Derbyshire Healthcare
NHS Foundation Trust

Derbyshire Healthcare NHS Foundation Trust
Council of Governors' meeting

Conference Rooms A & B, First Floor, Centre for Research and Development, Kingsway Hospital Site, Kingsway, Derby DE22 3LZ

3 September 2019 14:00 - 3 September 2019 16:15

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Derbyshire Healthcare
NHS Foundation Trust

COUNCIL OF GOVERNORS' MEETING – TUESDAY 3 SEPTEMBER 2019 FROM 2.00 PM, CONFERENCE ROOM A & B, FIRST FLOOR, CENTRE FOR RESEARCH & DEVELOPMENT KINGSWAY HOSPITAL SITE, DERBY, DE22 3LZ

AGENDA		LED BY	TIME
1.	Welcome, introductions and Chair's opening remarks Apologies and Declaration of Interests	Caroline Maley	2.00
2.	Submitted questions from members of the public	Caroline Maley	2.05
3.	Minutes of the previous meetings held on 2 July 2019 and 6 August 2019	Caroline Maley	2.10
4.	Matters arising and actions matrix	Caroline Maley	2.15
5.	Verbal update on Joined up Care Derbyshire (JUCD) (impact of NHS Long Term Plan)	Ifti Majid	2.20
STATUTORY ROLE			
6.	Report from Governors' Nominations and Remuneration Committee meetings held 12 July and 8 August 2019 – including recommendation to appoint Non-Executive Directors	Caroline Maley	2.25
HOLDING TO ACCOUNT			
7.	NED Deep Dive – including Safeguarding and Mental Health Act Committee and JUCD Mental Health workstream	Anne Wright	2.35
8.	Verbal summary of Integrated Performance Report (full report provided for information)	Non-Executive Directors	2.45
9.	Escalation items to the Council of Governors - none	Caroline Maley	3.05
COMFORT BREAK			3.10
10.	A review on waiting lists (including a definition of primary and secondary waiting list)	Kath Lane	3.30
OTHER MATTERS			
11.	Governance Committee Report – 6 August 2019	Christine Williamson	3.50
12.	Update – Annual Members' Meeting	Angela Kerry/April Saunders	3.55
13.	Any Other Business	Caroline Maley	4.05
14.	Review of meeting effectiveness and following the principles of the Code of Conduct	Caroline Maley	4.10
15.	Close of meeting	Caroline Maley	4.15
FOR INFORMATION			
• Ratified minutes of the Public Board meetings held on 4 June 2019 • Chair's Report as presented to Public Trust Board on 3 September 2019 • Chief Executive's Report as presented to Public Trust Board 3 September 2019 • Governor meeting timetable • Glossary of NHS terms			
Next Meeting: Tuesday 5 November 2019, from 2.00pm, Conference Rooms A&B, Centre for Research & Development, Kingsway Hospital Site, Kingsway, Derby DE22 3LZ			

Our vision

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

Making a positive difference

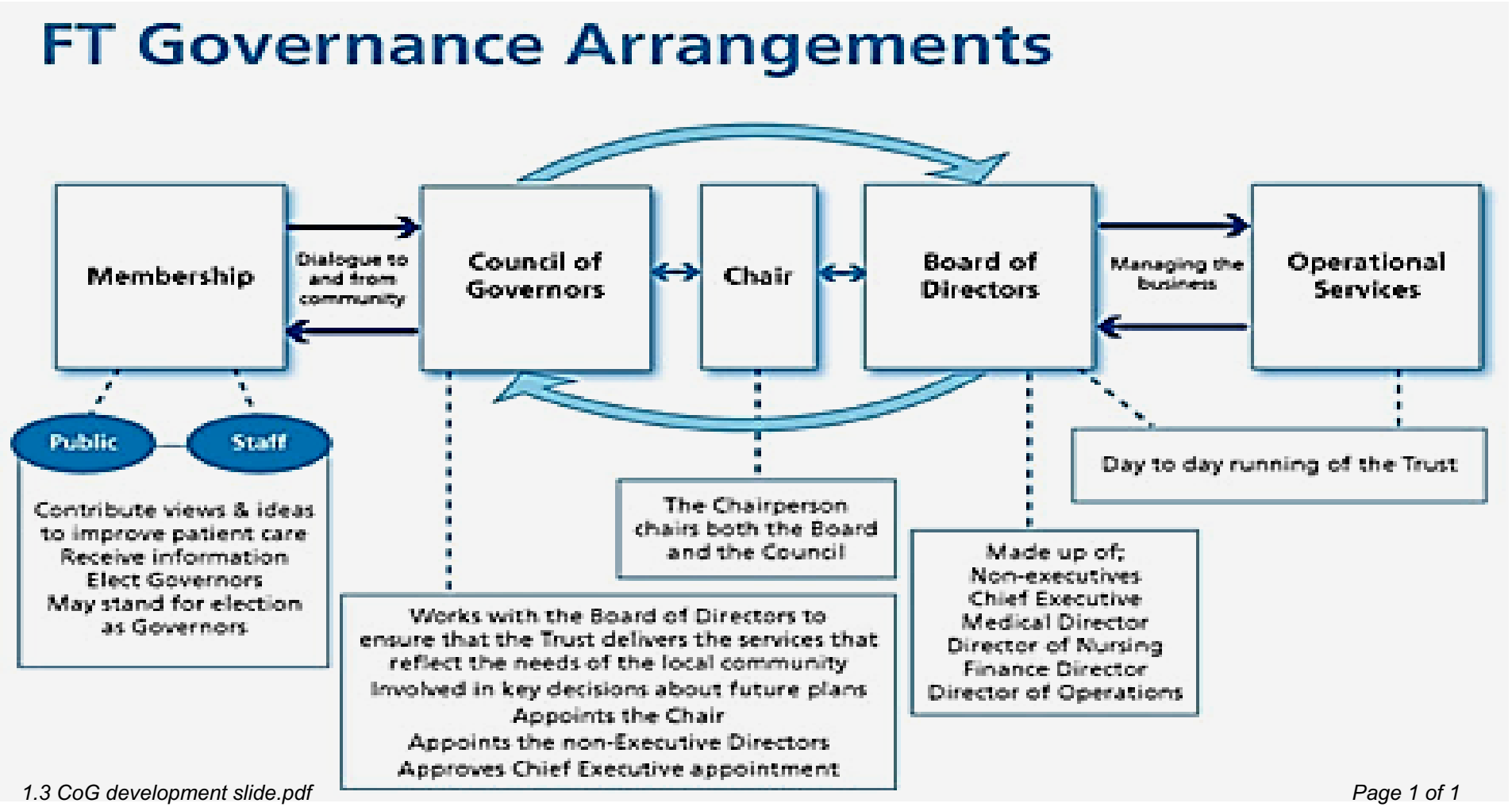
Our values

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

Our Trust values are:

People first – We put our patients and colleagues at the centre of everything we do.
Respect – We respect and value the diversity of our patients, colleagues and partners and support a respectful and inclusive environment.
Honesty – We are open and transparent in all we do.
Do your best – We work closely with our partners to achieve the best possible outcomes for people.

Getting the balance right



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The implications for governors and 'holding to account'

- How are the Board complying with best practice – and obligations ?
- How are the Board reaching the right decisions ?
- How are the Board assuring themselves that the trust is delivering safe and effective care ?

❖ The performance of the Trust is the Board's concern;

❖ The performance of the Board is the Governors' concern !

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how do we ask effective questions?

Good questions

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

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how do we ask effective questions?

Good questions

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

Derbyshire Healthcare NHS Foundation Trust

MINUTES OF THE COUNCIL OF GOVERNORS MEETING HELD ON TUESDAY 2 JULY 2019, 2.00 – 4.35 PM CONFERENCE ROOMS A & B, RESEARCH & DEVELOPMENT CENTRE, KINGSWAY HOSPITAL SITE, DERBY, DE22 3LZ

PRESENT	Caroline Maley	Trust Chair and Chair of Council of Governors
	John Morrissey	Public Governor, Amber Valley
	Karen Smith	Public Governor, Amber Valley
	Rob Poole	Public Governor, Bolsover & North East Derbyshire
	Martin Rose	Public Governor, Bolsover & North East Derbyshire
	Lynda Langley	Public Governor, Chesterfield
	Julie Lowe	Public Governor, Derby City East
	Moira Kerr	Public Governor, Derby City West
	Christine Williamson	Public Governor, Derby City West
	Christopher Williams	Public Governor, Erewash
	Carol Sheriff	Public Governor, High Peak & Derbyshire Dales
	Marie Varney	Public Governor, High Peak & Derbyshire Dales
	Kelly Sims	Staff Governor, Admin & Allied Support Staff
	Jo Foster	Staff Governor, Nursing
	Al Munnien	Staff Governor, Nursing
	Roy Webb	Appointed Governor, Derby City Council
	Angela Kerry	Appointed Governor, Derbyshire Mental Health Forum
	Roger Kerry	Appointed Governor, Derbyshire Voluntary Action
	Gemma Stacey	Appointed Governor, University of Nottingham
IN ATTENDANCE	Ifti Majid	Chief Executive
	Carolyn Green	Director of Nursing and Patient Experience
	Claire Wright	Deputy Chief Executive & Director of Finance
	Margaret Gildea	Non-Executive Director & Senior Independent Director
	Geoff Lewins	Non-Executive Director
	Julia Tabreham	Deputy Chair & Non-Executive Director
	Anne Wright	Non-Executive Director
	Richard Wright	Non-Executive Director
	Justine Fitzjohn	Trust Secretary
	Denise Robson	Assistant to Moira Kerr
	Leida Roome	Personal Assistant – note taker
	Lorraine Noak	Grant Thornton Auditors
	Andrew Beaumont	Trust Member
	Dave Waldron	Trust Member
APOLOGIES	Adrian Rimington	Public Governor, Chesterfield
	Bob MacDonald	Public Governor, Derby City East
	Shirish Patel	Public Governor, Erewash
	Kevin Richards	Public Governor, South Derbyshire
	Rosemary Farkas	Public Governor, Surrounding Areas
	Tony Longbone	Staff Governor, Admin & Allied Support Staff
	April Saunders	Staff Governor, Allied Professions
	Farina Tahira	Staff Governor, Medical and Dental
	Jim Perkins	Appointed Governor, Derbyshire County Council
	Wendy Wesson	Appointed Governor, University of Derby
	Gareth Harry	Director of Business Improvement and Transformation
	Mark Powell	Chief Operating Officer
	Amanda Rawlings	Director of People Services and Organisational Effectiveness
	John Sykes	Medical Director
	Denise Baxendale	Membership and Involvement Manager

ITEM	ITEM
DHCFT/GOV /2019/052	**WELCOME, INTRODUCTIONS, CHAIR'S OPENING REMARKS, APOLOGIES FOR ABSENCE & DECLARATION OF INTERESTS** Caroline Maley welcomed all to the meeting and asked governors to confirm attendance for future meetings. This would prevent having to contact governors to ensure that the meeting would be quorate. Apologies were noted as above. No declarations of interest were received.
DHCFT/GOV /2019/053	**SUBMITTED QUESTIONS FROM MEMBERS OF THE PUBLIC** One question relating to the long term effect of prescription drugs had been submitted by a member of the public. Caroline Maley noted that a comprehensive answer had been provided by the Trust's Chief Pharmacist. The member of the public, who was in attendance, confirmed they were very satisfied with the response. The meeting noted that the answer will be available with the Council of Governors' papers on the website or could be obtained from Denise Baxendale. **ACTION: Response to be added to the website.** **RESOLVED: The Council of Governors noted the information provided in response to the question posed on prescription drugs would be posted on the website.**
DHCFT/GOV /2019/054	**MINUTES OF THE PREVIOUS MEETING** The minutes of the previous meeting held on 7 May 2019 were accepted as a correct record with the following amendments: ***Item DHCFT/GOV/2019/041:*** Page 3: the word "Psychotherapy" in the paragraph about long term monies to be changed to "Psychiatric". ***Item DHCFT/GOV/2019/044:*** Page 6: in the last paragraph of this item re apprenticeships, the word "completed" to be changed to "completing".
DHCFT/GOV /2019/055	**MATTERS ARISING & ACTION MATRIX** All completed 'green' actions were scrutinised to ensure that they were fully complete. The Council of Governors agreed to close all completed actions. ***Matters arising:*** ***Item DHCFT/GOV/2019/041***- page 3: second paragraph – in relation to the question by Roy Webb about a public engagement process being in place to avoid further animosity from the public. Ifti Majid, Chief Executive, responded that an Engagement Officer has been employed to engage with the public on system-wide issues. ***Item DHCFT/GOV/2019/041***- page 3 – Moira Kerr reported that, unfortunately, she had been unable to attend the meeting at St Peters Church on 14 May.
DHCFT/GOV /2019/056	**VERBAL UPDATE ON JOINED UP CARE DERBYSHIRE – INCLUDING THE IMPACT OF THE LONG TERM NHS PLAN** Ifti Majid gave a verbal update on the latest activities within Joined Up Care Derbyshire (JUCD). A better understanding of the tiers in the system had now been arrived at and strategic planning for PLACE pathways and flow in Derbyshire was ongoing. The development of the new groups in Primary Care, i.e. the Primary Care Network

	(PCN), should be finished at the end of July. Governors noted that an Independent Chair will be appointed for the JUCD and a recommendation had been sent to Simon Stevens, Chief Executive of NHS England. Ifti Majid highlighted that the system continued to experience significant financial pressures; including on delivery of CIP (cost improvement) schemes. JUCD partners had been asked to sign up to a risk share agreement towards a system control total. Additional funding of £1 million had been received. In response to a query from Rob Poole, Ifti confirmed that this was new money associated with the Long Term NHS Plan. John Morrissey raised the point that due to all these changes the statutory body rules are now out of date and queried how the system governance would work in terms of holding to account. Ifti Majid confirmed that the legislation needs to be changed but in the meantime the Trust would have to comply with its own governance but work within the system guidance issued by the Regulators. Roy Webb, in his Local Authority Commissioner role, offered his support in case intervention was required. **CARE QUALITY COMMISSION REPORT (CQC)** Although this item would be covered in detail later on the agenda, Ifti Majid mentioned that the recent CQC report into the acute inpatient wards was disappointing. He added that whilst the CQC had acknowledged that a significant amount of improvement had taken place, they still had concerns about some organisational wide issues, such as recruitment and training. Trust colleagues have been empowered to make changes and the Trust was confident that further improvements will continue to happen and that the next report will be see improvements. **RESOLVED: The Council of Governors Noted the updates provided on the JUCD and the CQC Report.**
DHCFT/GOV /2019/057	**REFRESH OF TRUST STRATEGY** Ifti Majid updated the Council of Governors on the changes that have been made to the Trust Strategy, which was also discussed and signed off in the Board meeting, which took place earlier in the day. Significant engagement with colleagues and groups across the Trust had been undertaken and positive feedback had been received. The update achieves its two key aims: 1) To make sure that the Trust Strategy is relevant to addressing local/national challenges of the day 2) To be simpler and easily accessible to staff, who can relate the strategy to their areas of work. The update also included clarification of the Trust's "people first" value and how this applies to colleagues. Governors noted that the Trust Strategy now outlines refreshed strategic objectives, alongside a set of detailed building blocks setting out how these priorities are to be achieved. Lynda Langley queried whether the refresh was relevant to all staff such as Estates and Administrative Staff as well as Clinical Staff and Ifti Majid confirmed that this is

	the case. Rob Poole asked how the targets will be measured. In response Ifti Majid advised that Gareth Harry, Director Business Improvement and Transformation, will be procuring a Framework, which is based on SMART (Specific, Measurable, Achievable, Relevant and Timed) objectives. This Framework will be consulted on widely; Communications will roll this out via a planned cascade and individual teams will make their own links to this. It is also envisaged that an artist will design a plan on a page, with a provisional title of Stepping Stones. However, it was commented that the title of Stepping Stones might be confusing with the building blocks. Governors overall found the refreshed Trust Strategy simpler to use, the right way to move forward, memorable and positive that it can be linked to appraisals and performance. Moira Kerr queried whether "people first" also referred to service users, as she felt that these were not included. Ifti Majid responded that Trust colleagues are the focus in this refreshed strategy and that by focusing on looking after staff, supporting them, and empowering them, great care for service users can be delivered. There is research that underpins this approach, demonstrating that better outcomes for all, i.e. service users and colleagues, can be achieved. This view was also affirmed by Al Munnien, who works in Acute Services; he agreed that if the focus is on colleagues, they will be able to provide better care for service users. Moira Kerr stated that, in her opinion, not mentioning service users in the Trust values specifically was a key omission and added that negative comments had also been passed on to her by service users. Julie Lowe pointed out that the clinical ambition pages, which are in the strategy, strongly links to service users. Gemma Stacey queried the link to appraisals and felt that the stretch objectives in the strategy should not be set as objectives for colleagues as they have a different function. Ifti Majid stressed that the objectives covered 2019 – 2022 so it was important to have the longer term stretch targets; however, annual targets should be used for appraisals within the three core objectives. Angela Kerry stated that it was an aspirational journey that the Trust was undertaking, linked to the three key objectives, Great care, Great place to work and Best use of money. Caroline Maley summarised the rationale around Great place to work within the strategy but stressed that equally important are Great Care and Best use of money. The Council of Governors, with the exception of Moira Kerr, agreed to support the refreshed strategy. **RESOLVED: The Council of Governors:** **1) Noted progress and changes following engagement on the Trust Strategy** **2) Provided feedback on and agreed the updated Trust Strategy.** *Moira Kerr and Denise Robson left the meeting at 15.05 hours.*
DHCFT/GOV/2019/058	**<u>PRESENTATION OF THE ANNUAL REPORT AND ACCOUNTS 2018/2019</u>** Claire Wright, Deputy Chief Executive/Director of Finance, reminded the governors of their statutory role i.e. *Governors must be presented with the NHS Foundation Trust's annual accounts, any report from the auditor on them and the annual report at a general meeting of the Council.* Claire was pleased to announce that despite continuing pressures, both locally and nationally, the Trust met the control total of £2.3 million. As a result of this the Trust received additional Provider Sustainability Fund (PSF) income from NHS

	Improvement, which further increased the surplus to £3.8 million. Cost improvement savings of £4.5 million were also achieved. Over the past years the Trust had continued to build strong cash reserves, which is important for financial resilience against unexpected events requiring cash reserves. However, Claire added that this must be balanced with ensuring cash is appropriately utilised on capital programme requirements. A summary of the 2018/19 financial performance was included in the papers. The governors noted that it was a significant task to achieve the control total and the Trust was now focusing on more recurrent savings in the future rather than one-off savings, i.e. non-recurrent. Christopher Williams asked whether monies had been made available for defibrillators; Claire Wright asked for the specific details to be passed on to her. Rob Poole queried whether there would be any sanctions against the Trust if the reserves get too high; Claire Wright confirmed that this could be the case but it was unlikely that the reserves would be too high and that the minimum is to have cash reserves equivalent to one month's expenditure. Claire introduced Lorraine Noak of external auditors, Grant Thornton, who provided a summary of the Annual Audit letter for the Trust. It was noted that the audit was completed five days before the deadline, which was testament to the work of the Finance Team and other Trust staff who worked together to present the annual report and accounts and quality report. As requested by governors, an audit was undertaken in respect of patient outcomes. For the Quality Report mandated indicators were tested and one local indicator was reviewed. John Morrissey extended thanks to Lorraine Noak for the information given and for a good report. However, with a view to the collapse of Carillion, he sought assurance as to how the Council of Governors can know that the Trust will continue to be a going concern. In response Lorraine Noak advised on the scrutiny and safeguards that are in place. Caroline Maley also reminded all of the processes internal and external to ensure that that the Trust is operating effectively and as a going concern. **RESOLVED: The Council of Governors** **1) Received the summary of the Annual Report and Accounts 2018/19, given by Claire Wright, as well as the Annual Audit Letter summary and the assurance from Lorraine Noak, Grant Thornton Auditors** **2) Noted the Annual Report and the Accounts for 2018/2019 would be presented to governors at the Annual Members Meeting but copies would be circulated as soon as they had been laid before Parliament.** *Lorraine Noak and Ifti Majid left the meeting at 15.35 hours.* *A refreshment break was taken at this point.* *Item 9 on the agenda was discussed after item 12 on the agenda.*
DHCFT/GOV /2019/059	**NON-EXECUTIVE DIRECTOR – DEEP DIVE – INCLUDING THE ANNUAL REPORT OF THE AUDIT AND RISK COMMITTEE** Geoff Lewins provided some information on his background, he is a Chartered Accountant; he has been with the Trust for 18 months now and is Chair of the Audit and Risk Committee (ARC). Geoff confirmed that the ARC had delivered what was required under its terms of reference and confirmed that for 2018/19 it had been a good year for the Trust, bearing in mind the financial and operational pressures. A review of the Board Assurance Framework (BAF) had taken place as well as a number of Deep Dives

	on BAF risks. The Trust had engaged a new Freedom to Speak Up Guardian and ARC would be overseeing the process and the People and Culture Committee would be receiving the trends and learning. KPMG had been replaced with new internal auditors, 360 Assurance whilst Grant Thornton had been retained as external auditor. Further work had also been undertaken on the Electronic Patient Record. Geoff also reflected on his membership of the People and Culture Committee and the Finance and Performance Committee. **RESOLVED: The Council of Governors** **1) Noted the information provided by the Non-Executive Director in the Deep Dive as well as a summary of the work undertaken by the Audit and Risk Committee in 2018/19.**
DHCFT/GOV /2019/060	**<u>INTEGRATED PERFORMANCE REPORT SUMMARY</u>** The Integrated Performance Report 2019/20 – Month 2, was presented to the Council of Governors. The focus of the report was on workforce, finance, operational delivery and quality performance. Caroline Maley added that it was pleasing to see that the Trust continues to perform favourably against many of its key indicators, with maintenance or improvement ongoing across many of the services. A number of challenging areas where performance is persistently low remain and the Trust remains focused on these. *Finance and Performance Committee* Richard Wright, Chair of the Finance and Performance Committee, added that Agency spend is now better under control but there is increasing demand in many areas, which leads to increased waiting times but work was ongoing to look at this. He was pleased to note that after two months into the new financial year the Trust is still on schedule to meet its control total. A special meeting of the Finance and Performance Committee is due to take place after the first full quarter where additional spending requirements will also be discussed. To achieve the Cost Improvement Programme (CIP) this year will be difficult and Richard advised that the focus will be on recurrent versus non-recurrent savings. *People and Culture Committee* Margaret Gildea, Chair of the People and Culture Committee, advised that annual appraisals as well as sickness and absence are still the main points of concerns. Acute care has pressures in recruitment. She was pleased to note that the NHS People Plan, which was recently published, is very much in line with the Trust's own plan. Amanda Rawlings has offered to be part of the national work stream. *Safeguarding and Mental Health Act Committee* Anne Wright, Chair of the Safeguarding Committee and Mental Health Act Committee, offered some brief comments, as she will be undertaking a full Deep Dive at the next meeting. She specifically mentioned the Associate Hospital Managers; the Trust has engaged seven new Managers, which now brings us to a total of 12 Managers. Appraisals have been undertaken with three Managers, who have all been offered a three year contract. The Mental Health Act review will be discussed at the next meeting. *Quality Committee* Julia Tabreham, Chair of the Quality Committee, reported that the Committee was focusing on acute services at the moment. She added that the quality of reporting to the Committee has been improved. To avoid "spuddling", data will be presented in a new format at the next Quality Committee meeting and then cascaded out.

	Roy Webb asked about the waiting times for CAMHS, i.e. are waiting times for now longer or are we awaiting the CCG review? Carolyn Green noted that the CAMHS service continues to be delivered in its current form, pending the CCG review. The Safeguarding Board remains assured with the data that the Trust has provided. Governors noted that access to CAMHS was actually better but the service is seeing more people and there is more demand. On-line psychological access is to be improved and a different service model is due to come on line. In response to a query from Angela Kerry on the rates of non-attenders at the outpatients departments, Richard Wright advised that patients, who receive a text message, are actually attending less. However, the Trust continues to try different ways of contacting patients in order to reduce the non-attendance figures. **RESOLVED: The Council of Governors** **1) Noted the information contained in the Integrated Performance Report – Month 2** **2) Agreed that the Non-Executive Directors have held the Executive Directors to account through their role.**
DHCFT/GOV /2019/061	**SOUTH LIAISON TEAM – PRESENTATION** Lesley Fitzpatrick and Fiona White from the Liaison Team Service attended the meeting for this item. Governors had asked for information in order to gain a better understanding on how this service works. A summary was tabled including: • The Liaison Service was commissioned in 2013 and is based on the Rapid Assessment and Discharge model. The mental health liaison team provides diagnosis, support and information to people who are in a general hospital (in accident and emergency or as an inpatient) and experiencing problems with their mental health. The team aims to reduce mental health distress as quickly as possible, so provides a rapid assessment. • The number of people identified as having a psychological need possibly alongside a physical health condition admitted to the Royal Derby Hospital (not the Emergency Department) in the last year is just under 17,000. • The team covers the whole hospital and receive referrals from all wards. • The team provide a specialist service for all 18+ mental health problems and drug/alcohol issues. The response time to the Emergency Department is one hour. • The Team also provides training and information to staff at the Royal Derby Hospital. • Average patient contacts per month 2018/19: 563 • Average over the last three years, per year – 6582 contacts • A bid has been put into NHS England to increase the staffing capacity within the Liaison Team in order to become Core 24 compliant, meeting the requirements for the number of beds at the Royal Derby Hospital. It was noted that there is also a Liaison Team operating from the Hartington Unit, Chesterfield, which works on the same model and not all hospitals in the UK have access to Liaison Teams. Following a governor question from a previous meeting, it was noted that not all patients who are referred to the Liaison Team are seen as sometimes Liaison Team staff provide information to Royal Derby staff remotely and do not need to see the patient face to face. For example, some patients constantly call for ambulances (repeat offenders) or already have a drug/alcohol care plan that is followed and therefore the team does not need to intervene as there is a pre-

	agreed process to follow. It was noted that the Liaison Team works with the Joint Engagement Team, which consists of a nurse and a police officer, who offer daily positive contact with patients, who in the past, have been habitual attendees at Accident and Emergency to avoid them presenting there unnecessarily. Rob Poole asked whether there is a transition plan for young people of 17/18 years into Adult Services. Carolyn Green confirmed that a six month plan through CAMHS services is available for all under 18's. In response to a query from Roy Webb, Carolyn Green confirmed that the figures for schools were based on national figures on the Joined Strategy Lead assessments. Roger Kerry queried whether work is also undertaken for Learning Disability and Autism Service Users. Carolyn Green confirmed that this is the case and a Learning Disability Specialist is included in the bid to NHS England. Gemma Stacey asked whether the upskilling of Royal Derby staff has made a difference. Lesley Fitzpatrick confirmed that regular training is undertaken and positive feedback has been received and the quality of the questions posed had improved. The Liaison Team was chosen as part of the winning Team of the Year in the Royal Derby Hospital in 2016. Fiona White advised the meeting that the Team had links to: • The Mental Health Triage Unit, who work within the main Police Control Room • Crisis Team • East Midlands Ambulance Team • Joint Engagement Team • Mental Health Crisis Line – they are developing a 24 hour service, which is an alternative to Accident and Emergency **RESOLVED: The Council of Governors** **1) Noted the information provided in the paper on the Liaison Team service and** **2) Received assurance about this service, thanking Lesley and Fiona for their attendance.**
DHCFT/GOV 2019/062	**REPORT FROM THE GOVERNORS NOMINATIONS AND REMUNERATION COMMITTEE AND COUNCIL OF GOVERNORS APPROVALS** *This item was number 6 on the agenda but was moved to this slot in the meeting in order to allow the presentation of the Liaison Team.* At this point in the meeting the governors noted the interests of Julia Tabreham, Margaret Gildea and Richard Wright regarding their proposed re-appointments but the Council of Governors confirmed that they were happy for these Non-Executive Directors to stay for the duration of the item. In relation to the revised Terms of Reference, governors noted that a working group had been set up to review them and the revised Terms of Reference were presented to the Council of Governors for approval. The main changes related to the membership (composition) and quoracy. The proposal was for an additional Public Governor and it was suggested that this was allocated to Lynda Langley, who will be the Lead Governor as from September 2019 and John Morrissey would stay on the Committee. Kelly Sims and Roy Webb were proposed as the nominated stand in Governors for the Committee. Caroline Maley mentioned that work was ongoing to align Board Committees to the

	new strategy and that an additional Non-Executive Director was needed to support the increased work around JUCD, high level projects and additional Board Committee commitments. Kelly Sims asked whether candidates from the NeXT Director Scheme could be considered for this post. It was noted that Suzanne Overton-Edwards will be invited to apply for this post, as her placement has now ended. Perminder Heer would be coming into post as the new placement with the Trust from the NeXT Director Scheme. The proposal for the new Non-Executive Director would be referred to the Governors' Nominations and Remuneration Committee and then on to the Council of Governors and it was hoped to move at pace. Caroline Maley advised that Julia Tabreham will be leaving her post as Deputy Chair and therefore there is a vacancy for a Deputy Chair. This would come back to the Council of Governors in due course. **RESOLVED: The Council of Governors** **1) Received an update on the work undertaken by the Committee** **2) Approved the Non-Executive Director appointments for Margaret Gildea, Julia Tabreham and Richard Wright for a second three year term** **3) Approved the revised Terms of Reference and the required changes to the Trust Constitution, as outlined in Appendix 1 and 3 of the report.**
DHCFT/GOV 2019/063	**ANNUAL MEMBERS' MEETING – UPDATE** Roger Kerry updated the meeting on the progress of the Annual Members' Meeting (AMM) preparations. A writing competition has been advertised, prizes were being determined and a bestselling author has accepted the Trust's invitation to be on the judging panel. Roger asked for thanks to be recorded to Denise Baxendale for all of her work involved in the AMM preparations. All were asked to note that this event will take place in the evening of 11 September and attendance is encouraged from all governors. **RESOLVED: The Council of Governors** **1) Noted the progress made on the preparations for the Annual Members' meeting** **2) Noted the date of the 11 September for diaries.**
DHCFT/GOV /2019/064	**GOVERNANCE COMMITTEE REPORT** The Council of Governors received the report from the Governance Committee. Of note were the following items: • Membership and Engagement – governors were encouraged to complete the governor engagement template • Governor elections – two public governors' terms of office end on 30 September and therefore elections will be held in Derby City West and Erewash – nominations run from 12 July and close on 9 August. Three Public Governors' terms of office end on 31 January 2020; elections will be held in Amber Valley, Derby City West and South Derbyshire. • Lynda Langley has been appointed as Lead Governor – thanks were extended to John Morrissey who will be standing down as Lead Governor in September, when Lynda Langley will take up the post. **RESOLVED: The Council of Governors** **1) Noted the information contained in the report of the Governance**

	Committee **2) Ratified the appointment of Lynda Langley as Lead Governor.**
DHCFT/GOV /2019/065	**ANY OTHER BUSINESS** The following was raised: • Summer Fayre League of Friends – this will take place at the Kingsway Hospital Site on Saturday 6 July, starting at 13.00 hours. Governors are encouraged to attend if possible. • Roy Webb offered apologies for the Annual Members' meeting on the 11 September. • Roy Webb reported that he had attended a meeting at Derby University where civic partners and groups were present. He has discussed getting a Mental Health Forum together with Ifti Majid in order to ensure that all are aware of the groups and to aid services to be delivered throughout the County. Angela Kerry felt that the forum was a splendid idea and drew attention to an event, organised by Amanda Solloway, for Eating Disorders on the 4 September. It was agreed that Angela, Roy Webb and Roger Kerry would discuss further outside the meeting. **Action: Ideas around a County Mental Health Forum to be discussed further outside the meeting.** • Gemma Stacey advised that she will be rotating out of the role as Appointed Governor in November 2019; David Charnock will be her successor and would like to start to attend meetings to shadow whilst Gemma is still in post. The Council of Governors agreed to this suggestion. **Action: David Charnock to be added to the invites and signature listing.** • Justine Fitzjohn asked for volunteers to attend the focus groups for the clinical Non-Executive Director on the 8 August 2019.
DHCFT/GOV /2019/066	**REVIEW OF THE MEETING EFFECTIVENESS AND FOLLOWING THE PRINCIPLES OF THE CODE OF CONDUCT** The following comments were made: - agenda slipped during the meeting but was back on time - response to incident during the meeting was dealt with in line with the Code of Conduct behaviours.
DHCFT/GOV /2019/067	**CLOSE OF MEETING** Caroline Maley thanked all those present for their input and attendance and closed the meeting at 16.40 hours.

