Derbyshire Healthcare
NHS Foundation Trust

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

COUNCIL OF GOVERNORS' MEETING

WEDNESDAY 21 MARCH 2018
1.00 – 4.00 PM

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

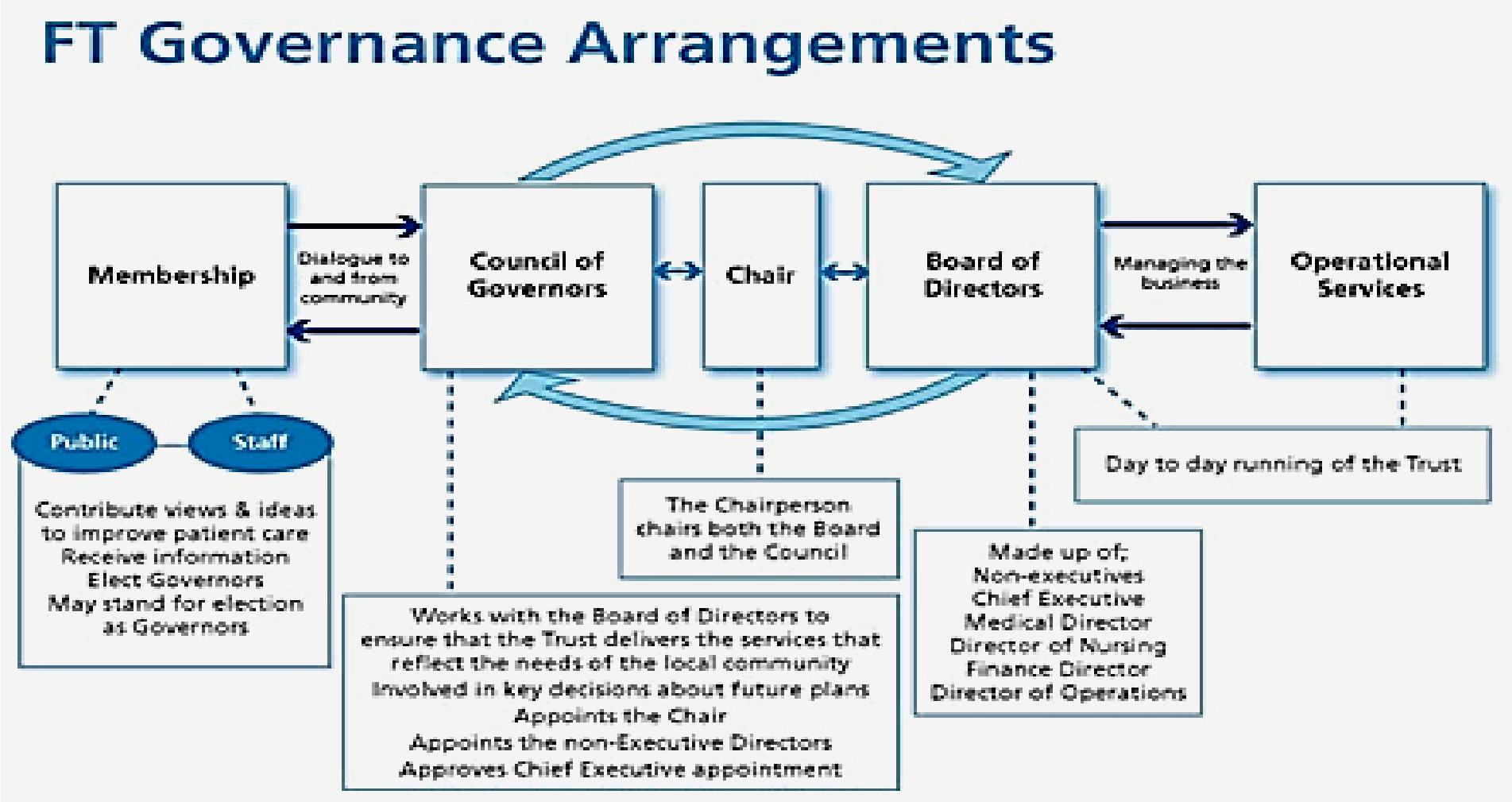
AGENDA

SUBJECT MATTER		ENC	LED BY	TIME
1.	Welcome, introductions and Chair's opening remarks Apologies and Declaration of Interests	-	Caroline Maley	1.00
2.	Submitted questions from members of the public • Statistics in Integrated Performance Report	-	Caroline Maley Richard Wright	1.05
3.	Minutes of the previous meeting held on 24 January 2018.	A	Caroline Maley	1.10
4.	Matters arising and actions matrix • SBS Framework	B	Caroline Maley	1.20
5.	Selection of Quality Indicators for the Quality Account	C	Julia Tabreham, Carolyn Green & Ian Barber	1.30
6.	Escalation items to the Council of Governors • Personal Health Budgets • Community Engagement with Joined Up Care Derbyshire	- -	Julia Tabreham Ifti Majid	1.45
HOLDING TO ACCOUNT				
7.	Integrated Performance Report Summary	D	Non-Executive Directors	1.50

Better together

STATUTORY ROLE				
8.	Non-Executive Director Deep Dive – Margaret Gildea, Chair of People & Culture Committee • Staff Survey Results • Freedom to Speak Up Guardian Report	E	Margaret Gildea Kully Hans	2.05
BREAK 2.30 – 2.40				
9.	Chief Executive's Report • Update on development of Trust Strategy	F	Ifti Majid	2.40
10.	Results of Annual Council of Governors Effectiveness Survey	G	Sam Harrison & John Morrissey	3.10
11.	Governors Nominations & Remuneration Committee Report – Verbal Update	-	Caroline Maley & Margaret Gildea	3.30
12.	NHS Providers - Elections to the Governor Advisory Committee	H	Carole Riley	3.40
13.	Governance Committee Report	I	Carole Riley	3.45
14.	Any other business	-	Caroline Maley	3.50
15.	Review of meeting effectiveness and following the principles of the Code of Conduct	-	Caroline Maley	3.55
16.	Close of meeting	-	Caroline Maley	4.00
FOR INFORMATION				
Ratified minutes of the Public Board meetings held on 29 November 2017 and 31 January 2018		J	-	
Governor meeting timetable Glossary of NHS terms		K L	-	
Next Meeting: Tuesday 1 May 2018, 2.00 pm – 4.30 pm, Conference Rooms A/B, Research & Development Centre, Kingsway, Derby, DE22 3LZ				

Getting the balance right



The implications for governors and ‘holding to account’

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

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

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

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how do we ask effective questions?

Good questions

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

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how do we ask effective questions?

Good questions

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

Enclosure A

Derbyshire Healthcare
NHS Foundation Trust

MINUTES OF THE COUNCIL OF GOVERNORS MEETING
HELD ON WEDNESDAY 24 JANUARY 2018
1.00 – 4.00 PM
POSTMILL CENTRE, MARKET CLOSE, SOUTH NORMANTON,
ALFRETON, DE55 2EJ

PRESENT	Caroline Maley	Trust Chair & Chair of Council of Governors
GOVERNORS PRESENT	Shelley Commery	Public Governor, Erewash North
	Rosemary Farkas	Public Governor, Surrounding Areas
	Gillian Hough	Public Governor, Derby City East
	Moira Kerr	Public Governor, Derby City West
	Angela Kerry	Appointed Governor, Derbyshire Mental Health Forum
	Roger Kerry	Appointed Governor, Derbyshire Voluntary Action
	Lynda Langley	Public Governor, Chesterfield North
From 2018/005	John Morrissey	Public Governor, Amber Valley South
	Shirish Patel	Public Governor, Erewash South
	Jim Perkins	Appointed Governor, Derbyshire County Council
	Kevin Richards	Public Governor, South Derbyshire
	Martin Rose	Public Governor, Bolsover
	Kelly Sims	Staff Governor, Admin & Allied Support Staff
	Gemma Stacey	Appointed Governor, University of Nottingham
	Robin Turner	Appointed Governor, Derby City Council
IN ATTENDANCE	Denise Baxendale	Communications & Involvement Manager
	Donna Cameron	Assistant Trust Secretary
	Margaret Gildea	Non-Executive Director
	Sam Harrison	Director of Corporate Affairs & Trust Secretary
	Geoff Lewins	Non-Executive Director
	Ifti Majid	Chief Executive
	Denise Robson	Support Worker for Moira Kerr
	Anna Shaw	Deputy Director of Communications & Involvement
	Richard Wright	Non-Executive Director
APOLOGIES	Rick Cox	Public Governor, High Peak
	Ruth Greaves	Public Governor, Derbyshire Dales
	Jason Holdcroft	Staff Governor, Medical & Dental
	Paula Holt	Appointed Governor, University of Derby
	Carole Riley	Public Governor, Derby City East
	April Saunders	Staff Governor, Nursing & Allied Professions
	Julia Tabreham	Deputy Trust Chair & Non-Executive Director
	Anne Wright	Non-Executive Director

