5**	**803**	**825**	**22**	**2,765**	**2,765**	**0**
Technical adjustment - STF Allocation	40	40	0	119	119	0	794	794	0
Underlying Net Surplus / (Deficit)	**300**	**305**	**5**	**684**	**706**	**22**	**1,971**	**1,971**	**0**

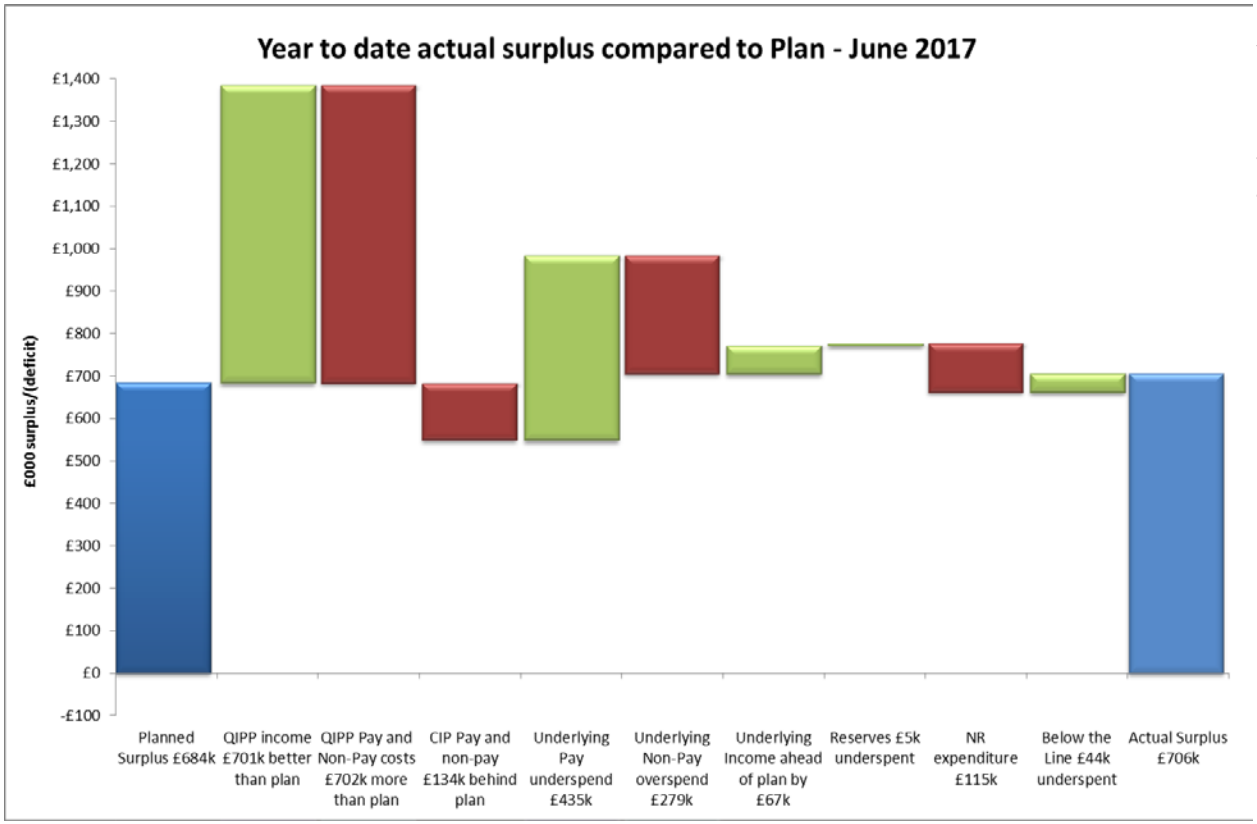
The Statement of Comprehensive Income shows both the control total surplus of £2.77m which includes the Sustainability Transformation Fund (STF) income and the underlying surplus / (deficit) against the underlying plan with the STF income excluded £1.97m.

Clinical Income is £776k more than plan year to date and at the end of the year is forecast to be £3.47m ahead of plan. This is mainly due to the income related to QIPP disinvestments not being removed from the contract as currently no further disinvestments have been identified (offsetting expenditure).

Non Clinical income is ahead of plan year to date by £183k and has a forecast outturn of £153k ahead of plan. This mainly relates to secondments (with corresponding expenditure) along with Education and Training income being higher than planned.

Pay expenditure is £742k more than the plan at the end of June and forecast £3.9m more than plan. This relates to costs not yet being released relating to QIPP disinvestments (offsetting income) and CIP forecast to be delivered in a different way to the plan.

Non Pay is overspent year to date by £253k and is forecast to be £699k more than plan at the end of the year which mainly relates to the overspend on the Acute Out of Area budget partly offset by other underspends.



Summary of key points for YTD variances

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

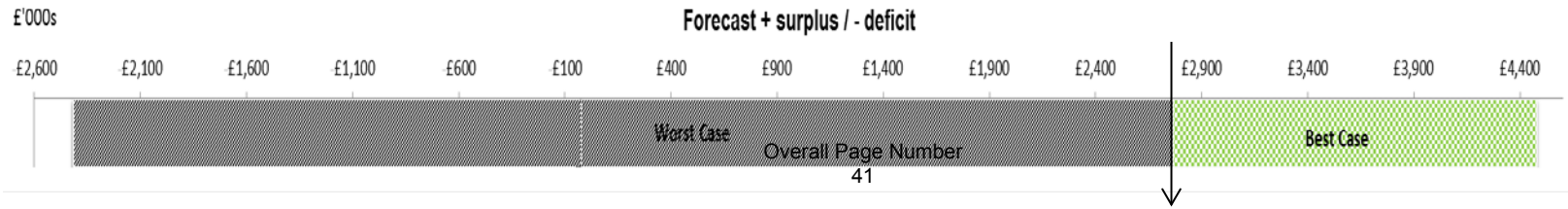
- QIPP income is more than plan which is equally offset by pay and non-pay expenditure being more than plan . This is due to the disinvestment not yet being fully agreed with Commissioners.
- CIP is currently behind plan in the month.
- Underlying pay underspends (exc. QIPP/CIP) due to various vacancies across the Trust, partially offset by bank and agency expenditure.
- Underlying non-pay overspend (exc. QIPP/CIP) driven by out of area expenditure higher than plan.
- Non-recurrent expenditure related to some temporary posts along with non-recurrent transaction costs.

Forecast Range

Best Case	Likely Case	Worst Case
£4.5m surplus	£2.8m surplus	£2.4m deficit

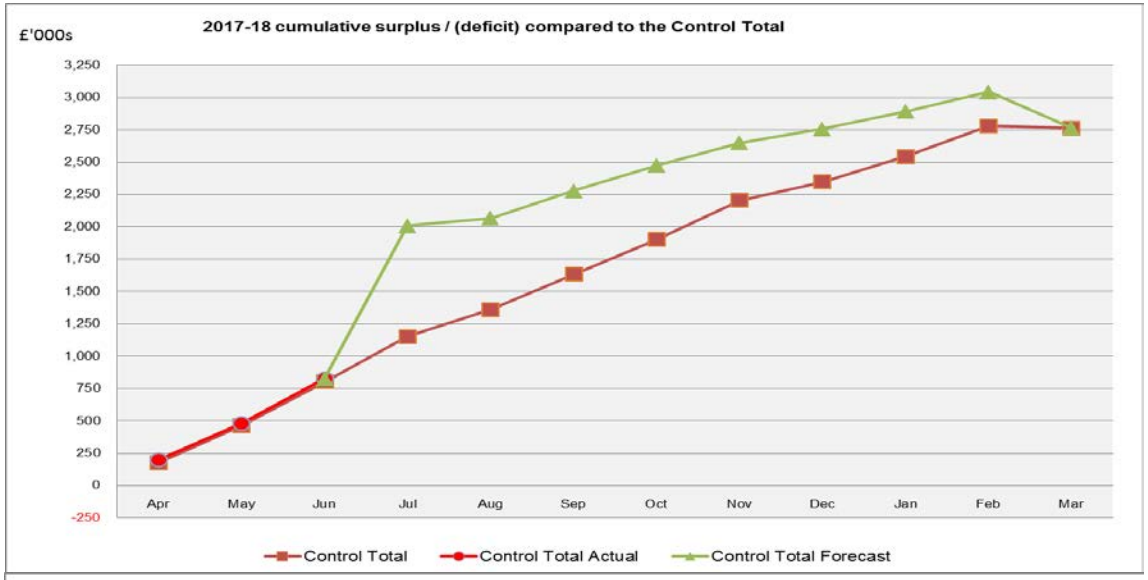
Forecast Range

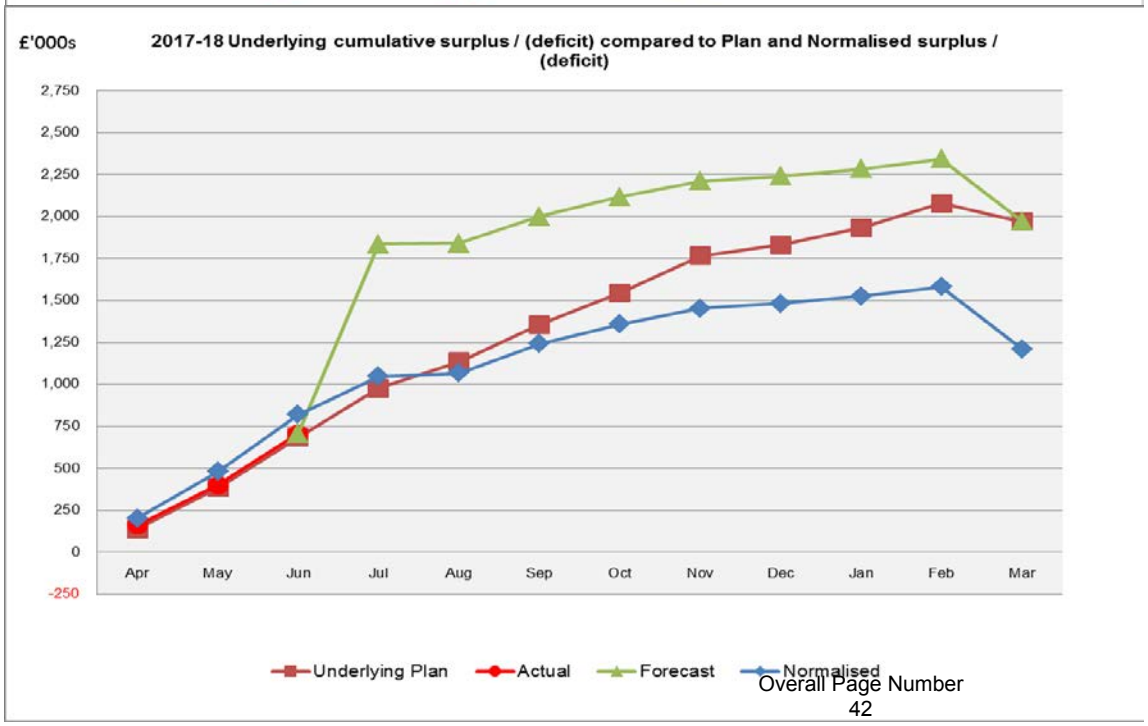
The main variables in the forecast range are: STF income loss, CIP not fully achieved, agency expenditure, CPC income and other unexpected pay and non-pay costs.



Normalised Income and Expenditure position

Enclosure D



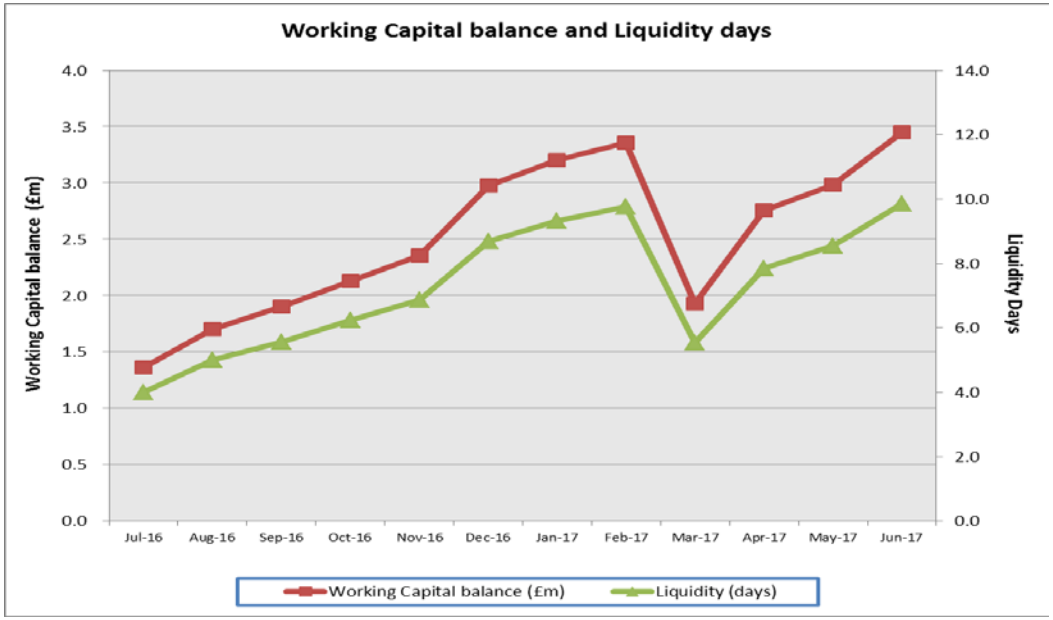


The first graph shows the actual cumulative surplus against the control total (including the Sustainability Transformation Fund (STF).

The peak in the forecast for July (on both graphs) relates to some additional overage income from a previous asset disposal.

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

There is some additional non-recurrent expenditure in the position related to temporary staff posts for part of the financial year and non-recurrent transaction costs. There is also some non-recurrent income from the overage related to a previous asset disposal. In the normalised position these have been removed.
As shown in the graph if these non-recurrent items were not incurred then the forecast outturn would be below the plan and would require additional management action to achieve the control total.



The first graph shows the working capital balance for the last 12 months (net current assets less net current liabilities adjusted for assets held for sale and inventories) and how many days of operating expenses that balance provides.

During the last 12 months working capital and liquidity continues to improve due to higher cash levels. The downturn in March is reflective of the increase in year end transactions such as provisions, along with an increase in payables mainly related to capital as works have concluded at the end of March.
The liquidity at June is just under 10 days which still gives a rating of 1 (the best) on that metric (-7days drops to a rating of 2).

The Trust Board is reminded that sector benchmarking information recently provided by external auditors illustrates that the peer average continues to be around +19 days, therefore our liquidity must remain a strategic priority for us to continue to improve and protect.

Cash is currently at £14.9m which is £1.5m better than the plan at the end of June and is forecast to be above plan by £3.6m. This is mainly due to sale proceeds and additional STF income related to 2016/17.

Capital Expenditure

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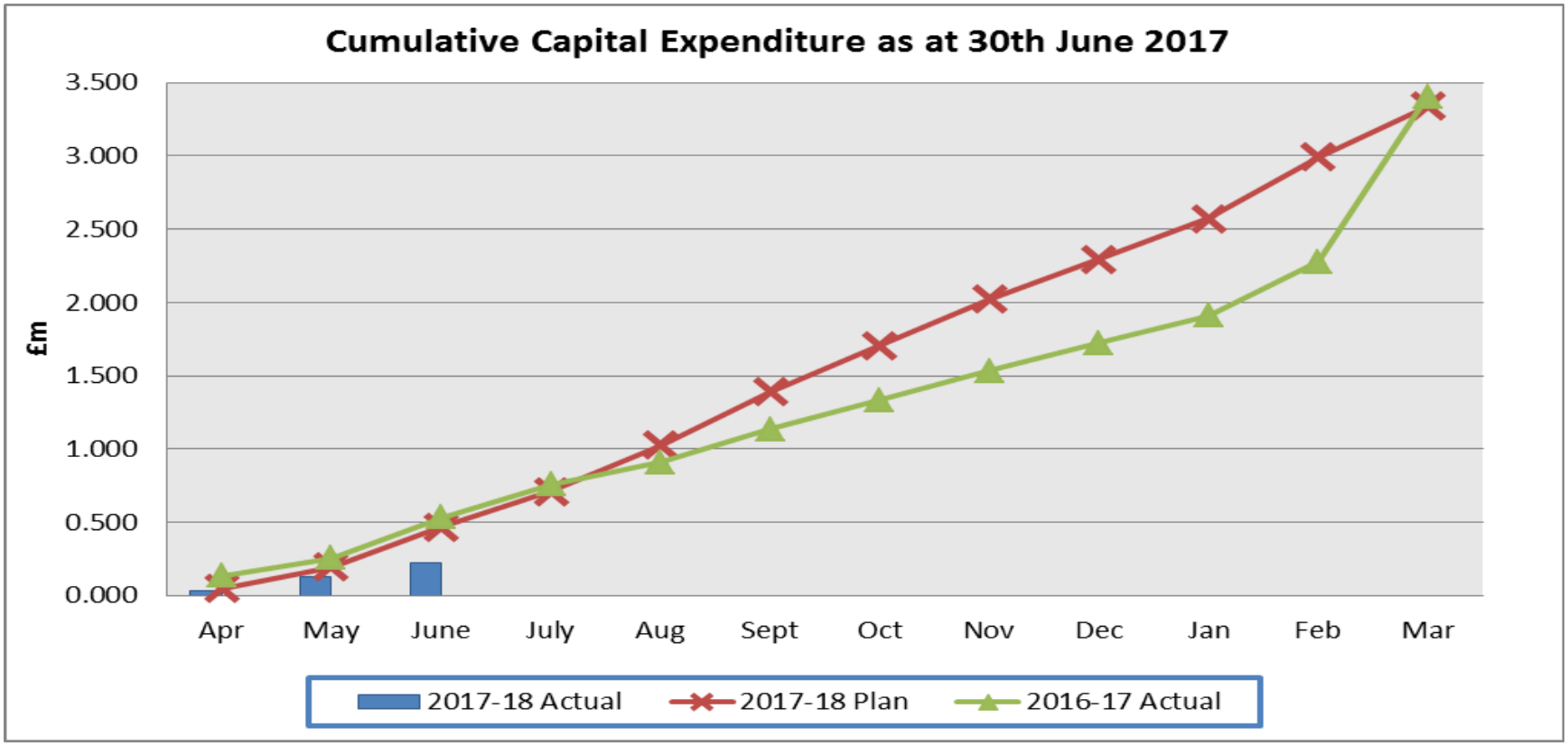
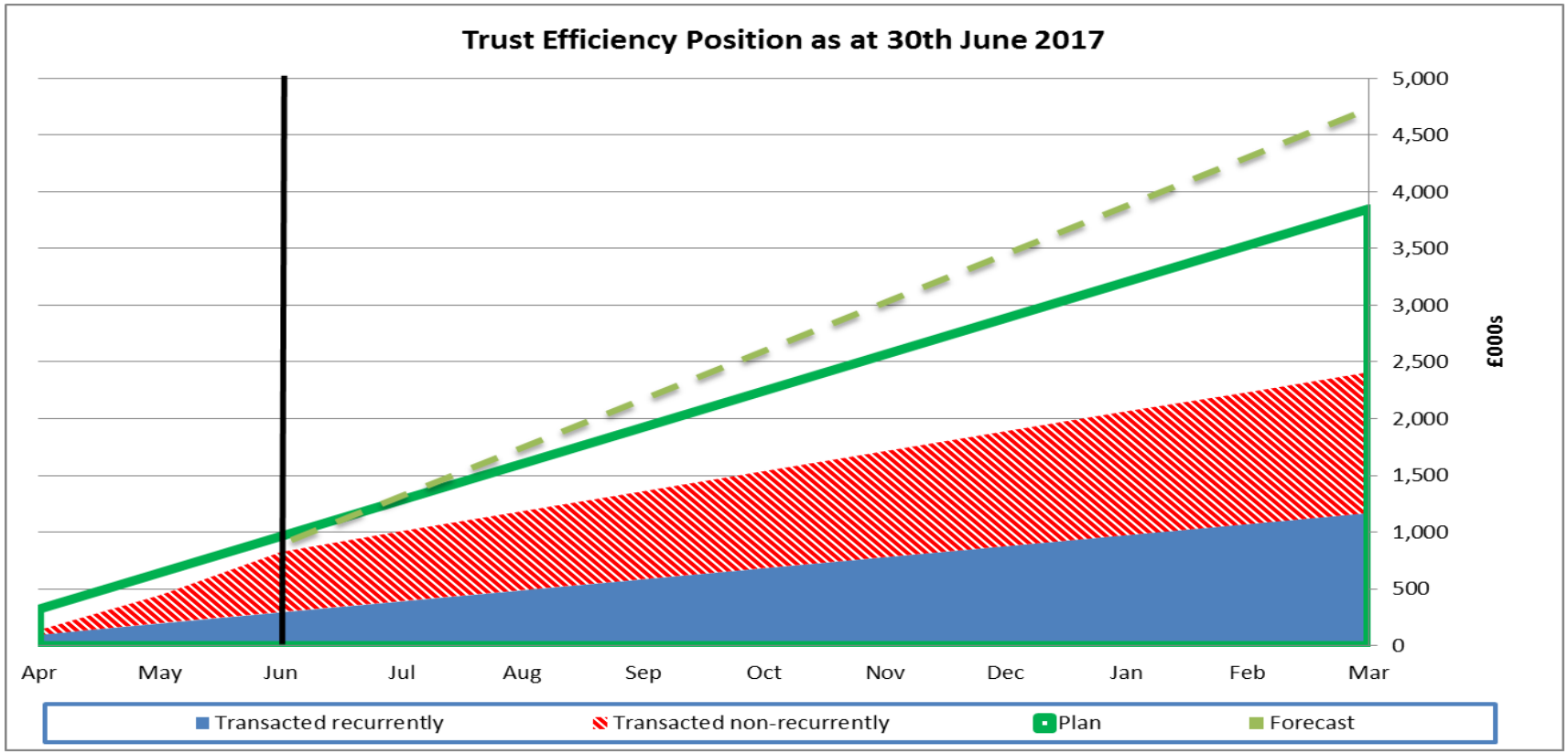


Capital Expenditure is behind plan by £244k at the end of June. There is a fully committed plan which may need to be re-prioritised in year to take into account any urgent bids that arise, which will be monitored by the Capital Action Team.