Derbyshire Healthcare
NHS Foundation Trust

MINUTES OF THE PUBLIC EXTRAORDINARY MEETING OF COUNCIL OF GOVERNORS HELD ON TUESDAY 6 AUGUST 2019 - 10.00 - 10.10 MEETING ROOM 1, ALBANY HOUSE, KINGSWAY CAMPUS

PRESENT	Caroline Maley	Trust Chair and Committee Chair
	John Morrissey	Public Governor, Amber Valley
	Rob Poole	Public Governor, Bolsover & N E Derbyshire
	Moira Kerr	Public Governor, Derby City West
	Julie Lowe	Public Governor, Derby City East
	Christine Williamson	Public Governor, Derby City West
	Christopher Williams	Public Governor, Erewash
	Carol Sheriff	Public Governor, High Peak and Derbyshire Dales
	Angela Kerry	Appointed Governor, Derbyshire Mental Health Forum
	Gemma Stacey	Appointed Governor – University of Nottingham
	Wendy Wesson	Appointed Governor – University of Derby
	Roy Webb	Appointed Governor – Derby City Council
	April Saunders	Staff Governor, Allied Professions
	Kelly Sims	Staff Governor, Admin and Allied Support Staff
	Farina Tahira	Staff Governor, Medical Staff
IN ATTENDANCE	Justine Fitzjohn	Trust Secretary
	Denise Baxendale	Membership and Involvement Manager
	Anna Shaw	Deputy Director of Communications
APOLOGIES	Lynda Langley	Public Governor – Chesterfield
	Adrian Rimington	Public Governor - Chesterfield
	Bob McDonald	Public Governor, Derby City East
	Shirish Patel	Public Governor – Erewash
	Kevin Richards	Public Governor – South Derbyshire
	Rosemary Farkas	Public Governor – Surrounding Areas
	Tony Longbone	Staff Governor – Amin & Allied Support Staff
	Jo Foster	Staff Governor – Nursing
	Al Munnien	Staff Governor – Nursing
	Jim Perkins	Appointed Governor – Derbyshire County Council
	Roger Kerry	Appointed Governor – Derbyshire Voluntary Action

1.	**WELCOME, APOLOGIES FOR ABSENCE AND DECLARATION OF INTERESTS** The Chair welcomed all present to the meeting. Apologies have been recorded above.
2.	**PROPOSAL FOR A SIXTH NON-EXECUTIVE DIRECTOR POST AND RE-ALLOCATION OF DEPUTY TRUST CHAIR** **Sixth Non-Executive Director** Caroline Maley introduced a report that set out the rationale for creating a sixth Non-Executive Director post on the Board of Directors. The proposal was borne out of a recent review of the commitments of the current five Non-Executive Directors (NEDs), including their workload with the increasing requirement for Joined Up Care Derbyshire (JUCD) support and also the Trust Board's

	own Committees and major projects and initiatives. This review also looked at the wider skills of the Board and the alignment with the Trust's newly revised strategic objectives and priorities. An appendix had been included which set out the proposed commitments and balance of work of the whole Board of Directors, which included the NEDs. In terms of skills and experience, it was noted the Board would benefit from having a NED with specific experience around diversity and inclusion. Other skills which would be appropriate include education/ training, safeguarding of vulnerable people, culture transformation and building staff engagement and wellbeing. Given that the pressures on the current NEDs were already rising and that the recruitment has a long lead in time, Caroline Maley added that the Board was keen to progress the new appointment at pace. Caroline Maley confirmed that the proposal for the sixth NED, as well as a proposal for a temporary appointment whilst the full process is running, had been supported by the Board and the Governors' Nominations and Remuneration Committee, which recommends approval by the Council of Governors. In terms of the temporary appointment, it was noted that this would not be seen to prejudice the open and transparent recruitment process and should not be seen as a prediction of the outcome. John Morrissey gave his support for the proposal, adding that he felt that the Trust got significant value for money out of its NEDs based on the time they committed to the role and additional activities they get involved in. Moira Kerr asked whether having an additional NED would also require an additional Executive Director. Caroline Maley confirmed that an additional Executive Director was not needed and the governance principle was that the NEDs should be in the majority. The sixth NED would be in the majority against the 5 voting Executive Board Members. **<u>Deputy Trust Chair proposal</u>** It was noted that during the review of NED commitments, Julia Tabreham had asked to stand down from the Deputy Chair role. Expressions of interest were sought and Richard Wright had come forward. Caroline Maley recommended the appointment to the Council of Governors. Thanks were extended from the Governors to Julia Tabreham, who has been the Trust's Deputy Chair since November 2016. It was noted that Julia will continue as a Non-Executive Director for a further term of office. The Council noted the financial implications for the additional NED role, the pro-rata temporary appointment and the transfer of the fee for the Deputy Lead Governor role. Roy Webb added that it would have been helpful to have the financial implications included in the summary sheet as well as the main report. **RESOLVED: The Council of Governors:** **1. Unanimously approved the proposal to create a sixth Non-Executive Director post on the Board of Directors and supported the proposal for a temporary appointment while the formal process is running.** **2. Approved the appointment of Richard Wright as Deputy Chair of the Trust, with backdated effect from 1 August 2019.**

3.	**MEETING EFFECTIVENESS** Members agreed that the meeting had been effective.
4.	**DATE OF NEXT MEETING** The date of the next meeting will take be 8 August at the conclusion of the Panel interviews.
5.	**MEETING CLOSE** Caroline thanked all for their input and attendance and closed the meeting at 10.10 hours.

COUNCIL OF GOVERNORS ACTION MATRIX - AS AT 22 AUGUST 2019

Date of Minutes	Minute Reference	Item	Lead	Action	Completion by	Current Position		
02/07/2019	DHCFT/GOV/2019/053	Submitted questions from members of the public	Denise Baxendale	Response to be added to the website	03/09/2019	The response will be uploaded onto the website with the ratified minutes from the Council of Governors meeting held on 2 July 2019.	Amber	
02/07/2019	DHCFT/GOV/2019/065	Any other business	Angela Kerry, Roger Kerry and Roy Webb	Ideas around a County Mental Health Forum to be discussed further outside the meeting	03/09/2019		Amber	
02/07/2019	DHCFT/GOV/2019/065	Any other business	Denise Baxendale	David Charnock to be added to the invites and signature listing	03/09/2019	David has been added to the invites and signature listing. COMPLETE	Green	
			Key	**Agenda item for future meeting**		**YELLOW**	0	0%
				Action Ongoing/Update Required		**AMBER**	2	67%
				Resolved		**GREEN**	1	33%
				Action Overdue		**RED**	0	0%
							3	100%

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 3 September 2019

Governors Nominations & Remuneration Committee Summary Report and recommendation to appoint Non-Executive Directors

Purpose of Report

This paper provides an update from the meetings of the Nominations and Remuneration Committee held on 12 July and 8 August 2019 and the Committee's recommendations to the Council of Governors in relation to the appointment of Non-Non-Executive Directors (NEDs).

Executive Summary

Since the last report to the Council of Governors in July 2019, the Committee has met twice, on 12 July and 8 August 2019. Both meetings were connected to the recruitment process for the Non-Executive Director (Clinical background) and the meeting on 12 July also considered the proposal for a sixth NED on the Board, a proposal for a temporary NED appointment and the transfer of the Deputy Chair role, which have since been approved by the Council of Governors at its Extra-ordinary meeting on 6 August 2019.

This report provides:

Part A

- A summary of the recruitment process followed by the Governors Nominations and Remuneration Committee for the NED (Clinical background), confirming compliance with all applicable law and advice.
- A description of how the candidate met the criteria for the role and their strengths and confirmation that the proposed appointee has the right qualities to meet the job description, taking into account the views of the Board on qualifications, skills and experience required for the position.
- A recommendation to appoint Dr Sheila Newport, as the NED (Clinical background), on an annual fee of £12,638.for a three year term commencing on the expiry of Dr Anne Wright's term of office (currently 11 January 2020), noting that an earlier start date will be negotiated with Dr Newport to act in 'shadow form' to allow for handover.

Part B

This report also includes a recommendation from the Nominations and Remuneration Committee for the Council of Governors to approve the temporary appointment of Suzanne Overton-Edwards as a NED on a pro-rata annual fee of £12,638. This appointment would be up until 31 December 2019, in line with the proposed recruitment timeline for the sixth NED as set out in the report.

Strategic Considerations (All applicable strategic considerations to be marked with X in end column)	
1) We will provide great care by delivering compassionate, person-centred innovative and safe care; ensuring choice, empowerment and shared decision making is the norm.	**X**
2) We will ensure that the Trust is a great place to work by attracting colleagues to work with us who we develop, retain and support by excellent management and leadership; creating an empowered, compassionate and inclusive culture that actively embraces diversity	**X**
3) We will make the best use of our money by making financially-wise decisions every day and avoid wasting resources. We will always strive for best value by finding ways to make our money go further	**X**

Assurances

The recruitment process followed has been supported by the Trust's People Services Team in compliance with the Trust's recruitment processes.

Consultation

Governors, through the Nomination and Remuneration Committee, 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

Governors have a statutory role to appoint Non-Executive Directors. The Trust's Constitution (paragraph 21.1) states that:

21.1 The Council of Governors at a general meeting of the Council of Governors shall appoint or remove the Chairman of the Trust and the other Non-Executive Directors.

Annex 5 of the Trust's Constitution sets out functions of the Nominations [and Remuneration] Committee in relation to the appointment of Non-Executive Directors, which includes:

9.4.1 to determine the criteria and process for the selection of candidates for office as Chair or other Non-Executive Director of the Trust having first consulted with the Board of Directors and Governors as to those matters and having regard to such views as may be expressed by the Board of Directors and Council of Governors;

9.4.2 to assess and select for interview such candidates as are considered appropriate and in doing so the Nominations Committee for Non-Executive Directors shall be at liberty to seek advice and assistance from persons other than members of the Nominations Committee for Non-Executive Directors or of the Council of Governors;

9.4.3 to make recommendation to the Council of Governors as to potential candidates for appointment as Chair or other Non-Executive Director, as the case may be.

Annex 5 also states:

9.6 The Council of Governors shall resolve in general meeting to appoint such candidate or candidates (as the case may be) as it considers appropriate and in reaching its decision it shall have regard to the views of the Board of Directors and of the Nominations Committee for Non-Executive Directors as to the suitability of the available candidates and the remuneration and allowances and other terms and conditions of office.

For clarity, voting on resolutions by the Council of Governors is as follows (paragraph 3.12 of the Council of Governors Standing Orders):

Save as otherwise provided in the Constitution and/or the 2006 Act, if the Chairman so determines or if a Governor requests, a question at a meeting shall be determined by a majority of the votes of the Governors present and voting on the question and, in the case of any equality of votes, the person presiding shall have a casting vote.

Equality Impact Risk Analysis

In compliance with the Equality Delivery System (EDS2), reports must identify equality-related impacts on the nine protected characteristics age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity (REGARDS people (Race, Economic disadvantage, Gender, Age, Religion or belief, Disability and Sexual orientation)) including risks, and say how these risks are to be managed.

Below is a summary of the equality-related impacts of the report:

The Committee and Trust Secretary will be working with the Trust's recruitment team to comply with agreed recruitment practice. The benefits of diversity on the Board will be actively encouraged throughout the search and recruitment process, including maximising community networks

Selection will be on the basis of merit but following the principles of Positive Action, which is defined as voluntary actions employers can take to address any imbalance of opportunity or disadvantage that an individual with a protected characteristic could face. Protected characteristics, as identified in the Equality Act 2010, are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

Recommendations

The Council of Governors is requested to:

1. Approve the appointment of Dr Sheila Newport as Non-Executive Director of the Trust Board at an annual fee of £12,638 for a three year term commencing on the expiry of Dr Anne Wright's term of office (currently 11 January 2020), noting that an earlier start date will be negotiated with Dr Newport to act in 'shadow form' to allow for handover.

2. Note the timelines for the recruitment of the sixth Non-Executive Director

3. Approve the temporary appointment of Suzanne Overton-Edwards as Non-Executive Director of the Trust Board up until 31 December 2019 on a pro-rata annual fee of £12,638.

4. Note that all appointments to the Trust Board are subject to satisfactory completion of the Fit and Proper Persons Tests as set out in Appendix 2.

Report presented by	**Caroline Maley, Trust Chair and Chair of the Governors Nomination & Remuneration Committee**
Report prepared by	**Justine Fitzjohn, Trust Secretary**

PART A - NED (CLINICAL BACKGROUND) APPOINTMENT

Background

A competitive recruitment process has been undertaken for the recruitment of a Non-Executive Director (clinical background) to replace Dr Anne Wright.

The vacancy was promoted locally and nationally. As the Trust Board is currently under-represented in terms of individuals from BME backgrounds information on the vacancy was sent to a number of individuals and networks to encourage applicants from these communities. At the closing date 10 applications were received. Following a long list and short list process, three candidates were selected for interview. One candidate unfortunately withdrew their application and therefore two candidates were interviewed by the Governors Nominations & Remuneration Committee on 8 August 2019 with an interview panel comprising:

Caroline Maley	Trust Chair and Chair of the Governors Nominations & Remuneration Committee
Moira Kerr	Public Governor
John Morrissey	Public Governor & Lead Governor
Kevin Richards	Public Governor
April Saunders	Staff Governor
Ifti Majid	Chief Executive

A member of the Trust's Equality, Diversity and Inclusion Networks was invited to attend the interview but that individual subsequently was unable to participate due to their diary management.

Following interviews the Committee formally convened and is recommending the appointment of Dr Sheila Newport to the position. Dr Newport demonstrated her key strengths in her system wide knowledge and experience, her supportive views on co-production of services with Service Users and Carers, her strong focus on quality improvement and her understanding of the links between physical and mental health.

Subject to the approval of the Council of Governors, Dr Newport will commence in role on the expiry of Dr Anne Wright's term of office (currently 11 January 2020), noting that an earlier start date will be negotiated with Dr Newport to act in 'shadow form' to allow for handover.

The constitutional context of this appointment is outlined in the Governance or Legal Issues section of the report.

PART B – 6TH NON-EXECUTIVE DIRECTOR RECRUITMENT AND TEMPORARY APPOINTMENT

At its Extra-ordinary meeting on 6 August 2019 the Council of Governors unanimously approved the proposal to create a sixth Non-Executive Director post on

the Board of Directors and supported the proposal for a temporary appointment while the formal process is running.

The Trust Chair has approached Suzanne Overton-Edwards, who has just recently completed a placement with the Trust under NHS Improvement's NExT[1] Director scheme, to join the Trust in this temporary NED post, subject to the Council of Governors approval and all recruitment checks under the Fit and Proper Persons Test.

This temporary appointment would not be seen to prejudice the open and transparent recruitment process and should not be seen as a prediction of the outcome of the process.

Suzanne made a significant contribution to the Board and Committees during her time with the Trust and her knowledge and experience would be able to be harnessed immediately for this temporary appointment, expected to be up to 31 December 2019 in line with the proposed recruitment timeline below.

In terms of skills and experience for this vacancy, the Board would benefit from having a NED with specific experience around diversity and inclusion. In order to attract diversity in the applications the Board is asking for a flexible approach, subject to all applicants demonstrating that they have worked at Board or very senior level within the public, commercial or voluntary sector. This NED role will also build resilience into the NED body to accommodate absence for any length of time due to the granting of extended leave to any NED. The skills that would be appropriate to provide support would be more general management skills and support rather than specific finance, commercial and clinical skills.

Selection will be on the basis of merit but following the principles of Positive Action, which is defined as voluntary actions employers can take to address any imbalance of opportunity or disadvantage that an individual with a protected characteristic could face. Protected characteristics, as identified in the Equality Act 2010, are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

Timeline for 6th NED recruitment

- Advert opens – mid September
- Advert closes – minimum 4 weeks after – mid October
- Longlist/Shortlist - late October
- Interviews – November
- Approval at CoG (may need an Extra-ordinary meeting) then start date – January

[1] The NExT Director scheme 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.

Recommendations:

The Council of Governors is requested to:

1. Approve the appointment of Dr Sheila Newport as Non-Executive Director of the Trust Board at an annual fee of £12,638 for a three year term commencing on the expiry of Dr Anne Wright's term of office (currently 11 January 2020), noting that an earlier start date will be negotiated with Dr Newport to act in 'shadow form' to allow for handover.

2. Note the timelines for the recruitment of the sixth Non-Executive Director

3. Approve the temporary appointment of Suzanne Overton-Edwards as Non-Executive Director of the Trust Board up until 31 December 2019 on a pro-rata annual fee of £12,638.

4. Note that all appointments to the Trust Board are subject to satisfactory completion of the Fit and Proper Persons Tests as set out in Appendix 2.

APPENDIX 1

Recruitment Process for Non-Executive Director (Clinical Background)

Development of the person specification and role requirements

At a meeting on 22 May 2019 the Governors Nominations and Remuneration Committee approved the job description and person specification for the NED vacancy created by Dr Anne Wright's decision not to seek a second term. The Committee considered the balance of skills on the current Board and the Board's view on the skills, knowledge and experience required for this vacancy, which was to seek a replacement NED with a clinical background. A timeline for recruitment was proposed and accepted, as was a proposed advertising plan. As the Trust Board is currently under-represented in terms of individuals from BME background, the Committee agreed that additional actions would be taken in promoting the vacancy to encourage applicants from these communities. It was also agreed to replicate the interview and assessment process used for previous NED appointments, which consists of focus groups that feed into a formal panel interview.

Longlisting and Shortlisting process

The vacancy was promoted locally and nationally, including via NHS Improvement. At the closing date 10 applications were received. The Committee met on 12 July and reviewed seven applications (three had been removed via the People Services Team, one on the basis that they didn't live in the Trust's catchment areas and two as they were unable to demonstrate that they met the essential criteria required).

Out of the seven, three candidates were selected for interview. Two applicants were put on a reserve list should the Panel not recommended appointment on the 8 August and the interviews be rescheduled. These applicants had not been available on the interview date, which had been listed in the advance recruitment pack.

Governors discussed and agreed questions for the interview panel and focus groups. One group would comprise of Board and Staff members. The other group would comprise of Governors, Service Users and Carers.

The interview process

It was agreed that two focus groups would be convened to discuss informal topics with the candidates as part of the interview process. Each group gave qualitative feedback to the interview panel prior to the formal interview to help inform the overall recruitment decision. The groups and panels are outlined below.

Group 1: Board Members

Members: Carolyn Green, Director of Nursing and Patient Experience (Chair)
Gareth Harry, Director of Business Improvement and Transformation
Amanda Rawlings, Director of People Services and Organisational Development
Claire Wright, Deputy Chief Executive & Finance Director

Margaret Gildea, Non-Executive Director and Senior Independent Director
Geoff Lewins, Non-Executive Director
Richard Wright, Non-Executive Director and Deputy Chair

Group 2: Governors, Service Users and Carers

Members: Kelly Sims, Staff Governor (Chair)
Justin and Simon – Service users
Sandra Austin, Carer representative
Julie Lowe, Public Governor
Christine Williamson, Public Governor
Angela Kerry, Appointed Governor
Denise Baxendale, Membership & Involvement Manager

Interview Panel
Members: Caroline Maley, Trust Chair
Moira Kerr, Public Governor
John Morrissey, Public Governor and Lead Governor
Kevin Richards, Public Governor
April Saunders, Staff Governor

The panel had identified questions to ask of each candidate from a selection of questions used in previous appointments along with additional questions suggested by panel members themselves. Feedback from each of the Groups was also received and considered. Questions to follow up on performance in each of the groups were developed based on feedback from the Chair of each group.

Following interview, the Committee formally convened and discussed each candidate in turn. Discussions included consideration of skills, experience, values, motivation and organisational fit. Remuneration and terms of appointment were also discussed and agreed.

Dr Newport demonstrated her key strengths in her system wide knowledge and experience, her supportive views on co-production of services with Service Users and Carers, her strong focus on quality improvement and her understanding of the links between physical and mental health.

The following recommendation was duly agreed to be presented by the Governors' Nomination and Remuneration Committee to the Council of Governors, as per clause 9.4 of the Trust's Constitution.

Recommendation

To approve the appointment of Dr Sheila Newport as Non-Executive Director of the Trust Board at an annual fee of £12,638 for a three year term commencing on the expiry of Dr Anne Wright's term of office (currently 11 January 2020), noting that an earlier start date will be negotiated with Dr Newport to act in 'shadow form' to allow for handover.

APPENDIX 2

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

Trust Procedure:

- Pre-Employment

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

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

In addition the following registers will be checked:

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

- Declaration

Appointees will be asked to complete a declaration to include:

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

APPENDIX 3

BIOGRAPHICAL SUMMARY
DR SHEILA NEWPORT

An experienced Principal in General Practice for 29 years, now retired, with commissioning experience over a period of 18 years. Experienced as a Board member and having completed 5 years as Chair of the Governing Body of a large Clinical Commissioning Group. Experience chairing multi-agency Boards through Derby City Health and Wellbeing Board and Southern Derbyshire Integrated Care Board. Further board experience on an Acute Trust Board since retirement.

Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 3 September 2019

Integrated Performance Report

Purpose of Report

The purpose of this report is to provide the Board of Directors with an overview of Trust performance at the end of July 2019.

This report is provided in a new format, using run charts to review performance over longer periods of time, with a particular focus on whether the Trust consistently achieves agreed targets and / or whether there is variation which needs attention.

Executive Summary

This new report has been developed following several discussions with Board colleagues over recent months. As with the previous integrated performance report it provides the Board of Directors with information that shows how the Trust is performing against a set of key targets and measures. There are some areas where national targets have not been set, which will require further internal discussion about whether proxy targets should be set.

Performance is summarised in an assurance summary dashboard with each target being measured using the criteria below. Where a specific target hasn't been agreed or specifically commissioned, colleagues will be able to track performance over time and discuss/challenge any specific variation that may be of concern or unusual. Further detailed run charts for the measures are included in appendix 1.

Where a specific standard or target has been agreed performance is assessed using the following criteria, which is included in the dashboard.

Key:

	The system is expected to consistently pass the target
	The system may achieve or fail the target subject to random variation
	The system is expected to consistently fail the target

Presenting the data in this way shows that the Trust continues to perform favourably against many of its key measures. Some examples of assurance narrative have also been added for a number of measures. Further detail can be provided in future reports and/or separate 'measure specific' reports can be provided to enable a more detailed discussion and to provide more robust assurance on actions being taken.

In addition, the Board of Directors agreed that this report would also provide an overview of performance across the Acute Care Division (Acute north, south and assessment services). This has been provided as a sub-section of overall Trust performance.

Strategic Considerations	
1) We will deliver **great care** by delivering compassionate, person-centred innovative and safe care	X
2) We will ensure that the Trust is a **great place to work** by attracting colleagues to work with us who we develop, retain and support by excellent management and leadership	X
3) We will make the **best use of our money** by making financially wise decisions and will always strive for best value to make money go further	X

Assurances

This report 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.

The use of run charts will provide the Board with a more detailed view of performance over time as it enables the differentiation between normal and special cause variation.

Consultation

Versions of this new style report have been considered in various other forums, such as Board development and Executive Leadership team

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

In compliance with the Equality Delivery System (EDS2), reports must identify equality-related impacts on the nine protected characteristics age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity (REGARDS people (Race, Economic disadvantage, Gender, Age, Religion or belief, Disability and Sexual orientation)) including risks, and say how these risks are to be managed.

Below is a summary of the equality-related impacts of the report:

- This report reflects performance related to all of the Trust's service portfolio and therefore any decisions that are taken as a result of the information

provided in this report is likely to affect members of those populations with protected characteristics in the REGARDS groups.

- Any specific action will need to be relevant to each service and considered accordingly, so for example, as parts of the report relate specifically to access to Trust services; we will need to ensure that any changes or agreed improvements take account of the evidence that shows variable access to services from different population groups.

Recommendations

The Board of Directors is requested to:

1) Confirm the level of assurance obtained on current performance across the areas presented.
2) Determine whether further assurance is required and if so, at which Committee this needs to be provided and by whom.

