



Derbyshire Healthcare

NHS Foundation Trust

Derbyshire Healthcare NHS Foundation Trust

Council of Governors

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

4 September 2018 14:00 - 4 September 2018 16:15

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

COUNCIL OF GOVERNORS' MEETING

**TUESDAY 4 SEPTEMBER 2018
2.00 PM – 4.15 PM**

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

AGENDA

SUBJECT MATTER		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 meeting held on 3 July 2018	Caroline Maley	2.10
4.	Matters arising and actions matrix	Caroline Maley	2.15
STATUTORY ROLE			
5.	Recommendation for approval of appointment of External auditors	Geoff Lewins/Sam Harrison	2.25
HOLDING TO ACCOUNT			
6.	NED Deep Dive – Safeguarding & Mental Health Act Committees	Anne Wright	2.45
COMFORT BREAK			3.05
7.	Integrated Performance Report Summary	Non-Executive Directors	3.20
8.	Escalation items to the Council of Governors	Caroline Maley	3.35
OTHER MATTERS			
9.	Governance Committee Report	Gillian Hough	3.40
10.	Update – Engagement Task and Finish Group	Angela Kerry	3.45
11.	Membership of Governors' Nominations & Remuneration Committee	Sam Harrison	3.55
12.	Any other business	Caroline Maley	4.00
13.	Review of meeting effectiveness and following the principles of the Code of Conduct	Caroline Maley	4.05
14.	Close of meeting	Caroline Maley	4.15
FOR INFORMATION			
<ul style="list-style-type: none"> Ratified minutes of the Public Board meeting held on 1 May 2018 and 5 June 2018 Chair's Report as presented to Public Trust Board on 4 September 2018 Chief Executive's Report as presented to Public Trust Board on 4 September 2018 Governor meeting timetable Glossary of NHS terms 		-	-
Next Meeting: Tuesday 6 November 2018, 2.00 – 4.30 pm, Conference Rooms A/B, Research & Development Centre, Kingsway, Derby, DE22 3LZ			

**MINUTES OF THE COUNCIL OF GOVERNORS MEETING
HELD ON TUESDAY 3 JULY 2018
2.00 – 4.30 PM
CONFERENCE ROOMS A/B, RESEARCH & DEVELOPMENT CENTRE,
KINGSWAY, DERBY, DE22 3LZ**

PRESENT	Caroline Maley	Trust Chair and Chair of Council of Governors
	Rosemary Farkas	Public Governor, Surrounding Areas
	Jo Foster	Staff Governor, Nursing
	Jason Holdcroft	Staff Governor, Medical Staff
<i>Items 058 to 070</i>	Paula Holt	Appointed Governor, University of Derby
	Gillian Hough	Public Governor, Derby City West
	Angela Kerry	Appointed Governor, Derbyshire Mental Health Forum
	Lynda Langley	Public Governor, Chesterfield
	Nicki Morley	Public Governor, Bolsover and NE Derbyshire
	John Morrissey	Public Governor, Amber Valley
	Al Munnien	Staff Governor, Nursing
	Shirish Patel	Public Governor, Erewash
	Jim Perkins	Appointed Governor, Derbyshire County Council
	Kevin Richards	Public Governor, South Derbyshire
	Carole Riley	Public Governor, Derby City East
	April Saunders	Staff Governor, Allied Professions
	Kelly Sims	Staff Governor, Admin & Allied Support Staff
	Karen Smith	Public Governor, Amber Valley
	Gemma Stacey	Appointed Governor, University of Nottingham
	Marie Varney	Public Governor, High Peak & Derbyshire Dales
	Roy Webb	Appointed Governor, Derby City Council
	Christine Williamson	Public Governor, Derby City West
IN ATTENDANCE	Joan Barnett	Grant Thornton UK LLP, External Auditor
	Denise Baxendale	Communications & Involvement Manager
	Andrew Beaumont	Member of the Trust
	Donna Cameron	Assistant Trust Secretary
	Sam Harrison	Director of Corporate Affairs
	Geoff Lewins	Non-Executive Director
	Ifti Majid	Chief Executive
	Amanda Rawlings	Director of People and Organisational Effectiveness
	Anne Wright	Non-Executive Director
	Claire Wright	Deputy Chief Executive & Finance Director
	Richard Wright	Non-Executive Director
		One member of the public
APOLOGIES	Margaret Gildea	Non-Executive Director
	Ann Grange	Public Governor, High Peak & Derbyshire Dales
	Moirra Kerr	Public Governor, Derby City West
	Roger Kerry	Appointed Governor, Derbyshire Voluntary Action
	Martin Rose	Public Governor, Bolsover & NE Derbyshire
	Julia Tabreham	Deputy Trust Chair & Non-Executive Director

ITEM	<u>ITEM</u>
DHCFT/GOV/053	<p><u>WELCOME, INTRODUCTIONS, CHAIR'S OPENING REMARKS, APOLOGIES FOR ABSENCE & DECLARATION OF INTERESTS</u></p> <p>The Trust Chair, Caroline Maley, welcomed all present to the meeting. Introductions were made and new governors welcomed to the Trust and to their first Council of Governors (COG) meeting.</p> <p>Apologies were noted as above. No declarations of interest were received.</p>
DHCFT/GOV/054	<p><u>SUBMITTED QUESTIONS FROM MEMBERS OF THE PUBLIC</u></p> <p>Caroline Maley reported that two questions had been received. The questions and responses as read out in the meeting are attached at Appendix 1.</p>
DHCFT/GOV/055	<p><u>MINUTES OF THE PREVIOUS MEETING</u></p> <p>The minutes of the previous meeting, held on Tuesday 1 May 2018 were accepted as a correct record.</p>
DHCFT/GOV/056	<p><u>MATTERS ARISING & ACTIONS MATRIX</u></p> <p><u>Matters Arising</u></p> <p>Selection of Quality Indicators Caroline Maley reported that due to a delay with national benchmarking data, it had not been possible to complete the audit of the governors' first choice of quality indicator. As a result, the governors' second choice had been audited. The Trust had asked its Internal Auditors if the preferred indicator could be audited when the data became available; the cost of this to the Trust would be £2,500. As an alternative to this, it is suggested that governors receive a presentation on the subject of the preferred quality indicator, which was physical healthcare, and update on the Trust's progress towards achieving the Physical Healthcare Commissioning for Quality and Innovation National goal (CQUIN).</p> <p>ACTION: This proposal was accepted and governors will be invited to submit requests for information/outline areas of interest in physical healthcare for inclusion in the future presentation. The invitation will be extended via Governor Connect. The presentation will be received by the September or November Council of Governors meeting (TBC).</p> <p>Issue raised with governors from Trust complainant John Morrissey, Lead Governor, reminded governors that, as reported at the May Council of Governors' meeting, a complaint had been received by governors. With the support of the Complaints Team and Trust senior managers, the complaint was reviewed by the Lead and Deputy Lead Governor who were content that the Trust had provided a</p>

	<p>correct response and had fed this back to the complainant. No response has been received. The matter is considered to be closed.</p> <p><u>Actions Matrix</u></p> <p>The Council of Governors agreed to close all completed actions. Updates were provided and noted on the actions matrix. All completed 'green' actions were scrutinised to ensure that they were fully complete and actions that were not complete were challenged with action owners.</p>
DHCFT/GOV/057	<p><u>ANNUAL ACCOUNTS 2017/18</u></p> <p>Claire Wright, Deputy Chief Executive & Finance Director, presented a summary of the Accounts for 2017/18. The accounts had been approved by the Audit & Risk Committee in May, in the presence of the Lead Governor.</p> <p>Overall, the Trust's performance exceeded plan by £663,000 mainly as a result of income relating to the historic disposal of land. The final position has been further improved by incentive funding, which is yet to be received, and which may be spend on capital projects. The improved cash position enables the Trust to review the future size and breadth of its capital programme. In direct support of its people, quality and operational delivery objectives, the Trust will utilise the bonus funding to make asset investments for the benefit of staff and patients.</p> <p>The annual report and accounts document will be made available after they have been laid before Parliament and, as usual, will form part of the Annual Members Meeting.</p> <p>Roy Webb, Appointed Governor from Derby City Council sought clarification on the deficit related to Out of Area (OOA) patients. Claire Wright clarified that at the outset of the 2017/18 financial year the Trust expected to the costs of OOA patients to be greater than they actually were, but these costs still led to a deficit, albeit a smaller deficit than expected.</p> <p>RESOLVED: The Council of Governors received and noted the summary of the annual accounts for 2017/18.</p>
DHCFT/GOV/058	<p><u>EXTERNAL AUDITOR OPINION ON THE ANNUAL REPORT AND ACCOUNTS 2017/18</u></p> <p>Joan Barnett, Manager with the Trust's External Auditors, Grant Thornton, delivered the Annual Audit Letter Presentation to the Council of Governors. The letter summarises the key findings arising from the auditing of the 2017/18 accounts, assessment the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources and a review of the Trust's Quality Report.</p> <p>An unmodified opinion was issued on the accounts on 25 May (ahead of the national deadline) and a group assurance certificate was issued to the National Audit Office in respect of the Whole of Government Account. The External Auditors were satisfied that the Trust's Annual Report, which includes the Annual Governance Statement, met the requirements set out in the NHS Foundation Trust Annual Reporting</p>

	<p>Manual and was consistent with the audited financial statements.</p> <p>The External Auditors did focus on the development of recurrent CIP schemes and the impact of NHS Improvement guidance on the submission of the refreshed financial plan for 2018/19 and were satisfied that the Trust had proper arrangements in place to secure economy, efficiency and effectiveness in its use of resources, with nothing to report in respect of these matters. An unqualified limited assurance opinion was provided on the Trust's Quality Report.</p> <p>The detailed Annual Audit Letter will be presented to the Audit & Risk Committee on 17 July 2018.</p> <p>Joan Barnett complimented the Trust on the work to bring together the Annual Report and Accounts and Quality Account in a timely, efficient and supportive manner.</p> <p>RESOLVED: The Council of Governors received and noted the Annual Audit Letter presentation from Grant Thornton.</p>
DHCFT/GOV/059	<p><u>NON-EXECUTIVE DIRECTOR DEEP DIVE</u></p> <p>Geoff Lewins, Non-Executive Director (NED) and Chair of the Audit & Risk Committee presented a deep dive on the work he had undertaken since joining the Trust in December 2017. Geoff Lewins' background is as a qualified accountant and auditor in the private sector, mainly Rolls-Royce. He outlined his activities in the Trust in the following areas:</p> <ul style="list-style-type: none"> • Chair of Audit & Risk Committee • As Chair of Audit & Risk Committee, oversight of the Board Assurance Framework with receipt of deep dives on extreme risks • Member of People & Culture Committee and Finance & Performance Committee • Triangulation and scrutiny of information across all three of these Board Committees • Visits to Information Management & Technology and Information Governance Teams • Involvement in the Annual Report and Accounts • The External Auditor Bid Board appointment process • Review and approval of a variety of policies and procedures and audit arrangements (counter fraud, internal and external audit) • Quality visits <p>Gillian Hough, Public Governor for Derby City West, enquired how malpractice or fraud, if detected, would be handled. Geoff Lewins responded that for the Auditors or any other person the first point of contact is generally to alert the Executive, specifically Claire Wright, if related to staff prior to escalation to Human Resources. In addition, Geoff Lewins advised that prior to meetings of the Audit & Risk Committee; the NED members meet privately with Internal and External Auditors which provides an opportunity for free and frank discussion and mutual feedback on any concerns. If there were issues identified these would be immediately raised to the Trust Chair and Chief Executive as necessary.</p>

	<p>Geoff Lewins acknowledged the contribution and support received from Trust staff in welcoming him to the organisation and the quality of information and development provided for him in his role.</p> <p>RESOLVED: The Council of Governors confirmed they had received a deep dive on the work of Geoff Lewins, NED, since his appointment to the Trust.</p>
DHCFT/GOV/060	<p><u>INTEGRATED PERFORMANCE REPORT SUMMARY</u></p> <p>Caroline Maley invited the NED Committee Chairs to illustrate the use of the information in the Integrated Performance Report (IPR) in relation to NED duties. The IPR had been discussed at length in the Public Trust Board meeting earlier in the day.</p> <p>Finance & Performance Committee and People & Culture Committee Richard Wright fed back as Chair of Finance & Performance Committee and as member of People & Culture Committee, which is chaired by Margaret Gildea. Executive Directors are challenged on financial performance in Finance & Performance Committee; the year had started well and is slightly ahead of plan. Agency costs continue to be scrutinised and are improving. NEDs seek assurance from Executive Directors on the ability to mitigate known issues and escalate to the Board if necessary. The IPR reflects the challenges related to appraisals and sickness/absence; these are areas of high priority for the People & Culture Committee and are triangulated with challenges in agency spend and hotspots with staff engagement.</p> <p>Audit & Risk Committee Nothing further to add, following the receipt of the NED Deep Dive by the Chair of the Audit & Risk Committee, Geoff Lewins.</p> <p>Safeguarding Committee and Mental Health Act Committee Anne Wright, NED Chair of both Committees advised she will be presenting the Deep Dive to the September Council of Governors, which will incorporate feedback on the use of the IPR.</p> <p>April Saunders, Staff Governor for Allied Professions, sought further information on the focussed work within the Radbourne Unit, which appears as a hot spot for a number of indicators within the IPR (sickness absence, vacancies and appraisals). Ifti Majid responded that in the Trust Board earlier in the day the connection between sickness, vacancies and levels of acuity had been discussed. The Board had reviewed a 100 day quality improvement plan for the Radbourne Unit and other urgent care pathways to cover areas such as provision of appraisals, leadership, care planning and compliance. A number of actions are already in train to improve performance overall. In addition, Amanda Rawlings, Director of People & Organisation Effectiveness, reported that there is a pipeline of new staff but the Trust acknowledges it has challenges in retention of staff in its urgent care pathways so is identifying options to rotate and retain, rather than lose staff. Kelly Sims, Staff Governor for Admin & Allied Staff, followed up with a question on the Trust's ability to maintain safer staffing levels in this</p>

	<p>environment and was assured that People & Culture Committee retains a significant focus on this. Ifti Majid added that any operational issues are escalated and support implemented.</p> <p>Carole Riley, Public Governor for Derby City East, requested information on the role of Clinical Practice Facilitators. Amanda Rawlings advised that the role is to induct, supervise and support newly qualified and appointed staff. Gemma Stacey, Appointed Governor from the University of Nottingham reported to fellow governors that positive feedback had been received from graduates regarding the effectiveness and impact of this role within the Trust. However, continued support and innovation to improve retention is required, particularly in the urgent care pathway. Investment is ongoing; improvements are already being seen in terms of applications for posts being received and feedback on staff experience.</p> <p>Roy Webb requested information on the issues relating to waiting times in Child & Adolescent Mental Health Services (CAMHS), increases to delayed transfers of care (DTOC) and increases in demand for neighbourhood waits in Derby City during May. Caroline Maley responded that CAMHS average waiting times are in fact reducing as demonstrated in the 12 month trend line in the IPR. Geoff Lewins advised that DTOC are not necessarily related to shortage of hospital beds but can be related to lack of availability of support or accommodation in the community. Ifti Majid advised that no trigger had been identified in the City for the increase in neighbourhoods. It is possible this may be related to the development of Place but there is no feedback or data to support that at this time.</p> <p>RESOLVED: The Council of Governors received the update from the NEDs on how they have used the IPR to hold the Executive Directors to account through their role using the IPR.</p>
DHCFT/GOV/061	<p><u>ESCALATION ITEMS TO THE COUNCIL OF GOVERNORS</u></p> <p>Caroline Maley reported that three questions had been escalated from the Governance Committee to the Council of Governors. Responses to the questions were read out in the meeting and are attached in full to these minutes at Appendix 2.</p>
DHCFT/GOV/062	<p><u>STAFF ENGAGEMENT UPDATE</u></p> <p>Richard Wright presented the update on behalf of Margaret Gildea. The following points were highlighted:</p> <ul style="list-style-type: none"> • The People & Culture Committee retains oversight and scrutiny for staff engagement • Key themes arising from the staff survey reflect known areas of challenge and dedicated focus is beginning to produce improvements • Visibility of the Board has been raised, particularly in clinical areas • Fair and equal opportunities for development remains an area of high priority

	<p>RESOLVED: The Council of Governors</p> <ol style="list-style-type: none"> 1. Noted the Trust's position in relation to the staff feedback received over the past six months, including the NHS Staff Survey and Pulse Check results, where key themes have been identified and the suggestions in terms of the local engagement pilot across services 2. Took assurance from the next steps outlined in the report. 3. Noted the ongoing internal communications programme for staff engagement.
DHCFT/GOV/063	<p><u>MEMBERSHIP OF THE GOVERNORS' NOMINATIONS & REMUNERATION COMMITTEE</u></p> <p>Sam Harrison presented the report to seek approval for invitations of expressions of interest for membership of the Governors' Nominations & Remuneration Committee.</p> <p>In line with its terms of reference, membership is for term of appointment. Two staff governors have recently been re-elected and therefore their membership has expired. The Committee has carried a vacancy for an Appointed Governor and expressions of interest are sought for this.</p> <p>ACTION It was agreed that expressions of interest for the two staff governor roles and one appointed governor role will be sought via Governor Connect. If expressions of interest exceed the number of vacancies, a ballot will take place via email.</p> <p>RESOLVED: The Council of Governors</p> <ol style="list-style-type: none"> 1. Confirmed agreement with the process proposed. 2. Agreed that expressions of interest would be sought, via Governors' Connect, during July/August with results presented to the next Council of Governors meeting on 4 September.
DHCFT/GOV/064	<p><u>GOVERNANCE COMMITTEE REPORT</u></p> <p>Gillian Hough, Chair of the Governance Committee presented a summary of the meeting of the Committee held on 12 June 2019, highlighting:</p> <ul style="list-style-type: none"> • Innovations and success from an increased focus on member engagement by governors • Task and finish groups for Engagement and Website Development • Upcoming elections for the Chair and Deputy Chair of the Committee <p>RESOLVED: The Council of Governors noted the report of the meeting of Governance Committee held on 12 June 2018.</p>
DHCFT/GOV/065	<p><u>STAFF GOVERNOR JOB DESCRIPTION</u></p>

	<p>Sam Harrison presented the Staff Governor job description which had been developed in consultation with the staff governors in order to provide clarity on the remit and limitations of the role to aid new and existing staff governors.</p> <p>Gillian Hough sought clarification on the raising of complaints on behalf of individuals. Sam Harrison advised that the role of the governor is to signpost individuals in these circumstances. Signposting of patient experience concerns is detailed in the recently developed governor engagement leaflet.</p> <p>RESOLVED: The Council of Governors approved the staff governor job description for circulation to staff governors.</p>
DHCFT/GOV/066	<p><u>ANY OTHER BUSINESS</u></p> <p>CQC Feedback Ifti Majid reported that the CQC inspection visits in patient related areas had concluded and commended colleagues for their performance during this time. Informal feedback has been received with a lot of positive feedback regarding performance and innovative practice. However, one formal request to improve had been received regarding older peoples services relating to updates to the Electronic Patient Record after observations. A plan has been put in place in order to rectify this concern. The inspection will conclude on 13 July with the completion of the Well-Led element. The results will be made available during August before being published in September.</p> <p>Historical abuse at Aston Hall Ifti Majid advised governors that the NHS England report into historical abuse at Aston Hall will be published shortly. The Trust is not the legacy organisation for Aston Hall, but can expect to be involved in anticipated media coverage. A briefing will be issued to governors prior to the publication of the report.</p>
DHCFT/GOV/067	<p><u>FOR INFORMATION</u></p> <p>Governors received the following items for information:</p> <ul style="list-style-type: none"> • Ratified minutes of the Public Board meeting held on 28 March 2018 • Chair's Report as presented to Public Trust Board on 3 July 2018 • Chief Executive's Report as presented to Public Trust Board on 3 July 2018 • Governor meeting timetable • Glossary of NHS terms
DHCFT/GOV/068	<p><u>REVIEW OF MEETING EFFECTIVENESS AND FOLLOWING THE PRINCIPLES OF THE CODE OF CONDUCT</u></p> <p>Caroline Maley sought views on the effectiveness of the meeting. Governors agreed that holding the meeting after the Trust Board is very helpful and commented that it was good to see the NEDs holding the Executives to account in the Board meeting.</p>

	<p>The Chair reminded governors that if they had any concerns regarding today's meeting to raise them directly with individuals concerned where possible. It is also possible to discuss concerns with herself, Sam Harrison, Denise Baxendale, John Morrissey or Carole Riley.</p>
DHCFT/GOV/069	<p><u>DATE AND TIME OF NEXT MEETING</u></p> <p>Date: Tuesday 4 September 2018 Time: 2.00 – 4.30 pm Venue: Conference Rooms A/B, Research & Development Centre, Kingsway, Derby, DE22 3LZ</p>
DHCFT/GOV/070	<p><u>CLOSE OF MEETING</u></p> <p>With no further business the meeting closed at 4.25 pm.</p>

APPENDIX 1

COUNCIL OF GOVERNORS MEETING TUESDAY 3 JULY 2018

SUBMITTED QUESTIONS FROM MEMBERS OF THE PUBLIC

QUESTION ONE

It relates to Page 6 of the minutes, overall page 11 of the Board papers, DHCFT2018/062 in which Claire Wright speaks about the financial performance and over achievement of the control surplus by £663k. I am not sure what this means the total surplus is. As a non-finance person, I believe that these surpluses are essentially savings we make annually out of revenue spending allocations which can then trigger additional funding being received the following year when both the savings and the additional funding can be used on capital spending. If I am correct in this it appears to mean to me that patients, such as myself, are not receiving the care and treatment we require, which should be paid for out of revenue spending, in order for the Trust to receive additional capital expenditure.