Additional STF income which was notified to us in 2016/17 and will be paid in this financial year is expected to be added to the capital plan. This could be invested in schemes that will drive further efficiencies across the Trust. This is currently not included in the forecast.

Efficiency

Cost Improvement Programme (CIP)



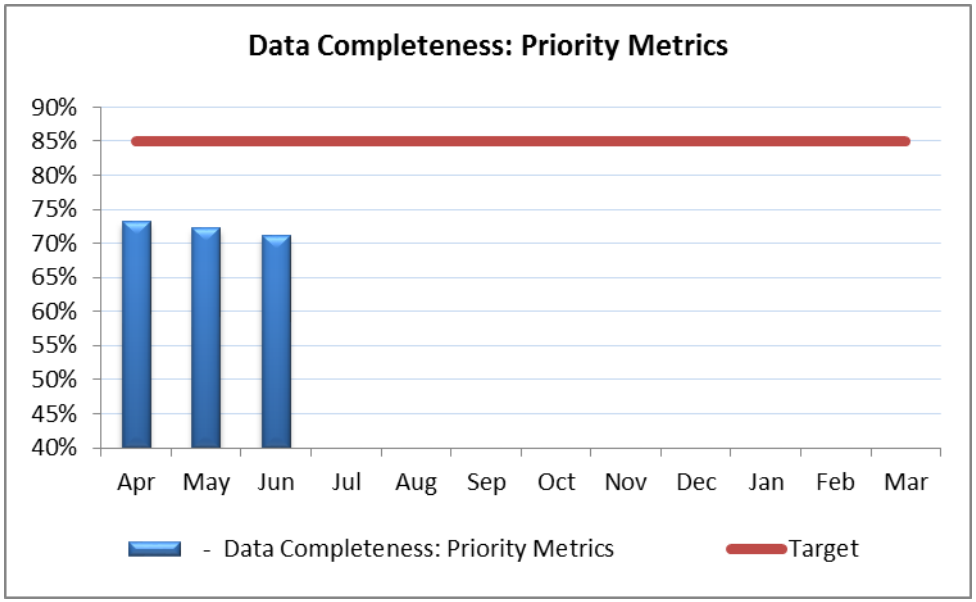
At the end of June there was £2.4m of assured CIP against a plan of £3.8m, which left a gap of £1.4m. Of the £2.4m assured, £1.2m was assured non-recurrently.

The forecast assumes a further delivery of £2.3m of which £1.8m is non-recurrent. The total CIP forecast to be delivered is £4.7m which is an overachievement of £853k against the target of £3.8m. Of the £4.7m £3.0m is non-recurrent in nature.

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

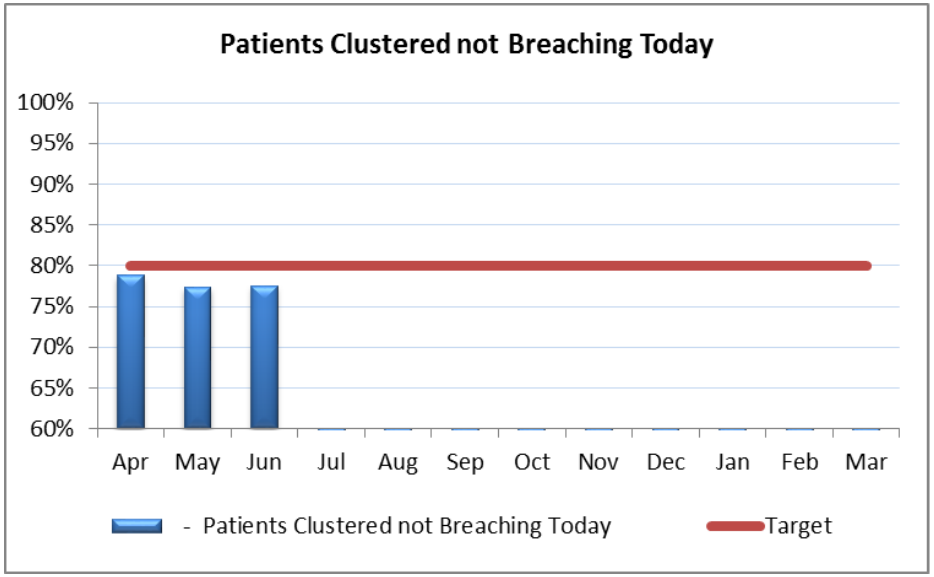
Operational Section

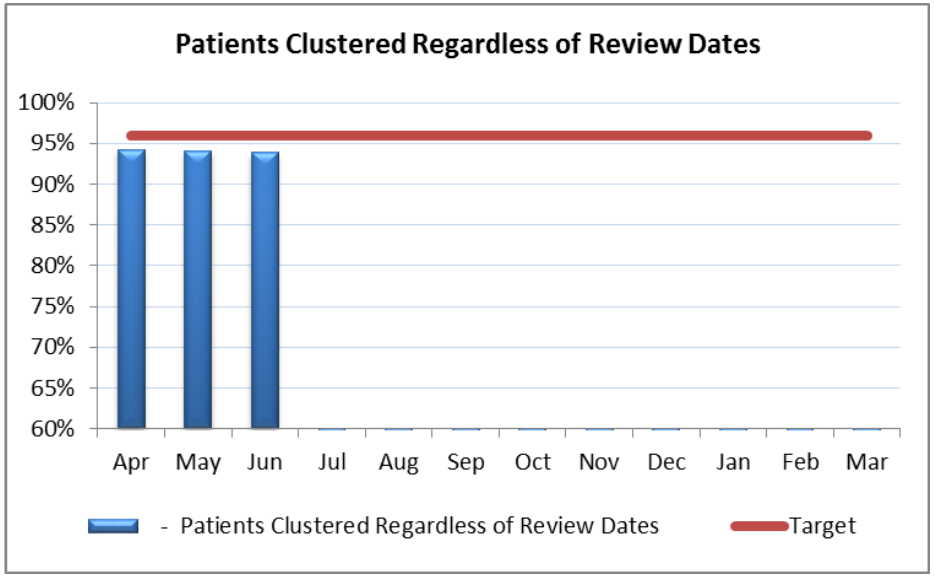
Data Completeness: Priority Metrics



As previously reported, the performance dashboard was amended on 1st December 2016 to reflect the NHS Improvement Single Oversight Framework targets which came into force from 1st October 2016. The national requirement is to achieve the priority metrics target of 85%. Achieving this target will be extremely challenging without additional resource. There are currently 15,339 patient information gaps that need sourcing and inputting into the patient records concerned, which is a further increase of 680 since last month. It is acknowledged there are capacity issues.

Patients Clustered not Breaching Today and Patients Clustered regardless of review dates

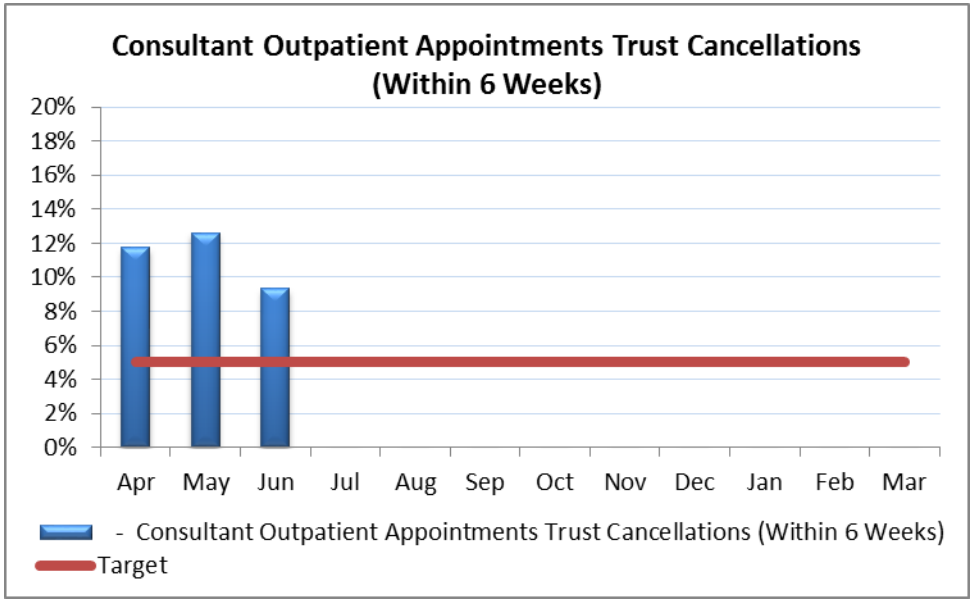




A paper was presented to the Finance and Performance Committee on 22nd May 2017. The Committee stated that it was important to achieve the identified performance standards and commissioned an action plan to address the requirements:

- The 2 performance targets should be complemented by the approved quality indicators not replaced by them
- Clusters to be used to help analyse caseloads and case flow.
- Audit to understand why there is a discrepancy with the red rule adherence.
- Multi-disciplinary reference group to be established.
- Target teams or individuals where clustering seems out of kilter with the performance and red rules

Consultant Outpatient Appointments Trust Cancellations (within 6 weeks)

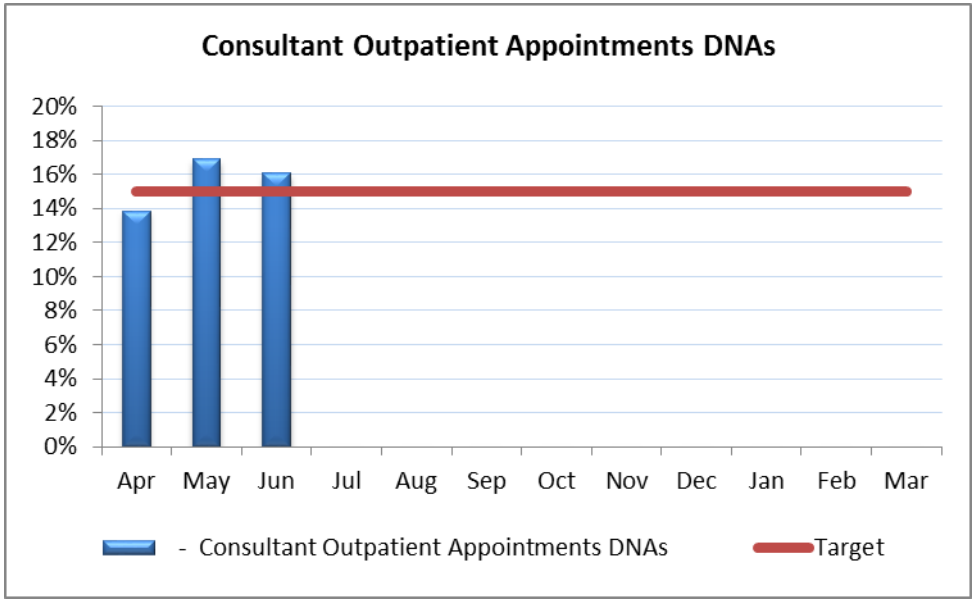


The majority of cancellations were owing to clinician absence, appointments needing to be moved to accommodate more urgent cases, or there being no consultant.

Action: recruitment to vacant consultant posts is progressing slowly. Absence is being managed in line with trust policies.

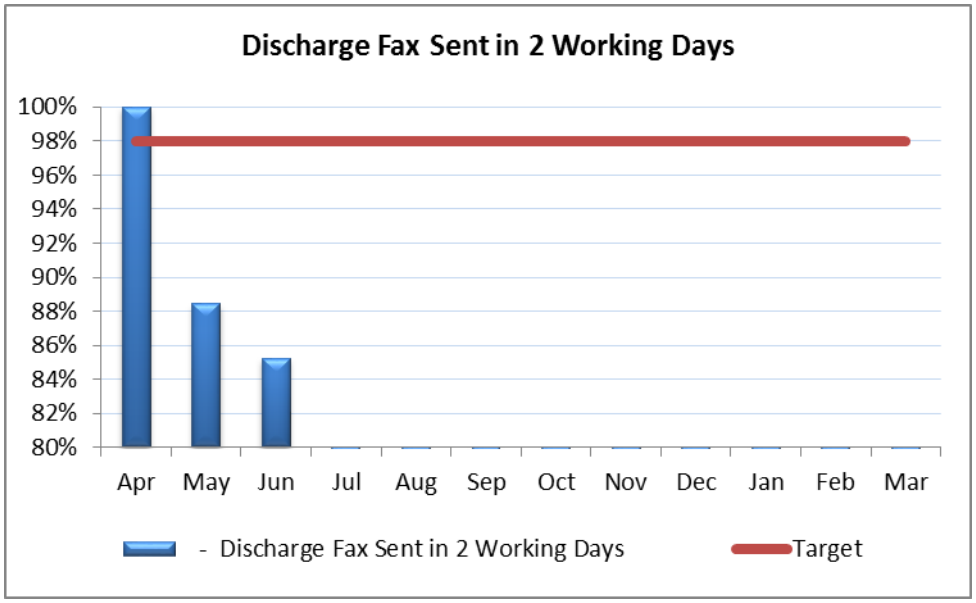
Reason	n	%
Clinician Absent From Work	175	42%
Moved - Trust Rescheduled	51	12%
Moved - Clinic Cancelled	46	11%
No Consultant	40	10%
Moved - Staff Issue	31	7%
Clinic Booked In Error	21	5%
Clinician On Annual Leave	13	3%
Clinician Must Attend Tribunal	8	2%
Clinician Must Attend Meeting	7	2%
Moved - Location Issue	6	1%
Clinician on annual leave	5	1%
Junior doctor clinic no consultant	4	1%
Paris System Issue	4	1%
Clinician Must Attend Training	4	1%
Grand Total	**415**	**100%**

Consultant Outpatient DNAs



Despite the trust sending text message appointment reminders, the number of patients who did not attend scheduled outpatient appointments in June was high.

Discharge Fax sent in 2 working days

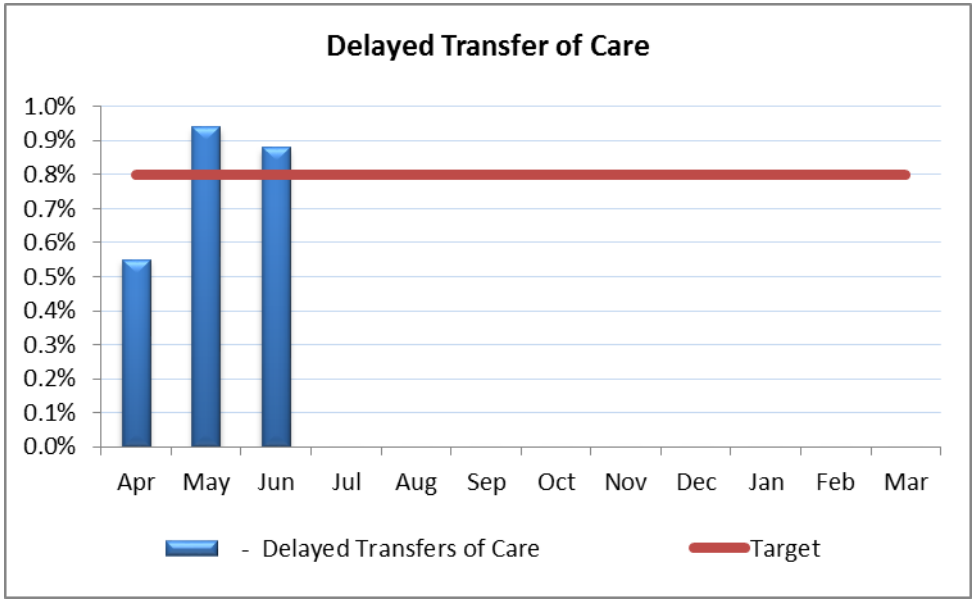


13 discharge emails to GPs were sent late this month. This was mainly a result of admin shortages at the Hartington Unit for which we have been unable to source cover.

Action taken: some admin cover has been provided by the crisis team.

All the wards to put in place formal contingency arrangements to ensure the correspondence is sent in a timely manner.

Delayed Transfers of Care



There remain 2 patients, both on ward 34, who are ready for discharge but whose discharge is being delayed. One delay is attributed to social care: awaiting provision of emergency accommodation; the other is attributed to both health and social care: awaiting funding and placement.

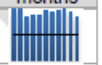
Campus Division Performance Dashboard 2017/18 Month 3

Enclosure D

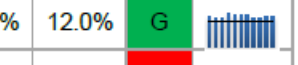
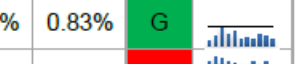
Quality, Safety and Experience

Indicator	Period	Target	Actual	RAG	Previous months
CPA 7 day follow-up	Monthly	95%	100%	G	
Delayed transfers of care	Monthly	0.8%	0.9%	R	
Never events	Monthly	0	0	G	
Serious incidents reported to CCG via STEIS	Monthly	N/A	1	N/A	
Crisis gatekeeping	Monthly	95%	100%	G	
Mixed sex accommodation breaches	Monthly	0	0	G	
Under 16 admissions to adult facilities	Monthly	0	0	G	
New complaints opened for investigation	Monthly	<=4	6	R	
New concerns	Monthly	<=7	6	G	
Complaints upheld/partially upheld	Monthly	<=2	2	G	
Compliments	Monthly	>=40	36	R	
Friends and Family Test % positive	Monthly	89%	75%	R	

Performance

Indicator	Period	Target	Actual	RAG	Previous months
Hartington Unit bed occupancy – including leave	Monthly	85%	102%	R	
Hartington Unit bed occupancy – excluding leave	Monthly	85%	88%	R	
Hartington Unit length of stay	Monthly	36	49	R	
Radbourne Unit bed occupancy – including leave	Monthly	85%	103%	R	
Radbourne Unit bed occupancy – excluding leave	Monthly	85%	86%	R	
Radbourne Unit length of stay	Monthly	36	54	R	
Kingsway bed occupancy – including leave	Monthly	85%	78%	G	
Kingsway bed occupancy – excluding leave	Monthly	85%	76%	G	
Activity against contract – inpatient rehab.	Monthly	95%	74%	R	

People

Indicator	Period	Target	Actual	RAG	Previous months
Vacancy rate	Monthly	10%	15.5%	R	
Turnover	Monthly	10%	12.0%	G	
Sickness – in month	Monthly	5%	5.9%	R	
Annual appraisals	Monthly	90%	79.7%	R	
Mandatory training	Monthly	85%	88.1%	G	
Agency staff use	Monthly	1.9%	0.83%	G	
Bank staff use	Monthly	5%	13.7%	R	
Clinical supervision	Yearly	100%	42%	R	
Managerial supervision	Yearly	100%	52%	R	

Pulse Check

Indicator	Period	Target	Actual	RAG	Previous months
Kingsway					
Staff recommending as a place for care and treatment	Quarterly	79%	63%	R	
Staff recommending as a place to work	Quarterly	64%	39%	R	
Hartington Unit					
Staff recommending as a place for care and treatment	Quarterly	79%	Data not provided	N/A	
Staff recommending as a place to work	Quarterly	64%	Data not provided	N/A	

Campus Division Performance Dashboard 2017/18 Month 3

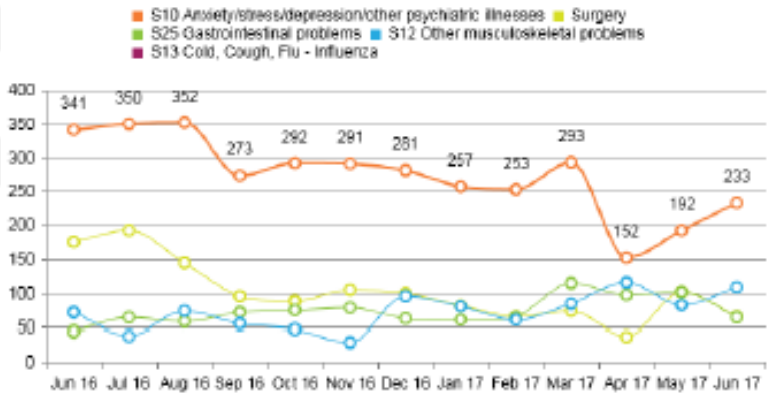
Radbourne Unit					
Staff recommending as a place for care and treatment	Quarterly	79%	Data not provided	N/A	
Staff recommending as a place to work	Quarterly	64%	Data not provided	N/A	

Finance					
Indicator	Period	Target	Actual	RAG	Previous months
Performance against budget £'000s	In month	2337	2559	R	
Performance against budget £'000s	Year to date	7392	7692	R	
Forecast outturn	Forecast	29,567,772	31,300,146	R	
Out of area placement expenditure £'000s	Year to date	121	514	R	
Out of area placement expenditure forecast	Forecast	486	2057	R	

General Manager Summary:

- **Delayed transfers of care**
  There remain 2 patients, both on ward 34, who are ready for discharge but whose discharge is being delayed. One delay is attributed to social care: awaiting provision of emergency accommodation; the other is attributed to both health and social care: awaiting funding and placement. Both should be resolved within the next few weeks.
- **New complaints, compliments and the friends and family test**
  The number of complaints received was above average and compliments was below average this month. There were only 16 responses to the friends and family survey, almost half of which related to ward 1. [FFT IT issue]
- **Adult acute inpatient occupancy and length of stay**
  Length of stay/ out of area placements project has commenced which is focusing on length of stay issues and will involve implementing a structured programme of improvement. Due to acute staffing issue at the moment we will be monitoring on a daily basis.
- **Inpatient rehabilitation**
  Several discharges happened at once which bought occupancy levels down, including the transfer of a patient back to acute services. Audrey House is currently fully occupied, 2 patients however are on a discharge pathway. Rehabilitation referral process is being streamlined. Inreach work weekly to source referrals to both Hartington and Radbourne. Once a week referral meetings and future weekly updates to the wards to advise of bed occupancy rates and any waiting lists. Some referrals continue to be inappropriate for Rehabilitation services. Management to attend operational meetings to discuss referral process. Meeting being arranged for all referrals to be sent electronically via Paris. Currently 20 of the 23 beds are occupied. Formal referral process to be issued this month. Rehab team formally review patients on the acute units on a weekly basis. We are also feeding back through the inpatient panel re patients placed out of area.
- **Sickness**
  Recruitment and Retention group is focusing on these issues trust-wide. Within Campus, given the current staffing pressures the overarching sickness rate is lower than would be expected. We are aware of individual areas of pressure and sickness management processes are in place. Drop-in sessions are in place in support of stress in the workplace.

