NHS
Derbyshire Healthcare
NHS Foundation Trust

Operational plan

2019-2020

January 2019

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Making a positive difference

Activity planning

At this point of negotiation, activity plans for 2019/20 are carried over from 2018/19 activity assumptions.

Demand for our mental health, children's and learning disability services continues to be high and is reflected in shifts in acuity. In order to meet this demand, large-scale transformation and investment is required. The Sustainability and Transformation Plan (STP) workstreams for mental health, children's and learning disability services take into account the levels of transformation, investment and cross boundary working that are required to meet our population's needs over the next year and beyond. In addition to these pressures, the national access standards, which form part of the Single Oversight Framework, present further challenges for the organisation in evidencing the achievement of those standards.

We experience persistently high levels of demand for adult acute and psychiatric intensive care unit inpatient services which, despite every effort to minimise where possible, has resulted in patients being placed out of area. The need fluctuates but remains relatively high.

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

A number of key areas continue to be addressed and will be incorporated into STP planning including:

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

However, despite the significant transformation of services to meet demand, there remain capacity issues associated with increase in demand and historic under-investment across many services, the most substantial of which are within community mental health services and community paediatrics. The current focus is on the development of a community forensic service and the development of a cohesive clinical pathway for patients diagnosed with a personality disorder.

We are working with commissioners to balance this need with the growing demand for other services, ensuring that we mitigate the clinical risks this may pose. Reasonable caseload levels are modelled into transformation work. However, workforce supply remains an issue and more innovative approaches to skill mix are being adopted.

We produce activity reports on a monthly basis and share these with commissioners, discussing any changes in demand and activity. Activity targets are then only changed following contract variations to reflect any agreed changes in service delivery. When we agree service developments, associated activity implications are agreed and reflected in the plan.

We are currently achieving relevant constitutional and mental health standards and are forecasting that we will continue to do so in 2019/20.

Quality planning

1. Approach to quality improvement, leadership and governance

Our named executive lead for quality improvement is Gareth Harry, Director of Business Improvement and Transformation.

Quality standards for our clinical services are based upon the Care Quality Commission (CQC) quality and safety standards, organisational clinical incidences, our clinical audits and national learning from other Trusts inspections as well as our own inspections (the latest being May to July 2018). The quality standards for patient services are built into our organisational quality framework and we have fully embraced the NHS Constitution and the fundamental standards of quality and safety published by CQC. These quality standards continue to define the expectations of our services and are the standards against which services showcase their clinical and service innovations during our clinical and corporate Board, governor and commissioners visits, including our Trust-wide internal Quality Visit programme.

We have redefined our accountability framework to put in place a Trust Management Team meeting (TMT). Through embedded quality governance structures, we ensure a clinical compliance, quality governance and improvements in performance are driven through TMT and its reporting groups. The Quality Committee, TMT and sub-groups monitor clinical performance targets and data validation, to make sure a robust process is in place to ensure the Trust Board's oversight of the triangulated data. Also, our Governance Improvement Action Plan is now complete and we have met our improvement trajectory based upon our Well Led Review.

With regards to our approach to achieving an organisation-wide improvement approach to achieving a good or outstanding CQC rating, our Quality Improvement Strategy was agreed in March 2018. The strategy emphasised the importance of devolved leadership to enable quality improvement and that Trust systems should wrap around leaders to support quality improvement, with the focus on improvement being identified and clinically led within Divisions rather than centrally. The strategy described a number of Quality Improvement methodologies that would be made available to staff to use.

Details of the quality improvement governance system, from the front line to the board, with details of how assurance and progress against quality improvement priorities are monitored

Progress against the Quality Priorities is overseen in the divisional Clinical and Operational Assurance Team Meetings. A spreadsheet structure has been developed in partnership between the Nursing and Quality Team and Clinical Leads. This has been designed with the prime purpose of facilitating the tracking of progress against each priority in each division. Divisional progress is fed back to the Deputy Director of Nursing and Quality Governance, who then reports progress to the Trust Management Team meeting and the Quality Committee. TMT maintains oversight of both progress and risks, with appropriate escalation to the Board as necessary.

How quality improvement capacity and capability will be built in the organisation to implement and sustain change

We have developed a Leadership and Management Training and Development programme, starting in March and April 2019. It will include a module on continuous improvement methodologies. Through this programme, aimed at leaders at team, service and divisional levels, the aim is to encourage the objectives of cultural change and to support local initiatives by leaders of every team.