ITEM NUMBER	ITEM
DHCFT/GOV/ 2018/001	**WELCOME, INTRODUCTIONS, CHAIR'S OPENING REMARKS, APOLOGIES AND DECLARATION OF INTERESTS** Caroline Maley, Trust Chair and Chair of the Council of Council of Governors, welcomed all to the meeting. Two new appointed governors, Roger Kerry and Angela Kerry, were

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	welcomed to their first meeting. Geoff Lewins, Non-Executive Director was welcomed to his first Council of Governors meeting since taking up his post in December. Moira Kerr's new support worker, Denise Robson, was also welcomed. Apologies for absence were noted as above. No declarations of interests were received. Caroline Maley requested governors input into the current NED appraisal process relating to Anne Wright.
DHCFT/GOV/ 2018/002	**SUBMITTED QUESTIONS FROM MEMBERS OF THE PUBLIC** No questions had been received from members of the public.
DHCFT/GOV/ 2018/003	**MINUTES OF THE PREVIOUS MEETING** With the amendment of Jason Holdcroft's position, the minutes of the previous meeting, held on 22 November 2017 were accepted as a correct record.
DHCFT/GOV/ 2018/004	**MATTERS ARISING AND ACTIONS MATRIX** **Matters Arising** There were no matters arising from the minutes of 22 November 2017. **Actions Matrix** The Committee 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. Two verbal updates were given by Margaret Gildea, on behalf of Julia Tabreham: • Waiting Times & Waiting Well Margaret Gildea reported on detail provided by Julia Tabreham in response to the query as raised by governors. Full details of Julia's report are appended to these minutes for information (see Appendix 1). • Lack of Privacy in A&E In addition to previous action taken to raise this issue with Royal Derby Hospital, the Trust is also looking further into this to see whether it is a feature of other complaints/issues raised by our patients and will take further action as required.
DHCFT/GOV/ 2018/005	**CHIEF EXECUTIVE'S REPORT** Ifti Majid presented his report to provide the Council with feedback on changes within the national health and social care sector as well as providing an update on developments occurring within our local Derbyshire health and social care community. The report also updated

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	the Council on feedback from external stakeholders such as commissioners and feedback from our staff. The report should be used to support the Council understanding key risks and opportunities facing the Trust and to aid holding the Board to account for the delivery of the Trust strategy. Ifti Majid highlighted the following points: • The release of the annual NHS Workforce Race Equality Standard and how the Trust will respond to the results. • Winter pressures, the impact on the NHS nationally and locally and more specifically the impact of flu. • An accommodation centre for asylum seekers has opened in Derby which will be supported by the Trust. • Feedback from visits across the Trust, messages received from staff and steps the Trust is taking to respond. There followed an update on the Sustainable & Transformation Partnership (STP), now known as Joined Up Care Derbyshire (JUCD). The presentation refreshed governors on the reasons for the joining together of services, explained how the JUCD is approaching moving the partnership forward and summarised the work being undertaken to deliver the priorities in the ten work streams. The mental health work streams is being led by Ifti Majid. Moira Kerr asked Non-Executive Directors how they receive assurance that the right skills, knowledge and experience is involved in running the STP. Non-Executives were assured by the leadership of Ifti Majid; NEDs had been assured he was the right leader for the organisation and therefore are assured in his leadership of the mental health work stream. Governors were also advised of a recent agreement to provide additional support and leadership for those involved in the JUCD. **RESOLVED: The Council of Governors scrutinised the report, noting the risks and actions being taken.**
DHCFT/GOV/ 2018/006	**<u>NED DEEP DIVE</u>** Caroline Maley presented a deep dive on the work that she had undertaken since her substantive appointment to the role of Trust Chair. On appointment to the role she committed to listen to staff and increase her visibility across the organisation. The Chair outlined activities in following areas: • Our Trust/staff • System collaboration • Beyond Trust boundaries • Regulators and NHS Providers • Trust Board and Board Committee meetings • Council of Governors Caroline Maley acknowledged the tremendous contribution of Trust staff and their continued support in making the Trust a very special place. Gillian Hough asked Caroline Maley to provide an example of how she had held an Executive to account. The Chair reminded the governors of

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	the issues raised during the potential merger discussions and how they had been handled as way of holding the executive to account. Caroline Maley also advised of the regularity and frequency of meetings with Non-Executive Directors and the focus of the Non-Executives on strategic matters and holding the executives to account. **RESOLVED: The Council of Governors confirmed they had received a 'deep dive' on the work of the Trust Chair since substantive appointment.**
DHCFT/GOV/ 2018/007	**PROPOSED CHANGES TO THE TRUST'S CONSITITUTION** Sam Harrison presented the report to ask the Council of Governors to consider and support amendments to the Trust's Constitution, noting that the amendments will require the approval of both the Trust Board and the Council of Governors. The amendments had been reviewed and discussed by the Governance Committee over recent months. Most of the changes have been prompted by governors and others are updates relating to implementation of best practice. Gillian Hough reported that a robust discussion had taken place at Governance Committee in relation to the proposed changes to public constituencies which it is hoped will lead to improved community representation. Shirish Patel queried why Derbyshire Constabulary were no longer a Partnership Organisation. Caroline Maley responded that the Constabulary had advised the Trust they did not think it appropriate to be a member of the Council of Governors. We work with them through the Crisis Concordat which is more appropriate. Although the number of governors required for quorum was proposed to be increased, Moira Kerr noted her concerns that this still presented a risk in terms of a small number of governors being able to make key decisions. A vote was held, using a show of hands, on the proposed amendments. Twelve governors approved the proposed changes. One governor abstained. **RESOLVED: The Council of Governors** **1. Approved the following changes to the Constitution:** • **Public Constituency** • **Staff Constituency** • **Partnership Organisations** • **Composition of the Council of Governors** • **Quorum** • **Termination of Tenure** • **Membership of Governors Nominations & Remuneration Committee** • **Significant transactions**

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	• **Equality best practice** • **Regulatory body changes.** **2. Acknowledged that the changes that need to be approved by the Board and also Council of Governors.** **3. Acknowledged that changing the termination of tenure voting will require a change to the Code of Conduct for the Council of Governors.** **4. NHSI will be notified and an updated version of the constitution forwarded to them and placed on the Trust's website.** **ACTION:** **1. Constitution with proposed amendments to be presented to the Trust Board in February for approval.** **2. Membership of the Nominations & Remuneration Committee to be reviewed regarding balance of public governors and other governors.** **3. The Governor Code of Conduct will be updated for discussion at the February Governance Committee.**
DHCFT/GOV/ 2018/008	**<u>ROLE OF THE GOVERNORS IN THE APPOINTMENT OF EXTERNAL AUDITORS</u>** Sam Harrison presented the report to raise the issue of the forthcoming requirement to appoint external auditors and to engage with the Council of Governors to determine the process to be followed. It is a statutory role of the Council of Governors to appoint the Trust's auditor. The appointment of the external auditor expires on 31 October 2018. The Audit & Risk Committee has considered how to take the process of appointment of a new external auditor forward and through this report presents the Council of Governors with a procurement proposal for consideration. Governors were asked to note that KPMG should also be on the list of approved suppliers for the provision of external audit services. If the proposal is accepted 2 – 4 governors will be required to participate in the task and finish group to progress the appointment. Training and support will be provided to those who take part. **RESOLVED: The Council of Governors** **1. Received notification of the intention to appoint an external auditor and the requirement for governors to be involved in the process.** **2. Agreed the procurement proposals.** **3. Agreed to establish a task and finish group to work to progress the appointment.** **ACTION: Governors will be contacted via Governor Connect and asked to express their interest in being a member of the task and finish group. The Lead and Deputy Lead Governor will be asked to finalise governor representation.**
DHCFT/GOV/ 2018/009	**<u>INTEGRATED PERFORMANCE REPORT SUMMARY</u>** Caroline Maley invited the Non-Executive Director (NED) Committee

	Chairs to illustrate the use of information in the Integrated Performance Report (IPR) in relation to NED duties. **Finance & Performance Committee** Richard Wright, NED Chair of the Committee reported on how the IPR triangulates information. The Finance & Performance Committee use the IPR to reflect on contracting, cost and continuous improvement, as well as finances. **People & Culture Committee** Margaret Gildea, NED Chair of the People & Culture Committee referred to the challenges and results relating to recruitment and retention. Hot spots that have struggled to recruit are going to come under increasing focus. A new People Plan is expected to be brought to the next Trust Board meeting to look at how the Trust attracts, retains and trains its workforce. This will be shared with governors in due course. **Quality Committee** In the absence of Julia Tabreham, NED Chair of Quality Committee, Margaret Gildea (also a member of Quality Committee) delivered the update on Julia's behalf. The Trust is working very hard on the Neighbourhoods service review. Quality Committee continues to receive assurance through an improving dashboard. The Committee had received a new physical healthcare strategy. Gemma Stacey, Appointed Governor from the University of Nottingham, was pleased to feed back the increasingly positive experience of student nurses on placement at the Trust and would welcome the opportunity to help identify current students with leadership potential, ambition and qualities. **Audit & Risk Committee** Geoff Lewin, NED Chair of Audit & Risk Committee reported that assurance is gained through a number areas including reports from external auditors and the schedule of reports received. The Committee oversees risks for other Board Committees and particularly looks at the most extreme risks through deep dives. The Trust is generally achieving impact but asked governors to note the difficulties in minimising all risks due to the pressing external environment, including the recruitment and retention of staff. Gillian Hough challenged NEDs to seek further assurance on the organisation's approach to plans for recruitment. Margaret Gildea confirmed that the Trust, like many other organisations, is reaching out across the UK, Europe, India and Egypt to maximise the pool of potential candidates. **RESOLVED: The Council of Governors received the update from the perspective of the NEDs on how they have held the Executive Directors to account through their role.**
DHCFT/GOV/ 2018/010	**<u>REVIEW OF POLICY FOR ENGAGEMENT BETWEEN THE BOARD AND COUNCIL OF GOVERNORS</u>** Sam Harrison presented the results of evaluation of the policy, a proposed revision and future policy review.