How can non-executives allow the Trust to justify taking monies from patient services and leaving patients untreated in order to receive capital expenditure? Surely, with the independence we have as FTs, we could be looking to get sponsorship for capital projects and provide patients with the services they need and deserve.

RESPONSE

It is correct to say that the Trust did make a surplus and it is correct to say we overachieved the control total by £663k. The control total is the amount set by our regulators NHS Improvement at the beginning of the financial year, and is the surplus amount that we are required to achieve. The control total for 2017/18 was £2.765m. At the end of the year the total surplus was £3.428m against the agreed surplus required by our regulator.

Because we overachieved our agreed surplus we then were allocated some 'incentive' funding from the regulator of £2.329m after year end finances were sent in to them.

This means that overall the total surplus was £5.757m, before technical adjustments. After these adjustments the remaining surplus reported in 17/18 accounts and presented to the Council of Governors on 3 July was £5.072m.

It is important to note that we did not reduce services in order to generate the additional surplus reported at 17/18 year end. We are commissioned by the CCGs to deliver specific services and monitoring against delivery of these. Where we know that there is a shortfall or gap in service provision we raise this in our contract meetings with commissioners to work to seek additional funding and/or mitigate service user risk. Where this cannot be immediately resolved it is noted on a joint risk register maintained with the CCGs.

There are occasions when risk is high that we do invest in our services and some examples when we have done this during the year include additional recruitment to:

1. Community mental health teams, to provide additional CPNs
2. The crisis team for crisis workers
3. In-patient units to pay for additional staff to teach and retain staff

4. Older Adult Psychology posts
5. Additional posts for Learning Disability services to reduce waiting time

The £663k initial extra surplus was made possible because of a one-off historical land sale proceeds of £950k. This helped us partly offset some of the additional patient-care related costs that we had been managing during the year (particularly relating to the placement of adult service users in out of area specialist beds).

You are right that when we receive the additional 'incentive' funding we can only spend it on capital, not running costs. However it is important to remember that these capital projects create assets that support our delivery of patient care and treatment. For example it is invested in providing buildings, equipment and technology. We are currently working with our staff to identify where this funding may be used to benefit most effectively patient care and to support our staff.

Scheduled Governor training on NHS and Trust Finances covers the understanding of the reported position and wider NHS finances along with regulator requirements for providers, and all governors are encouraged to attend this session.

QUESTION TWO – Universal Credit – Coercion of Mental Health Claimants

As part of the Health and Work Programme Disabled People Against Cuts (DPAC) we are seeing the use of DWP nudge unit and psycho compulsion. This effectively means the introduction of forced treatment through the use of IAPT Therapists based in job centres. If claimants don't take the treatment they face being sanctioned. The required outcome is that I want the Trust to take up cudgels against the DWP on this one?

Response

To note that the Trust will not enter into anything which is political in terms of taking up a cause for another organisation, or "taking up the cudgels" against another public sector body.

Lynne Wilmott-Shepherd asked the Commissioners to provide clarification. She spoke with the Commissioner who is leading this project to get an idea of exactly what is happening and she has sent the following:

"Employment Advisors (EA) in IAPT (Improving Access to Psychological Therapy) is a project run by the Department for Work and Pensions (DWP) and Department of Health (DH). It has been set up to increase the availability of employment support within IAPT services for people who are employed, those off sick from work and those who are unemployed and looking to find work. The employment support is *purely voluntary* and does not impact on people's benefit status. EAs will be embedded into IAPT services and will not be based within Job Centres.

The intention of this work is to ensure that IAPT services are able to offer an integrated package of psychological therapy and employment support. Therapists and EAs will be expected to work together to ensure that a personalised integrated package of care is available to all clients who choose to be supported in this way to remain in, get back to and find work. Both the EA and IAPT Practitioner will agree with the client shared goals and identify psychological support that could contribute to achieving employment goals.

The EA will work with Jobcentre Plus, employers, trade unions and employment agencies along with other partner organisations to keep people in employment and secure employment opportunities. The EA will provide advice about the use of reasonable adjustments, graduated return to work, access to work and other mechanisms to support individuals and employers to support people in work. This joint working is done on a clear basis of appropriate and proportionate information sharing and client consent, in line with data protection and confidentiality legislation."

APPENDIX 2

QUESTIONS ESCALATED FROM THE GOVERNANCE COMMITTEE MEETING HELD ON 12 JUNE 2018

QUESTION ONE – People Services and Organisational Effectiveness

A staff governor had received a lot of feedback from staff regarding the new Peoples Services which was established as an enhanced service with Derbyshire Community Health Services NHS Foundation Trust. The new structure was set up to improve and enhance recruitment, training, retention and staff support.

- **Staff groups across the Trust are concerned about a reduction in service that they have received to date and request assurance on how services are being delivered and measured and how they are being met.**

Response

The new service commenced on the 1/4/18 with a soft launch as some posts were still to be filled at the time. Most staff are now in post and have been inducted into both trusts working practises and the service model.

31 staff from the DHCT workforce and OD team joined together with 69 DCHS staff to create the People Services Team owned and governed by both trusts via a joint venture arrangement and a Joint Venture Committee. Staff do not belong to one trust or the other; they provide a service to both. There are now more staff and a wider range of services available and the service offer is building as we get the service fully up and running and listen to feedback.

Each team has a service specification agreed by both trusts and a set of KPI's, some are being refined and enhanced as we become clearer about what we wish to measure and what both trusts see as their key requirements. Each month the Executive Directors from both Trusts meet at a Joint Venture Committee to review the service progress and delivery.

- **Assurance is sought from the NEDs that service delivery is being measured and that standards are being met so that there is no detriment to the service that our Trust staff receive.**

Response

The joint venture arrangement is governed by a Joint Venture Committee made up of Executive Directors from both Trusts and performance reports are presented to the Executive Leadership Team (ELT) and we have an escalation process to Trust Board should there be any performance issues arise.

- **Additional assurance is sought specifically on HR support, training, recruitment, retention and staff support.**

Response

The trust has developed a People Strategy that has five focus areas; retain, develop, attract supported by leadership and management and inclusion. The People Services team play a role in the development, delivery, the people policies and practices to deliver the strategy but it is important to note that leaders across the trust have a significant role to play in all areas especially staff support and retention.

- **How are NEDs holding the Executive's to account to ensure that we are receiving an effective service for our staff and that proper governance arrangements are in place?**

Response

The NED's are holding the Joint Venture Committee to account for the oversight, performance and delivery of the standards we require from the People Services Team. The People and Culture Committee primary responsibility is to hold the executives to account for the delivery and performance of the People Strategy and the Workforce Plan for DHCT.

QUESTION TWO – Crisis information on the Trust Website

How can we be assured that the website information offered to people in a crisis is robust enough and mirrors best practice nationally?

RESPONSE

We can confirm that the information on our website has been reviewed by our Service Manager and Consultant Nurse, both of whom have confirmed that it is correct and is representative of our current service provision. Nationally some Crisis resolution and Home Treatment services have a specific phone number that anyone can contact at times of Crisis, including self-referrals. We are unable at this time to offer this option because we do not have the appropriate level of resource to enable us to do this. Commissioners have agreed to continue to invest in the CRHT over the next three years and therefore we would expect to reach a level of resource that will allow us to offer this service.

QUESTION THREE – Joined Up Care Derbyshire (JUCD)

Question to Ifti Majid, Chief Executive – as the lead for the JUCD mental health work stream: Can you help us to clarify and explore how the mental health voice and work stream is being heard and addressed within the Joined up Care and CCG involvement?

RESPONSE

There are a number of ways in which we are ensuring engagement of people who use our services:

1. The Joined up Care Derbyshire Board has just agreed an engagement strategy to ensure all workstreams and the wider STP mechanisms engage and consult with our communities and people who use services. This strategy includes the Engagement Forum (I understand we have a Governor rep on this) as well as an Engagement conference and Engagement working group. Whilst focussing on general more strategic Joined up Care Derbyshire issues it is expected workstreams such as the Mental Health one share information and major transformational plans.
2. Members of the Mental Health workstream board (including myself) have had joint training with members of HealthWatch Derbyshire and Mental Health Together about co-production and consultation ensuring we have a common understanding of both expectations and methodology
3. The quarterly extended Board meetings include representatives from Mental Health Together (Service Receiver and Carer Engagement Group) and mental Health Action Group and copies of all minutes are shared with HealthWatch City and County

4. Individual programme groups such as Forensic and Rehabilitation are tasked with engaging people who use services and carers relating to specific proposed changes and this is one of the tests applied when any proposals are brought to the Board for approval.
5. Quarterly newsletters are circulated widely including to mental Health Together and MHAG. We also factor in complaints and compliments when we are looking to develop a transformation plan – not just from DHCFT but all Organisations providing mental health interventions.

DRAFT

COUNCIL OF GOVERNORS ACTION MATRIX - AS AT 25 JUNE 2018						
Date of Minutes	Minute Reference	Item	Lead	Action	Completion by	Current Position
24.01.18	DHCFT/GOV/013	Membership Strategy	Denise Baxendale	Governance Committee to evaluate the Membership Strategy in six month's time and report back to the Council of Governors.	03.07.18 04.09.18	Evaluation added to the forward plan for the Governance Committee to review in June 2018. Results of review to be presented to the Council of Governors in July 2018. Deferred to the September meeting at the request of Governance Committee.
21.03.18	DHCFT/GOV/026	Escalation items to CoG from Governance Committee	Carolyn Green Richard Wright	Review of communications to maximise attendance at appointments to be reviewed. Carolyn Green to investigate further & liaise with Mark Powell.	01.05.18 03.07.18	The individual case has been investigated, followed up and an apology offered. Planning on how to implement the learning through this and improve effective implementation through the organisation will be taken forward. UPDATE AT THE MAY MEETING Further assurance was sought at the May meeting on the effectiveness of this service. Richard Wright will hold Executive Directors to account for this through his role as Chair of Finance & Performance Committee and report back to the Council of Governors at the July Meeting through his summary of the Integrated Performance Report.
3.7.18	DHCFT/GOV/63	Membership of Nominations and Remunerations Committee	Sam Harrison	Expressions of interest to be sought from Governors via Connect		Results to be presented on 4 September 2018 - AGENDA ITEM

Key	Agenda item for future meeting		YELLOW	1	50%
	Action Ongoing/Update Required		AMBER	1	50%
	Resolved		GREEN	0	0%
	Action Overdue		RED	0	0%
				2	100%

**Tender for the provision of External Audit Services – Contract Award
Recommendation**

Purpose of Report

The purpose of this paper is to provide a recommendation to the Council of Governors with respect to the appointment of the External Auditors of the Trust.

Executive Summary

It is a statutory duty of the Council of Governors, under the 2006 Act, to appoint the Trust's External Auditor. The current contract for the provision of External Audit services by Grant Thornton LLP expires on 31/10/18.

As presented to and agreed by the Council of Governors at the 24 January meeting, a process was initiated to invite bids through a tender process and involve three governors in the Bid Board to evaluate bids and put forward a recommendation for the contract award.

Members of the Bid Board were:

Geoff Lewins – Audit and Risk Committee Chair
Claire Wright – Deputy Chief Executive and Director of Finance
Sam Harrison – Director of Corporate Affairs
Mark Powell – Chief Operating Officer
Rachel Leyland – Deputy Director of Finance
Gillian Hough – Public governor
Kelly Sims – Staff governor
John Morrissey – Lead governor/public governor
Russ Hadfield – Purchasing Officer

The tender was run as a mini-competition against the NHS SBS procurement framework. Following publication of the specification, six providers registered their interest and on expiry of the tender deadline, the Trust received a total of two complete bids from Grant Thornton and Mazars. The Procurement team sought advice from the framework provider, NHS SBS, who advised that as the tender was fully compliant with the mini-competition criteria, it was permissible to take the two responses to the evaluation stage. The Bid Board decided to proceed on this basis and met on 5 July 2018 to evaluate the bidder's responses.

Following the evaluation, Grant Thornton achieved the highest score by a clear margin, submitting a strong bid that demonstrated their ability to meet the Trust's requirements for External Audit Services.

The Bid Board therefore wishes to recommend that the contract for External Audit Services is awarded to **Grant Thornton**. This recommendation was subsequently supported by the Audit and Risk Committee at its meeting of 17 July 2018.

The main strengths of their bid are as follows:

- Strong understanding of the key strategic and environmental issues and risks that affect the Trust.
- Broad experience of delivering audit services within the NHS and particularly within the Foundation Trust sector.
- Highly qualified staff with demonstrable experience that is relevant to the Trusts key requirements. The bidder's proposal allows for a relatively high number of senior staff days.
- Clear and evidenced examples of how the bidder's skills, resources and experience would be leveraged to add value to the Trust.
- The proposed cost of delivering the services is within the Trusts current financial envelope.

Duration of Contract

The Bid Board has agreed that the duration of the resulting contract will be 3 + 1 + 1 years, i.e. a primary term of 3 years with an option to extend the contract by a further 2 x 12 month periods.

Criteria Weightings for Quality/Price

The criteria weightings for the mini competition were **50% for Quality and 50% for Price**.

Quality Questions and Commercial Evaluation

Bidders were required to respond to five quality questions and a commercial template, showing the total proposed costs for the services broken down by pay and non-pay costs. The Quality and Commercial responses from all bidders were evaluated against the agreed scoring methodology.

The procurement team analysed and scored the commercial responses. The Bid Board met to evaluate the responses to the Quality questions and collectively agreed scores for each bidder's response to the questions.

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

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

Assurances

4a	Failure to deliver financial plans	Executive Director of Finance	EXTREME
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For assurance it should be noted that the Trust has been accredited to NHS Procurement Standards Level 1.

Consultation

The content of this report was presented and discussed at the Audit and Risk Committee meeting held on 17 July 2018 (in confidential session). The Report encompasses discussions from the meeting of the Bid Board on 5 July.

Governance or Legal Issues

Procurement activity is governed by the requirements of our Standing Financial Instructions, Standing Orders and Procurement Strategy.

It is a legal requirement under the 2006 NHS Act that Foundation Trusts have an external auditor in place at all times. Paragraph 33 of the Trust's Constitution states:

33. Auditor

33.1 The Trust shall have an auditor.

33.2 The Council of Governors shall appoint or remove the auditor at a general meeting of the Council of Governors.

To support the Council of Governors in this role support will be provided from the Audit and Risk Committee, as per its Terms of Reference:

External audit

7.12 To make a recommendation to the Council of Governors in respect of the appointment, re-appointment and removal of an external auditor and related fees as applicable. To the extent that the recommendation is not adopted by the Council of Governors, this shall be included in the annual report, along with the reasons that the recommendation was not adopted.

7.14 To assess the External Auditor's work and fees each year and based on this assessment, to make the recommendation above to the Council of Governors with respect to the re-appointment or removal of the Auditor. This assessment should include the review and monitoring of the External Auditor's independence and objectivity and effectiveness of the audit process in light of relevant professional and regulatory standards.

7.15 To oversee the conduct of a market testing exercise for the appointment of an auditor at least once every five years and, based on the outcome, make a recommendation to the Council of Governors with respect to the appointment of the Auditor.

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

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

x

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

Actions to Mitigate/Minimise Identified Risks

No risks have been identified.

Recommendations

The Council of Governors is requested to approve the recommendation put forward by the Bid Board, and as supported by the Audit and Risk Committee.

Report presented by: Geoff Lewins – Audit and Risk Committee Chair/Sam Harrison, Director of Corporate Affairs on behalf of Governors participating in the Bid Board

Report prepared by: Sam Harrison, Director of Corporate Affairs and Russ Hadfield, Purchasing Officer

Integrated Performance Report Month 4

Purpose of Report

This paper provides the Trust Board with an integrated overview of performance as at the end of July 2018. The focus of the report is on workforce, finance, operational delivery and quality performance.

Executive Summary

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

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

1. Regulatory Compliance dashboard

- Agency Spend
- Care Programme Approach (CPA) 7 day follow up
- Sickness absence
- Appraisals
- Mandatory Training
- Out of Area placements

2. Strategy Performance dashboard

- Cost Improvement Plan
- Agency Spend
- Delayed Transfers of Care (DTOC)
- Neighbourhood waiting times
- Number of patients with a Length of Stay (LOS) greater than 50 days
- Quarter 1 Pulse Check results

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

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

Assurances

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

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

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

Consultation

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

Governance or Legal Issues

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

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

Actions to Mitigate/Minimise Identified Risks

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

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

Recommendations

The 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 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:

Peter Charlton, General Manager, IM&T

Rachel Leyland, Deputy Director of Finance

Liam Carrier, Workforce Systems & Information Manager

Rachel Kempster, Risk and Assurance Manager

Peter Henson, Performance Manager

Integrated Performance Report Month 4

1. Regulatory Dashboard

Finance	Finance Score	Finance Scorecard	YTD	1	1	G	●	→		
			Forecast	1	1	G	●	→		
		Capital Service Cover	YTD	2	2	G	●	→		
			Forecast	2	2	G	●	→		
		Liquidity	YTD	1	1	G	●	→		
			Forecast	1	1	G	●	→		
		Income and Expenditure Margin	YTD	1	1	G	●	→		
			Forecast	1	1	G	●	→		
		Income and Expenditure variance to plan	YTD	1	1	G	●	→		
			Forecast	1	1	G	●	→		
Quality and Operations	Single Oversight Framework	Agency variance to ceiling	YTD	1	1	G	●	→		
			Forecast	1	2	R	●	→		
		Agency costs as % of total pay costs	YTD	2.9%	2.9%	G	●	→		
			Forecast	2.9%	3.2%	R	●	→		
		NHS I Segment	YTD	N/A	2			→		
Quality and Operations	KPIs	CPA 7 Day Follow-up (M)	Jul, 2018	95.00%	92.98%	R	●	↓		
			Jun, 2018		98.21%	G	●			
		Data Quality Maturity Index (DQMI) - MHSDS Data Score (Q)	Jul, 2018	95.00%	96.12%	G	●	→		
			Jun, 2018		96.53%	G	●			
		IAPT RTT within 18 weeks (Q)	Jul, 2018	95.00%	99.86%	G	●	→		
			Jun, 2018		100.00%	G	●			
		IAPT RTT within 6 weeks (Q)	Jul, 2018	75.00%	95.82%	G	●	→		
			Jun, 2018		96.80%	G	●			
		Early Intervention in Psychosis RTT Within 14 Days - Complete (Q)	Jul, 2018	53.00%	84.00%	G	●	→		
			Jun, 2018		85.00%	G	●			
		Early Intervention in Psychosis RTT Within 14 Days - Incomplete (Q)	Jul, 2018	53.00%	94.12%	G	●	↑		
			Jun, 2018		90.91%	G	●			
		Patients Open to Trust In Employment (M)	Jul, 2018		10.17%	G	●	→		
			Jun, 2018		10.40%	G	●			
		Patients Open to Trust In Settled Accommodation (M)	Jul, 2018		57.88%	G	●	↓		
			Jun, 2018		59.25%	G	●			
		Under 16 Admissions To Adult Inpatient Facilities (M)	Jul, 2018	0	0	G	●	→		
			Jun, 2018		0	G	●			
		IAPT People Completing Treatment Who Move To Recovery (Q)	Jul, 2018	50.00%	58.32%	G	●	→		
			Jun, 2018		58.73%	G	●			
		Physical Health - Cardio-Metabolic - Inpatient (Q)								
		Physical Health - Cardio-Metabolic - EI (Q)								
		Physical Health - Cardio-Metabolic - on CPA (Community) (Q)								
		Out of Area - Number of Patients Non PICU (M)	Jul, 2018		13			→		
			Jun, 2018		13					
		Out of Area - Number of Patients PICU (M)	Jul, 2018		13			↓		
			Jun, 2018		24					
		Out of Area - Average Per Day Non PICU (M)	Jul, 2018	7.9	6.2	G	●	↓		
			Jun, 2018	9.7	7.2	G	●			
		Out of Area - Average Per Day PICU (M)	Jul, 2018	23.7	7.9	G	●	↓		
			Jun, 2018	24.6	14.2	G	●			
		Written complaints – rate (Q)	Q1 2018/19		0.02			↓		
			Q4 2017/18		0.03					
		Staff Friends and Family Test % recommended – care (Q)	Q4 2017/18		73%			→		
			Q2 2017/18		73%					
		Occurrence of any Never Event (M)	Jul, 2018	0	0	G	●	→		
			Jun, 2018		0	G	●			
		Patient Safety Alerts not completed by deadline (M)	Jul, 2018	0	0	G	●	↓		
			Jun, 2018		2	G	●			
		CQC community mental health survey (A)	2017		7.3/10			↑		
			2016		7.0/10					
		Mental health scores from Friends and Family Test – % positive (M)								
		Potential under-reporting of patient safety incidents (M)								
Workforce and Engagement	KPIs	Turnover (annual)	Jul, 2018	10.00%	10.29%	G	●	→		
			Jun, 2018		10.30%	G	●			
		Sickness Absence (monthly)	Jul, 2018	5.04%	6.48%	R	●	↑		
			Jun, 2018		5.21%	R	●			
		Sickness Absence (annual)	Jul, 2018	5.04%	TBC	R	●	↓		
			Jun, 2018		5.35%	R	●			
		Vacancies (funded fte)	Jul, 2018		11.74%			→		
			Jun, 2018		12.27%					
		Appraisals All Staff (number of employees who have received an appraisal in the previous 12 months)	Jul, 2018	90.00%	79.45%	R	●	→		
			Jun, 2018		79.25%	R	●			
		Medical Appraisals (number of medical employees who have received an appraisal in the previous 12 months)	Jul, 2018	90.00%	97.00%	G	●	↓		
			Jun, 2018		100.00%	G	●			
		Compulsory Training (staff in-date)	Jul, 2018	90.00%	82.61%	A	●	→		
			Jun, 2018		82.36%	A	●			
		NHS Staff Survey (A)	Work		60.92%					
			Treatment		72.77%					

Key:

Period

Current Month

Previous Month



Achieving target



Not achieving target



Within tolerance



No Target Set

Target

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

1.1 Finance Position

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

All metrics are forecast to achieve their planned outturn with the exception of agency variance to ceiling - this is forecast at '2' which is worse than the plan of '1'.

