Derbyshire Healthcare NHS
NHS Foundation Trust

MEETING OF THE COUNCIL OF GOVERNORS

Thursday 21 July 2016 commencing at 1.00 pm

Clinical Suite 1
2nd Floor, Research & Development Centre, Kingsway, Derby

AGENDA

	SUBJECT MATTER	Enc	Led by	Time
1.	Welcome, introductions and Chairman's Opening Remarks Apologies and Declaration of Interests		Richard Gregory	1:00
2.	Minutes of meeting held 1 June 2016	**A**	Richard Gregory	1:10
3.	Matters arising and Actions Matrix	**B**	Richard Gregory	1:25
4.	Acting Chief Executive's Report - Derbyshire Sustainability and Transformation Plan	**C**	Ifti Majid	1:45
5.	Appointment of Non-Executive Directors – to be tabled	**D (tabled)**	Richard Gregory	1:55
6.	Code of Conduct for ratification	**E**	Sam Harrison	2:05
7.	GIAP Update: • Full GIAP Update • Report on progress with Council of Governors tasks	**F**	Sam Harrison	2:15
8.	Equality and Diversity Workforce 2016-17 Consultation Paper	**G**	Owen Fulton	2:25
9.	Presentation of the Annual Report and Accounts and Report from External Auditor (Grant Thornton)	**H**	Claire Wright Joan Barnett	2:35
10.	Inter-Service Department Waiting Times	**Verbal**	Laura McAra Helen MacMahon Scott Lunn	2:45
3pm B R E A K				
11.	Integrated Performance Report	**I**	Claire Wright	3:15
12.	Non-Executive Director Updates	**Verbal**	NEDs	3:25
13.	Ratified Minutes of the Board Meeting held on 25 May	**J**	Richard Gregory	3:35
14.	Report from Governance Committee held on 7 July	**K**	Sam Harrison	3:45
15.	Any Other Business		Richard Gregory	3:55
FOR INFORMATION				
	Governor Meeting Timetable Glossary of NHS Terms	**L**		
	Close – at 4:00pm	-	Chair	4:00

Next Meeting:-1:00 pm –Tuesday, 6 September, 2016, St Thomas Centre, Chatsworth Drive, Brampton, Derbyshire S40 3AW

Better together

MEETING OF COUNCIL OF GOVERNORS
Tuesday 1 June 2016, commencing at 1pm

The Post Mill Centre, Market Street, South Normanton, DE55 2EJ

The meeting opened at 1pm and closed at 3.55pm

PRESENT:	Richard Gregory	Interim Chairman
GOVERNORS:	Shelley Comery	Public Erewash North
	Dr Paula Crick	University of Derby
	Rosemary Farkas	Public Surrounding Areas
	Sarah Gray	Staff (Nursing and Allied Professions)
	Ruth Greaves	Public Derbyshire Dales
	Gillian Hough	Public Erewash North
	John Jeffrey	Public Bolsover
	Moira Kerr	Public Derby City West
	John Morrissey	Public Amber Valley South
	Carole Riley	Public Derby City West
	April Saunders	Staff (Nursing and Allied Professions)
	Kelly Sims	Staff (Admin and Allied Support)
	Michael Walsh	Public Derby City West
IN ATTENDANCE:	Jim Dixon	Non-Executive Director
	Carolyn Gilby	Acting Director of Operations
	Carolyn Green	Executive Director of Nursing & Patient Experience
	Jenna Davies	GIAP Programme Manager
	Samantha Harrison	Director of Corporate Affairs and Trust Secretary
	Ifti Majid	Acting Chief Executive
	Caroline Maley	Senior Independent Director & Non-Executive Director
	Lynn Wilmot-Shepherd	Associate Director of Strategy and Development
	Jayne Storey	Director of Workforce, OD and Culture
	Maura Teager	Non-Executive Director
	Claire Wright	Executive Director of Finance
	Carolyn Green	Executive Director of Nursing & Patient Experience
	Anna Shaw	Deputy Director of Communications & Involvement
APOLOGIES:	Barry Appleby	Public South Derbyshire
	Rob Davison	Derbyshire County Council
	Phil Harris	Non-Executive Director
	Alexandra Hurst	Public High Peak
	Lynda Langley	Public Chesterfield North
	Rob Quick	Public North East Derbyshire

DHCFT/Gov/ 2016/018	**INTERIM CHAIRMAN'S WELCOME** Richard Gregory, the Interim Chairman, opened the meeting and welcomed everyone. Apologies were duly noted and listed as above.
DHCFT/Gov/ 2016/019	**MINUTES OF THE MEETING OF THE COUNCIL OF GOVERNORS HELD ON 8 MARCH 2016** Moira Kerr reiterated her disappointment that the meeting of 8 March was arranged at short notice, such that few Governors were able to attend.

	The following amendments were discussed and agreed: **MATTERS ARISING** - Minute DHCFT/Gov/2016/003 paragraph 2 to be amended to read, 'Moira Kerr was disappointed that the meeting had been arranged at short notice such that few Governors were able to attend.' **DHCFT/Gov/2016/004 STAFF SURVEY** - Following discussion, it was agreed that this minute be amended to read, 'The results also showed that some staff were dissatisfied with the service they are providing and there were some staff who were generally happy with the service they are providing.' Richard Gregory updated that following discussion at the April People and Culture Committee, it had been proposed that Staff Side were to be involved in the administration of future staff surveys to ensure staff were confident of the anonymity of their responses. Moira Kerr commented that references to 'some governors' and 'governors' should be qualified and comments attributed where appropriate. It was agreed that where there was general agreement, governor agreement would be stated in the minutes. However, if there was particular dissent, this would be detailed and attributed to individuals as appropriate. **DHCFT/Gov/2016/006 NED RECRUITMENT -** paragraph 5 to be amended to read, 'John Morrissey pointed out that the new governors Nominations and Remunerations Committee should oversee the recruitment process of the NEDs' and that reference to governors electing NEDs should be removed. **DHCFT/Gov/2016/008 FINANCIAL DIRECTORS REPORT -** paragraph (4) last line to be amended to read, 'Richard Gregory assured Governors that this would not have a detrimental effect on the standard of the Trust's services, although this view was not accepted by some Governors.' The minutes were approved subject to the above amendments.
DHCFT/Gov/ 2016/019	**MINUTES OF EXTRAORDINARY MEETING OF THE COUNCILOF GOVERNORS HELD ON 15 MARCH 2016** **DHCFT/Gov/2016/014 EXTERNAL INVESTIGATION REPORTS -** Moira Kerr raised the issue of the proposed update of the Personal Relationships Policy. Sam Harrison confirmed that this had been updated, circulated to all staff and a copy sent to Moira Kerr. This is to be re-sent to all governors. Sam Harrison offered to meet with Moira Kerr to talk through the updated Personal Relationships Policy. **ACTION: Sam Harrison to meet with Moira Kerr to discuss the above policy.** **ACTION: Sam Harrison to circulate revised personal relationships policy to all governors.** The Council of Governors approved the Minutes of the meeting held on Tuesday 15 March 2016.
DHCFT/Gov/ 2016/020	**REVIEW OF ACTIONS MATRIX** Updates on progress with actions and confirmation of those listed as completed were agreed.
DHCFT/Gov/ 2016/021	**MATTERS ARISING** Moira Kerr queried who was acting as the Trust Lead for Equality and Diversity at the

	current time. Jayne Storey said that she was currently reviewing all the resources within her team and there was an individual, Harinder Dhaliwal, in the role, who is not in the workplace at the current time. Jayne Storey undertook to advise governors of the ongoing lead for this work as soon as possible. **ACTION: Jayne Storey to update governors on day to day Lead for Equality and Diversity issues.**
DHCFT/Gov/ 2016/022	**ACTING CHIEF EXECUTIVE'S REPORT** Ifti Majid presented his report which provides the Council of Governors with feedback on changes within the national health and social care sector as well as providing local updates within the health and social care community. The report is aimed to support the Council in its duty of holding the Board to account by way of informing members on internal and external developments. Information released by NHS Providers evidences that demand and operational performance of the Trust remains in line with similar Trusts nationally. Mental health demand has remained relatively static over the last year. In terms of other NHSI mental health performance trends, our Trust continues to perform well. The NHS provider sector ended last financial year with a total deficit of £2.45 billion, £1.6 billion worse than the previous year. Contributing factors include the high level of use of bank and agency spend, the high amount of delayed transfers of care and fines for failure to deliver targets. Within our Trust, the spend on bank and agency continues to be a serious concern. More locally, the Derbyshire Health and Social Care Community has completed its first short submission of the sustainability and transformation plan (STP). Governors noted that this was included at Appendix 1 to the report. The plan aims to address the help and wellbeing gap in Derbyshire, the quality gap and the financial and efficiency gap. Next steps in the plan for development are twelve work streams to meet and outline mitigations against the three gap areas as outlined above. The next submission is at the end of June 2016 where more detail will be provided around the twelve work stream areas and the concept of 'place.' Transformation plans associated with both the 21st Century work and the Joined Up Care programme in the south of the county have included the need to support the increase in social capital/community resilience. In addition, this forms a core work stream of the developing sustainability and transformation plan for Derbyshire. Ifti Majid updated on progress to date including key principles agreed by partner organisations. In response to a question from Ruth Greaves, Public Governor, Ifti Majid, confirmed that Social Care were involved in the Derbyshire STP and this involvement was supported by several governors. The fact that mental health demand has remained relatively static over the last year was noted to suggest that this reflects a shift to social care for those with learning disabilities. Richard Gregory reiterated the high profile work that Ifti Majid was involved with and emphasised the importance of the quality of care as the overriding principle for STP planning. Governors outlined their strong support for the sustainability and transformation plan quality model. Ifti Majid said that a number of models had been reviewed, including the Vanguard model to look at how facilities can deliver services in a different way. Gillian Hough raised the issue of the importance of clarity in working alongside Social Care. It was confirmed that statutory responsibilities would remain with the relevant

	staff and the local authority, but that these duties may be discharged through an integrated team. Ifti Majid confirmed that it was important not to confuse the statutory responsibilities but that these can be discharged through different methods. Michael Walsh, Public Governor, queried the number of mental health acute beds within Derbyshire and this was confirmed to be approximately 167. This was confirmed to be 22 per 100,000 population which was greater than the national average of 20.5%. Ruth Greaves queried who would be the individual responsible for co-ordinating care, especially with work undertaken across Health and Social Care Services. Carolyn Green confirmed that the role of co-ordinating overall care fell to the responsible Commissioner and Ifti Majid confirmed that as part of the STP, service navigators would be assigned to anyone entering the healthcare system within primary care. This would not be a clinical role, but an enhanced support role. Ifti Majid updated on the Learning Disabilities Transforming Care programme which brings together Commissioners from local authorities, CCGs and the Police to commission integrated approaches to delivering care and support to people with a learning disability in a place they call home. The plan has been developed with stakeholders from across Derbyshire and Derby City and the key ambitions in the plan were outlined. Within the Trust, the 2016/2017 contracting round was completed within timescale and pre-commitments and investments were outlined and discussed. An update was given on Melbourne House, involving the financial risk impact of having stranded costs (estate and staffing) of £65k per month as a consequence of no formal decision having been made by Commissioners regarding the service commissioned for Melbourne House. The Trust has requested an intent to de-commission the service to enable the Trust to undertake the appropriate HR processes for affected staff. Ifti Majid highlighted the level of increased visibility of Board members with 23 visits undertaken within the last three months. This was recognised to represent a significant shift in culture and has been successful in that concerns have been raised and issues shared with Board members directly. Richard Gregory also added that Non-Executive Directors were to carry out visits to staff teams as discussed with governors in their informal session earlier in the day. Moira Kerr requested that John Morrissey keep a note of those points raised that would be pertinent to discuss with Commissioners at the forthcoming meeting with governors. A briefing document would also be produced by the Trust for governors. **ACTION: Questions to be considered for the forthcoming meeting between Commissioners and governors.** **ACTION: Briefing document to be prepared for governors in preparation for the meeting with Commissioners** **RESOLVED: The Council of Governors noted and discussed the Acting Chief Executive's report using its content to inform discussion.** ***Post meeting note: a meeting with Andy Gregory, Hardwick CCG, has been arranged for 1pm-3pm on 12 July.***
DHCFT/Gov/ 2016/023	**<u>TRUST STRATEGY</u>** Lynn Wilmott-Shepherd presented the new Trust strategy 2016–2021 which was approved by the Board on 25 May 2016. She explained that this was a result of much earlier work with staff and service receivers who had previously contributed their

	ideas. Lynn also outlined the work with governors to ensure that they had been sighted on the emerging strategy and highlighted the opportunities they had to comment during two detailed development sessions, and the offer of individual meetings or calls. The strategy is aligned with the sustainability and transformation plan (currently under development) so at this stage it has been difficult to describe the services that would be available as we are working with high levels of uncertainty. However, from feedback we do know what our service receivers want from services in the future and the environment that staff want to work within. It is this angle that has been used throughout the stranded strategy. A question was raised by Shelley Comery, Public Governor, about how much the Trust had listened to service receivers and it was confirmed that the 'drivers for change' section clearly listed the reasons why our service receivers want things to change. Lynn further explained the next steps with regard to communication and implementation. Messages will be sent out to staff later in the week with clear links to the values work as part of the People Strategy. There will also be a 'plan on a page' issued with payslips in July. Other methods of communicating the strategy are planned for example visiting team meetings. The draft plan on a page was presented and this will form a quick and easy reminder of the strategy and also how it will be measured. Work is ongoing to look at measuring the performance of the strategy and regular reports will be presented to governors. With regards to implementation, Lynn outlined the process in place and asked for governors to be part of a panel who will review service redesign ideas. A question was raised about having both a staff and public governor representative and this was agreed. Ruth Greaves and Gillian Hough both volunteered to be the public governor representative. Lynn reiterated that only one Governor was required and will follow up with both Ruth and Gillian. Kelly Sims was nominated as the staff governor. There were no further questions. Richard Gregory asked that 'draft' be removed from the plan on the page as this was now agreed. Michael Walsh queried the reference in the strategy to services being available 7 days a week and said that for many service users it was important that services should be accessible 24/7. Carolyn Green outlined that 24/7 services were available for both liaison and crisis services. April Saunders confirmed that many services within the Trust do adopt a flexible approach to accommodating service users within their services. **ACTION: Lynn Wilmott-Shepherd to follow up governor participation in service re-design review panels.** **ACTION: Draft to be removed from the plan on the page document.**
DHCFT/Gov/ 2016/024	**<u>PEOPLE STRATEGY</u>** Jayne Storey presented the draft People Strategy approach noting that this was a key enabling strategy for the Trust. The draft strategy sets out the overarching approach and ambition and the supporting people plan that is required in order to continue to develop the Trust and improve its effectiveness. The Trust's People Strategy will have a number of key themes, which are building blocks to support the achievement of the Trust's mission, vision and values. Work undertaken to date during 2016 was outlined to include bringing HR and associated functions under a single director portfolio, development of HR metrics, agreement and appointment of additional resource and the introduction of the People and Culture Committee. A staff poll has been conducted during May which indicates significant staff support for

	the Trust's existing values, with many also supporting a refresh of these. Kelly Sims said that staff had welcomed this two-way communication on this important issue. Jayne Storey invited feedback from governors on the draft strategy approach. April Saunders welcomed this work and commented that staff viewed progress as a very positive step. The People Strategy will be reviewed again by the People and Culture Committee again at their June meeting, and it was welcomed that both a staff governor and a public governor attend this meeting. Ruth Greaves asked about the future impact of the national policy to remove nursing bursaries. Carolyn Green said that the policy was expected to result in a reduction in the nursing workforce and NHS Improvement, the CQC and the NMC (Nursing and Midwifery Council) are responding by creating a nurse associate role. In addition assistant practitioners and nursing apprenticeships are being developed and the Trust is carrying out pilot studies for these roles. Paula Crick, appointed governor, said that Derby University were participating in national panels to reiterate the aim to educate and develop the local workforce. Paula Crick undertook to keep governors updated on how they can support this work. **ACTION: Jayne Storey undertook to make minor amendments as outlined by Gill Hough on page 3 of the strategy.** **RESOLVED : The Council of Governors noted the Draft People Strategy approach**
DHCFT/Gov/ 2016/025	**<u>WORKFORCE AND STRATEGY</u>** Carolyn Gilby updated on processes to review recruitment and retention. It was highlighted that the Trust is not an outlier in terms of staff vacancies but is taking proactive steps to address the potential impact of nurse training funding and analysing the profile of staff due to retire. Richard Gregory confirmed that the number of 'acting up' roles has been reduced, and noted that this number fluctuates due to the factors involved, eg cover for staff sickness. It was noted that the Workforce Plan is to be presented to the People and Culture Committee in June 2016. Shelly Comery, public governor, queried current staffing ratios. Carolyn Green said that the Trust has wards of between 10 and 25 beds and that according to benchmarking data we have above the national average ratio of qualified nurses (7.8 compared to national average of 7.5). Moira Kerr, public governor, queried the use of overseas staff by the Trust. Paula Crick said that Derby University was looking to help to provide top-up qualifications for staff who had trained overseas noting that these staff may work as nursing assistants in the meantime. Carolyn Green added that the Trust was also exploring 'return to practice' schemes in areas including learning disability Occupational Therapists.
DHCFT/Gov/ 2016/026	**<u>GOVERNANCE IMPROVEMENT ACTION PLAN (GIAP) - UPDATE ON PROGRESS WITH COUNCIL OF GOVERNORS RELATED ACTIONS</u>** Ifti Majid presented the GIAP update report which outlined progress to date on those actions listed for Council of Governors' oversight. It was noted that good progress has been made in implementing the actions and further updates will be reported to each Council of Governors meeting. Governors said that they were satisfied with the level of detail within the report and noted that the Governance Committee would also review progress in further detail at their monthly meetings.

	Re CG3, relating to engagement with stakeholders and ensuring representation on the Council of Governors, Carole Riley, public governor, said that there may be opportunities to explore representation from education via a secondary school head teachers group she was aware of. Carole is to pursue and liaise with Jim Dixon, Non-Executive Director, on this issue and report back to Sam Harrison on potential appointed governor contacts. Governors would be presented at future meetings with overall progress on the wider GIAP with a focus on completion of tasks and delivery of agreed outcomes and organisational benefit. There were noted to be two current governor vacancies following the recent successful recruitment campaigns. Samantha Harrison suggested that it may be beneficial to align elections to key points during the year to make the most efficient use of election costs. Samantha Harrison is to liaise with the involvement team to review current and forthcoming vacancies and scheduled elections as appropriate. Moira Kerr said that the progress made by the Trust was positive and this comment was supported by several other governors. **ACTION: Carole Riley to liaise with Jim Dixon and explore potential secondary school representative contacts/appointed governors.** **ACTION: Samantha Harrison to review timelines for elections for the forthcoming year.** **RESOLVED: The Council of Governors noted and received the update on the Council of Governors' actions within the Governance Improvement Action Plan.**
DHCFT/Gov/ 2016/027	**FINANCE DIRECTOR'S REPORT** Claire Wright highlighted details of the Trust's current financial position. At month 1 of 2016/17 the Trust is ahead of its financial plan by £240k, but as costs come in through the year, it is not expected that the position will remain ahead of plan by the year end. The Trust is forecasting to meet the planned control total of £1.7m surplus, but there is a forecast range of possible outturns ranging from £2.9m surplus to £0.9m deficit. The biggest single risk to the achievement of the financial plan is the Cost Improvement Programme (CIP) which has a current planning gap of about £2m. The Trust is forecasting to close about half of that gap. The finance team are working closely with budget holders to keep track of outturn figures and to monitor cost improvements over forthcoming months. Expenditure on Agency staff was discussed and Claire Wright explained that NHS Improvement have set a ceiling on what Trusts can spend per year and an overall cap for hourly rates. April Saunders asked whether the Trust can use existing staff for additional working hours and it was confirmed that this is taking place through the use of bank staff. Ifti Majid said that it was important to review skill mix and use existing staff in different ways to meet quality and safety standards for patient care. Kelly Sims, staff governor, said that a current project was planned to be trialled in September involving replacing consultant time with the use of nurse-led prescriber clinics. Governors raised the option of providing enhanced terms and conditions to attract staff to fill vacancies. Carolyn Green said that it was not recommended for Trusts to move away from Agenda for Change terms and conditions and that those Trusts who had tried this had been subject to legal challenge. Incentivising staff to undertake training for key areas, for example health visiting, was raised by Moira Kerr.

	Carolyn Gilby said that this was being explored but it was important not to disadvantage existing staff. Claire Wright reiterated that it was still very early in the financial year and that the end of quarter 1 would be important point for the Trust to take stock of the financial position. Claire Wright updated governors that NHS Improvement had written to all non-acute providers offering system transformation funding. For our Trust this was £830,000 and the Trust had agreed not to accept this at this stage as the terms of conditions of acceptance were not fully clear. It was agreed that the full integrated performance report will be presented to governors at the next Council meeting. **ACTION: Integrated performance report to be presented to future Council of Governor meetings.** **RESOLVED: The Council of Governors received the financial update report.**
DHCFT/Gov/ 2016/028	**RATIFIED MINUTES OF THE BOARD MEETINGS HELD ON 24 FEBRUARY, 30 MARCH, 27 APRIL 2016** The ratified minutes of the Board meetings held on 24 February, 30 March and 27 April were received and noted. The Chairman highlighted that at the 25 May public Board, he was able to declare the fit and proper person status for all Board members as per CQC regulations and the Trust's Fit and Proper Persons Test policy. **RESOLVED: The Council of Governors received the minutes of the Trust's public Board meetings.**
DHCFT/Gov/ 2016/029	**REPORT FROM GOVERNANCE COMMITTEE** The report from the Governance Committee highlighting issues discussed at meetings held on 12 April and 25 April was received and noted. **RESOLVED: The Council of Governors received the report from the Governance Committee meetings.**
DHCFT/Gov/ 2016/030	**ANY OTHER BUSINESS** **Governor questions** – several questions had been raised by governors in the days leading up to the meeting. A further meeting of the governor Task and Finish Group is to be convened and all Non-Executive Directors asked to attend to discuss questions raised. Additional questions on operational details were given to Executive Directors to prepare a response and circulate to governors. **Quality Visits** - Following discussion on Quality Visits, it was agreed that feedback from Quality Visits should be brought back for review to both the Council of Governors and the Board to ensure that learning from the visits is evidenced. **Governor visits** - Governors also discussed how they could undertake other visits within the Trust. Carolyn Green agreed to develop a protocol for future visits to teams by both Non-Executive Directors and governors. **Governor Engagement** – Governors outlined that they required support from the Trust to undertake engagement with their constituents. It was noted that future

	discussion at the Governance Committee is scheduled to include discussion on how governors would like the Trust to support governors practically with this activity. **Non-Executive Director recruitment** – Richard Gregory updated governors on the recruitment process underway which was being supported by Gatenby Sanderson, recruitment consultants. Initial feedback indicates that good calibre candidates have applied for the roles. John Morrissey said that governor feedback on skills and qualities for candidates should be passed to him to feed into the selection process. Richard Gregory confirmed that the Nominations Committee at their March meeting had agreed that the three NED roles should focus on HR experience, clinical experience and senior management/NHS skills. Emma Pickup from Gatenby Sanderson had contacted all members of the Nominations Committee to ascertain feedback on criteria governors felt important for the roles. Ruth Greaves suggested that experience of, or links with, community organisations was important for the roles. **Governor focus Group with CQC** - John Morrissey said that a governor focus group had been arranged for 8 June and all governors were encouraged to attend. Any governors who were unable to attend were encouraged to forward comments to John to feed in on their behalf. **ACTION : Responses to detailed operational governor questions to be drawn up by Executive Directors and circulated to governors** **ACTION: Feedback from quality visits to be reported back to Council of Governors and Trust Board to evidence learning from visits** **ACTION: Carolyn Green to develop a protocol for governor visits within the Trust**
DHCFT/Gov/ 2016/031	**ANNUAL REPORT FROM AUDIT COMMITTEE** The Annual report from the Audit Committee for the year 2015/16 was included in meeting papers for information. **RESOLVED: the Council of Governors noted the annual report from the Audit Committee for 2015/16.**
DHCFT/Gov/ 2016/32	**NON EXECUTIVE DIRECTOR EPORTS AND KEY THEMES RAISED** The reports from Caroline Maley, Maura Teager, Jim Dixon and Phil Harris were noted for information. **RESOLVED: the Council of Governors resolved to note the NED reports and key themes raised**
DHCFT/Gov/ 2016/033	**DATE OF NEXT MEETING** Thursday 21 July 2016 at 1pm, Conference Rooms A & B Centre for Research and Development, Kingsway

The Council of Governors meeting was closed and an informal meeting of governors was held to discuss ongoing matters.

COUNCIL OF GOVERNORS ACTION MATRIX - JULY 2016					
Date of Minutes	**Minute Reference**	**Heading**	**Lead**	**Status of Action**	**Current Position**
15.3.2016	DHCFT/Gov/2016/014	External Investigation Reports	Jayne Storey Jayne Davies	Council of Governors and the Board to hold joint development sessions together	Two Board to Council meetings are to be held during 2016/17. To date one meeting has been arranged for 20 October 2016. Arrangements are underway to schedule a further Board to Council meeting in February 2017.
15.3.2016	DHCFT/Gov/2016/014	External Investigation Reports	Jayne Storey	Joint Board and Council of Governors training programme to be put in place	Joint training to be identified
15.3.2016	DHCFT/Gov/2016/014	External Investigation Reports	Jayne Storey	Principles to be put in place to enable people to speak up if they think inappropriate relationships exist	The Relationship at work policy was approved by the Safeguarding Committee in 2015. This policy is designed to protect the safety and interests of service users, ex-service users, carers/families and individual staff members (including volunteers acting for or on behalf of the Trust) and applies to all staff in the Trust, not just those who come into direct contact with service users.
15.3.2016	DHCFT/Gov/2016/014	External Investigation Reports	John Sykes	John Sykes to involve governors and staff groups to discuss the psychology around the effects of personal / inappropriate relationships	Personal relationships policy has been updated and reissued to staff and was circulated to governors on 6 June. This also falls under the remit of the Trust's Raising Concerns (Whistleblowing) policy. Sam Harrison to meet with Moira Kerr to discuss the above policy
15.3.2016	DHCFT/Gov/2016/014	External Investigation Reports	Jayne Davies	Opportunities for staff to meet governors prior to council meetings will be looked at. A proper policy will be put in place for governors to follow when visiting staff and will be developed by Jayne Davies	Future meetings would where possible take place at other Trust locations and local staff will be invited to meet governors.
15.3.2016	DHCFT/Gov/2016/014	External Investigation Reports	Jayne Storey	Over-arching HR panel investigation report will be provided to governors but shared with the lead governor first	Sam Harrison circulated the overarching HR process briefing to governors. ACTION COMPLETE
1.6.2016	DHCFT/Gov/2016/021	Matters Arising	Jayne Storey	Jayne Storey to update governors on day to day Lead for Equality and Diversity issues	Unable to update as Jayne Storey currently away on sick leave. Governors could provide update at meeting on 21 July.
1.6.2016	DHCFT/Gov/2016/022	Acting CEO Report	Sam Harrison	Questions to be considered for the forthcoming meeting between Commissioners and governors. Briefing document to be prepared for governors in preparation for the meeting with Commissioners on 12 July.	Briefing document circulated and discussed and questions raised at meeting on 12 July. ACTION COMPLETE

1.6.2016	DHCFT/Gov/2016/023	Trust Strategy	Lynn Wilmott-Shepherd	Lynn Wilmott-Shepherd to follow up governor participation in service redesign review panels.	Ruth Greaves and Kelly Sims were nominated to be part of the process and are fully up to speed. This is now about strategy implementation rather than service redesign.
1.6.2016	DHCFT/Gov/2016/023	Trust Strategy	Lynn Wilmott-Shepherd	Draft to be removed from the plan on the page document	Draft removed from document. ACTION COMPLETE
1.6.2016	DHCFT/Gov/2016/024	People Strategy	Jayne Storey	Jayne Storey undertook to make minor amendments as outlined by Gill Hough on page 3 of the strategy	To be followed up by Jayne Storey
1.6.2016	DHCFT/Gov/2016/026	GIAP	Carole Riley Jim Dixon	Carole Riley to liaise with Jim Dixon and explore potential secondary school representative contacts/appointed governors.	
1.6.2016	DHCFT/Gov/2016/026	GIAP	Sam Harrison	Samantha Harrison to review timelines for elections for the forthcoming year	In development.
1.6.2016	DHCFT/Gov/2016/027	Finance Director's Report	Claire Wright	Integrated performance report to be presented to future Council of Governor meetings.	Presented at July meeting. ACTION COMPLETE
1.6.2016	DHCFT/Gov/2016/030	Any other business - Quality Visits	Carolyn Green	Feedback from quality visits to be reported back to Council of Governors and Trust Board to evidence learning from visits	Currently in design.
1.6.2016	DHCFT/Gov/2016/030	Any other business - Governor Visits	Carolyn Green	Carolyn Green to develop a protocol for governor visits within the Trust	A first draft has been developed but requires further work from governors and will be circulated werk commencing 19 July.

Derbyshire Healthcare NHS Foundation Trust
Report to Council of Governors 21 July 2016

Acting Chief Executives Report to the Council of Governors

Purpose of Report:

This report provides the Council 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 on feedback from external stakeholders such as our commissioners and feedback from our staff.

National Context

I am updates on two National updates as these have a specific relevance to current issues within our Organisation

1. On 3rd June the NHS Equality and Diversity Council published the inaugural report of the NHS Workforce Race Equality Standard (WRES), showing results of the experiences of BME and white staff from the staff survey 2015 at every NHS trust across England.

   This is the first time the WRES data has been collected and published nationally. The report looked at four indicators across acute trusts, ambulance trusts, community provider trusts, and mental health and learning disability trusts. The results show a picture of variation across the health service with some trusts making progress, whilst others still have a considerable way to go.

   There are 8 indicators in total. One indicator looked at the percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months. 78% of all mental health and Learning Disability Trusts showed a higher percentage of BME staff being harassed, bullied or abused by staff in comparison to White staff.

   Whereas a much higher proportion of BME staff report harassment, bullying or abuse by staff in the last 12 months compared to White staff, the levels of harassment, bullying, or abuse from patients relatives or the public are similar for White and BME staff. In 80% of Mental Health and Learning Disability Trusts, BME staff do not believe that their organisation offers equal opportunities for career progression or promotion in comparison with White staff. Most mental health and Learning Disability Trusts (73%) report a higher proportion of BME staff having personally experienced discrimination from a manager, team leader or colleague than White staff

   The People and Culture Committee should review the information associated with our submission, comparing our results with the average for similar Trusts and understand how we can improve learning from the best in class.

2. The Nuffield Trust has published ‘Reshaping the workforce to deliver the care patients need’. The Nuffield Trust was commissioned by NHS Employers to examine

how best NHS staffing can be reorganised to support new ways of delivering care to patients.
The report finds that equipping the existing non-medical workforce – NHS nursing, community and support staff – with additional skills is the best way to develop the capacity of the health service workforce. The key recommendations from the report include:

*Utilising the support workforce***:** This subset of the workforce is large and highly flexible, while short training times mean that numbers can be expanded relatively quickly. Evidence suggests that support workers can provide good-quality, patient-focused care, as well as reduce the workload of more highly qualified staff.

Extending the skills of registered healthcare professionals: such as nurses, pharmacists, physiotherapists and paramedics. This provides opportunities to manage the growing burden of chronic disease including long term mental ill health more effectively, could release some savings, and could help bridge some of the workforce gaps that are forecast.

Advanced practice roles for nurses: including those that require a further period of study, typically a two year Masters qualification, offer opportunities to fill gaps in the medical workforce.

Importantly the report also warns that reshaping the NHS workforce, if not carefully implemented could increase patient demand, and cost money rather than save money. Therefore, the authors identify 10 important lessons for Organisations seeking to redesign their workforce In addition; the authors argue that the Health Education England (HEE) budget and specialist workforce planning expertise should be protected by ring-fencing monies to support local workforce design. Locally this report is being considered by the enabling workforce work stream as part of the STP

Local Context

3. The Sustainability and Transformation Plan for Derbyshire outlines a county-wide approach to show how the local NHS will cope with a number of challenges over the next five years. This work brings together all local NHS providers and commissioners, Local Authorities and the voluntary sector, so we can develop a comprehensive – joined-up – local plan.

   The ethos of this plan requires a collaborative approach across the local health economy, to address three key challenges or 'gaps':

   - The health and wellbeing gap – how can we prevent unnecessary ill-health and early death?
   - The care quality gap – how can we ensure we meet care targets and improve quality?
   - The finance gap – how can we make sure that we can deliver improved services within the available money?

   At the confidential Board meeting in June and at the July Council of Governors meetings both Derbyshire Healthcare NHS FT and Derbyshire Community Health NHS Foundation Trust (DCHS) discussed initial ideas about how closer working between

the two Trusts could have a significant positive impact and support the system to meet these challenges.

A wide variety of options exist for defining the level of collaboration between the two organisations and we are at the very early stages of considering these possibilities. We have agreed to develop a 'strategic options case' to consider all possible options, benefits and impact. This strategic options case will be led through a new formal partnership-based programme. It is anticipated that initial thoughts would be presented to both Boards towards the end of the calendar year.

This direction of travel has been further re-enforced by a letter sent to all CEOs from Jim Mackey Chief Executive of NHSI, making it a clear expectation for STP areas to be able to provide details of how back office functions could be delivered with greater efficiency by the end of July 2016. In Derbyshire we have commenced a piece of work to understand what the scale of such opportunities might be. In order to support the pace required for this providers have 'paired up' to explore options, with our Trust working with DCHS.

4. The 30 June Sustainability and Transformation Plan (STP) submission was made by the Derbyshire system within the required timescales. The submission review meeting is scheduled for the 25 July and I will be attending the meeting with Simon Stevens and Jim Mackey as part of the Derbyshire submission team.

5. The 21C public consultation, 'Better Care Closer to Home' continues with many events already being held across North Derbyshire. In addition feedback is being received via questionnaire, social media and telephone calls. I would like to extend my thanks to our staff who have both been involved in the presentations at these events and who have attended as part of giving feedback to the consultation. I would urge all staff who live or work in the North of the County to take advantage of the range of ways of giving feedback as part of the consultation. The consultation continues through until the 5 October 2016

Within our Trust

6. Adult Acute Service within our Trust at the Radbourne Unit are currently under significant pressure linked to staffing levels. The Trust has instigated 'emergency procedures' to enable rapid action to be taken and the senior leadership team is meeting daily to look to increase staffing levels to be able to ensure safe and effective services continue to be delivered

7. I am delighted that the Trust has been successful in its bid to run integrated substance misuse services in Derbyshire County. On the 8 July it was announced that Derbyshire Recovery Partnership, led by ourselves in partnership with, Phoenix Futures, DAAS and Intuitive Thinking Skills, were successful in winning the contract for the new integrated Adult Substance Misuse Service which will commence on 1 April 2017. This is a very significant affirmation of the hard work the partnership put into the bid.

8. We have commenced role out of our 'lean' programme starting with training sessions for key clinical and operational leaders. This programme is an essential component of delivering more efficient services both in terms of clinical pathways and support services

9. Listen, Learn, Lead – There have been 3 new visits to teams this month, one having being cancelled. These can be seen on the actions tracker in appendix 1. Some of the key themes emerging from visits this month included:

    - Capacity in community services and impact on patients of vacancies
    - The need for greater connectivity through the Organisation so teams feel clear what is expected of them
    - The impact of the STP work around Place on our Neighbourhoods
    - Too many temporary staff having an impact on continuity
    - Travel expenses not covering individuals outlay

Finally I would like to wish two current Board members well as they move on to pastures new. Jayne Storey leaves us at the end of August and Carolyn Gilby is retiring at the end of September. Thank you both for your hard work, dedication and support during your time with us.

