NHS
Derbyshire Healthcare
NHS Foundation Trust

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

WEDNESDAY 22 NOVEMBER 2017

GOVERNOR & NON-EXECUTIVE DIRECTOR NETWORKING
09:00 – 10:00

PUBLIC COUNCIL OF GOVERNORS' MEETING
10:30 – 1:30 PM

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

AGENDA

SUBJECT MATTER		ENC	LED BY	TIME
1.	Welcome, introductions and Chair's opening remarks Apologies and Declaration of Interests	-	Caroline Maley	10:30
2.	Submitted questions from members of the public	-	Caroline Maley	10:35
3.	Minutes of the previous meetings 3.1　　26 September 2017 3.2　　5 October 2017 3.3　　31 October 2017	A	Caroline Maley	10:40
4.	Matters arising and actions matrix	B	Caroline Maley	10:50
5.	Chief Executive's Report including STP update	C	Ifti Majid	10:55
STATUTORY ROLE				
6.	NED Deep Dive – Richard Wright, Finance & Performance Committee	-	Richard Wright	11:15
HOLDING TO ACCOUNT				
7.	Integrated Performance Report as presented to the Public Trust Board on 1 November 2017	D	Non-Executive Directors	11:35
8.	Feedback and next steps following Holding to Account Training Session held on 8 November 2017 *(paper to follow)*	E	Caroline Maley	11:50
BREAK 12:05 – 12:15				

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9.	Escalation items to the Council of Governors	-	Caroline Maley	12:15
	9.1 Charitable Funds 9.2 Information available to people in crisis 9.3 Effectiveness of having different psychiatric teams in hospital and the community and delivery of joined up care			
10.	Staff engagement update	F	Margaret Gildea & Amanda Rawlings	12:30
11.	Governance Committee Report	G	Gillian Hough	12:40
12.	Nominations & Remuneration Committee Report	H	Caroline Maley	12:50
13.	Elections update	Verbal	Denise Baxendale	1.00
14.	Any other business	-	Caroline Maley	1.10
15.	Review of meeting effectiveness including adherence to principles outlined in the Code of Conduct	-	Caroline Maley	1.20
16.	Close of meeting	-	Caroline Maley	1.30
FOR INFORMATION				
Ratified minutes of the Public Board meeting(s) held on 27 July 2017, 27 September 2017		I	-	
Governor meeting timetable Glossary of NHS terms		J K	-	
Next Meeting: Wednesday 24 January 2018, Postmill Centre, Market Close, South Normanton, Alfreton, DE55 2EJ. CoG & NED Lunch from 12:00 – 1.00 pm followed by the Public Meeting at 1.00 – 4.00.				

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Derbyshire Healthcare
NHS Foundation Trust

MEETING OF THE COUNCIL OF GOVERNORS
HELD IN PUBLIC SESSION

TUESDAY 26 SEPTEMBER 2017

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

PRESENT	Caroline Maley	Trust Chair
GOVERNORS PRESENT	Shelley Comery	Public Governor, Erewash North
	Rosemary Farkas	Public Governor, Surrounding Areas
	Sarah Gray	Staff Governor, Nursing & Allied Professions
From 2017/070 to 2017/076	Ruth Greaves	Public Governor, Derbyshire Dales
	Dr Jason Holdcroft	Staff Governor, Medical & Dental
	Paula Holt	Appointed Governor, University of Derby
From 2017/074	Gillian Hough	Public Governor, Derby City East
	Moira Kerr	Public Governor, Derby City East
	Lynda Langley	Public Governor, Chesterfield North
	John Morrissey	Public Governor, Amber Valley South
	Shirish Patel	Public Governor, Erewash South
From 2017/72	Carole Riley	Public Governor, Derby City East
	April Saunders	Staff Governor, Nursing & Allied Professions
	Kelly Sims	Staff Governor, Administration & Allied Support Staff
	Robin Turner	Appointed Governor, Derby City Council
IN ATTENDANCE	Denise Baxendale	Communications & Involvement Manager
	Donna Cameron	Assistant Trust Secretary (Note Taker)
From 2017/074	Margaret Gildea	Senior Independent Director
	Ifti Majid	Acting Chief Executive
	Dr Julia Tabreham	Non-Executive Director & Deputy Trust Chair
	Dr Anne Wright	Non-Executive Director
	Claire Wright	Deputy Chief Executive & Executive Director of Finance
	Richard Wright	Non-Executive Director
	Samantha Harrison	Director of Corporate Affairs & Trust Secretary
	Amanda Rawlings	Interim Director of People & Organisational Effectiveness
	Hazel Day	Member of the Public
	Andy Aglow	Member of the Public
From 2017/074	Rehana Shaheen	Support Worker for Moira Kerr
APOLOGIES	Amran Ashraf	Public Governor, Derby City West
	Carolyn Green	Executive Director of Nursing & Patient Experience
	Barry Mellor	Non-Executive Director
	Mark Powell	Acting Chief Operating Officer
	Kevin Richards	Public Governor, South Derbyshire
	Anna Shaw	Deputy Director of Communications & Involvement
	Gemma Stacey	Appointed Governor, University of Nottingham
	Dr John Sykes	Executive Medical Director
	David Wilcoxson	Public Governor, Amber Valley North
	Lynn Wilmott-Shepherd	Interim Director of Strategic Development
	Cllr Jim Perkins	Appointed Governor, Derbyshire County Council

ITEM NUMBER	ITEM
DHCFT/GOV/ 2017/70	**WELCOME, APOLOGIES FOR ABSENCE & DECLARATION OF INTERESTS**
	The Trust Chair, Caroline Maley, opened the meeting at 1.00 pm and welcomed attendees to the meeting in Chesterfield. Apologies were

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	noted as above. No declarations of interests were received. Governors were advised that Ifti Majid, Acting Chief Executive, would be joining late as he was travelling from a prior appointment with the North Derbyshire Voluntary Association.
DHCFT/GOV/ 2017/71	**SUBMITTED QUESTIONS FROM MEMBERS OF THE PUBLIC** One question had been received, via email, from Eleanor Evans. **ACTION: Clarification will be sought on the question and a response will be prepared for the next meeting.**
DHCFT/GOV/ 2017/72	**MINUTES OF THE PREVIOUS MEETINGS** Caroline Maley presented the minutes of the previous meeting, held on 18 July 2017. A technical clarification had been requested by Claire Wright, Director of Finance, to item 2017/52, which was agreed. Pending this one amendment, the minutes were accepted as a correct record. April Saunders joined the meeting. Margaret Gildea presented the minutes of the meeting held on Wednesday 13 September 2017. These were accepted as a correct record of the meeting.
DHCFT/GOV/ 2017/73	**MATTERS ARISING & ACTIONS MATRIX** **Matters Arising** There were no matters arising from either set of minutes. **Actions Matrix** The Committee agreed to close all completed actions. Updates were provided by members of the Committee 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 the named lead.
DHCFT/GOV/ 2017/74	**INTEGRATED PERFORMANCE REPORT AS PRESENTED TO THE PUBLIC TRUST BOARD ON 27 JULY 2017** Claire Wright, Deputy Chief Executive and Finance Director, presented the Integrated Performance Report (IPR) as presented to the Public Trust Board on 27 July 2017 to provide governors with an overview of performance as at the end of June 2017 with regards to workforce, finance, operational delivery and quality performance. Ruth Greaves, Public Governor, sought clarification on the risks associated with staffing vacancies (overall page 22, paragraph 3). Claire Wright clarified that this is a general comment which emphasises the importance of improving staffing levels and the actions the Trust is taking to improve recruitment and retention.

Board Committee Chairs illustrated how the report is used to hold Executive Leads to account in each of the Board Committees:

Julia Tabreham confirmed that the Quality Committee continues to analyse and scrutinise the Quality element of the IPR. Concerns to highlight are completion of Serious Incidents and Complaints and the increasing level of acuity in patients in the community, leading to pressures on services. However, assurance was given that Executive Leads are aware and managing the issues.

Ifti Majid, Moira Kerr and Rehana Shaheen joined the meeting.

Richard Wright advised that the Finance & Performance Committee uses the data to analyse performance and drive efficiencies through investment and changes in ways of working to ensure stability. The Trust continues to forecast achievement of the agreed control total. At its most recent meeting the Finance & Performance Committee agreed to renew the licence for the PARIS information system for five years. In responding to questions from governors, Richard Wright confirmed that there will be no break in service or loss of information. The recommendation to renew was agreed with further enhancements. Significant challenges would be associated with switching providers. Ifti Majid added that over the duration of the contract the Trust will continue to evaluate and consider future usage.

Robin Turner, Appointed Governor, Derby City Council asked for clarification on the provision of additional resources which the Trust requires. Margaret Gildea responded, as Chair of the People & Culture Committee. Recruitment is acknowledged as an issue in the sector and across the UK; particularly in nursing and medical professions where there are not enough candidates to fill vacant posts. Governors were assured that the Trust continues to work to address its need for resources through improving retention and increased recruitment.

Ruth Greaves enquired how increased acuity, as reported at Quality Committee, impacts on staffing issues. Julia Tabreham confirmed that staff levels to support patient acuity are maintained in line with recommendations and that bank staff are used to support as required.

Caroline Maley paused the item to welcome the Trust's new governor, Shirish Patel of Erewash South and welcomed members of the public to the meeting.

Gillian Hough observed that bed occupancy in the Hartington Unit was reported at 102%. Ifti Majid advised that a number of streams of support are available and called upon to support staff, including bank and agency staff who are known to the unit and familiar with the needs of our patients. Ways of releasing capacity are also considered in addition to managing complex patients between inpatient and community staffing to reduce length of stay. The Executive Team is kept constantly informed of staffing levels and is on hand to provide support.

Caroline Maley reminded governors that this was information in relation to June 2017. At the Public Trust Board on 27 September the IPR for

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	August will be presented. **RESOLVED: The Council of Governors received and noted the report.**
DHCFTGOV/ 2017/75	**CHIEF EXECUTIVE'S UPDATE** Ifti Majid, Acting Chief Executive, presented his report to give the Council of Governors feedback on changes within the national health and social care sector as well as providing an update on developments occurring within the local Derbyshire health and social care community. The report also updates the Council on feedback from external stakeholders and staff. The report is to support the Council of Governors' understanding of key risks and opportunities facing the Trust and to aid holding the Board to account for delivery of the Trust's strategy. The following points were highlighted: NHS Improvement and NHS England have published their review of winter 2016/17; the recommendations are important for planning for the upcoming winter. The Derbyshire Sustainability & Transformation Partnership (STP) has been rated as 'advanced' by NHS England, which means that the STP can apply for extra resources. This will lead to the introduction of the 'urgent care village' at the Royal Derby Hospital where mental health practitioners will be sited to assess people on presentation and divert them to the most appropriate services, which is expected to lead to improved outcomes for those people. Ifti Majid commended the work of colleagues on World Suicide Prevention Day, 10 September 2017, and took the opportunity to remind governors about World Mental Health Day which is 10 October 2017. The Executive Leadership Team continues to rotate its meetings around Trust sites. There have been increased opportunities to engage with staff. Over the coming months Ifti Majid will be reaching out to local MPs to update them on the organisation's progress and also address the fact that although the national awareness of mental health is rising, the improvements promised towards increased funding for the front line to allow for improvements in pathways and support at all levels for improvements in performance is not forthcoming. **RESOLVED: The Council of Governors scrutinised the report, noting the risks and actions being taken.**
DHCFT/GOV/ 2017/76	**NED UPDATE – DR ANNE WRIGHT** Caroline Maley invited Dr Anne Wright, Non-Executive Director, Chair of the Safeguarding Committee and Chair of the Mental Health Act Committee to share a 'deep dive' on the work of the respective Committees. **Mental Health Act Committee**

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The three meetings of the Committee held since March have addressed the functionality of the Committee; its structure, process and outcomes were reviewed and the amount of time spent on operational matters is shifting more into strategic focus. The Executive Lead is Dr John Sykes, Executive Medical Director, who has recently begun to lead a sub-group of the Committee to address operational issues in order to bring strategic and assurance matters to full Committee. A lot of time has been dedicated to the issues raised by the CQC and as such CQC related actions are improving. Work undertaken to embed the required changes and improvements has been and will continue to be audited. Limited assurance is given on achievements of the Committee to date but Anne Wright gave substantial assurance to the Council of Governors that improvements and processes in the Committee continue. Over the next six months she expects to see a significant improvement in the function of the Committee.

Safeguarding Committee
The structure of this Committee is much more advanced and is already supported by an operational committee. The annual report on Safeguarding will be presented to the Public Trust Board tomorrow (27 September) which presents an in-depth account of work in this area. Anne Wright highlighted that safeguarding is a multidisciplinary and multiagency area with many bureaucratic barriers. The Trust continues to work well with colleagues internally and externally to deliver learnings and improvements. It is an area which has seen an unprecedented increase in referrals to services following recent terrorism incidents with increased pressure on the teams involved.

Sarah Gray enquired if the Trust had plans to introduce a Social Work lead and utilise their expertise in Safeguarding. Ifti Majid responded that Carolyn Green, the Executive Lead, is considering how to optimise professions in our organisation and committed to report back to Sarah personally and Council of Governors in this regard at the next meeting.

Moira Kerr, Public Governor, referred to an article in the Derby Telegraph regarding NHS England's investigation into a very serious incident that occurred in Derbyshire in 2010 which involved an individual in receipt of mental health services (Mr S). Moira Kerr raised a variety of questions in regard to the article and requested clarification on some of its content. Ifti Majid responded that the Trust had investigated immediately, followed by a Serious Crime Review by the Police and Crime Commissioner. A separate review had been commissioned by NHS England, which had been published on 22 September. The Trust has participated fully in all investigations. Governors, staff and local MPs have been communicated with on this issue, with governors briefed prior to the media release. There had been extensive media coverage, which the Trust had engaged with.

Caroline Maley thanked Anne Wright for her update and Ifti Majid for his comments and acknowledged the cultural changes and significant improvements in safeguarding over the intervening period.

ACTION:
1. Use of Social Workers and optimisation of professionals in the organisation to support safeguarding – an update at the November

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	meeting. Ruth Greaves left the meeting at this time (2.30 pm).
DHCFT/GOV/ 2017/77	**STAFF ENGAGEMENT AND PULSE CHECK UPDATE** Margaret Gildea presented the report to update the Council of Governors on the latest Pulse Check results and inform governors regarding the plan for the 2017 Staff Survey. The improved response rate to the Pulse Check Survey was noted. Outcomes will be followed up to support staff within areas where lower scores were received. The newly formed Staff Forum and the Staff Engagement Group continue to work energetically on promotion and participation in the survey. The plan for the 2017 Staff Survey was noted, which includes a full communication and engagement plan. **RESOLVED: The Council of Governors** **1. Noted the improvement seen in the April – July 2017 Pulse Check.** **2. Noted the plan for the 2017 Staff Survey.**
DHCFT/GOV/ 2017/78	**ESCALATION ITEMS TO THE COUNCIL OF GOVERNORS** The following questions had been escalated to the Council of Governors from the Governance Committee. Non-Executives addressed the questions as follows: **Q1. What provision is there for people on waiting lists to be supported via self-help and non-clinical help? Are we ensuring people are waiting well or leaving them in a state of waiting hell?** Julia Tabreham advised that patients are referred through from Community Mental Health Team/Consultants and are therefore on secondary waiting lists. Most patients are open to other members of the Multidisciplinary Teams who will continue to offer input and assess and manage any clinical risks. Should the Team/Consultant discharge the patient leaving them still open to psychology, the Psychologist will try to speak first with the GP and follow up with a letter to let them know that the patient is still waiting for psychology but not open to any of our other services. An up-to-date risk assessment/safety plan will be attached and we will ask the GP to help monitor the patient's clinical presentation and to contact the Duty Worker/Psychologist should the patient's needs change. Patients will already have a copy of a safety plan they have constructed with their Multidisciplinary Team worker. A letter is also sent to the patient to let them know they are still on the psychology waiting list, inviting them to contact the psychologist/duty desk or GP if their needs change. Crisis numbers are also provided. Every six months they will be sent another letter to update them on the waiting list situation and reminding them of the relevant contact numbers.

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In addition;
- Psychologists will prioritise cases where there is increased risk where this is discussed and agreed by the Multidisciplinary Team
- Psychologists will always be available for consultation on cases, so even if they are not able to pick up immediately they would be able to advise
- Other areas do have long waits also but Amber Valley is worst
- We communicate with service users on the waiting list every six months and advise them to get in touch if their situation changes. We also give them details of crisis numbers. GPs and team members are copied in
- We are almost fully established although we are still waiting for 2.2 whole time equivalent to commence in post. There are now a few hours which have been released by people returning from maternity leave wanting to drop hours and we are in the process of recruiting to a whole time equivalent 8a Neighbourhood/Radbourne Unit. In the next four months we also have another two staff going on maternity leave and we are in the process of costing up what replacements can be advertised. However, maternity cover roles are not popular as they are short term so we may not be successful in filling them.

In Neighbourhood Services, due to the level of resources, unfortunately it has been necessary to develop waiting lists. The Procedure for the Management of Waiting Times across Neighbourhoods was implemented last year and places requirements on the Neighbourhood Team regarding the management of waiting lists. There is a Band 7 neighbourhood meeting planned for early October where the policy will be reviewed because there are reports that teams are really struggling to implement it fully. We thought it would be useful to gather this experience, enter into dialogue and identify ways in which the policy could be developed to support full implementation. As a result there is not a consistent approach to wait list management across the patch. For example, in Erewash service users are sent a letter from a member of the Pathfinder Team on receipt of referral. Patients who have been on the wait list in excess of five months are seen again by nurses to see if involvement is still needed or if some short term work can help to address level of need identified. In South Derbyshire and City they were doing similar to Erewash until recently but due to absence of pathfinder worker they are utilising duty workers to do this. In Amber Valley the waiting list is managed by the manager who organises letters to be sent when a referral is received and then the manager themselves make contact whilst people are waiting.

Q2. What provision is there for people who fall between services (i.e. are too ill for one service and referred on but are not ill enough for another service) and can therefore be termed as neglected and rejected?

Julia Tabreham responded. The main point at which this can potentially happen is in relation to the threshold between Improving Access to Psychological Therapies (primary care) and Neighbourhoods (secondary care). There is a commissioning gap here and the Trust does not have capacity to bridge it in full. Commissioners are aware of this. Secondary services will often offer assessment and advice and

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guidance to patients and GPs if no follow up. Assessment services are often aware of alternative local community resources and will signposts where these are available but this does not always quite bridge the gap.

This is an issue for commissioners as demand for services continues to grow. Societal expectations have increased but the funding has not matched this. This is a national issue - not just Derbyshire.

The other point where this may happen is when patients are seen in outpatients and may benefit from care coordination also. The Trust has waiting lists for this due to limited capacity. Commissioners are very aware of this gap.

Q3. How does the Trust provide support for carers and communicating with carers? Can the Trust hear the carers' voice?

Julia Tabreham confirmed that the Trust has a Carers' Strategy for which it has achieved one star for the triangle of care and is working towards two stars for the quality of work. The Trust has the unique family liaison service which has been recommended nationally. In the CQC report the family approach and rating in caring was rated as Good. The Trust has named carer representatives who are actively involved in the Trust and we are making headway in our work towards our agreed quality priorities, which is evident in quality visits. This area of practice has improved demonstrably over the last three years and although there is still work to improve, there has been a sustained reduction in family and carer complaints. The approach is in reality that work will never be completed in this area, but when compared to other organisations, the Trust does appear to be on a steady footing.

The Trust is aware of the frustrations being experienced by carers groups currently following a change in arrangements by the CCG in provision of services for carers and continues to support groups within boundaries.

Q4. Is there an identified need for a forensic unit?

In responding to Questions 4 and 5, Julia Tabreham responded that the answer is yes, if the question relates to a community forensic service.

Q5. If so how can this be taken forward with commissioners?

Commissioners have been aware of this gap for a number of years. It is proposed that this is addressed as part of the STP work programme.

Q6. To receive assurance regarding the HR back office work, governors requested that a SWOT analysis is completed to demonstrate that the direction the Trust has decided to take is the correct one. Is Derbyshire Community Healthcare NHS Foundation Trust (DCHS) the best partner to be taking forward this work with?

Margaret Gildea responded to the questions regarding the HR Back office work. The decision to work collaboratively with DCHS on back

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office functions was taken a number of months ago when the STP reviewed all the back office services and agreed who would be the appropriate partners. The Trust continues to benefit from the arrangement and the process is being supported to ensure it goes through smoothly.

Q7. Details of the dates notices have been served on staff. Implications of the process.

There have not been any notices served on Derbyshire Healthcare NHS Foundation Trust (DHcFT) staff.   The phase one business case was approved in June 2017 and this has led to appointing a joint senior team that will lead the service for the two Trusts. The individuals know what their roles will be in a new structure and once the Trust is ready the new service model will be launched. The rest of the team won't commence in their post until phase two has been consulted on and is ready to be implemented. The senior team have shaped the phase two business case and how the new service will be delivered.

Q8. Why governors have not been fully consulted?

Governors should be holding the Non-Executive Directors to account to ensure due process is followed and that the business case provides the new service that DHcFT requires.

Q9. Which staff members will be employed by which Trust?

In the phase one business case it was agreed by DHcFT and DCHS that DCHS will be the service host and governed by a Joint Venture Agreement (JVA).

Q10. How staff will access union representation throughout the process?

Staff will be represented by the trade unions that they're members of and the representatives will either be local or regional, depending on their preference.

Staff side for both Trusts will be consulted on the business case and will provide the support to their members through the consultation and implementation process.

Margaret Gildea and Richard Wright as Chair and NED member respectively of People & Culture Committee had recently met with staff to listen to their concerns regarding change and length of process. These issues will be followed up with the Director of People and Organisational Effectiveness.

Amanda Rawlings added that the second phase business case had been discussed in Finance & Performance Committee earlier in the week; it did not contain any redundancies and no base changes are required of staff. Vacancies across both organisations have been held until phase two could be agreed, which has caused problems, but will provide staff with an opportunity to apply for roles across both organisations, leading to better networking and improved development

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	opportunities as a result of being a larger unit/department.
DHCFT/GOV/ 2017/79	**AMENDMENT TO GOVERNORS' CODE OF CONDUCT** Sam Harrison presented a recommendation, from the Governance Committee, on an amendment to the Governors' Code of Conduct which clarifies what constitutes a 'formal complaint' and the process for triggering the investigation of a complaint. A formal process will be deemed to be initiated once it has been communicated in writing to either the Trust Chair, Lead Governor or Senior Independent Director. **RESOLVED: The Council of Governors** **1. Approved the proposed amendment to the Code of Conduct, which will take place immediately.** **ACTIONS:** **1. Agreed that the revised Code be reissued for signature by governors.** **2. Agreed to review the Code of Conduct again in one year.**
DHCFT/GOV/ 2017/80	**GOVERNANCE IMPROVEMENT ACTION PLAN – SIX MONTH REVIEW OF EMBEDDEDNESS OF ACTIONS** Sam Harrison presented the report to update the Council of Governors on the embeddedness of actions undertaken as part of the Trust's Governance Improvement Action Plan (GIAP) that fall under the remit of the Council of Governors. The Council of Governors is responsible for oversight of three GIAP actions, which had been signed off as complete in November 2016 (CoG1, CoG2 and CoG3). Systems have been developed and processes set in place to ensure effective support and operation of the Council of Governors and to ensure that governors have clarity in their role and the opportunity for appropriate training and development. The report illustrates where evidence of embeddedness and ongoing implementation has underpinned that completion. Governance Committee had reviewed the update at its meeting on 13 September and agreed that the implementation of actions had been embedded as 'business as usual'. **RESOLVED: The Council of Governors** **1. Noted the update on embeddedness of actions as outlined.** **2. Agree the RAG ratings as Green.** **3. Confirmed that these can be forwarded to Trust Board as part of review of all GIAP actions.** **4. Agreed that a further review will be undertaken in March 2018 to confirm sustained implementation of actions to address GIAP recommendations.**
DHCFT/GOV/ 2017/81	**GOVERNANCE COMMITTEE REPORT** Gillian Hough presented the report from the Governance Committee, providing an update on the two recent meetings. A year-end report for 2016/17 was also presented, summarising the activities undertaken by

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	the Committee in line with its terms of reference. Gillian Hough reported that the Committee has begun to have pre-meets without any members of staff present. This opportunity gives governors 'more voice' after the pre-meet. **RESOLVED: The Council of Governors** 1. **Noted the discussions held at the Governance Committee on 15 August and 13 September 2017.** 2. **Noted the Governance Committee's year-end report for 2016/17.**
DHCFT/GOV/ 2017/82	**NOMINATIONS & REMUNERATION COMMITTEE REPORT** Margaret Gildea presented the report to update the Council of Governors on the activities undertaken by the Nominations & Remuneration Committee. The Council of Governors is also asked to approve a change in membership. Ruth Greaves, Public Governor has stood down from the Committee. It is proposed that Kevin Richards, Public Governor takes her place. **RESOLVED: The Council of Governors** 1. **Noted the activity undertaken and planned by the Committee.** 2. **Approved the appointment of Kevin Richards, Public Governor for South Derbyshire as a member of the Governors' Nominations & Remuneration Committee.** 3. **Thanked Ruth Greaves for her support as a member of the Committee.**
DHCFT/GOV/ 2017/83	**ELECTIONS UPDATE** Denise Baxendale presented an update on preparations for the current public governor elections and activities to promote the vacancies. David Wilcoxon, Public Governor, Amber Valley North has submitted his resignation due to gaining new employment. The election for this vacancy is to be arranged in addition to the current activity – it cannot be incorporated into the current election round. Governors noted the broad range of activities involved in promoting the vacant governor posts and thanked Denise Baxendale for her hard work in managing the election process. **RESOLVED: The Council of Governors** **Received the report, noting the timescales of the elections for public governor vacancies.**
DHCFT/GOV/ 2017/84	**ANY OTHER BUSINESS** **CQC Attendance at Council of Governors** The CQC has advised it will be attending the Council of Governors meeting scheduled for 21March 2018. **Quality Visit/Work Placements**

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	Lynda Langley reported she had attended a quality visit recently where she had been advised of work placements for service users and encouraged the Trust to consider widening this fantastic opportunity. **External Recognition/Award** Sarah Gray, Staff Governor, reported that Leanne Walker, the Trust's young person consultant and expert by experience in Children & Adolescent Mental Health Services, has been invited to a reception at Buckingham Palace in recognition of her contribution to the mental health sector. The Council of Governors expressed their congratulations and appreciation of Leanne's work. **Flu Vaccination** Gillian Hough asked when the Trust would begin its flu vaccination programme. Amanda Rawlings confirmed that the annual campaign has already commenced with the majority of delivery scheduled for October.
DHCFT/GOV/ 2017/85	**REVIEW OF EFFECTIVENESS** The meeting had concluded ahead of time, which was appreciated. Carole Riley commented that the meeting had been very informative and thanked Non-Executive Directors for their input. Caroline Maley welcomed having members of the public present to hear about the work of the Trust.
DHCFT/GOV/ 2017/86	**CLOSE OF MEETING** With no further business Caroline Maley thanked all for their attendance and closed the meeting at 3.22 pm.
DHCFT/GOV/ 2017/87	**FOR INFORMATION** Governors received the following items for information: • Ratified minutes of the Public Trust Board Meeting held on 28 June 2017 • The latest governor meeting timetable • Glossary of NHS terms.
DHCFT/GOV/ 2017/88	**NEXT MEETING** Date: Wednesday 22 November 2017 Time: NED/CoG pre-meet 9:00 – 10:00, Meeting from 10:30 – 1.30 pm Venue: Training Rooms 1 & 2, Research & Development, Ashbourne Centre, Kingsway, Derby, DE22 3LZ

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Derbyshire Healthcare
NHS Foundation Trust

EXTRAORDINARY MEETING OF THE COUNCIL OF GOVERNORS
HELD IN PUBLIC SESSION

THURSDAY 5 OCTOBER 2017
10:00 – 10:45 AM

MEETING ROOM 8, RESEARCH & DEVELOPMENT,
ASHBOURNE CENTRE, KINGSWAY, DERBY, DE22 3LZ

PRESENT	Caroline Maley	Trust Chair
GOVERNORS PRESENT	Amran Ashraf	Public Governor, Derby City West
	Shelley Comery	Public Governor, Erewash North
	Rosemary Farkas	Public Governor, Surrounding Areas
	Sarah Gray	Staff Governor, Nursing & Allied Professions
	Moira Kerr	Public Governor, Derby City East
	John Morrissey	Public Governor, Amber Valley South
	Carole Riley	Public Governor, Derby City East
	Kelly Sims	Staff Governor, Administration & Allied Support Staff
IN ATTENDANCE	Donna Cameron	Assistant Trust Secretary (Note Taker)
	Samantha Harrison	Director of Corporate Affairs & Trust Secretary
	Rehana Shaheen	Support Worker for Moira Kerr
	Anna Shaw	Deputy Director of Communications & Involvement
	Claire Wright	Deputy Chief Executive & Executive Director of Finance
APOLOGIES		
	Denise Baxendale	Communications & Involvement Manager
	Margaret Gildea	Senior Independent Director
	Carolyn Green	Executive Director of Nursing & Patient Experience
	Ruth Greaves	Public Governor, Derbyshire Dales
	Dr Jason Holdcroft	Staff Governor, Medical & Dental
	Paula Holt	Appointed Governor, University of Derby
	Gillian Hough	Public Governor, Derby City East
	Lynda Langley	Public Governor, Chesterfield North
	Barry Mellor	Non-Executive Director
	Shirish Patel	Member of the Public
	Jim Perkins	Appointed Governor, Derbyshire County Council
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	Gemma Stacey	Appointed Governor, University of Nottingham
	Dr John Sykes	Executive Medical Director
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	David Wilcoxson	Public Governor, Amber Valley North
	Lynn Wilmott-Shepherd	Interim Director of Strategic Development
	Dr Julia Tabreham	Non-Executive Director & Deputy Trust Chair
	Dr Anne Wright	Non-Executive Director
	Richard Wright	Non-Executive Director

ITEM NUMBER	ITEM
DHCFT/GOV/ 2017/89	**WELCOME, INTRODUCTIONS, APOLOGIES FOR ABSENCE & DECLARATION OF INTERESTS** The Trust Chair, Caroline Maley, opened the meeting and thanked governors for attending the extraordinary meeting which had been called to conduct the urgent business of considering the appointment of

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	the Chief Executive.
	Apologies were noted as above. No declarations of interests were received.
	Caroline Maley confirmed that the meeting was quorate. Moira Kerr queried the quoracy for Council of Governors, which was confirmed, according to the Annex 6 of the Trust Constitution, Standing Orders of the Council of Governors:
	3.26 Quorum – no business shall be transacted at a meeting of the Council of Governors unless at least 20% of the Council of Governors are present and that those present include at least one Staff Governor and two Public Governors.
	As current governors total 17, the number for quorum is four. Moira Kerr considered it to be inappropriate for such a small number of people to be able to make decisions on behalf of the Council of Governors.. She requested that a conversation on quorum be scheduled for a future meeting.
	ACTION: Governance Committee to discuss quorum of Council of Governors at future meeting as part of wider Constitution update discussions.
DHCFT/GOV/ 2017/90	<u>**COUNCIL OF GOVERNORS' APPROVAL OF THE DECISION OF THE REMUNERATION AND APPOINTMENTS COMMITTEE TO APPOINT THE TRUST CHIEF EXECUTIVE**</u>
	The Council of Governors is asked to approve the decision of the Remuneration & Appointments Committee to appoint the Chief Executive of the Trust. The tabled paper outlines the search approach, longlisting, shortlisting and process undertaken for interview. The Trust engaged the professional search and recruitment services of NHS Leadership Academy (NHSLA) Executive Search to support the Trust in the search to ensure an independent and robust process.
	Nine applications had been received, three of which had been shortlisted for interview. One candidate withdrew the week before and a second the night before the interview, both for personal reasons. The Remuneration & Appointments Committee reflected on this situation and agreed to continue with the interview process to assess the remaining candidate against the agreed job description and person specification.
	The panel itself included a Technical Assessor who was another Foundation Trust Chief Executive. This was considered an essential part of the process to assess against the required standard for a Chief Executive. The assessor was Louise Barnett, Chief Executive of Rotherham NHS Foundation Trust, an acute and community services provider. Feedback from stakeholder groups was very positive and it was considered that Ifti Majid had performed extremely well and demonstrated the requirements of a Chief Executive. The panel received a very high standard presentation and responses to questions. Louise Barnett agreed that Ifti Majid had achieved the standard

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expected of a Chief Executive and that it was apparent that he had experience in undertaking the role. The Remuneration & Appointments Committee convened and agreed to appoint Ifti Majid as Chief Executive and ask the Council of Governors to approve that decision.

