











Derbyshire Healthcare NHS Foundation Trust


Council of Governors Meeting

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

9 January 2019 14:00 - 9 January 2019 16:30

AGENDA

| # | Description | Owner | Time |
|----|---|-------------------------|-------|
| 1 | Agenda & appendices  Agenda - Public CoG - 9 January 2019 V7 DBSHD... 5  Vision and Values.pdf 7  CoG Development Session Slides.pdf 9 | | |
| 2 | Submitted Questions of members of the public | Margaret Gildea | 14.05 |
| 3 | Minutes of the previous meeting, 6 November 2018  DRAFT Minutes of the Council of Governors Meetin... 13 | Margaret Gildea | 14.10 |
| 4 | Matters arising and actions matrix  LIVE COG Actions Matrix - 28 December 2018.pdf 25 | Margaret Gildea | 14.15 |
| 5 | Governors's Nominations and Remuneration Report  Noms and Rem report - November 2018 DBSH.doc... 27  Terms of Reference of Governors ratified CoG 1.5.... 29 | Samantha Harrison | 14.25 |
| 6 | Questions Arising from the Chair and Chief Executive Reports December 2018 verbal | Governors | 14.30 |
| 7 | Non-Executive Director Deep Dive verbal | Margaret Gildea | 14.45 |
| 8 | Integrated Performance Report - December 2018  IPR.docx 33 | Non-Executive Directors | 15.25 |
| 9 | Escalation items to the Council of Governors none raised | Margaret Gildea | |
| 10 | Governance Committee Report  Governance Committee Report - CoG 11 Decembe... 47 | Carole Riley | 15.35 |
| 11 | Update on the current Staff and Public Governor Elections  Election Update - CoG - 9.1.19.docx 51 | Denise Baxendale | 15.45 |

| # | Description | Owner | Time |
|----|--|-----------------|-------|
| 12 | Care Planning update  council of governors - care plans CGDT.doc 55 | Carolyn Green | 15.50 |
| 13 | Co-production and service user involvement/experts by experience verbal | Carolyn Green | 16.05 |
| 14 | Any Other Business verbal | Margaret Gildea | 16.20 |
| 15 | Review of meeting effectiveness and following the principles of the Code of Conduct verbal | Margaret Gildea | 16.25 |
| 16 | Close of meeting verbal | Margaret Gildea | 16.30 |
| 17 | Items for information  Ratified Public Board Minutes 6 NOV 2018.pdf 63  Chair's Update Report December 2018.doc 75  CEO Public Board Report December 2018.doc 81  Governor meeting timetable 2019_20 V1 December... 91  Glossary of NHS Terms updated 31 December 201... 93 | Margaret Gildea | 16.30 |

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

COUNCIL OF GOVERNORS' MEETING

**WEDNESDAY 9 JANUARY 2019
2.00 PM – 4.30 PM**

**CONFERENCE ROOMS A&B, FIRST FLOOR, CENTRE FOR RESEARCH &
DEVELOPMENT, KINGSWAY HOSPITAL SITE, KINGSWAY, DERBY, DE22 3LZ**

AGENDA

| SUBJECT MATTER | | ENC | LED BY | TIME |
|---------------------------|--|-------------|-------------------------|------|
| 1. | Welcome, introductions and Chair's opening remarks Apologies and Declaration of Interests | - | Margaret Gildea | 2.00 |
| 2. | Submitted questions from members of the public | - | Margaret Gildea | 2.05 |
| 3. | Minutes of the previous meeting held on 6 November 2018 | A | Margaret Gildea | 2.10 |
| 4. | Matters arising and actions matrix | B | Margaret Gildea | 2.15 |
| STATUTORY ROLE | | | | |
| 5. | Governors' Nominations and Remuneration Report | C | Samantha Harrison | 2.25 |
| HOLDING TO ACCOUNT | | | | |
| 6. | Questions arising from the Chair and Chief Executive Reports December 2018 | Verbal | Governors | 2.30 |
| 7. | Non-Executive Director Deep Dive | Verbal | Margaret Gildea | 2.45 |
| COMFORT BREAK | | | | 3.05 |
| 8. | Integrated Performance Report – December 2018 | D | Non-Executive Directors | 3.25 |
| 9. | Escalation items to the Council of Governors | None raised | Margaret Gildea | |
| OTHER MATTERS | | | | |
| 10. | Governance Committee Report | E | Carole Riley | 3.35 |
| 11. | Update on the current Staff and Public Governor elections | F | Denise Baxendale | 3.45 |
| 12. | Care Planning update | G | Carolyn Green | 3.50 |

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| 13. | Co-production and service user involvement /experts by experience | Verbal | Carolyn Green | 4.05 |
| 14. | Any other business | Verbal | Margaret Gildea | 4.20 |
| 15. | Review of meeting effectiveness and following the principles of the Code of Conduct | Verbal | Margaret Gildea | 4.25 |
| 16. | Close of meeting | - | Margaret Gildea | 4.30 |
| FOR INFORMATION | | | | |
| <ul style="list-style-type: none"> • Ratified minutes of the Public Board meeting held on 6 November 2018 • Chair Report as presented to Public Trust Board on 4 December 2018 • Chief Executive's Report as presented to Public Trust Board on 4 December 2018 • Governor meeting timetable • Glossary of NHS terms | | H I J K L | - | - |
| Next Meeting: Tuesday 5 March 2019, 2.00 – 4.30 pm, Conference Rooms A&B, first floor, Centre for Research & Development, Kingsway Hospital Site, Kingsway, Derby, DE22 3LZ | | | | |

Our vision

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



Our values

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

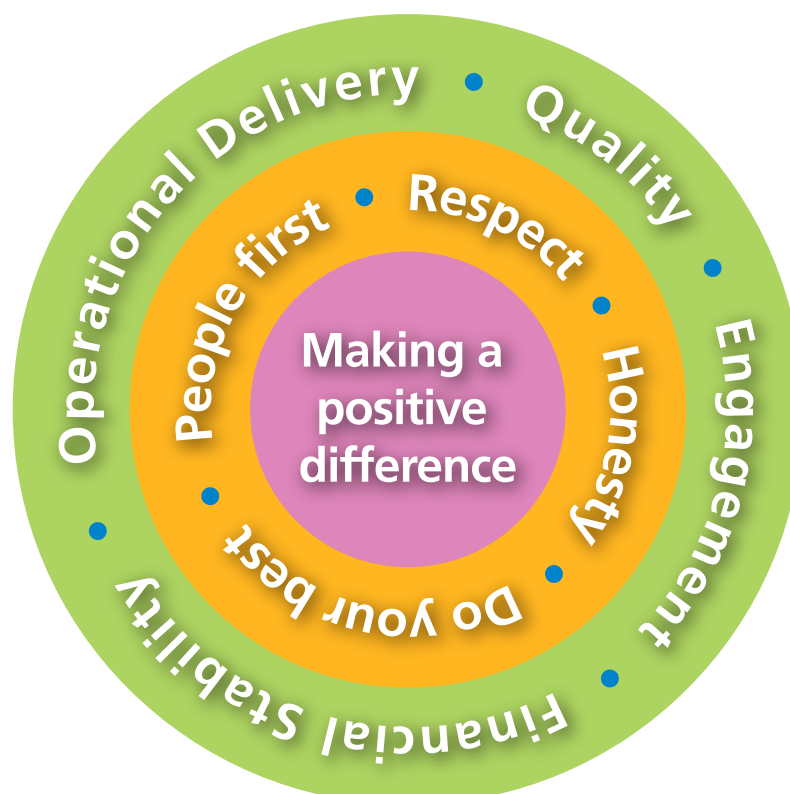
Our Trust values are:

People first – We put our patients and colleagues at the centre of everything we do.

Respect – We respect and value the diversity of our patients, colleagues and partners and support a respectful and inclusive environment.

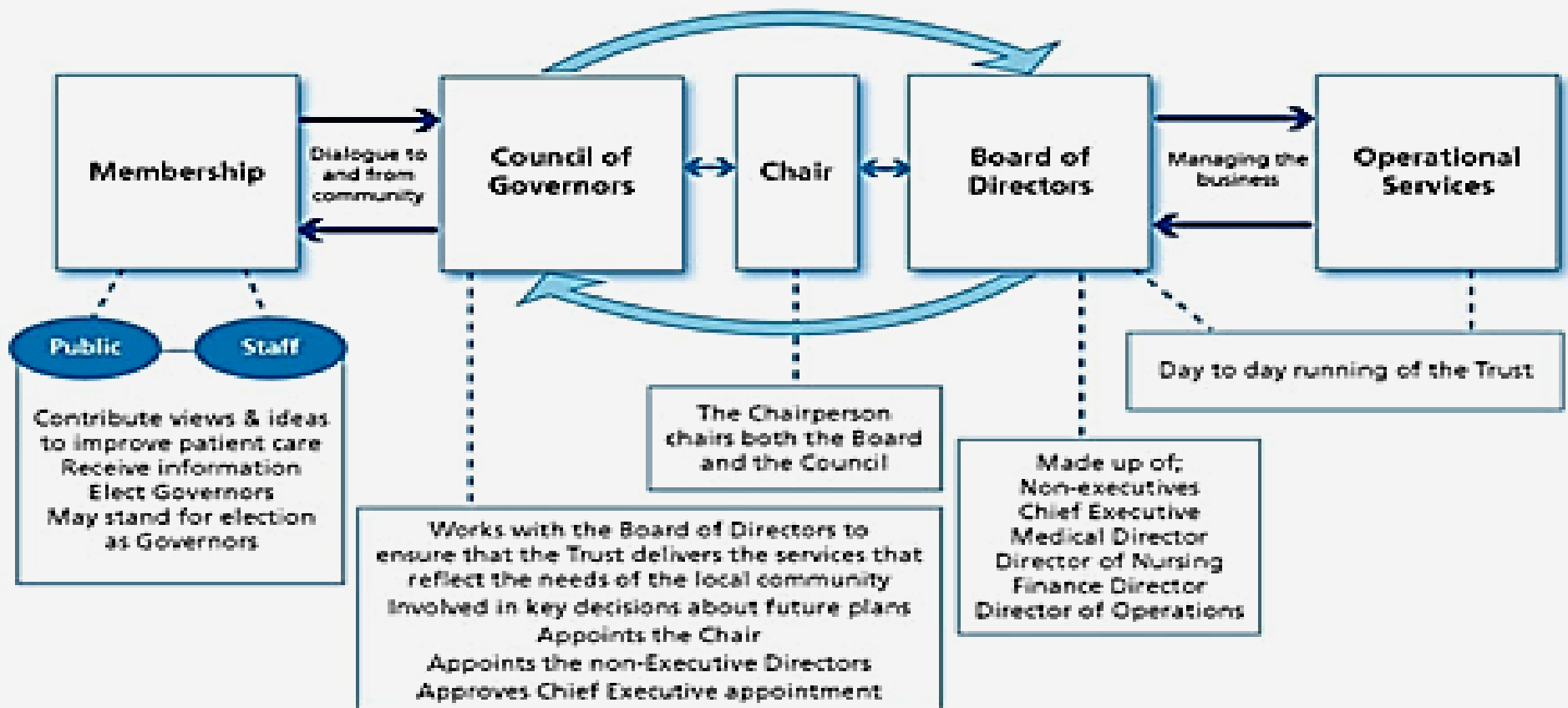
Honesty – We are open and transparent in all we do.

Do your best – We work closely with our partners to achieve the best possible outcomes for people.



Getting the balance right

FT Governance Arrangements



The implications for governors and 'holding to account'



- How are the Board complying with best practice – and obligations ?
- How are the Board reaching the right decisions ?
- How are the Board assuring themselves that the trust is delivering safe and effective care ?
- ❖ The performance of the Trust is the Board's concern;
- ❖ The performance of the Board is the Governors' concern !

how do we ask effective questions?

Good questions

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



how do we ask effective questions?

Good questions

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

MINUTES OF THE COUNCIL OF GOVERNORS MEETING
HELD ON TUESDAY 6 NOVEMBER 2018
2.00 – 4.30 PM
**TRAINING ROOMS 1 & 2, RESEARCH & DEVELOPMENT CENTRE,
 KINGSWAY, DERBY, DE22 3LZ**

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| PRESENT | Caroline Maley | Trust Chair and Chair of Council of Governors |
| | Rosemary Farkas | Public Governor, Surrounding Areas |
| | Jo Foster | Staff Governor, Nursing |
| | Ann Grange | Public Governor, High Peak & Derbyshire Dales |
| | Gillian Hough | Public Governor, Derby City East |
| | Moirra Kerr | Public Governor, Derby City West |
| | Angela Kerry | Appointed Governor, Derbyshire Mental Health Forum |
| | Roger Kerry | Appointed Governor, Derbyshire Voluntary Action |
| | Lynda Langley | Public Governor, Chesterfield |
| | John Morrissey | Public Governor, Amber Valley |
| | Al Munnien | Staff Governor, Nursing |
| | Shirish Patel | Public Governor, Erewash |
| | Kevin Richards | Public Governor, South Derbyshire |
| | Carole Riley | Public Governor, Derby City East |
| | April Saunders | Staff Governor, Allied Professions |
| | Karen Smith | Public Governor, Amber Valley |
| | Roy Webb | Appointed Governor, Derby City Council |
| | Wendy Wesson | Appointed Governor, University of Derby |
| | Christine Williamson | Public Governor, Derby City West |
| IN ATTENDANCE | Denise Baxendale | Membership and Involvement Manager |
| | Margaret Gildea | Non-Executive Director |
| | Sam Harrison | Director of Corporate Affairs |
| | Geoff Lewins | Non-Executive Director |
| | Ifti Majid | Chief Executive |
| | Denise Robson | Support Worker to Moira Kerr |
| | Leida Roome | Personal Assistant – note taker |
| | Joy Sawyn | Finance Trainee – shadowing Claire Wright |
| | Anne Wright | Non-Executive Director |
| | Claire Wright | Deputy Chief Executive & Director of Finance |
| | Richard Wright | Non-Executive Director |
| | Martyn Bell | Trust member |
| APOLOGIES | Shelly Comery | Public Governor, Erewash |
| | Jason Holdcroft-Long | Staff Governor, Medical and Dental |
| | Tony Longbone | Staff Governor, Admin & Allied Support Staff |
| | Jim Perkins | Appointed Governor, Derbyshire County Council |
| | Rob Poole | Public Governor, Bolsover and NE Derbyshire |
| | Adrian Rimington | Public Governor, Chesterfield |
| | Martin Rose | Public Governor, Bolsover & NE Derbyshire |
| | Kelly Sims | Staff Governor, Admin & Allied Support Staff |
| | Gemma Stacey | Appointed Governor, University of Nottingham |
| | Marie Varney | Public Governor, High Peak & Derbyshire Dales |

| ITEM | ITEM |
|-------------------|--|
| DHCFT/G OV/086 | <p><u>WELCOME, INTRODUCTIONS, CHAIR'S OPENING REMARKS, APOLOGIES FOR ABSENCE & DECLARATION OF INTERESTS</u></p> <p>The Trust Chair, Caroline Maley, welcomed all present to the meeting. She was pleased to see a large number of Governors in attendance and drew attention to the fact that nine Governors also attended the Board meeting today. Feedback from Governors indicated that they had enjoyed the informative Board session and felt assured that the Non-Executive Directors are holding the Executive Directors to account.</p> <p>Apologies were noted as above.</p> <p>No declarations of interest were received.</p> |
| DHCFT/G OV/087 | <p><u>SUBMITTED QUESTIONS FROM MEMBERS OF THE PUBLIC</u></p> <p>No questions had been submitted by members of the public.</p> |
| DHCFT/G OV/088 | <p><u>MINUTES OF THE PREVIOUS MEETING</u></p> <p>The minutes of the previous meeting held on Tuesday 4 September 2018 were accepted as a correct record, with the following amendment:</p> <p>Page 12: first word on the page to read "deaf".</p> |
| DHCFT/G OV/089 | <p><u>MATTERS ARISING & ACTION MATRIX</u></p> <p>The Council of Governors agreed to close all completed actions. Updates were provided and noted on the actions matrix. All completed 'green' actions were scrutinised to ensure that they were fully complete and actions that were not completed were challenged. Comments were made as follows:</p> <p>Item DHCFT/GOV/063 – Membership of the Nominations and Remuneration Committee: it was noted that expressions of interest are still being sought for the second appointed governor. The action, to promote the vacancy via Governor Connect, had been completed.</p> <p>With reference to item DHCFT/GOV/077, Psychodynamic Psychotherapy consultation, it was confirmed that the link has been sent out via Governors Connect.</p> <p>Item DHCFT/GOV/079, Review of Governor Engagement Action Plan, will be on the agenda for February 2019.</p> |
| DHCFT/G OV/090 | <p><u>REPORT FROM GOVERNORS NOMINATIONS & REMUNERATION COMMITTEE</u></p> <p>A verbal report was received from Caroline Maley concerning the Nominations and Remuneration Committee meeting, which took place on 1 November 2018. During this meeting the appraisal outcomes were discussed for Caroline Maley, Chair of the Trust and Margaret Gildea, Senior Independent Director and Non-Executive Director (NED). Unfortunately due to unforeseen circumstances the planned appraisal meeting for Julia Tabreham, Non-Executive Director, did not take place with the Trust Chair and this will therefore be discussed at the next Committee meeting.</p> <p>The meeting reflected on the input from governors for the appraisals. Governors felt that it had been a challenge to complete the appraisal form; Caroline Maley therefore advised that the form would be simplified to contain only four questions. It was also suggested to hold a focus group on 11 December, after the Governance Committee in order to obtain feedback from Governors on NED performance to inform the appraisals of Richard Wright, Anne Wright and Geoff Lewins.</p> <p>The Fit and Proper Test Requirements for Board Members were also discussed by the Committee and assurance received that the Trust had a robust review process in</p> |

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| | <p>place. The Chair had confirmed that she had formally signed off the 2017/18 annual declaration that full checks and reviews were in place for all Board members. The potential for changing requirements for DBS (Disclosure and Barring Service) checks was also discussed.</p> <p>RESOLVED: The Council of Governors noted the information provided concerning the recent Nominations and Remuneration Meeting and noted that a written record would be submitted to the January Council of Governors meeting.</p> |
| DHCFT/G OV/091 | <p><u>COUNCIL OF GOVERNORS ANNUAL EFFECTIVENESS SURVEY</u></p> <p>Sam Harrison presented the report on the Council of Governors Annual Effectiveness Survey. This survey was developed in response to the Governance Improvement Action Plan (GIAP), which required the Trust to develop and implement a process for the self-assessment of the effectiveness of the Council of Governors. The results of this year's survey were presented to the Governance Committee on 17 October 2018. A total of 17 governors responded, which equates to 60.71% of the current complement of 28 governors at the time the survey was open.</p> <p>A number of issues, rated by 100% of the respondents, were noted in the report:</p> <ul style="list-style-type: none"> - Sufficient opportunity and good communication with the Board of Directors - Council of Governors carries out its work in an open, transparent manner - The role of the Council of Governors is clearly defined - Council of Governors meets at appropriate and regular intervals - The Council have sufficient opportunity to contact and there is good communication with the Non-Executive and Executive Directors - Governors can ask questions regarding performance reports - Governors feel supported by the Trust to carry out their responsibilities as a governor including the fulfilment of their statutory duties <p>Governors also agreed that the Council of Governors committees are effective and provide quality update reports to the Council. Adequate training and development opportunities are also available to governors to support them in their role. A free text box had been included in the form to enable governors to make suggestions and comments and these were reviewed.</p> <p>A number of proposed actions were also suggested within the report and these were agreed.</p> <p>Governors are reminded that if there are any issues or concerns, that these can be discussed with Caroline Maley, John Morrissey, Carole Riley, Sam Harrison or Denise Baxendale to allow these to be addressed.</p> <p>Sam Harrison requested the Council of Governors to note the content of the presented report as a positive assessment by governors of their effectiveness.</p> <p>RESOLVED: The Council of Governors:</p> <ol style="list-style-type: none"> 1. Noted the outcome of the Council of Governors annual effectiveness survey 2018 2. Agreed the survey should be repeated in September 2019, subject to review at meeting July 2019 3. Noted the proposed additional actions developed in response to the survey feedback to further enhance the effectiveness of the Council of Governors. |
| DHCFT/G OV/092 | <p><u>FOR INFORMATION</u></p> <p>In a change to the tabled agenda, Caroline Maley asked governors to note the minutes and the reports which were presented for information:</p> <ul style="list-style-type: none"> • Ratified minutes of the Public Board meeting held on 4 September 2018 |

- Chair's report as presented to the Public Trust Board on 6 November 2018
- Chief Executive's report as presented to the Public Trust Board on 6 November 2018

Caroline Maley invited governors to comment on these reports. The following questions were raised:

Chair's report:

- Item 5: Anne Grange queried the Quality Visits process. It was confirmed that after the presentations a discussion takes place between the facilitator and attending directors/staff/governors in order to agree initial feedback, which are then reported on. All attendees should receive a copy of this report. Darryl Thompson is the responsible manager for this process and any query can be discussed with him. A new programme for visits in 2019 is currently being set up.
- Placement of Mr Avtar Johal – item 14 - in response to a query from Moira Kerr Caroline Maley confirmed that this was the end of the agree placement duration.
- Item 17 - the comment made here – *a good reminder of how far we have come but also how much more we still can do* – refers to the changes which have happened since the inception of the NHS 70 years ago. Moira Kerr commented on this statement and Ifiti Majid noted that there was much potential learning by Acute Trusts from Mental Health Trusts. He also noted that further monies are required in order to do all the items that currently cannot be serviced and that this also leads to longer waiting times. However, he felt that staff deserve praise for working in difficult conditions with limited budgets.