Strategic considerations
This document is relevant to supporting the Trust to achieve all of it strategic objectives however the feedback from staff is particularly of note in supporting the Trust to connect to service delivery

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

Equality Delivery System
There are no issues raised in this paper that would have a negative impact on any regards groups

Recommendations

The Council of Governors is requested to:

1) Note the contents of the update

Report presented by: **Claire Wright**
Director of Finance

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

Date	Name of Team	Name of Visiting Director	Summary of Visit	Action Required	Responsible Lead for Action	Date Actions Fed Back to Team	Status
06/07/2016	S.Derbyshire Neighbourhood - Dale Bank View	Ifti Majid	Very well attended, staff came to see me either individually or in groups. Key themes that emerged included:speed of getting personal specific IT equipment, concerns over staffing levels and amount of temporary staff. Told there was a jobs freeze. Leading to lack of stability and poor morale. Lease car mileage not being being sufficient for high mileage users. Some concerns expressed around visibility of middle managers and communication flowing freely up and down organisation. Current duty system creating pressure and stress on team. General sense that the team felt uncontained	1. Chase up IT equipment 2.Alert kath lane to the issues 3. Team development time needed	ifti Majid for all items	Items immediatley fed back supported by email on 11/07/16	**Action Ongoing**
05/07/2016	Psychodynamic Psychotherapy Team, St Andrews House	Ifti Majid	Two key issues discussed, capacity of the teamand associated concerns about having to ration their service and the perceived historical erosion. Secondly the role of dynamic psychotherapy in the new neighbourhoods, the link with the development of 'place' in the STP and how they were concerned around involvement in some pathways in particular the development of the complex trauma pathway.Also spoke around the issues associated with complex investigations linked to people receiving therapy	1. review learning of complaints where action taken that may have been against clinical advice	Carolyn Green	06/07/2016	**Action Ongoing**
01/07/2016	Bayheath House (Open visit with RG)	Ifti Majid	No Attendees	Nil	Nil	Nil	**Complete**
28/06/2016	Early Interventions Service	Carolyn Green	I attended the clincal referrals meeting and the team meeting. This is a team which is rising to the challenge of national standards, a changing referral criteria. Clinical challenges of a wide funnel of types of individuals be referred to the service and the need to have a wide range of clinica assessment skills to meet an all age criiteria, complex presentations which are often emerging trauma, autism, rather than 1st episode psychosis and, without resourced and access referral pathways, these issues are leading to pressure on the team. Clinical flow issues with the recovery teams not having capacity are also impacting upon the service. Support from the QLT and SMT to fully resolve some of these issues would be appreciated. CG gave an overview of the strategy, clincial commissioning and context and the team felt this was helpful to understand.	1. Support from Joe Wileman to have and confirm a team away day. 2. Support from Head of Nursing / Lead professional to have a wider skill set for an all age service. A skill mix review to consider the needs of adults of working age and older adults with a first episode psychosis, including the need for access to specialised support if illness related to head in just or other causes. 3. Support form Joe Wileman and Head of Nursing on consider the needs of individuals with autsim, and have an accessible alternative waiting list. 4. Support to invest in recover y teams, to remove the pressure on EI teams to transition to recovery teams when needed. 5. Sometime the team do not have time to have supervision and development sessions. Support to ensure the team have time to have supervision and training/in-reach support form community learning disability on what is a CTR and how to do it well from Karen Billyead.	Carolyn Green		**Action Ongoing**
22/06/2016	Recovery Team 1 and Derby City Pathfinder Service	Carolyn Gilby	Visit had been difficult and manager felt that he hadn't known what to expect from his 1:1 and had reflected that maybe Quality visits could be more like a CQC visit. There was a long discussion regarding the move to St Andrews House and the parking issues mainly around safe transport of medicines. The relationship between the neighbourhood teams and Campus areas was raised as it was felt that communications had worsened and that this needed to be improved. Consultant handover between community and inpatient was felt to be worse and that the old system was better. The culture regarding risk was felt to be getting better but there was a feeling that there was still too much bureaucracy and that there is a need for positive risk taking with accountability, it was felt that the serious incident team set the tone/culture for risk taking in the organisation. Forensic community team, this was felt to be a gap in service provision but it was a much needed service.	1. Future Quality Visits themes and process lead (Carolyn Green) 2. St Andrews move and Car Parking issues lead (Claire Wright) 3. Inpatient and community communications issues lead (Carolyn Gilby) 4. Consultant Handover between Inpatient and Community lead (John Sykes) 5. Culture and tone regarding Risk and the SIG lead (John Sykes) 6. Forensic community team commissioning gap lead (Mark Powell)	1. Carolyn Green; 2. Claire Wright; 3. Carolyn Gilby; 4. John Sykes; 5. John Sykes; 6. Mark Powell.	6. Community Forensic service gap identified as part of contract negotiations with commissioners for 16/17. Commissioners made it clear that they were unwilling to commission this service	**Action Ongoing**
03/06/2016	North Dales OA CMHT	Ifti Majid	Meeting Cancelled by Team	Nil	Nil	Nil	**Complete**
03/06/2016	Hartington Unit (Open visit with RG)	Ifti Majid	No attendees	Nil	Nil	Nil	**Complete**
20/05/2016	Finance Team	Carolyn Gilby	Finance mangers had found it difficult to have CIP conversations with budget holders when the ET had cost so much. There was a feeling of embarrassment and anger that the ET had happened in the first place. Team itself was very stable and was both supportive and felt supported. There was discussion regarding the upcoming CQC visit and also discussed the quality visits and whether there was anything they should be doing differently./ There were no actions to be taken	None			**Complete**

03/05/2016	Cubley Court	Ifti Majid	Met with nursing and medical staff. Staffing levels remaining a concern in context of increased acuity due to DRRT keeping less well at home. Concerns that senior managers and clinical leaders are not visible enough on ward area though positive feedback for SLM. Some worries about the sense of 'blame culture', particularly linked to incidents and SIRI investigations. Very hot on unit in summer and staff wondered about summer uniforms. Concerns about the speed of Paris 'go live' and support during the DGO 'live' period, mixed views about approach taken but general feeling some reconfiguration needed to make easily usable for tasks such as admissions. Medical and nursing capacity eroded by changes around DOLS and MHA.	1.Ifti to do visit to London Road site. 2.Investigate possibility of summer uniforms (scrubs) 3.Further support re training on Paris in handovers etc. to optimise use. 4.Possibility of formalising staff rotation scheme for those who want it. 5.Can physical healthcare diagnostic interventions, such as ECG, phlebotomy, be done by trained ward staff?	1. Ifti Majid 2.Carolyn Green 3.Carolyn Gilby 4.Jayne Storey 5.Carolyn Green	1. Ali arranging visit for Ifti to London Road. 3. Carolyn Gilby put team in touch with Paris training team.	**Action Ongoing**
20/04/2016	South Derbyshire Community LD Service	Ifti Majid	Discussed the issues arising out of Aston Hall and the impact this was having within LD staff group. The team spoke about how responsive and visible the middle management and clinical leaders were in the service. Discussion about delays in recruitment and impact. Parking issues in Derby City particularly at St Andrews. Access to admin is a problem as means clinical staff spending time doing admin. Briefly discussed ET media coverage and financial impact. Discussed quality visits and LD service show case and great discussion around finances and opportunities	1. Exec team to consider radical options to support St Andrews staff 2.Consideration to be given to allowing a combined LD quality visit next year in the vein of showcase. 3.Workshop type discussion around financial efficiency opportunities	1. Ifti Majid 2.Carolyn Green 3.Claire Wright	3. Claire requested finance manager arrange workshop session as required.	**Action Ongoing**
11/04/2016	Cherry Tree Close	Ifti Majid	Staff asked specific questions around the money linked to HM and ST. Felt moment had passed but welcomed opportunity to discuss. Staff felt indignant that Trust isn't defending itself to negative press. Staff feel communication has improved and they feel able to raise concerns. Asked questions about Governor training and induction and plans to improve. Raised issue about the absence policy and how it promoted presenteeism. Concerned about speed of recruitment and if possibility of asking student nurses to sign on our bank within their first few weeks of commencing in training.	1. Inclusion of staff/consultation with staff at CTC to pick up any ideas about developing new absence policy. 2.Look into signing up student nurses in introductory week onto bank	1. Jayne Storey 2.Carolyn Green	Email reply from Ifti Majid with respect to actions and way to take forward.	**Action Ongoing**
08/04/2016	Young Person's Substance Misuse Service	Jayne Storey	Passionate team - open dialogue – welcomed discussion. Angry recent media re: money paid due to senior managers - compared cost impact v junior doctors fighting for pay rise. Perception of leaving with good reference and pay off. AGM – Public face of the Trust, how do we justify the spend on buffet – wrong perception. Transparency of HR procedures – equitable for all – don't see adverts for secondments – just see people seconded into posts. No recognised training / professional qualifications for substance misuse team – just about to have first training in 3 years, no career progression as roles require qualifications not equivalent experience. Have raised with their Line Manager – as part of the training plan, but don't get feedback. Asked the question – How do we retain staff on the basis of the above?	1.Clear communications about this years AGM and consideration about any hospitality. 2.Need to ensure that clarity is given in JDs around use of equivalent experience as universally acceptable substitute for formal training. 3.More communications around staff packages to support recruitment and retention	1. Sam Harrison (Anna Shaw) 2.Jayne Storey 3.Jayne Storey		**Action Ongoing**
04/04/2016	High Peak Older Adults Team	Ifti Majid	Started with discussing move to neighbourhood, a cause for concern for many staff in team, worries about space, impact on OA speciality and clinical space. That said they talked about the plans in place to resolve some of the issues. Discussed relationship with Stepping Hill and DCHS, sometimes struggle to get people admitted to Stepping Hill. Discussed some concerns around the MAS process in particular differences across the County	1. SPOE Numbers - PARIS not generating correct SPOE number for High Peak 2.Need to be able to filter duty desk to High Peak only 3.Some personnel changes still needed on system	1- 3 Carolyn Gilby	John Staley contacted the team to address any PARIS issues 12/07/2016.	**Complete**
17/03/2016	Information Management, Technology & Records	Ifti Majid	The team took the opportunity to bust some rumours around the ET, particularly around the cost and impact on clinical services. General sense of being very busy, competing demands and how IT was often seen as key to innovation therefore demand high. Capacity seen as a problem as well as lack of clarity of who was who in Trust middle management.	1. Need to receive clarity about the recent changes in operational management	1. Carolyn Gilby	29/06/2016.	**Complete**
26/02/2016	Southern Derbyshire Crisis and Home Treatment Team	Mark Powell	1. The team would like to change their name from Crisis and Home Treatment to something akin to Assessment and Home Treatment. 2. There was a request for some guidance on what could be said to patients who asked questions about the recent Employment Tribunal and media attention. 3. The impact on the image and the perception of those who are doing a very good job for the Trust at this time and what actions the Board was taking to improve the Trust's reputation. 4. The team wanted senior management to be aware of the ill feeling that some patients are expressing to them as employees of the Trust and that at times they are taking the brunt of this public ill feeling when they shouldn't be. 5. An issue was raised regarding a line in the Deloitte report regarding leadership being an issue in the team. 6. The team were concerned about the number of patients with a PD who were presenting to the service and there was a concern about Melbourne House not accepting admissions. I explained that the Trust was talking to commissioners about the development of a community PD service and that the service specification for this could be shared if required. 7. An issue was raised about staff from Melbourne House and then deployment to the Hub. 8. A question was asked about block contract payment and I explained about the 2 new proposed payment methods form 2017. 9. A question was asked about the current status of neighbourhoods as the team were unclear on this. 10. I asked if it was possible to come back to another meeting in 2 months' time and I think that the team were agreeable to this.	1. Mark Powell to see whether a name change was possible. 2. Guidance to be sent to deal with ET questions (actioned 29/02/2016). 4. Senior management to be made aware of the ill feeling from patients to staff due to the public perception following media attention. 5. Mark to talk to Michelle about a line in the Deloitte report with regard to leadership being an issue - to understand context. 6. Carolyn Gilby to talk to commissioners with regard to the development of a community PD service. 7. Issue to be resolved re: staff from Melbourne House deployed to the Hub. 8. Short summary re: block contract payment to be sent (actioned 29/02/2016). 9. Current status of neighbourhoods to be sent.	1, 4, 5 & 6 - Mark Powell 7 & 9 - Carolyn Gilby	Actions and summary sent to Team 29/02/2016. 1. Will be discussed as part of the wider STP work programme which is focusing on the MH urgent care offer. 4. ELT made aware of this through Listen, learn, lead process 5. Action complete 6. Proposal presented to Commissioners, but commissioners unwilling due to financial constraints to commission for 16/17 7. A paper is going to TOMM, 27/05/16, for consideration and further feedback will be available via Tim Slater and Hannah Burton following this. 9. Neighbourhoods went live on the 1st of April and currently are about the integration of the Adult and OA teams. Claire Biernacki invited to attend a team meeting for further clarification if required. Mark Powell arranging a further follow up meeting with the team	**Action Ongoing**

COUNCIL OF GOVERNORS

21 July 2016 – TO BE TABLED

NOMINATIONS AND REMUNERATION COMMITTEE – RECOMMENDATION TO APPOINT TWO NON-EXECUTIVE DIRECTORS

Purpose of the paper presented:

For the Council of Governors to consider the recommendation of the Nominations and Remuneration Committee to appoint two Non-Executive Directors.

Executive Summary

A competitive recruitment process has been undertaken for recruitment of Non-Executive Director (NED) posts to replace both current and planned vacancies on the Trust Board.

Following a long list and short list process, 9 candidates were interviewed by the Nominations and Remuneration Committee on 19 and 20 July 2016 joined by Richard Gregory, Ifti Majid, Samantha Harrison and Emma Pickup (Gatenby Sanderson recruitment). Following the interviews, the Committee formally convened and was unanimous in its decision to recommend to the Council of Governors the two appointments as outlined. Biographical details are attached to give some background to the skills and experience of the proposed candidates.

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Subject to approval of the appointments by the Council of Governors, the chair will review with all non-executive directors their membership at Board Committee meetings to ensure that these are aligned to skill or interest areas and are equitably spread across Board members.

Committee Assurances

The Recruitment process followed has been supported by an external recruitment consultancy in liaison with the Trust's HR team.

Consultation

Governors, through the Nominations and Remuneration Committee, have been involved in oversight of the recruitment process and directly involved in shortlisting and interview. Other governors and Trust staff have also been involved in stakeholder sessions with candidates.

Governance or legal issues

Governors have a duty under the Trust's constitution (9.3) to appoint Non-Executive Directors.

Equality Delivery System

Recruitment processes followed have included equal opportunities monitoring.

Recommendations:

a) To approve the appointment of Julia Tabreham as a Non-Executive Director of the Trust Board for a three year term of office, at an annual fee of £12,638.

b) To approve the appointment of Margaret Gildea as a Non-Executive Director of the Trust Board for a three year term of office, at an annual fee of £12,638.

Appointments will commence as soon as possible subject to Council of Governors approval and compliance with Fit and Proper Persons checks.

Report prepared by: **Samantha Harrison, Director of Corporate Affairs on behalf of the Nominations and Remuneration Committee**

Background

The Nominations an Remuneration Committee (NRC) met in March 2016 to discuss the requirement for NED recruitment and agreed to appoint Gatenby Sanderson as recruitment consultants to support the recruitment of three Non-Executive Director appointments for the Trust. The vacancies relate to the post previously held by Tony Smith (who left the Trust on 31 March 2016), Phil Harris, who is to step down his role in summer 2016 (date dependent on recruitment of a successor) and to replace the post held by Maura Teager whose term of office finishes in March 2017.

Development of the person specification and role requirements

Following discussion by the NRC at its March meeting it was agreed that key skills were required for each of the roles, namely human resources expertise, clinical/operational experience and a general senior management skills (potentially including NHS/public sector experience). It was agreed that previous Board level experience was desirable along with previous Non-Executive Director experience. In addition to specific areas of expertise, there was acknowledged to be an underlying requirement for NEDs to maintain an independent perspective, have a strong understanding of good governance and to have the ability to provide strategic oversight across the organisation.

All governor members on the NRC were offered a telephone conversation with Emma Pickup, senior consultant from Gatenby Sanderson, to understand governor perspectives and priorities and ensure these were relayed to prospective candidates. These telephone conversations were taken up by John Morrissey and Ruth Greaves.

Advertising and publicity of posts

Gatenby Sanderson worked with the Director of Corporate Affairs to draw up a person specification and relevant advertising and publicity material to support the recruitment process. The adverts were published online in the Times and local press, at the request of governors. Gatenby Sanderson through their health sector experience were also able to target potential candidates. The closing date for applications was 6 June 2016.

Longlisting process

A total of 43 applications were received and these were of a very high standard. These were initially reviewed and sifted by Gatenby Sanderson. The NRC had agreed that they were content that Gatenby Sanderson carried out the longlisting process with the Trust Chair and Director of Corporate Affairs and then a short listing meeting of the NRC would be convened to briefly discuss the longlisting process that had been followed and the rationale for proposals for shortlisting. Gatenby Sanderson undertook phone or face to face interviews with those candidates proposed for shortlisting (16 candidates) to inform the proposed shortlisting process.

Shortlisting meeting 4 July

A meeting was held on 4 July where members of the NRC were provided with applications from all shortlisted candidates who had applied for the roles (one had withdrawn in the interim leaving 15 to be considered). An informal session was also carried out prior to the formal review of applications to explain about the statutory role of the governors in NED appointment and to understand the role of the recruitment consultants in bringing their expertise and rigour to the process.

Present at the meeting were John Morrissey, Ruth Greaves, Moira Kerr and Paul Crawford. All applicants were reviewed and the proposed candidates for interview debated and agreed. It was agreed that 9 candidates would be requested to interview. Governors present also discussed potential areas of questioning for the candidates. Paul Beardsley from the Trust's HR team also attended the shortlisting meeting to ensure alignment with Trust procedures and values based recruitment and to support the logistics of the recruitment process going forwards.

Stakeholder assessment 19 and 20 July

It was agreed that two stakeholder groups would be convened to discuss informal topics with candidates as part of the recruitment process. These stakeholder groups were to consist of governors (who were not members the NRC) including staff, public and appointed governors. Senior staff from the Trust were also asked to sit on these stakeholder groups along with an HR team representative. The stakeholder groups gave qualitative feedback to the interview panels following formal interview to help inform the overall recruitment decision. The panels and discussion topics are outlined below:

Panel 1: ***Discussion Topic:*** *What sort of relationship would you want to develop with Governors, Service Users and Carers in the Trust? How would you ensure that we are engaged in developing the organisation's strategy?*

19th July 2016: Barry Appleby (Governor), Gillian Hough (Governor), Lisa Stone (Area Service Manager, Kingsway Campus), Beverley Green (Divisional Nurse), Sarah Ford (Divisional Nurse). Bryony Greenhalgh (HR advisor).

20th July 2016: Barry Appleby (Governor), Gillian Hough (Governor), Lisa Stone (Area Service Manager, Kingsway Campus), Joe Wileman (Divisional Manager). Bryony Greenhalgh (HR Advisor).

Panel Two: ***Discussion Topic:*** *What makes an effective Non-Executive Director? How can they contribute to organisational success?*

19th July 2016: Carolyn Gilby (Acting Director of Operations), Phil Harris (Non-Executive Director), Joe Wileman (Divisional Manager), Carrina Gaunt (Health and Safety Manager), Anna Shaw (Deputy Director of Communications and Involvement). Susan Spray (Principle Workforce and OD Manager).

20th July 2016: Carolyn Gilby (Acting Director of Operations), Phil Harris (Non-Executive Director), Carrina Gaunt (Health and Safety Manager), Anna Shaw (Deputy Director of Communications and Involvement). Susan Spray (Principle Workforce and OD Manager).

Formal Interviews 19 and 20 July

The interview panel for all candidates consisted of:

- Richard Gregory (Chair)
- John Morrissey (Lead Governor)
- Ruth Greaves (Public Governor)
- April Saunders (Staff Governor)

Also on the panel in an advisory capacity were:

- Ifti Majid (Acting Chief Executive)
- Emma Pickup (Gatenby Sanderson)
- Samantha Harrison (Director of Corporate Affairs and Trust Secretary)

The panel identified questions to ask of each candidate chosen from a selection provided by Gatenby Sanderson along with additional questions suggested by panel members themselves.

Following interview, the NRC formally convened and following the feedback from representatives from the stakeholder groups discussed the interviewees in turn. Discussions included consideration of skills, experience, values, motivation and organisational fit. After debate it was agreed to recommend that two candidates would be offered posts for the HR and general NED roles, but that the NED post with clinical/operational skills and experience would not be offered. Governors considered it important that there was an NED on the Trust Board with clinical and/or operational skills and experience to reflect this as the major focus of the Trust's activities. This 'clinical' NED role is currently held by Maura Teager who is not due to finish her term of office until March 2017 so all agreed that this allowed sufficient time to carry out a further recruitment process.

The following recommendations were duly agreed to be presented by the Nomination and Remuneration Committee to the Council of Governors, as per clause 9.3 of the Trust's constitution:

a) To approve the appointment of Julia Tabreham as a Non-Executive Director of the Trust Board with effect from 1 August 2016 for a three year term of office, at an annual fee of £12,638. The post will be offered with the proposal that Julia take on the role of Chair of the Quality Committee and membership of the Audit and Risk Committee on appointment.

Biographical details: Julia moved into the voluntary sector from banking in 1992 to establish the Carers Federation, and has been its Chief Executive since then (£8m turnover) until retiring earlier this year. In addition to her role with the Carers Federation she has been a Non-Executive Director in the NHS since 2000. Initially with the Nottingham Health Authority, then Trent Strategic Health Authority and latterly was a Non-Executive Director of Nottingham University Hospitals NHS Trust (2006 – March 2016). She is a current Non-Executive with the National Collaborating Centre for Mental Health, and for the Parliamentary and Health Service Ombudsman. As Chief Executive of the Carers Federation, Julia has delivered NHS advocacy services in the Patient and Public Involvement agenda.

b) To approve the appointment of Margaret Gildea as a Non-Executive Director of the Trust Board for a three year term of office, at an annual fee of £12,638. The post will be offered with the proposal that Margaret take on the role of Chair of the People and Culture Committee on appointment.

Biographical details: Margaret has 30 years' experience until 2009 in increasingly senior HR roles in Rolls-Royce plc, culminating in being the Company Director of Learning and Development and Divisional Executive Vice President of HR. Since 2009 she has worked as a freelance HR consultant specialising in strategy development, leadership, organisation design, employee engagement and culture change. She has coupled this with other Board appointments and is currently a Member of Derby Renaissance Board and RGF Programme Board, and a Non-Executive Director of Derwent Living. She has held previous Non-Executive appointments including with Employer First (2013 – 2015) and as a Non Executive Director of Derby City Hospital Trust (1993 – 1998). She has worked extensively with national organisations supporting the development of Education and Skills in the Manufacturing Sector and was also Chair of the Bombardier Task Force in 2011.

The appointments will be subject to Council of Governors approval and satisfactory checks as per the Trust's Fit and Proper Persons policy (see excerpt at Appendix 1). The Trust will then liaise with the individuals to arrange a commencement date as soon as possible. NED chairmanship/Membership of all Board Committees will be reviewed with all NEDs in the light of the appointments and a full induction programme arranged.

Appendix 1

Excerpt from the Trust's Fit and Proper Persons Test Policy – detailing checks to be undertaken prior to commencement of a Board member within the Trust:

Trust Procedure:

- **Pre-Employment**

All new appointments to the applicable posts will have the following checks:

I. Proof of identity.
II. Right to work.
III. DBS check.
IV. Full employment history and two references one of whom must be the most recent employer. Specifically, this will include validating a minimum of three years continuous employment.
V. Proper check of qualifications and professional registration.
VI. Occupational Health Clearance as relevant to the role.

In addition the following registers will be checked:

I. Disqualified directors.
II. Bankruptcy and insolvency.
III. Search of information in the public domain.

- **Declaration**

Appointees will be asked to complete a declaration to include:

I. Any past health Issues (subject to the relevant provisions of the Equality Act 2010).
II. Any criminal and/or regulatory investigations.
III. any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying out regulated activity.
IV. Any undischarged bankruptcy, disqualification, debt relief orders etc.
V. Any inclusion on the Children's or Adults barred lists.
VI. Any prohibition from holding relevant position or office under any law.

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors 21 July 2016

Code of Conduct

Purpose of Report
This paper presents an updated Code of Conduct for the Council of Governors, as approved by the Trust's Governance Committee. Subject to final approval from the Council of Governors, all governors are asked to sign a copy of this Code of Conduct, effective from today's meeting.

Executive Summary
The Code of Conduct for the Council of Governors has been under review for a period of time. Its content has been discussed at two meetings of the Governance Committee (on 12 April 2016 and 6 June 2016) and this final version has been recommended to the full Council of Governors for approval.

Following approval the Code of Conduct will be circulated to all governors who will be requested to sign it to declare that they agree to uphold the Code of Conduct. New governors will also be asked to sign the Code of Conduct on appointment.

In line with good practice, the Code of Conduct will be reviewed on an annual basis.

Strategic considerations
- The Code of Conduct seeks to expand on, and complement, the Constitution (the governance framework which details the way in which the Trust operates)
- The Code of Conduct seeks to set out appropriate conduct for governors and addresses both the requirements of office and the personal behaviour of governors
- 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.

Committee Assurances
The Code of Conduct has been discussed at two meetings of the Governance Committee and recommended to the full Council of Governors for approval.

Consultation
Governors have been involved in providing and agreeing to the changes outlined in this paper.

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

with best practice for Council of Governors.

Equality Delivery System
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.

Recommendations
The Governance Committee has recommended the Code of Conduct for approval by the Council of Governors.

Report prepared by: **Anna Shaw**
Deputy Director of Communications and Involvement

Report presented by: **Samantha Harrison**
Director of Corporate Affairs

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.

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.

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.

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.

7. 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.

8. 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.

9. 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.

10. 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.

11. 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.

12. Non-compliance with the Code of Conduct

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.
- 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.

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…….

Derbyshire Healthcare NHS Foundation Trust
Report to Council of Governors – 21 July 2016

Governance Improvement Action Plan – Full Report

Purpose of Report

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

Therefore, the purpose of this paper is as follows;

1. To provide CoG with an update on progress of all tasks within the GIAP, including the identification of tasks that are off track, including those that the CoG has responsibility for oversight

2. To receive assurances on delivery and risk mitigation through the updated GIAP, from Board Committees and lead Directors

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

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

Executive Summary

The GIAP governance and delivery framework sets out a robust accountability process that includes lead Directors and Board/Board Committees.

The month of June is the third monthly cycle of this accountability process, culminating in this report. The full GIAP accompanying this report provides Board members with an up to date position of the totality of the plan.

It is worth noting the following;

- The main focus of attention during the last 4 weeks has been on tasks with a delivery deadline up to, and including the end of June. The Board should be aware that there has been limited opportunity to look beyond this in any great detail due to significant resource being directed towards the Trust's recent CQQ inspection.

Board Members will see that the far right hand BRAG rating column continues to be completed by the Responsible Director on the GIAP this month. This has been completed based on the information, evidence and assurance provided to date and is subject to challenge/further discussion.

The purpose of this rating remains to provide a mechanism by which the Board is assured on delivery of the overall recommendation (and not just specific tasks). This method of rating will continue to evolve, alongside the developing KPI's and external assurance that is being sought for a number of GIAP recommendations.

To focus the CoG's attention, a number of specific areas have been identified for discussion. These have been identified from the Board BRAG rating column.

Board RAG Rating - 'Off Track'

- ***PC4*** *– Prioritise the development of the People Strategy and ensure the agenda and focus of the newly formed People and Culture Committee is clearly aligned the Trust's overall strategy.*

This remains off track for a third month.

- ***HR3****-Undertake an exercise to update the model for HR. Utilising the model as a guide, expertise and best practice across the LHE, and beyond. As a priority the Trust should focus on establishing clear foundations, utilising key building blocks to create sustainability in the long term.*

- ***HR4-*** *Define a new structure for HR and its related functions with a priority on operational efficiency and strategic impact taking into account the refreshed People Strategy and revised model for HR and related functions.*

- ***PC2-*** *Develop and undertake a clear programme of work around culture, utilising the expertise of other NHS Trusts in the LHE, and where necessary beyond, to inform the programme of activities.*

Board RAG Rating - 'Some Issues'

- ***HR2*** *- Ensure external resources for the newly appointed Director of Workforce, OD and Culture are obtained in order to drive the transformation of HR and related functions through a combination of coaching, buddying, and mentoring support.*

- ***HR5*** *- As part of the development of the People strategy and developing the model for HR, the function should define how it measures and evaluates the impact of HR, particularly around securing organisational development. A clear set of metrics demonstrating the impact of the function should be a focus on the newly created People and Culture committee.*

- ***PC3*** *- Supplement the current mechanisms to engage with staff through the inclusion of more informal activities across both clinical and corporate areas. Develop clearer reporting of information and trends from these activities in order to triangulate with other information, for example, through the CEO report and Quality Position Statement.*

- ***CorpG1, 2, 4,7 9 and 12*** *- Governance Framework review*

- ***WOD1****- Define and agree a process to regularly monitor the consistent application of HR policies and procedures for the full range of Employee Relations cases.*
  CQC 1 - The trust must ensure HR policies and procedures are followed and monitored for all staff

- ***WOD2-*** *The trust should ensure that recruitment processes for all staff are transparent, open & adhere to relevant trust policies*

- ***WOD7*** *- The trust should monitor the adherence to the grievance, disciplinary, whistle-blowing policies and the current backlog of cases concluded.*

Key Performance Indicators

Over the last 2 weeks the Responsible Director and the GIAP programme manager have refined the KPIs and demonstrable outcomes related to the successful delivery of GIAP recommendation. In line with NHSI feedback the Trust is plotting the trajectory and baseline for the achievement of each indicator. These will be finalised at the Board development session in July and provided to Trust Board in July for final sign off.

Feedback from NHSI on the GIAP

The Trust and NHSI met as part of planned meetings on the 2nd June. Following on from the meeting NHSI have written to the Trust and asked that focus is given to a number areas, mainly the development of KPIs and outcomes and consideration as to how the Board is assured that the actions are having the necessary impact. NHSI have requested that the Trust review the KPIs and ensure there is a clear description and definition of each target and metric, which also includes both a baseline and a trajectory for achievement of each target.

In addition to the transactional KPIs, NHSI also discussed ways in which the Trust might also be able to measure and evidence core qualitative outcomes, and in particular those relating to the effectiveness of the Board and Committees. Further consideration is being given to this, particularly regarding external assurance and peer support.

Strategic considerations
Delivery of the GIAP links directly to NHSI enforcement action and associated license undertakings

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

Consultation
This report has not been discussed at any other meeting

Governance or Legal issues
This paper links directly to Monitor enforcement action and associated license undertakings

Recommendations

The Council of Governors is asked to review the content of this paper, full GIAP (attached) and seek assurance where required.

Report prepared by: **Jenna Davies (GIAP Programme Manager)**

Report presented by: **Sam Harrison, Director of Corporate Affairs and Trust Secretary**

	Issue Raised/ Action	well led self assessment	Reference to AY Governance Review	HR investigation	Deloitte Report	CQC report	Key Tasks	Key Task Date	Progress Rag Rating	Associated risks to delivery of Action	Associated Risks of non-implementation	outline of any key resources required;	Owner	Responsible Committee	Issue/ Action completion sign off by Body	comments on progress	KPIs and success measures;	Evidence of demonstrable outcomes and assurance	Board Assurance Rag Rating
	CORE 1- REUNIFICATION OF THE HR AND ASSOCIATED FUNCTIONS																		
HR2	Ensure external resources for the newly appointed Director of Workforce, OD and Culture are obtained in order to drive the transformation of HR and related functions through a combination of coaching, buddying, and mentoring support.				**R25**		1) Develop and agree a plan which identifies additional resources to ensure successful delivery of HR, Workforce and OD GIAP actions	18th March 2016	**Some Issues**	1) Availability of competent staff in areas required within timeframe and budget 2) Acceptance and integration of additional staff into existing teams 3) Internal Process will have a negative impact of the timescales of recruitment to the interim roles 4) There is a risk that the Director of Workforce, OD and Culture will be unable to identify sufficiently experienced interims with the appropriate skills to undertake the roles 5) There is a risk that the high number of interims within the HR and OD team may cause further relationship issues 6) There is a risk that the high number of interims within the HR and OD team may lead to inconsistency and issues with sustainability.	1) Lack of extra external resource to support delivery of actions will significantly impact on successful delivery of the GIAP 2) Further Regulatory Action if there is not enough progress against the GIAP deliverables. 3) External and internal audit will be unable to provide assurance against the GIAP deliverables.	A resource plan will identify costs	Director of Workforce, OD and Culture	People and Culture Committee	20th April 2016	1) A plan setting out resource requirements to deliver the GIAP was agreed by ELT 2) Internal process for approval/adverts in progress 3) CV's received from agencies with interviews planned for mid to late April 4) An exception report was presented to People and Culture Committee on 20.4.16 by the Director of Workforce, OD and Culture explaining the delay in the delivery of the agreed resource plan. The report set out the timeframes for recruitment of the agreed posts, with assurances given that all posts would be appointed to, except 1, by the end of April. The Committee were assured that progress was being made, but were not fully assured, hence the rating of 'some issues' 5) Members of P&CC also reviewed the assurance provided for the resource plan itself and challenged whether the plan included enough resource to deliver the totality of the actions within GIAP. The Committee was not assured about the level of resource that had been agreed and requested that ELT reviewed the plan. It was agreed that 'some issues' was the correct rating for this. 6) Following the request from P&CC, a revised HR resource plan was presented to, and agreed, by ELT on Monday 25th April. 7) 7 of the 8 posts will have been recruited and in post by the 31st May. the final one is currently out for advert which closes on the 10th May. 8) Two posts have been removed from the plan as they are considered BAU and are acting up positions. 4 of the 6 posts have currently been recruited to. Of the remaining 2 posts 1 will be recruited by the end of May and 1 will not. 9) At the June meeting of People and Culture Committee the Director of Workforce provided an update on the recruitment of the outstanding post. noting that the Trust had been out to advert twice and no candidate was appointed. Agency's have now been instructed and 9 CVs have been received, with 5 being identified for interview.	1) Sickness absence rate (3.9%) 2) Vacancy rates (10%) 3) Staff appraisals (90%) 4) Staff turnover (10.45%) 5) Mandatory training (95%) 6) Agency spend (£3.03 Million) 7) HR policies in date (100%) 8) Time to recruitment 9) Headcount per employee	1) Positive assurance received from internal audit on a number of audits related to the delivery of the GIAP 2) Revised HR model in place 3) Approved of internal HR metrics in place 4) Approved set of organisational HR metrics in place 5) Integrated Performance report	**Some Issues**
							2) Deliver the Resource Plan	31st March 2016	**Some Issues**				Director of Workforce, OD and Culture	People and Culture Committee					
HR3	Undertake an exercise to update the model for HR. Utilising the model as a guide, expertise and best practice across the LHE, and beyond. As a priority the Trust should focus on establishing clear foundations, utilising key building blocks to create sustainability in the long term.				**R27**		1) In consultation with the team develop and deliver the new model for HR	30th June 2016	**Off Track**	1) Inability to deliver HR service model due to staff sickness and lack of engagement from existing staff 2) The high levels of interims in the HR department may decrease the level of engagement of permanent staff to adequately consult on the changes to the HR model	1) Function not 'fit for purpose' to support the organisation in delivery of the Trust strategy 2) Failure to integrate into wider Derbyshire system plans 3) HR function will not be sustainable moving forward	External support may be required on both the developmental and delivery stages	Director of Workforce, OD and Culture	People and Culture Committee	19th October 2016	1) A customer survey will be distributed to all Band 7's within the organisation week commencing 9th May. From the results and feedback of the survey the team will consider the HR model and areas of focus. In addition the team will also develop a customer charter and a service level agreement. 2) The customer survey was sent out to staff and closes on the 20th May. To date 50 responses have been received. 3) A paper setting out the new model for HR will be presented at June's P&CC 4) A revised HR model based on the one suggested by Deloitte was presented to the People and Culture in June. The Committee acknowledged the current capacity issues in HR and noted the progress but agreed that the proposal only gave partial assurance and that further detail about the model and how it would work in practice was required before the Committee could be assured. It was agreed that a further paper would be presented to the Committee which set out this detail.			**Off track**