Amran Ashraf enquired how long Ifti Majid had been Chief Executive in an Acting capacity. Caroline Maley confirmed he had held the role since June 2015.

John Morrissey welcomed the presentation of the evidence of the process but was disappointed that the Trust had only one candidate at final interview. Caroline Maley reiterated that the Remuneration & Appointments Committee had reflected on this and decided to proceed. The other option would have been to restart the process.

John Morrissey invited Moira Kerr to compare this process to the previous Chief Executive's appointment process, as she was the only governor remaining from that period. Moira Kerr recalled that governors had more information on the candidates, including a CV. Caroline Maley confirmed that governors had been kept informed of the recruitment process including timeline and had the opportunity to be involved in the assessment process having participated in the stakeholder groups. The decision to appoint Ifti Majid had taken on board feedback from governors who were part of the process.

In responding to John Morrissey's question relating to the need to have this extraordinary meeting of the Council of Governors, Caroline Maley reminded governors that approving the decision to appoint a Chief Executive is one of the statutory roles of the Council of Governors.

Moira Kerr re-iterated that she was not content that only one candidate had been interviewed and that she felt that the timing of the advertisement over the summer had impacted on applications. Caroline Maley advised, as set out in the paper, that the role had been open for applications from July through to September. She was also confident that the Leadership Academy had approached a lot of potential candidates over and above those who had responded and/or applied. Withdrawal of the two other shortlisted candidates had been for personal reasons. If the Remuneration & Appointment Committee had restarted the entire process it was the view of the panel and NHSLA that taking a similar approach albeit at a different time would not have given a different outcome. There is a limited pool of candidates with the experience required to lead a mental health trust. This was also the view of the Technical Assessor. Sarah Gray reflected on a recent recruitment into CAMHS where there had also been a very limited field and was therefore surprised that the Trust had secured nine applications for the role of Chief Executive.

Shelley Comery joined the meeting at 10.30 am.

Kelly Sims, Staff Governor and member of Governors Nominations & Remuneration Committee, supported the approach taken by the Remuneration & Appointments Committee and confirmed she had received updates from NHSLA, as a member of the Governors Nominations & Remuneration Committee, that feedback from potential

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	applicants for the role was that the standard of the current Acting post holder was so high it would be difficult for any candidate to exceed that benchmark. Therefore, to receive nine applications had been considered a positive outcome.

At the suggestion of John Morrissey a secret ballot was undertaken. The result of the ballot was witnessed and counted by John Morrissey, Carole Riley and Sam Harrison. |
| **DHCFT/GOV/ 2017/91** | **CONFIRMATION OF DECISION RELATING TO THE APPOINTMENT OF THE CHIEF EXECUTIVE**

The outcome of the Council of Governors' ballot was unanimous in approving the decision of the Remuneration & Appointments Committee to appoint Ifti Majid as Chief Executive.

A range of communications will be cascaded to staff, governors, stakeholders and members. A press release has also been prepared.

RESOLVED: The Council of Governors:

Approved the decision of the decision of the Remuneration and Appointments Committee to appoint Ifti Majid to the role of Chief Executive, effective Friday 6 October 2017 at a salary of £141,400. |
| **DHCFT/GOV/ 2017/92** | **ANY OTHER BUSINESS AND MEETING EFFECTIVENESS**

Sarah Gray reported that the Trust had recently trained six service users, under the age of 18, in interviewing skills, via a workshop with Leanne Walker. Sarah would like to encourage using these individuals in future appointments. Caroline Maley supported this suggestion, confirming that they had taken part in recent interviews for Consultant Paediatricians and had performed a very helpful role. Their observations, questions and feedback had added value to the process.

John Morrissey recalled that among the responsibilities of the Committee is remuneration of Non-Executive Directors and consideration of their work. He requested a more formal way of looking at what they do and asking them what they do. Caroline Maley clarified that this is the responsibility of the Governors Nominations & Remuneration Committee, not Council of Governors. She noted that John had been invited, as Lead Governor, to meet with her to review NED appraisals which includes a review of NED roles and activities. Sam Harrison confirmed that remuneration had been reviewed in 2016/17 as part of the planned annual cycle of business for the Committee and as such was reported on in the Governors Nominations & Remuneration Committee Year End Report.

ACTION: Further clarification will be provided, information reissued and discussion scheduled for the next meeting of Governors Nominations & Remuneration Committee.

Caroline Maley apologised that the paper for today's discussion had been tabled; this was in light of the decision having been reached at the end of the previous business day, preventing advance distribution. |

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DHCFT/GOV/ 2017/93	**CLOSE OF MEETING** With no further business Caroline Maley thanked all for their attendance and closed the meeting at 10:40 am.
DHCFT/GOV/ 2017/94	**NEXT MEETING** Date: Tuesday 31 October 2017 Time: 10:00 – 11:00 am Venue: Meeting Room 1, Albany House, Kingsway, Derby, DE22 3LZ

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NHS

Derbyshire Healthcare

NHS Foundation Trust

EXTRAORDINARY MEETING OF THE COUNCIL OF GOVERNORS
HELD IN PUBLIC SESSION

ON TUESDAY 31 OCTOBER 2017
10:00 – 10:40 AM

MEETING ROOM 1, ALBANY HOUSE, KINGSWAY, DE22 3LZ

PRESENT	Caroline Maley	Trust Chair
2017/97 - 101	Amran Ashraf	Public Governor, Derby City West
2017/95 - 99	Paula Holt	Appointed Governor, University of Derby
	Moira Kerr	Public Governor, Derby City East
	Lynda Langley	Public Governor, Chesterfield North
	John Morrissey	Public Governor, Amber Valley South
	Kevin Richards	Public Governor, South Derbyshire
	Carole Riley	Public Governor, Derby City East
2017/95 - 97	April Saunders	Staff Governor, Nursing & Allied Professions
IN ATTENDANCE	Donna Cameron	Assistant Trust Secretary (note taker)
	Rehana Shaheen	Support Worker for Moira Kerr
	Sam Harrison	Director of Corporate Affairs & Trust Secretary
	Anna Shaw	Deputy Director of Communications & Involvement
APOLOGIES	Sarah Gray	Staff Governor, Nursing & Allied Professions
	Ruth Greaves	Public Governor, Derbyshire Dales
	Jason Holdcroft	Staff Governor, Medical & Dental
	Gillian Hough	Public Governor, Derby City East
	Ifti Majid	Chief Executive
	Barry Mellor	Non-Executive Director
	Shirish Patel	Public Governor, Erewash South
	Kelly Sims	Staff Governor, Administration & Allied Support
	Gemma Stacey	Appointed Governor, University of Nottingham
	Julia Tabreham	Non-Executive Director
	Robin Turner	Appointed Governor, Derby City Council
	Claire Wright	Deputy Chief Executive & Finance Director
	Richard Wright	Non-Executive Director

ITEM NUMBER	ITEM
DHCFT/GOV/ 2017/95	**WELCOME, INTRODUCTIONS, APOLOGIES FOR ABSENCE & DECLARATION OF INTERESTS** The Trust Chair, Caroline Maley, opened the meeting and thanked governors for attending the extraordinary meeting which had been called to conduct two items of business; the appointment of a Non-Executive Director/Chair of Audit & Risk Committee and the extension of the appointment of Barry Mellor, Non-Executive Director. Apologies were received as noted above. No declarations of interests were received.

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DHCFT/GOV/ 2017/96	**APPROVAL OF THE APPOINTMENT OF NON-EXECUTIVE DIRECTOR AND CHAIR OF AUDIT & RISK COMMITTEE**
	Carole Riley presented the recommendation, on behalf of the Nominations & Remuneration Committee, to appoint Mr Geoff Lewins to the post of Non-Executive Director and Chair of the Audit & Risk Committee.
	Four candidates had been selected for interview. One had withdrawn due to availability. The effectiveness of the stakeholder and staff panel process had been extremely helpful in providing feedback that enabled the interview panel to nuance questions and probe particular areas. Although all three candidates had been found to be appointable, the recommendation to appoint Geoff Lewins was based on a unanimous decision of the Nominations and Remuneration Committee, who had been satisfied that a thorough and transparent recruitment selection process had been followed.
	Those involved in the process commented on the addition of young people who had joined the stakeholder group and their valuable contribution and insight; also the benefit to them of participating in the process. It was agreed that this should be repeated in future.
	RESOLVED: The Council of Governors
	1. **Approved the appointment of Geoff Lewins as Non-Executive Director of the Trust Board for a three year term of office at an annual fee of £12,638.**
	2. **Approved the appointment of Geoff Lewins as Chair of the Trust's Audit & Risk Committee with an additional annual fee of £2,500 (total annual fee of £15,138).**
	3. **Noted that any appointment is subject to satisfactory completion of the Fit and Proper Persons Tests and that the appointment would begin as soon as necessary pre-employment checks had been satisfactorily completed.**
	Amran Ashraf joined the meeting.
DHCFT/GOV/ 2017/97	**EXTENSION OF THE APPOINTMENT OF BARRY MELLOR, NON-EXECUTIVE DIRECTOR**
	Following the approval of the appointment of Geoff Lewins, above, Caroline Maley asked the Council of Governors to consider a recommendation from the Nominations & Remuneration Committee to extend the appointment of Barry Mellor, Non-Executive Director and Chair of Audit & Risk Committee. Barry Mellor had been appointed for a one year period on 19 November 2016; the decision to appoint for a fixed term reflected the Trust's circumstances at the time in respect of the potential transaction with Derbyshire Community Healthcare Services NHS Foundation Trust. Barry has indicated that he would be happy to stay with the Trust until his replacement is appointed, offering an opportunity for handover and maintaining the NED balance on the Board.

	RESOLVED: The Council of Governors accepted the recommendation to extend the appointment of Barry Mellor from 19 November 2017 to the appointment date of his replacement, with a limit of 31 December 2017.	
	April Saunders left the meeting at this time.	
DHCFT/GOV/ 2017/98	**MEETING EFFECTIVENESS** The Chair noted that the papers had been issued ahead of the meeting, in spite of the short turnaround. There was good attendance at the extraordinary meeting.	
DHCFT/GOV/ 2017/99	**ANY OTHER BUSINESS** **Governor Elections & Vacancies** Ahead of a full report at the next Council of Governors meeting, Caroline Maley advised that the elections, whilst ongoing, will lead to three public governor appointments. The Trust has also approached local voluntary groups regarding appointed governor vacancies. **Chief Operating Officer Interview Process** Sam Harrison welcomed the positive feedback on the panel/interview approach to interviews and added that members of Nominations & Remuneration had been invited to be part of the panel process for the recruitment of the Chief Operating Officer. **NED to CoG Training Session – 8 November** Kevin Richards advised he will attend part of this session. **Nominations & Remuneration Committee** John Morrissey reflected that the Committee has been very busy of late with appointments. Caroline Maley thanked members for their support throughout this time and expressed her appreciation for the strong team approach from members of the Committee. Paula Holt left the meeting at this time. **NExT Director Scheme** Caroline Maley advised that she had met with a candidate for this scheme, which is designed to help find and support the next generation of talented people from black, Asian and minority ethnic (BAME) communities to become non-executive directors in the NHS. The candidate will be working with the Trust two days a month with mentoring by Margaret Gildea and Julia Tabreham.	
DHCFT/GOV/ 2017/100	**CLOSE OF MEETING** With no further business the meeting closed at 10:40 am.	
DHCFT/GOV/ 2017/101	**NEXT MEETING** Date: Wednesday 22 November 2017	

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| | Time: 1.00 – 4.00 pm |
| | Venue: Training Rooms 1 & 2, Research Centre, Kingsway, Derby, DE22 3LZ |

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COUNCIL OF GOVERNORS ACTION MATRIX - AS AT 15 NOVEMBER 2017							
Date of Minutes	Minute Reference	Item	Lead	Action	Completion by	Current Position	
02.05.17	DHCFT/Gov/2017/037	Acting Chief Executive's Report	John Sykes	Options for junior doctors to access hot food out of hours to be looked into.	~~18.07.17~~ 22.11.17	National report discussed at Board and Consultants' meeting. Obtaining hot meals is an issue. Doctors mess has kitchen facilities including freezer and microwave. Meals also available for Kingsway and RDH but not after hours. Probably not enough demand for vending machine. JS made enquiry made re obtaining food from hospital kitchens supplying wards – awaiting reply. Action transferred to Executive Leadership Team to consider and report back. **Update for November Meeting** Junior Doctors have agreed that current arrangements for hot food were suitable.	Green
02.05.17	DHCFT/Gov/2017/044	Governor protocol for attendance at Board Committees	Sam Harrison	The protocol will be reviewed in six month's time	22.11.17	On agenda for discussion as part of feedback from 8 November session on Holding to Account.	Green
26.09.17	DHCFT/Gov/2017/076	NED Update - Safeguarding Committee	Ifti Majid	Use of Social Workers and optimisation of professionals in the organisation to support safeguarding – an update at the November meeting.	22.11.17	A range of developments are in place to optimise skill mix to support Trust operations. An update will be given at the meeting. COMPLETE.	Green
26.09.17	DHCFT/Gov/2017/079	Amendment to the Governors' Code of Conduct	Denise Baxendale	The revised Code of Conduct will be reissued for signature by all governors	22.11.17	Emailed to governors to sign. In place for new governors elected in November 2017.	Green
26.09.17			Sam Harrison	The Code of Conduct will be reviewed in one year's time.	22.11.17	Noted on the forward plan for Governance Committee to review ahead of discussion at Council of Governors in September 2018.	Green
05.10.17	DHCFT/GOV/2017/090	Welcome, Introductions	Sam Harrison	Quorum for Council of Governors to be reviewed following concern regarding the number of governors required to be quorate.	22.11.17	Action passed to Governance Committee as part of wider Constitution update discussions.	Green
05.10.17	DHCFT/GOV/2017/092	AOB/Meeting Effectiveness	Sam Harrison	Clarification on activities undertaken by Nominations & Remuneration Committee in regards to Non-Executive Directors responsibliities requested.	22.11.17	Copies of Nominations & Remuneration Terms of Reference, the 2016/17 Committee Year End Effectiveness Report resent to members of Governors Nominations & Remuneration Committee on 6 October. Also for discussion at future Nom & Rem meeting.	Green

Key		Agenda item for future meeting		YELLOW	0	0%
		Action Ongoing/Update Required		AMBER	0	0%
		Resolved		GREEN	7	100%
		Action Overdue		RED	0	0%
					7	100%

Derbyshire Healthcare NHS Foundation Trust
Report to <u>the Council of Governors</u> - 22nd November 2017

Chief Executive's Report to the Council of Governors

Purpose of Report:

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

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National Context

1. October 2017 saw the release of the Race Disparity Audit, commissioned last year to review how public services treat different ethnicities across the UK. The results are mixed. There are disparities between ethnic groups in all areas of life affected by public organisations. Some are more pronounced than others or have a greater impact on people's life chances and quality of life. In some areas, disparities are reducing, while in others, they are static or increasing. With respect to the Health sector the following key points should be noted:
    *   More than half of adults in all ethnic groups other than the Chinese group were overweight (having a Body Mass Index of 25 and over), and this was particularly so among the White and Black ethnic groups, affecting 2 out of 3 White and Black adults. Adults in the Mixed group were the most likely to be physically active but also the most likely to smoke.
    *   Most Asian groups express lower levels of satisfaction and less positive experiences of NHS General Practice services
    *   In the general adult population, Black women were the most likely to have experienced a common mental disorder such as anxiety or depression in the last week, and Black men were the most likely to have experienced a psychotic disorder in the past year. However, White British adults were more likely to be receiving treatment for a mental or emotional problem than adults in other ethnic groups.
    *   Black adults were more likely than adults in other ethnic groups to have been sectioned under the Mental Health Act
    *   The public sector workforce is a major employer, but ethnic minority employees are concentrated in the lower grades or ranks, and among younger employees.
    *   In 2016, 18% of the non-medical NHS workforce (all staff excluding doctors and dentists) were from an ethnic minority group (excluding White minorities).Only 7% of very senior managers and 11% of senior managers were from an ethnic minority group
    *   93% of NHS board members in England are White (which includes White ethnic minority backgrounds)

2. The Care Quality Commission has published *The state of health and adult social care in England 2016/17*, an annual assessment of quality performance, trends, and themes amongst all providers that are registered with the CQC. All providers that are registered with the CQC have now been inspected therefore providing a baseline view of quality across health and social care. The CQC concludes that most people are still receiving

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high quality care. While some providers have been successful at improving care despite the mounting pressures, there are signs quality is deteriorating in some services and staff are showing signs of strain. Key themes include:

- Increasing complexity of demand means that the entire health and social care system is at full stretch, with pressures especially noticeable where sectors connect and people transition between services.
- NHS staff have worked hard to protect and maintain quality, and many services originally rated as inadequate have used their CQC inspection reports to improve. However, too much care still needs improving and some providers have seen quality deteriorate including acute hospitals and mental health services.
- Staff resilience is a growing concern given sustained pressures from rising demand and workforce shortages.
- Significant risks remain in adult social care, where deterioration in quality would outpace improvement and gaps between need and provision would widen
- Fines for delayed transfers of care levied by the NHS on local authorities are causing tensions that are impeding more collaborative working to resolve problems.
- Better care requires more joined up services and better partnership working to address fragmentation of services and build care more seamlessly around people's needs. Cultures of safety, openness and transparency, with a leadership approach that applies equality and human rights thinking to quality improvement and actively involve patients, carers and families in these processes, are leading the development of new ways to deliver care more effectively

Local Context

3. NHS England and NHS Improvement held a national event for STP SROs on 26 September 2017. The emphasis of the event was that the STP focus now needs to be on implementation. David Behan from the CQC identified that STPs are at different levels of development with many displaying strong and positive leadership – however he emphasized that the task does not just require leadership but also required good management as well. In terms of delivery the greatest emphasis was on successfully managing 'winter'. It is likely that many requests for reporting may be via the STP. The Derbyshire system has agreed a winter plan and currently we are clarifying the various roles of the STP Board, STP PAG, A&E Delivery Board and Derbyshire Urgent Care Strategic Development Board with respect to plan delivery. Other issues that were discussed requiring continued focus were:
- Requirement to hit the national priority targets (Mental health, cancer and primary care)
- Workforce planning at a system level
- Financial pressures

An interim review of the progress against the Derbyshire STP plan that was published in October 2016 has been completed. Key points to note are:
- For some work streams the plan for 2017/18 does not reflect the plan that was submitted last year
- Several work streams are still in the set up phase.
- We have had success in reduced referrals, outpatient attendances, and non-elective admissions; excellent performance against the RTT targets for early intervention in psychosis; with greater system working, and all work streams fully operational, could we achieve transformation at greater scale and pace?
- There remain some hotspots where performance is not at the level required – for

example increased A&E attendances, performance against the 4 hour A&E target at Derby, cancer waits

The interim review has been discussed by the Provider Alliance Group (PAG) and at the Board to ensure that the system leaders are sighted on the progress against the original STP plan .Furthermore, PAG recommended that the work being taken forward by Finance Directors to identify suggested priority areas which require system working to contribute to financial recovery should consider the current performance challenges as highlighted in this review.

The STP Board held an away day at the end of October focussing on the need to take more control of leadership of the system, agree 4 or 5 priority action areas that would make a difference in moving towards the original triple aim of the STP.

I have attached as appendix 1 a detailed update and reminder presentation that I made at October Trust Board by way of bringing all governors up to date.

4. On the 19th November we held the second joint City/County Health and Wellbeing Board session facilitated by the Local Government Association. The focus of the event was integration, learning from other areas that perhaps are further ahead than Derbyshire and importantly looking at what actions we need to be taking that will support the system delivery.

5. During October both Health and Wellbeing Boards received the Futures in Mind (Children's) Local transformation Plan refresh. The vision of the single shared LTP is that, 'children and young people are able to achieve positive emotional health by having access to high quality, local provision, appropriate to their need, as well as a range of support enabling self-help, recovery and wellbeing. A health Needs Assessment has been carried out as part of the process that suggested the following

- As a system we are likely only to be engaging and supporting one in every four children and young people with a mental illness
- Evidence suggests that one in every ten school-aged children will suffer a mental illness, but that this will vary across vulnerable groups. For example, prevalence of mental illness in looked after children will be as much as 45%, and in the youth justice system as many as 1 in 5
- An estimated 13,000 CYP are currently experiencing mental ill health across Derby and Derbyshire
- Bullying remains a significant issue for CYP, with appearance, race, culture and religion dominating reasons behind it
- Schools are an important setting for CYP, but teachers do not always feel trained and able to support individuals with issues of emotional wellbeing
- Eligibility for 'Pupil Premium' is associated with deprivation, which is associated with poor outcomes for CYP. So in knowing which schools have greatest uptake of the premium we have a means of targeting interventions effectively
- There is inequity in referrals into and waits for Child & Adolescent Mental Health Services (CAMHS) services by geography, though the services themselves, including CAMHS RISE in the south of Derbyshire, continue to support good outcomes
- Parents of adolescents are the most unsupported of all groups of parents, yet they are likely to play one of the more significant roles from crisis through to

recovery.

The Health needs assessment has suggested that the plan needs to be amended by:

- Developing further the support offer to parents, to empower families to become more aware of and resilient to mental ill health in CYP, with a particular focus on conduct disorders.
- Developing further a whole-school approach to prevention and early intervention, including training for teachers and opportunities for CYP to comfortably and confidently talk about mental health during the school day.
- Transforming care of CYP with complex and comorbid needs, such as those who have a learning disability coupled with self-harm and behavioural difficulties, or eating disorder with autism, through intensive home-treatment.
- Developing the workforce, both in breadth of number and depth of skill, aligned to national FiM targets. This will be underpinned by the principles of Improving Access to Psychological Therapies (IAPT).
- Building community capacity, specifically in the voluntary and community sector (VCS), which should be coherent and Derbyshire-wide. A peer support, befriending scheme, online and telephone based provision for CYP needs to be embedded in the VCS offer.
- Continuing to work with NHSE to develop new and alternative models of care to respond to need differently, with a focus on enhanced community provision, the development of safe places and avoidance of higher cost CAMHS hospital and Tier 4 admission where less appropriate.
- To work alongside the development of 'place-based' commissioning to strengthen our support to CYP in their local area, including through Primary care, Public Health Nursing, Early Help and Schools.

The Trust are fully engaged with the developments proposed in the plan and more details will be presented to the Board as the plan is finalised.

Within our Trust

6. October the 10th was World mental Health day and this year the focus was on the mental health of workforce. In our Trust we held two events on 10th and 12th October that attracted large numbers of staff where they were able to look at home made goods stalls, get health and wellbeing advice and try out new activities. Many thanks to all those who worked so hard to pull together the events.

7. I am delighted to advise Governors that Dr Subodh Dave, Consultant Psychiatrist has been awarded the psychiatric trainer of the year award by the Royal College of Psychiatrists, this is a great accolade and testament to the commitment over many years Subodh has shown to his education roles.

8. Since our last Council meeting I have met with/visited our Healthcare Assistants as part of their practice development forum, staff at the Kedleston Unit, nurses, doctors and healthcare assistants on Cubley Male, Consultants at the Trust Medical Advisory Group and held the first of my *'Ifti on the Road sessions'*. Common themes that emerge from these meetings include:

- Staff tell me that they can see and appreciate our focus on our people, some of the initiatives are beginning to be recognised and are welcome.
- We are too slow as a Trust to respond to initiatives generated on the front line and it feels like there is still too few people at a very senior level who can give

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the go ahead to do something different.

- The messages and approaches we share at the most senior level in the Trust are not always filtering down to front line staff.
- Stability of leadership is key to strong team functioning and staff told me that they find it unsettling when we move managers around at short notice.
- The burden of paperwork remains a tension for frontline staff, CPA, connectivity to access Paris (though most people appreciated the benefits of an electronic system)
- We could do more to optimise the use of information particularly related to outcomes such as HONOS and clustering data
- Some services such as IAPT can still feel a bit peripheral to Trust core business as evidenced by things like access to rooms and reception staff.

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

9. Monday the 13th November was the first of our new Staff Forums. I have attached the agenda for you to see at appendix 2. The Forum was well attended though now it is launched I hope this will encourage more representatives to come forward. The Forum is a staff led meeting with an external facilitator where 4 or 5 issues are raised (following staff meeting to agree those priorities) and then discussed with a prime focus on actions. This Forum forms a key plank in our engagement approach and our absolute commitment to put our colleagues first as a clear strategy to help develop a culture of continued quality improvement.

10. After a period of planning the use of the Red2Green tool in the acute adult inpatient wards was introduced on Monday 9th October 2017. This introductory phase is expected to last 6 weeks, which will be followed by a review session on the 16th November 2017. 'Red and Green Bed Days' are a visual management system to assist in the identification of wasted time in a patient's journey. Applicable to in-patient wards in both acute and community settings, this approach is used to reduce internal and external delays as part of the SAFER patient flow bundle. At the centre of the system is the person receiving the acute care whose experience should be one of involvement and personal control, with an expectation of what will be happening. It can be useful to consider whether that person is able to answer these simple questions as soon as possible after their arrival at hospital:
- Do I know what is wrong with me or what is being excluded? This requires a competent senior assessment and discussion.
- What is going to happen now, later today and tomorrow to get me sorted out? The 'inputs' needed (diagnostic tests, therapeutic interventions etc.) with specified timelines.
- What do I need to achieve to get home? The 'clinical criteria for discharge' (CCD), a combination of physiological and functional parameters. 'Back to baseline' is rarely a useful phrase.
- If my recovery is ideal and there is no unnecessary waiting, when should I expect to go home? This is the 'expected date of discharge' (EDD) which should be set along with the CCD at the point of admission.

Lack of clarity to the answers to any one of these four questions will result in delays, with frustration and confusion for the patient. Questions 3 and 4 together can be used together to flush out unnecessary waiting along the pathway.

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On a Red day, patients typically receive care that could be provided in a non-acute setting (such as personal care, routine observations, usual medication). The key question is what is this patient waiting for to progress to the next phase of their care? It is only a Green day if any action undertaken could only be done as an inpatient for that particular patient's circumstances on that day. If an investigation is being undertaken that day, the day remains a Red day until the result of the investigation is acted upon. Likewise, if a patient is due for discharge that day and the discharge prescription medications are not ready, then it is a Red day. For many patients, weekends and Bank Holidays are frequently Red days.

If the approach to judging days as Red or Green is less than rigorous, few Red days will be identified and opportunities for reducing patient length of stay will be lost. Those wards that rigorously apply the process will identify many Red days and will be proactively trying to resolve the unnecessary waiting. Those wards that are not actively identifying many Red days or only around 'discharge processes' are either already extremely efficient (relatively rare) or are missing an opportunity to improve care delivery and flow.

The Process
- Start the daily, morning multi-disciplinary Board Round with all patients marked as 'Red'.
- The day remains as 'Red' if there is inadequate senior presence at the Board Round to allow firm decisions to be made
- The day remains as 'Red' if there is no clinically owned expected date of discharge (set assuming ideal recovery and no unnecessary waiting) with clinical criteria for discharge and a clear case management plan.
- The Board round should ensure that a patient's case management plan is progressed and converts the day to Green. If a patient requires an investigation that day to progress their care, then the day will only become Green if the investigation occurs that day and there is a clear plan of action with regard to the result. If the patient has not met their CCD and is receiving active interventions to get them to that state by tomorrow, the day is only 'Green' if the discharge prescription medications are ready by the evening before the expected date of discharge.
- The team must be clear what actions constitute a day being 'Green'. For example, these do not include observations being undertaken, oral medications etc.
- The Red and Green days process is linked to the SAFER patient flow bundle
- The constraints identified by wards to converting a Red day to a Green day need to be proactively managed at the Board round. Those that cannot be immediately resolved need an in-day escalation process.
- The escalation process needs to pro-actively manage the constraint. Failure to resolve constraints proactively and just 'report them' is a non-value adding process.
- At the end of each week, the top five constraints that could not be resolved by ward teams or following escalation should be considered by senior operational managers and where appropriate, added to local improvement plans.

11. The 3rd November saw us launch our reverse mentoring for equality, diversity &

6

inclusion with a sample of mentor training and a great career development masterclass led by Rasheed Ogunlaru who is a life coach. In addition (a little late) we also celebrated Black History Month with some thoughts and reflections from our BME Network representatives about those who had acted as an influence in their life.

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 is being reported into Council

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).	
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.	

7

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

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

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

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

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

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

The work being carried out in relation to the needs assessment for children's services is a good example of how understanding the detailed risks and opportunities for different parts of our communities can have an impact on service provision.

Recommendations

The Council of Governors is requested to:
1) Scrutinise the report, noting the risks and actions being taken
2) Seek further assurance around any key issues raised to support holding the Board through the NEDs to account for strategic delivery.

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

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

8

Update on the STP

2017

Our Society is changing and we need to change

- Nationally life expectancy is rising by an average of five hours a day

- 5.1% of Derbyshire's 1 million population are over the age of 80

- 1.1% of the population are less than a year old

- We have a high number of people living with:
  Dementia   Lung conditions   Diabetes

NHS Five Year Forward View 2014

- *The traditional divide between primary care, community services, and hospitals – largely unaltered since the birth of the NHS – is increasingly a barrier to the personalised and coordinated health services patients need."*

Why bring services together?

- We need to treat long term conditions better and provide care in the right place, when they need it, at the right time.
- Health and social care need to work seamlessly together
- We need to be as efficient as possible
- We need to make sure services are tailored and targeted to people and their communities
- Preventing physical and mental ill health and helping people to make better lifestyle choices

How the NHS and local authorities are integrating care?
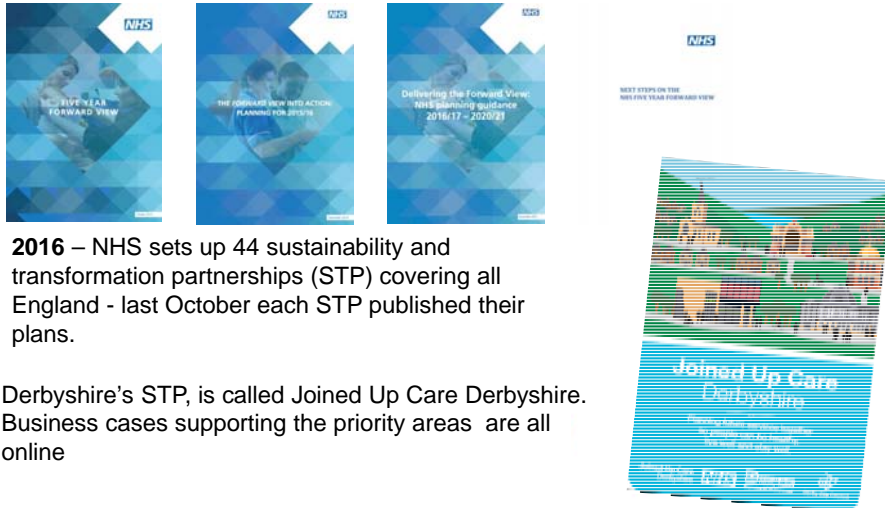
2016 – NHS sets up 44 sustainability and transformation partnerships (STP) covering all England - last October each STP published their plans.