Chief Executive's report:

- With reference to the CQC's comments, which are noted on page 2 of Ifiti Majid's report, Moira Kerr felt that the 78% of Mental Health Trusts rated as good or outstanding quoted gave a false presentation to the public. In response Caroline Maley noted that these were national figures representing CQC ratings of Trusts against what they are commissioned to do. It is not a reflection on the gaps in commissioning which are still keenly felt.
- In relation to the new national goal to be announced for Black, Asian and Minority Ethnic (BAME) representation in senior leadership, set out on page 3 of the report, Moira Kerr queried whether we have similar goals for those with other protected characteristics. Ifiti Majid responded that we are undertaking a range of actions, including our work related to the Covenant signed with the Armed Forces and the Dying to Work Charter.
- Performance Perspective – page 4 – Moira Kerr queried the support measures that the Trust has in place for staff during illness and to alleviate stress. Ifiti Majid advised that there are a number of elements in place to support our staff. The People and Culture Committee (PCC) receives reports on this and Margaret Gildea commented that wellbeing of our staff is very important. Jamie Broadley is our Health and Wellbeing manager; we also have a Freedom to Speak Up Guardian in place. However, it is recognised that there are staff shortages and a Deep Dive will be held in December at the PCC meeting in order to discuss this in detail. It has been found that sometimes mental health issues are not work related.

Action: Caroline Maley asked for the Chair and Chief Executive's report from the October Public Board meeting to be circulated for information to all governors.

RESOLVED: The Council of Governors noted the documents provided for information.

DHCFT/G
OV/093**CARE QUALITY COMMISSION (CQC) UPDATE**

Darryl Thompson attended the meeting at 14.45 hours. A summary briefing of the Care Quality Commission report, provided by Darryl Thompson, was presented by Margaret Gildea.

It was disappointing for all at the Trust to receive a rating of “Requires Improvement” as good progress had been made since the last inspection.

The Care Quality Commission only has four options to rate organisations – this means that there is a continuum within each individual rating. The feeling is that the Trust is now much further along the spectrum towards “Good”, than at the same rating in 2016.

Margaret mentioned the issue of the enforcement notice, which may potentially have impacted on our overall rating, and re-assured the meeting that immediate steps were taken in order to address this.

On a positive note it was noted that the overall leadership of the Trust was strong and that most staff felt respected, supported and valued. There is a clear difference between the 2018 and the 2016 report in the number of actions and the overall messages of concern versus confidence.

The current response plan has a clear sense of ownership within divisions, where responses are identified by clinicians and operational managers. Evidence is logged via an on-line portal and Margaret was pleased to report that some issues have already been addressed. Governors were asked to note that action responses are addressed by sustainable improvements rather than short term fixes.

Margaret confirmed that the Non-Executive Directors will continue to challenge the Executive Team in order to provide assurance that an improvement focussed approach is undertaken and that the right balance of staff engagement, developed responses and pace is managed.

John Morrissey felt that the tone of the Care Quality Commission report was negative. Caroline Maley confirmed that the Trust had pushed back on facts but cannot do this on the tone.

Linked to this April Saunders raised that as an Allied Health Professional she is not able to apply for nursing jobs, although the qualifications for Allied Health professionals are on a par with nursing qualifications.

Wendy Wesson, appointed governor from the University of Derby noted that the certification for nursing and AHPs are now virtually the same and supported April Saunders in her comment.

In response it was noted that since the Care Quality Commission report has been published, things have already been changed and a new leadership structure for nursing is in the process of being developed, where Allied Health Professionals will also be considered. Richard Wright also asked for it be noted that as a younger generation comes into the NHS we need to consider different job pathways.

The consistency and quality of Care Plans was also raised. Roy Webb suggested contacting other organisations in order to get a view on how they organise their Care Plans and to look at best practice. In response to a query from Moira Kerr whether service users have been involved in the planning of revised policy for care planning, Ifti Majid confirmed that this was the case. He suggested that a report on care planning be presented to the next meeting.

Action: Agenda item for next meeting – Care Planning.

RESOLVED: The Council of Governors noted the information provided on the

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| | Care Quality Commission update. |
| DHCFT/G OV/094 | <p><u>PHYSICAL HEALTHCARE PRESENTATION</u></p> <p>Darryl Thompson had prepared a presentation on Physical Healthcare and asked for the meeting to note the information contained within.</p> <p>This concerns people with severe mental ill-health. Two thirds of deaths are from physical illnesses, including heart disease and cancer, which are mainly caused by smoking with obesity is increasingly noted as a major factor.</p> <p>Based on the Lester Tool, the parameters for the Trust's quality target (CQUIN) are as follows:</p> <ul style="list-style-type: none"> - Smoking status - Lifestyle i.e. diet, alcohol, drugs and exercise - Body Mass Index (BMI) - Blood pressure - Glucose regulation - Blood lipids <p>A 2017/18 audit involving all English Mental Health Trusts and Welsh Health Boards had shown disappointing results for the Trust, along with many other trusts. Steps are however in place for the following:</p> <ul style="list-style-type: none"> - Continuing to develop the electronic patient record to facilitate both recording and reporting - Quality Improvement work in specific teams - EIP (Early Intervention) Teams are now part of a pilot to improve performance - Recruitment options are being explored for Physical Healthcare focussed workers in Neighbourhood Teams. <p>Roy Webb asked if there are specific areas in Derby City where there are health inequalities. Darryl responded that we can assume that some people are living in areas where choice can be restricted, not only due to the area but also due to lifestyle.</p> <p>Roy Webb also queried whether referrals are made to lifestyle programmes such as Live Well and Live Life better. Darryl confirmed that information is provided to service users, such as the two above mentioned programmes and also highlighted the Trust's links to the Spireites Football Team, Chesterfield and The Rams Football Club, Derby.</p> <p>John Morrissey commented that he felt that we have missed opportunities as a country with regard to public health – he asked if we could influence through the Joined Up Care Board to get a better programme, which can lead to better health.</p> <p>Ifti Majid responded by noting that the Joined Up Care Board were looking into setting up Health and Wellbeing Hubs and also links to Community activities.</p> <p>Responding to a query from Roger Kerry, on whether mental health patients struggle to get the same service as other patients from GPs, April Saunders confirmed that she is working with GPs. and rolling out training in line with the Lester tool and linking the pathways together. She is only commissioned to do this work in the north of the county.</p> <p>Maira Kerr raised that certain anti-psychotic medications can cause service users to put on weight. Darryl confirmed that this is likely to happen in the first six months of treatment and therefore a weekly weigh-in is carried out to monitor this. There is also a link to diabetes.</p> <p>With reference to the query from Roy Webb on Live Well, Carole Riley advised that during a Quality Visit to St Andrew's House, a service user had commented on the</p> |

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| | <p>helpfulness of this programme and the positive impact this had had on their weight.</p> <p>RESOLVED: The Council of Governors noted the information provided in the Physical Healthcare presentation given by Darryl Thompson.</p> |
| DHCFT/G OV/095 | <p><u>NON-EXECUTIVE DIRECTOR – DEEP DIVE – FINANCE AND PERFORMANCE COMMITTEE</u></p> <p>Richard Wright, Non-Executive Director, who chairs the Finance and Performance Committee, provided a Deep Dive to governors on his role.</p> <p>The Finance and Performance Committee has restructured during the year and finance is now discussed at the end of the meeting, with performance driving committee debate. Richard works in a triangular way with Geoff Lewins (Audit and Risk Committee chair) and Julia Tabreham (Quality Committee chair) in order to get a rounded overview.</p> <p>New contract negotiations have started with our commissioners, as we are coming to the end of the old contracts. Richard attended a Carter Review (an initiative where efficiency across trusts is benchmarked) meeting, together with Geoff Lewins, and was pleased to report that our Trust is doing well compared to others. Flu injections and “did not attend” appointments are still proving to be an area where further work is required. Out of Area Placements also remain a challenge.</p> <p>Agency expenditure has been reduced from £5 million three years ago to an expected £3 million this year. The control total is still on plan but challenging. Delayed transfer of care is showing as red rated in terms of Trust performance, but is mitigated by the fact that we are the third best in the country – the reason for the red rating is the low limit set for our Trust. Meetings have taken place with Estates and IM & T managers in the Trust in order to plan strategies, which will be aligned to and enablers for the Clinical Strategy. Rosemary Farkas asked if “did not attends” are related to clinical performance. Richard confirmed that these do have an impact on waiting times but there are no specific departments.</p> <p>Responding to a query from Gillian Hough about the monies held in charitable funds, Claire Wright confirmed that some funds have now been merged and that active promotion is taking place. Information can be obtained via Claire Wright on how to access these.</p> <p>With reference to the reduction in agency costs, Moira Kerr asked how this had been achieved. Richard confirmed that over 100 new members of staff have been employed on a substantive basis since last year. Rates that are being paid to agency staff are now also lower. The Trust also has their own bank agency rather than sharing with the University Hospitals of Derby and Burton NHS Foundation Trust.</p> <p>RESOLVED: The Council of Governors noted the Deep Dive report provided by Richard Wright, Non-Executive Director on his role.</p> |
| DHCFT/G OV/096 | <p><u>INTEGRATED PERFORMANCE REPORT SUMMARY</u></p> <p>The paper provides the Council of Governors with an integrated overview of performance at the end of September 2018. The focus of the report is on workforce, finance, operational delivery and quality performance.</p> <p>It was noted that the Trust continues to perform well against many of its key indicators, with maintenance or improvements continuing across many of the Trust’s services. Details are contained within the report.</p> <p>Comments were made by the individual Non-Executive Directors as follows:</p> <p><i>Margaret Gildea – People and Culture Committee:</i> an extended People and Culture Committee meeting was held on 23 October 2018, to which wider staff representatives were invited. It was noted that the Staff Forum is an important</p> |

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| | <p>vehicle for feedback from staff and that the Staff Engagement Forum is now ending. The People Services Team are now bedded in. A Deep Dive will be held in December 2018 on sickness absence. The appraisal forms are being re-designed to come in line with the Trust Strategy and to amend the language used, but managers are encouraged to continue with appraisals.</p> <p><i>Anne Wright – Quality Committee:</i> discussions in the Quality Committee have centred on finding ways to get more resource into community services. Out of area placements are very expensive and the Committee is looking at ways to reduce these, perhaps by having more patients in the community, use of the Crisis Team and Early Intervention Team. This is monitored closely by the Committee.</p> <p>Moirra Kerr noted the media reports about organisations that charge high prices to trusts in order to provide an out of area bed. Caroline Maley confirmed that we have to find a bed for patients, even if this is out of area. Anne Wright added that these placements are very expensive and not the best use of our resources but if our beds are full then we have to provide these out of area.</p> <p>Carole Riley queried why we do not use Tissington House as this is a closed ward. Ifti Majid confirmed that the crucial limiting factor is the shortage of staff to run the unit. Executive Directors are closely monitoring the use of out of area placements and working to actively reduce these.</p> <p>RESOLVED: The Council of Governors noted the content of the presented paper, from the perspective of the Non-Executive Directors, and agreed that the Non-Executive Directors have held the Executive Directors to account through their role.</p> |
| DHCFT/G OV/097 | <p><u>ESCALATION ITEMS TO THE COUNCIL OF GOVERNORS</u></p> <p>The following two questions were escalated from the Governance Committee:</p> <p>Question 1: <i>What assurance can the Board give that their response to the CCG's open consultation on the Trust's Psychodynamic Psychotherapy service will take into account the needs of the existing service users, provision for those on the waiting list and future people who may need a similar service? Why has the service been cut from 14 to six therapists without a public consultation?</i></p> <p>Richard Wright, Non-Executive Director, provided the response, which had been prepared by Gareth Harry. This response is outlined in full appended to and forming part of these minutes.</p> <p>Moirra Kerr asked whether the Trust had checked the evidence used by the CCG to come to this decision and whether research had been carried out by the Trust separately. It was noted that the evidence cited was from the National Institute for Health and Care Excellence (NICE).</p> <p>Ifti Majid confirmed that views will be obtained from a number of Trust stakeholders, which will be collated and written by clinicians as a response to Commissioners. The Trust has already written to Commissioners to state that it is unacceptable to de-commission mental health services, without reinvesting in mental health services, as set out in line with national guidelines.</p> <p>Rosemary Farkas asked for it to be noted that the Psychodynamic Psychotherapy Service provides what no other service does.</p> <p>Question 2: <i>What assurances can the Board give that support is being given to bereaved families of service users who had death from suicide?</i></p> <p>Anne Wright, Non-Executive Director, provided the response, which had been</p> |

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| | <p>prepared by Amy Johnson, Darryl Thompson and Carolyn Green. This response is outlined in full appended to and forming part of these minutes.</p> <p>Any deaths are all logged on the Trust's DATIX risk management system and sensitive contact is made with families. She felt that staff members should be thanked for making contact in difficult circumstances. Moira Kerr also remarked that the assumption of suicide sometimes does not turn out to be the correct cause of death and people have passed away from different physical health conditions.</p> <p>In a recent publication by NHS Resolution, the Derbyshire model was noted as a model of best practice and leading the way in this area.</p> <p>Gillian Hough noted that questions in the meeting are mainly asked by the same governors and would like to encourage others to speak up as well. Caroline reiterated that governors should raise their yellow cards to identify that they would wish to raise a question or otherwise contribute at any point and she would ensure they were given opportunity to speak.</p> <p>RESOLVED: The Council of Governors noted and agreed the information provided in response to the two escalated questions.</p> |
| DHCFT/G OV/098 | <p><u>GOVERNANCE COMMITTEE REPORT</u></p> <p>Carole Riley presented an update to Governors on the meeting of the Governance Committee held on 17 October 2018.</p> <p>It was agreed at that meeting that two questions would be escalated to the Council of Governors, which have been noted under item 097 above.</p> <p>At the Governance Committee meeting in August job descriptions for the Chair, the Deputy Chair of the Governance Committee, the Lead Governor and the Deputy Lead Governor were discussed and are presented to the Council of Governors for approval.</p> <p>Carole asked for suggestions/comments relating to the Training Programme for 2019/20 to be sent to Denise Baxendale so that these can be discussed in the forthcoming meeting to set this programme. Any suggestions that have already been made have been noted.</p> <p>RESOLVED: The Council of Governors:</p> <ol style="list-style-type: none"> 1. Noted the report made at the Governance Committee meeting on 6 November 2018 2. Approved the job descriptions for: <ul style="list-style-type: none"> • Chair and Deputy Chair of the Governance Committee • Lead Governor and Deputy Lead Governor |
| DHCFT/G OV/099 | <p><u>ANY OTHER BUSINESS</u></p> <p><i>Governor Update:</i></p> <p>Denise Baxendale advised the meeting that Nikki Morley has resigned due to a personal change of circumstances. Rob Poole, who was the second candidate for this post, has been approached and has accepted. A number of Public Governor terms are coming to an end soon. Denise has asked for an Electoral Reform Society timeline and will advise accordingly via Governor Connect and report in to the Governance Committee in December. Staff Governor, Jason Holdcroft-Long, will be leaving the Trust and therefore there will be a vacancy for a medical staff governor.</p> <p><i>Governance Committee – 11 December meeting:</i></p> <p>Caroline Maley advised that Gemma Stacey, from the University of Nottingham, has kindly invited Governors for a tour of the Medical School, based at the Royal Derby Hospital site, Derby. There will also be a lunch followed by a Focus Group for Governors on appraisals for Non-Executive Directors that day. Governors are asked</p> |

| | |
|---------------------------|--|
| | <p>to note this extended session – further details on times/location etc. will be provided soonest.</p> <p><i>Sam Harrison:</i> Caroline Maley announced that sadly Sam Harrison will be leaving the Trust at the end of March 2019. Governors have appreciated her input and consistent help and would like to wish her well.</p> <p><i>PARIS system access:</i> Jason Holdcroft-Long had emailed a query on the access of the PARIS system, which has been disrupted for the past day. Ifti Majid responded to state that the Trust had been made aware of the access difficulties, by Civica, provider of the system. Not only was the Trust affected, other users of this system also had the same issue, which was due to problems with BT. Ifti was pleased to advise that the contingency plan of the IM & T department had come into action and that access, albeit slower than usual, had been restored. </p> <p><i>Attendance to the meeting:</i> John Morrissey was pleased to see so many Governors at this meeting.</p> <p><i>Regional Conference:</i> John Morrissey also drew attention to the NHS Providers Regional Governors' Conference, which will be organised for the 26 February 2019 at our Trust and asked governors to keep this date free in their diary. Further details will be publicised via Governor Connect.</p> |
| DHCFT/ GOV/100 | <p><u>REVIEW OF MEETING EFFECTIVENESS</u></p> <p>Governors felt that the meeting went well and was effective. Caroline Maley encouraged all governors to speak up during meetings so that views, comments and suggestions can be obtained from all.</p> <p>Caroline offered her apologies for the next Council of Governors meeting, which is due to take place on 9 January – Julia Tabreham will be chairing this meeting. Moira Kerr has also offered apologies.</p> |
| DHCFT/G OV/101 | <p><u>DATE AND TIME OF NEXT MEETING</u></p> <p>Date: Wednesday 9 January 2018 Time: 2.00 – 4.30 pm Venue: Conference Rooms A/B, Research & Development Centre, Kingsway, Derby, DE22 3LZ</p> |
| DHCFT/G OV/102 | <p><u>CLOSE OF MEETING</u></p> <p>Caroline Maley thanked all those present for their input and attendance and closed the meeting at 16.40 hours.</p> |

Appendix A

Council of Governors meeting

Questions posed at the meeting of Council of Governors

6 November 2018

Governors What assurance can the Board give that their response to the CCG's open consultation on the Trust's Psychodynamic Psychotherapy service will take into account the needs of the existing service users, provision for those on the waiting list and future people who may need a similar service? Why has the service been cut from 14 to six therapists without a public consultation?

Derbyshire Healthcare NHS Foundation Trust is currently commissioned to provide psychodynamic psychotherapy services for residents of Derby and Southern Derbyshire. We are aware that our commissioners are currently holding a public consultation regarding the future of this specialist service, with the preferred option being the service is decommissioned.

The Trust is disappointed by the proposals to decommission the service and welcomes the opportunity to work with the CCG on developing alternative care models to support the individuals who will be affected, should the service cease in the future.

The Trust will be providing a formal response to the consultation. This response will be developed directly with the clinicians working in the services that would be affected if the proposal goes ahead. This clinical response will highlight any risks to current, waiting and future patients.

The team currently has a number of vacancies (approximately three WTE therapists). Unfortunately previous recruitment attempts were unsuccessful and the team are now looking to recruit on a fixed term or secondment basis. The Trust does not recognise the figure of eight vacancies within the team.

What assurances can the Board give that support is being given to bereaved families of service users who had death from suicide?

The Family Liaison Team commenced in March 2015 with the remit of supporting patients and family where as a Trust we have a Duty of Candour. The role has developed over time and consistently offers support to families where a loved one is thought to have died by suicide. Their loved one must have been a patient in our care.

When a patient in our care sadly dies there is an expectation that the clinical team reports their death as an incident on Datix (the Trust's risk management system). Details regarding this approach are outlined in our [Untoward Incident Reporting and Investigation Policy and Procedure](#).

Following notification Family Liaison will seek to understand family relationships, whether the deceased had any children and establish who may be the best person to contact in the first instance.

Contact is initiated either by telephone (preferred method) or letter to offer condolences and to explain who Family Liaison are and our role. We would also include information which may support the person affected. It is important to note that the perspective of the family member is

paramount therefore we would only share information regarding suicide if family are open to this or it is evident that this maybe the case. Family Liaison ensures that the family has a single point of contact for the Trust.

As part of our contact we would ask family whether they have any questions or concerns regarding the care of their loved one. If concerns are identified then we would ensure that this is formally addressed through the serious incident process or the complaints process. We would ensure that the family are notified of any serious incident investigations that are commissioned and offer then the opportunity to be involved.

Family Liaison can refer into more specialist services if required such as bereavement counselling, Child and Adolescent Mental Health Services and a senior clinician who can offer therapeutic family work. We would also routinely signpost to specialist advocacy services for impartial advice.