Report presented by:	**Mark Powell, Chief Operating Officer**
	Claire Wright, Director of Finance/Deputy CEO
	Amanda Rawlings, Director of People and Organisational Effectiveness
	Carolyn Green, Director of Nursing and Patient Experience
Report prepared by:	**Liam Carrier, Assistant Head of Systems & Information/ Project Manager**
	Peter Henson, Head of Performance, Delivery & Clustering
	Kathryn Lane, Deputy Director of Operational Services
	Rachel Leyland, Deputy Director of Finance
	Catherine Pynegar, Business Intelligence Manager
	Celestine Stafford, Assistant Director of People & Culture Transformation

1. Trust Assurance Summary

Indicator	Rating[1]	Assurance Summary
Financial		
Cumulative surplus / (deficit)	n/a	At the end of July the surplus of £1.1m is ahead of plan by £0.2m. The forecast is to achieve the planned surplus of £1.8m although there are significant cost pressures and risks to be mitigated.
Agency expenditure against ceiling		Agency spend is below the ceiling YTD and forecast to remain below the ceiling of £3.03m.
Agency costs as a proportion of total pay expenditure		YTD agency expenditure equates to 2.7% of total pay expenditure.
Liquidity		Liquidity is better than the plan.
Cumulative cost improvement programme	n/a	CIP is behind plan YTD but forecast to deliver in full.
Cumulative capital expenditure	n/a	Capital is behind plan YTD but forecast to spend to plan.
Out of area and step down expenditure		Expenditure is slightly over budget YTD but is forecast to breakeven at the end of the financial year.
Operational		
CPA 7 day follow-up		7 day follow-up: in response to the evidence from the National Confidential Inquiry into Suicide and Safety in Mental Health that people are more vulnerable to suicide in the first 2-3 days following discharge took part in a pilot project in partnership with NHS England to provide 48 hour follow-up to patients discharged from mental health inpatient units. The pilot was carried out within a quality improvement framework, and was introduced on Morton ward and the associated community mental health teams in March 2019, extended to the rest of the Hartington Unit from July 2019 and across the whole Trust in August 2019. Evaluation of the pilot on Morton demonstrated that a mean of 93% of people were followed-up within 48 hours, and learning from the pilot was valuable in informing how this was subsequently rolled out more widely. OOA and PICU: A sub-group of the Mental Health STP delivery board has been established in order to ensure that there is jointly agreed system wide plan to deliver the national commitment of zero Out of Area placements by March 2021. The outcomes of this group will be overseen by the Mental Health STP delivery board and will be reported periodically through Finance and Performance Committee.
Data Quality Maturity Index (DQMI) - MHSDS data score		
Early Intervention (EIP) RTT within 14 days - complete		
EIP RTT within 14 Days - incomplete		
IAPT referral to treatment (RTT) within 18 weeks		
IAPT referral to treatment within 6 weeks		
Patients placed out of area - PICU	See chart	
Patients placed out of area - adult acute	See chart	
Waiting list for care coordination – number waiting	See chart	
Waiting list for care coordination – average wait (weeks)	See chart	
Waiting list for ASD assessment – number waiting	See chart	
Waiting list for ASD assessment – average wait (weeks)	See chart	
Waiting list for psychology – number waiting	See chart	
Waiting list for psychology – average wait (weeks)	See chart	
Waiting list for CAMHS – number waiting	See chart	
Waiting list for CAMHS – average wait (weeks)	See chart	
Waiting list for community paediatrics – number waiting	See chart	
Waiting list for community paediatrics – average wait (weeks)	See chart	

Indicator	Rating[1]	Assurance Summary
IAPT people completing treatment who move to recovery		Talking Mental Health Derbyshire continues to achieve in excess of its performance targets for both recovery rates (target >50%) and reliable improvement (target >65%) in every month of 2019/20. We monitor both the Trust performance and that of our sub-contractors with regular contract and operational meetings internal to the service and with our partners. Our dashboards update daily so that we can monitor up to date data and react to fluctuations in performance both monthly and in month achieving the national targets. We openly share our performance across the service with clinicians and they can access their own performance data through line managers for regular supervision and case management.
Quality		
Staff friends and family test - recommended care		Although staff FFT results have been consistently below the national average, a recent run of 8 months above the mean suggests improvement in staff views of care provided.
Friends and family test – positive responses		
Workforce – Trust level		
Annual appraisals		Monitored at performance reviews and monthly operational meetings. All managers required to attend Appraisal training as mandated in the Leadership masterclasses.
Annual turnover		Turnover remains below the regional and national average for Mental Health Trusts and continues to follow this track
Compulsory training		Extra training courses have been put in place to manage capacity and improve compliance, all areas are monitored at performance reviews and operational meetings and individuals and managers are now being emailed when they have DNA'd to rebook
Sickness absence		Work is ongoing across all Divisions in the Trust to tackle increasing levels of sickness absence. Focus is on long term sickness cases and what support is in place to either support the employee back to work in a more timely way or to look at alternative solutions. Attendance training is now mandatory for line managers.
Supervision - clinical		Monitored at performance reviews and monthly operational meetings.
Supervision - managerial		

Indicator	Rating[1]	Assurance Summary
Vacancies		Focus on inpatient areas to recruit and initiatives to recruit and retain have recently been approved. Rolling adverts have been refreshed and application/ interview processes have been enhanced.

[1]The rating symbols were designed by NHS Improvement

Key:

	The system is expected to consistently pass the target
	The system may achieve or fail the target subject to random variation
	The system is expected to consistently fail the target

Focus on Acute Services	Rating[1]	Assurance Summary
Assessment Services		
Annual appraisals		Appraisals currently at 84%. Assurance to ASM that all appraisals are complete for those in work, bar 1 in crisis south that is booked in.
Annual turnover		Annual turnover has increased recently, however there have been several additional posts created and retire and returns which has impacted.
Compulsory training		Training is currently at 88% on target-with action plans for those areas needing completion.
Sickness absence		Sickness is currently 7%. Support is being received from HR re long term and short term issues. Stages of sickness reviewed by ASM.
Supervision - clinical		Supervision: clinical overall 83% and management overall 79%.
Supervision – managerial		All staff have nominated supervisors.
Vacancies		Vacancies are significantly reduced, approximately 3 wte across the service line.
Urgent Care North		
Annual appraisals		The Acute Inpatient Transformation plan oversees appraisal, supervision and training. It aims to be meeting KPI's of 85% for the end of September but may not achieve Safeguarding Adults L3 due to lack of any available courses by the LA. Internal training is planned but any slippage on ratification of the training will impact on compliance. A rolling advert for HCAs and B5 nurses has been placed. Recruitment initiatives have now been approved by JNCC so it is hoped this will encourage staff to apply to the acute inpatient areas.
Annual turnover		
Compulsory training		
Sickness absence		
Supervision - clinical		
Supervision - managerial		
Vacancies		
Urgent Care South		
Annual appraisals		The Acute Inpatient Transformation plan oversees appraisal, supervision and training. It aims to be meeting KPIs of 85% for the end of September but may not achieve Safeguarding Adults L3 due to lack of any available courses by the LA. Internal training is planned but any slippage on ratification of the training will impact on compliance. We have placed a rolling advert for HCAs and B5 nurses. We have 10 newly qualified nurses commencing in September. We will be closely monitoring their experiences to ensure any issues are dealt with in a timely manner to increase retention
Annual turnover		
Compulsory training		
Sickness absence		
Supervision - clinical		
Supervision - managerial		

Focus on Acute Services	Rating[1]	Assurance Summary
Vacancies		Recruitment initiatives have now been approved by JNCC so it is hoped this will encourage staff to apply to the acute inpatient areas.

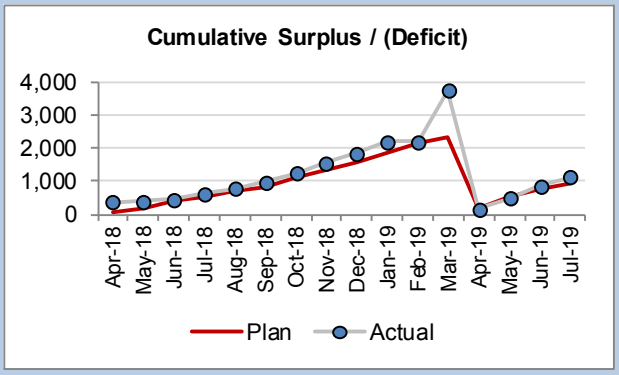
([1]The rating symbols were designed by NHS Improvement)

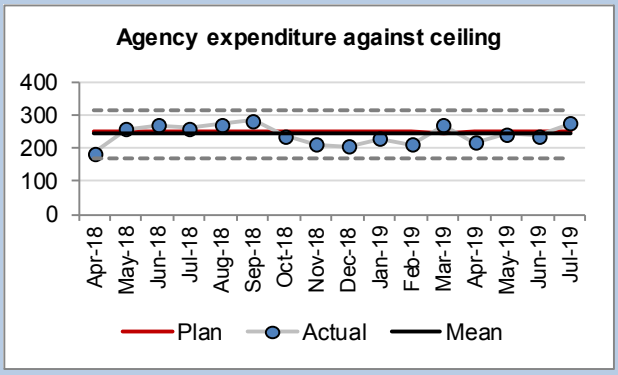
Key:

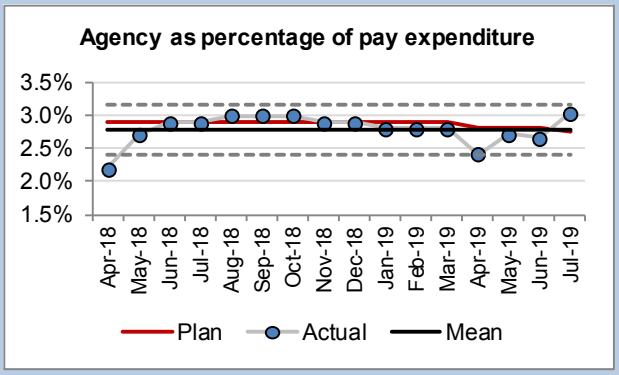
	The system is expected to consistently pass the target
	The system may achieve or fail the target subject to random variation
	The system is expected to consistently fail the target

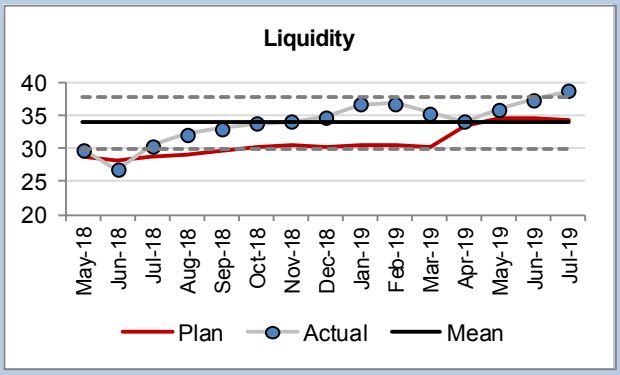
Appendix 1 – Charts

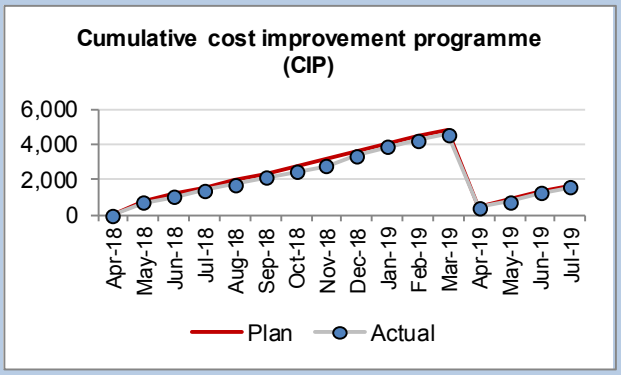
Financial Indicators

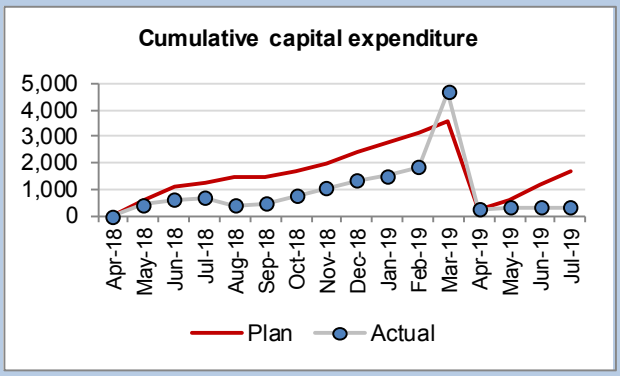


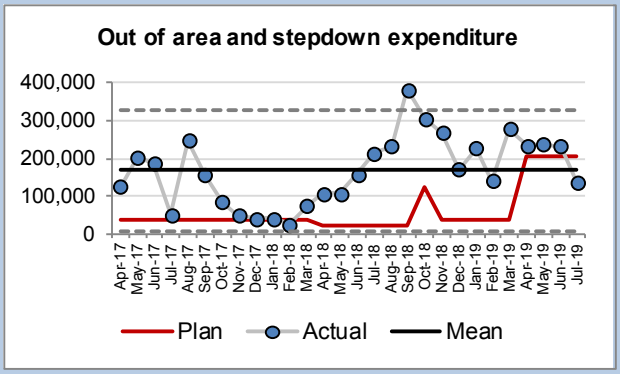






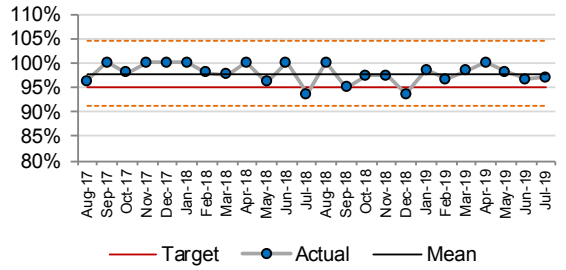




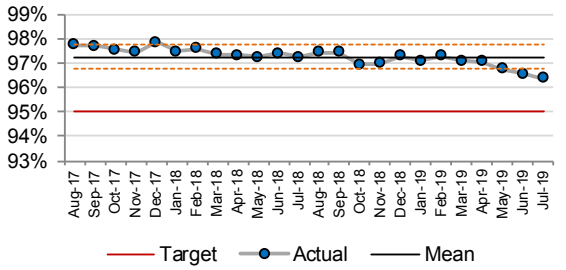


Operational indicators

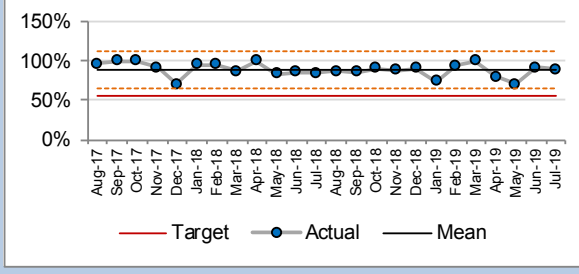
CPA 7 day follow-up



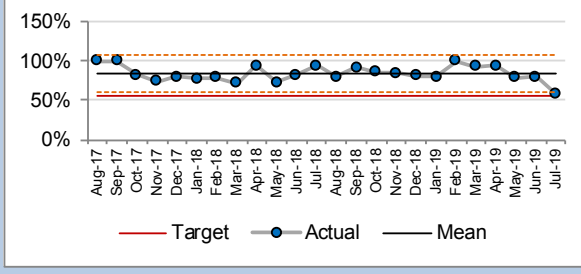
Data quality maturity index



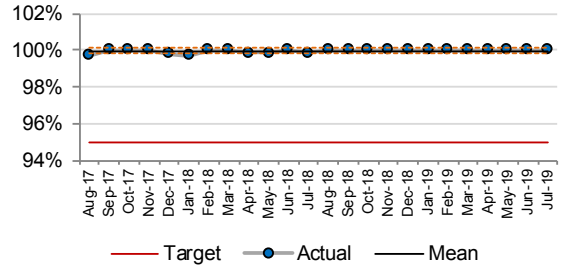
Early intervention 14 day referral to treatment - complete



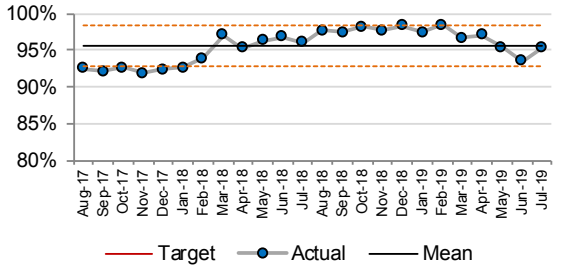
Early intervention 14 day referral to treatment - incomplete



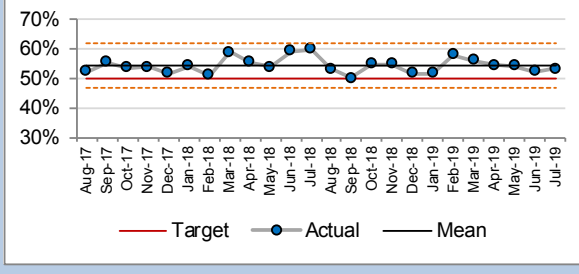
IAPT 18 week referral to treatment



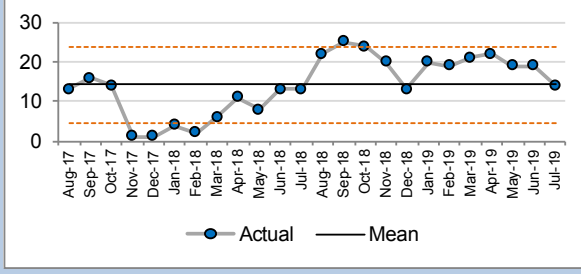
IAPT 6 week referral to treatment



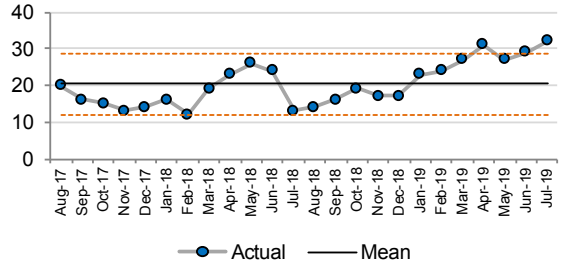
IAPT patients completing treatment who move to recovery



Patients placed out of area - adult acute

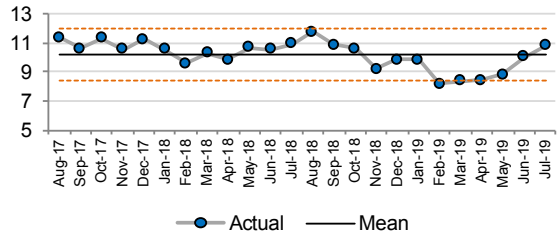


Patients placed out of area - PICU

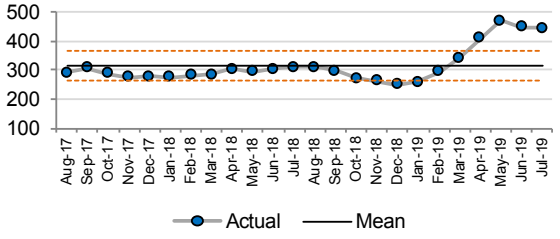


Operational indicators

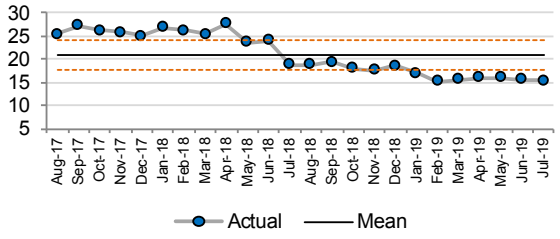
Waiting list - CAMHS - average wait to be seen



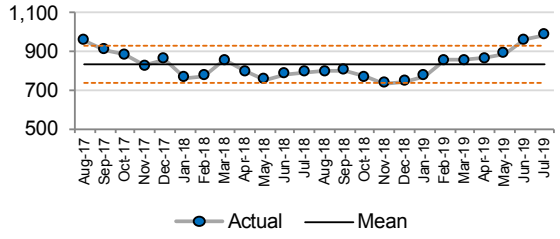
Waiting list - CAMHS - number waiting at month end



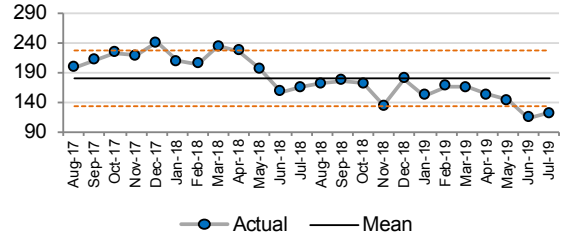
Waiting list - community paediatrics - average wait to be seen



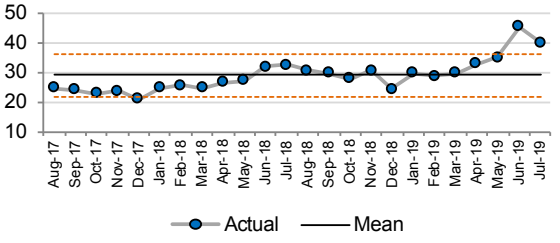
Waiting list - community paediatrics - number waiting at month end



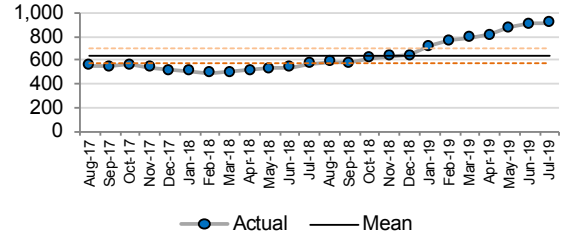
Waiting list - care coordination - number waiting at month end



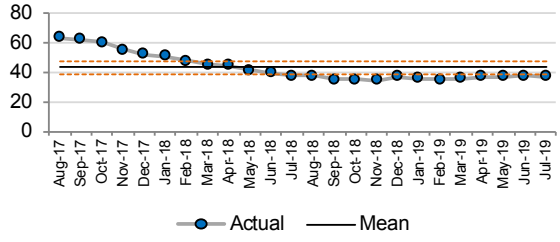
Waiting list - care coordination - average wait to be seen



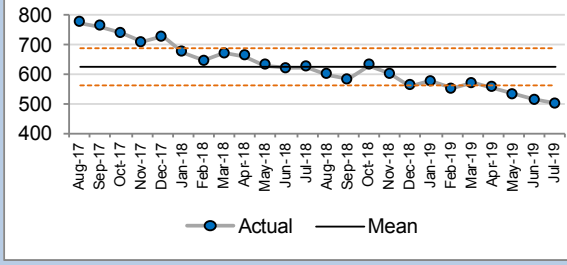
Waiting list - ASD assessment - number waiting at month end



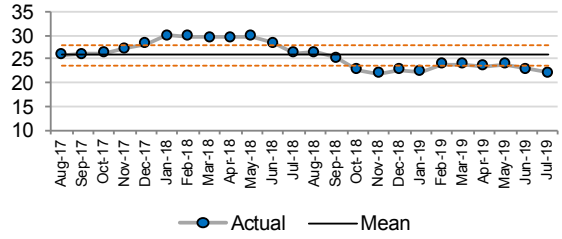
Waiting list - ASD assessment - average wait to be seen



Waiting list - psychology - number waiting at month end

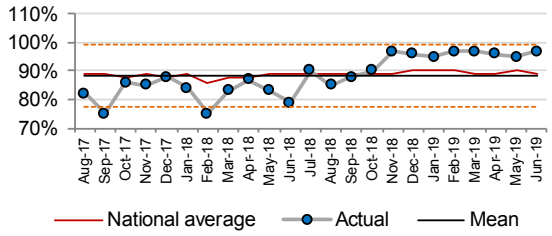


Waiting list - psychology - average wait to be seen

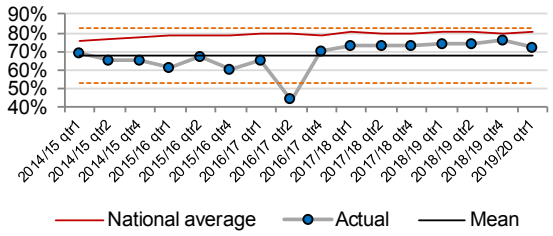


Quality Indicators

Friends and family test - positive responses

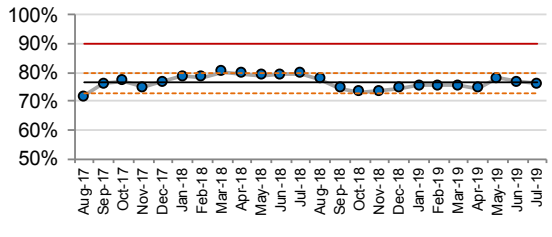


Staff friends and family test - recommending care

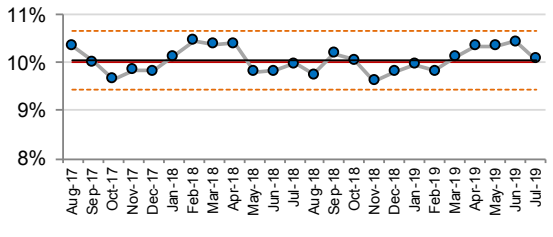


Workforce indicators

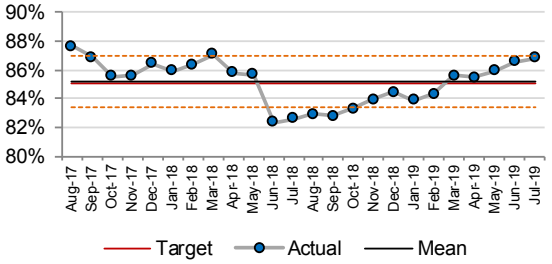
Annual appraisals



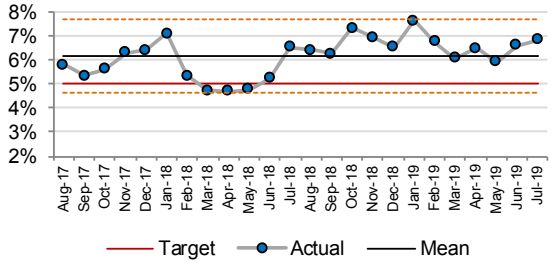
Annual turnover



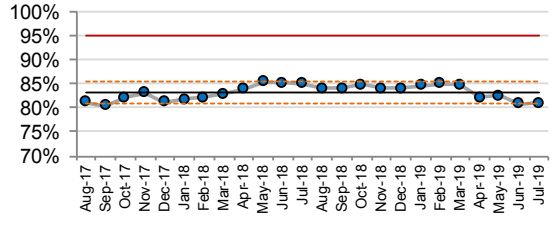
Compulsory training



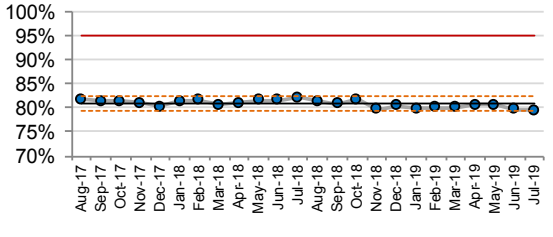
Staff sickness



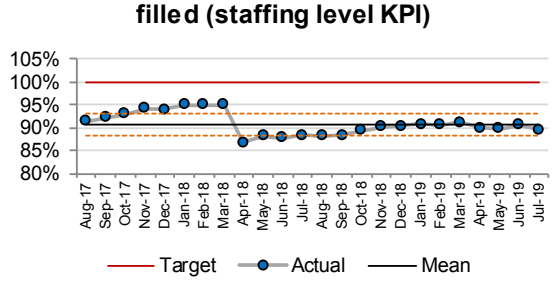
Supervision - clinical



Supervision - managerial

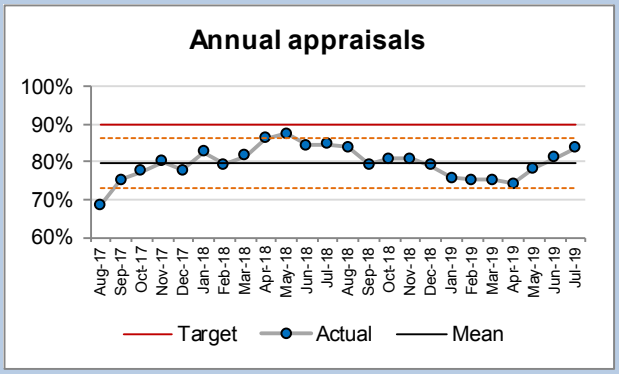


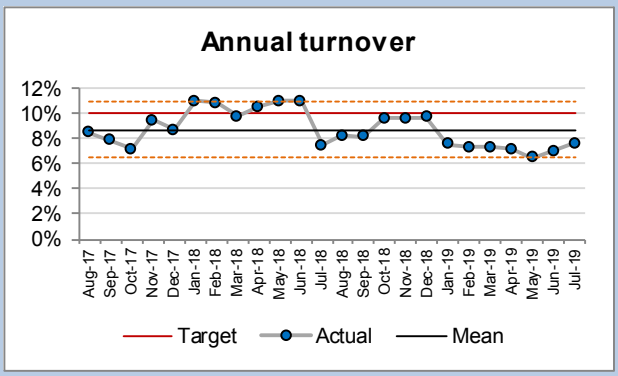
Vacancies - proportion of posts filled (staffing level KPI)