Derbyshire's STP, is called Joined Up Care Derbyshire. Business cases supporting the priority areas are all online

So what is the plan?

- For the NHS to meet patients' needs better in future, there are three gaps that need to close which were all set out in the Five Year Forward View.
- To do this, every part of the NHS needs to understand:
  - local priorities and challenges related to the three gaps
  - how these are likely to evolve over the next five years

Health and wellbeing

Care and quality

Finance and efficiency

Measuring progress

NHS England

- In November 2016 NHSE said that the Derbyshire plans for health and social care was "*a credible base for operational planning*" and leadership and governance was considered to be strong.

- However, some nervousness was expressed to the speed of how expected changes were to be delivered and further work was suggested in relation to some of the financial assumptions made.

- Overall, the plan was felt to represent a good starting position and work began on developing the plans to the next stage

- In July 2017 NHS England published the STP progress dashboard.

DERBYSHIRE STP IS RATED: ADVANCED

www.england.nhs.uk

7

7

Financially – how are we shaping up

The financial gap does not go away and continues to be a challenge:

We have an estimated funding gap of £240m in our health system and £136m in our local authority over the next three years if we don't change the way we work

High Peak

Chesterfield & North East

Derbyshire Dales

Amber Valley

Derby

South

How is the Partnership moving forward?

All partners agreed a Governance structure which will help and support the system to make the changes it needs.
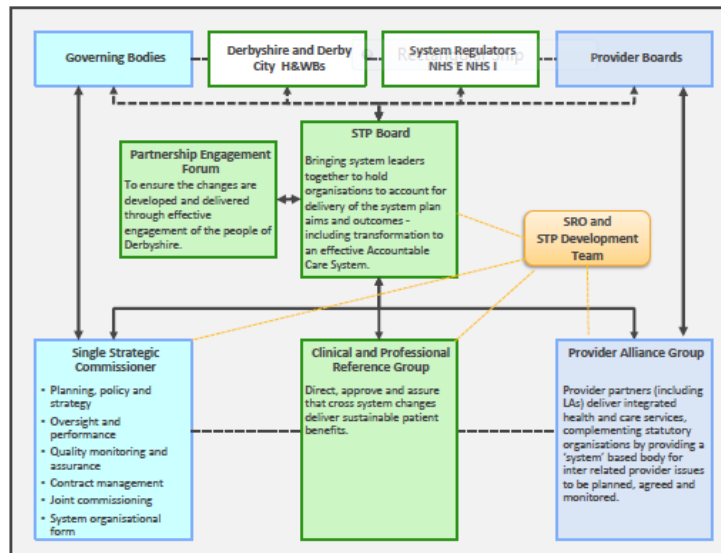
How is the Partnership moving forward?

The work we are doing in partnership, supports the national direction to move towards Accountable Care Systems.

What is an ACS?

NHS organisations (commissioners and providers) in partnership with local authorities, take on collective responsibility for resources and population health, providing joined up, better coordinated care.

- Acting on national priorities - taking strain off A&E, making it easier to see a GP, improving access to cancer and mental health services.

- More control over funding available supporting transformation.

- Accountability for improving health and wellbeing of population.

Joined Up Care
Derbyshire

How is the Partnership moving forward?

The four commissioners who plan, agree, contract for and monitor services on behalf of our local populations have appointed a Joint Accountable Officer – Dr Chris Clayton.

This will support the aim for Derbyshire to have a single strategic commissioning organisation that drives forward service transformation.

The four Derbyshire commissioners are:

Erewash Clinical Commissioning Group

Hardwick Clinical Commissioning Group

North Derbyshire Clinical Commissioning Group

South Derbyshire Clinical Commissioning Group

Joined Up Care
Derbyshire

So what's in the plan?

Our priorities:

1.To do more to prevent ill health and help people take good care of themselves.

2.To tailor services so they look after and focus on people in their communities, so people get better, more targeted care and support.

3.To make it easy for people to access the right care, whenever it is needed, so everyone gets better quality, quicker support across the system. This would help keep Accident & Emergency, Minor Injury Units and Urgent Care Centres free for patients who really need them.

4.To get health and social care working seamlessly together so people get consistently high quality, efficient, coordinated services, without gaps or duplication.

5.To make organisations as efficient as possible so money is pumped into services and care, with running costs kept low.

Joined Up Care
Derbyshire

So what's in the plan?

To deliver the priorities there are 10 work areas

Planned Care

Urgent Care

Place

Maternity

Cancer

Mental Health

Learning Disabilities

Children

Prevention

Primary Care

Joined Up Care
Derbyshire

Cancer	Mental health	Urgent Care
Change the way we prevent, screen, diagnose, treat and allow people to live with and beyond cancer.	Building primary care capacity to recognise and effectively manage people with mental health problems	Redesigning patient pathways in to Urgent Care. This involves reshaping the estates at CRHFT as well as the patient pathways into the Urgent Care Village at Derby.
	Building on social capital with less reliance on statutory services	
	Ensuring physical and mental health needs are met regardless of diagnosis	7 day hospital services

Learning Disabilities	Primary Care	Place
Development of county wide approaches to: • Integrated Community Learning Disability Teams • Assessment & Treatment model, including crisis intervention • Short breaks (Respite) • Enhanced pathway for people with autism	Invest in General Practice to deliver the change needed as set out in the overarching approach to deliver care tailored to people's needs in places they live.	Prioritising people's health needs, enabling a targeted approach to the development and implementation of place based models of care
		Make sure that people with ongoing complex needs are helped to be independent and in control of their own care plans
	Look at how we might offer appropriate access to bring real benefits to patients and the system	Put in place models of care across all places which could include home visiting service for acute patients, care home service

Children's

Working within existing budgets to improve number of children receiving services, reducing waiting times, reduce inappropriate demand on urgent care. Focussing on:

Maternity

Working within existing budgets to improve number of children receiving services, reducing waiting times, reduce inappropriate demand on urgent care. Focussing on:

Prevention

Upgrading the Derbyshire approach to improving population health and wellbeing, embedding the prevention agenda in all relevant organisations and agencies

Improving workforce health and wellbeing across the Derbyshire public sector

Increasing the reach and effectiveness of health improvement programmes including; weight management, smoking cessation, reducing harmful alcohol consumption and increasing levels of physical activity

Planned Care

An integrated 'end to end' planned care system for a particular patient group or service specialty, will shift from acute setting to community,.

One standardised planned care system for example standardise protocols for theatre efficiency**7000**

So what have we done?

Together as a system we have reduced the number of times people have had to stay in hospital by more than 1,000 during April – July this year.

Let's get you home...

Rolling out the Red Bag scheme across Derbyshire

ined Up Care Derbyshire

Getting people back home

Chesterfield Royal Hospital, Derbyshire Community Health Services and Derbyshire County Council are pooling expertise and resources to successfully put a nationally recognised way of working in place that's getting people back home - or to a residential nursing home - when they're medically fit to leave.

Around one third of patients admitted to hospital in a medical emergency are over 80 years old and for this group in particular a prolonged stay in hospital runs the risk of reduced mobility, loss of muscle strength, lack of independence and risk of infection.

'Discharge to Assess' means bringing lots of services together to get a patient home, keep them safe and make sure they're supported while they continue to recover.

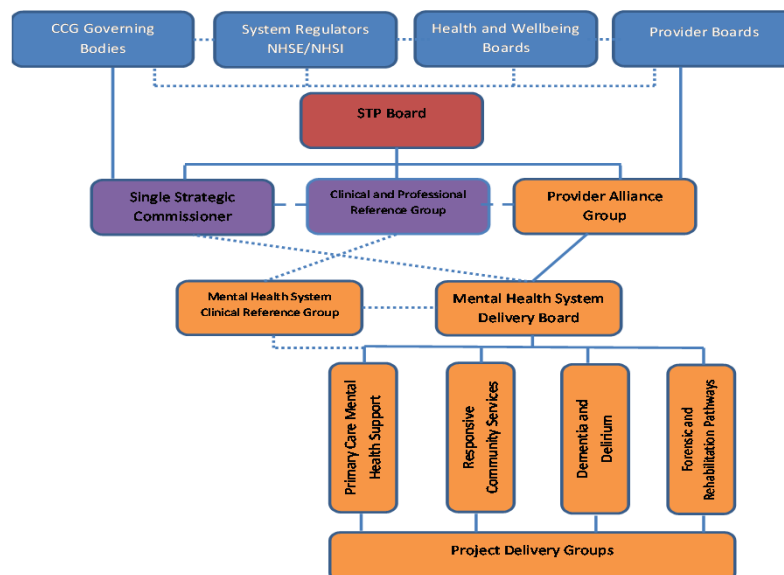**Joined Up Care**
Derbyshire
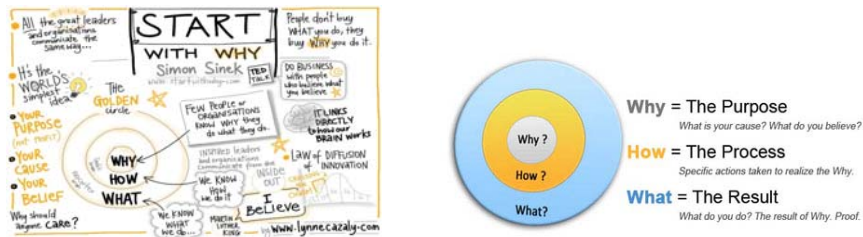
Getting people back home

it's an anxious time for family members and the thought of them coming home, and worrying how they'll cope, can be difficult. Changing traditional views about hospital being the best place for someone is a challenge.
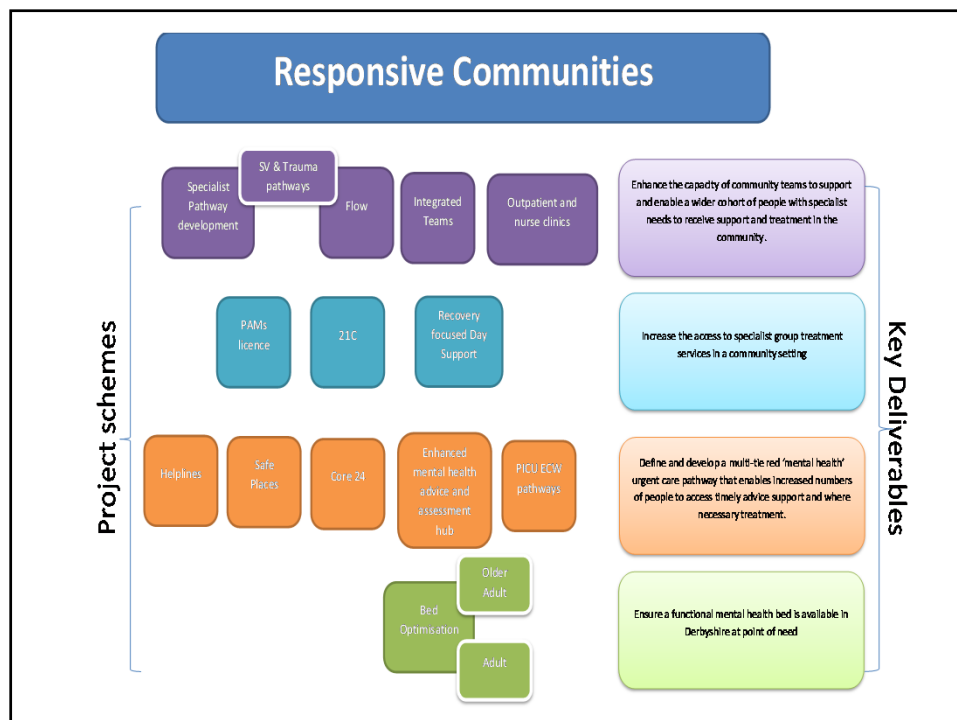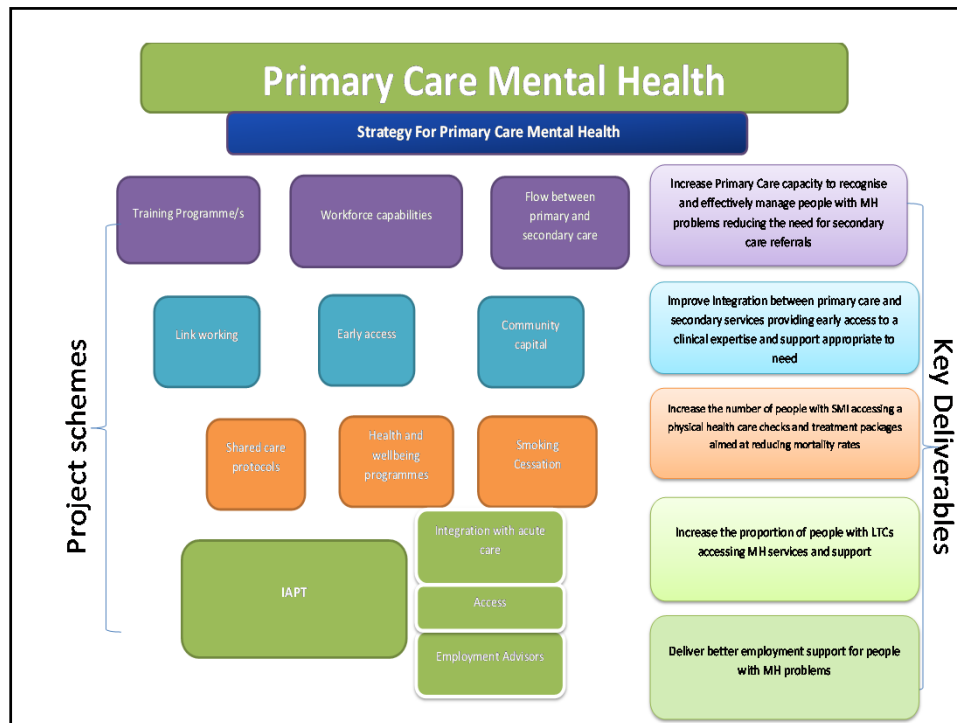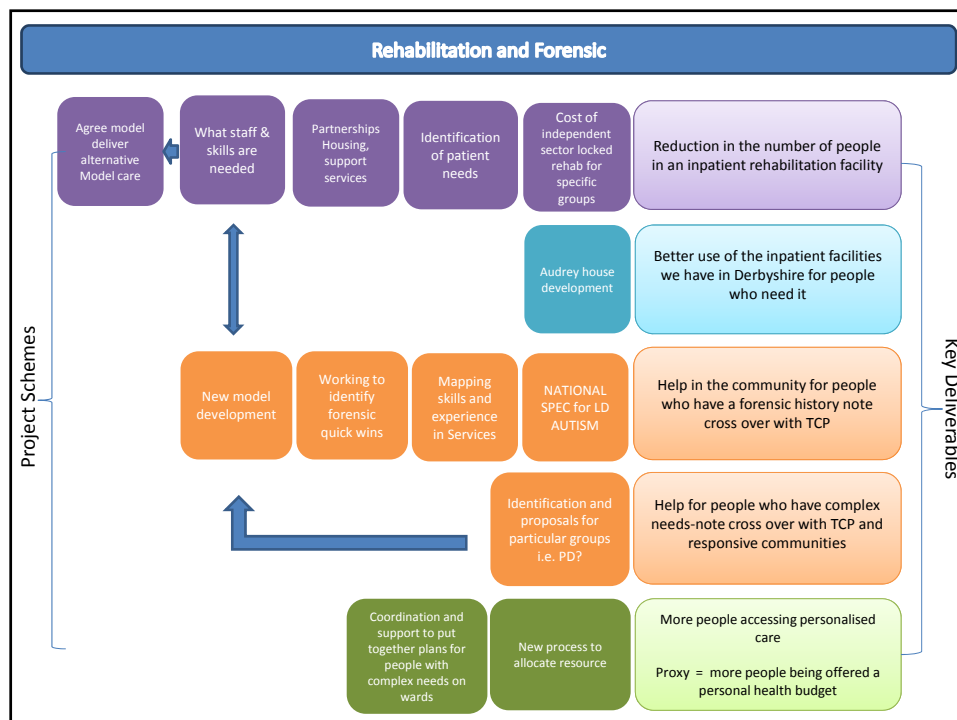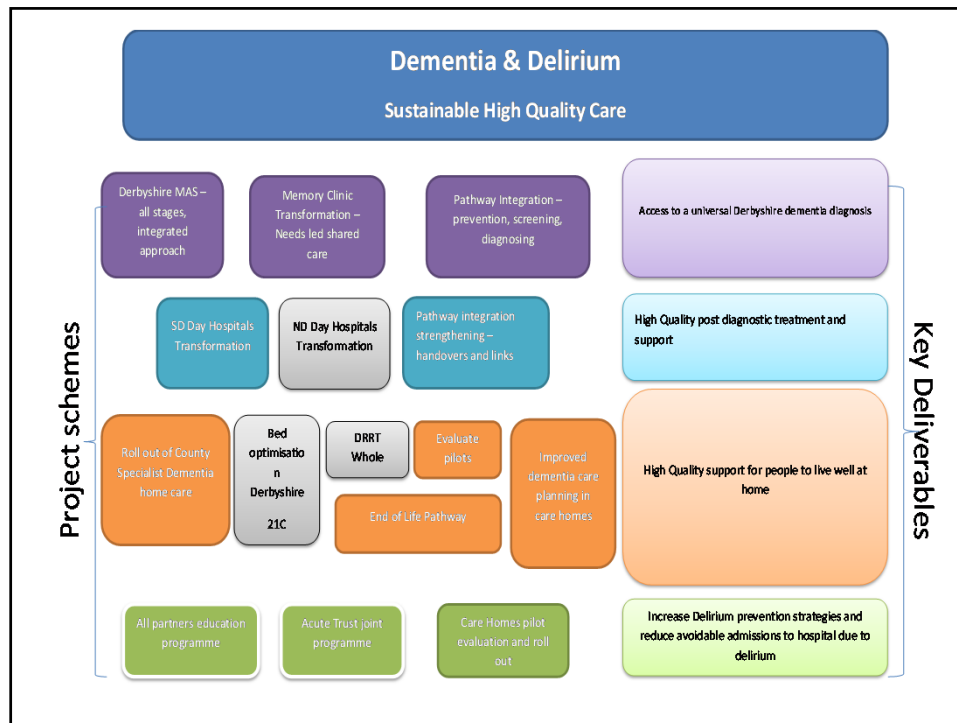
Joined Up Care
Derbyshire

Mental Health Workstream

Mental Health System Delivery Board Governance Chart

Primary Care Mental Health

Strategy For Primary Care Mental Health

Project schemes

Training Programme/s · Workforce capabilities · Flow between primary and secondary care

Link working · Early access · Community capital

Shared care protocols · Health and wellbeing programmes · Smoking Cessation

IAPT · Integration with acute care · Access · Employment Advisors

Key Deliverables

Increase Primary Care capacity to recognise and effectively manage people with MH problems reducing the need for secondary care referrals

Improve Integration between primary care and secondary services providing early access to a clinical expertise and support appropriate to need

Increase the number of people with SMI accessing a physical health care checks and treatment packages aimed at reducing mortality rates

Increase the proportion of people with LTCs accessing MH services and support

Deliver better employment support for people with MH problems

Responsive Communities

Project schemes

Specialist Pathway development · SV & Trauma pathways · Flow · Integrated Teams · Outpatient and nurse clinics

PAMs licence · 21C · Recovery focused Day Support

Helplines · Safe Places · Core 24 · Enhanced mental health advice and assessment hub · PICU ECW pathways

Bed Optimisation · Older Adult · Adult

Key Deliverables

Enhance the capacity of community teams to support and enable a wider cohort of people with specialist needs to receive support and treatment in the community.

Increase the access to specialist group treatment services in a community setting

Define and develop a multi-tie red 'mental health' urgent care pathway that enables increased numbers of people to access timely advice support and where necessary treatment.

Ensure a functional mental health bed is available in Derbyshire at point of need

Dementia & Delirium
Sustainable High Quality Care

Project schemes

Derbyshire MAS – all stages, integrated approach	Memory Clinic Transformation – Needs led shared care	Pathway Integration – prevention, screening, diagnosing	Access to a universal Derbyshire dementia diagnosis
SD Day Hospitals Transformation	ND Day Hospitals Transformation	Pathway integration strengthening – handovers and links	High Quality post diagnostic treatment and support

Roll out of County Specialist Dementia home care

Bed optimisation Derbyshire 21C

DRRT Whole

Evaluate pilots

End of Life Pathway

Improved dementia care planning in care homes

High Quality support for people to live well at home

All partners education programme

Acute Trust joint programme

Care Homes pilot evaluation and roll out

Increase Delirium prevention strategies and reduce avoidable admissions to hospital due to delirium

Key Deliverables

Rehabilitation and Forensic

Project Schemes

Agree model deliver alternative Model care

What staff & skills are needed

Partnerships Housing, support services

Identification of patient needs

Cost of independent sector locked rehab for specific groups

Reduction in the number of people in an inpatient rehabilitation facility

Audrey house development

Better use of the inpatient facilities we have in Derbyshire for people who need it

New model development

Working to identify forensic quick wins

Mapping skills and experience in Services

NATIONAL SPEC for LD AUTISM

Help in the community for people who have a forensic history note cross over with TCP

Identification and proposals for particular groups i.e. PD?

Help for people who have complex needs-note cross over with TCP and responsive communities

Coordination and support to put together plans for people with complex needs on wards

New process to allocate resource

More people accessing personalised care

Proxy = more people being offered a personal health budget

Key Deliverables

Getting out and talking to people

2017

Starting the conversation

Working in partnership with Healthwatch Derby and Derbyshire and the voluntary sector we have visited markets, meetings, and events across Derbyshire and spoken to approximately 1,000 people about the future of health and social care.

More than 200 carers have given us their thoughts on the ideas set out for the future of health and care

Starting the conversation

More than 200 people have answered our questionnaire

Please get in touch and have your say:
http://www.southernderbyshireccg.nhs.
cations/joinedupcarederbyshire/

- In addition to these opportunities to get involved with the conversation on the future health and care services for Derbyshire there is also engagement work taking place on specific areas including:

- Derby and Burton Collaboration - http://www.burtonderbycollaboration.co.uk/

- Belper - http://www.southernderbyshireccg.nhs.uk/have-your-say/consultations/belper-health-services/

- Others include self care and gluten free: http://www.southernderbyshireccg.nhs.uk/have-your-say/consultations/

Joined Up Care
Derbyshire

NHS
Derbyshire Healthcare
NHS Foundation Trust

**9.00 am
The FIRST staff forum Monday 13 November at The Post Mill Centre, South Normanton**

Refreshments

Come along and meet forum members

Introductions
Forum members introduce themselves

15 minutes
9.30 – 9.45 am

Chief Executive introduction and Trust update

15 Minutes
9.45 – 10.00 am

Making the staff forum work

30 minutes
10.00 – 10.30 am

Refreshments
10.30 am

Information Technology
To reduce stress and frustration and wasted time

30 minutes
10.45 – 11.15 am

Access to network and Wi-Fi
Reliability of current equipment
Limitations of PARIS
Information recording
Too much reliance on technology?

How we achieve consistent leadership and management behavior around the 6Cs*

30 minutes
11.15 – 11.45 am

Review of the meeting

11.50 am

CLOSE
Noon

*6Cs: CARE, COMPASSION, COMPETENCE, COMMUNICATION, COURAGE, COMMITMENT

Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 1 November 2017

Integrated Performance Report Month 7

Purpose of Report

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

Executive Summary

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

The Quality dashboard has been enhanced this month to include graphs to identify trends over the past six months and the past two quarters. Currently only data for the last two quarters is available, but this will build to present a rolling four quarters position.

Board members will also note that a level of operational detail has been taken out of this report. This will be presented and used to inform decisions and actions at Divisional Performance reviews and Trust Management Team. Where Board members require further assurance regarding performance greater detail on the actions being undertaken by Trust teams will be provided through the Board Committee structure, via the Executive Leadership or Trust Management Teams.

In addition, colleagues will note that the executive summary has been presented in a slightly different way with a focus on the main inter-relationships between current performance concerns along with actions and mitigation that the Executive team are taking forward.

Regarding month 7 performance there are a number of key issues that remain a challenge both within our inpatient and community services. The focus of this summary is on these two broad areas.

Inpatient Services
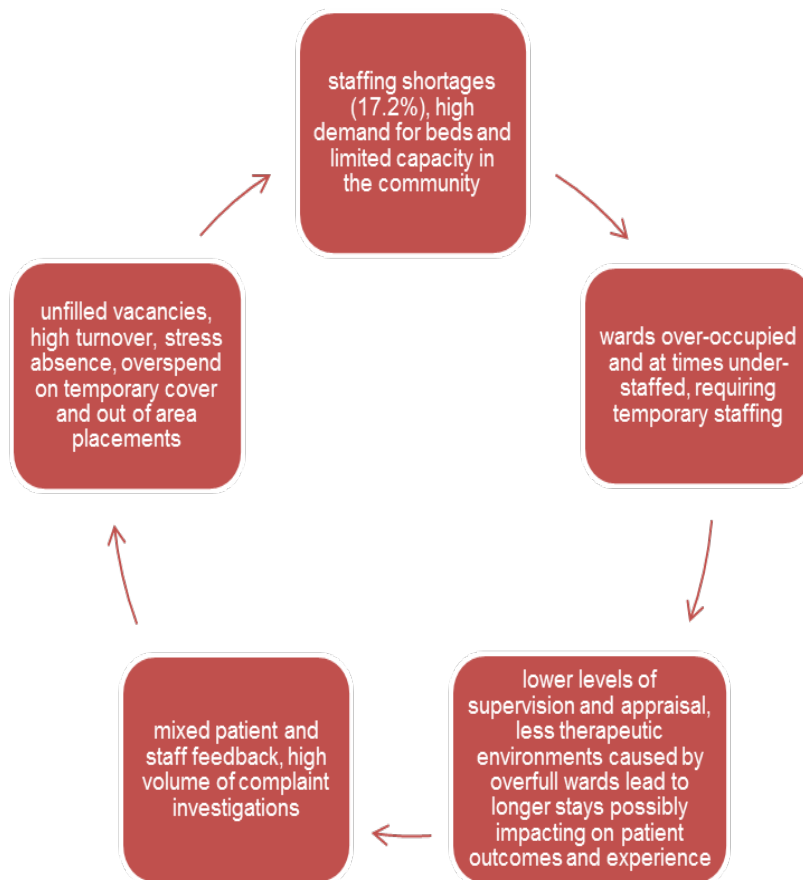
There are specific action plans or programmes of work in place to mitigate the risks and issues set out above.

1. Introduced Red2Green programme which focuses on most efficient use of the resource available to reduce length of stay, therefore impacting positively on bed occupancy and the need for placing patients out of area. Trust Management Team has oversight of this programme.

2. Emergency Care Improvement Programme (ECIP) facilitated health economy wide workshop to support all partners to develop an integrated mental health urgent care work plan, with a focusing on avoiding 12 hour trolley breaches, but to also seek to resolve the underlying factors that contribute to these. Action plan has been agreed and presented to A&E Board and will continue to be reported there by DHcFT and will be overseen by Trust Management Team.

3. Inpatient staffing and recruitment plan focusing on recruitment and retention strategies, for example recruitment fairs, overseas employment, return from retirement schemes, advance recruitment of students from universities, rotation schemes, development of internal bank.

4. Continued implementation of the Trust's workforce plan, introducing Occupational Therapists and a Pharmacy Technician in inpatient

establishments.

5. Continued review of all agency staffing requests to ensure tight grip over both quality and finances. Bi-weekly meetings in place to review this.

6. Owing to Band 7 ward managers remaining in staffing numbers the provision of formal supervision sessions remains a challenge but by having senior clinicians operating in the numbers this offers a higher level of clinical support to junior staff. Clinical practice facilitators have been introduced to assist with supervision of students to ensure positive placements thus reducing the supervisory burden on ward staff and enhancing the likelihood of students wanting to return to ward areas for permanent employment.

7. Currently scoping a formal review of the Trust's adult acute inpatient services, similar to the recent review of Crisis Resolution Home Treatment service.

Community Services
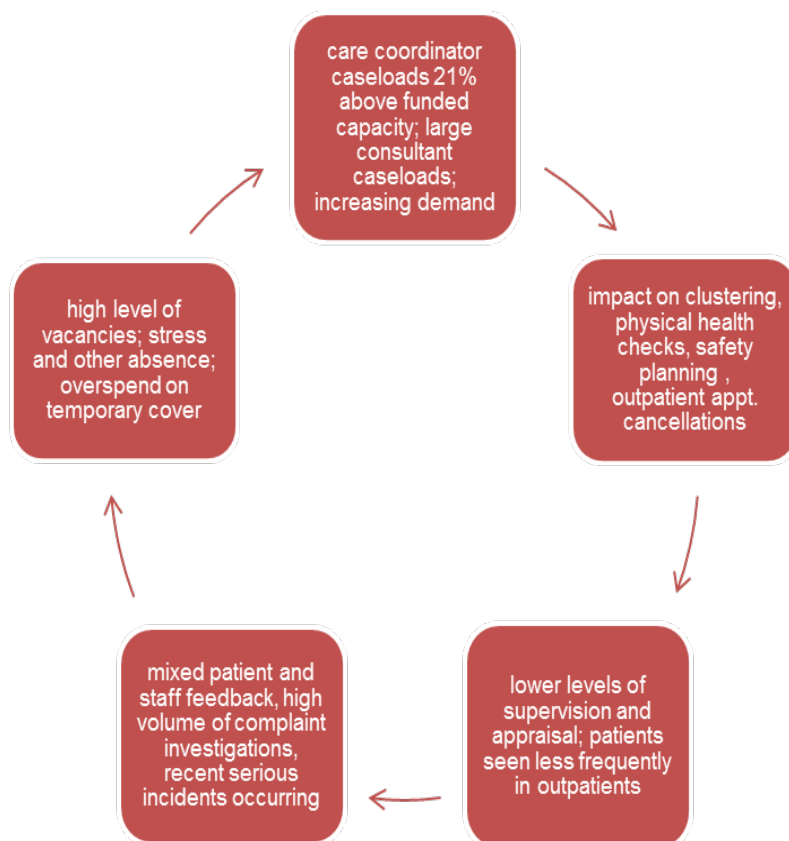
There are specific action plans or programmes of work in place to mitigate the risks and issues set out above.

1. A review of Neighbourhood model is being undertaken focusing upon the clinical model and how more capacity could be created from limited resources. Trust Management Team will have oversight of this work.

2. Community capacity shortfall has been raised continually with commissioners and is risk-registered. There are ongoing actions to mitigate risks by the introduction of new initiatives, e.g. nurse-led clinics, pre-discharge groups,

rapid access in need and introduction of non-medical prescribers.

3. A number of changes have been introduced in relation to clustering deficits, e.g. electronic flag not to use clusters 0-3.

4. A review has been undertaken by the Deputy Medical Director to review clinic cancellations and Did Not Attend (DNAs), with a separate report provided to Board members for further discussion.

5. Supervision and appraisal action plans are in place and monitored and are showing some improvement.

6. There is emphasis on the staff survey feedback, with clear plans to communicate "you said, we did" actions.

7. Continued implementation of the Trust's workforce plan, introducing new roles into community teams. Over recruitment into specific community teams in key hotspot areas such as Derby City Neighbourhood remains in place.

8. Continued review of all agency staffing requests to ensure tight grip over both quality and finances. Bi-weekly meetings in place to review this.