In a recent publication by NHS Resolution, the Derbyshire model was noted as a model of best practice and leading the way in this area.

DRAFT

| COUNCIL OF GOVERNORS ACTION MATRIX - AS AT 28/12/2018 | | | | | | | Enclosure B |
|---|------------------|--------------------------------|-------------------------------|--|---------------|--|-------------|
| Date of Minutes | Minute Reference | Item | Lead | Action | Completion by | Current Position | |
| 6.11.18 | DHCFT/GOV/092 | For information | Denise Baxendale | Chair and Chief Executive reports from October 2018 Public Board to be circulated to governors | Jan-19 | Circulated via Governor Connect on 16.11.18 COMPLETE | Green |
| 6.11.18 | DHCFT/GOV/093 | Care Quality Commission update | Darryl Thompson/Carolyn Green | To present a report on Care Planning | Jan-19 | Agenda item for January 2019 Council of Governors. | Green |
| | | | | | | | |
| | | | | | | | |

| | | | | | |
|------------|--------------------------------|--|---------------|---|------|
| Key | Agenda item for future meeting | | YELLOW | 0 | 0% |
| | Action Ongoing/Update Required | | AMBER | 0 | 0% |
| | Resolved | | GREEN | 2 | 100% |
| | Action Overdue | | RED | 0 | 0% |
| | | | | 2 | 100% |

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 9 January 2019

Report from Nominations and Remuneration Committee

Purpose of Report

This paper provides an update from the meeting of the Nominations and Remuneration Committee held on 1 November 2018. A verbal update of the meeting had been given by the Trust Chair to the Council of Governors on 6 November 2018.

Executive Summary

Since the last report to the Council of Governors in May 2018, the Committee has met once, on 1 November 2018. A summary of the business conducted is as follows:

Terms of Reference

Regarding the quorum of meetings, the Committee agreed to an amendment of the Terms of Reference to reflect that an equal number of public governors to other governors was satisfactory. This supports the principle that public governors should not be in the minority for any decision making required. The revised Terms of Reference are attached for approval.

Fit and Proper Persons Requirements

Confirmation was received that existing Directors remain 'fit and proper persons', as defined in law, regulation and to comply with Trust policy. In January 2018, the Care Quality Commission (CQC) published updated guidance on Fit and Proper Persons test requirements. In line with the updated guidance the Trust has updated and approved the Fit and Proper Persons Policy.

Trust Chair Appraisal

The Committee had agreed the process, and each Board member and governor has been invited to participate in the appraisal process of the Chair. This covered the time in post from September 2017 to August 2018. The Committee was assured that the appraisal was wholly satisfactory and that objectives, which are included with the paper, have been updated for 2017/18 and agreed for 2019/20.

Non-Executive Director Appraisals

A summary report of the appraisal conducted for Margaret Gildea, Senior Independent Director and Non-Executive Director was received. The report was satisfactory and no recommendations are required to the Council of Governors. The Council of Governors had been invited to participate in this process but the low number of responses was noted. The Committee agreed to amend the questions for governors to encourage greater input in future appraisals. Appraisals for Julia Tabreham, Anne Wright, Richard Wright and Geoff Lewins will be presented to the next Committee meeting in March 2019.

Strategic Considerations

| | |
|---|---|
| 1) We will deliver quality in everything we do providing safe, effective and service user centred care | |
| 2) We will develop strong, effective, credible and sustainable partnerships | X |

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

Assurances

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

Consultation

No formal consultation is required for this update.

Governance or Legal Issues

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

Equality Impact Risk Analysis

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

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

Actions to Mitigate/Minimise Identified Risks

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

Recommendations

The Council of Governors is requested to:

1. Receive the update on the business undertaken by the Committee.
2. Confirm that it has received assurance that the Trust has successfully completed the required annual checks as required under the Trust's Fit and Proper Persons Policy.
3. Receive assurance that a robust appraisal process has been followed for the appraisal of Caroline Maley and Margaret Gildea.
4. Approve the Terms of Reference as proposed by the Committee (Appendix 1).

Report presented by: Samantha Harrison, Director of Corporate Affairs

Report prepared by: Denise Baxendale, Membership and Involvement Manager

Terms of Reference of Governors' Nominations & Remuneration Committee

a) Authority

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

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

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

b) Conflicts of Interest

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

1. Nomination Role

The Committee will:

- 1.1 Periodically review the balance of skills, knowledge, experience and diversity of the non-executive directors and, having regard to the views of the Board of Directors and relevant guidance on board composition, make recommendations to the Council of Governors with regard to the outcome of the review.
- 1.2 Review the results of the Board of Directors' performance evaluation process that relate to the composition of the Board of Directors.
- 1.3 Review annually the time commitment requirement for Non-Executive Directors.
- 1.4 Give consideration to succession planning for Non-Executive Directors, taking into account the challenges and opportunities facing the trust and the skills and expertise needed on the Board of Directors in the future.
- 1.5 Make recommendations to the Council of Governors concerning plans for succession.
- 1.6 Keep the leadership needs of the Trust under review at non-executive level to ensure the continued ability of the Trust to operate effectively in the health economy.
- 1.7 Agree with the Council of Governors a clear process for the nomination of a Non-Executive Director.
- 1.8 Keep up to date and fully informed about strategic issues and commercial changes affecting the Trust and the environment in which it operates.
- 1.9 Take into account the views of the Board of Directors on the qualifications, skills and experience required for each position.

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

2. Remuneration Role

The Committee will:

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

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Non-Executive Directors, giving assurance that a satisfactory appraisal has taken place.

- 2.6 In adhering to all relevant laws and regulations establish levels of remuneration which:
 - 2.6.1 are sufficient to attract, retain and motivate non-executive directors of the quality and with the skills and experience required to lead the trust successfully, without paying more than is necessary for this purpose, and at a level which is affordable for the Trust;
 - 2.6.2 reflect the time commitment and responsibilities of the roles;
 - 2.6.3 take into account appropriate benchmarking and market-testing, while ensuring that increases are not made where trust or individual performance do not justify them; and
 - 2.6.4 are sensitive to pay and employment conditions elsewhere in the Trust.
- 2.7 Monitor procedure to ensure that existing Directors remain 'fit and proper' persons as defined in law and regulation;
- 2.8 Oversee other related arrangements for Non-Executive Directors.

3. Membership

- 3.1 The membership of the Committee shall consist of governors appointed by the Council of Governors.
 - Four Public Governors (including Lead Governor)
 - Two Appointed Governors
 - Two Staff Governors
 - Chair of the Trust
- 3.2 The Committee will normally be chaired by the Trust Chair. Where the Chair has a conflict of interest, for example when the Committee is considering the Chair's re-appointment or remuneration, the Committee will be chaired by the Deputy Chair.
- 3.3 A quorum shall be three members: should attendance be more than this, should attendance be more than this, an equal number of public governors to other governors is satisfactory, supporting the principle that public governors should not be in the minority for any decision making required.
- 3.4 By exception, in order to achieve quorum, a governor can be nominated to 'step in' from the same category.
- 3.5 Initial appointment terms shall be to the end of a member governor's term.
- 3.6 Every member of the Committee shall be entitled to one vote on any question to be determined by voting. In the event of there being equal votes cast to a motion, then the person presiding at such a Committee meeting shall have a casting vote subject to having already voted in the initial vote.
- 3.7 No two Governors will be appointed from the same Public Constituency or Staff Class of the Staff Constituency,
- 3.8 Not more than one may be a Local Authority Governor and not more than one may be a Governor appointed by the voluntary sector.

4. Secretary

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

5. Attendance

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

ToR – Governors' Nominations & Remuneration Committee – ratified by Council of Governors – 1.5.18

- 5.2 At the invitation of the Committee, meetings shall normally be attended by the Chief Executive but the Chief Executive is not a member of the Committee and shall have no vote on any matter considered by it.
- 5.3 The Director of Corporate Affairs & Trust Secretary may attend as a non-member.
- 5.4 Other persons may be invited by the Committee to attend a meeting so as to assist in deliberations.

6. Frequency of Meetings

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

7. Minutes and Reporting

- 7.1 Formal minutes shall be taken of all Committee meetings and once approved by the Committee, circulated to all members of the Council of Governors unless a conflict of interest or matter of confidentiality exists.
- 7.2 The Committee will report to the Council of Governors after each meeting.
- 7.3 The Committee shall receive and agree a description of the work of the Committee, its policies and all Non-Executive Director emoluments in order that these are accurately reported in the required format in the Trust's Annual Report.
- 7.4 Where remuneration consultants are appointed, a statement should be made available as to whether they have any other connection with the Trust.

8. Performance Evaluation

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

9. Review

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

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 9 January 2019

Integrated Performance Report Month 7

Purpose of Report

This paper provides the Council of Governors with an integrated overview of performance at the end of October 2018. The focus of the report is on workforce, finance, operational delivery and quality performance.

Executive Summary

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

There are a number of areas where performance is below Trust standards or trends are showing an overall change in performance. In order to ensure that there is a focused discussion on key issues these have been listed below.

1. Regulatory Compliance dashboard:
 - Agency spend
 - Out of area placements
 - Sickness absence
 - Annual appraisals
 - Compulsory training
2. Strategy Performance dashboard:
 - Control total and cost improvement programme
 - Delayed transfers of care
 - Neighbourhood waits
 - Number of patients with a length of stay greater than 50 days

At the end of the report further information is provided regarding some aspects of data quality assurance.

Strategic Considerations

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

Assurance

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

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

As an integrated performance report the content provides assurance across several

BAF risks related to workforce, operational performance, quality performance, financial performance and regulatory compliance.

Consultation

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

Governance or Legal Issues

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

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

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

Actions to Mitigate/Minimise Identified Risks

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

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

Recommendations

The Council of Governors is requested to consider the content of the paper as presented from the perspective of the Non-Executive Directors on how they have held the Executive Directors to account through their role.

Report presented by: Margaret Gildea, Non-Executive Director
 Geoff Lewins, Non-Executive Director
 Caroline Maley, Non-Executive Director
 Julia Tabreham, Non-Executive Director
 Anne Wright, Non-Executive Director
 Richard Wright, Non-Executive Director

Report prepared by: Mark Powell, Chief Operating Officer
 Claire Wright, Director of Finance/Deputy CEO
 Amanda Rawlings, Director of People Services and Organisational Effectiveness
 Carolyn Green, Director of Nursing and Patient Experience

1. Regulatory Dashboard

| Category | Sub-set | Metric | Period | Plan | Actual | Variance | Trend | Last 12 Months | DQ |
|--------------------------|---------------|---|-------------|--------|---------|-------------------|-------|----------------|----|
| Finance | Finance Score | Finance Scorecard | YTD | 1 | 1 | G 80 | → | | |
| | | | Forecast | 1 | 1 | G 80 | → | | |
| | | Capital Service Cover | YTD | 2 | 2 | G 80 | → | | |
| | | | Forecast | 2 | 2 | G 80 | → | | |
| | | Liquidity | YTD | 1 | 1 | G 80 | → | | |
| | | | Forecast | 1 | 1 | G 80 | → | | |
| | | Income and Expenditure Margin | YTD | 1 | 1 | G 80 | → | | |
| | | | Forecast | 1 | 1 | G 80 | → | | |
| | | Income and Expenditure variance to plan | YTD | 1 | 1 | G 80 | → | | |
| | | | Forecast | 1 | 1 | G 80 | → | | |
| Quality and Operations | KPIs | Agency variance to ceiling | YTD | 1 | 2 | R 80 | → | | |
| | | | Forecast | 1 | 1 | G 80 | → | | |
| | | Single Oversight Framework | YTD | 2.91% | 3.00% | R 80 | → | | |
| | | | Forecast | 2.87% | 2.90% | R 80 | → | | |
| | | NHS I Segment | YTD | | 2 | | → | | |
| | | | Forecast | | | | | | |
| | | CPA 7 Day Follow-up (M) | Oct, 2018 | 95.00% | 97.40% | G 80 | ↑ | | |
| | | | Sep, 2018 | | 95.00% | G 80 | | | |
| | | Data Quality Maturity Index (DQMI) - MHSDS Data Score (Q) | Oct, 2018 | 95.00% | 95.91% | G 80 | → | | |
| | | | Sep, 2018 | | 96.71% | G 80 | | | |
| | | IAPT RTT within 18 weeks (Q) | Oct, 2018 | 95.00% | 100.00% | G 80 | → | | |
| | | | Sep, 2018 | | 100.00% | G 80 | | | |
| | | IAPT RTT within 6 weeks (Q) | Oct, 2018 | 75.00% | 98.22% | G 80 | → | | |
| | | | Sep, 2018 | | 97.41% | G 80 | | | |
| | | Early Intervention in Psychosis RTT Within 14 Days - Complete (Q) | Oct, 2018 | 53.00% | 89.29% | G 80 | ↑ | | |
| | | | Sep, 2018 | | 85.00% | G 80 | | | |
| | | Early Intervention in Psychosis RTT Within 14 Days - Incomplete (Q) | Oct, 2018 | 53.00% | 86.67% | G 80 | ↓ | | |
| | | | Sep, 2018 | | 90.91% | G 80 | | | |
| | | Patients Open to Trust In Employment (M) | Oct, 2018 | | 10.15% | G 80 | → | | |
| | | | Sep, 2018 | | 10.44% | G 80 | | | |
| | | Patients Open to Trust In Settled Accommodation (M) | Oct, 2018 | | 57.52% | G 80 | ↓ | | |
| | | | Sep, 2018 | | 59.12% | G 80 | | | |
| | | Under 16 Admissions To Adult Inpatient Facilities (M) | Oct, 2018 | 0 | 0 | G 80 | → | | |
| | | | Sep, 2018 | | 0 | G 80 | | | |
| | | IAPT People Completing Treatment Who Move To Recovery (Q) | Oct, 2018 | 50.00% | 54.18% | G 80 | ↑ | | |
| | | | Sep, 2018 | | 49.77% | R 80 | | | |
| | | Physical Health - Cardio-Metabolic - Inpatient (Q) | | | | | | | |
| | | | | | | | | | |
| | | Physical Health - Cardio-Metabolic - EI (Q) | | | | | | | |
| | | | | | | | | | |
| | | Physical Health - Cardio-Metabolic - on CPA (Community) (Q) | | | | | | | |
| | | | | | | | | | |
| | | Out of Area - Number of Patients Non PICU (M) | Oct, 2018 | | 24 | | ↓ | | |
| | | | Sep, 2018 | | 25 | | | | |
| | | Out of Area - Number of Patients PICU (M) | Oct, 2018 | | 19 | | ↑ | | |
| | | | Sep, 2018 | | 16 | | | | |
| | | Out of Area - Average Per Day Non PICU (M) | Oct, 2018 | 3.7 | 15.0 | R 80 | ↑ | | |
| | | | Sep, 2018 | 5.2 | 13.4 | R 80 | | | |
| | | Out of Area - Average Per Day PICU (M) | Oct, 2018 | 23.4 | 10.3 | G 80 | ↑ | | |
| | | | Sep, 2018 | 24.3 | 9.1 | G 80 | | | |
| | | Written complaints – rate (Q) | Q22018/19 | | 0.03 | | ↑ | | |
| | | | Q12018/19 | | 0.02 | | | | |
| | | Staff Friends and Family Test % recommended – care (Q) | Q22018/19 | 81% | 73% | R 80 | ↓ | | |
| | | | Q12018/19 | | 74% | R 80 | | | |
| | | Occurrence of any Never Event (M) | Oct, 2018 | 0 | 0 | G 80 | → | | |
| | | | Sep, 2018 | | 0 | G 80 | | | |
| | | Patient Safety Alerts not completed by deadline (M) | Oct, 2018 | | 2 | | ↑ | | |
| | | | Sep, 2018 | | 0 | | | | |
| | | CQC community mental health survey (A) | 2017 | | 7.3/10 | | ↑ | | |
| | | | 2016 | | 7.0/10 | | | | |
| | | Mental health scores from Friends and Family Test – % positive (M) | Oct, 2018 | 81% | 95% | G 80 | ↓ | | |
| | | | Sep, 2018 | | 96% | G 80 | | | |
| | | Potential under-reporting of patient safety incidents per 1000 bed days(M) | Oct17-Mar18 | 47.1 | 36.10 | R 80 | | | |
| Workforce and Engagement | KPIs | Turnover (annual) | Oct, 2018 | | 10.20% | G 80 | ↓ | | |
| | | | Sep, 2018 | 10.00% | 10.45% | G 80 | | | |
| | | Sickness Absence (monthly) | Oct, 2018 | 5.04% | 7.30% | R 80 | ↑ | | |
| | | | Sep, 2018 | | 6.13% | R 80 | | | |
| | | Sickness Absence (annual) | Oct, 2018 | 5.04% | 5.71% | R 80 | ↑ | | |
| | | | Sep, 2018 | | 5.57% | R 80 | | | |
| | | Vacancies (funded fte) | Oct, 2018 | | 10.55% | | ↓ | | |
| | | | Sep, 2018 | | 11.63% | | | | |
| | | Appraisals All Staff (number of employees who have received an appraisal in the previous 12 months) | Oct, 2018 | 90.00% | 73.17% | R 80 | ↓ | | |
| | | | Sep, 2018 | | 74.55% | R 80 | | | |
| | | Medical Appraisals (number of medical employees who have received an appraisal in the previous 12 months) | Oct, 2018 | 90.00% | 96.00% | G 80 | → | | |
| | | | Sep, 2018 | | 97.00% | G 80 | | | |
| | | Compulsory Training (staff in-date) | Oct, 2018 | 90.00% | 83.29% | A 80 | ↑ | | |
| | | | Sep, 2018 | | 82.78% | A 80 | | | |
| | | NHS Staff Survey (A) | Work | | 60.92% | | | | |
| | | | Treatment | | 72.77% | | | | |

Key: **Period** Current Month Previous Month

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



Achieving target
Not achieving target
Within tolerance
No Target Set

— Target

1.1 Finance Position

The overall score of a '1' is in line with plan year to date and forecast outturn.

All metrics are forecast to achieve their planned outturn including the agency metric with agency expenditure forecast to be below the ceiling.

1.2 Agency variance to ceiling and costs

Comparing the actual expenditure on Agency to the ceiling, we are slightly above the ceiling value by £1k at the end of October. This generates '2' on this metric within the finance score. Agency expenditure is forecast to be below the ceiling by 0.8% which is generating a score of '1' which is as per the plan. Agency expenditure forecast includes contingency costs estimated at £125k.

The forecast agency expenditure equates to the plan of 2.9% of the pay budgets (2.9% last month). National NHSI benchmarking information from 2017/18 showed agency expenditure at 4.5% of pay budgets, with the Midlands and East region at 5.2%.

1.3 Out of area adult placements (non-PICU (Psychiatric Intensive Care Unit))

Part of the Urgent Care Improvement Plan is focused on improving patient flow across Urgent Care Services. Progress and delivery has been in two phases, phase one focused on delivering improvements and actions which sat within the first 100 days. The 100 days ended on 8 November with phase 2 focusing on embedding improvements from the 100 day plan whilst delivering longer term improvements across Urgent Care Services.

Improvements and achievements in the last four months have been as follows:

Urgent Care Team Recruitment

- Urgent Care Improvement lead - Full time (12 months)
- Acting Campus General Manager - Full time (12 months)
- Three x new ward managers at Radbourne Unit - Substantive fulltime
- Radbourne Unit clinical lead - Part time (12 months)
- Section 136 clinical lead - substantive – fulltime
- Dedicated Head of Nursing for Inpatient Acute Care
- Substantive Consultant on Ward 35
- Lead operational role in Crisis Resolution Home Treatment team

Recruitment and staffing

- 25 new nurses commenced employment at Radbourne Unit and Hartington Unit between September and October 2018. All areas continue to try and over recruit to all key posts to allow for turnover and absences.