	Issue Raised/ Action	well led self assessment	Reference to AY Governance Review	HR investigation	Deloitte Report	CQC report	Key Tasks	Key Task Date	Progress Rag Rating	Associated risks to delivery of Action	Associated Risks of non-implementation	outline of any key resources required;	Owner	Responsible Committee	Issue/ Action completion sign off by Body	comments on progress	KPIs and success measures;	Evidence of demonstrable outcomes and assurance	Board Assurance Rag Rating
HR4	Define a new structure for HR and its related functions with a priority on operational efficiency and strategic impact taking into account the refreshed People Strategy and revised model for HR and related functions.				R28		1) Develop and implement a new structure for HR and its related functions with a priority on operational efficiency and strategic impact	30th June 2016	Off Track	1) Inability to deliver HR service model due to staff sickness, lack of engagement and capacity 2) The high levels of interims in the HR department may decrease the level of engagement of permanent staff to adequately consult on the changes to the HR model 3) The high level of interims may cause confusion about the overall HR structure	1) Function not 'fit for purpose' and inefficient to support the organisation in delivery of the Trust strategy 2) The OD and HR functions will not be co-ordinated and not be able to deliver the necessary OD change.	External support may be required on both the developmental and delivery stages	Director of Workforce, OD and Culture	People and Culture Committee	19th October 2016	1) Work is currently underway to define a new structure of working which allows for further cohesion between the OD and HR functions. 2) There are no plans to change the HR structure in the short term. 3) A paper will be presented to People and Culture Committee on the 16th June 2016 4) A revised HR model based on the one suggested by Deloitte was presented to the People and Culture in June. The Committee acknowledged the current capacity issues in HR and noted the progress but agreed that the proposal only gave partial assurance and that further detail about the model and how it would work in practice was required before the Committee could be assured. It was agreed that a further paper would be presented to the Committee which set out this detail. The paper would include an outline of the SLA and customer charter.			Off track
HR5	As part of the development of the People strategy and developing the model for HR, the function should define how it measures and evaluates the impact of HR, particularly around securing organisational development. A clear set of metrics demonstrating the impact of the function should be a focus on the newly created People and Culture committee.				R35		1) Develop a suite of metrics to measure impact of interventions at an organisation and service line level	30th June 2016	Some Issues	1) Failure to recognise and accept the need to change by exciting teams 2) Failure to ensure capacity within the team to deliver the proposed actions 3) Failure to deliver an appropriate People Strategy will impact on the 4) Lack of partnership agreement with staff side, to deliver the People Strategy	1) Lack of focus in key areas, inefficient use of resources 2) Function not 'fit for purpose' and inefficient to support the organisation in delivery of the Trust strategy 3) The People Committee are unable to receive the appropriate assurance that the changes to the HR model are having the appropriate impact 4) The Board will not be sufficiently sighted on the on workforce improvements.	None Required	Director of Workforce, OD and Culture	People and Culture Committee	6th July 2016	1) Progress against this action has been delayed due to annual leave and sickness. 2) Functional HR metrics presented at People and Culture Committee on the 20.4.16 for Committee discussion. Feedback was provided by the Committee and the metrics were agreed. The Committee noted that the timeframe for delivery had not been met, but was assured by the proposed metrics and agreed that this was now back on track. It was agreed that the metrics will be included within the HR model proposal due by the end of June 2016 and used to monitor effectiveness 3) Metrics to be populated in May and adopted in June 4) Revised Metrics were presented to People and Culture on the 16th June, the people and Culture Committee agreed further work was required to define the KPIs based on the revised HR model and Structure			Some Issues
							2) Develop an internal suite of metrics to measure functional effectiveness	31st March 2016	On Track				Director of Workforce, OD and Culture	People and Culture Committee					
	CORE 2- PEOPLE AND CULTURE																		
PC1	The Trust should adopt an Organisational Development and Workforce Committee	**HR 11.2 HR 11.4 HR 11.7 WL Q4**	**Gov2**				1) Terms of Reference Developed	29th January 2016	Completed	1) Failure of the People and Culture Committee to remain strategic and be well supported by functioning sub-groups will reduce its efficiency and ability to maintain oversight of the GIAP actions	1) Failure to ensure appropriate governance and accountability to deliver the People Strategy	None Required	Director of Workforce, OD and Culture	People and Culture Committee	27th January 2016	1) TOR for P&CC agreed in February 2) TOR of P&CC sub committees were presented in March but not approved. Revised TOR will be re-presented for approval by P&CC committee in April 3) Revised TOR for sub groups were approved at P&CC 20.04.16	1) Improvement in monthly Pulse Check scores 2) People plan metrics to be reflected once agreed 3) A reduction in work based stress	1) people and Culture Committee minutes 2)Evidence of the delivery of the People plan 3) Audit assurance of the effectiveness of the People and Culture Committee 4) Evidence of the delivery of the Communications Plan	On Track
							2) Terms of Reference approved by Board	29th January 2016	Completed										
							3) First Committee meeting	17th February 2016	Completed										

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PC2	Develop and undertake a clear programme of work around culture, utilising the expertise of other NHS Trusts in the LHE, and where necessary beyond, to inform the programme of activities.				R9		1) Develop a programme of work against the delivery of the people strategy	30th June 2016	off Track	1) Consultation fatigue and lack of belief that the organisation is willing and able to change. 2) Outcomes of the pulse checks are not adequately considered and change embedded. 3) Staff do not have the capacity to attend engagement events due to operational pressures, 4) Due to the high level of change on the organisation there is limited opportunity for innovation. 5) Due to capacity the team are unable to deliver the leadership development programme	1) Failure to articulate expected values and behaviours 2) Failure to engage staff impacting on productivity and patient care	Resources required to be identified within People plan.	Director of Workforce, OD and Culture	People and Culture Committee	17th March 2017	1) People Strategy on the agenda for the people committee in April. 2) An externally facilitated Board development session was held on the 13th April 2016 at which the Board discussed the values 3) The People strategy framework was presented to People and Culture Committee on the 20.4.16 4) P&CC requested a fully detailed People Plan to be presented at its May meeting. This plan will outline a work programme which underpins this key recommendation 5) A survey has been distributed to all staff asking them if we should refresh the Trust Values, the feedback of the survey will be discussed at the Board Development Session 11th May 2016 6) The Survey results were discussed at the Board Development session and at People and Culture Committee in May. Based on the feedback from the survey and other feedback from engagement events, it has been agreed that the values will be refreshed and not rewritten as part of the new Trust Strategy. 7) Health and Well- Being events already happen within the organisation and a paper highlighting this will be presented to the Committee in June. A further comprehensive plan will be presented at the July Committee meeting which will align to the People Plan. 8) A revised People Plan was presented to the People and Culture Committee in June, unfortunately due to capacity linked to the CQC inspection the paper was only received by members on the day and therefore members did not gain assurance on the updated paper. The Committee requested, at its July meeting, a revised plan to be developed which would provide clarity on ownership of actions, clearly defined KPIs, timescales and deliverables.			Off track
							2) Develop a clear plan which outlines an on-going focus on pulse surveys to enable targeted activity	31st July 2016	On Track				Director of Workforce, OD and Culture						
							3) Based on Pulse Checks develop a focused coaching within teams	31st August 2016	On Track				Director of Workforce, OD and Culture						
							4) Implement events focused on staff health and well-being	30th June 2016	On Track				Director of Workforce, OD and Culture						
							5) Ensure there is an agreed approach to extensively share good practice and innovation	30th June 2016	Off Track				Director of Workforce, OD and Culture						
							6) Develop and implement a leadership development programme	31st July 2016	On Track				Director of Workforce, OD and Culture						
PC3	Supplement the current mechanisms to engage with staff through the inclusion of more informal activities across both clinical and corporate areas. Develop clearer reporting of information and trends from these activities in order to triangulate with other information, for example, through the CEO report and Quality Position Statement.				R10		1) Develop a comprehensive internal Comms plan, which clearly articulates engagement approaches both formal and informal	31st May 2016	Completed	1. Capacity of the communications team to support the delivery of the plan 2. lack of mechanisms are in place to record and feedback to staff 3) lack of capacity within the OD and workforce function to support effective engagement	1. Failure to support the delivery of the Trust strategy 2. Failure to engage staff impacting on productivity and patient care	Comms resource	Director of Corporate Affairs	People and Culture Committee	8th June	1) CEO Report to Board has been enhanced to include more detailed information about stakeholder engagement and it now includes a detailed section called listen, learn, lead. This summarises feedback from staff and provides evidence of where action has been taken in response to this feedback. 2) May's People and Culture Committee received an internal Comms plan. It was agreed that the plan would be further developed in line with the engagement plan and supported by the Engagement group of People and Culture. The Committee also requested further action and clarity on how staff feedback was going to be recorded and then how it could be used in a positive way. 3) At June's meeting of the People and Culture Committee a revised report was presented which outlined the comms approach to recording feedback. The Comms team have developed a			Some

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							2) Develop a clear system to record feedback received from staff	31st May 2016	Off Track			may be required	Director of Corporate Affairs	People and Culture Committee	2016	SharePoint database which will be held on Connect. The database will be visible only to members of the communications and workforce teams and allow for a single system to be updated and maintained by both teams. The Committee noted the progress but it was agreed that the Engagement group would provide feedback to July's P&CC on how the feedback would be used.			Issues
PC4	Prioritise the development of the People Strategy and ensure the agenda and focus of the newly formed People and Culture Committee is clearly aligned the Trust's overall strategy.				R26		1) Refresh People Strategy including reporting metrics	29th April 2016	Off Track	1) Capacity to deliver an agreed People Strategy 2) Lack of partnership agreement with staff side, to deliver the People Strategy 3) Delays in the development of the Trust strategy will impact on the development of the people strategy 4) The People plan lacks the required detail to deliver the required change. 5) The people plan is not aligned to the Trust Strategy	1) Failure to support the delivery of the Trust strategy 2) Failure to engage staff impacting on productivity and patient care 3) Failure to establish distributed leadership and detrimental impact on ED's	Identified within the resource plan	Director of Workforce, OD and Culture	People and Culture Committee	6th July 2016	1) People Strategy to be presented to P&CC in April. 2) A draft People Strategy framework and plan was presented to People and Culture Committee on the 20.4.16. The Committee acknowledged progress and discussed the draft documents, agreeing that the content was good, but that the People Plan (implementation) was not complete. The Committee was therefore not assured and agreed that a completed People Plan was required at its May meeting for approval. 3) A revised people plan was discussed at the People and Culture Committee in May, it was agreed that there was limited assurance on the plan but agreed the principle actions. The Committee requested, at its June meeting, a revised plan to be developed which would provide clarity on ownership of actions, clearly defined KPIs, timescales and deliverables. 4) A revised People Plan was presented to the People and Culture Committee in June, unfortunately due to capacity linked to the CQC inspection the paper was only received by members on the day and therefore members did not gain assurance on the updated paper. The Committee requested, at its July meeting, a revised plan to be developed which would provide clarity on ownership of actions, clearly defined KPIs, timescales and deliverables.			Off track
							2) Ensure the people Strategy places greater emphasis at divisional and service lines to support our leaders to deliver the strategic objectives	29th April 2016	Off Track				Director of Workforce, OD and Culture	People and Culture Committee					
	Undertake an exercise to refresh the Trust values. As part of this exercise engage with staff to ensure that values are meaningful and expected behaviours are clear. Prelaunch revised values across the Trust.						1) HR and OD to undertake a review of the Trust values	31st May 2016	Completed	1) Failure to articulate expected values and behaviours	1) Failure to engage staff impacting on productivity and patient care 2) There is a risk that the pace required may impact on sustainable change 3) There is a risk in term of communications support due to capacity within the team.		Director of Workforce, OD and Culture	People and Culture Committee		1) An externally facilitated Board development session on Trust values took place on the 13th April 2016, and was discussed by ELT on the 18th April 2016. A further discussion is planned for Board in April to agree next steps. 2) As part of the review of the Trust values the Director of workforce, OD, and Culture has delivered a podcast to staff explaining this specific part of the GIAP. This has been supplemented with a short organisational survey distributed via the intranet to seek staff's views on whether the current values are still valid, valid with small changes or whether a full re-write of them is required. 3) A Board discussion took place on the 27th April which focused on the feedback from the Board Development session and reflections on the Trust values. Board members agreed to wait for feedback on the survey before agreeing next steps. 4) A survey has been distributed to all staff asking if we should refresh the Trust Values. Intranet survey results will be discussed at the Board Development			
							2) Set a programme of engagement with staff to consultant on the refresh of the values	31st May 2016	Completed				Director of Workforce, OD and Culture	People and Culture Committee					

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PC5					R8		3) Ensure a comprehensive Comms plan in place to ensure values are visible across the Trust; and	30th June 2016	Completed			Investment in external consultants to support culture change programme	Director of Workforce, OD and Culture	People and Culture Committee	10th August 2016	Session 11th May 2016 5) The People and Culture Committee received positive assurance on the review of the Trust values and the approach taken to refresh the Trust values in the new Trust Strategy. 6) A further update was presented to the People and Culture Committee in June, noting that proactive Communication was underway, ensuring that the values are referenced in all communications. It was also noted that the Comms around the values was being aligned to the communications around the new Trust strategy.			On track
							4) HR and OD to undertake a refresh of the behavioural framework	31st July 2016	On Track				Director of Workforce, OD and Culture	People and Culture Committee					
PC6	Expand the current Chair and CEO reports to provide a greater depth of information regarding key priorities for stakeholder engagement, feedback provided and any barriers to progress.				R11		1) Chairman and CEO reports to include information about stakeholder engagement and feedback from commissioners	31st March 2016	Completed	1) None identified at this time	1) None identified at this time	None Required	Acting Chief Executive	Board of Directors	20th April 2016	1) CEO report to Board has been enhanced to include more detailed information about stakeholder engagement and it now includes a detailed section called listen, learn, lead. This summarises feedback from staff and provides evidence of where action has been taken in response to this feedback 2) Trust Board confirmed its assurance on the delivery of Chair and CEO reports at April 27th Board meeting and agreed closure of this recommendation			Complete
	CORE 3 CLINICAL GOVERNANCE																		
ClinG1	Refresh the role of Quality Leadership Teams to increase their effectiveness as core quality governance forums.				R24		1) Agree and implement a QLT forward plan process to ensure all required papers are received at each meeting	30th April 2016	Completed	1) Clinicians will not deliver quality priorities 2) QLTs do not meet sufficiently in order to meet there TOR 3) QLTs do not receive the adequate level of support to enable them to be effective. 4) QLTs are not reporting to the appropriate operational group within the executive leadership governance structure	1) The Trust will not deliver the Quality Framework	Resource required to support time out days for QLT and CRG leadership teams	Director of Nursing	Quality Committee	6th October 2016	1) April Quality Committee received a paper outlining the process on this action and also included Model Quality Leadership team - forward plan, a template issue log and a template agenda for the QLT meetings. The Committee were assured by the proposed programme of work. 2) The Director of Nursing has met with the Chairs of the QLTs, and there are plans in place for further collective and individual development. 3) At a GIAP meeting the Director of Nursing requested support from Education to construct a 12 month development programme for Nurses and QLTs.	1) Trust Policies that are in date (100%) 2) Reduce the overall number of Trust policies (10%)	1) Revised Polices for Policies 2) Internal Assurance report on policy compliance 3) External Assurance report on effectiveness of QLTs 4) Quality Committee TOR 5) Policy dashboard in place and monitored through Board governance structures 6) External assurance received on the effectiveness of Quality Committee and its alignment to the Quality Strategy 7) Quality Sub group in place	On Track
							2) Develop and implement a standard escalation template to be used by QLT's	30th April 2016	Completed				Director of Nursing	Quality Committee					
							3) Review frequency of clinical reference groups so that QLTs are enabled to undertake their work as defined by TOR	30th April 2016	Completed				Director of Nursing	Quality Committee					
							4) For a 6 month period DoN and MD to attend QLTs to provide coaching and oversight of meeting effectiveness.	30th September 2016	On Track				Director of Nursing	Quality Committee					
ClinG2	The Trust would benefit from a robust and thorough policy review programme.				R30		1) Undertake a review of Trust policies in order to; a)Revise the number of policies; b) update to ensure for plain English; c) ensure consistency and clarity in how policies are presented , e.g. managers guide, policy or procedure.	31st December 2016	On Track	1) Inability to review and update policies with necessary pace due to capacity 2) Lack of partnership working with staff side may cause delays in approving and implementing HR policies 3) Failure to implement policies due to insufficient policy implementation processes.	1) Employees will not adhere to policies if there are too many or if there are not clear	Resource will be required to increase capacity within the risk management function	Director of Nursing	Audit and Risk Committee	10th January 2017	1) Extra resource to support this action was approved by ELT 2) A member of staff has been seconded to the role for 6 months in order to review policies 3) Policy tracker to be presented to the Audit Committee in July to provide assurance on the process 4) The Risk Manager has reviewed the number of Trust policies and benchmarked against other organisations. There is room to consolidate a number of policies but due to changes to professional clinical practice there are a number of new policies required.			On Track

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ClinG3	Increase the effectiveness of the Quality Committee by ensuring clear alignment of the committee with the quality strategy and associated objectives, and ensuring a clear focus on seeking assurance.				R18		1) Board Development to focus on NED challenge of overdue actions and reports (see RR2)	31st March 2016	Completed	1) There is a risk that the Quality Committee agenda is to broad, and doesn't sufficiently focus on the delivery of the Quality Strategy 2) The quality TOR do not adequately reflect the quality strategy and priorities	1) Trust will not deliver Quality strategy and goals 2) The Board will not gain assurance from quality Committee 3) Non delivery of actions will result in the failure to achieve clinical quality standards required by our regulators which may lead to harm to service users and/or staff (BAF risk	Resource identified in Board Development RR2	Director of Corporate Affairs	Board of Directors	3rd November 2016	1)As part of the first task the Board Development programme was agreed at March Board meeting. This includes a session in June on holding to account 2) The Quality Committee approved the TOR at its meeting in May. Before this can be approved as completed there is requirement to ensure the agenda of Junes meeting is reflective of, and aligned to the Quality Strategy 3) The Agenda for the June meeting of the Quality Committee has been drafted to reflect the CQC domains and also align to the Quality Priorities. Further work is required to address the capacity of the Committee.			On Track
							2) As part of the review of all Committee TOR ensure there is clarity of Quality Committee TOR and work plans in relation to the Audit Committee and People and Culture Committee	31st May 2016	On Track				Director of Corporate Affairs	Audit and Risk Committee					
							3) Introduce a Quality Governance Group that will report to Quality Committee	31st July 2016	On Track				Director of Nursing	Quality Committee					
							4) Ensure that Quality Committee agenda is structured so that it focuses on topics to deliver quality strategy and goals.	30th June 2016	On Track				Director of Nursing	Quality Committee					
	CORE 4; CORPORATE GOVERNANCE																		
CorpG1	The Trust should consider how its governance arrangements could better match its strategy and plans.	WL Q6	Gov1				1) Develop and approve a Corporate Governance Framework which supports the delivery of the Trust strategy ensuring that the Board of Directors and Board Committee agendas adequately reflect the strategic objectives of the Trust	31st May 2016	Some Issues	1) There is a risk that the Board of Directors and Board Committees are not focused on the correct issues	1) Failure to deliver the Trust Strategy 2)Failure to receive assurance around strategy delivery 3) Increased bureaucracy within Organisation 4) Clinical disconnect from the Strategy 5) Failure to embed the Strategy 6) Capacity Issues within the current Board may impact on delivery of the Strategy	None Required	Director of Corporate Affairs	Board of Directors	29th June 2016	1) The key tasks associated with the development of the Corporate Governance Framework identified in the GIAP have been reviewed by the new Director of Corporate Affairs. There is a concern about the timeframes for delivery. This is being raised as a significant issue to Trust Board ahead of the 31st May delivery date. In order to successfully deliver and embed these key recommendations, an extended timeframe will need to be agreed. A plan will be presented to May's Board meeting setting out how all or parts of CG1, 2, 4, 7, and 9 will be delivered along with clear timeframes 2) The Corporate Governance Framework has been discussed informally by ELT, and a Discussion Paper was presented to the Board Development Session 11 May 2016. From the feedback received from the Board Development session an updated Governance Framework is being presented to the Audit Committee and the Board for discussion.	1) 100% of Board Committee ToRs reviewed annually 2) 90% papers circulated 5 days prior to meeting 3) 80% of actions on the Integrated action matrix are on track 4) Each Board member will attend 80% of the Board Development programme 5) 100% of Board Members have undergone a 360 appraisal	1) Well led External review 2) Committee TOR 3) Completed actions matrix 4) Board Development programme agendas 5) 360 feedback reports and associated actions	Some Issues
CorpG2	The Governance Framework should be updated to give greater clarity regarding roles of key individuals and governance forums, including: all EDs, the SID and Vice Chair, PCOG, QLTs and the Safeguarding Committee.				R14		1) Develop and approve a Corporate Governance Framework	31st May 2016	Some Issues	1) Failure to allocate sufficient resource to deliver this	1) Lack of clarity around roles may lead to failure to deliver key functions resulting in breach of regulatory conditions. 2) Clinical risk may increase due to lack of clinical ownership within governance structure. 3) Operational performance and operational performance assurance could deteriorate leading to a breach of regulatory or contractual requirements. 4) Inability to articulate corporate risks may lead to further breaches of statutory/ regulatory compliance targets	None required	Director of Corporate Affairs	Board of Directors	29th June 2016	1) The key tasks associated with the development of the Corporate Governance Framework identified in the GIAP have been reviewed by the new Director of Corporate Affairs. There is a concern about the timeframes for delivery. This is being raised as a significant issue to Trust Board ahead of the 31st May delivery date. In order to successfully deliver and embed these key recommendations, an extended timeframe will need to be agreed. A plan will be presented to May's Board meeting setting out how all or parts of CG1, 2, 4, 7, and 9 will be delivered along with clear timeframes 2) The Corporate Governance Framework has been discussed informally by ELT, and a Discussion Paper was presented to the Board Development Session 11 May 2016. From the feedback received from the Board Development session an updated Governance Framework was presented to the Audit Committee and to the Board for discussion.			Some Issues

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CorpG3	The Board and its committees need to have a greater focus on capturing, recording and holding to account for agreed actions.				R15		1) Board Development programme to be updated to include a session on holding to account which will include holding to account for agreed actions.	30th June 2016	Completed	1) Board development session does not take place in a timely manner	1) Increased risk of non delivery of Trust Strategy or contractual/regulatory requirements 2) Loss of confidence in the Trust Board by regulators and Stakeholders 3) Staff confidence in the Board will not improve	External Support needed in order to facilitate Board Development session	Director of Corporate Affairs	Audit and Risk Committee	14th July 2016	1) Board Development programme agreed at March Board meeting. This includes a session in June on holding to account. 2) The Corporate Governance Framework has been discussed informally by ELT, and a Discussion Paper was presented to the Board Development Session 11 May 2016. From the feedback received from the Board Development session an updated Governance Framework is being presented to the Audit Committee and Board for discussion. The Discussion paper also considers ED attendance, Minutes of committee meetings, and the action log process.			On Track
							2) Ensure a fit for purpose action log process is in place ensuring that the Board and Board committee action trackers are revised so that all actions captured have a clear close date, 'current position' and 'status of action'; and that RAG ratings are more clearly utilised to demonstrate progress	31st May 2016	Completed				Director of Corporate Affairs	Audit and Risk Committee					
CorpG4	Review the operation of all committees seeking to minimise duplication, revising membership, ensuring a focus on capturing and tracking actions, and increasing contribution to the debate. -a review of forward plans against ToR to ensure clarity of purpose; -minimise duplication of papers; -committee chairs should also meet quarterly to ensure effective co-working; -ensure robust attendance of all key EDs at committee meetings; -ensure a consistent focus on summarising debate and capturing actions. (feedback on this should be sought in annual effectiveness reviews); -review appropriateness of membership and provide a focus on members and attendees contributing equitably and effectively; and -timely submission of papers and consistent use over cover sheets				R16		1) Undertake a comprehensive review of the Board Committee structures including TOR	31st May 2016	Some Issues	1) Capacity of NED's 2) Lack of clarity of attendance of Committees 3) Turnover of Board members	1) Board does not have sufficient capacity to service all committees 2) Appropriate assurance on performance, quality and finance is not able to be provided to the Board. 3) Lack of clarity may result in increased bureaucracy and reduced pace of action implementation.	None Required	Director of Corporate Affairs	Audit and Risk Committee	14th July 2016	1) ED attendance at Committees reviewed at ELT and will be reflected in revised TOR 2) The key tasks associated with the development of the Corporate Governance Framework identified in the GIAP have been reviewed by the new Director of Corporate Affairs. There is a concern about the timeframes for delivery. This is being raised as a significant issue to Trust Board ahead of the 31st May delivery date. In order to successfully deliver and embed these key recommendations, an extended timeframe will need to be agreed. A plan will be presented to May's Board meeting setting out how all or parts of CG1, 2, 4, 7, and 9 will be delivered along with clear timeframes 3) The Corporate Governance Framework has been discussed informally by ELT, and a Discussion Paper was presented to the Board Development Session 11 May 2016. From the feedback received from the Board Development session an updated Governance Framework is being presented to the Audit Committee and Board for discussion. The Discussion paper also considers ED attendance, Minutes of committee meetings, and the action log process.			Some Issues
							2) Arrange for Committee Chairs to meet on a quarterly basis	31st March 2016	Completed				Director of Corporate Affairs	Audit and Risk Committee					
							3) Review ED attendance at Committees	27th January 2016	Completed				Director of Corporate Affairs	Audit and Risk Committee					
							4) Review the minutes of the Board and Board Committees and consider the use of action notes as a more effect way of recording debate and actions	30th April 2016	Completed				Director of Corporate Affairs	Audit and Risk Committee					
							5) Embed a process for the yearly review of the effectiveness of Board Committee against TOR	30th June 2016	Completed				Director of Corporate Affairs	Audit and Risk Committee					
CorpG5	Undertake a review of the Finance and Performance Committee outlined below -a review of forward plans against ToR to ensure clarity of purpose; -minimise duplication of papers; -committee chairs should also meet quarterly to ensure effective co-working; -ensure robust attendance of all key EDs at committee meetings; -ensure a consistent focus on summarising debate and capturing actions. (feedback on this should be sought in annual effectiveness reviews); -review appropriateness of membership and provide a focus on members and attendees contributing equitably and effectively; and -timely submission of papers and consistent use over cover sheets				R19		1)Undertake a comprehensive review of the Committee aligned to the TOR of the Committee	31st May 2016	Completed	1) Capacity of F&P Committee	1) Committee not able to meet requirements of ToR 2) Failure to provide assurance to Board 3) Key statutory reporting is not completed in a timely way	None Required	Director of Corporate Affairs	Audit and Risk Committee	14th July 2016	1) Updated TOR were approved at the Committee meeting on the 28th March 2) The TOR were updated to reflect the well led findings, Trust Board forward plan updates, creation of People and Culture committee and general refresh 3) As part of the Committees annual report on its work the committee has also reviewed its effectiveness.			On Track
							2) Finance and Performance Forward Plan approved by F&P	31st May 2016	Completed				Director of Corporate Affairs	Audit and Risk Committee					

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	streets						3) Embed a process for the yearly review of the effectiveness of Board Committee against TOR	31st May 2016	Completed				Director of Corporate Affairs	Audit and Risk Committee					
CorpG6	The Audit Committee should reaffirm its role in seeking assurance over systems, controls and processes and not matters of operational or managerial detail.				R20		1) Ensure processes are in place for Audit Committee to undertake a review of its effectiveness	30th April 2016	Completed	1) Audit Committee agenda does not reflect TOR 2) Capacity of Audit Committee 3) NED Capacity	1) Inability to provide assurance to the Board 2) Failure to meet ToR	None Required	Director of Corporate Affairs	Audit and Risk Committee	27th April 2016	1) Committee Terms of Reference have been reviewed in line with Best Practice.			On Track
							2) Review reporting and monitoring process to ensure Audit Committee is receiving required assurance on systems, controls and processes	30th April 2016	Completed				Director of Corporate Affairs	Audit and Risk Committee					
							3) Review Audit committee TOR in line with best practice from across the NHS	30th April 2016	Completed				Director of Corporate Affairs	Audit and Risk Committee					
CorpG7	In light of the changing governance and accountability structures (such as neighbourhoods, campuses and QLTs), an accountability framework should be designed to fully engage staff in how these changes will affect ways of working, performance management structures and desired behaviours moving forward.				R21		1) Aligned to the Corporate Governance Framework develop and approve an organisational accountability framework	30th June 2016	Some Issues	1) Capacity within teams and their ability to cope with competing priorities 2) Lack of clarity about the Executive Governance Structures 3) Senior leaders unable to engage due to capacity	1) Failure to deliver the Trusts Transformational change programme at the required pace. 2) Staff morale and engagement will reduce leading to a reduction in clinical quality. 3) Operational performance could reduce leading to failure to meet required contractual and regulatory outcomes.	None Required	Director of Operations	Audit and Risk Committee	19th July 2016	1) The key tasks associated with the development of the Corporate Governance Framework identified in the GIAP have been reviewed by the new Director of Corporate Affairs. There is a concern about the timeframes for delivery. This is being raised as a significant issue to Trust Board ahead of the 31st May delivery date. In order to successfully deliver and embed these key recommendations, an extended timeframe will need to be agreed. A plan will be presented to May's Board meeting setting out how all or parts of CG1, 2, 4, 7, and 9 will be delivered along with clear timeframes 2) The Corporate Governance Framework has been discussed informally by ELT, and a Discussion Paper was presented to the Board Development Session 11 May 2016. From the feedback received from the Board Development session an updated Governance Framework is being presented to the Audit Committee and Board for discussion.			Some Issues
							2) Develop and fully engage senior staff in an accountability framework which should define: •the values, behaviours and culture to be role modelled by senior management; •roles and responsibility of key divisional leaders, including delegated authorities and duties; •expectations of performance; and •mechanisms to be used for holding to account both by EDs and within divisions.	30th June 2016	Some Issues				Director of Corporate Affairs	Audit and Risk Committee					
CorpG8	The Board needs to introduce an integrated performance report which encompasses key operational, quality, workforce and finance metrics				R22		1) The Trust will revise the integrated performance report which will include: •Key operational metrics; •a workforce dashboard; •the Quality Dashboard, updated to show the refreshed Quality Priorities; •a finance dashboard; and •a summary of performance of groups to highlight any underlying themes.	31st May 2016	Completed	1) Lack of clear KPIs identified by Director leads 2) Issues with embedding the Quality Metrics into the integrated performance report will negatively impact the Boards ability to triangulate all organisational performance information and KPIs	1) Poor information leading to sub optimal decision making by the Board. 2) The Board not being sighted on key risks or poorly performing areas leading to delays in resolution. 3) Lack of clear KPIs for each section of the integrated performance report will result in trends not poor performance not being identified and improvements not monitored	None Required	Director of Operations	Board of Directors	25th May 2016	1) New Integrated Performance Report presented to Board in March 2) Quality Metrics required to complete the report by the end of May 3) Quality Metrics were presented to Board as part of the Integrated performance report in April. It was agreed that further work would be undertaken to refine the metrics and would be included in the May report to the Board 4) A Local operating procedure is being drafted which outlines the process and responsibilities for the Integrated Performance report. It has been agreed as part of the development of the LOP that PCOG will take a formal role in pulling together all the relevant information and presenting to the relevant Directors for sign off.			On Track

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CorpG9	Formalise the role of PCOG as a key forum in the Trust's governance structure				R23		1) As part of the Governance Framework review the Trust will formalise the role of PCOG	31st May 2016	Some Issues	1) Lack of ED engagement in PCOG 2) Failure to clarify individual and collective roles within PCOG 3) Failure to clarify the role of PCOG within the executive governance structures 4) Failure to clarify the roles of PCOG and TOMM to avoid duplication 5) lack of clear escalation of operational issues from PCOG to the Board.	1) Performance and contract information is not able to be triangulated through the governance structure leading to increased risk of reduced quality, financial inefficiency or reduced operational performance.	None Required	Director of Operations	Audit and Risk Committee	19th July 2016	1) See CG1 for task 1 2) Actions matrix has been introduced with further development required 3) Escalation to ELT being provided by Director of Operations 4) PCOG has placed greater emphasis on its role in providing an oversight of performance and Contracting operational performance and issues. 5) The TOR of PCOG will be refreshed to place greater emphasis of the oversight of the Integrated performance report and to reflect attendance at the group. It has been agreed that not all ED need to be in attendance and deputies with operational oversight are better placed to be on the group, when the deputies are unable to attend the ED should attend in their place. 6) The TOR of TOMM will also be refreshed to ensure there is clarity of roles and responsibilities between the groups 7) Action tracker is now in place and is aligned to the minutes 8) The General Managers of Campus and Neighbourhoods form part of the membership of PCOG which provide oversight of the move to the Neighbourhood Model 9) The review of PCOG will now be aligned to the delivery of the Accountability Framework and will be delivered in July 2016			Some Issues
							2) Increasing ED attendance at PCOG	31st May 2016	Some Issues				Director of Operations	Audit and Risk Committee					
							3) Improving the quality of minutes and action trackers and the timeliness of papers to this forum.	31st May 2016	Some Issues				Director of Operations	Audit and Risk Committee					
							4) Clarifying the role of PCOG in light of the move to neighbourhoods and campuses	31st July 2016	On Track				Director of Operations	Audit and Risk Committee					
CorpG10	Further improve the function of the ELT by improving the timeliness of papers and quality of debate.				R2		1) Ensure ELT agenda focuses on agreed key priorities and items appropriately escalated through the Governance Structures. Agenda and papers will be circulated on a Thursday	31st March 2016	Completed	1) Failure of ELT to take on board change	1)Pace of change and delivery of required outcomes reduced. 2) An effectiveness of executive team leads to increased organisational risk 3) Ensure the Board Secretariat function has resourced sufficiently	None Required	Acting Chief Executive	Board of Directors	30th April 2016	1) ELT agenda completed and sent out on a Thursday 2) Revised agenda reflects the focus on agreed key priorities and principles.			Complete
	The Board needs to address the quality of debate and dialogue, focussing on increasing contributions across all BMs, displaying greater leadership and vision, ensuring an appropriate balance between strategic and operational debate, and pushing for increased momentum around key issues.						1) Ensure a Board development programme which is linked to the Trust Strategy	31st March 2016	Completed	1) Failure of Board Members to engage with this change 2) Failure of the Board to be visible 3) Failure of the Board to gain adequate assurance.	1)The Board is not able to deliver the Organisational strategy 2)The Board breaches its regulatory requirements 3)The Board does not recognise and respond to increasing governance or clinical risks that are emerging		Director of Corporate Affairs	Board of Directors		1) Board development programme approved at the Board meeting in March 2) 360 degree appraisals have commenced for 2016. The Council of Governors Noms and Rems Committee agreed the paper work and framework, but have agreed given the current environment that Governors will not comment on the NED appraisals this year, as they will hold the NEDs to account through their task and finish group 3) Board forward plan was approved at the			

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CorpG11					R3		2) Ensure all Board Members have completed 360 appraisals which focus on development	31st March 2017	On Track			None Required	Director of Workforce, OD and Culture	Rem Com/ Nominations and Remuneration Committee (CoG)	1st April 2017	meeting in March which includes a balance of operational and strategic items 4) The agenda will continue to be reviewed by the Director of Corporate Affairs as well as ELT to ensure the plan remains balanced			On track
							3) Ensure that there is the appropriate balance of strategic and operational items on the Board Agenda	30th September 2016	Completed				Director of Corporate Affairs	Board of Directors					
CorpG12	Reintroduce short summary reports from committee chairs to the Board to supplement minutes. These should identify key risks, successes and decisions made / escalated from the meeting.				R17		1) Reintroduce short summary reports from committee chairs to the Board which identify key risks, successes and decisions made / escalated from the meeting.	30th April 2016	Some Issues	1. Failure to provide appropriate escalation processes to Board 2, inconsistent approach to summary reports fails to provide necessary assurance	1)There is a danger that key escalations from committees to board are missed resulting in increased clinical or organisational risk	None Required	Director of Corporate Affairs	Audit and Risk Committee	29th May 2016	1) Summary reports will be presented at the Board meeting in April 2) Summary reports from Board Committees were provided for April's Board meeting. It was agreed that further development and understanding of their purpose was required to ensure that they are an effective tool in the governance and assurance process. Board members agreed that there remained 'some issues' which required resolution for May's Board meeting.			Some Issues
CorpG13	The Board should re-establish the Board Assurance Framework as one for all risks including risks which it is involved in and when that risk has an element of confidentiality how it is handled. It should write and implement a plan for BoD development which includes these objectives.	WL Q7	C1, C2 Gov7				Develop and Agree BAF 16/17	31st March 2016	Completed	1) None identified at this time	1) Board is not sufficiently aware of confidential risks	None Required	Director of Corporate Affairs	Audit and Risk Committee	31st March 2016	1) Board has agreed 16/17 BAF at march Board meeting 2) Board has agreed timetable for BAF deep dives 3) Once the new Trust Strategy has been formally approved, the BAF will need to be refreshed.			On Track
							Schedule BAF Deep dive reviews for Board Committees	31st March 2016	Completed				Director of Corporate Affairs						
CORE 5- COUNCIL OF GOVERNORS																			
	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	30th June 2016	On Track	1) The ongoing negative press and detail of the investigations may result in further distrust between the Board and Council of Governors 2) Turn over of Governors and Board Members will negatively impact on the relationship 3) Lack of clarity in relation to the role of SID	1) Failure to rebuild trust and confidence between the Board of Directors and CoG will impact on delivery of the Trust Strategy 2) Failure to progress the development of a positive and constructive relationship		Director of Corporate Affairs	Board of Directors & Council of Governors		1) Council of Governors have approved a new meeting structure which include a more robust and effective Nomination and Remuneration Committee 2) Council of Governors have approved an expanded lead Governor job description and appointed to it 3) Code of Conduct to be reviewed at 12th April meeting 4) CoG is due to meet on the 1st June and will review tasks that it has oversight for. 5) Key principles and a draft policy has been identified from best practice for discussion at the next Governance Committee on 6 June. This encompasses arrangements already set in place including the twice yearly Council of Governors and Board session, the regular Non-Executive Director and Council of Governor sessions. Governors have also been invited to attend Board Committee	1) New Governors induction completed (100%) 2) 90% positive feedback received on the induction	1) Well led External review 2) Engagement Policy 3) Code of Conduct 4) Lead Governor role description	
							2) The Trust will expand the role of lead governor to ensure greater collaborative working with the Chairman and SID	29th January 2016	Completed				Director of Corporate Affairs	Board of Directors & Council of Governors					