The cumulative financial effect of the issues identified in this report is the same as last month. In surplus terms, the Trust is ahead of plan year to date by £1.1m. The forecast remains to achieve the control total at the end of the financial year.

With regard to other financial performance factors, the Use of Resources (UoR) metrics is a 2 year to date and is forecast to be a 2 at the end of the financial year. Current performance is strong in most measures. Forecast-wise four of the five metrics remain strong at 2, 1, 1 and 2, but the agency spend against ceiling is forecast to be a 3 by year end. This is, however, still better than last year and would meet our objective of being less than 50% above the ceiling. Currently the forecast for agency medical expenditure is above the required reduction by £504k. However it is important to note that the forecast includes a contingency for unforeseen medical agency requirements of £160k.

Planning continues for additional cost improvement action required to achieve 17/18 control total financial plan and to seek to address the level of non-recurrent CIP in preparation for 2018/19. The residual Commissioner-driven QIPP disinvestment schemes are not agreed and discussions with Commissioners about this are ongoing.

The numbers reported in the attached finance report are consistent with the numbers reported in the monthly finance return sent to NHS Improvement on 16th October 2017.

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

Assurances

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

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

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

Consultation

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

Governance or Legal Issues

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

Public Sector Equality Duty & Equality Impact Risk Analysis

The author has a responsibility to consider the equality impact and evidence on the nine protected characteristics (REGARDS people) (Public Sector Equality Duty & Equality Impact Risk Analysis)

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

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

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

Actions to Mitigate/Minimise Identified Risks

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

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

Recommendations

The Board of Directors is requested to consider the content of the paper and consider the level of assurance obtained on current performance across the areas presented.

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

Financial Perspective

Highlights
- Surplus ahead of plan year to date
- Forecast achievement of control total
- Cash better than plan
- Delivery of Cost Improvement Programme

Challenges
- Containment of agency expenditure within ceiling set by NHSI
- Receipt of full CQUIN income assumed in forecast
- Reduction in Out of Area costs
- High level of non-recurrent CIP
- Additional action required to achieve forecast control total

Operational Perspective

Highlights
- Delayed Transfers has not breached the target
- Inpatient 28 day readmissions not breached.

Challenges
- Data completeness - Priority Metrics
- Clustering continues to be a challenge
- Cancellations and DNAs in outpatients
- The process of monitoring discharge emails sent in 2 working days is under review

People Perspective

Highlights
- Compulsory training compliance remains high and is above the 85% target.

Challenges
- Monthly and annual sickness absence rates remain high, but are reducing.
- Budgeted Fte vacancies remain high, but continue to reduce.
- Appraisal compliance rates remain low, but have increased.

Quality Perspective

Highlights
The dashboard has been improved this month to include graphs to identify trends over the past 6 months and the past 2 quarters. Currently only data for the last 2 quarters is available, but this will build to present a rolling 4 quarters position going forward.
- After an increase in serious incidents in May 2017, the number has stabilised
- Incidents of prone restraint has reduced following an increase in July 2017
- Patient on staff physical assaults has reduced
- No of absconsions has reduced significantly this month
- No of patients on a safety plan is steadily increasing
- No of outstanding actions following complaint investigations has decreased. The target has been amended from 0 to 5 to allow comparison

Challenges
- Incidents and episodes of seclusion has increased again, following a reduction in August, but remain stable overall
- No of outstanding actions following serious incident investigations has increased this month, The target has been amended from 0 to 5 to allow comparison

D - IPR as presented to Public Board on 1 November 2017.pdf

Category	Sub-set	Metric	Period	Plan	Actual	Rating	Trend	Key Points
Governance	Use of Resources (UoR) Metric	**Overall Use of Resources Metric**	YTD	1	2	Y	⬇	At the end of September the Use of Resources Rating is an overall '2'.
			Forecast	1	2	Y	⮕	
		Capital Service Cover	YTD	2	2	Y	⮕	
			Forecast	2	2	Y	⮕	
		Liquidity	YTD	1	1	G	⮕	Forecast is a rating of '2' which is slightly worse than the plan of '1'. This is mainly driven by the agency metric which is forecast at a '3' for the end of the financial year.
			Forecast	1	1	G	⮕	
		Income and Expenditure Margin	YTD	1	1	G	⮕	
			Forecast	1	1	G	⮕	
		Income and Expenditure variance to plan	YTD	1	1	G	⮕	
			Forecast	1	2	Y	⮕	
		Agency variance to ceiling	YTD	1	3	A	⬇	
			Forecast	1	3	A	⮕	
	Single Oversight Framework	NHS I Segment	YTD		2	n/a	n/a	

Category	Sub-set	Metric	Period	Plan	Actual	Variance	Trend	Key Points
I&E and profitability	Income and Expenditure	Control Total position £'000	In-Month	273	259	R 🔴	⬆	At the end of September the surplus is ahead of plan by £1.1m. This is due to additional non-recurrent income related to an overage on a previous asset sale being received in a previous month. The forecast is to achieve the control total at the end of the financial year.
			YTD	1,633	2,699	G 🟢	⬆	
			Forecast	2,765	2,765	G 🟢	⮕	
		Control Total position ex STF £'000	In-Month	220	206	R 🔴	⬆	
			YTD	1,355	2,421	G 🟢	⬆	
			Forecast	1,971	1,971	G 🟢	⮕	
		Normalised Income and Expenditure position £'000	In-Month	220	224	G 🟢	⬆	The normalised forecast takes out the non-recurrent income and expenditure. Without the non-recurrent income mentioned we would have a gap to the control total.
			YTD	1,355	1,655	G 🟢	⬆	
			Forecast	1,971	1,256	R 🔴	⬆	
	Profitability	Profitability - EBITDA £'000	In-Month	886	851	R 🔴	⬆	
			YTD	5,350	5,299	R 🔴	⬆	
			Forecast	10,159	8,939	R 🔴	⬂	EBITDA is forecast £1.2m behind plan. This is offset by below the line items such as profit on disposal, small underspends on depreciation and Public Dividend Capital payments.
		Profitability - EBITDA %	In-Month	7.9%	7.4%	R 🔴	⬈	
			YTD	8.0%	7.7%	R 🔴	⮕	
			Forecast	7.6%	6.5%	R 🔴	⮕	

Category	Sub-set	Metric	Period	Plan	Actual	Variance	Trend	Key Points
Liquidity	Cash	Cash £m	YTD	12.864	16.516	G 🟢	⬇	Cash is ahead of plan year to date due to the overage income and the additional STF income from 2016/17. The forecast cash is ahead of plan by £3.85m which is due to the current cash balance plus forecast cash receipts from asset disposals.
			Forecast	12.193	16.046	G 🟢	⮕	
	Net Current Assets	Net Current Assets £m	YTD	8.158	8.422	G 🟢	⬆	
			Forecast	8.345	7.161	R 🔴	⮕	
	Capex	Capital expenditure £m	YTD	1.390	0.647	R 🔴	⬇	Capital expenditure is behind plan year to date but is forecast to achieve full spend.
			Forecast	3.338	3.338	G 🟢	⮕	

Category	Sub-set	Metric	Period	Plan	Actual	Variance	Trend	Key Points
Efficiency	CIP	CIP achievement £m	In-Month	0.321	0.316	R 🔴	⬆	CIP is ahead of plan YTD and the forecast assumes an overachievement of £1m by the end of the financial year. A significant amount of CIP is non-recurrent in nature.
			YTD	1.925	2.890	G 🟢	⬂	
			Forecast	3.850	4.809	G 🟢	⬆	
			Recurrent	3.850	1.719	R 🔴	⬇	

Key:

Period In-Month = Current Month

YTD = Year to Date

Forecast = Year end out-turn

🟢 Achieving plan

🔴 Not achieving plan

Plan – In-month or Year end Trust plan ⬆⬂⬇ Trend comparing current month against previous month actual/YTD/Forecast

Category	Sub-set	Metric	Period	Plan	Actual	Variance	Trend	Last 12 Months	Key Points
Performance Dashboard	NHSI	CPA 7 Day Follow-up (M)	Month	95.00%	100.00%	G 🟢	⬆		All NHS metrics are all compliant except "Priority Metrics" which is a new indicator since April 2017. See detailed slide for actions in place to address the under performance. For each metric we have indicated if it is monitored by NHS Quarterly (Q) or Monthly (M).
			Quarter	95.00%	97.53%	G 🟢	➡		
		Data completeness - Identifiers (M)	Month	95.00%	99.44%	G 🟢	➡		
			Quarter	95.00%	99.44%	G 🟢	➡		
		Data completeness - Priority Metrics (M)	Month	85.00%	72.01%	R 🔴	➡		
			Quarter	85.00%	69.90%	R 🔴	⬇		
		Crisis Gatekeeping (Q)	Month	95.00%	100.00%	G 🟢	⬆		
			Quarter	95.00%	99.52%	G 🟢	➡		
		IAPT RTT within 18 weeks (Q)	Month	95.00%	100.00%	G 🟢	➡		
			Quarter	95.00%	99.90%	G 🟢	➡		
		IAPT RTT within 6 weeks (Q)	Month	75.00%	92.03%	G 🟢	➡		
			Quarter	75.00%	93.34%	G 🟢	⬇		
		Early Intervention in Psychosis RTT Within 14 Days - Complete (Q)	Month	50.00%	100.00%	G 🟢	⬆		
			Quarter	50.00%	91.78%	G 🟢	⬆		
		Early Intervention in Psychosis RTT Within 14 Days - Incomplete (Q)	Month	50.00%	86.67%	G 🟢	⬆		
			Quarter	50.00%	85.19%	G 🟢	⬆		
		Patients Open to Trust In Employment (M)	Month	N/A	9.33%		➡		
			Quarter	N/A	8.98%		➡		
		Patients Open to Trust In Settled Accommodation (M)	Month	N/A	59.73%		➡		
			Quarter	N/A	56.94%		⬇		
		Under 16 Admissions To Adult Inpatient Facilities (M)	Month	0	0	G 🟢	➡		
			Quarter	0	0	G 🟢	➡		
		IAPT People Completing Treatment Who Move To Recovery (Q)	Month	50.00%	55.21%	G 🟢	⬆		
			Quarter	50.00%	52.02%	G 🟢	⬇		
		Physical Health - Cardio-Metabolic - Inpatient (Q)	Month	N/A					
			Quarter	N/A					
		Physical Health - Cardio-Metabolic - EI (Q)	Month	N/A					
			Quarter	N/A					
		Physical Health - Cardio-Metabolic - on CPA (Community) (Q)	Month	N/A					
			Quarter	N/A					

Key:

Period   Month   Current Month   🟢 Achieving target

                Quarter   Current Quarter   🔴 Not achieving target

Category	Sub-set	Metric	Period	Plan	Actual	Variance	Trend	Last 12 Months	Key Points
Performance Dashboard	Locally Agreed	CPA Settled Accommodation	Month	90.00%	95.28%	G 🟢	➡️		
			Quarter	90.00%	95.28%	G 🟢	➡️		
		CPA Employment Status	Month	90.00%	96.85%	G 🟢	➡️		
			Quarter	90.00%	96.85%	G 🟢	➡️		
		Data completeness - Identifiers	Month	99.00%	99.44%	G 🟢	➡️		
			Quarter	99.00%	99.44%	G 🟢	➡️		
		Data completeness - Outcomes	Month	90.00%	93.30%	G 🟢	➡️		
			Quarter	90.00%	93.30%	G 🟢	➡️		
		Patients Clustered not Breaching Today	Month	80.00%	75.31%	R 🔴	➡️		An action plan has been implemented. We should be able to start evaluating the impact of the actions as each is completed over the next few months.
			Quarter	80.00%	75.86%	R 🔴	⬇️		
		Patients Clustered regardless of review dates	Month	96.00%	94.10%	R 🔴	➡️		
			Quarter	96.00%	94.19%	R 🔴	➡️		
		7 Day Follow-up - all inpatients	Month	95.00%	97.37%	G 🟢	➡️		
			Quarter	95.00%	95.57%	G 🟢	➡️		
		Ethnicity coding	Month	90.00%	91.61%	G 🟢	⬇️		
			Quarter	90.00%	91.61%	G 🟢	⬇️		
		NHS Number	Month	99.00%	100.00%	G 🟢	➡️		
			Quarter	99.00%	100.00%	G 🟢	➡️		
		CPA Review in last 12 Months (on CPA > 12 Months)	Month	95.00%	96.49%	G 🟢	➡️		
			Quarter	95.00%	96.49%	G 🟢	➡️		
		Community Care Data - Activity Information Completeness	Month	50.00%	93.43%	G 🟢	➡️		
			Quarter	50.00%	93.88%	G 🟢	➡️		
		Community Care Data - RTT Information Completeness	Month	50.00%	92.31%	G 🟢	➡️		
			Quarter	50.00%	92.31%	G 🟢	➡️		
		Community Care Data - Referral Information Completeness	Month	50.00%	73.90%	G 🟢	➡️		
			Quarter	50.00%	74.83%	G 🟢	⬇️		
		Early Interventions New Caseloads	Month	95.00%	100.00%	G 🟢	⬇️		
			Quarter	95.00%	100.00%	G 🟢	⬇️		
		Clostridium Difficile Incidents	Month	7	0	G 🟢	➡️		
			Quarter	7	0	G 🟢	➡️		
		18 Week RTT Greater Than 52 weeks	Month	0	0	G 🟢	➡️		
			Quarter	0	0	G 🟢	➡️		

Category	Sub-set	Metric	Period	Plan	Actual	Variance	Trend	Last 12 Months	Key Points
Performance Dashboard	Schedule 6	Consultant Outpatient Trust Cancellations	Month	5.00%	6.12%	R 🔴	⬆		The most common reason was "consultant absent from work". Alternative approaches to outpatient appointment booking are being piloted.
			Quarter	5.00%	7.66%	R 🔴	⬆		
		Consultant Outpatient DNAs	Month	15.00%	15.84%	R 🔴	➡		
			Quarter	15.00%	16.14%	R 🔴	➡		
		Under 18 admissions to Adult inpatients	Month	0	0	G 🟢	➡		
			Quarter	0	1	G 🟢	⬇		
		Outpatient letters sent in 10 working days	Month	90.00%	92.33%	G 🟢	⬆		
			Quarter	90.00%	91.64%	G 🟢	⬆		
		Outpatient letters sent in 15 working days	Month	95.00%	96.93%	G 🟢	➡		
			Quarter	95.00%	96.46%	G 🟢	⬆		
		Inpatient 28 day readmissions	Month	10.00%	8.13%	G 🟢	⬆		
			Quarter	10.00%	9.63%	G 🟢	➡		
		MRSA - Blood stream infection	Month	0	0	G 🟢	➡		
			Quarter	0	0	G 🟢	➡		
		Mixed Sex accommodation breaches	Month	0	0	G 🟢	➡		
			Quarter	0	0	G 🟢	➡		
		Discharge Emails sent in 2 working days	Month						Process under review
			Quarter						
		Delayed Transfers of Care	Month	0.80%	0.57%	G 🟢	➡		
			Quarter	0.80%	1.22%	R 🔴	➡		
		18 Week RTT Less Than 18 Weeks - Incomplete	Month	92.00%	96.60%	G 🟢	⬇		
			Quarter	92.00%	97.07%	G 🟢	➡		

OPERATIONAL OVERVIEW – SEPTEMBER 2017 Enclosure D

Category	Sub-set	Metric	Period	Plan	Actual	Variance	Trend	Last 12 Months	Key Points
Performance Dashboard	Fixed Submitted Returns	18 weeks RTT greater than 52 weeks	Month	0	0	G ●	➡		Compliant with Fixed Targets
			Quarter	0	0	G ●	➡		
		18 Week RTT incomplete	Month	92.00%	95.32%	G ●	⬇		
			Quarter	92.00%	95.91%	G ●	➡		
		Mixed Sex accommodation breaches	Month	0	0	G ●	➡		
			Quarter	0	0	G ●	➡		
		Completion of IAPT Data Outcomes	Month	90.00%	96.80%	G ●	➡		
			Quarter	90.00%	96.34%	G ●	➡		
		Ethnicity coding	Month	90.00%	92.57%	G ●	➡		
			Quarter	90.00%	91.95%	G ●	➡		
		NHS Number	Month	99.00%	100.00%	G ●	➡		
			Quarter	99.00%	100.00%	G ●	➡		
Other Dashboards	Health Visiting	% 10-14 Day Breastfeeding coverage	Month	98.00%	100.36%	G ●	⬆		Compliant with Targets.
			Quarter	98.00%	99.76%	G ●	➡		
		% 6-8 Week Breastfeeding coverage	Month	98.00%	99.61%	G ●	➡		
			Quarter	98.00%	100.00%	G ●	➡		
	IAPT	Recovery Rates	Month	50.00%	55.29%	G ●	⬆		Compliant with Targets.
			Quarter	50.00%	52.02%	G ●	⬇		
		Reliable Improvement Rates	Month	65.00%	70.87%	G ●	⬆		
			Quarter	65.00%	68.14%	G ●	⬇		
	Safer Staffing	Inpatient Safer Staffing Fill Rates	Month	100.00%	104.1%	R ●	➡		Detailed ward level information shows specific variances
			Quarter	100.00%	104.4%	R ●	⬇		

WORKFORCE OVERVIEW – September 2017   Enclosure D

Category	Sub-set	Metric	Period	Plan	Actual	Variance		Trend	Key Points
Workforce Dashboard	NHSI Key Performance Indicator (KPI)	**Turnover** (annual)	**Sep-17**	10%	**10.17%**	↘	G 🟢	⬇	Annual turnover remains within the Trust target parameters and is below the regional Mental Health & Learning Disability average of 12.41% (as at July 2017 latest available data). The monthly sickness absence rate is 0.50% lower than the previous month and compared to the same period last year (September 2016) it is 0.55% lower. The annual sickness absence rate continues to reduce running at 5.35% (as at August 2017 latest available data). The regional average annual sickness absence rate for Mental Health & Learning Disability Trusts is 5.18% (as at June 2017 latest available data). Anxiety / stress / depression / other psychiatric illnesses remains the Trusts highest sickness absence reason and accounts for 32.35% of all sickness absence, followed by surgery at 11.58% and other musculoskeletal problems at 9.82%. The Funded Fte vacancy rate has decreased by 0.82% to 7.86%. The number of employees who have received an appraisal within the last 12 months has increased by 3.15% to 76.18%. Year to date the level of Agency expenditure exceeded the ceiling set by NHSI by £728k. Compulsory training compliance has decreased by 0.81% to 86.88%.
			Aug-17		10.64%		G 🟢		
		Sickness Absence (monthly)	**Sep-17**	5.04%	**5.34%**	↘	R 🔴	⬇	
			Aug-17		5.84%		R 🔴		
		Sickness Absence (annual)	**Aug-17**	5.04%	**5.35%**	↘	R 🔴	⬇	
			Jul-17		5.39%		R 🔴		
		Vacancies (including funded fte flexibility / cover)	**Sep-17**		**7.86%**	↘		⬇	
			Aug-17		8.68%				
		Appraisals (all staff - number of employees who have received an appraisal in the previous 12 months)	**Sep-17**	90%	**76.18%**	↗	R 🔴	⬆	
			Aug-17		73.03%		R 🔴		
		Appraisals (agenda for change staff only - number of employees who have received an appraisal in the previous 12 months)	**Sep-17**	90%	**75.88%**	↗	R 🔴	⬆	
			Aug-17		72.82%		R 🔴		
		Appraisals (medical staff only - number of employees who have received an appraisal in the previous 12 months)	**Sep-17**	90%	**82.47%**	↗	A 🟡	⬇	
			Aug-17		78.22%		R 🔴		
		Agency Usage (£ year to date level of agency expenditure exceeding the ceiling set by NHSI)	**Sep-17**	£0	**£0.728m**	↗	R 🔴	⬆	
			Aug-17		£0.610m		R 🔴		
		Agency Usage (% year to date level of agency expenditure exceeding the ceiling set by NHSI)	**Sep-17**	0%	**44.64%**	↗	R 🔴	⬆	
			Aug-17		44.17%		R 🔴		
	Other KPI	**Compulsory Training** (staff in-date)	**Sep-17**	90%	**86.88%**	↘	A 🟡	⬇	
			Aug-17		87.69%		A 🟡		

Key:

Period	Current month and previous month	🟢 Achieving target/within target parameters		⬇⬆ Trend based on previous 4 months
Plan	Trust target	🟡 Approaching target/approaching target parameters		Turnover parameters (8% to 12%)
Variance to previous month		🔴 Not achieving target/outside target parameters		

D - IPR as presented to Public Board on 1 November 2017.pdf

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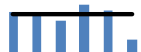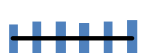
Sub-set	Metric	Period	Plan	Actual	Trend graph by month (rolling 6 months: April - September 2017)	Trend graph by quarter (last 2 qtrs: April - September 2017)	Key Points
Safe	No of incidents of moderate to catastrophic actual harm	Month	29	32			Plan: average last fin yr 2016/17 (month).
		Quarter	88	102			Plan: average last fin yr (Qtr) 2016/17. Actual: 2017/18 Q2 data
	No of deaths of patients who have died within 12 months of their last contact with DHcFT	No of deaths of	104	109			Note, data as at 04/10/2017
		Quarter	312	370			Plan: average last fin yr (Qtr). Actual: 2017/18 Q2 data
	No of serious incidents reported to the CCG	Month	5	7			Plan - average last fin yr (month)
		Quarter	16	23			Plan: average last fin yr (Qtr). Actual: 2017/18 Q2 data
	No of episodes of patients held in seclusion	Month	10	15			
		Quarter	30	45			Plan: average last fin yr (Qtr). Actual: 2017/18 Q2 data
	No of incidents involving patients held in seclusion	Month	16	16			
		Quarter	47	46			Plan: average last fin yr (Qtr). Actual: 2017/18 Q2 data
	No of incidents involving physical restraint	Month	48	53			
		Quarter	143	145			Plan: average last fin yr (Qtr). Actual: 2017/18 Q2 data
	No of incidents involving prone restraint	Month	10	8			Month plan based on average from 1/7/16 when prone restraint collected on Datix as defined field
		Quarter	29	44			Qtr plan based on average for Q2/Q3/Q4. Actual 2017/18 Q2 data
	No of incidents of physical assault - patient on patient	Month	12	9			
		Quarter	37	41			Actual: 2017/18 Q2 data
	No of incidents of physical assault - patient on staff	Month	19	8			
		Quarter	56	61			Actual: 2017/18 Q2 data
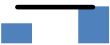
Safe		Month/Quarter						
Safe	No of falls on in-patient wards	Month	32	32				
		Quarter	96	99				Actual: 2017/18 Q2 data
	No of incidents of absconsion	Month	33	14				
		Quarter	99	90				Actual: 2017/18 Q2 data
	No of patients with a clinical risk plan (FACE or Safety Plan)	Month	100%	75.31%				
		Quarter	100%	75.39%				
	Of above, no of patients with a Safety Plan	Month	90%	37.66%				Safety Plan replaced FACE from 1/4/2017
		Quarter	90%	27.64%				
	% of staff compliant with combined Level 3 Safeguarding Children and Think Family training	Month	85%	95.30%				
		Quarter	85%	NA				Qtr comparison not available
	% of staff compliant with Clinical Safety Planning eLearning	Month	95%	95.40%				
		Quarter	95%	NA				Qtr comparison not available
	% of CTRs (Care & Treatment Reviews) completed	Month	100%	100%				All patients requiring CTR's identified. Responsibility to complete CTR is with CCG
		Quarter	NA	NA				
	% of compliance with inpatients VTE assessment	Month	95%	81.74%				
		Quarter	95%	NA				
	HCR20 assessment completed (Low Secure)	Month	100%	100.0%				Indicator relates to % of patients with HCR20 assessment completed in time this month. All other assessments are completed, but some were not within the timescale.
		Quarter	100%	NA				

Enclosure D

Caring	No of complaints opened for investigation	Month	12	11			
		Quarter	37	43			Actual: 2017/18 Q2 data
	No of concerns received	Month	35	33			
		Quarter	104	121			
	No of compliments received	Month	100	94			
		Quarter	300	266			
	No of investigations by the Parliamentary Ombudsman	2016/17	NA	6			Data is provided cumulatively from 1st April each year
		2017/18	NA	1			Data is provided cumulatively from 1st April each year
	% of complaints upheld (full or in part) by the Parliamentary Ombudsman	2016/17	NA	0			1 ongoing and 5 no further action
		2017/18	NA	0			1 ongoing
	% of responded to (orange) complaint investigations completed within 40 working days, opened after 01/04/2016	Year	100%	25%			As at 05/10/2017, 229 (orange) complaints. 128 not responded within 40 working days. 58
	% of responded to (red) complaints investigations completed within 60 working days, opened after 01/04/2016	Year	100%	0%			As at 05/10/2017, 10 (red) complaints. 5 not responded within 60 working days. 5 ongoing.
	No of incidents requiring Duty of Candour	Month	1	1			These figures will fluctuate based on the outcome of investigations.
		Quarter	2	7			
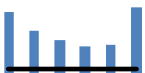
Effective	% of in-patients with a recorded capacity assessment	Month	100%	92.70%			
		Quarter	100%	94.94%			
	% of patients who have had their care plan reviewed and have been on CPA > 12months	Month	90%	96.45%			
		Quarter	90%	96.07%			
	No of seclusion forms not received by MHA Office	Month	0	3			Seclusion pathway moved to PARIS. Seclusion end date and time not yet automated to inform
		Quarter	0	7			
	% of CTO rights forms received by MHA Office	Month	100%	93.0%			As at 04/10/2017
		Quarter	NA	NA			
	% of in patient older adults rights forms received by MHA Office	Month	100%	79.0%			
		Quarter	NA	NA			
Responsive	% of staff uptake of Flu Jabs	Month	45%	NA			Data to end of 30/11/16. New campaign for 2017 underway.
		Year	45%	38.40%			Relates to 2016 campaign. Final data as shown in 16/17 Quality Account
	% of policies in date	Month	95%	96.01%			As at 04/10/2017
		Quarter	NA	NA			

Well Led	% of staff who have received Clinical Supervision, within defined timescales	Month	100%	61.38%			
		Quarter	100%	NA			
	% of staff who have received Management Supervision, within defined timescales	Month	100%	72.00%			
		Quarter	100%	NA			
	No of outstanding actions following serious incident investigations	Month	5	46			Total overdue actions as at 02/10/2017
		Quarter	0	NA			
	No of outstanding actions following complaint investigations	Month	5	30			Total overdue actions as at 06/10/2017
		Quarter	NA	NA			
	No of outstanding actions following CQC comprehensive review report (2016)	Month	0	21			Figure as at 04/10/2017

Financial Section

The Use of Resources rating at the end of September is a '2' as the agency metric has moved to a '3'.

The ratings for each of the future quarters are forecast to be a '2' which is mainly driven by the agency metric remaining at a 3.

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

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

The agency metric is currently forecast at a '3' for the end of the financial year. In order to reduce that metric down to a '2' by the end of March then we need to reduce agency expenditure by £732k. **However if we spend an additional £27k above the current forecasted levels then this would move the metric to a 4 and trigger an override.**
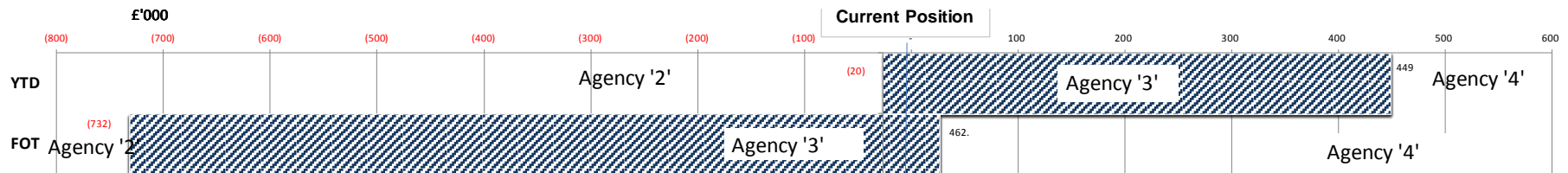
Income and Expenditure

Statement of Comprehensive Income	September 2017

	Current Month			Year to Date			Forecast		
	Plan	**Actual**	**Variance** *Fav (+) / Adv (-)*	**Plan**	**Actual**	**Variance** *Fav (+) / Adv (-)*	**Plan**	**Actual**	**Variance** *Fav (+) / Adv (-)*
	£000	*0*	*£000*	*£000*	*£000*	*£000*	*£000*	*£000*	*£000*
Clinical Income	10,373	10,661	288	62,201	63,918	1,717	124,378	127,722	3,344
Non Clinical Income	805	888	83	4,792	5,202	411	9,822	9,309	(513)
Employee Expenses	(7,992)	(8,219)	(227)	(47,731)	(49,059)	(1,328)	(95,932)	(99,656)	(3,724)
Non Pay	(2,299)	(2,480)	(180)	(13,912)	(14,763)	(851)	(28,108)	(28,436)	(328)
EBITDA	**886**	**850**	**(36)**	**5,350**	**5,299**	**(51)**	**10,159**	**8,939**	**(1,221)**
Depreciation	(278)	(277)	2	(1,669)	(1,645)	24	(3,338)	(3,333)	6
Impairment	0	0	0	0	(685)	(685)	(300)	(685)	(385)
Profit (loss) on asset disposals	0	0	0	0	950	950	0	950	950
Interest/Financing	(176)	(176)	(0)	(1,093)	(1,068)	24	(2,146)	(2,119)	28
Dividend	(159)	(139)	20	(955)	(837)	118	(1,910)	(1,673)	237
Net Surplus / (Deficit)	**273**	**258**	**(15)**	**1,633**	**2,014**	**380**	**2,465**	**2,080**	**(385)**
Technical adjustment - Impairment	0	0	0	0	(685)	(685)	(300)	(685)	(385)
Control Total Surplus / (Deficit)	**273**	**258**	**(15)**	**1,633**	**2,699**	**1,066**	**2,765**	**2,765**	**0**
Technical adjustment - STF Allocation	53	53	0	278	278	0	794	794	0
Underlying Net Surplus / (Deficit)	**220**	**205**	**(15)**	**1,355**	**2,421**	**1,066**	**1,971**	**1,971**	**0**

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

Clinical Income is £1.72m more than plan year to date and at the end of the year is forecast to be £3.3m ahead of plan. This is mainly due to the income related to QIPP disinvestments not being removed from the contract as currently no further disinvestments have been identified (offsetting expenditure).
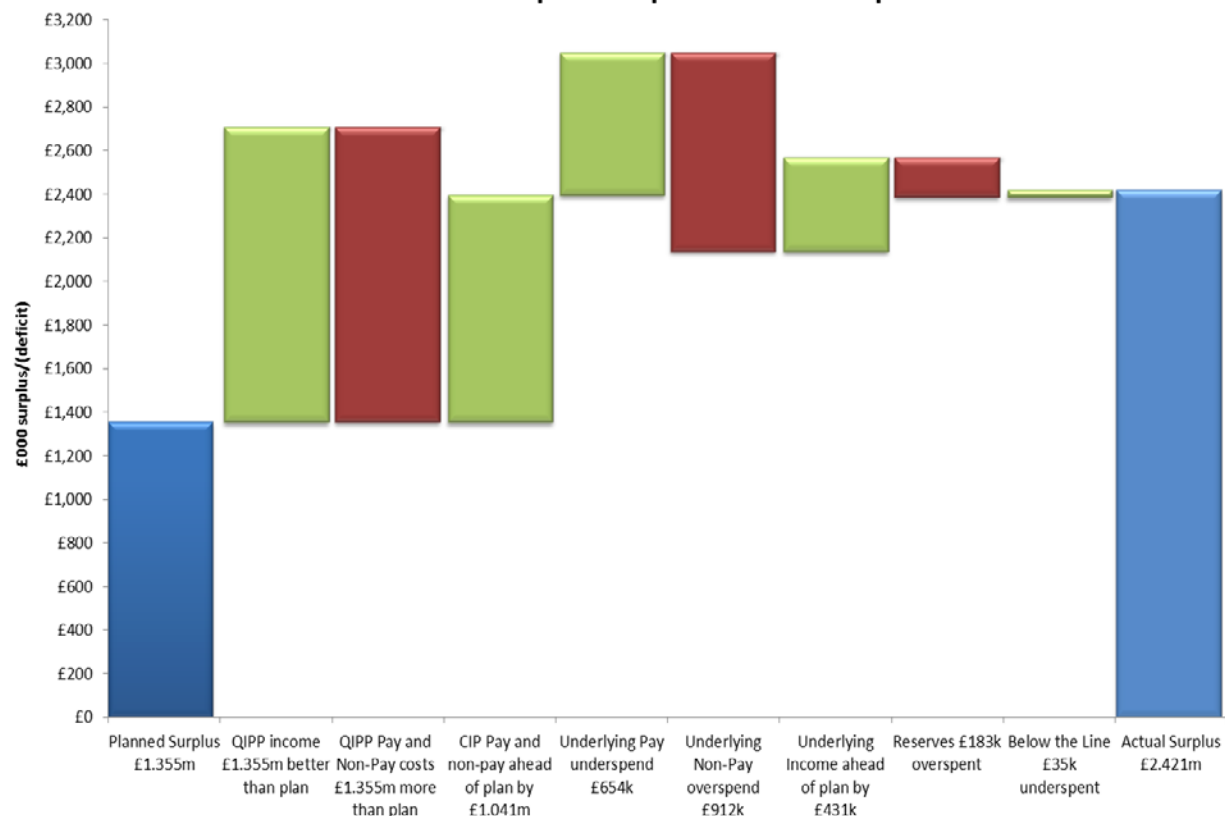
Non Clinical income is ahead of plan year to date by £0.4m but is forecast to underachieve plan by £0.5m. This mainly relates to Pharmacy recharge income being lower than planned (with corresponding expenditure reductions).