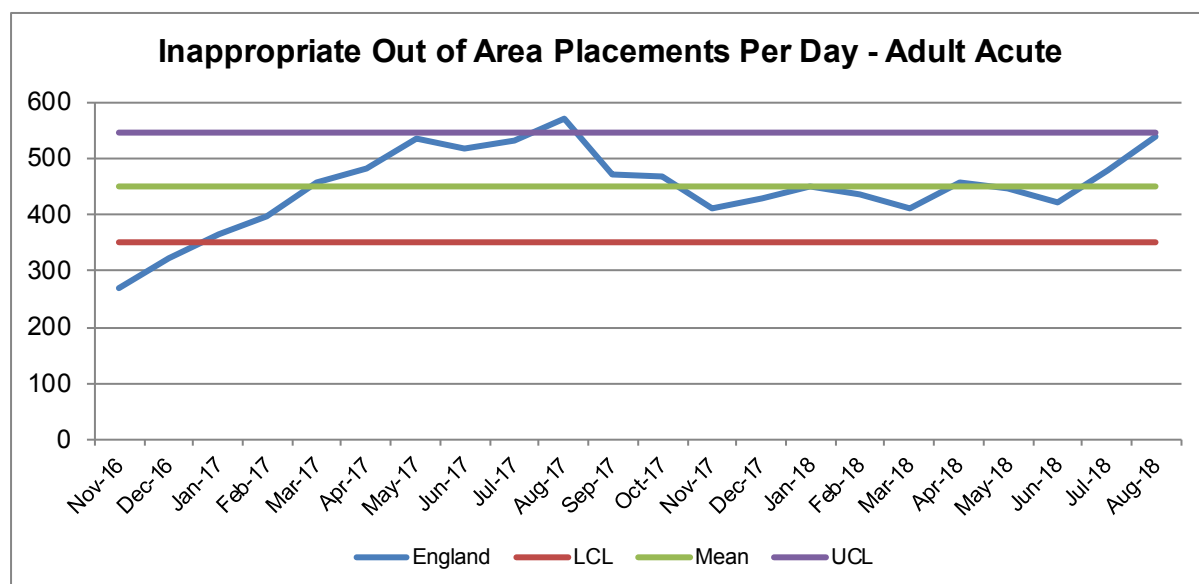
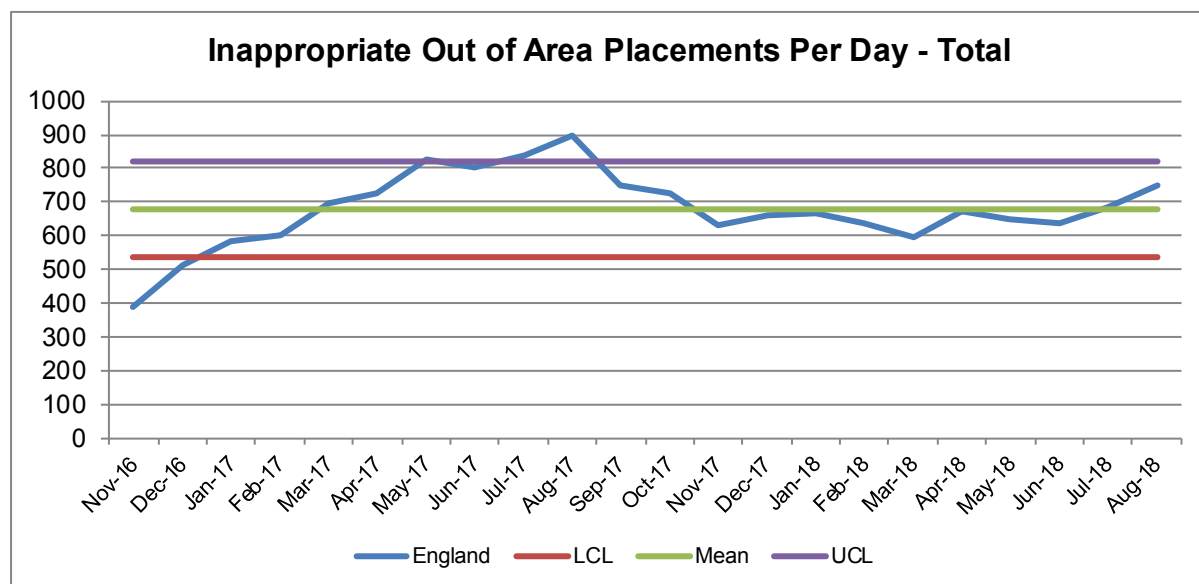
Discharge planning and patient flow

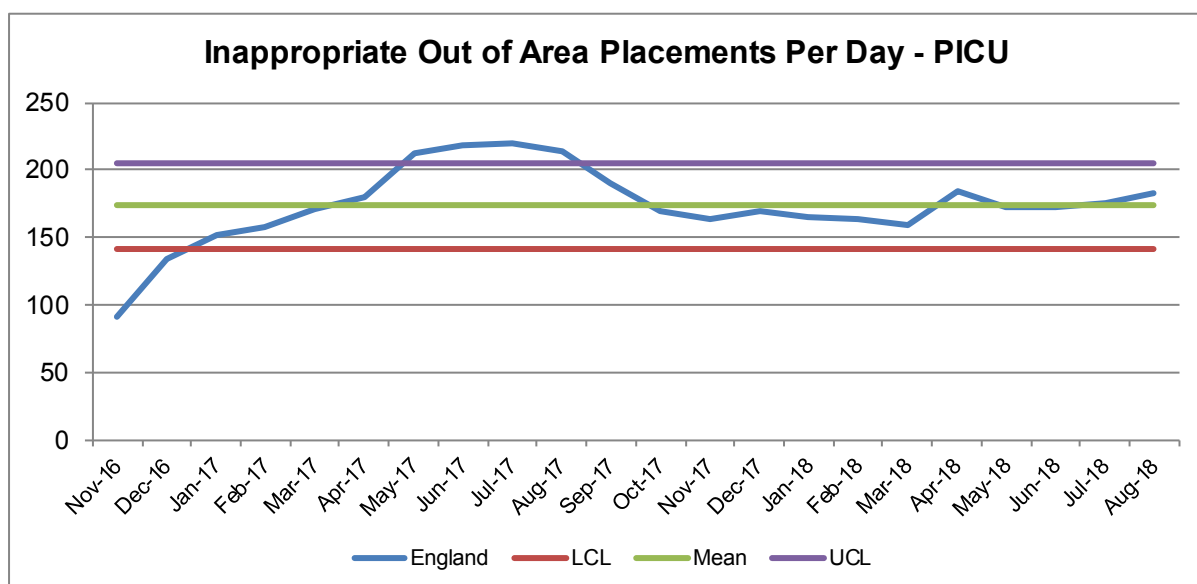
- Increasing engagement and regular attendance to clinical meetings
- Discharge planning workshop looking at working better together for in-patient and community teams
- Regular attendance to Acute wards from In-reach / Crisis team to support planned discharges
- Complex cases strategy review meetings introduced
- Leadership team taking part in the NHSI regional Out of Area (OOA) Collaborative which uses QI (Quality Improvement) approach with an aim to reduce utilisation of OOA placements.
- 50 + LOS (Length of Stay) is down to 53 across both units

In addition other current actions include: review of leave policy; review of repatriation processes; case review of patients with length of stay over 50 days; review of crisis bed use; review of rehabilitation bed referral process and review of social care/ward interaction.

Although we are now beginning to see a reduction in the out of area acute placements (8 at time of report), it is difficult to predict consistency with reduced numbers. The Christmas season will potentially see an increase in inpatient demand for beds due to increased risks around this time.

National Picture





<https://digital.nhs.uk/data-and-information/publications/statistical/out-of-area-placements-in-mental-health-services>

National data is available as the total number of bed days per month. As the number of days per month varies, the data has been standardised in the charts above by dividing the total out of area bed days each month by the number of days in the given month.

1.4 Sickness Absence

Staff attendance remains a significant challenge to the Trust with an annual sickness absence rate of 5.71% which is 0.42% higher than in October 2017. In October 2018 the sickness absence rate for the month was 7.30% which is 1.17% higher than the previous month and 1.79% higher than the same period last year (October 2017).

| | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 |
|--|--------|--------|--------|--------|--------|--------|--------|
| Sickness Absence | 4.7% | 4.9% | 5.2% | 6.6% | 6.5% | 6.3% | 7.4% |
| Business Development + Marketing | 2.3% | 0.9% | 0.0% | 5.8% | 8.5% | 1.4% | 0.0% |
| Corporate Central | 0.4% | 0.0% | 0.2% | 0.4% | 5.0% | 3.9% | 0.5% |
| Estates + Facilities | 4.6% | 4.4% | 5.0% | 5.8% | 5.9% | 6.2% | 8.1% |
| Finance Services | 3.0% | 0.6% | 0.7% | 0.2% | 1.1% | 1.5% | 2.8% |
| Med Education & CRD | 1.8% | 0.6% | 0.5% | 1.0% | 0.6% | 0.4% | 2.9% |
| Nursing + Quality | 6.8% | 6.6% | 6.5% | 7.4% | 9.2% | 8.0% | 12.4% |
| IT, Information Management + Patient Records | 2.7% | 3.2% | 2.7% | 1.2% | 1.9% | 3.0% | 7.8% |
| Ops Management | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 1.8% |
| Pharmacy | 2.7% | 0.1% | 4.5% | 5.6% | 2.3% | 2.3% | 2.6% |
| People Services | 24.0% | 21.9% | N/A | N/A | N/A | N/A | 0.0% |
| Campus | 6.3% | 7.6% | 8.2% | 11.1% | 10.5% | 9.5% | 10.1% |
| Central Services | 3.4% | 3.9% | 4.5% | 4.4% | 4.3% | 3.8% | 5.3% |
| Children's Services | 3.3% | 4.2% | 3.9% | 4.3% | 4.8% | 5.4% | 7.2% |
| Clinical Serv Management | 4.4% | 0.3% | 2.8% | 3.2% | 3.1% | 1.9% | 1.2% |
| Neighbourhood | 5.3% | 4.3% | 4.7% | 6.1% | 5.8% | 6.2% | 6.8% |

1.5 Appraisals

There has been a decrease of 1.38% in appraisal completion, now running at 73.17% against a target of 90%. Medical staff appraisal completion is currently 96% under the Medical appraisal system process.

The Trust's People and Culture Committee will be undertaking a detailed review on appraisal performance at the December meeting.

The table below gives an overview of current performance by department/division.

| | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 |
|--|--------|--------|--------|--------|--------|--------|--------|
| Appraisal Completion | 80% | 79% | 79% | 79% | 78% | 75% | 73% |
| Business Development + Marketing | 64% | 64% | 45% | 17% | 17% | 18% | 18% |
| Corporate Central | 40% | 41% | 37% | 33% | 37% | 31% | 17% |
| Estates + Facilities | 86% | 88% | 91% | 91% | 80% | 84% | 85% |
| Finance Services | 83% | 73% | 100% | 95% | 91% | 100% | 95% |
| Med Education & CRD | 61% | 61% | 54% | 50% | 50% | 34% | 28% |
| Nursing + Quality | 70% | 63% | 62% | 66% | 65% | 62% | 43% |
| IT, Information Management + Patient Records | 97% | 95% | 92% | 98% | 95% | 65% | 90% |
| Ops Management | 100% | 100% | 50% | 40% | 60% | 60% | 75% |
| Pharmacy | 69% | 67% | 81% | 82% | 86% | 72% | 71% |
| People Services | 100% | 100% | N/A | N/A | 100% | 100% | 50% |
| Campus | 85% | 87% | 86% | 85% | 83% | 79% | 74% |
| Central Services | 76% | 77% | 77% | 78% | 78% | 80% | 81% |
| Children's Services | 83% | 78% | 79% | 78% | 75% | 72% | 69% |
| Clinical Serv Management | 57% | 60% | 60% | 63% | 58% | 57% | 55% |
| Neighbourhood | 76% | 75% | 76% | 78% | 77% | 72% | 75% |

1.6 Vacancies

The Trust's vacancy rate includes funded FTE (Full Time Equivalent) surplus for flexibility including sickness and annual leave cover and is currently running at 10.55%, a decrease of 2.63% compared to April 2018. During 2017/18 funded FTE vacancies reduced by 3.04%. In April 2018 the Trust funded FTE vacancy rate increased significantly, however this was due to budgetary changes from 2017/18 to 2018/19. 2017/18 had a reduced budgeted establishment in relation to planned disinvestments and Cost Improvement Programmes, of which were not delivered to plan.

The 2018/19 funded establishment includes new investment for several services. During the period November 2017 to October 2018 257 employees left the Trust and 337 people have joined the Trust through external recruitment. Work continues on the recruitment action plan which covers how we plan to tackle each vacancy and includes campaigns and open days across the UK, incentives where necessary and overseas recruitment for hard to fill posts. Our recruitment process also continues to improve with the introduction at the end of March 2017 of a new e-Recruitment system (TRAC) which enables managers and candidates to utilise a streamlined, interactive and responsive process, which reduces or eliminates paperwork and unnecessary delays.

1.7 Training

Compulsory training compliance is running at 83.3% against a target of 90%.

| | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 |
|--|--------|--------|--------|--------|--------|--------|--------|
| Compulsory Training | 85.8% | 85.7% | 82.4% | 82.6% | 82.9% | 82.8% | 83.3% |
| Business Development + Marketing | 87.4% | 93.7% | 96.8% | 90.3% | 93.2% | 93.6% | 93.6% |
| Corporate Central | 73.2% | 72.7% | 69.5% | 71.8% | 76.2% | 76.9% | 78.2% |
| Estates + Facilities | 81.7% | 81.9% | 80.5% | 80.6% | 80.5% | 77.8% | 82.0% |
| Finance Services | 97.6% | 97.5% | 98.0% | 97.4% | 99.5% | 98.0% | 99.0% |
| Med Education & CRD | 77.1% | 78.6% | 77.2% | 76.9% | 72.5% | 76.2% | 79.6% |
| Nursing + Quality | 85.0% | 84.9% | 82.7% | 85.0% | 86.6% | 87.7% | 86.4% |
| IT, Information Management + Patient Records | 94.6% | 97.7% | 97.7% | 95.2% | 96.9% | 95.2% | 99.5% |
| Ops Management | 91.7% | 91.7% | 86.1% | 77.8% | 77.8% | 73.3% | 73.5% |
| Pharmacy | 87.4% | 84.6% | 77.2% | 80.4% | 83.5% | 84.3% | 84.6% |
| People Services | 88.9% | 88.9% | 88.9% | 66.7% | 72.2% | 72.2% | 72.2% |
| Campus | 87.3% | 86.8% | 83.4% | 83.2% | 82.6% | 81.5% | 81.5% |
| Central Services | 86.0% | 87.3% | 83.3% | 83.8% | 84.2% | 85.6% | 85.8% |
| Children's Services | 85.2% | 83.3% | 80.4% | 80.3% | 81.4% | 82.2% | 81.6% |
| Clinical Serv Management | 68.0% | 68.3% | 61.2% | 64.3% | 66.4% | 67.1% | 70.5% |
| Neighbourhood | 86.7% | 86.9% | 83.0% | 83.8% | 84.1% | 83.8% | 84.2% |

The table below provides Board members with an overview of key actions being undertaken to lower sickness absence rates and vacancies and improve rates of training and appraisals:

| KPI | What are we doing to improve performance? | What has worked and hasn't worked? | What next? |
|-----------------------------|---|---|--|
| Sickness Absence | Full analysis of First Care reports has identified areas of high sickness levels and where dedicated support needs to be focused. Plans are in place to support areas that are experiencing high sickness, whether that is short or long term. DPL's are now attending divisional meetings on a regular basis and are actively encouraging teams to ensure that sickness and wellbeing plans are on the agendas. Updated positions are being provided to General Managers. | DPL's and Employee Relations are supporting managers with advice regarding the content of their Occupational Health Referrals. Recent referrals have not always given the manager the information they require to address the employee's ill health concerns. Managers are being encouraged to ask for clear guidance and advice regarding support or changes that need to be made following an OH referral, managers are also being encouraged to speak direct to OH and to be more specific in their referral questions | Engagement sessions with leaders to discuss main reasons for high sickness absence and to further explore proactive wellbeing strategies. Working to provide dedicated support to hot spot teams where there is outstanding Return to Work interviews. Feedback received from leaders within hot spot areas around concerns that staff are close to burnout and proactive support is required to prevent absence, request from managers to consider phased return to work in reverse in exceptional cases to allow individuals with time off to support work life balance. Divisional People Leads to support operational teams on raising the profile of People Management Policies, including Flexible Working, Chronic Illness and Special Leave in addition to supporting leaders and managers on their roles and responsibilities for effective strategies on absence management. Change have been proposed to the Health and Attendance employee guide, subject to feedback from Staff Side this can then be used to further support staff and managers. A recent audit on managing absence from KPMG will provide further recommendations going forward |
| Vacancies | The vacancy percentage has increased since April 2018 due to the government investment into mental health services. We are actively recruiting by making use of our social media platform, university links and promotion of the recruitment microsite. We are completing a full review of vacancies and where the gaps are we are using staff flow data to inform our workforce plans so that we can better plan, understand where we need to focus and what are the risk areas, reviewing advert wording, building microsite as well as promoting international recruitment for medical. Further work is required in terms of reaching out to medical students and junior doctors for future preparation and development that will meet service needs. Recent careers evenings have been well attended by People Services representatives and we are growing our reputation as a place to work in Mental Health Services. | Linking in with universities - a number of students have been recruited to our Inpatient wards including Radbourne Unit and are due to commence in October through to December. Medical recruitment remains a challenge but we continue to advertise all vacancies including a dedicated advert in the HSJ. | Working to speed up the recruitment process from start to completion, regional work and collaboration to inform strategic planning, working closer with operational managers looking at rotational posts and different ways of working, seeking views from candidates to try and reduce non-attendance at interview. New videos and commentary from medical staff and hard to recruit areas are being developed to boost the microsite content, this will be regularly refreshed and will be part of the new DHCFT website |
| Appraisals All Staff | Crisis staffing levels in certain clinical areas has contributed to the decrease in compliance levels last month. There is a focus on trying to support the teams with the lowest appraisal scores which has included additional clinical leadership to allow managers to leave the ward to focus on outstanding appraisals. | Feedback continues to be that the process needs to be condensed and simplified. | Consultation with leaders and teams is currently under way to develop a new appraisal process which aims to simplified and more meaningful which is expected to result in improved compliance. Divisional People Leads to support operational teams with strategies for achieving and monitoring the required expectations. |

| KPI | What are we doing to improve performance? | What has worked and hasn't worked? | What next? |
|---------------------|---|------------------------------------|--|
| Compulsory Training | Many of the components within the compulsory training offer is undertaken by eLearning and there have been several issues with eLearning and the server on which this hosted and this has contributed to a lower than expected compliance rate. However in the last month this has now been rectified and staff should be able to successfully complete the required eLearning package. Following this it is expected there will a steady increase in compliance. | | A work stream will be commencing to begin to review all the passports and streamline these against all roles, this has already commenced with ITM service. This will commence across all services. This will provide colleagues with a clearer expectation of their training requirements. |

1.8 Patient safety alerts not completed by deadline

Neither of these alerts was relevant to our services. The Trust had already received verbal feedback that they were not relevant. For further assurance, the Trust is currently undertaking an audit of all patient safety alerts received in the last 18 months to ensure appropriate action has been taken for all.

1.9 Potential under-reporting of incidents

It has been identified that the Trust's rate of reporting of incidents is lower than similar organisations. Improving the rate of reporting can bring greater assurance that concerns or near misses are being identified by staff and are being escalated appropriately. To help us compare, we are now using data with regards to the number of reported incidents per 1000 bed days as the performance measure, with the median for all mental health trusts as the target. Clearly this will only be data for in-patient areas, but it will help us to begin the objective comparison of our data with others.