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	The policy had been discussed and reviewed at the Governance Committee in October 2017. The policy for engagement had also been reviewed by the Trust Board during a Board Development Session on 20 December 2017 where the recommendation from the Governance Committee to include a reference to the Deputy Lead Governor at point 3.3.4 was endorsed. A correction to point 3.8.2 was requested. **RESOLVED: The Council of Governors** **1. Approved the updated policy, which had been endorsed by the Trust Board, subject to the amendments as outlined.** **2. Agreed to review the policy in 2019.**
DHCFT/GOV/ 2018/011	**ESCALATION ITEMS TO THE COUNCIL OF GOVERNORS** One item had been re-escalated to the Council of Governors regarding Personal Health Budgets. As the governor who had escalated this item had submitted apologies, the response was agreed to be deferred to the March meeting.
DHCFT/GOV/ 2018/012	**STAFF ENGAGEMENT UPDATE** Margaret Gildea reported that the staff survey has closed but results are not yet available. A comprehensive update on the Staff Survey will be given at the March Council of Governors meeting.
DHCFT/GOV/ 2018/013	**MEMBERSHIP STRATEGY** Denise Baxendale presented the draft Membership Strategy for 2018 – 2021. The strategy had been reviewed by the Governance Committee at its December meeting. The strategy focuses on two main areas; membership recruitment and attracting a diverse membership to reflect the communities represented by the Trust and, secondly, engaging with members. **RESOLVED: The Council of Governors** **1. Approved the Membership Strategy for 2018 – 2021.** **2. Agreed a six monthly review of membership engagement activity to measure effective implementation of the strategy.** **ACTION:** **1. Governance Committee to evaluate the Membership Strategy in June and report to the Council of Governors in July.**
DHCFT/GOV/ 2018/014	**GOVERNANCE COMMITTEE REPORT** Gillian Hough, Chair of the Governance Committee, presented the report on the meeting of the Governance Committee, held on 6 December 2017, for information. **RESOLVED: The Council of Governors noted the meetings held at the December meeting.**

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DHCFT/GOV/ 2018/015	**ANY OTHER BUSINESS** No items were raised.
DHCFT/GOV/ 2018/016	**REVIEW OF MEETING EFFECTIVENESS AND FOLLOWING THE PRINCIPLES OF THE CODE OF CONDUCT** Caroline Maley reiterated the importance that governors should feel comfortable to raise any issues, and particularly if they had concerns about conduct of governors during the meeting. Contact about any concerns of this nature outside of meetings to either herself, John Morrissey, Denise Baxendale or Sam Harrison were welcomed.
DHCFT/GOV/ 2018/017	**CLOSE OF MEETING** With no further business the Trust Chair closed the meeting at 4.02 pm.
DHCFT/GOV/ 2018/018	**FOR INFORMATION** Governors received the following items for information: • Ratified minutes of the Public Board Meeting held on 1 November 2017 • Governor Meeting Timetable – an updated version of which was tabled • Glossary of NHS Terms
DHCFT/GOV/ 2018/019	**DATE AND TIME OF NEXT MEETING** Date: Wednesday 21 March 2018 Time: 1.00 pm – 4.00 pm Venue: Conference Rooms A/B, Research Centre, Kingsway, Derby, DE22 3LZ

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APPENDIX 1

Julia Tabreham
Non-Executive Feedback for Council of Governors for the 24 January 2018 meeting

Please find below my NED response to previous questions raised by Governors. This very comprehensive assurance has been provided been obtained from our Executive:

"The quality committee has oversight of the operational performance through the TMT and the attendance of executive directors Mark Powell is the lead for operational performance and waiting times and a new development this year has been specific risk based deep dives on the CQC area of concerns surrounding Responsiveness. Responsiveness is the key line of enquiry that over sees the elements of this.

1. In our last inspection, in 2016 the CQC said that community mental health waiting times, were not substantially different from the national pressures.

2. In an informal visit to the Derby city neighbourhood team toward then end of 2017, again the CQC re-informed that the waiting times were no thought to be out of kilter with national pressures.

3. Specifically, the CQC were assured on our waiting time policy and practice and we operated.

4. A new divisional specific waiting time dashboard has been designed and will track month to month trend from April in addition to our very detailed Neighbourhood and Paediatrics mapping work, which the quality committee has had extensive review over 2017.

5. Our CAMHs waiting time is fluctuating but overall it is still has the national average and in addition a recent NHSI/ NHSE visit to CAMHS was undertaken for the new national team, to understand what good looks like in practice, before visiting other area. A formal letter and report will be logged with the Trust, with feedback, will be given, the inspectors were very positive about the achievements, we will continue to improve our internal waiting time to the best we can achieve.

6. Are we following best practice and our obligations to patients? We do endeavour to meet best practice, however, any waiting time is difficult, however the reality of our funding and national funding levels are that it would not be possible not to have a waiting list.

7. How do we know if the outcome is right? Each service area has feedback on the service and we monitor outcomes, which in Children and substance misuse is extensive and in adult mental health and learning disability is present but still emerging.

8. How is the board assuring itself that the services are safe and effective? The Board reviews with the quality committee, its triangulation of quality dashboard, patient experience reports, community survey and intelligence from watchdogs and reviews benchmarking. The national community benchmarking has been at Board and at board development sessions against all other community and mental health trusts in the country and our benchmarked performance is solid. Each month the Quality position statement, dashboard and information are used to monitor our progress as a unitary board and gain assurance on performance and mitigating actions. This coupled with the checks undertaken in our well led review; further audits are continually checking and improving our practices.

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However, one Governor asked if it is possible to know the difference in acuity from joining a waiting list and receiving treatment and would like to see a presentation on that at some point.

This is not measurable, we have 40 to 60 new referrals per week in some neighbourhoods, we cannot track acuity at waiting list entry and then at assessment.

1. This is not how the clinical systems work

2. A person presents to their GP - the referral details the clinical risks based upon the GP and the persons view. If an urgent referral is required a 4 hour assessment is offered.

3. The GP maintains responsibility.

4. The person if referred to wither IAPT or secondary care health services, they are offered an apt for an assessment, there is waiting time for an assessment slot.

5. The team assesses and offers a service-the persona accepts or states no thank you.

6. The intervention can commence and depending on risk, if a person has immediate needs the Crisis team, a rapid response team can intervene or an immediate offer of in-patient care.

7. There could be waiting time for a specialist intervention (autism assessment, a clinical group, a named worker) - the GP still maintains responsibility, in partnership with the Trust.

8. A slot is offered.

9. Each Neighbourhood teams review the waiting list weekly and sometimes more often. This includes calling a person on the waiting list and their referrer for an update on concerns and needs".

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COUNCIL OF GOVERNORS ACTION MATRIX - AS AT 13 MARCH 2018							
Date of Minutes	**Minute Reference**	**Item**	**Lead**	**Action**	**Completion by**	**Current Position**	
22.11.17	DHCFT/GOV/2017/10	Feedback and next steps following the Holding to Account training session held on 8 November 2017	Gillian Hough.	Governance Committee to present a report to the next Council of Governors Meeting in response to the recommendations resulting from the training session.	01.05.18	Report from external facilitator received. To be discussed at Governance Committee in April and to CoG in May.	Yellow
24.01.18	DHCFT/GOV/007	Proposed changes to the Trust's constitution	Sam Harrison	Constitution with proposed amendments to be presented to the Trust Board in February for approval.	25.07.18	Amendmends presented to Public Board on 28.02.18 and approved. Updated constitution published on Trust Website and NHSI. To be included in the Annual Members Meeting.	Yellow
			Sam Harrison	Membership of the Nominations & Remuneration Committee to be reviewed regarding balance of public governors and other governors.	21.03.18	Nom and Rem meeting rescheduled for 20 March. Verbal update at the meeting.	Orange
			Denise Baxendale	The governor Code of Conduct will be amended to reflect that a decision to terminate the tenure of office will require a 70% (not 75%) majority of those members present for tenure of office to be terminated.	21.03.18	Awaiting all governorss to sign updated Code of Conduct.	Orange
24.01.18	DHCFT/GOV/008	Role of the governors in the appointment of the external auditor	Sam Harrison	Governors will be contacted via Governor Connect and asked to express their interest in being a member of the task and finish group for the appointment of the external auditor. The Lead and Deputy Lead Governor will be asked to finalise governor representation.	21.03.18	John Morrissey, Gillian Hough and Kelly Sims confirmed as members of the Task & Finish Group. Reported to Governance Committee 27.02.18 and Audit Committee 20.03.18.	Green
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	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.	Yellow

Key	**Agenda item for future meeting**		**YELLOW**	3	50%
	Action Ongoing/Update Required		**AMBER**	2	33%
	Resolved		**GREEN**	1	17%
	Action Overdue		**RED**	0	0%
				6	100%

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 21st March 2018

Selection of Quality Indicators for the Quality Account

Purpose of Report:

For the Council of Governors to select a quality indicator for 2017/8 for inclusion in the annual Quality Report.