Pay expenditure is £1.3m more than the plan at the end of September and forecast £3.7m more than plan. This relates to costs not yet being released relating to QIPP disinvestments (offsetting income) and CIP forecast to be delivered in a different way to the plan.

Non Pay is overspent year to date by £0.9m and is forecast to be £0.3m overspent by the end of the year which mainly relates to the overspend on the Acute Out of Area budget partly offset by other underspends.

Year to date actual surplus compared to Plan - September 2017

Chart categories (x-axis):
- Planned Surplus £1.355m
- QIPP income £1.355m better than plan
- QIPP Pay and Non-Pay costs £1.355m more than plan
- CIP Pay and non-pay ahead of plan by £1.041m
- Underlying Pay underspend £654k
- Underlying Non-Pay overspend £912k
- Underlying Income ahead of plan by £431k
- Reserves £183k overspent
- Below the Line £35k underspent
- Actual Surplus £2.421m

Summary of key points for YTD variances

Enclosure D YTD

Overall favourable variance to plan year to date which is driven by the following:
- QIPP income is more than plan which is equally offset by pay and non-pay expenditure being more than plan. This is due to the disinvestment not yet being fully agreed with Commissioners.
- CIP is currently ahead of plan mainly due to the non recurrent allocation of income benefits in a previous month.
- Underlying pay underspends (exc. QIPP/CIP) due to various vacancies across the Trust, partially offset by bank and agency expenditure.
- Underlying non-pay overspend (exc. QIPP/CIP) mainly driven by out of area expenditure higher than plan.

Forecast Range

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

Forecast Range

Best Case	Likely Case	Worst Case
£4.2m surplus	£2.8m surplus	£1.9m deficit

£'000s

Forecast + surplus / - deficit

-£2,000 | -£1,500 | -£1,000 | -£500 | £0 | £500 | £1,000 | £1,500 | £2,000 | £2,500 | £3,000 | £3,500 | £4,000 | £4,500

Worst Case

Best Case

2017-18 cumulative surplus / (deficit) compared to the Control Total

2017-18 Underlying cumulative surplus / (deficit) compared to Plan and Normalised surplus / (deficit)
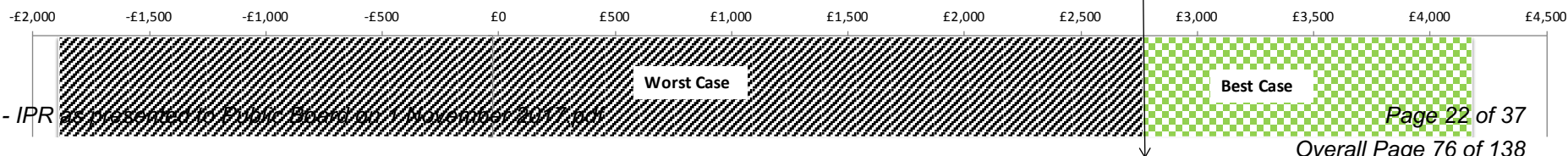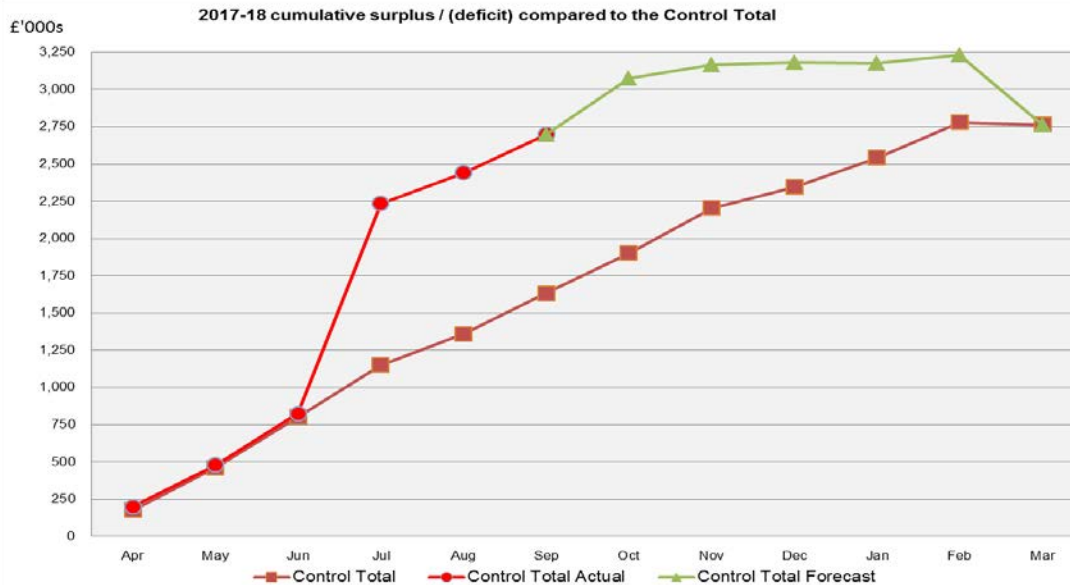
The first graph shows the actual cumulative surplus against the control total (including the Sustainability Transformation Fund (STF).

The peak in July (on both graphs) relates to overage income from a previous asset disposal.

This second graph shows the normalised financial position. This is referring to the position removing any one off non-recurrent items of cost or income that is not part of the business as usual.
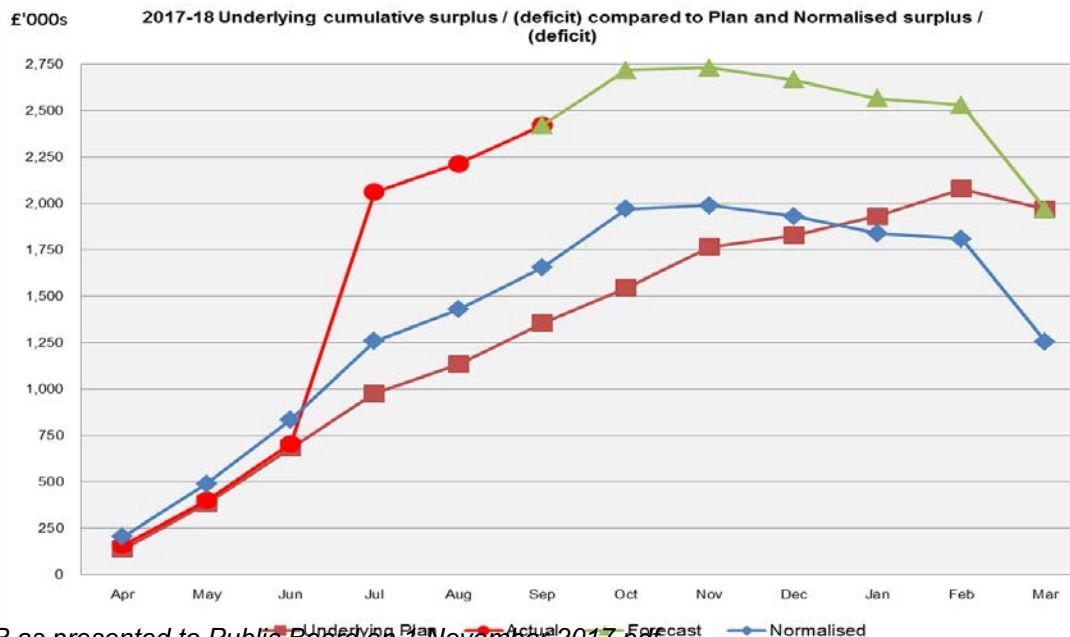
There is some additional non-recurrent expenditure in the position related to temporary staff posts for part of the financial year and non-recurrent transaction costs. There is also some non-recurrent income from the overage related to a previous asset disposal. In the normalised position these have been removed.

As shown in the graph if these non-recurrent items were not incurred then the forecast outturn would be below the plan and would require additional management action to achieve the control total.

Liquidity

Working Capital balance and Liquidity days

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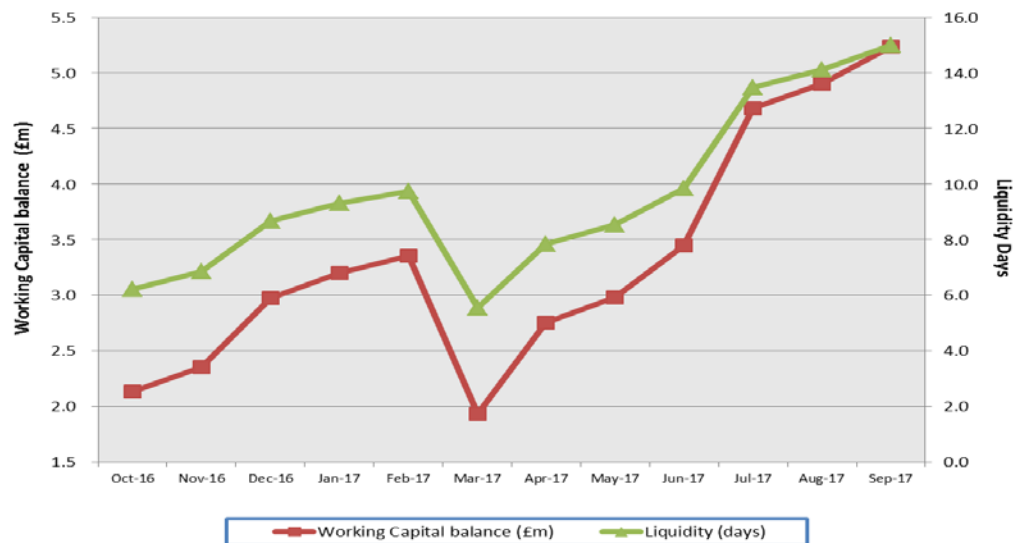
The first graph shows the working capital balance for the last 12 months (net current assets less net current liabilities adjusted for assets held for sale and inventories) and how many days of operating expenses that balance provides.

During the last 12 months working capital and liquidity continues to improve due to higher cash levels. The downturn in March 2017 is reflective of the increase in year end transactions such as provisions, along with an increase in payables mainly related to capital as works have concluded at the end of March.

The liquidity at the end of September is just over 15 days which gives a rating of 1 (the best) on that metric (-7days drops to a rating of 2).

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

Cash is currently at £16.5m which is £3.6m better than the plan at the end of September and is forecast to be above plan by £3.9m. This is mainly due to sale proceeds and additional STF income related to 2016/17.

Cumulative Capital Expenditure as at 30th September 2017

Legend: 2017-18 Actual, 2017-18 Plan, 2016-17 Actual
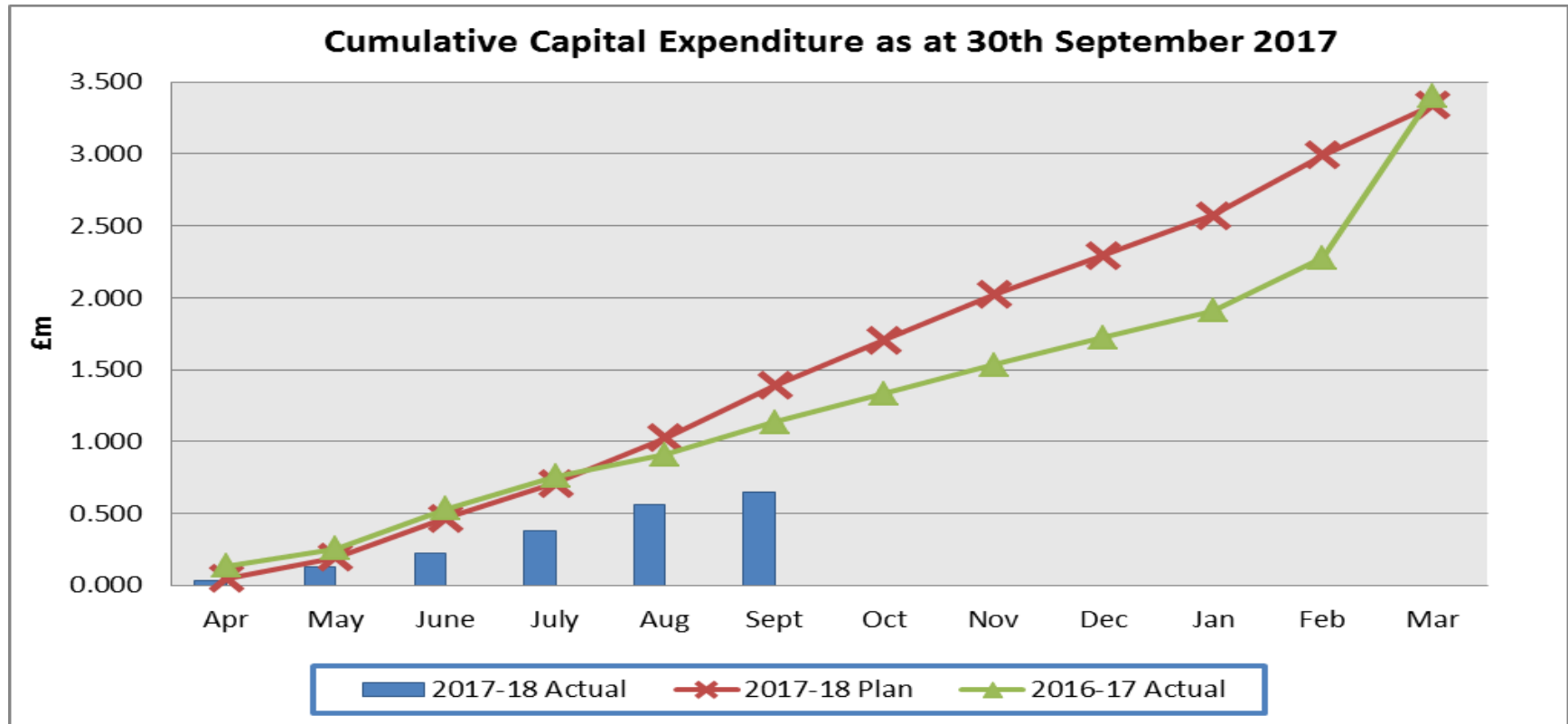
Capital Expenditure is behind plan by £743k at the end of September. There is a fully committed plan which may need to be re-prioritised in year to take into account any urgent bids that arise, which will be monitored by the Capital Action Team.

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

Cost Improvement Programme (CIP)

Trust Efficiency Position as at 30th September 2017
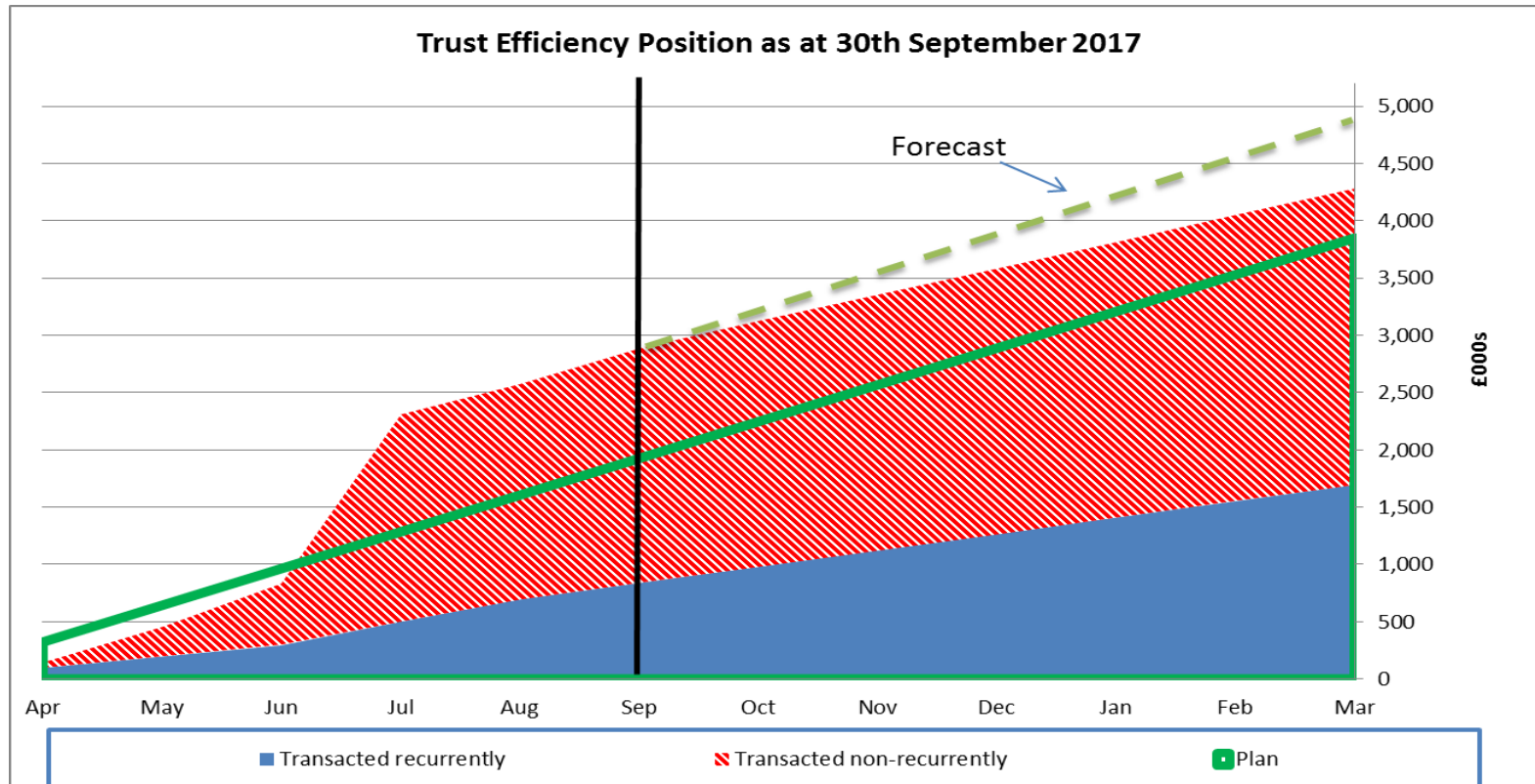
At the end of September there was £4.3m of assured CIP against a plan of £3.85m, making an overachievement of £438k. Of the £4.3m assured, £2.6m was assured non-recurrently.

The forecast assumes a further delivery of £0.5m of which almost all is non-recurrent. The total CIP forecast to be delivered is £4.8m which is an overachievement of £1m against the target of £3.8m. Of the forecast £4.9m, £3.1m is non-recurrent in nature.

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

Operational Section

Data Completeness: Priority Metrics
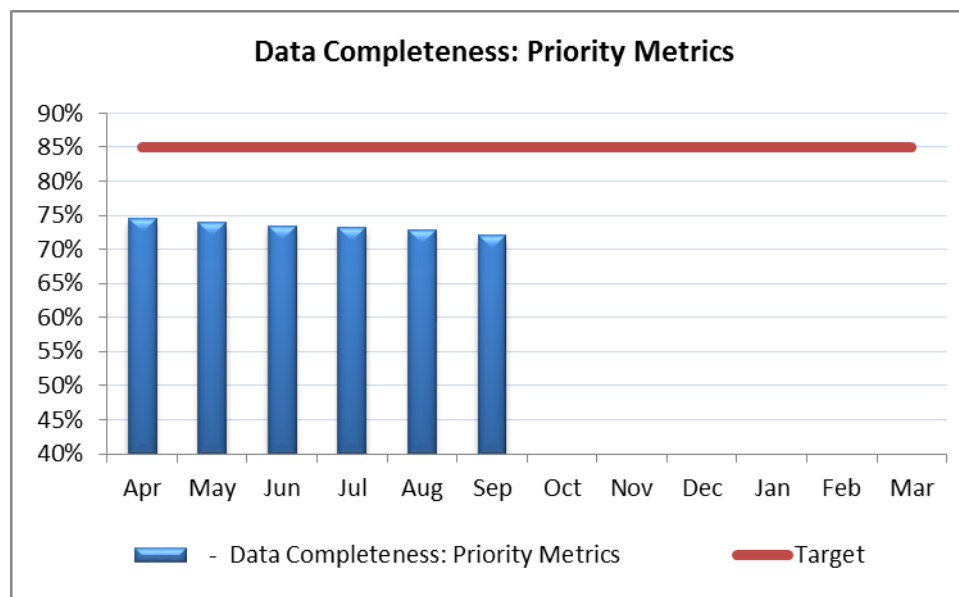
This is an NHS Improvement Single Oversight Framework (SOF) target which came into force from 1st October 2016. The national requirement is to achieve the priority metrics target of 85%. Achieving this target would be extremely challenging without additional resource. It is acknowledged there are capacity issues.

A proposal to revise the SOF is currently out for consultation. NHS Improvement are proposing to replace the "data completeness priorities metrics" and "data completeness identifiers metrics" indicators with a single "data quality maturity index – mental health services data set score" indicator. The proposed target is 95%. In the latest published national data the Trust scored 98.9% therefore if this change comes into effect we should be able to achieve the revised target.

Patients Clustered not Breaching Today and Patients Clustered regardless of review dates
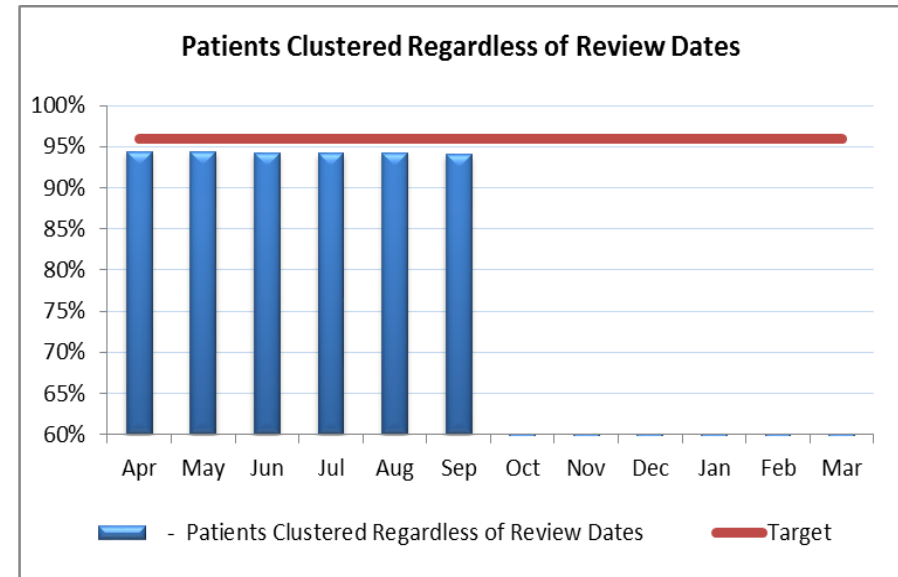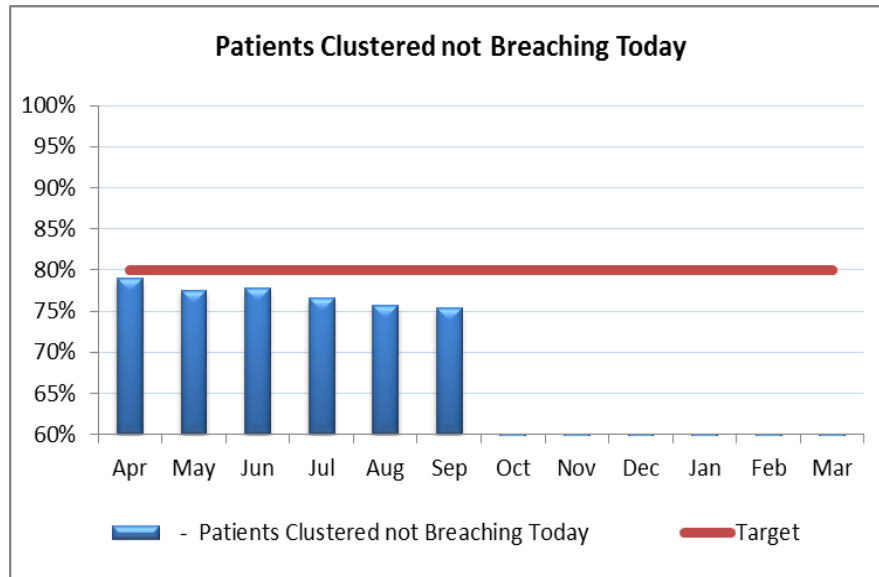
A paper was presented to the Finance and Performance Committee on 22nd May 2017. The Committee stated that it was important to achieve the identified performance standards and commissioned an action plan to address the requirements:

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

A follow up to May's report will be provided to the next F&P Committee

Consultant Outpatient Appointments Trust Cancellations (within 6 weeks)

Consultant Outpatient Appointments Trust Cancellations (Within 6 Weeks)

- Consultant Outpatient Appointments Trust Cancellations (Within 6 Weeks)
— Target
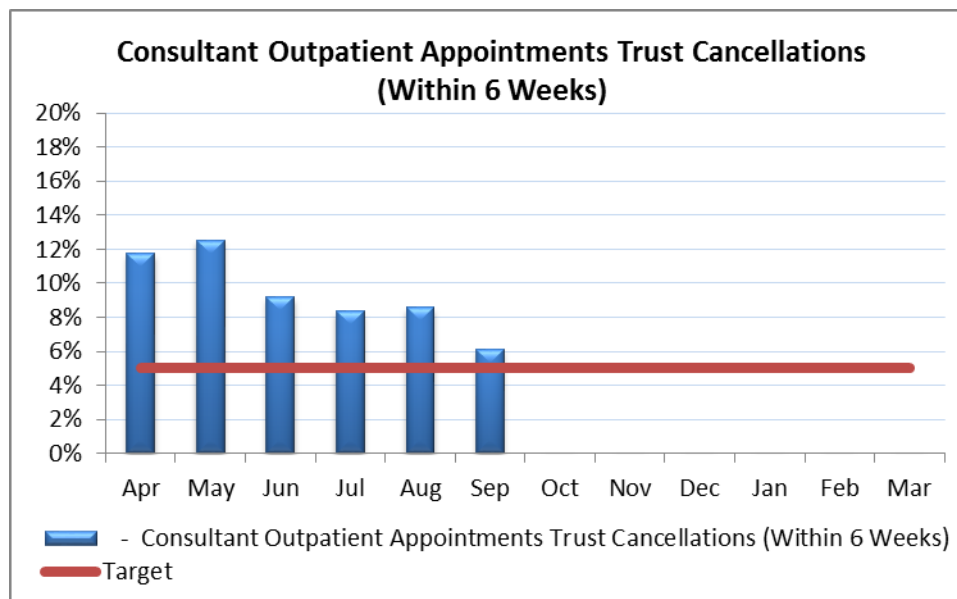
Board members are directed towards a separate report on the agenda covering this issue.

Att Type	Total	%
Clinician Absent From Work	164	44%
Moved - Trust Rescheduled	75	20%
Moved - Clinic Cancelled	39	11%
Moved - Staff Issue	22	6%
Virtual Clinic	18	5%
No Consultant	14	4%
Clinician On Annual Leave	13	4%
Moved - Location Issue	13	4%
Clinic Booked In Error	10	3%
Trust Rescheduled	1	0%
Clinician Must Attend Training	1	0%
Paris System Issue	1	0%
Grand Total	371	100%

Consultant Outpatient DNAs
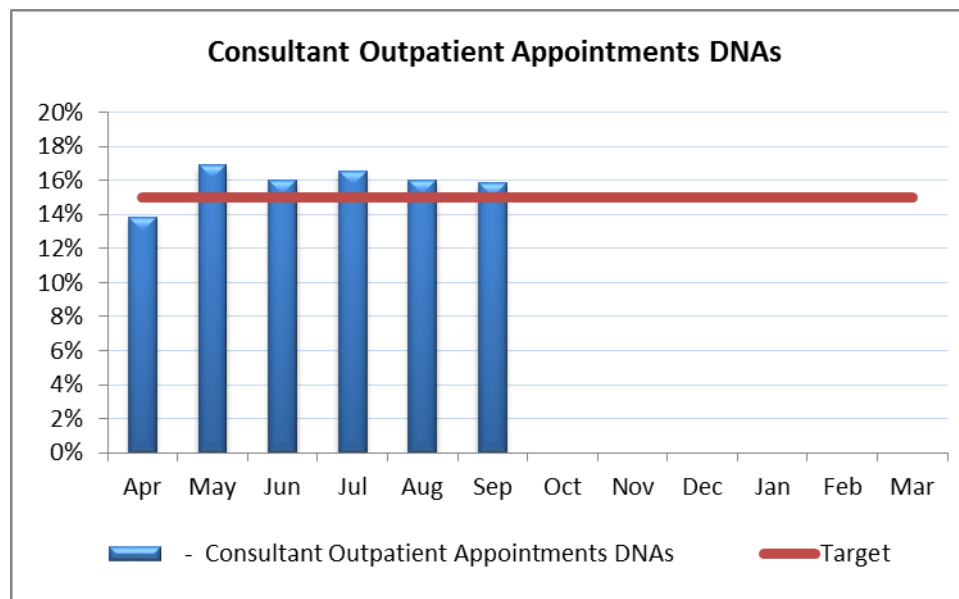
Board members are directed towards a separate report on the agenda covering this issue.