2. Strategy Delivery

| Category | Metric | Period | Target | Actual | Variance | Trend | Last 12 Months | DQ | |
|--|---|---------------------------------|--|---|-------------------|-------------------|----------------|----|--|
| Finance Scorecard | Finance Scorecard | YTD | 1 | 1 | G 80 | → | | | |
| | | Forecast | 1 | 1 | G 80 | → | | | |
| | Control Total position £000 | YTD | 1095 | 1244 | G 80 | ↑ | | | |
| | | Forecast | 2331 | 2331 | G 80 | ↓ | | | |
| | CIP achievement £m | YTD | 2.766 | 2.424 | R 80 | ↑ | | | |
| | | Forecast | 4.871 | 4.582 | R 80 | ↓ | | | |
| | | Recurrent | 4.871 | 1.466 | R 80 | ↓ | | | |
| | Agency £m | YTD | 1.771 | 1.772 | R 80 | ↑ | | | |
| | | Forecast | 3.030 | 3.005 | G 80 | ↑ | | | |
| Cash £m | YTD | 22.527 | 27.281 | G 80 | ↑ | | | | |
| | Forecast | 21.608 | 22.915 | G 80 | → | | | | |
| Quality and Operations Scorecard | RTT Incomplete Within 18 Weeks (%) | Oct, 2018 | 92% | 92.8% | G 80 | ↓ | | | |
| | | Sep, 2018 | | 94.3% | G 80 | | | | |
| | CPA Review in last 12 Months (on CPA > 12 Months) | Oct, 2018 | 95% | 96.6% | G 80 | ↑ | | | |
| | | Sep, 2018 | | 95.4% | G 80 | | | | |
| | Delayed Transfers of Care (%) | Oct, 2018 | 0.8% | 0.00% | G 80 | → | | | |
| | | Sep, 2018 | | 0.83% | R 80 | | | | |
| | North Neighbourhood Average Wait (weeks) | Oct, 2018 | | 8.0 | | ↓ | | | |
| | | Sep, 2018 | | 8.1 | | | | | |
| | North Neighbourhood Current Waits (number) | Oct, 2018 | | 1800 | | ↓ | | | |
| | | Sep, 2018 | | 1892 | | | | | |
| | City Neighbourhood Average Wait (weeks) | Oct, 2018 | | 7.4 | | ↓ | | | |
| | | Sep, 2018 | | 7.6 | | | | | |
| | City Neighbourhood Current Waits (number) | Oct, 2018 | | 1440 | | ↓ | | | |
| | | Sep, 2018 | | 1452 | | | | | |
| | South Neighbourhood Average Wait (weeks) | Oct, 2018 | | 11.9 | | ↑ | | | |
| | | Sep, 2018 | | 11.8 | | | | | |
| | South Neighbourhood Current Waits (number) | Oct, 2018 | | 1862 | | ↑ | | | |
| | | Sep, 2018 | | 1840 | | | | | |
| | CAMHS Average Wait (weeks) | | | | | | | | |
| | CAMHS Current Waits (number) | | | | | | | | |
| | Community Paediatrics Average Wait (weeks) | Oct, 2018 | | 20.7 | | ↑ | | | |
| | | Sep, 2018 | | 18.0 | | | | | |
| | Community Paediatrics Current Waits (number) | Oct, 2018 | | 760 | | ↓ | | | |
| | | Sep, 2018 | | 829 | | | | | |
| | Number of Adult Acute Inpatients (Hartington and Radbourne) LoS > 50 Days | Oct, 2018 | | 70 | | ↓ | | | |
| | | Sep, 2018 | | 73 | | | | | |
| | Workforce and Engagement Scorecard | RETAIN - Staff engagement score | 2017 Annual | To see an improvement in the staff engagement score | 3.740 | G 80 | ↑ | | |
| | | | 2016 Annual | | 3.690 | | | | |
| Q1 Jun 2018 | | | 72% | | G 80 | → | | | |
| Q4 Mar 2018 | | | 72% | | | | | | |
| DEVELOP - Recruitment of preceptorship staff | | 2017/18 | Number of students recruited into preceptorship | 31 | R 80 | ↓ | | | |
| | | 2016/17 | | 46 | | | | | |
| ATTRACT - Retention of preceptorship staff | | 2017 Annual | Number of students recruited into preceptorship who stay for at least one year | 91% | G 80 | → | | | |
| | | 2016 Annual | | 91% | | | | | |
| LEADERSHIP & MANAGEMENT - Employee relations cases | | Q2 Sep 2018 | To see a reduction in the number of cases | 34 | G 80 | ↓ | | | |
| | | Q1 Jun 2018 | | 40 | G 80 | | | | |
| | | Q4 Mar 2018 | | 48 | R 80 | | | | |
| | | Q3 Dec 2017 | | 45 | | | | | |

Key:

Period

Month

Previous Month



Achieving target



Not achieving target



No Target Set

Target

Trend



Trend compared to previous month with tolerance of 1%

2.1 Control Total position

The surplus in the month of £271k was £18k above plan, so the year to date favourable variance has increased to £149k. The forecast remains to achieve the control total at the end of the financial year. It is currently anticipated that in order to do so the Trust will need to use all 'reserves'.

There remains financial pressures to manage in order to achieve the control total, in particular the costs of adult acute out of area placements.

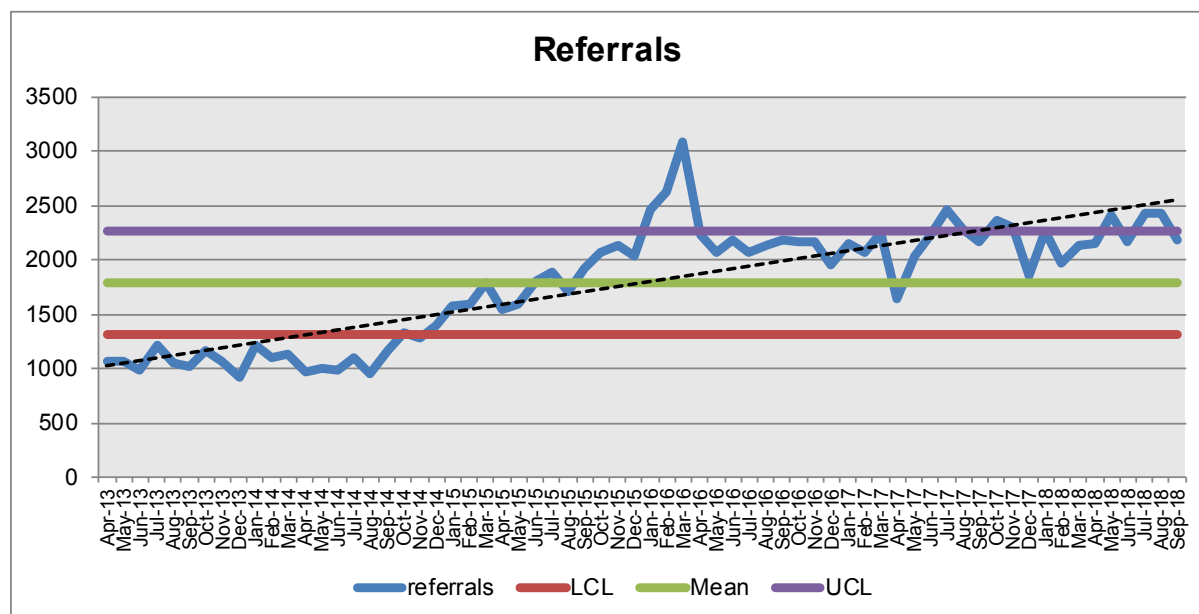
2.2 Cost Improvement Programme (CIP)

At the end of October £4.1m of CIP has been assured in the ledger (£2.4m YTD) which leaves an unassured gap of £801k. There are several schemes still to be actioned which are being forecast to deliver. However this month we are now forecasting not to deliver the full plan, with a gap of £289k. Of the total forecast savings only 32% is to be saved recurrently:

| £m | Annual | REC | NR |
|------------------------|-------------------|--------------|--------------|
| Target | 4,871 | | |
| Assured in the ledger | 4,071 | 1,466 | 2,605 |
| Schemes being forecast | <u>511</u> | 0 | 511 |
| Gap | <u>289</u> | | <u>0</u> |
| | | <u>1,466</u> | <u>3,116</u> |
| | | 32% | 68% |

2.3 Neighbourhood Waits

The number of referrals received has been steadily increasing over time. This is likely to continue in line with population growth.



The review of neighbourhood services has been completed. The next step is to take the recommendations set out below into the development of the clinical strategy for both working age and older adult community mental health services.

Agreed overarching recommendations;

- Reintroduction of distinct community mental health teams (CMHTs) for adults of working age and CMHTs for older adults and people with Dementia
- Delivery of pathways of care, largely based on care clusters
- Integrate the various community-based psychological therapy offers into CMHTs
- Design a tiered model of care enabling clinicians to work with people in ways that are consistent with their presenting need
- Ensure the Care Programme Approach (CPA) process and associated documentation reflect the tiered model of care and provide a distinguishable difference between CPA and non-CPA offers.
- Define the CMHT offers for diagnosed personality disorder, ADHD (Attention Deficit Hyperactivity Disorder) and ASD (Autism Spectrum Disorder)
- Establish service user co-production of services
- Define and Standardise the referral, triage, allocation and assessment function within CMHTs, identifying issues for prioritisation
- Confirm outcome measures to be utilised
- Establish the CMHT structure within PARIS and DATIX systems
- Define the core recovery and wellbeing offer
- Recruit and/or train Non-Medical Prescribers

2.4 CAMHS (Child and Adolescent Mental Health Services) waits

The CAMHS team and pathway structure has been revised and a significant piece of work is currently underway to reassign all the patients to the new teams. Whilst this work is undertaken it is not possible to report waiting times. Data should be available for next month's report.

2.5 Number of patients with a length of stay greater than 50 days

The urgent care improvement plan contains a number of key deliverables to help improve the flow of patients through our wards, these include;

- Weekly clinical meetings in place where each ward manager / responsible clinician review and agree discharge plans/blockages for patients with a lengths of stay of 50+ days.
- Clinical lead reviewing patients with LOS 40 + days and working alongside multidisciplinary teams to challenge/ support the proactivity of discharge plans and support escalation processes where there are blockages.

Further information about actions being taken to improve this measure are described in the out of area placement section above.

Data Quality Kite Mark

Background

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

Approach



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

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

| Data Quality Indicator | Definition | Not yet assessed | Sufficient | Insufficient |
|------------------------|--|------------------|--|---|
| | | | | implemented. |
| Validation | Prior to publication, is the data subject to validation, e.g. spot checks, random sample checks, involvement of a clinician, the associated service or approval by Executive Director? | Not yet assessed | The data is validated against a secondary source. The indicator owner can assure the data is a true reflection of performance, supported by a sign off process and underlying information. | No validation has taken place. The information owner cannot assure that the data truly reflects performance. A random sample may reveal errors. |
| Source | Is the source of the data fully documented and understood? | Not yet assessed | All users understand how to extract the data in line with the indicator definition. The data source is well documented in the event that there is a change in personnel producing the indicator. | The data source is poorly documented and could be inconsistently extracted. |
| Completeness | Is the indicator a reflection of the complete performance of the Trust | Not yet assessed | All the appropriate activity has been included within the indicator | A material amount of activity has not been included within the indicator that may alter the Trust level performance. |
| Granularity | Can the data be disaggregated into smaller parts? E.g. evaluated at a division or ward level as well as a Trust level. | Not yet assessed | Data can be drilled down to a division or ward level in order to understand and drive performance improvement. | Data is only available at a Trust level. |

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

KPI Data Quality Reviews

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

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 9 January 2019

Report from Governance Committee

Purpose of Report

This paper provides an update on the meeting of the Governance Committee held on 11 December 2018.

Executive Summary

Since the last summary was provided in November the Governance Committee has met once on 11 December 2018.

The Governance Committee agreed that there were no questions to escalate to the Council of Governors.

Prior to the start of the meeting, Elaine Cook, Deputy Head of School, School of Health Sciences, gave an introduction to the School and its relationship with Derbyshire Healthcare NHS Foundation Trust. This was followed by a brief description of the School's programmes and the importance of practice learning, and a short video description of the Mental Health focused research activity.

Strategic Considerations

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

Assurances

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

Consultation

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

Governance or Legal Issues

The Governance Committee, as part of its work, will review key governance documents including the governors' Code of Conduct and will oversee Trust

| |
|--|
| Constitution amendments prior to presenting to the Council of Governors. |
|--|

Equality Impact Risk Analysis

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

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

| | |
|---|--|
| There are potential adverse effect(s) on people with protected characteristics (REGARDS). Details of potential gaps/inequalities are outlined below, with the appropriate action to mitigate or minimise those risks. | |
|---|--|

Actions to Mitigate/Minimise Identified Risks

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

Recommendations

The Council of Governors is requested to:

1. Note the report made at the Governance Committee meeting on 11 December 2018

Report presented by: Carole Riley, Interim Chair of the Governance Committee

Report prepared by: Denise Baxendale, Membership and Involvement Manager

Report from Governance Committee – 11 December 2018

The Governance Committee of the Council of Governors (CoG) has met once on 11 December since its last report to the Council of Governors in November. Twelve governors attended. This report provides a summary the meeting including actions and recommendations made.

Election of Chair and Deputy Chair of the Committee

- No governors have expressed an interest in either of these roles
- Carole Riley has agreed to take on the role of Interim Chair until 31 December 2018
- The vacancies will continue to be promoted in *Governor Connect*.

Governor Training & Development

- A draft training and development programme for 2019/20 was presented to the Governance Committee. It was reviewed, and the amended version, along with confirmed dates will be presented to the next meeting.

Membership and Engagement

- A number of governors had completed the engagement activity log which is used to feedback themes from engagement events/ topics of conversation to present membership/public viewpoints and issues to NEDs as part of the governor statutory engagement role.
- Governors were encouraged to actively source appropriate events in their constituencies.

Newly elected members of the Council of Governors

- The Lead and Deputy Lead Governor will contact all newly elected governors to welcome them to their role and ensure they are supported.

Annual Members' Meeting

- The Governance Committee agreed to set up a task group to take forward arrangements for this governor-led event – this will be led by Carole Riley.

Timings of Council of Governors meetings

- Noted and agreed the timings of the meetings to continue for 2019/20.

Escalation items to the Council of Governors

- There were no questions to escalate to the Council of Governors. Staff governors had received concerns from a staff member relating to the Bank recruitment system. As this is an operational issue governors agreed it should be referred to Amanda Rawlings, Director People and Organisational Effectiveness for a response.

Elections update

Denise Baxendale updated governors on preparations for the forthcoming staff and public governor elections and assured governors that the election process is being undertaken by an independent company, Electoral Reform Services (ERS) used by

the majority of foundation trusts to run their elections. Nominations will open on 2 January 2019.

Governor attendance at the Council of Governors

- Twenty-six governors had attended at least two of the last three successive scheduled Council of Governors meetings
- The Lead Governor has contacted those governors who have missed the last three successive normal Council of Governors meetings to discuss the reasons for absence
- The Lead Governor will contact those governors who have missed two of the last three successive normal Council of Governors meetings to discuss the reasons for absence and to explain the formal process if the governor concerned is unable to attend the third consecutive Council of Governors meeting.

NHS Providers East region governor support event – 26 February 2019 – Kingsway

This event is being organised by NHS Providers on 26 February 2019 and will be held on the Kingsway Site. The Trust has been allocated six places (plus two in reserve). The event will continue to be promoted in *Governor Connect*.

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 9 January 2019

Update on the current Staff Governor and Public Governor Elections

Purpose of Report

To update governors on preparations for the current staff governor and public governor elections and provide assurance on the process being taken.

Executive Summary

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

There is currently one staff governor vacancy in the following constituency:

- Medical – one vacancy

There are currently five public governor vacancies in the following constituencies:

- Chesterfield – one vacancy
- Derby City East – two vacancies
- Erewash – one vacancy
- Surrounding Areas – one vacancy.

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

- We have attended the Medical Staff Committee/Trust Medical Advisory Committee meeting in December
- Posters circulated to the Trust's services to display in staff and public areas
- Main stakeholders have distributed information in their member newsletters e.g. Derbyshire Voluntary Action (DVA), Derbyshire Mental Health Forum, Healthwatch Derbyshire and DORA, Amber Trust P3, Making Space.
- Letters and posters circulated to all stakeholders and networks in the election areas: e.g. North and South Carers Forums, Rhubarb Farm, Making Space, DORA, Healthwatch, NDVA, Amber Trust P3, GP surgeries
- Promoted the vacancies via social media (Twitter and Facebook) to raise early awareness in December with follow ups during the call for nominations
- Postcards outlining details of the Trust and the governor vacancies have been distributed to all members in the election areas
- Email and text messages to members in the elected areas
- Press releases prepared and sent to: e.g. The Derbyshire Times, The Derby Telegraph, Ilkeston Advertiser, Belper News, The Buxton Advertiser, Chesterfield Post, Peak FM and High Peak Radio.
- Promoted the staff governor vacancy in the Trust's staff magazine to be distributed mid-January
- Promoted in Weekly Connect asking staff to share with their family and friends
- Councils / district councils that cover the election areas have been contacted

asking them to promote the vacancies to their staff and contacts: including Chesterfield Borough Council, Derbyshire County Council, Derby City Council

- We have approached Chesterfield Leisure Centre, Chesterfield Library, Chesterfield Information Centre, Chesterfield and North East Derbyshire Volunteer centre and council to display posters
- Over 200 letters and posters have been sent to all contacts we have made through our membership involvement work and to all the Trust's services –
- Requested support from governors to promote the elections via email, the Governance Committee and in governors e-newsletter Governor Connect.

The timeline for the elections is as follows:

| ELECTION STAGE | TIMESCALE |
|---|----------------------------------|
| Notice of election/nomination open | Wednesday, 2 January 2019 |
| Nominations deadline | Wednesday, 30 January 2019 |
| Summary of valid nominated candidates published | Thursday, 31 January 2019 |
| Final date for candidate withdrawal | Monday, 4 February 2019 |
| Electoral data to be provided by the Trust | Thursday, 7 February 2019 |
| Notice of Poll published | Wednesday, 20 February 2019 |
| Voting packs despatched | Thursday, 21 February 2019 |
| Close of election | Monday, 18 March 2019 |
| Declaration of results | Tuesday, 19 March 2019 |

Following election to these six governor seats, the Council of Governors will have a full complement.

Strategic Considerations

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

Assurances

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

Consultation

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

Governance or Legal Issues

These elections are being run in line with the guidance included in the Constitution.

Equality Impact Risk Analysis

The author has a responsibility to consider the equality impact and evidence on the nine protected characteristics – Race, Economic disadvantage, Gender, Age,

| | |
|---|---|
| Religion or belief, Disability and Sexual orientation (REGARDS). | |
| There are no adverse effects on people with protected characteristics (REGARDS). | x |
| There are potential adverse effect(s) on people with protected characteristics (REGARDS). Details of potential gaps/inequalities are outlined below, with the appropriate action to mitigate or minimise those risks. | |
| Actions to Mitigate/Minimise Identified Risks | |
| We have proactively sought to promote governor vacancies to all members of the community. | |

Recommendations

The Council of Governors is requested to:

- 1) Receive the report
- 2) Note the timescales of the elections
- 3) Actively promote the elections.

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

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 9 January 2019

Council of Governors request for further information – Care Planning

Purpose of Report

To present the current information surrounding care planning and the work of the Trust to improve this core requirement.

Executive Summary

This paper outlines our current performance in this area and our quality improvement work.

The last progress made regarding person centred care and care planning delivery across the Divisions was submitted to the Quality Committee in November 2018.

Review

Care Planning in Neighbourhoods

Compliance

| Neighbourhood | | Had Care Plan Completed During Community Episode | | Had Care Plan Completed in Last 12 Months | |
|----------------------|----------------------|---|---------------|--|---------------|
| Service | Caseload size | n | % | n | % |
| ▣ Derby City | 1830 | 1140 | 62.30% | 983 | 53.72% |
| ▣ North Derbyshire | 2912 | 1833 | 62.95% | 1750 | 60.10% |
| ▣ South Derbyshire | 2137 | 1351 | 63.22% | 1316 | 61.58% |
| Total | 6879 | 4324 | 62.86% | 4049 | 58.86% |

("n" denotes neighbourhood)

There has been a small upward trend in care plan compliance in the neighbourhoods over the last six months. Compliance is still below the quality standard as defined by our audit expectations, a standard that includes service user and carer involvement, presence of a contingency plan, copy shared with the service user and relevant others, clear actions and consent to treatment. The head of nursing for neighbourhoods is aware of the low compliance as is the general manager for neighbourhoods and the issue is reviewed at the Neighbourhood COAT (Clinical and Operational Assurance Team), and work has been underway to improve the completion of care plans and is evidenced by the gradual improvement.

The above figures are from the neighbourhood adult and older teams only and do not include the Memory Assessment Services (MAS) or Single Point of Access (SPOA) services. This is due to the fact that these services compile their care plans

either in assessments or in letters and the PARIS electronic patient (EPR) record audit process does not read free text to capture these, but can only report on care plans that have been completed in the formal structure. There are named quality improvement projects in design to solve these issues.

Audit

The neighbourhood audit of care plans is complete and the analysis has to be written up and shared across the team and through the Neighbourhood COAT. Additional work is being carried out through the Neighbourhood review. A re-audit is planned for early 2019.

Quality Improvement

A quality improvement project is underway with the adult and older adult services to develop care plans for people who are not on CPA (Care Programme Approach) and who are mainly seen in clinic settings. The project arose out of ideas that came from the Memory Assessment Services (MAS) and links to work that they are doing with the Life QI Network and NHS England. The group are developing a care plan format that is collaborative and patient centred and will enable, through revised coding, the inclusion of completed care plans in to the compliance reporting on care plans for neighbourhood services.

The Campus services – acute areas

Care Planning in Campus services

Compliance – in November 2018

| Campus | | Had Care Plan Completed During Episode | | |
|----------------|-------------|---|----------|------------|
| Service | Team | Cohort | n | % |
| Campus | Total | - | - | 89% |
| Total | | -- | - | 89% |

("n" denotes neighbourhood)

The compliance report that exists for the other divisions does not currently exist for campus services. This is now being built by Information Management services and will be operational for the next report. The above data is drawn from a detailed report and reflects the care compliance across all the campus services.

There is a focused piece of improvement work to ensure that all care plans are reviewed for all in-patients. This is monitored daily with active management to ensure care plans are reviewed. The current compliance in mid-December 2018 is circa 95-98% compliance (subject to 24 hours admission to review the care plan). In 2018 all acute wards were visited weekly and then fortnightly by Experts by Experience to review care and ask individuals if they had a copy of care plans. Since this disinvestment in ward visits the impact of this work has impacted on some of the extensive gains which were achieved in clinical standards.

In December and January this will be coupled with improvement work to ensure all care plans are re-issued to people on our wards, this includes a community meeting being held on each ward, to explore what to expect from a care plan and revisited and all care plans signed to confirm that a person has been fully involved in its

design/content and agreement of the plan for that named person.