Comparing the actual expenditure on Agency to the ceiling, we are below the ceiling value by £37k (3.7%) at the end of July. This generates '1' on this metric within the finance score. Agency expenditure is forecast to be above the ceiling by 10.9% which is generating a score of '2' which is worse than the plan. Agency expenditure is forecast to be above the ceiling by £330k. (This includes contingency costs estimated at £400k.)

1.2 Agency cost as percentage of total pay

The plan of 2.9% reflects the ceiling of £3.030m as a percentage of the total pay budget. The agency expenditure is forecast to be higher than plan but the total pay expenditure is forecast to be less than the plan.

The forecast agency expenditure equates to 3.2% of the pay budgets (3.2% last month). National NHSI (NHS Improvement) benchmarking information from 2017/18 showed agency expenditure at 4.5% of pay budgets with Midlands and East region at 5.2%.

1.3 CPA (Care Programme Approach) 7 day follow up

During July a small number of patients were not followed up in seven days following their discharge. One patient was placed within a 24 hour care situation and contact was made with the home and not the patient direct, one patient was discharged out of area and was followed up locally and two patients were unable to be contacted within the time frame despite numerous attempts to do so

A further case related to a communications error which has been followed up with the respective team to avoid this happening again.

1.4 Sickness Absence

Staff attendance remains a significant challenge to the Trust with an annual sickness absence rate of 5.35% however compared to July 2017 the annual sickness absence rate has reduced by 0.04%. In July 2018 the sickness absence rate for the month was 6.48% which is 1.27% higher than the previous month and 1.21% higher than the same period last year (June 2017).

A main area of focus continues to be the Radbourne Unit where dedicated HR resource has been deployed to support managers in reviewing sickness absence. The table below shows the main areas of concern.

Sickness Absence July 2018	HC	% *
RDH Ward 36 Adult Acute Inpatient IP	27	32.37%
County South Early Intervention	10	22.88%
High Peak and Dales CRHT	10	22.58%
Enhanced Care Ward IP	30	20.16%
Cherry Tree Close Residential Rehab IP	22	17.22%
City & County South CRHT	34	16.73%
Hope & Resilience Hub	22	16.00%
RDH Ward 33 Adult Acute Inpatient IP	26	14.47%
Catering MH	20	13.25%
RDH Ward 35 Adult Acute Inpatient IP	25	13.11%
Sth DD Neighbourhood - Adult	23	11.51%
Hartington Unit Tansley Ward Adult IP	26	10.69%
Kingsway Cubley Court OP Female IP	37	10.55%
Erewash Neighbourhood - Adult	17	9.81%
Derby City Drug Team	17	9.77%
RDH Ward 34 Adult Acute IP	22	9.44%
KillInthCfild Neighbourhood - Adult	24	9.18%
Kingsway Cubley Court OP Male IP	42	9.11%
Audrey House Residential Rehabilitation IP	21	8.92%
Criminal Justice Liaison Team	21	8.88%

A new attendance guide has been written and is currently being discussed with the unions regarding attendance. It is proposed that First Care (sickness management system) will send this out with their first letter.

1.5 Appraisals

There has been an increase of 0.20% in appraisal completion, now running at 79.45% against a target of 90%.

Medical staff appraisal completion is currently 97% under the Medical appraisal system process (this is the “rolling month-by-month figure” of all the doctors eligible to be appraised who have been appraised within the required 12 month period)

The new People Services, divisional people managers will be taking a lead with services to look at hot spots and provide support and guidance, new training is to be rolled out as part of the leadership strategy which will raise the profile and importance of a good appraisal.

1.6 Training

The table below shows the main mandatory training hotspot service areas for May.

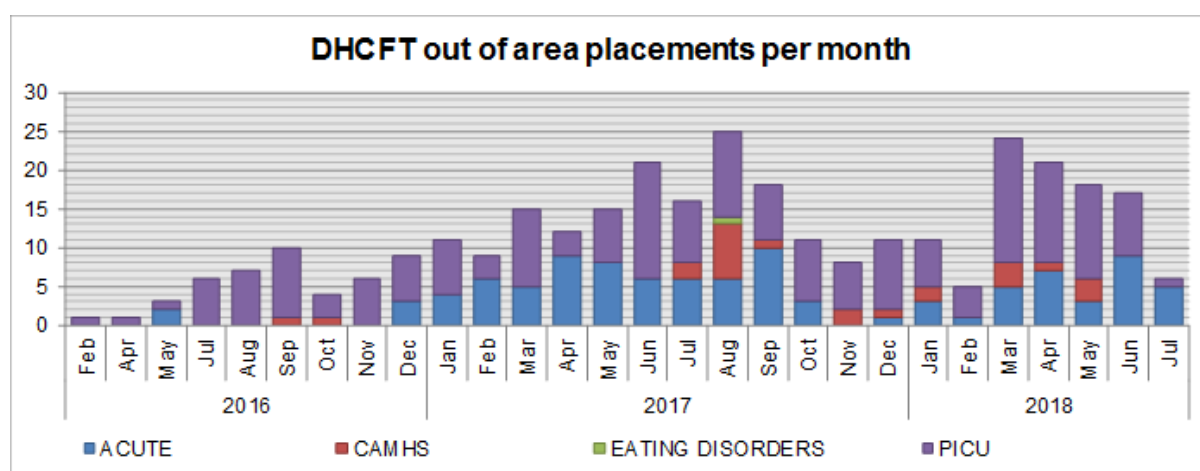
Compulsory training compliance is running at 82.61% against a target of 90%.

In addition, now that People Services are in place colleagues are now available to work alongside operational colleagues to understand and address any barriers to completion. Moreover, supportive sessions are being conducted across the organisation to engage with staff and in particular bank staff to understand ESR and undertake eLearning.

1.7 Out of Area Placements

Over the last two months there has been an increase in the number of patients who have required an adult acute psychiatric bed. This has been as a result of the Trust not being able to provide a bed when needed due to being at full capacity.

Some of the actions in the 100 day urgent care plan seek to improve the efficiency of patient pathways and therefore we expect to see an improvement in these over the next three months.



2. Strategy Delivery

Finance Scorecard	Finance Scorecard	YTD	1	1	G	●	→				
		Forecast	1	1	G	●	→				
	Control Total position £000	YTD	555	631	G	●	↑				
		Forecast	2331	2331	G	●	→				
	CIP achievement £m	YTD	1.566	1.399	R	●	↑				
		Forecast	4.871	4.871	G	●	→				
		Recurrent	4.871	2.345	R	●	↓				
	Agency £m	YTD	1.012	0.975	G	●	↑				
Forecast		3.030	3.360	R	●	→					
Cash £m	YTD	22.584	26.028	G	●	↑					
	Forecast	21.608	21.908	G	●	→					
Quality and Operations Scorecard	RTT Incomplete Within 18 Weeks (%)	Jul, 2018	92%	94.0%	G	●	↓				
		Jun, 2018		95.6%	G	●					
	CPA Review in last 12 Months (on CPA > 12 Months)	Jul, 2018	95%	95.2%	G	●	→				
		Jun, 2018		95.7%	G	●					
	Delayed Transfers of Care (%)	Jul, 2018	0.8%	1.9%	R	●	→				
		Jun, 2018		2.5%	R	●					
	North Neighbourhood Average Wait (weeks)	Jul, 2018		8.3			↑				
		Jun, 2018		8.2							
	North Neighbourhood Current Waits (number)	Jul, 2018		2009			↑				
		Jun, 2018		1956							
	City Neighbourhood Average Wait (weeks)	Jul, 2018		6.7			↓				
		Jun, 2018		8.5							
	City Neighbourhood Current Waits (number)	Jul, 2018		1448			↑				
		Jun, 2018		1344							
	South Neighbourhood Average Wait (weeks)	Jul, 2018		10.9			↑				
		Jun, 2018		10.1							
	South Neighbourhood Current Waits (number)	Jul, 2018		1783			↑				
		Jun, 2018		1766							
	CAMHS Average Wait (weeks)	Jul, 2018		9.5			↑				
		Jun, 2018		8.5							
CAMHS Current Waits (number)	Jul, 2018		358			↑					
	Jun, 2018		357								
Community Paediatrics Average Wait (weeks)	Jul, 2018		17.3			↑					
	Jun, 2018		14.4								
Community Paediatrics Current Waits (number)	Jul, 2018		811			↓					
	Jun, 2018		929								
Number of Adult Acute Inpatients (Hartington and Radbourne) LoS > 50 Days	Jul, 2018		80			↑					
	Jun, 2018		73								
Workforce and Engagement Scorecard	RETAIN - Staff engagement score	2017 Annual	To see an improvement in the staff engagement score	3.740	G	●	↑				
		2016 Annual		3.690							
		Q1 Jun 2018		72%	G	●	→				
		Q4 Mar 2018		72%							
	DEVELOP - Recruitment of preceptorship staff	2017/18	Number of students recruited into preceptorship	31	R	●	↓				
		2016/17		46							
	ATTRACT - Retention of preceptorship staff	2017 Annual	Number of students recruited into preceptorship who stay for at least one year	91%	G	●	→				
		2016 Annual		91%							
	LEADERSHIP & MANAGEMENT - Employee relations cases	Q1 Jun 2018	To see a reduction in the number of cases	40	G	●	↓				
		Q4 Mar 2018		48	R	●					
Q3 Dec 2017		45		R	●						
Q2 Sep 2017		37									

Key:

Period

Month

Previous Month



Achieving target



Not achieving target



No Target Set

Target

Trend



Trend compared to previous month with tolerance of 1%

2.1 Control Total position

The surplus in the month of £171k was £19k above plan, so the year to date favourable variance has increased to £76k. The forecast remains to achieve the control total at the end of the financial year.

We currently anticipate that in order to do so we will need to use all 'reserves'. There remain financial pressures to manage in order to achieve the control total, in particular the costs of adult out of area placements.

The likely full impact of the AfC pay award is still being assessed and is undergoing enhanced predictive analysis.

2.2 Cost Improvement Programme (CIP)

At the end of July £4.2m of CIP has been assured in the ledger (£1.4m YTD) which leaves an unassured gap of £660k. There are several schemes still to be actioned which are forecasting further savings of £508k, leaving an unidentified gap of £152k.

Of the forecast savings 48% is to be saved recurrently.

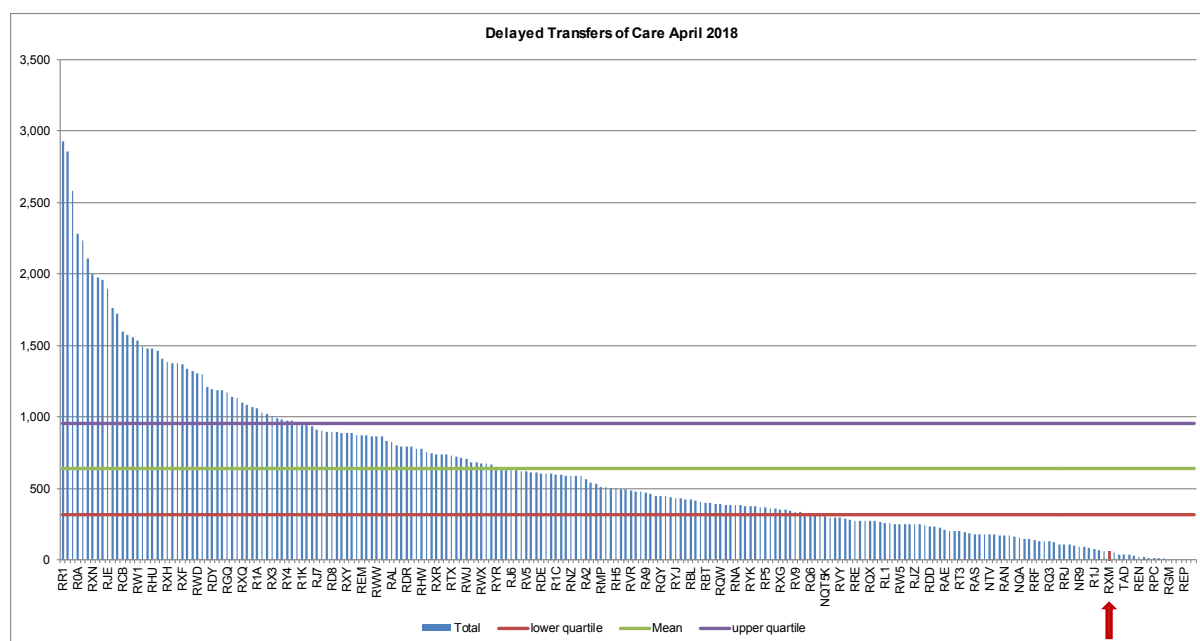
2.3 Delayed Transfers of Care (DTOC)

DTOC has increased but is still below national average. Individually the patients registered under DTOC are followed up with robust discussion with social care.

There were seven delayed transfers in May, two of which have now been resolved.

From a system wide perspective we have noted an increase in Derby City DTOCs where currently we do not have designated hospital social workers. We are in negotiation with social care regarding ring fencing this role and obtaining further support to address this issue.

We continue to be one of the lowest reporters of DTOCs nationally currently eighteenth of all organisations for delayed transfer bed days.



<https://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/statistical-work-areas-delayed-transfers-of-care-delayed-transfers-of-care-data-2018-19/>

2.4 Neighbourhood Waits

There has been an increase in demand in Derby City neighbourhood over the last three months, predominantly for community mental health services.

Since the last Board of Directors meeting the waiting list policy has been agreed, which sets out the need for colleagues to communicate effectively with referrers and those on the waiting list. This is in turn being underpinned by having a consistent approach to managing waiting lists.

In the South Derbyshire, City and Amber Valley team we continue to experience difficulties with obtaining consistent locum cover for the vacant consultant post. This is continuing to affect capacity resulting in clinics being cancelled/rearranged at short notice. The Older Peoples Medical Team is particularly pressured at the moment resulting in reduced community capacity in order to ensure adequate cover for the inpatient areas.

The review of neighbourhood services continues to be undertaken with specific outcomes seeking to address current issues across community mental health services. This work is highlighting areas where activity is currently being completed by the neighbourhood Teams which hasn't been commissioned (e.g. Personality Disorder, ASD (Autism Spectrum Disorder) and ADHD (Attention Deficit Hyperactivity Disorder). Further internal analysis will be required prior to dialogue with commissioners about how we address this issue.

2.5 Number of patients with a LOS (Length of Stay) greater than 50 days

The pattern relating to patient length of stay over longer periods demonstrates peaks and troughs and clearly during peak periods there is an impact on out of area bed use.

The Hartington Unit have for some time had a system in place of weekly clinical review of exceptional LOS including Consultants and Heads of Nursing. This is currently being systematically established at the Radbourne Unit and also aligns to the red to green process.

It is recognised this is a high priority for clinical and management focus but there is currently a background of management absence across all levels at the Radbourne Unit. This has been supported by redeployment of staff from the Hartington Unit but it needs to be recognised that there has been a lack of continuity which is currently being addressed.

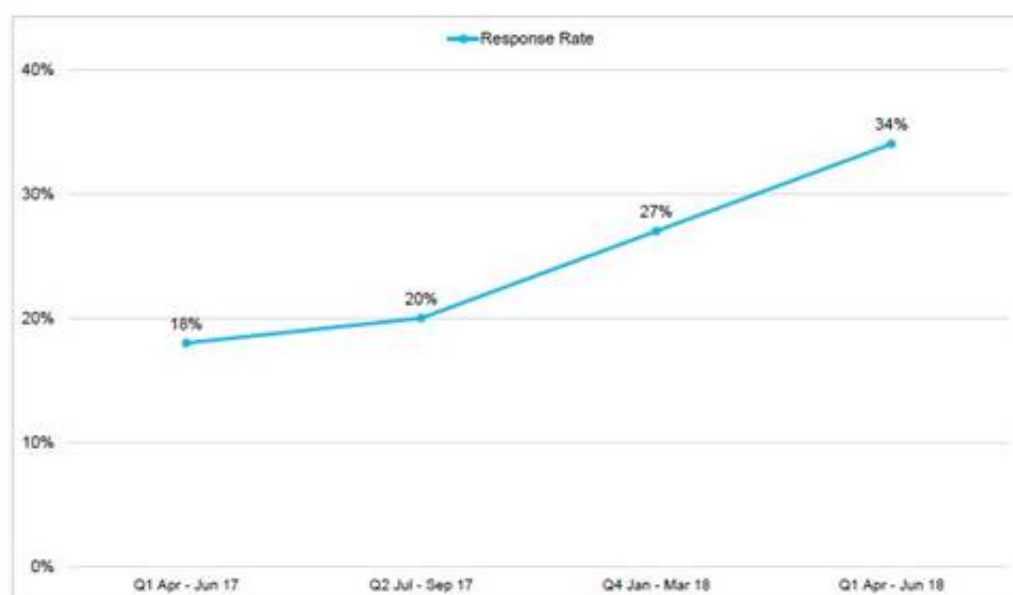
The patients with longer length of stays have complex needs and are often waiting for specialist placements or specialist accommodation and there are sometimes legal complications with disagreement about the way forward with carers and patients. Strategy meetings are held to plan ways forward and promote resolution.

The Urgent Care Clinical Lead post has just been recruited to and has started in post. This post will take a key role in facilitation of action planning and implementation of clinical models which will have an impact upon avoiding the development of unnecessary long inpatient stays.

2.6 Workforce and engagement measures

Q1 Pulse Check – April – June 2018 results - 34% of the workforce completed the Q1 Pulse Check – our best response rate to date.

National Friends and Family Test Response Rate



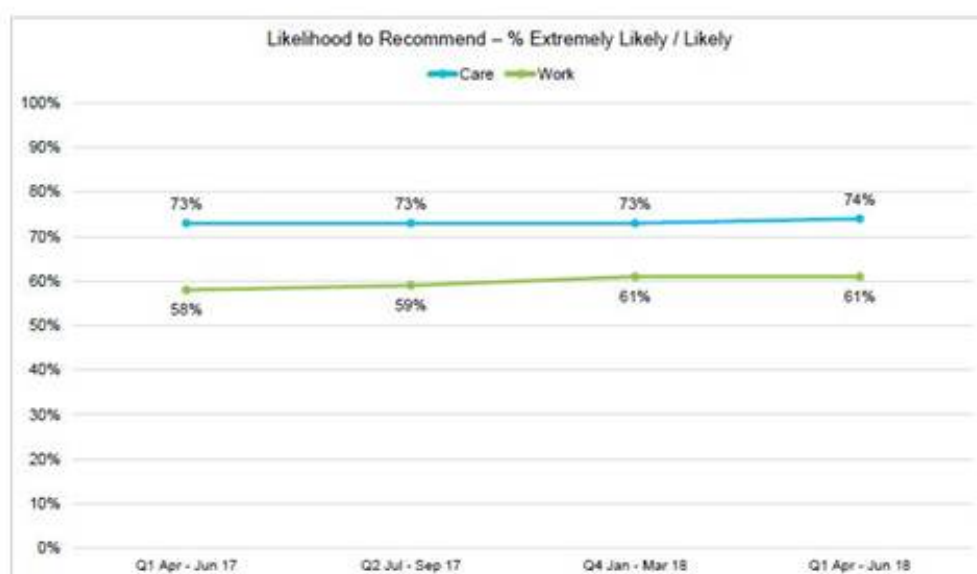
Base: Q1 Apr-Jun 17 n = 412, Q2 Jul-Sep 17 n = 465, Q4 Jan-Mar 17 n = 650, Q1 Apr-Jun 18 n = 811

The organisational level results can be found in the chart and table below. Whilst there is not an improvement in all of the questions, the focus of encouraging more colleagues to respond shows a better accurate picture of how staff are feeling; there were more positive responses in four out of the ten questions and three showed no change.