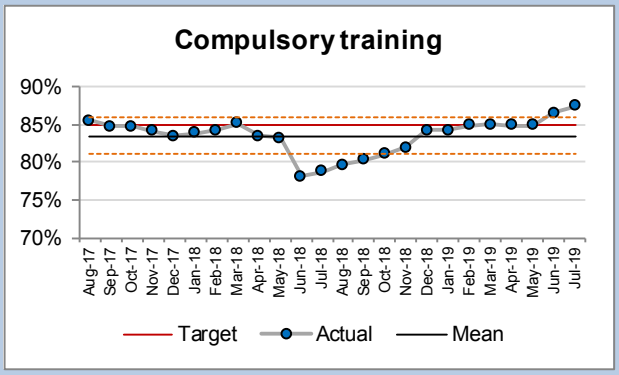


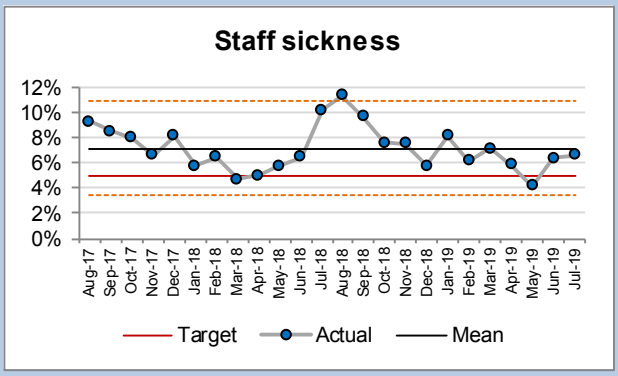
Focus on… Acute Care

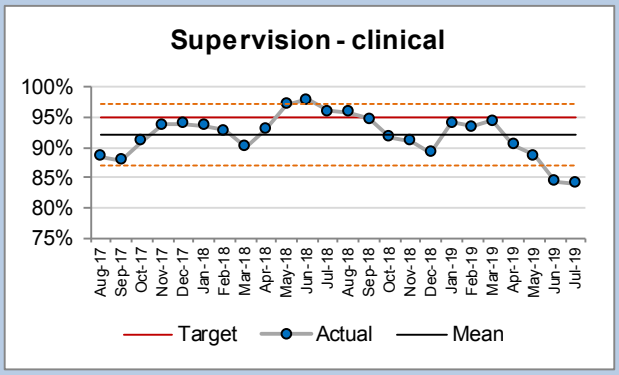
Assessment Services

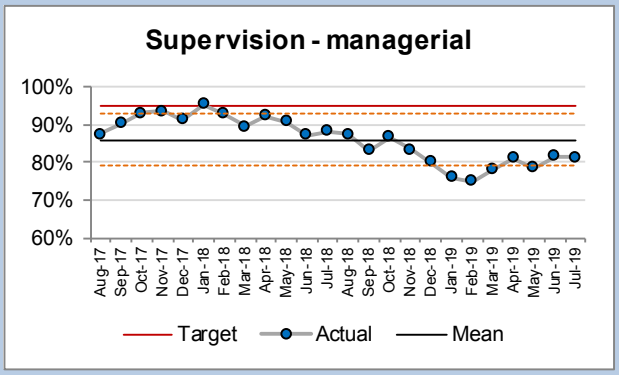


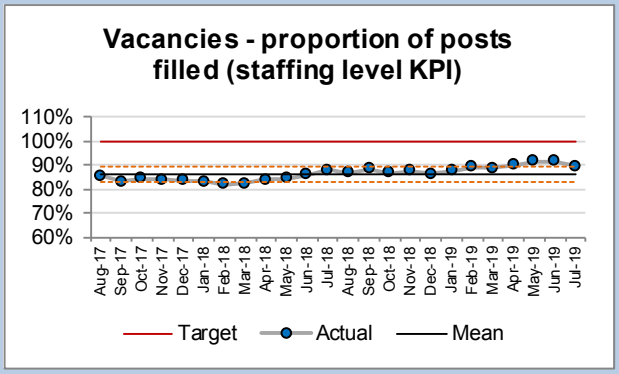






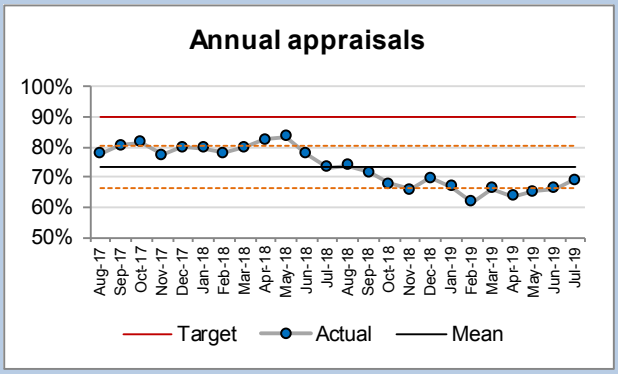


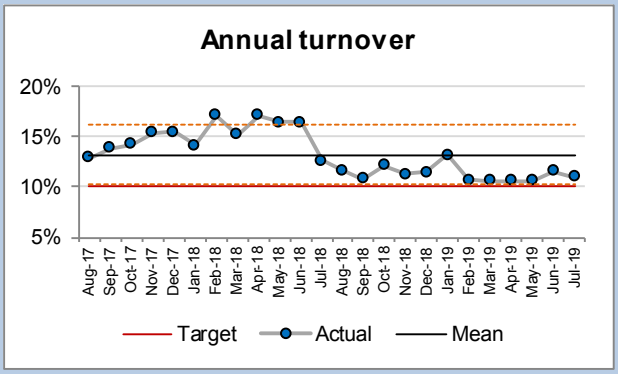


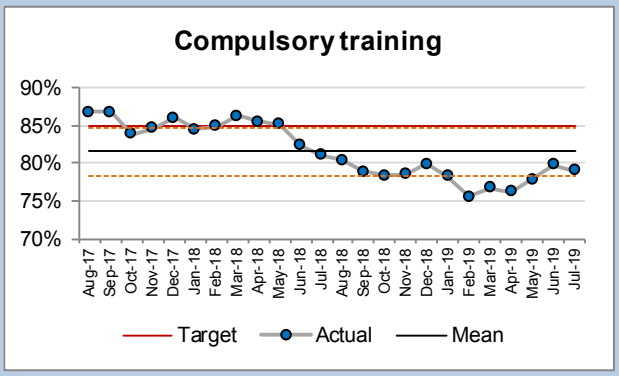


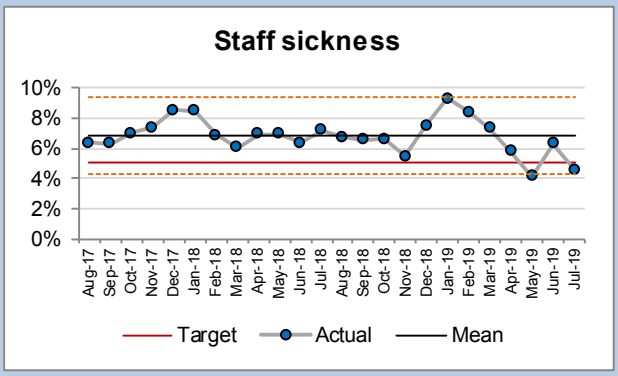
Focus on… Acute Care

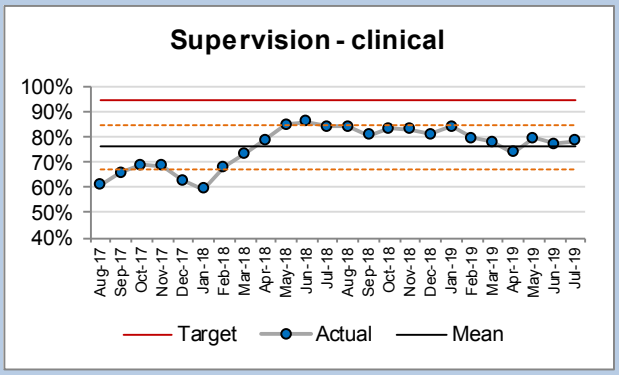
Acute Inpatient North

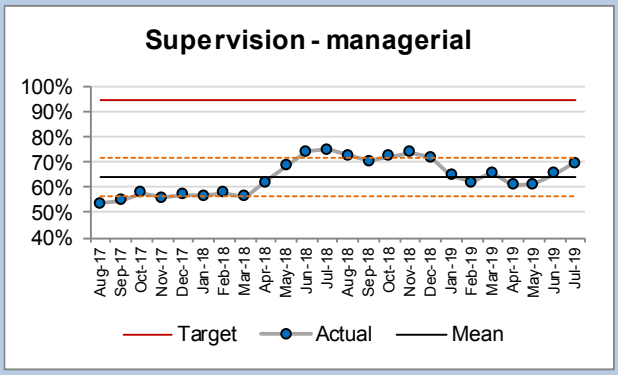


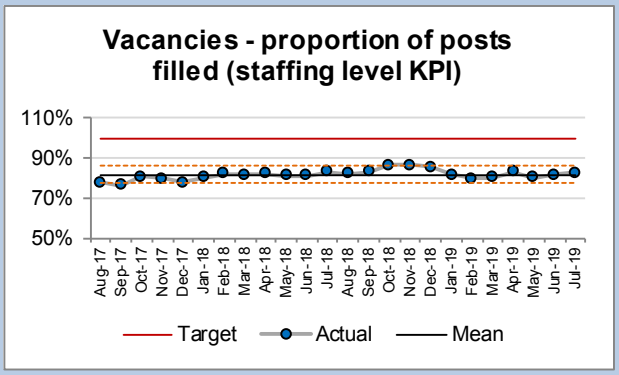






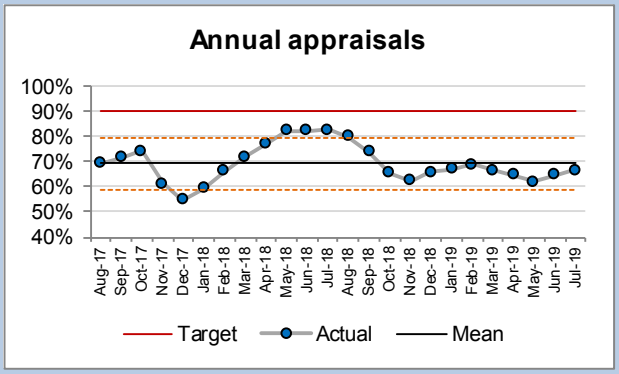


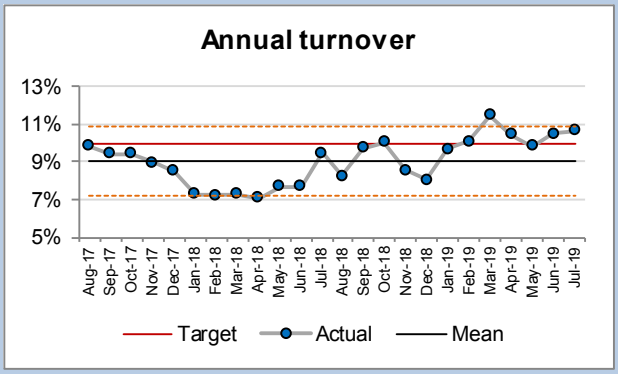


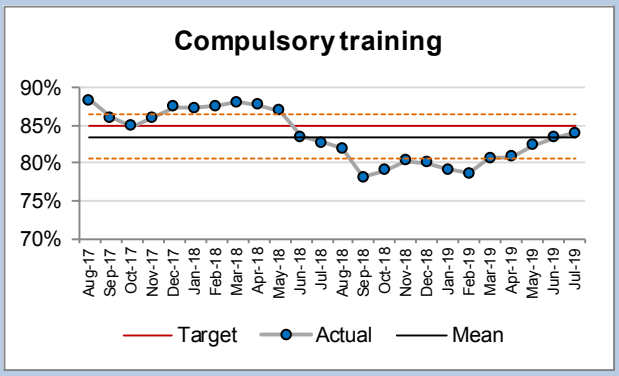


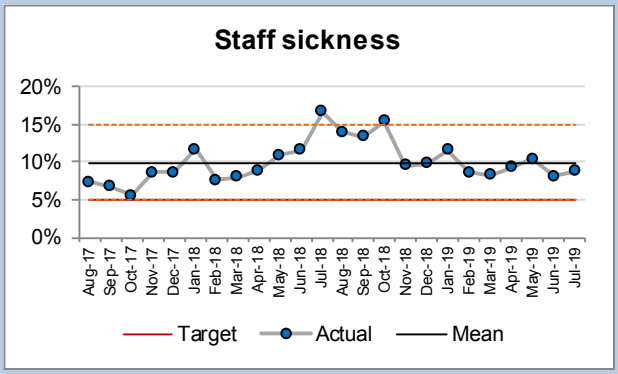
Focus on… Acute Care

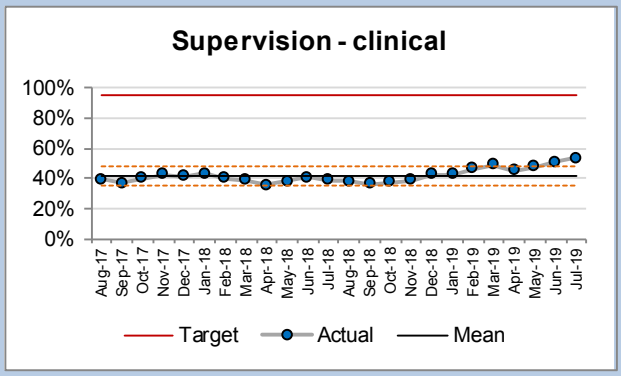
Acute Inpatient South

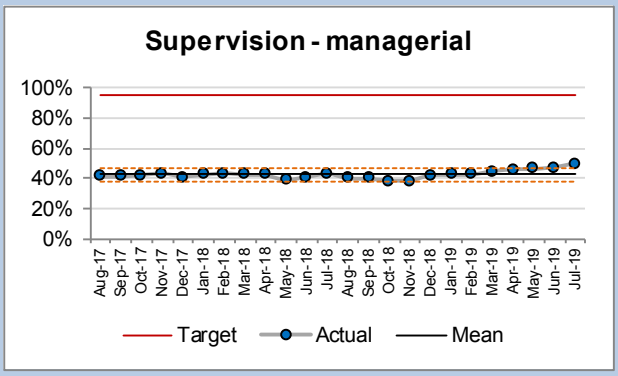


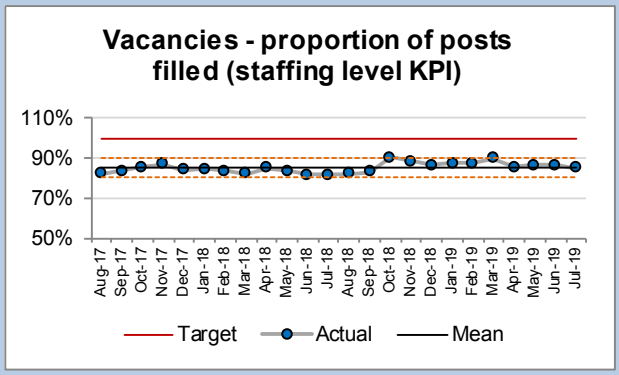






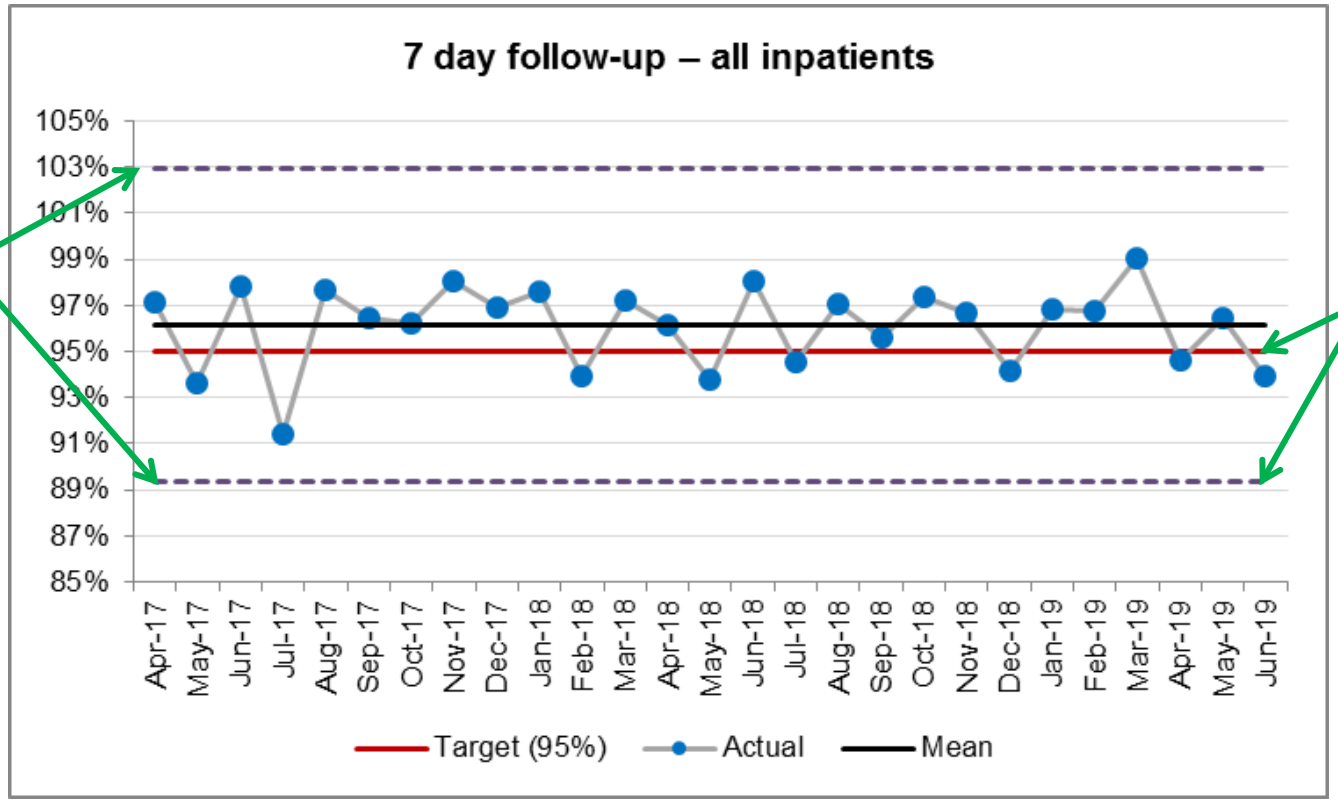






How to Interpret a Run Chart (also known as an SPC chart)

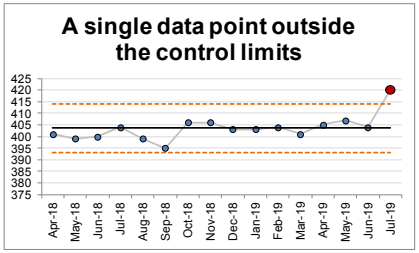
The dotted lines are the “control limits”. Any performance between these 2 lines is normal for the current system. This is known as “normal variation”

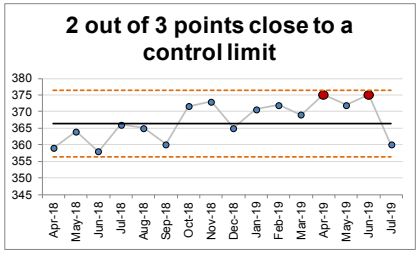


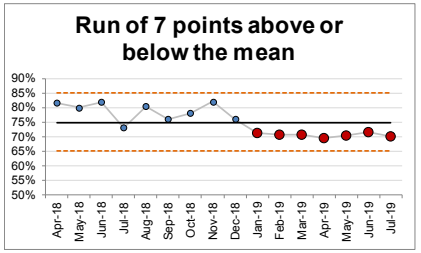
If the system is effective, the **lower** control limit will be above the target line (for targets where higher is better) or the **upper** control limit will be below the target line (for targets where lower is better). In that scenario we have nothing to worry about and can be assured our system is performing well.

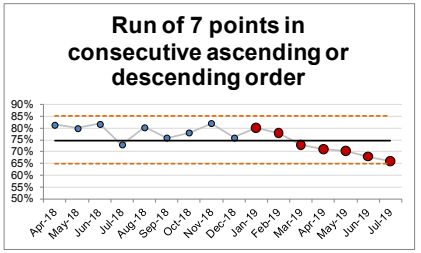
In this case the target line is above the lower control limit which indicates that the system is ineffective.

A run chart also enables us to see when something unusual has happened in the system. This is known as “special cause variation”. This can be seen in 4 ways:









Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 3 September 2019

Waiting Lists Review Report

Purpose of Report
To provide detailed information regarding waitlists for Paeds, ASD, CAMHS, Psychology and Adult care coordination.

Executive Summary
This report provides summary analysis of the waits and raises awareness regarding some of the associated issues and some of the actions in place to address issues.

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	
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
Wait lists associated with commissioned capacity are shared with commissioners. Wait lists are reviewed regularly at performance reviews and actions taken to support improvement where possible and risks monitored. Whilst all waits are seen as poor patient experience, there is a wait list policy in place which outlines appropriate risk management practices. Clinical services have processes in place to allow a service user or waiting for a service to inform of deterioration or escalating risk.

Consultation
Report prepared by performance manager in liaison with General Managers and Head of Psychology.

Governance or Legal Issue
Commissioning/contract framework applicable.

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	
Outlined in paper.	

Recommendations

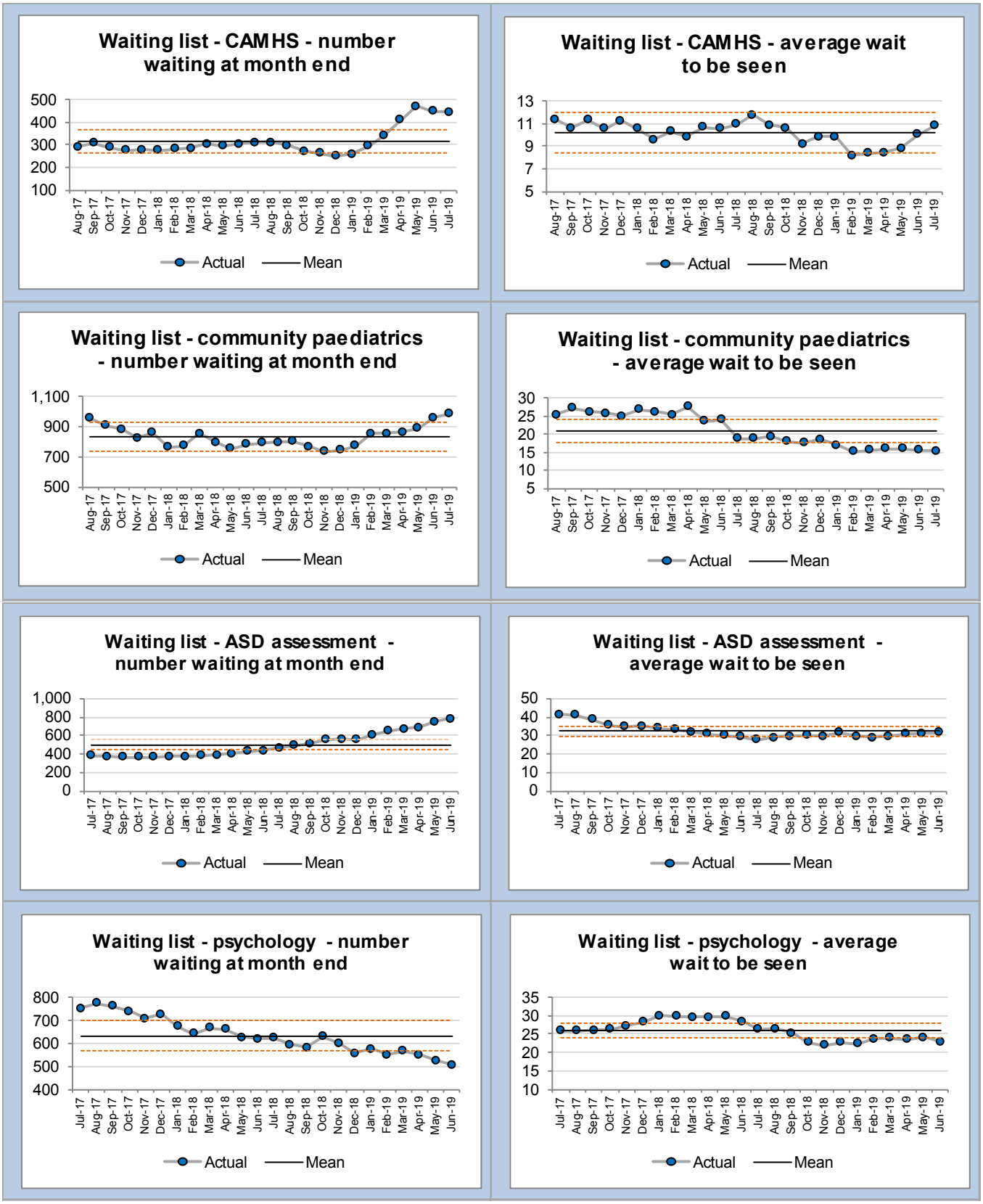
The Council of Governors is requested to:

- Consider the information.

Report prepared by: Pete Henson, Head of Performance, Delivery & Clustering; Kathryn Lane, Deputy Director of Operations; David Tucker, General Manager and Graham Wilkes, Consultant Clinical Psychologist

Report presented by: Kathryn Lane, Deputy Director of Operations

Waiting Times



Average wait to be seen = weeks

CAMHS

Staffing difficulties have been experienced. Medical staffing to support ASIST is being reviewed as part of medical staffing review. Proactive booking methods are being employed, including shared calendars, phone contact to book and a streamline of communication letters.

Community Paediatrics

Background

Waiting times have been of concern for some time in the service, with a total wait list size of 1404 in August 2015, reducing to 951 in August 2017, 802 (30/10/17) and now 923 with an average wait week time of 16.9 weeks currently (August 2019).

Summary by Team / Locality	0-14 Weeks	14-18 Weeks	18-26 Weeks	26+	Total Number Waiting	Average Weeks Waiting	Maximum Weeks Waiting
Total	**461**	**79**	**175**	**208**	**923**	**16.91**	**60.71**
Percentages	**49.9%**	**8.6%**	**19.0%**	**22.5%**			

Considerable work has been undertaken over recent years concentrating efforts to reduce wait times and re-engineer pathways and capacity to make improvements.

Date	Total waiting
March 16	1305
September 16	1396
March 17	1085
September 17	907
March 18	748
September 19	752
March 19	794

A single point of access function in Children's Services to filter referrals to the most appropriate service at the gateway stage.

Neurodevelopmental referrals and caseload continue to be a significant challenge, and whilst a major element of the work, only one aspect of child development. Paediatricians will also see children for developmental concerns, neurodisability, complex health concerns, safeguarding concerns requiring medical assessment, unexpected death and 'end of life care; and children in care and adoption.

Contributing factors

- The Neurodevelopmental MDM has been established to triage ND referrals signposted from SPOA to identify most appropriate service for initial assessment, and became operational in September 2018. This filters referrals out to the most appropriate service to include Community Paediatrics, Neurodevelopmental Team, CAMHS, Clinical Psychology and Speech and Language Therapy.
- The development of an ND Co-ordinator role is having an impact on the processing of referrals received (to streamline and gather clinical information pre- appointment) but we are still working with cases referred prior to the role commencing in September 2018. The

administrative support required is significant and increasing, and whilst it has taken work away from locality administration, it has intensified the workload to one point, coupled with this is the increasing referral rate of ND cases. This has been raised as a concern recently.

- Derby Royal Teaching Hospital Clinical Psychology Department is accepting referrals directly without requiring an initial assessment by Community Paediatricians, and some young people are seen by Speech & language therapy prior to a Paediatrician, streamlining the whole process. Wait times to these services have also increased in correlation to the increased referral rate. This too is having an impact on the throughput of work and the demands on the coordinator, responsible for managing concerns for the whole pathway through to first appointment.
- Agency doctors have been useful to address initial waits, however due to the short-term nature of their contracts; this has not addressed the onward requirement for follow-up activity that has again defaulted to the Community Paediatric team.
- Capacity within the ND Nursing Team has a significant impact on the Community Paediatric resource, as they are interdependent – follow ups and medication require a shared responsibility. This is significant as young people who are commenced on medication required oversight and follow up until the age of 18 years. Whilst recruitment to ND Team has been successful over recent months, the team are in a fluctuating period of activity as staff emerge from induction programmes. September also sees a member of the team embarking on NMP training, and another prepare for retirement, again reducing capacity.
- The Community Paediatrics service was declared as an RTT service to the CCG in January 2019, as per previous papers presented to TMT and ELT.
- Recent acknowledgment from across Trust providers (UHBD and DCHS) has identified the ownership of ND waits collectively, all 3 organisations the victims of substantial demand and disproportional resources. Psychology waits have now risen correspondingly.

The current position regarding referrals for neurodevelopmental assessment:-

- Total number of referrals to the ND Pathway has been **892** for Quarter 1
- Estimating this level of referrals continuing we could expect **3668** referrals per year
- We are discussing on average **45** referrals per week at NDMDM (fluctuates due to attendance and number of complex cases)
- There is an increase of 16.5% of cases discussed
- Community Paediatricians are currently accepting **46%** of all discussed ND Pathway referrals

Delivery plans

To achieve <18 week waits will be a significant challenge and will require joint remedy with the CCG to ensure the specification for the service and surrounding services is correct and resource commensurate with the plans. The specification is overdue for revision, engagement with the CCG commenced in March 2018, and we await them convening a ‘task and finish’ group to progress this.

The interdependency and increase in neurodevelopmental referrals needs to be a key part of the ongoing development. A project commissioned by the General Manager is progressing to explore the integrated approach possible across Childrens Services, in streamlining systems, processes, and workforce to afford greater efficiencies and improved patient experience.