The Transformation Team have expertise and knowledge of a number of continuous improvement methodologies, with which it can support initiatives by teams.

Continuous Quality Improvement in Operational and Business Planning for 2019/20
As part of the commitment to embed continuous improvement into how the Trust does business through its usual processes, our approach to Business and Operational Planning for 2019/20 focuses on ambitions for the future with plans aiming to be comprehensive, improvement focussed and forward looking.

The new approach adopted for the development of operational and service delivery plans supports a number of objectives in the Strategy: the plans are developed and held at a Divisional level and delivery will be overseen through Divisional Performance Review Meetings; local leaders are supported to proceed with plans and initiatives with support from central teams and it uses opportunities to showcase planned developments.

Each clinical strategy or programme of change has named success criteria and metrics of measurement. Each quality improvement programme and programme of change includes an implementation plan and this includes the outcome that the intervention is trying to achieve.

2. Summary of the quality improvement plan

In August 2018, our Quality Committee agreed the Strategy Implementation Plan. It outlined how the Strategy would be implemented through the business as usual processes in the Trust.

Divisional COAT agendas have now included quality improvement, as have Divisional Performance Review Meetings and the Trust Medical Advisory Committee. Quality Improvement topics and methodologies have also been built into Trust wide events, such as the Trust Team-working Conference in September and the current Clinically Led Strategy development workshops. The new Trust website and intranet site will include pages to communicate and encourage Quality Improvement methodologies and examples of good practice, together with a central email address purely for quality improvement initiatives.

Continuous Improvement methodologies have influenced our approach to Business and Operational Planning for 2019/20 and to the identification of expenditure reduction initiatives in the emerging Cost Improvement Programme for the year ahead. Business plans are structured around national expectations to include national initiatives such as CQUIN expectations and NICE Guideline aligned practice.

The top three risks to quality and how the trust is mitigating these:

1. Compliance with regulatory standards as outlined in our CQC inspection in 2018 and our associated improvement plans. We will support our struggling service to exceed and improve across our services
2. Delivering our Quality Priorities. Embedding a systematic approach to continuous quality improvement particularly refocusing upon redesigning our clinical pathway, designing new clinical strategies and a clinical quality improvement in each team.

In addition in 2019

3. A particular focus here will be to redevelop our Estates Strategy with a plan to deliver the proposed changes to the Mental Health Act in relation to single sex, en-suite accommodation and to eradicate dormitory stock in Mental Health inpatient services.

Learning from relevant national investigations has or will be implemented, including the Gosport Independent Panel (https://www.gosportpanel.independent.gov.uk/panel-report/)

Our Chief Pharmacist has reviewed the findings of the Gosport Independent Panel. Whilst this is not directly aligned with our clinical delivery, we are compliant with its expectations. We review the National Confidential Inquiry and consider the implications for practice in Mental Health and we have also reviewed the National Audit office publications on the issues related to Children's social care as a provider of Children's services.

How the provider is learning from deaths in line with the National Quality Board guidance

We are fully compliant with the National Quality Board requirements and we publish this on our website. We are in our fifth year of offering a Family liaison service and our mortality review process is embedded. We review all Learning Disability deaths and our Lead Professional for Patient Safety and Experience is working closely with LeDeR so that we can be part of the review process for Derbyshire patients. As a way to access a national database for cause of death, our application for NHS Digital continues and we are currently awaiting an outcome. This continues to be a slow process to ensure that we meet all of NHS Digital legal requirements.

Plans to reduce Gram-negative bloodstream infections by 50% by 2021, which are aligned with wider health economy plans

This is reviewed and addressed as part of our broader approach to anti-microbial stewardship, overseen by our Infection Prevention and Control Nurse.

Ensuring that quality plans are triangulated with plans for finance, activity and workforce

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

3. Summary of quality impact assessment process and oversight of implementation

Quality governance and developments are subject to our programme assurance monitoring systems through Project Vision, which include checks and balances on quality

impact assessments. These are scrutinised both at a service line, division and Trust-wide level through a quality impact assessment process, led by the Medical and Nursing Director, to ensure a helicopter view of risks and how these accumulated schemes or pressures could adversely affect the quality of care. This is submitted to the Quality Committee twice a year and included in our quality dashboard.