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CoG1		WL Q3 WL Q4	Gov 4, Gov 5, Gov 6,			CQC 4- Should	3) Development and implement a process for the assessment of the effectiveness of Council of Governors	30th September 2016	On Track			None Required	Director of Corporate Affairs	Board of Directors & Council of Governors	1st April 2017	meetings to observe the work of Committees and further understand the role and hold Non Executive Directors to account. 6) A proposal for an evaluation of the effectiveness of the Council of Governors has been drawn up and is to be discussed at the Governance Committee on 6 June 2016. Subject to discussion and approval, it is planned that this will be carried out in July 2016, the result reviewed by the Governance Committee and the findings used to develop an action plan for the governors to take forwards. 7) Revisions to the Code of Conduct have been discussed as part of the Governance Committee agenda on 12 April 2016 and 25 April 2016. A further draft has been circulated to governors prior to discussion at the Governance Committee meeting on 6 June 2016.			On Track
							4) Council of Governors to review and embed a new governance structure which will focus on more joined up working between CoG and the BoD	29th January 2016	Completed				Director of Corporate Affairs	Board of Directors & Council of Governors					
							5) Implement a Code of Conduct for all Governors	30th June 2016	On Track				Director of Corporate Affairs	Board of Directors & Council of Governors					
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		Gov 4, Gov 5, Gov 6,		R12	CQC 3- Should	1) Develop a new induction programme for the Council of Governors and roll out its delivery	31st May 2016	Completed	1) Governors will not hold NED's to account in an effective way 2) Governors may not be able allocate sufficient time to undertake induction and external training	1) Failure to rebuild trust and confidence between the Board of Directors and CoG will impact on delivery of the Trust Strategy 2) Failure to progress the development of a positive and constructive relationship 3) Failure to provide Governors with the necessary skills and knowledge for them to effectively discharge there duties	Requirement for external governance training	Director of Corporate Affairs	Council of Governors	1st April 2017	1) A new induction programme has been developed and will be used to induct all new Governors in May 2) A new development programme has been developed and will be discussed at the Governance Committee of Council of Governors on the 12th April 2016 3) The CoG Governance Committee on the 12th April 2016, discussed and approved the Governor Development programme and the first session is due to take place on the 22nd April 2016 focusing on Trust Strategy and GIAP 4) CoG is due to meet on the 1st June and will review tasks that it has oversight for. 5) There is a planned induction event on 31 May to cover the areas of the role of governors, their context within the organisation and personal conduct as outlined by the Code of Conduct. The Chair, chief executive and wider Board members will attend and present at the event. New governors are invited to attend along with existing governors to refresh knowledge and to meet new governors. Those new governors who are unable to attend the session will have a bespoke 1:1 induction session with the Director of Corporate Affairs. 6) At the Council of Governors meeting on the 1st June 2016, the Governors confirmed that the actions were complete. All but one new Governor undertook induction on the 1st June 2016, the remaining Governor will undertake a one to one induction with the Director of Corporate affairs on the 22nd June 2016.			On Track
							2) Develop a CoG development plan for 2016/17 to include Governwell and other external training	30th April 2016	Completed				Director of Corporate Affairs	Council of Governors					
							3) Ensure that a schedule of the plans are made available to all Board members and members of the Council of governors and the plan is delivered	31st March 2016	Completed				Director of Corporate Affairs	Council of Governors					

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CoG3	Prioritise the recruitment to the Council of Governors, ensuring that the role of the governor and vacancies are publicised.				R12		1) Chairman will engage stakeholders to ensure representation on the Council of Governors	31st May 2016	Completed	1) Incomplete CoG impacting on its effectiveness 2) Failure to ensure a Broad range of experience on the Council of Governors	1) Carrying vacancies will add additional pressure to existing Governors, who may resign due to capacity	Electoral reform services will manage the Governor Elections	Director of Corporate Affairs	Council of Governors	21st July 2016	1) The Chairman has written to all stakeholders to ensure they have identified someone in the organisation to represent them. The local police constabulary has written to decline representation. This will be discussed at the Governance Committee of CoG 2) Following the nomination process in Feb/March 16 we now have six new governors who were elected unopposed These are: Bolsover Chesterfield North Derby City East Derby City East Erewash North Surrounding Areas This leaves us with the following: Upcoming elections (close on Tuesday 3 May): High Peak (two candidates) Nursing and Allied Professions – staff (three candidates) Remaining vacancies: Amber Valley North Chesterfield South Voluntary sector (appointed) x 2 Derbyshire Constabulary (opted out)			On Track
							2) Hold Governor elections	31st May 2016	Completed				Director of Corporate Affairs	Council of Governors	22nd July 2016				
	CORE 6- ROLE AND RESPONSIBILITIES OF BOARD MEMBERS																		
RR1	Implement proposals to improve succession planning at Board level, including ensuring that Governors are adequately engaged in this process. Alongside this, develop processes for succession planning for Senior Leader positions				R4		1) Develop and approve Board level, key divisional and corporate leaders succession plan	30th September 2016	On Track	1)Inability to identify key components of the succession plan 2) Due to sickness and vacancies may not adequately succession plan	1) Trust performance could deteriorate due to capacity and single points of failure 2) Risk to Business continuity	None Required	Director of Workforce, OD and Culture	Rem Com	1st April 2017		1) Each Board member has attended 80% of the Board Development programme 2) 100% of Board Members have undergone a 360 appraisal 3) Exec Directors have attended at least 80% of the executive development sessions 4) All Directors 100% compliance with their training requirements	1) Board Development programme agendas 2) 360 feedback reports and associated actions 3) Succession plans 4) Well led External review 5) Board Effectiveness Review	On Track
							2) Implement and embed succession plan	31st March 2017	On Track				Director of Workforce, OD and Culture	Rem Com					
RR2	**Deloitte 5** - Agree a programme of Board development work which includes a mix of internal and externally facilitated sessions, is clearly aligned to the combined governance action plan. the Board development plan should consider: •more detailed consideration of the governance action plan; •a focus on Board challenge, including assurance, reassurance and the role of the corporate director; •facilitated 360 feedback; •Board cohesion and dynamics; •use of external speakers to add insight and prompt debate; •joint sessions governors ; and •engagement from senior Trust leaders. **CQC 3** - The trust should ensure that all board members and the council of governors undertake a robust development plan (Link to CG2)	**WL Q2 WL Q3 HR Q11**	**G1, G2a**		R5	**CQC 3- Should**	1) Develop a Board Development plan for 2016/17	31st March 2016	Completed	1) Conflicting Priorities 2) Availability of external presenters 3) Perception of Value of the delivery of the Board Development Plan	1) Failure to develop as a Unitary Board which will impact on delivery of strategy 2) Failure to effectively challenge will impact on Board accountability and decision making 3) Non Achievement of development objectives	External resource will be required to facilitate Board Effectiveness sessions	Director of Corporate Affairs	Board of Directors	1st April 2017	1) Board Development programme agreed at March Board meeting 2) An externally facilitated Board development session focusing on the Trust's values took place on the 13th April 2016, with a further discussion planned for Board in April 3) Board Development holding to account sessions planned for 15th June			On Track
							2) Implement Board Development programme which will include Board effectiveness sessions to address team dynamics and agreed ways of working including •clarity of purpose and vision; •effective challenge and leadership; and •individual coaching.	31st March 2017	On Track				Director of Corporate Affairs	Board of Directors					
RR3	**Deloitte 6** - Complete the full process of 360 feedback for all BMs and utilise the outcome to set clear objectives in relation to portfolio areas (for EDs) as well as in relation to the role of the corporate director and contribution to the Board. **CQC 8** - The trust should introduce and effectively monitor 360 degree feedback all senior managers and directors.				R6	**CQC 8- Should**	1) Develop a 360 feedback process for BM's with forms and expectations on what and how to feedback	30th June 2016	On Track	1) Failure to provide clarity over Director portfolios 2) Failure to identify development needs of Directors which may impact on individual and collective performance 3) Failure of Directors to understand the role of Corporate Directors.	1) Capacity staff do not have the capacity to complete multiple 360 feedback forms 2) Capacity of Managers to effectively analyse the feedback required	Support required from external organisations	Director of Workforce, OD and Culture	Rem Com/ Nominations and Remuneration Committee (CoG)	1st April 2017	1) Board development programme approved at the Board meeting in March 2) 360 degree appraisals have commenced for 2016. The Council of Governors Noms and Rems Committee agreed the paper work and framework, but have agreed given the current environment that Governors will not comment on the NED appraisals this year, as they will hold the NEDs to account through their task and finish group 3) Board forward plan was approved at the meeting in March which includes a balance of operational and strategic items 4) The agenda will continue to be reviewed by the Director of Corporate Affairs as well as ELT to ensure the plan remains balanced 5) 360 feedback has been completed for 3 NEDs and 1 ED 6) A paper detailing the process for 360 feedback for senior managers will be presented to the People and Culture Committee in June (this paper was not provided and will need to be provided at July's meeting)			On Track
							2) Implement 360 degree feedback for all BM's	30th September 2016	On Track				Director of Workforce, OD and Culture	Rem Com/ Nominations and Remuneration Committee (CoG)					
							3) Integrate 360 feedback into BM's appraisal objectives and personal development goals	31st March 2017	On Track				Director of Workforce, OD and Culture	Rem Com/ Nominations and Remuneration Committee (CoG)					
							4) Implement 360 degree feedback for all senior managers	31st March 2017	On Track				Director of Workforce, OD and Culture	Rem Com					

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							5) Integrate 360 feedback into senior manager appraisal objectives and personal development goals	30th September 2017	On Track				Director of Workforce, OD and Culture	Rem Com					
RR4	Implement a programme of Executive Team development which focuses on team dynamics, effective challenge and leadership and is supported by individual coaching where necessary.				R1		1) Develop and agree Executive Team development programme which will include; team dynamics and agreed ways of working; •clarity of purpose and vision; •effective challenge and leadership; and •individual coaching.	31st May 2016	Completed	1) Conflicting Priorities and capacity within the Executive team may impact on the availability of Directors to attend Exec Development Sessions 2) Availability of external presenters 3) Perception of Value of the delivery of the ELT Development Plan	1) Failure to work cohesively as a team which will impact on performance	Support required from external organisations	Acting Chief Executive	Rem Com	1st April 2017	1) A paper setting out an ELT development programme will be presented the Remuneration Committee on 27.04.16 for consideration and approval			On Track
							2) Implement development programme and monitor effectiveness through 360 feedback	31st March 2017	On Track				Acting Chief Executive	Rem Com					
RR5	The trust should ensure that training passports for directors reflect development required for their corporate roles.				R5	CQC 7- Should	1) Training requirement for all ED's and NEDS are agreed by CEO and Chair, with passports updated accordingly	30th June 2016	On Track	1) Failure to ensure Directors have the required knowledge and skills to undertake their roles 2) Failure to identify the training requirements for individual directors based on individual roles,	1) Failure to continually develop will impact on Board performance 2) BMs ability to challenge may be impacted without the appropriate training and knowledge	Resource may be required for individual development	Acting Chief Executive / Chairman	Rem Com	5th October 2016	1) An assurance paper will be presented to the Remuneration Committee in October			On Track
							2) Developmental training requirements are discussed and agreed with Board members in their Appraisals	31st May 2016	Completed				Acting Chief Executive / Chairman	Rem Com					
							3) Provide BM and NED training update reports to Rem Com to demonstrate completion in line with mandatory and CPD requirements	30th September 2016	On Track				Acting Chief Executive / Chairman	Rem Com					
CORE 7- HR AND OD																			
WOD1	**DR34**- Define and agree a process to regularly monitor the consistent application of HR policies and procedures for the full range of Employee Relations cases. **CQC 1** - The trust must ensure HR policies and procedures are followed and monitored for all staff	HR Q11			R34	CQC 1- Must	1) To undertake a review of HR policies and procedures to ensure all are in date and are compliant with expected HR practice	30th September 2016	On Track	1) Failure to identify capacity to review HR policies 2) Failure of JNCC to approve policies in a timely manner 3) Failure to have robust HR leadership to support this work 4) Failure to effectively monitor adherence to HR policies 5) Failure to effectively implement and train staff on HR policies	1) If HR policies are not followed this will continue negative impact on Governance systems of assurance 2) There will be further Employment Relationship issues if managers fail to follow policies 3) Ongoing issues with the HR department may impact on staff morale 4) negative impact of the ET and enforcement action may impact on recruitment and retention	Additional senior HR capacity is required to lead on this work. HR Resource plan to identify this is needed	Director of Workforce, OD and Culture	People and Culture Committee	18th January 2017	1) Principal ER manager role has been advertised and is due to close on the 27th April. Post appointed to. 2) Director of Workforce, OD and Culture is meeting with internal audit week commencing the 9th May. It will be suggested that Internal Audit should review the Disciplinary and Health Attendance Policies 3) Internal audit scope being agreed to audit specific policy compliance 4) A timeline is in place to ensure all HR policies are reviewed by the end of September. 5) The People and Culture Committee were made aware that the HR team had not had chance to audit 2 policies. The Committee therefore agreed that the HR team will Audit the Acting up Policy and the professional registration policy, a report on the outcome will be presented to the Committee in July.	1) Compliance with Mandatory Training (90%) 2) Improvement in the following areas of the staff survey KF 14, KF 27, KF 15, KF 21 3) 90% of Managers trained on HR policies before 31st December 4) Improvement in monthly Pulse Check scores 5) Managers completing Grievance, Disciplinary, and Whistleblowing policies training (85%)	1) Integrated Performance report 2) HR SLA delivery 3) Board and Committee minutes	Some Issues
							2) Develop an internal compliance monitoring process for HR policies and procedures including case management and tracking. This will be monitored by Trust Board and integrated into its performance reporting	31st July 2016	On Track				Director of Workforce, OD and Culture	People and Culture Committee					
							3) A training programme on HR policies and process is designed, available and accessible	31st December 2016	On Track				Director of Workforce, OD and Culture	People and Culture Committee					
							4) HR function to Audit compliance against two selected HR policies	30th June 2016	Off track				Director of Workforce, OD and Culture	People and Culture Committee					
							5) Internal Audit review of control process and assurance to demonstrate sustained improvement in compliance levels	quarter 4 16/17	On Track				Director of Corporate Affairs	Audit and Risk Committee					
	The trust should ensure that recruitment processes for all staff are transparent, open & adhere to relevant trust policies						1) Review and ensure that Trust recruitment and acting up policies are fit for purpose	30th June 2016	Off track	1) Failure to identify capacity to review HR policies 2) Failure of JNCC to approve policies in a timely manner 3) Failure to have robust HR leadership to support this work 4)Failure to release managers to	1) Inconsistency of recruitment process leading to challenge and litigation. 2) Failure to recruit competent and capable staff		Director of Workforce, OD and Culture	People and Culture Committee		1) An audit of the recruitment processes took place in 2015 which only identified one area of low risk. This is to be considered as part of the wider HR policy review which will take place before September 2016 2) The People and Culture Committee were made aware that the HR team had not had chance to audit the acting up or			

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WOD2						CQC 9- Should	2) Agree a plan and deliver recruitment training to all appointing officers	31st March 2017	On Track	1) Failure to release managers to attend training		Additional senior HR capacity is required to lead on this work. HR Resource plan to identify this is needed	Director of Workforce, OD and Culture	People and Culture Committee	15th July 2016	Not had chance to audit the acting up of recruitment policies. The Committee therefore agreed that the Acting up and Recruitment Policies would be audited for July's meeting.			Some Issues
							3) Deliver a peer audit of recruitment policies compliance to demonstrate improvement	31st December 2016	On Track				Director of Workforce, OD and Culture	People and Culture Committee					
WOD3	Address the relationship issues identified within the function, and alongside this agree a development programme for HR and its related functions that starts by building relationships at a senior level before seeking to develop an effective and efficient function.				R29		1) Develop and implement a HR and related function Development programme, which includes building good working relationships	31st May 2016	Completed	1) Staff groups choose not to engage in the development process 2) Inconsistency of policy application leading to Employment Relation issues	1) Inability to deliver an effective HR service into the organisation presenting significant organisational risk	External resource and support required	Director of Workforce, OD and Culture	People and Culture Committee	15th March 2017	1) A high-level paper outlining the development for the HR team will be presented to the P&C committee in May 2) A Paper was delivered to People and Culture in may which outlined the approach and broad areas of development for the HR team.			On Track
							2) Implement Development Programme	31st May 2016	Completed				Director of Workforce, OD and Culture	People and Culture Committee					
WOD4	As part of its review programme, the Trust may wish to consider a mandatory programme for line managers in order to embed the revised policies and procedures.				R31		1) A training programme on HR policies and process is designed, available and accessible	31st December 2016	On Track	1) Capacity of managers to be released in order to attend training	1) Inconsistency of recruitment process leading to challenge and litigation. 2) Failure to recruit competent and capable staff	Additional capacity to develop core management training is required	Director of Workforce, OD and Culture	People and Culture Committee	15th January	The Post of Management Trainer has been advertised			On Track
WOD5	Consider a range of development interventions for the operational HR team to ensure employment law risks are mitigated.				R32		1) As part of the wider HR development programme (WOD 3) deliver specific interventions on employment law	30th September 2016	On Track	1) Inability to deliver team development programme 2) Failure to identify the risks associated with potential ETs 3) Failure to escalate risk relating to ETs	1) Failure to have the required knowledge and skills in the HR team	Specialist HR Employment law specialist request	Director of Workforce, OD and Culture	People and Culture Committee	19th October 2016				On Track
WOD6	Consider mechanisms to regularly seek feedback from the HR function on the extent to which the candour, openness, honesty, transparency and challenge to poor performance are the norm, e.g. through monthly pulse checks				R33		1) Introduce a monthly pulse check for the HR team	31st May 2016	Completed	1) Failure to improve culture and behaviours 2) Members of the function will not accept joint team meetings 3) Effective management of HR ineffective due to interim arrangements	1) Failure to deliver an effective HR function 2) Failure to provide HR support to managers across the organisation may result in further employee relations issues	None required	Director of Workforce, OD and Culture	People and Culture Committee	17th July 2017	1) At the HR team meeting it was agreed to use emoji's as a pulse check for the team. The Process will be outlined to the People and Culture Committee verbally at its meeting in May 2) A Paper was delivered to People and Culture in May which outlined the approach and broad areas of development for the HR team. 3) A verbal update was delivered to the People and Culture Committee. it was noted that both teams have agreed in principle to an integrated team meeting, it was highlighted that there are delays in progressing this due to internal issues which are outside of the control of the Director of HR.			On Track
							2) Integrated Team meeting implement	30th June 2016	Some Issues				Director of Workforce, OD and Culture	People and Culture Committee					
	The trust should monitor the adherence to the grievance, disciplinary, whistle-blowing policies and the current backlog of cases concluded.						1) Implement a proactive system which monitors adherence to the grievance, disciplinary, whistle-blowing policies, including a robust case tracking system.	31st May 2016	Some Issues	1) Failure to review the policies will result in further backlog of cases 2) Failure to deliver Speak up action plan at the required pace will lead to staff unable to raise issues 3) Lack of visibility of senior HR leaders 4) Failure to effectively Monitor adherence to HR policies 5) Failure to ensure backlog of cases are completed due to delays in the process outside of the Trusts control.	1) Failure to deliver effective HR process could lead to reduced staff morale		Director of Workforce, OD and Culture	People and Culture Committee		1) the Director of Workforce, OD and Culture has provided assurances that there is a proactive system which monitors adherence to the grievance, disciplinary, whistle-blowing policies, including a robust case tracking system is already in place. An internal audit is due which will review the case tracker. 2) Internal Audit scoping meeting to take place on 12th may 3) Case tracker to be presented at the People and Culture Committee in May 4) The People and Culture Committee understood the tracking system, but the committee were not assured that adherence to the policy was being monitored through the process outlined			

	Issue Raised/ Action	well led self assessment	Reference to AY Governance Review	HR investigation	Deloitte Report	CQC report	Key Tasks	Key Task Date	Progress Rag Rating	Associated risks to delivery of Action	Associated Risks of non-implementation	outline of any key resources required;	Owner	Responsible Committee	Issue/ Action completion sign off by Body	comments on progress	KPIs and success measures;	Evidence of demonstrable outcomes and assurance	Board Assurance Rag Rating
WOD7						CQC 6- Should	2) Internal audit compliance against named policies and the defined timescales against cases identified on the tracker.	30th September 2016	On Track			Resource Plan	Director of Workforce, OD and Culture	Audit and Risk Committee	19th October 2016	monitored through the process outlined. 5) In order to provide assurance it has been agreed to internally audit the case tracker. The scope is currently being developed with internal audit team. 6) An update was provided to the People and Culture Committee in June. the Director of Workforce and OD noted that the Audit of the policies and the case tracker was underway and she is due to meet internal audit on the 5th July 2016 to review the feedback from the Audit. In addition work was underway to review a number of cases and implement a lessons learnt approach to cases. Work is also underway to align whistleblowing cases to the HR tracker. 7) The Director of Workforce, OD and Culture noted that the backlog of cases had not been completed, noting that CQC spent a day in HR reviewing the current cases. As part of the CQC interview the Director of Workforce, OD and Culture explained the delays and mitigations relating to the outstanding cases.			Some Issues
							3) Ensure the backlog of cases made known to the CQC at the time of the inspection are concluded.	30th June 2016	Some Issues				Director of Workforce, OD and Culture	People and Culture Committee					
WOD8	The trust should continue to make improvements in staff engagement and communication					CQC 11- Should	1) Develop a clear staff engagement plan that takes account of listen, learn	30th June 2016	On Track	1) lack of clarity around the ownership of engagement actions 2) Capacity of the Comms team to effectively support the engagement plan 3) Failure to align the engagement plan to the people plan.	1. Failure to articulate expected values and behaviours 2. Failure to engage staff which will have a negative impact productivity and patient care 3. Failure of the Board and Senior Managers to be visible 4. Failure of JCNCC to approve policies 5. Failure to articulate outcome measures for the delivery of the engagement plan	1) Resource may be required for Pulse Check	Director of Workforce, OD and Culture	Board of Directors	1st April 2017	1) Director of Workforce and OD to meet with Director of Corporate Affairs to discuss the engagement plan			On Track
							2) Publish and implement agreed engagement plan	31st December 2016	On Track				Director of Workforce, OD and Culture	People and Culture Committee					
							3) Monitor delivery of the plan at P&C Committee using feedback mechanisms such as pulse checks and staff survey.	31st March 2017	On Track				Director of Workforce, OD and Culture	People and Culture Committee					
	CORE 8- RAISING CONCERNS AT WORK																		
W1	As part of the Trusts Well Led Self assessment we identified the need to take further action around the recommendations from the Francis report relating to whistleblowing in order that staff, patients and stakeholders feel confident to raise concerns	WL 3 WL 2					1) Freedom to speak up action plan will be refreshed and approved	31st March 2016	Completed	1) Capacity within teams and their ability to cope with competing priorities 2) Failure to deliver the freedom to speak up action plan due to capacity 3) Failure to identify the necessary leads to deliver the action plan	1) Action plan will not deliver culture change required		~~Director of Workforce, OD and Culture~~ Director of Corporate Affairs	People and Culture Committee	1st April 2017	1) Action plan agreed in Feb 2016 by ELT 2) National Whistleblowing Policy published 1st April 2016 3) Revised action plan and National Policy to be presented to April P&CC 4) At the P&CC on 20.04.16 Committee members were assured that a policy and plan were in place and acknowledged the requirement to update this following a national policy being released. It was agreed that an updated plan would be brought to May's P&CC. 5) The People and Culture Committee considered a revised plan in May, the Committee received limited assurance on the plan and noted that there was a lack of clarity around role and responsibility / training / support for Speak up Guardian/NED lead. It was also noted that there should be engagement from staff and staff side on the plan. It was agreed that the Director of Corporate Affairs would present a clearer plan to the June Committee meeting. 6) The Committee received an updated Freedom to speak up / Raising Concerns action plan, which had been updated in line with comments received the previous month by the Committee. The Committee received positive assurance and agreed that the plan would be added to the committees forward plan for quarterly updates.	1) 95% of Managers have completed whistleblowing training 2) 100% compliance against the whistleblowing policy 3) Improvements in the following staff survey results a) Q13b improve the score from 67% to 71% b) Q13c improve the score from 52% to 59%	1) Refreshed raising concerns at work policy and process approved by Board 2) Freedom to Speak up action plan delivered 3) Internal Audit to provide assurance on compliance with the Whistleblowing policy	On Track
							2) Freedom to Speak up action plan will be delivered and monitored through the People and Culture Committee	31st March 2017	On Track				~~Director of Workforce, OD and Culture~~ Director of Corporate Affairs	People and Culture Committee					

	Issue Raised/ Action	well led self assessment	Reference to AY Governance Review	HR investigation	Deloitte Report	CQC report	Key Tasks	Key Task Date	Progress Rag Rating	Associated risks to delivery of Action	Associated Risks of non-implementation	outline of any key resources required;	Owner	Responsible Committee	Issue/ Action completion sign off by Body	comments on progress	KPIs and success measures;	Evidence of demonstrable outcomes and assurance	Board Assurance Rag Rating
	CORE 9- FIT AND PROPER PERSON TEST																		
FF1	The Trust must ensure that a fit and proper person review is undertaken for all directors in light of the findings of the employment tribunal.					CQC 2 must	1) Develop fit and proper persons policy and have it ratified by Board of Directors	24th February 2016	Completed	1) Delays in receiving clear DBS checks	1) Failure to fulfil a statutory requirement 2) Failure of the Fit and Proper person process may result in Directors not undergoing to necessary checks	None required	Director of Corporate Affairs	Board of Directors	29th June 2016	1) Fit and Proper Persons Policy approved by Board in February, with further amendments agreed in March 2) Board forward plan now includes an annual review of the Fit and Proper Persons Policy and its implementation 3) P&CC received a verbal update from the Director of Corporate Affairs on the monitoring and filing system for Fit and Proper Persons information for each Director. The Committee were assured that it was in place and recognised that the Board of Directors would receive a full compliance declaration at its May meeting. 4) A paper will be presented to Board in May by the Chairman in which he will declare that all Directors are fully compliant 5) At the May board meeting the Chairman confirmed that all directors were fit and proper and he had been assured by the necessary paper work.	1) 100% of Directors are fully compliant with the Fit and Proper person test 2) 100% of Directors personal files evidence fit and proper persons requirements	1) Board Minutes 2) Fit and Proper person evidence files	On Track
							2) Ensure that HR maintain the Fit and Proper Persons tracker	30th April 2016	Completed				Director of Workforce, OD and Culture	Board of Directors					
							3) Develop and implement a proactive process for monitoring the filing system for all Directors to ensure consistency and ease of access to evidence detailed in policy	30th April 2016	Completed				Director of Corporate Affairs	People and Culture Committee					
							4) Ensure that all current Directors comply with all aspects of the policy and that evidence is available in revised file structures	31st May 2016	Completed				Director of Corporate Affairs	Board of Directors					
							5) The Trust will ensure that a process in place to review the fit and proper requirement on an annual basis	31st March 2016	Completed				Director of Corporate Affairs	Board of Directors					
							6) Formal confirmation to Board by Chair of full compliance with fit and proper persons requirements	30th April 2016	Completed				Chairman	Board of Directors					
CORE 10- CQC																			
CQC1	The trust should ensure that the outcome of this focussed inspection impacts directly upon the organisational strategy					CQC 5- Should	1) The CQC targeted report is used as a key guide in Trust strategy development days	30th June 2016	Completed	No significant risks identified	1) Failure to develop a new Strategy which supports cultural change	None Required	Director of Business Development	Board of Directors	29th June 2016	1) During its development the new Trust Strategy has considered the outcome of the CQC inspection as part of the development of strategic priorities, particularly with reference to 'our people'	1) Reduction in t vacancy rate to 10% (16.24% March) 2) Increase the recruitment to operational Vacancies as per recruitment trajectory		On Track
CQC2	The trust should continue to proactively recruit staff to fill operational vacancies.					CQC 10- Should	1) Develop and agree a proactive operational recruitment plan, including in reach to the local University and wider health community	30th April 2016	Completed	1) Lack of capacity and capability in the HR team in order to support operational Staff 2) there is a risk that recruiting managers do not follow policies 3) Inadequate supply of experienced staff 4) Poor retention levels of staff 5) Regulatory action has a negative impact on recruitment and retention	1) Failure to recruit could impact on patient safety 2) Staff confidence in the Board will not improve 3) Sustainability of workforce	None Required	Director of Operations	People and Culture Committee	18th January 2017	1) P&CC received an operational recruitment plan paper from the Director of Operations at its meeting on the 20.04.16. The Committee were assured that the actions identified in the plan were the right ones, but requested a clear improvement trajectory and sought further assurance by the end of the week that there was enough capacity within the Trust to be able to deliver the plan. It was agreed that confirmation of this would be circulated to all Committee members by cop Friday 22nd April. This remains 'on track' pending confirmation of capacity to deliver the plan. 2) Confirmation was sent to Committee members to confirm that HR had the capacity to deliver plan in the timeframes suggested. This action has now been completed 3) People and Culture Committee in May received an updated recruitment plan. The Committee were assured by the paper and the suggested trajectory. It was agreed that an update paper would be provided to the September meeting of P&C and the Trajectory would be added to the GIAP KPIs			On track
							2) Implement the recruitment plan and monitor effectiveness against an agreed vacancy rate trajectory	31st December 2016	On Track				Director of Operations	People and Culture Committee					

	Issue Raised/ Action	well led self assessment	Reference to AY Governance Review	HR investigation	Deloitte Report	CQC report	Key Tasks	Key Task Date	Progress Rag Rating	Associated risks to delivery of Action	Associated Risks of non-implementation	outline of any key resources required;	Owner	Responsible Committee	Issue/ Action completion sign off by Body	comments on progress	KPIs and success measures;	Evidence of demonstrable outcomes and assurance	Board Assurance Rag Rating
							3) Develop and implement an internal communications plan which supports pro-active recruitment	31st May 2016	Completed				Director of Corporate Affairs	People and Culture Committee		4) The recruitment plan was discussed at the people and culture Committee in June, it was agreed that a progress update would be provided to the meeting in July			
	CORE 11- MONITOR ENFORCEMENT UNDERTAKINGS																		
M1	The Trust will deliver a Governance Improvement Action Plan (GIAP) to address the findings and recommendations from the Employment Tribunal Investigation, Deloitte report, and the CQC focused inspection DR13; Further iterations of the governance action plan should include a greater depth of detail, including summary of progress and clearer insight into priority actions required. the action plan should include: •priority ratings for each action; •key tasks required for each recommendation / action area; •associated risks with non-implementation; •outline of any key resources required; •completion of KPIs and success measures; •comments on progress comments; and •links to demonstrable outcomes		X		**R13**	X	1) Governance Improvement Action plan approved by Board of Directors	30th March 2016	Completed	1) Failure to create sufficient capacity within the key group of officers responsible for delivering the Plan 2) do not adhere to the roles and responsibilities set out in the governance arrangements of the improvement plan 3)The roles and responsibilities relating to programme governance are not understood 4) Executive Team focus on what is urgent rather than what is important, inability to prioritise	1) Risk of further enforcement action 2) Risk to the viability of the organisation 3) Risk of reputational damage	Programme Manager to be appointed PMO admin support appointed responsible Director identified	Responsible Director	Board of Directors	31st March 2017	1) GIAP and Governance and delivery Framework agreed by Board in March 2) GIAP delivery framework implemented during April, with updates made to the plan accordingly	1) 80% of Actions are on Track or Completed 2) 80% of rag ratings in the Board Assurance Colum are on Track or Completed 3) 80% of deliverables are presented to committees within timeframes 4) 80% of risks identified are scored as 15 or below (after mitigation)	1) External assurance reports on the GIAP and governance Framework 2) Enforcement notice removed 3) External well led governance review 4) Board minutes	On Track
							2) GIAP and Governance and Delivery Framework sent to Monitor	18th March 2016	Completed				Responsible Director	Board of Directors					
							3) Governance and Delivery Framework developed and approved	30th March 2016	Completed				Responsible Director	Board of Directors					
							4) Governance Action plan delivered	31st March 2017	On Track				Responsible Director	Board of Directors					
M3	The Trust will undertake to gain external assurance that the Governance improvement action plan has been implemented in full or that it can be implemented in full						1) The Trust will gain external assurance that the Governance improvement action plan has been implemented	31st March 2017	On Track	1) Failure to gain external assurance in a timely manner	1) Failure to deliver enforcement undertakings 2) Failure to provide assurance to regulators may result Further Regulatory action	External Assurance from professional service consultancy e.g. Deloitte resource will be required	Acting Chief Executive	Board of Directors	31st March 2017	1) A scope of work is being agreed with internal auditors to provide assurance in a number of specific areas of the plan.	1) External assurance process undertaken in a timely manner	1) External positive assurance report	On Track
M5	The Trust will provide regular reports to Monitor						1) The Trust will report on a monthly basis on the delivery of the action plan	31st March 2017	On Track	1) Failure to allocate sufficient resources	1) Failure to deliver enforcement undertakings	None Required	Acting Chief Executive	Board of Directors	31st March 2017	1) April and May reports provided to NHSI and CQC	1) Positive Formal correspondence with monitor on the delivery of the plan 2) Positive and credible relationship with Monitor	1) Enforcement notice removed	On Track

Council of Governors 21 July 2016

Governance Improvement Action Plan (GIAP)

Tasks relating to the Council of Governors

The following report provides an update on those tasks which are assigned to the Council of Governors for oversight. A progress report against these actions is discussed at each Governance Committee and the detail below reflects discussion at the latest meeting held on 7 July. Governors confirmed that they were content with the status of actions outlined.

The actions outlined in the Trust's Governance Improvement Action plan require that:

CG1: The relationship between the Board of Directors and the Council of Governors is poor. Both parties should adopt a conciliatory approach rather than continuing with the antagonism which inflicts the current relationship.

Key tasks identified to address the action are as follows, with progress and response outlined:

1) The Board and Council of Governors will co-write a policy on how the Board and Council of Governors will work in partnership.

   Target date: 30th June – Policy written and discussed by. Pending final sign off.

   Key principles and a draft policy was identified from best practice and discussed at the Governance Committee on 6 June and further at the meeting on 7 July. This 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, further understand their role and to hold Non-Executive Directors to account. Comments were raised and incorporated into a further draft of the policy for discussion at the Governance Committee on 7 July, where further comments were raised following discussion. It was agreed that the Governance Committee should review the final draft of the policy at their August meeting and subject to agreement this will be discussed at the Council of Governors meeting in September and the Trust Board meeting in October 2016.

   Equality Impact – none

   Financial impact – no direct financial or resource impact.

2) The Trust will expand the role of Lead governor to ensure greater collaborative working with the Chairman and SID.

ACTION COMPLETE

The Lead Governor role has been reviewed and agreed at the Council of Governors in January 2016 to reflect best practice that the role of the lead governor should be expanded to include greater responsibility and accountability. John Morrissey has been appointed to the role.

Equality impact – none

Financial impact – no direct financial or resource impact

3) Development and implement a process for the assessment of the effectiveness of Council of Governors.

30th September - ONTRACK

A proposal for an evaluation of the effectiveness of the Council of Governors was drawn up and discussed at the Governance Committee on 6 June 2016. Following discussion and approval, governors agreed that this should be undertaken in September 2016, to allow meaningful input from recently appointed governors. The results are to be reviewed by the Governance Committee and the findings used to develop an action plan for the governors to take forwards. Discussion at the Governance Committee on 7 July confirmed that this could be made available to governors in electronic format and paper copy according to governor preference.

Equality impact – none

Financial impact – no direct financial or resource impact

4) Council of Governors to review and embed a new governance structure which will focus on more joined up working between Council of Governors and the Board of Directors

ACTION COMPLETED

A Governance Committee has been established which incorporates the remit of the previous governor sub-committees. It is hoped that this will ensure that governors can attend one committee to cover the key areas covered by the previous committees including membership, quality and performance. A work programme for the committee is being developed to ensure that key elements are included in the committee's business going forwards.

Equality impact – none

Financial impact – no direct financial or resource impact

5) Implement a Code of Conduct for all Governors.

30th June – SOME ISSUES – Code of Conduct written, implementation is pending Council of Governors sign off

Revisions to the Code of Conduct have been discussed as part of the Governance Committee agenda on 12 April 2016, 25 April 2016 and 6 June 2016. A final draft has been prepared for discussion at the Council of Governors meeting on 21 July 2016.

Equality impact – none

Financial impact – no direct financial or resource impact

CG2: Deloitte 12 – Formal training should be required for all current members of the Council of Governors 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.

1) Develop a new induction programme for the Council of Governors and roll out its delivery.

ACTION COMPLETE

The planned induction event took place on 31 May to cover the areas of the role of governors, their context within the organisation and personal conduct as outlined by the Code of Conduct. The Chair, chief executive and wider Board members attended to present at the event. New governors were invited to attend along with existing governors to refresh knowledge and to meet new governors. Those new governors unable to attend the session had bespoke 1:1 induction sessions with the Director of Corporate Affairs and the trust Chairman. The Governance Committee on 7 July reviewed the collated evaluation from the induction and noted this to be very positive.