Summary

As part of NHS Improvement's (NHSI) requirement, Foundation Trusts are required to produce an annual Quality Account, which gives a clear understanding of the Trust's performance and assurance of the steps the Trust is taking to improve patient safety, experience and outcomes. Ian Barber of Grant Thornton from our External Audit service is in attendance at the Council of Governors to guide governors through the choice available to them in line with the NHS Improvement's requirements which have changed in 2018 for this reporting period and respond to any questions on the process.

Please note at this time the guidance is draft and remains subject to final amendments.

Governors are invited to choose an indicator each year **as part of the Trust's internal and external audit of data quality checks** to measure data completeness and accuracy.

The two mandated core quality indicators selected by external audit and the Trust are:

1. **Early intervention: Early intervention in Psychosis (EIP)**: people experiencing a first episode of psychosis treated with a NICE approved care package within two weeks of referral.

2. **IAPT: Improving access to psychological therapies**
   a) Proportion of people completing treatment who move to recovery (from IAPT dataset)
   b) Waiting time to begin treatment (from IAPT minimum dataset)
   1. Within 6 weeks of referral
   2. Within 18 weeks of referral

Governors are invited to select one of the following **8** Core options remaining from the NHS Improvement named list on the following pages.

Option 1
Ensure that cardio metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas.

a) Inpatient wards
b) Early intervention in psychosis services
c) Community mental health services (people on care programme approach)

No. of people this applies to

Approx. **1,753** (Number of patients on PARIS open to the Trust as at 01/03/18, who are on CPA and who have psychosis

The Clinical Implications

The rationale for this indicator is that people with severe mental illness (SMI) are at increased risk of poor physical health, and their life-expectancy is reduced by an average of 15–20 years. Two thirds of these deaths are from avoidable physical illnesses including heart disease and cancer, mainly caused by smoking. There is also a lack of access to physical healthcare for people with mental health problems. This indicator requires a significant amount of data capture around physical health assessment, together with appropriate interventions for any problems, e.g. high blood pressure or high cholesterol. The requirement is that we demonstrate assessment and (importantly) treatment for patients with psychosis in the following clinical areas:

Inpatients

- 90% of people who have been admitted to the ward for at least 7 days

Patients on CPA in all community based mental health services

- 65% of people who have been on the team caseload for a minimum of 12 months

Early intervention in psychosis services

- 90% of people as per these teams' annual national service specific self-assessment specification

Where else this indicator is reported

This indicator is monitored via our response to CQUIN 3a, and will be monitored more closely still as part of planned changes to the electronic clinical record system and through a further development planned on the Integrated Public Board Report.

Option 2
100% enhanced Care Programme Approach patients receiving follow-up contact within seven days of discharge from hospital during the reporting period.

No. of people this applies to

575 (from 01/04/17 to 01/03/18)

The Clinical Implications

This is included as an indicator in response to concerns that the highest risk of suicide for a person discharged from psychiatric inpatient care is within the first seven days. Therefore, ensuring that we have contact with the person is part of our attempt to reduce this risk

Where else this indicator is reported

Within the Integrated Public Board Report

Option 3 Admissions to adult facilities of patients under 16 years old. Please note the January 2018 guidance actually states under 16, however the national mandated target is under 18. The Trust will audit under 18's.
No. of people this applies to **2** under 18 (**0** under 16)
The Clinical Implications This is to maintain child safeguarding, that wherever possible we do not admit a child into an adult in-patient environment. When this does happen, it will often be as a result of such as high levels of risk or clinical need meaning that such an admission is essential whilst other options are explored, or the child being very near to their 18th birthday and it would be seen by all parties as the least disruptive option. Should such an admission occur, child safeguarding procedures would be in place to mitigate for any potential risks.
Where else this indicator is reported Both under 16 and under 18 within the Integrated Public Board Report

Option 4 Inappropriate out of area placement's for adult mental health (please note acute mental health bed admissions/ in integrated performance report from February 2018)
No. of people this applies to **52** (from 01/04/17 to 01/03/18)
The Clinical Implications This is our number of acute out of area placements where the reason is unavailability of a Trust bed. This brings clear challenges for the person who is taken out of their locality, for any family or friends who want to visit, and for engagement with community services in preparation for discharge.
Where else this indicator is reported Within the Integrated Public Board Report

Option 5 The percentage of admissions to acute wards/ inpatient services for which the Crisis Resolution/. Home treatment team acted as a gatekeeper during the reporting period.
No. of people this applies to **694** (from 01/04/17 to 01/03/18)
The Clinical Implications Crisis gatekeeping ensures that all community based and least restrictive options are explored to support the person at home before a hospital admission is agreed.
Where else this indicator is reported Gate keeping is monitored via the Paris Electronic Patient Record System with the Crisis Team being aware of any admission. However we are just awaiting a new process to be added to Paris for more robust monitoring.

Option 6 The percentage of patients aged (i) 0-14 and (ii) 15 or over readmitted to hospital, which forms part of the trust within 28 days of being discharged form a hospital which forms part of the trust during the reported period.
No. of people this applies to **127 people were re-admitted of category (ii)** (from 01/04/17 to 01/03/18)
The Clinical Implications Whilst we try to ensure hospital admissions are not longer than required, if a person is discharged too quickly, or if plans are not robustly put in place or resources are not available to support that person after discharge, this can increase the risk of readmission within a 28 day period
Where else this indicator is reported Within the Integrated Public Board Report

Option 7 The Trust's "Patient experience scores for community mental health services" indicator score with regard to a patient's experience of contact with a health or social care worker during the reporting period.
No. of people this applies to 18,655 people in Derbyshire currently have an open community, outpatient or psychotherapy episode on PARIS (community mental health)
The Clinical Implications This is a key measure of the satisfaction of the experience of being in the care of our community mental health services. Last year, our mental health community teams have scored in the top three of mental health trusts nationally for the overall view of mental health services and the care experience. This is a survey that we commission a specialist organisation called Quality Health to undertake on our behalf.
Where else this indicator is reported The results are reported nationally as part of the NHS patient survey programme

Option 8
The number and, where available, the rate of patient safety incidents reported within the Trust during the reported period, and the number and percentage of such patient safety reported incidents that resulted in severe harm or death.

No. of people this applies to

This applies to any adult or child receiving a service from the Trust, a total number of 87,948 as at 2nd March 2018

The Clinical Implications

This is partly to reflect that we have a healthy culture of reporting and sharing if an incident occurs of any severity, and also to reflect how many of our incidents result severe harm or death. When an incident results in severe harm or death, this will be reported to the 'STrategic Executive Information System' (STEIS).
From April 2017 to February 2018, across all our services:

- There have been 4171 incidents affecting patients
- Out of these, there are 67 incidents that have been STEIS reportable AND that have an indication of severe harm or death

Where else this indicator is reported

Incidents are reported directly via STEIS, and also to the Board.

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

(COG) Assurances

- The Trust has met its requirements as set out by NHS improvement (NHSI).
-

Consultation

- These options have previously been presented to the Governance Committee at its March meeting for initial consideration ahead of agreement by the Council of Governors.
- Governors will be invited to input to the Quality Report via presentation of the draft document to the Governance Committee in April.
-

Governance or Legal Issues

- This is a formal duty of the Council of Governors as outlined in the NHSI standards and in the Trusts requirements, revised in January 2018
- Governors are required to take advice form the Trust and the auditors to understand their choice, formally vote and receive the information in the Trusts Annual accounts

Equality Delivery System

- Trust governors are elected by members to represent their constituent services and scrutinise the Trust in their endeavours

Recommendations

The Council of Governors is requested to:

1. Review the content of this paper, ask any points of clarity to inform their decision
2. Vote as a Council of Governors

Report presented by:	**Carolyn Green** Executive Director of Nursing & Patient Experience **Darryl Thompson** Deputy Director of Nursing & Quality Governance
Report prepared by:	**Carolyn Green** Executive Director of Nursing & Patient Experience **Darryl Thompson** Deputy Director of Nursing & Quality Governance

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 21 March 2018

Integrated Performance Report Month 10

Purpose of Report

Further to discussions at the Council of Governors meeting held on 22 November 2017, it was agreed that in future the Integrated Performance Report would be provided to Council of Governors with just the cover sheet (as provided to the Trust Board) and the summary diagram which provides highlights and challenges from the financial, operational, people and quality perspectives. The abbreviated report will be presented from the perspective of the Non-Executive Directors and how they have held the Executive Directors to account through their role.