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

- The project teams are responsible for considering quality and ensuring it is appropriately monitored and recorded. Following an initial assessment of potential quality impact, reviews of quality are mandatory at 3, 6 and 12 months following implementation.
- Our Cost Improvement Programme (CIP) is underpinned by a QIA process and continuous improvement culture. Each project with a potential clinical impact identifies a Quality Lead with responsibility for ensuring quality is properly assessed.
- All clinical projects with a potential adverse quality impact are referred to a panel consisting of at least the Medical Director and Director of Nursing to review and mitigate any potential risks. If a project does not meet approval by the panel, the project team are required to review the scheme and seek alternative proposals. This includes adapting programmes, ceasing projects and offering alternative models or solutions if the collective schemes are either too restrictive, not dynamic enough and or not measuring the full and accumulative clinical impact.

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

Each scheme would have specific metrics supplemented by our integrated quality dashboard measures, and this data and intelligence is interrogated through the Trust Management Team and the Clinical and Operational Assurance Teams, which enables challenge of poor performance and ensure any concerns with regard to patient safety or effectiveness do not result in deterioration of patient safety. The areas include safety, effectiveness and experience. It is, however, expected that some non-urgent patient experience may be adversely affected by waiting times. The wider impact of staff is not considered as a specific domain in the current model, however we will review to be included in 2019.

Workforce planning

Workforce planning, sign off, monitoring and reporting

The Trust Board has final sign off of the Trust workforce plan and has a governance infrastructure established that formally supports the process. The infrastructure includes the People and Culture Committee (PCC). PCC is a sub-committee of the Board with a specific remit to provide assurance to the board to sign off the workforce plans, that performance standards are being achieved and strategic and transformation programmes are delivered and coordinated at all levels.

The Board receives a monthly integrated performance report; the focus of the report is on workforce, finance, operational delivery and quality performance. The workforce performance element of the report includes key workforce performance indicators highlighting national and local priorities, safer staffing and expenditure. The report ensures members are informed and able to take the necessary action required in relation to workforce issues.

Demonstration of well-modelled, integrated workforce plans that meet financial, quality and activity plans

To ensure well modelled integrated workforce planning we have established a Strategic Workforce Development Group (SWDG) chaired by the Executive Director of People Services and Organisational Effectiveness. The group meet monthly to review workforce performance against the current plan, they also provide the PCC and the Executive Leadership Team with assurance that effective arrangements are in place to provide an efficient and effective workforce that is able to meet current and future service demands.

We have established a Strategic Workforce Planning methodology that engages with all services providing teams with a framework to highlight all the key workforce issues. Finance, Quality and Operational teams are engaged throughout the process so that divisional sign off is achieved and meets the financial envelope. Workforce features highly in our service delivery plans with workforce planning integrated into our annual planning process to ensure full alignment with both financial and activity plans. The plans fundamentally describe the service assessment of workforce demand and supply and measures to address any gap. Our staff are at the heart of everything we do, so listening to their ideas and suggestions is important so that we can improve how individuals and teams work together and therefore improve services.

The Trust workforce plan is reviewed annually through the SWDG and actioned through an operational workforce delivery group with key occupational and staff membership.

Current workforce challenges at local and STP level– and impact

Description of Workforce Challenge	Impact on Workforce	Initiatives in Place
Recruitment of Consultant Psychiatrists	Difficulty in recruiting to establishment High level of vacancies Reliance on Agency staff	Development of an integrated workforce – including new roles to support medical staff
Supply of qualified staff *including: -* *Band 5 Nurses* *Registered Mental Health Nurses*	Difficulty in recruiting to establishment High level of vacancies in some clinical roles Reliance on bank staff	Return to Practice initiative is established. Development of the Nursing Associate role in the community setting. Development of proactive recruitment programmes. Development of Nurse Apprenticeship training programmes.

		Development of attractive career progression, from pre-registration training through to advanced clinical practice roles. Working closely with the local HEI to provide placements for student mental health nurses
Retention	Increasing staff turnover and vacancy rate. Increase staff sickness and absence Reliance on bank staff	Providing more flexible training pathways and investing in CPD Changing skill mix to tap the full potential of staff to deliver more patient focussed care
Aging Workforce Profile	Increasing staff turnover	Review of vacancies and how new roles can be introduced, alongside development of career pathways and a Derbyshire Talent Academy
Working as part of the local health economy to develop new integrated models of care	Increase in agile and flexible working	Connection and engagement

Current workforce risks, issues and mitigations

There are many risks associated with the process and scale of the change required in the delivery of Mental Health Services. Our infrastructure supports work across all services to mitigate the risks.