WARD STAFFING

| Ward name	Occupancy % Rate	Day		Night		Comments Required	Analysis and Action Plan for 'Average fill rate' above 125% and below 90%
		Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)		
AUDREY HOUSE RESIDENTIAL REHABILITATION	81.33%	172.5%	67.4%	83.3%	0.0%	Yes	Please be advised that through September we had a number of NA staff on leave and due to increased levels of observations additional shifts were covered by both bank staff and Registered staff to ensure safety. We are aiming for 2 qualified for each night shift, staff have however been moved to other wards with low RN staffing in which this as been replaced with bank NA staff.
CHILD BEARING INPATIENT	85.00%	76.6%	92.9%	96.7%	186.7%	Yes	Current fill rate tolerances have been broken for registered nurses in the day to cover a member of staff on a career break, carers leave and clinical activity when there was no unqualified bank staff available. Care staff on nights due to two long term sickness absences and high observation levels.
CTC RESIDENTIAL REHABILITATION	80.00%	116.0%	87.8%	136.7%	80.0%	Yes	The registered day figure is higher and the unregistered lower due to having a registered nurse on duty who is not counted in the registered numbers (but showing as registered) We have endeavoured to cover the nights with 2 registered and 1 unregistered (in line with trust policy) this is reflected in the night shift figures.
KEDLESTON LOW SECURE UNIT	45.00%	88.7%	54.7%	98.3%	71.7%	Yes	We have a nursing assistant on long term sick, several nursing assistant vacancies and also reduced staffing levels at present in preparation for the refurbishment. Bleep holder also working in the numbers with the bleep to support where necessary
KINGSWAY CUBLEY COURT - FEMALE	55.74%	111.4%	97.8%	50.0%	131.1%	Yes	Figures are correct apart from the 4th late shift – table indicate one RN on duty however the bleep holder worked in numbers. On the 18th table recorded no RN cover however a RN was moved from another ward but recorded on the system. We have broken the staffing level expectation due to Maternity leave, career break, sickness, training and vacancies. We were over staffed on night with NAs due to shortfall of RNs on nights.
KINGSWAY CUBLEY COURT - MALE	70.93%	77.1%	122.0%	88.3%	172.2%	Yes	There is one incorrect entry, for 9/9/17 on the night shift there were 4 unqualified staff on duty not 3, so that would equate to 41.67hrs not 31.25 which is showing, all the other entries are correct.
LONDON ROAD COMMUNITY HOSPITAL - WARD 1 OP	87.22%	82.7%	104.9%	90.0%	130.0%	Yes	The percentage of RN use is lower as we had 1 retire and 2 new starters were awaiting their registration to come through. Due to this the 2 new nurses were paid as Nursing assistants which has raised the care staff ratio.

WARD STAFFING

Ward name	Occupancy % Rate	Day		Night		Comments Required	Analysis and Action Plan for 'Average fill rate' above 125% and below 90%
		Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)		
HARTINGTON UNIT - MORTON WARD ADULT	91.11%	98.6%	123.0%	48.3%	236.7%	Yes	In response to the unavailability of registered staff on the Radbourne and Hartington Units during July, August and September the following mitigation has been put in place:
HARTINGTON UNIT - PLEASLEY WARD ADULT	84.33%	95.0%	96.6%	51.7%	200.0%	Yes	• Recruitment of registered nurse agency staff where possible • Recruitment of bank registered nurse where possible • Safe offers of additional hours at appropriate rates to both
HARTINGTON UNIT - TANSLEY WARD ADULT	100.14%	82.0%	128.3%	58.3%	186.7%	Yes	inpatient and community based registered staff • Request for corporate staff who have a registered nursing qualification to be redeployed for 1 day a week to the units
ENHANCED CARE WARD	97.00%	68.9%	135.4%	48.3%	195.0%	Yes	• Utilisation of additional nursing assistants to cover gaps in registered nurse availability [within agreed safe parameters] • Review of all secondments
RADBOURNE UNIT - WARD 33 ADULT ACUTE INPATIENT	100.50%	72.6%	157.3%	56.7%	223.3%	Yes	• Inpatient Band 7 Registered Nurses to be included in the numbers • Cease training unless essential for safety of the unit
RADBOURNE UNIT - WARD 34 ADULT ACUTE INPATIENT	103.17%	82.0%	136.7%	56.7%	266.7%	Yes	• Pilots developing regarding Pharmacy technicians within the skill mix • Pilots developing regarding OTs within the skill mix
RADBOURNE UNIT - WARD 35 ADULT ACUTE INPATIENT	98.00%	80.6%	169.6%	51.7%	178.3%	Yes	The situation remains fragile despite the mitigation in place and the units remain vulnerable in terms of the ability to cover for any further unanticipated absence. The situation is being closely
RADBOURNE UNIT - WARD 36 ADULT ACUTE INPATIENT	104.00%	100.5%	162.0%	53.3%	330.0%	Yes	monitored and ASMs and Divisional Nurses will escalate situations of heightened risk on a day to day basis.

Workforce Section

WORKFORCE DASHBOARD

Sickness Absence	Jul-17	Aug-17	Sep-17
(Monthly)	5.27%	5.84%	**5.34%**	●↘
(Annual)	5.39%	5.35%	**tbc**	●↘

Target 5.04%
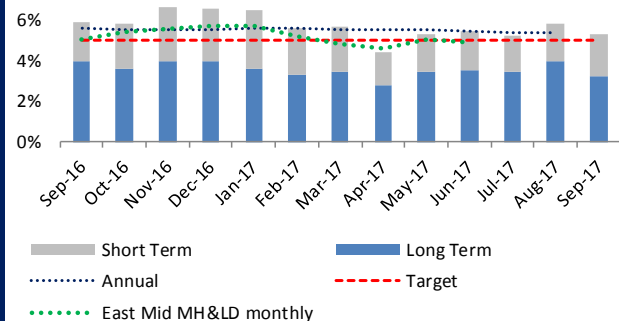
| Short Term
| Long Term
| Annual
| Target
| East Mid MH&LD monthly

The monthly sickness absence rate is 0.50% lower than the previous month and compared to the same period last year (September 2016) it is 0.55% lower. The Trust annual sickness absence rate continues to reduce and is running at 5.35% (as at August 2017 latest available data). Anxiety / stress / depression / other psychiatric illnesses remains the Trusts highest sickness absence reason and accounts for 32.35% of all sickness absence, followed by surgery at 11.58% and other musculoskeletal problems at 9.82%. Compared to the previous month short term sickness absence has increased by 0.25% and long term sickness absence has decreased by 0.75%.

Compulsory Training	Jul-17	Aug-17	Sep-17
(Staff in-date)	87.90%	87.69%	**86.88%**	●↘

Target 90%

DHCFT —— Target
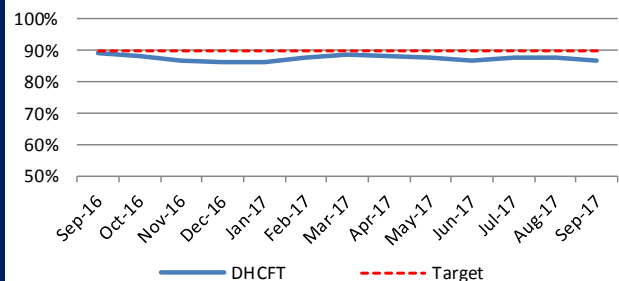
Compulsory training compliance continues to remain high running at 86.88%, a decrease of 0.81% compared to the previous month. Compared to the same period last year compliance rates are 2.38% lower.
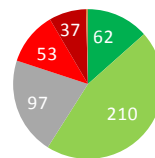
Staff FFT Q2 2017/18 (465 responses, 20.5% response rate) **& Staff Survey** 2016

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

How likely are you to recommend this organisation to friends and family as a place to work.
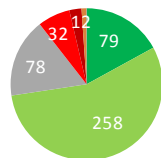
- 1 - Extremely Likely
- 2 - Likely
- 3 - Neither likely nor unlikely
- 4 - Unlikely
- 5 - Extremely unlikely
- 6 - Don't Know
- 7 - No Response

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

Appraisals

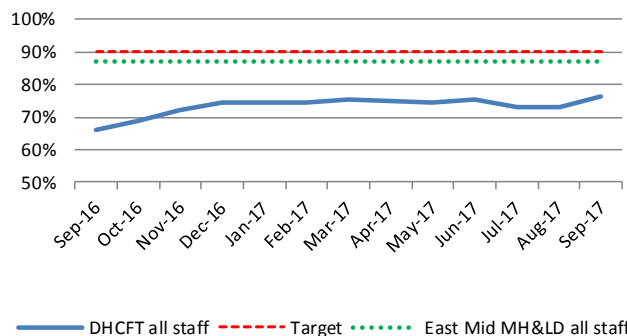|	Jul-17	Aug-17	Sep-17
(All staff)	73.15%	73.03%	**76.18%**

🔴 ↗

Target   90%

The number of employees who have received an appraisal within the last 12 months has increased by 3.15% during September 2017 to 76.18%. Compared to the same period last year, compliance rates are 10.30% higher. According to the 2016 staff survey results, the national average for Mental Health & Learning Disability Trusts is 88.79%. Local benchmarking data for a range of Trusts in the East Midlands shows an average completion rate of 83.57%.

Legend: DHCFT all staff — Target — East Mid MH&LD all staff

Appraisals

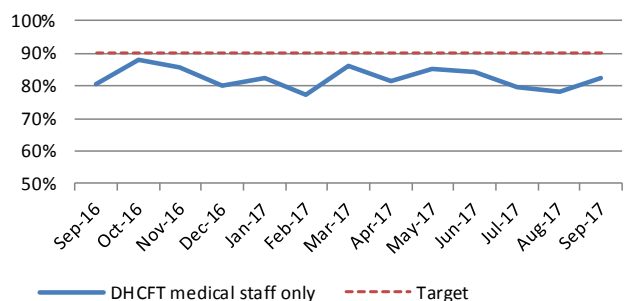|	Jul-17	Aug-17	Sep-17
(Medical staff only)	79.61%	78.22%	**82.47%**

🔴 ↗

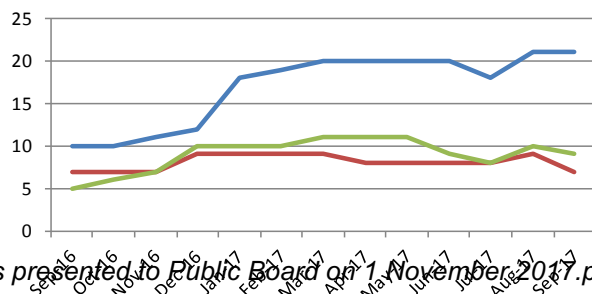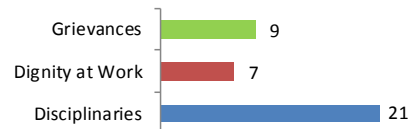*Target   90%*

The number of Medical staff who have received an appraisal within the last 12 months has increased by 4.25% to 82.47%. Compared to the same period last year, compliance rates are 1.74% higher. Junior Doctors on rotational training are excluded from the figures.
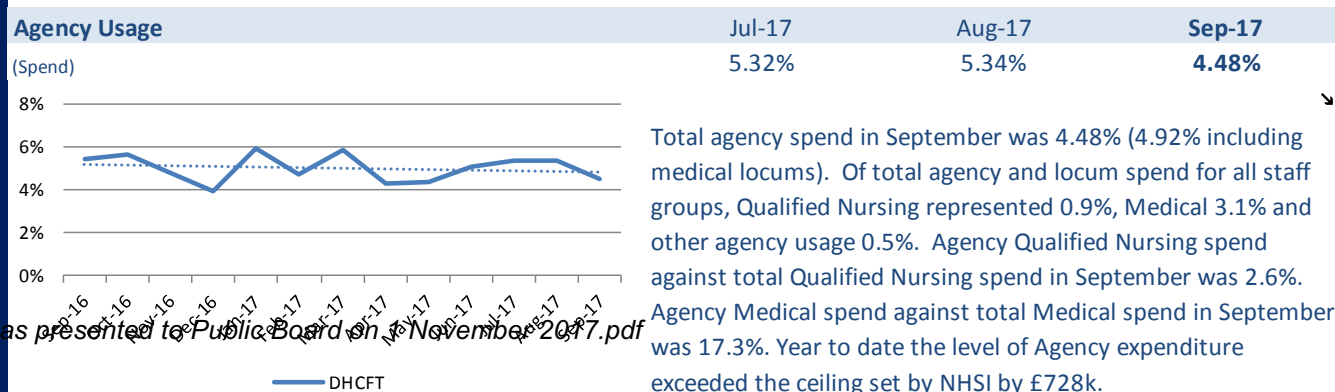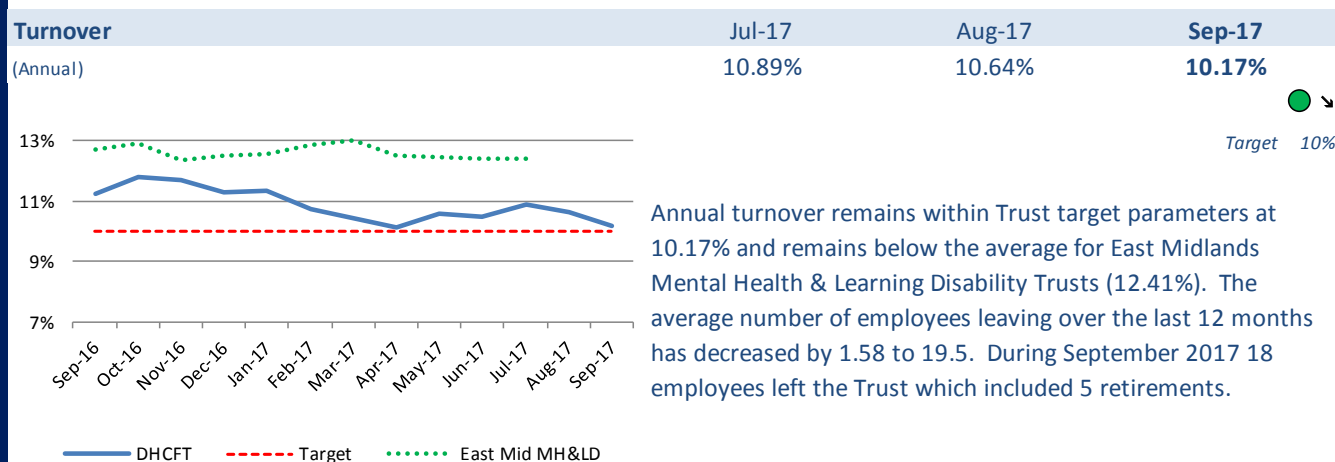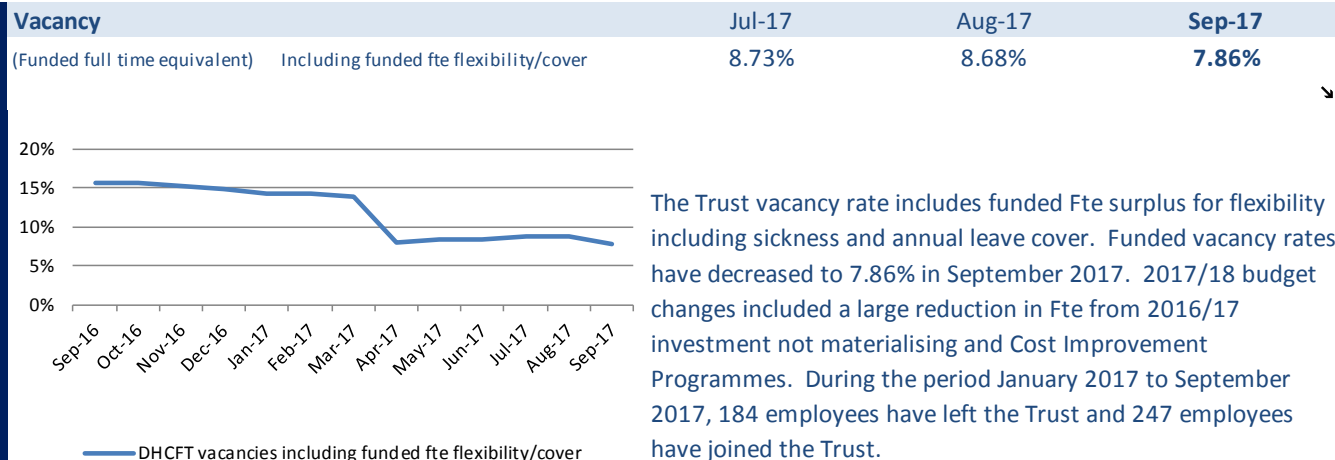
Legend: DHCFT medical staff only — Target

Grievances/Dignity at Work/Disciplinaries as at 30/09/2017

There are 9 grievance cases lodged at the formal stage, no new cases and 1 resolved. There are 7 Dignity at Work cases, no new cases and 2 have been resolved. There are 21 Disciplinary cases, no new cases and it is anticipated that a further two will be resolved in the next period.

Grievances	9
Dignity at Work	7
Disciplinaries	21

WORKFORCE DASHBOARD

WORKFORCE DASHBOARD

Vacancy	Jul-17	Aug-17	Sep-17
(Funded full time equivalent) Including funded fte flexibility/cover	8.73%	8.68%	**7.86%**

Legend: DHCFT vacancies including funded fte flexibility/cover

The Trust vacancy rate includes funded Fte surplus for flexibility including sickness and annual leave cover. Funded vacancy rates have decreased to 7.86% in September 2017. 2017/18 budget changes included a large reduction in Fte from 2016/17 investment not materialising and Cost Improvement Programmes. During the period January 2017 to September 2017, 184 employees have left the Trust and 247 employees have joined the Trust.

Turnover	Jul-17	Aug-17	Sep-17
(Annual)	10.89%	10.64%	**10.17%**

Target   10%

Legend: DHCFT — Target — East Mid MH&LD

Annual turnover remains within Trust target parameters at 10.17% and remains below the average for East Midlands Mental Health & Learning Disability Trusts (12.41%). The average number of employees leaving over the last 12 months has decreased by 1.58 to 19.5. During September 2017 18 employees left the Trust which included 5 retirements.

Agency Usage	Jul-17	Aug-17	Sep-17
(Spend)	5.32%	5.34%	**4.48%**

Legend: DHCFT

Total agency spend in September was 4.48% (4.92% including medical locums). Of total agency and locum spend for all staff groups, Qualified Nursing represented 0.9%, Medical 3.1% and other agency usage 0.5%. Agency Qualified Nursing spend against total Qualified Nursing spend in September was 2.6%. Agency Medical spend against total Medical spend in September was 17.3%. Year to date the level of Agency expenditure exceeded the ceiling set by NHSI by £728k.

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 22nd November 2017

Pulse and Staff Survey progress Review

Purpose of Report	
- To provide the Council of Governors with an update on quarter 2 Pulse Survey and a year to date overview. - To provide an update of the current staff survey progress and promotion activities.	

Executive Summary	
We are seeing gradual improvements in our staff engagement as measured through the pulse check process this year. We are hearing from our staff that the ongoing staffing challenges are making the work climate very challenging and this remains a key strategic priority for the board. The staff survey is now open to staff and we are working hard to drive up the participation rate and will continue to do so through to the closing date.	

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	
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	
- That the trust has an inclusive, robust and confidential process to measure and track staff engagement - That the trusts top organisational priority is its people and increasing staff engagement.	

Consultation	
We are actively working with the staff engagement group and will be engaging with the new Staff Forum to understand, prioritise on the right things that we will demonstrate and improve staff engagement.	

Governance or Legal Issues	

- N/A

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) (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

The staff survey provides rich information on the diversity profile of our workforce and once we receive this information we will be able to understand and act on any equalities requirements.

Recommendations

The Council of Governors is requested to:

1) To note and support the progress on staff engagement as measured by the pulse check process
2) When interacting with staff to actively encourage them to participate in the staff survey and staff engagement activities

Report presented by: **Amanda Rawlings, Director of People and Organisational Effectiveness**

Report prepared by: **Ian Shepherd, Leadership Development Manager**

Pulse Check Progress and Staff Survey Update - November 2017

Purpose of the report

The purpose of this paper is to provide the Council of Governors with an update of progress against the Pulse Check Engagement Surveys and progress with this year's staff survey roll out.

Introduction

The Pulse Check Engagement Survey involves all employees (on a voluntary basis) 3 times a year it covers quarters 1, 2 and 4 (the Staff Survey takes place in quarter 3). This enables organisation leaders to monitor the level of engagement (pulse) in the organisation on a regular basis. The survey is anonymous and asks employees questions that are recognised as reliable indicators for assessing the level of employee engagement in organisations. The questions include:

| Question:	What the responses indicate:
How likely are you to recommend this organisation to friends and family if they needed care or treatment?	A level of confidence in the quality and reliability of services the trusts provides.
How likely are you to recommend this organisation to friends and family as a place to work?	A level job satisfaction, commitment, trust and confidence in the organisation to be able to recommend it as a place to work.
Care of patients/service users is the trust's top priority?	How well this important priority is communicated and understood by employees.
I am able to make suggestions to improve the work of my team/department?	How well the organisation encourages and supports the questioning of how things are done and improvement ideas.
There are frequent opportunities for me to show initiative in my role?	The level of trust employees believe is given to them and encouragement for them to take the initiative in their work.
I am able to make improvements happen in my area of work?	The level of empowerment employees feel they have to actually make improvements in their area of work.
I think that it is safe to speak up and challenge how things are done?	The level of confidence employees have in questioning the way things are done in the Trust.
I look forward to going to work?	The level of enjoyment, satisfaction and commitment employees have of their work
I am enthusiastic about my job?	Again the level of meaning satisfaction and commitment employees have in their Jobs
Time passes quickly when I am working?	The level of engagement the person has in their work.

The first two questions are mandatory across the NHS. The other questions have been carefully selected (based on research) by the Trust to indicate the level of engagement of employees.

Communication of results

The results of the survey are communicated as quickly as possible after the survey to leaders and employees with overall and area specific reports are produced for all areas of the organisation where there have been enough people have responded. This is an area the Trust leaders are striving to improve upon.

Findings for 2017

Responses to the first 2 (and mandatory) questions:
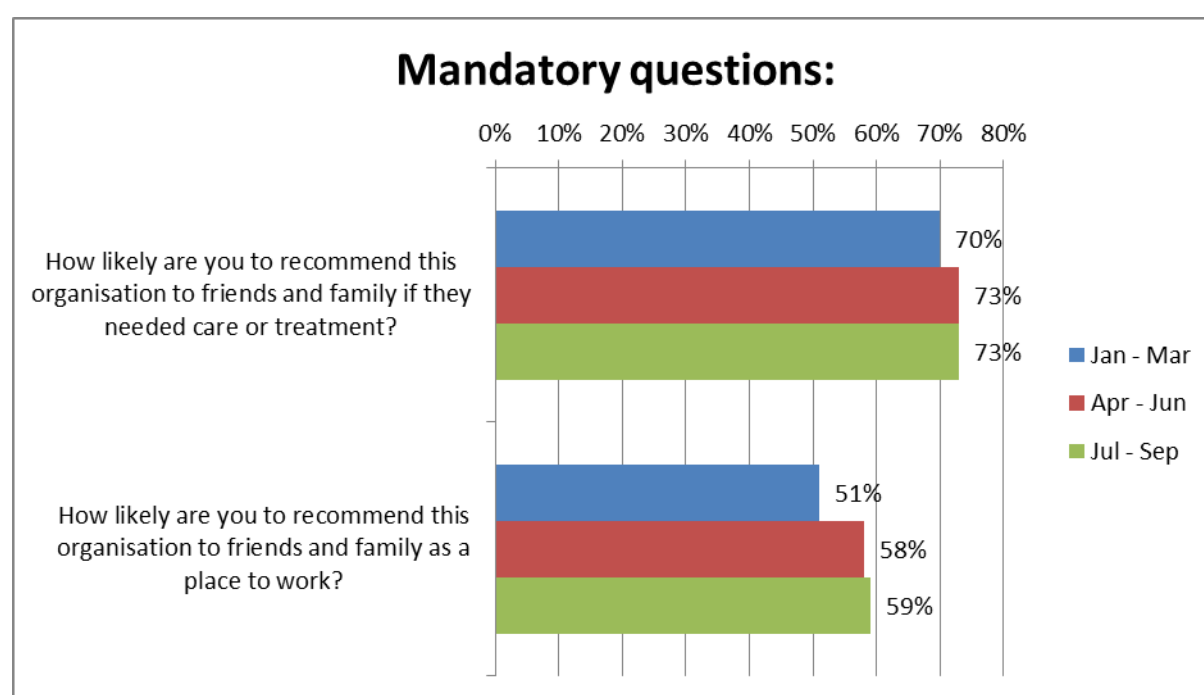
The scores shown here reflect the positive responses to the questions.

On the first question there has been progress over the year. The Trust scores slightly less than the average score (75%) of similar Trusts.

On the second question a little more progress over the year. The Trust score a little less that the average score (64%) of similar Trusts.

The comments made around these two questions (see appendices) indicate current challenges facing the Trusts in respect of understaffing in clinical areas have had an impact on these two questions.

For the Trust Engagement questions (below) there are no comparison numbers or comments available.

Additional Trust Engagement Questions

0% 10% 20% 30% 40% 50% 60% 70% 80% 90%

Care of patients/service users is the trust's top priority.
- Jan – Mar: 77%
- Apr – Jun: 78%
- Jul – Sep: 74%

I am able to make suggestions to improve the work of my team/department.
- Jan – Mar: 77%
- Apr – Jun: 75%
- Jul – Sep: 77%

There are frequent opportunities for me to show initiative in my role.
- Jan – Mar: 70%
- Apr – Jun: 76%
- Jul – Sep: 74%

I am able to make improvements happen in my area of work.
- Jan – Mar: 63%
- Apr – Jun: 69%
- Jul – Sep: 64%

I think that it is safe to speak up and challenge how things are done.
- Jan – Mar: 57%
- Apr – Jun: 61%
- Jul – Sep: 61%

I look forward to going to work.
- Jan – Mar: 55%
- Apr – Jun: 63%
- Jul – Sep: 60%

I am enthusiastic about my job.
- Jan – Mar: 67%
- Apr – Jun: 75%
- Jul – Sep: 73%

Time passes quickly when I am working.
- Jan – Mar: 77%
- Apr – Jun: 77%
- Jul – Sep: 78%

Legend: Jan - Mar, Apr - Jun, Jul - Sep

With the exception of the question of patient care which may be influenced by the staffing shortages in clinical areas the Trust is holding its own with very small improvements over the course of the year all of the other questions.

Response rates

Date covered:	No of respondents:	No employees:	Percentage:
Jan – Mar 2017	516	2303	22.4%
Apr – Jun 2017	412	2312	17.8%
Jul – Sep 2017	465	2269	20.5%

We need to proactively engage more staff to take part in the pulse check process.

How the information is used

Leaders across the Trust review these reports and identify those specific areas where they need to improve. They identify improvement actions and report on progress to their leaders (who hold them to account) through 1-1 supervision and management meetings. Some examples of actions leaders have identified:

- Listen to staff so they feel heard and don't feel what they say falls upon deaf ears
- Encourage people to bring up ideas and improvements
- Invite employee feedback on ideas on issues facing the area
- Ensure clear expectations are set with employees
- Build greater cohesiveness in teams
- Conduct effective appraisals.

The organisation provides support to leaders in their efforts to improve levels of engagement in their areas through:

- Providing coaching for those leaders who specific challenges in this area
- Facilitating of team building meetings where there are engagement issues
- Spotlight on leaders forum meetings e.g. Two sessions on engagement held last year
- Guidance notes (that went out with the survey reports last month) to help managers respond appropriately to the survey feedback and question to help them identify improvement actions
- To use the Engagement Pulse Check Survey results to help focus leadership development programme content.

The new Staff will also play a role in encouraging engagement in their areas and reporting back on issues that need to be addressed.

Ongoing focus:

- Encouraging leaders to lead and manage in ways that will engender a greater level of engagement and be aware of how easy it is to unwittingly undermine it.
- Set staff engagement metrics per team as an objective for leaders
- Provide support to leaders in areas where the scores are particularly low
- As leaders and as a Trust continue to take action (and take further action) to address those operational factors that impact the scores (e.g. staff shortages)
- Include a short module on "Leading for employee engagement" in the leadership development programme
- Work with the Staff Forum as a check on the above activities and as a resource for inputs into them.

Update on the staff Survey

The Staff Survey was launched to plan:

- With appropriate articles on connect prior to and after the launch
- Chief Executive email to all staff
- Invitation to all employees
- Regular reminders to employees
- Posters provided to leaders to put up in their areas (hard and electronic copy)
- Screen saver
- Email signature messages provided to managers
- Weekly reminder emails to senior managers along with the latest response rates and ideas to help them play their role in encouraging their people to complete the survey
- Targeted contact with senior leaders for low scoring areas.

The survey runs from 4th October to the 1st of December.

The Trust is currently running at 26.5% as of Monday 6th November, with just over 3 weeks to go.

The leagues table as of Monday:

Locality 1	Eligible Sample	Respondents	Response Rate
Finance (L3)	22	17	77.30%
IT, Information Management & Patient Records	41	28	68.30%
Corporate+ Legal Affairs	18	12	66.70%
Clinical Serv Management	32	21	65.60%
Human Resources	22	13	59.10%
Estates	19	11	57.90%
Governance	24	13	54.20%
OTHER	40	21	52.50%
Workforce OD	12	5	41.70%
Pharmacy	37	15	40.50%
Facilities Group	113	40	35.40%
Medical	26	9	34.60%
Central Services	383	129	33.70%
Centre for Research + Development	13	4	30.80%
Children's Services	371	69	18.60%
Campus	610	111	18.20%
Neighbourhood	522	92	17.60%

Appendices:

Comments:

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

- Likely:

    - Staff go the extra mile. Staff care to meet individual needs

    - I am aware of the good work most of my colleagues do and would trust them to provide a good level of care and treatment

    - I think staff do a fantastic job under difficult circumstances, always putting patients first. They respect the individual and care

    - I know that staff are skilled and compassionate and deliver high quality care

- Unlikely:

    - I'm aware of very long waits and overstretched services, some reports fudged

    - Wards are understaffed and don't have the time to spend with patients

    - Care provision is patchy. Caseloads in the community are very high. Poor integration between health and social care, Staff are skilled but very stressed

    - Poor service. Not enough staff or funding. We are just fire-fighting.

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

- Likely:

    - My experience within the Trust has been largely positive and I am aware of efforts being made to ensure staff experience is positive

    - Highly - the trust has improved and worked hard to listen and support staff and also provides opportunities to progress and great mentors

    - Generally a good employer that tries to do the right things

    - I have found from my experience you are valued as a member of staff and treated fairly. I enjoy working for the Trust

- Unlikely:

    - Although the trust seems to know that there are problems they don't seem to be willing to address the issues why people keep leaving

- – I feel supported by my immediate team but not by the Trust as a whole. I don't feel they understand what we do, that concerns are dismissed

- – Pressure and limited time and capacity to provide the therapy service and patient care that I am capable of is very frustrating and stressful

- – Staff shortages make it a very stressful place to work.

Any additional comments about working at this Trust:

- High workloads, lots of pressure, causing high stress, more responsibilities pushed onto managers and staff causing low morale

- Training needs to be more relevant to the jobs people actually do, too much on passports unnecessary

- Trust is starting to recognise that staff need to be cared for. Its been a bit slow, but is getting better. Trust is committed to make it a better place to work

- Perception that senior managers are not supporting or listening to our concerns, lack of support from middle managers

- Poor management of change, people too remote from what actually happens in the service making decisions without finding out, one size does not fit all.

Note these are the key themes rather than direct quotations. There had to be at least two points to get in this list. Listed in rank order.

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – Wednesday 22 November 2017

Report from Governance Committee

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

Executive Summary
Since the last summary was provided in September, the Governance Committee has met once – on 18 October.

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

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

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

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

Equality Impact Risk Analysis

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

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

Actions to Mitigate/Minimise Identified Risks

Recommendations

The Council of Governors is requested to:

1.   Note the discussions held at the Governance Committee meeting on 18 October 2017.

Report presented by: Gillian Hough, Chair of Governance Committee

Report prepared by: Denise Baxendale, Communications and Involvement Manager

Report from Governance Committee
The Governance Committee of the Council of Governors (CoG) has met once since its last report to the Council of Governors in September (18 October 2017). Nine governors attended. This report provides a summary of the issues discussed.