This paper provides the Council of Governors with an integrated overview of performance as at the end of January 2018 and is abbreviated from the report presented to the Trust Board on 28 February 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 which was previously presented to the Public Trust Board. The issues identified in previous reports continue to be worked on through the plans that were previously referenced in the Integrated Performance Report.

1. Single Oversight Framework

The Trust is compliant against all Single Oversight Framework operational standards. This includes new standards relating to Out of Area Placements and Data Quality Maturity Index.

We continue to forecast a higher surplus than planned, overachieving the control total by £636k. Therefore the year end surplus position is forecast at £4.036m which is an overachievement of the Control Total of £1.3m (£636k additional surplus plus £636k additional STF 'bonus' income). This is in line with last month's forecast.

Within the NHSI financial metrics four out of five are relatively strong, but the agency metric continues to be challenging, both in terms of the ceiling and the medical staff cost reduction target.

The numbers reported in the finance report to Public Trust Board are consistent with the numbers reported in the monthly finance return sent to NHS Improvement on 23rd January 2018.

2. Areas of concern and / or under-performance

The integrated performance report provides an overview of where the Trust is performing above and below the required standards that have been agreed by Board, with further detail provided in the body of the full report.

The Council of Governors should note that deep dive assurance reports on the

following will be provided to Board Committees during March.

- Outpatient Clinic cancellations (Finance and Performance)
- Delayed Transfers of Care (Finance and Performance)
- Recruitment, retention and sickness absence hot spot areas (People and Culture)

A number of the data quality Kite marks added in last month's report have been reviewed. Initially this exercise has been undertaken with all Single Oversight Framework (SOF) operational indicators. The others remain unchanged from last month.

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 by the Public Trust Board.

Governance or Legal Issues

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

Public Sector Equality Duty & Equality Impact Risk Analysis

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

There are no adverse effects on people with protected characteristics	X

(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.	

Actions to Mitigate/Minimise Identified Risks

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

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

Recommendations

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

Report presented by: **Non-Executive Directors**

Report prepared by: **Peter Charlton, General Manager, Information Management**

Rachel Leyland, Deputy Director of Finance

Liam Carrier, Workforce Systems & Information Manager

Rachel Kempster, Risk and Assurance Manager

Peter Henson, Performance Manager

Financial Perspective

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

Challenges
- Containment of agency expenditure within ceiling set by NHSI
- Maintaining reduction in Out of Area costs
- High level of non-recurrent CIP

Operational Perspective

Highlights
- The target for outpatient letters sent within 10 working days has been addressed.
- All NHSI standards achieved
- Sustained Out of Area placements performance

Challenges
- PbR Clustering continues to be below our standard
- CPA Review in last 12 Months has fallen below the target
- Cancellations and DNAs in outpatients
  - The process of monitoring discharge emails sent in 2 working days is under review
    - 9 patients have had their discharge delayed this month.
    - Ward staffing

People Perspective

Highlights
- Compulsory training compliance remains high and is above 85%.
- Turnover remains low.

Challenges
- Monthly and annual sickness absence rates remain high.
- Budgeted Fte vacancies remain high, but are reducing.
- Appraisal compliance rates remain low, but are increasing.

Quality Perspective

Highlights:
- Flu vaccination is increasing
- Number of patients with a Safety Plan continues to increase
- Monthly increase but quarterly reduction in complaints opened for investigation
- Number of outstanding CQC actions continued to reduce

Challenges:
- Actions open following Serious Incidents
- CTO forms and MHA rights require work in some areas
- Up to date policies has improved but remains below target

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 21 March 2018

Staff Survey results 2017

Purpose of Report

To provide the Staff Survey results and next steps to the Council of Governors.

Executive Summary

There are key questions in the Staff Survey which are key:

- 'I would recommend my organisation as a place to work
- 'If a friend or relative needed treatment, I would be happy to recommend the standard of care and treatment provided by this organisation.

Both of these areas show an improvement on the previous year.

The overall engagement score is up to 3.74 from 3.69 from 2016 the National average is 3.79 for similar trusts.

The report also includes the responses to the five areas chosen as priorities from last year. This was for staff to feel:

- Safe to raise concerns about unsafe clinical practice (improved 2.9%)
- That career progression is fair (improved 2.4%)
- The quality of appraisals is good (4 of the 5 areas had improved, 1 had reduced slightly)
- The Trust is interested in the well-being of staff (had reduced by .4%)
- Valued by managers (had reduced by .9%, but on an organisation basis had increased by 5.4%)

Two areas further key areas where staff experience has improved:

- KF6. Percentage of staff reporting good communication between senior management and staff up 6% to 30%.
- KF1. Staff recommendation of the organisation as a place to work or receive treatment up 1.1 to 5.58.

The response rate to the survey was 44.8%, up by 5.8% on last year.

Key focus areas for 2018:

The areas proposed for improvement (by the Staff Forum and the Engagement Group are:

- Recruitment, selection and retention

- Staff wellbeing
- Leadership and management
- Stamp out Bullying and harassment
- Opportunities for development (including succession planning).

The People strategy for 2018 will look to focus on these issues.

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

- Staff Survey improvements is being overseen the TMT, ELT and PCC

Consultation

- Both the Staff Forum and the Engagement group have in involved in consultation about the areas the Trust needs to focus on.

Governance or Legal Issues

- Governance is overseen by TMT, ELT and PCC

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

Recommendations

The Council of Governors is requested to:

1) Review and note the progress the trust has made in the staff survey and the key focus areas to improve the survey for 2018.

Report presented by: **Margaret Gildea, Non-Executive Director**

Report prepared by: **Ian Shepherd, Management Trainer**

NHS Staff Survey 2017

The 2017 NHS Staff Survey conducted between Monday 25 September and Friday 1 December 2017.

Response rate:

1020 of the DHCFT employees completed the survey giving a 44.8% response rate (an increase of 5.8% on last year. This compares to the Picker average of 47.9% - benchmarked against 10 other Mental Health/Learning Disability and Community Trusts. Last year our response rate was 39% the number of staff who completed the survey was lower at 858 employees.

Overall Staff engagement score:

2017 3.74
2016 3.69
Similar trusts 3.79
The possible scores range from 1-5, with 1 indicating staff are poorly engaged and 5 indicating staff are highly engaged. This score is calculated based upon staff members:

- Perceived ability to contribute to improvements at work
- Willingness to recommend the trust as a place to work or receive treatment
- The extent to which they feel motivated and engaged in their work.

Comparison with other mental health trusts

The following is a selection of similar trusts to Derbyshire Healthcare NHS Foundation Trust

Organisation:	**Response rate:**		**Engagement score:**	
	2016	**2017**	**2016**	**2017**
Dudley and Walsall Mental Health Partnership NHS Trust	51%	52%	3.82	3.94
Northamptonshire Healthcare NHS Foundation Trust	43%	48%	3.85	3.91
Lincolnshire Partnership NHS Foundation Trust	59%	59%	3.77	3.85
Pennine Care NHS Foundation Trust	36%	32%	3.84	3.8
North Staffordshire Combined Healthcare NHS Trust	51%	52%	3.73	3.76
Derbyshire Healthcare NHS Foundation Trust	39%	45%	3.69	3.74
Nottinghamshire Healthcare NHS Foundation Trust	48%	47%	3.79	3.72
Leicestershire Partnership NHS Trust	42%	43%	3.74	3.71
Medway NHS Foundation Trust	49%	40%	3.76	3.66
Sheffield Health & Social Care NHS Foundation Trust	40%	35%	3.74	3.64

Top five ranking scores

Key finding:	DHCFT 2017 score	Other trust scores
KF 15 Percentage of staff satisfied with the opportunities for flexible working patterns	63%	58%
KF23 Percentage of staff experiencing physical violence from staff in the last 12 months	1%	2%
KF28. Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month	22%	23%
KF25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	26%	26%
KF16. Percentage of staff working extra hours	71%	71%

Bottom five ranking scores

Key finding	DCHFT 2017 score	Other trust scores
KF32. Effective use of patient / service user feedback	3.44	3.69
KF13. Quality of non-mandatory training, learning or development	3.99	4.06
KF21. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	78%	86%
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	3.58	3.76
KF31. Staff confidence and security in reporting unsafe clinical practice	3.56	3.72

Two areas where staff experience has improved:

- KF6. Percentage of staff reporting good communication between senior management and staff up 6% to 30%.
- KF1. Staff recommendation of the organisation as a place to work or receive treatment up 1.1 to 5.58.

Improvement areas of focus over the next year:

Working with the Staff Forum and the Engagement the following areas of focus were identified as being those that would have the biggest impact on the Trust.

The areas to improve on include:

- Recruitment, selection and retention
- Staff wellbeing
- Leadership and management
- Bullying and harassment
- Opportunities for development (including succession planning).