Equality impact – none

Financial impact – no direct financial or resource impact

2) Develop a Council of Governors development plan for 2016/2017 to include Govern Well and other external training.

ACTION COMPLETE

A broad development programme has been drawn up which includes regular sessions for governors to attend to learn more about the Trust's activities and their role. Feedback from the first three sessions has been positive although we would encourage as many as possible of our governors to attend. Sessions in April and May have covered the Trust's Strategy, the Governance Improvement Action Plan and CQC preparation where Trust directors have attended to present and receive feedback on these areas. The programme is

owned by the governors and can be flexed to accommodate future requirements. Feedback from the latest session led by the Trust's external auditors and with Caroline Maley, Non-Executive Director and Chair of the Audit and Risk Committee, was noted to be very informative.

External training opportunities, via Governwell and other providers are circulated to Governors and the Lead Governor has attended external training events and fed back to governor colleagues through the Governance Committee.

Equality impact – none

Financial impact – no direct financial or resource impact

3) Ensure that a schedule of the plans are made available to all Board members and members of the Council of Governors and the plan is delivered.

ACTION COMPLETE

All governors have received a copy of the development plan and future events are also publicised via Governor Connect. The programme is being delivered and evaluated on an ongoing basis with feedback to the Governance Committee. Feedback to date has been extremely positive with the opportunity to discuss informally complex topics being valued by governors.

Equality impact – none

Financial impact – no direct financial or resource impact

CG3: 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

ACTION COMPLETE

The Chairman has written to stakeholders to confirm representation. The police constabulary has declined to participate as an appointed governor in future and the Trust's Constitution will be amended accordingly.

Equality impact – none

Financial impact – no direct financial or resource impact

2) Hold Governor elections.

ACTION COMPLETE

Nominations and elections were held for vacant public and staff governor roles in Spring 2016. We were pleased to welcome nine new governors for the following constituencies:

Public –
Bolsover
Chesterfield North
Derby City East (two governors elected)
Erewash North
High Peak
Surrounding areas

Staff –
Nursing and Allied
Admin and Allied Support Staff.

It was not possible to elect governors to represent Chesterfield South and Amber Valley North constituencies and these remain vacant at present. Two additional seats are now available due to resignation of a governor and a move out of area. The Governance Committee on 7 July reviewed future plans for elections during 2016/17 and agreed to go ahead with two rounds of elections during 2016/17, commencing July and November.

Equality impact – none

Financial impact – no direct financial or resource impact

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors 21 July 2016.

EDS2 2016-17 update

Purpose of Report

To provide an update on the Equality and Diversity Workforce approach for 2016 -17.

Executive Summary

The Trust has a legal obligation to comply with the Equalities Act 2010 under section 3 of the Act.

The equality duty was developed in order to harmonise the equality duties and to extend it across the protected characteristics. It consists of a general equality duty, supported by specific duties which are imposed by secondary legislation. In summary, those subject to the equality duty must, in the exercise of their functions, have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

These are sometimes referred to as the three aims or arms of the general equality duty. The Act explains that having due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

The Act states that meeting different needs involves taking steps to take account of disabled people's disabilities. It describes fostering good relations as tackling prejudice and promoting understanding between people from different groups. It states that compliance with the duty may involve treating some people more favourably than others.

The equality duty covers the nine protected characteristics: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

Compliance with the general equality duty is a legal obligation enshrined in:

- The Equality Act 2010 (Public Sector Equality Duty, s149)
- The Human Rights Act 1998

- The NHS Constitution
- Health and Social Care Act 2012 (Section 14)

It is therefore incumbent upon the Trust to try and ensure that its workforce reflects the population in which it works with particular emphasis on the nine protected characteristics.

Risks

1. As a Trust the risks associated with none attainment of the above could result in our CCG and external partners withdrawing our services and eliminating us from tendering for new business within Derby and greater Derbyshire.

2. Workforce risks are two fold as evidence in the WRES and staff survey 2015:

- Bullying and harassment of employees from BME backgrounds.
- Potential glass ceiling within the organisation relating BME.

3 Establish link with the Quality Committee to produce a whole EDS2 workforce and Service user package.

4. To establish with workforce stakeholders (network) e.g. disabilities, LGBT, Age (55+).

Next Steps

1. EDS2 Consultation timeline (appendix 1)
2. Progress against the goals and outcomes of the EDS2 2016/17 (appendix 2)
3. Workforce Race Equality Standard 2016/17(appendix 3)
4. EDS2 update for June Board – draft
5. EDS2 annual declaration July

Consultation

As per consultation timeline attached.

Equality Delivery System

Proposed as a positive impact as Race, Economic Disadvantage, Gender, Age, Religion, Disability and Sexual Orientation (REGARDS) population specifically within this paper - in developing the programme of change and engagement - clearer emphasis with regards to Equality will be identified – particularly within our systems and processes.

Recommendations

The Council of Governors is requested to:

1) To acknowledge this paper and to seek assurance in the continued development of E and D throughout 2016/17.
2) Receive an update on progress in August 2016 PC&C

Report presented by: **Owen Fulton, Principal ER Manager.**

Report prepared by: **Owen Fulton, Principal Employee Relations Manager and supported by Paul Beardsley**

Appendix 1 EDS2 CONSULTATION TIMELINE June 2016.

Document.	Committee/ Board.	Methodology	Date.
Equality Deliver System 2.			
	People, Culture Committee.	Briefing paper – verbal overview.	16 June 2016.
	4E's - Equality, Experience, Engagement & Enablement.	Briefing paper – verbal overview.	21 June 2016.
	Black and Minority and Ethnic Committee.	Briefing paper – verbal overview.	27 June 2016.
	Joint Negotiating CC.	Briefing paper – verbal overview.	28 June 2016.
	Trust Executive Board.	Briefing paper – verbal overview.	29 June 2016.
	All Staff.	Briefing paper via team meetings and electronic distribution.	30 June 2016.
	Governors.	Briefing paper – verbal overview.	21 July 2016

Draft June 2016

The goals and outcomes of EDS2

Goal	Number	Description of outcome	Undeveloped	Developing	Achieving	Excelling	Evidence	Gap	Actions	Lead
A representative and supported workforce	3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels		✓			Improved workforce data regarding protected characteristics. Workforce identifying with Disabilities increase by 7%.	Identfied under representation of Men within the Nursing roles.	Establish positive action focus group who will report into People and	Owen/ Liam Carrier and Emma Smith
	3.2	The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations		✓			Commencement of Job Evaluation panels December 16 after 2 years for lack of staff side representation. National Training provided in	Needs further National training to recruit more Job Evaluators. Also need	Secure continued funding for supporting the job evaluation	Paul Beardsley and Operational HR
	3.3	Training and development opportunities are taken up and positively evaluated by all staff		✓			All training opportunites are advertised on Connect and recorded through the OLM system. Each training course is then	Needs to provide access to training report via OLM to people and	Evidence of applying reasonable adjustments within training	Owen Fulton and Learning and Development team
	3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source	✓				Our staff survey identifies that 14% of BME staff feel they have experienced bullying and harrassessment from managers or work colleagues.	Although the trust has protective policies and provides	The people and culture committee to investigate data of the staff	Paul Beardsley and Operational HR
	3.5	Flexible working options are available to all staff consistent with the needsof the service and the way people lead their lives		✓			DHCFT has a special leave, Flexible working and worklife balance policy. Staff are able to apply for Career breaks.	The Trust does not record number of people who have flexible	Workforce planning team and HR develop system of recording	Julieann Trembling and Health and Wellbeing Group
	3.6	Staff report positive experiences of their membership of the workforce	✓				The Staff survey results identify that the workforce would not recommend our organisation as a place to work. Staff nominations through	Need to develop sample test in line with EDS recommendatio ns of particular	Implement the workforce strategy and monitor via Workforce and OD along with	Julieann Trembling and Health and Wellbeing Group
Inclusive leadership	4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations		✓			The Trust holds a 4E's group on a quarterly basis which is incorporate sensor members of the Trust and representatives from	Further examples of senior managers involvement	Communication s team to record senior management engagement	Owen Fulton and Jane Storey/ Education and Learning Team.
	4.2	Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed	✓				Board papers and polices are impact assessed. Currently this element is not recorded and therfore needs further development.	Need to establish a third party assessor of Board papers.	Work with Trust Chairman, NEDS and goverers to establish	Jayne Storey
	4.3	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	✓				Managers ensure that staff are completing manitory E&D online training. Staff survey results are highlighting that staff are experiencing bullying and	Feedback required through the appraisal process from staff that culture objectives are	Organisation to provide specific team based inclusion training. 4E's/People	Jayne Storey
Over all Scoring				✓						

Derbyshire Healthcare NHS
NHS Foundation Trust

Appendix 3

DHCFT NHS Workforce Race Equality Standard April 2015 to be refreshed July 2016 - Baseline (DRAFT)

Workforce metrics **For each of these three workforce indicators, the Standard compares the metrics for white and BME staff.**		**DHCFT comparison data 14/15 (31.3.2015)** **Comparison data 15/16 to be added mid-June 2016**	**Target Date**	**Lead**	**Workforce Team Actions**
1	Percentage of BME staff in Bands 8-9, VSM (including executive Board members and senior medical staff) compared with the percentage of BME staff in the overall workforce	Number of BME staff in Bands 8-9 and VSM = 10 (excluding consultants/medical other) Total number of staff in Bands 8-9 and VSM =160. **Percentage of BME staff 6.25%** (10/160) Number of BME staff in overall workforce = 292 Total number of staff in overall workforce = 2433 **Percentage of BME staff in overall workforce 12%** (292/2433) The difference between % of BME staff in bands 8-9 & VSM and the overall workforce is 5.75%.	August 16 August 16	Workforce Group to action and feed into People and Culture Committee. Owen Fulton and Paul Beardsley.	To further explore our data to ensure we are referencing comparable figures. For example we will look at how many BME staff are employed across the Trust in consultant and medical roles. To establish a Workforce Positive Action Task Group who will develop a detailed action plan to address potential under-representation. The group will also proactively look at how to establish a growing BME talent pipeline to widen the talent pool for senior posts. The task group will engage with the Trust's BME Staff Network to explore these issues, ensure BME voice and establish their views more widely in the Trust.

2	Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts.	No. shortlisted White 1158 /BME 319 No. appointed White 230/ BME 41 Relative likelihood of white staff being appointed from shortlisting compared to BME staff (Ratio 0.199/0.129) is therefore 1.54 times likely		Brenda Rhule has attended the People Forum. August 2015	As Indicator 1 Workforce Positive Action Task group to work with BME Staff Support Network to explore potential barriers and bias across the employment pathway e.g. interviews and values assessment. Wider options include introducing good practice requirements for interview panels to be balanced in terms of ethnicity and wider REGARDS characteristics. Where this is not possible, the Trust could invite representation from the BME Staff Network on to interview panels It is proposed that a BME Staff Network representative is invited to participate in the People Forum. To be reviewed within our recruitment policy by the policy Group
3	Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation*	Awaiting data for two year rolling period. *Note: this indicator will be based on data from a two year rolling average of the current year and the previous year.	August 2016	Workforce Group to be completed in August 2016.	Workforce team to provide data and analysis to ascertain if BME people are disadvantaged/disproportionately affected by Trust practices including disciplinary procedures.

4	Relative likelihood of BME staff accessing non-mandatory training (MT)and CPD as compared to White staff (excludes 183 ethnicity not stated)	Total number of staff in workforce - White 1958 & BME 292 Number of staff accessing non-mandatory training and CPD (episodes) is White = 11249 and BME =1320 Likelihood of white staff accessing non-MT & CPD = 5.745 (11249/1958) Likelihood of BME staff accessing non-MT & CPD = 4.520 (1320/292) Relative likelihood of White & BME staff accessing 5.745/4.520 = 1.27 times greater	August 16	As Indicator 1	As indicator 1
National NHS Staff Survey findings For each of these four staff survey indicators, the Standard compares the metrics for each survey question response for White and BME staff					**Action**
5	KF 18. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	Survey 2014 - White 32% and BME 33% National average 2014 for MH Trusts 29%	August 2016	Owen Fulton and Sue Walters	Update from survey 2015 Further analysis of data to identify any patterns or discrepancies between the Trust's own data against the national average.
6	KF 19. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White 23% and BME 23% National average 2014 for MH Trusts 21%	August 2016	As above	
7	KF 27. Percentage believing that trust provides equal opportunities for career progression or promotion	White 87% and BME 71% National average 2014 for MH Trusts 86%	August 2016	As above	

8	Q23. (K28) In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues	White 10% and BME 27%. National average 2014 for MH Trusts 12% This is nearly 3 times higher for BME people.	August 2016	As above	
Boards Does the Board meet the requirement on Board membership in 9?					**Action**
9	Boards are expected to be broadly representative of the population they serve.	• Board of Directors =14 of which BME = 1 (7%) • The Trust is representative if one uses the combined city/county census population (BME 6.74%)	September 2016	People and Culture Committee do a report of where we are at. Owen Fulton and Paul Beardsley.	Further exploration of the Trust's data across staff working in the city and county, to provide greater insight into proportionality Executive lead for WRES (to be agreed at Board) Consider integrating board develop/programme. Looking ahead at the board composition and its representation of the population we serve. Annual workforce diversity report and analysis to be presented and discussed at Board.

Annual Accounts 2015/16

Requirement under Trust constitution:

Governors must be presented with the NHS foundation trust's annual accounts, any report of the auditor on them and the annual report at a general meeting of the council.

Financial performance 2015/16

- Our financial performance during the year has been reported to Council of Governors and in public session of the Trust Board.
- The in-year reporting flows through into the total financial performance for the year to compile the annual accounts
- The accounts are audited by our independent external auditors, Grant Thornton

Annual accounts surplus 2015/16

	£m
Operating Income	130.949
Operating Expenses	(£126.082)*
Operating surplus	4.867
Net financing costs	(3.738)
Surplus for the year	**£1.129m**

*Operating expenses were contained/reduced in-year by our 15/16 Cost Improvement Programme (CIP) of £4.2m (of which £1.1m was reduced only non-recurrently)

Statement of comprehensive income 15/16

- The surplus for the year on the face of the Statement of Comprehensive Income is £1.1m.
- This figure is adjusted by the regulator for impairments of £0.7m (see impairments in note 18 to the accounts)
- This creates a surplus of £1.8m as measured by Monitor (now NHS Improvement).
- This is a good performance against plan of £1.3m

Regulatory Ratings

Continuity of service (finance)
Ranges from 1 (worst) to 4 (best)

2015/16	Annual Plan	Q1	Q2	Q3	Q4
Continuity of service	3	3	4	4	4

Statement of Financial Position 31.03.16

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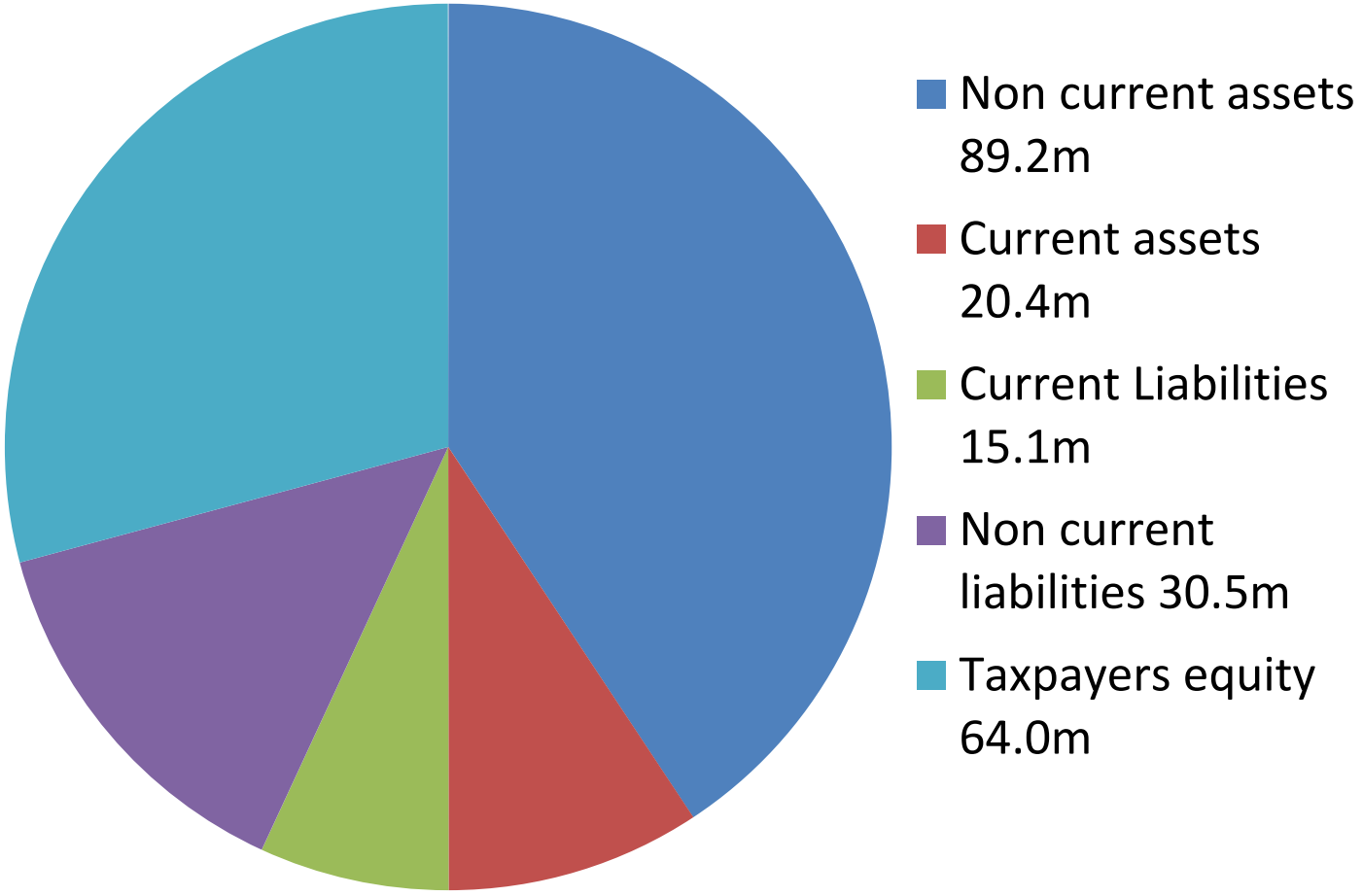


Annual Accounts 2015/16

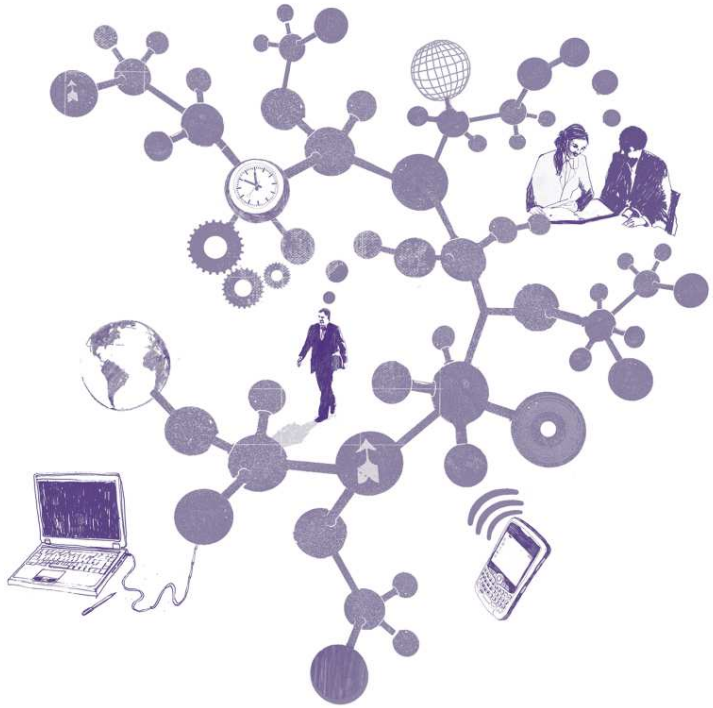
Annual Members meeting

The annual accounts and annual report will also be presented to the Annual Members meeting in September.

Annual Audit Letter Presentation for Derbyshire Healthcare NHS Foundation Trust

Year ended 31 March 2016

July 2016



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Overview

Our Annual Audit Letter summarises the key findings arising from the following work that we have carried out the Trust for the year ended 31 March 2016:

- auditing the 2015/16 accounts
- assessing the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources
- reviewing the Trust's Quality Report.

Opinion on the Financial Statements

The Trust is responsible for preparing and publishing its financial statements, accompanied by an Annual Governance Statement.

Our annual work programme has been undertaken in accordance with the Audit Plan that we issued in December 2015; and was conducted in accordance with the NAO's Code of Audit Practice ('the Code'), International Standards on Auditing (UK and Ireland) and other guidance issued by the NAO and Monitor.

We issued the following:

- an unmodified opinion on the accounts

- a group assurance certificate to the National Audit Office, in respect of Whole of Government Accounts.

Opinion on the Financial Statements

The accounts process went well. We were provided with a good set of accounts supported by comprehensive working papers. Finance and staff responsible for production of the Annual Report and Annual Governance Statement were very helpful and co-operative contributing to an efficient audit.

We issued the opinion on 24 May 2016 ahead of the national deadline.

We reviewed the Trust against the 'going concern ' assumption, and confirmed that the financial statements should be prepared on a 'going concern' basis.

Opinion on the Financial Statements

The most significant issue arising from the audit was with regard to the valuation of buildings. During the audit we identified a number of differences between the Trust's internal data for building areas and the information previously provided by the Trust to the external valuer. This resulted in a potential overstatement of asset values of £1.147 million. This is below materiality. We requested a specific representation from management that this uncertainty was not material to the financial statements.

A small number of minor amendments were also made to refine or update disclosures on receipt of information provided by third parties after submission of the draft accounts, and to correct two immaterial classification errors within property plant and equipment.

We were satisfied that the Trust's Annual Report, which includes the Annual Governance Statement (AGS), met the requirements set out in the NHS Foundation Trust Annual Reporting Manual and was consistent with the audited financial statements

Use of Resources

We are required by the Code to satisfy ourselves whether the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

To support our work on Use of Resources we have reviewed:

- the Trust's response to the enforcement action taken by Monitor (the Governance Improvement Action Plan)
- the Trust's financial resilience, as reflected in the medium term financial strategy, CIP delivery, and savings factored into annual budgets; and
- the Trust's arrangements for working with partners and other third parties to support the delivery of strategic priorities (which was a new area for consideration in 2015/16)
- the Trust's Annual Governance Statement (AGS) for consistency with our knowledge of the Trust
- the work of other regulatory bodies for impact on our responsibilities, such as the CQC
- the Trust's annual report to ensure consistency with our knowledge and understanding of the Trust and that there are no apparent misstatements of fact or material inconsistencies with other key documents.

Use of Resources

On the basis of our work, we were satisfied that, **except for** the specific governance issues related to Monitor's enforcement action, **the Trust put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources** for the period ending 31 March 2016.

We identified good practice in that the Trust has been very proactive in working in partnership to support the delivery of strategic priorities. We also noted that the Trust had adequate arrangements in place to secure financial resilience.

Quality Report

We were engaged by the Council of Governors of the Trust, as required by Monitor, to perform an independent assurance engagement in respect of the Trust's Quality Report

We checked that

- the Quality Report had been prepared in line with the requirements set out in Monitor's *Annual Reporting Manual*
- it was consistent in all material respects with the sources specified in Monitor's Detailed Guidance on Quality Reports 2015/6.

We reviewed the following indicators:

- 100% admissions to inpatient services that had access to crisis resolution home treatment teams selected from the subset of mandated indicators
- 1.26% proportion of delayed transfer of care bed days out of the total number of occupied inpatient bed days selected from the subset of mandated indicators
- 96.76% enhanced Care Programme Approach (CPA) patients receiving follow-up contact within seven days of discharge from hospital, at the request of Governors.

We provided an unqualified limited assurance opinion on the Trust's Quality Report.

grant-thornton.co.uk

Public Session

Derbyshire Healthcare NHS Foundation Trust
Report to Board of Directors – 30th June 2016

Integrated Performance Report Month 2

Purpose of Report

This paper provides the Trust Board with an integrated overview of performance as at the end of May 2016 with regard to workforce, finance, operational delivery and quality performance.

Recommendations

The Board of Directors is requested to:

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

Executive Summary

Most of the high level executive summary content is found at the first page of the main report.

This month's report continues to develop the integrated reporting, with Quality baselines being established and monitoring of supervision uptake and compliance, as a key quality metric, has been included.

The data has been triangulated and a key theme drawn out from the information in the report.

The report continues to be modified to reflect changes requested by the Board.

Strategic considerations

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

Board Assurances

This report should be considered in relation to the relevant risks in the Board Assurance Framework.
As an integrated performance report the content of this report provides assurance across several BAF risks related to workforce, operational performance, quality performance, financial performance and regulatory compliance.
This month we have been focusing on our comprehensive CQC inspection and learning from their feedback and our analysis of other high performing FTs integrated quality reports.
We are redesigning our performance report to consider historical and run rate performance in

quality and operational metrics to be included as soon as we can establish automated, validated data collection, in real time.
Gap in assurance, we need to report on our seclusion data but this requires further validation, there may be additional seclusion events which would alter our historical data and position.

Consultation

This paper has not been considered elsewhere however papers and aspects of detailed content supporting the overview presented are regularly provided to, Finance and Performance Committee, People and Culture Committee and Quality Committee.

Governance or Legal issues

The integrated nature of this report is in response to the Deloitte Well Led Review and specifically recommendation R 22: *The Board needs to introduce an integrated performance report which encompasses key operational, quality, workforce and finance metrics*

Information supplied in this paper is consistent with returns to the Regulator
This report has replaced the previous operational and financial reports reported to Trust Board.

Equality Delivery System

This report reflects performance related to our whole staff and service receiver population and therefore includes members of those populations with protected characteristics in the REGARDS groups.
Any specific impact on members of the REGARDS groups is described in the report itself.

Report presented by:	**Carolyn Gilby, Acting Director of Operations** **Claire Wright, Director of Finance** **Jayne Storey, Director of Workforce** **Carolyn Green, Director of Nursing**
Report prepared by:	**Peter Charlton, General Manager, Information Management** **Rachel Leyland, Deputy Director of Finance** **Liam Carrier, Workforce Systems & Information Manager** **Hayley Darn, Nurse Consultant**

Highlights
- FSRR better than plan in the month, Forecast on plan for year end
- Surplus better than plan in month and forecast to achieve plan at year end
- Cash better than plan

Challenges
- CIP forecast to deliver and assurance required on forecast delivery
- Mitigations of Financial risks during 16/17

Highlights
- Fully compliant with all NHSI targets
- New outpatient target agreed with commissioners
- 6 month analysis of Ward Staffing has been included

Challenges
- PbR clustering
- Outpatient Cancelations continue to be high due in part to industrial action, staff sickness and vacancies

Highlights
- Compulsory training compliance continues to increase and remains above the 85% main contract commissioning for quality and innovation (CQUIN) target.
- Appraisal compliance continues to increase.

Challenges
- Annual sickness absence rates remain high.
- Budgeted Fte vacancy rates have increased.

This is a report section in phased development.

Highlights
- Supervision rates added to the report.as a key QI.

Challenges
- Mental Capacity Act compliance.
- Seclusion data validation checks required
- Financial position remains rated at extreme, with override of agency gap for patient safety concerns.
- Increased risks re storage of medicines, waiting times for psychological assessment, neighbourhood waiting times and staffing pressures.

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FINANCIAL OVERVIEW – MAY 2016

Category	Sub-set	Metric	Period	Plan	Actual	Variance	Trend	Key Points
Governance	FSRR	Overall Financial Sustainability Risk rating	YTD	3	4	G	→	As at the end of May the FSRR is 4 which is better than plan and is forecast to be a 4 at the end of the year. Each of the quarters are also forecast to be a 4.
			Forecast	4	4	G	→	
		Debt Service Cover	YTD	2	3	G	→	
			Forecast	3	3	G	→	
		Liquidity	YTD	3	4	G	→	
			Forecast	4	4	G	→	
		Income and Expenditure Margin	YTD	3	4	G	→	
			Forecast	4	4	G	→	
		Income and Expenditure Margin Variance	YTD	4	4	G	→	
			Forecast	4	4	G	→	
I&E and profitability	Income and Expenditure	Underlying Income and Expenditure position £'000	In-Month	49	145	G	↓	Surplus is better than plan in the month and due to changes in the run rate is forecast to achieve plan at the end of the financial year.
			YTD	36	372	G	↑	
			Forecast	1,701	1,701	G	→	
		Normalised Income and Expenditure position £'000	In-Month	49	125	G	↘	
			YTD	36	312	G	↑	
			Forecast	1,701	1,957	G	↘	
	Profitability	Profitability - EBITDA £'000	In-Month	650	712	G	↓	The Normalised Income and Expenditure shows the financial performance adjusting for any non-recurrent costs or benefits that will not continue.
			YTD	1,276	1,598	G	↑	
			Forecast	8,944	8,936	R	→	
		Profitability - EBITDA %	In-Month	5.7%	6.5%	G	↘	
			YTD	5.6%	7.3%	G	↘	
			Forecast	6.5%	6.8%	G	→	
Liquidity	Cash	Cash £m	YTD	11.054	12.976	G	↑	Cash is currently above plan but is forecast to be below plan at year end due to the forecast release of some provisions.
			Forecast	12.323	11.525	R	→	
	Net Current Assets	Net Current Assets £m	YTD	3.376	5.781	G	↑	
			Forecast	6.740	8.239	G	→	
	Capex	Capital expenditure £m	YTD	0.381	0.255	R	↘	
			Forecast	3.450	3.450	G	→	
Efficiency	CIP	CIP achievement £m	In-Month	0.358	0.170	R	↗	CIP is currently behind plan and currently is forecast to achieve plan at the end of the financial year.
			YTD	0.717	0.322	R	↘	
			Forecast	4.300	4.300	G	↑	
			Recurrent	4.300	4.169	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/within parameters
Slight variance to plan/within paramenters
Not achieving plan/outside parameters

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

OPERATIONAL OVERVIEW – MAY 2016

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Category	Sub-set	Metric	Period	Plan	Actual	Variance	Trend	Key Points
Performance Dashboard	NHSI	CPA 7 Day Follow-up	Month	95.00%	98.67%	G	↑	Fully compliant with NHSI targets.
			Quarter	95.00%	96.84%	G	→	
		CPA Reviews in Last 12 months	Month	95.00%	95.86%	G	→	
			Quarter	95.00%	95.63%	G	→	
		Delayed Transfers of Care	Month	7.50%	2.08%	G	→	
			Quarter	7.50%	2.11%	G	→	
		Data completeness - Identifiers	Month	97.00%	99.42%	G	→	
			Quarter	97.00%	99.51%	G	→	
		Data completeness - Outcomes	Month	50.00%	94.25%	G	→	
			Quarter	50.00%	94.35%	G	→	
		Community Care Data Activity - Completeness	Month	50.00%	93.82%	G	→	
			Quarter	50.00%	93.69%	G	→	
		Community Care Data - RTT Completeness	Month	50.00%	92.31%	G	→	
			Quarter	50.00%	92.31%	G	→	
		Community Care Data - Referral Completeness	Month	50.00%	76.01%	G	→	
			Quarter	50.00%	75.94%	G	↓	
		18 Week RTT incomplete	Month	92.00%	94.99%	G	→	
			Quarter	92.00%	94.62%	G	↓	
		Early Interventions New Caseload	Month	95.00%	165.20%	G	↓	
			Quarter	95.00%	165.20%	G	↑	
		Clostridium Difficile Incidents	Month	7	0	G	→	
			Quarter	7	0	G	→	
		Crisis Gatekeeping	Month	95.00%	98.88%	G	→	
			Quarter	95.00%	99.01%	G	→	
		IAPT RTT within 18 weeks	Month	95.00%	99.63%	G	→	
			Quarter	95.00%	99.67%	G	→	
		IAPT RTT within 6 weeks	Month	75.00%	90.88%	G	→	
			Quarter	75.00%	91.12%	G	↓	
		Early Intervention in Psychosis RTT Within 14 Days	Month	50.00%	92.86%	G	↑	
			Quarter	50.00%	87.50%	G		

Key:

Period

Month Current Month

Quarter Current Quarter

Achieving target

Not achieving target

Trend compared to previous month/quarter

OPERATIONAL OVERVIEW – MAY 2016

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Category	Sub-set	Metric	Period	Plan	Actual	Variance	Trend	Key Points
Performance Dashboard	Locally Agreed	CPA Settled Accommodation	Month	90.00%	97.37%	G	→	
			Quarter	90.00%	97.23%	G	→	
		CPA Employment Status	Month	90.00%	97.93%	G	→	
			Quarter	90.00%	97.97%	G	→	
		Data completeness - Identifiers	Month	99.00%	99.42%	G	→	
			Quarter	99.00%	99.51%	G	→	
		Data completeness - Outcomes	Month	90.00%	94.25%	G	→	
			Quarter	90.00%	94.35%	G	→	
		Patients Clustered not Breaching Today	Month	80.00%	81.33%	G	↑	The PbR Advisor is working with teams offering training, support and advice.
			Quarter	80.00%	80.84%	G	→	
		Patients Clustered regardless of review dates	Month	96.00%	95.17%	R	→	
			Quarter	96.00%	95.11%	R	→	
		7 Day Follow-up - all inpatients	Month	95.00%	97.78%	G	→	
			Quarter	95.00%	96.82%	G	→	
		Ethnicity coding	Month	90.00%	90.48%	G	↓	
			Quarter	90.00%	90.41%	G	↓	
		NHS Number	Month	99.00%	99.97%	G	→	
			Quarter	99.00%	99.98%	G	→	
	Schedule 4	Consultant Outpatient Trust Cancellations	Month	5.00%	5.11%	R	↑	The main reason given for cancellation was when the clinican was absent from work.
			Quarter	5.00%	7.12%	R	↓	
		Consultant Outpatient DNAs	Month	15.00%	14.35%	G	→	
			Quarter	15.00%	14.37%	G	→	
		Under 18 admissions to Adult inpatients	Month	0	0	G	→	
			Quarter	0	0	G	→	
		Outpatient letters sent in 10 working days	Month	90.00%	92.90%	G	→	
			Quarter	90.00%	92.99%	G	↑	
		Outpatient letters sent in 15 working days	Month	95.00%	96.94%	G	→	A revised 15 day target of 95% for outpatient letters has been agreed with the commisioners.
			Quarter	95.00%	96.72%	G	→	
		Inpatient 28 day readmissions	Month	10.00%	7.41%	G	→	
			Quarter	10.00%	7.67%	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	→	
		18 weeks RTT greater than 52 weeks	Month	0	0	G	→	
			Quarter	0	0	G	→	
		Discharge Fax sent in 2 working days	Month	98.00%	100.00%	G	→	
			Quarter	98.00%	99.60%	G	→	

OPERATIONAL OVERVIEW – MAY 2016

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Category	Sub-set	Metric	Period	Plan	Actual	Variance	Trend	Key Points
Performance Dashboard	Fixed Submitted Returns	18 weeks RTT greater than 52 weeks	Month	0	0	G	→	
			Quarter	0	0	G	→	
		18 Week RTT incomplete	Month	92.00%	94.99%	G	→	
			Quarter	92.00%	95.79%	G	↓	
		Mixed Sex accommodation breaches	Month	0	0	G	→	
			Quarter	0	0	G	→	
		Completion of IAPT Data Outcomes	Month	90.00%	95.99%	G	→	
			Quarter	90.00%	96.28%	G	→	
		Ethnicity coding	Month	90.00%	90.36%	G	↓	
			Quarter	90.00%	90.93%	G	↓	
		NHS Number	Month	99.00%	100.00%	G	→	
			Quarter	99.00%	100.00%	G	→	
Other Dashboards	Health Visiting	% 10-14 Day Breastfeeding coverage	Month	98.00%	100.00%	G	→	
			Quarter	98.00%	99.80%	G	→	
		% 6-8 Week Breastfeeding coverage	Month	98.00%	98.90%	G	→	
			Quarter	98.00%	99.10%	G	→	
	IAPT	Recovery Rates	Month	50.00%	51.92%	G	→	
			Quarter	50.00%	51.92%	G	↓	
		Reliable & Recovery Rates	Month	65.00%	70.77%	G	↓	
			Quarter	65.00%	70.77%	G	↓	
	Safer Staffing	Inpatient Safer Staffing Fill Rates	Month	90.00%	105.2%	G	↑	Detailed ward level information
			Quarter	90.00%	101.0%	G	→	shows specific variances

Key:

Period

Month — Current Month

Quarter — Current Quarter

Achieving target

Not achieving target

↑ → ↓ Trend compared to previous month/quarter

WORKFORCE OVERVIEW – MAY 2016

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Category	Sub-set	Metric	Period	Plan	Actual	Variance		Trend	Key Points
Workforce Dashboard	Monitor Key Performance Indicator (KPI)	**Turnover** (annual)	**May-16**	10%	**10.44%**	↗	G	↓	Annual turnover remains within the Trust target parameters and is below the regional Mental Health & Learning Disability average of 12.16% (as at March 2016 latest available data). Monthly sickness absence has increased compared to the previous month, however it is 0.13% lower than the same period last year. The annual sickness absence rate continues to increase, running at an annual rate of 5.54% as at May 2016. The regional average annual sickness absence rate for Mental Health & Learning Disability Trusts is 5.04% (as at February 2016 latest available data). The budgeted vacancy rate this month has increased by 0.45% to 17.75%. The number of employees who have received an appraisal within the last 12 months has increased by 1.47% and historic Medical appraisals have now been included. Compulsory training compliance has increased by 2.29% and remains above the 85% main contract non CQUIN.
			Apr-16		10.42%		G		
		Sickness Absence (monthly)	**May-16**	3.9%	**4.87%**	↗	R	↑	
			Apr-16		4.81%		R		
		Vacancies (budgeted full time equivalent)	**May-16**	10%	**17.75%**	↗	A	↑	
			Apr-16		17.30%		A		
		Appraisals (all staff - number of employees who have received an appraisal in the previous 12 months)	**May-16**	90%	**69.59%**	↗	R	↑	
			Apr-16		68.12%		R		
		Appraisals (medical staff only - number of employees who have received an appraisal in the previous 12 months)	**May-16**	90%	**84.82%**	↗	R	↑	
			Apr-16		81.08%		R		
		Qualified Nurses (to total nurses, midwives, health visitors and healthcare assistants)	**May-16**	65%	**67.50%**	↗	G	↑	
			Apr-16		66.89%		G		
	Other KPI	**Compulsory Training** (staff in-date)	**May-16**	95%	**90.87%**	↗	A	↑	
			Apr-16		88.58%		A		

Key:

Period Current month and previous month

Plan Trust target

↗ Variance to previous month

Achieving target/within target parameters

Approaching target/approaching target parameters

Not achieving target/outside target parameters

Trend based on previous 4 months

Turnover parameters (8% to 12%)

Vacancy parameters (10% to 20%)

QUALITY OVERVIEW – MAY 2016

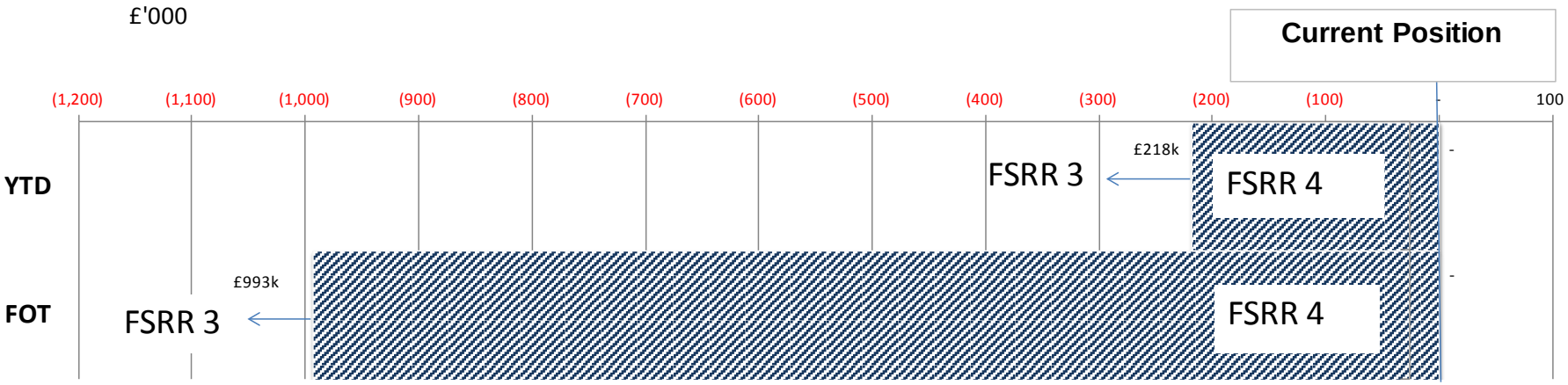
Enc I

Category	Sub-set	Metric	Period	Plan	Actual	Variance	Trend	Key Points
Quality	Quality Strategy	Percentage of current Inpatients with a recorded Capacity Assessment	Month	100.00%	54.00%	R	↑	Awaiting FSR roll out (data from PARIS).Paper records, still in use. Increased from 16% last month
			Quarter	100.00%	16.31%	R	→	
		Percentage of all patients with a care plan in place which has been reviewed with 12 months	Month	90.00%	N/A	R		Seclusion data requires rechecking and data validation checks.
			Quarter	90.00%	N/A	R		
		Seclusion incidents	Month	20	21	R	↓	
			Quarter	60	40	G	↓	Restrictive practice reduction strategy, monitoring in place. 12 month average as a baseline., ongoing action plan still in implementation phase
		Physical Restraint incidents	Month	55	17	G	↑	
			Quarter	165	80	G	↑	
	CQUINs or contractual levy	Flu Jab Up-take	Month	45.00%	N/A	R		
			Quarter	45.00%	N/A	R		
		Think Family Training	Month	25.00%	54.87%	G	↓	
			Quarter	25.00%	N/A			Flu remains unchanged. Safety Planning training increased by 25%
		The safety plan training	Month	50.00%	75.87%	G	↑	
			Quarter	50.00%				
		The number of LD or Autism admissions without a CTR before admission	Month	0	2	R	→	
			Quarter	0	12	R	→	
	Quality Strategy	Clinical Supervision	Month	100	34.31%	0.00%		
		Management Supervision	Month	100	51.40%			
		Safeguarding Supervision	Month	100	30.70%			
		Professional Supervision	Month	100	13.90%			

Financial Section

The FSRR at the end of May is a 4 which is better than plan. The forecast is a rating of 4 as per the plan.

The headroom down to a FSRR of 3 in the month and forecast is £218k and £993k respectively. The headroom is shown in the graph below:



The FSRR for each of the quarters is shown in the table below:

	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual
Capital Service Capacity rating	2	3	3	3	3	3	3	3
Liquidity rating	3	4	3	4	4	4	4	4
I&E Margin rating	2	4	3	4	4	4	4	4
I&E Margin Variance rating	4	4	4	4	4	4	4	4
FSRR	**3**	**4**	**3**	**4**	**4**	**4**	**4**	**4**

Income and Expenditure and Profitability

STATEMENT OF COMPREHENSIVE INCOME — MAY 2016

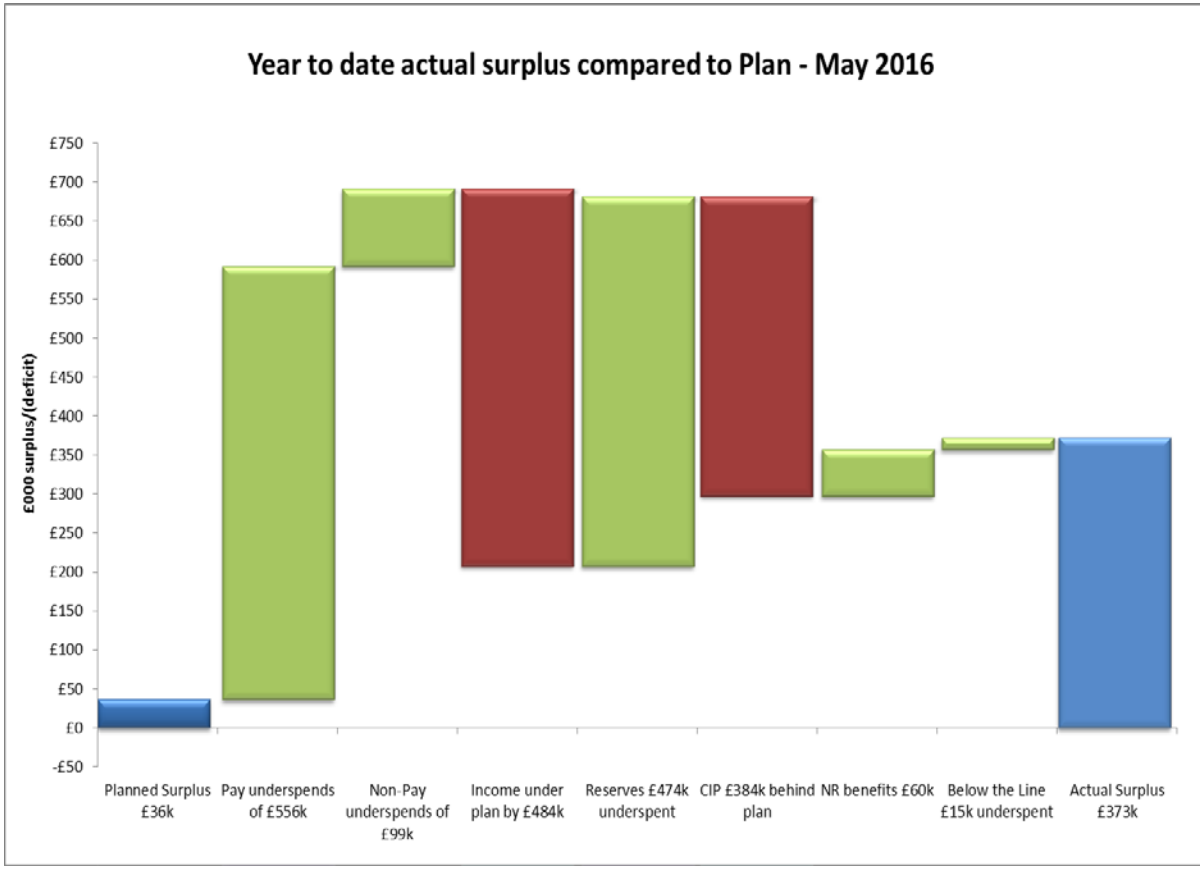
	Current Month			Year to Date			Forecast		
	Plan £000	Actual £000	Variance Fav (+) / Adv (-) £000	Plan £000	Actual £000	Variance Fav (+) / Adv (-) £000	Plan £000	Actual £000	Variance Fav (+) / Adv (-) £000
Clinical Income	10,473	10,208	(265)	20,946	20,425	(521)	126,576	122,457	(4,119)
Non Clinical Income	849	764	(86)	1,698	1,501	(197)	10,190	8,916	(1,274)
Pay	(8,478)	(8,035)	443	(16,957)	(15,981)	976	(101,492)	(96,613)	4,879
Non Pay	(2,194)	(2,225)	(31)	(4,412)	(4,347)	65	(26,330)	(25,824)	507
EBITDA	**650**	**712**	**62**	**1,276**	**1,598**	**322**	**8,944**	**8,936**	**(7)**
Depreciation	(295)	(265)	30	(589)	(578)	12	(3,534)	(3,533)	1
Impairment	0	0	0	0	0	0	(300)	(300)	0
Profit (loss) on asset disposals	0	0	0	0	0	0	0	0	0
Interest/Financing	(172)	(175)	(3)	(384)	(382)	2	(2,109)	(2,104)	5
Dividend	(133)	(126)	7	(267)	(266)	0	(1,600)	(1,600)	0
Net Surplus / (Deficit)	**49**	**145**	**96**	**36**	**372**	**336**	**1,401**	**1,400**	**(1)**
Technical adj - Impairment	0	0	0	0	0	0	(300)	(300)	0
UnderlyingSurplus / (Deficit)	**49**	**145**	**96**	**36**	**372**	**336**	**1,701**	**1,700**	**(1)**

Due to the timing differences between the submission of the annual plan and the conclusion of contract negotiations a set of income and expenditure assumptions were included in the plan that are not in the actual or forecast position. Therefore there will be variances across Income, pay and non-pay but mostly with nil effect.

Clinical Income is £265k less than plan in month and is forecast to be £4.1m worse by the end of the year of which a significant proportion is due to differences in planning assumptions with offsetting expenditure reductions. There is however forecast underperformances on activity related income.

Non Clinical income is less than plan in the month by £86k with a forecast outturn of £1.3m behind plan. £0.4m relates to a miscellaneous income target with no income forecast against it.

Pay expenditure is £443k less than the plan in the month and the year end position is £4.9m more favourable than plan which is due planning assumptions (with offsetting income reductions) but also vacancies and recruitment.



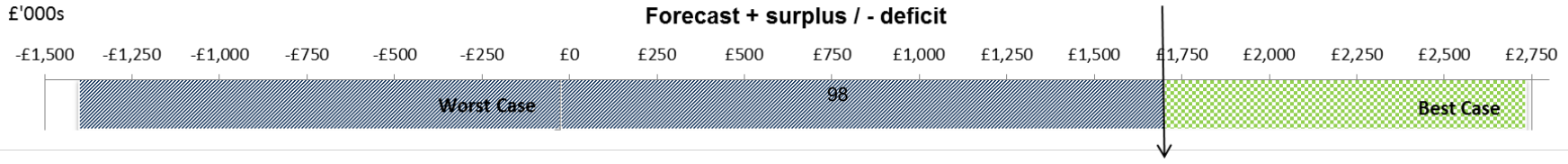
Summary of key points Enc I

Overall favourable variance to plan in the month of £96k which is driven by the following:

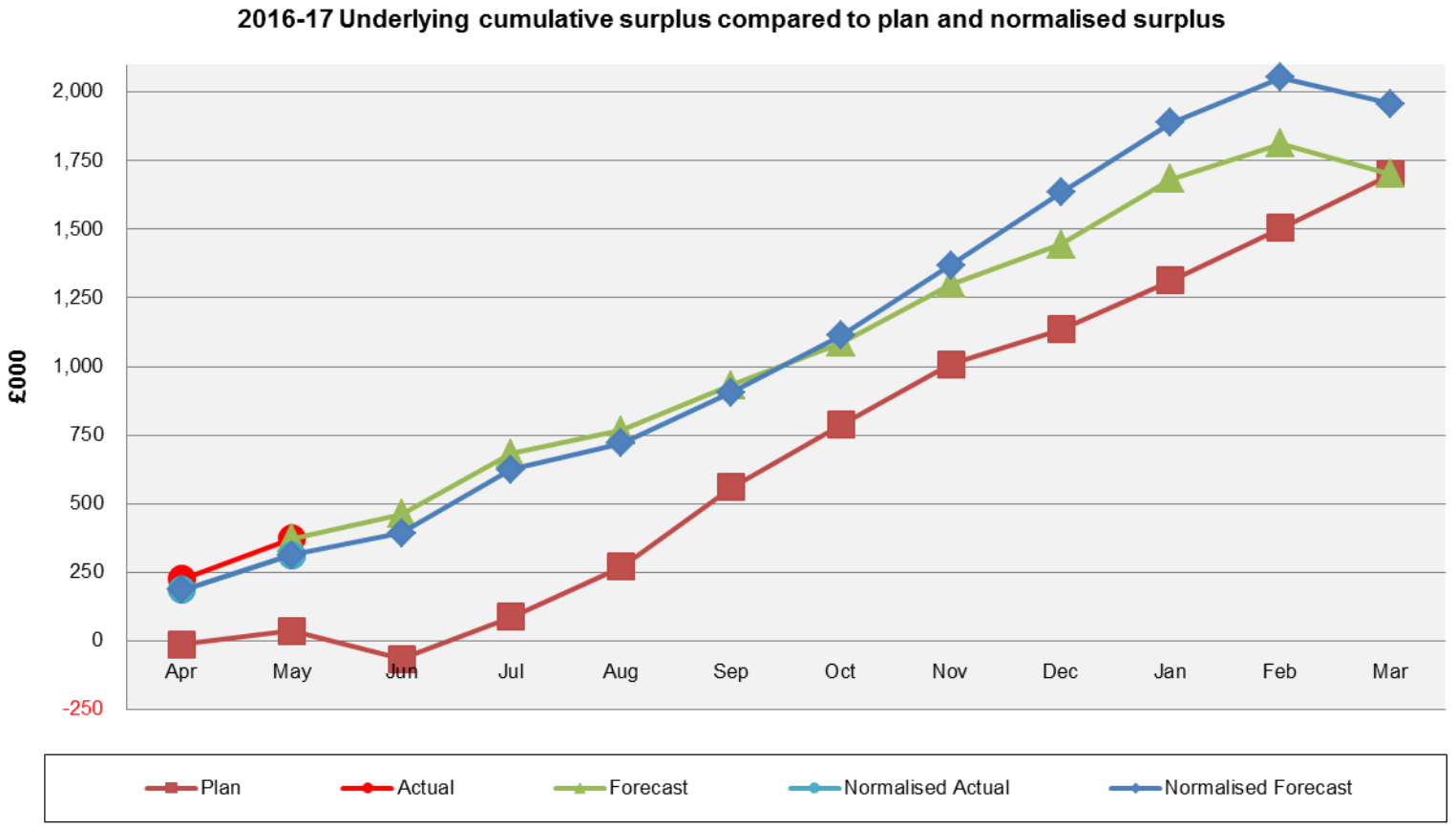
- Pay budget is significantly underspent which is mainly driven by vacancies across the Trust. Some of which is related to new service developments that are in the process of being recruited to. These also have associated non-pay underspends.
- Reserves are underspent in month as expenditure is now forecast to start form next month and spans across the financial year, so is in a different phasing to the original plan.
- This is helping to offset the CIP which is behind plan in the month.
- The forecast includes a set of assumptions based on knowledge and expectations at this point in time. At this early stage in the financial year there is a large performance range from worst-case to best-case outturn which is primarily dependant on the successful mitigation of emerging risks.

Forecast Range

Best Case	Likely Case	Worst Case
£2.7m Surplus	£1.7m surplus	£1.4m deficit



Normalised Income and Expenditure position



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

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

Liquidity

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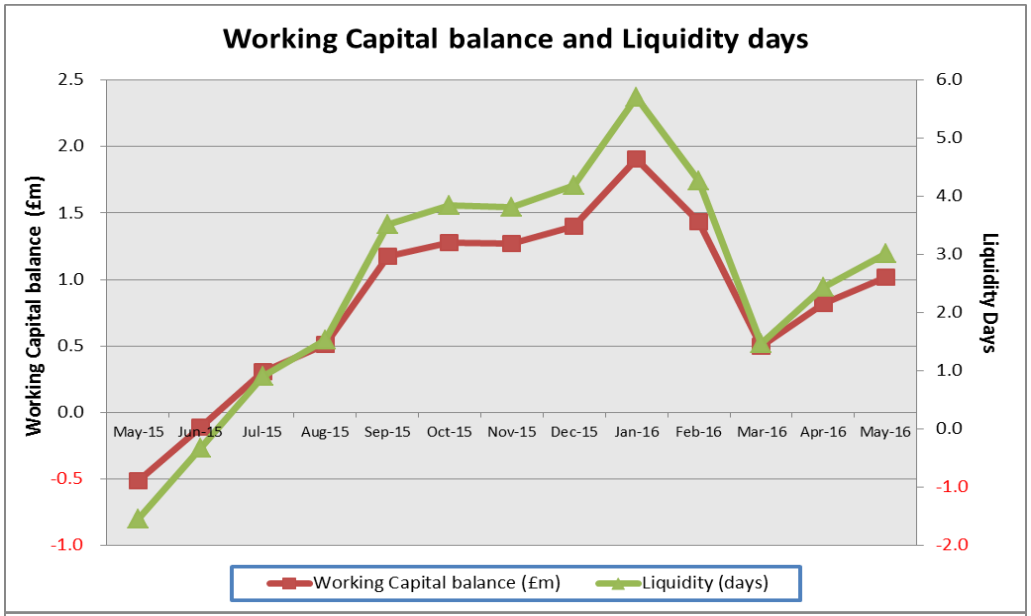
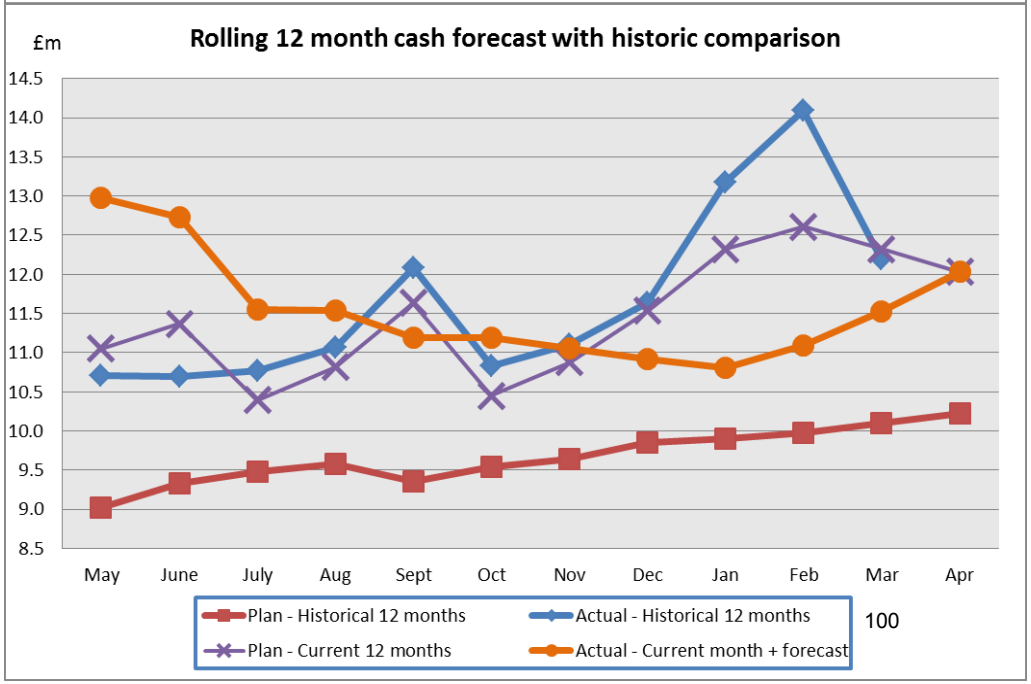


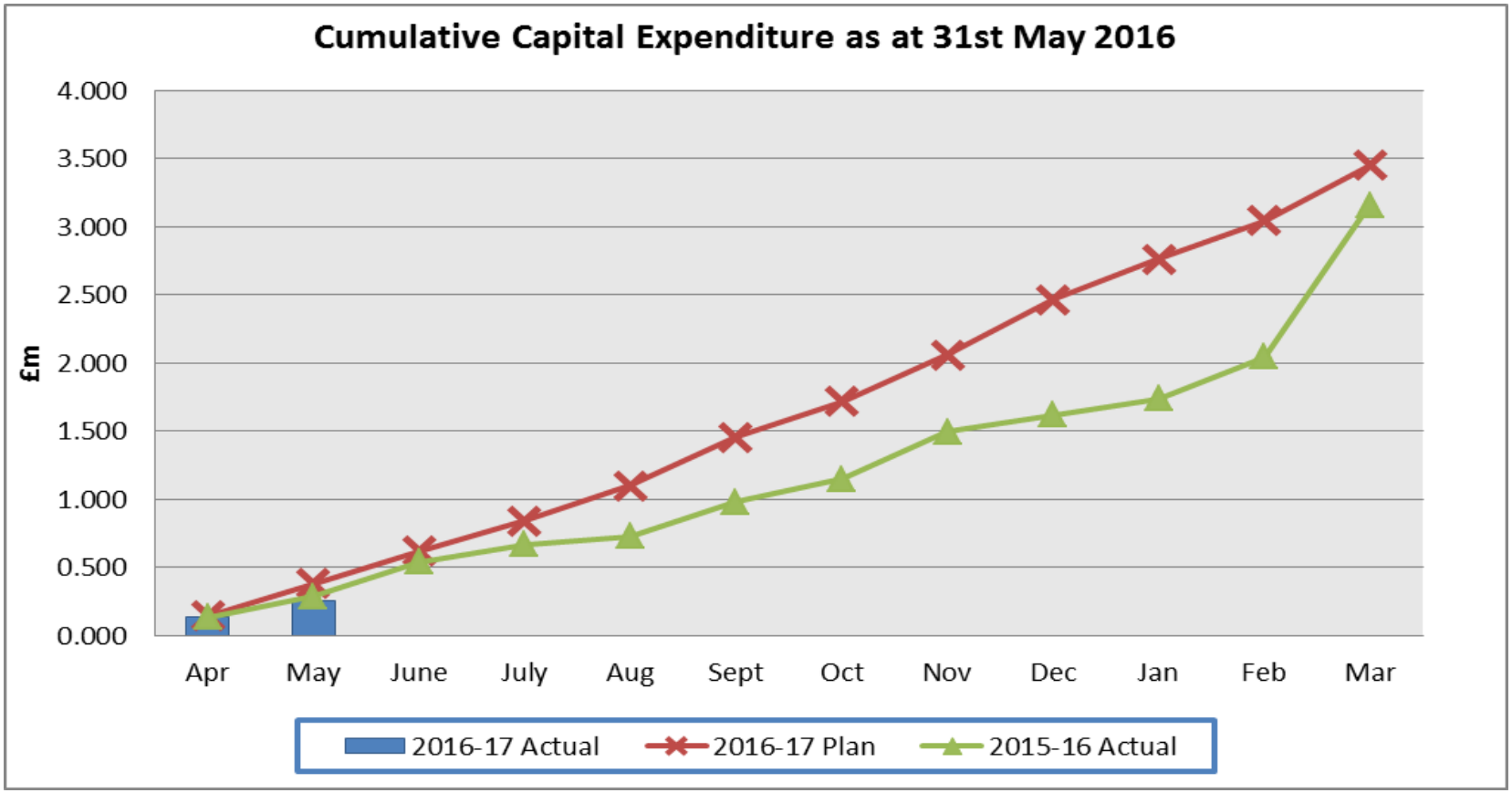


The first graph shows the working capital balance (net current assets less net current liabilities adjusted for assets held for sale and inventories) and how many days of operating expenses that balance provides.

During last financial year working capital continued to improve due to improved cash levels. The downward trend at the end of last financial year is reflective of the reduction in cash due to year end transactions. May is showing a further improvement.

The Trust Board is reminded that sector benchmarking information recently provided by external auditors illustrates that the peer average continues to be around +24 days, therefore our liquidity must remain a strategic priority for us to continue to improve.

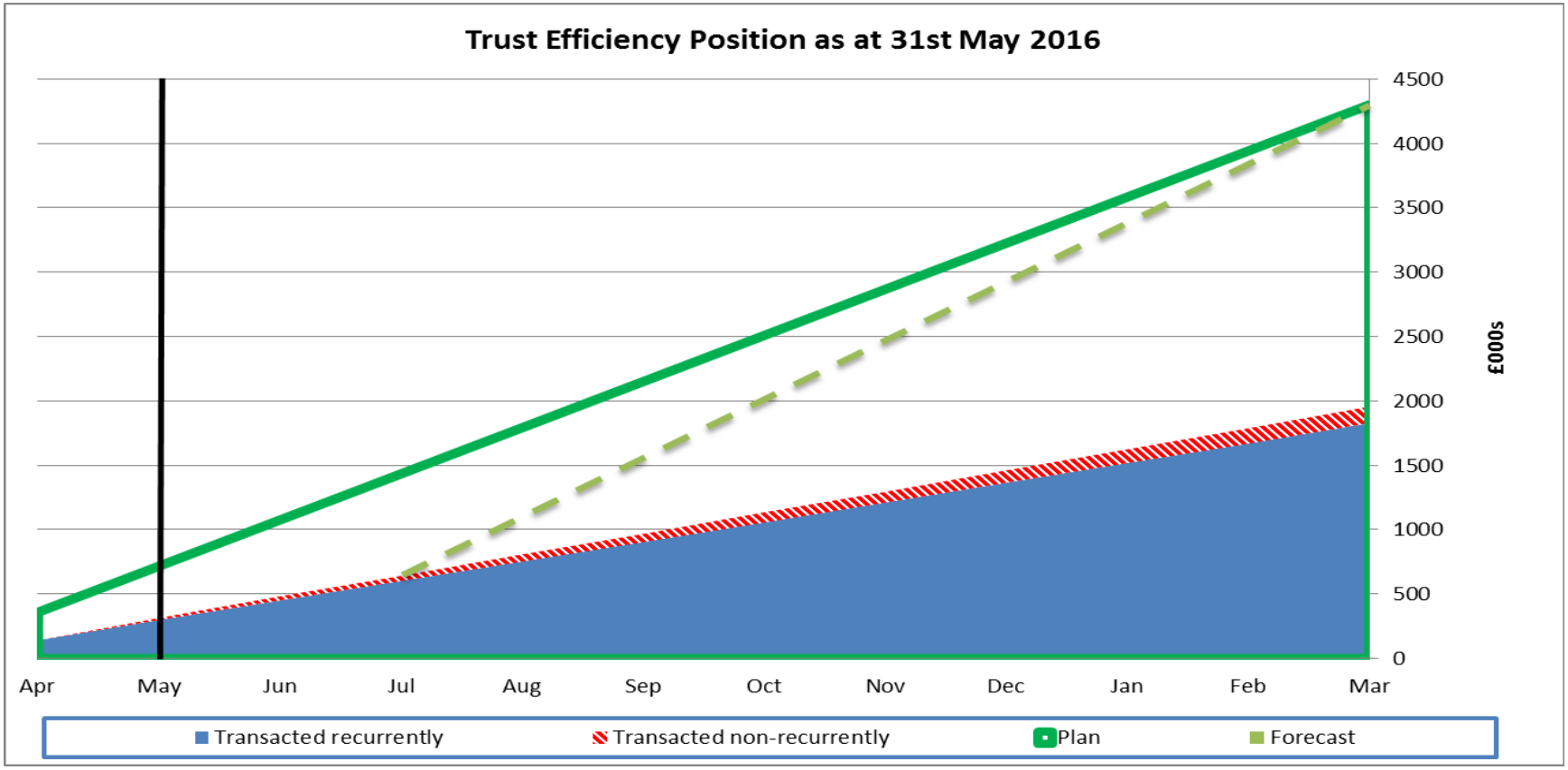
Cash is currently at £13.0m which was £1.9m better than the plan in the month. This is due to cash related Income and Expenditure surplus timing of payables and receivables.



Capital Expenditure is £126k behind plan year to date but is forecast to match the plan of £3.45m by year end..

The 2016/17 schemes are regularly reviewed by Capital Action Team (CAT) including the reprioritisation to fund any new schemes.

Cost Improvement Programme (CIP)



At the end of May there was a shortfall against the year to date plan of £395k. The full year amount of savings identified at the end of May reporting is £2.0m.

The forecast assumes full achievement of the plan by the end of the financial year.

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

Operational Section

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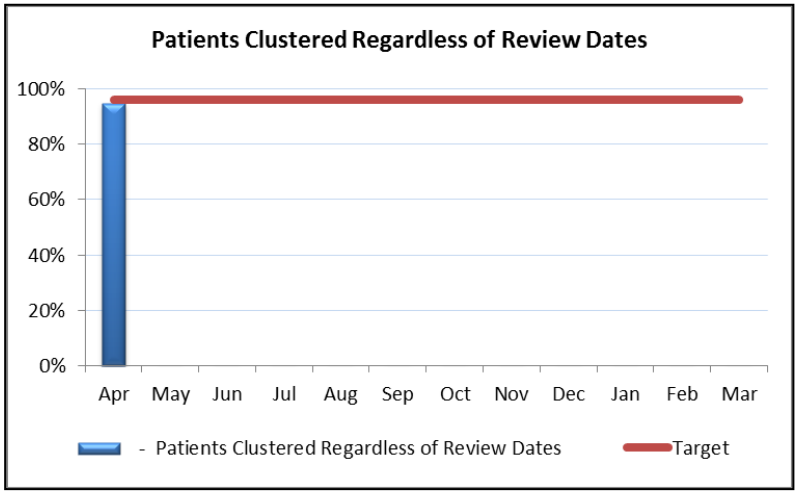
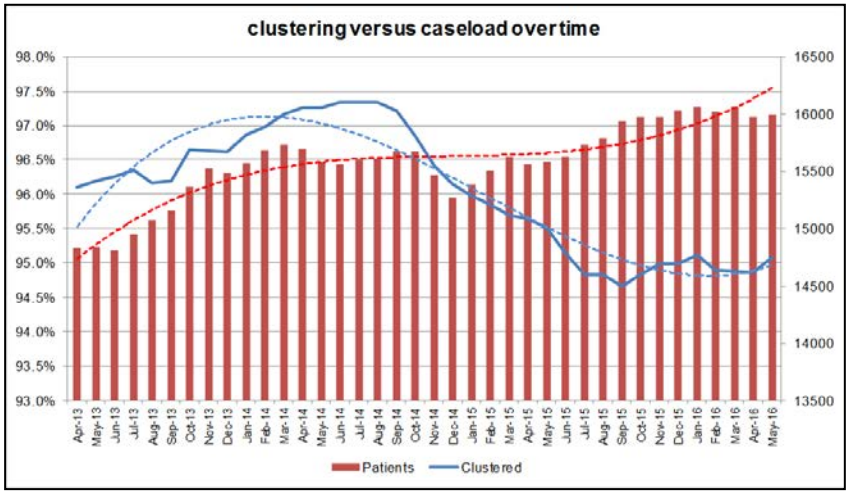
Clustering

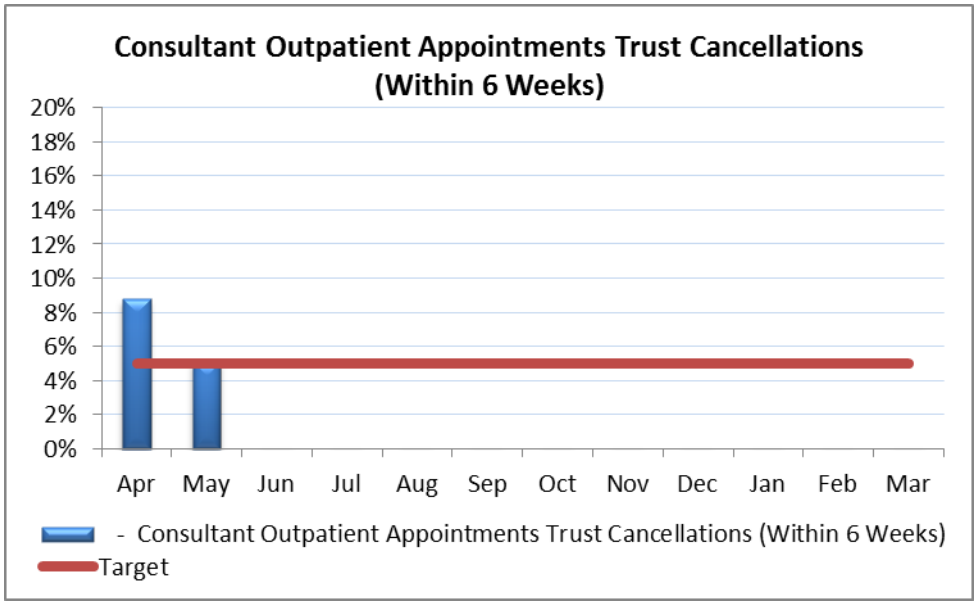




We have seen an increase over time in the number of patients needing to be clustered.

The percentage of patients clustered increased steadily over time up until October 2014 which is when the Trust moved to a new electronic patient record system, Paris. From that point we saw a steady decline in patients clustered. This is no fault of the system: Paris is very different to the previous system and any new system takes time to embed as people learn how to use it. 12 months following the implementation of Paris, the decline stopped. This was mainly as a result of a lot of hard work by the PbR and IM&T teams over the months to resolve any issues identified that were impacting on clustering. The majority of clinicians now successfully manage their PbR caseloads either independently or through positive engagement with available support.

Consultant Outpatient Appointments Trust Cancelations (within 6 weeks)



Associate Clinical Directors to review cancellation reasons and discuss with consultant concerned where the reason does not appear valid, if applicable.

List of clinic cancellation reasons has been agreed and added to Paris to enable easier reporting and monitoring.

IM&T have been asked to explore the possibility of adapting Paris to enable the recording of cancellation reasons for individual appointments, not just whole clinics.