We are very aware, however, that there is more to do. Managers have been sent a breakdown of the pulse check results for each area, and are being urged to discuss the results in teams and make changes as a result.

Staff Friends and Family Test questions

National Friends and Family Test (FFT) Scores



Q1. How likely are you to recommend this organisation to friends and family if they needed care or treatment?
Q2. How likely are you to recommend this organisation to friends and family as a place to work?

Base: Q1 Apr-Jun 17 n = 412, Q2 Jul-Sep 17 n = 465, Q4 Jan-Mar 17 n = 650, Q1 Apr-Jun 18 n = 811

Additional questions

Question	Q4 Jan – Mar 2018	Q1 Apr – June 2018	% change
Care of patients/service users is the Trust's top priority	80%	77%	-3%
I am able to make suggestions to improve the work of my team/department	78%	79%	+1%
There are frequent opportunities for me to show initiative in my role	74%	73%	-1%
I am able to make improvements happen in my area of work	67%	67%	N/A
I think that it is safe to speak up and challenge how things are done	62%	61%	-1%
I look forward to going to work	61%	61%	N/A
I am enthusiastic about my job	73%	75%	+2%
Time passes quickly when I am working	78%	80%	+2%

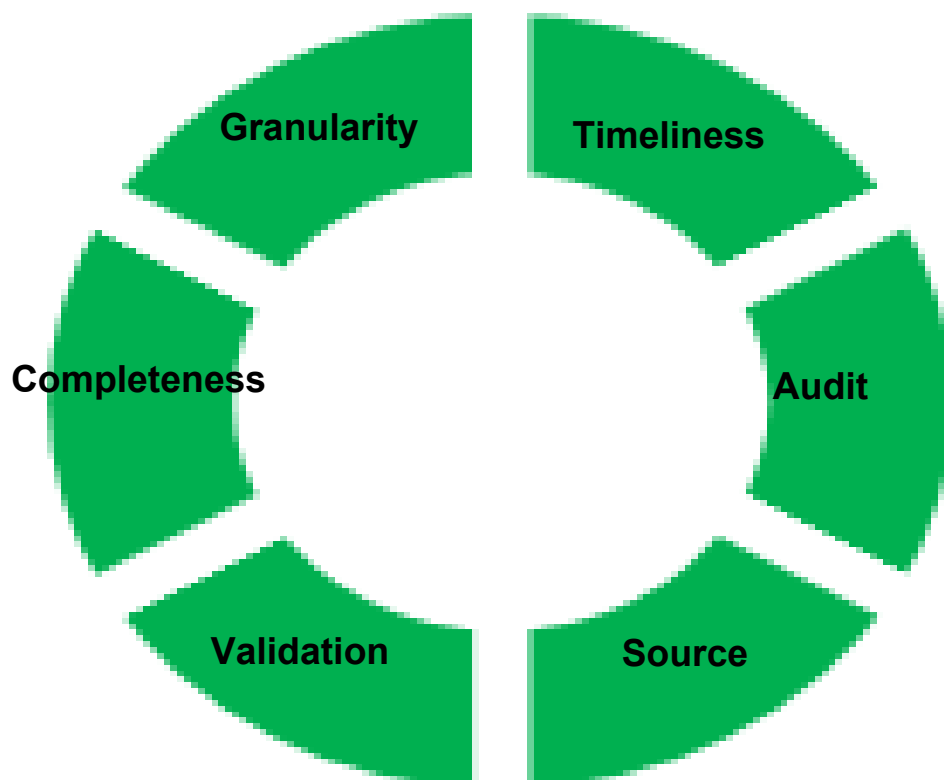
The quarter 2 Pulse Check is set to launch to all staff on Monday 3 September 2018.

Data Quality Kitemark

Background

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

Approach



The Trust has adopted this Data Quality Kitemark. The assessment of each domain will be based on the following criteria;

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

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

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

KPI Data Quality Reviews

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

Report from Governance Committee

Purpose of Report

This paper provides an update on the meeting of the Governance Committee held on 21 August 2018.

Executive Summary

Since the last summary was provided in July the Governance Committee has met once on 21 August 2018.

The Governance Committee agreed to escalate five questions to the Council of Governors.

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
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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.	
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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 21 August 2018.

Report presented by: Gillian Hough, Chair of Governance Committee

Report prepared by: Denise Baxendale, Membership and Involvement Manager

Report from Governance Committee

The Governance Committee of the Council of Governors (CoG) has met once on 21 August since its last report to the Council of Governors in July. Eleven governors attended. This report provides a summary of the actions and recommendations made.

Governor Training & Development

- Governors agreed to defer the training session on 16 October until the New Year when Claire Lea, external facilitator will be available
- Topics for 2019/2020 to include: information governance, Mental Health Act (community treatment orders, sections), inquests and the impact on staff
- Future block training with three or more sessions to include a break for lunch and time for governors to

Membership and Engagement

- Governors were encouraged to feedback themes from engagement events / topics of conversation to present membership/public viewpoints and issues to NEDs as part of the governor statutory engagement role
- Governors were encouraged to attend the joint Countywide Mental Health Forum, held on 25 September hosted by Roger Kerry and Angela Kerry.

Election of Deputy Chair of the Committee

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

Membership & Engagement

- Feedback was received from engagement opportunities which were arranged by the Engagement Officer, and also from governors regarding Patient Participation Groups
- Governors were encouraged to attend engagement events as agreed focus for governors activity for 2018/19
- Governors were encouraged to feedback themes from engagement events / topics of conversation to present membership/public viewpoints and issues to NEDs as part of the governor statutory engagement role.

Lead Governor and Deputy Lead Governor job description

- Governors approved the first draft presented to the meeting with amends and agreed to present the amended job description to the Council of Governors in November.

Chair and Deputy Chair job description

- Governors approved the first draft presented to the meeting with amends and agreed to present the amended job description to the Council of Governors in November

Feedback – Engagement Task and Finish Group

- Angela Kerry presented the Action Plan which is based on the key priorities in the Membership Strategy 2018-2021
- The action plan will be presented to the Council of Governors in September
- Governance Committee will review the Action Plan twice a year.

Feedback – Website Task and Finish Group

- Carole Riley lead of the group will contact communications to find out what governors are required to do in preparation for the launch of the new website in November.

Escalation items to the Council of Governors

- There were five questions to escalate to the Council of Governors relating to the Trust's People Services, Joined Up Care Derbyshire, CCGs reducing investment in the voluntary services, engagement with service users and carers, and proposals of the CCG to cease to commission the psychoanalytical psychotherapy service.

Governor attendance at the Council of Governors

- All governors had attended at least one of the last three successive normal Council of Governors meetings.

Annual Members' meeting – 20 September 2018

- Governors were encouraged to attend the AMM to engage with members and the public
- Governors were given posters to display in their areas to promote the AMM

Governors Annual Effectiveness Survey

- The survey will be circulated to all governors
- The outcomes will be presented to the Governance Committee in October
- The outcomes will be presented to the Council of Governors in November.

Update – Engagement Task and Finish Group

Purpose of Report

To consider the Governor Engagement Action Plan prepared by the Engagement Task and Finish Group.

Executive Summary

The Engagement Task and Finish Group was established in April 2018 to discuss and draw up an Action Plan for DHCFT Governor Engagement with DHCFT members.

The group consisted of the following Governors:

- John Morrissey
- Christine Williamson
- Roger Kerry
- Shirish Patel
- Kelly Simms
- Moira Kerr
- Angela Kerry

Additional staff input was provided by Denise Baxendale and Shirley Houston.

The group met once and further communicated by e-mail.

The objectives for membership engagement are to:

1. Increase membership engagement with the Trust and its Governors
2. Provide mechanisms for members to provide feedback to the Trust
3. Increase awareness of Governors and the role that they play
4. Further develop and enhance member focussed communications through the membership magazine and e-bulletin
5. Include the role and promotion of staff governors in the Trust's wider focus on staff engagement.

This plan outlines the detailed actions and timescales for delivering these broad objectives.

Strategic Considerations

1) We will deliver quality in everything we do providing safe, effective and service user centred care	
2) We will develop strong, effective, credible and sustainable partnerships with key stakeholders to deliver care in the right place at the right time	x
3) We will develop our people to allow them to be innovative, empowered,	

engaged and motivated. We will retain and attract the best staff.	x
4) We will transform services to achieve long-term financial sustainability.	

Assurances

The Action Plan provides full information on the proposed actions for Governor engagement across the membership and with the wider public.

Consultation

The Action Plan was drawn up by representatives of all constituencies and was discussed and finalised at Governance Committee on 21 August 2018.

Governance or Legal Issues

The Action Plan reflects the needs of the Trust in communicating effectively with its membership and enables Governors to deliver this through targeted actions and support.

Equality Impact Risk Analysis

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

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

Actions to Mitigate/Minimise Identified Risks

Recommendations

The Council of Governors is requested to:

1. Confirm agreement with the action plan proposed.

Report prepared and presented by: Angela Kerry, Appointed Governor

DHCFT Governors: Membership Engagement Action Plan

The **key** objectives for membership engagement are to:

1. Increase membership engagement with the Trust and its governors
2. Provide mechanisms for members to provide feedback to the Trust
3. Increase awareness of governors and the role they play
4. Further develop and enhance member focused communications through the membership magazine and e-bulletin
5. Include the role and promotion of staff governors in the Trust's wider focus on staff engagement.

Activities

Objective/s	Activity	Lead and support	Timescale
1	General events – There will continue to be a membership presence at key events taking place across the Trust. Examples of these events include the Annual Members' Meeting, World Mental Health Day, Time to Talk Day, and League of Friends Summer Fayre. These events provide opportunities to both engage with existing members and recruit new members. Attendance at such events will be focused on recruiting members that support the objectives outlined above.	Shirley Houston/Denise Baxendale	Ongoing
	Targeted events – Targeting key areas of the community, for example by location, or groups (i.e. LGBT+ and ethnic groups), which we have identified to be under-represented in our membership. Examples of these events include Gay Pride (in Derby and Chesterfield), Caribbean Carnival, International Women's Day, DWYW event, Chesterfield May Day.	Shirley Houston/Denise Baxendale	Ongoing
	Review effectiveness of attendance at public events and re-schedule or delete from list.	Governance Committee	Annually

	<p>Patient Participation Groups – target local events e.g. 6 September PPG event in Amber Valley</p> <p>Prepare posters for use in GP surgeries; governors to be photographed for this and provide narrative</p> <p>World Mental Health Day – series of activities during week of WMHD in schools in Inner City Derby. Governors to attend in their local area.</p> <p>BME targeted engagement - Chesterfield and NE – invite Governors to BME Mental Health Forum meeting and promote direct links</p> <p>Social media – All Governors on Twitter or Facebook to follow DHCFT.</p> <p>Governor – specific Twitter and Facebook – investigate the possibility of setting up a Governor specific Twitter and Facebook feed. Investigated and found not possible due to resources.</p> <p>Governors to promote the use of DHCFT Twitter and Facebook specifically for membership messages and encourage all members to follow the Trust.</p>	<p>Local Governors</p> <p>Denise Baxendale plus elected Governors</p> <p>Shirley Houston plus Governors</p> <p>Roger Kerry plus Chesterfield and NE Governors</p> <p>All Governors</p> <p>Denise Baxendale, Hilary Burton</p> <p>All Governors at engagement events</p>	<p>Ongoing</p> <p>September 2018</p> <p>October 2018</p> <p>December 2018</p> <p>Now</p> <p>Completed August 2018</p> <p>Ongoing</p>
1	Annual Members Meeting – Encourage members to attend and participate in the meeting when visiting local events. All Governors to attend the meeting.	All Governors	Ongoing
1,3	<p>Literature – Review literature that promotes membership on leaflets, posters and via social media, in a variety of ways which meet the individual needs of our members, continuing to ensure that materials are available in wider languages and formats upon request.</p> <p>Elected and Staff Governors to provide photos and narrative for this work.</p>	<p>Denise Baxendale</p> <p>All Governors</p>	<p>October 2018</p> <p>August 2018</p>

1,2,3	<p>Explore Partnership with Mental Health Together (Healthwatch) – it is Mental Health Together’s role to engage with service users and carers of all mental health services (including those provided by DHCFT). There is much opportunity here to explore joint working as it benefits both parties.</p> <ul style="list-style-type: none"> - Deliver Governor workshop within Governor Development Programme led by Mental Health Together that explores the ways we can work together. These may include – feeding into Ward visits; receiving feedback and holding NEDs to account that recommendations have been explored/auctioned; encouraging more service users and carers to become DHCFT members; Governors to attend local focus groups delivered by Mental Health Together. - Explore alternative options for engaging with service users and carers in the light of CCG funding cuts. 	<p>Angela Kerry/Denise Baxendale</p> <p>Council of Governors</p>	<p>Need slot on training programme</p> <p>September 2018</p>
2,3	<p>Reaching service users and carers through voluntary sector – many DHCFT service users and carers also use the services provided by the voluntary and community sector. By engaging with these organisations Governors can lengthen their reach into various communities and engage in conversations with people who use their services regularly.</p> <ul style="list-style-type: none"> - Presentation at Joint Voluntary Sector Countywide Forum on the role of Governors and building links at Coney Green Business Centre, Clay Cross; - regular attendance of selected governors at Mental Health Forum meetings (north and south county); - sharing knowledge of local organisations with Governors and brokering introduction of Governors to organisations so that Governors can make contact, visit and talk to service users and carers; 	<p>Roger Kerry, Angela Kerry plus two Governors</p> <p>Roger Kerry, Angela Kerry</p> <p>Roger Kerry, Angela Kerry</p>	<p>26 September 2018</p> <p>Ongoing*</p> <p>December 2018</p>

	<ul style="list-style-type: none"> - links with local CVS networks so that Governors can attend local events. - Talk to Derbyshire Carers Association and arrange focus group where Governors can meet and listen to mental health carers. - Governor Engagement with North and South Mental Health Carers Forums – agree regular attendance on a rotational basis. 	Angela Kerry John Morrissey, Carole Riley John Morrissey, Carole Riley	December 2018 December 2018 December 2018
4	<p>Communicating with members Non-print</p> <p>We will seek to increase the number of email addresses and mobile telephone numbers we hold for our members. This will support an increasing move to non-printed communications which has been supported by our members. Currently we have 62.32% of members who are not email recipients (of which 16.67% have an email address but whose preferred method of contact is via the post). We will also continue to use the text messaging facility provided by MES to communicate with our members.</p> <p>Evaluate effectiveness of alternative methods of communicating with members (e.g. via text message) to shape future mechanisms – run a pilot to sign members up to text messages and then evaluate.</p> <p>Email communication – We will continue to email out the monthly Members' News bulletin to those with email addresses, providing news about the Trust and wider developments</p> <p>Surveys – Ask members to take surveys so we can tailor our membership packages to suit their needs. For example, themes for events, topics for the AMM.</p> <p>Using Other Newsletters to spread communication – Governors to</p>	<p>Engagement Team plus Christine Williamson</p> <p>Denise Baxendale</p> <p>Denise Baxendale/Shirley Houston</p> <p>Denise Baxendale</p> <p>Shirley Houston;</p>	<p>Ongoing</p> <p>March 2019</p> <p>Ongoing</p> <p>January 2019</p> <p>Ongoing</p>

	provide links to newsletters that would publish DHCFT articles; Governors to circulate information on through their own networks.	Appointed Governors	
4	<p>Communicating with members Print</p> <p>Welcome information – This will be reviewed annually to ensure it is timely, reflective of the Trust messages and is useful in its content.</p> <p>Explore e-mail version of welcome information.</p> <p>Magazine – We will continue to provide members with a targeted membership magazine twice a year and adjust its content following feedback from members and governors</p>	<p>Denise Baxendale/Shirley Houston</p> <p>Denise Baxendale/Shirley Houston</p> <p>Denise Baxendale</p>	<p>Ongoing</p> <p>March 2019</p> <p>Ongoing</p>
5,1	<p>Staff – Staff will be made aware of the benefits that family, friends, service users and carers will receive from membership and given the tools to encourage these people to sign up.</p> <p>Former members of staff will continue to be contacted and given the option of becoming public members.</p> <p>Staff governors will promote their role through a shortened Job Description/bullet points and will put this out on Staff Connect.</p> <p>Staff Governors will meet regularly with staff and will feedback through Staff Governor Engagement Logs to Denise Baxendale alongside other Governor feedback.</p> <p>Staff governors will contact and encourage former DHCFT staff, that now work for DCHS, to become members of DHCFT.</p>	<p>Staff Governors/Denise Baxendale</p> <p>Shirley Houston</p> <p>Kelly Sims</p> <p>Staff Governors</p> <p>Staff Governors</p>	<p>March 2019</p> <p>Ongoing</p> <p>October 2018</p> <p>To be set up by October 2018 then ongoing</p> <p>Commenced July 2018, ongoing</p>

General	<p>Protocols for Governor Engagement – incorporate statements into Governor Expenses policy that outlines how Governors get permissions to attend, expenses, support, leaflet supplies, what is and isn't appropriate, how to provide intelligence and feedback.</p> <p>Governor Feedback – Governors to provide short written reports with a brief summary of engagement activity that will be considered at Governance Committee. Maximum one side of A4. Discussion at Governance Committee to be by exception or to develop themes for further engagement.</p>	<p>Denise Baxendale</p> <p>All Governors</p>	<p>December 2018</p> <p>At least two weeks before scheduled meetings</p>
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Last updated 21.08.2018

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 4 September 2018

Membership of Governors' Nominations & Remuneration Committee

Purpose of Report

To seek approval for membership of the Governors' Nominations & Remuneration Committee based on expression of interest received.

Executive Summary

The membership of the Governors' Nominations & Remuneration Committee is a reflection of the composition of the variety of constituencies that make up the Trust's Council of Governors. As outlined in the Terms of Reference, attached, the membership is listed below, along with guidance relating to staff and appointed governors:

- Four Public Governors (including Lead Governor)
- Two Appointed Governors
- Two Staff Governors
- Chair of the Trust

Conditions attached to appointments include:

- Initial appointment terms shall be to the end of a member governor's term
- No two Governors will be appointed from the same Public Constituency or Staff Class of the Staff Constituency
- Not more than one may be a Local Authority Governor and not more than one may be a Governor appointed by the voluntary sector.

Staff Governor Membership

According to the Terms of Reference of the Committee there are two staff governors who form part of the membership of the Committee. These roles are currently filled by Kelly Sims (Administrative & Allied Support) and April Saunders (Allied Professions). Both have been re-elected in recent staff governor elections. The membership term for staff governors is outlined to extend until the end of their current term office so it is good practice to open up the opportunity of membership to the wider staff governor group to identify two staff governor members going forwards.

The Trust promoted the opportunity of membership to the wider staff group. Expressions of interest were received from Kelly Sims and April Saunders.

Appointed Governors

According to the Terms of Reference, two appointed governors form part of the membership of the Committee. One role had been filled by Dr Paula Holt from one

of our partnership organisations, the University of Derby, who has since stepped down from this role and her replacement is awaited.

The Trust promoted the opportunity of membership to the wider appointed governor group. Expressions of interest were received from Gemma Stacey. Further requests have been made to appointed governors which have not yet yielded a second governor.

General Information

The Governors' Nominations & Remuneration meets at least twice a year to discharge the business outlined in the Terms of Reference. Additional meetings may be required on an ad hoc basis should the requirement arise to recruit to NED roles for example. The next scheduled meeting of the Governors' Nominations & Remuneration Committee is 1 November 2018.

Strategic Considerations

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

Assurances

That the membership of the committee is compliant with its Terms of Reference.

Consultation

Trust Chair discussed with Lead Governor and Deputy Lead Governor on 26 June 2018.

Governance or Legal Issues

Extract from the Terms of Reference, as approved by the Council of Governors on 1 May 2018.

- 3.1 The membership of the Committee shall consist of governors appointed by the Council of Governors.
- Four Public Governors (including Lead Governor)
 - Two Appointed Governors
 - Two Staff Governors
 - Chair of the Trust

3.5	Initial appointment terms shall be to the end of a member governor's term.
3.7	No two Governors will be appointed from the same Public Constituency or Staff Class of the Staff Constituency,
3.8	Not more than one may be a Local Authority Governor and not more than one may be a Governor appointed by the voluntary sector.

Equality Impact Risk Analysis

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

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

Actions to Mitigate/Minimise Identified Risks

Governors without access to email for the purpose of receiving information regarding expressions of interest will be contacted by mail correspondence. All eligible governors will be supported to have equal access to participation in the expression of interest process. Successful governors will be supported in their role to meet any requirements raised by protected characteristics.

All remuneration and recruitment issues which are discussed by the committee include consideration of those with protected characteristics. This includes encouraging applications from all eligible individuals to ensure that the Trust Board is diverse and reflects the local community.