A significant amount of work to understand the caseloads, referrals and working practices is being undertaken by the Community Paediatricians. This work is being undertaken with the support of the Area Service Manager and Clinical Director.

An action plan has been developed to compliment local work plans to manage the waits and has already progressed an exercise of caseload cleansing and capacity management.

Currently a task and finish group facilitated by the Area Service Manager is exploring a 'Centralisation' exercise. This has gone some way to identifying the feasibility of operating a central resource system to tackling waits. Rather than appointments being allocated by virtue of their locality availability, we hope to progress to a system akin to Choose and Book, whereby the next available appointment can be offered to families waiting.

This will require a coordination role to manage an overview and containment approach, the job description for which has been drafted and is awaiting approval.

Standard Operating Procedures have been drafted to sit alongside this piece of work that identify the principles of allocation, of priority rating to manage risk, for 'Red Flags'' ratio of 'New' and 'Follow up' slots per clinic, assessment processes, and of discharge and transfer rules.

There has been an **estimated** calculation based on a 42 week delivery capacity that we can deliver 1843 slots annually, and see 36 patients per week.

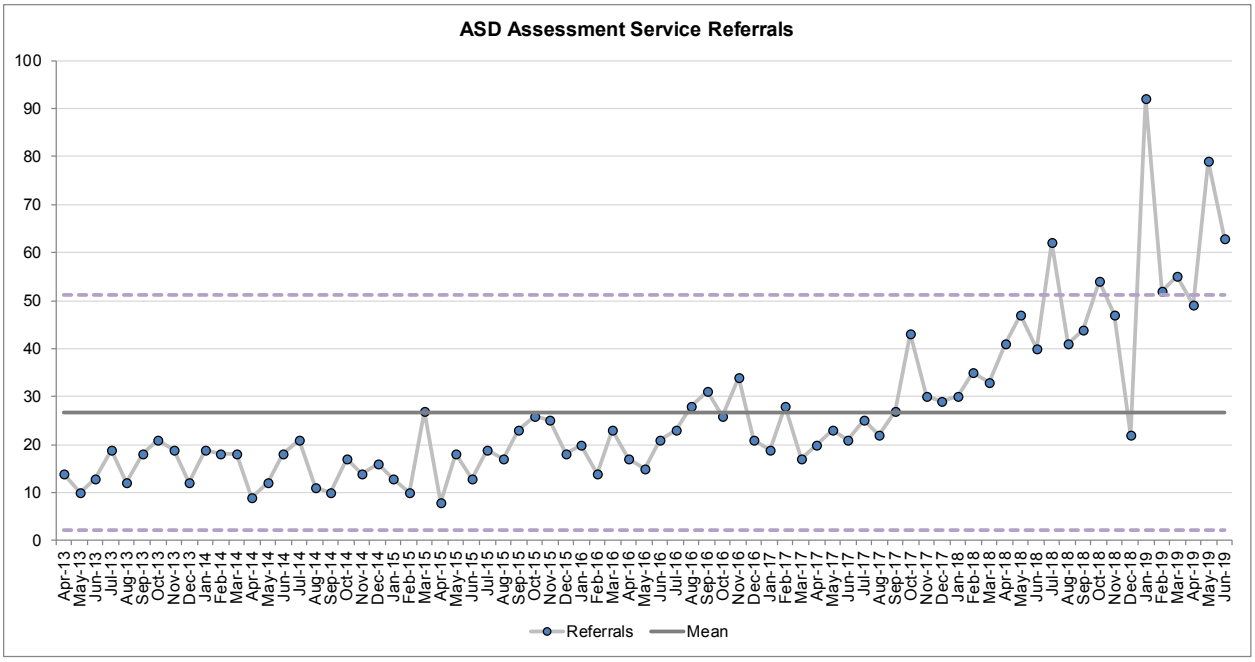
The Waiting List Coordinator could commence focus on the over 26 week waiters in the first instance to allow the historical backlog to be addressed, then review.

Work has commenced with the IM&T department and senior team in Community Paediatrics in response to the RTT requirements that will become evident in April 2020.

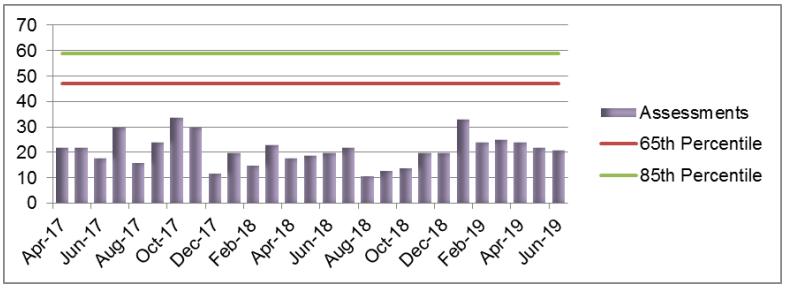
Conclusion

This remains a challenging area of delivery. There are internal steps that are being taken to ensure a more consistent approach to caseload, referral management and standardisation. Focused pieces of work are exploring future options to allow a) greater flexibility and choice to families and b) an integrated provision across Childrens Directorate.

ASD Assessment Service



Since September 2017 we have seen an increasing demand for this service. To meet demand we would need commissioned capacity in the service to complete 47-59 assessments per month; however the highest level ever achieved in a month with current commissioned staffing levels was 34 assessments, back in October 2017:



In addition to the service not being commissioned to meet demand, capacity of this small team is being affected by long term sickness.

Psychology

The service is currently supporting 3 maternity leaves in Adult Services (2 in Amber Valley) 2 in Older Peoples services (+ 1 returning from June) and one redeployment. Existing staff have been moved to provide essential cover. There has been the appointment of 4.8 WTE psychologists to hot spots (1 in post already). There is the development of the Personality Disorder pathway in Killamarsh for lower level need (7 Steps programme) and this is expected to have a positive impact on waiting list for DBT. There is ongoing work to define criteria and pathway for patients (starting in Bolsover). The service is skill mixing to recruit band 6 nurses (from psychology resource) in the north of the county to work under close supervision within the DBT service to facilitate groups.

We are in the process of recruiting a Consultant Clinical Psychologist as the clinical lead for the Personality Disorder pathway. We are involved in the training for MDT staff in stabilisation work to use as part of their usual contacts to try to reduce length of therapy with psychologists. A further development is of Acceptance and Commitment Therapy (ACT) groups and Compassion Focussed Therapy (CFT) groups in the north of the county. There has also been the development of additional information for patients on self-help materials to offer to patients whilst waiting for therapy.

There have also been new service developments for Clinical Psychology including additional resources for the perinatal service in the north of the County and the forensic community team (Consultant Clinical Psychologist – out to recruitment).

Following changes within the structure of the divisions the operational management of CBT and Psychodynamic services has come under one of the lead psychologists and we are in the early stages of developing a collaborative psychological therapies strategy for the Trust. We still await progress on the commissioner review of psychological therapies which we will actively contribute to.

Waiting Times Community

Community Current Waiting Times in Weeks by Team Name	Number Waiting	Average Waiting Time	Maximum Waiting Time
AMBER VALLEY ADULT CMHT - COMMUNITY	122	6.2	19.0
AMBER VALLEY OA CMHT - COMMUNITY	32	1.9	8.7
BOLS & CC ADULT CMHT - COMMUNITY	119	5.8	21.9
BOLS & CC OA CMHT - COMMUNITY	24	3.4	12.4
CHESTERFIELD C ADULT CMHT - COMMUNITY	159	8.5	40.0
CHESTERFIELD C OA CMHT - COMMUNITY	13	3.0	6.9
DERBY CITY ADULT CMHT - COMMUNITY	315	17.4	126.0
DERBY CITY OA CMHT - COMMUNITY	65	4.3	8.7
EREWASH ADULT CMHT - COMMUNITY	141	6.5	22.7
EREWASH OA CMHT - COMMUNITY	37	3.3	13.9
HP & N DALES ADULT CMHT - COMMUNITY	129	5.4	26.0
HP & N DALES OA CMHT - COMMUNITY	23	3.3	12.6
KILLMSH & NC ADULT CMHT - COMMUNITY	202	14.8	176.9
KILLMSH & NC OA CMHT - COMMUNITY	18	3.1	7.7
SOUTH & DALES ADULT CMHT - COMMUNITY	159	12.1	47.9
SOUTH & DALES OA CMHT - COMMUNITY	49	5.0	21.6

The above waiting list information is sent to me on a weekly basis as part of a subscription. This is an extract from the report and indicates the position regarding waits for CMHTs for Adults of Working Age and Older Adults. It must be acknowledged that these waits are the waits for allocation within the community team (not psychology, outpatient or OT as we receive separate data for those patients). There this is the wait for allocation of a Care Coordinator or it could be for allocation of a Lead Professional.

Until very recently the information regarding numbers waiting and waiting lists from PARIS has not generally been used by team managers. This is largely because when in the neighbourhood structure it was not possible to distinguish between Adult and Older Adult Teams. Therefore managers found this was not helpful to manage waiting lists and tended to maintain manual records in the team base.

However since the reorganisation it is now possible to distinguish the relevant CMHT. It is clear looking at the data that there is considerable data cleanse required. Due to the scale of the data cleanse we are breaking this down to manageable work tasks. At the moment we have the teams working through those that have been identified as waiting over 52 weeks. This will largely impact Derby City Adult CMHT and Killamarsh Adult CMHT. Although the full data cleanse has not be completed initial findings indicate that these are not genuine “waiters” but are instead a result of data cleanse issues. Once the data cleanse has been completed, we are anticipating that the longest wait will be under 52 weeks.

The numbers waiting in each CMHT for Adults of Working Age are generally consistent. Although the City Adult team have a considerably larger number waiting than the other Adult Teams (315) it must be remembered that Derby City Team is somewhere between 2 and 3 times the size of other Adult CMHTs.

Kathryn Lane
Deputy Director of Operations

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 3 September 2019

Report from Governance Committee

Purpose of Report
This paper provides an update on the meeting of the Governance Committee held on 6 August 2019.

Executive Summary
Since the last summary was provided in July the Governance Committee has met once on 6 August 2019.

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

Assurances

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

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

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

Equality Impact Risk Analysis	
The author has a responsibility to consider the equality impact and evidence on the nine protected characteristics – Race, Economic disadvantage, Gender, Age, Religion or belief, Disability and Sexual orientation (REGARDS).	
There are no adverse effects on people with protected characteristics (REGARDS).	x

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

Actions to Mitigate/Minimise Identified Risks

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

Recommendations

The Council of Governors is requested to:

1. Note the report made at the Governance Committee meeting on 6 August 2019.

Report presented by: Kelly Sims, Chair of the Governance Committee

Report prepared by: Denise Baxendale, Membership and Involvement Manager

Report from Governance Committee – 6 August 2019

The Governance Committee of the Council of Governors (CoG) has met once on 6 August 2019 since its last report to the Council of Governors in July. Sixteen governors attended. This report provides a summary of the meeting including actions and recommendations made.

Matters Arising

- Two governors have still not signed the revised Code of Conduct despite reminders being sent – the Lead Governor will contact the governors concerned.

Governor Training and Development

- A summary of the governor training and development session on Engagement was presented. Denise Baxendale and Angela Kerry will update the Governor Engagement Action Plan to include actions listed on the summary sheet
- Governors were reminded of the forthcoming training sessions scheduled for 31 October and 10 December.

Membership Data

- Governors requested a further report to be presented which excludes Surrounding Areas which skews the figures
- Angela Kerry invited Trust staff to attend the Derbyshire Mental Health Forum in September to talk about Trust membership
- Governors were also encouraged to attend the Derbyshire Mental Health Forum in September as an opportunity to engage with service users, members and the public.

Engagement Opportunities for Governors

- Governors were keen to attend events organised by the Trust for World Mental Health Day on 10 October.

Feedback from Governor Engagement Activities

- Governors were encouraged to complete the governor engagement template which has been produced and developed to enable governors to log issues and feedback from members and the public
- Governors were encouraged to share information about the Trust through their social media accounts.

Annual Members' Meeting (AMM)

- Governors were encouraged to actively promote the AMM widely within their communities
- A governor Task and Finish group was established to plan the governor stall.

Governor Elections

- Nominations for the vacancies in Derby City West and Erewash closed on 9 August.

- The notice of poll will be published on 2 September and elections will close on 26 September
- Elections will also be held in October – three governors have recently resigned and three public governors' terms of office end on 31 January 2020. Elections will be held in Amber Valley, Chesterfield, Derby City West, High Peak and Derbyshire Dales, and South Derbyshire

Issues raised by Derbyshire Borderline Personality Disorder Support Group

- Carolyn Green fed back on the issues raised at the last meeting.

Governor attendance at the Council of Governors

- The Lead Governor would continue to keep in touch with governors who have been unable to attend the last three Council of Governors meetings.

Governors Annual Effectiveness Survey

- The survey was ready to launch
- All governors are encouraged to complete the survey.

Deputy Lead Governor update

- The criteria for becoming the Deputy Lead Governor is that a governor had to be in the role for six months
- No expressions of interest have been received
- The Committee agreed that the role can be opened to public governors who were elected in March, and that the start date would be put back to ensure that a governor was in post for a minimum of six months before taking up the role.

Policy for engagement between the Trust Board and the Council of Governors

- This policy is in the process of being reviewed.

Derbyshire Healthcare
NHS Foundation Trust

MINUTES OF A MEETING OF THE BOARD OF DIRECTORS

Held in the Sporton Room,
The Post Mill Centre, Market Street
South Normanton, Alfreton, Derbyshire DE55 2EJ

Tuesday 4 June 2019

MEETING HELD IN PUBLIC

Commenced: 9.30am Closed: 12:40pm

PRESENT	Caroline Maley	Trust Chair
	Dr Julia Tabreham	Deputy Trust Chair and Non-Executive Director
	Geoff Lewins	Non-Executive Director
	Dr Anne Wright	Non-Executive Director
	Richard Wright	Non-Executive Director
	Ifti Majid	Chief Executive
	Claire Wright	Director of Finance & Deputy Chief Executive
	Mark Powell	Chief Operating Officer
	Carolyn Green	Director of Nursing & Patient Experience
	Dr John Sykes	Medical Director
	Amanda Rawlings	Director of People Services & Organisational Effectiveness
	Gareth Harry	Director of Business Improvement & Transformation
	Suzanne Overton-Edwards	Non-Executive Director under NHSI NExT Director scheme
IN ATTENDANCE	Anna Shaw	Deputy Director of Communications & Involvement
	Justine Fitzjohn	Trust Secretary
	Sue Turner	Board Secretary (minutes)
	Lisa-Anne Mack	Senior Nurse, Crisis Team North
	Nicola Fletcher	Assistant Director of Clinical Professional Practice
VISITORS	John Morrissey	Lead Governor and Public Governor, Amber Valley
	Lynda Langley	Public Governor, Chesterfield
	Al Munnien	Staff Governor, Nursing
	Sandra Austin	Derby City & South Derbyshire Mental Health Carer's Forum and Trust Volunteer
	Tamera Howard	Freedom to Speak Up Guardian
	April Saunders	Staff Governor, Allied Professions
APOLOGIES:	Margaret Gildea	Senior Independent Director

DHCFT 2019/073	**CHAIR'S WELCOME, OPENING REMARKS, APOLOGIES FOR ABSENCE AND DECLARATION OF INTERESTS** The Trust Chair, Caroline Maley, welcomed all to the meeting. Introductions were made to Lisa-Anne Mack, Senior Nurse, Crisis Team North who attended the meeting to shadow Caroline following the visit that Caroline made to the High Peak and Chesterfield Crisis Team. No declarations of interest in agenda items were raised. Justine Fitzjohn was welcomed to her first Board meeting held in public session in her official capacity as Trust Secretary.
DHCFT 2019/074	**PATIENT STORY** Assistant Director of Clinical Professional Practice, Nicola Fletcher attended the meeting to relay a story to the Board from Ashley regarding his difficulty and frustration in accessing and navigating this way through the Trust's services. Ashley's story was based on a complaint that had been investigated and resolved through the Patient Experience Committee concerning problems in delays in receiving treatment and physical health testing, delays in a smooth and effective access to care with doctors not writing prescriptions. Ashley had also felt upset when his appointments had been cancelled especially as he had requested that his appointments with consultants and clinicians be offered at times to enable him to attend work. The Board recognised that themes emerging from the clinical strategy review were echoed in Ashley's story and that communicating clearly and staying engaged with patients while they are waiting for test results and to commence treatment is important so they do not feel they are being forgotten. The demand on neighbourhood services and with waiting times means that this is not an isolated case as people often have very complex needs. The Trust's clinical strategy work is being driven to enable services to be more efficient and joined up to improve accessibility with outpatients and community services. It is expected that this will make it easier for people to attend appointments, particularly if they need to work as keeping people in work is important for their recovery. The Board also heard how delays in writing letters and prescriptions had also been raised in Ashley's story. It was felt that improved relationships within the primary care network and the physical healthcare structure will improve the speed with which letters and prescriptions can be issued. This in reality has to be balanced where individuals are attending rural clinics where fast track solutions are not possible. The Board also discussed themes with regard to: 1. Safe prescribing and having access to GP records so as not to prescribe in isolation 2. New ways of internal integration to ensure, more responsive care 3. The role of clinical staff in explaining what to expect and the 'why' 4. The future model of working hours and how the services work 5. The substantial pressure and doubling of outpatient clinic caseload and the need to review this pathway.

	It was understood that Ashley is now happier in terms of the treatment he is receiving. It was noted that a formal response will be made to Ashley from Chief Executive, Ifti Majid to inform him that his story has been heard and of the work that will take place to ensure that services respond to people's needs and are made more accessible. **ACTION: Formal response to be made to Ashley on how improvements can be made to the Trust's services to ensure they are more accessible.**
DHCFT 2019/075	**MINUTES OF THE BOARD OF DIRECTORS MEETING HELD ON 7 MAY 2019** The minutes of the previous meeting, held on 7 May 2019, were accepted as a correct record of the meeting with the exception of one minor correction to replace "non-recurrent costs" with "non-recurrent schemes" in the last sentence of the second paragraph of item DHCFT2019/063.
DHCFT 2018/076	**ACTIONS MATRIX** The Board agreed to close all completed actions. Updates were provided by members of the Board and noted on the actions matrix. All completed 'green' actions were scrutinised to ensure that they were fully complete and actions that were not complete were challenged with Executive Director leads.
DHCFT 2019/077	**QUESTIONS FROM GOVERNORS OR MEMBERS OF THE PUBLIC** No questions had been received from members of the public or governors in advance of the meeting.
DHCFT 2019/078	**CHAIR'S UPDATE** This report provided the Board with the Trust Chair's summary of activity and visits to the Trust's services undertaken since the previous Board meeting held on 7 May. The Board was updated on the work that is underway through the Nominations and Remuneration Committee to consider the process for the appointment of a clinical Non-Executive Director (NED) and the extension of terms of office for three of existing NEDs, Julia Tabreham, Margaret Gildea, and Richard Wright with recommendations being made to the Council of Governors for their reappointment on 2 July. Caroline also referred to John Morrissey's resignation as Lead Governor to the Council of Governors and thanked him for the valuable contribution he has made in this role since 2016. On 23 May Caroline joined the Audit and Risk Committee for the final review and approval and signing of the 2017/18 annual report and accounts on behalf of the Board. She was pleased to see how these reports had been prepared to the usual high standard and extended her thanks to the Finance team, the Communications team and others from the Nursing and Patient Experience team who contributed so well to this annual process. The report also detailed Caroline's attendance at the Joined Up Care Derbyshire Board meeting on 16 May when the Risk Sharing Agreement was discussed. This is covered in more detail in item DHCFT2019/082 and is reported more extensively in terms of system collaboration in the CEO report.

	Caroline was pleased that the Trust had hosted two separate visits from Simon Stephens, CEO of NHSI/E and Saffron Cordery, Deputy CEO of NHS Providers on 15 May that provided the opportunity to showcase different services within the Trust which gave them both a good understanding of the work that we do. Deputy Trust Chair and Non-Executive Director, Julia Tabreham referred to Caroline's recent visit to the Kedleston Unit where she saw that the new Oxe Health vital signs monitors are in place and will be installed in high prioritised areas to observe and record patients' vital signs and detect patients who are at risk of falls, self-harm or other injuries. She was pleased to see that patient privacy and dignity will continue to be observed as this equipment will not be installed in bathrooms or toilets. **RESOLVED: The Board of Directors noted the activities of the Trust Chair since the last meeting held on 7 May 2019.**
DHCFT 2019/079	**<u>CHIEF EXECUTIVE'S UPDATE</u>** Ifti Majid's report reflected on a wider view of the Trust's operating environment and served to highlight risks that may affect the organisation. His report provided an update on the national health and social care sector as well as developments within the local Derbyshire health and social care community. Ifti referred to the NHS Long Term Plan and the need to develop strong clinical leadership in enabling high quality care both within the Trust and the new system architecture. This will involve clinical leaders working together to improve issues such as talent management and organisational culture and will be linked through discussions to be held by the People and Culture Committee on how this will be taken forward through clinical leadership. Caroline Maley endorsed Ifti's comments and emphasised the need to ensure that the Trust Strategy captures these components as well as the importance of diversity in order to improve the culture across the organisation. The JUCD met on 16 May and issues that are relevant to the Trust were outlined in the report. Of particular note was that the focus on the Learning Disability (LD) work stream will be broadened to run alongside the mental health work stream. Ifti highlighted to the Board that he is the JUCD SRO (Senior Responsible Officer) and hoped that this would enable the Trust to be influential in the system in transforming care. Ifti shared with the Board his recent involvement in the first Derbyshire Trainee Awards and feedback received from junior doctors in training. The main themes included making our Electronic Patient Record system (EPR) more intuitive and the need to be more flexible in designing local roles and programmes of activity to provide greater flexibility for our workforce. He also talked about a new innovation that had been developed and used at the Hartington Unit through a new virtual reality kit which is being used as an aid for relaxation and de-escalation on the acute units and can be tailored to an individual's own interests. This innovation had been developed by Martyn Revis from the Hartington Unit and could also be used as a tool for research projects. **RESOLVED: The Board of Directors scrutinised the Chief Executive's update, noting the risks and actions being taken.**

DHCFT 2019/080	**INTEGRATED PERFORMANCE AND ACTIVITY REPORT** The Integrated Performance Report (IPR) provided the Board with an integrated overview of performance as at the end of April was presented by Chief Operating Officer, Mark Powell. There were a number of challenging areas where performance is persistently below the required standard in the month, these included out of area placements, sickness absence and the completion of annual appraisals. Mark referred to the challenges around Community Paediatric waiting times and the actions being taken to address residual risks associated with providing a consultant led service when it is difficult to recruit paediatricians. He reported that the Finance and Performance Committee on 21 May discussed interventions that are being developed to improve waiting times and the Committee will receive an update on the delivery of these actions in November. He reported that discussions are also taking place with commissioners to agree an updated service specification for this service to help understand, and resolve the continued rise in demand for this service. The Trust still has a high number of out of area placements. However, these are substantially lower than some other organisations when compared to National benchmarking. The urgent care programme of work has now been agreed by the STP which is seen as a positive step forward. It is expected that transformation money allocated for crisis resolution and treatment teams and family liaison will enable the number of outpatients out of area reduced. Mark also talked about activity that is underway to reduce the CAMHS (Child and Adolescent Mental Health Service) waiting list. A set of actions are being developed and will be progressed through by the Finance and Performance Committee at the next meeting in July. At the previous Board meeting concern was raised about health visitor and school nurse caseloads. The Board was pleased to hear that a report is being taken to the Quality Committee in July to discuss and agree actions in support of managing the complex and growing number of safeguarding issues involved in these services. Director of Finance and Deputy Chief Executive, Claire Wright referred to a significant number of financial risks that the Trust is set to manage in order to reach the planned outturn of £1.8m surplus. Although it is early in the financial year the risk to achievement is rated as extreme in the BAF. The control total had been set at £1.4m surplus, prior to late notification to adjust the planned surplus for additional income of £0.4m related to local authority Agenda for Change issues. A significant increase in work is being focussed on mitigating risks and achieving the Cost Improvement Programme (CIP) gap which will be scrutinised by the Finance & Performance Committee in an additional meeting. Ifti emphasised the need for all Board members to be fully aware of the Trust's financial position as well as the risks associated with achieving the control total. In addition but separate to this, the Board must be sighted on system risks associated with the JUCD risk sharing agreement that is also on today's agenda for discussion. Julia Tabreham asked about the focus taking place on non-recurrent financial schemes. Director of Business Improvement and Transformation, Gareth Harry told her he had confidence in the pipeline of schemes for 2019/20 and in 2020/21 that will shift the plan between recurrent and non-recurrent schemes. Reducing the

	amount of time and energy that people are covering through travel in their work will be planned as part of the Estates Strategy and will also play a part in managing sustainability. Director of People and Organisational Effectiveness, Amanda Rawlings gave an overview of people performance which remained static this month despite there being an increase in long term sickness absence. She informed the Board that a focussed level of support is in place to scrutinise long term cases in inpatient areas. NExT Director, Suzanne Overton Edwards had observed a reduction in training compliance and asked what impact this might have on staff performing their roles. Amanda responded that work is taking place to improve training compliance levels in inpatient areas by understanding how staff can be released to attend training. All new starters to the Trust receive a comprehensive training package through their induction process and there are data systems that identify individuals who need to refresh their training. Non-Executive Director, Richard Wright asked about staff retention and how many staff were due to retire from the Trust. Amanda advised that the Trust focusses on retaining its staff for as long as possible by continually developing career pathways throughout the workforce. There is also a strong focus on retire and return schemes throughout the NHS and on replenishing the workforce across the age range and provide roles that are suitable for people across the whole career pathway. Employee relations are continually being focussed on by the Trust and are discussed in detail by the People and Culture Committee. Caroline Maley asked about the Friends and Family Test Quarter 4. Amanda was pleased to report that this quarter's survey showed the most positive feedback to date that reflected a marked increase in the number of people who would recommend the Trust both as a place to work and as a place for their friends and family to receive care or treatment. **RESOLVED: The Board of Directors:** **1) Received limited on current performance across the areas presented** **2) Further assurance will be provided through detailed reporting to the Quality Committee and Finance and Performance Committee**
DHCFT 2019/081	**<u>QUALITY REPORT - CARING</u>** This paper presented by Director of Nursing and Patient Experience, Carolyn Green provided the Board with a focused report on 'caring' as part of wider reporting relating to Care Quality Commission (CQC) domains. The report set out how the Trust is transforming its services as a central core of caring and showed evidence that the Trust has achieved strong compliance and internal and external assurance. The Trust is also performing strongly in responsiveness and in acceptance of feedback and has made significant headway in the Family and Friends Test Trust-wide feedback. The 2018/19 Quality Report showed that the number of compliments received by the Trust had increased. The significant increase in compliments was recognised by the Board particularly the high number of comments relating to the care, kindness and compassion of Trust staff. Learning from complaints relating to cancelled appointments, access to services and involving people in implementing their care treatment plans is being improved.