Quality Improvement

A quality improvement project is underway working through the Royal College of Psychiatry in-patient standards; personalised care including co-produced care planning is a key cornerstone of achieving these standards.

The criteria that they use to explore the person centeredness of different services include the importance of information, communication, participation, care planning and care coordination. These factors are based on the Picker Principles of person centred care:

- Fast access to reliable health advice
- Effective treatment delivered by trusted professionals
- Continuity of care and smooth transitions
- Involvement in decisions and respect for preferences
- Clear information, communication, and support for self-care
- Involvement of, and support for, family and carers
- Emotional support, empathy and respect
- Attention to physical and environmental needs

National Voices recommend that in order to review the organisational approach to person centeredness that the focus is less on process (such as making appointments) and more on the content, quality and outcomes of care.

There should be a built in expectation of a care planning approach for any person with a long-term condition, disability or complexity and developing of better question sets on care planning. These question sets should be used across both adult social care and the NHS. There should also be active engagement with people to capture their experience of care coordination.

Whilst there is ongoing work in DHCFT to address key areas relating to person centeredness, there needs to be more of a coordinated approach to this and a measureable response to areas where the evidence is less positive. This should include work around end of life care and delayed transfers of care.

Patient Experience and Benchmarking

We have strong performance in benchmarking. We are demonstrating an open culture that can accept feedback and take it into account and learn as reinforced by the CQC commentary.

We have solid community survey benchmark information.

However there are significant areas of quality improvement as described to ensure a consistent level of service in involvement.

KLOE C2 - Involving people in decisions about their care

We rated it as good because:

- There was good carer's involvement and carers assessment in place
- Staff knew their patients and patients gave positive feedback on the quality of care.

However, *The CQC continued to find that not all patients were involved in their care plans or given copies of their care plans. Not all patients had crisis plans. There was variability in the use of advance decisions. These are plans that patients make to enable staff to carry out their wishes when situations arise.*

In our new Community Mental Health survey published on the 22 November 2018 Responses were received from 267 people at Derbyshire Healthcare NHS Foundation Trust.

| | | |
|--|---------------|----------------|
| Planning care | 7.0/10 | About the same |
| <ul style="list-style-type: none"> • Agreeing care for having agreed with someone from NHS mental health services what care and services they will receive | 5.8/10 | About the same |
| <ul style="list-style-type: none"> • Involvement in planning care for those who have agreed what care and services they will receive, being involved as much as they would like in agreeing this | 7.5/10 | About the same |
| <ul style="list-style-type: none"> • Personal circumstances for those who have agreed what care and services they will receive, that this agreement takes into account their personal circumstances | 7.5/10 | About the same |
| Reviewing care | 7.5/10 | About the same |
| <ul style="list-style-type: none"> • Care review for having had a formal meeting with someone from NHS mental health services to discuss how their care is working in the last 12 months | 7.2/10 | About the same |
| <ul style="list-style-type: none"> • Shared decisions for those who had had a formal meeting to discuss how their care is working, feeling that decisions were made together by them and the person seen | 7.8/10 | About the same |

(Comparator Trust – Nottinghamshire Healthcare - Agreeing care – 5.7 / Care review 6.4 / Shared Decisions - 7.9).

Respect and dignity for feeling that they were treated with respect and dignity by NHS mental health services 8.4/10 about the same, as previous measures (comparator Trusts Nottinghamshire Healthcare- 8.7).

In our Trust areas that improved their rating from Requires improvement to Good, there were improvements in patient centred care planning and the knowledge of the people we support in understanding their care plans. Although this was not the sole indicator, it was a key area of improvement.

In the new recommendations and review of the Mental Health Act a new standard has been proposed, which is a statutory care plan, with advance discussion on how relapse is to be prevented and what and how a person wishes to be treated should they deteriorate.

Our own quality and practice improvement areas set last year for this year are implementing our existing quality priority 2018/19 in section 3 in the table below, our commitment to ensure our services deliver a well-rounded health plan, across our

Trust's services. This is monitored by the Quality Committee and sustained improvement is required in this area in all service areas.

| Derbyshire Healthcare Quality Priorities 2018 and 2019 | | Corporate | Children, young people and families | Learning Disabilities (Central) | Mental Health – Campus | Mental Health – Neighbourhoods | Central Services Substance Misuse |
|--|--|--------------|--|--|---|---|---|
| 1. | Physical Healthcare | 2018 2019 | Developing EPR and technological solutions to help our teams | Meeting Physical Healthcare Strategy standards Delivering EHCP and conversions as per contract | Meeting Physical Healthcare Strategy standards Delivering compliance with Annual Health checks and Lead the Greenlight toolkit | Meeting Physical Healthcare Strategy standards and the CQUIN requirements for health checks | Meeting Physical Healthcare Strategy standards Progress and work on the High need support group (157) offering interventions |
| 2. | Deliver all named specific CQUINs or contractual targets | 2018 2019 | Offer leads for each CQUIN and enable teams to succeed | Complete the CYP Transition CQUIN and succeed Undertake Autism awareness training | Work on all appropriate CQUINs Undertake Autism awareness training | Work on all appropriate CQUINs Undertake Autism awareness training | Work on all appropriate CQUINs Deliver your TOPS outcomes Undertake Autism awareness training |
| 3. | Relapse reduction and harm reduction | 2018 2019 | Developing EPR and technological solutions to help our teams care plan well | Contribute to one of the following: Achieving Baby Friendly status/ A personal health or family support plan/ A plan to reduce deterioration which results in avoidable admission | A well-rounded personal health plan that identifies, prevention and reduction of avoidable admission | A well rounded health and psychological plan that identifies, relapse signature and prevention reduction of avoidable admission | A well rounded psychological and health plan that identifies, relapse signature and prevention reduction of avoidable admission |
| 4. | Being effective Implement existing NICE or best practice / Developing another teams good idea in your team | 2018 2019 | Revise the Quality Visit programme to a new model | Implement on NICE guideline per team or a named piece of research, best practice from another team and show outcomes | Implement on NICE guideline per team or a named piece of research, best practice from another team and show outcomes | Implement on NICE guideline per team or a named piece of research, best practice from another team and show outcomes | Implement on NICE guideline per team or a named piece of research, best practice from another team and show outcomes |
| 5. | Quality improvement- using your ideas Develop and implement using recommended methodology | 2018 2019 | Design a new Quality Improvement strategy and define agreed methodology toolkit that can be used | Develop a pathway specific clinical strategy and undertake one QI project | Develop a pathway specific clinical strategy and undertake one QI project CAMPUS – may use RED to GREEN | Develop a pathway specific clinical strategy and undertake one QI project | Develop a pathway specific clinical strategy and undertake one QI project |

In our Trust Board in December 2018, we committed to:

- (a) Ensuring improvements in our staff knowledge and how they change their behaviours and actions that the person they support are given a care offer, that this *must always* be negotiated and planned with the person receiving services. The person *then chooses* and agrees the plan of care. We continually find examples of areas of quality improvement in this area where this is not the standard are staff are working to. (Our complaints feedback, our audits and triangulated with our 2018 Community survey).
- (b) Developing a Patient and Carer Experience Strategy that develops a systematic quality improvement and feedback improvement loop. Modelling NHS Choices, or the success of I want great care or alternative models of feedback into the clinical team.
- (c) A key theme has been the family and carer involvement in care decisions and their active participation and involvement. We are redeveloping the Carers Strategy in 2019; this will be a significant change to a carers, parents and family inclusive practice strategy. One key quality improvement indicator will be clinical compliance of updating family and carer contact details and ensuring key information booklets are distributed which will be a targeted improvement area with oversight from the Safeguarding Committee.

Overall the relationship we have with the people we serve, needs to fundamentally shift, we are on an improvement journey and how we work with people is changing

and the power balance is moving. This is a long journey of improvement but we are making some headway and we must continue.

Strategic Considerations (All applicable strategic considerations to be marked with X in end column)

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

Assurances

The report provides evidence of sustained progress and assurance that we are working towards our aspiration to deliver evidence based person centred care delivery.

Consultation

The content is a collection of a number of Quality reports; this report has been reviewed previously in the Quality account, the clinical operational teams, Board papers and the Board level Quality Committee.

Governance or Legal Issues

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulation 9 Person Centred Care

Regulation 10 Assessing and Monitoring the Quality of Service Provision

The report will make reference to the Governance Framework which monitors care plan and person centred care standards and adaptations to this.

Public Sector Equality Duty & Equality Impact Risk Analysis

The author has a responsibility to consider the equality impact and evidence on the nine protected characteristics (REGARDS people).

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

Actions to Mitigate/Minimise Identified Risks

This is an existing area of Quality priority and improvement, this is a standard

agenda item for the Quality Committee with risk based reports and areas for improvement allocated with improvement plans reviewed by the Committee and the operational delivery arm of the Trust Management Team.

Recommendations

The Council of Governors is requested to:

1. Receive this information as requested.
2. Request any additional information or assurances that can be provided to evidence that the Trust has clear improvement plans and oversight arrangements for this important area of clinical practice of the Board or the named Non-Executive Director and Executive Director.

Report presented and prepared by:

Carolyn Green, Executive Director of Nursing and Patient Experience

MINUTES OF A MEETING OF THE BOARD OF DIRECTORS

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

Tuesday 6 November 2018

MEETING HELD IN PUBLIC

Commenced: 9.30

Closed: 12:00

PRESENT

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| Caroline Maley | Trust Chair |
| Margaret Gildea | Senior Independent Director |
| Geoff Lewins | Non-Executive Director |
| Dr Anne Wright | Non-Executive Director |
| Richard Wright | Non-Executive Director |
| Ifti Majid | Chief Executive |
| Claire Wright | Director of Finance & Deputy Chief Executive |
| Mark Powell | Chief Operating Officer |
| Carolyn Green | Director of Nursing & Patient Experience |
| Samantha Harrison | Director of Corporate Affairs |
| Amanda Rawlings | Director of People Services & Organisational Effectiveness |
| Gareth Harry | Director of Business Improvement & Transformation |

IN ATTENDANCE

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| Anna Shaw | Deputy Director of Communications & Involvement |
| Sue Turner | Board Secretary |
| Rose Boulton | Workforce & Organisational Development Manager (shadowing Amanda Rawlings) |
| Bal Singh | Reverse Mentor to Director of Finance & Deputy Chief Executive |

VISITORS

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| John Morrissey | Lead Governor |
| Rosemary Farkas | Public Governor, Surrounding Areas |
| Angela Kerry | Appointed Governor, Voluntary sector (Derbyshire Mental Health Forum) |
| Lynda Langley | Public Governor, Chesterfield North |
| Roger Kerry | Appointed Governor, Voluntary sector (DVA) |
| Jo Foster | Staff Governor, Nursing |
| Al Munnien | Staff Governor, Nursing |
| April Saunders | Staff Governor, Allied Professions |
| Gemma Stacey | Appointed Governor, University of Nottingham |
| Christine Williamson | Public Governor, Derby City West |
| Sandra Austin | Derby City & South Derbyshire Mental Health Carer's Forum and Trust Volunteer |
| Martyn Bell | Trust Member |

APOLOGIES

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| Dr Julia Tabreham | Deputy Trust Chair and Non-Executive Director |
| Dr John Sykes | Medical Director |

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| DHCFT 2018/142 | <p><u>CHAIR'S WELCOME, OPENING REMARKS, APOLOGIES FOR ABSENCE AND DECLARATION OF INTERESTS</u></p> <p>The Trust Chair, Caroline Maley, welcomed all to the meeting. Bal Singh who was attending in his capacity as a reverse mentor to the Director of Finance & Deputy Chief Executive, Claire Wright and Rose Boulton, Principal Workforce and Organisational Development Manager who was shadowing the Director of People Services and Organisational were welcomed by the Board.</p> <p>Apologies for absence were noted from Deputy Trust Chair and Non-Executive Director, Julia Tabreham and Medical Director, John Sykes.</p> <p>The Declaration of Interests register, as included in the Board papers, was noted. No declarations of interest were raised.</p> |
| DHCFT 2018/143 | <p><u>MINUTES OF BOARD OF DIRECTORS MEETING HELD ON 2 OCTOBER 2018</u></p> <p>The minutes of the previous meeting, held on 2 October 2018, were accepted as a correct record.</p> |
| DHCFT 2018/144 | <p><u>MATTERS ARISING – ACTIONS MATRIX</u></p> <p>DHCFT2018/125 Patient Story – High Peak and Dales Neighbourhood Team: Amanda Rawlings advised the Board that she was endeavouring to support the service receiver who attended the previous meeting with the HR issues that he had referred to.</p> <p>The Board agreed to close all completed actions. Updates were provided by members of the Board and noted on the actions matrix. All completed 'green' actions were scrutinised to ensure that they were fully complete and actions that were not complete were challenged with Executive Director leads.</p> |
| DHCFT 2018/145 | <p><u>QUESTIONS FROM GOVERNORS OR MEMBERS OF THE PUBLIC</u></p> <p>No questions had been received from members of the public or governors in advance of the meeting.</p> |
| DHCFT 2018/146 | <p><u>CHAIR'S UPDATE</u></p> <p>This report provided the Board with the Trust Chair's reflections on her activity with and for the Trust since the previous Board meeting on 2 October 2018. Caroline described how she had been active visiting teams of the Trust's staff.</p> <p>The highlight for Caroline this month was the visit she made to the clinic at the Ronnie MacKeith Centre at Derby Children's Hospital where she saw evidence of the good collaborative work being carried out within Children's services. Caroline also referred to the visits that she and the Non-Executive Directors (NEDs) had made to a number of the Children's services across the county. Observations from these visits have been captured and shared with the Children's services teams.</p> <p>RESOLVED: The Board of Directors noted the activities of the Trust Chair since the last meeting held on 2 October 2018</p> |
| DHCFT | <u>CHIEF EXECUTIVE'S UPDATE</u> |

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| <p>2018/147</p> | <p>This report provided the Board of Directors with feedback on changes within the national health and social care sector as well as providing an update on developments occurring within our local Derbyshire health and social care community. The report also updated the Board on feedback from external stakeholders such as commissioners and feedback from staff.</p> <p>Chief Executive, Ifti Majid, referred to the recently published CQC report into the State of Healthcare and Adult Social Care in England 2017/18. This report is the CQC's annual assessment of quality performance, trends and themes from regulatory activity. Ifti reflected on how the themes contained in the CQC report are often discussed by the Board and the Board Committees, particularly themes relating to waiting times in CAMHS (Child and Adolescent Mental Health Services), Children's services and staff shortages.</p> <p>Ifti drew attention to the negative impact BREXIT is having on European Economic Area (EEA) staff. Amanda Rawlings responded by making the Board aware of key findings of a report produced by the National Institute for Economic and Social Research (NIESR) commissioned by the Cavendish Coalition – a group of 36 health and social care organisations who are working together to highlight the workforce needs for the health and social care sector as we prepare to leave the EU. The headlines of the Cavendish report are significantly forecasting a potential shortfall of around 5,000 to 10,000 nurses in the NHS in England by 2021. This is on top of existing vacancies, which stood at 41,722 (11.8 per cent of all positions) at the end of June. In light of this discussion, Caroline Maley proposed that the Board should strategically consider how BREXIT would affect the Trust's workforce and requested that this should be included in Ifti's next CEO report to the Board in December. Director of Business Improvement and Transformation, Gareth Harry, and Ifti Majid are already assessing how BREXIT will impact the Trust and this would be the focus of the next report.</p> <p>Ifti reflected on how the new Race and Work Charter that has been developed by public health bodies was a positive statement of their intent to equalise a number of BME staff within senior leadership roles. He was pleased to report that the Trust had subscribed to this Charter as it is aligned with the work already underway within the Trust. He proposed that a formal report would be brought to the Board at the next meeting in December.</p> <p>October was a major month in terms of national events. Ifti attended various briefing and engagement sessions held by NHS England (NHSE) and NHS Improvement (NHSI) and he reinforced to the Board how workforce pressures remain the highest risk affecting safety and performance. These briefing sessions also focussed on the emerging clarity of the ten year plan for the NHS and what this would look like in terms of finance and other areas of focus.</p> <p>Ifti was pleased to include in his report details of visits that Director of Nursing and Patient Experience, Carolyn Green, and Medical Director, John Sykes, have made. Feedback from each of their visits has been recorded on the Trust's engagement spreadsheet with actions allocated and shared with our Freedom to Speak up Guardian.</p> <p>Non-Executive Director, Geoff Lewins, asked if Ifti could clarify the CQC's reference in their report to an 'integration lottery' and whether during their inspections they have seen an indication of a collaboration within systems bringing benefits to patients. Ifti responded that he was aware from discussions with the</p> |
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| | <p>CQC Deputy Inspector for Hospitals that they are putting a focus on collaboration work which is clearly increasing and making a strong link between integration and better outcomes for patients.</p> <p>ACTION: Report on the Race and Work Charter to be received at the next meeting in December.</p> <p>ACTION: The next Chief Executive report is to include the effects of BREXIT on the Trust and its workforce.</p> <p>RESOLVED: The Board of Directors scrutinised the Chief Executive's update, noting the risks and actions being taken.</p> |
| <p>DHCFT 2018/148</p> | <p><u>INTEGRATED PERFORMANCE AND ACTIVITY REPORT</u></p> <p>The Integrated Performance Report (IPR) and provided the Board with an integrated overview of performance as at the end of September 2018. The focus of the report is on workforce, finance, operational delivery and quality performance which contained similar themes with ongoing challenges as last month.</p> <p>Director of Finance and Deputy Chief Executive, Claire Wright, outlined the financial context and referred to the Cost Improvement Programme (CIP). She advised that several schemes were still to be actioned which are being forecast to be delivered. Of the forecast savings, 41% is to be saved recurrently through CIPs. There also remain financial pressures to manage in order to achieve the control total, in particular the costs of adult acute out of area placements but the forecast remains to achieve the control total at the end of the financial year.</p> <p>Although money is still being spent on agency staff, improvements that have been made to recruitment processes over the last six to eight months have meant that the need for agency staff is decreasing. We are slightly above the ceiling as at the end of September but forecast to be below the ceiling at financial year-end.</p> <p>Out of area placements continue to be a challenge and the Quality Report that augments the IPR report contains benchmarking data of other trusts' out of area usage. The Board noted that as a result of some of the work being undertaken in the Midlands and East region in recognition of local and national out of area placement pressures, NHSI and NHS England (NHSE) have developed an improvement collaborative that Chief Operating Officer, Mark Powell is involved with which aims to reduce out of area placements in the region. This piece of work will be facilitated and led by research and a number Trust staff will be working with a group of other providers. The Board will receive a detailed progress report on the urgent care improvement plan at the next meeting in December.</p> <p>Discussion took place on the ongoing issue of out of area placements and whether this was a temporary situation or whether more beds were needed across the Trust. Continued work is taking place to improve the pathway. It is hoped that this work will decrease the need for out of area placements but it was acknowledged that there is an increase in demand for inpatient care which will need to be addressed within our Estates strategy to understand the type of bedded facilities that are required.</p> <p>The People and Culture Committee will receive a report at the Committee's December meeting on work to improve and manage sickness absence rates in certain hotspot areas and the associated cost to the Trust. The Board will receive</p> |