Description of Workforce Risk	Impact on Risk	Risk response Strategy	Timescales and progress to date
Turnover within Band 5 Nursing	High	Development of internal bank Continue to develop medium to long term sustainable plans to address hard to fill vacancies	Developing the career pathway for Nursing Development of nursing apprenticeships
Staff not being able to provide high quality care due to national and local workforce supply shortages and the challenges of developing the workforce to have the appropriate skills and competencies to provide the future model of care resulting in poor patient outcomes	High	Continue to develop medium to long term sustainable plans to address hard to fill vacancies	
Reduction in available Training and Development monies	High	Prioritise training linked to service development	Financial restraints restrict training to essential priorities Training needs are linked to workforce and service developments

Long-term vacancies and plans to fill these

Description of Long term vacancy, including the time this has been a vacancy post	Whole-time equivalent (WTE) impact	Impact on service delivery	Initiative in place, along with timescales
Consultant Psychiatrists	**Tbc**	Usage of bank and agency staff	Development of an integrated workforce Review of the medical model
Band 5 Nursing – (RMN)	**Tbc**	Impact on Rostering – usage	Development of Career pathway from Nursing associate to Advanced Clinical

		of bank staff	Practitioner Development of an integrated workforce Development of new and emergent roles
Occupational Therapists	**Tbc**	Usage of bank and agency staff	Development of an integrated workforce Development of new and emergent roles Development of Apprenticeships

Engagement with commissioners re system workforce strategy
We recognise that successful partnership working is key to the delivery of many of our services. We work in close collaboration with our commissioners, fellow providers of local healthcare services, local authority colleagues at Derby City Council and Derbyshire County Council, and voluntary and community sector organisations.

"Joined up Care Derbyshire" is the leading policy directive for the system strategy. NHS organisations and local councils have come together to develop plans for the future of health and social care. Joined Up Care Derbyshire brings together work that has been taking place across the county to co-ordinate services better so they support people to stay well. Internally we have established a joint working group with commissioners to review the current practice, processes, activity and service delivery. Our monthly performance reports are shared with commissioners describing any changes in demand and activity. Activity targets are then only changed following contract variations to reflect any agreed change in service delivery. Service developments and associated activity implications are agreed and reflected in the workforce plan.

We have a well-established place within the Derbyshire Local Workforce Advisory Board (LWAB) with key responsibility for overseeing the delivery of a system workforce strategy and plan. The Trust workforce plan is developed to reflect and align to the new models of care identified by the Sustainability and Transformation Partnership STP) and through Joined Up Care Derbyshire. In the development of the Derbyshire STP workforce plan and strategy the Trust has aligned its connection to the delivery of place based care.

Workforce transformation and support to current workforce
The overall scale and pace of service transformation are significant and fast paced and our workforce plan sets out what will be achieved, by when and by whom. There is an immediate pressure to ensure that our existing workforce numbers are sufficient to meet current demand, balanced against the backdrop of achieving longer term workforce, to deliver the ambitions of the future service models. We continuously look for opportunities to improve value for money through innovation, transformation and elimination of unwarranted variation.

The new care models will transform care at a system level so that people can be supported in their own homes and communities more effectively. Our workforce strategy will deliver the vision of the delivery of care in an integrated place based care system. We have embraced new ways of working and new roles to deliver new models of care and this has seen the introduction of Nurse Associates and Advanced Clinical Practitioners to the workforce.

Any new workforce initiatives - agreed with partners and funded specifically for 2019/20
We are the lead provider for Mental Health Services across Derbyshire which offers an opportunity to transform and join up the care for this service across the system. We also provide

a variety of inpatient and community based services, specialist services, (including substance misuse), eating disorders services and Children's Services.

Local innovations such as the Dementia Rapid Response Team (DRRT) are transforming the way in which we support patients living with dementia in the community, enabling individuals to receive support in their home, reducing the need for disruptive and confusing hospital admissions. Children's services have developed a Family First Initiative demonstrating partnership working with parents and other agencies. These service developments also heralds a first example, through Joined Up Care Derbyshire, where funding has transferred between two different provider organisations in order to provide care that best meets the needs of our communities.