	The report showed a need to make improvements to areas of privacy and dignity and the Safeguarding Committee is working on this strategy. The Board discussed the national criteria for complaints and concerns while recognising that there are still 25% of service users who are dissatisfied with the service they received. It was noted that the CQC is content with the way that the Trust transparently manages its complaints and concerns process. Non-Executive Director, Geoff Lewins, challenged the Trust's increased cost relating to each complaint compared to the model hospital cost per complaint. It was explained that this extra expense was due to the Trust having a Family Liaison Team Service in operation which is an expensive but valuable support service to patients and their families. Amanda Rawlings referred to the RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) 2017/18 report that showed that the Trust's reporting is significantly lower than the national median and advised that she and Carolyn Green were working to explore the RIDDOR reporting model to obtain assurance from the accuracy of the data. (RIDDOR is the law that requires the Trust as an employer to keep records of and to report certain serious workplace accidents, occupational diseases and specified dangerous occurrences (near misses) where this results in an absence from work.) Caroline Maley observed from the report that the NHS Choices website had received heartfelt feedback that resonated with today's patient story about Ashley which would be extremely valuable in enabling quality improvement within the Trust and she looked forward to seeing improved results in this area being reported through the Integrated Performance Report. Members of the Board considered that the report showed that the Trust is performing well in areas associated with caring and received significant assurance through the retention of the CQC's overall rating of the Trust as 'good' in the domain of caring. **RESOLVED: The Board of Directors:** **1) Received significant assurance in the areas presented and the rating by the CQC as good.** **2) Considered the current priorities for quality improvement in the domain of Caring** **3) Agreed that improvements to care planning are to be included in the Integrated Performance Report.**
DHCFT 2019/082	**<u>DERBYSHIRE JUCD SYSTEM RISK SHARE AGREEMENT</u>** This paper with an earlier draft of the JUCD Board paper was discussed at a confidential Board meeting on 7 May. The Finance and Performance Committee on 21 May sought clarity on the schemes that comprise the risk shared value, system savings oversight and governance and resources, quality impact assessments and capacity to deliver and supported the principles proposed, subject to further discussion on points of clarity to be discussed by the Board. Claire Wright emphasised that the system risk share agreement is separate to the risks associated with the Trust's own financial position and that the Trust will fail to meet its control total if it has to mitigate these external risks. She also made the Board aware that the updated list of schemes to be transformed and mitigated will

	be received at the DOF (JUCD Directors of Finance) meeting on 7 June and would be circulated to the Board at the end of the week. In order to discharge their responsibilities Board members considered the scope of the proposals for risk share and asked for assurance that if this agreement is transacted there would be no risks involved to the quality of care provided by the Trust to its patients and that the risk share value of £36m worth of programmes being developed in support of the risk share agreement are on track. The Board acknowledged the concerns raised that related to the level of risk associated with the schemes involved in the risk share and agreed to manage risks differently as a Board in 2019/20 across Derbyshire system partners, through a JUCD approach. It was agreed that the concerns raised by Board members who have a lack of sight of the schemes involved in the risk share would be escalated to the JUCD Board by Ifti Majid and Claire Wright. The Trust's governance processes are to capture reporting of the progress being made with the schemes involved in the risk share. **ACTION: Concerns raised by Board members regarding the lack of sight of schemes involved in the risk share agreement to be escalated to the JUCD Board.** **RESOLVED: The Board of Directors:** **1) Considered the Joined Up Care Derbyshire paper** **2) Confirmed Derbyshire Healthcare's support and participation in the risk share and risk management approach in Derbyshire for 2019/20 but with the concerns mentioned above.**
DHCFT 2019/083	**<u>GUARDIAN OF SAFE WORKING REPORT</u>** Medical Director John Sykes, presented the report from the Trust's Guardian of Safe Working which focused on ensuring safe working for junior doctors within the new junior doctor contract. The report showed that there is good engagement with junior doctors and that trainees are being supported through effective resolution of exception reporting. The Board noted that vacancies in trainee posts reflect the national issue with recruitment in psychiatry and that the business continuity model has been developed to ensure compliance with safe working. The Board acknowledged that quarterly reports from the Guardian of Safe Working are received by the Quality Committee. On 14 May the Committee received significant assurance from the processes being followed for ensuring compliance with safe working. It was therefore agreed that the Board forward plan will reflect quarterly and annual reporting from the Trust's Guardian of Safe Working. **ACTION: Board forward plan to capture quarterly and annual reporting from the Guardian of Safe Working.** **RESOLVED: The Board of Directors noted:** **1) There are vacancies in trainee posts that reflect the national issue with recruitment in psychiatry** **2) Trainees are being supported with exception reporting to ensure they are resolved in a timely fashion**

	3) There have been very few exception reports in this period **4) The delay in resolving exception reports is mainly due to allocation related issues – logging issues or supervisors unable to read the exception report despite it having been logged in. Allocates were invited to attend the last junior doctors forum (in January) at which they gave assurance that they would respond quickly to any such issues** **5) That the consultant group takes the responsibility to ensure smooth operation of consultant on call rota with prompt resolution of any issues arising due to sickness or any other reasons for a gap so that it does not impact the Higher Specialist Trainees during their on call shifts.**
DHCFT 2019/084	**<u>BUSINESS PLAN PROPOSAL FOR 2020/21</u>** Gareth Harry presented the Board with the final 2019/20 Service Delivery Plans (previously Business Plans) for clinical divisions, clinical support services and corporate areas. These are the final plans which have been developed directly with each service area and support the vision and strategic objectives outlined in the new Trust strategy. Geoff Lewins challenged the ambitions that have been developed within the Service Delivery Plans and asked whether the Trust had enough capacity to support these plans. Gareth reiterated that he had a high level of confidence that these plans are integrated with individual services and with team objectives and individual objectives. The Board recognised that the plans have been developed to ensure they are meaningful to services and that they reflect the requirements of the wider organisation and approved the final version of the Trust's Service Delivery Plans. **RESOLVED: The Board of Directors:** **1) Noted the contents of the plans and be assured over the development process** **2) Approve the final Trust Service Delivery Plans.**
DHCFT 2019/085	**<u>FIT AND PROPER PERSON DECLARATION</u>** Caroline Maley presented the annual declaration and assurance that Fit and Proper Persons requirements (FPPR) are being met by the Trust's Executive Directors and Non-Executive Directors. It is the Chair's responsibility at the end of every year to declare that processes are maintained for ensuring compliance with FPPR. The report confirmed that a robust process is in place to ensure that FPPR processes have been applied to all Board members and that this is recorded in Executive Directors' and NEDs' personal files. Caroline Maley declared that appropriate checks have been undertaken in reaching her judgment. She was satisfied that all Directors of the Trust, including Non-Executive Directors, and Executive Directors (including voting and non-voting) are deemed to be fit and that none meet any of the 'unfit' criteria. Specified information about Board Directors is available to regulators on request. **RESOLVED: The Board of Directors received full assurance from the Chair's declaration that that all Directors meet the fitness test and do not meet any of the 'unfit' criteria.**

DHCFT 2019/086	**<u>WORKFORCE DEVELOPMENT DELIVERY PLAN 2019/20</u>** Amanda Rawlings presented the Board with the Workforce development delivery plan for 2019/20 which outlined current position and forthcoming plans for workforce transformation linked to future service provision. The report outlined how the Trust's training and development requirements for the next twelve months which will support the Trust's operational plan and strategic approach which aims make a positive difference in people's lives by improving health and wellbeing. The delivery of the 2019/20 plan will be overseen by the People and Culture Committee in partnership with the Workforce Delivery Group. The Board acknowledged that the delivery plan has been developed so that it is transparent to staff and highlighted the need for it to be linked to the workforce plan and the outcome of the clinical strategy work. **RESOLVED: The Board of Directors:** **1) Noted the training and development required to attain the workforce transformation that will enable delivery of future service models to continue to provide high quality care to the people of Derbyshire** **2) Received the plan and the actions and outputs of the Strategic Workforce Development and Education Group** **3) Received assurance that a monitoring process is being developed** **4) Received assurance that access to the training policy is adhered.**
DHCFT 2019/087	**<u>BOARD ASSURANCE FRAMEWORK (BAF) SECOND ISSUE FOR 2019/20</u>** This report presented by Trust Secretary, Justine Fitzjohn detailed the second issue of the BAF for 2019/20 and showed that no changes have been be made to the current risk ratings of the BAF risks since Issue 1. Justine outlined the discussion that was held at the Audit and Risk Committee on 23 May regarding the outstanding gaps in controls and assurances identified against the 2019/20 BAF risk 1a relating to Mental Health Act and Mental Capacity Act (MHA/MCA) compliance. It was noted that a paper responding to the mitigation of the gaps and assurances has been prepared and will be considered by the Mental Health Act Committee on 7 June. In addition to this additional scrutiny on wider compliance with basic controls and how these can best be assured will be held by the Executive Leadership Team. The Board agreed and approved the second issue of the BAF for 20109/20. The plan for the BAF deep dive programme was accepted and would be worked into the forward plan programme of the relevant Board Committees. **RESOLVED: The Board of Directors:** **1) Agreed and approved this second issue of the BAF for 2019/20 and the significant assurance the paper provides of the process of the review, scrutiny and update of the BAF in seeking to identify and mitigate risks to achieving the Trust's strategic objectives** **2) Accepted the proposed plan for 'deep dives' for 2019/20** **3) Agreed to continue receive a quarterly update of the 2019/20 BAF risks as outlined in the forward plan.**
DHCFT 2019/088	**<u>BOARD COMMITTEE ASSURANCE SUMMARIES AND ESCALATIONS</u>**

	Assurance summaries were received from the Board Committees and highlights were provided by the respective Non-Executive Chair. **Safeguarding Committee 14 May:** Chair, Anne Wright summarised that lack of capacity with health visiting and school nursing was continuing to impact upon the service's ability to meet the population's needs and would continue to be closely monitored by the Committee and the Quality Committee. **Quality Committee 14 April:** In the absence of the Chair Margaret Gildea, Non-Executive Director, Anne Wright reported that risks escalated from the Safeguarding Committee regarding the need for improvement areas to be made to safeguarding training for health visitors and school nurses was raised and would be reported on in detail to the July meeting of the Quality Committee. Continued learning and improvement actions are being taken from serious incident investigations. The Committee will be undertaking a review into urgent care services at the next meeting in July. **Finance and Performance Committee 21 May:** Chair, Richard Wright considered that much of what was discussed by the Committee has been covered in detail during the discussion on JUCD risk sharing at today's meeting. The complex challenges involved in the timeframe for the re-procurement of Improving Access to Psychological Therapies (IAPT) were discussed at the May meeting and will be further progressed in July. **Audit and Risk Committee 23 May:** Chair, Geoff Lewins reported that the main focus of this meeting had been the approval and signing of the Annual Report and Accounts which was well delivered by the Finance, Communications and Quality teams to an extremely challenging timetable. Significant assurance had been received on the work taking place on Data Security and Protection and with cyber security. A report on the shared business services provided assurance on the integrity of the overall processes. However, the Finance team will continue to take active measures to monitor the provision of the payroll service to ensure that there is no impact on the Trust's employees. **RESOLVED: The Board of Directors received and noted the Board Committee Assurance Summaries.**
DHCFT 2019/089	**IDENTIFICATION OF ANY ISSUES ARISING FROM THE MEETING FOR INCLUSION OR UPDATING IN THE BOARD ASSURANCE FRAMEWORK** The Mental Health Act Committee is to receive a paper outlining the updated status in controls and assurances identified in the 2018/19 BAF in relation to compliance with the MHA/MCA to assess whether these have now been mitigated to a level that no longer poses a significant threat to the achievement of the Trust's strategic objectives.
DHCFT 2019/090	**2019/20 BOARD FORWARD PLAN** The 2019/20 forward plan was noted by the Board and would be updated in line with today's discussions.

DHCFT 2019/091	**SUMMARY OF COUNCIL OF GOVERNORS MEETING HELD 7 MAY 2019** This summary report was received for information and was not discussed.
DHCFT 2019/092	**MEETING EFFECTIVENESS** Attendees and visitors were thanked for their attendance at today's meeting. The main focus of discussions had taken place on the IPR and the JUCD Risk Share Agreement. Lisa-Anne Mack, Senior Nurse, within the Chesterfield Crisis and Home treatment Team fed back to the Board that attending today's meeting had helped her recognise that the Board is facing complex strategic and operational challenges. She felt assured by the way these issues were discussed in such detail so they can be taken forward and would feed this information back to her team. This was the last Board meeting that Suzanne Overton-Edwards would be attending under the NHSI NExT Director placement scheme. Thanks were extended to her for her involvement with the Board and for the valuable contribution she has made to discussions held over recent months.
The next meeting of the Board to be held in public session will take place at 9.30am on Tuesday 2 July 2019 in Conference Rooms A and B, Centre for Research and Development, Kingsway Hospital, Derby DE22 3LZ	

Derbyshire Healthcare NHS Foundation Trust
Report to the Public Board of Directors – 3 September 2019

Trust Chair's report to the Board of Directors

Purpose of Report

This report is intended to provide the Board with the Trust Chair's reflections on my activity with and for the Trust since the previous Board meeting on 2 July 2019. The structure of this report reflects the role that I have as Trust Chair.

Our Trust and Staff

1. I continue to make a point of visiting as many front line services as possible, so that my leadership is grounded on the reality of what our staff face every day, and also to ensure that I have a good understanding of the services provided by the Trust.

2. On 27 June I attended the Schwartz Round held at the Radbourne Unit. Schwartz Rounds provide an opportunity for any member of staff, including students, to pause and reflect upon their work related experiences in a safe and supportive environment. They are designed to support employees with the emotional impact of work. The topic was "Standing in the Gap" and the session was led by our chaplaincy team. It was a very moving sharing of the experiences of the team, and then others in the room, of the emotional impact on them of the work that they do. This could be in terms of their clinical and support work, but also the interactions between members of staff.

   I have been reflecting on the experiences of a number of staff who shared feeling undermined and undervalued; not being respected for their own skills and experiences they bring to the table, if not "qualified" as a member of a clinical team; living with the emotional impact of being bullied by patients or their families and the emotional impact of losing a patient and then not receiving support from their team or the Trust. I do believe that these experiences underline the need for us to change the culture throughout the Trust, living the Trust values of people first, respect for others, honesty and doing your best. We need to press on with the work that we are doing through the leadership work and making the Trust a Great Place to Work, to ensure that we are truly changing the culture that exists throughout the Trust.

3. On 3 July I visited St Oswalds to meet with the older adult and adult services teams based there. It was unfortunate that the teams were unaware of my visit, and so there was only a handful of staff in that day. However, it was great to see that our older adults team were delighted to be thanked by the family of a service user publicly in the notices in the local paper for the support they had given to a service user and his family. The teams do feel remote in this location, and it reinforced for me the extra mile that we need to go to ensure that all our staff feel a part of the Trust and their work is valued.

4. On 10 July I spent the day with the Crisis Team North, where I went out with a member of the team to carry out an assessment following a GP referral. The referral was not appropriate, and there were a number of facts that were incorrect leading the GP to ask for a rapid response. However, it was very useful for me to see as this is of course what our teams face regularly. The situation was handled with care and compassion by the team, and also appropriate guidance given, including identifying that the service user already had a referral to IAPT with the telephone call the following week. It was apparent that a lot of paperwork still needed to be completed for this referral, and I wonder if we could streamline this whilst still recording all that was needed. I also attended the team multi-disciplinary meeting, and have raised concerns about the inefficiency of the meeting with the Director of Nursing.

5. On 23 July I attended the drug multi-disciplinary team meeting, and then the team meeting of the Drug and Alcohol Recovery Service based at St Andrews House. The meeting is attended by staff from our Trust, Aquarius and Phoenix Futures. It was good to see the partnership working seamlessly across the service in the best interests of the service users, and the knowledge that all staff have of their clients. I was also pleased to be able to stay for the team meeting, and to be able to invite staff to shadow me today.

6. Also on 23 July I visited the Research and Development team in the Ashbourne Centre and was able to gain an insight into the research projects and way that these teams work. Once again I have been impressed about the commitment of the staff to working across boundaries with other organisations, both locally and nationally.

7. On 30 July, I took part in the quality visit at London Road, Ward 1. We heard from a patient and her family of the care that she had received, not just from the ward, but also from the community team and the in reach team prior to admission, and following discharge. There were no improvements that they could suggest for the services, and were full of praise for the great care they had received. It is clear that the team at Ward 1 work very well across disciplines and together in the best interests of the patients.

8. On 7 August, I joined some of the Non-Executive Directors in visiting the in-patient adult acute wards at the Hartington Unit. It was good to see that improvements continue to be made to improve the quality of care in our acute services and the focus by the Acute Services Transformation Team on working as a cohesive unit to deliver the transformation plan.

9. It has been good to hear unprompted from a number of staff at the services listed above that they see the change that it is taking place in the Trust culture. I am sure that this is as a result of the hard work that has been put in to our strategy, culture and values work over the past year or so.

Council of Governors

10. We have seen a number of resignations from public governors in the last few months, and will be holding elections to fill these, as well as elections where

governors' terms will be ending shortly and over the next six months. I would like to recognise Denise Baxendale for all the work that she does in supporting our governors to do their role, and for the recruitment of members of the public to stand for election when we start the election process.

11. On 2 July I chaired the Council of Governors meeting, which was well attended. Based on the recommendations of the Nominations and Remuneration Committee, the Council confirmed the reappointment of three of our existing NEDs, and approved revised terms of reference for the committee. We also heard from the mental health liaison team at the Royal Derby on their work there to inform governors of the role that they play in supporting those with mental health issues in the emergency department.

12. On 9 July I had my first meeting with Lynda Langley, who will be taking over from John Morrisey as Lead Governor on her return from holiday in early September. Regular meetings between the Lead Governor and Chair are an important way of building a relationship and understanding of the working of both governing bodies. I look forward to working with Lynda in the future. Outstanding business remains the appointment of a Deputy Lead Governor.

13. On 23 July I met with Kelly Sims, chair of the Governance Committee to review the agenda for that meeting and look toward the agenda for the Council meeting on 3 September.

14. On 6 August I chaired a short extraordinary meeting of the Council of Governors to approve the recruitment of an additional Non Executive, and to confirm Richard Wright as Deputy Chair.

15. On 6 August I attended the Governance Committee of the Council of Governors. This Committee was chaired by Kelly Sims and included a discussion about membership and engagement, and the groups that we should target in terms of increasing the diversity of our membership.

16. On 8 August, the Nominations and Remuneration Committee led the process for the recruitment of a new Clinical NED for the Trust. This appointment should be ratified by the Council of Governors on 3 September, at which point I will be able to announce who our new NED will be.

17. The next meeting of the Council of Governors will be on 3 September after the public Board meeting. The next Governance Committee takes place on 10 October. The Nominations and Remuneration Committee will be meeting as required over the course of September and October to appoint a new NED.

Board of Directors

18. Julia Tabreham has stood down as Deputy Chair of the trust, a post she has held since September 2016. I would like to thank Julia for her support as my deputy and look forward to continue working with her as a non executive director on the Trust Board. Richard Wright has been appointed as Deputy Chair with effect from 1 August 2019. Margaret Gildea continues as the Senior Independent

Director for the Trust. I would like to thank all of the NEDs for their dedication and commitment to the Trust.

19. Board Development on 26 June covered three main strategic themes: our clinical strategy development work; how we could use data differently in our work; and a review of the corporate governance framework. The Board also completed its mandatory training on health and safety.

20. The Board also had a development day on 17 July, with a session on developing a compassionate approach to patient care. The Board also used virtual reality to experience what it is like to have dementia. The afternoon was spent discussing our estates strategy.

21. Over the course of this period I have been supporting the recruitment of a clinical NED. My thanks to the Nominations and Remuneration team and all those involved in the focus groups for making this a robust and good process. We specifically tried to extend our reach into the BME communities to encourage BME candidates who meet the criteria of a clinical background / qualification and experience at Board level. This is to ensure we are doing all that we can to be inclusive in our recruitment processes and perhaps address the diversity of the Board to be more representative of the communities we serve. Our shortlisting was a 50:50 split, and I believe that we need to build on this process for future recruitment exercises.

22. In July I met with Richard Wright for his regular NED quarterly development meeting. During these meetings we review performances against objectives set at the beginning of the appointment / review cycle, as well as discuss generally mutual views on the progress of the NED and the Trust and any personal development requirements.

23. I am delighted that Perminder Heer will be joining us for 12 month placement as a NExT Director. Perminder's background is in HR, organisational development and talent management. Perminder started her indication programme at the end of July and joined our Board for its meetings in the month of August.

System Collaboration and Working

24. Joined Up Care Derbyshire (JUCD) has appointed an Independent Chair, John MacDonald, who is also Chair of Sherwood Forest Hospitals NHS Foundation Trust, a role he will continue to hold. Our Trust holds the contract for John's appointment, as we do for all other appointments for the JUCD team.

25. I attended the Joined Up Care Derbyshire Board on 18 July. As I have been on annual leave, Margaret Gildea attended the meeting on 15 August as my deputy. Attached as Appendix 1 are the key messages noted from both these meetings.

26. JUCD has asked that its Prevention Strategy be circulated and this is attached at Appendix 2.

27. On 25 July I attended a System Development session, hosted by Mike Farrar for the system on leadership. Our Trust was well represented, with attendance by 6 of the Board.

28. On 31 July, I took part in a webinar on ICS /STP issues for lay members and NEDs. It is apparent that there is no clear direction of how NEDs in particular will be involved in ICS / STP development. There is guidance being developed and resource packs and tools but these are not as yet ready for sharing. I will share these as and when they become available and will seek to clarify within the Derbyshire system how we use our resources for the best effect for the people of Derbyshire.

Regulators; NHS Providers and NHS Confederation and others

29. On 4 July, Ifti Majid and I attended a regular Chiefs and Chairs meeting hosted by NHS Providers. Speakers at the meeting included, Peter Wyman, Chair of CQC, reflecting on the performance of our sector as shared in the last CQC Board meeting; Jon Ashworth MP, Shadow Secretary of State for Health and Social Care, reflecting on the priorities that Labour would give to health and social care if in government; and a strategy and policy update from Chris Hopson, CEO of NHS Providers. Ifti was also filmed for the NHS Providers conference.

Beyond our Boundaries

30. I am available to take part in the assessment panels for the Regional Talent Board (Aspire Together). The vision of Aspire Together is to move talent management from individual organisations to a place where it is owned and valued by the whole system. This is a pilot scheme being carried out in the Midlands and East and Dido Harding (Chair of NHSI) has an appetite to move faster with the pilot to identify more potential directors for a national talent pool.

Strategic Considerations	
1) We will deliver **great care** by delivering compassionate, person-centred innovative and safe care	X
2) We will ensure that the Trust is a **great place to work** by attracting colleagues to work with us who we develop, retain and support by excellent management and leadership	X
3) We will make the **best use of our money** by making financially wise decisions and will always strive for best value to make money go further	X

Assurances

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

Consultation

This report has not been to other groups or committees.

Governance or Legal Issues

None

Public Sector Equality Duty & Equality Impact Risk Analysis

In compliance with the Equality Delivery System (EDS2), reports must identify equality-related impacts on the nine protected characteristics age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity (REGARDS people (Race, Economic disadvantage, Gender, Age, Religion or belief, Disability and Sexual orientation)) including risks, and say how these risks are to be managed.

Below is a summary of the equality-related impacts of the report:

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

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

Demonstrating inclusive leadership at Board level

Through the Trust's involvement in the NExT Director scheme we are supporting the development of those who may find it more difficult to be appointed as a NED in the NHS. Perminder Heer has started her placement thereby continuing to support the system development of future potential NEDs from diverse backgrounds.

New recruitment for NEDs and board members will proactively seek to appoint people from protected characteristics, thereby trying to ensure that we have a Board that is representative of the communities we serve.

Recommendations

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

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

JUCD Board – 18 July 2018 – Key Messages

Our Workforce

We continue to develop the STP workforce strategy in light of the STP refresh process and agree the actions required to respond to the NHS Interim People Plan (IPP). Published in May 2019, the IPP identifies some immediate actions to support systems and organisations in achieving the Long Term Plan ambitions:

- Making the NHS the best place to work
- Improving our leadership culture
- Addressing urgent workforce shortfalls in nursing
- Delivering 21st century care
- A new operating model for workforce

Solving the workforce challenges we face is crucial, including addressing shortages in key staff groups, ensuring our staff are supported in delivery and making the NHS a better place to work continues to be a shared priority. We aim to offer attractive packages in Derbyshire for a career with integrated organisations offering CPD; mentoring; safe and supportive places to work. The aim is to improve the staff experience and strive towards making Derbyshire the best place to work, focussing on some key areas.

- How do we attract people to work in Derbyshire?
- How do we understand the impact on workforce as a result of transformation?
- How do we work to identify and recruit and retain the required workforce for the system, rather than doing this on an individual organisational basis?
- How do we equip our staff in Derbyshire with the required skills in the developing world of the NHS?

Place Alliance Update

Place Alliances involve commissioners, community services providers, local authorities, primary care, the voluntary and community sector and the public working together to meet the needs of local people. Place Alliances are about empowering people to live a health life for as long as possible through joining up health, care and community support for citizens and individual communities.

There are eight places, and each has developed a work programme to tackle issues specific to their area. Information on Place Alliances is being collated and will be available at www.joinedupcarederbyshire.org.uk later in July.

There has been an initial focus on supporting the frail elderly population, and Tracking of activity and spend on this group of patients shows that last year shows 787 less people being admitted to hospital compared to a ‘do nothing’ plan. This is a 6.8% reduction and represents a saving of £1.48m (4.2%).

Finances

The Derbyshire system has saved £16m in the first three months of 2019/20. This is a significant achievement and despite being short of the £21m target at this stage of the year, it represents strong progress towards achieving the £140m system savings requirement for the year.

Partner organisations are increasingly working together on the financial challenge to treat it as a 'system' challenge rather than a challenge for each individual organisation, and jointly owning the risk that comes from not achieving our financial targets.**Board**

Update on Joined Up Care Derbyshire – August 2019

PURPOSE

This report provides an update on key developments related to Joined Up Care Derbyshire Chair, the local Sustainability and Transformation Partnership. The aim is to ensure partnership boards, cabinets and governing body are kept abreast of progress.

MATTERS FOR CONSIDERATION

JUCD Chair

Following the formal interviews on 1 July 2019, John MacDonald was been appointed as the Independent Joined Up Care Derbyshire (JUCD) Chair. The appointment follows formal approval from Simon Stevens, NHS England and Improvement CEO. John commenced in post on 1 August and chaired his first meeting on 15 August. John retains his role as Chair of Sherwood Forest Acute Hospital.

STP Refresh

We are now required to develop 5 year plans in response to the ambitions set out in the NHS Long Term Plan published in January 2019. The Derbyshire system has agreed that our plans will be a refresh of the original STP rather than a completely re-write with a shift in focus to:

- People not patients
- Outcomes to ensure so that the people of Derbyshire ‘have the best start in life, stay healthy, age well and die well’
- The wider determinants of health such as housing, education and air pollution management
- Stronger focus on addressing inequalities and population health management
- Our transition to becoming an Integrated Care System by April 2021
- The refresh will be informed and developed through strong engagement with people, patients, staff and wider stakeholders – this will drive our approach. In doing so, ALL partners will be involved in developing and subsequently delivering our 5 year plan.

In response to the confirmed timescales for submission, we have revised our local timescales to enable these to be met as follows:

Action	Deadline
Work stream review and update of original Outline Business Cases to inform STP plan and submit to STP core team to incorporate into the refresh	26 July
STP Team review of plans and feedback to work streams	9 August
Stakeholder engagement sessions/ Lay Representative confirm and challenge sessions to further inform and update 5 year plans (having developed the initial view of plans and priorities work streams should engage with the public if they haven't done so already to further inform the plans). * see note below	16 August
Work streams ensure all feedback built into final submissions to the STP Team	19 August
Final OBCs to be submitted to STP Team	19 August
Review/ refinement and read across of plans	30 August
STP Team final consolidation and write up of STP refresh (ongoing work with final inputs received above)	30 August to 13 September
Submission to JUCD Board	13 September
JUCD Board sign off (draft plan)	20 September
Submission to NHSE/I	27 September
Trust Boards, Governing Body, Health & Wellbeing Boards approval	End October
Final submission to NHSE/I	15 November

The NHS Long Term Plan Implementation Framework technical guidance has now been issued and clarifies the submission requirements with four component parts:

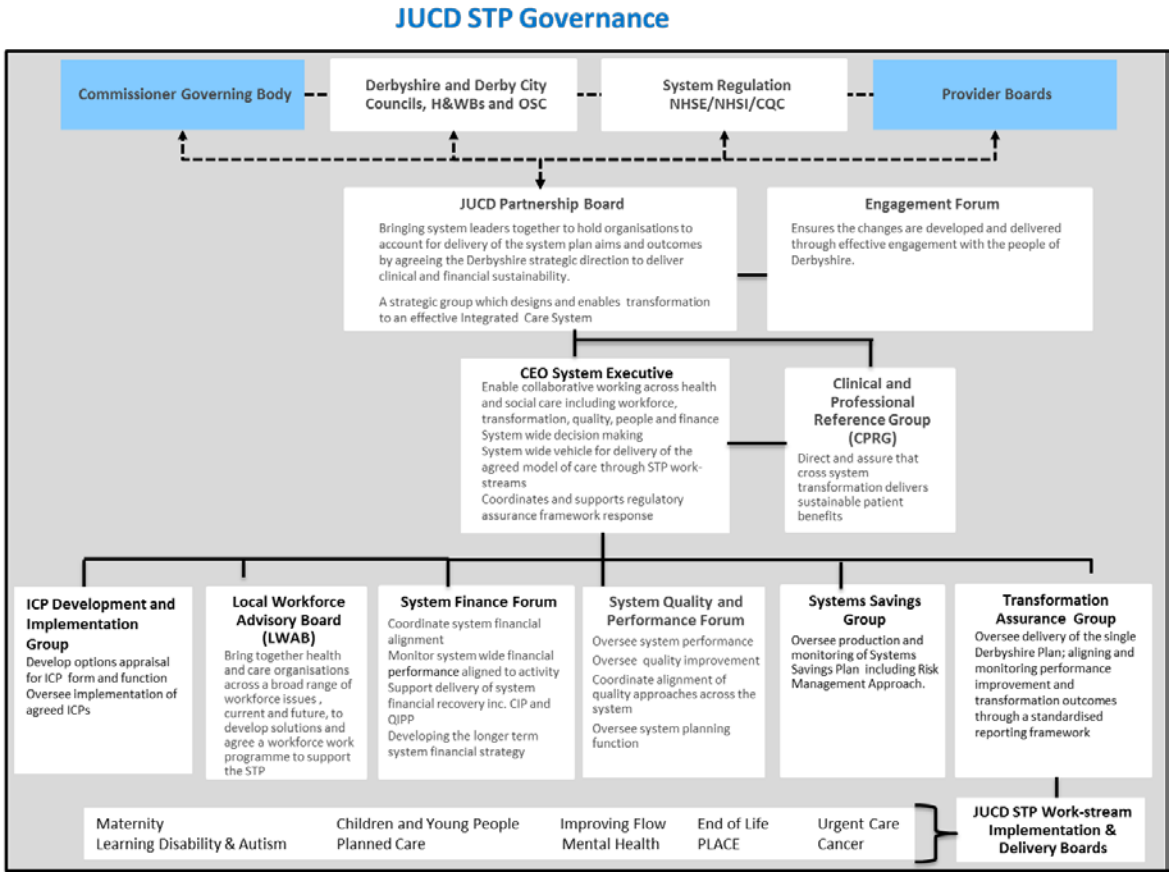
- **System Narrative Plan**: to describe how systems will deliver the required transformation activities to enable the necessary improvements for patients and communities as set out in the Long Term Plan.
- **System Delivery Plan** (Strategic Planning Tool): to set the plan for delivery of finance, workforce and activity, providing an aggregate system delivery expectation and setting the basis for the 2020/21 operational plans for providers and CCGs. The system delivery plan will also cover the LTP 'Foundational Commitments'.
- **Metrics tool**: a small number of metrics have been confirmed in the technical guidance. We are anticipating circa 35 metrics in total which are still in development, to be confirmed in August 2019
- **Detailed workforce submission** in addition to the strategic planning tool a further workforce tool requiring more granular Trust level detail will be required. This tool will be released via HEE, date yet to be confirmed.