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| | <p>assurance from the Committee on how the Trust is seeking to address these issues.</p> <p>It was noted that staff appraisal rates were worsening. The People and Culture Committee was asked to concentrate on improving the approach to appraisals before the new system is launched in April 2019.</p> <p>The review of the case for change in neighbourhood services will be reviewed by the Executive Leadership Team ELT on 26 November. This report will then be taken to the Quality Committee. This work is being underpinned by the Trust's long term clinical strategy that will address how waiting issues can be improved.</p> <p>Director of Nursing and Patient Experience, Carolyn Green, drew attention to the increased number of referrals to neighbourhood services as she was concerned that these figures were likely to be greater than originally thought, due to the rising number of new and emerging communities and homeless people who are not yet registered with GPs. She also thought that the increased number of housing estates in Derbyshire meant that the information contained in the report did not include this growth area and she emphasised that neighbourhood modelling will be affected by an increase in demand for housing. Non-Executive Director, Anne Wright, asked whether commissioners were conducting a needs assessment into this potential rise in demand and was advised that it would be the commissioners' statutory duty to conduct a needs assessment although it is not known how this will affect the Trust. The Trust is currently unsighted on growth areas in Derbyshire but it was thought that the Health and Wellbeing Board would discuss this drift in underlying population growth figures.</p> <p>The Board noted this additional risk relating to increased population size in Derbyshire which may lead to the Trust's bed stock not being able to meet the increase in demand of mental health needs arising from population growth. This increase in demand may result in increased patient safety risks, use of out of area placements and worsening patient outcomes and will need to be articulated in the Board Assurance Framework (BAF) Risk 1a on patient safety and quality standards.</p> <p>Richard Wright asked about the number of DNA (Did Not Attend) and cancelled appointments and the effect that this had on waiting times. It was noted that a report would be taken to the November meeting of the Finance & Performance Committee on how DNAs have affected efficiency and how the time taken to rebook appointments impacts on the individual patient's experience of our services. This report was expected to show that despite the work taking place to improve DNAs this is not improving significantly.</p> <p>Substantial progress is being made to reduce lengths of stay in certain areas. Demands from new and emerging communities and increased homelessness will have an impact on specific risks relating to patient experience and patient outcomes and will need to be mitigated.</p> <p>Caroline Maley reflected that many areas within the Trust were showing good performance and acknowledged the work being undertaken to resolve difficult issues. She considered that the IPR report continued to improve and that it provoked discussion on processes and finding ways of resolving the challenges being faced.</p> <p>ACTION: People and Culture Committee to concentrate on improving the</p> |
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| | <p>approach to appraisals before the new system is launched in April 2019</p> <p>RESOLVED: The Board of Directors</p> <ol style="list-style-type: none"> 1) Received significant assurance on current performance across the areas presented. 2) Determined that further assurance will be seen through discussions held by the People and Culture Committee on sickness absence rates and appraisals and the Finance and Performance Committee regarding DNAs and cancellations, outpatient referrals, the ten year plan and the STP. 3) Noted the additional risk detail to be included within BAF Risk 1a patient safety and quality standards |
| DHCFT 2018/149 | <p><u>QUALITY REPORT – USE OF RESOURCES</u></p> <p>The report provided the Board with a focused report on Use of Resources as part of the wider expanded quality reporting relating to CQC domains and NHSI compliance. It is written to aid strategic discussion on how best to improve our use of resources.</p> <p>The Board reflected on how well resources were being used across Clinical services, People Clinical support services, Corporate services, Procurement Estates and Facilities and Finance. The report showed that current sickness levels were higher than the same time period the previous year and that these levels have been increasing since the start of the financial year. Having recognised that mental health provider sickness and vacancy rates are worse than in the acute sector, as staff working in mental health are more likely to experience physical abuse, bullying or harassment, the Board endorsed the need to deliver the impact of the Carter report to improve the health and wellbeing of the Trust's workforce.</p> <p>The Board discussed the importance of developing alternative ways to realise productivity to improve the delivery of the Trust's services by exploiting better use of digital technology, streamlining access to services, better communication and administration. It was agreed that the following ten key areas would continue to feature to improve the use of resources objectives and would be focussed on with priority:</p> <ol style="list-style-type: none"> 1. Increased focus on improving staff wellbeing and satisfaction to reduce rates of sickness absence and the associated costs (in people and financial terms) 2. Delivery of the new Leadership and Management strategy supporting recruitment, retention and workforce development 3. Implementation and oversight of more robust e-rostering and job planning 4. Elimination of adult out of area placements 5. Better use of digital technology 6. Medicines optimisation and e-prescribing 7. Streamlining access to services and improving missed appointments 8. Optimising utilisation of estates (particularly addressing empty wards) 9. Consider the appropriate size and function of corporate services 10. Improved administration and communication <p>It was understood that these ten points were interdependent and would be focussed on in a strategic way to improve costs and invest in savings.</p> <p>Geoff Lewins observed from the benchmarking data that some core services have fewer staff with higher caseloads. Carolyn Green recapped that core services do not have enough staff for the area and that this is a red rated risk on the risk</p> |

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| | <p>register that has been unable to be mitigated because of the lack of funding from commissioners. Gareth Harry advised that discussions were taking place with commissioners for more investment and that more funding is expected for the Crisis and Neighbourhood teams.</p> <p>It was agreed that the report was helpful in highlighting the use of resources from across the organisation which provoked the Board's thinking. The ten priority points relating to the Trust's use of resources raised a variety of objectives that would be taken forward by the Executive Leadership Team through various strands of work. It was thought that some of the benchmarking material contained in the report could be periodically included in the IPR going forward. The Board confirmed that it was significantly assured that the correct areas were being addressed to improve the use of resources but limited assurance was obtained on delivery as the work is not yet concluded.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Considered the current priorities for transformation, business and quality improvement for enhancing the use of resources 2) Considered that benchmarking information could periodically be included in the integrated performance report 3) Confirmed that significant assurance could be obtained on the current use of resources across the areas presented |
| DHCFT 2018/150 | <p><u>BUSINESS PLAN 2018/19 MONITORING</u></p> <p>This report presented by Gareth Harry provided the Board with an update on the progress made by the corporate and divisional teams with their relevant business plans for Quarter 2 and demonstrated the processes for monitoring the action for each plan and the process for considering any mitigation where progress cannot be made.</p> <p>The Board recognised that this was a relatively new process and was satisfied that each area was regularly reviewed and challenged through the operational route and in performance reviews. The plan on a page was seen as a key output from the business planning process for next year and was fully embedded operationally within the performance framework. It was noted that the reporting process was being reviewed to ensure that the plans on a page could be more dynamic to reflect discussions held at a strategic level in areas such as workforce, agency costs and out of area placements.</p> <p>The Board agreed that significant assurance could be obtained from the challenge of outstanding actions through the Trust Management Team and escalation to the Executive Leadership Team. It was suggested that more focus would be paid to aligning outstanding and mitigating actions for each area to the Board Assurance Framework (BAF) where progress cannot be made.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Noted the content of the paper 2) Obtained significant assurance by the performance management mechanisms that have been put in place |
| DHCFT 2018/151 | <p><u>UPDATE REPORT ON DELOITTE PHASE 3 RECOMMENDATIONS</u></p> <p>Director of Corporate Affairs, Sam Harrison, presented the Board with an update on progress with agreed actions to address recommendations arising from the</p> |

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| | <p>Phase 3 Deloitte review of the Trust's governance arrangements assigned to Board Committees for oversight.</p> <p>The report provided a six monthly update on progress and outlined the how the recommendations were scrutinised and RAG ratings reviewed at Board Committees during September/October. Progress on all recommendations was discussed at the Executive Leadership Team on 15 October 2018. The exceptions were the two recommendations which were for Board oversight and these were presented to the Board for discussion and approval.</p> <p>Recommendation 1 (vision, strategy and planning) and Recommendation 9 (further development of the IPR) were both confirmed as complete. Recommendation 6 relating to the implementation of the new staff appraisal process would remain amber until the process is rolled out at the end of March 2019.</p> <p>Comment 11 relating to learning continuous improvement and innovation would be followed up and reported to the Finance and Performance Committee on 20 November. The Board was assured of the working practice that is currently in place.</p> <p>Comment 12 relating to staff views on data and information was confirmed as complete. Work is being overseen by the Clinical Reference Group and Finance and Performance Committee and the work programme is being taken forward to improve staff use and perception of the EPR (Electronic Patient Record).</p> <p>The Board was satisfied that all recommendations and comments had been scrutinised by the Board Committees and looked forward to receiving the final report in March 2019 that will bring this cycle of oversight to a close, subject to assurance that all required actions are embedded and sustained.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Noted and received significant assurance of (RAG ratings) presented to the Committees in respect of progress with implementation of actions to meet the recommendation as outlined 2) Noted the recommendations/comments where there is further work/assurance required and received confirmation from Executive Leads that these will be delivered to Committee deadlines 3) Agreed for final reporting on these recommendations/comments in March 2019 which will draw upon evidence from a range of business as usual reporting on the issues related to the recommendations/comments. |
| DHCFT 2018/152 | <p><u>BOARD ASSURANCE FRAMEWORK – THIRD ISSUE FOR 2019/19</u></p> <p>Sam Harrison presented the third issue of the BAF for 2018/19. There continue to be eleven risks that are currently identified in the BAF for 2018/19. Since Issue 2 of the BAF, the risk ratings of two risks are proposed to be revised:</p> <ul style="list-style-type: none"> • Risk 4d, Flow of patients, is proposed to increase from high risk to extreme risk • Risk 3b, Influencing Joined Up Care Derbyshire, is proposed to decrease from high risk to moderate risk <p>The Board noted the cycle of BAF review and update which includes consultation with individual Executive Directors and review of BAF risks at Board Committees.. The updated BAF contains three risks rated as extreme risk, seven risks as high</p> |

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| | <p>risk, and one risk as moderate risk.</p> <p>Sam Harrison referred to the challenge and debate that took place at the Mental Health Act Committee on 7 September when it was recommended that Risk 1b, Compliance with the Mental Health Act/Mental Capacity Act, be reduced from high to moderate due to progress made. However following discussion the Committee agreed to retain the risk as high until a further audit of community team compliance with the MCA (Mental Capacity Act) is completed. If compliance continues to increase, the Committee agreed the risk should be reduced.</p> <p>Several discussions have already taken place by the Board on Risk 1a, Safety and Quality Standards and these will be reflected in the next iteration of the BAF. Further detail has been included on this risk with reference to the potential decommissioning of psychodynamic psychotherapy services.</p> <p>It had been proposed through Executive Leadership Team scrutiny and Audit and Risk Committee oversight, that Risk 2a, Engagement with our workforce, should be decreased from high to moderate risk to reflect the wide ranging engagement framework and activity underway. However, following presentation of an engagement update to the People and Culture Committee on 23 October, the Committee challenged the proposed reduction and recommended that the risk should remain as a high. It was recommended that this risk therefore remain as high, pending presentation of further assurance at the next People and Culture Committee meeting being held on 18 December.</p> <p>Mark Powell observed that risks associated with the STP, currently encompassed within Risk 3b Influencing Joined Up Care Derbyshire (JUCD), should include lack of commissioning scope and proposed that this risk should be reconsidered and potentially form a separate risk. It was agreed that operational and strategic risks relating to JUCD would be reviewed and worked through the next round of the BAF.</p> <p>Carolyn Green advised that the Quality Committee had requested that the rate of physical healthcare compliance be reviewed to consider whether it was progressing with enough pace and that the outcome would be included in the next iteration of the BAF.</p> <p>Discussion took place on reducing the extreme rated Risk 3a relating to the financial plan due to the current position on the plan's delivery. It was agreed that this would be further discussed and articulated by the Executive Leadership Team to ensure this reflected the ongoing out of area risk.</p> <p>The Board noted the positive feedback received from the 2018 CQC inspection that the BAF showed good clear accountability and oversight which was driving the priorities for the Board and was fully embedded within the Board Committees.</p> <p>The Board agreed that significant assurance could be obtained from the process to manage the BAF and approved Issue 3 for 2018/19. The amended risk ratings were also agreed and the proposals for further amendments to the next iteration of the BAF were noted.</p> <p>RESOLVED: The Board of Directors:</p> <p>1) Agreed and approved this third issue BAF for 2018/19 and the significant assurance the paper provides of the process of the review, scrutiny and update of the BAF in seeking to identify and mitigate risks to achieving</p> |
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| | <p>the Trust's strategic objectives</p> <p>2) Agreed the amended risk ratings, that is to increase risk 4d to extreme risk and decrease risk 3b to moderate risk, as proposed by the Executive Leadership Team and supported by the Audit and Risk Committee</p> |
| DHCFT 2018/153 | <p><u>BOARD COMMITTEE ASSURANCE SUMMARIES AND ESCALATIONS</u></p> <p>Assurance summaries were received from the Board Committees and highlights were provided by the respective Non-Executive Chair.</p> <p>Audit & Risk Committee 4 October: Committee chair, Geoff Lewins reported that positive discussions had taken place on Data Security and Protection and the Committee had received significant assurance that this high risk area was being effectively managed. The Trust's internal auditors were due to complete their work plan by the end of November and would hand over to the new internal auditors.</p> <p>Quality Committee 9 October: In the absence of Committee chair, Julia Tabreham, Anne Wright reported that the Quality Committee had held a useful review of its effectiveness and reporting and that this would be repeated in January 2019. The CPA (Care Programme Approach) Policy was ratified which had been revised to concentrate on achieving minimum standards that should be complied with following learning from very serious incidents and independent investigations. The Physical Healthcare Strategy was not progressing with required pace and was escalated to the Executive Leadership Team so that it can be progressed more effectively across the Trust.</p> <p>People & Culture Committee 23 October: Chair of the Committee, Margaret Gildea, advised the Board that the Committee had held an extended meeting with staff governors and People Services stakeholders where they were assured that they would be involved in issues raised at the Committee and would have wider visibility of the Workforce Performance reports. It was established that the Staff Forum was working well although there is more work to be carried out on staff engagement. Sickness absence was discussed during the regular meeting of the Committee and a deep dive will take place at the next meeting.</p> <p>RESOLVED: The Board of Directors received and noted the Board Committee Assurance Summaries</p> |
| DHCFT 2018/154 | <p><u>2018 FLU CAMPAIGN</u></p> <p>This report presented by Amanda Rawlings updated the Board on the current position in regards to the 2018 Flu Campaign.</p> <p>In 2017 the Trust vaccinated 50% of frontline staff, an increase of 12% from the 2016 figure of 38%. The Flu CQUIN (Commissioning for Quality Innovation) for 2018 requires 75% of frontline staff to be vaccinated. The campaign is progressing well and Amanda informed the Board that since the report was written the latest vaccination rates show that we are currently at 22.8% (492 frontline staff vaccinated) and that we are projecting towards 55%, which, whilst an improvement on last year, is below CQUIN requirements.</p> <p>Although the Trust has an ambition of achieving 100% immunisation of front line staff, it was noted that the Executive Leadership Team had proposed not to carry out an incentivised campaign. The agreed approach would be to help staff to see that having a flu vaccination enables them to protect themselves, their colleagues</p> |

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| | <p>and their patients from infection. The full Board endorsed this approach. Assurance was received that an audit would be undertaken to capture all staff who have been vaccinated at GP surgeries.</p> <p>RESOLVED: The Board of Directors took assurance on the progress of the flu campaign to date.</p> |
| DHCFT 2018/155 | <p><u>IDENTIFICATION OF ANY ISSUES ARISING FROM THE MEETING FOR INCLUSION OR UPDATING IN THE BOARD ASSURANCE FRAMEWORK</u></p> <p>Additional issues were raised in the meeting for updating and including in the Board Assurance Framework, these included:</p> <ul style="list-style-type: none"> • Out of area placements impact on several risks in the BAF around finance, operational flow and clinical quality. The representation of this risk will be revised. • The increased population size in Derbyshire may lead to the Trust's bed stock not being able to meet the increase in demand of mental health needs and may result in increased patient safety risks, use of out of area placements and worsening patient outcomes and will need to articulated and included in the Board Assurance Framework. • The impact that BREXIT will have on the Trust's workforce will be explored and included in the Chief Executive's Report in December and considered for inclusion in the BAF. |
| DHCFT 2018/156 | <p><u>2018/19 BOARD FORWARD PLAN</u></p> <p>The forward plan was noted by the Board along with upcoming reports to be received at subsequent meetings. The 2019/20 forward plan is under development and dates of meetings have now been published on the Trust's website.</p> <p>The complex timeline of the draft submission of the NHSI Annual Plan was discussed and would be factored into the forward plan.</p> <p>ACTION: Submission of NHSI Annual Plan to be factored into the forward plan.</p> |
| DHCFT 2018/157 | <p><u>MEETING EFFECTIVENESS</u></p> <p>Attendees and visitors were thanked for their attendance at today's meeting.</p> <p>The Board considered that effective discussion had taken place on strategic planning, out of area placements and workforce issues.</p> |
| <p>The next meeting of the Board to be held in public session will take place at 9.30 on Tuesday 4 December 2018.</p> <p>The location will be Conference Rooms A&B Research and Development Centre, Kingsway, Derby DE22 3LZ</p> | |

Derbyshire Healthcare NHS Foundation Trust



Report to the Public Board of Directors – 4 December 2018

Trust Chair's report to the Board of Directors

Purpose of Report

This report is intended to provide the Board with the Trust Chair's reflections on my activity with and for the Trust since the previous Board meeting on 6 November 2018. The structure of this report reflects the role that I have as Trust Chair.

Our Trust and Staff

1. I have made a point of visiting as many front line services as possible, so that my leadership is grounded on the reality of what our staff face every day, and also to ensure that I have a good understanding of the services provided by the Trust.
2. On 7 November I joined Peter Charlton at the Information Management, Technology and Records team meeting which was followed by a more detailed briefing on the activities of the team from the senior managers. I appreciated seeing Peter using the Team Brief for this meeting, as well as reviewing the results of the staff pulse check. I used my time with the team to talk about the Board meeting of 6 November and the areas that we covered and how this links to the work that I know they do to support frontline teams and the reporting required of the Trust.
3. On 14 November I visited the Finance team for a conversation about my role, the structure of the Board and what we cover in our Board meetings. Once again, I was struck by the positive energy and engagement with the team, and some really intelligent questions that I was asked about the governance of the Trust, the relationship with regulators and politicians, and my journey to becoming Chair.
4. On 21 November I joined a small group of colleagues to mark the Transgender Day of Remembrance outside the Ashbourne Centre. I am very proud of the work that we do to support our LGBT+ communities, and my thanks to all those involved in ensuring we do remember and have awareness.
 
5. On 22 November I took part in the Delivering Excellence Awards held in the Ashbourne Centre. Once again it is so important that we recognise and celebrate the great work that is done by so many of our staff. My thanks to all for the work that they put in with the support of catering to deliver a memorable afternoon for all the staff who attended the celebration.
 

6. My next report will cover my visit to the Estates and Facilities team on 27 November.

Council of Governors

7. On 31 October I welcomed Wendy Wesson to the Trust as an appointed governor for Derby University. Wendy takes over from Paula Holt and is very much looking forward to her role on the Council of Governors.
8. The Nomination and Remuneration Committee of the governors took place on the 1 November. The agenda included receiving the appraisal outcomes for me as Chair from Margaret Gildea, Senior Independent Director, and also receiving Margaret Gildea's appraisal outcome from me. Non-Executive Director appraisals are completed on the anniversary of their appointment and reported to the next planned Nomination and Remuneration Committee. The Committee also received confirmation of the Trust compliance with the Fit and Proper Person's Test compliance. The next meeting of this Committee takes place in March 2019.
9. On 6 November, I chaired the Council of Governors meeting which took place after the public Board meeting held in the morning. I was particularly pleased to see that nine governors attended our public Board meeting and report back to their colleagues on the Council on their views from their observation of the Board's discussions. I am also pleased by the consistently good attendance that we are having at the Council of Governors meetings, which demonstrates a high level of engagement by our governors.
10. On 20 November, I joined a meeting with John Morrissey and Carole Riley, lead and deputy lead governor, to discuss the shape of the training programme for the Council of Governors for next year, as well as holding our usual monthly meeting. These are important meetings in terms of my relationship with the Council of Governors ensuring that there is open and transparent sharing of views and information.
11. The next meeting of the Council of Governors will be on 9 January. The next Governance Committee takes place on 11 December.

Board of Directors

12. Our Board Development day on 21 November was invested in a focus on Joined Up Care Derbyshire (JUCD). This was a valuable investment of Board time to reflect on what progress has been made in the STP (Sustainability and Transformation Partnership) since it was launched, through some deeper dives into four of the workstreams. We received input from Mills & Reeve on the new models of care that are emerging with some of the issues, challenges and opportunities that might exist. Vikki Taylor, the Director for Joined Up Care Derbyshire attended the day, and Mick Burrows and Angela Wright presented on three of the workstreams with Gareth Harry presenting on the Mental Health Workstream. We have a list of questions which we will revisit in the near term particularly as we start the process of developing our strategy.
13. Board appraisals for Non-Executive Directors, Richard Wright and Julia Tabreham, are in progress with 360 degree feedback being sought.

14. There have been no quarterly meetings with Non-Executives in the past month.

System Collaboration

15. The JUCD Board meeting took place on 15 November, and was held here at Kingsway. A decision has been reached to recruit an independent chair for the Board, and we should see some activity on this in the next few months. Paul Wood, Chair of Southern Derbyshire CCG, has chaired the JUCD Board for some time now, and has done a good job in challenging times. However, there is a national move now to have in place for STPs independent chairs who have been through a formal process to be appointed. We also received a really useful update on the state of general practice in Derbyshire.

16. I also met with Paul Wood in his capacity as Chair of JUCD and was pleased to receive favourable feedback on our involvement in Joined Up Care Derbyshire, both at the strategic level but also in the individual workstreams.

Regulators; NHS Providers and NHS Confederation and others

17. On 8 November I attended a meeting with Claire Murdoch, National Director for Mental Health, NHS England, to hear a confidential briefing on the ten year plan for the NHS and the Mental Health submission in particular. There has been a lot of consultation on the priorities for mental health and these have been indicated, amongst others, as:

- Children and Young People (0-25 years old) prevention; transition to adult services; those below the CAMHS threshold for example;
- Serious mental illness and the need for more and better community based support; access to psychological therapies; reducing the mortality gap;
- Mental Health Crisis Care teams – improving response and time and access to crisis care, and sanctuaries and other non-clinical interventions.