Top 5 Absence Reasons by Working Days Lost per Month



- **Annual appraisals**
  The position has steadily been improving over time despite the rate of staff turnover and level of vacancy being carried. As a short-term emergency plan Band 7 staff will be working within numbers across Radbourne and Hartington Unit and we anticipate a negative effect on this trajectory.
- **Bank use**
  Additional temporary staffing was needed at the Radbourne Unit to cover vacancies and acuity. We anticipate a heightened bank use over the next few months.
- **Supervision**
  Owing to the way we report compliance on a rolling 12 months basis, any significant absence through maternity leave, long term sickness etc. makes the

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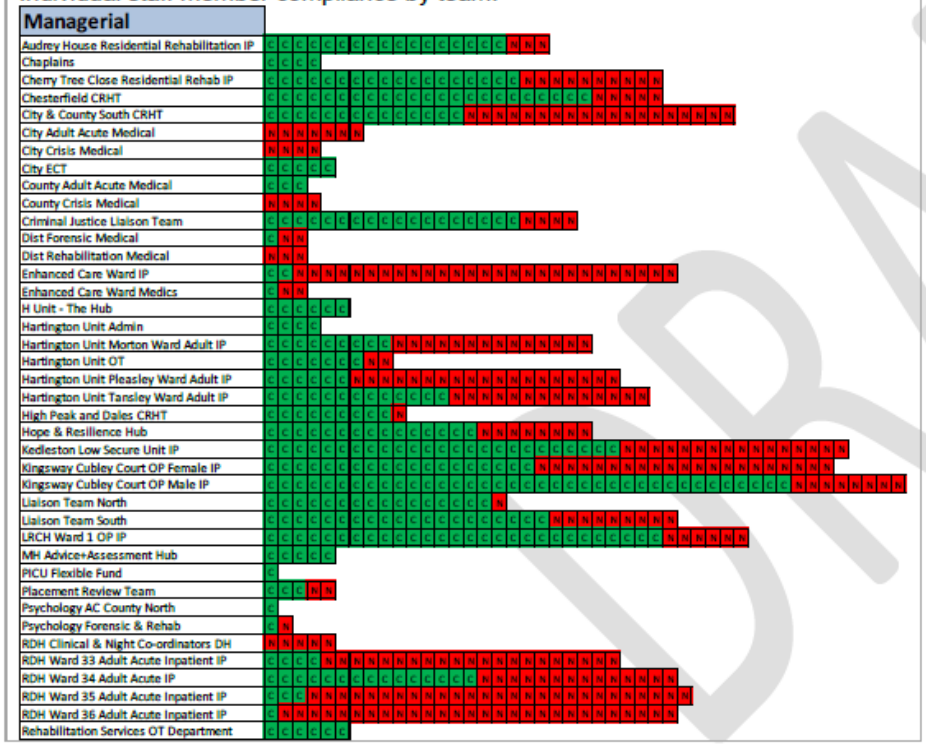
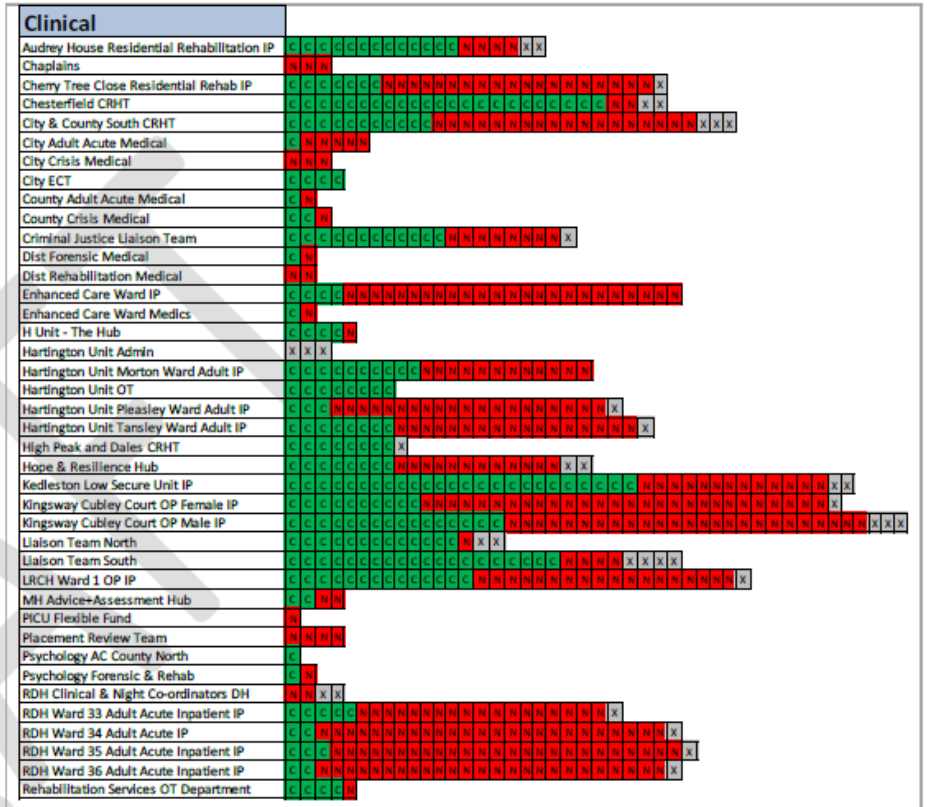
target unachievable. In Campus this is the case for 28 of our teams.

Capacity to undertake supervision is also a factor: inpatient nurses are required to undertake in excess of 11 days a year of training plus 2 days a year of supervision, yet only 6 days a year per nurse are factored into the funded establishment.

We are trying to develop options for group supervision and using practice development forums as an underlying strategy, but we anticipate the staffing difficulties impacting developments over the next 2 months.

Individual staff member compliance by team:





- **Finance**
  Overspend in June was as a result of a number of out of area placements and step down, plus a need for additional temporary staffing at the Radbourne Unit to cover vacancies and acuity. Length of stay/ out of area placements project has commenced which is focusing on length of stay issues and will involve implementing a structured programme of improvement. A financial action plan is in place at the Radbourne Unit, which is a key area of overspend. Key actions include robust and effective rostering and effective monitoring of budgets and overspend.

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Central Services Division Performance Dashboard 2017/18 Month 3

Enclosure D

Quality, Safety and Experience

Indicator	Period	Target	Actual	RAG	Previous months
Never events	Monthly	0	0	G	
Serious incidents reported to CCG via STEIS	Monthly	N/A	0	N/A	
New complaints opened for investigation	Monthly	<=2	1	G	
New concerns	Monthly	<=3	5	R	
Complaints upheld/partially upheld	Monthly	<=0	1	R	
Compliments	Monthly	>=11	6	R	
Friends and Family Test % positive	Monthly	89%	50%	R	

Performance

Indicator	Period	Target	Actual	RAG	Previous months
Activity against contract – ASD assessments (cumulative)	Monthly	100%	82%	R	
Activity against contract – perinatal inpatient bed days	Monthly	100%	84%	R	
Activity against contract – perinatal south community contacts	Monthly	169	103	R	
Activity against contract – eating disorder service contacts	Monthly	204	163	R	
Waiting list - ASD assessment: total and average wait (weeks)	Monthly	<=18	368 44	R	
Waiting list - dietetics: total waiting and average wait (weeks)	Monthly	<=18	2 0.1	G	
Waiting list – eating disorders: total waiting and average wait (weeks)	Monthly	<=18	9 3.6	G	
Waits – LD speech & language therapy: total and average wait	Monthly	<=18	167 26	R	
Waiting list - physiotherapy: total waiting and average wait (weeks)	Monthly	<=18	47 8	G	
Waiting list – psychological therapies: total and average wait	Monthly	<=18	69 24	R	
IAPT step 2 discharges	Monthly	67	103	G	

Performance

Indicator	Period	Target	Actual	RAG	Previous months
IAPT step 3 discharges	Monthly	516	668	G	
IAPT recovery rate	Monthly	50%	52.9%	G	
IAPT reliable improvement & recovery rate	Monthly	65%	69.0%	G	
Substance Misuse City:					
TOPS compliance - start	Quarterly	80%	91%	G	
TOPS compliance - review	Quarterly	80%	97%	G	
TOPS compliance - exit	Quarterly	80%	94%	G	
Waiting time into treatment over 21 days	Quarterly	0%	0%	G	
Substance Misuse County:					
TOPS compliance - start	Quarterly	80%	83%	G	
TOPS compliance - review	Quarterly	80%	95%	G	
TOPS compliance - exit	Quarterly	80%	98%	G	
Waiting time into treatment over 21 days	Quarterly	0%	0%	G	

People

Indicator	Period	Target	Actual	RAG	Previous months
Vacancy rate	Monthly	10%	7.5%	G	
Turnover	Monthly	10%	8.9%	G	
Sickness – in month	Monthly	5%	3.8%	G	
Annual appraisals	Monthly	90%	76%	R	
Mandatory training	Monthly	85%	88%	G	
Agency staff use	Monthly	1.9%	1.0%	G	

Central Services Division Performance Dashboard 2017/18 Month 3

Enclosure D

People					
Indicator	Period	Target	Actual	RAG	Previous months
Bank staff use	Monthly	5%	2.6%	G	
Clinical supervision	Yearly	100%	65%	R	
Managerial supervision	Yearly	100%	71%	R	

Pulse Check					
Indicator	Period	Target	Actual	RAG	Previous months
Learning Disability					
Staff recommending as a place for care and treatment	Quarterly	79%	65%	R	
Staff recommending as a place to work	Quarterly	64%	34%	R	
Substance misuse					
Staff recommending as a place for care and treatment	Quarterly	79%	78%	R	
Staff recommending as a place to work	Quarterly	64%	66%	G	

Finance					
Indicator	Period	Target	Actual	RAG	Previous months
Performance against budget £'000s	In month	1798	1825	R	
Performance against budget £'000s	Year to date	5358	5313	G	
Forecast outturn £s	Forecast	21,386,962	21,480,939	R	

General Manager Summary:

- **Concerns, complaints, compliments and the friends and family test**
  The level of both negative and positive feedback received by the Division is very low.
- **ASD assessments**
  Meeting the assessments target for 2016/17 resulted in a backlog reports to be written up. Writing up these reports has impacted on capacity to undertake assessments towards the start of the new financial year. The backlog has now been addressed and we anticipate that the level of assessments completed over the next few months and going forward will bring us back into line with target.
- **Perinatal inpatient and community**
  Referrals to the service have been lower across all three teams (including inpatients) which reflects a dip in the birth rate at the moment. Two clinicians (1 North and 1South) have reduced caseloads following returns from long term sickness. Dr Gandhi has introduced a joint antenatal clinic with maternity to screen cases which may have been referred to us previously.
- **Eating disorder service contacts**
  The full year target has been increased by 64% since 2016/17 and is set 12% higher than the level of activity achieved last financial year. Team has been briefed about the increased target and has considered ways to achieve compliance. In June there were reduced patient contacts owing to significant staff absence. This is expected to improve over the next 2 months.
- **Waiting times for LD speech and language therapy and for psychological therapies**
  Recruiting to vacancies
- **Annual appraisals and Supervision**
  We had made some progress with annual appraisals but it seems to have reached a plateau. This is a hot spot focus currently with the teams and actions and trajectories are being sought.
  Regarding supervision, owing to the way compliance is reported on a rolling 12 months basis, any significant absence through maternity leave, long term sickness etc. makes the target unachievable. In Central this is the case for 18 of our teams..
  The Executive Leadership Team has recently agreed to a list of exemptions from compliance calculations for training, supervision and appraisals as follows: staff on external secondments, career break, maternity leave or adoption leave; staff with sickness absence beyond 90 days; staff absent beyond 90 days; staff suspended. HR and IM&T are looking into how to implement this exemption in practice. Once implemented we should see
- **Pulse check**
  Substance Misuse Service has gone through re-tendering and Learning Disability Service is going through service development. Monitoring pulse check as indicator of engagement and outcomes.
- **Finance**
  Underspent at end June with forecast to come in on budget.

Children's Services Division Performance Dashboard 2017/18 Month 3

Enclosure D

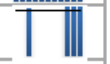
Quality, Safety and Experience

Indicator	Period	Target	Actual	RAG	Previous months
Never events	Monthly	0	0	G	
Serious incidents reported to CCG via STEIS	Monthly	N/A	1	N/A	
New complaints opened for investigation	Monthly	<=2	2	G	
New concerns	Monthly	<=6	10	R	
Complaints upheld/partially upheld	Monthly	<=1	1	G	
Compliments	Monthly	>=14	8	R	
Friends and Family Test % positive	Monthly	89%	100%	G	

Performance

Indicator	Period	Target	Actual	RAG	Previous months
Children in care health assessments – children under 5	Monthly	73%	83%	G	
Children in care health assessments – children 5 and over	Monthly	75%	78%	G	
10-14 day breastfeeding coverage	Monthly	98%	99%	G	
6-8 week breastfeeding coverage	Monthly	98%	100%	G	
6-8 week breastfeeding prevalence	Monthly	43%	44%	G	
SEND process – letter 1 responses within 15 days	Monthly	80%	100%	G	
SEND process – letter 2 responses within 42 days	Monthly	49%	83%	G	

Performance

Indicator	Period	Target	Actual	RAG	Previous months
Paediatric current waits < 18 weeks	Monthly	92%	60.9%	R	
Paediatric waiting list: number waiting and average wait (weeks)	Monthly	<=18	934 19	R	
Paediatric new referrals (A) and attended 1st appointments (B)	Monthly	B>A	A 264 B 335	G	
CAMHS current waits < 18 weeks	Monthly	92%	93.0%	G	
CAMHS waiting list: number waiting and average wait (weeks)	Monthly	<=18	341 11	G	
CAMHS activity – attended contacts	Monthly	2053	2222	G	
CAMHS caseload	Monthly	1980	1841	G	
CAMHS RISE – referrals from A&E seen same day	Monthly	59%	64%	G	
CAMHS RISE – discharges with completed ESQ	Monthly	38%	46%	G	
CAMHS RISE – discharges with completed SFQ	Monthly	46%	51%	G	
CAMHS RISE – A&E referral rate (as a percentage of total referrals)	Monthly	73%	80.0%	G	

People

Indicator	Period	Target	Actual	RAG	Previous months
Vacancy rate	Monthly	10%	11.3%	R	
Turnover	Monthly	10%	13.0%	R	
Sickness – in month	Monthly	5%	5.9%	R	
Annual appraisals	Monthly	90%	82.8%	R	
Mandatory training	Monthly	85%	88.2%	G	
Agency staff use	Monthly	1.9%	1.6%	G	
Bank staff use	Monthly	5%	1.9%	G	
Clinical supervision	Yearly	100%	89%	R	
Managerial supervision	Yearly	100%	80%	R	

Children's Services Division Performance Dashboard 2017/18 Month 3 Enclosure D

Pulse Check					
Indicator	Period	Target	Actual	RAG	Previous months
Child Therapy & Complex Needs					
Staff recommending as a place for care and treatment	Quarterly	79%	71%	R	
Staff recommending as a place to work	Quarterly	64%	50%	R	
Universal Children's Services					
Staff recommending as a place for care and treatment	Quarterly	79%	80%	G	
Staff recommending as a place to work	Quarterly	64%	50%	R	
Child & Adolescent Mental Health Services					
Staff recommending as a place for care and treatment	Quarterly	79%	45%	R	
Staff recommending as a place to work	Quarterly	64%	41%	R	

Finance					
Indicator	Period	Target	Actual	RAG	Previous months
Performance against budget £'000s	In month	£1220	£1159	G	
Performance against budget £'000s	Year to date	£3660	£3518	G	
Forecast outturn	Forecast	£14,641,107	£14,208,214	G	

General Manager Summary

- **Concerns and compliments**
  We continue to work through concerns as these are raised within the service. As discussed at recent performance review it would not seem appropriate to have a target for number of concerns raised. We should be encouraging service users to raise concerns about the service and using this to inform future service delivery. Receiving these concerns should also be regarded as evidence that the process about how to raise a concern is known amongst service users.
  As discussed at the recent performance review we need an electronic way to extract compliments submitted as part of F&F as currently these are not included in the above numbers and yet contain some wonderful comments and compliments.
- **Paediatric current waits < 18 weeks**
  Progress continues to be made towards achieving this objective. Recent performance review has requested paper detailing when 18 week wait is expected to be achieved. To be submitted in 4 weeks.
- **Turnover**
  As discussed at recent performance review the 0-19 Years Service (16%) is experiencing significantly high turnover rate at this time. We have analysed data from termination forms to identify factors influencing this. Also there has been a considerable recruitment programme to help mitigate against the impact of this turnover rate.
- **Sickness absence**
  Data has not been reliable as services have reported 131% sickness for May 2017. Awaiting assurance that data is now correct.
- **Supervision and annual appraisals**
  GM has generated a supervision and IPR dashboard for May 2017 and each SLM generated an action plan to address shortfall in performance. This is being monitored on fortnightly basis.
- **Pulse check**
  Staff survey action plan has been developed and now being implemented by all service lines within the division.

Neighbourhood Services Division Performance Dashboard 2017/18 Month 3

Enclosure D

Quality, Safety and Experience					
Indicator	Period	Target	Actual	RAG	Previous months
Never events	Monthly	0	0	G	
Serious incidents reported to CCG via STEIS	Monthly	N/A	3	N/A	
New complaints opened for investigation	Monthly	<=5	5	G	
New concerns	Monthly	<=17	19	R	
Complaints upheld/partially upheld	Monthly	<=2	3	R	
Compliments	Monthly	27	25	R	
Friends and Family Test % positive	Monthly	89%	75%	R	

Performance					
Indicator	Period	Target	Actual	RAG	Previous months
North Derbyshire					
Community caseload per funded wte care coordinator (exc. waiting list)	6 - Monthly	<=35	50	R	
Community waiting list: number waiting and average wait (weeks)	Monthly	<=18	1961 17	G	
Community referrals (A) and discharges (B)	Monthly	B>A	A 879 B 1116	G	
Community activity	Monthly	5499	5591	G	
Outpatient memory assessment service caseload	Monthly	1116	1116	G	
Outpatient caseload (exc. MAS)	Monthly	5117	5117	G	
Outpatient waiting list < 18 weeks	Monthly	92%	99%	G	
Outpatient caseload % seen within the last 6 months	Monthly	75%	86%	G	
Outpatient caseload % seen within the last 12 months	Monthly	99%	98%	R	
South Derbyshire					
Community caseload per funded wte care coordinator (exc. waiting list)	6 - Monthly	<=35	41	R	

Performance					
Indicator	Period	Target	Actual	RAG	Previous months
Community waiting list: number waiting and average wait (weeks)	Monthly	<=18	1677 19	R	
Community referrals (A) and discharges (B)	Monthly	B>A	A 708 B 672	R	
Community activity	Monthly	4338	4412	G	
Outpatient memory assessment service caseload	Monthly	549	521	G	
Outpatient caseload (exc. MAS)	Monthly	3419	3412	G	
Outpatient waiting list < 18 weeks	Monthly	92%	95.9%	G	
Outpatient caseload % seen within the last 6 months	Monthly	75%	85%	G	
Outpatient caseload % seen within the last 12 months	Monthly	99%	97%	R	
Derby City					
Community caseload per funded wte care coordinator (exc. waiting list)	Monthly	<=35	45	R	
Community waiting list: number waiting and average wait (weeks)	Monthly	<=18	1211 13	G	
Community referrals (A) and discharges (B)	Monthly	B>A	A 598 B 591	R	
Community activity	Monthly	4373	4802	G	
Outpatient caseload	Monthly	3273	3351	R	
Outpatient waiting list < 18 weeks	Monthly	92%	89.4%	R	
Outpatient caseload % seen within the last 6 months	Monthly	75%	74%	R	
Outpatient caseload % seen within the last 12 months	Monthly	99%	90%	R	
Early Intervention County North					
Referral to treatment within 14 days – currently waiting	Monthly	50%	100%	G	
Referral to treatment within 14 days – completed	Monthly	50%	100%	G	

Neighbourhood Services Division Performance Dashboard 2017/18 Month 3

Enclosure D

Performance

Indicator	Period	Target	Actual	RAG	Previous months
Caseload	Monthly	144	173	R	
Early Intervention County South & City					
Referral to treatment within 14 days – currently waiting	Monthly	50%	56%	G	
Referral to treatment within 14 days – completed	Monthly	50%	67%	G	
Caseload	Monthly	211	236	R	

People

Indicator	Period	Target	Actual	RAG	Previous months
Vacancy rate	Monthly	10%	8.7%	G	
Turnover	Monthly	10%	8.6%	G	
Sickness – in month	Monthly	5%	2%	G	
Annual appraisals	Monthly	90%	75%	R	
Mandatory training	Monthly	85%	86%	G	
Agency staff use	Monthly	1.9%	5.4%	R	
Bank staff use	Monthly	5%	1.6%	G	
Clinical supervision	Yearly	100%	61%	R	
Managerial supervision	Yearly	100%	70%	R	

Pulse Check

Indicator	Period	Target	Actual	RAG	Previous months
Locality 1					
Staff recommending as a place for care and treatment	Quarterly	79%	70%	R	
Staff recommending as a place to work	Quarterly	64%	47%	R	
Response rate	Quarterly	25%	15% (74)	R	
Locality 2					
Staff recommending as a place for care and treatment	Quarterly	79%	79%	G	
Staff recommending as a place to work	Quarterly	64%	63%	R	
Response rate	Quarterly	25%	11% (19)	R	
Locality 3					
Staff recommending as a place for care and treatment	Quarterly	79%	100%	G	
Staff recommending as a place to work	Quarterly	64%	0%	R	
Response rate	Quarterly	25%	19% (5)	R	
Locality 4					
Staff recommending as a place for care and treatment	Quarterly	79%	42%	R	
Staff recommending as a place to work	Quarterly	64%	42%	R	
Response rate	Quarterly	25%	35% (12)	G	

Finance

Indicator	Period	Target	Actual	RAG	Previous months
Performance against budget £'000s	In month	£2013	£1941	G	
Performance against budget £'000s	Year to date	£5874	£5673	G	
Forecast outturn	Forecast	£23,494,169	£23,226,874	G	

General Manager Summary

- **Concerns, complaints, compliments and friends and family test**

We are particularly worried about the situation in South Derbyshire Neighbourhood related to lack of consultant cover. This situation has been ongoing for several months with agency cover coming and going and periods where the post couldn't be covered at all. This has prompted an increase in the level of local complaint, concerns and formal complaints in that area. this in turn is difficult to manage within current timescales and given the capacity of the service manager, area service manager and general manager, all of whom have been working to try and

respond to these concern and complaints. There has also been a higher than usual level of concern expressed about the quality of some agency staff employed in the consultant post. Other areas have seen a rise in concerns related to waits, as well as quality issues. The levels of pressure and stress within teams accounts for the low number of returns for friends and family and poor feedback.