Recommendations

The Council of Governors is requested to:

1. Confirm staff governor membership of the Nominations and Remuneration Committee as Kelly Sims and April Saunders
2. Confirm appointed governor membership of the Committee as Gemma Stacey.
3. Agree that expressions of interest for the second appointed governor vacancy be sought during September/October with results presented to the next Council of Governors meeting on 6 November 2018.

Report presented by: Sam Harrison, Director of Corporate Affairs

Report prepared by: Sam Harrison, Director of Corporate Affairs
Denise Baxendale, Involvement Officer

Terms of Reference of Governors'

Nominations & Remuneration Committee

a) Authority

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

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

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

b) Conflicts of Interest

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

1. Nomination Role

The Committee will:

- 1.1 Periodically review the balance of skills, knowledge, experience and diversity of the non-executive directors and, having regard to the views of the Board of Directors and relevant guidance on board composition, make recommendations to the Council of Governors with regard to the outcome of the review.
- 1.2 Review the results of the Board of Directors' performance evaluation process that relate to the composition of the Board of Directors.
- 1.3 Review annually the time commitment requirement for Non-Executive Directors.
- 1.4 Give consideration to succession planning for Non-Executive Directors, taking into account the challenges and opportunities facing the trust and the skills and expertise needed on the Board of Directors in the future.
- 1.5 Make recommendations to the Council of Governors concerning plans for succession.

- 1.6 Keep the leadership needs of the Trust under review at non-executive level to ensure the continued ability of the Trust to operate effectively in the health economy.
- 1.7 Agree with the Council of Governors a clear process for the nomination of a Non-Executive Director.
- 1.8 Keep up to date and fully informed about strategic issues and commercial changes affecting the Trust and the environment in which it operates.
- 1.9 Take into account the views of the Board of Directors on the qualifications, skills and experience required for each position.
- 1.10 For each appointment of a Non-Executive Director, prepare a description of the role and capabilities and expected time commitment required.
- 1.11 Identify and nominate suitable candidates to fill vacant posts within the Committee's remit, for appointment by the Council of Governors.
- 1.12 Ensure that a proposed Non-Executive Director is a 'fit and proper' person as defined in law and regulation and in line with the Trust's Fit And Proper Person Test Policy.
- 1.13 Ensure that a proposed Non-Executive Director's other significant commitments are disclosed to the Council of Governors before appointment and that any changes to their commitments are reported to the Council of Governors as they arise.
- 1.14 Ensure that proposed appointees disclose any business interests that may result in a conflict of interest prior to appointment and that any future business interests that could result in a conflict of interest are reported. Determine whether or not any Non-Executive Director proposed for appointment is independent (according to the definition in the Foundation Trust Code of Governance and/or in the Trust's constitution or governance procedures).
- 1.15 Ensure that on appointment Non-Executive Directors receive a formal letter of appointment setting out clearly what is expected of them in terms of time commitment, Committee service and involvement outside Board of Director meetings.
- 1.16 Carefully consider what compensation commitments Executive Directors' terms of appointment would give rise to in an event of early termination to avoid rewarding poor performance. Contracts should allow for compensation to be reduced to reflect a departing Executive Director's obligation to mitigate loss. Appropriate claw back provisions should be considered in case of an Executive Director returning to the NHS within the period of any putative notice.

- 1.17 Advise the Council of Governors in respect of the re-appointment of any Non-Executive Director. Any term beyond six years must be subject to a particularly rigorous review.
- 1.18 Advise the Council of Governors in regard to any matters relating to the removal of office of a Non-Executive Director.
- 1.19 Make recommendations to the Council of Governors on the membership of Committees as appropriate, in consultation with the chairs of those Committees.

2. Remuneration Role

The Committee will:

- 2.1 Recommend to the Council of Governors remuneration and terms of service policy for Non-Executive Directors, taking into account the views of the Chair (except in respect of his own remuneration and terms of service) and the Chief Executive and any external advisers.
- 2.2 In accordance with all relevant laws and regulations, recommend to the Council of Governors the remuneration and allowances, and the other terms and conditions of office, of the Non-Executive Directors.
- 2.3 Agree the process and receive and evaluate reports about the performance of individual Non-Executive Directors and consider this evaluation output when reviewing remuneration levels.
- 2.4 Input into the Non-Executive Directors appraisals, including approving the appraisal structure and giving assurance to Council of Governors that satisfactory appraisals have taken place
- 2.5 Input into the annual performance appraisal of the Trust Chair, which will be led by the Senior Independent Director and follow the appraisal structure used for Non-Executive Directors, giving assurance that a satisfactory appraisal has taken place.
- 2.6 In adhering to all relevant laws and regulations establish levels of remuneration which:
 - 2.6.1 are sufficient to attract, retain and motivate non-executive directors of the quality and with the skills and experience required to lead the trust successfully, without paying more than is necessary for this purpose, and at a level which is affordable for the trust;
 - 2.6.2 reflect the time commitment and responsibilities of the roles;
 - 2.6.3 take into account appropriate benchmarking and market-testing, while ensuring that increases are not made where trust or individual performance do not justify them; and

2.6.4 are sensitive to pay and employment conditions elsewhere in the Trust.

2.7 Monitor procedure to ensure that existing Directors remain 'fit and proper' persons as defined in law and regulation;

2.8 Oversee other related arrangements for Non-Executive Directors.

3. Membership

3.1 The membership of the Committee shall consist of governors appointed by the Council of Governors.

- Four Public Governors (including Lead Governor)
- Two Appointed Governors
- Two Staff Governors
- Chair of the Trust

3.2 The Committee will normally be chaired by the Trust Chair. Where the Chair has a conflict of interest, for example when the Committee is considering the Chair's re-appointment or remuneration, the Committee will be chaired by the Deputy Chair. .

3.3 A quorum shall be three members, two of whom must be public governors, subject to being a majority of public governors.

3.4 By exception, in order to achieve quorum, a governor can be nominated to 'step in' from the same category.

3.5 Initial appointment terms shall be to the end of a member governor's term.

3.6 Every member of the Committee shall be entitled to one vote on any question to be determined by voting. In the event of there being equal votes cast to a motion, the person presiding at such a Committee meeting shall have a casting vote subject to having already voted in the initial vote.

3.7 No two Governors will be appointed from the same Public Constituency or Staff Class of the Staff Constituency,

3.8 Not more than one may be a Local Authority Governor and not more than one may be a Governor appointed by the voluntary sector.

4. Secretary

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

5. Attendance

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

6. Frequency of Meetings

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

7. Minutes and Reporting

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

8. Performance Evaluation

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

9. Review

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

TOR Approved by Council of Governors – 1 May 2018

MINUTES OF A MEETING OF THE BOARD OF DIRECTORS

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

Tuesday 1 May 2018

MEETING HELD IN PUBLIC

Commenced: 9.30am

Closed: 1pm

PRESENT:

Caroline Maley	Trust Chair
Dr Julia Tabreham	Deputy Trust Chair and Non-Executive Director
Margaret Gildea	Senior Independent Director
Geoff Lewins	Non-Executive Director
Dr Anne Wright	Non-Executive Director
Richard Wright	Non-Executive Director
Ifti Majid	Chief Executive
Claire Wright	Director of Finance & Deputy Chief Executive
Dr John Sykes	Medical Director
Carolyn Green	Director of Nursing & Patient Experience
Mark Powell	Chief Operating Officer
Samantha Harrison	Director of Corporate Affairs & Trust Secretary
Amanda Rawlings	Director of People & Organisational Effectiveness
Lynn Wilmott-Shepherd	Interim Director of Strategic Development

IN ATTENDANCE:

Anna Shaw	Deputy Director of Communications & Involvement
Gareth Harry	Incoming Director of Business Improvement & Transformation
Avtar Johal	NeXt Director Programme
Stacey Rach	Lead Nurse, Morton Ward, Hartington Unit
Sue Turner	Board Secretary (minutes)
For item DHCFT 2018/054 Nathan Darnley	Work and Wellbeing Manager, LiveWell - Building Better Opportunities, South Yorkshire Housing Association Limited
For item DHCFT 2018/054 Michael Crossley	Service Receiver
For item DHCFT 2018/054 Vicki Baxendale	Head of Nursing

VISITORS:

all attended from DHCFT
2018/053-064

John Morrissey	Lead Governor and Public Governor, Amber Valley
Carole Riley	Deputy Lead Governor and Public Governor, Derby City East
Christine Williamson	Public Governor, Derby City West
Shelley Commery	Public Governor, Erewash
Jason Holdcroft	Staff Governor, Medical and Dental
Lynda Langley	Public Governor, Chesterfield
Shirish Patel	Public Governor, Erewash
Adrian Rimington	Public Governor, Chesterfield
Emma Stokes	Strategic Account Manager, Healthcare Operations, Pfizer Innovative Health Business

**DHCFT
2018/053**

**CHAIR'S WELCOME, OPENING REMARKS, APOLOGIES FOR ABSENCE AND
DECLARATIONS OF INTEREST**

Trust Chair, Caroline Maley, welcomed everyone to the meeting.

	<p>An introduction was made to Lead Nurse, Stacey Rach, who Caroline had invited to observe the Board following her recent visit to the Hartington Unit. Introductions were also made to incoming Director of Business Improvement & Transformation, Gareth Harry who will commence his role on 1 June and Avtar Johal who is carrying out a placement with the Trust for six months under the NExT Director scheme.</p> <p>Gareth Harry declared an interest in respect of his current post as Chief Commissioning Officer, NHS Hardwick Clinical Commissioning Group.</p>
DHCFT 2018/054	<p><u>YEAR END REVIEW OF DECLARATIONS OF INTEREST REGISTER</u></p> <p>This report provided the Trust Board with an account of directors' interests as at 31 March 2018. These are recorded in the Register of Interests which is accessible to the public at the Trust Head Office and will be listed in the Trust's annual report and accounts for 2017/18.</p> <p>The Board reviewed the register of interests. Amendments were noted from two Non-Executive Directors (NEDs). Geoff Lewins' entry would be updated to include his role as Director, Arkwright Society Ltd. Julia Tabream's entry would be updated to include her role as Elective member for CHETWYND, the Toton and Chilwell Neighbourhood Forum representing the community's interest in the HS2 high speed rail project.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Approved the record of declarations of interest as disclosed. 2) Noted that all Directors have signed as to compliance with the NHS Codes of Conduct and Accountability and Nolan principles; no relevant audit matters have been declared.
DHCFT 2018/055	<p><u>SERVICE RECEIVER STORY – BUILDING BETTER OPPORTUNITIES</u></p> <p>The Building Better Opportunities programme is part of the national strategy for developing employment opportunities for people who are in symptom recovery and mental health recovery.</p> <p>Director of Nursing & Patient Experience, Carolyn Green, introduced Nathan Darnley from the Building Better Opportunities programme and service receiver Michael Crossley. Nathan explained how he works closely with the Trust's consultants who refer service users to the programme. He talked about the individual placement and support (IPS) service he provides for people who are recovering from mental health illnesses and described how he identifies people's strength and helps them find work based on their skills and the number of hours they are available to work. IPS is designed to get people into work as soon as possible and help keep them in work and it supports people up thirteen weeks once they are in work. A lot of Nathan's working also involves helping businesses understand how to support employees with mental health issues. He also helps businesses source new recruits based on their business needs.</p> <p>Caroline Maley asked Nathan if businesses are more supportive of staff coming to work with mental health conditions now that there is a national focus on mental health. Nathan recognised that a lot of employers want to be more open to people with mental health issues but are unsure how to support them and described how he invites businesses to articulate their concerns and provides them with guidance on how to support their staff.</p> <p>Michael had been out of work for a number of years due to his mental health illness and this had caused him to have a lack of purpose. He talked about his experience of the Building Better Opportunities IPS programme. He found it helpful being in this scheme as it helped him to start thinking positively about finding work. Being in meaningful employment had helped him stay well as his health depended on him feeling useful and it had also given him confidence.</p> <p>The Board reflected on Michael's experience and acknowledged the difference it can</p>

	<p>make to feel valued and to make a contribution in the workplace.</p> <p>Caroline Maley thanked Nathan and Michael for sharing their experiences which had given the Board an opportunity to build the concept of IPS into the Trust's future strategy in order to support our service users in the community and support them whilst they are in work. She proposed that the Executive Leadership Team (ELT) takes this initiative forward and also considers the Trust's responsibility to support its own staff who have mental health issues.</p> <p>ACTION: ELT to consider a model of employment intervention service within the Trust's strategy</p> <p>RESOLVED: The Board of Directors received and noted the innovative practices developed through IPS and the Building Better Opportunities programme</p>
DHCFT 2018/056	<p><u>MINUTES OF THE MEETING DATED 28 MARCH 2018</u></p> <p>The minutes of the previous meeting, held on 28 March were agreed and accepted as an accurate record.</p>
DHCFT 2018/056	<p><u>ACTIONS MATRIX AND MATTERS ARISING</u></p> <p>The Board agreed to close all completed actions. Updates were provided by members of the Board and were noted on the actions matrix. All completed 'green' actions were scrutinised to ensure that they were fully complete and actions that were not complete were challenged with Executive Director leads.</p>
DHCFT 2018/057	<p><u>CHAIR'S UPDATE</u></p> <p>Caroline Maley's report provided an update on the recent meetings and visits to staff and services since the last meeting was held on 28 March.</p> <p>Caroline reflected on her visit to the community team at Dale Bank View in Swadlincote which reinforced the discussions held by Board about the pressures on our community teams and the demands on resource capacity. She also reiterated this was the first Board meeting that NEXt Director scheme placement Avtar Johal has attended and that he will also attend a range of Trust meetings and that she viewed his placement as a positive contribution to the development of Non-Executive Directors for the future.</p> <p>The Remuneration and Appointments Committee met on 18 April 2018, and a summary of that meeting was included as appendix 1 to the Chair's report. The report also included a summary of questions raised at the System Leadership event that would be included in a future Board Development session to develop the Board's understanding and involvement in system leadership.</p> <p>RESOLVED: The Board of Directors noted the activities of the Trust Chair throughout the month of April</p>
DHCFT 2018/058	<p><u>DYING TO WORK CHARTER</u></p> <p>Director of People & Organisational Effectiveness, Amanda Rawlings, presented her report that asked Board members to support and engage in the Trust signing the Dying at Work Charter in partnership with our Staff Side Representatives and the TUC.</p> <p>The Board acknowledged that by signing the Dying to Work Charter the Trust would be pledging to support, protect and guide its staff throughout their employment following a terminal diagnosis.</p> <p>The Board welcomed this opportunity and formally committed its support to the signing of the Charter by the Trust Chief Executive and the TUC Regional Secretary that will take</p>

	<p>place with the support of the Chair, Board members, Staff Side Representatives, governors and Pauline Latham OBE, Conservative MP for Mid-Derbyshire on 15 June at 4pm.</p> <p>It was noted that a formal communication will be made to current and future staff to raise awareness of the Charter and to inform them that support will be available to all staff should they find they are impacted by a serious or life limiting illness.</p> <p>Caroline Maley observed that the Charter had a direct link with the Trust's vision and values in making a positive difference to people's lives. She hoped to see as many Board members as possible at the signing on 15 June and highlighted that the Council of Governors had also been invited to attend this event.</p> <p>RESOLVED: The Board of Directors fully supported the Dying to Work Charter and will attend the signing ceremony on 15 June if available</p>
DHCFT 2018/059	<p><u>CHIEF EXECUTIVE'S REPORT</u></p> <p>The Chief Executive's report provided the Board of Directors with an update on developments occurring within the local Derbyshire health and social care community. The report also updated the Board on feedback from external stakeholders such as commissioners and feedback from staff. Ifiti Majid's report was used to support strategic discussion on the delivery of the Trust strategy.</p> <p>Ifiti made reference to the continued positive profile of mental health by the government which will allow the Trust to build its services to connect more with people. He was very much looking forward to the implementation of 2018/19 Mental Health deliverables that is being recommended for the Integrated Care System (ICS, formerly known as Accountable Care System ACS) to support mental health delivery.</p> <p>Attention was drawn to the key areas discussed at the Derbyshire County Health and Wellbeing Board's (HWB) April meeting outlined in the report as well as the benefits that can be gained from simple regular exercise to improve balance and agility. Ifiti looked forward to embracing this type of work within the Trust's services especially in terms of improving frailty in service users and therefore reducing falls that lead to unnecessary admission to hospital.</p> <p>The proposed plans for the new style Quality Position Statement that was included as an addendum to the report were discussed. The Board welcomed this new style report and recognised that it will, together with the Integrated Performance Report, drive the management of risks within the Board Assurance Framework (BAF). As reporting develops these measures will be reviewed in line with new guidance and the new style report will be introduced to the Board at the July meeting.</p> <p>RESOLVED: The Board of Directors noted and scrutinised the Chief Executive's update and agreed to receive the first new style Quality Position Statement in July.</p>
DHCFT 2018/060	<p><u>QUARTERLY UPDATE ON JOINED UP CARE DERBYSHIRE</u></p> <p>This item was not discussed and was deferred to the June meeting</p>
DHCFT 2018/061	<p><u>VERBAL UPDATE FROM OPERATIONAL PLANNING MEETING</u></p> <p>Deputy Chief Executive and Director of Finance, Claire Wright, provided the Board with an update from the meeting attended by the Trust Chair, Chief Executive, Chair of the Audit & Risk Committee, Chair of the Finance & Performance Committee, Director of Finance and Deputy Director of Finance held on 26 April to scrutinise the operational financial planning for 2018/19 prior to the submission to NHS Improvement on 30 April.</p> <p>Claire Wright highlighted the variations between the draft and the final version and</p>

	<p>confirmed that there has been no change to the required level of surplus. The main changes to the financial plan related to the assumptions around service developments, additional expenditure and the required level of CIP which had increased from £3.7m to £4.8m. The Board was satisfied that the plan had been suitably scrutinised and that overall assurance had been sought on all key points associated with the delivery of the plan. It was noted that the operational plan for 2018/19 had been successfully submitted to NHSI and the Board expressed its appreciation of the work carried out by the finance team in producing this submission.</p> <p>RESOLVED: The Board of Directors noted the verbal update relating to the Operational Financial Planning submission for 2018/19</p>
<p>DHCFT 2018/062</p>	<p><u>INTEGRATED PERFORMANCE AND ACTIVITY REPORT (IPR)</u></p> <p>The IPR provided the Trust Board with an integrated overview of performance as at the end of March that focussed on workforce, finance, operational delivery and quality performance. The report identified that the Trust continues to perform well against many of its key indicators, with maintenance or improvements continuing across many of the Trust's services. Issues identified in previous reports continue to be worked on through operational business.</p> <p>Chief Operating Officer, Mark Powell, advised that this report should be treated as a positive year-end report that reflected the work resolved through Board Committees. He highlighted that as previously forecast the Trust had over achieved the control total surplus by £663k excluding Sustainability and Transformation fund (STF) income. Due to the overachievement of the control total the Trust has received additional STF incentive income of £2.3m. This has resulted in an end of year surplus of £5.8m against the control total of £2.8m.</p> <p>The Board discussed how out of area placements remain challenging. The level of activity had increased over the last couple months although this level had reduced since the report was written. The Board acknowledged that the teams are working hard to keep patients safe while trying to reduce their length of stay. It was noted from a quality perspective that the significant increase of episodes of patients held in seclusion in March was due to the clinical needs of four individuals on two wards and this accounted for the need for patients to be cared for out of area for the safety of both staff and inpatients.</p> <p>Due to the request made at the previous Board meeting for more detailed information on consultant outpatient cancellations the report showed that that a significant number of patients are attending their follow up appointments. It was noted that the main reasons for outpatient cancellations is due to staff sickness and maternity leave. The outpatient cancellation rate is currently at its lowest rate of 7% and work is taking place to ensure there is a flexible level of capacity to cope with having a smaller number of consultants in the workplace.</p> <p>Deputy Trust Chair, Julia Tabreham, referred to the 12% twelve month total of consultant outpatient cancellations linked to patient DNAs (Did Not Attend). Mark Powell explained the general hypothesis that if the first appointment is cancelled it is more likely that people will not attend their rearranged appointment although the information presented did not support this. Analysis is taking place to establish whether the same number of people repeatedly DNA and to establish whether these individuals have been seen as an inpatient or by the Crisis Team.</p> <p>Amanda Rawlings reported that the Trust saw a lower sickness rate for March than the previous month; the target was 4.5% and 4.8% was achieved. She was pleased to report that problem areas are being targeted and work is taking place to support individuals back into the workplace.</p> <p>Discussion took place on improvements being made for safer staffing. Mark Powell reported that safer staffing is regularly addressed in the Divisional Performance Review</p>