Impact of legislative changes and policy developments

Our workforce plan recognises the developments of the Carter review and recommendations, and outputs are threaded through its lifecycle and monitoring processes. We are one of the 23 cohort trusts supporting the Carter review. The intention of the review is to follow a similar structure and methodology of the original acute review, with significant tailoring to community and mental health providers. Specifically, the review aims to understand: -

- How organisations in mental health and community trusts operate
- What good looks like
- What approaches to improving productivity and efficiency are already in place and what opportunities there are to drive these further
- What metrics and indicators are required to support the development of the model for these sectors?

Derbyshire Healthcare NHS Foundation Trust and Derbyshire Community Health Services NHS Foundation Trust have developed a joint venture agreement for the provision of People Services. This approach supports the Carter recommendation developing system efficiency and reducing unwarranted variation.

Long Term Plan - The major service transformation and overarching driver for change is to deliver more healthcare out of hospitals and closer to home, with the aim of providing better care for patients, cutting the number of unplanned bed days in hospitals and reducing overall costs. Services will focus on looking after people in the community in their own home or local area, so they get better quicker, instead of concentrating services in specific buildings. By tailoring care to people and communities, patients get better, more targeted support to stay well.

Apprenticeship Levy - we recognise that apprenticeships are the future and that more work to develop our delivery model needs to be done. The main issue for delivery is rule based and currently there are barriers to get through the regulation. Our apprenticeship levy and its delivery plan are pivotal to support the development of our workforce and to overcome the major barrier we are working towards becoming a training provider which will include attainment of the business excellence for training.

Financial planning

This operational plan is stretching from a financial perspective and aims to deliver the financial control total of £1.4m including PSF.

1. Efficiency savings for 2019/20

The final operational plan submission includes cost improvements of £4.9m, which equates to 3.0% of expenditure, higher than the 1.1% required in the tariff. This is mainly due to the non-recurrent savings identified in 2018/19 along with internally funded cost pressures.

In this final version there are schemes for £4.6m and unidentified schemes of £0.5m.
It should also be noted that the template includes assumptions for where the unidentified CIP would come from. We are currently working up detailed plans and it should therefore be noted that the actual delivery profile of CIP between pay and non-pay categories (and therefore the workforce implications) will differ in reality to the estimates in the template.

The 2019/20 programme is increasingly informed by a continuous improvement approach, engaging with teams at task level and seeking and assisting with bottom up initiatives to reduce month on month and year on year operational running cost through improved quality and workforce processes and reduced waste.

The developing programme is made up from work across a number of areas falling into categories of use of resources such as reducing sickness absence, e-expenses, changes to Estates along with reducing corporate and overhead costs.

For the areas outlined we continue to work towards the development and delivery of robust multi-year savings plans focusing primarily on cost reduction and the areas of review for Carter will continue to be a strong area of focus for us.

Our approach to identifying, quality assuring and monitoring delivery of efficiency savings is through the use of the Project Assurance office and system and the oversight governance framework using the Project Assurance Board and the successor system in our accountability framework.

2. Agency rules

The agency plan is based on the ceiling of £3.03m. In the month 11 return the forecast outturn for 2018/19 was slightly below this level. The plan has been split across staff groups in line with forecast outturn. Agency costs as a percentage of the gross pay costs are at 2.8% which is below the national average.

A plan for bank expenditure has been included in the plan totalling £4.0m which is in line with this year's forecast outturn less any assumed CIP.

3. Capital planning

Our proposed capital investments are consistent with our clinical strategies in support of the delivery of safe, productive services. As in previous years, the capital programme is a mixture of estate and environment improvements as well as technology expenditure.

Capital expenditure is planned at £5.2m and the plans do not require external approval and are not linked to STP proposals. There are no forecast asset sales in the final plan.

Link to the local sustainability and transformation plan

Derbyshire Healthcare NHS Foundation Trust's role in delivering the Derbyshire STP vision
The following describes the vision for the Joined Up Care Derbyshire (JUCD) STP and how this is being taken forward within Derbyshire Healthcare NHS Foundation Trust; furthermore demonstrating the organisations active role in enabling delivery of the agreed Derbyshire model of care and the system wide transformation priorities for 2019/20.