- **Community caseload per care coordinator**
  We have established a new way of recording in Paris that should make the waiting list for care coordinator more transparent, however more work is needed in this area as we are concerned about the percentage of individuals on caseload who are managed within the framework of CPA. The management team are concerned that this is low, when compared to the feedback on rise in complexity of cases across all areas. The assumption is that the perceived onerousness of managing care through the framework is making clinicians decide not to use the framework. We are addressing this operationally but the revised CPA policy and procedure is required with some urgency to facilitate this
- **Community referrals**
  This count refers to all referrals to NGH services, so the external waiting list is not clearly identified. The Paris work recently undertaken should help articulate all waits to appropriate services
- **Outpatient caseload seen within the last 6/12 months**
  This list is cleansed on a weekly basis to try and reduce the number of individuals who should have been discharged but have been left open on the system. However we do have areas of particular concern where people are not seen within the 12 month period and service managers and area service managers are trying to support medical secretaries and consultants in improving this situation. This is also discussed and actions are prescribed in the medical management group.
- **Outpatient 18 week referral to treatment in Derby City**
  Slots have been lost as a consultant left and the new incumbent hadn't started. There is also a lack of Junior Doctor support available for several of the Consultants in the City and this has been escalated to Medical Management.
- **Early intervention caseload**
  The caseloads of both teams are high. A piece of work is to be undertaken looking at capacity and demand within the teams.
- **Annual appraisals**
  It is becoming increasingly apparent that the capacity of the neighbourhood staff to meet key performance targets, including appraisals is challenged by the concentration on caseload and waiting lists. There is some capacity calculation work ongoing to seek some improvement with this. In the interim all managers are prioritising appraisal completion, together with supervision rates as an urgent matter.

- **Agency staff use**
  We have exceeded target for use of agency staff and this has varied over the year, and between teams, trajectories have been set repeatedly, but are undermined by changing situations. However improving staff well-being and recruitment are key priorities for neighbourhood services through the next 6 months, which should benefit high pressured areas where sickness absence has created gaps and high turnover.
  Recruiting to medical posts has been extremely challenging throughout the year, this is a national issue and we have worked with other Trust departments to try and resolve this. Similar to the nurse situation solutions are found in one area, but then issues crop up in another. However this does mean that we are able to refine our processes and have more speed about processing solutions where it is possible. The last month has seen the medical gaps being covered more consistently.
- **Supervision**
  Owing to the way we report compliance on a rolling 12 months basis, any significant absence through maternity leave, long term sickness etc. makes the target unachievable. Work is being set in motion to remove those unavailable for supervision from the report. In Neighbourhood this is the case for 33 of our teams. Operations are currently exploring ways to more effectively capture ad hoc clinical supervision, which should improve the position: anecdotally we are aware that ad hoc supervision takes place which is not being recorded. The capacity of Band 6 staff to undertake supervision is being limited by their having to manage large clinical caseloads. We are looking at freeing up capacity through reducing caseloads, although it is acknowledged this will have a negative impact on waiting lists. We have also set target percentage increases by team by month.
- **Pulse check**
  This is an area for work, we have a review of the neighbourhood model underway which should enable more positive feedback

WARD STAFFING

Enclosure D

Ward name	Occupancy % Rate	Day		Night		Comments Required	Analysis and Action Plan for 'Average fill rate' above 125% and below 90%
		Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)		
AUDREY HOUSE RESIDENTIAL REHABILITATION	92.67%	159.1%	70.7%	90.0%	0.0%	Yes	We are now working on a basis that we should have 2 qualified on the early and late and 2 at night with no unqualified at night. The occasions where there are unqualified at night are due to clinical activity where a patient was being nursed on level 2 observations, also sickness and special leave where we covered with a regular bank nurse. We also had staff members on leave which I know is not ideal to cover with bank but there was not a second qualified available due to ensuring safe staffing during the day. We also require further qualified support on a Monday due to this being a MDM day, as 1 qualified is required for over half a day
CHILD BEARING INPATIENT	83.89%	70.6%	90.4%	103.3%	136.7%	Yes	
CTC RESIDENTIAL REHABILITATION	65.22%	113.1%	93.8%	120.0%	90.0%	No	We have a staff member who is registered who is struggling with duties and is under competencies so where possible is the third qual as they are also still under preceptorship and not safe to give meds independently. We are trying to book a second qual on the night shift where possible however have several qual vacancies as yet to fill.
KEDLESTON LOW SECURE UNIT	50.83%	90.3%	58.9%	100.0%	99.2%	Yes	We have had long term sickness with NA's and 2 NA's off sick last month. We also are low on numbers meaning staffing levels are currently reduced at present. So we will be under fill rate for next six months. Still maintaining 2 nurses on night shifts
KINGSWAY CUBLEY COURT - FEMALE	96.85%	114.6%	108.5%	58.4%	182.2%	Yes	Ward has broken the current fill rate tolerances due to staff vacancies, maternity and sickness. Registered nurses now recruited and will be starting soon.
KINGSWAY CUBLEY COURT - MALE	72.22%	74.9%	107.8%	75.0%	157.8%	Yes	There has been registered staff off long term sick Registered shifts have been backfilled with NA Bank have been unable to fill shifts both days and nights 3 Registered nurses to go into post 1 staring in August 1 September 1 October 2 Part time NA to take up post 1 in August 1 September
LONDON ROAD COMMUNITY HOSPITAL - WARD 1 OP	105.00%	89.3%	110.5%	100.0%	168.4%	Yes	There has been 5 Registered Nurses and 3 Nursing Assistants who have retired we have vacancies that have been recruited into There are RN hours yet to be filled. The rota is rationalised to meet Patient safety and bank nurses used to support high patient numbers sickness is not an issue and decreasing Bank cover is not readily available to cover staff emergency leave and training/escorts

Enclosure D

WARD STAFFING

Ward name	Occupancy % Rate	Day		Night		Comments Required	Analysis and Action Plan for 'Average fill rate' above 125% and below 90%
		Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)		
HARTINGTON UNIT - MORTON WARD ADULT	91.53%	99.6%	129.4%	50.0%	246.7%	Yes	In response to the unavailability of registered staff on the Radbourne and Hartington Units during July, August and September the following mitigation has been put in place: • Recruitment of registered nurse agency staff where possible • Recruitment of bank registered nurse where possible • Safe offers of additional hours at appropriate rates to both inpatient and community based registered staff • Request for corporate staff who have a registered nursing qualification to be redeployed for 1 day a week to the units • Utilisation of additional nursing assistants to cover gaps in registered nurse availability [within agreed safe parameters] • Review of all secondments • Inpatient Band 7 Registered Nurses to be included in the numbers • Cease training unless essential for safety of the unit • Pilots developing regarding Pharmacy technicians within the skill mix • Pilots developing regarding OTs within the skill mix The situation remains fragile despite the mitigation in place and the units remain vulnerable in terms of the ability to cover for any further unanticipated absence. The situation is being closely monitored and ASMs and Divisional Nurses will escalate situations of heightened risk on a day to day basis.
HARTINGTON UNIT - PLEASLEY WARD ADULT	102.00%	90.4%	93.7%	34.4%	196.7%	Yes	
HARTINGTON UNIT - TANSLEY WARD ADULT	93.06%	84.6%	106.6%	58.3%	190.0%	Yes	
ENHANCED CARE WARD	97.67%	77.4%	139.8%	81.7%	175.0%	Yes	
RADBOURNE UNIT - WARD 33 ADULT ACUTE INPATIENT	103.17%	82.6%	160.7%	65.0%	240.0%	Yes	
RADBOURNE UNIT - WARD 34 ADULT ACUTE INPATIENT	104.50%	90.4%	131.1%	85.0%	190.0%	Yes	
RADBOURNE UNIT - WARD 35 ADULT ACUTE INPATIENT	106.67%	84.4%	133.8%	56.7%	116.7%	Yes	
RADBOURNE UNIT - WARD 36 ADULT ACUTE INPATIENT	102.50%	92.5%	124.7%	50.0%	243.3%	Yes	

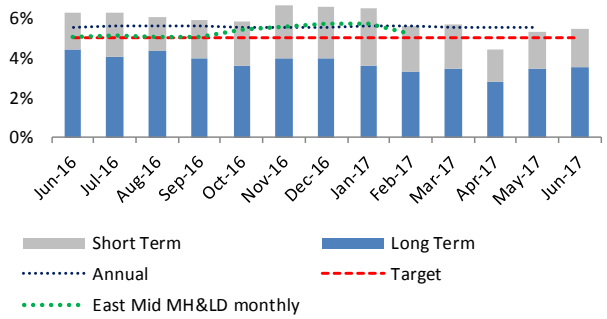
Workforce Section

Enclosure D

WORKFORCE DASHBOARD

Sickness Absence

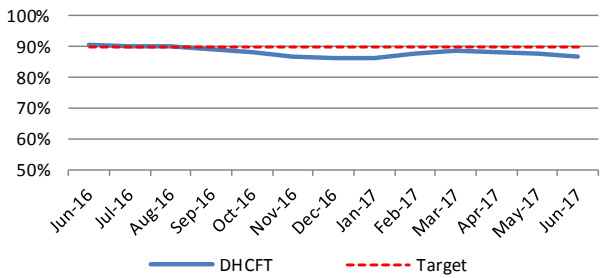
	Apr-17	May-17	Jun-17
(Monthly)	4.45%	5.30%	**5.49%**
(Annual)	5.53%	5.53%	**tbc**
			Target 5.04%



The monthly sickness absence rate is 0.19% higher than the previous month, however compared to the same period last year (June 2016) it is 0.79% lower. The Trust annual sickness absence rate is running at 5.53% (as at May 2017 latest available data). Anxiety / stress / depression / other psychiatric illnesses remains the Trusts highest sickness absence reason and accounts for 33.47% of all sickness absence, followed by surgery at 18.32% and other musculoskeletal problems at 8.08%. Compared to the previous month short term sickness absence has increased by 0.12% and long term sickness absence has increased by 0.07%.

Compulsory Training

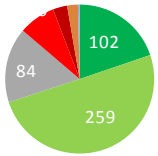
	Apr-17	May-17	Jun-17
(Staff in-date)	88.17%	87.73%	**86.96%**
			Target 90%

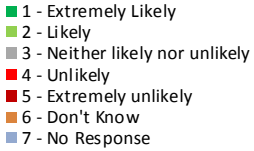


Compulsory training compliance continues to remain high running at 86.96%, a decrease of 0.77% compared to the previous month. Compared to the same period last year compliance rates are 3.53% lower. Compulsory training compliance remains above the 85% main contract commissioning for quality and innovation (CQUIN) target.

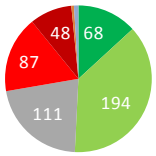
Staff FFT Q4 2016/17 (516 responses, 22.4% response rate) & Staff Survey 2016

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





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



	2016	National average 2016	2015	National average 2015
Overall staff engagement:	**3.69**	3.84	3.73	3.81

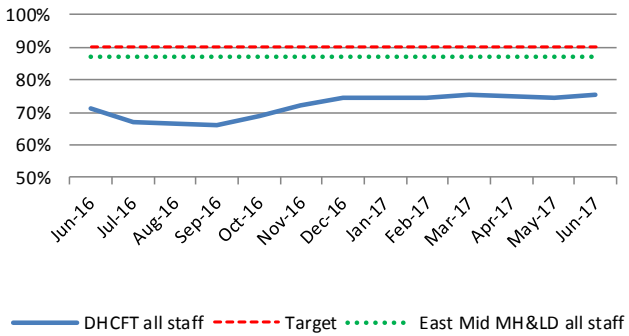
WORKFORCE DASHBOARD

Enclosure D

Appraisals (All staff)

Apr-17	May-17	Jun-17
74.71%	74.62%	**75.22%**

Target 90%

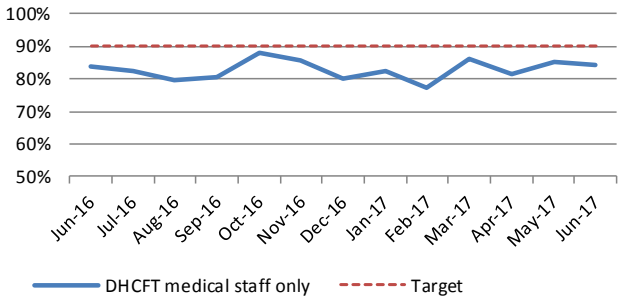


The number of employees who have received an appraisal within the last 12 months has increased by 0.60% during June 2017 to 75.22%. Compared to the same period last year, compliance rates are 3.93% higher. According to the 2016 staff survey results, the national average for Mental Health & Learning Disability Trusts is 88.79%. Local benchmarking data for a range of Trusts in the East Midlands shows an average completion rate of 83.57%.

Appraisals (Medical staff only)

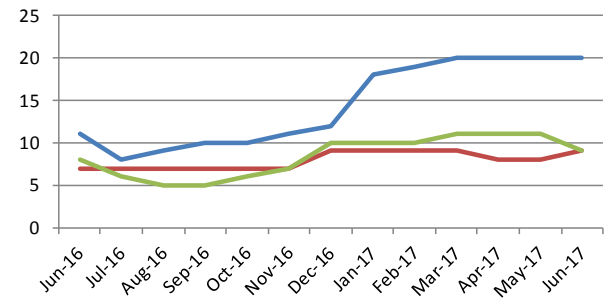
Apr-17	May-17	Jun-17
81.37%	85.29%	**84.16%**

Target 90%

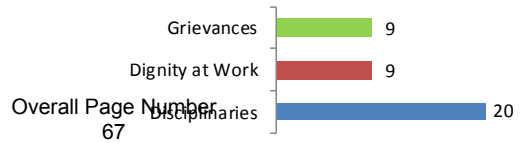


The number of Medical staff who have received an appraisal within the last 12 months has decreased by 1.13% to 84.16%. Compared to the same period last year, compliance rates are 0.20% higher. Junior Doctors on rotational training are excluded from the figures.

Grievances/Dignity at Work/Disciplinaries as at 30/06/2017



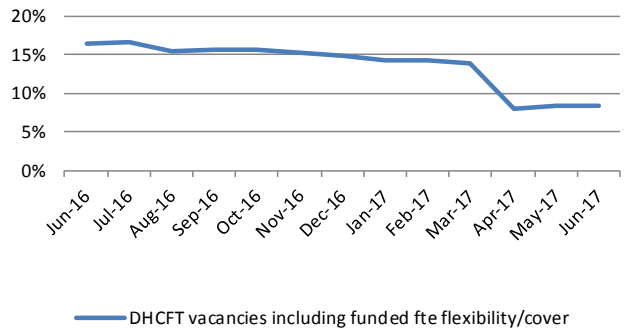
There are nine grievance cases lodged at the formal stage, no new grievances have been lodged and two cases have been resolved. There are 9 Dignity at Work cases, one new case in the period. There are 20 Disciplinary cases, one new case occurred in the period and one case has been resolved.



WORKFORCE DASHBOARD

Enclosure D

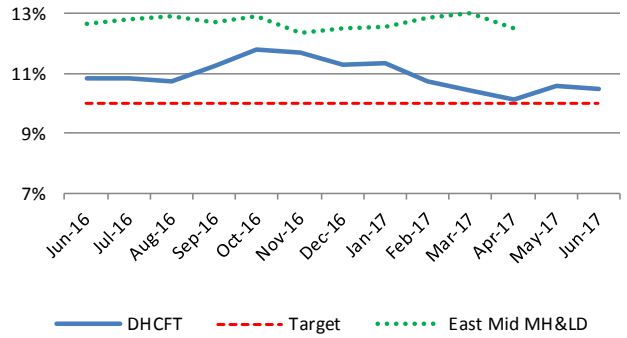
Vacancy	Apr-17	May-17	Jun-17
(Funded full time equivalent) Including funded fte flexibility/cover	8.04%	8.43%	**8.32%** ↘



The Trust vacancy rate includes funded Fte surplus for flexibility including sickness and annual leave cover. Funded vacancy rates have decreased to 8.32% in June 2017. 2017/18 budget changes included a large reduction in Fte from 2016/17 investment not materialising and Cost Improvement Programmes. During the previous six months, 118 employees have left the Trust and 154 employees have joined the Trust.

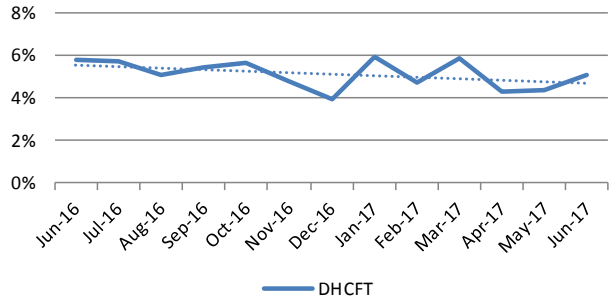
Turnover	Apr-17	May-17	Jun-17
(Annual)	10.16%	10.59%	**10.49%** ↘

Target 10%



Annual turnover remains within Trust target parameters at 10.49% and remains below the average for East Midlands Mental Health & Learning Disability Trusts. The average number of employees leaving over the last 12 months has decreased by 0.25 to 21.00. During June 2017 21 employees left the Trust, a decrease of 3 compared to the same period last year (June 2016). June 2017 leavers included 8 retirements.

Agency Usage	Apr-17	May-17	Jun-17
(Spend)	4.31%	4.33%	**5.09%** ↗



Total agency spend in June was 5.09% (5.79% including medical locums). Of total agency and locum spend for all staff groups, Qualified Nursing represented 1.2%, Medical 3.4% and other agency usage 0.5%. Agency Qualified Nursing spend against total Qualified Nursing spend in June was 3.3%. Agency Medical spend against total Medical spend in June was 18.4%. Year to date the level of agency expenditure exceeded the ceiling set by NHSI by £232k.

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 26th September 2017

Pulse Check Results and 2017 Staff Survey Plan

Purpose of Report

To update the Council of Governors on the latest Pulse Check Results and inform on the Staff Survey Plan for 2017

Executive Summary

- Q1 Pulse Check (April – July 2017) showed an improvement in the response rate and also an improvement in the two main questions:

  How likely are you to recommend this organisation to friends and family if they needed care or treatment – showed that 73% of respondents would likely or extremely likely to recommend.

  How likely are you to recommend this organisation to friends and family as a place to work – showed that 57% of respondents would likely or extremely likely to recommend.

- All other questions showed an increase in % other than:

  I am able to make suggestions to improve the work of my team/department.

  And

  Time passes quickly when I am working.

- Positive comments describe commitment and compassion and 'going the extra mile' whereas the negative comments primarily describe lack of resources which we know is being proactively addressed.

- Managers have received their own area reports.

Attached for information is the 2017 Staff Survey Plan which is being progressed.

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	
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

- Pulse Check is showing improvements and there is a plan in place to support the staff survey for 2017.