	<p>meetings. A decision was made for the People & Organisational Effectiveness team and the Operational team to look at the recruitment plans. Assurances were given from members of the Hartington Unit team that they have recruitment plans to ensure full capacity in the next few months. There is also an improved recruitment programme being implemented at the Radbourne Unit to ensure our staff and patients are appropriately safe.</p> <p>Discussion took place on the ward staffing report and whether mitigating actions could be included in this report. Mark Powell and Carolyn Green undertook to look at this data that is received from senior staff on the wards to establish if better clarity of mitigating actions could be included in the new version of the IPR to provide a better consistency in our data.</p> <p>Claire Wright talked about the Trust's financial performance. As previously forecast the Trust had over achieved the control total surplus by £663k excluding STF income. Due to the overachievement of the control total additional STF incentive income has been allocated and this will be received in July. This will remain as surplus and will be used for strategic priorities within the capital programme. Claire is in the process of preparing an easy to understand briefing that will be communicated to staff so they can think about ways of being efficient and productive in our use of this money. The Board understood that this is real opportunity to invest capital for the best use of for staff, patients and it also fits in with our people priorities.</p> <p>Caroline Maley reflected on how the IPR is an important part of the Board's review of the Trust's performance and that it had developed over time and she looked forward to receiving the reshaped IPR at the June meeting.</p> <p>ACTION: Data on mitigating actions to be considered for inclusion in ward staffing report</p> <p>RESOLVED: The Board of Directors considered the Integrated Performance Report and obtained limited assurance on current performance across the areas presented.</p>
DHCFT 2018/063	<p><u>STRATEGY 2017/18 DASHBOARD SIGNOFF</u></p> <p>Interim Director of Strategic Development, Lynn Wilmott-Shepherd, presented her report that gave an update on the final position at the end of 2017/18 (year 2) of the Trust Strategy 2016-21. This will be the final report in this format as a new dashboard will be devised to help demonstrate progress towards achieving the revised strategic objectives.</p> <p>The Board noted the information contained in the dashboard and acknowledged the achievements that have been presented and scrutinised throughout the year.</p> <p>RESOLVED: The Board of Directors considered the dashboard and noted the achievements for Year 2 of the Strategic Plan</p>
DHCFT 2018/064	<p><u>PEOPLE & ORGANISTIONAL EFFECTIVENESS FUNCTION UPDATE</u></p> <p>Amanda Rawlings presented her report and updated the Board on the Joint Shared HR/Workforce function between the Trust (DHCFT) and Derbyshire Community Health Services Foundation Trust (DCHS).</p> <p>Amanda highlighted the work that has taken place over the last few months to create a new shared HR service for DHCFT and DCHS. This new service replaces the current Workforce and Organisational Development Team at Derbyshire Healthcare and the People & Organisational Effectiveness Team at DCHS. This team will play a significant role in developing both organisations' people strategies.</p> <p>The Board was pleased to receive confirmation that 31 employees from DHCFT were</p>

	<p>subject to TUPE transfer on 1 April 2018 and that the new service will commence as of today, 1 May. Amanda Rawlings reported that there are still some final appointments to be made and all staff will have permanent roles. Work handover is due to be completed before the service is able to be fully functional. A number of further service improvements are planned and a programme of work will be discussed and finalised with the Joint Venture Leadership Team. The People and Culture Committee is scheduled to receive updates on the delivery of the key people metrics as identified in the IPR and the People Strategy that will be supported and enabled by this new service.</p> <p>The Board recognised that the objective of developing this new service was to provide more capacity and resilience in delivery of HR, workforce and OD requirements to the Trust. Assurance was received that every effort was made through the consultation process to mitigate any equality and diversity implications with individuals, teams and the Directorate as a whole and there are no known legal claims in relation to this programme of work.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Noted the progress with the delivery of the new service that was launched on 1 May 2018 and that some final appointments are to be made. 2) Noted that the Joint Venture Leadership Team will oversee the development and delivery of the service 3) Noted that the People and Culture Committee will receive updates on the delivery of the key people metrics as identified in the Trust performance report and People Strategy that will be supported and enabled by this new service.
<p>DHCFT 2018/065</p>	<p><u>EQUALITY DELIVERY SYSTEM 2 AND WORKFORCE RACE EQUALITY STANDARD UPDATE REPORT</u></p> <p>Amanda Rawlings presented the Board with an update report on the Equality Delivery System 2 (EDS2) that set out the key themes and actions following the annual grading against the national performance EDS2 standards for service and workforce.</p> <p>The report also contained the Workforce Race Equality Standard Action Plan 2017 that has been designed to help BME staff to succeed. This action plan was discussed and it was noted that data relating to any under-representation of BME staff would be analysed and discussed at the People & Culture Committee in order to receive assurance on the system processes. Carolyn Green suggested that guidance for staff on how to protectively respond to racist remarks be included in diversity training.</p> <p>The report also identified the preparation to be made for the forthcoming Workforce Disability Equality Standard (WDES) deadline in August 2019. The Board discussed the proposal for Disability and Long Term Conditions Board Equality Champion and agreed that the Executive Team will discuss how to take the selection of the named lead champion forward.</p> <p>Caroline Maley considered that the WRES action plan was extremely detailed and made the suggestion that target dates be included. Amanda Rawlings agreed and undertook to include focussed dates on each indicator in the next version of the action plan. Ifiti Majid was of the opinion that the WRES action plan should be owned by the whole organisation not just the BME network and that it be shared throughout the through the community to enhance people's understanding of WRES and was pleased to see that the EDS2 Dashboard would be uploaded onto the Trust's website.</p> <p>ACTION: Nomination of the Disability and Long Term Conditions Board champion to be progressed with Executive Directors</p> <p>ACTION: People & Culture Committee to analyse the data relating to any under-representation of BME staff in the WRES action plan in order to receive assurance on the system processes</p>

	<p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Discussed and approved draft EDS2 Dashboard prior to sharing with commissioners, stakeholders and the Trust's website 2) Noted the EDS2 Implementation Plan 2018/19 and provisional dates 15/11/2018 (operational service) and 12/2/2019 (workforce and inclusive leadership) to enhance planning and attendance 3) Noted the WRES action plan, progress to date and top three areas for action to close the gap 4) Noted the WRES deadline August 2018 5) Noted Reverse Mentoring commencement from 11 May 2018 and the delivery of one-to-one training to remaining Executive Directors 6) Noted the WDES deadline August 2019 and next steps 7) Discussed the proposal for Disability and Long Term Conditions Board champion and agreed to progress this with Executive Directors
DHCFT 2018/066	<p><u>BOARD ASSURANCE SUMMARIES AND ESCALATIONS</u></p> <p>The Assurance summary was received from the Quality Committee held on 10 April. Committee Chair, Julia Tabreham, updated the Board on key items that were discussed and decisions made at the meeting. These included the continued review and effectiveness of the BAF risks that the Committee is responsible for. She was pleased to report that a positive improvement has been seen on closing the outstanding CQC actions and good levels of assurance were obtained on the closure of serious incident investigations.</p> <p>The Board agreed that the new style of Board Committee assurance reporting was working effectively. It was suggested that narrative describing the assurance levels are more strongly highlighted in future reports to assist the Board in noting the assurance gained.</p> <p>RESOLVED: The Board of Directors received and noted the Board Committee Assurance Summary from the Quality Committee</p>
DHCFT 2018/067	<p><u>2018/19 BOARD ASSURANCE FRAMEWORK ISSUE 1</u></p> <p>Director of Corporate Affairs, Sam Harrison presented the Board with the first issue of the BAF for 2018/19. The report set out how the BAF will be managed throughout the year through review by the Executive Leadership Team (ELT) and the Audit & Risk Committee.</p> <p>The Board noted the seven risks carried forward into 2018/19 and the new risks for 2018/19.</p> <p>Attention was drawn to the deep dive programme and the review of extreme rated risks that will be reviewed by the Audit & Risk Committee directly. The Board received assurance that the deep dives are fully embedded in the BAF process and enable review and challenge of the controls and assurances associated with each risk. It was agreed that the gap in assurance of risk 4a relating to staff retention, recruitment and development would be expanded to include further detail on the development of staff in the next iteration of the BAF. The Board was assured that this risk is continually focussed on by the People & Culture Committee.</p> <p>The Board recognised that the BAF is a dynamic tool and is an ongoing focus of individual Board Committees and approved the first issue of the BAF for 2018/19. Further work will be completed for the second issue of the BAF to clearly define key controls and assurances and will be submitted to the Board in July.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Agreed and approved this first issue BAF for 2018/19 and the significant assurance the paper provides of the process of the review, scrutiny and update

	<p>of the BAF in seeking to identify and mitigate risks to achieving the Trust's strategic objectives</p> <ol style="list-style-type: none"> 2) Agreed the draft plan for completion of deep dives 3) Agreed for further work to be completed for the second issue of the BAF, due July 2018, to clearly define key controls and assurances, and associated actions to reduce gaps
DHCFT 2018/068	<p><u>2017/18 DATA SECURITY PROTECTION REQUIREMENTS YEAR END DECLARATION</u></p> <p>This paper outlined the proposed content of the Trust's submission to NHS Improvement (NHSI) and requested the Board's approval to proceed with its submission demonstrating its compliance with 10 cyber security standards.</p> <p>Sam Harrison as Senior Information Risk Owner (SIRO) summarised how the submission defines ten requirements under three obligations covering people, processes and technology.</p> <p>It was understood that each of ten requirements has been assessed and rated and it was confirmed that the Trust is compliant with all ten requirements and the proposed submission reflects that level of compliance. All ten requirements have been thoroughly reviewed by the Executive Leadership Team and the Information Governance Committee.</p> <p>Significant assurance was received from the content of the report and thanks were extended to the Information Governance Team for producing such a comprehensive piece of work. The Board was pleased to note that the business continuity plan for cyber security incidents has been tested in 2017/18 and duly ratified the proposed submission to NHSI.</p> <p>RESOLVED: The Board of Directors considered the proposed content of the submission to NHSI and ratified the proposed submission as mandated by NHSI by the 11 May deadline.</p>
DHCFT 2018/069	<p><u>NHSI COMPLIANCE RETURNS</u></p> <p>The aim of self-certification is for the Trust to assure itself it is in compliance with NHS Provider conditions. Sam Harrison's presented the proposed relevant declarations to the Trust Board.</p> <p>The Board noted the declarations regarding its NHS provider conditions as outlined and was satisfied that governance systems are in place to achieve the objectives set out in the licence condition and received assurance from the feedback from governors that they have received training and support to carry out their roles.</p> <p>The Board thanked Sam Harrison for providing a straight forward process for scrutinising and approving the proposed declarations and acknowledged that the criteria included in the objectives will continue to be met through the work of the Board Committees.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Confirmed agreement with the proposed declarations for signature by the Chair and Chief Executive 2. Agreed to the publication of the self-declarations
DHCFT 2018/070	<p><u>FIT AND PROPER PERSONS TEST DECLARATION AND REVISED FIT AND PROPER PERSON POLICY</u></p> <p>Sam Harrison presented the context of the Chair's declaration that all Trust Board Directors meet the fitness test and do not meet any of the 'unfit' criteria as per the Fit and Person's Test regulations (FPPR) (Health and Social Care Act 2008 Regulation 2014).</p>

	<p>It is the Chair's responsibility at the end of every year to declare that processes are maintained for ensuring compliance with FPPR. Sam Harrison confirmed that a robust process is in place to ensure that FPPR processes have been applied to all Board members and are recorded in Executive Directors' and NEDs' personal files.</p> <p>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</p> <p>Sam Harrison referred to the Fit and Proper Persons Policy that was appended to the Chair's declaration. It was noted that the policy had been updated in line with good practice and guidance from the Care Quality Commission and NHS Providers.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Noted the updates to the policy and approved the policy for publication. 2) Received full assurance that implementation of the policy will ensure compliance with the Fit and Proper Persons Regulations (2014).
DHCFT 2018/071	<p><u>2017/18 YEAR-END REVIEW OF TRUST SEALINGS</u></p> <p>This report provided the Trust Board with an update of the authorised use of the Foundation Trust Seal since 1 January 2018. This report completes reporting on the use of the seal for the 2017/18 financial year. Future reporting will be carried out on a six monthly basis and will include an end of year report.</p> <p>RESOLVED: The Board of Directors noted the authorised use of the Foundation Trust Seal since January 2018 and received full assurance that this has been undertaken in accordance with the Standing Financial Instructions and Standing Orders of the Board of Directors.</p>
DHCFT 2018/072	<p><u>WELL-LED REVIEW RECOMMENDATIONS</u></p> <p>Sam Harrison's report provided the Board with an update on the governance process for the implementation of the recommendations arising from the phase 3 Deloitte review of the Trust's governance arrangements including progress relating to recommendations for direct Board oversight.</p> <p>It was acknowledged that following discussions with the Board in January ten recommendations were assigned to the Board Committees to take oversight and to receive assurance on progress with the recommendations. Board Committees have since agreed or updated the recommendations that were assigned to them and these have been RAG rated.</p> <p>The Board obtained assurance from the summary of the Board Committee recommendations review schedule contained in the report. The amber rated Recommendation 6 assigned to the People & Culture Committee relating to the staff objectives has been reprioritised due to the implementation of the POE function and will be amended to reflect a revised timeline in line with the outcome of the upcoming pay review.</p> <p>The Board noted that ongoing work is taking place to progress the red rated recommendation 11 covering improvement methodology and will have renewed focus by the Finance & Performance Committee once the Director of Business Improvement and Transformation is in post in June. Recommendation 12 on staff views on data is also red rated and will continue to be reviewed by the Finance & Performance Committee.</p> <p>The recommendations which fall directly to the Board were covered by the blue forms appended to the report for consideration. The Board was satisfied that a solid governance process is in place for Recommendation 1 on vision, strategy and planning</p>

	<p>and Recommendation 9 relating to the further development of the IPR. It was agreed that a further review of activity will be received at the November meeting.</p> <p>ACTION: Update report on Phase 3 Deloitte recommendations to be received at the November meeting</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Received assurance from the update on progress with the recommendations following review and scrutiny by Board Committees 2) Considered the scope, assurance and proposed timeframe and governance structures outlined for the two recommendations falling under the direct remit of the Board 3) Agreed that a review of progress against all recommendations be reviewed by the Trust Board in November 2018 with assurance/escalations from Board Committees as appropriate via summary reporting from Committees in the interim
DHCFT 2018/073	<p><u>IDENTIFICATION OF ANY ISSUES ARISING FROM THE MEETING FOR INCLUSION OR UPDATING IN THE BOARD ASSURANCE FRAMEWORK</u></p> <p>As a result of today's discussions it was agreed that BAF risk 4a relating to staff retention, recruitment and development would be expanded to include the further detail on the development of staff and would be focussed on the in the next iteration of the BAF to be received at the July meeting.</p>
DHCFT 2018/074	<p><u>MEETING EFFECTIVENESS</u></p> <p>Visitors to today's meeting reflected on their experience of the discussions held. Comments from members of the Board confirmed that assurance had been received on the governance processes and controls.</p>
DHCFT 2018/075	<p><u>2018/19 BOARD FORWARD PLAN</u></p> <p>The 2018/19 forward plan was noted for information.</p>
<p>The next meeting of the Board to be held in Public Session will take place at 9:30 on Tuesday, June 2018.</p> <p style="text-align: center;">The location will be Conference Rooms A&B Research and Development Centre, Kingsway, Derby DE22 3LZ</p>	

MINUTES OF A MEETING OF THE BOARD OF DIRECTORS

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

Tuesday 5 June 2018

MEETING HELD IN PUBLIC

Commenced: 9.30

Closed: 12:35

PRESENT	Caroline Maley	Trust Chair
	Dr Julia Tabreham	Deputy Trust Chair and Non-Executive Director
	Margaret Gildea	Senior Independent Director
	Geoff Lewins	Non-Executive Director
	Dr Anne Wright	Non-Executive Director
	Richard Wright	Non-Executive Director
	Ifti Majid	Chief Executive
	Claire Wright	Director of Finance & Deputy Chief Executive
	Dr John Sykes	Medical Director
	Mark Powell	Chief Operating Officer
	Samantha Harrison	Director of Corporate Affairs
	Amanda Rawlings	Director of People & Organisational Effectiveness
	Gareth Harry	Director of Business Improvement & Transformation
IN ATTENDANCE	Donna Cameron	Assistant Trust Secretary (minutes)
	Mo Hussain	Integration Director, Derby Hospitals (Shadowing Ifti Majid)
Items 076 - 082	Anna Shaw	Deputy Director of Communications & Involvement
	Vikki Taylor	STP Director/NHS England
	Darryl Thompson	Deputy Director of Nursing & Quality Governance (on behalf of Carolyn Green)
VISITORS	Melanie Dickson	Liaison Software Corporation
	Gillian Hough	Public Governor – Derby City East
	Moirra Kerr	Public Governor – Derby City West
	John Morrissey	Lead Governor & Public Governor – Amber Valley
	Lynda Langley	Public Governor – Chesterfield
	Denise Robson	Support Worker for Moira Kerr
APOLOGIES	Carolyn Green	Director of Nursing & Patient Experience

DHCFT 2018/076	<u>CHAIR'S WELCOME, OPENING REMARKS, APOLOGIES FOR ABSENCE AND DECLARATION OF INTERESTS</u>
	The Trust Chair, Caroline Maley, welcomed all to the meeting. Introductions were made to Mo Hussain, Integration Director from Derby Hospitals who had been invited to shadow Ifti Majid, Chief Executive. Vikki Taylor was welcomed from the Joined Up Care Derbyshire Board/NHS England. Gareth Harry, Director of Business Improvement & Transformation was welcomed to his first official Trust Board meeting.

	<p>Apologies for absence were noted as above.</p> <p>The Declaration of Interests register, as included in the Board papers, was noted.</p>
DHCFT 2018/077	<p><u>MINUTES OF BOARD OF DIRECTORS MEETING HELD ON 1 MAY 2018</u></p> <p>With minor amendments, the minutes of the previous meeting, held on Tuesday 1 May 2018, were accepted as a correct record.</p>
DHCFT 2018/078	<p><u>MATTERS ARISING – ACTIONS MATRIX</u></p> <p>The Board agreed to close all completed actions. Updates were provided by members of the Board and noted on the actions matrix. All completed 'green' actions were scrutinised to ensure that they were fully complete and actions that were not complete were challenged with Executive Director leads.</p>
DHCFT 2018/079	<p><u>QUESTIONS FROM GOVERNORS OR MEMBERS OF THE PUBLIC</u></p> <p>No questions had been received from members of the public or governors in advance of the meeting.</p>
DHCFT 2018/080	<p><u>CHAIR'S UPDATE AND UPDATE FROM REMUNERATION & APPOINTMENTS COMMITTEE HELD 16 MAY 2018</u></p> <p>Caroline Maley provided her report on her activity with and for the Trust since the previous Board meeting held on 1 May 2018, highlighting the following areas.</p> <p>A visit to Cubley Court (female) to attend a Multidisciplinary Team Meeting demonstrated excellence in integrated working for the benefit of patients.</p> <p>Voting had closed in the governor elections. A good response had been received and all vacancies are expected to be filled. One exception is the nominated governor from Derby City Council; this is vacant as the previous post holder had stood down at the last local elections. The City Council is to nominate a new governor.</p> <p>Board Development during May included focus on preparedness for the forthcoming CQC inspection and awareness of Equality & Diversity issues and progress within the Trust.</p> <p>Chairs of the Midlands and East Mental Health Trusts had met and continue to share experiences. The Trust shared how it had prepared for the Workforce Race Equality Standard (WRES). The Chairs had also shared their experience of managing Associate Hospital Managers.</p> <p>The Chair reported that she had been unable to attend the Joined Up Care Derbyshire (JUCD) Board meeting due to annual leave. Julia Tabreham offered to cover such meetings in future if required.</p> <p>A discussion followed on the use and application of the Public Sector Equality Duty & Impact Risk Analysis section in Board report cover sheets. Amanda</p>

	<p>Rawlings and Sam Harrison confirmed that further work is being undertaken to develop and support completion of this section.</p> <p>RESOLVED: The Board of Directors noted the activities of the Trust Chair throughout the month of May.</p>
DHCFT 2018/081	<p><u>CHIEF EXECUTIVE'S UPDATE</u></p> <p>The Chief Executive's report provided the Board of Directors with an update on developments occurring within the local Derbyshire health and social care community. The report also updated the Board on feedback from external stakeholders such as commissioners and feedback from staff.</p> <p>Ifti Majid highlighted to the Board that the Government's proposed Green paper on Transforming Children and Young People's Mental Health has been criticised nationally for lack of pace and substance of recommendations.</p> <p>Early findings of the independent review of the Mental Health Act 1983 (MHA) are outlined in the Chief Executive's report. The Mental Health Act Committee will continue to have oversight of this.</p> <p>NHS England (NHSE) and NHS Improvement (NHSI) have published a report that sets out details of how NHSI intends to shift its focus from regulating trusts to supporting improvement and how the two bodies intend to provide a more joined up and effective leadership of the NHS. The Board will be kept updated as more details emerge.</p> <p>Internally, the Trust has had a busy month with two successful inclusion events (LGBT+ conference and annual BAME conference). The CQC have undertaken unannounced visits and the inspection process is planned to continue until mid-July. Formal feedback is expected after the summer. Ifti Majid continues his 'on the road' visits and reflected that more people are coming to see him and take the opportunity to share with him innovative work and thinking.</p> <p>RESOLVED: The Board of Directors scrutinised the Chief Executive's update, noting the risks and actions being taken.</p>
DHCFT 2018/082	<p><u>UPDATE ON JOINED UP CARE DERBYSHIRE</u></p> <p>Vikki Taylor, STP Director, presented the Joined Up Care Derbyshire (JUCD) Sustainability and Transformation Partnership (STP) report to provide a quarterly update regarding progress.</p> <p>The Board was reminded that the JUCD Board is a partnership of health and social care organisations to drive forward both clinical and financial sustainability of the system to improve services for patients. Since the establishment of STPs there has been a shift in focus from long term redesign of services to a balance between long term development and the 'here and now' – oversight that as a system we are delivering currently. There remains significant financial pressure in the Derbyshire system but this has led to strong partnership working, particularly amongst system leaders supporting this work. Since the STPs were created two years ago a stronger commissioning landscape of Strategic Commissioners has evolved. In Derbyshire the four Clinical Commissioning Groups (CCGs) will be moved into one single Strategic Commissioner with one leadership team. Provider alliances are expected to be developed where</p>