This forms part of a coherent system-level operating plan, with all partners working together to deliver the Derbyshire STP vision to '*deliver the most effective and efficient health and social care system for the citizens of Derbyshire delivered through a place-based care system which is effectively joined up with specialist services and managed as a whole*' (Derbyshire STP Plan, October 2016).

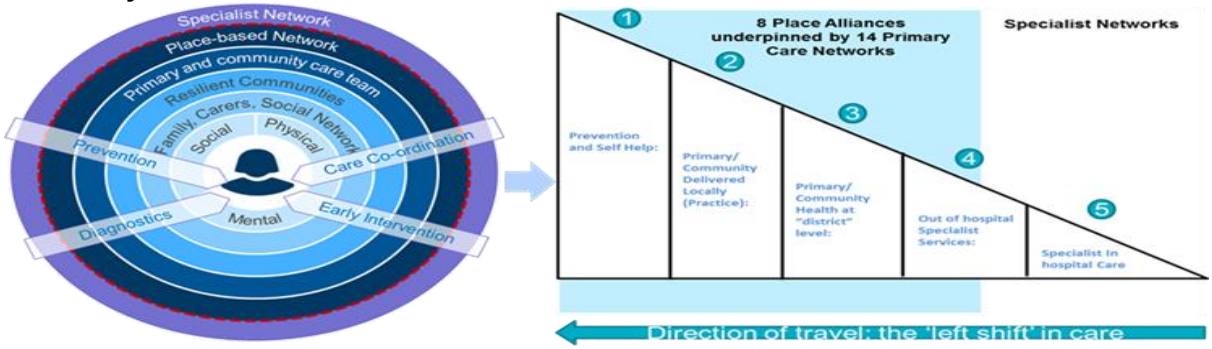
Fundamentally, for the people of Derbyshire we want to keep people:

Safe & healthy *– free from crisis and exacerbation*
At home *– out of social and healthcare beds*
Independent *– managing with minimum support.*

...which will be founded on building strong, vibrant communities whereby we will begin to **address lifestyle issues** related to poor health and will **improve access** to urgent and routine care with reduced need for bedded care.

The NHS Long Term Plan describes '*a new service model for the 21st century'* to tackle the challenges health and social care are facing. The Derbyshire vision remains consistent with this ambition and will be achieved through the agreed model to shift care where clinically appropriate to place based care:

The Derbyshire Model of Care



To enable the 'left shift' in care requires all parts of the system to work together to deliver transformational changes to the way in which care is provided. This cannot be done in isolation and Derbyshire Healthcare NHS Foundation Trust is fully committed to its role in delivering the vision for Derbyshire through a single system plan and approach, whilst acknowledging that accountability for delivery remains within our own statutory organisational framework.

The Derbyshire system has worked within an 'open book' basis to enable transparency and alignment of year one transitional operational plans (including finance, activity, workforce and quality). As such, Derbyshire Healthcare NHS Foundation Trust is actively engaged in the collective planning and development of the plans through the system wide planning leads group; established to provide operational oversight through the system Directors of Finance Group, with reporting and escalation through to the System Executive (CEO/ FDs group).

This approach will now flow through into the year ahead, with the urgent need for further identification of cost-out transformational savings schemes, the development of robust plans for delivery and monitoring of the results across the Derbyshire Health and Care system. With that in mind, Derbyshire Healthcare NHS Foundation Trust will work differently with partners within the STP to further develop the overall system

delivery capacity and governance arrangements to provide improved process and assurance, to replace some of the current bilateral and single organisation approaches, including;

i) Shared PMO arrangements for appropriate Trust and CCG schemes
ii) Shared approach to continuous improvement methodology
iii) Shared quality oversight arrangements
iv) System capacity to deliver transformational change and cost-out savings programmes.

Our Operational Plan supports delivery of the agreed STP priority transformation programmes for 2019/20, which focus on end to end clinical pathway transformation to improve care for the people of Derbyshire and support the financial recovery of the system. The priority programmes identified for Derbyshire in 2019/20 support delivery of the Derbyshire STP which is built upon what people have told us about the changes they want to see, and opportunities identified through Right-care, Getting it Right First Time (GIRFT) and Model Hospital data analysis. The work to date supports our system journey towards becoming an Integrated Care System (ICS), as well as the STP refresh which will be undertaken in quarters one and two of 2019/20.