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WARD STAFFING

Ward name	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	137.1%	81.5%	135.5%	74.2%		
CHILD BEARING INPATIENT	116.4%	145.5%	103.2%	200.0%	Yes	The fill rate tolerances for unqualified staff have been broken due to two long term sickness absences, vacancies and high levels of clinical activity/high observation levels.
CTC RESIDENTIAL REHABILITATION	121.8%	89.8%	100.0%	101.6%	Yes	
ENHANCED CARE WARD	83.6%	104.9%	81.0%	141.0%	Yes	Continue to hold significant vacancies for RNs. All recruitment processes continue. BY 13/06 will have 9.8 RNs only. Continue to maintain NIC cover from ECW nurse and to use bank NAs to uphold shift numbers. Staffing remains on risk register for Radbourne.
HARTINGTON UNIT - MORTON WARD ADULT	101.0%	104.6%	68.5%	161.7%	Yes	We are currently carrying 5.36 Band 5 vacancies on Morton ward, in addition to that I have a further Band 5 acting into a Band 6 position. It is difficult therefore to roster x2 Band 5 nurses on night duty.
HARTINGTON UNIT - PLEASLEY WARD ADULT	101.6%	89.8%	109.3%	92.0%	Yes	None received
HARTINGTON UNIT - TANSLEY WARD ADULT	71.8%	123.7%	51.6%	182.9%	Yes	None received
KEDLESTON LOW SECURE UNIT	112.9%	100.4%	108.1%	118.5%	No	None required
KINGSWAY CUBLEY COURT - FEMALE	86.0%	117.3%	66.1%	151.6%		
KINGSWAY CUBLEY COURT - MALE	105.9%	118.5%	96.8%	158.1%		
LONDON ROAD COMMUNITY HOSPITAL - WARD 1 OP	122.6%	62.4%	66.1%	167.7%		
LONDON ROAD COMMUNITY HOSPITAL - WARD 2 OP	112.1%	76.3%	62.9%	196.8%		
RADBOURNE UNIT - WARD 33 ADULT ACUTE INPATIENT	97.1%	98.8%	97.1%	107.1%	No	None required
RADBOURNE UNIT - WARD 34 ADULT ACUTE INPATIENT	94.6%	127.5%	68.9%	190.7%	Yes	Ward 34 continue to have a large number of RN vacancies with staff from other areas being deployed to assist, there is on-going recruitment to address this, also ward 34 have had a high number of engagement levels requiring the use of extra bank staff this however has now reduced.
RADBOURNE UNIT - WARD 35 ADULT ACUTE INPATIENT	84.7%	115.9%	90.9%	124.1%	Yes	We have broken the current fill rates for Qualified due to a combination of Maternity and Sickness
RADBOURNE UNIT - WARD 36 ADULT ACUTE INPATIENT	101.6%	95.3%	95.1%	119.7%	No	None required

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6 MONTH WARD STAFFING REVIEW

Ward Staffing Monthly Fill Rates

> 125%
< 90%

Ward	Shift	Resource	Dec-2015	Jan-2016	Feb-2016	Mar-2016	Apr-2016	May-2016
			Complete	Complete	Complete	Complete	Complete	Complete
AUDREY HOUSE RESIDENTIAL REHABILITATION	Day	Average fill rate - registered nurses/midwives (%)	100%	100%	99.09%	99.15%	101.18%	137.1%
		Average fill rate - care staff (%)	100%	98.44%	100%	101.47%	100%	81.45%
	Night	Average fill rate - registered nurses/midwives (%)	100%	100%	97.3%	100%	100%	135.48%
		Average fill rate - care staff (%)	100%	100%	104.76%	100%	104.17%	74.19%
CTC RESIDENTIAL REHABILITATION	Day	Average fill rate - registered nurses/midwives (%)	100.78%	100%	103.2%	101.56%	100%	121.77%
		Average fill rate - care staff (%)	97.78%	98.84%	96.23%	100.52%	100%	89.78%
	Night	Average fill rate - registered nurses/midwives (%)	100%	100%	100%	100%	100%	100%
		Average fill rate - care staff (%)	101.59%	100%	100%	100%	100%	101.61%
ENHANCED CARE WARD	Day	Average fill rate - registered nurses/midwives (%)	104.84%	96.26%	87.5%	80.22%	83.52%	83.61%
		Average fill rate - care staff (%)	85.48%	100.48%	100.97%	97%	102.73%	104.93%
	Night	Average fill rate - registered nurses/midwives (%)	78.33%	96.77%	92.98%	80.33%	83.05%	81.03%
		Average fill rate - care staff (%)	123.19%	116.05%	126.92%	116.9%	112.33%	141.03%
HARTINGTON UNIT - MORTON WARD ADULT	Day	Average fill rate - registered nurses/midwives (%)	97.79%	102.23%	103.45%	94.68%	103.13%	101.04%
		Average fill rate - care staff (%)	108.63%	102.26%	101.59%	105.26%	109.23%	104.62%
	Night	Average fill rate - registered nurses/midwives (%)	82.76%	70%	70%	72.22%	66.07%	68.52%
		Average fill rate - care staff (%)	136.36%	134.09%	144.68%	141.67%	170%	161.7%
HARTINGTON UNIT - PLEASLEY WARD ADULT	Day	Average fill rate - registered nurses/midwives (%)	102.69%	98.91%	108.33%	113.44%	119.34%	101.57%
		Average fill rate - care staff (%)	105.65%	106.98%	86.36%	81.25%	77.31%	89.83%
	Night	Average fill rate - registered nurses/midwives (%)	104.76%	100%	146.67%	157.58%	125%	109.3%
		Average fill rate - care staff (%)	95.31%	100%	79.31%	80.33%	83.67%	92%
HARTINGTON UNIT - TANSLEY WARD ADULT	Day	Average fill rate - registered nurses/midwives (%)	87.97%	88.17%	91.39%	87.5%	80%	71.82%
		Average fill rate - care staff (%)	117.42%	123.81%	113.1%	112.66%	131.62%	123.74%
	Night	Average fill rate - registered nurses/midwives (%)	70%	69.57%	64.71%	52.46%	57.63%	51.61%
		Average fill rate - care staff (%)	148.94%	119.23%	139.47%	188.24%	156.82%	182.93%
KEDLESTON LOW SECURE UNIT	Day	Average fill rate - registered nurses/midwives (%)				110.48%	110.83%	112.9%
		Average fill rate - care staff (%)				91.13%	90%	100.4%
	Night	Average fill rate - registered nurses/midwives (%)				100%	100%	108.06%
		Average fill rate - care staff (%)				104.03%	105%	118.55%
KEDLESTON UNIT - CURZON WARD	Day	Average fill rate - registered nurses/midwives (%)	86.18%	97.54%	98.33%			
		Average fill rate - care staff (%)	106.77%	102.72%	97.3%			
	Night	Average fill rate - registered nurses/midwives (%)	100%	100%	100%			
		Average fill rate - care staff (%)	100%	104.11%	98.28%			
KEDLESTON UNIT - SCARSDALE WARD	Day	Average fill rate - registered nurses/midwives (%)	97.54%	97.58%	97.44%			
		Average fill rate - care staff (%)	100%	100%	93.91%			
	Night	Average fill rate - registered nurses/midwives (%)	100%	100%	100%			
		Average fill rate - care staff (%)	100%	98.36%	98.25%			

6 MONTH WARD STAFFING REVIEW

Ward Staffing Monthly Fill Rates

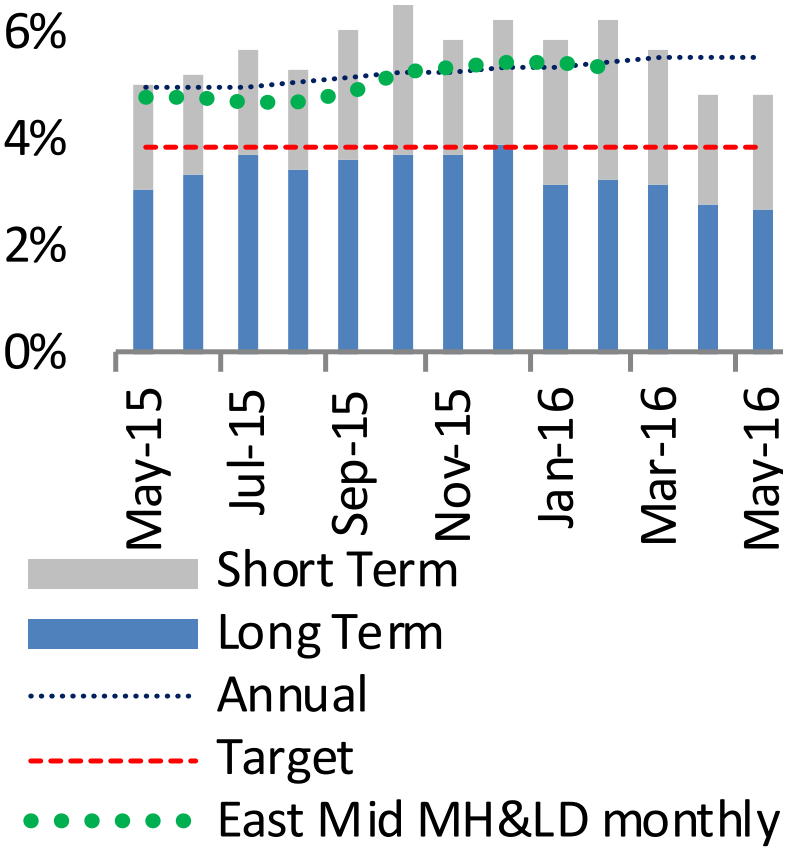
> 125%
< 90%

Ward	Shift	Resource	Dec-2015	Jan-2016	Feb-2016	Mar-2016	Apr-2016	May-2016
			Complete	Complete	Complete	Complete	Complete	Complete
KINGSWAY CUBLEY COURT - FEMALE	Day	Average fill rate - registered nurses/midwives (%)	101.95%	103.66%	102.01%	102.78%	100%	86.02%
		Average fill rate - care staff (%)	97.54%	93.44%	95.56%	93.31%	95.93%	117.34%
	Night	Average fill rate - registered nurses/midwives (%)	90%	100%	94.74%	91.23%	76%	66.13%
		Average fill rate - care staff (%)	100.81%	99.33%	102.7%	101.79%	110.78%	151.61%
KINGSWAY CUBLEY COURT - MALE	Day	Average fill rate - registered nurses/midwives (%)	99.43%	99.43%	97.66%	96.6%	98.24%	105.91%
		Average fill rate - care staff (%)	98.15%	93.15%	92.89%	93.71%	99.67%	118.55%
	Night	Average fill rate - registered nurses/midwives (%)	90%	96.77%	94.83%	81.97%	91.8%	96.77%
		Average fill rate - care staff (%)	110.53%	97.39%	99.22%	108.26%	101.99%	158.06%
LONDON ROAD COMMUNITY HOSPITAL - WARD 1 OP	Day	Average fill rate - registered nurses/midwives (%)	98.78%	100.66%	98.05%	99.24%	106.87%	122.58%
		Average fill rate - care staff (%)	97.41%	89.43%	94.17%	96.71%	92.65%	62.37%
	Night	Average fill rate - registered nurses/midwives (%)	95.74%	92.16%	93.62%	100%	91.3%	66.13%
		Average fill rate - care staff (%)	100%	109.3%	123.53%	100%	101.85%	167.74%
LONDON ROAD COMMUNITY HOSPITAL - WARD 2 OP	Day	Average fill rate - registered nurses/midwives (%)	103.52%	100.75%	103.28%	100.7%	100.74%	112.1%
		Average fill rate - care staff (%)	94.56%	96.62%	95.42%	97.04%	96.45%	76.34%
	Night	Average fill rate - registered nurses/midwives (%)	95.65%	97.87%	93.88%	100%	100%	62.9%
		Average fill rate - care staff (%)	101.45%	98.08%	106.98%	98.41%	95.83%	196.77%
PERINATAL PSYCHIATRY INPATIENT	Day	Average fill rate - registered nurses/midwives (%)	119.3%	107.69%	109.84%	125.37%	113.11%	116.42%
		Average fill rate - care staff (%)	134.65%	151.72%	156.34%	191.76%	160.71%	145.54%
	Night	Average fill rate - registered nurses/midwives (%)	110.34%	103.13%	100%	103.33%	100%	103.23%
		Average fill rate - care staff (%)	148.65%	167.74%	143.75%	154.72%	147.37%	200%
RADBOURNE UNIT - WARD 33 ADULT ACUTE INPATIENT	Day	Average fill rate - registered nurses/midwives (%)	99.49%	99.48%	95.86%	98.84%	96.63%	97.09%
		Average fill rate - care staff (%)	98.66%	101.89%	101.2%	102.38%	98.8%	98.81%
	Night	Average fill rate - registered nurses/midwives (%)	104.88%	97.78%	102.78%	97.5%	100%	97.06%
		Average fill rate - care staff (%)	105.71%	111.11%	101.64%	98.63%	98.31%	107.14%
RADBOURNE UNIT - WARD 34 ADULT ACUTE INPATIENT	Day	Average fill rate - registered nurses/midwives (%)	101.61%	95.21%	91.38%	95.7%	98.33%	94.57%
		Average fill rate - care staff (%)	106.45%	107.26%	120%	113.53%	105.43%	127.48%
	Night	Average fill rate - registered nurses/midwives (%)	51.61%	64.52%	63.16%	63.33%	82.46%	68.85%
		Average fill rate - care staff (%)	231.25%	184.38%	193.33%	228.57%	148.78%	190.7%
RADBOURNE UNIT - WARD 35 ADULT ACUTE INPATIENT	Day	Average fill rate - registered nurses/midwives (%)	121.93%	102.67%	97.7%	93.01%	92.27%	84.7%
		Average fill rate - care staff (%)	114.39%	106.82%	122.95%	110.4%	107.09%	115.91%
	Night	Average fill rate - registered nurses/midwives (%)	90.91%	90.48%	89.13%	94.55%	109.3%	90.91%
		Average fill rate - care staff (%)	131.82%	124.29%	116.47%	122.22%	115.79%	124.14%
RADBOURNE UNIT - WARD 36 ADULT ACUTE INPATIENT	Day	Average fill rate - registered nurses/midwives (%)	101.06%	92.43%	94.89%	92.47%	95.53%	101.6%
		Average fill rate - care staff (%)	107.48%	110.16%	96.64%	106.25%	98.4%	95.35%
	Night	Average fill rate - registered nurses/midwives (%)	77.27%	92.31%	82.93%	79.49%	97.14%	95.12%
		Average fill rate - care staff (%)	155.56%	106.9%	117.39%	117.54%	107.27%	119.67%

Workforce Section

Wellbeing

Sickness Absence	Mar-16	Apr-16	**May-16**
(Monthly)	5.67%	4.81%	**4.87%**



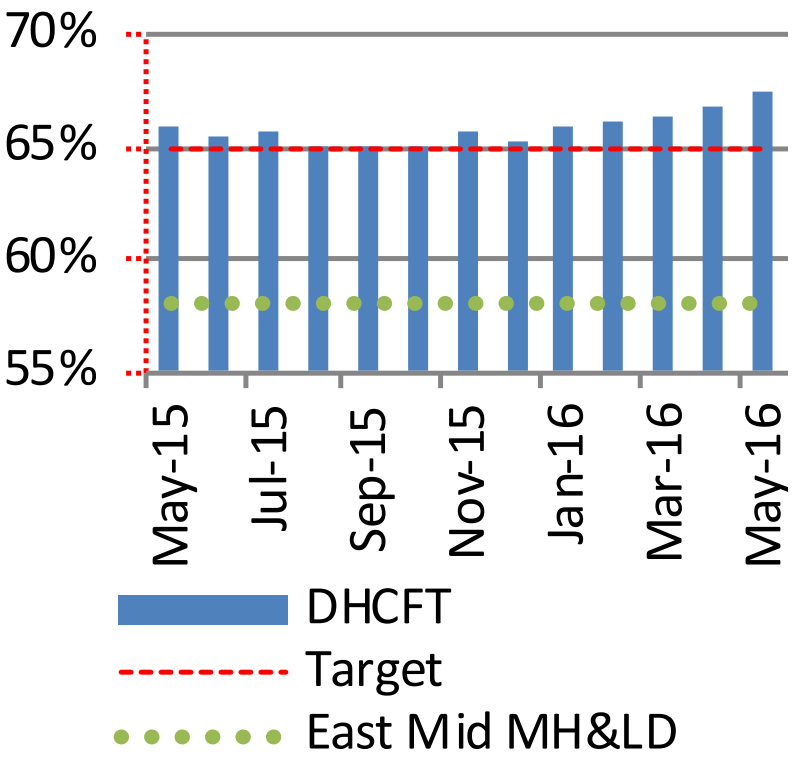
Target 3.90%

The Trust annual sickness absence rate is currently 5.54% (0.03% increase compared to last month).

Anxiety/stress/depression/other psychiatric illnesses remains the Trusts highest sickness absence reason and accounts for 26.42% of all sickness absence, followed by Surgery at 8.56% and Gastrointestinal

Qualified Nurses	Mar-16	Apr-16	**May-16**
health visitors and healthcare assistants)	66.41%	66.89%	**67.50%**

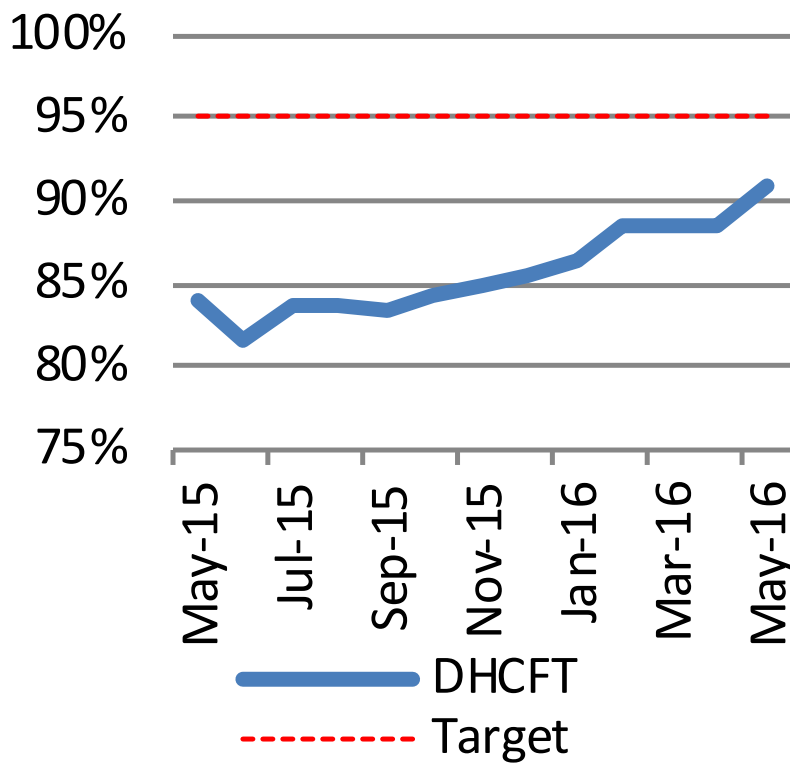
Target 65%



Contracted staff in post qualified nurses to total nurses, midwives, health visitors and healthcare assistants remains within target at 67.50%. Vacancy rates can impact on this measure. The NHS average is 61.38% and the East Midlands Mental Health & Learning Disability average is 58.04%.

Compulsory Training	Mar-16	Apr-16	May-16
(Staff in-date)	88.59%	88.58%	**90.87%**

Target 95%



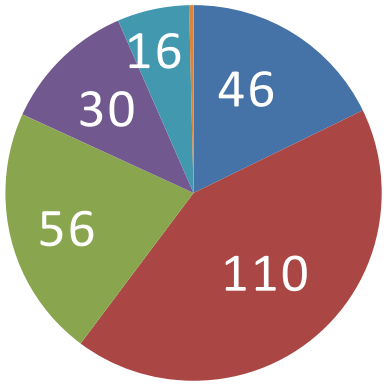
Compulsory training compliance continues to increase at 90.87%. Compared to the same period last year compliance rates are 6.90% higher. Compulsory training compliance remains above the 85% main contract commissioning for quality and innovation (COUIN) target.

Motivation

Enc I

Staff FFT Q4 2015/16 & Staff Survey 2015

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.

1 - Extremely Likely

2 - Likely

3 - Neither likely nor unlikely

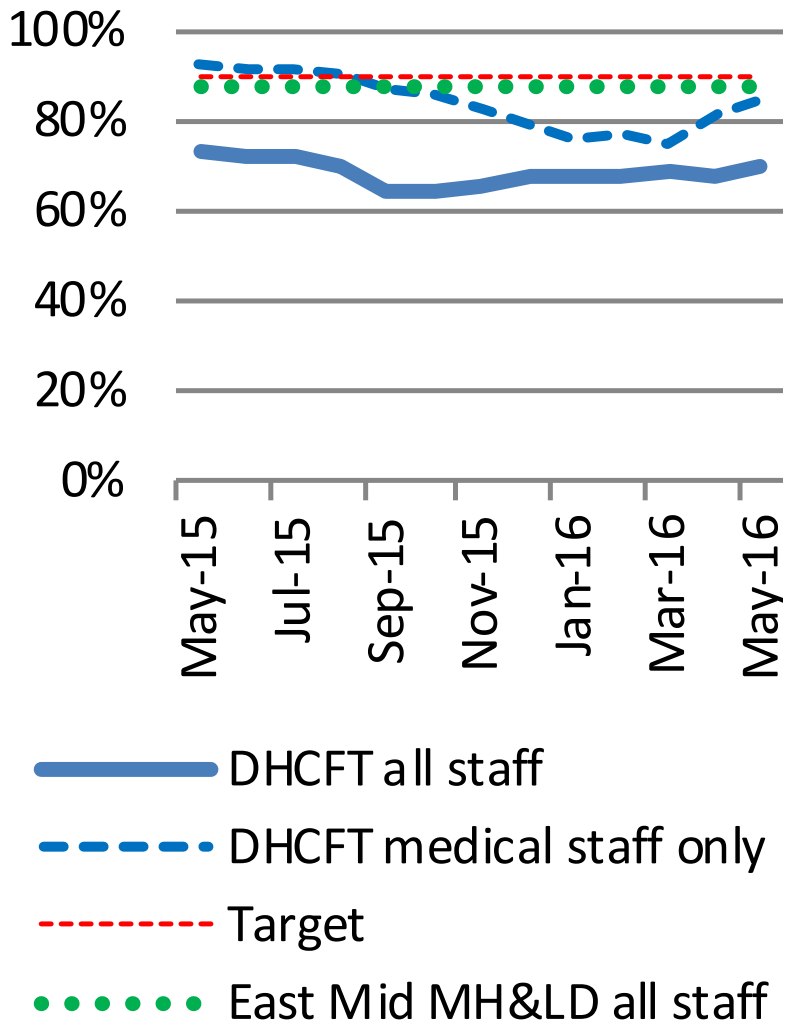
4 - Unlikely

5 - Extremely unlikely

	2014	**2015**	National Average
Overall staff engagement	3.75	**3.73**	3.81

Appraisals	Mar-16	Apr-16	May-16
(All staff)	69.12%	68.12%	**69.59%**

Ec I

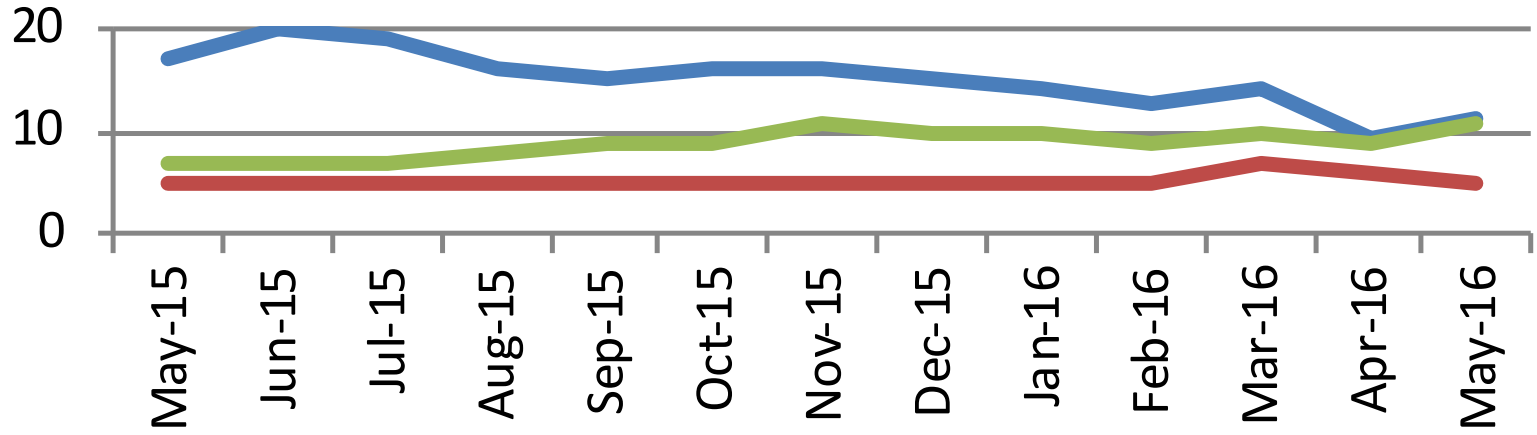


Target 90%

The number of employees who have received an appraisal within the last 12 months has increased by 1.47% during May 2016. Historic Medical appraisals have now been updated. According to the latest staff survey results, the national average for Mental Health & Learning Disability Trusts is 91%.

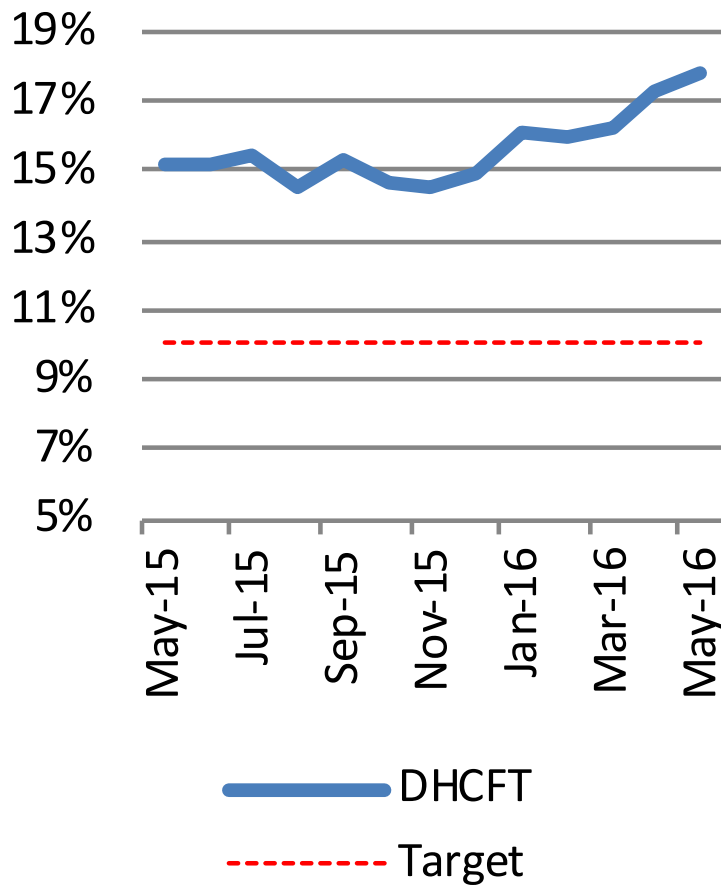
Grievances/Dignity at Work/Disciplinaries as at 31/05/16

11 grievances currently lodged at the formal stage, 3 new cases received and 1 resolved during May 2016. 5 dignity at work cases currently lodged, no change from previous month. 11 disciplinaries in progress, 3 new cases and 1 resolved during May 2016.



Attendance

Vacancy	Mar-16	Apr-16	**May-16**
(Budgeted full time equivalent)	16.24%	17.30%	**17.75%**

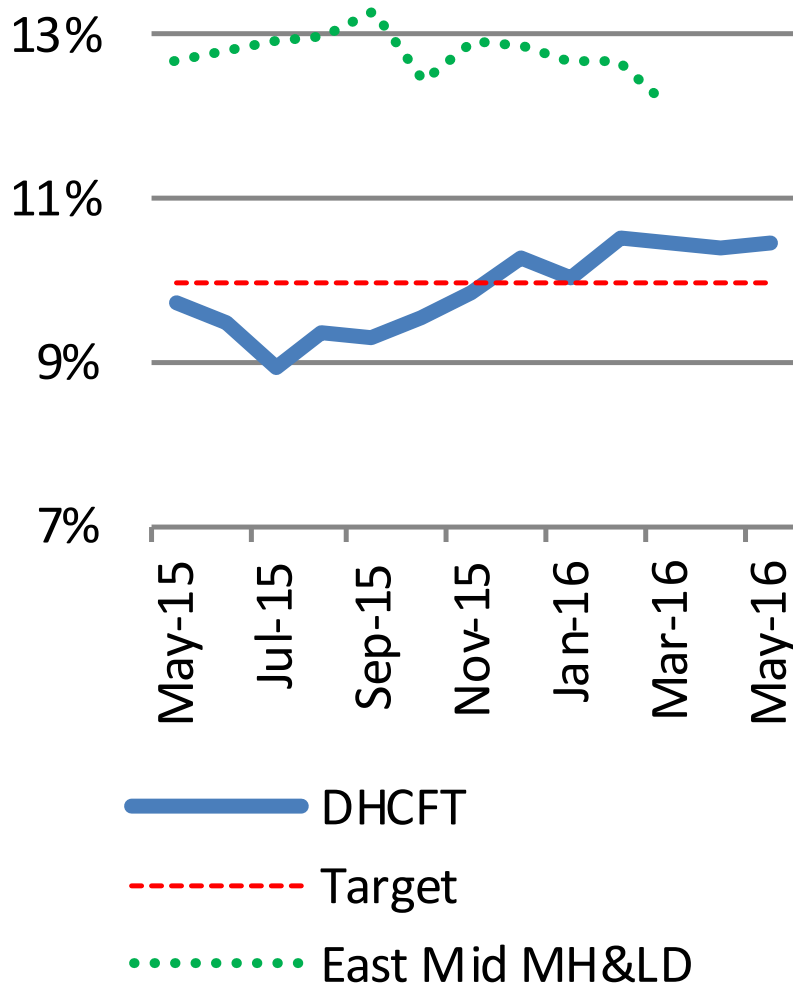


Target 10%

The budgeted vacancy rate has increased by 0.45%. April 2016 included additional full time equivalent investment for 2016/17. Active recruitment during May 2016 was for 91 posts. 65.90% were for qualified nursing, 11% admin & clerical, 9.9% medical, 7.7% scientific & technical, 3.3% allied health professionals and 2.2% additional clinical services.

Turnover	Mar-16	Apr-16	May-16
(Annual)	10.45%	10.42%	**10.44%**

Target 10%



Annual turnover remains within Trust target parameters at 10.44% and is below the average for East Midlands Mental Health & Learning Disability Trusts. The number of staff leaving remains static at an average of 21 per month. 17 employees left the Trust during May 2016 which included 6 retirements.

Agency Usage

	Mar-16	Apr-16	**May-16**
(Spend)	5.95%	4.03%	**5.29%**

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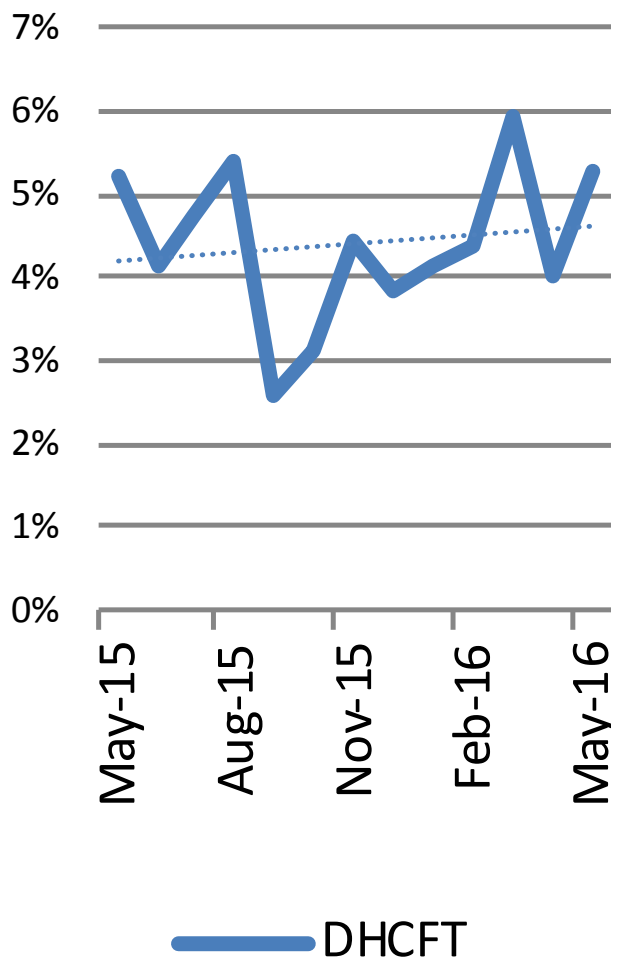

Total agency spend in May 2016 was 5.29%. Of total agency spend for all staff groups, Qualified Nursing represented 0.95%, Medical 3.27% and other agency usage 1.07%. Agency Qualified Nursing spend against total Qualified Nursing spend in May was 2.51%. Agency Medical spend against total Medical spend in May was 17.49%. In May the level of Agency expenditure exceeded the ceiling set by NHSI by £228k of which £190k related to Medical staff.

Quality Section

Strategic Risks (Board Assurance Framework)

Risk Description	Risk rating	Trend
Failure to achieve clinical quality standards	MOD	⟷
Failure to deliver the agreed transformational change at the required pace	HIGH	⟷
Risk to delivery of national and local system wide change.	HIGH	⟷
Failure to deliver short term and long term financial plans	EXTR	⟷
Loss of public confidence due to Monitor enforcement actions and CQC requirement notice and adverse media attention	HIGH	⟷
Loss of confidence by staff in the leadership of the organisation at all levels	HIGH	⟷

The Board has requested that the planned target rating for each risk be identified, together with a target date to achieve. A plan to provide this information is being developed, with reporting to begin from Sept 16.

Clinical Risks (Significant)

Risk Description	Risk rating	Trend
Long waiting lists due to difficulty in recruiting paediatricians	EXTR	→
Non-compliance with medicine management standards. Lack of facilities to assure compliance with medicines management standards	HIGH	↑
Nursing vacancies, leadership and succession planning across Radbourne Unit	HIGH	→
Lack of commissioned services: ADHD, patients discharged from prison	HIGH	→
Waiting times for psychological assessment, neighbourhood teams, pressure from transfer between neighbourhood teams.	HIGH	↑
Lack of parking for clinicians at bases	HIGH	→

Lack of compliance with correct storage temperature of medicines, managed through portable air conditioning units whilst capital bids to install permanent solutions are being implemented.

Further risk re waiting for psychological assessment. Pressure from transfers of patients from neighbouring teams, especially St Marys Gate. Plan to co-ordinate transfers underway.

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 25 May 2016

MEETING HELD IN PUBLIC

Commenced: 1pm Closed: 4:40pm

PRESENT:	Richard Gregory	Interim Chairman
	Jim Dixon	Deputy Chair and Non-Executive Director
	Caroline Maley	Senior Independent Director
	Phil Harris	Non-Executive Director
	Maura Teager	Non-Executive Director
	Ifti Majid	Acting Chief Executive
	Claire Wright	Executive Director of Finance
	Carolyn Green	Director of Nursing & Patient Experience
	Carolyn Gilby	Acting Director of Operations
	Dr John Sykes	Executive Medical Director
	Mark Powell	Director of Business Development & Marketing
	Samantha Harrison	Director of Corporate Affairs & Trust Secretary
IN ATTENDANCE:	Anna Shaw	Deputy Director of Communications and Involvement
	Sue Turner	Board Secretary and Minute Taker
	Hayley Darn	Nurse Consultant
For item DHCFT 2016/070	Bev Green	Releasing Time to Care Lead (Service Improvement)
For item DHCFT 2016/070	Sharon Trott	Senior Nurse/PMVA Instructor
For item DHCFT 2016/007	Claire Biernacki	General Manager, Neighbourhoods
For item DHCFT 2016/051	Rais Ahmed	Consultant Psychiatrist and Associate Clinical Director
For item DHCFT 2016/062	Kath Lane	Acting Deputy Director of Operations
For item DHCFT 2016/062	Mark Broadhurst	Consultant Psychiatrist and Associate Clinical Director
APOLOGIES:	Jayne Storey	Director of Workforce OD & Culture
VISITORS:	John Morrissey	Lead Governor
	Carole Riley	Governor, Derby City East
	Chris Fitzclark	North Derbyshire Voluntary Action
	Pauline Gill	North Derbyshire Voluntary Action
	Dr Mike Skelton	Consultant Psychiatrist
	Winston Samuels	Member of the public

DHCFT 2016/069	**INTERIM CHAIRMAN'S WELCOME, OPENING REMARKS AND APOLOGIES** The Interim Chairman, Richard Gregory, opened the meeting by welcoming all present.
DHCFT 2016/070	**SERVICE RECEIVER STORY** Senior Nurse, Sharon Trott introduced Marilyn and Bill who kindly agreed to come to talk to the Board about their recent experience of care on Tansley Ward following Marilyn's recent admission to hospital on Section 2 of the Mental Health Act.