Through the refresh discussions, the focus of the next phase of Joined Up Care Derbyshire is being considered. A letter has been circulated to partner Chief Executives and Chairs aimed at prompting the discussion around the way in which JUCD can identify critical system priorities that enable the delivery of shared ambition and enable transformation to take place at pace at a Derbyshire level that adds value to the ongoing business of the partner organisations. This discussion will continue at the Joined Up Care Derbyshire Board in the coming weeks.

STP Governance

Following recent discussions, the governance structure for Joined Up Care Derbyshire has been amended to reflect steps taken to further strengthen system working on Finance and other areas. The revised structure is included below for information of Board and Governing Bodies. It is also proposed that a finance sub-

committee is added to the JUCD governance process and this will be included in the diagram in due course.



Finance Update

At month 3 All Organisations are reporting to deliver to plan at year end; the CCG has reported £10.6m outside of forecast outturn to NHS England on eight savings schemes, which are all in the system risk share agreement. There remains risk to the delivery of the financial plan which may mean that the second half of the financial year continues to challenging. The System Savings Group continues to review these risks and in particular is ensuring that the impacts of any financial risks within each partner organisation are understood to mitigate against unintended consequences.

Integrated Care System (ICS) Development Programme Outputs

JUCD STP has completed a 16 week ICS Development Programme initiated by NHS England and Improvement. The programme has supported the system to reaffirm its vision and priorities, as well as providing an opportunity to develop our system roadmap to become an ICS by April 2021.

Urgent & Emergency Care Strategy

In February 2019, the Derbyshire Urgent Care Strategy Working Group was formed as a sub group to the Urgent Care System Transformation Board to translate existing work into a coherent emerging long term strategy for urgent and emergency care in Derbyshire. This included creating a shared vision for our system, which is specific enough to create alignment for the programme and overcome competing priorities.

The group have been meeting weekly to lead this work engaging with colleagues from the Place, Primary Care, Mental Health and Children's programmes and also holding two dedicated workshop days where the vision, strategic priorities and strategic dependencies were agreed.

JUCD Board received an update on progress to date, with a draft urgent and emergency care model emerging which aims for only people with more serious or life threatening physical health needing to present at A&E, with the majority of people accessing suitable alternatives within the community and that no people will need to attend A&E as a result of being unable to access same day primary care provision.

Next steps are to broaden the group of clinicians currently involved in the strategy development, to model the potential activity profiling which might occur as a result of the strategy, and also to socialise the strategy with patients and the public to seek their views about the offer being made as an alternative the existing position where patients often default to A&E provision through a lack of understanding or faith in the existing model of provision.

East Midlands Ambulance Service Clinical Model

EMAS has undertaken considerable strategy development works during the last 12 months, including the creation of the new Clinical Operating Model. This includes the introduction of specialist and advanced practice roles within the operational function of EMAS to drive improvements in the care delivered to patients. Associated benefits of this future approach include greater local collaboration and increased safer discharge at scene.

The JUCD Board considered the wider implications of the EMAS Clinical Operating Model in the context of the emerging Primary Care Networks and Place Based Care.

NHS England and Improvement Aims and Ambitions

Following the Leadership event held in June 2019, Dale Bywater, Midlands Regional Director for NHS England and Improvement, has written to STP/ICS systems to outline a high-level framework for delivering a number of jointly agreed change management programmes. The priority areas are as follows:

- Reducing health inequalities
- Reducing unwarranted variation in quality of care
- Clinical and financial sustainability

A number of priority and enabler task and finish groups have been established under these headers, led by regional directors to progress this collective work. The agreed

2019/20 aims, priorities and enablers for the Midlands region are designed to be compatible with the NHS Long Term Plan Implementation Framework.

System Capacity to Enable Delivery

Further to the System Executive: CEO/FDs Groups' agreement to support the release of organisational resource to enable delivery of the STP system priorities, relevant staff are now working with managers to deliver this. In many cases, the named staff are already involved in delivering the work programmes but have previously been doing the work without a formal organisational mandate or time in their working day.

In addition, there were a number requests for input from specific roles (rather than named people) such as Business Intelligence capacity. The next step will be to agree a process to identify and release this capacity.

Improving Digital Patient Communications

Following discussion at the Provider Alliance Group (PAG), a small task and finish group has been established to explore opportunities to improve GP practice level digital communications with patients.

Good communication is considered critical in ensuring patients are kept well informed of:

(1) practice development
(2) Derbyshire-wide development
(3) public health and
(4) national NHS communications.

A pilot will commence at Avenue House practice in Chesterfield to provide plasma screens in patient waiting areas as this is considered a great opportunity to share the above key messages. This project is initially being run as a pilot. The practice is working with commissioners to explore how this can rolled out longer term within the practice and across other practices within Derbyshire.

Joined Up Care Derbyshire:

Prevention Strategy

2018 Onwards

Final Draft

Contents

Our Vision

Our vision is of a Derbyshire that champions prevention across all organisations and works together to create healthy, resilient communities and populations

Our Aim


Everyone in Derbyshire enjoys good health and wellbeing
And:
Gets The Best Start in Life;
Stays Healthy;
Ages well.
By:
Enabling people in Derbyshire to live healthy lives
Building mental health, wellbeing and resilience across the life course
Empowering the derbyshire population to make healthy lifestyle choices
Building strong and resilient communities where people are supported to maintain & improve their own wellbeing
Through:
1. Healthy Environments and Resilient Communities
2. Workforce Development
3. Healthy Lifestyles
4. Quality Communication

Purpose of this strategy

"The future health of millions of children, the sustainability of the NHS, and the economic prosperity of Britain all now depend on a radical upgrade in prevention and public health….. If the nation fails to get serious about prevention then recent progress in healthy life expectancies will stall, health inequalities will widen, and our ability to fund beneficial new treatments will be crowded-out by the need to spend billions of pounds on wholly avoidable illness".(Five year forward view)

Prevention undoubtedly works best with a joined-up approach. The purpose of this strategy is to set out the ambition for prevention within Joined Up Care Derbyshire and identify the actions through which it can be achieved. The vision and actions within this strategy aim to complement those of health and wellbeing board strategies, which have a broader focus on the wider determinants of health, and the strategies of other work streams such as Mental Health, Sexual and Reproductive Health and Child Health. Thus, these strategies are interdependent and taken together, provide a whole system approach to prevention across Derbyshire.

JUCD recognises the huge importance of the community and voluntary sectors in achieving its goals. Many local voluntary organisations have representation on the prevention board, and important contributions also come from other, wider parts of the system such as the Local Medical Committee and the Local Pharmaceutical committee. This joined-up, partnership approach to prevention is vital to the success of our vision of a healthier, happier Derbyshire.

Priority 1: Enable people in Derbyshire to live healthy lives

Key Indicators

- Life expectancy, Healthy life expectancy
- Mortality under 75 years from CVD (Preventable), Number of NHS Health Checks delivered
- 100% smoke-free hospitals, Smoking at time of delivery, Smoking Prevalence – Adults & 15 yr. olds
- Overweight & Obesity Prevalence in adults and children, Physical Inactivity adults and children
- Alcohol related mortality
- Emergency admissions due to falls
- Chlamydia detection rate, Abortions under 10 weeks, Under 18s conception rate, HIV late diagnosis rate
- Population vaccination coverage flu in at risk groups, gram negative blood stream infections, incidence of outbreaks within care setting, persons in drug misuse services who inject drugs who have received hepatitis C testing, hepatitis C detection rate, hospital admission for hepatitis C

Why is this a priority?

Smoking, poor diet, physical inactivity and excess alcohol consumption are some of the most important causes of ill health in Derbyshire, and in the UK. Known risk factors are

estimated to contribute to 40% of ill health in the UK, with smoking and poor diet being the two largest individual contributors to overall disease burden[1]. It is therefore important that any strategy for preventative measures should dedicate some significant attention to helping address these factors. Eating unhealthily or being physically inactive can have a number of negative effects on health and wellbeing, both in children and in adults. According to Derbyshire Observatory data; rates of diabetes, stroke, hypertension and coronary heart disease at all ages are significantly higher in the county compared with England data, and in Derby city, the age-standardised mortality rates from cardiovascular disease which is considered preventable are significantly higher than in England overall.[2] The Public Health Outcomes Framework alcohol profiles for Derbyshire show that in the county, 26.6% of adults are drinking more than the recommended 14 units per week (compared with the England average of 25%).[3]

As part of the NHS five year forward view, Public Health England has committed to work together with STPs and NHSE to focus on implementing identified cardiovascular prevention measures at scale; 50-80% of CVD cases are preventable and CVD is strongly associated with health inequalities.

Good sexual health is an important part of physical and mental wellbeing. It implies that people have the right to a safe and satisfying sex life and the freedom to decide if and when to reproduce and how often.[4]

Every year in England, around 1 in 3 people aged over 65 years will experience at least one fall, with around a tenth of these leading to serious injury. In addition to this, having a fall can result in significantly reduced quality of life for the affected person, who might fear further falls and consequently restrict their activities. Helping older people remain active and avoid social isolation has a multitude of benefits to health, including decreasing risk of falls and improving general wellbeing.

Health Protection can play an important role in reducing morbidity and mortality and associated burden on health and social care. Protecting the health of people most susceptible to infection, particularly the very young, frail older people and those with chronic conditions, is an important health protection priority. Consistent application of standard infection prevention and control measures in all settings where susceptible people are cared for, including hospitals, nursing and care homes and in people's own homes can help reduce infections. This not only reduces the burden of disease on individuals, but also reduces costs to the health and social care system. Preventative measures such as vaccination can also play an important cost effective mechanism to reducing communicable disease and associated morbidity and mortality. Hepatitis C is a significant public health issue, affecting 160,000 people in England. NHS England are committed to reducing the burden of hepatitis C and prioritising treatment. Working with partners to increase testing and access to treatment locally could support reductions in preventable liver disease across the County.

[1] https://publichealthmatters.blog.gov.uk/2015/09/15/the-burden-of-disease-and-what-it-means-in-england/

[2] Public Health Outcomes Framework Data https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/

[3] https://fingertips.phe.org.uk/profile/local-alcohol-profiles/

[4] United Nations Populations Fund via https://www.unfpa.org/sexual-reproductive-health

Everyone has a role in enabling and supporting the local population to make healthier choices; JUCD organisations are critical in providing system leadership to ensure prevention is everyone's business.

JUCD strategic actions

Initiative	Description	Deliverable
Healthier Choices: Access to wellness services	Community Wellness hub The overall purpose is to improve health and wellbeing, reduce inequalities, and reduce the need and demand for health and social care provision. The focus for hubs is 'Wellness' in local communities, rather than treatment services for disease or illness. This is based on the evidence that the factors that make the greatest impact and contribution to improved health outcomes are social, economic and environmental factors, which account for 50% and people's individual health behaviours that account for 30% of health outcomes. Community Wellness Hubs will provide an opportunity to support individuals to address these socio-economic and lifestyle factors in a holistic, integrated way.	• Creation of a network of community venues where local residents can receive information and advice to 'wellness services'
Healthier Choices: Obesity	JUCD system organisations will be a leader in enabling staff, patients and visitors to be active and eat healthy through: 1. Ensuring organisational policies and infrastructure create an environment that enables healthy eating and active travel 2. Ensuring weight management services, support and advice for all age groups are promoted and signposting/referring into services is systematic 3. Utilising nationally developed resources such as 'fitter, better sooner'/'Stop before the Op'	• All JUCD organisations to have healthy eating & active travel policies • All JUCD partners to promote/signpost/refer patients & staff to lifestyle services
Healthier Choices: Smoking	JUCD system organisations will be a leader in enabling staff, patients and visitors to become smoke-free through: 1. Implementing smoke free sites polices, normalising smoke-free 2. Provision of pharmacotherapy for inpatients 3. Systematic promotion, signposting and referral to stop smoking services especially at key opportunities like antenatal care	• 100% of hospital settings to be smoke-free • Inpatients provided with pharmacotherapy • All JUCD partners to promote/signpost/refer patients & staff to lifestyle services
Healthier Choices: **Alcohol**	JUCD system organisations will provide leadership in: 1. Ensuring organisational policies and infrastructure create an environment that enables people to understand the harms associated with alcohol and to drink alcohol within the recommended limits	• Increased numbers of adults in Derbyshire drinking within the recommended limits • Decreased rates of alcohol related admissions

	2. Ensuring lifestyle and support services for alcohol and advice for all age groups are promoted to patients and families, and signposting into services is systematic 3. Utilising and promoting relevant national campaigns and initiatives	• Increased rates of dependent drinkers accessing services
Healthier Choices: **Falls**	1. Systematic promotion of and signposting to physical activity opportunities across JUCD partners to increase the number of people being active as they approach older age 2. Referral & signposting to falls prevention services 3. Implementation of the Derbyshire falls pathway	• Falls pathway is implemented at place
Healthier Choices: Sexual Health	The sexual health system in Derbyshire is an integrated service commissioned across partners; the CCGs, Derby City Council, Derbyshire County Council and NHS England, thus providing opportunity for the kind of joined-up working at the heart of the JUCD. Clear, consistent communication of health promotion messages and a responsive service should help us: • Work together to improve uptake of STI screening across the region • Improve uptake of contraceptive services with a special focus on long-acting reversible contraception (LARC) • Improve early access to abortion services (under 10 weeks) • Help the population of Derbyshire to feel empowered and able to take control of their sexual health and wellbeing by providing an easily accessible service and freedom from fear of stigma or discrimination	• Improving access to long-acting reversible contraceptives • Improving STI detection rates • Reducing HIV late diagnosis rate • Reduced under 18s conception rate
Cardiovascular Disease (CVD) Prevention	• Determine current prevalence and associated mortality of a range of CVD conditions, and evidence for effective and efficient services • Healthcare providers such as primary care, A+E or pharmacies to maximise CVD prevention opportunities across the CVD prevention pathway e.g. AF detection	• CVD needs assessment to determine current prevalence, mortality of a range of CVD conditions and evidence for effective and efficient services is undertaken • Increased detection & treatment of CVD risk factors e.g. AF, high blood pressure, diabetes, cholesterol • Increased number of NHS Health Checks delivered
Health	• Determine current capacity and need with regards to Infection prevention control (IPC) provision	• Equity within IPC services across

Protection	• Ensure robust IPC services which are reactive, but also proactive in seeking to improve quality and IPC standards, so reducing associated morbidity and mortality. • Ensure clear governance processes to seek oversight of IPC across the system including strategic support to reduce gram negative blood stream infections. • Ensure processes to support uptake of flu vaccination specifically amongst high risk groups including at risk groups. • Ensuring access to Hep C testing and treatment	system. • Reductions in number of outbreaks and bed closures as a result of communicable disease such as norovirus and influenza within community. • Reduction in E Coli gram negative blood stream infections. • Improvement in uptake of flu vaccination. • Reduction in preventable liver disease as a result of Hepatitis C

Priority 2: Build mental health, wellbeing and resilience across the life course

Key Indicators

- Self-reported wellbeing: happiness & anxiety
- WEMWBS scores
- Suicide rate
- School Absence rates

Why is this a priority for Derbyshire?

It is estimated that 1 in 4 people with have a mental health problem in any given year, and up to 1 in 10 children have a clinically diagnosable mental health problem[5]. Across Derbyshire, this equates to many thousands of adults and children that are struggling with the human and social cost of mental ill health and in 2017, 59 people died from suicide or undetermined injury[6]. Mental health is everyone's business and as with all prevention measures in this strategy, a joined-up, partnership approach is essential for success. The figures below show how Derbyshire is doing in comparison to the England values for some important health indicators.

PHE Fingertips figures for Mental Health problems in Adults

Indicator	Period	Derbyshire		Derby		Region	England
		Count	Value	Count	Value	Value	Value

[5] Derbyshire Mental Health Prevention Framework 2017-2021 'Driving Better Mental Health For Derbyshire'
[6] Figures based on registered deaths

Indicator	Period	Derbyshire		Derby		Region	England
		Count	Value	Count	Value	Value	Value
Depression recorded prevalence (QOF): % of practice register aged 18+	2017/18	74,961	11.5%	22,097	9.8%	10.8%	9.9%
New cases of psychosis: estimated incidence rate per 100,000 population aged 16-64	2011	81	16.6*	41	25.7	21.2*	24.2*
Severe mental illness recorded prevalence (QOF): % of practice register all ages	2017/18	6,999	0.87%	2,719	0.94%	0.84%	0.94%

PHE Fingertips Profiles Data for Mental Health Problems in Children and Young People

Indicator	Period	Derby City		Derbyshire		Region	England
Estimated prevalence of mental health disorders in children and young people: % population aged 5-16	2015	3,740	9.8%*	9,499	9.3%	9.4%*	9.2%*
Prevalence of potential eating disorders among young people: estimated number aged 16 - 24	2013	4,321	4,321*	10,284		-	*
Hospital admissions as a result of self-harm: DSR per 100,000 population aged 10-24	2016/17	218	429.6	643	508.4	*	407.1

The benefits of good mental wellbeing include:

Evidence strongly supports a life-course approach to supporting population mental health and wellbeing. This approach enables prevention efforts to be targeted at key life stages that can represent 'pressure' points of increased risk to a person's mental wellbeing, and for people who are most vulnerable. Some examples include:

- the perinatal period is important as it is known to increase the risk to mental health
- half of all mental health problems manifest by 14 years of age and childhood is key in influencing health outcomes later on in life
- for common mental health problems and psychosis, prevalence of mental illness peaks among those aged 35 to 54 years
- older people can be vulnerable to mental health problems as a result of issues such as social isolation, loneliness and their increased risk of physical ill health

Individual resilience is a person's ability to deal with challenges and changes from internal and external factors throughout their life course. The interaction of individual

resilience with physical, social and economic environments through organisations such as community groups or local government is what gives a community resilience. Resilient communities are able to provide the resource and support for individuals to live happy, healthy lives. The Derby and Derbyshire Health and Wellbeing strategies highlight the need to address many of the wider determinants of health which constitute these social, physical and economic environments such as good quality housing and employment opportunities.

JUCD strategic actions

Initiative	Description	Deliverable
Suicide Prevention & Mental health awareness	• Embed self-harm and suicide awareness as an organisational priority by recognising key campaigns, sharing information and messages, training all staff and supporting people in more vulnerable groups e.g. people diagnosed with a long-term condition, those with substance misuse issues • Help to build the mental health literacy of the wider workforce and the public challenging stigma and discrimination and promoting positive mental wellbeing	• Increased number of staff within JUCD organisations trained in mental health & suicide prevention across all age groups • JUCD organisations engaging with & taking part in campaigns e.g. time to change
Resilience across the life-course	• Identify which particular points in the life-course and around life events when specific partner organisations may be well placed to proactively promote mental wellbeing, to identify need and to provide early intervention if people are struggling e.g. life-course - perinatal, early years, adolescence, transition years, elderly and life events - bereavement, trauma, unemployment, diagnosis of illness	• Local organisations are equipped with the skills & knowledge in mental health and suicide prevention to assess and intervene appropriately
Healthy Settings: Healthy Workplaces	• Healthy workplaces includes improved mental wellbeing too. Live Life Better Derbyshire Healthy Workplaces team and the Livewell Derby Workwell Team can offer support to employers looking to develop a positive proactive and responsive approach to mental health and wellbeing	• JUCD organisations actively engaged with healthy workplaces scheme

Priority 3: To empower the Derbyshire Population to make healthy lifestyle choices

Why is this a priority?

Having Quality Conversations:

Every day brings a multitude of daily interactions between individuals and organisations across the health service which can promote and encourage healthy behaviour and have a positive effect on the wellbeing of individuals and communities. In order to get the most out of these interactions, staff can be trained in coaching approaches. This allows service users

and service providers to work together to work out what matters most to them. Working with where the individual is at, and where they want to be, is an effective way to help improve their overall health. These conversations take place in a wider context of health messaging, conversation tools and promotion of NHS digital resources.

Digital Communication

With over 86% of the population now using the internet, digital communication provides an important channel of health messaging. Social media, used by 99% of 16-24 year olds, provides an opportunity to engage the public in spontaneous and structured conversations across many different platforms.[7]. Harnessing the power of consistent messaging across social media platforms will help to engage a wider audience in the prevention conversation.

The Role of Community Pharmacies

With around 42,990 registered pharmacists working in England from around 11,647 pharmacies; community pharmacy teams have considerable potential to promote public health according to the RSPH. Over 80% of the 217 community pharmacies in Derbyshire are accredited Level 1 Healthy Living Pharmacies (HLP) by the RSPH. The impact of HLPs is:

- To improve the public's health and drive improvements in service quality and innovation
- People walking into a HLP are twice as likely to set a quit date for smoking and then quit than if they walked into a non-HLP
- HLPs consistently deliver high-quality public health services such as NHS health checks, weight management and sexual health
- HLPs reach out to local communities with health improvement advice and services

Health Literacy & Patient activation

Health literacy is about people having the knowledge, skills, understanding and confidence they need to be able to use health and care information and services. Having good levels of health literacy can support the self-management of conditions.
Patient activation describes the knowledge, skills and confidence that people have in managing their own health conditions and care. People with low levels of activation are less likely to play an active role in staying healthy and are less good at seeking help when they need it.
Both health literacy and patient activation play an important role in allowing people the confidence to look after their health and wellbeing.

[7] http://www.nhsemployers.org/-/media/Employers/Publications/Social-media/Social-Media-Toolkit.pdf

JUCD strategic actions

Initiative	Description	Deliverable
Quality Conversations	Develop, implement and evaluate a quality conversations model to enable staff to have the skills and confidence to deliver key health and wellbeing messages	• Pilot & evaluation of quality conversation model undertaken and learning shared across the JUCD system
Joined up Communications & Digital resource	Have a coordinated approach to communications across the JUCD system and partners, maximising national communication campaigns, ensuring key health and wellbeing messages are consistent	• All JUCD organisations engaged in prevention communications e.g. supporting national communications
Health Literacy	People play a key role in protecting their own health, engaging in healthy lifestyles and managing long term conditions. Good levels of health literacy can support people to be more actively involved in the self-management of their long term condition.	• All JUCD organisations are engaged in supporting people to manage their own health conditions

Priority 4: To build strong and resilient communities where people are supported to maintain and improve their own wellbeing

Why is this a priority?

A community is a group or collective of individuals who identify with each other and have something in common, this may be the place where they live or it may be a personal characteristic or condition that they share. Individuals can belong to more than one community.

Resilience is the ability to deal with challenges and adversity. Community resilience therefore is the ability for a collective of individuals with something in common to deal with challenges and conditions or situations as they arise.

Everyone has a level of resilience, collectively communities have greater resilience and are better able to support themselves and each other. Resilient communities have strong networks, are able to make the most of their assets, and are involved in design and delivering community solutions. Community assets are anything that helps to improve the

quality of community life; they can be people, physical structures or buildings, organisations and events and the community themselves.[8]

The role of communities in improving health is receiving increasing attention in health policy & practice. There is a need to better recognise and develop this work in particular to support prevention objectives.

Prevention is everyone's business, and communities play an important role in delivering prevention objectives. Individuals and communities are the best people to maintain and improve their own wellbeing and that of their community (or communities).

In Derbyshire, communities play an important role in delivering Joined Up Care Derbyshire objectives, however, in order to maximise the benefit to be gained from their input, it is important that this is understood across all partners.

Key Principles for Embedding Community Resilience

- People (individuals and groups) are empowered to mobilise community assets in order to respond to need.
- All stakeholders to recognise the potential benefits of co-production with the partnership of communities when working together to deliver prevention objectives.
- People are supported to manage and improve their wellbeing and those of their community (self-care, group activities)
- Communities are supported to develop social networks and be connected with social activities to address health and wellbeing needs (social prescribing)
- Communities play an important role in delivering whole population health
- VCS infrastructure support services are reviewed to provide a more consistent and equitable solution for health and social care, that includes a focus on prevention
- Appropriate performance indicators are defined to assess impact

Taking a broader view

A true population-level approach to prevention requires a wider consideration of the social, cultural and economic environments in which we live and work. The Derby and Derbyshire Health and Wellbeing Boards aim to reduce health inequalities and improve health by working across communities, and their Health and Wellbeing Strategies focus on their priorities for wider determinants of health in the region. It remains a key component of the vision for the current Derby City Health and Wellbeing Strategy:

Our vision is to improve the health and wellbeing of the people of the city, and to reduce inequalities (2014-2019)

The Prevention work stream of Joined Up Care Derbyshire will also work in tandem with the others to address a wide range of factors to support healthier communities and populations.

[8] Community Tool Box, online: https://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/identify-community-assets/main

Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 3 September 2019

Chief Executive's Report to the Public Board of Directors

Purpose of Report

This report provides the Board of Directors with feedback on changes within the national health and social care sector, as well as providing an update on developments occurring within our local Derbyshire health and social care community. The report also updates the Board on feedback from external stakeholders, such as our commissioners, and feedback from our staff. The report should be used to support strategic discussion on the delivery of the Trust strategy. The Board should note that the report reflects a wider view of the Trust's operating environment and serves to horizon scan for risks that may affect the organisation. Risks identified are highlighted in the report and taken forward to assess their operational and strategic impact, and recorded on operational risk registers, or the Board Assurance Framework, as appropriate.

National Context

1. The NHS mental health implementation plan 2019/20 – 2023/24 sets out how a £2.3bn local investment fund will be used to build upon the work of the Five-year forward view for mental health. The overview section describes how the implementation plan fits with the system planning approach and other sections of the NHS long term plan3. The second part considers each ambition in more detail; it sets out the targets for the next five years; the funding that will be available to support each one; and the workforce necessary to achieve it. NHS Improvement (NHSI), NHS England (NHSE) and Health Education England (HEE) have published the interim NHS People Plan with the final plan being published soon after the 2019 spending review is published in the autumn.

   Ring fenced investment of at least £2.3bn each year will be made available for mental health services by 2023/24. This funding will be used to support work across the core ambitions of the NHS long term plan:

   - specialist community perinatal mental health
   - children and young people's mental health
   - adult common mental illnesses (IAPT)
   - adult severe mental illnesses (SMI) community care
   - mental health crisis care and liaison
   - therapeutic acute mental health inpatient care
   - suicide reduction and bereavement support
   - problem gambling mental health support
   - rough sleeping mental health support

   These areas will be supported by investment in:

   - provider collaboratives and secure care
   - digitally enabled mental health care
   - improving the quality of mental health data

   Delivery of the commitments in these areas will be a mix of 'fixed', 'flexible' and

'targeted' approaches.

- Fixed deliverables will have a national trajectory to ensure that the whole country moves at the same pace to deliver the change. The trajectories will combine the commitments from the Five-year forward view for mental health and the implementation plan. A tool will be made available to regions during summer 2019, to apportion the national target to local systems.
- Flexible deliverables allow the pace of change to be determined locally, with the target to achieve the same end point by 2023/24.
- Targeted deliverables will only apply to certain sites who will receive specific funding for these elements.

The implementation plan expects systems to work in partnership with mental health providers to develop their five-year plans. It is also expected that local health systems will work jointly to develop and confirm clinical commissioning group mental health investment plans, including a lead mental health provider in the process.

Workforce numbers stated in the implementation plan are in addition to the existing requirements specified in Stepping Forward to 2020/21: the Mental Health Workforce Plan for England. The implementation plan sets out indicative numbers to inform local workforce planning. Overall, by 2023/24 it is anticipated that there will be an additional 27,460 whole time equivalent staff working in the sector, with over 10,000 of these in community care for adults with severe mental illness.