Consultation

Not applicable

Governance or Legal Issues

Not applicable

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 – 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 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

Not applicable

Recommendations

The Council of Governors is asked to:

1. Note the improvement can be seen from the continued quarterly pulse check.
2. Note the 2017 staff survey plan.

Report presented by: **Amanda Rawlings**
Interim Director of People & Organisational Effectiveness

Report prepared by: **Garry Southall, Principal Workforce & Organisational Development Manager**
Ian Shepherd, Management Trainer

Derbyshire Healthcare NHS
NHS Foundation Trust

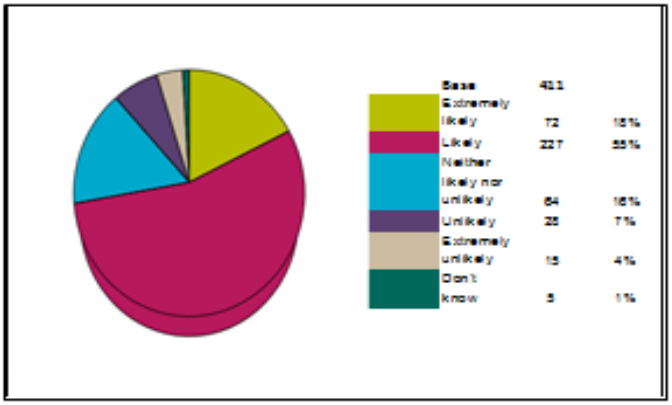
Initial Feedback Pulse Survey

April - July 2017

Better together

Key question 1

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

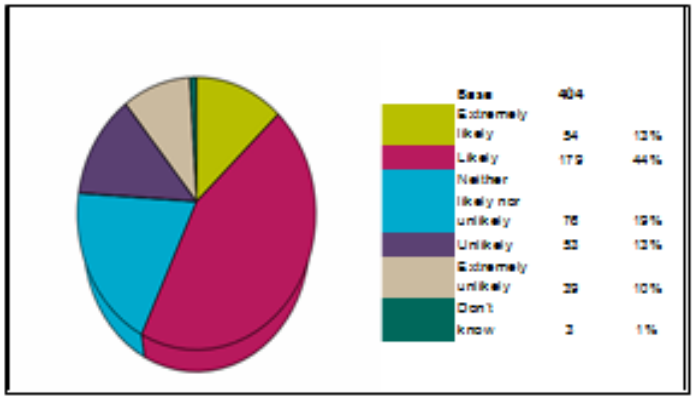


Improvement from last quarter 5%
Response rate 17.8%

Better together

Key question 2

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



Improvement from last quarter 7%

Better together

Other questions

Questions:	Base	Score %	Lowest score	Highest score	Change
Care of patients/service users is the trust's top priority.	392	78%	77%	87%	1%
I am able to make suggestions to improve the work of my team/department.	393	75%	75%	71%	-2%
There are frequent opportunities for me to show initiative in my role.	397	76%	70%	70%	6%
I am able to make improvements happen in my area of work.	391	69%	63%	63%	6%
I think that it is safe to speak up and challenge how things are done	401	61%	57%	67%	4%
I look forward to going to work.	398	63%	55%	69%	8%
I am enthusiastic about my job.	397	75%	67%	73%	8%
Time passes quickly when I am working.	403	77%	77%	64%	0%

Sample comments:

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

- Likely:
  - The commitment, compassion that staff show. The extra mile staff will go to support those who need it most.
  - Our staff really care about patients and their families
  - Had a relative admitted and a very good experience
  - Patient care is main focus for clinical staff.
  - Level of dedication from staff, quick, supportive, reliable.
- Unlikely:
  - Not enough qualified staff on the wards
  - Although the staff try their best they are not able to provide the best care due to staff shortages and too much red tape.
  - To many staff shortages to receive appropriate care
  - Under funded and under staffed. Wards feel chaotic and environment not therapeutic
  - Feel that staff morale is low and certain teams are going through the motions rather than delivering the care they used to. I think teams are running short staffed, underfunded, exhausted, time poor and stressed in a nutshell.

Sample comments:

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

- Likely:
  - Its a good place to work, although capacity is a challenge across all services, there is on-going support for staff to do their jobs
  - Very supportive team and management
  - It is a good place to work for and it gives care and support to both patients and their family
  - Lovely teams. Great trust which is widespread so able to get out and about.
  - Although under significant pressure at times, I feel supported by my manager and colleagues.
- Unlikely:
  - Staff are are overworked and undervalued. We are constantly pushed to give more but are rarely thanked when we do
  - low staff morale / not feeling appreciated / managers having favourites
  - Due to lack of staff
  - Too many changes, knee jerk reactions, staffing, moral, confidentiality, uncertain future
  - Unsupportive management.

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Areas scoring 50% or less positive

Pharmacy	Universal Children's Service	Locality 2 OSER
Campus	Child Therapy and Complex needs	Locality 3 OSER
Centre for R&D	Med Secs	
Facilitation Group	Patient Records	
County South Neighbourhoods	Ryknold CBT	
Hartington Campus	Pediatrics Admin	
Kingsway Campus	Psychology Neighbourhods	
Psychological Therapies	MGT + Admin OSER	

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2017 Staff Survey Plan

Date	Step of NHS Staff Survey
Late August / Early September	Determine survey content – all organisations must include the core questionnaire. ***The Trust will be using the same format (80:20 electronic and paper) as last year with the same additional questions to ensure comparison can be made.***
Early September onwards	Promote the survey to staff. Posters have been received. ***Ian Shepherd is discussing communication strategy.***
Fri 1st September	Draw down staff list. ***Liam Carrier has completed this.***
By Wed 6th September	Submit staff list to Picker using the secure online portal: https://home.pickereurope.ac.uk/app. Your access to the site will be sent separately before 1st of September. ***See above.***
By Fri 8th September	Additional content (edited NHS England letter, local questions, etc.) send to Picker. ***The Trust will be using the same format as last year with the same additional questions to ensure comparison can be made with 2016 survey.***
Fri 15th September	Final NHS deadline for staff list submission
Mid-September - 9th October	Launch survey! ***Survey to be launched on 4th October 2017***
One week after survey launches	For online and mixed mode surveys, a list of emails that have bounced back (failed to send) will be forwarded by Picker.
Wed 1st November	Invoice received.
Fri 24th November	Final date to send any leavers or ineligible staff to be removed from the survey. ***Liam Carrier to provide information.***

Fri 1st December	Fieldwork ends and survey closes
By Fri 8th December	• Core questionnaire frequency tables produced by Picker • Data to the NHS Coordination Centre submitted by Picker
Mid-late December	Draft management report published.
January - February	Standard reports published by Picker: • Final Management Report • Executive Summary • Staff Engagement Report • Locality Reports and Spider Charts • Local Question Reports (for those with local questions)
Early February	National workshops – ***representative(s) from the Trust to attend. Attendees dependant on how new HR structure is operating.***
Mid-February to early March	The embargo on results set by the Coordination Centre ends and results are released to the public.

Derbyshire Healthcare NHS
NHS Foundation Trust

Initial Feedback Pulse Survey

April to July 2017

Better together

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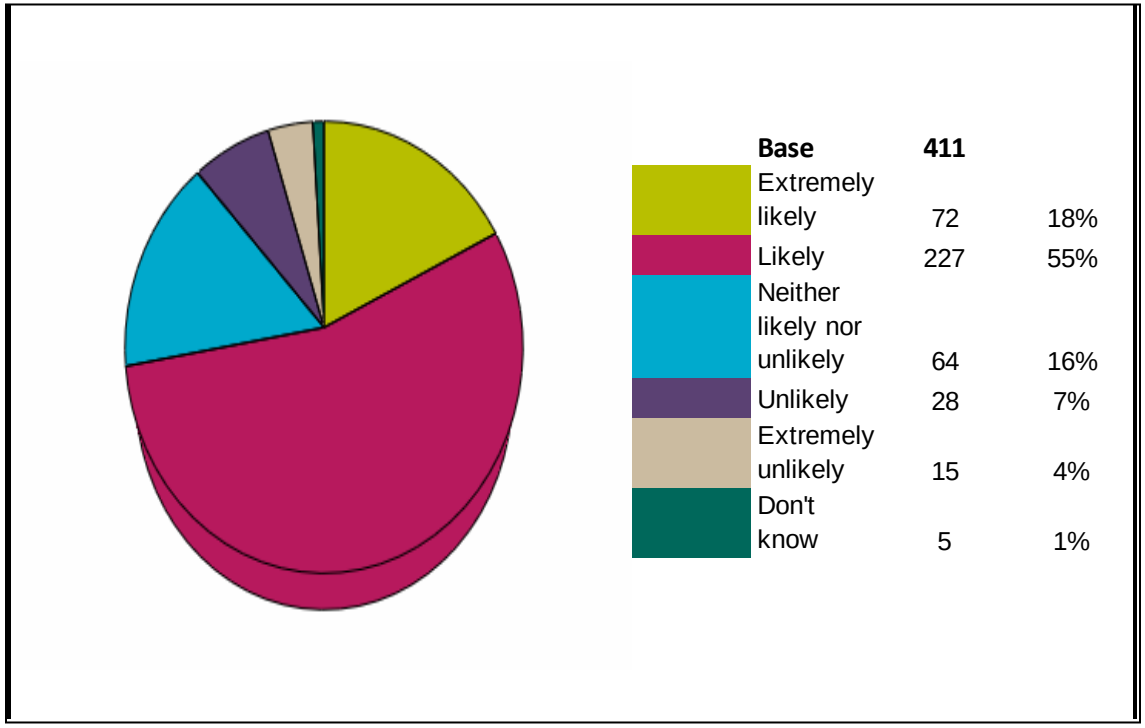

Improvement from last quarter 5%
Response rate 17.8%

Better together

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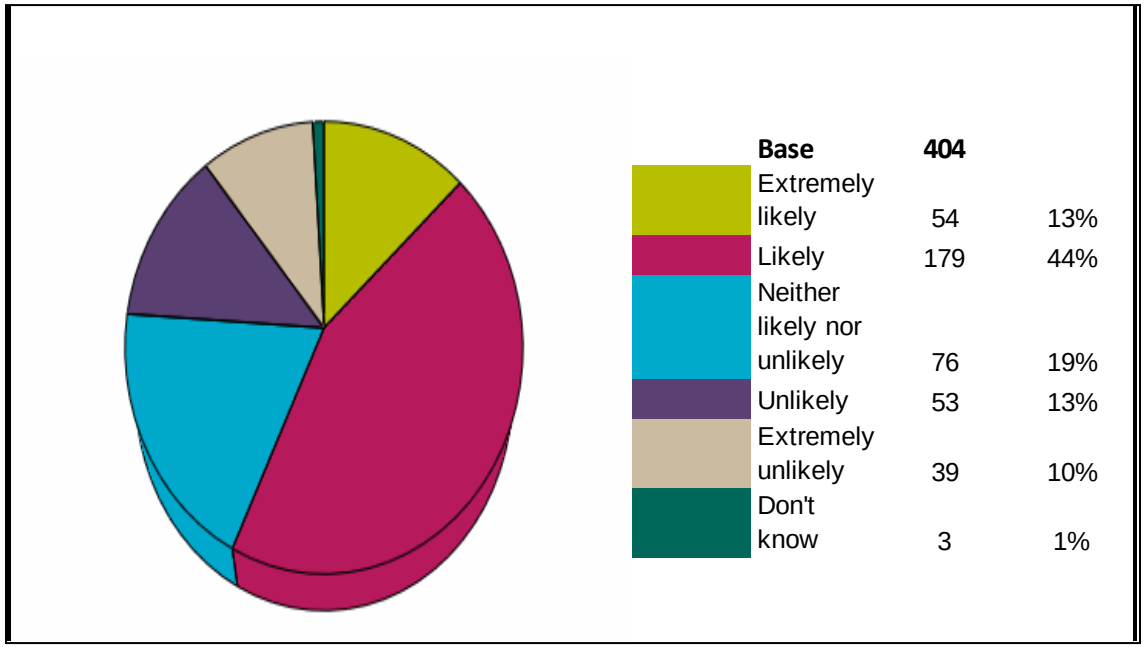

Improvement from last quarter 7%

Better together

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Sample comments:

Enclosure E

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

- Likely:
  - The commitment, compassion that staff show. The extra mile staff will go to support those who need it most.
  - Our staff really care about patients and their families
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Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 26 September 2017

Amendment to the Governor Code of Conduct

Purpose of Report

The Governance Committee recommends an amendment to the Governors Code of Conduct to address clarification on what constitutes a 'formal complaint' and the process for triggering investigation of a complaint.

Executive Summary

Further to discussion at the Governance committee on Monday 3 July it was requested that detail be added to the Code of Conduct to clarify when a formal process would be initiated in respect of non-compliance issues raised. Please see below the relevant extract of the Code of Conduct (section 12, Non-Compliance with the Code of Conduct) with the additional text highlighted in red type.

12. Non-compliance with the Code of Conduct

A formal process will be deemed to be initiated once it has been communicated in writing to either the Trust Chair, Lead Governor or Senior Independent Director.

The proposed text was approved by Governance Committee on 15 August and is recommended to Council of Governors for approval.

Revised Code of Conduct to be recirculated to Governors for signature.

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

Assurances

Compliance with the Code of Conduct is discussed at the Governance Committee when necessary.

Consultation

Governors have been involved in conversations regarding the Code of Conduct when related matters have arisen.
Governors have reviewed the Code of Conduct and suggested alterations to make it meets the strategic considerations while ensuring the voluntary nature of being a

Governor and that their important ambassadorial role and goodwill is not lost.

Governance or Legal Issues A Code of Conduct is considered an essential requirement for governors and is in line with best practice for 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	

Recommendations The Council of Governors is requested to: 1. Approve the proposed amendment to the Code of Conduct to take effect immediately.

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

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

Derbyshire Healthcare
NHS Foundation Trust

Code of Conduct for the Council of Governors

1. Introduction

This code seeks to set out appropriate conduct for governors and addresses both the requirements of office and the personal behaviour of governors. Ideally the implications of non-compliance would never need to be applied. However, a code is considered an essential requirement for governors.

Governors need to act with discretion and care, particularly when dealing with difficult and confidential issues in the performance of their role. Governors must maintain confidentiality with regard to confidential information gained through their involvement with the Trust.

The Code seeks to expand on, and complement, the Constitution. The Constitution is the governance framework which details the way in which the Trust operates. It outlines the qualification and disqualification criteria for governors, together with detailing their roles and responsibilities and it is strongly recommended that governors familiarise themselves with its content.

Members seeking election to the Council of Governors are expected to sign a declaration to confirm that they will comply with the Code in all respects and that, in particular, they support the Trust's vision and values.

All governors will be expected to understand, agree and promote the Trust's approach to inclusion and equality in every area of their work. One of the key objectives of the Council is to promote social inclusion throughout its work. The development and delivery of initiatives should not prejudice any part of the community on the grounds of religious belief, race, colour, gender, disability, marital status, sexual orientation, age, social/economic status or national origin.

All governors are expected to abide by the Seven Principles of Public Life (Nolan) which are:

Selflessness
Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or their friends.

Integrity
Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in the performance of their official duties.

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NHS Foundation Trust

Objectivity
In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

Accountability
Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

Openness
Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

Honesty
Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership
Holders of public office should promote and support these principles by leadership and example.

These principles apply to all aspects of public life. The Nolan Committee has set them out for the benefit of all who serve the public in any way.

- Conduct yourself in a manner that reflects positively on the Derbyshire Healthcare NHS Foundation Trust, acting at all times as an ambassador for the Trust
- Act in the best interests of the Trust at all times
- Contribute to the work of the Council of Governors in order to fulfil its role as defined in the Trust's Constitution
- Recognise that the Council of Governors exercises a collective view on behalf of all patients, members, local public and staff
- Not expect any privilege arising from being a Governor
- Recognise that the Council of Governors has no managerial role within the Trust.
- Recognise that the Council of Governors is an apolitical body
- Recognise that you may not use the role of Governor to promote individual care/treatment for friends or relatives
- Value and respect Governor colleagues, all directors and members of staff
- Respect the confidentiality of confidential information received in your role as a Governor
- Attend meetings of the Council of Governors, members' meetings, induction and training events on a regular basis, in order to carry out your role
- Not accept any gifts, hospitality or inducements in relation to your role as Governor.

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NHS Foundation Trust

2. Role and function of the Council of Governors

Governors of the Trust will be required to confirm their commitment to:

- Actively supporting the agreed vision and values of the Trust to ensure the interests of the community served by the Trust are appropriately represented;
- Acting in the best interests of the Trust at all times;
- Contributing to the work of the Council of Governors in order for it to fulfil its role as defined in the Constitution.

Governors have a responsibility to attend meetings of the Council; this is a formal part of the Constitution.

Governors may not nominate a deputy or any other person to represent him/her in the event of not being able to attend a meeting. Governors are expected to attend for the whole meeting and should make every effort to prepare for the meeting by reading papers etc. In order to help everyone to take part it is important that all governors observe the points of view of others and understand that conduct likely to give offence will not be tolerated. The Chair will reserve the right to ask any governor who fails to observe the Code to leave the meeting.

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

3. Confidentiality

Where governors receive confidential information in their capacity as governors this must be respected. This is particularly important when receiving information relating to individual patients or staff or commercially sensitive information.

Governors have the same right of access to the Raising Concerns (Whistleblowing) Policy as is afforded to staff and volunteers.

Governors should only speak to the media in their capacity as a governor with the prior agreement of the Chairman of the Council of Governors. Please see section 7 of this document on communications, for more information.

Any allegations of breaches of confidentiality will be investigated and could result in the removal of any Governor involved in such a breach pursuant to the terms of the Constitution.

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Derbyshire Healthcare
NHS Foundation Trust

4. Conflict of interests

Governors should act with the utmost integrity and objectivity and in the best interests of the Trust in performing their duties. The position should not be used for personal advantage or to seek to gain preferable treatment in any way. Any conflicts of interests which may arise must be declared in accordance with the terms of the Constitution (Annex 6, Paragraph 5) and may affect the Governor's ability to vote on a particular matter (see Constitution). It is important that conflicts of interest are identified and actioned in the interests of the Trust and all concerned.

5. Personal conduct

Governors are expected to adhere to the highest standards of conduct in the performance of their duties.

In respect of their interaction with others, they must:

- Adhere to good practice in respect of the conduct of meetings and respect the views of fellow governors. This will include basic disciplines, such as not using mobile phones in meetings, listening to all points of view and valuing everyone's contribution
- Be mindful of conduct which could be deemed to be unfair, abusive or offensive. Inappropriate behaviour such as the use of bad language or discriminatory remarks to a member of staff, fellow governor, member of the Trust or public or service receiver would render a governor liable to disqualification
- Treat the Trust executive and non-executive directors, other employees and fellow members with respect and in accordance with Trust values
- Ensure that no inappropriate contact takes place towards a member of staff, fellow governor, member of the Trust or public or service receiver (for example, touching or kissing) which would render a governor liable to disqualification
- Recognise that the Council and management have a common purpose in achieving the success of the Trust
- Conduct themselves in such a manner as to reflect positively on the Trust. When attending external meetings or any other events, members are expected to act as ambassadors of the Trust and to represent the Trust in a fair manner
- Represent the views of constituents and not use any forum as a platform for personal grievances
- Treat with respect, dignity and fairness, the public, service users, relatives, carers, NHS staff and partners in other agencies.

6. Accountability

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

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Derbyshire Healthcare
NHS Foundation Trust

Communication

Any governor who wishes to speak to the media in their capacity as a governor, must discuss this with the Chairman and Communications team prior to any contact taking place. Governors should only speak on behalf of the Trust after seeking advice and prior authorisation from the Trust.

This commitment relates to both initiating and responding to contact with the media. Any media enquiries received by governors should be passed onto the Trust's Communications team to respond to. Should a governor be required to speak to the media, this will be arranged through the Communications team. Please see the Trust's Media Handling Policy for further information.

It would be expected that any contact a governor has with the media would be to reflect the wider membership/constitution that the governor represents, and not to discuss personal matters or opinions.

It would not be deemed appropriate for a governor to bring the Trust into disrepute in the media. This may result in termination of office, as outlined in the Trust's Constitution.

If a governor is intending to speak to the media in relation to a role they hold outside of the Trust, governors are asked to notify the communications team as a matter of courtesy.

If governors use social media in their role as a governor they should identify themselves as a DHCFT governor (with a disclaimer to outline that any posts are their own and not reflective of the Trust). Governors need to ensure that any social media activities are in line with the communications guidance outlined above and in keeping with the Trust's Social Media Policy.

Governors should make it clear (via a disclaimer) that:

- The views are personal and not those of the Trust.
- Governors should only disclose and discuss publicly available, accurate information and not confidential information they may be aware of through their role as a governor
- Governors should not imply that they are authorised to speak on behalf of the Trust or views expressed are those of the Trust.
- Governors should not post material that might be construed as threatening, harassing, bullying or discriminatory.
- Governors will not comment or post other material that might otherwise cause damage to the Trust's reputation or bring into disrepute.

7. Training and development

Training and development is essential for governors in respect of their effective performance of their role. Governors are expected to attend induction and other development events, as per the annual programme of development and training, developed by governors.

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NHS Foundation Trust

8. Visits to Trust premises

In fulfilling their core duties and responsibilities, governors will be expected to visit Trust premises. For activities other than attending Council meetings, working group meetings, site visits or events organised by the Trust, governors are requested to liaise with the Director of Corporate Affairs to facilitate this and make the necessary arrangements to ensure they are escorted as appropriate. Personal non-governor visits to Trust premises are not covered by this procedure and must be discussed with the Director of Corporate Affairs. A valid DBS check is required before Governor visits may be arranged to clinical areas, which must always be escorted.

9. NHS Improvement

In general, formal contact with the Independent Regulator of NHS Foundation Trusts (NHS Improvement) will be via the Chairman, Chief Executive or Director of Corporate Affairs, as appropriate.

The lead governor will provide a point of contact for NHS Improvement (NHS Improvement Panel for Advising NHS Foundation Trust Governors) in circumstances where it would not be appropriate for the Chair to contact NHS Improvement, or NHS Improvement to contact the Chair.

10. Ceasing to be a governor

A governor may resign their office ahead of their tenure by writing to the Chairman. Depending on the reason and circumstances of the resignation, the Chairman may decide to formally record those particulars in the minutes of the next Council meeting.

11. Non-compliance with the Code of Conduct

A formal process will be deemed to be initiated once it has been communicated in writing to either the Trust Chair, Lead governor or Senior Independent Director.

Non-compliance with this Code of Conduct may result in the following action:

- Where non-compliance or any misconduct is alleged, the Chairman/lead governor shall be authorised to take such action as may be immediately required, including the exclusion of the person concerned from a meeting so that the allegation can be investigated.
- Where non-compliance or any misconduct is alleged, this may be referred to the lead governor who shall raise the matter at the Governance Committee.
- The governor will be notified in writing of the allegations, detailing the specific behaviour which is considered to be detrimental to the Trust, and inviting and considering his/her response within a defined timescale.