	Marilyn was admitted to Tansley Ward in April. Her mental state had recently deteriorated at home where she was experiencing an acute manic episode. Marilyn's GP made an urgent referral to the Pathfinder Service and she was admitted to Tansley Ward before her condition could be assessed. On admission to the ward Marilyn presented with symptoms of an acute manic episode. She posed a risk to herself and was unable to comprehend instructions given to her by the nursing team to manage her distress or maintain her safety. She was less agitated when supported by two nurses who were trying to develop a trusting and therapeutic relationship. Due to there not being any available female single rooms on either the ward or the unit, staff made the decision to temporarily close the female lounge and turned this over to Marilyn's care as a safe environment in which she was also able to eat and sleep. This also provided a low stimulus environment and allowed time and space for her family to visit while Marilyn's privacy and dignity was maintained. Gradually Marilyn's mental health improved and she was able to return to a dormitory and her support and observation levels were reduced. Marilyn's husband Bill and her family were very supportive and played a large part in her care and treatment. They visited regularly and attended reviews. As her mental health started to improve Marilyn's sleep pattern improved however as her diet and fluid intake was still not satisfactory, she was prescribed supplements and was encouraged by the nursing team. Her husband Bill wanted to be part of this and after discussion with Liz Bates the team were able to facilitate time with Marilyn and Bill so they were both able to eat together on the ward. Bill requires a Gluten free diet this was ordered for him from the kitchens. Marilyn appreciated having the privacy of the female lounge and having her immediate family around her which definitely helped her recovery. Carolyn Green was pleased that the staff had taken the decision to care for Marilyn in this way although this was a technical breach of the Trust's gender sensitive policy. If Tansley Ward was not a dormitory ward a single room could have been provided as this would have helped Marilyn to recover just as quickly. One of the common requests from patients is to have a single room, although some prefer the company that a dormitory provides. This is clearly a challenge to the Trust as not all wards or units have the footprint this would require. Marilyn's recovery continued to progress and she began to take day leave with her family. She has now progressed sufficiently to take leave with her family and feels much better. When asked by Ifti Majid how the ward manages the aspects of different stages of people's recovery, Sharon Trott replied that they make sure they are aware of people like Marilyn who might be distressed by some of the behaviour of other patients. They also look at the mix of admissions when they arrive on the ward and always try to calm the ward environment so as not to destabilise patients who are already recovering. The Board recognised that it is sometimes necessary to break the rules to do the right thing and it is important to empower staff to make sensible and pragmatic decisions even when there is a risk associated with it. Richard Gregory thanked Marilyn and Bill for telling their story. He explained that the Board receives a lot of reports about the services it provides but nothing is as powerful as hearing stories first hand from service receivers. He and the Board were thankful to hear what Sharon Trott and the team did to respond to Marilyn's needs. **RESOLVED: The Board of Directors expressed thanks to Marilyn and Bill for sharing their experience and appreciated the opportunity to hear at first hand the service the Trust had provided.**
DHCFT	**MINUTES OF THE MEETING DATED 27 APRIL 2016**

2016/071	The minutes of the meeting held on 27 April were accepted and agreed subject to the correction to item DHCFT2016/058 Monitor Compliance Return. The last sentence of the first paragraph would be amended to read *"The full content of the quarter 4 template had been sent to members of the Audit & Risk Committee for review and was scrutinised in the usual quarterly telephone call between the Finance team and the Chair of the Audit & Risk Committee."*
DHCFT 2016/072	**MATTERS ARISING AND ACTIONS MATRIX** The Board agreed to close all completed actions. Updates were provided by members of the Board and were noted directly on the actions matrix. **DCHFT 2016/005 Industrial Action:** John Sykes, Medical Director, informed the Board that although the BMA had urged junior doctors not to negotiate with the Trust, it was clear that the Trust had maintained good relations with junior doctors.
DHCFT 2016/073	**CHAIRMAN'S VERBAL REPORT** Richard Gregory updated the Board on developments during the last month. A second meeting would take place next week with NHS Improvement (NHSI) on the Governance Improvement Action Plan. The first meeting was successful and Richard Gregory and Ifti Majid are heading into next week's meeting with confidence. The meeting of the Council of Governors is taking place on 1 June and Richard Gregory was looking forward to a better representation of governors due to the recent elections. New governors that have recently been elected will also take part in their induction on 31 May. Thanks were given to Jayne Davies and Shirley Houston of the Engagement Team for the development of the induction programme. Prior to the meeting of the Council of Governors on 1 June the Non-Executive Directors and governors will meet informally. **RESOLVED: The Board of Directors noted the Interim Chairman's verbal update.**
DHCFT 2016/074	**ACTING CHIEF EXECUTIVE'S REPORT** Ifti Majid presented his report which provided the Board with 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 updated the Board on feedback from external stakeholders such as commissioners and the Trust's staff. Ifti Majid drew attention to the links contained in his report, the first of which was one published by the Local Government Association charting progress on the health devolution journey and the Derbyshire Joint Strategic Needs Assessment issued by Derbyshire County Council. Work on the Derbyshire Sustainability and Transformation Plan continues and Ifti Majid explained how this was driving forward person-centred planning. This is very much about supporting people to live at home or in a place they choose to call home and will also avoid high cost institutional care. Ifti Majid felt privileged to attend and speak at the Mental Health in the Faith Community conference arranged by the Trust's Chaplaincy to support local faith leaders to understand more about the challenges of mental health, think about their role in recovery and social inclusion and particularly to think about the relationship between our new neighbourhoods and the established faith communities within them. The day was very

	well attended by different representatives from Derbyshire and was held with great enthusiasm, commitment and with a real sense of learning from each other. This was the second time that Ifti Majid's report included the Listen, Learn and Lead matrix which set out the latest round of team visits by Directors. This exercise provides increased contact with the Directors and the teams and has helped staff feel able to raise concerns since its initiation in March. The matrix contains an action tracker and Ifti Majid hoped it illustrated some of the issues being raised and would help to resolve some of the issues staff are struggling with. The Board recognised Caroline Maley's concern that the action tracker was evolving into a list of issues and would consider a different approach to capturing actions in the future. **RESOLVED: The Board of Directors noted the contents of the Acting Chief Executive's report**
DHCFT 2016/075	**INTEGRATED PERFORMANCE AND ACTIVITY REPORT** This report provided the Trust Board with an integrated overview of performance as at the end of April 2016 with regard to workforce, finance and operational delivery and quality performance. Carolyn Gilby described how the workforce, operational and finance functions had met to establish themes that were emerging from the data contained in the report. Overall medical staff sickness and staff vacancies had impacted on outpatient clinics and this had resulted in a breach in the ceiling of the NHSI spend on agency staff. The Board noted that there was not a specific reason identified for staff sickness but this, together with the level of vacancies, had affected staffing levels. Discussions were taking place in the Performance Overview Group to establish how to support staff and the People & Culture Committee would be addressing plans to improve the process for recruitment of additional staff. Claire Wright highlighted the key messages emerging from the report relating to Finance. She explained that the performance for month one was better than planned but she was expecting the run-rate to change to achieve a control total surplus of £1.7m. She also described how the report showed some of the ranges of key assumptions and that one of the biggest challenges was around the Cost Improvement Programme (CIP). This was planned at £4.3m for the year but was now expected to achieve £3.3m and it would be a challenge to achieve this. Richard Gregory pointed out that challenges associated with the CIP had been the subject of discussion during the confidential session of the Board held earlier today. The other key challenge would be in mitigating other financial pressures which would be the subject of an extraordinary meeting of the Finance & Performance Committee on 23 June when a number of proposals will be addressed to provide assurance to the Board to complete the compliance statement for NHSI in July. Ifti Majid considered the report showed strong and sustained performance around operational KPIs. Although there are issues around staffing levels within the workforce he considered that staff appraisals would improve morale and performance overall. Mark Powell observed that the Board's Committees should take oversight of the different aspects of the dashboard to ensure plans were in place to deliver the targets. It was understood that most of the red targets related to quality targets that were introduced in April. Carolyn Green drew attention to the metrics contained in the quality overview (flu jab uptake, Think Family training, safety plan training and the number of learning disability or autism cases within a CTR before admission) to assure the Board that there is a positive and safe strategy in place and all CQUINS have an improvement plan which is monitored by the Quality Committee. The Board was pleased to note that safer staffing levels at the Hartington Unit and Radbourne Unit were being addressed and that recruitment was improving, and that both

	these units have a low level of bank and agency staff. It was also noted that ongoing work was taking place with universities to recruit graduate nurses. Caroline Maley was pleased to see that the dashboard showed an improvement in the output of patient letters. She made a request that the workforce dashboard be spread across three pages rather than one. She considered that an awareness of high operational risks was good to see in the quality section and she asked that these be linked with the BAF (Board Assurance Framework) risks. Carolyn Green responded that all risks had been included in the Clinical Risk Register and a narrative would be included in future reports to indicate this. It was also agreed that the dashboard would indicate when these risk ratings would return to normal status. She also intended including a new addition in the quality and operational section of the report that would record supervision requirements. **RESOLVED: The Board of Directors scrutinised the content of the report and obtained assurance on the current performance across the areas presented.**
DHCFT 2016/076	**<u>POSITION STATEMENT ON QUALITY</u>** Carolyn Green presented her report which provided the Board of Directors with an update on the Trust's continuing work to improve the quality of services it provides in line with the Trust's Strategy, Quality Strategy and Framework and strategic objectives. The Board noted that the position statement set out: 1. Safety through the infection control report 2. Caring through the Trust's work in community partnerships to promote Mental Health awareness 3. Responsiveness of services Trust-wide including the review of complaints and compliments findings and the CAMHS national benchmark. Details of how the Trust discharges the duty of candour were also noted. 4. Full achievement of all Trust CQUIN's and the clinical strategy to apply for a Department of Health bidding round for a licence to provide patient activation measurement scales. 5. Care Quality Commission visit preparations for the planned inspection in June and progress on Quality visits. Carolyn Green drew attention to the responsiveness of services section of the report and assured the Board that serious untoward incidents were robustly reviewed and monitored by the Quality Committee and further assurance could be obtained through the benchmarking data contained in the report. It was noted that the report provided specific assurance on the Trust's Duty of Candour. Maura Teager also pointed out the work recently undertaken by John Sykes to support areas under particular pressure. Richard Gregory asked how many complaints had been found in favour of the service receiver. Carolyn Green explained that this was not included in the Quality Position Statement but was reviewed at the last meeting of the Quality Committee. The main theme arising from complaints continued to be obtaining access to our services and therapies, particularly in paediatric care. The Board considered the report provided a good level of assurance, in particular the Infection Control Report.

	RESOLVED: The Board of Directors: **1) Received the Quality Position Statement and noted that the Infection Control Annual report was presented in line with the Health Act practice requirements.** **2) Gained assurance and was informed by the content.**
DHCFT 2016/077	**BOARD COMMITTEE ESCALATIONS** Short assurance summaries were received from Committee chairs which identified key risks, successes and decisions made. Each summary was scrutinised and escalations were noted, although it was agreed that some escalations were purely to draw the Board's attention to particular issues. Ifti Majid drew attention to the escalation from the Mental Health Act Committee that the Emergency Department at Chesterfield Royal Hospital was not considered to be a place of safety. It was understood that this was a long standing issue and was not peculiar to Chesterfield. This matter would be progressed by John Sykes through the Crisis Care Concordat. Limited assurance was received by the People & Culture Committee concerning the timeframe around actions contained in the Governance Improvement Action Plan (GIAP) especially around the compliance of policies. Solutions would be revisited when the GIAP is scrutinised line by line at the next meeting of the Committee in June and assurance is to be provided to the Board that policies are being adhered to. Limited assurance was also obtained on the People Plan and it was noted that this would be addressed later in agenda item 15, Governance Improvement Action Plan and Delivery Framework. It was understood that the format of the assurance summaries was still evolving and in future matters escalated to the Board would be distinguished between escalations for action by the Board and matters that purely alerts for Board awareness. **ACTION: A dynamic process will be developed to provide assurance to the Board that policies are being adhered to.** **RESOLVED: The Board of Directors noted the escalations and assurance summaries from Board Committees.**
DHCFT 2016/078	**ANNUAL REPORT FROM THE AUDIT & RISK COMMITTEE** Caroline Maley as Chair of the Audit & Risk Committee presented the 2015/16 Audit & Risk Committee Annual Report. She explained that the report was reviewed by the Committee at the April meeting in order to finalise and agree the report for submission to today's Trust Board meeting. The report summarised how the Committee had discharged its remit during 2015/2016 which resulted in the approval of the Trust's Annual Report and Accounts and she gave thanks the Quality and Communication teams for their valuable input. The report would also be presented to the Council of Governors at the next meeting on 1 June to explain the responsibilities of the Committee. **RESOLVED: The Board of Directors received the Annual report from the Audit and Risk Committee.**
DHCFT 2016/079	**APPROVAL OF THE TRUST STRATEGY** Mark Powell presented the Trust Strategy 2016-21 to the Board for approval. The draft strategy was presented to the Board in April and had been revised based on feedback received from directors which has been incorporated in the final document.

	The Board recognised that the strategy had been presented to the Council of Governors and considered that the strategy was extremely comprehensive. It was noted that more emphasis could be made on the collaboration with the STP programme in Appendix C. It was also considered that encouraging the 'Listen, Learn and Lead' culture could be included in the strategy especially as staff governors had expressed concern that staff were being asked to work in new areas without there being an adjustment to staff resource. The Board approved the Trust Strategy and Ifti Majid was given Chief Executive Action to ensure the changes suggested by the Board would be implemented. **ACTION: Ifti Majid was given authority via Chief Executive Action to ensure the changes to the Strategy suggested by the Board would be implemented.** **1) RESOLVED: The Board of Directors:** **2) Approved the Trust Strategy 2016-21** **3) Approved the content of the 'Plan on a Page'** **4) Noted the contents of the proposed communications plan** **5) Noted the suggested performance monitoring dashboard and provide feedback** **6) Noted the outline timetable for strategy implementation**
DHCFT 2016/080	**<u>DEEP DIVE – NEIGHBOURHOODS</u>** The Board requested a 'deep dive' of the performance of the Neighbourhoods. This report was presented by senior members of the team and enabled the Board to review the performance of this Directorate since its inception on 1 April 2016. The operational and members of the clinical leadership teams gave a summary of the positive work and challenges of the Trust's remodelling to a new neighbourhood framework. The main points captured by the Board were as follows: • The model is new and the teams are in transition, and require operational and emotional support as part of a significant change management programme, it is very early days in the change • Some new ideas and innovations are blossoming in working with GP's and the link model • Some teams are embracing the single point of access and the benefits and others are working though the issues of change • Community capacity in community teams is a known pressure and risk, which was a significant issue in this year's contracting round. Although significant investment in funding was achieved and approximately £1m additional investment received, this was less than the services required and represented one third of what the Trust requested. Under the existing model for case load sizes, teams will not be able to manage the demand of case sizes without the investment. This financial year the commissioners have funded an additional 18.3 whole time equivalent care co-ordinator posts which should help to reduce caseload sizes. It was noted that in order to achieve a maximum caseload size of 35 per whole time equivalent, care coordinators the team would need a further 43 whole time equivalent posts.

- It is envisaged that an improvement in recruitment will help reduce waiting lists. The team are trying to find a balanced and fair universal wait list plan. It is also recognised that waiting lists are growing daily.

- Clinical variation is an area of development. Clustering is a concern in the north of the county particularly in the dementia monitoring service where demand for the service far outstrips capacity. Work is being undertaken with commissioners to deliver care from primary care bases and explore solutions this piece of work is on-going.

- Outpatient appointments have been affected by strike action this year and the report showed that the loss of outpatient appointments has impacted on the teams and the operational performance as detailed in the report. The performance data demonstrates a good improvement in outpatient letters which continues on an upward trajectory.

- Wider aspects of performance are staff appraisals which are angoing challenge and positive strides are being taken to work towards a three month trajectory. Appraisals performance will also improve with the appraisal links to the revalidation of nurses and the same quality of appraisals will be carried out for registered nurses; however this will not assist with the AHP or support workers' performance which also requires attention.

- There are a lower number of people absent from work with stress related issues in Neighbourhoods even though the Staff Family and Friends Test indicates high absences due to work related stress. It was noted that Sue Walters the Trust's newly appointment Senior Staff Engagement Lead would work with teams to analyse and recommend a management approach for managing stress levels within the teams.

- Ongoing work was taking place to improve DNAs (Did not Attend) and a text reminder system has been developed and new themes have emerged through follow up calls of DNAs carried out by medical staff.

When asked how the Board could help the Neighbourhood teams, Kath Lane replied that she had noticed that where Neighbourhoods had been set up into one base they were working significantly better than where neighbourhoods were spread across estate with facilities where teams could offer group work and support in line with the shared care and self-care models. Developing the new model estate was a significant factor in how quickly things can move forward into new models. It was recognised that the Trust was trying to make the best use of estate throughout the whole of Derbyshire and money had been set aside in the capital programme for this purpose. However, this was reliant on the availability of estate in the right place at the right time with the right group work facilities. It was emphasised that setting Neighbourhoods into key locations was one of the key priorities in the STP work stream. Claire Wright would consider the possible STP solutions that could assist the Neighbourhoods with the building requirements that may be available when considering the wider Derbyshire estate.

Rais Ahmed was of the opinion that the Board could help with staffing levels by providing and agreeing funding to increase the number of permanent staff; examples would be occasions when it is required to breach the agency cap and

	framework rates. This would also reduce the level of bank and agency staff. He felt it would also help to have some flexibility to enable posts to be filled. Richard Gregory pointed out that the Trust was trying to observe the governance edict on bank and agency staff while still providing quality of service to patients. The Board will take action and raise this issue with NHSI in a drive to engage their support for the Trust to deliver a quality service whilst adhering to NHSI KPIs. This would be to explore any system or national in-built delays to recruitment. The Board acknowledged the progress made by the Neighbourhood team and thanked them for providing such an informative report. **ACTION: Building requirements of Neighbourhood teams in STP developments and as part of the Estates strategy to be considered by Claire Wright.** **ACTION: Ifti Majid and Richard Gregory to consider raising with NHSI systemic issues and explore any system or national in built delays to recruitment.** **RESOLVED: The Board of Directors:** **1) Acknowledged the current performance of the Directorate** **2) Noted the actions in place to ensure sustained performance** **3) Claire Wright to consider the building requirements of Neighbourhood teams in STP developments and as part of the Estates strategy** **4) Ifti Majid and Richard Gregory to consider raising with NHSI systemic issues and explore any system or national in built delays to recruitment.**
DHCFT 2016/081	**<u>GOVERNANCE IMPROVEMENT ACTION PLAN AND DELIVERY FRAMEWORK</u>** Mark Powell presented his report which provided Board members with an update on progress of all tasks within the GIAP, including the identification of tasks that are off track, including those that the Board has responsibility for oversight. It was pointed out that there is a draft outline of KPI documentary evidenced in the GIAP and at the end of the meeting the Board should asses if there have been any decisions taken that would affect the plan. Mark Powell expressed concern that when PC4 (Prioritise the development of the People Strategy and ensure the agenda and focus of the newly formed People and Culture Committee is clearly aligned the Trust's overall strategy) was revised at by the People & Culture Committee the task had remained off track for the second month. The Board was pleased to note that the Committee had carried out robust discussion and that Mark Powell would spend time with Jayne Storey to provide support in addressing the challenging timeframes contained in the task. Ifti Majid is comfortable that Jayne Storey is aware of what is required by the Committee. It was considered that the additional resource being provided to the HR team will allow Jayne Storey to develop the People Plan further. The Board considered the rating of the remaining tasks listed in the report and noted that CorpG1, 2, 4, 7, 9 and 12 (Governance Framework review) was the subject of the next report on the agenda. The Board acknowledged that the report showed that the right focus was being applied to the issues and tasks. The GIAP now has a Board assurance rating column and this has been updated based on assurance provided from the Board's Committees. Mark Powell was asked to produce a mechanism that would provide the Board with a subjective view of each task.

	Governors will also be asked to focus on the embeddedness of the outcomes in the GIAP at the meeting of the Council of Governors on 1 June. Mark Powell asked Board members to provide him with documentary feedback on the draft KPIs by the end of next week which would enable him to populate the GIAP for the next Board meeting in June. **ACTION: A rating mechanism will be produced by Mark Powell that will provide the Board with an objective view of each recommendation.** **RESOLVED: The Board of Directors:** **1) Reviewed the content of the paper, the full GIAP and sought assurance where required** **2) Discussed the recommendations rated as 'off track' or 'some issues' and was assured by the mitigation provided from the Responsible Director, Individual Directors or Committee Chairs** **3) Discussed and suggested changes and would provide documentary feedback on the KPIs** **4) Agreed at the end of the Pubic Board meeting whether any further changes are required to the GIAP following presentation of papers, outcomes of item specific discussions and/or other assurances provided throughout the meeting**
DHCFT 2016/082	**GIAP ACTION RELATING TO CORPORATE GOVERNANCE FRAMEWORK** Samantha Harrison presented her report that updated the Trust on progress with GIAP Actions relating to the Corporate Governance Framework. As previously reported to the Board, the timeline outlined on the GIAP for completion of the tasks to redevelop the Corporate Governance Framework were not feasible due in part to the required sign-offs from Board Committees for their individual terms of reference. A revised timeline was shown in the report which proposed a revised date for the Corporate Governance Framework and it was agreed this would be to be submitted to the Board at the meeting on 27 July. **RESOLVED: The Board of Directors** **1) Noted and received assurance from the update on progress on the GIAP tasks as outlined.** **2) Agreed the revised timeline (27 July) for the full Corporate Governance Framework to be submitted to the Trust Board, following review at the Audit and Risk Committee on 19 July.**
DHCFT 2016/083	**MONITOR COMPLIANCE RETURN** Samantha Harrison's paper supported the requirement for the Board to submit Governance Statements one and two to Monitor by 31 May 2016. She drew attention to the narrative contained in the paper that explained why the Trust was currently in breach of its licence. . The Board agreed to the recommendations contained in the paper and agreed that the Trust was unable to confirm the following governance statements: **Statement 1:** Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied, as the case may be that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the license, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.

	Statement 2: The Board declares that the Licensee continues to meet the criteria for holding a license. **RESOLVED: The Board of Directors:** **1) Agreed the response to governance statements 1 and 2 set out above.** **2) Noted that the statements will need to be appropriately published in accordance with general condition G6, paragraph 4: "The Licensee shall publish each certificate submitted for the purpose of this Condition within one month of its submission to Monitor in such manner as is likely to bring it to the attention of such persons who reasonably can be expected to have an interest in it."**
DHCFT 2016/084	**FIT AND PROPER PERSON DECLARATION** The purpose of the paper was to support the Chairman's responsibility to declare that all Trust Board Directors meet the fitness test and do not meet any of the 'unfit' criteria as per the Fit and Person's Test regulations (Health and Social Care Act 2008 Regulation 2014) and in line with the Trust's Fit and Proper Persons Test Policy. It is the responsibility of the Chairman to discharge the requirement placed on the Trust and Richard Gregory declared that appropriate checks have been undertaken in reaching his judgment that he is satisfied that all Directors of the Trust, including Non-Executive Directors, and Executive Directors (including voting, non-voting and Acting) are deemed to be fit and that none meet any of the 'unfit' criteria. Specified information about Board Directors is available to the CQC on request. In making this declaration, this meets the requirements as stated in the Trust's Governance Improvement Action Plan which outlines at FF1 (4) that the Trust should: • Ensure that all current directors comply with all aspects of the policy and that evidence is available in revised file structures And also FF(5) that there should be: • Formal confirmation to the Board by the Chair of full compliance with fit and proper persons' requirements. **RESOLVED: The Board of Directors:** **1) Noted the work undertaken to ensure that robust processes have been undertaken to evidence that the Chairman's declaration that that all directors meet the fitness test and do not meet any of the 'unfit' criteria.** **2) Confirmed that GIAP elements FF1 (4) and FF1 (6) are now complete.**
DHCFT 2016/085	**REGISTER OF TRUST SEALINGS** The Register of Trust Sealings provided the Trust Board with an account of the authorised use of the Foundation Trust Seal during 2015-16. It was noted that there was one entry on the Register of Trust Sealings for 2015/16. The Trust Seal was affixed to the contract for the provision of an integrated public health system for children and young people in Derby City on 30 December 2015. **RESOLVED: The Board of Directors noted the authorised use of the Foundation Trust Seal during 2015-16.**
DHCFT 2016/086	**BOARD FORWARD PLAN** The forward plan was noted and would be updated in line with today's discussions.

	RESOLVED: The Board of Directors noted the forward plan for 2016/17
DHCFT 2016/087	**IDENTIFICATION OF ANY ISSUES ARISING FROM THE MEETING FOR INCLUSION OR UPDATING IN THE BOARD ASSURANCE FRAMEWORK OR GIAP** It was agreed that no further changes were required to the GIAP following presentation of papers or specific discussions. The Board noted that the Finance BAF risk had increased from high to extreme.
DHCFT 2016/088	**BOARD PERFORMANCE AND CONTENT OF MEETING** Richard Gregory considered that challenging discussions had taken place during the meeting which enabled the Board to work effectively as a Board of Directors. It was recognised that during discussions on the Board assurance summaries, too many issues were escalated and that some issues were escalated for the Board to merely note. Richard Gregory felt the deep dive gave the Board a real sense that the team were very joined up.

The next meeting of the Board held in Public Session will take place at 1pm on Wednesday, 30 June 2016.

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

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors 21 July 2016

Governance Committee

Purpose of Report
This paper provides an update on recent meetings of the Governance Committee.

Executive Summary

- The Governance Committee has met twice, since the last update was provided at the meeting of the Council of Governors on 1 June 2016. These meetings took place on 6 June and 7 July.
- Governors have agreed a Code of Conduct for recommendation to the Council of Governors for approval. This is a separate item on today's agenda.

Strategic considerations

- The Governance Committee has been established to support the functions of the Council of Governors and allow for detailed debate and scrutiny on key issues prior to formal consideration by the Council.
- A new Chair is to be identified, following the resignation of the former Chair.

(Board) Assurances

- The Council of Governors can receive assurance that the Committee is now 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 will be regularly reported to the Council.

Consultation
Not applicable.

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

Equality Delivery System
None.

Recommendations
The Council of Governors is requested to note the discussions of the Governance Committee meetings held on the 6 June and 7 July.

Report prepared by:	**Anna Shaw** **Deputy Director of Communications and Involvement**
Report presented by:	**Samantha Harrison** **Director of Corporate Affairs** **(In the absence of the Committee Chair)**

Council of Governors 21 July 2016

Report from Governance Committee

The Governance Committee of the Council of Governors has met twice (on 6 June and 7 July) since its last report to the Council meeting on 1 June 2016. Meetings were chaired by Mick Walsh and Rob Quick. This report provides a summary of issues discussed for noting at the Council of Governors.

Meeting held on 6 June 2016

Seven governors were in attendance.

- Progress with Council of Governor related actions on the GIAP (Governance Improvement Action Plan) was discussed, following initial presentation at the 1 June Council of Governors.

- Governors discussed and agreed updates to the Code of Conduct, following an initial conversation at the April meeting. Wider feedback was also received from governors who were not able to be present on the day, which was discussed. The updated Code of Conduct has been recommended to the Council of Governors by the Governance Committee, for approval.

- An Annual Effectiveness Review of the Council of Governors was proposed and agreed. The survey presented had been used successfully at Chesterfield Royal Hospital NHS FT and the results used by governors to develop an action plan for further governor development and action. It was agreed that the survey would be circulated in September 2016, to allow newly elected governors time to embed into their roles.

- A draft Engagement Policy was discussed, to support the GIAP actions and as good practice to support improving relationships between the Board and the Council of Governors. A number of suggestions were made and the policy was brought back to the meeting in July.

- Evaluation feedback from participants in the two Governor Development Sessions held in April and May was discussed. Overall reflections outlined that both sessions had been very useful.

- A number of items were collated for the Council of Governors agenda, for future presentation and debate, with priorities agreed. Governors also reflected on their experiences at recent meetings of the Trust's People and Culture Committee and Audit Committee.

Meeting held on 7 July 2016

Seven governors were in attendance.

- The Governor Effectiveness Review was revisited, with governors agreeing to issue an online version of the survey, with a paper version available for those who preferred to respond in this way.

- Governors reviewed individual (anonymised) attendance at Council of Governor meetings during the year and agreed an initial informal process whereby the lead governor would contact any governors who were struggling to attend Council meetings, to understand any issues that may be preventing attendance. The committee agreed to review governor attendance at the Council at each of its meetings going forward.

- The schedule for forthcoming governor elections was discussed, with arrangements agreed for vacant seats to be open to election this summer. The terms of office for a number of governors come to an end in the Winter of 2016 and it was agreed that a further set of elections would take place at the end of the year. Going forwards it was agreed that elections to the Council of Governors would take place twice a year.

- Further feedback was received for the Policy for Engagement with the Trust Board and Council of Governors. Following update, this policy will be brought to a meeting of the Council of Governors for approval.

- Feedback from Task and Finish Group was provided, and John Morrissey outlined his intention to produce a report to be brought to a future meeting of the Council of Governors.

- Governors participated in a briefing regarding the outcome, process and learning relating to a recent inquest.

- A summary of the Trust's Youth Council was discussed, and it was agreed that further conversations would take place with the Trust's CAMHS team to identify a new operational focus to the meeting, with governor involvement retained.

- The committee agreed to promote opportunities for governor engagement with staff prior to Council meetings, when NED/Governor meetings were not scheduled to take place.

- Plans for the forthcoming Annual Members Meeting were discussed, and the involvement of governors was strongly encouraged. Governors are asked to contact Shirley Houston if they would like to be involved in the arrangements for the AMM.

- Feedback was received following the refreshed governor induction programme, with positive feedback being received.

- The committee agreed a focus on membership data at its next meeting and the governors present agreed to invite Christine Williamson, Membership Champion, to speak about her role and report on activities this year.

The Council of Governors are asked to:

- **Note the update from the Governance Committee.**

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

GLOSSARY OF NHS TERMS	
NHS Terms of Abbreviations	**Terms in Full**
ED	Emergency Department
EHIC	European Health Insurance Card
EHR	Electronic Health Record
EI	Early Intervention
EIA	Equality Impact Assessment
EMDR	Eye Movement Desensitising & Reprocessing Therapy
EMR	Electronic Medical Record
EPR	Electronic Patient Record
ERIC	Estates Return Information Collection
ESR	Electronic Staff Record
EWTD	European Working Time Directive
F	
FOI	Freedom of Information
FT	Foundation Trust
FTN	Foundation Trust Network
F&P	Finance and Performance
G	
GMC	General Medical Council
GP	General Practitioner
H	
HEE	Health Education England
HES	Hospital Episode Statistics
HoNOS	Health of the Nation Outcome Scores
HSCIC	Health & Social Care Information Centre
HSE	Health and Safety Executive
HWB	Health and Wellbeing Board
I	
IAPT	Improving Access to Psychological Therapies
ICT	Information and Communication Technology
ICU	Intensive Care Unit
IG	Information Governance
IM&T	Information Management and Technology
IPR	Individual Performance Review
IPT	Interpersonal Psychotherapy
J	
JNC	Joint Negotiating Committee
K	
KPI	Key Performance Indicator
KSF	Knowledge and Skills Framework
L	
LA	Local Authority
LCFS	Local Counter Fraud Specialist
LHP	Local Health Plan
LHWB	Local Health and Wellbeing Board
M	
MARS	Mutually Agreed Resignation Scheme
MAU	Medical Assessment Unit
MDA	Medical Device Alert
MDT	Multi-Disciplinary Team

GLOSSARY OF NHS TERMS	
NHS Terms of Abbreviations	**Terms in Full**
MFF	Market Forces Factor
MHA	Mental Health Act
MHIN	Mental Health Intelligence Network
MHRT	Mental Health Review Tribunal
N	
NCRS	National Cancer Registration Service
NED	Non-Executive Director
NICE	National Institute for Health and Care Excellence
NHS	National Health Service
NOM	Network Operation Manager
O	
OBC	Outline Business Case
ODG	Operational Delivery Group
OP	Out Patient
OSC	Overview and Scrutiny Committee
P	
PAB	Programme Assurance Board
PAG	Programme Advisory Group
PALS	Patient Advice and Liaison Service
PCC	Police & Crime Commissioner
PCOG	Performance and Contract Operational Group
PHE	Public Health England
PICU	Psychiatric Intensive Care Unit
PID	Project Initiation Document
PLIC	Patient Level Information Costs
PPT	Partnership and Pathway Team
PREM	Patient Reported Experience Measure
PROMS	Patient Reported Outcome Measure
Q	
QC	Quality Committee
QLT	Quality Leadership Team
QOF	Quality and Outcomes Framework
R	
RAID	Rapid Assessment, Interface and Discharge
RCGP	Royal College of General Practitioners
RoCR	Review of Central Returns
S	
SBS	Shared Business Services
SEN	Special Educational Needs
SLA	Service Level Agreement
SLR	Service Line Reporting
SPOR	Single Point of Referral
S(U)I	Serious (Untoward) Incident
T	
TARN	Trauma Audit and Research Network
TDA	Trust Development Authority
TUPE	Transfer of Undertakings (Protection of Employment) Regulations 1981

GLOSSARY OF NHS TERMS	
NHS Terms of Abbreviations	**Terms in Full**
TMAC	Trust Medical Advisory committee
W	
WTE	Whole Time Equivalent

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Governor Meeting Timetable 2016

5 May 2016

DATE	TIME	EVENT	LOCATION
9/05/16	9am – 1pm	Governor Training - CQC Preparations	Meeting Room 2, Albany House
19/05/16	2.30pm	Governor Task and Finish Group	Meeting Room 1, Albany House
25/05/16	1.00pm	Trust Board Meeting	Conference Room A&B, Research and Development Centre
31/05/16	9am – 4pm	Governor Induction	Conference Room A&B, Research and Development Centre
01/06/16	11 – 12.30	Council to NEDS	The Post Mill Centre, Market Street, South Normanton, DE55 2EJ
01/06/16	1pm onwards	Council of Governors meeting	The Post Mill Centre, Market Street, South Normanton, DE55 2EJ
06/06/16	1pm – 3.30pm	Governance Committee	Meeting Room 1, Albany House
29/06/16	1pm onwards	Trust Board Meeting	Conference Room A&B, Research and Development Centre
07/07/16	10am – 12.30	Governance Committee	Meeting Room 7, Research and Development Centre
21/07/16	11 – 12.30	Council to NEDS	Conference Room A&B, Research and Development Centre
21/07/16	1pm onwards	Council of Governors meeting	Conference Room A&B, Research and Development Centre
27/07/16	1pm onwards	Trust Board Meeting	Conference Room A&B, Research and Development Centre
9/08/16	12 noon – 2.30	Governance Committee	Meeting Room 1, Albany House
19/08/16	1pm – 5pm	Governor Training – NHS Finance	Meeting Room 1, Albany House
06/09/16	11 – 12.30	Council to NEDS	St Thomas Centre , Chatsworth Drive, Brampton, S40 3 AW
06/09/16	1pm onwards	Council of Governors Meeting	St Thomas Centre , Chatsworth Drive, Brampton, S40 3 AW
07/09/16	1pm onwards	Trust Board Meeting	Conference Room A&B, Research and Development Centre
13/09/16	1pm – 5pm	Governor Graining – CQC Outcome	Meeting Room 1, Albany House
20/09/16	10am – 12.30	Governance Committee	Meeting Room 1, Albany House
4/10/16	1pm – 5pm	Governor Training – Quality Priorities and Clinical	Meeting Room 1, Albany House

DATE	TIME	EVENT	LOCATION
		Governance	
05/10/16	1pm onwards	Trust Board meeting	Conference Room A&B, Research and Development Centre
11/10/16	10am – 12.30	Governance Committee	Meeting Room 2, Albany House
20/10/16	1pm onwards	Board to Board	Conference Rooms A&B, Research and Development Centre
02/11/16	1pm onwards	Trust Board meeting	Conference Room A&B, Research and Development Centre
7/11/16	10am – 12.30	Governance Committee	Meeting Room 1, Albany House
15/11/16	1pm – 5pm	Governor Training – Recruiting NED's	Meeting Room 1, Albany House
24/11/16	11 – 12.30	Council to NEDS	Conference Room A&B, Research and Development Centre
24/11/16	1pm onwards	Council of Governors meeting	Conference Room A&B, Research and Development Centre
5/12/16	1pm – 5pm	Governor Training – Public accountability and engaging with Members	Meeting Room 1, Albany House
07/12/16	1pm onwards	Trust Board Meeting	Conference Room A&B, Research and Development Centre
13/12/16	10am – 12.30	Governance Committee	Meeting Room 2, Albany House
11/01/17	1pm onwards	Trust Board Meeting	Conference Room A&B, Research and Development Centre
19/01/17	11 – 12.30	Council to NEDS	TBC
19/01/17	1pm onwards	Council of Governors meeting	TBC
01/02/17	1pm onwards	Trust Board Meeting	Conference Room A&B, Research and Development Centre
01/03/17	1pm onwards	Trust Board Meeting	Conference Room A&B, Research and Development Centre
07/03/17	11 – 12.30	Council to NEDS	Conference Room A&B, Research and Development Centre
07/03/17	1pm onwards	Council of Governors meeting	Conference Room A&B, Research and Development Centre