	<p>providers work together to break down barriers to improvement and help support delivery of a more locally provided service. Linked to that is the need to develop leadership and the way system leaders and organisations are working together.</p> <p>John Sykes, Medical Director, asked how the system considers the impact of additional winter funding for provision of additional acute beds when there is a need to support the growing number of elderly people, not just with dementia but with physical health needs, in the community. Vikki Taylor acknowledged the tension and challenge in achieving strategic alignment for delivery of services in priority areas such as those described by Dr Sykes. It is anticipated that the development of Strategic Commissioners would be able to progress development of Patient-Led Assessments of the Care Environment (PLACE) and community delivery. Ifti Majid added that more evidence-based conversations are required on the impact of failing to promote mental health pathways that can prevent hospital admissions which in turn may improve patient flow in a hospital setting.</p> <p>Julia Tabreham, Deputy Trust Chair, asked how provider alliances and Strategic Commissioners can be sure they are providing the services patients need. Vikki advised that provider alliances will not take responsibility for commissioning but focus on how services are delivered. Gareth Harry, Director of Business Improvement and Transformation, added that the Derbyshire CCGs had carried out a significant consultation on a model of care in Derbyshire over a four year period that included engagement with patients and stakeholders; the results suggested a need for greater co-ordination of services and care planned around individuals which is in line with the integration and coordination route being taken forwards by JUCD. Vikki added that an engagement strategy has been developed for JUCD with Communication Leads from provider and commissioner organisations which will be rolled out in the coming weeks. A schedule of meetings will be planned to engage with patients and stakeholders and those dates will be promoted by each organisation.</p> <p>Margaret Gildea, Senior Independent Director, enquired how concerns are escalated from JUCD. Vikki advised that as a Derbyshire system, JUCD has a voice through providers talking to NHS Improvement and Commissioners talking to NHS England. In addition, Vikki's substantive role is with NHS England so she has direct line of communication to NHS England on policy, finance, strategic direction and can feed messages both ways.</p> <p>Following comment regarding workforce leadership and development, Margaret Gildea asked how this would impact on the Trust. Vikki responded that leadership events are available to staff at all levels in organisations and provide opportunities to meet staff, develop leadership skills and network across the system. The wider workforce community is also working to bring leaders together and maximise use of resource.</p> <p>Anne Wright, Non-Executive Director, Ifti Majid and Vikki Taylor discussed how the prevention and early intervention that was in the STP two years ago needs more emphasis as this appears to have a lower prominence in current plans and programmes than previously set out and that prevention and early intervention is essential to the achievement of sustainability.</p> <p>Richard Wright, Non-Executive Director, asked how much money was spent on commissioning the prevention of ill health. It was noted that the STP strategy initially focussed on prevention but that this has reduced and should be</p>
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	<p>prioritised going forwards.</p> <p>Mark Powell, Chief Operating Officer, shared with the Board his observations as a member of four work streams; each appears to operate differently with various levels of productivity. He suggested a re-framing of the work streams and membership of them would be beneficial to re-set the core purpose and direction. Ifti Majid emphasised the importance of members of the work streams operating in an organisationally agnostic way in order to have full conversations regarding the whole pathway. Caroline Maley added that as a Trust Chair on the JUCD Board she currently did not feel she had overall insight of what is happening in each of the work streams and would benefit from this overview going forwards.</p> <p>RESOLVED: The Board of Directors thanked Vikki Taylor for attending the meeting and noted the JUCD STP update.</p> <p>Vikki Taylor left the meeting.</p>
<p>DHCFT 2018/083</p>	<p><u>INTEGRATED PERFORMANCE AND ACTIVITY REPORT</u></p> <p>Mark Powell presented the Integrated Performance Report (IPR) to provide the Board of Directors with an integrated overview of performance as at the end of April 2018. The focus of the report is on workforce, finance, operational delivery and quality performance. This is the first iteration of a simplified IPR which formed two parts; regulatory performance and performance against Trust strategy. The information is triangulated with other data as presented to Board Committees. Component sections will be presented at Board Committees and performance discussions will continue to take place at Performance Review Meetings with Divisions. The Board was invited to discuss how this report presents effectiveness and identify any further changes for improvement.</p> <p>Ifti Majid agreed that the revised format indicates activity hot spots in the organisation, supporting the current narrative. He supported the addition of more 'people first' metrics and inclusion of information on raising concerns. Geoff Lewins, Non-Executive Director, welcomed the inclusion of data quality kite marks and requested that where they are not applicable that this should be indicated. Richard Wright and Julia Tabreham welcomed the revised format. Julia Tabreham would like to see the issues that impact strategic delivery related to system issues reflected so connectedness can be highlighted.</p> <p>On the matter of a delayed transfer of care (DTOC) that is in excess of six months, Ifti Majid expressed concern for the level of patient experience. Mark Powell confirmed that this DTOC had been escalated to the Director of Social Services and committed to further follow up. In relation to areas where performance is reducing, eg supervision, Mark Powell confirmed that this continues to be a focus in Performance Review Meetings and are also part of the data presented to Board Committees for scrutiny. It was agreed to add information to the Board IPR on the actions being taken to address 'hotspots'.</p> <p>Agency spend continues to be a concern, particularly in light of the pace of recruitment of doctors. Mark Powell confirmed that scrutiny levels remain high and following national guidance on reporting agency spend, the Board can expect to remain informed of this. In relation to doctor recruitment, Amanda Rawlings, Director of People & Organisational Effectiveness, advised that the</p>

	<p>Trust had been impacted by the national issue of rejection of visas but this is expected to resolve. However, progress in doctor recruitment remains an issue and bolder workforce modelling solutions are under consideration. The issue of data quality in relation to doctor appraisals is to be discussed at Quality Committee later in the month. Ifti Majid requested assurance by the next Board meeting that these issues had been resolved.</p> <p>ACTIONS:</p> <ol style="list-style-type: none"> 1. John Sykes to update the July Board meeting regarding the resolution of data quality issues related to doctor appraisals. 2. Mark Powell to incorporate suggestions into the next version of the IPR, to be presented to the July Board. <p>RESOLVED: The Board of Directors considered the Integrated Performance Report and obtained limited assurance on current performance across the areas presented.</p>
DHCFT 2018/084	<p><u>RATIFICATION OF NOTES OF MEETING HELD 27 APRIL TO APPROVE OPERATIONAL PLAN SUBMISSION</u></p> <p>Claire Wright, Deputy Chief Executive & Finance Director, presented the minutes of the above meeting for approval. A verbal update had been provided at the last Public Trust Board meeting.</p> <p>RESOLVED: The Board of Directors ratified the minutes as an accurate representation of the meeting.</p>
DHCFT 2018/085	<p><u>RADBOURNE UNIT DEEP DIVE</u></p> <p>Mark Powell offered apologies on behalf of the Radbourne Team who were not able to attend the Board meeting due to staffing challenges.</p> <p>The Board is aware of the ongoing risks on the Unit, particularly associated with staffing. There remain circa 25 vacancies on the Radbourne Unit. Linked to that are the ongoing challenges linked to capacity for patient flow when caring for people with very complex needs. However, the team continues to explore areas of improvement and has introduced some effective methods that have created greater unity and improved understanding of the needs of the unit and its patients.</p> <p>The Board debated the links between staffing, extended lengths of stay (LOS) and sickness absence, with which there is correlation. The ward environment is rarely at full establishment on any shift which does cause the staff to be frustrated that they are unable to provide all of the therapeutic care they would wish to. A new influx of staff is expected but the impact of delivering their training and support will need to be absorbed in the short term. The skill mix on the Unit has been considered and positive changes made but there is still the need to underpin with sufficient Registered Mental Health Nurses (RMN). Review of staffing movements show that RMNs move internally from the Radbourne Unit so there is a piece of work underway to develop rotational posts so that internal moves are managed, and which in turn will help manage the vacancies. In responding to a question from Margaret Gildea, Mark Powell confirmed that staff are involved in finding solutions to recruitment problems with a wide range involved in all aspects from designing adverts, supporting open days and participating in panels. They are also involved in the selection of</p>

	<p>agency staff. Learning from those experiences is also incorporated. Leadership opportunities exist in the Unit and suitability for those roles is part of the development process.</p> <p>The importance of supporting the staff on the Radbourne Unit was agreed to be a priority for the Board. In spite of the challenges faced, the Unit performs well in the Staff Survey. Staff are invited to speak at national events on the work of the Unit and there is a downward trend in the IPR in reducing LOS; these are all good indicators and a positive narrative.</p> <p>In the meantime, consideration will be given to a variety of options on how pressure can be relieved on staff, although the preference is to improve staffing levels. Support will continue from the Executive Leadership Team and Trust Management Team. Organisational Development support will be supporting leadership in the Unit more closely and the focus on recruitment will continue.</p> <p>ACTION: Sam Harrison and Mark Powell to agree a future date for the Radbourne Team to present their deep dive to Trust Board.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1. Was assured that the vacancy situation on the Radbourne Unit is not the result of financial pressures and encouraged the continued focus on recruitment and support of staff on the Unit. 2. Agreed to arrange another opportunity for staff from the Radbourne Unit to attend, noting it may be necessary to have a confidential session. 3. Supported and will promote a positive narrative on the Radbourne Unit.
<p>DHCFT 2018/086</p>	<p><u>BOARD COMMITTEE ASSURANCE SUMMARIES AND ESCALATIONS</u></p> <p>Assurance summaries were received from the Board Committees below, and highlights provided by the respective Non-Executive Chair.</p> <p>Audit & Risk Committee – Geoff Lewins</p> <p>The majority of work in the last two meetings had been related to the finalisation of the Annual Report & Accounts, which had been signed off and positive audit findings received on all aspects. John Morrissey, Lead Governor, had attended the meeting when the sign off had taken place. The quality indicator chosen by the Council of Governors (COG) in the meeting held on 21 March 2018 could not be audited because the national data set was not available. The second indicator, also discussed at the same COG meeting, was therefore audited. Internal audit reports had been received on Data Quality and Mental Health Act Committee giving partial and significant assurance respectively. The counter fraud annual report was received which provided significant assurance. Two policies were approved (Accessing Legal Advice and Raising Concerns / Speaking up at Work). The Committee received significant assurance from the Information Governance (IG) Q4 Report. The Trust had received notification that following submission of the IG Toolkit it had been notified as scoring as the top mental health trust in the country and third nationally amongst all trusts.</p> <p>Quality Committee – Julia Tabreham</p> <p>The Committee had reviewed preparatory work for the CQC inspection. The Quality Impact Assessment Policy had been approved. A retrospective audit of actions impacting quality of care had been received, providing assurance.</p>

	<p>Significant assurance had been received on the investigation into and report of the fire alarm incident on the Radbourne Unit in January 2018.</p> <p>Safeguarding Committee – Anne Wright Following the attendance of the Director of Public Health at the February Trust Board meeting where there was a discussion around new and emerging communities, the Trust has been commissioned to provide a team to support them. Full assurance was received in the last Safeguarding Committee for SEND compliance and adult PREVENT training.</p> <p>Finance & Performance Committee – Richard Wright Month 1 reporting was ahead of plan, giving significant assurance on the financial position. The commissioning position compared to last year is improved, as is Improving Access to Psychological Therapies. The new perinatal contract has been received. Work to improve the Cost Improvement Programme position is ongoing.</p> <p>Caroline Maley thanked the Committee Chairs for their scrutiny and focus .</p> <p>RESOLVED: The Board of Directors received and noted the Board Committee Assurance Summaries</p>
DHCFT 2018/087	<p><u>REPORT ON EFFECTIVENESS OF BOARD COMMITTEES</u></p> <p>Sam Harrison, Director of Corporate Affairs & Trust Secretary, presented the report to provide the Board of Directors with assurance on the effectiveness of Board Committees, following the review of year-end reports by the Audit and Risk Committee at its meeting held on 3 May and subsequent discussions at the Board Committee chairs meeting held on 16 May 2018.</p> <p>The report demonstrates how the Trust is sustaining and building upon good governance practice as exemplified through the year-end exercise undertaken by each Committee. Each Committee was also encouraged to set clear developments objectives and a forward plan. A learning point for next year is to have more clarity on how the surveys are included in the year-end reports. Terms of Reference are in place although some movement is expected in Executive Director membership following the appointment of the Director of Business Improvement and Transformation. Membership changes have occurred in-year, including the move to attendance by members only (with exceptions for attendance of individuals presenting papers by invitation). This ensures that challenge and assurance comes via Executive Directors.</p> <p>The Board was asked to note that the suggestion from the Deloitte Phase 1 Well Led Review that Safeguarding Committee and Mental Health Act Committee may be subsumed into Quality Committee has been discussed, and will continue to be regularly reviewed, but the conclusion at this time is that this is not a suitable approach for the Trust.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> Received significant assurance on the effectiveness of Board Committees during 2017/18, as recommended by the Audit and Risk Committee, following the submission of year-end effectiveness reports and review of feedback from qualitative surveys undertaken. Noted that Terms of Reference for all Committees are under review and will be presented to the Board of Directors once membership is

	clarified.
DHCFT 2018/088	<p><u>IDENTIFICATION OF ANY ISSUES ARISING FROM THE MEETING FOR INCLUSION OR UPDATING IN THE BOARD ASSURANCE FRAMEWORK</u></p> <p>No issues were highlighted in the meeting for update or inclusion in the Board Assurance Framework.</p>
DHCFT 2018/089	<p><u>MEETING EFFECTIVENESS</u></p> <p>Attendees and visitors were thanked for their attendance and asked to leave the meeting.</p> <p>Board members reflected on their experience of the discussions held. Comments from members of the Board confirmed that assurance had been received on the governance processes and controls. The balance of strategic versus operational debate was welcomed. The debate in the meeting was felt to be improved as a result of not holding a confidential Board meeting, however, it was acknowledged that there will continue to be a need, from time to time, to hold some confidential meetings.</p> <p>Members of the public had mentioned they were not able to hear the meeting clearly. Amanda Rawlings is investigating an equipment upgrade to provide sound projection.</p> <p>Mo Hussain observed that the meeting felt collegiate, showed movement and progress of issues. Papers were concise and impactful. He agreed that the addition of information to the IPR on actions to address hotspots would help members of the public understand how the Trust is responding to those challenges.</p>
DHCFT 2018/089	<p><u>FOR INFORMATION</u></p> <p>The Board noted the forward plan and the report from the Council of Governors meeting held on 1 May 2018.</p>
<p>The next meeting of the Board to be held in public session will take place at 9.30 on Tuesday 3 July 2018.</p> <p>The location will be Conference Rooms A & B, Centre for Research & Development, Kingsway, Derby, DE22 3LZ</p>	

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 3 July 2018. The structure of this report reflects the role that I have as Trust Chair.

Our Trust and Staff

1. I have made a point of visiting as many front line services as possible, so that my leadership is grounded on the reality of what our staff face every day, and also to ensure that I have a good understanding of the services provided by the Trust.
2. On 4 July I attended a CAMHS (Child and Adolescent Mental Health Service) team meeting at Century House. In these meetings, members of the team have the opportunity to raise concerns for team input to difficult and challenging cases. For me it was clear how important the relationship with social services is, and how difficult it is for our staff when there is a gap in support from the local authority, largely arising due to the cuts they have faced. I was also able to get an insight into how the team works with service users in tier 4 beds hosted by Nottinghamshire Healthcare. I was made very welcome by the team, and will take my observations forward with the discussions in Joined Up Care Derbyshire and the Mental Health Workstream.
3. On 10 July I visited the Memory Assessment Service at Dovedale Day Hospital where I was able to observe lead nurse Julie Sheppard confirming diagnosis for three very different patients. This was done in a calm and caring way, and I was able to observe how we work with voluntary organisations who signpost to various support options in the community. I was made aware that there have been reductions by commissioners in the early cognitive support and cognitive maintenance we are able to give service users.
4. On 26 July I observed a ward round in Ward 34 at the Radbourne Unit, including the handover from one team to another before the ward round began. Dr Jason Holdcroft and Dr Abbassi welcomed me to the ward round and made me very comfortable with the patients that we were seeing. I was assured of the compassion and care shown for patients and how patient and family centred the approach was. I was delighted at the end of the meeting to be shown an electronic handover system "Nick Knack" which has been developed by Dr Nick Ting whilst a trainee on the ward. It is a great piece of innovation and helps very much in the handover process each day.
5. On 31 July in the morning I visited the Substance Misuse Services in Ripley and was able to meet and talk briefly to a number of staff who were in the office. Heather Walker gave me a tour of the building which has its quirks! This team

was a great example of collaborating across a number of specialisms – and I was pleased to hear of the skill developments for staff to be able to work across drug and alcohol misuse. Again there were good examples shown of service user care and support, including innovation around employment helping to overcome personal challenges.

6. In the afternoon on 31 July I visited the health visiting team at the Rosehill Children's Centre where Marie White took me out to visit two families. I was very impressed at how the team operates and how child and family centred the care was in a very challenging area of Derby. I was also delighted to meet a number of students who work for the service and to hear first-hand how good their training and development by Marie and the Trust has been.
7. 28 August I will be visiting the Bolsover team and will cover this in my report next month.

Council of Governors

8. On 26 June I welcomed new governors following elections recently held to the Trust as a part of the induction we provide. I was impressed by the range of skills and enthusiasm that they bring to their roles and I look forward to working with them in the future. On 2 August we carried out a further induction meeting for new staff governors.
9. On 3 July the Council of Governors met following the Public Board meeting in the morning. It was good to see so many governors attend the Board meeting, and feedback in the afternoon confirmed that governors find it useful to observe the Board meeting and see the NED (Non-Executive Director) challenge that takes place. We also welcomed a number of governors to their first Council meeting following elections.
10. I met with public governor Gillian Hough on 2 August in advance of the Governance Committee of the Council of Governors. Deputy Trust Chair, Julia Tabreham, joined me at this meeting as she deputised for me at the Governance Committee on 21 August. Gillian Hough has come to the end of her term as Chair of the Governance Committee, and I thank her for the work that she has done as Chair of this committee. A replacement as Chair of this committee has yet to be appointed, and Carole Riley, Deputy Lead Governor has agreed to Chair the meeting for the next three months.
11. On 2 August I had a quarterly catch up with staff governors, despite holidays and family pressures reducing the number who could attend. The purpose of this meeting is to ensure that staff governors are able to carry out their role as a governor with the support from the Trust.
12. The Governance Committee of the Council of Governors met on 21 August. The Committee was chaired by Gillian Hough, and they are doing a lot of work to address the means of engagement with the community, and holding NEDs to account, in terms of framing the questions that they need answers for. Julia Tabreham deputised for me as I attended a Good Governance Institute /NHSI

(NHS Improvement) meeting in Birmingham that day.

13. On 26 June, 17 July and 22 August I met with John Morrissey and Carole Riley, Lead and Deputy Lead Governors, as part of our regular one to one meetings. These are important meetings to ensure that we share information and that there are no surprises.
14. The next meeting of the Council of Governors will be on 4 September following the Public Board meeting. The next Governance Committee takes place on 17 October.

Board of Directors

15. On 11 July Board Development focussed on the CQC (Care Quality Commission) Well Led process and preparation, as well as taking time to discuss the shape and content of the new Integrated Performance Report.
16. On 24 July, I attended the Finance and Performance Committee to observe how it has developed as an assurance committee. I am confident that it is on the right path to deliver its objectives.
17. Contact with Avtar Johal, our NeXT director, has been light since the last Board meeting. The initial placement period of six months will be coming to an end at the end of September, and I will be working with NHSI to report back on the experience that we have had and to provide feedback to Avtar himself. I will be considering with NHSI whether there is another candidate ready for a placement that meets our criteria of extending support to those from a BAME (Black, Asian, and minority ethnic) background who wish to gain experience as a NED.
18. I continue to meet with Non-Executives on a one to one basis quarterly. I met with Anne Wright and Richard Wright.

System Collaboration

19. The JUCD (Joined Up Care Derbyshire) Board meeting took place on 19 July, and I attended this along with Ifti Majid. A substantial presentation was given by Newton, a consultancy, on the Derbyshire System Flow Diagnostic, seeking ways to improve flow, reduce delays and ensure that the system is ready for winter. The aim of this was to look at demand and capacity planning for winter.