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- The governor may be invited to address the Council of Governors in person if the matter cannot be resolved satisfactorily through correspondence.
- The governors, by a majority of not less than 75% of the Council of Governors present and voting, can decide whether to uphold the charge of non-compliance or misconduct detrimental to the Trust.
- The governors can impose such sanctions as shall be deemed appropriate. Such sanctions will range from the issuing of a written warning as to the governor's future conduct and consequences, to the removal of the governor from office.
- In order to aid participation of all parties, it is imperative that all governors observe the points of view of others, and conduct likely to give offence will not be permitted. The Chairman will reserve the right to ask any governor who, in his/her opinion, fails to observe the Code to leave the meeting.

Derbyshire Healthcare
NHS Foundation Trust

Appendix A

COUNCIL OF GOVERNORS – DECLARATION
All members of the Council of Governors will be expected to sign the following declaration:

i. (Elected Members) If I am a member of any trade union, political party or other organisation, I recognise that I must declare this fact and that I will not be representing those organisations (or the views of those organisations) but will be representing the constituency (public or staff) that elected me

ii. (Appointed Members) I attend Council of Governor meetings as a representative of a stakeholder organisation. To represent the views of the organisation I recognise that I must declare this fact

iii. (Public) I will seek to ensure that the membership of the constituency I represent is properly informed and given the opportunity to influence services

iv. I will seek to ensure that my fellow governors and members of Trust staff are valued as colleagues and that their views are both respected and considered

v. I will accept responsibility for my own actions

vi. I will show my commitment to working as a team member by working with all my colleagues in the NHS and the wider community

vii. I will seek to ensure that no one is discriminated against because of their religious belief, race, colour, gender, disability, marital status, sexual orientation, age, social/economic status or national origin

viii. I will comply with the Trust's Constitution

ix. I will respect confidentiality

x. I will not knowingly make or permit any untrue or misleading statement relating to my own duties or the functions of the Derbyshire Healthcare NHS Foundation Trust

xi. I will support and assist the Chief Executive of the Derbyshire Healthcare NHS Foundation Trust in his/her responsibility to answer to the regulator, commissioners and the public for the performance of the Derbyshire Healthcare NHS Foundation Trust

xii. I agree to abide by the Code of Conduct for the Council of Governors for the Derbyshire Healthcare NHS Foundation Trust

Signed ……
Name: ……Date…….

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Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 26 September 2017

GIAP Actions Embeddedness Update September 2017

Purpose of Report

To update on the embeddedness of actions undertaken as part of the Trust's Governance Improvement Action Plan (GIAP) that fall under the remit of the Council of Governors.

Executive Summary

All actions within the Governance Improvement Action Plan were completed and signed off by the Trust Board in May 2017. A key focus of the GIAP was to ensure ongoing implementation of the actions and embeddedness in 'business as usual' for the Trust. This update outlines evidence and updates on further work relating to actions that fall under the oversight of the Council of Governors.

Narrative is outlined against each action and a RAG rating has been assigned to reflect the following:

GREEN: recommendation fully implemented and Executive Director confidence that these are now part of business as usual (either forming part of policy or annual cycle of business for example).

AMBER: The recommendation has been implemented either in part, or for a limited time only such that further period of evidence gathering is required to demonstrate impact or that the action is fully embedded.

RED: Work has not been completed or embedded to deadline and revised plan of action is required.

The Council of Governors is responsible for oversight of three GIAP actions which were originally signed off as complete by the Council of Governors on 24 November 2016 and supported by the Board at its meeting on 7 December 2016. There has been sustained work to maintain and develop the systems and processes set in place to ensure effective support and operation of the Council of Governors and to ensure that governors have clarity in their role and have opportunity for appropriate training and development to further enhance their work.

Please see attached for updates on CoG 1, 2 and with updates on embeddedness outlined.

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	
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

Actions were signed off by the Committee during 2016 with detail outlined how ongoing embeddedness would be evidenced.

Consultation

Governance Committee reviewed the actions on 13 September 2017. Following approval by the Council of Governors these actions will be collated into an overall GIAP update to the Trust Board in November 2017.

Governance or Legal Issues

The external review by Deloitte was a key part of providing assurance to NHSI and the CQC that we had made identified governance improvements to fulfil our foundation trust licence conditions. The review was used by NHSI to consider our licence breach and a certificate of compliance was subsequently issued on 24 May 2017.

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 - 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 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

Recommendations

The Council of Governors is requested to:

1. Note the update on embeddedness of actions as outlined.
2. Agree the RAG ratings as proposed.

3. Confirm that these can be forwarded to Trust Board as part of review of all GIAP actions.
4. Agree that a further review will be undertaken in March 2018 to confirm sustained implementation of actions to address GIAP recommendations.

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

Report prepared by: **Samantha Harrison, Director of Corporate Affairs & Trust Secretary**

Council of Governors

Core Area	Issue Raised/Action	Key Tasks	Director	Blue Form Narrative	Ongoing Monitoring Arrangements	Update on Embeddedness October 2017	RAG Rating
COG1	The relationship between the BoD and the CoG is poor. Both parties should adopt a conciliatory approach rather than continuing with the antagonism which inflicts the current relationship	1) The Board and Council of governors will co-write a policy on how the Board and council of governors will work in partnership 5) Implement a Code of Conduct for all Governors	CA	Policy for Engagement between the Trust Board and Council of Governors The Policy for Engagement between the Trust Board and Council of Governors has been developed over several months to outline how both will work in partnership and was agreed by the Council of Governors at its meeting on 6 September and Board of Directors on 5 October 2016. This policy encompasses arrangements already set in place including the twice yearly Council of Governors and Board session and the regular Non-Executive Director and Council of Governor sessions. Agreed governor representatives have also been invited to attend Board Committee meetings to observe the work of Committees and further understand their role and to hold Non-Executive Directors to account. Review of the effectiveness of this policy is scheduled as part of the annual work plan of the Trust Board and Council of Governors and evaluation of effectiveness of the ongoing relationship is included in both the Governor Effectiveness annual survey and the six-monthly Board Effectiveness survey. Evidence of the improved relationship is evidenced through the Governors' Review of Effectiveness survey results (discussed at the Governance Committee in October 2016 and presented to the Council of Governors in December 2016). The Board Effectiveness survey, discussed by the Trust Board in October also triangulated the feedback that Board members felt that there was an improved and now effective working relationship with governors. As part of work to address this action, the role description of the lead governor has been reviewed and was agreed at the Council of Governors meeting in January 2016. This reflects an expanded role to include greater responsibility and accountability and to ensure greater collaborative working with the Chairman and Senior Independent Director. John Morrissey was appointed to the role. Governor review of effectiveness A process for the assessment of the effectiveness of the Council of Governors has been developed with Governors, via the Governance Committee and using a best practice model. The Governor Effectiveness Survey was implemented in September 2016. The results were reported to the Governance Committee in October 2016 and the full Council of Governors in November 2016. Several actions have been agreed and fed into the ongoing work plan of the Governance Committee. The survey is to be repeated on an annual basis. Review of Governance Structure The Council of Governors have also reviewed and embedded a new governance structure, focussing on more joined up working between the Council of Governors and the Board of Directors. This includes the development of a single sub-committee of the Council of Governors (the Governance Committee), replacing a range of sub-committees which were poorly attended, to include focus on areas of governance, quality, membership, engagement and performance. The Committee has agreed terms of reference, which are to be reviewed annually, and all governors are encouraged to attend. There is an annual work plan in place to ensure key areas are covered by the group and the Committee presents a report on its work to each Council of Governors meeting. Code of Conduct A Code of Conduct has been drawn up with governors and was approved at the Council of Governors meeting on 6 September 2016. All governors have signed up to this Code and any issues arising from implementation of the Code fall initially within the remit of the Governance Committee. The Code will be reviewed annually and all new governors will be asked to sign up to the Code on appointment. Finding from the Governor Task and Finish Group The Task and Finish group from the Council of Governors was tasked to undertake independent review of the actions of the Trust Board in the circumstances surrounding the Employment Tribunal. The report concluded that Non-Executive Directors (NEDs) had not acted as if accountable to the Council of Governors but there had since been a marked change in this approach. It was noted that Governors and NEDs had worked hard on communications in the intervening period and relationships are much improved.	Policy for Engagement between the Trust Board and Council of Governors, review of governor effectiveness survey, review of Governance Committee terms of reference, and review of Code of Conduct is included on both the Council of Governors and Governance Committee's annual work plan.	The Policy for Engagement between the Trust Board and Council of Governors (CoG) outlines the key principles for the Board and Council of Governors and there has been a good working relationship sustained during the year. The governor effectiveness survey is to be repeated in September 2017 (this is an annual survey and embedded in the forward programme for both the Governance Committee and CoG meetings). The six monthly CoG to Board development session in June 2017 focussed on the decision to withdraw from the transaction with DCHS. The November session has been arranged as a facilitated session on the holding to account relationship between the Council of Governors and the Non Executive Directors. Future meetings between COG and the Board are part of future forward plans for the Board and CoG. Governor representatives observe several Board Committees and a protocol for governor involvement in this was approved by CoG in July 2017. The Governors' Code of Conduct has been reviewed by the Governance Committee during July and August 2017. The Lead Governor role was reappointed to in March 2017 with John Morrissey being appointed and Carole Riley appointed to the newly created Deputy Lead Governor role. The Governance Committee have undertaken a review of their effectiveness which has been reviewed by the Committee and scheduled to be presented to the CoG in Septmeber 2017. The terms of reference of the Committee have been reviewed and updated to reflect the work of the Committee and this is an embedded part of the annual programme of work for the Committee. A review of the Policy for Engagement is to be considered by the Governance Committee at its October meeting and at the CoG to Board session scheduled for November 2017.	

COG2	Deloitte 12 - Formal training should be required for all current members of the CoG and to future members as they join. This training should include the role of the Governors, the context of organisational governance and the personal conduct expected of Governors CQC 3 - The trust should ensure that all board members and the council of governors undertake a robust development plan	1) Develop a new induction programme for the Council of Governors and roll out its delivery	CA	Governor recruitment was undertaken in Spring 2016 for vacant public and staff governor roles. Nine new governors were appointed to the Council of Governors and started in their role with the Trust in May 2016. The Chairman has contacted stakeholders to ensure ongoing representation on the Council of Governors and these are now in place. The Governors' Governance Committee on 7 July reviewed future plans for elections to be held during 2016/17 and agreed to go ahead with two rounds of elections, commencing July and November. The July elections resulted in appointment of three further public governors who joined the Trust in October 2016. A range of engagement activities have been established and implemented. These include: • Monthly development sessions focussing on areas identified by governors with evaluation fed back to the Governance Committee • Externally led training has been implemented in conjunction with Derbyshire Community Health Services NHS FT (DCHS) (November 2016) • Ongoing involvement in the Quality Visits programme set in place by the Trust • Attendance of Non-Executive Directors at Council of Governors meetings, including a standing agenda item for NEDs to report back on activities undertaken in their role • Board to CoG sessions have been scheduled on a six monthly basis. The first of these took place on 27 October 2016 and focussed on the Strategic Options Case relating to closer collaboration with DCHS • The governors' Governance Committee has been established and terms of reference agreed to discuss a range of quality, governance, membership and engagement issues with an agreed annual workplan. The Committee formally reports into the Council of Governors • Governors are involved in the 360 degree appraisal process for the Chair and NEDs. This process is currently underway for the Chair in November/December 2016 • The Governor Effectiveness Survey outcomes (as reported to the October Governance Committee and November Council of Governors) noted that relationships with the Board were positive • CoG to NED sessions have been implemented to allow informal interaction between Governors and NEDs. These have been undertaken in June and November 2016 prior to the formal CoG meetings • An induction event was held on 31 May for new governors, with existing governors encouraged to attend. The Chair, Chief Executive and wider Board members attended and contributed to this event. This induction programme will be rolled out for all future new governor appointments and an induction was carried out for the three new governors on 9 November	Items including election updates, governor training development, and review of terms of reference are now scheduled as part of the annual work plan of the Governance Committee Review of Governor Effectiveness Survey, NED reporting on activities are part of the CoG annual work plan Governor involvement in NED and Chair appraisal is part of the annual workplan of the Nominations and Remuneration Committee. Governor to Board meetings now part of established governance meeting schedule for the Trust	All new governors have received induction either as group or individually on commencement of their role and this is mandatory. This covers details of the Trust, organisational governance, the governor role and an outline of governor roles and activities. the training programme for governors has been successfully implemented and alternative scheduling of delivery is to be explored to maximise attendance going forwards with block training planned from October 2017. Feedback on training delivered and discussion on future training content is a standard item on the Governance Committee agenda. The Governor effectiveness survey (carried out six monthly) will continue to elicit feedback about the training that governors receive and whether this equips governors for their role. The Board to CoG joint session for November 2017 has been arranged as a facilitated event to focus on roles and responsiblities and the governor role of holding to account. Governors continue to be involved in quality visits on an ongoing basis.	
CoG3	Prioritise the recruitment to the Council of Governors, ensuring that the role of the governor and vacancies are publicised	1) Chairman will engage stakeholders to ensure representation on the Council of Governors	CA	Governor recruitment was undertaken in Spring 2016 for vacant public and staff governor roles. Nine new governors were appointed to the Council of Governors and started in their role with the Trust in May 2016. The Chairman contacted stakeholders to ensure ongoing representation on the Council of Governors and these are now in place. The Governors' Governance Committee on 7 July reviewed future plans for elections to be held during 2016/17 and agreed to go ahead with two rounds of elections, commencing July and November. The July elections resulted in appointment of three further public governors who joined the Trust in October 2016. A range of engagement activities have been established and implemented. These include: • Monthly development sessions focussing on areas identified by governors with evaluation fed back to the Governance Committee • Externally led training has been implemented in conjunction with Derbyshire Community Health Services NHS FT (DCHS) (November 2016) • Ongoing involvement in the Quality Visits programme set in place by the Trust • Attendance of Non-Executive Directors at Council of Governors meetings, including a standing agenda item for NEDs to report back on activities undertaken in their role • Board to CoG sessions have been scheduled on a six monthly basis. The first of these took place on 27 October 2016 and focussed on the Strategic Options Case relating to closer collaboration with DCHS • The governors' Governance Committee has been established and terms of reference agreed to discuss a range of quality, governance, membership and engagement issues with an agreed annual workplan. The Committee formally reports into the Council of Governors • Governors are involved in the 360 degree appraisal process for the Chair and NEDs. This is currently underway for the Chair in November/December 2016 • The Governor Effectiveness Survey outcomes (as reported to the October Governance Committee and November Council of Governors) noted that relationships with the Board were positive • CoG to NED sessions have been implemented to allow informal interaction between Governors and NEDs. These have been undertaken in June and November 2016 prior to the formal CoG meetings • An induction event was held on 31 May for new governors, with existing governors encouraged to attend. The Chair, Chief Executive and wider Board members attended and contributed to this event. This induction programme will be rolled out for all future new governor appointments and an induction was carried out for the three new governors on 9 November	Items including election updates, governor training development, and review of terms of reference are a now a scheduled as part of the annual work plan of the Governance Committee Review of Governor Effectiveness Survey, NED reporting on activities are part of the CoG annual work plan Governor involvement in NED and Chair appraisal is part of the annual workplan of the Nominations and Remuneration Committee. Governor to Board meetings now part of established governance meeting schedule for the Trust	Recruitment has been undertaken to fill vacant roles on an ongoing basis. We are currently out of election for four constituencies to cover recent resignations. Governors are requested to support the recruitment of new governors. Election updates are presented to the Governance Committee regularly during election periods with all appointments and resignations presented to CoG. Governors who have resigned are invited to feedback back on their experience to either the Director of Corporate Affairs or Lead Governor to help the Trust in future support of governors and to improve governor retention. A recent staff governor election has been held (August 2017) with the existing staff governor reelected to the role.	

CA - Director of Corporate Affairs & Trust Secretary

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – Tuesday 26 September 2017

Report from Governance Committee

Purpose of Report

This paper provides an update on recent meetings of the Governance Committee and presents the Committee's year-end report for 2016/17 for consideration.

Executive Summary

Since the last summary was provided in July, the Governance Committee has met twice – on 15 August and 13 September.

In concluding its first year as a fully constituted committee of the Council of Governors, the Governance Committee has completed a Year-End Effectiveness report, based on reviewing the business undertaken by the Committee in line with its terms of reference which is attached for information.

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
- Appropriate items for decision or approval will be brought to the full Council of Governors as appropriate
- An update of discussions at each meeting is regularly reported to the Council
- Effectiveness of the meeting is discussed regularly
- The work plan is reviewed at each meeting and changes made as and when required
- 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

Recommendations

The Council of Governors is requested to:

1. Note the discussions held at the Governance Committee meetings on 15 August and 13 September 2017.
2. Note the Governance Committee's Year End report for 2016/17.

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

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

Report from Governance Committee

The Governance Committee of the Council of Governors (CoG) has met twice since its last report to the Council of Governors in July 2017 (15 August and 13 September 2017). This report provides a summary of the issues discussed.

Meeting held on 15 August 2017
Attended by 11 governors.

Holding to Account
Governors led a discussion on governor attendance at Confidential Trust Board meetings. A previous request for governor attendance had been considered and declined by the Trust Board in December 2016. Governors were offered a formal response outlining the role of the Board, legislation supporting confidential sessions and feedback from other trusts to review common practice. It was agreed that the Trust Chair will continue to share the agenda for the Confidential Board with the Lead Governor and that it will be discussed in the monthly meeting the Chair holds with the Lead and Deputy Lead Governor. The Acting Chair reported that the Board is committing to holding as few discussions as possible in confidential sessions but it will continue to be necessary to take certain items in closed session due to commercial or personal sensitivities.

Governors received a summary of Non-Executive Director attendance at CoG meetings. NED attendance at CoG is not mandatory. This information will continue to be received for information.

Governors discussed the use and promotion of the Trust's charitable funds and requested further information for the September Governance Committee.

Code of Conduct
A proposed revision to the Governors Code of Conduct was received and approved. The amendment clarifies that the triggering of a formal process will be deemed to be initiated once it has been communicated in writing to either the Trust Chair, Lead Governor or Senior Independent Director. This is presented to CoG today for formal approval.

Membership & Engagement
Governors commended the Trust for the Annual Members Meeting, which had been held on 26 July and agreed that the meeting should continue to be held in July.

Content for the Council of Governors' Annual Effectiveness Survey was received and approved. The survey will be conducted through September with reporting to CoG expected in November.

Gillian Hough was re-elected, unopposed for a further 12 month term as Chair of the Governance Committee.

Governors were reminded of the Trust's Membership Strategy and advised that it is shortly due for renewal. A three year strategy will be developed. Governors agreed

to consider how they would engage with members and participate in the renewal of the strategy.

The latest Quality Visit Programme was received and governors encouraged to attend.

Feedback was received from engagement opportunities which included attendance at Public Board meetings, Nomination & Remuneration Meetings, Annual Members Meeting, Quality Committee, People & Culture Committee, Hartington Unit Summer Fayre, visits to local libraries and staff governor engagement with Trust staff. Feedback was also received regarding a meeting with Commissioners regarding the strategy for children's' mental health.

Governors received an updated list of opportunities to attend membership events in communities across the City and County.

Governors noted the proposed Governance Committee Year End Report.

Training & Development
Following an evaluation of governor attendance at training sessions it was agreed that unless each session has a confirmed attendance of 33% of governors in post that the session will be cancelled. Governors also agreed to trialling a block approach to delivery of training.

Escalations to the Council of Governors
A number of items were escalated to the Council of Governors for consideration at the September meeting including a request for assurance on work relating to the HR back office work, provisions for people on waiting lists, how the Trust provides support for carers and if there is a need for a forensic unit.

Meeting held on 13 September 2017
Attended by 11 governors

Holding to Account
Governors received a review of embeddedness of Governance Improvement Action Plan (GIAP) actions assigned to the Council of Governors. The review assured governors that since the actions had been signed off, they had continued to be effective and are embedded in the organisation.

Governors agreed to delay updates and amendments to the Constitution until discussions regarding staff constituencies are concluded.

A briefing was received regarding the Trust's Charitable Funds which led to a request to escalate to the Council of Governors. It was noted that this is to be discussed at the Finance & Performance Committee in September.

Code of Conduct

Governor attendance at Council of Governors meetings was noted. The Committee has also begun to receive a summary of Non-Executive Director attendance.

Membership & Engagement
Governor attendance as observers at Board Committees was received and reports on attendance at Quality Visits.

Four elections are underway in constituencies which have historically been difficult to recruit to (Chesterfield South, Bolsover, High Peak and North East Derbyshire). Governors committed to promote these vacancies, which all have a closing date of 27 September.

Training & Development
The governors' training and development programme has been amended to incorporate block training sessions. Options to attend the NHS Providers GovernWell Training Programme were highlighted and expressions of interest requested.

Escalation Items to the Council of Governors
One item was escalated to the Council of Governors for consideration in the September meeting. Governors requested a range of information on Charitable Funds.

Year End Report Governance Committee
2016/17

Authority

This report is the first yearend report for Governance Committee, the committee itself having been formed in March 2016. During this year we have had two Chairs: Mick Walsh from March 2016 until he resigned and Gillian Hough who was elected from October 2017 to current date and have met 12 times. Governance Committee has been well attended and has effectively held the Non-Executive Directors (NEDs) to account both formally via Council of Governors and informally.