People Strategy 2018

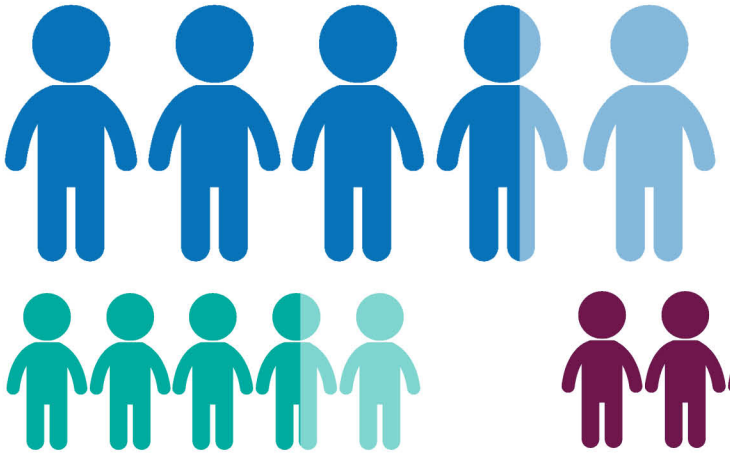
The People Strategy for 2018 has been designed to address each of the above areas.

The ELT, the People and Culture Committee and the Staff Engagement group will be involved in monitoring and supporting the implementation of this strategy.

Derbyshire Healthcare
NHS Foundation Trust

2017 National NHS Staff Survey

Overall staff engagement is up...



We scored
3.74 out of 5

3.69 – our score for last year (2016)

3.79 – average score for similar trusts

How is the staff engagement score calculated?

Staff willingness to recommend the Trust as a place to work or receive treatment
+
Staff perception of their ability to contribute towards improvement at work
+
How far staff feel motivated or engaged with their work
=
Staff engagement score

78
Questions with results similar to last year
8 significantly better,
2 significantly worse

44.8%
Response rate
1,021 out of 2,279 Derbyshire Healthcare employees completed the 2017 NHS staff survey

8 results significantly better than 2016 including:

+ 'Would **recommend organisation** as place to work' - up 9%
+ 'Senior managers **act on staff feedback**' - up 8%
+ 'Often/always **look forward** to going to work' - up 5%

Our most positive scores include:

+ 97% had **mandatory training** in the last 12 months
+ 96% know how to **report unsafe clinical practice**
+ 92% **feel trusted** to do their job
+ 89% **had appraisal** in the last 12 months
+ 83% satsified with **support from colleagues**.

Areas we need to improve on

Staff Forum members and the Staff Engagment Group have identified the following areas for improvement:

- Recruitment / selection and retention
- Staff wellbeing
- Leadership and management
- Bullying and harassment
- Opportunities for development and career paths (including succession planning).

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 21 March 2018

Freedom to Speak up Guardian Report

Purpose of Report

The paper summarises the implementation of the Freedom to Speak up Guardian (FTSUG) role within the Trust since 1 December 2017 to the present time and responds to a number of questions as highlighted in the Governor Support Team Bulletin November 2017.. Prior to the 1 December 2017 there was no dedicated resource allocated to the role but taking on board the recommendations made by the National Guardian Office ring fenced time has been allocated. Previous compliance was met based on regulatory requirements.

Executive Summary

Following the review of "Freedom to Speak Up" in 2015, the requirement for all Trusts to nominate a Freedom to Speak Up Guardian was introduced in October 2016 as part of every NHS contract. Trusts were expected to implement the role according to local need and resources.

In the NHS we need an open and transparent culture where workers feel safe to speak up for the benefit of patient care and staff wellbeing. The Council of Governors is in a key position to ensure that this culture exists and that the Non-Executive Directors are aware and focussed on the ability of workers to speak up. This report outlines the steps taken to support staff to speak up through the appointment of a FTSUG and in turn gives opportunity to share with the Council of Governors the progress so far.

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

Assurances

- The FTSUG role has been promoted and embedded in the Trust to support staff and patient care.
- Visibility of the FTSUG is apparent through attendance at meetings, posters and electronic communications.
- Data on staff speaking up is captured in a central log and themes are planned to be communicated throughout the Trust, which will give assurance to staff that concerns are being heard and addressed.

- The FTSUG has established links with the Senior Independent Non-Executive Director who reviews reports as devised by the Freedom to Speak up Guardian and works closely with the FTSUG to act as a conduit through which information is shared with the board.
- The Trust also has a dedicated Director lead (Director of Corporate Affairs) to support the role.

Consultation

This paper has not been previously presented.

Governance or Legal Issues

The role of the FTSUG is supported and monitored by the National Guardian Office (NGO). Data returns are completed and submitted to the NGO, so trends and number of concerns being raised can be evidenced and demonstrate practice is being implemented. The NGO link into CQC who are the regulatory body for monitoring speaking up and raising concerns.

Equality Impact Risk Analysis

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

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

Actions to Mitigate/Minimise Identified Risks

- A Centralised System to be considered to capture data of concerns raised by staff to all named possible recipients. This will be beneficial for ease of triangulation.
- The Datix reporting system is not deemed suitable to capture staff concerns.

Recommendations

The Council of Governors are requested to:

1) To note the role of the FTSUG and future work.
2) Consider future annual reporting to the Council as part of Margaret Gildea's annual update on implementation of the FTSUG and activity.
3) To consider delivery of a presentation to the Governance Committee or part of the Governor Development Programme.

Report presented by: Kully Hans, Freedom to Speak up Guardian

Report prepared by: Kully Hans, Freedom to Speak up Guardian

Freedom to Speak up Guardian Response to the Governor Support Team Bulletin November 2017

Nine questions were asked within the Governor Support Team Bulletin and the attached summary sets out a response to each point.

Q1. Does the Freedom to Speak Up process in the trust meet the needs of all your workers?

- The role has been promoted through communication via Weekly Connect, Trust wide email promotion with Posters attached, Payslip notification and face to face meetings as well as team meeting presentations. Presentations have been delivered to the following teams so far – Eating Disorders Service, Substance Misuse, Pharmacy Department and Band 5 Nursing Students at a Development Day. Meetings planned over the coming months include Junior Doctors, Substance Misuse Services, Estates Department and Radbourne Unit Services.
- The FTSUG will meet with key individuals including the Senior Independent Director, Staff Governors, the Chief Executive, engagement links and other FTSUG from the region.
- To schedule regular meetings with the Chief Executive which is good practice.
- Develop a programme of engagement with staff to include hard to reach/vulnerable staff groups relating to raising concerns such as BME, LGBT+, Junior Doctors, Estates and Facilities and student nurses. A presentation had been delivered to the BME Network. Meetings have been held with 2 Staff Governors, Complaints Manager and Risk Management.
- As a long term goal, the FTSUG will consider options to develop 'champions' to ensure a wide network of individuals who can help support staff on our many sites and signpost them when raising concerns.
- Strengthen reporting and recording processes to include working with regional colleagues to look at how we capture all areas of concerns raised to help build a picture of key issues, themes and trends to inform organisational learning.
- Work to triangulate feedback from complaints, incidents and other feedback with concerns.

Q2. How has the trust established this – for example by using a pulse survey?

The FTSUG commenced in role on the 1 December 2017 so as of yet a pulse survey has not been undertaken but this will be planned to occur later in the year at 6 months stage of review.

Q3. What does the staff survey show in terms of staff feeling confident to raise a concern?

The key question in the Staff Survey relating to speaking up is **KF31. Staff confidence and security in reporting unsafe clinical practice.**

The question is specifically related to clinically based concerns being raised and therefore does not capture the general concerns raised by staff relating to other matters. This is something the FTSUG will take forward to the National Guardian Office to seek advice on whether a specific question relating to speaking up in general could be incorporated into the survey.The FTSUG will continue to promote the positive movement in staff speaking up.

Q4. How does the Freedom to Speak up Guardian use available data to identify areas where workers may need more support?

There are a number of ways to measure whether staff and patients are sharing concerns. These include the Staff Survey, Patient Survey, Complaints Log, Incident Reporting Datix System, Family and Friends Test, HR Employee Relations Case Tracker. The FTSUG has identified key workers to link into to gather data from these systems and use as a means of identifying services, teams, staff groups that may benefit from more support through the FTSUG.

This said there are many other ways in which staff raise concerns that are not captured in a centralised formal way. These may be concerns shared with a number of individuals such as:

- CEO
- Directors
- Staff Governors
- Union Representatives
- Coaching Network Representatives
- BME Network
- Disability Network
- LGBT Network
- Occupational Health
- Employee Assistance Programme – Confidential Care
- Bleepholders
- Counter Fraud
- Safeguarding Leads
- Professional Bodies

Further work is planned to capture this data more centrally which will help in the triangulation of data and identification of themes.

Q5. How does the Freedom to Speak up Guardian communicate their work?