Holding to Account
Governors were asked to evaluate the Policy for Engagement between the Trust Board and Council of Governors. Governors approved the proposed amendment to include 'Lead Deputy Governor'.

Membership & Engagement
The Membership Champion presented an update on membership events, engagement opportunities and recruitment of new members via these activities. Since May 2017 the Membership Champion has attended eight events and signed up in excess of 100 new members.

The results of the second Annual Effectiveness Survey of the Council of Governors was presented. Responses were benchmarked against the 2016 survey. Governors were asked to review the results and identify areas for future training/development

Feedback was received from engagement opportunities which included attendance at Public Board meetings, Nomination & Remuneration Meetings, Quality Committee, People & Culture Committee where NEDs were seen to be holding the Board to account.

Governors received an updated list of opportunities to attend membership events in communities across the City and County and were asked for details of any events in their constituencies that they are aware of. A Governor fedback on attendance at a PPG and Governors were asked by the Chair to consider joining their local PPGs.

Governors discussed the frequency of the Governance Committee meetings and agreed to reduce the frequency of meetings to bi-monthly with immediately effect. This will allow governors more time for engagement opportunities with members.

Scott Lunn delivered a presentation to update governors on involvement of young people in CAMHS and children's services. Scott explained that a participation council has not been established but a group has been set up which links in with Local Voices, a Local Authority group.

Training & Development
The governors' training and development programme for the rest of the year was presented which included a joint session for Governors and Non-Executive Directors on 8 November. Options to attend the NHS Providers GovernWell Training Programme were highlighted and expressions of interest requested. The training and development programme for 2018 is to be developed further

Escalation Items to the Council of Governors
Two items were escalated to the Council of Governors for consideration in the November meeting. Governors requested;

- Assurance that information is available in the right places for people to access when feeling suicidal.
- Assurance of the effectiveness of having different psychiatric teams in hospital and the community and delivery of joined up care.

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 22 November 2017

Update from the Governors' Nominations & Remuneration Committee

Purpose of Report

To update the Council of Governors on the activity undertaken by the Committee.

Executive Summary

Since reported to the last (regular) meeting of Council of Governors on 22 September, the Committee has met three times (10 October, 18 October and 25 October).

The main business conducted at these three meetings was the planning and process of recruitment and selection of a Non-Executive Director who would chair the Audit & Risk Committee; the culmination of this work was a recommendation to an Extraordinary Council of Governors meeting, held on 31 October, to approve the recommendations to a) appoint Geoff Lewins to the role of Non-Executive Director and Chair of Audit & Risk Committee and b) to extend the appointment of Barry Mellor until 31 December 2017.

The Governors Nominations & Remuneration Committee was also advised of the Trust's intention to participate in the NExt Director Scheme. This is a programme run by NHS Improvement to improve the diversity of Trust Boards by providing NED development opportunities for under-represented groups including women and individuals from black and minority ethnic communities.

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

Assurances

The recruitment process followed for the A&R NED role had been supported by an external recruitment consultancy - NHS Leadership Academy Executive Search, with governance oversight from the Director of Corporate Affairs.

Consultation

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

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

Governance or Legal Issues

The Governors' Nomination & Remuneration Committee conducted its respective role in line with its terms of reference and statutory role.

Equality Impact Risk Analysis

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

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

Actions to Mitigate/Minimise Identified Risks

Recruitment processes were set in place through the NHS Leadership Academy Executive Search to ensure no adverse effects on applicants from protected characteristics.

Recommendations

The Council of Governors is requested to:

1. Receive the update on the activity undertaken by the Committee.

Report presented by: **Caroline Maley**
Trust Chair and Chair of Governors Nominations & Remuneration Committee.

Report prepared by: **Samantha Harrison**
Director of Corporate Affairs & Trust Secretary and Donna Cameron,   Assistant Trust Secretary

NHS
Derbyshire Healthcare
NHS Foundation Trust

DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST

MINUTES OF A MEETING OF THE BOARD OF DIRECTORS

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

Wednesday 27 July 2017

MEETING HELD IN PUBLIC	
Commenced: 1pm	Closed: 4.20pm

PRESENT:	Caroline Maley	Acting Trust Chair
	Dr Julia Tabreham	Deputy Trust Chair and Non-Executive Director
	Margaret Gildea	Senior Independent Director
	Barry Mellor	Non-Executive Director
	Dr Anne Wright	Non-Executive Director
	Richard Wright	Non-Executive Director
	Ifti Majid	Acting Chief Executive
	Carolyn Green	Director of Nursing & Patient Experience
	Samantha Harrison	Director of Corporate Affairs & Trust Secretary
	Mark Powell	Acting Chief Operating Officer
	Lynn Wilmott-Shepherd	Interim Director of Strategic Development
	Rachel Leyland	Deputy Finance Director - deputising for Claire Wright
	Dr Mark Broadhurst	Deputy Medical Director - deputising for Dr John Sykes
	Harinder Dhaliwal	Assistant Director for Engagement and Inclusion - deputising for Amanda Rawlings
IN ATTENDANCE:	Anna Shaw	Deputy Director of Communications & Involvement
	Sue Turner	Board Secretary (minutes)
For DHCFT 2017/115	Aileen Knowles	Moving & Handling Advisor/Falls Prevention Lead
For DHCFT 2017/115	Nicola Fletcher	Acting Assistant Director of Clinical Professional Practice
For DHCFT 2017/123	Fiona White	Area Service Manager
For DHCFT 2017/123	Sam Kelly	Consultant Nurse
For DHCFT 2017/123	Katie Evans	Service Manager
For DHCFT 2017/123	Cath Dunning	Senior Nurse
For DHCFT 2017/123	Dr Mathew Joseph	Consultant Psychiatrist
VISITORS:	John Morrissey	Lead Governor and Public Governor, Amber Valley South
	Carole Riley	Deputy Lead Governor and Public Governor, Derby City East
	Kevin Richards	Public Governor, South Derbyshire
APOLOGIES:	Claire Wright	Director of Finance & Deputy Chief Executive
	Dr John Sykes	Medical Director
	Amanda Rawlings	Director of People & Organisational Effectiveness

DHCFT 2017/114	**ACTING CHAIR'S WELCOME, OPENING REMARKS, APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST** Acting Trust Chair, Caroline Maley, opened the meeting and welcomed everyone. No declarations of interests were received. Apologies for absence were received as noted above.

DHCFT 2017/115	**SERVICE RECEIVER STORY**
	Nicola Fletcher introduced Aileen Knowles, the Trust's Moving & Handling Advisor/Falls Prevention Lead who is also a carer for her elder sister. Aileen described how events in her sister's life had led to her experiencing high levels of anxiety. Her sister's children had grown older and did not need the same level of support which led to her being concerned about losing her identity as a mother. Her role at work had changed which made her anxious with regard to her financial security and also led to her developing a level of paranoia that made her believe everyone was looking at her and talking about her. As time went by Aileen's sister's level of paranoia increased. This was mainly caused by responsibilities involved in becoming a grandmother and the unexpected bereavement of their brother which was the catalyst for her increased paranoia.
	Aileen eventually managed to persuade her sister to let her take her to see her GP who referred her sister to the Crisis Team. Aileen described the level of treatment offered by the Crisis Team as disappointing. Her sister was diagnosed as suffering from anxiety and she went on to describe how during a psychiatrist appointment the psychiatrist did not have her sister's notes in his possession which meant Aileen had to retell her sister's symptom history which was very upsetting for them both. The Board also heard of the distress that resulted from cancelled outpatient appointments.
	Ifti Majid responded first by apologising to Aileen that the Trust had not supported her sister as well it could have done. He acknowledged that Aileen's story was connected with her employment by the Trust and that she is also a carer and he hoped this would help triangulate what works well within the system and what does not.
	Julia Tabreham, Chair of Quality Committee, informed Aileen that carer representatives attend meetings of the Quality Committee and have helped to improve the quality of the services the Trust is delivering. She was concerned that people have reached tipping point when they come into contact with the Crisis Team and that services are not resourced sufficiently to deal with every situation and carers are let down at the crucial point. As a Board member Julia Tabreham gave her commitment to ensuring that people have the support they need when they need it.
	Aileen was concerned that there are people who go through the same experience as her sister who do not have family resource to support them. From an employee point of view she feels very fortunate that her job gives her an insight into patient needs and that her mentor and business manager, Carolyn Green, Director of Patient Experience and Nursing, understands her situation and has allowed her the flexibility to care for her sister while carrying out her role.
	Carolyn Green informed the Board that improving the culture and values of family and carers is one of the Trust's quality priorities. The service will be improved and will drive family and carer involvement and will join up services so that carers and their family only have to tell their story once. She would also make sure that the service focusses on carers' needs and the value carers bring as they have a wealth of information that can make providing care more effective
	Caroline Maley concluded that the Board was committed to ensuring that the perspectives of carers and families will be more focussed upon during treatment. Today's review identified recommendations for engaging with carers regarding their needs and those who they care for. The Board was fully committed to ensuring that consultants are always in possession of patient notes so that patients do not have to repeat their medical history.
	RESOLVED: The Board of Directors expressed thanks to Aileen for sharing her story which gave a clearer insight into the service the Trust had provided
DHCFT	**MINUTES OF THE MEETING DATED 28 JUNE 2017**

2017/116	The minutes of the previous meeting, held on 28 June were agreed and accepted as an accurate record, subject to the first sentence of the ninth paragraph of the Integrated Performance Report, item DHCFT 2017/101 being corrected from *'Julia Tabreham was concerned about adherence to CPA (Care Programme Approach) and the overwhelming pressure this placed on staff'* to read *'Julia Tabreham was concerned, that due to overwhelming pressure on staff, there is a lack of adherence to the CPA (Care Programme Approach). The lack of completion of CPAs is a persistent feature in Serious Untoward Incident Reports'.*
DHCFT 2017/117	**ACTIONS MATRIX AND MATTERS ARISING** The Board agreed to close all completed actions. Updates were provided by members of the Board and were 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 leads.
DHCFT 2017/0118	**ACTING CHAIR'S VERBAL REPORT** Caroline Maley reported that she had attended the Health and Wellbeing Board on 29 June with Ifti Majid the detail of which is covered his Acting Chief Executive report. The Board held an effective Board Development day on 12 July that focussed on the Trust's strategy. Caroline looked forward to attending further Board Development sessions that will focus on carrying on the good work developing the skills of Board. A meeting of the Council of Governors was held on 18 July and Caroline described the governors' role in challenging the Board to ensure that the Trust delivers its strategy. She also took the opportunity to welcome new members of the Council of Governors Amran Ashraf and Cllrs Robin Turner and Linda Grooby. Caroline described the interesting meeting she attended with Ifti Majid at Lincolnshire Partnership NHS Foundation Trust. They both enjoyed discussing how Lincolnshire took their CQC Improvement Notice from 'requires improvement' to 'good' which led to them considering holding joint meetings and working together. Caroline talked about the day she spent at a Chairs Networking meeting where good discussions were held about trying to reduce the use of agency staff. An inspiring presentation was made by Sherwood Forest Foundation Trust which showed how they are managing urgent care and she was interested to see the changes they are making to develop their services. Last week Ifti Majid and Caroline Maley attended the first STP Board meeting and Caroline also carried out a quality visit to Pharmacy. **RESOLVED: The Board of Directors noted the activities of the Acting Chair throughout the month of July.**
DHCFT 2017/119	**ACTING CHIEF EXECUTIVE'S REPORT** The Acting Chief Executive's report provided the Board of Directors with an update on developments occurring within the local Derbyshire health and social care community. The report also updated the Board on feedback from external stakeholders such commissioners and feedback from staff. The report was used to support strategic discussion on the delivery of the Trust strategy. Ifti Majid referred to the CQC's (Care Quality Commission) publication called *'Driving Improvement'*. He was pleased to see this report focused on cultural change and staff ownership of improvements and he urged Board members to familiarise themselves with

this report in preparation for the CQC's forthcoming visit to ensure resources are focussed on the right areas and that the Quality Committee and Trust Management Team optimise the outcomes in key areas.

Ifti Majid's report drew attention to the NHS Providers 'State of the Provider Sector'. He described how this key document detailed the current performance, challenges and opportunities this sector is facing which revealed that we are expecting to see significant increases in demand around core mental health services. Coupled with this is the pressure that many central services are under which Ifti Majid thought was a sad indictment of the austere environment the Trust is currently operating in. In response to Richard Wright's observation that that the STP recommends focussing on these priority areas, Ifti Majid replied that as there is not yet a clear plan for mental health and the STP this has exacerbated the need for us to have confidence in our plans to make efficiencies to ensure the STP plans are not to the detriment of mental health services and he undertook to continue to share this type of information with the Board.

Ifti Majid referred to the positive assurance received from the Fire and Rescue Services' response to the Grenfell Tower disaster and was pleased with the work undertaken with regard to in-patient health provision. It was noted that no Derbyshire properties contain the same cladding as Grenfell Tower. There are 28 buildings across Derbyshire with more than 6 floors and they have all been prioritised for assessment. In addition to this all schools, university buildings and adult education establishments are being assessed.

Ifti Majid's report made the Board aware of improvements made around CQC compliance and the confirmation that all breach requirements have been met. He was delighted to confirm that the Trust's rating has now returned to green which is the highest possible rating that can be achieved.

In July Ifti Majid had a meeting with the Trust's BME network to understand how to implement reverse mentoring and create the initial cohort of people to be mentored. He was pleased to report that the timeline for implementing this for the Board would be some time in the Autumn and he looked forward to this initiative helping to influence our culture.

Finally, Ifti referred to the programme closure report from the transaction with DCHS (Derbyshire Community Health Services NHS Foundation Trust). This report summarised the Trust's decision to withdraw from the transaction and also outlined the position for each of the work streams and set out the next steps towards taking the pathway areas forward through back office collaboration and the STP work streams.

Barry Mellor appreciated the effort that had gone into the closure report and reiterated that only about 20% of the Trust's services would have been improved by the merger by acquisition process and was concerned that this fact was not included in the report. Julia Tabreham agreed with Barry Mellor. She would have preferred the rationale for not proceeding with the acquisition to have been captured in the report especially as there were many stakeholders involved in the work that supported joint working with Derbyshire Community Health Services (DCHS). Ifti Majid explained that as this was the combined programme report it did not give the detail behind the Trust's decision for not going ahead with the acquisition. He assured the Board that joint executive groups are being set up which will enable the Trust to strategically move forward with the clinical benefits and build relationships for the future.

Caroline Maley responded that The Trust and DCHS had been asked by the STP Board to present at the next STP Board meeting on why transaction did not go ahead. She hoped that this would allow the Trust to make a measured response that the STP should have been involved in this decision making process while recognising that at the time the STP was not in full operation. She emphasised that the Board's energy is now focussed on working towards an Accountable Care System (ACS).

RESOLVED: The Board of Directors noted the Acting Chief Executive's update

DHCFT 2017/120	**INTEGRATED PERFORMANCE AND ACTIVITY REPORT (IPR)** The IPR provided the Trust Board with an integrated overview of performance as at the end of June 2017. The focus of the report is on workforce, finance, operational delivery and quality performance. The Trust continued to perform well against many of its key indicators during June even though staffing levels remain a constant challenge both in the community and ward areas. Although staffing levels against planned standards remain a concern, the Board was assured that safe and effective operational management is in place to mitigate all risks and was pleased to note that nursing and quality staff are being deployed to support campus services over the summer period to maintain safety and to support staff until new staff commence in post. The Board was also pleased to note that the number of outstanding actions following the CQC (Care Quality Commission) comprehensive review has reduced. Continued focused meetings are driving continual service improvement and will ensure learning is embedded. The number of outstanding actions following serious incident investigations has also reduced. A number of learning events have been scheduled over the summer period for children's, substance misuse and county wide services to address the improvement required in safeguarding training. Staff attendance remains a significant challenge to the Trust with an annual sickness absence rate of 5.53%. In June the sickness absence rate for the month was 5.49% which is lower than the annual rate and 0.79% lower than in the same period last year (June 2016). Work continues on the recruitment action plan and shows how we plan to tackle each vacancy. This includes a number of incentives campaigns and open days being held across the UK as well as overseas recruitment for hard to fill posts. From a financial perspective the Trust is slightly ahead of plan in surplus terms for the month by £5k and is ahead of plan by £22k year to date. The forecast is to achieve the control total at the end of the financial year but there are risks to achieving 4% CIP (Cost Improvement Programme) by the end of the year. Commissioner-driven QIPP (Quality, Innovation, Productivity and Prevention) disinvestment schemes that require £3.05m income and cost reduction are not yet agreed but are incorporated into the Mental Health STP (Sustainability Transformation Programme) work stream planning. After hearing today's service receiver story Anne Wright was concerned about cancelled outpatient clinics and the number of patients not attending appointments. This resulted in the Board discussing at length how inpatient clinics are operating. Mark Broadhurst explained that this was caused by the national problem with recruiting doctors and psychiatrists. Added to this is the difficulty in replacing locums and this has resulted in cancelled appointments. The Board heard that the outpatient clinics are trialling using non-medical pre-subscribers to support outpatient clinics although it was understood that this method will not see a short term solution. Despite these problems outpatient clinics are a very efficient way of providing effective care and it was noted that a number of positive comments are received from service users on the clinical approach being taken. The Board decided it would be wrong to change the traditional outpatient clinic model and committed the Quality Leadership Team, the Trust Management Team and Quality Committee to assess how to improve outpatient clinical practice to make sure the Trust operates the best quality outpatient clinics. Mark Broadhurst undertook to improve the outpatient experience by the end of the September and pledged to bring a report to the Board on 1 November quantifying what the problems are as well as setting out the solutions. The Board also discussed outpatient appointment DNAs (Did not Attend). Barry Mellor informed the Board that the Finance & Performance Committee had discussed outpatient appointment DNAs as it noted that clinics had experienced 15% DNAs against a target of 7%. One of the main causes of DNA is the rescheduling of appointments. The

	Committee talked about the method of text message reminders that alert patients of appointments and it was discovered that more DNAs occurred when text message alerts were made. DNA is very high in children's services and work is taking place to drastically reduce DNAs by using resources more effectively. The Board discussed the format of the IPR as Julia Tabreham was concerned that the Executive Summary was becoming increasingly long and suggested that issues be reported on an exception only basis along with the resulting action. The Board considered this suggestion and agreed that the narrative descriptor plays an important part in linking the operational functions that gave an effective overall picture of performance. Julia Tabreham made a second point that she thought the STP contained many outliers such as the transfer of care relying on system partners and she asked if the STP would start to consider some of these worrying pathway issues. Ifti Majid advised that there would be a strong mental health voice in the work streams and as individual projects develop it will be easier to understand further work. Lynn Willmott-Shepherd also assured the Board that she anticipated a high level of engagement from local authorities and other governing bodies would be involved in the STP relaunch event which will be a good case for developing relationships and working opportunities. Margaret Gildea brought discussions back to today's service receiver carer story and asked the Board to consider how to improve the flow of information so that related information is always available to ensure consultants have accurate notes in front of them. Mark Powell assured her that clinicians and IT will work closely together to resolve the issues described today and will develop a set of patient measures that will be taken through the Quality Committee and the Finance &Performance Committee by John Sykes and Mark Broadhurst. The solutions to this review will be then reported to the Board on 1 November. Caroline Maley concluded discussions and was assured that the data contained in the IPR is regularly reviewed at various performance management meetings and by the Executive Leadership Team as well as the Board Committees. **ACTION: Quality Leadership Team, Trust Management Team and Quality Committee to assess how to change the practice of Outpatient Clinics to allow an Outpatient Model Report to be brought to the Board on 1 November setting out causes of cancellations and the solutions.** **ACTION: Report identifying patient measures through IT solutions developed with clinicians to be received by the Quality Committee and Finance & Performance Committee prior to a report setting out the solutions is submitted to the Board on 29 November.** **RESOLVED: The Board of Directors considered the Integrated Performance Report and obtained significant assurance on current performance across the areas presented with the exception of outpatient metrics which will be reported to the Board at the Board meeting to be held on 1 November 2017.**
DHCFT 2017/121	**QUALITY POSITION STATEMENT** Carolyn Green provided the Board of Directors with an update on the organisation's continuing work to improve the quality of services that are provided in line with the Trust Strategy, Quality Strategy and Framework and strategic objectives. The Board noted the fire safety action that has been taken to ensure the safety of the Trust's premises following the Grenfell Tower fire and was pleased to hear that fire evacuations are being increased to build up confidence in staff so they know how to respond.

	Carolyn Green was pleased to report that work is continuing on closing down actions relating to the CQC action plans both from the major inspection and regular Mental Health Act visits. This work is closely monitored by the Quality Committee and there has been a significant improvement in the status of the 2016 comprehensive inspection actions. She assured the Board that she will continue to ensure that these recommendations and actions are fully delivered and embedded within the Trust's services. In response to Barry Mellor enquiring if a further CQC inspection is to be carried out, Carolyn Green responded that a site visit is planned for September. Preparation for the visit is being focussed through the Trust Management Team meetings where the CQC action plan and expectations is assessed against the Trust's performance. She also advised that the CQC will be observing the Trust's Board meetings and have made a request to meet governors. The report also provided an insight into the positive work of MASH (Multi Agency Safeguarding Hub) which operates co-location of health, Police and social care staff and enables sharing of safeguarding intelligence and planning which allows teams to have instant access to information instead of services taking weeks to share information. Reference was made to learning obtained from a service user story heard earlier this year from a gentleman who fed back to the Board that he was unclear on how to gain support from the Trust's advocacy service which was mainly due to a complexity of commissioning arrangements between Derby City and Derbyshire local authorities. The Board was pleased to hear that new advocacy posters have been redesigned to signpost service users and will be displayed throughout the Trust's services and that the Mental Health Alliance and expert by experience colleagues will review the information contained in the posters during ward visits and will report back their thoughts. As a result of discussions Caroline Maley concluded that the report provided the Board with significant assurance relating to patient safety but limited assurance was obtained around the completion of some of the CQC actions although it was understood that this work was still in progress. **RESOLVED: The Board of Directors:** **1) Received and noted the Quality Position Statement** **2) Gained significant assurance with regard to safety** **3) Gained limited assured with regard to some CQC actions**
DHCFT 2017/122	**BOARD ASSURANCE SUMMARIES & ESCALATIONS** Assurance summaries were received from the meetings of the Quality Committee held on 15 June, Audit & Risk Committee held on 11 July and the People & Culture Committee held on 20 July 2017. Committee Chairs summarised the escalations that had been raised and these were noted by the Board as follows: Julia Tabreham, Chair of the Quality Committee informed the Board that good discussions had been held at the June meeting on the CQC pipeline of actions. The Committee received limited assurance with regard to Mental Capacity Act (MCA) compliance. Compliance checks on key elements are now being monitored on a monthly basis and are showing demonstrable improvement with regard to completion and quality of documentation. An MCA clinical skills paper on the Radbourne Unit is being prepared which shows that this targeted work is starting to produce dividends and thanks were made to the Finance & Performance Committee for providing this investment in our staff. Ifti Majid referred to the Ligature Risk Reduction item and asked if work was taking place to reduce the safety risk. Carolyn Green assured him that she has every confidence that completion of the red rated risks will be completed now that budgets have been adjusted

	in the capital programme. Barry Mellor, Chair of the Audit & Risk Committee informed the Board that a deep dive took place at the July meeting on BAF risk 1a Clinical Quality Safety Standards. Whilst limited assurance was received by the Committee it is clear that significant work is taking place and will be further driven by the Quality Leadership Teams to raise standards. Barry Mellor was pleased to report that significant assurance was received on implementation of the Trust's Raising Concerns policy. Limited Assurance was obtained on the outcome of Clinical Audit. The Committee could see that good processes are in place but further work is required on the completion of clinical audit objectives. As a result it was agreed that the Quality Committee would receive a report quantifying the full benefits of Clinical Audit. Margaret Gildea reported that the People & Culture Committee held a very effective meeting in July. She proposed that this Committee could oversee the operational groups and intended to pursue this through the through the work of the Committee. **ACTION: Quality Committee to receive a report quantifying the full benefits of Clinical Audit** **RESOLVED: The Board of Directors received and noted the Board Committee Assurance Summaries and Escalations**
DHCFT 2017/123	**DEEP DIVE – CRISIS AND HOME TREATMENT SERVICE** The crisis in mental health provision is often in the news and reflects the great demands made on services. Today's service receiver story also covered the support delivered by the Crisis Team. Fiona White, Sam Kelly, Katie Evans, Cath Dunning, and Dr Mathew Joseph from the Crisis And Home Treatment Service joined the meeting and provided the Board with an insight into some of the key challenges and achievements experienced by the service team. Derbyshire's Crisis Resolution Home Treatment Teams are based around Derby, Chesterfield and High Peak. The service is for people aged 18 - 65 who experience a severe mental health illness who would otherwise be at risk of hospital admission. The team provides an assessment service, home treatment, least restrictive environment options and a comprehensive discharge process. There have been some serious incidents in the city and in the county and concern was expressed by the team due to the difficulties in dealing with large caseloads. Sam Kelly emphasised that the service's biggest achievement was successfully commissioning a review of Crisis Resolution Home Treatment Service, the recommendations of which have been commissioned by the Board to carry out this work. This review was undertaken by Sam Kelly based on patient and staff feedback and was benchmarked as having a good standard of practice for the team. This review identified that the teams were under a considerable amount of pressure working to recommended staffing models which resulted in a service that was compromising the health of patients. The Board noted that as a result of this review a full ownership approach has been taken and the team is fully engaged and working on a new clinical model and is engaging with carers to incorporate what they need from the crisis service. The team established that the majority of people's needs are being met through commissioning. However, there is a commissioning gap for people who are in acute distress who may feel they want to harm themselves and they have nowhere else to go. The Board heard how work going forward will be aligned with the STP to ensure there is a proper pathway. The team's other key achievements include continued work to improve links with GPs, campus services, social care and particularly the Police. The Crisis Team is also

developing at a multi-disciplinary model and now includes occupational therapy and social work and a pharmacy link within the team.

The team talked about their key challenges and emphasised how a lack of resource was having an impact on the service. The Board was aware that this has been raised with commissioners and NHS England and that the team has implemented and rolled out crisis review recommendations until staffing levels improve.

The Board was told of the Crisis Team's plans for future improvements, particularly in delivering all recommendations from the recent review. Ongoing recruitment to improve staffing levels was at the forefront of their plan. Succession planning will continue due to the interim and acting posts being in place and work was taking place to ensure these posts are filled in the future. The team has also developed a patient and carer feedback system that will inform future developments within the service.

The Board was extremely appreciative of the efforts the Crisis Team is taking. Ifti Majid referred to the problem with inpatient beds and capacity in neighbourhoods and wondered if the problem could be improved with people working in a more integrated way resulting in a broader flow of services. Sam Kelly replied that the team had implemented clinical assessments to assess those who need home care. The average case load has reduced considerably and is much more manageable but this had not had a great impact on availability of beds. The problem arises when the team become involved in a patient's care too late. It is important that the Crisis Team should not be seen as a panacea for keeping people out of hospital. Integration with community services would help this and the team is looking to see what they can learn nationally about this.

Barry Mellor asked if the team was hopeful of filling all its staff vacancies. It is hoped that this can be achieved from the current recruitment drive. Lynn Wilmott-Shepherd added that the Trust has been commissioned for these staff. Commissioners are working well with the Trust and we are trying to receive funding from the Better Care Fund and are also looking at cases for next year's contracting round. Carolyn Green reiterated that recommendations from the crisis review were accepted by commissioners. There are actions underway to provide investment back into the Crisis Team and work is taking place with commissioners to understand how investment can be improved in order to implement the new modelling.

Caroline Maley concluded that this was a very helpful deep dive into the Crisis and Home Treatment Service and whilst it was pleasing to hear about how morale is beginning to improve clearly there are pressures linked to capacity, flow and cohort that must be resolved to make a clinically led change.

RESOLVED: The Board of Directors considered and noted the presentation made by the Crisis And Home Treatment Service team

DHCFT 2017/124	**BUSINESS PLAN 2017-18 MONITORING** Lynn Willmott-Shepherd's report provided the Board with an update on the performance management process of the Business Plan for 2017/18. The Board noted that for the first time in 2017/18 clinical divisions and corporate directorates have developed a plan on a page and was assured that the plan is being performance managed. The report also set out the process for next year along with the intention to submit the final plan to the Board in March ahead of the new financial year. Caroline Maley was pleased to see that the plan is focussed on a simple process that will measure performance and looked forward to receiving quarterly update reports in the future. **RESOLVED: The Board of Directors:**

	1) Noted the content of the Business Plan 2017 – 18 **2) Agreed to the proposal that performance and progress will be reported quarterly to the Board**
DHCFT 2017/125	**BOARD ASSURANCE FRAMEWORK (BAF) 2017/18 SECOND ISSUE** This report presented by Sam Harrison detailed the second issue of the BAF for 2017/18. Attention was drawn to the movement of new risks that were incorporated in the 2017/18 first issue received by the Board in April and the proposal that three of the risks are to be closed due to the decision to not proceed to merger with DCHS (risks 2b and 4c) and the Trust being informed that it is now compliant with all licence undertakings (risk 3c). A new risk BAF Risk 3e has been included in the BAF at the request of the Remuneration & Appointments Committee in relation to any potential instability of the Board. Sam Harrison outlined the process for undertaking 'Deep Dives' for all risks. She informed the Board that it had been agreed that the Audit & Risk Committee will conduct Deep Dives carrying a current rating of extreme and also risks for which it is the Responsible Committee. All other Deep Dives will be undertaken by the identified Responsible Committee for each risk. Julia Tabreham raised an escalation from the Quality Committee with regard to BAF Risk 1c *Failure to fully comply with the statutory requirements of the Mental Health Act Code of Practice and the Mental Capacity Act* and asked for assurance from the Medical Director that this risk is included in the assurance model. In response, Ifti Majid proposed that this matter is addressed outside of the Board meeting with the Medical Director. The Board understood that the programme outlined in the report is based on the current risk rating at Q2 2017/18 and will be subject to change. The Board was assured by the Deep Dive programme of work to be undertaken by the Board Committees and agreed to the closure of three of the risks and to the addition of new risk BAF Risk 3e outlined above. **ACTION: Escalation from the Quality Committee relating to the to BAF Risk 1c *Failure to fully comply with the statutory requirements of the Mental Health Act Code of Practice and the Mental Capacity Act* to be raised with the Medical Director and considered in the re-assessment of this risk** **RESOLVED: The Board of Directors agreed and approved the second issue of the BAF for 2017/18, including the closure of three of the risks on the BAF and the addition of one.**
DHCFT 2017/126	**WORKFORCE RACE EQUALITY STANDARD (WRES) 2017/18 SUBMISSION** Harinder Dhaliwal presented her report which updated the Board on the Trust's annual Workforce Race Equality Standard submission and included the Board statement for consideration and sign off. The Board noted how WRES indicators will be monitored and the current progress against those indicators and how they will be used to track progress and the steps being taken to close the gaps. Harinder Dhaliwal referred to the data analysis on ethnicity and banding which indicated under-representation and a proportionately lower number of BME staff in the relevant bands. The Board was mindful that this was the baseline for this year and that future reports should show an improvement in the diversity of the Trust's workforce. It was proposed that positive action should be taken to empower the BME network through training to allow more opportunities to become available for BME staff. As a result of this discussion the Board requested that Amanda Rawlings works with HR colleagues to

	make comparisons and benchmark the Trust's performance against other organisations. Caroline Maley confirmed that the Board had considered the WRES 2017/18 submission template and approved the draft statement of commitment. The report also included targeted recommendations for where action is to be taken which was noted by the Board. **ACTION: Trust's performance on ethnicity and banding to be benchmarked against other trusts** **ACTION: Update on WRES 2017 action plan to be received by the Board at the next meeting in September** **RESOLVED: The Board of Directors:** 1) **Approved the WRES 2017/18 submission/reporting template and findings, including the Board statement prior to submission to the NHS England national WRES team by 1 August, 2017 and sharing with Hardwick CCG and external website (in line with WRES technical guidance).** 2) **Noted the link to the Board Equality Action Plan priority 2: Board developing engaging and inclusive leadership key performance indicators to drive culture change, address under-representation, potential barriers and continuous improvement in equality performance and benchmarking.** 3) **Noted the equality impact, neighbourhood/service inclusion profiles and equality performance: Board to seek assurance that workforce reflects the local neighbourhood population, fair employment and that we are leveraging the talents/assets and community knowledge of our workforce.** 4) **Noted that the WRES 2017 action plan demonstrates the Trust's intention in closing the differences between the treatment and experience of white and BME staff and will be refined in partnership with BME Staff Network. This will be tabled at the Equalities Forum and key committees as part of reporting schedule, including an update to the Board at the meeting to be held on 27 September.**
DHCFT 2017/127	**ANY OTHER BUSINESS** Ifti Majid informed the Board that two difficult questions had been put to him during the Annual Members Meeting around outpatient appointments. He was of the opinion that the work being undertaken by Mark Broadhurst and John Sykes will address this and will provide assurance that these were isolated incidents.
DHCFT 2017/128	**REPORT FROM THE CONFIDENTIAL COUNCIL OF GOVERNORS MEETING** This report was provided for information and was noted by the Board. **RESOLVED: The Board of Directors noted the report from the Confidential Council of Governors meeting held on 6 June 2017.**
DHCFT 2017/129	**IDENTIFICATION OF ANY ISSUES ARISING FROM THE MEETING FOR INCLUSION OR UPDATING IN THE BOARD ASSURANCE FRAMEWORK** A detailed review of the BAF took place during the BAF agenda item. It was agreed that no further changes are required to be updated or included in the BAF.
DHCFT 2017/130	**2017/18 BOARD FORWARD PLAN** The forward plan was noted by the Board.
DHCFT 2017/131	**MEETING EFFECTIVENESS** The Board agreed that a good mix of strategic discussions took place especially around

the workings of the STP.   Mark Powell's suggestion that the Board reverts to summarising the IPR so that key issues are discussed by individual directors on performance, finance, and people was agreed.