1.0 Role

1.1 The Council of Governors Governance Committee shall be responsible for advice and support on:

a) Creating opportunities to engage with governor's constituents and to create new members and engage with existing members. This has been achieved through events which have included Governors representing the Trust in Market Places, Doctors Surgeries, Libraries, International Women's Day and Quality Visits.

b) The development needs of public, staff and appointed governors. There is an excellent training programme which the Governors are encouraged to suggest training needs and attend. The Trust has been very open to suggestions.

c) New legislation and guidance and how the Council of Governors can adopt any changes. Through an agreed agenda format, it is ensured that flexibility is achieved and things are not overlooked.

d) The development of the Governor Development programme. All Governors have an induction with Sam Harrison and any development needs are identified and support provided. We also established that BUPA helpline is available to Governors who wanted some additional support. We aim to have a training session each month. We have reviewed the Lead Governor Job Description and successfully recruited a Deputy Lead Governor.

e) The development on a programme of engagement with Non-Executive Directors. Through reviewing which Committees have Governor Observers, there is now more Governor involvement. For example, Quality Committee now has a Governor Observer. This means Governors have an increased opportunity to hold NEDs to account.

f) All governors to be responsible for generating and forwarding agenda items from governors to Council of Governor meetings. This is encouraged and through an agenda item it is not overlooked. Recently Governors agreed that while the possible acquisition with DCHS was being considered that there would be an additional bi-monthly Private Council of Governors Meeting.

g) To assist in the recruitment of governors and in preparing them to fulfil their responsibilities. We have agreed to recruit to vacant positions twice annually (for cost effective reasons). We discuss the schedule of vacancies and elections regularly. Governors have assisted with advertising the vacancies and encouraging others to stand. There is a plan afoot that new Governors will be 'Buddied' up with existing Governors to support and facilitate them to quickly become effective.

h) Develop the strategy for the council to engage on behalf of the Trust, with the Trust's members. Governors were present with a table at both the Annual Members Meeting and League of Friends events. This created lots of positive interaction with members. We have contributed to the DEED Award by having a Governor as one of the scorers.

Governors attended the Awards Presentation Evening and celebrated the success of The Trust.

i) Regularly review the Trust's membership data. Christine Williamson (Membership Champion) attended Governance Committee in September 2016 and updated us on her role and the activities where we could engage with members. Additionally, we have had a separate training session re Membership data and Community Mapping. We have spent time analysing it and identifying gap areas.

j) Propose actions to ensure the Council's fundamental aim in relation to engagement is met. We regularly discuss what engagement we have been involved with and talk to each other about our findings. We have asked for our meetings to move around to ensure all members can attend.

k) Ensure effective production of membership communications. Governors send the Communications team details is any items of interest for the Governor Connect weekly newsletter.

l) Organising the council's annual effectiveness review. This is undertaken by John Morrisey (Lead Governor) with assistance from Anna Shaw.

m) Managing the council's forward work programme Governors have engaged with the CAHMHS Team to discuss broadening The Youth Council to achieve greater participation. We are working with Scott Lunn to establish a link with the Education Service.

n) Managing the council's 'Holding the Board to Account' work programme. This is achieved by holding the Non Executive Directors to account via Council of Governors

o) Reviewing governor attendance and contribution, making recommendations to COG in the event of any behaviour/ conduct issues. This is reviewed at each meeting and the Lead Governor contacts individuals were attendance is an issue to discuss how they can be best supported to attend and be effective.

p) Overseeing the Council of governors work programme. This is achieved at the end of each Council of Governors meeting and we can agree to alter work priorities as governors see fit.

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 26 September 2017

Update from the Governors' Nominations & Remuneration Committee

Purpose of Report

To update the Council of Governors on the activity undertaken by the Committee and to seek approval for a change in membership.

Executive Summary

The recruitment and selection of the Trust Chair has been concluded with the acceptance of the Committee's recommendation to the Extraordinary Council of Governors Meeting, held on 13 September 2017, to appoint Caroline Maley as the Trust Chair.

The Committee is now working on the appointment of a Non-Executive Director who will become the Trust's Chair of Audit & Risk Committee. The Committee continues to work closely with the NHS Leadership Academy Executive Search on this matter.

The Council of Governors may recall that at the last meeting in July when membership of the Committee was expanded. Kevin Richards expressed an interest to become a member should further vacancies arise. Ruth Greaves has since resigned from her role as a member of Nominations & Remuneration Committee. The Council of Governors is asked to consider and approve the change in membership. The revised membership would meet the conditions of the Terms of Reference.

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

Assurances

The recruitment process followed had been supported by an external recruitment consultancy - NHS Leadership Academy Executive Search, with additional in-house support and advice received from the Interim Director of People & Organisational Effectiveness with governance oversight from the Director of Corporate Affairs.

Consultation

Governors, through the Nominations & Remuneration Committee and the extraordinary meeting of the Council of Governors have been involved in oversight of the recruitment process and directly involved in longlisting, shortlisting and interview.

Other governors and Trust staff have also been involved in stakeholder sessions with candidates. Each stakeholder group fed back to the interview panel prior to formal interview.

Governance or Legal Issues The Governors' Nomination & Remuneration Committee conducted its respective role in line with its terms of reference and statutory role. Changes in the membership, as proposed, would meet the requirements of the Terms of Reference of the Committee.

Equality Impact Risk Analysis The author has a responsibility to consider the equality impact and evidence on the nine protected characteristics – Race, Economic disadvantage, Gender, Age, Religion or belief, Disability and Sexual orientation (REGARDS).	
There are no adverse effects on people with protected characteristics (REGARDS).	
There are potential adverse effect(s) on people with protected characteristics (REGARDS). Details of potential gaps/inequalities are outlined below, with the appropriate action to mitigate or minimise those risks.	
Actions to Mitigate/Minimise Identified Risks	
Recruitment processes were set in place through the NHS Leadership Academy Executive Search to ensure no adverse effects on applicants from protected characteristic.	

Recommendations The Council of Governors is requested to: 1. Note the activity undertaken and planned by the Committee. 2. Approve the appointment of Kevin Richards, Public Governor for South Derbyshire as a member of the Governors' Nominations & Remuneration Committee. 3. Thank Ruth Greaves for her support as a member of the Committee.

Report presented by:	**Margaret Gildea, Senior Independent Director and Chair of the Governors' Nominations and Remuneration Committee for the purpose of Trust Chair recruitment**
Report prepared by:	**Samantha Harrison** **Director of Corporate Affairs & Trust Secretary and** **Donna Cameron, Assistant Trust Secretary**

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 26 September 2017

Update on the Current Public Governor Elections

Purpose of Report

To update Governors on preparations for the current public governor elections and provide assurance on the process being 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 are currently four public governor vacancies in the following constituencies:

- Bolsover
- Chesterfield South
- High Peak
- North East Derbyshire.

Governors are asked to note the range of actions underway to promote the vacancies and support the activities underway. Activity to promote the vacancies and identify individuals interested in the governor vacancies include:

- We have attended events in the election areas to promote the vacancies and recruit members including: Dronfield Leisure Centre, Chesterfield Pride and the Langwith Show in Bolsover
- Main stakeholders have distributed information in their member newsletters e.g. NDVA (North Derbyshire Voluntary Action), Derbyshire Mental Health Forum, Healthwatch Derbyshire and DORA, Amber Trust, P3, Making Space.
- Letters and posters circulated to all stakeholders and networks in the election areas: e.g. North and South Carers Forums, Rhubarb Farm, Making Space, DORA, Healthwatch, NDVA, P3, GP surgeries.
- Promoted the vacancies via social media (Twitter and Facebook) to raise early awareness in August with a follow up during the call for nominations.
- Postcards outlining details of the Trust and the governor vacancies have been 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 Derbyshire Times, The Buxton Advertiser, Chesterfield Post, Peak FM and High Peak Radio.
- Advertorial published in The Derbyshire Times (covers Bolsover, Chesterfield South and North East Derbyshire) and The Buxton Advertiser (covers High Peak). 20,000 copies of The Derbyshire Times are sold weekly with an average of 2.3 people reading one sale; and 8,762 copies of The Buxton Advertiser are sold, again with 2.3 people reading each sale.
- Promoted in the Trust's membership magazine, distributed week commencing 11 September
- Promoted in Weekly Connect asking staff to share with their family and friends

- Councils / district councils that cover the election areas have been contacted asking them to promote the vacancies to their staff and contacts: including Chesterfield Borough Council, North East Derbyshire District Council, Bolsover District Council, High Peak Borough Council, Derbyshire County Council and Clay Cross Parish Council
- We have approached Chesterfield Leisure Centre, Clay Cross Leisure Centre, Chesterfield Library, Chesterfield Information Centre, Chesterfield and North East Derbyshire Volunteer centre and Clay Cross Parish council to display posters.
- Letters and posters have been sent to all the Trust's services in the election areas
- Over 200 letters and posters have been sent to all contacts we have made through our membership involvement work and to all the Trust's services –
- Requested support from governors to promote the elections via email, Governance Committee and Governor Connect
- Lynda Langley, public governor for Chesterfield North has displayed posters in medical centres and doctors surgeries in Whittington, Clowne, Dronfield, Staveley, Bolsover, Clay Cross an d North Wingfield

The timeline for the elections is as follows:

ELECTION STAGE	TIMESCALE
Notice of Election / nomination open	**Tuesday, 12 Sep 2017**
Nominations deadline	Wednesday, 27 Sep 2017
Summary of valid nominated candidates published	Thursday, 28 Sep 2017
Final date for candidate withdrawal	Monday, 2 Oct 2017
Electoral data to be provided by Trust	Wednesday, 4 Oct 2017
Notice of Poll published	Monday, 16 Oct 2017
Voting packs despatched	Tuesday, 17 Oct 2017
Close of election	Monday, 6 Nov 2017
Declaration of results	**Tuesday, 7 Nov 2017**

As reported at the previous Council of Governors meeting, Helen Sentance, Public Governor for Erewash South 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. This means that Shirish Patel is eligible to be elected as a public governor for Erewash South and he has recently confirmed his acceptance of the role.

Following election to these four governor seats, the Council of Governors will have one Public Governor seat vacancy. Since the election process began David Wilcoxson public governor Amber Valley North has resigned. David was elected unopposed which means a separate election for this constituency will need to be organised.

At the time of preparing this report, ERS confirmed that five requests for the nomination pack have been requested; and one nomination form has been

completed and returned.

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 are 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 are being run in line with the guidance included in the 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.

Recommendations

The Council of Governors is requested to:

1) Receive the report.
2) Note the timescales of the elections.
3) Note the public governor seat vacancy.

Report presented and prepared by: Denise Baxendale, Communications and Involvement Manager

DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST

MINUTES OF A MEETING OF THE BOARD OF DIRECTORS

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

Wednesday 28 June 2017

MEETING HELD IN PUBLIC

Commenced: 1pm Closed: 4.35pm

PRESENT:	Caroline Maley	Acting Trust Chair
	Dr Julia Tabreham	Deputy Trust Chair and Non-Executive Director
	Margaret Gildea	Senior Independent Director
	Barry Mellor	Non-Executive Director
	Dr Anne Wright	Non-Executive Director
	Richard Wright	Non-Executive Director
	Ifti Majid	Acting Chief Executive
	Claire Wright	Director of Finance & Deputy Chief Executive
	Carolyn Green	Director of Nursing & Patient Experience
	Dr John Sykes	Medical Director
	Samantha Harrison	Director of Corporate Affairs & Trust Secretary
	Mark Powell	Acting Chief Operating Officer
	Amanda Rawlings	Director of People & Organisational Effectiveness
	Lynn Wilmott-Shepherd	Interim Director of Strategic Development
IN ATTENDANCE:	Anna Shaw	Deputy Director of Communications & Involvement
	Rachel Leyland	Deputy Finance Director
	Sue Turner	Board Secretary
	Julie Carvin	Infection Control Support Nurse (shadowing Carolyn Green)
For DHCFT 2017/095	Scott	Service User
For DHCFT 2017/095	Alice Smallwood	Team Manager - Substance Misuse Services
For DHCFT 2017/095	Nicola Fletcher	Acting Assistant Director of Clinical Professional Practice
For DHCFT 2017/103	David Hurn	Service Line Manager - Substance Misuse Services
For DHCFT 2017/103	Dr Senthil Mahalingam	Consultant Psychiatrist - Substance Misuse Services
For DHCFT 2017/104	Harinder Dhaliwal	Assistant Director for Engagement and Inclusion
VISITORS:	John Morrissey	Lead Governor, Public Governor, Amber Valley South
	Carole Riley	Deputy Lead Governor, Public Governor, Derby City East
	Lynda Langley	Public Governor, Chesterfield North
	Mark McKeown	Derbyshire Mental Health Alliance

DHCFT 2017/094	**ACTING CHAIR'S WELCOME, OPENING REMARKS, APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST** Acting Trust Chair, Caroline Maley, opened the meeting and welcomed everyone. No apologies for absence or declarations of interests were received.
DHCFT 2017/095	**SERVICE RECEIVER STORY** Nicola Fletcher introduced service receiver Scott who talked about how he successfully completed his treatment for opiate addiction with the Substance Misuse Service through their rapid recovery process in June 2016. Towards the end of his treatment Scott

	developed his role as service user representative, supporting others in treatment. Since leaving treatment Scott has continued to support the service as a peer mentor and has now applied to volunteer at the Ilkeston substance misuse facility. Ifti Majid asked Scott if the Trust's substance misuse service had made him want to recover from his addiction. Scott replied that he had reached a point where he definitively wanted to recover and the Trust's service had given him the help and support to enable him to learn how to cope with stressful situations without using drugs. Substance Misuse Team Leader, Alice Smallwood accompanied Scott and described how other service users were being motivated by Scott's enthusiasm and were inspired by his noticeable healthy appearance since he completed his recovery process. The Board heard how Scott was helping people learn to deal with situations that led to their drug use by encouraging them to build structure into their life through physical activities such as boxercise and using gym programmes developed by Phoenix Futures who work in partnership with the Trust. Scott and Alice also described how the Recovery Through Nature programme worked as well as walking groups, allotment work and projects being run by the service in partnership with the National Trust and how these structured activities within the community play a major part in teaching people about the importance of personal motivation in their recovery. The Board found Scott's story truly inspiring and understood how structured activities and intervention had a positive impact on his life and looked forward to the Deep Dive into the Substance Misuse Service taking place later in today's meeting. **RESOLVED: The Board of Directors expressed thanks to Scott for sharing his inspiring story and appreciated the opportunity to hear at first hand the service the Trust had provided.**
DHCFT 2017/96	**MINUTES OF THE MEETING DATED 24 MAY 2017** The minutes of the previous meeting, held on 24 May were agreed and accepted subject to the following amendments: DHCFT2017/076 – Questions from Public Governors – a written statement responding to these questions would be included as an appendix to the minutes. DHCFT2017/079 Integrated Performance Report (IPR) – the third paragraph of this item is to be corrected to read *'With regards to financial performance, Claire Wright reported that at month one the Trust is ahead of plan and the forecast assumes full delivery of CIP (Cost Improvement Programme). Although a full set of plans to achieve the Trust's CIP of £3.85m are not yet finalised she is forecasting that the Trust will achieve its control total at the end of the year. In response to a question from Caroline Maley she clarified that there is an overspend on pay and employee expenses which is offset by over-recovery of income, both due to QIPP (Quality Improvement Prevention and Productivity) contract and service changes not yet being enacted'.* The final paragraph of the IPR (Integrated Performance Report) is also to be corrected to read '*Concern was raised with regard to safe staffing levels in the Hartington and Radbourne Unit. Carolyn Green assured the Board that emergency planning measures were not required at this time although intensive actions were required over the summer to maintain stability. She referred to bed occupancy and pointed out that occupancy is currently quite low on the Cubley Wards and as a result some staff were transferred to other areas or skill mix reduced as bed occupancy was less than 50%. The Board requested that future IPR reports include a short summary on safer staffing, and that a report be received by the Quality Committee on safer staffing mitigation plans'.*
DHCFT 2017/097	**MATTERS ARISING AND ACTIONS MATRIX**

	The Board agreed to close all completed actions. Updates were provided by members of the Board and were noted on the actions matrix.
DHCFT 2017/098	**ACTING CHAIR'S VERBAL REPORT** Caroline Maley reported that the beginning of the month was dominated by the Board's decision to withdraw from the acquisition transaction with Derbyshire Community Health Services (DCHS) and was taken up with discussions and meetings with the Council of Governors, NHS Improvement (NHSI) and key stakeholders. This decision was taken extremely carefully in light of a number of factors across the environment including the pressure on staff to maintain quality, safety and financial stability throughout the transaction process. Caroline Maley thanked everyone who was party to this decision. During the last month Caroline Maley attended various meetings including the meeting of the Mental Health Act Committee when it was agreed to set up a sub-group to support the duties of this Committee. Caroline Maley and Ifti Majid attended the NHS Confederation Annual Conference in Liverpool where Jeremy Hunt was present and she described how this was a meeting that was symptomatic of our political time. She also had the opportunity to discuss the role of women on trust boards and the joining up with FTSE companies and having representatives from the BME network and LGBT joining different trust boards. During a quality visit to Ward 34 at the Radbourne Unit Caroline had met with medical staff governor, Jason Holdcroft and found it valuable hearing how we are supporting people through challenging times. It was the hottest day of the year and concerns were raised by staff regarding the heat and the effect this had on service users and staff. In response Carolyn Green explained that air conditioning is only installed in patient areas and not in staff areas. Legislation prohibits the use of portable units and although there is a cost issue in installing fixed air conditioning, the Trust is exploring extending air conditioning to staff areas and also looking at ways staff can wear lighter uniforms. Caroline Maley concluded that June was a busy month that focussed on strategic issues and our destination as a Trust. **RESOLVED: The Board of Directors noted the activities of the Acting Chair throughout the month of June.**
DHCFT 2017/099	**CORPORATE GOVERNANCE STATEMENT** Samantha Harrison noted that following written confirmation (received on 25 May) of a decision made by NHS Improvement (NHSI), the Trust had complied with all its enforcement undertakings. This compliance has now been incorporated into the Corporate Governance Statement (FT4) annual declaration which was reviewed and approved by the Board at the 24 May meeting. The additional text to be incorporated is as follows: *Following a decision made by NHS Improvement the Trust was informed that the Trust had complied with all enforcement undertakings and a compliance certificate was issued on 24 May 2017.* The revised document will be signed by Ifti Majid and Caroline Maley and published on the Trust's website by Friday, 30 June. **RESOLVED: The Board of Directors noted the Trust's compliance with all its enforcement undertakings which will be incorporated into the Corporate Governance Statement declaration**

DHCFT 2017/100	**ACTING CHIEF EXECUTIVE'S REPORT** The Acting Chief Executive's report provided the Board of Directors with feedback and an update on developments occurring within the local Derbyshire health and social care community. Ifti Majid referred to the Board's decision to withdraw from the acquisition by DCHS and reported that the Board had received strong support from the Council of Governors, Staff Side colleagues and staff. He outlined discussions he had with various members of staff regarding continuing to work with DCHS on back office functions and he reported that this was also discussed at the Joint Negotiating Consultation Committee. The Trust will continue to work closely with DCHS to build on the work carried out as part of the transaction programme. The Board heard how some administrative staff had talked to Ifti about their career progression and were concerned that the Trust was seen as 'Derbycentric'. Ifti Majid and the Executive Leadership Team (ELT) had considered this staff concern and as a result senior staff will now be working around the county to demonstrate that the Trust is not a wholly Derby focussed organisation. Ifti had also listened to staff who had asked if some of the senior appointed posts could be more focussed on the BME network. He was pleased to report that this initiative is being developed through the reverse mentoring project and is incorporated into our inclusion and diversity programme which is covered in the Equality and Diversity brief featured later at today's meeting. Ifti Majid referred to the Deloitte report on the Well-led review conducted in February 2016 which reflected significant progress in all areas. He was extremely proud of the improvements made over the last year and thanked his team and all staff across the organisation for bringing about a significant shift in the Trust's performance. This report has already been shared with Clinical Commissioning Groups (CCGs) and now that the report is in the public domain it will be forwarded to the CQC (Care Quality Commission). Following review by NHSI of the Trust's position including the assurances as presented in the Deloitte report, the Trust received official notification from NHSI that the Trust is now free of all former licence breaches and this was included as an appendix to Ifti's report. Samantha Harrison made Board colleagues aware that actions resulting from the Well-led review and the Governance Improvement Action Plan (GIAP) are progressing through the Board's Committees. As previously agreed an update report on progress and embeddedness of GIAP actions will be brought to the Board in October 2017. It is anticipated that this work will align with the Trust's work on the Well-led framework as recently launched by NHSI. **RESOLVED: The Board of Directors noted the Acting Chief Executive's update**
DHCFT 2017/101	**INTEGRATED PERFORMANCE AND ACTIVITY REPORT (IPR)** The IPR provided the Trust Board with an integrated overview of performance as at the end of May 2017. The focus of the report is on workforce, finance, operational delivery and quality performance. The Trust continued to perform well against many of its key indicators during May despite staffing levels and activity pressures. The Board noted that community caseloads remain challengingly high and that waiting time for care co-ordination remains long because of the lack of care co-ordination to enable shorter wait times. It was recognised that some progress has been made with risk mitigation plans and Mark Powell assured the Board that this will continue to be revised and he hoped that work with the STP (Derbyshire Sustainability Transformation Programme) will address some of these challenges. The Board discussed the high bed occupancy across all wards which had resulted in a substantial number of patients placed out of area. This was recognised as an indication

of the staffing challenges currently being faced and Mark Powell assured the Board of the work taking place to reduce patients being placed out of area and reported that as of today's date there were four patients placed out of area.

The report indicated that staffing remains an ongoing challenge for many services. Through various engagement events Carolyn Green and Mark Powell have recognised where further support is required and assured the Board that safe and effective operational management will provide the correct level of staffing against planned standards.

The Board discussed quality and operational performance and was informed that there are no nursing vacancies or challenges within CAMHS services. Carolyn Green would like to reduce the vacancy rate and trajectory to between 6 – 8% and she and Amanda Rawlings intend to progress this through the Executive Leadership Team (ELT) to drive the vacancy rate down. The Board heard how investment has been made in the supervision initiative which has shown signs of improvement. Quality indicators have shown we are under performing in safer staffing although performance is expected to be more stable in the autumn.