- The FTSUG has produced a paper to the People and Culture Committee with the outline of the role, progress so far and plan of action moving forward.
- The FTSUG will attend the Audit and Risk Committee on a 6 monthly basis to update on progress.
- Quarterly data returns are required to be submitted to the National Guardian's Office and this same data will be communicated Trust wide in the Monthly Newsletter to give a snapshot of types of concerns raised etc.
- The Raising Concerns Whistleblowing Policy has been updated to outline the role of the FTSUG and will be further reviewed in May 2018.
- The Dignity at Work Policy and Grievance Procedures have also been updated to include the support available to individuals through their FTSUG.
- The FTSUG role is shared as part of the induction programme to new starters and an information sheet is added within induction packs that are issued to all new starters.
- The Root Cause Analysis Training that is delivered in the Trust now incorporates a section on Whistleblowing which the FTSUG delivers to delegates attending the training. .
- Posters have been cascaded through an email Communication and it is noted a number of Trust locations are displaying these posters. The FTSUG takes posters to locations visited and displays these in staff areas. The posters include the different options available to contact the FTSUG, via a specific email address, mobile phone number or freepost PO Box.

Q6. What has the outcome of their cases been to date?

For the period 1/4/2016 to 30/11/2017 data was reported to the Audit and Risk Committee.

The FTSUG commenced in post on the 1/12/17 and this month was used to settle in to the post and put together the proposed promotional plan going forward.
Since this time the FTSUG has recorded 13 concerns.

Of the 13 concerns raised

- 9 concerns were reported directly to the FTSUG by individuals,
- 4 of the 10 concerns are deemed reportable as Whistleblowing
- 3 concerns have closed
- 10 concerns remain open
- Of the 10 concerns that remain open 4 cases are being progressed through an investigation route, 3 of which are through a HR Process.

Of the 4 cases which are deemed to be classed as Whistleblowing, these will be reported to the NGO for Q4 data reporting, which covers the period 1/1/2018 – 31/3/2018.

Q7. How does the Guardian seek feedback on their own performance?

An evaluation form has been drafted for individuals to complete who have contacted the FTSUG. This will be used to capture feedback once a case has closed.

Q8. Has the Guardian personally reported to the Board or has their report been presented by an Executive?

At this time the FTSUG has not reported any data personally to the Board, but as the work progresses, this is planned to occur.

Q9. Is the speaking up process part of your annual audit cycle?

The raising concerns question is built into the Staff Survey as a general point, but is not specific to the FTSUG.

Derbyshire Healthcare NHS Foundation Trust
Report to Council of Governors 21st March 2018

Chief Executive's Report to Council of Governors

Purpose of Report:

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

National Context

1. Brexit has been continually in the media over the last few months and as we move towards the 29th March 2019 deadline and the move into a period of transition we must remain cognisant of the risks that could strategically and operationally impact on our Trust. The NHS Confederation in conjunction with the Cavendish Coalition have been monitoring potential impacts on our sector:
    - Workforce supply – information from NHS Digital suggests that 9.7% of staff working in general psychiatry are EU Nationals. In a time of shortage of workforce in many professions clarity is needed around the new 'settled status' scheme and if the UK will continue to honour the revised directive on Mutual Recognition of Professional Qualification, enabling member states to recognise each other's professional qualifications.
    - Employment law - A substantial proportion originates from the EU and provides important protections for health and social care staff. In particular, current rules on health and safety at work, information and consultation on collective redundancies and safeguarding employment rights in the event of transfers of undertakings (TUPE), are all aspects of employment practice which are covered by EU legislation. Clarity is needed post transition how these will become enshrined in UK law and if any changes are likely to be made at the same time.
    - There has long been underinvestment in mental health research. Research by MQ found that 85 per cent of funding for mental health research in the UK is provided by just three funders: the Wellcome Trust; the National Institute for Health Research and the Medical Research Council. On average, the UK invests approximately £115 million per year in mental health research – which constitutes 5.5 per cent of total UK health research spend. The EU is the eighth largest global funder of mental health research and certainly to avoid ending access to those current underused pots of funding, we need assurance that access to those types of research opportunities can continue.
    - The UK is currently part of the EU's European Medicines Agency (EMA) network covering more than 500 million people. The EU accounts for 25 per cent of all global pharmaceutical sales. On its own, the UK is thought to account for around 3 per cent. Divergence from the EU medicines regulatory system may result in the UK becoming a second-tier market after the US, EU and Japan, meaning that patients would gain access to new medicines later.
    - Current cross border reciprocal healthcare arrangements provide a level of reassurance to UK citizens including those who use our wide range of services that

if they become ill whilst away services would be provided. Further clarity is needed on this as we move into the transition period.

The issues described above are longer term and more political in nature but we must remain sighted on them. I have briefed our Board of Directors of the above information and my interpretation of the risks as they potentially relate to our Trust. I note that many of the areas mentioned are already covered in risks in our planned Board Assurance Framework 2018/19 for example workforce availability but by keeping an oversight through this strategic scan we can decide when risks materialise from potential to actual and need inclusion in our risk assurance processes.

2. NHS Improvement and NHS England have released a refresh of their NHS Operational Planning and Contracting Guidance 2017-19. It sets out detail of how the additional funding from the November 2017 budget will be allocated and the developments in national policy with regards to system level collaboration. The key points to note include:

    - The A&E performance recovery trajectory has been pushed back one year. Trusts will be expected to meet 90% by September 2018, and return to 95% by March 2019.
    - On the referral to treatment standard, the expectation is that the waiting list should not be any higher in March 2019 than in March 2018, alongside the expectation to halve the number of patients waiting 52 weeks in the same period.
    - The Sustainability and Transformation Fund is to become the Provider Sustainability Fund (PSF), with total funding of £2.45bn (up from £1.8bn currently). Access to 30% of the fund remains linked to A&E performance. A new £400m commissioner sustainability fund (CSF) will also be introduced to enable CCGs to return to in-year financial balance.
    - The eight shadow Accountable Care System sites and two devolved health and care systems are now to be known as Integrated Care Systems (ICS). ICSs are expected to prepare a single system operating plan and to work within a system control total.
    - The guidance states that there will be no additional winter funding in 2018/19. Systems are required to produce a winter demand and capacity plan with actions and proposed outcomes. Guidance on submitting these winter plans will be available by March 2018.
    - The two-year National Tariff Payment system is unchanged, with local systems encouraged to consider local payment reform in certain areas.

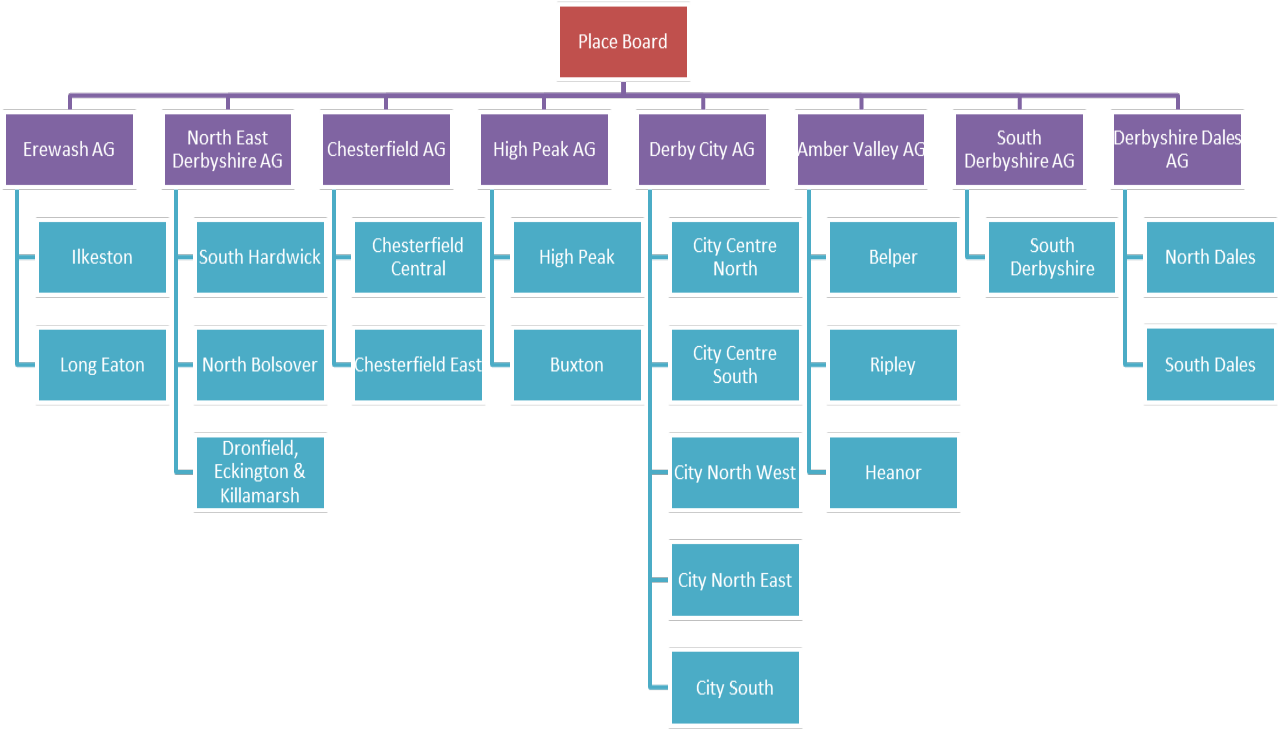
    I very much welcome the clarity in the guidance particularly in relation to services we deliver as part of our portfolio. The appendices to the plan along with the mental Health Delivery Plan 2018/19 set out clear expectations for Children's services and mental health services in particular with respect to expected funding increases and service developments.