I look forward to seeing the next iteration of the plans so that we can start to think about the implications for our services in Derbyshire.

Beyond our Boundaries

18. On 14 November Ifti Majid and I presented at the Forum Strategy network meeting of Multi Academy Trust leaders. The theme was the transition from Lead Practitioner to Corporate Leader. Ifti was able to describe his journey from nurse to CEO, and I talked about the importance of the relationships between chair and CEO, and also the role of the Chief Operating Officer (COO), with some thoughts on the important function a COO can play in the education sector with new models operating.



19. I am taking part in the assessment panels for the Regional Talent Board (Aspire Together). The vision of Aspire Together is to move talent management from individual organisations to a place where it is owned and valued by the whole system. To date I have attended training sessions with other chairs prior to

being a part of the first assessment centre on 3 December. I look forward to seeing this collaboration deliver a diverse pool of talent that will move talent management to a collaborative place and raise the visibility of talent management in the NHS.

Strategic Considerations

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

Assurances

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

Consultation

This report has not been to other groups or committees.

Governance or Legal Issues

None

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

Actions to Mitigate/Minimise Identified Risks

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

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

Demonstrating inclusive leadership at Board level

Through the Trust's LGBT+ activities and other groups reflecting those with protected characteristics, we are raising awareness through demonstrating inclusive leadership at all levels in the Trust.

Recommendations

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

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

Derbyshire Healthcare NHS Foundation Trust
Report to Board of Directors - 4 December 2018

Chief Executive's Report to the Board of Directors

Purpose of Report

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

National Context

1. Board members will be aware of the Chancellor's Autumn Budget Statement prior to our November Board. The Chancellor was keen to emphasise that the economy '*continues to confound*' whilst reflecting on the tight-purse strings of previous budgets. The forecast for national borrowing continuing to fall gave the Chancellor the opportunity to highlight that the Conservative government was able to ensure that an end is in sight for austerity; recovery from the financial recession could be realised soon.

The details of the budget statement are now well in the public domain but it is important to more formally by way of this report note the health and social care impact. The Chancellor reminded the country of the additional NHS money promised by the Prime Minister this summer. He suggested the public would prefer the extra money to go to the frontline to produce a tangible improvement to services. The Board is aware from other briefings that the NHS ten year plan will provide the specifics of how this money is to be spent, but the Chancellor did give a "sneak preview" of some of its content much impacting on our service portfolio.

A commitment to ensure access to mental health crisis services in all A&E departments, specialist crisis teams for children and young people, more mental health ambulances, more community services such as crisis cafes and a 24/7 mental health crisis hotline.

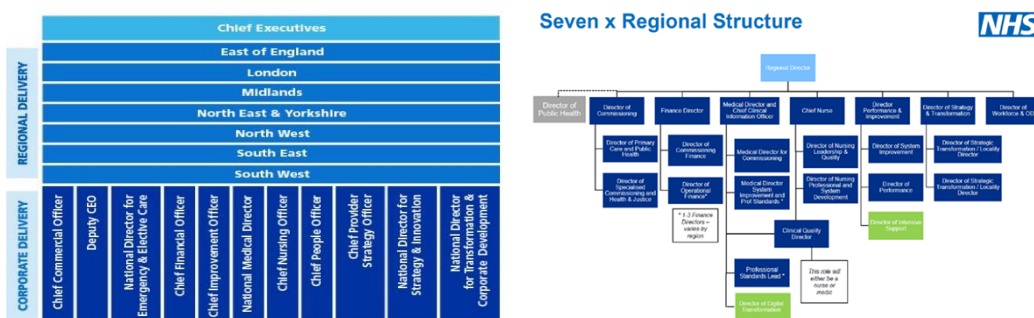
The Chancellor went on to discuss social care and committed the government to publishing its long awaited social care green paper this year. The Chancellor indicated that the extra resources announced during party conference season to manage the winter crisis would put social care on a more sustainable footing, but, recognising the crisis in which social care services find themselves, he pledged a further £650 million in grant funding for English councils to put towards social care, £45 million for disabled facilities, and a further £84 million over five years to extend children's social care services to 20 more councils.

There was also a commitment of a £10 million donation to the Armed Forces Covenant, as well as £10 million made available for air ambulance services.

Executives and the Chair have been involved in the Consultation around the ten year

plan and have been reinforcing the need for continued ring-fenced investment in the mental health sector in addition to historical parity funding (Mental Health Investment Standard), the need for an end to the merry-go-round of public health tenders for substance misuse and children's services and an end to perverse funding incentives in other sectors that work against moving resources from bedded care to supporting people to receive services more locally.

2. During November the new structure for enhanced joint working between NHS Improvement and NHS England has been announced. The two organisations issued their proposed joint executive senior manager structures to staff for consultation. Below are charts showing the “NHS executive group” top team and the map and senior structure of seven new regions



Our Trust will fall within the Midlands Region which covers the central band including Lincolnshire Trusts across to Birmingham including Northampton and Leicester. My view is that the impact of this more collaborative and integrated approach could be significant particularly around delivery of the move towards ICS (Integrated Care System), contractual negotiations and focussing on unified performance data.

3. With the impetus towards collaboration and integration from the national bodies, driven by sustainability and transformation partnerships (STPs) and ICSs, system working is presenting providers and the wider health and care sector with new and challenging questions around how to effectively build relationships and work together at a local level to deliver joined up, higher-quality care for local communities. This is equally relevant to our organisation and timely given our consideration of the Derbyshire system development during our November Board Development meeting. The policy drive for integration is progressing at pace and is likely to be further enhanced when the ten year plan is released in early December.

The absence of a legal basis for STPs and ICSs, providers and other organisations in the health sector means we face a number of operational, financial and governance challenges when considering how to develop a local health and care system that works for the populations they serve. As a Trust we recognise that establishing strong working relationships between leaders across our systems is key to progressing this agenda and enabling a radical transformation of the way we deliver services. This clearly needs to be underpinned by strong corporate governance within individual organisations to ensure boards continue to identify and manage risk in the new world of integration. NHS Providers have released a new publication *Collaborative Working – Tackling Governance Challenges in Practice* that sets out a series of case studies. These case studies include examples of emerging good practice such as: bringing together shared leadership teams across traditional organisational boundaries in Dorset, taking new approaches to streamlining

governance in North Cumbria and investing in a clear and system-wide engagement strategy in West Yorkshire and Harrogate Health and Care Partnership. It is clear that there are a range of answers to a complex question and as a Derbyshire system we need to consider these issues as we move towards refreshing our system plan in the first half of 2019

Local Context

4. The Joined up Care Derbyshire (JUCD) Board met on 15 November. Key issues discussed included:

- We agreed a formal and external recruitment process for an independent Chair for Joined up Care Derbyshire Board. This process would include HealthWatch and all provider/commissioner organisations within the county.
- We confirmed expectations around the refresh of the system plan in the first half of 2019/20 and noted we expected planning guidance and five year commissioning allocations to be announced in early December
- Winter allocations have been confirmed to both local authorities in Derbyshire and discussions are underway to look at how local authority plans to use this money support avoiding hospital admissions over the winter period
- Financially all providers and commissioners are reporting a forecast to achieve their control totals but noted significant risk in the third and fourth quarters both for commissioner and provider efficiency programmes. It was agreed at the Board that more detail was needed to understand the financial position of the local authorities and primary care.

Within our Trust

5. At the November Board meeting I agreed to share with Board a little more specific detail around Brexit and our Trust.

From a workforce perspective the lack of free movement of the people across the EU will have a significant impact on the supply of workforce to the NHS and social care, as today we have approximately 200,000 EU nationals working across both services 5% of the workforce, with a significant concentration in London and the South. In the NHS 139,000 of the 1.2 million NHS employees are foreign nationals – equating to one in eight (12.5%) and as at October 2018 62,000 – 5.6% were EU nationals. In Derbyshire Healthcare we have 44 -1.7% of our staff who are EU nationals and it is imperative that we show our support and appreciation and help our staff to access the EU Settlement Agreement which is open to NHS employees from 1 November to 21 December 18 ahead of the national programme. Each EU settlement has an administration fee of £65 and we will be offering to pay for our staff. In addition we have written to all EU staff working for Derbyshire Healthcare reminding them how very much they are valued, our desire to support them to continue working for us and requesting they let us know of any personal hardships they need support with. This message has been reinforced in a formal Trust wide communication.

The picture is unclear on how the workforce supply and retention of EU nationals will work going forward, but there is significant concern that the NHS and social care will be significantly impacted. We know some trusts have had to increase their recruitment efforts as many EU nationals have decided not to live and work in the UK and we run the risk of competition across the NHS for staff. This has not been seen in our Trust

as yet but regular updates will be provided to our Executive team and the People and Culture Committee.

With respect to procurement in preparation for the UK's exit from the EU on 29 March 2019 the Department of Health and Social Care (DHSC) have performed a high level diagnostic of both its own contracts and those of its arm's length bodies, such as NHS England, Public Health England and NHS Improvement. This process identified contracts that are exposed by the impacts of EU Exit. Following this national stage in the preparations, this was then rolled out across all NHS Trusts. In October, the DHSC circulated a questionnaire to help trusts prioritise contracts using a triage methodology. This template was completed, discussed by our Trust's Executive Leadership Team and submitted on 30 November in line with the expected timeline.

The template asked questions for each contract held, mainly focussing on the potential impact on cross-border supply models or cross-border financial interactions. The vast majority of the contracts held by the Trust are for services such as telecoms; utilities and waste management; IT and software; and legal or financial services. All of these contracts are with local, regional or UK providers and do not rely on cross border exchanges of goods, services or finance.

As such, and having completed the DHSC template, all of our contracts have been categorised as "No/minimal impact", i.e. that the contract (and service) can continue to run in its existing state within volume, pricing and quality parameters following EU exit.

6. On 2 November the Trust held an inclusive and compassionate leadership session facilitated by Rasheed Ogunlaru. Rasheed is a life coach and has worked with our Trust BME Network to support their development over the last year. This session brought together the BME Network and senior leaders to explore the concept of unconscious bias and how that may materialise and impact on people policies such as recruitment, grievance and personal development. During the session through a carefully structured set of exercises we were supported to share personal experiences of bias and exclusion, not just related to race or culture. This session was specifically not about creating another action plan but was to enable attendees to understand more about how their actions could impact on the inclusion or otherwise of colleagues so all attendees were encouraged to reflect on the session experience and agree individual actions they would take.

This session was reinforced when I attended a celebration of Black History Month Unconscious Bias event led by Derby City Council along with fellow reverse mentors and mentees. This event was led by David Shosanya who is a well-known speaker and inclusion activist. It was certainly the simple messages that struck home and his simple yet compelling reminder of what unconscious bias is must act as a call to improve:

'Unconscious Bias includes all of us – it is the story we tell ourselves about others without really knowing them'

7. On 9 November it was a privilege to welcome Amanda Campbell who is the Chief Executive of the Parliamentary and Health Service Ombudsman to the Trust. Amanda was keen to understand more about some of the approaches we had used around inclusion in the Trust and so met with both reverse mentors and mentees as

well as visiting our Patient Experience Team and Low Secure Services. Amanda fed back how valuable the visit had been and the fact she had picked up areas of good practice around reverse mentoring and the DHcFT Promise she was keen to look to implement in her organisation. My thanks to all who worked so hard to ensure the visit went well.

8. On 13 November NHS Improvement and the CQC attended the Trust as part of the Mental Health Safety Improvement Programme. This was a helpful session that is part of a joint programme to support trusts who have recently been inspected by the CQC to identify what priority areas of improvement organisations have associated with safety and what support the joint regulators may be able to provide. As a Trust we recognised three key areas we were keen to get some further support around:
 - Embedding continuous improvement methodologies
 - Supporting the development of our clinical strategies/models
 - Enhancing flow and capacity within our adult mental health pathway.
9. When learning leadership lessons we understandably focus within the health and social care sector. On 14 November it was really refreshing to step outside of our sector. I met with Paul Stone who is a Chief Executive of a Multi Academy Trust to understand some more about his challenges and what approaches he uses. Interestingly his challenges in education are almost identical to our recruitment and retention, financial efficiency, continuous improvement and regulatory compliance. I was struck by some of the innovative ways they are using the apprentice levy to support staff development – something we can learn from. In addition myself and Caroline Maley led a session with some 40 Multi-Academy CEOs from Yorkshire and Lancashire, sharing our personal leadership journeys and discussing the sector similarities and differences.
10. I was really struck by the collaborative and supportive nature of the carers group that has been running for many years at the Radbourne Unit when I attended the session during November. It continues to be well attended and members of the group spend time in an informal setting supporting each other, sharing advice and guidance e.g. around benefits as well as having some guest speakers come along such as one of our pharmacists. A really valuable resource and a reminder of the importance of our Trust journey to adopting the Triangle of Care, how that award can only be seen as a point in time and how we must continue to work with carers across Derbyshire.
11. The 22 November saw the Ashbourne Centre transformed into a 1940s style café for our fantastic Delivering Excellence Award session. It was a great opportunity to celebrate the innovation, caring approach, compassion and commitment of our colleagues. All the awards finalists who attended the ceremony were chosen by a judging panel made up of myself; Caroline Maley, Trust Chair; Darryl Thompson, Deputy Director of Nursing; Carole Riley, Deputy Lead Governor; and Kate Smith, Expert by Experience.

It was a real privilege to announce the winners as follows:

Compassion in Practice Award

Winner – Anita Sudan, Highly Specialised Chartered Clinical Psychologist, South Derbyshire and Dales Adult Recovery

Nominated by a patient and also by their carer for always being “patient-centred and

passionate about her job, and 110% committed to her role and ensuring her patients receive the best possible care.”

DEED of the Year Award

Winner – Marie White, Health Visitor and Practice Teacher – Rosehill Locality
For her “effervescent enthusiasm and commitment” to Derby families, from running Operation Winter Coat to training student health visitors and student nurses.

Going the Extra Mile Award

Winner – Lisa Allen, Personal Assistant Community Paediatrics, Temple House
For working with “great care and sensitivity and professionalism” and for going out of her way to ensure that parents get essential prescriptions. One family with a terminally ill member would otherwise have had to travel 20 miles to collect their prescription and Lisa provided a practical service and informal support and kindness.

Health Hero Award

Winner – Helen Gaskin, Nursing Assistant, Cubley Court Female
For embodying the Trust’s values “personally and professionally” and putting the patients first in her role. A nursing assistant for the Trust since 1980, Helen believes that “fun and laughter are essential human needs”, and has forged good therapeutic relationships with patients in her care.

Inclusion and Partnership Award

Winner – Noel O’Sullivan, Peer Supporter, across the Trust
For his work in peer support as a former service user; Noel has helped facilitate recovery courses and has had a lot of positive feedback about the way he shares his experiences, which service users can really identify with. He helps organise activities at an evening group and has also set up an independent social group.

Innovation Award

Winner – Julie Mannion, Health Visitor, Allestree and Darley Abbey Team
For developing and delivering a new training programme to help women with post-natal depression (PND). Her innovative way of working has transformed health visitors’ work with mothers who have PND.

Inspirational Leader Award

Winner – Louise Jenkins, Clinical Lead – Specialist Nursing Teams Learning Disabilities, St Pauls House
For being a “truly inspirational individual, both personally and professionally.” She delivers care in the most respectful and compassionate of ways, inspiring others to learn and develop alongside her.

Rising Star Award

Winner – Amy Harcombe, Registered Nurse, Killamarsh and North Chesterfield Neighbourhood Team
For growing in confidence, skills and knowledge, and showing a willingness to learn and seek advice. When the Beast from the East brought problems with medication delivery, Amy and her partner delivered supplies to clients, as well as helping a member of the public who had fallen in the snow.

Volunteer Award

Winner – Emma Roberts, Derby Community Parent Programme

For completing 26 weeks' training in her own time, to support vulnerable expectant parents during pregnancy, labour, birth and the early transition into parenthood. This includes being on call for four weeks when the parent is due to give birth. Her support has brought better outcomes for mothers and babies.

We also recognised two colleagues who had demonstrated 40 years' service to the NHS

Liz Bates, Deputy Head of Estates & Facilities and Robert Tomlinson, Mechanical Technician.

12. During November engagement visits have continued. I have held *Ifti on the Road* engagement events at the Hartington Unit. I also attended a referral meeting at the Bolsover Neighbourhood and held a pre ELT session at Ilkeston Resource Centre

Key themes that emerged from these sessions included:

- Importance of much wider community support services (voluntary and independent sector) and the risks to our services if these are reduced
- The importance of using skills of colleagues to develop and enhance new models of care and the risks to morale when they have been trained in an area and those skills are not put into practice
- Some great examples of the benefits of non-medical prescribing
- Feedback around the complexities associated with the 'functional split' for medical cover and the need to review the current way of operating in light of the neighbourhood review

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

Strategic considerations

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

Assurances

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

- Feedback from staff and members of the public is being reported into the Board

Consultation

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

Governance or Legal Issues

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

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

Actions to Mitigate/Minimise Identified Risks

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

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

Within the report there are clear examples of where risks to inclusion are present. Some of the issues around austerity and access to benefits mentioned within the Autumn Budget statement remind us of the difficulties people who use our services can have when accessing financial support – this was further reinforced when I visited the carers group

That said we are developing some great examples of practice that help to ensure we provide care in an inclusive culture. The reverse mentoring initiative and bringing together leaders with our BME network are examples of a strong commitment to enhancing an inclusive culture

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

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

in positive ways.

Recommendations

The Board of Directors is requested to:

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

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

Governor Meeting Timetable 2019/20

| DATE | TIME | EVENT | LOCATION |
|------------------|-------------------------------|--|---|
| 9/1/19 | 2.00pm onwards | Council of Governors meeting | Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ |
| 31/1/19 | All day – 10am – end time TBC | Induction Part II | Claire Lea, external facilitator |
| 5/2/19 | 9.30am onwards | Trust Board Meeting | Training Room 1, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ |
| 26/2/19 | 10am – 3.30pm | East Regional Governor Support event | NHS Providers NB – not all governors will be able to attend. NHS Providers will be allocating a number of places to each trust. |
| 12/2/19 | 10.00am-12.30pm | Governance Committee | Meeting Room 1, Albany House Kingsway Site, Derby DE22 3LZ |
| 5/3/19 | 9.30am onwards | Trust Board Meeting | Training Room 1, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ |
| 5/3/19 | 2.00pm onwards | Council of Governors meeting | Training Room 1, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ |
| April – date TBC | ½ day – time TBC | Governor training and development session. Topics to be confirmed. | Venue TBC |
| 2/4/18 | 9.30am onwards | Trust Board Meeting | Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ |
| 9/4/19 | 10.00am-12.30pm | Governance Committee | Meeting Room 1, Albany House Kingsway Site, Derby DE22 3LZ |
| 7/5/19 | 9.30am onwards | Trust Board Meeting | Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ |
| 7/5/19 | 2.00pm onwards | Council of Governors meeting | Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ |
| 4/6/19 | 9.30am onwards | Trust Board Meeting | Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ |
| 12/6/19 | 10.00am-12.30pm | Governance Committee | Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ |
| 12/6/19 | 1.30pm- | Governor training and development session. Topics to be confirmed. | Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ |
| 2/7/19 | 9.30am onwards | Trust Board Meeting | Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ |

| | | | |
|----------|-----------------|---|---|
| 2/7/19 | 2.00pm onwards | Council of Governors meeting | Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ |
| 6/8/19 | 10.00am-12.30pm | Governance Committee | Meeting Room 1, Albany House Kingsway Site, Derby DE22 3LZ |
| 3/9/19 | 9.30am onwards | Trust Board Meeting | Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ |
| 3/9/19 | 2.00pm onwards | Council of Governors meeting | Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ |
| 1/10/19 | 9.30am onwards | Trust Board Meeting | Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ |
| 10/10/19 | 10.00am-12.30pm | Governance Committee | Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ |
| 10/10/19 | 1.30 - ???? | Governor training and development session. Topics to be confirmed | Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ |
| 16/10/19 | 1.30-4.30pm | CoG and Board joint session – topic to be confirmed | Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ |
| 5/11/19 | 9.30am onwards | Trust Board Meeting | Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ |
| 5/11/19 | 2.00pm onwards | Council of Governors meeting | Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ |
| 3/12/19 | 9.30am onwards | Trust Board Meeting | Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ |
| 10/12/19 | 10.00am-12.30pm | Governance Committee | Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ |
| 7/1/20 | 2.00pm onwards | Council of Governors meeting | Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ |
| 4/2/20 | 9.30am onwards | Trust Board Meeting | Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ |
| 11/2/20 | 10.00am-12.30pm | Governance Committee | Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ |
| 3/3/20 | 9.30am onwards | Trust Board Meeting | Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ |
| 3/3/20 | 2.00pm onwards | Council of Governors meeting | Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ |

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST TERMS

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

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST TERMS

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

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST TERMS

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

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST TERMS

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

(updated 31 December 2018)

Glossary of NHS Terms updated 31 December 2018.docx

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