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

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

NHS
Derbyshire Healthcare
NHS Foundation Trust

MINUTES OF A MEETING OF THE BOARD OF DIRECTORS

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

Wednesday 27 September 2017

MEETING HELD IN PUBLIC	
Commenced: 1pm	Closed: 4.30pm

PRESENT:	Caroline Maley	Trust Chair
	Dr Julia Tabreham	Deputy Trust Chair and Non-Executive Director
	Margaret Gildea	Senior Independent Director
	Barry Mellor	Non-Executive Director
	Dr Anne Wright	Non-Executive Director
	Richard Wright	Non-Executive Director
	Ifti Majid	Acting Chief Executive
	Claire Wright	Director of Finance & Deputy Chief Executive
	Dr John Sykes	Medical Director
	Carolyn Green	Director of Nursing & Patient Experience
	Mark Powell	Acting Chief Operating Officer
	Amanda Rawlings	Director of People & Organisational Effectiveness
	Samantha Harrison	Director of Corporate Affairs & Trust Secretary
	Lynn Wilmott-Shepherd	Interim Director of Strategic Development
IN ATTENDANCE:	Anna Shaw	Deputy Director of Communications & Involvement
	Sue Turner	Board Secretary (minutes)
	Dr Matthew Joseph	Consultant Psychiatrist (shadowing Director of Nursing & Patient Experience)
	Katie Keys	Senior Occupational Therapist (shadowing Director of Nursing & Patient Experience)
For DHCFT 2017/133	Nicola Fletcher	Acting Assistant Director of Clinical Professional Practice
For DHCFT 2017/141	Petrina Brown	Lead Clinical Psychologist
For DHCFT 2017/141	Graham Wilkes	Lead Clinical Psychologist
VISITORS:	John Morrissey	Lead Governor and Public Governor, Amber Valley South
	Carole Riley	Deputy Lead Governor and Public Governor, Derby City East

DHCFT 2017/132	**CHAIR'S WELCOME, OPENING REMARKS, APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST**
	Trust Chair, Caroline Maley, opened the meeting and welcomed everyone. No apologies for absence or declarations of interests were received.
	Following confirmation of Caroline Maley's post as Trust Chair by the Council of Governors at their meeting held on 13 September, Acting Chief Executive, Ifti Majid took the opportunity on behalf of the Board and the Trust's staff to congratulate her on her appointment. Caroline Maley responded that she was delighted to be able to carry on the work she commenced in her previous acting role and very much looked forward to leading the Board, Council of Governors and staff to deliver great care for the people of Derbyshire who use the services of the Trust.
DHCFT	**SERVICE RECEIVER STORY**

| 2017/133 | Acting Assistant Director of Clinical Professional Practice, Nicola Fletcher, introduced Jonathon Sanderson, a fellow chief nurse currently on a placement with the Trust who talked about his substantive role in operating theatres, and the Emergency Department (ED) and the ethos displayed by staff when dealing with tragic events. He described how staff usually showed no emotions at the time of these incidents and they did not discuss how they felt which he felt had led to high levels of mental health problems and had even led to suicide.

Jonathon recalled a tragic case involving the death of a young child and the effect this had on the ED team who worked tirelessly to save the child's life. He described how distressing it was observing the anguish felt by the family and that members of the team could not help but show their emotion at the time. He felt that although the team received a de-brief after this distressing event it is clear that this approach does not properly support or prepare staff to deal with events like this on a personal level and they work in a robust atmosphere with senior staff who are often reluctant to share their feelings. This had urged Jonathon to think about staff support and wellbeing and suicide prevention while undertaking his placement here at the Trust and he asked the Board what kind of provision was made to staff when they are affected by traumatic events and whether there is a policy within the Trust to ensure the wellbeing of staff.

The Board discussed the trauma medical staff experience through deaths that occur at work and acknowledged that clinical staff talk to people who feel suicidal on a day to day basis and work to prevent people from taking their own lives while supporting their families. The Trust is committed to helping staff succeed dealing with the day to day trauma they face. Ifti Majid explained that a staff Health and Wellbeing Strategy was developed to support staff when they are challenged by stress, anxiety or depression. The Trust's strengthened approach for supporting staff is being taken forward by the Director of People and Organisational Development, Amanda Rawlings through the People & Culture Committee to ensure staff have the support networks they need to deal with any incident.

Caroline Maley thanked Jonathon for sharing his experience with the Board.

RESOLVED: The Board of Directors expressed thanks to Jonathon for sharing his story which enabled the Board to focus on the wellbeing of its staff and give clear insight into a service that the Trust provides for its staff. |
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| **DHCFT 2017/134** | **MINUTES OF THE MEETING DATED 27 JULY 2017**

The minutes of the previous meeting, held on 27 July were agreed and accepted as an accurate record, subject to the word 'prototype' being replaced with 'initial' in the first sentence of the sixth paragraph of the Acting Chief Executive's report item DHCFT 2017/119. The first sentence of the final paragraph of this item would be corrected to read *'Caroline Maley responded that The Trust and DCHS had been asked by the STP Board to present at the next STP Board meeting on why transaction did not go ahead.'*

The seventh paragraph of DHCFT 2017/120 Integrated Performance and Activity Report would be corrected to show that Deputy Medical Director, Mark Broadhurst and not Acting Chief Operating Officer, Mark Powell undertook to improve the outpatient experience. |
| **DHCFT 2017/135** | **ACTIONS MATRIX AND MATTERS ARISING**

The Board agreed to close all completed actions. Updates were provided by members of the Board and were noted on the actions matrix. All completed 'green' actions were scrutinised to ensure that they were fully complete and actions that were not complete were challenged with Executive Director leads. |
| **DHCFT** | **CHAIR'S VERBAL REPORT** |

2017/0136	Over the summer Caroline Maley had spent time meeting teams. As a non-clinician she felt that her visit to Ward 35 was quite challenging and it gave her a good insight into the day to day work of clinical staff. She also met with the Patient Experience Team and attended the Mortality Group and Serious Incident meetings with them which enabled her to see how the team operates. An interesting quality visit to the Radbourne Unit's Hope and Resilience Team enabled Caroline to see how patients are supported through this important initiative.
	The governors' Governance Committee took place on 18 August. Caroline continues to regularly meet with the lead and deputy lead governors when open and frank discussions take place. She was pleased to report that a particularly effective Council of Governors meeting took place on 26 September where she observed effective interaction between governors and Non-Executive Directors. She was also pleased to welcome a new governor for Erewash South to the meeting.
	Caroline met with Paul Wood of the Southern Derbyshire Clinical Commissioning Group who is also the Sustainability and Transformation Partnership (STP) Chair and discussed the detail behind why the merger transaction did not go ahead with Derbyshire Community Health Services NHS Foundation Trust (DCHS).
	Caroline attended the Health and Wellbeing Board which focussed on the work being carried out throughout Derbyshire on Learning Disabilities. She also attended a meeting of the Trust's Mental Health Act Committee on 26 August.
	Both Ifti Majid and Caroline Maley attended the STP Board meeting last week. Caroline was pleased to report that good discussions took place around the table with NHS Improvement (NHSI) and NHS England (NHSE) on how to operate as a sovereign entity.
	As a result of Caroline Maley's update John Sykes asked how overall savings can be offset within the STP that will work towards delivering the Trust's control total. This enabled the Board to discuss the progress being made within the STP and agree that more time is to be spent at Board meetings to discuss what impact STP developments will have on mental health work streams and how this will be cascaded through the organisation.
	RESOLVED: The Board of Directors noted the activities of the Trust Chair throughout the month of September.
DHCFT 2017/137	**ACTING CHIEF EXECUTIVE'S REPORT** The Acting Chief Executive's report provided the Board of Directors with an update on developments occurring within the local Derbyshire health and social care community. The report also updated the Board on feedback from external stakeholders such commissioners and feedback from staff. The report was used to support strategic discussion on the delivery of the Trust strategy. Ifti Majid noted that his report had also been presented to governors at yesterday's Council of Governors meeting. His report covered on a national level the NHSI and NHSE publication on winter 2016/17 and the Royal Society for Public Health's report which looked at the positive and negative effects of social media on young people's mental health. From a local context the report outlined the Trust's continued involvement in the Erewash Vanguard and that it is was one of the providers involved in delivering care as part of Wellbeing Erewash which is now known as 'Erewash Alliance'. Ifti Majid was pleased to report that the STP had held their first board meeting and had agreed to prioritise and speed up the implementation of plans set out in Joined Up Care Derbyshire and focus their organisations on the main projects, or 'work streams'. This

will help all the eleven organisations involved in the STP start working together as a whole system and move away from functioning as separate entities which will provide better patient care and services.

Following the announcement by senior health leaders that the NHS is putting £325 million into new projects in fifteen areas across the country, Ifti Majid's report outlined how Derbyshire would receive up to £30m for two local projects which will allow Derby Teaching Hospitals Foundation NHS Trust to implement plans for an 'Urgent Care Village' which will incorporate GP services, a frailty clinic and mental health services to ensure patients receive the right care in the right place, first time, and avoid going to A&E unnecessarily which will lead to improved outcomes for these people.

Ifti Majid's report also commended the work of colleagues who led two large scale World Suicide Prevention Day events on 10 September 2017. These events meant the Trust was able to make positive links with partners in Derbyshire County Council, Public Health, Network Rail, Samaritans and Cruse.

Ifti Majid also thanked local leaders and members of the operations and nursing/quality teams who worked hard to prepare for the visit from James Mullins, Head of Hospital Inspections, Mental Health CQC (Care Quality Commission) when he met staff and reviewed the progress and improvements the Trust has made since the comprehensive inspection in June last year. Although this was an informal visit he was pleased with what he saw and gave positive feedback from his visit.

Julia Tabreham thanked Ifti Majid for his report and referred to the recommendations made by NHSI and NHSE in their review of winter 2016/17 and drew attention to the need for the Trust to be ready for hidden factors and the inevitable rise in demand for the forthcoming winter. Ifti Majid assured her that the operational teams were focussing on prevention and are working in parallel with community services supporting people who are also waiting for treatment for acute services.

RESOLVED: The Board of Directors noted the Acting Chief Executive's update

DHCFT 2017/138	**INTEGRATED PERFORMANCE AND ACTIVITY REPORT (IPR)**

The IPR provided the Trust Board with an integrated overview of performance as at the end of August 2017 that focussed on workforce, finance, operational delivery and quality performance. The report showed that the Trust continues to perform well against many of its key indicators with improvement continuing across many services.

Caroline Maley raised the issue of the pressure placed on staff when they were moved into areas such as the Radbourne Unit to fill staffing gaps. Director of Nursing & Patient Experience, Carolyn Green responded that staff are moved to other areas to ensure that no members of staff are left in an unsafe environment. In order to comply with safety standards, we ensure that staff who are moved to different areas have obtained minimum core competences and have completed mandated training and are safe to practice.

Mark Powell assured the Board that there is now a more planned approach to moving staff. A number of Occupational Therapists (OTs) have been recruited and more OTs will be recruited to work on inpatient wards in October. He was pleased to report that there are signs of improvement across some of the community teams and staff have been recruited into the Crisis teams. Although the recruitment of qualified professionals to wards has not increased at the rate he would have hoped, improvements are being made in terms of the workforce plan. He drew attention to the number of registered nurses in band 5 positions working in inpatient wards running at 50% - 60% establishment who are supplemented with bank and agency staff. He acknowledged this is an ongoing risk which he and Director of People & Organisational Effectiveness, Amanda Rawlings are working towards resolving.

Mark Powell reported that agency staffing levels are still high but are lower than other

	organisations. Agency expenditure on inpatient areas is minimal which is due to staff flexibility in carrying out additional shifts.
	Ifti Majid observed some benefits from triangulating the information contained in the IPR. Although staffing fill rates are problematic, agency levels continue on a high trajectory due to sickness levels remaining high. However, catastrophic harm has fallen as have episodes of seclusion and so have incidents involving patients held in seclusion. Also the number of incidents of physical assault and incidents involving physical restraint have reduced in campus areas. Ifti Majid considered this was a clear testament to the Trust's staff who have achieved these results whilst working under extreme pressure. Mark Powell agreed and assured the Board that over the last few months staffing levels have been met and maintained but recognised that these arrangements are not sustainable in the long term. Proactive work is taking place to recruit and retain staff and maintain sustainability such as the return to practice initiative being developed.
	Caroline Maley was concerned about the risks associated with people being released from prison and the impact this has on non-commissioned community forensic services and asked how this can be addressed with commissioners. Carolyn Green informed her that part of the issue is that we are unable to identify how many people will be released and this risk is included in the Board Assurance Framework (BAF) risk 1a and remains a high risk to clinical quality standards. She assured the Board that she has requested a meeting with commissioners to explore immediate risks and mitigations and make sure direct action takes place and she will brief the Executive Leadership Team on the outcome of her discussions. She will be submitting a briefing paper to the next Quality Committee and this matter will also be addressed through the Safeguarding Committee. This was also a concern for Non-Executive Director, Anne Wright who had observed this trend over the last 12 months and agreed this is a significant risk to the organisation's clinical quality standards.
	Ifti Majid drew attention to the financial position which is currently being aided by non-recurring benefits. Claire Wright assured the Board that the Finance & Performance Committee is monitoring the Trust's financial risks. However, not all these risks are under the Trust's direct control such as the risk around the QIPP (Quality, Innovation, Productivity) programme where commissioners contribute to our income. She reported that estates disposal has improved the financial position but this is masking the underlying key element of risks. It is important to continue to improve efficiencies and improve the Trust's Cost Improvement Programme (CIP). She also referred to the regulatory impact which influences financial risks and assured the Board that this too is regularly monitored by the Finance & Performance Committee.
	Julia Tabreham referred to the need to achieve our control total which she understood would not be easily reached and was concerned that this could lead to a slip in quality provision. Claire Wright assured her that this would be controlled by thoroughly managing financial risks in order to make the right decisions for our patients.
	The Board considered the risks associated with the key four areas of quality, operations, workforce and finance. It was agreed that an approach to understand what the impact this has on people, workforce supply and finance will be addressed by the Executive Leadership Team so that new ways of working can be focussed upon to provide the Board with the assurance that proactive work to explore creative models is taking place.
	RESOLVED: The Board of Directors considered the Integrated Performance Report and obtained significant assurance on current performance across the areas presented.
DHCFT 2017/139	**QUALITY POSITION STATEMENT**
	Carolyn Green provided the Board of Directors with an update on the organisation's continuing work to improve the quality of services that are provided in line with the Trust Strategy, Quality Strategy and Framework and strategic objectives.

	This report also contained the procedure for learning from deaths which sets out how the new process will work and how cases will be reviewed going forward. Rachel Williams, Lead for Patient Safety and Patient Experience joined the meeting and assured the Board that the Trust has complied with the CQC's requirement to have a procedure in place for learning from deaths. The Board was informed that learning from deaths will enable the Trust to deliver better end of life care, providing patients and their families and carers with a good experience. It was suggested by Barry Mellor that a two page summary of the procedure be communicated to staff which Rachel Williams undertook to cascade to staff through the Trust's Policy Bulletin.

Anne Wright as Non-Executive Director responsible for Mortality and Learning from Deaths welcomed this procedure which will help in investigating the cause of death of every patient within the Trust's care and thanked Rachel Williams on behalf of the Board for the work she undertook in implementing this procedure.

Lynn Willmott-Shepherd referred to the importance of maintaining a smoke free environment within the Trust and the effect this has in terms of the Trust's CQUIN (Commissioning for Quality Innovation) and was pleased to see that work is taking place to refresh the strategic direction of the smoke free initiative across all Trust sites.

Having reviewed the Quality Position Statement the Board confirmed it was satisfied with the current trajectory of the CQC action plan and obtained significant assurance with regard to patient safety.

RESOLVED: The Board of Directors:
1) Received and noted the Quality Position Statement
2) Gained significant assurance with regard to safety
3) Gained significant assurance with regard to the completion of CQC actions
4) Gained significant assurance on the Trust's arrangements for learning from deaths |
| **DHCFT 2017/140** | **BOARD ASSURANCE SUMMARIES & ESCALATIONS**

Assurance summaries were received from the meetings of the Quality Committee held on 10 August, Mental Health Act Committee held on 24 August and People & Culture Committee held on 21 September 2017. Committee Chairs summarised the escalations that had been raised and these were noted by the Board as follows:

Mental Health Act Committee: Anne Wright highlighted the work dedicated to completing actions related to issues raised by the CQC and the work being undertaken to embed the required changes. She looked forward to seeing a significant improvement in the performance of the Committee now that its sub-group has begun operating which will focus on operational activity and will enable the Committee to focus on strategic and assurance matters.

Quality Committee: Julia Tabreham drew the Board's attention to the potential loss of carer and service user representatives on the Committee which will leave it exposed due to the loss of this valuable area of expertise.

People & Culture Committee: Margaret Gildea had no issues to raise. The Committee is continuing to focus on exploring alternative models and solutions to improve recruitment and approved a process that will encourage staff who have retired to return to work.

RESOLVED: The Board of Directors received and noted the Board Committee Assurance Summaries and Escalations |
| **DHCFT 2017/141** | **DEEP DIVE – CLINICAL PSYCHOLOGY** |

Lead Clinical Psychologists Graham Wilkes and Petrina Brown joined the meeting and provided the Board with an insight into some of the key challenges and achievements experienced by the service team. They welcomed the opportunity to give the Board an understanding of clinical psychology services as it helped them reflect on issues and challenges raised by the CQC and realise opportunities that the service can move forward with.

The Board heard how the team is structured throughout the county and was impressed with the low staff turnover rate. The team is working hard developing evidence based specialist interventions for people identified as having a personality disorder. The Board was pleased to note that a lot of skill sharing takes place within the team and that staff can develop into other specialist areas.

Graham Wilkes and Petrina Brown were particularly proud to have developed expertise working alongside investigations into historical abuse and looking at people's needs and psychological therapies as well as areas of need for staff support. They are now working with senior managers to offer clinical expertise to other areas within the Trust in areas under investigation.

The Board was informed of the Post Incident Peer Support Network (PIPS) initiative which involves different types of working within the Trust and includes support provided to staff. This covers debriefing sessions after serious incidents which allows people to gain an understanding of the event that occurred and is a valuable support network. Unfortunately this is under-utilised and a lot of staff feel they know how to absorb their experience. This was noted to have clear links to the patient story as presented at the beginning of the Board meeting.

Petrina Brown and Graham Wilkes made the Board aware of the challenges they face due to waiting list pressures and their concern that without more resource the team will not be able to make any inroads into psychological recovery. Although their capacity is challenging due to covering long term absences and maternity leave they always prioritise cases that carry the most risk and make sure people are aware they are waiting and are working with GPs to help mitigate these risks. They find it hard to find time with high caseloads to progress and it is difficult to find time and space to develop innovative practice.

Margaret Gildea was interested to know how the team established whether a patient should see a psychologist or a psychiatrist. Petrina Brown explained that each person is assessed to see what their primary needs are to determine the appropriate therapy for each situation and that medication is reviewed by working closely alongside medics.

Medical Director, John Sykes had noticed that consultant caseloads include many people with personality disorders and asked if there could be a new style of personality disorder that has developed as a result of the move away from medical therapy. Petrina Brown responded that a lead psychologist is looking at psychology interventions. Although medication is sometimes useful in times of crisis the service provides therapies and psychological interventions at all different levels. The spectrum of support they provide ensures people have enough resilience to be able to engage in quite challenging therapies.

The Board noted the plans the team has for future improvement and agreed to the implementation of a clinical psychology bank made up of people who want to work part time, might want extra hours. People who want to work on particular projects and also people who might be working other organisations. The team are keen to develop a bank for long term flexible working and see this as a way of mobilising staff models in clinical psychology which will also help cover absence due to maternity leave. The Board recognised that some plans for future improvement are incorporated in the Workforce Plan. Recruitment to assistant psychologist roles and personality disorder activity needs to progress and the Board supported Petrina Brown and Graham Wilkes in pushing forward these services.

	RESOLVED: The Board of Directors considered and noted the presentation made by the Clinical Psychology team and agreed to the plans for future improvement outlined above.
DHCFT 2017/142	<u>**SAFEGUARDING CHILDREN AND ADULTS AT RISK ANNUAL REPORT**</u> This annual report summarised the year 2016 to 2017 and included the Safeguarding Children and Adults Board Strategic Plans. The Chair of the Safeguarding Committee, Anne Wright, informed the Board that whilst the Committee accepted the recommendations contained in the report the Committee also expressed concern regarding the general increase in safeguarding work both in adults and children's areas which is having a substantial impact on CAMHS (Child and Adolescent Mental Health Services) and health visitor services. This included increased levels of domestic violence and radicalisation as well as risks related to new and emerging communities. The Board accepted the Safeguarding Children and Adults At Risk Annual Report and was significantly assured that the Safeguarding Committee is monitoring the issues raised in the report and is seeking assurance on mitigation actions. The report will now be submitted to NHSI on 28 September to comply with SAAF (Safeguarding Assessment and Analysis Framework) and S11 of the Children's Act 2004. The Board also obtained significant assurance that the Derbyshire Safeguarding Children Board was reviewed and found to be outstanding. **RESOLVED: The Board of Directors:** **1) Noted the performance and complexity of this report and the findings of the annual report, model and recommendations** **2) Received assurance on the Trust's position and interconnectivity with the Safeguarding Children's and Adults Board for the City and County** **3) Received assurance on the breadth and depth of safeguarding activity to both prevent and respond to the needs of our community and being assured of an effective work plan for the Trust** **4) Acknowledged that the Executive lead provides this report, with the knowledge that there is limited benchmarking information to confirm safeguarding data at a national level in the public domain** **5) Obtained assurance that the Derbyshire Safeguarding Children Board was externally reviewed in 2017 and achieved a rating of outstanding.**
DHCFT 2017/143	<u>**EQUALITY DELIVERY SYSTEM 2 (EDS2) 2017/18 UPDATE AND DRAFT WORKFORCE RACE EQUALITY STANDARD (WRES) ACTION PLAN AND DRAFT INTERIM EQUALITY, DIVERSITY AND INCLUSION STRATEGY OVERVIEW 2017**</u> The report presented by Amanda Rawlings provided the Board with an update on the Equality Delivery System (EDS2) and included the draft Workforce Race Equality 2017 action plan which sets out how the Trust will to act on the findings following its annual WRES submission (approved by the Board of Directors on the 27 July 2017). The report also sought the Board's approval of the draft Interim Equality, Diversity & Inclusion Strategy overview which sets out how the Trust will deliver its equality objectives and embed equality, diversity and inclusion. The Board was made aware by Amanda Rawlings of the work progressing in accordance with EDS2. She was pleased to report that the Trust was the leading organisation in EDS2 performance and thanks were made to Harinder Dhaliwal for engaging staff in this process and for her work in developing the EDS2 annual grading progress delivery event taking place on 23 November. It was recognised that the draft Equality Diversity & Inclusion Strategy was developed through a Board Development Session held in April 2017. The Board fully supported the strategy and was committed to its further development through a follow up Board

	Development session on equality diversity and inclusion taking place in February 2018. The Board also noted that the WRES action plan was scrutinised by the People & Culture Committee on 21 September 2017 and fully supported its implementation. Claire Wright, Deputy Chief Executive and Director of Finance and the appointed LGBTQ Board Champion, informed the Board that she intends to submit a report to a forthcoming Board meeting proposing that the Board signs up as an ally in its approach to supporting REGARDS groups which will enable members of staff to be confident that the Board has an interest in all aspects of equal rights, sexual orientation and gender. **RESOLVED: The Board of Directors:** **1) Noted the annual EDS2 Grading event taking place 23 November 2017** **2) Noted and approved the Draft WRES 2017 action plan** **3) Noted the importance of holding officers to account to ensure workforce diversity and our BME talent pipeline is 'succession ready' through existing performance management mechanisms and quality visits** **4) Approved the DRAFT Interim Equality, Diversity & Inclusion Strategy overview and next steps.**
DHCFT 2017/144	**PULSE CHECK FINDINGS** This report updated the Board of Directors on the latest Pulse Check Results and informed the Board on the Staff Survey Plan for 2017. Amanda Rawlings hoped that this report would provide the Board with assurance that a significant improvement has been achieved in staff response rate and also an improvement in the results received from the two main questions: • How likely are you to recommend this organisation to friends and family if they needed care or treatment – results showed that 73% of respondents would likely or extremely likely to recommend. • How likely are you to recommend this organisation to friends and family as a place to work – results showed that 57% of respondents would likely or extremely likely to recommend. All other questions showed an increase in response as well as positive comments that described the commitment of staff. The overriding themes centred around staff resource and capacity. Claire Wright was interested to know if it was difficult to triangulate areas of focus such as gender, diversity and equality in the pulse check. Amanda Rawlings informed her that it is the Staff Survey that is designed to reflect these areas. The Pulse Check focussed mainly on what it is like to work in any particular area within the Trust. The Staff Survey will show the number of staff the Trust will need to focus on for REGARDS characteristics. The Board was encouraged to see signs of improvement and that it identified teams that needed more support and noted the improvement achieved in the quarterly pulse check. **RESOLVED: The Board of Directors:** **1) Noted the improvement can be seen from the continued quarterly pulse check.** **2) Noted the 2017 staff survey plan**
DHCFT 2017/145	**BOARD EFFECTIVENESS SUMMARY** This report provided the Trust Board with the results of the Board Effectiveness Survey conducted in March 2017. Director of Corporate Affairs & Trust Secretary, Sam Harrison reported that significant

assurance could be obtained relating to the perception of the effectiveness of the Board across a broad range of areas and results were very positive, especially around questions 1, 3, 4 and 9 which were well articulated in the report.

She drew attention to the results relating to succession planning which have been discussed at the Remuneration & Appointments Committee as part of GIAP (Governance Improvement Action Plan) Action RR1 embeddedness review. Quarterly updates are in train for the Executive Leadership Team with regular updates scheduled to be submitted to the Remuneration & Appointments Committee.

Sam Harrison was also pleased to report that the Board felt that it is more visible and focused upon being more approachable. Activities undertaken since March 2017 have included continued deep dive presentations to the Board and increased Board member participation in quality visits, as well as a range of engagement events with the Executive Team and Chief Executive where concerns and issues are encouraged to be raised. The results also reinforced the importance of ongoing work to promote staff to raise concerns (to line management, Freedom to Speak up Guardian and Board members alike) with the confidence that these will be listened to and acted upon.

Ifti Majid thanked Sam Harrison for producing the report that set out the results of the survey and was keen for the survey to be repeated. Following feedback from Board members it was suggested that the wording of some of the questions be adapted slightly for clarity without destroying any comparability of the previous survey and hoped that the work undertaken by the Board on the cultural agenda will show a positive impact on results.

RESOLVED: The Board of Directors:
1) **Note the outcome of the Board Effectiveness Survey March 2017**
2) **Considered the responses including how further improvements are being taken forward as part of planned action by either the Board itself, Board Committees or the wider Trust**
3) **Agreed that the survey should be completed again in October 2017**

DHCFT 2017/146	**ANY OTHER BUSINESS** None was discussed.
DHCFT 2017/147	**IDENTIFICATION OF ANY ISSUES ARISING FROM THE MEETING FOR INCLUSION OR UPDATING IN THE BOARD ASSURANCE FRAMEWORK** It was agreed that no further changes are required to be updated or included in the BAF as a result of today's discussions.
DHCFT 2017/148	**2017/18 BOARD FORWARD PLAN** The forward plan was noted by the Board.
DHCFT 2017/149	**MEETING EFFECTIVENESS** Good discussions focused on staff wellbeing were noted to be a theme on today's agenda. The Board agreed that the impact of the STP is to be addressed in more detail and more time will be devoted to discussing this item.
DHCFT 2017/150	**REPORT FROM THE CONFIDENTIAL COUNCIL OF GOVERNORS MEETING** This report was provided for information and was noted by the Board. **RESOLVED: The Board of Directors noted the report from the Confidential Council of Governors meeting held on 13 September 2017.**

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

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

Governor Meeting Timetable 2017

DATE	TIME	EVENT	LOCATION
29/11/17	1.00pm onwards	Trust Board Meeting	Conference Room A&B, Research & Development Centre
06/12/17	10.00am – 12.30pm	Governance Committee	Meeting Room 1, Albany House
~~22/01/18~~	~~10.00am – 12.30pm~~	~~Governance Committee~~ **Cancelled by Governance Committee on 18 October 2017**	Meeting Room 1, Albany House
24/01/18	12.00 – 1.00pm	Governors and NEDs – lunch and network	Post Mill Centre, South Normanton
24/01/18	1.00pm onwards	Council of Governors meeting	Post Mill Centre, South Normanton
31/01/18	1.00pm onwards	Trust Board Meeting	Conference Room A&B, Research & Development Centre
27/02/18	10.00am – 12.30pm	Governance Committee	Meeting Room 1, Albany House
28/02/18	1.00pm onwards	Trust Board Meeting	Conference Room A&B, Research & Development Centre
~~20/03/18~~	~~10.00am – 12.30pm~~	~~Governance Committee~~ **Cancelled by Governance Committee on 18 October 2017**	Meeting Room 1, Albany House
21/03/18	12.00 – 1.00pm	Governors and NEDs – lunch and network	Conference Room A&B, Research and Development Centre
21/03/18	1.00pm onwards	Council of Governors meeting	Conference Room A&B, Research and Development Centre
28/03/18	1.00pm onwards	Trust Board Meeting	Conference Room A&B, Research & Development Centre

GLOSSARY OF NHS TERMS

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

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

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

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

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