The IPR showed that the number of inpatients with VTE (Venous Thromboembolism) assessment is increasing. In response to Ifti Majid inquiring if this result was sporadic across the Trust, John Sykes advised that this increase was sporadic. Performance and IT measures have now been brought in to ensure more reliable recording and assessment takes place which will be monitored through the Quality Committee. In the drive to improve patient safety the Quality Committee will escalate any concerns to the Board after the next meeting in July. In addition to this, month on month VTE targets will be included in next month's IPR report which, as advised by Lynn-Wilmott Shepherd is in line with our contractual requirement.

Ifti Majid referred to the increase of incidents of violence involving patient to patient and patient to staff. Carolyn Green responded that she had seen an increase in incident recording in the neighbourhood. She did not think that these were necessarily related to an increase in people being released from prison but she had noticed an increase in incidents involving violence from women. Carolyn Green assured the Board that she and heads of nursing are working to address these incidents on a week by week basis.

Anne Wright raised concern with the number of cancelled outpatient appointments. John Sykes explained that this situation has been caused by the short notice termination of agency doctors creating gaps in the rota where doctors were required to volunteer to fill in these gaps. The Board was assured that patients were located to another appointment as a matter of priority and it is expected that this situation will improve by the beginning of August.

Julia Tabreham was concerned, that due to overwhelming pressure on staff, there is a lack of adherence to the CPA (Care Programme Approach). The lack of completion of CPAs is a persistent feature in Serious Untoward Incident Reports. Mark Powell replied that the Trust is firmly committed to CPA and staff are following the component parts of the CPA policy. He assured the Board that CPA is at the centre of everyone's focus and he is working with commissioners to ensure we have the resource to deliver service centred care.

Caroline Maley asked how the non-smoking policy was progressing. Carolyn Green informed her that the Trust is partially compliant with this policy and care plans are being developed with individual patients. We are in the process of re-energising smoking cessation across the organisation. Discussions are taking place with other trusts to establish ways of complying with the smoke free policy and this is being monitored by the Trust Management Team (TMT).

The Board discussed incidents relating to absconding and was assured that the Quality Committee will be carrying out a Deep Dive on Datix (patient safety software) checking

	and any escalations will be made to the Board through the Quality Committee Assurance Summary. Claire Wright summarised the financial position for month two and confirmed that delivering the financial plan is a key priority. Cost Improvement Planning (CIP) is continuing to achieve the 2017/18 control total financial plan. A full set of plans is not yet in place to address the Trust CIP cost reduction of £3.85m and work is continuing to close the gap. Agency spend is scoring well on the rating although workforce risks will have a financial impact on the plan. With regards to the STP, the QIPP (Quality, Innovation, Productivity and Prevention) programme is not yet resolved. STP is requesting a higher CIP from all providers and although this is not currently in our plans the Trust will work with commissioners to understand what is acceptable to change. However, it has been confirmed that the Trust will receive its QIPP income which is good assurance for the Board and the regulator. Carolyn Green informed the Board that new clinical priorities will be applied to fire standards and will be reprioritised accordingly. In light of the Grenfell Tower tragedy work has taken place quickly with the fire prevention team. Ward checks have been completed for all services which resulted in minor rated issues around door stops. Carolyn Green was pleased to confirm that none of the Trust's buildings contain any form of cladding. Challenges around staffing were discussed by the Board. Amanda Rawlings reported that the biggest challenge currently is staff retention and is covered extensively in the Workforce Plan being reviewed later in today's meeting. The Board understood that the main priority is to build on the recent success in recruitment by improving staff retention as turnover is being affected by new staff recruited to inpatient areas then moving on to roles in specialised areas. The Board considered this to be a comprehensive IPR report and was pleased to see that it included a good focus on neighbourhood issues and was assured by the performance shown in month two. **ACTION: VTE targets will be included in forthcoming IPR reports** **RESOLVED: The Board of Directors considered the Integrated Performance Report and obtained a good level of assurance on current performance across the areas presented.**
DHCFT 2017/102	**<u>CYBER ATTACK AND LESSON LEARNED REPORT</u>** Mark Powell's report informed the Board of the impact, response and actions arising from the Wanna Decryptor Ransomware attack that caused a disruption to DHcFT business continuity and provided assurances regarding the Trust's cyber security. The report set out the key issues arising from the attack; lessons learned and associated actions that will be taken forward as a result of the attack. The report also set out the Trust's position on the controls in place to limit the potential impact of any future cyber-attack. The Board noted the controlled response that brought IT systems back online in stages which avoided computers being infected and how risks were professionally managed which meant patients were not affected. Significant lessons were learned in how to resolve the situation in the event of a further cyber-attack happening again. The lessons learned action plan will be overseen by the Trust Management Team with assurance reporting made to the Quality Committee to ensure a response is developed through major incidents activity. The Board felt assured that the response in managing the cyber-attack was proportionate and controlled. Assurance was also obtained through the Ten Steps to Cyber Security which will be reinforced and taken forward through the Information Governance

	Committee and through business continuity. **RESOLVED: The Board of Directors obtained significant assurance in the response to the cyber-attack, the subsequent action plan and cyber essentials.**
DHCFT 2017/103	**DEEP DIVE – SUBSTANCE MISUSE SERVICE** David Hurn and Dr Senthil Mahalingam from the Substance Misuse Service joined the meeting and provided the Board with a presentation that gave an insight into some of the key challenges and achievements experienced by the team. For the first time the Trust is providing a range of drug and alcohol services offering support for adults of all ages in the local Derby community providing a complete service from a single point of access. The service also works in partnership with Phoenix Futures who provide a one to one assessment service with no appointment required. The service's biggest achievement was implementing the Derbyshire Recovery Partnership which is a new service for the county focussing on improvements in physical health which also works in partnership with Intuitive Thinking Skills (intuitive recovery process) to meet the needs of people with a drug and/or alcohol problem offering them different levels of support from advice and harm reduction to prescribing and structured one to one or group work. The Board was pleased to hear that this service resulted in the successful transfer of specialist nurses being brought back into the service and that staff engagement had been very good throughout this process. The Board heard how the ECG (electrocardiogram) pilot project started in December 2016 in conjunction with the steroid outreach project that took place within local gyms. This initiative has been a very successful project that engaged a number of service users who have been very interested in working with the team and has had a significant impact on patients overall. The contract for Substance Misuse Services will be put out to tender shortly and this is proving quite challenging for the team who are committed to preparing the tender for submission by September 2017. The Board was made aware of the progression of preparedness meetings that are taking place leading up to the tendering process and how innovations borne from experience are enabling the team to write their own service specification. It was recognised that today's Deep Dive was scheduled because a targeted CQC inspection will be taking place in the Substance Misuse Service during the next few weeks. The Board was assured that the team has a lot of strengths that will be recognised by the CQC and a great deal of work is taking place to prepare for the CQC's visit. The Board was impressed with the positive impact that the Substance Misuse Service has on people's lives which was observed during the service receiver story heard earlier at today's meeting. It is clear that the team instilled hope into their patients and are leading the way in systems and processes and are able to be more creative and proactive in their approach to treating patients. The staff engagement team had drawn attention to the way the team had worked and it was proposed that the team would be invited to the People & Culture Committee to tell their story so lessons could be learned from the innovative way they have adapted their service. **ACTION: Substance Misuse Service to be scheduled into the programme of staff stories heard by the People & Culture Committee** **RESOLVED: The Board of Directors considered and noted the presentation made by the Substance Misuse service team**
DHCFT 2017/104	**EQUALITY, DIVERSITY AND INCLUSION UPDATE**

	This report provided the Board with an update relating to equality, diversity and inclusion (ED & I). Harinder Dhaliwal joined the meeting to present this paper. She outlined the key messages and assured the Board that the Trust is on track to complete goals one and two by 23 November 2017. Reference was made to the positive feedback received from Board members when they attended the Equality, Diversity and Inclusion Board Development Session on 12 April. Claire Wright wished it to be noted that although she was unable to take part in this event, this was no reflection of her commitment to ED & I. It was confirmed that the event will be repeated later in the year to ensure all Board members have participated in the session. Attention was drawn to the priorities contained in the Draft Board Equality Action Plan 2017-2020 (top six priorities) and these were duly approved by the Board. It was noted that Board and Board Committee papers are to be audited in February, 2018, as set out in EDS2 Implementation Plan 2017/18. The Board recognised that reverse mentoring is a component part of a suite measures the Trust is undertaking. Reverse mentoring will be taken forward and as a learning organisation we will show best practice in this area. Harinder Dhaliwal drew attention to the forward planning of the Workforce Race Equality Standard (WRES) 2017/18. It was understood that the WRES action plan is to be developed and submitted to key committees as part of the reporting schedule, including the Board meeting on 27 September. It was recommended that the Board considers the WRES submission and findings at the July Board meeting. Board members were aware that the Trust's Board of Directors does not contain a strong BME mix. Margaret Gildea referred to the conversations Caroline Maley had when she had attended the recent NHS Confederation Annual Conference with regard to representatives from the BME network joining trust boards and she asked Harinder Dhaliwal to explore this initiative. **ACTION: Board to consider the WRES submission and findings at the July Board meeting for sign off along with the Board statement.** **ACTION: Harinder Dhaliwal to develop the initiative of representatives from the BME network joining trust boards** **RESOLVED: The Board of Directors:** **1) Approved the Draft Public Sector Equality Duties & EDS2 Implementation Plan 2017/18 setting out the Trust's plans for annual grading process** **2) Noted EDS2 Outcome 4:2 10 Board/key committee papers to be audited in February, 2017, as set out in EDS2 implementation, 2017/18** **3) Approved the Draft Board Equality Action Plan 2017-2020 (top six priorities)** **4) Noted the Board's ED& I Development Session held on 12 April, 2017 Evaluation Report and considered an additional session to achieve full attendance** **5) Noted and supported Reverse Mentoring for Diversity and Inclusion (ReMeDy) pilot in partnership with the University of Nottingham. The initial pilot will include Executive mentees paired with BME staff (Mentors)** 6) **Considered scheduling WRES 2017/18 submission and findings, including Board statement at July 2017 Board meeting prior to submission to NHS England National WRES team by 1 August 2017 (in line with WRES technical guidance)**
DHCFT 2017/105	**<u>QUALITY POSITION STATEMENT</u>**

	Carolyn Green provided the Board of Directors with an update on the organisation's continuing work to improve the quality of services that are provided in line with the Trust Strategy, Quality Strategy and Framework and strategic objectives. Reference was made to systems leadership in physical health and mental health with regard to eating disorders. Julia Tabreham asked what was being done to improve the extreme vulnerabilities of this psychiatric disorder, especially with regard to the quality of life of sufferers and those that care for them. Carolyn Green responded that carers work is included in our family practice work for children and adults and she is currently working with commissioners to make sure this service is addressed through a BMI (Body Mass Index) approach. The Trust has also entered a partnership with the Royal Derby Hospital to improve this clinical pathway. Eating disorders is also embedded in the Derbyshire STP community pathway. **RESOLVED: The Board of Directors received and noted the Quality Position Statement**
DHCFT 2017/106	**BOARD ASSURANCE SUMMARIES & ESCALATIONS** Assurance summaries were received from the meetings of the Audit & Risk Committee held on 25 May and the Mental Health Act Committee of 9 June. Committee Chairs summarised the escalations that had been raised and these were noted by the Board. Particular note was made to development of a sub-group of the Mental Health Act Committee which will enable this Committee to operate more effectively. **RESOLVED: The Board of Directors received and noted the Board Committee Assurance Summaries and Escalations**
DHCFT 2017/107	**WORKFORCE STRATEGY AND PLAN 2017 - 2022** Amanda Rawlings's report provided the Board with the Trust's Workforce Strategy for 2017 – 2022 and a first year costed implementation plan to enable the Trust to proactively mitigate its workforce supply challenges, reduce reliance on agency and locum staff and retain staff by providing enhanced career pathways. Amanda Rawlings explained how we have captured our five-year plan in line with the Health Education England (HEE) Mental Health Workforce Strategy (2017). Prioritisation for affordability and implementation has been given to Year 1 of the Plan. A review of costs for implementation and affordability will need to take place year on year in line with local and national developments. Although we have highlighted numbers for recruitment plans in mental health nursing, we will over-recruit in readiness for staff who may retire. It was recognised that the Workforce Plan is a live document and will be amended in line with local and national developments and will regularly be reviewed by the People & Culture Committee. The next stage will be to bring the Year 2 implementation plan to ELT, the People & Culture Committee and then the Board. The report demonstrates how the organisation is to use its workforce. Apprenticeships will form a key part of the workforce development plan. However, both Richard Wright and Barry Mellor queried the amount of nursing apprenticeships the Trust would engage given the workforce's changing profile and felt that five apprentices would not be enough. Amanda Rawlings responded that the apprenticeship model has been established so that the number of apprentices can be increased year on year. The Board recognised that this strategy is an important step forward and is a credit to the work of the People & Culture Committee. The Workforce Plan is a long term plan and the Board acknowledged the need to fund its implementation and noted that as each local development is phased into the plan this could be aligned with the national mental health workforce strategy.

	RESOLVED: The Board of Directors: **1. Approved this document as the DHCFT WorkForce Strategy and Plan** **2. Acknowledged that this Strategy and Plan will remain a live document and will be amended in line with local and national developments.** **3. Acknowledged the need to fund the developments identified in this document and acknowledged the cost pressure identified in year 1.**
DHCFT 2017/108	**PROGRESS ON THE STAFF SURVEY** Amanda Rawlings' report provided the Board with an overview of the 2016 staff survey and quarter 1 pulse check results and the approach and actions that are being taken to improve staff engagement and involvement across the Trust. It was noted that four areas from the Staff Survey are being focused on for improvement and are being tracked for progress through the People & Culture Committee. In addition to this all leaders have been asked to develop their action plans with three key focus areas that they will work on with their teams and TMT will track progress of the local development work. Amanda Rawlings pointed out that since completing the two recent surveys the Trust has undertaken a cultural survey with EY and once these results have been received the Trust will look to combine the findings and areas of focus into its improvement plan. The Board agreed that the report provided assurance on how the staff survey process will improve staff engagement across the Trust and that it illustrated how this will progress throughout the year. The paper also allowed the Board to see signs of improved engagement and feedback which was encouraging. **RESOLVED: The Board of Directors acknowledged the staff survey and pulse check results and the approach being taken to improve staff engagement, involvement and advocacy for the Trust.**
DHCFT 2017/108	**REPORT FROM THE CONFIDENTIAL COUNCIL OF GOVERNORS MEETING** This report was provided for information and was noted by the Board. **RESOLVED: The Board of Directors noted the report from the Confidential Council of Governors meeting held on 6 June 2017.**
DHCFT 2017/111	**IDENTIFICATION OF ANY ISSUES ARISING FROM THE MEETING FOR INCLUSION OR UPDATING IN THE BOARD ASSURANCE FRAMEWORK** BAF risk 1d 'Risk of inadequate systems to ensure business continuity is maintained in the event of a major incident'. The Board discussed how this risk's initial rating was moderate and is difficult to mitigate. There are good mitigation plans in place but the risk of further attack is potentially likely to occur. Following discussions held during this morning's Remuneration & Appointments Committee the additional risk of potential instability of the Board arising from the proposed appointments processes to acting roles was agreed to be added as an additional risk to the BAF and will be included in the BAF update for the July Board meeting. **ACTION: Revised and elevated risk rating relating to business continuity BAF risk 1d arising from likelihood of future cyber-attacks to be included in BAF update to July Board** **ACTION: Additional risk of potential instability of the Board arising from the**

	proposed appointments processes to be included in the BAF update to the July Board
DHCFT 2017/112	**2017/18 BOARD FORWARD PLAN** The forward plan was noted by the Board. **RESOLVED: The Board of Directors noted the forward plan for 2017/18.**
DHCFT 2017/113	**MEETING EFFECTIVENESS** The Board agreed that discussion will continue to take place to ensure agenda items keep to time and that discussion is appropriately focussed. Quality of discussion has been effective and good enquiry was made across the Board.

The next meeting of the Board held in Public Session will take place at 1pm on Thursday, 27 June 2017.

The location will be Conference Rooms A&B
Research and Development Centre, Kingsway, Derby DE22 3LZ

Governor Meeting Timetable 2017

DATE	TIME	EVENT	LOCATION
26/09/17	12.00 – 1.00pm	Governors and NEDs – network	Winding Wheel, Chesterfield
26/09/17	1.00pm onwards	Council of Governors meeting	Winding Wheel, Chesterfield
27/09/17	1.00pm onwards	Trust Board Meeting	Conference Room A&B, Research & Development Centre
17/10/17	10am – 12 noon	Governor development session – Crisis Care Concordat / Equality, Diversity & Inclusion	Meeting Room 1, Albany House
18/10/17	10.00am – 12.30pm	Governance Committee	Meeting Room 1, Albany House
1/11/17	1.00pm onwards	Trust Board Meeting	Conference Room A&B, Research & Development Centre
8/11/17	11.00am – 5.00pm	COG and NEDs training session – externally facilitated by Claire Lea	Training rooms 1&2, Research and Development Centre
15/11/17	10.00am – 12.30pm	Governance Committee	Meeting Room 1, Albany House
22/11/17	9.00am – 10.00am	Governors and NEDs – network	Training room 1&2 Research and Development Centre
22/11/17	10.30am – 1.30pm	Council of Governors meeting	Training room 1&2, Research and Development Centre
29/11/17	1.00pm onwards	Trust Board Meeting	Conference Room A&B, Research & Development Centre
06/12/17	10.00am – 12.30pm	Governance Committee	Meeting Room 1, Albany House
22/01/18	10.00am – 12.30pm	Governance Committee	Meeting Room 1, Albany House
24/01/18	12.00 – 1.00pm	Governors and NEDs – lunch and network	Post Mill Centre, South Normanton
24/01/18	1.00pm onwards	Council of Governors meeting	Post Mill Centre, South Normanton
31/01/18	1.00pm onwards	Trust Board Meeting	Conference Room A&B, Research & Development Centre
27/02/18	10.00am – 12.30pm	Governance Committee	Meeting Room 1, Albany House
28/02/18	1.00pm onwards	Trust Board Meeting	Conference Room A&B, Research & Development Centre
20/03/18	10.00am – 12.30pm	Governance Committee	Meeting Room 1, Albany House
21/03/18	12.00 – 1.00pm	Governors and NEDs – lunch and network	Conference Room A&B, Research and Development Centre
21/03/18	1.00pm onwards	Council of Governors meeting	Conference Room A&B, Research and Development Centre
28/03/18	1.00pm	Trust Board Meeting	Conference Room A&B,

	onwards		Research & Development Centre

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

GLOSSARY OF NHS TERMS	
NHS Terms of Abbreviations	**Terms in Full**
DPA	Data Protection Act
DTOC	Delayed Transfer of Care
DWP	Department for Work and Pensions
E	
ECT	Enhanced Care Team
ECW	Enhanced Care Ward
ED	Emergency Department
EHIC	European Health Insurance Card
EHR	Electronic Health Record
EI	Early Intervention
EIA	Equality Impact Assessment
EMDR	Eye Movement Desensitising & Reprocessing Therapy
EMR	Electronic Medical Record
EPR	Electronic Patient Record
ERIC	Estates Return Information Collection
ESR	Electronic Staff Record
EWTD	European Working Time Directive
F	
FBC	Full Business Case
FOI	Freedom of Information
FFT	Friends and Family Test
FT	Foundation Trust
FTN	Foundation Trust Network
F&P	Finance and Performance
5YFV	Five year forward view
G	
GMC	General Medical Council
GP	General Practitioner
H	
HEE	Health Education England
HES	Hospital Episode Statistics
HoNOS	Health of the Nation Outcome Scores
HSCIC	Health & Social Care Information Centre
HSE	Health and Safety Executive
HWB	Health and Wellbeing Board
I	
IAPT	Improving Access to Psychological Therapies
ICT	Information and Communication Technology
ICU	Intensive Care Unit
IDVAs	Independent Domestic Violence Advisors
IG	Information Governance
IM&T	Information Management and Technology
IPR	Individual Performance Review
IPT	Interpersonal Psychotherapy
J	
JNCC	Joint Negotiating Consultative Committee
K	
KPI	Key Performance Indicator
KSF	Knowledge and Skills Framework

GLOSSARY OF NHS TERMS	
NHS Terms of Abbreviations	**Terms in Full**
L	
LA	Local Authority
LCFS	Local Counter Fraud Specialist
LHP	Local Health Plan
LHWB	Local Health and Wellbeing Board
M	
MARS	Mutually Agreed Resignation Scheme
MAU	Medical Assessment Unit
MAPPA	Multi-agency Public Protection Arrangements
MARAC	Multi-agency Risk Assessment Conference (meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, probation, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs) and other specialists from the statutory and voluntary sectors.
MCA	Mental Capacity Act
MDA	Medical Device Alert
MDT	Multi-Disciplinary Team
MFF	Market Forces Factor
MHA	Mental Health Act
MHIN	Mental Health Intelligence Network
MHRT	Mental Health Review Tribunal
N	
NCRS	National Cancer Registration Service
NED	Non-Executive Director
NICE	National Institute for Health and Care Excellence
NHS	National Health Service
NHSI	National Health Improvement
NOM	Network Operation Manager
O	
OBC	Outline Business Case
ODG	Operational Delivery Group
OP	Out Patient
OSC	Overview and Scrutiny Committee
P	
PAB	Programme Assurance Board
PAG	Programme Advisory Group
PALS	Patient Advice and Liaison Service
PCC	Police & Crime Commissioner
PCOG	Performance and Contract Operational Group
PHE	Public Health England
PICU	Psychiatric Intensive Care Unit
PID	Project Initiation Document
PLIC	Patient Level Information Costs
PPT	Partnership and Pathway Team
PREM	Patient Reported Experience Measure
PROMS	Patient Reported Outcome Measure
Q	

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