Since the identification of these opportunities earlier in the year, the CCG has been developing these further into a series of QIPP plans. Providers have also developed a range of CIPs. These are going through a process of wider testing via a series of system-wide meetings and through the contractual process. A proportion of these savings proposals will be at a stage of development where providers and commissioners have confidence to include them in their contractual agreements. For those proposals that are not ready for implementation into contracts, the system partners will come together into a single System Savings Planning Group, under the joint chairs; Chris Clayton and of Tracy Allen. This group will use the work undertaken to date as its starting point to lead the development of a single cost-out savings plan for the Derbyshire system so that we can operate in a sustainable way within the allocation of monies given to us.

Given the scale of the transformational and financial challenge and the likely gap between system financial balance and the savings schemes identified to date, there will be a need to share the financial risk in 2019/20 and in future years across organisations. Derbyshire Healthcare NHS Foundation Trust is committed to adopting a different approach to risk management and attribution to organisations, and a shared approach to equal ownership of system financial failure.

Impact of priority transformational programmes on Derbyshire Healthcare NHS Foundation Trust operational plan

Derbyshire STP organisations are working through the following savings opportunities outside of internal organisation CIP and QIPP, identified through the process above. Where contractual agreement has been reached on these schemes, they will be reflected in organisational operational plans and where not, will be further considered by the System Savings Planning Group as will all other available system savings opportunities:.

Urgent Care – targeting ambulatory care sensitive conditions through supporting high intensity users, diversion to most appropriate delivery point and redesign of front door delivery, development of consistent access and assessment to reduce variation.

Primary Care – peer to peer approach to managing demand and implementation of active disease management within general practice, improving access to urgent primary care services.

Planned Care – transformation of outpatient services through collaborative working, maximising use of digital technology, reduce unwarranted variation and streamline care pathways.

Mental Health – improvement of access to support management of Mental Health crisis and development of personality disorder pathways, improvement of post-diagnostic support for dementia and embed parity of esteem.

Long Term Conditions/Disease Management – support self-care and using Right Care information, redesign respiratory, cardiology, diabetes and gastroenterology pathways.

PLACE – full implementation of integrated care model in primary and community services through eight Places, aligned with Primary Care Networks.

Membership and elections (NHS Foundation Trusts only)

To maintain our commitment to a full and active cohort of governors, we hold regular elections to align with governors' terms of office. In 2017 there were three sets of elections to public and staff governor vacancies, which resulted in a full cohort of governors for the year.

In 2018 the Trust's Constitution was amended. This included making the Trust's constituencies slightly larger to attract more interest leading to contested elections and increasing the number of staff governors to provide additional capacity. Since then we have held one election, in June 2018, where new governors were elected to the following constituencies: Amber Valley, Bolsover and North East Derbyshire, High Peal and Derbyshire Dales, Nursing (staff), Administration and Allied Support (staff).

We are currently in the process of organising elections in the following constituencies: Chesterfield, Derby City East, Erewash, Surrounding Areas and Medical (staff), with new governors scheduled to commence in March 2019. A further set of elections will take place in the autumn with new governors being sought for Derby City West and Erewash constituencies.

We continue to seek to increase understanding and accessibility to the work of the Council of Governors by members through proactively encouraging members to attend Council and Annual Members' Meetings to meet with fellow members, governors and staff. We have held a number of public facing events over last year in celebration of NHS 70.

In 2017 we developed a new three year Membership Strategy, which ensures that mechanisms are in place for governors to effectively engage and communicate with members. We plan to further increase our knowledge of members to shape our communication and engagement activities. A governor engagement task and finish group and action plan has been established together with a route for governors to feedback from engagement activities including themes, issues arising and topics of conversation discussed. Our Governance Committee has a regular focus on membership and engagement and we actively provide governors with details about the demographics of their members and the constituency they serve, to support them in developing meaningful engagement.

We actively engage with and seek views from our members through surveys and encourage comments in the e-newsletter and members magazine. In 2017 the Council of Governors introduced a new arrangement where members can submit questions in advance of each Council of Governors meeting.

All newly elected governors receive a detailed induction and there is an ongoing programme of training and development. In February 2019, the Trust is hosting the NHS Providers' regional governors' workshop giving governors the opportunity to share good practice. Last year an external training facilitator delivered a training session on the role of governor, with a further session planned for January 2019.

Governors are encouraged to take part in Governwell training and participate in ongoing development. Over the next year we will continue to build upon the governor-led training and development a programme for governors, to ensure they are fully equipped to undertake their role.