The NHS long-term plan made the commitment that investment in mental health services will grow faster than the overall NHS budget. In order to demonstrate that this will be achieved, systems are required to set out how they will meet the mental health investment standard (MHIS); use the investment in CCG (Clinical Commissioning Group) baselines set out in the implementation plan; and how the transformation funding identified will be used.

The CCG baseline allocations are based upon a national notional assumption of growth funding in mental health programmes. National payment approaches will be developed which will review the current work into a national currency model.

The implementation plan states that the involvement of the voluntary, community and social enterprise (VCSE) sector in the design and delivery of services can ensure that they are genuinely co-produced, recognising the local context. Systems, commissioners and mental health providers are asked to consider how the VCSE sector could support local ambitions and whether the current commissioning approach encourages, or blocks, their involvement.

2. NHS England and NHS Improvement's joint paper "The NHS patient safety strategy: Safer culture, safer systems, safer patients (July 2019)" is the culmination of a two-year paradigm shift in the way the NHS treats patient safety. The transformation of the NHS Litigation Authority into NHS Resolution, creation of the Health Service Investigations Branch and upcoming reforms to clinical negligence claim handling, are all indicative of a move away from a culture of blame, to one of learning. The Secretary of State for Health and Social Care has positioned patient safety as 'a golden thread' running through everything the health service does, with the improvement of safety to be tied to advancements in

technology, and improvements to staff and patient engagement.

Fundamentally, this strategy sets out a new framework to enable a culture transition from blame to learning. It envisions an approach where patient safety initiatives and responses are primarily based on what can be learned rather than who should be held accountable, notwithstanding wilful and malicious negligence. Underscored by the principles of insight, involvement and improvement, the strategy recognises that there is no endpoint when it comes to safety. The strategy defines these principles as follows:

- Insight – Improving understanding of safety by drawing intelligence from multiple sources of patient safety information.
- Involvement – Equipping patients, staff and partners with the skills and opportunities to improve patient safety throughout the whole system.
- Improvement – Designing and supporting programmes that deliver effective and sustainable change in the most important areas.

To this end, it outlines a process of continuous improvement where NHS patient safety systems are well positioned to respond to patient needs and system priorities in a dynamic way – constantly searching areas of improvement in partnership with national bodies, patients, staff and NHS organisations.

In addition to broader changes in the way the NHS thinks about patient safety, the document outlines a number of more specific initiatives tasked with improving individual aspects of the patient safety framework:

- **Patient safety incident response framework** –This system will make reporting easier and more rewarding, providing a platform for insights from all parts of the NHS. It will be deployed in an attempt to enhance what goes well rather than just focussing on what goes wrong and will draw upon artificial intelligence and machine learning to better enable national bodies to sift through incident reports and identify trends. Crucially, it will focus on what goes right rather than what goes wrong.

- **Medical examiner system** – The creation of a medical examiner system (MES) aims to improve safeguarding, quality of certification, and quality of care in the NHS by creating a network of medical examiners, operating independently from trusts to scrutinise and sign off all deaths across a local area. This system will sit within NHS Improvement's patient safety team and the examiners themselves will be expected to take up membership of the Royal College of Pathologists.

- **National Patient Safety Alerts Committee (NaPSAC)** – The creation of NaPSAC is intended to lead the redesign and standardisation of patient safety alerts. They will also take on responsibility for supporting local systems to respond to and implement findings from the Healthcare Safety Investigations Branch (HSIB)* as well as working with them and directly with providers to improve the quality of local investigations.

- **Patient safety partners (PSPs)** – These roles will be created across all trusts in England, drawing on patients, their families and carers, to help improve safety in the NHS. PSPs will not be employees of the trust as such but will be remunerated for their work. They will work at a number of levels, at the most basic level this means taking responsibility for their own

safety and, at higher levels, advising boards and sitting on regional safety groups.

- **Patient safety specialists (PSS)** – A network of senior PSSs in providers and local systems will become 'the backbone' of patient safety in the NHS. These roles will sit in providers, systems, regional arm's length bodies, regulators and commissioners. These roles will not be filled by recruiting new staff, but should instead identify existing staff who can be supported to become specialists.

As a Trust, Dr John Sykes remains our lead for Patient Safety with assurance through the Quality Committee to Board. It is exciting that the changes in the national approach, to focus on learning rather than blame, dovetail with our move towards a Team Derbyshire Healthcare Just Culture where we strive to enable personal development, growth and learning when things don't go well, for example in response to incidents, conduct or complaints.

3. The Mental Health Policy Group - a coalition of six organisations working together for better mental health – has published "Towards Equality for Mental Health, Developing a Cross-Government Approach". This new report considers in detail the steps that must be taken if the ambition of 'parity of esteem' for mental health is to be achieved in England by 2030/31. Its starting point is the belief that improving the nation's mental health cannot be achieved through a focus on health services alone, vital though these are. A much more ambitious, cross-government approach to mental health is also required.

   Towards Equality for Mental Health makes a number of practical recommendations to develop this cross-governmental approach, based around five key areas:

   - Promoting good mental health and prevention
   - Tackling inequalities in mental health
   - The NHS and support at the point of need
   - Helping people with mental health problems to live well in the community
   - The mental health workforce

   Towards Equality for Mental Health was shaped through the views of a broad range of organisations and professionals from the wider health and voluntary sectors, including those representing physical health conditions, money and debt, homelessness and addiction. The Mental Health Policy Group hopes that these recommendations for future action will gain support from everyone who shares their ambition for achieving equality for mental health.

Local Context

4. The Joined up Care Derbyshire (JUCD) Board met on 18 July and 15 August 2019. The key highlights that I think are relevant to our Organisation are as follows:

   - The August JUCD meeting was the first meeting chaired by John MacDonald our new independent Chair. I have included some reflections from him under section 6 of my report.

- JUCD reviewed the latest financial position of the system at both month 3 and early indications at month 4. It was noted that all Organisations were now reporting on plan with risks relating to efficiency delivery of circa £10m in the CCG and CIP/in year pressures in providers.

- The Board reviewed the Long Term Plan Implementation Framework noting the requirements that link to our Derbyshire refreshed plan submission.

- We received assurance around the workforce and OD work underway across the system in particular:

    - The work to develop a unified workforce system dashboard now completed
    - The place organisational development programme
    - Joined up Careers – an initiative to promote Derbyshire as a place to work
    - Engaging with schools and providing enhanced work experience
    - Workforce modelling programme.

- We reviewed the outputs from the ICS Development Programme, supported by PWC, and importantly how through our emerging governance system, those conversations and outputs would be embedded.

- We received the final Joined up Care Urgent Care Strategy and it was really good to see the influence of colleagues from our Trust services in the final document.

- East Midlands Ambulance Service presented their clinical model for the next 5 years, very relevant to our services, particularly the link with our urgent care services, conveyance to ED for mental health patients and liaison with our triage hub.

5. On 16 August I was part of the JUCD Team that attended the System Performance Review Meeting with NHSI/E. This system meeting replaces the previous PRMs with each individual Organisation. My reflections of this meeting are that whilst it was a great start to system accountability, there is still some way to go to avoid it feeling like five performance review meetings bound together, rather than a system meeting.

   A key area of discussion was around system finance and concern from the regulators about a system assessment of financial risk. Interestingly their concerns were not dissimilar to those raised by our Board and others in the System about assurance flows and confidence in mitigations. This was particularly relating to the back year loading of many of the savings schemes. Performance conversations were centred around ED and waiting times, as well as a very helpful conversation about mental health 12 hour breaches, and the work we had done to share understanding between ourselves and UHDB (University Hospital of Derby and Burton).

6. It is useful for the Board to be sighted on John MacDonald's reflections on JUCD, following his discussions with a number of Board members, attending the JUCD Board and the NHSE/I Review (mentioned in 5 above) in the first ten days of his

tenure as our Independent Chair.

John felt he identified four themes:

- *Pace and scale* – Derbyshire, in common with other health and care systems, is facing significant sustainability, workforce, operational and financial challenges in responding to the needs of an increasingly elderly and less healthy population. We need to be clear about what our priorities are and where our resources and effort need to be focussed. Meeting the challenges will require ambition. John sighted some examples that came up in discussions:

    - What is the 'offer to the public' which will be attractive enough for them to go to other settings than A and E for emergency care and how do we develop this offer.
    - Closing the financial gap requires some big ticket initiatives such as managing use of our estate collaboratively.
    - Currently there are ten workstreams and five enabling workstreams. There is a need to simplify and focus, be clear what the 'big ticket items' from across the work-streams are, and to focus greater resources and efforts on these areas. This does not mean we forget about the other areas and these need to be embedded in our JUCD STP 'business as usual'.
    - The leadership, managerial and analytical capacity to deliver integrated care will require investment and, more importantly, rationalisation and consolidation of current resources across providers and commissioners. Secondly 80% of the transformational change will be at Place (ICP, PCN) level and how we need to deploy the capacity needs to reflect this.

- *Adding value* - The development of the architecture to deliver integrated care, the move to strategic commissioning, and the merger of NHS I/E mean that the purpose and roles of all the NHS bodies is changing and will continue to change.

    - Clarity on roles (job cards) of the ICS, ICPs, PCNs and Commissioners. At the same time the way in which the NHS and local authorities work together in social care, housing and education, as well as the relationship with the Health and Wellbeing Boards, need defining more clearly.
    - Governance arrangements need to be strengthened in light of the above and the wider refresh. Specifically:

        - By September a Finance Sub-Committee of the JUCD Board will be established. The Committee will comprise the Chairs of the Finance Committees (or equivalent) from the statutory organisations, together with Directors of Finance. Proposed terms of reference will go to the September JUCDB.
        - A decision-making framework, to enable decisions to be made at a system level without undermining the statutory responsibilities of individual organisations, needs to developed and enacted.
        - Avoid duplication by, for instance, using existing system wide Committees (Quality and Performance Forum, A&E Delivery

Board, Cancer Board etc.) to underpin delivery and/or transformation where this is appropriate. This should, over time, enable a reduction in the duplication of such meetings at organisational level.
    - A performance framework which (i) underpins both Delivering Today and Transforming for Tomorrow and (ii) gives greater visibility of the high priority workstreams and enablers.
    - Review the JUCD STP system risk management framework that provides assurance to the JUCD Board, to ensure that it is also seen by the statutory board as the single source of assurance at a system level.

- Meaningful Engaging - The way in which the public, patients, clients and carers are involved in shaping integrated care, including care pathways and decision making will need to be strengthened further. The way in which local authorities and some services, such as mental health, engage with clients, as well as best practice elsewhere, may help us to inform how we do this.

  We need to be sure that in managing risk we are managing the risks to patients and people and not just those of organisations and professionals. Keeping the elderly too long in hospital so they lose their independence is one example where, it can be argued, we do not always get this balance right.

  Language is critical to patients and frontline staff. RTT (Referral to Treatment), four hour wait etc. are all useful, as we understand they cover more than just those points in the clinical process, but they don't excite front line staff or the public. They also can make us jump to conclusions rather than focus on what problem we are trying to solve. We need a language which covers both local authorities and the NHS. Like most STPs (Sustainability and Transformation partnership) / ICSs (Integrated Care System) we are still too NHS focused.

- Working differently - Developing a system approach demands a different way of working to the last 20 years of competition! Work on the architecture of an integrated system is well underway. Are the system level clinical, quality, planning, and financial and other processes fit for purpose as the architecture is developed?

  The work being led by Prem Singh (Chair Derbyshire Community Health Services NHS Trust (DCHS)) on OD, agreed after the session with Mike Farrar, is critical. We need to find ways of understanding each other's perspective and 'walking in others' shoes:' to make our relationships productive as well as positive.

  Critical to how we work at a system level is the further development of clinical leadership. We have asked Dr Avi Bhatia, as Chair of the Clinical Professional Group, to discuss with clinical leaders how we might do this at a system level.

In hearing these early reflections from John I note how it chimes with some of the discussion that has occurred in our Board, particularly linking to pace of

change, financial and risk overview, and system capacity to enable working differently. I would like to propose to the Board that we invite John to attend a public Board meeting, to enter into a discussion with our Board about some of these issues, and importantly how we change the current pace of change.

7. As part of developing a new way of working to support the implementation of New Care Models for Mental Health (the management of services previously commissioned by NHSE specialist commissioning hub), the CEOs of the five East Midlands NHS Mental Health Trusts and St Andrew's Healthcare, have agreed to work together to establish a mental health provider alliance in the East Midlands. This will be consistent with the national mental health leadership view that in the future, each provider Trust will be part of a local system provider alliance, and then a wider regional provider alliance.

   Each CEO and their nominated lead director fed in their views on how an East Midlands Alliance should work, and what it should cover, to a review that then produced a set of recommendations. The key feedback themes included:

   - Strong desire to work together on a more formal strategic footing.
   - Desire to establish a platform to deliver the Long-Term Plan across the East Midlands.
   - The need to look across New Care Models (NCM) in a more strategic co-ordinated way, sharing common consistent material and approaches and avoiding duplication and silos.
   - The need to collectively agree a hosting arrangement for staff moved out of NHS England via TUPE, as part of NCM work, making them available to all NCMs.
   - Keenness to keep a formal Alliance as tight as possible, with a membership of those providers formally involved in financial risk and gain share, across multiple NCMs.
   - Exploring opportunities for each NHS provider to take a lead role with a New Care Model.
   - Each New Care Model to establish their own Board of clinical and managerial experts with issues escalated to this Alliance Board as necessary.
   - Enthusiasm to use a single collective voice to more strongly represent mental health in the East Midlands.

   At our meeting on 31 July we agreed the next steps in taking this exciting development forward would include:

   - Establishing quarterly meeting dates with the next meeting on 5 September.
   - Establish a lead Director meeting to lead the work agreed by the CEO meetings (our lead Director is Gareth Harry).
   - An updated paper to be reviewed by the CEOs on 5 September, prior to presentation to the constituent organisation Boards.
   - CEOs to receive an outline proposal on structure and potential legal form for an Alliance on 5 September.
   - CEOs to receive a proposal on part-time senior leadership and administrative support to take forward this Alliance on 5 September.
   - After more formal Board engagement, a communication plan will be developed to explain this Alliance to the CCGs, STPs, the national team

and wider sector media, focussing on why this is positive for patients.
- CEOs to receive a proposal on the regional hosting of NHS England TUPE staff.

This briefing is to provide the Board with initial sight of conversations taking place to shape a new way of working. Any formal partnership agreement, through whichever chosen mechanism, will require formal sign off by our Board and the Boards of the other provider Organisations.

Within our Trust

8. On 3 July I attended the Health Visitors away day for the Team based at Coleman Street in Derby. Some real passion about traditional public health based preventative nursing with children and families and sadness at how the pressures associated with current demands, particularly around safeguarding, are pulling them away from what was considered core business. Some very helpful feedback associated with Great Place to Work and how it is the simple things such as ease of booking A/L, access to printers, relevance of training, that have a real impact on feeling valued.

9. I met with Dr Penny Blackwell, a GP from Wirksworth and the new Chair of the JUCD Place Board. Penny was concerned about mental health input into the Board and opportunities for joint working with the mental health workstream around primary care mental health and mental health prevention. Since the meeting we have confirmed senior representation from the Trust into each Place Alliance Board, and shared some opportunities around the development of mental health wellbeing hubs, planned to be piloted in the High Peak and Derby City.

10. I was privileged to have been invited to speak at our CAMHS (Child and Adolescent Mental Health Service) service wide meeting in July, with a focus on national policy, our new Trust strategy and the move towards a Just Culture (Team Derbyshire Healthcare equivalent). There was such desire to drive forward innovation and I was struck by the services' desire as a whole to learn, and through learning and reviewing, to improve. Some real challenges, availability of staff (particularly CAMHS Consultants), growing demand and shrinking associated services elsewhere in the community, that impact on our capacity.

11. During August I met with Margita Cechova, who is a community influencer within the Roma Community in Derby. It was helpful to understand more about the local 6000 strong Roma Community, their historical ambivalence towards health services, and their unwillingness to engage with mental health services and children's services, such as Health Visiting. It was good to hear the difference the Charity Roma Community Care is making to some of these more traditional values, and how they are keen to work with us to offer drop in sessions within the community around mental health and substance misuse issues. Understanding local community traditional access patterns, is vital to understanding how to support increased ease of access to our services, as is developing an understanding of local tensions with communities. I have committed our Trust to work in partnership with Roma Community Care to support an enhanced understanding for local families of how and where to get support from when needed.

12. On 14 August myself, Claire Wright, Amanda Rawlings, Harinder Dhaliwal, Surrinder Kakh, Bal Singh and Tray Davidson met for the first time as the steering group for our Trust Reverse Mentoring for Diversity and Inclusion Programme. It was fantastic to support our first cohort of Mentors as they take the lead in developing cohort 2 to support the learning and development of leaders and managers that are responsible for running groups of services, such as our ASM's and GM's. We hope to be in a position to announce more details at our BME Annual Conference on the 25 September. All Board members are welcome to attend the conference and places can be booked through emailing clare.meredith3@nhs.net.

13. The Trust continued to generate positive and proactive media coverage in July and August. On a national level, our CEO involvement in promoting BAME (black, Asian and minority ethnic) awareness and inclusion within the NHS led to me being quoted in an article in The Voice and writing a blog post for the NHS Confederation website.

    On a local level, we continued to ensure positive coverage for Trust colleagues with features appearing in the Derby Telegraph (both in print and online) about the winning teams at our Quality Awards and the success of community mental health nurse, Kelly-Hellen Hitchcock, who has been shortlisted in the 'Rising Star' category at the 2019 Nursing Times Awards. There was also a very positive reference to the "amazing staff" at the Radbourne Unit in a Derby Telegraph article about an individual struggling with suicidal thoughts. Meanwhile both Dr Subodh Dave and CPN Jane Foulkes were quoted in print and online following the success of the #Runwalktalk event that they helped to organise at Darley Park.

    We also promoted our wider community responsibilities through the local media. Both the Derby Telegraph and Derbyshire Times ran stories about our Delivering Excellence Awards, encouraging local people to submit award nominations, while news of our upcoming governor election in Erewash appeared on Erewash Sound and was shared by the Ilkeston Advertiser on social media.

    We continued to work closely with the local media around the importance of reporting suicide responsibly. During July and August our Communications team twice engaged with reporters to ensure that articles about suicide complied with the Samaritans media guidelines in order to prevent imitative behaviour.

    On social media there was a significant response to our support for Belper Pride, attended by members of the LGBT+ Staff Network and other Trust colleagues and allies. In terms of wider engagement work, our HART Group – made up of representatives from CAMHS, Early Intervention, Children's Services and Breakout+ – attended Merrill Academy in Alvaston to offer support and advice to young people and their parents, and also received feedback from the City of Derby Academy that their work during the year had been "of great benefit to the students and the parents." The school is now recruiting emotional wellbeing ambassadors from amongst its Year 10 students and will be training them in the near future.

14. During July and August I have enjoyed getting out and meeting staff through continued engagement visits. I have held *Ifti on the Road* engagement events at Temple House, Derby, where I was able to meet some of our CAMHS

Colleagues, and at The Mews, Ripley, where I was able to meet colleagues from both the Substance Misuse Team and the Erewash Neighbourhood based at the Library in Ripley. I also have spent time with the Ward 36 Team and the Triage Hub Team at Ripley Police Station, as well as carrying out Quality Visits to Morton Ward and CAMHS Assist Service at Temple House. (I am not reporting here on the outcomes from the quality visits).

On the Road feedback

- Real concerns about the sustainability of on call rotas in CAMHS (Dr John Sykes has met with the consultants).
- The impact that some colleagues are feeling around career progression being limited in specialist services, due to our policy on core professional qualification (Carolyn is leading our response).
- Some great feedback about our Review of Retire and Return to give local managers more control.
- Positive feedback about our enhancement of systemic family therapy services.
- Some great examples of the benefits of in-person communication rather than rapid fire emails!
- Building pressures for the neighbourhood team in Ripley that are part of our strategy review.
- Fluctuation in older adult referrals and the impact of the memory assessment and functional older adult rapid response team.

These issues are logged and cross referenced through conversations with our Freedom to Speak up Guardian.

Strategic Considerations	
1) We will deliver **great care** by delivering compassionate, person-centred innovative and safe care	X
2) We will ensure that the Trust is a **great place to work** by attracting colleagues to work with us who we develop, retain and support by excellent management and leadership	X
3) We will make the **best use of our money** by making financially wise decisions and will always strive for best value to make money go further	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, people who use our services, and members of the public is being reported into the Board.

Consultation

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

Governance or Legal Issues

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

Public Sector Equality Duty & Equality Impact Risk Analysis

In compliance with the Equality Delivery System (EDS2), reports must identify equality-related impacts on the nine protected characteristics age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity (REGARDS people (Race, Economic disadvantage, Gender, Age, Religion or belief, Disability and Sexual orientation)) including risks, and say how these risks are to be managed.

Below is a summary of the equality-related impacts of the report:

This document is a mixture of a strategic scan of key policy changes nationally and changes in the Derbyshire Health and Social Care environment that could have an impact on our Trust. The report also covers updates to the Board on my engagement with colleagues in the Trust and the reporting of internal actions and feedback I have received relating to the strategy delivery.

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

This paper demonstrates some strong features of good practice relating to inclusion and diversity in its broadest sense. The engagement with local communities is key in understanding how we support their access to services and relates not just to the BME protected characteristic, but also my meeting with the Roma community enhanced my understanding of the traditional roles females in Roma society adopt, as well as their approach to long term illness. I was also made aware of tensions between young males in the Roma Community and young males in the Pakistani Community, partly about religion and partly linked to cultural differences and similarities. It is important to constantly consider intersectionality in our work around inclusion as people rarely do fit neatly into a single characteristic.

Wave 2 of the Trust's Reverse Mentoring programme is focussed on enhancing understanding around what it feels like to be BME and work in our Organisation, with a hope that as other networks develop, we will enhance the programme.

I noted in my visit to Coleman Street to see our Health Visitors the real link between depravation and safeguarding with some clear causation around poverty. As a Trust we are in discussions with public health about how we support the number of vulnerable families around safeguarding and the core role of Health Visiting with these communities.

Recommendations

The Board of Directors is requested to:

1) Scrutinise the report, noting the risks and actions being taken.
2) Seek further assurance around any key issues raised.
3) Invite the new Independent Chair, John MacDonald, to a future Board meeting.

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

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

Mental Health Implementation Plan – Expected funding streams 2019/20

Area	Requirements	Transformation or Central Funding	CCG Baseline
Perinatal Services	Supporting the expansion of specialist community perinatal mental health teams	Yes	
	Sustaining and expanding specialist community perinatal mental health teams		Yes
Children and Young People	Piloting UEC, CYP Eating Disorder (specifically Avoidant Restrictive Food Disorder) and young adults pathway adjustments in select areas	Yes	
	Continuing to pilot the impact of 4 week waiting times in selected areas	Yes	
	Establishing and expanding Mental Health Support Teams in selected areas	Yes	
	Service expansions for 0-18 community and crisis CYPMHS		Yes
	Sustaining and expanding CYP Community Eating Disorder Teams		Yes
IAPT	Salary support for IAPT Trainees (distributed via HEE to providers)	Yes	
	Sustaining and commissioning IAPT services (including IAPT-LTC Services)		Yes
	A 2019/20 CQUIN for achieving 65% of referrals finishing a course of treatment, which had paired scores recorded in the specific anxiety specific measures (ADMS), has been introduced for all IAPT providers		Yes
Adult Severe Mental Illness Community Care	Testing, evaluating and refining new models of integrated primary and community care for people with SMI in select areas	Yes	

Area	Requirements	Transformation or Central Funding	CCG Baseline
	Central / transformation funding will also be used to fund NHS England and Improvement-led and -coordinated developments to increase the capacity of the workforce to support community-based care, including: • Commissioning training places for improving access to psychological therapies for people with psychosis, bipolar disorder and complex mental health difficulties associated with a diagnosis of a 'personality disorder'; • Working to improve the competence and confidence of the workforce to understand and respond to the needs of people with complex mental health difficulties associated with a diagnosis of 'personality disorder', based on the Knowledge and Understanding Framework; • Work to improve the availability of staff with the skills required to support and deliver evidence-based treatment for adults with eating disorders in community-based services, in line with recommendations from the Parliamentary and Health Services Ombudsman report "Ignoring the Alarms: How NHS eating disorder services are failing patients"; • Work to improve skills and knowledge around improving physical health care for people with SMI; and • Work to accelerate the development of the peer support workforce.	Yes	
	Stabilising and bolstering current core community services		Yes
Mental Health Crisis Care and Liaison	Crisis alternative provision and expansion, through STP fair-share allocations.	Yes	
	Expanding Crisis Resolution and Home Treatment Team (CRHTT)	Yes	
	Sustaining and expanding existing crisis services and those established via central / transformation funding.		Yes

Area	Requirements	Transformation or Central Funding	CCG Baseline
	Investment in new mental health ambulance vehicles will be subject to the Government Spending Review, expected in Autumn 2019.	Yes	
Therapeutic Acute Mental Health In-Patient Care	A 2019/20 CQUIN has been introduced focussing on follow up with patients after discharge. Providers will be paid for achieving 80% of adult mental health inpatients receiving a follow-up within 72 hours of discharge.		Yes
Specialist Gambling Clinics	Central transformation funding will be made available to systems (via targeted allocation) to establish a total of 15 new NHS specialist problem gambling clinics by 2023/24.	Yes	
Rough Sleeping	Central / transformation funding will be made available to systems (via targeted allocation) for establishing mental health provision for rough sleepers in at least 20 areas by 2023/24.	Yes	
NHS Specialist provider led Collaboratives	Trialling specialist community forensic teams will be made available to selected sites within NHSE-led Provider Collaborative commissioning - adult medium and low secure mental health services.	Yes	

Governor Meeting Timetable 2019/2020

DATE	TIME	EVENT	LOCATION
3/9/19	9.30am onwards	Trust Board Meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
3/9/19	2.00pm onwards	Council of Governors meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
11/9/19	2.30-4pm – market place, 4.00-6.00pm formal meeting	Annual Members' Meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
1/10/19	9.30am onwards	Trust Board Meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
10/10/19	10.00am-12.30pm	Governance Committee	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
16/10/19	1.30-4.30pm	CoG and Board joint session – topic to be confirmed	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
31/10/19	1.30-5pm	Governor training and development session – Mental Health Act	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
5/11/19	9.30am onwards	Trust Board Meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
5/11/19	2.00pm onwards	Council of Governors meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
3/12/19	9.30am onwards	Trust Board Meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
10/12/19	10.00am-12.30pm	Governance Committee	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
10/12/19	1.30-5pm	Governor training and development session – Data Security and Protection; Raising Concerns; Mental Health Conditions	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
7/1/20	2.00pm onwards	Council of Governors meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
4/2/20	9.30am onwards	Trust Board Meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
11/2/20	10.00am-12.30pm	Governance Committee	Conference Room A&B, Centre for Research & Development,

			Kingsway Site, Derby DE22 3LZ
3/3/20	9.30am onwards	Trust Board Meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
3/3/20	2.00pm onwards	Council of Governors meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
7/4/20	10.00am-12.30pm	Governance Committee	Training room 1 & 2, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
9/6/20	10.00am-12.30pm	Governance Committee	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
9/6/20	1.30 – end time TBC	Governor training and development session. Topics to be confirmed	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
11/8/20	10.00am-12.30pm	Governance Committee	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ

Derbyshire Healthcare NHS Foundation Trust

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

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

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST TERMS	
NHS Term / Abbreviation	**Terms in Full**
GP	General Practitioner
GPFV	General Practice Forward View
H	
HEE	Health Education England
HES	Hospital Episode Statistics
HoNOS	Health of the Nation Outcome Scores
HSCIC	Health & Social Care Information Centre
HSE	Health and Safety Executive
HWB	Health and Wellbeing Board
I	
IAPT	Improving Access to Psychological Therapies
ICS	Integrated Care System (formerly ACS)
ICT	Information and Communication Technology
ICU	Intensive Care Unit
IDVAs	Independent Domestic Violence Advisors
IG	Information Governance
IM&T	Information Management and Technology
IPP	Imprisonment for Public Protection
IPR	Individual Performance Review
IPT	Interpersonal Psychotherapy
J	
JNCC	Joint Negotiating Consultative Committee
JTAI	Joint Targeted Area Inspections
JUCB	Joined Up Care Board
JUCD	Joined Up Care Derbyshire
K	
KPI	Key Performance Indicator
KSF	Knowledge and Skills Framework
L	
LA	Local Authority
LCFS	Local Counter Fraud Specialist
LD	Learning Disablities
LHP	Local Health Plan
LHWB	Local Health and Wellbeing Board
LOS	Length of Stay
M	
MARS	Mutually Agreed Resignation Scheme
MAU	Medical Assessment Unit
MAS	Memory Assessment Service
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

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

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