Unresolved at the time of writing this report is the recruitment of a small central team to support the recently appointed Director for the STP (Sustainability and Transformation Partnership), Vikki, Taylor and the workstream leads. As a Trust we have offered to host this small central team.

Once again there was a focus on the financial gap that the system has in the current financial year and a briefing on the actions that are being taken to minimise these. The Estates Strategy for the system was noted. More detail will be included in the CEO report to this Board.

20. On 30 July I visited The Park Medical Practice with Mark Powell to attend a GP practice meeting at which a large area of focus was mental health. It was really useful to be able to set out for them the challenges that we face and to hear some of their challenges. I was grateful for Mark's attendance as he was able to deal with many of the day to day issues that were raised.

Regulators: NHS Providers and NHS Confederation and others

21. Our CQC well led inspection will be covered elsewhere, but I would like to record my thanks to all who supported and took part in this important process for the Trust. At the time of writing my report we are awaiting the draft of our reports for factual accuracy checking and completion.

22. On the 18 July, with Geoff Lewins I attended the NHS Providers Governance Conference in London. The focus on the conference was on system wide governance and the role of the sovereign organisation in the system.

23. On 25 July I attended the quarterly meeting of the Midlands and East Chairs networking event, preceded as before with the power hour for the chairs of the mental health trusts. Areas of interest for the mental health trust chairs included STP governance and CQC well-led reviews and the common learnings from the new style inspection. In the main meeting, apart from the usual regional update from Dale Bywater, there was a presentation on the vision for talent management being led by NHSI, and I know that Director of People Services and Organisational Development, Amanda Rawlings is engaged in this for our Trust. We also heard from the Chair of Nottingham University Hospitals on the reflections of taking part in the BBC Hospital programme screened earlier this year.

24. On 21 August 2018, I attended a Board Development session sponsored by NHSI and hosted by the Good Governance Institute (GGI) entitled Well Led for the Future. At this session there was an emphasis on data, and using data across the system to have one source of truth informing system decision making. We also received a short presentation on the relevance of King IV Report on Corporate Governance published in 2016 and its relevance to the NHS. Included in the handouts was a useful linking of the NHS Key Lines of Enquiry (KLOE) to the King principles.

Beyond our Boundaries

25. Julia Tabreham attended the University of Derby Graduation on 19 July with Faith Sango, as unfortunately I had a funeral to attend that day. Julia reported to me that the graduation was particularly warm and friendly. It was good to be able to fly our flag at the ceremony, given the importance of the university in our student recruitment pipeline.

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

Assurances

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

Consultation

This report has not been to other groups or committees.

Governance or Legal Issues

None

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

Actions to Mitigate/Minimise Identified Risks

This report reflects a wide range of activities across the Trust, and consideration relating to ensuring inclusion is embedded in operational work of the Trust. The specific services visited provide support to those with protected characteristics by the nature of their work – such as learning disability services, memory assessment services and acute, mental health support and substance misuse.

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, hosting a placement for Avtar Johal, we are supporting the development of those who may find it more difficult to be appointed as a NED in the NHS. This placement will run to the end of September, when we will review the effectiveness of our support for Avtar and the scheme before deciding on our next steps.

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**

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.

National Context

1. As I mentioned as part of my last Board report, in March, the Prime Minister committed to a “sustainable long term plan” for the NHS backed by “a multiyear funding settlement”. She expanded on this in June, confirming a new funding settlement for the NHS of an average of 3.4% real terms increase over the next five years. Mrs May also tasked the NHS with producing a ten year plan in return for the increase in funding, setting out how the service intends to deliver major improvements. The timing of the plan's publication is expected to coincide with the autumn Budget, where the funding uplift, and how it will be funded, will be formally set out. The broad timeline associated with the development of the 10 year plan is roughly suggested to be:
 - Structure and themes announced early August
 - Working groups confirmed over the course of August (directly relating to our service portfolio, I understand there is likely to be a mental health working group led by Claire Murdoch, a Learning Disability group led by Ray James and a long term conditions, a dementia group led by Caroline Abrahams and a healthy childhood and maternal health group led by Sarah-Jane Marsh)
 - Engagement takes place throughout September – It is understood this will include:
 - Bespoke engagement by each of the working groups
 - NHS Improvement and England engagement with the sector through regional forums and roundtables
 - Stakeholder engagement, both with the working groups and with the ALB (arm's-length body) leadership
 - Engagement with staff, patients and the public (likely to take place through STPs (Sustainability and Transformation Partnerships)
 - Engagement through NHS Improvement's CEO advisory group
 - At the end of September, there will be a joint NHS England and NHS Improvement board meeting to discuss the plan
 - During October, the working groups will refine their outputs and their collective work will be brought together in the plan

- The plan will be published in early November
- Following the publication of the plan NHS England and NHS Improvement will establish the NHS Assembly to oversee the delivery of the plan

Alongside the ten year plan a delivery plan is being developed covering the first few years of the ten year plan. At this point it is not clear how separate this will be from the ten year plan and how it will relate to the expected planning guidance that the arm's-lengths bodies currently want to publish in late September. NHS Improvement Chief Executive, Ian Dalton has identified a number of issues that he wants to address through this planning guidance/delivery plan including:

- Productivity levels – providers are likely to be expected to achieve more than last year, with the expectation around Get It Right First Time (GIRFT) as well as “transformation projects, and further cuts to agency, procurement, back office and corporate costs” as further savings opportunities
- Sector deficit – the national bodies may have to consider writing off some of the trust sector debts
- Control totals – these will be replaced with a new financial architecture from April 2019, with Ian Dalton commenting that the current approach to control totals encourages non-recurrent savings rather than a focus on underlying financial sustainability
- Fines and sanctions – these are likely to be reviewed (including the marginal rate for emergency care)
- Tariff – the gap between tariff prices and costs of provision needs to be addressed
- Provider Sustainability Fund – will be reviewed as “the distributional effects of that have again not necessarily been equal across the system”

On 29 August I am attending a NHS Confederation Mental Health Network session with Claire Murdoch as part of the mental health working group engagement outlined above.

2. NHS Improvement has announced the appointment of six Non-Executive Board members which includes the re-appointment of Lord Ara Darzi and Lord Patrick Carter. The 4 new Board members who we may be less familiar with are:

- *Sir Andrew Morris* — Lead for the Frimley Health & Care Integrated Care System and former chief executive of Frimley Health NHS Foundation Trust
- *Wol Kolade* — chairman of the Guy's and St Thomas's Charity and managing partner of the private equity firm, Livingbridge. Mr Kolade is also an Emeritus Governor of the London School of Economics and Political Science and former chairman of the British Private Equity and Venture Capital Association
- *Laura Wade-Gery* — member of the Government Digital Service Advisory

board, as well as non-executive director of the John Lewis Partnership, non-executive director of property development and investment company British Land, and non-executive director of biotechnology company Immunocore. Ms Wade-Gery is also the former chief executive of Tesco.com

- *Tim Ferris MD* — chief executive of the Massachusetts General Physicians Organisation and was formerly the senior vice president of Population Health Management at Partners Healthcare in Boston, USA

3. During July I was proud to be involved in the launch of the '*We are the NHS*' recruitment campaign. The purpose of the campaign is to increase positive perceptions of and pride in working for the NHS. In doing so it aims to motivate target audiences to undertake careers in the NHS and help fill vacancies in the workforce. In the first instance this was focussed on nursing vacancies. A new TV advert was released along with coverage on radio and newsprint media. As part of the campaign I was interviewed as a nurse, and BME (black and minority ethnic) senior leader by BBC Radio with the interview being aired by BBC Derby, BBC Manchester, BBC West, BBC Stoke and BBC Sheffield. In addition it was a privilege to have been quoted (with photo) in a wide range of print and online Asian and South Asian news media related to the recruitment campaign.

Local Context

4. The Joined up Care Derbyshire (JUCD) Board met on 19 July. Key issues discussed included:
 - Feedback from a company called NewtonEurope relating to activity efficiencies within the Southern Derbyshire acute care system. Some significant opportunities around IV (intravenous therapy) treatment, admission avoidance, 24/7 treatment and hospital discharge were reported. Extrapolations from this southern focussed work can be made into the northern acute care pathway and this will form the focus for work led by the urgent care Board going forward.
 - Vikki Taylor was confirmed as the STP Director and is due to commence work full time from October. Her post along with other STP core posts will be hosted by our Organisation. This meeting was Joy Hollister's last meeting before her retirement and it was confirmed the Place workstream will be led in the interim by Pervez Sadiq from Derby City Council before being picked up longer term by Helen Jones who is Joy's replacement as Strategic Director for Adults in Derbyshire County Council.
 - The Derbyshire STP Estates Strategy was approved along with agreement on priority investment for the next round of NHS capital bids that centre around the development of community hubs in Buxton, Bakewell and Shirebrook.
 - We approved an elective care transformation plan that by national requirement focussed on the setting out of plans to develop a pilot site for First Contact Practitioner (senior qualified practitioners placed at the front of a care pathway as an alternative to seeing a GP) and the development of an Ophthalmology high impact interventions plan.
5. It was a great privilege to take part in the NHS 70 celebrations at Westminster Abbey in London along with Scott Lunn and Rachel Kempster as my guests for the event. There were many moving tributes but the one that most resonated was a young

survivor of the Manchester bombings who spoke about the care and treatment she had received. On the same day Caroline Maley hosted Shirley Houston and Simon Rose at York Minster for a similar celebratory event. We held our own NHS 70 'T' celebration as part of the Summer Fayre at Kingsway on 7 July. It was very positive that a number of local dignitaries such as the Mayor of Derby and Margaret Beckett MP were able to join us.



In addition during the week of 20 August we held two further NHS 70 events – Team Derbyshire Healthcare Bake Offs. I had the privilege of judging the fantastic array of cakes at the Hartington Unit and Caroline Maley had a similar pleasure down at Kingsway. A fantastic turnout and some very talented bakers I have to say!

Within our Trust

6. Week commencing 9 July saw the CQC on site completing their well led assessment as part of our comprehensive review. My thanks to all colleagues who were involved in the visit either directly being interviewed or providing the bundles of evidence we needed to submit – a real team effort. We hope to receive the full CQC report including the well led component week commencing 27 July following which we have ten days to make any factual accuracy changes before the report is made public likely to be mid-September.
7. On 20 July I met with some 30 nursing students who were currently on placement in our Trust. It was a great opportunity to get some feedback about the culture students experience in our Trust as well as to have some conversations about the NHS, mental health and what the future may well hold from a service provision perspective. The students universally talked about how welcoming we were as a Trust and it being friendly and open which was great to hear. They also spoke of the importance of ensuring mentors had time to spend with students to support them, the need for computers as students access can be down prioritised in a busy team and this had become more clear as all clinicians need to use computers for the electronic records. We also were able to discuss the sort of things that would attract the students to work for us, interestingly money was not top of the list but personal development and shift patterns that linked to their non-working lives were really important.
8. Board members will have noticed that more housing on the Kingsway site is now occupied. This is a great opportunity for developing relationships with local residents, tackling stigma and for seeing our hospital and services as part of the community. There are also risks that we have to manage for example we have had a number of

incidents reported such as children cycling through the area near the apple, people walking their dogs around the site and alarmingly the putting up of a rope swing on a tree on our site. To support management of these risks fencing has been erected to delineate the hospital boundary and I have written to all local residents assuring them of our desire to work together but reminding them of the need to respect the privacy and dignity of people using our services. The response to my letter was generally positive and it was helpful that a number of residents whilst recognising and supporting the points I raised also mentioned how our staff and patients smoking outside their property and parking in the street (Derby Teaching Hospital staff) was causing some frustration for them as well. To help the ongoing relationship development and to facilitate further discussion and mutual understanding it is my intention to hold a local public meeting during November on the Kingsway site

9. As a Trust and nationally the adult mental health pathway remains under intense pressure. As can be seen from our integrated performance report later in the Board meeting, our bed occupancy remains very high with a significant number of patients needing to receive bedded care outside of Derbyshire. In addition there have been occasions when there were no adult mental health beds in the Country in either the NHS or private sector. Whilst this is often something that attracts scrutiny from regulators due to it being a cause of 12 hour A&E breaches as a Board we should be more concerned about the impact that it has on patients who are in the Community who need a bed when one isn't available. I have attached a very powerful note (that has been anonymised) that I received that demonstrates the pressure one such person felt whilst awaiting a bed. The Board can take assurance that there is much work going on within our Trust practically and operationally to look to manage capacity more effectively such as the 100 day plan, the bed optimisation project and further development of red to green. In addition it is something that forms part of the mental health STP workstream and more strategically something that is being flagged with NHS England by the Mental Health Network, however testimonies like the one attached clearly evidence this is an area the Board needs to remain sighted on to ensure progress is made at pace.
10. It has been a quieter time for ward and team visits since the last Board with the CQC visit and then summer holidays both for Executives but also being conscious that teams are also managing increased leave. That said the quality visit programme has continued along with *Ifti on the Road* engagement events and pre-ELT (Executive Leadership Team) drop ins at:

- Corbar View, Buxton
- Ashbourne Centre, Kingsway

Key themes that emerged from these sessions included:

- Pace around recruitment (subsequently sorted out) and also an interesting and helpful discussion about autonomy and freedom for local managers to act
- Challenges with being able to attract bank staff prepared to work in the furthest reaches of county rather than just main towns/Derby
- The importance of ensuring that when one area/department delivers efficiencies there are no in adverted knock on impacts into other teams
- Importance of maintaining relationships with other providers who look after patients from Derbyshire eg Stepping Hill particularly where differing models

such as Acute Hospital Liaison exist

- Parking on the Kingsway site remains problematic with some encroachment into the areas at the back of the kitchens causing delivery issues (immediate action taken to rectify)

In addition Gareth Harry visited the Derby Mission who are a voluntary organisation covering a partnership of a number of churches across the city and provide services to homeless and vulnerable people in the community. He had a helpful conversation about their need for specific training for working with people with mental health needs, the difficulty in accessing primary care services and their links to our services, including ongoing difficulties with tackling dual diagnosis issues.

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

Strategic considerations

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

Assurances

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

Consultation

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

Governance or Legal Issues

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

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

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

x

Actions to Mitigate/Minimise Identified Risks

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

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

That said some of the reports both nationally and within the Derbyshire system have the potential to have an adverse impact on people with protected characteristics for example the work looking at current estate utilisation and prioritisation of some locality buildings over others whilst increasing access in some areas could by definition reduce access for some users of our service. There is a risk that the issues within the Kingsway site could result in difficulties for people to access services due to stigma and the financial pressure the NHS is under could result in changes to services that adversely affect one or more local communities adversely and this is something we would locally review by carrying out our own equality impact assessment regardless of any national directive.

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

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

The specific focus within the recruitment campaign on people from Asian or Southern Asian communities demonstrates not just a desire to have a representative and inclusive workforce but that specific action is being taken to promote all roles in local 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.

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

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

IT'S BREAKING ME HARD NOT HAVING A BED!!

I FEEL LIKE IM FEELING AWAY BIT BY BIT;

→ DO NOT FEEL LIKE DOING DABS, SHOWERING,
TEETH, MEDS ETC.

↓
4 NOT GETTING HELP NEEDED
I OLEING IN PAIN
↑

MOST OF THE TIME IM FEELING UNCOMFORTABLE
(NO WHERE TO BE)

IM TRYING SO HARD TO ENGAGE BUT THIS
IS DIMINISHING IM ~~FEELING AWAY~~

NATURALLY COMING AWAY. EYE BALLING

BECOMING NONE EXISTANT AT TIMES.

DIFFICULT TO SEE EVERYONES A HUMAN
JUST LIKE ME.

I CANNOT COMPREHEND
ANYTHING.

MY SENSES ARE BECOMING MORE ACUTE
LIGHT, SOUND, TASTE, DECISIONS MADE
HARDER.

I MOAN AND SCREAM TO THE TOPS 'GIVE
ME HELP' ~~REPEAT REPEAT REPEAT~~ 'GIVE
ME HELP'!

↓
PUT YOUR SELF DOWN ~~IT~~ IT JUST TAKES
ONE DRINK ~~IT~~ LIKE A HUMAN WOULD A
PET JUST PUT YOUR SELF AWAY.

↑
A BED
WAITING FOR HEALING ~~IS LIKE~~ IS LIKE
WAITING FOR YOUR NEXT HIT. (SCORE

A LIVING NIGHTMARE!!!
WORSE

IT'S LIKE BEING BURIED ALIVE

WHERE
CAN
I

I'm GOING TO EXPLODE
SOON

PUT
THIS?

I AM SCARED!!!

OH
GOD!

THE DRUG/POISON RUNS THROUGHOUT MY
BODY AT TIMES AND WHEN IT DOES IT MEANS
BUSINESS.

(SCREAMING & SHOUTING HELPS)
PARTLY.

EVERYONE AT THE HUBB ARE AMAZING. I
CANNOT FAULT THEM. THEIR TREATING ME WELL!!
I WILL CONTINUE GOING AT THE BEST OF MY
ABILITY!!!

Governor Meeting Timetable 2018 – 2019

DATE	TIME	EVENT	LOCATION
4/9/18	9.30am onwards	Trust Board Meeting	Conference Room A&B, first floor, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
4/9/18	2.00pm onwards	Council of Governors meeting	Conference Room A&B, first floor, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
20/9/18	5.00-7.00pm	Annual Members' Meeting – all governors to attend	Post Mill Centre, Market Close, South Normanton DE55 2EJ.
2/10/18	9.30am onwards	Trust Board Meeting	Venue changed to St Thomas' Centre, (behind St Thomas' Church) Chatsworth Road, Brampton, Chesterfield S40 3AW http://st-thomas-brampton.org/st-thomas-centre/
17 /10/18 Rearranged from 16/10/18	10.00am-12.30pm	Governance Committee	Training room 2, first floor, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
16/10/18 To be rearranged in the new year	1.30-5.00pm	Induction part ii – for all governors	Conference Room A&B, first floor, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
17/10/18	1.30-5.00pm	Strategic Priorities – strategic review – joint session with the Trust Board	Conference Room A&B, first floor, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
6/11/18	9.30am onwards	Trust Board Meeting	Training Room 1, first floor, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
6/11/18	2.00pm onwards	Council of Governors meeting	Training Room 1, first floor, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
4/12/18	9.30am onwards	Trust Board Meeting	Conference Room A&B, first floor, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
11/12/18	10.00am-12.30pm	Governance Committee	Training Room 1, first floor, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
9/1/19	2.00pm onwards	Council of Governors meeting	Conference Room A&B, first floor, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
5/2/19	9.30am onwards	Trust Board Meeting	Training Room 1, first floor, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
12/2/19	10.00am-12.30pm	Governance Committee	Meeting Room 1, Albany House Kingsway Site, Derby DE22 3LZ
5/3/19	9.30am onwards	Trust Board Meeting	Training Room 1, first floor, Centre for Research & Development, Kingsway

(Updated 23 August 2018)

			Site, Derby DE22 3LZ
5/3/19	2.00pm onwards	Council of Governors meeting	Training Room 1, first floor, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ

GLOSSARY OF NHS AND DHCT TERMS

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

GLOSSARY OF NHS AND DHCT TERMS

NHS Term / Abbreviation	Terms in Full
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
DTOC	Delayed Transfer of Care
DVA	Derbyshire Voluntary Action (formerly North Derbyshire Voluntary Action)
DWP	Department for Work and Pensions
E	
ECT	Enhanced Care Team
ECW	Enhanced Care Ward
ED	Emergency Department
EDS2	Equality Delivery System 2
EHIC	European Health Insurance Card
EHR	Electronic Health Record
EI	Early Intervention
EIA	Equality Impact Assessment
ELT	Executive Leadership Team
EMDR	Eye Movement Desensitising & Reprocessing Therapy
EMR	Electronic Medical Record
EPR	Electronic Patient Record
ERIC	Estates Return Information Collection
ESR	Electronic Staff Record
EWTD	European Working Time Directive
F	
FBC	Full Business Case
FOI	Freedom of Information
FFT	Friends and Family Test
FSR	Full Service Record
FT	Foundation Trust
FTN	Foundation Trust Network
F&P	Finance and Performance
5YFV	Five year forward view
G	
GDPR	General Data Protection Regulation
GGI	Good Governance Institute
GMC	General Medical Council
GP	General Practitioner
GPFV	General Practice Forward View
H	
HEE	Health Education England

GLOSSARY OF NHS AND DHCT TERMS

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

GLOSSARY OF NHS AND DHCT TERMS

NHS Term / Abbreviation	Terms in Full
MHIN	Mental Health Intelligence Network
MHIS	Mental Health Investment Standard
MHRT	Mental Health Review Tribunal
N	
NCRS	National Cancer Registration Service
NED	Non-Executive Director
NICE	National Institute for Health and Care Excellence
NHS	National Health Service
NHSI	National Health 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
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
QIPP	Quality, Innovation, Productivity Programme
R	
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

GLOSSARY OF NHS AND DHCT TERMS	
NHS Term / Abbreviation	Terms in Full
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