    The guidance is clear that each CCG must meet the Mental Health Investment Standard (MHIS) by which their 2018/19 investment in mental health rises at a faster rate than their overall programme funding and that allocations are spent on the purposes for which they were originally intended and are not used to cross- subsidise other services or supplant existing spend. I have attached the Mental Health Delivery Plan as appendix 1 for your information and you will see that many of the issues we have talked about at Council of Governors relating to historical mental health spend and pressure on our core services are mentioned and expectations clarified.

Local Context

3. There have been two significant decision made by the Joined up Care Derbyshire Partnership since Council last met:

a. There has been much talk about what the local service geography (Place) will consist of. Council members will recall that initially it was thought that in Derbyshire there would be some 21 Places each around 50,000 population. This was presenting significant challenges with respect to economies of scale, local 'commissioning' ability and co-terminosity with other organisations such as Borough Councils, secondary services etc. I am delighted that the 'Place Board' has recognised these challenges and agreed that Place Alliances will be developed roughly around Borough Council boundaries and at a larger scale as shown below

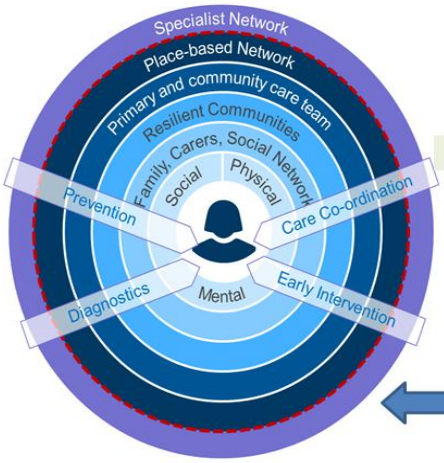


b. Clinicians and practitioners from all Organisations have met to review the overarching clinical model and how to simply represent the ambition. Once again I am very pleased through this work to see the re-emergence of the Derbyshire Wedge as the way to describe our clinical ambition. That is to deliver changes in service delivery to safely treat and support more people in community settings away from bedded care. It is also great that the 'wedge' recognises the vital part that non statutory organisations and local communities play in health and wellbeing

The Derbyshire Model of Care (The WHAT) - *"To deliver the most effective and efficient health and social care system for the citizens of Derbyshire delivered through a place-based care system which is effectively joined up with specialist services and managed as a whole"*

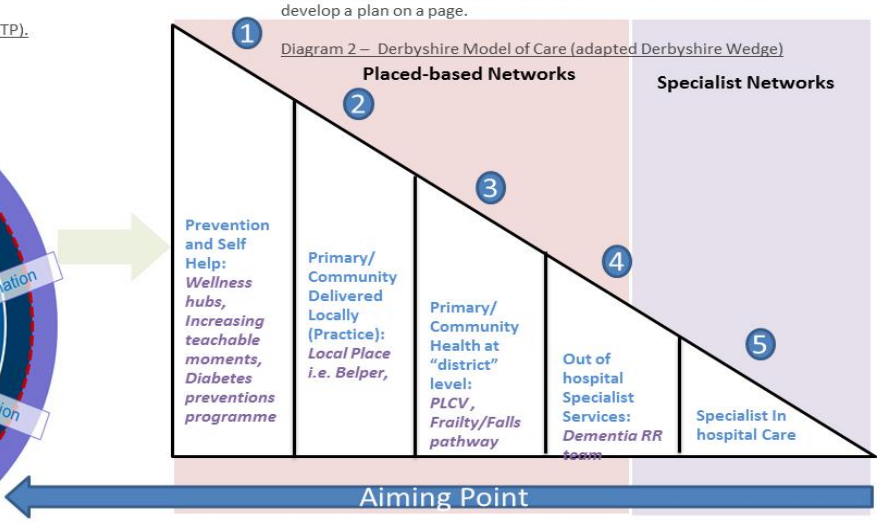
The STP defined the aiming point as *'a place-based care system which is effectively joined up with specialist services and managed as a whole'* as described in diagram 1 below.

Diagram 1: Aiming Point (page 20 Derbyshire STP).



The approach to developing the Derbyshire single plan for 2018/19 identified that there was a need to clarify understanding of the model of care and align the priority areas of work to specifically deliver the mode. Therefore the original Derbyshire wedge has been adapted (diagram 2) as the basis to develop a plan on a page.

Diagram 2 – Derbyshire Model of Care (adapted Derbyshire Wedge)



Within our Trust

4. It is with pleasure I advise Council that Graham Spencer who is a research nurse at our Trust and who has been instrumental in re-energising our Schwartz Rounds has been awarded the National Schwartz Shining Star Award. This is great recognition for both Graham and the Trust. Schwartz Rounds provide an opportunity for any member of staff, including students, to pause and reflect upon their work related experiences in a safe and supportive environment. They are a monthly compassionate meeting, attended in work time, and are designed to support employees with the emotional impact of work. The purpose of the Rounds is to understand the challenges and rewards that are intrinsic to providing care, not to solve problems or to focus on the clinical aspects of patient care. Previous Rounds run by the Trust have been very popular and offered a comfortable space for staff to reflect on their roles. Evidence shows that staff who attend Schwartz Rounds feel less stressed and isolated, with increased insight and appreciation for each other's roles. They also help to reduce hierarchies between staff and to focus attention on relational aspects of care.

5. As part of celebrating the award of our second star for Triangle of Care I met with our local carers representatives this month to discuss some of the key issues important to them. A few of the issues they raised included:

    - Concerns around the lack of commissioner funding to support carer engagement
    - Clear and timely communication to carers particularly about changes in care packages or treatment
    - Variation in the way services embraced working with carers remains to great

    These issues will form part of the revised care programme approach process and standards we are working to deliver and I am assured Wendy Slater and Lynn Dunham as our Carer links will ensure a good level of engagement.

6. The 5th and 6th February saw two firsts as part of our revised engagement approach. We launched our new Team Brief process which is a series of short messages with headline news, prepared by the executive team and including updates from the Board of Directors meeting which is then shared with senior leaders and cascaded down the organisation at team meetings. Feedback and questions from colleagues throughout the Organisation are shared back to the executive team, who will respond the following month. Through this process we create a cycle of feedback that supports engagement and importantly involvement and inclusion. We have developed a range of mechanisms to ensure colleagues are able to feedback or ask questions in a way comfortable to them.

   We have also held the first of our new style leadership development sessions known as 'Team Derbyshire Healthcare – leaders. Focussing on giving our leaders the opportunity to consider the broader skills and styles that will support the delivery of the revised Trust vision and objectives. The first session was all about supporting leaders to create a climate where the Trust values can be experienced and was led by an external leadership development coach.

7. The 13th February was our Equality Delivery System (EDS2) annual review. The main purpose of the EDS2 is to help our Trust (in discussion with local partners and people), review and improve our performance for people with protected characteristics (as per the Equality Act 2010). During the review we focus on 4 goals:

   - Better health Outcomes
   - Improved patient access and experience
   - A representative and supported workforce
   - Inclusive leadership and governance

   These goals contain 18 outcomes, against which we assess and initially grade ourselves, using a range of evidence.

8. Since our last Council meeting at the end of January I have met with or visited a number of teams including our Trust Administration Leads, Children's Universal Services at St Pauls and to meet some of the incredible children who are supported by our nursing team at Ivy House School. It was helpful in these meetings to hear about what was working well in particular praise for our leadership development programme and some specific work done with the administration leadership team at St Pauls. Also it was good to hear our newly implemented team brief being positively commented upon. I also heard about how when you deliver a more specialist service sometimes it can be hard to feel part of a bigger organisation particularly if you are located away from Trust buildings as well

   Council should be aware that our campus areas most specifically our Southern adult acute in-patient Unit (Radbourne Unit) and our in-patient dementia Beds on Kingsway are under significant pressure. This is partly related to ongoing staffing pressures though Council will hear from Non Executives on the impressive and successful work underway to attract staff to our trust, but it is more related to increased levels of acuity due to managing more people who may previously have been admitted at home meaning the needs of those admitted are now routinely higher.

Strategic considerations	
1) We will deliver **quality** in everything we do providing safe, effective and	X

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.	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.
- Council of Governors can take assurance that Trust level of engagement and influence is high in the health and social care community
- Feedback from staff is being reported into key governance groups

Consultation

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

Recommendations

Council of Governors is requested to:

1) Scrutinise the report, noting the risks and actions being taken and link the topics in the report to feedback from NEDs relating to committee activity
2) Seek further assurance around any key issues raised.

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

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

NHS England

Mental Health Delivery Plan 2018-2019

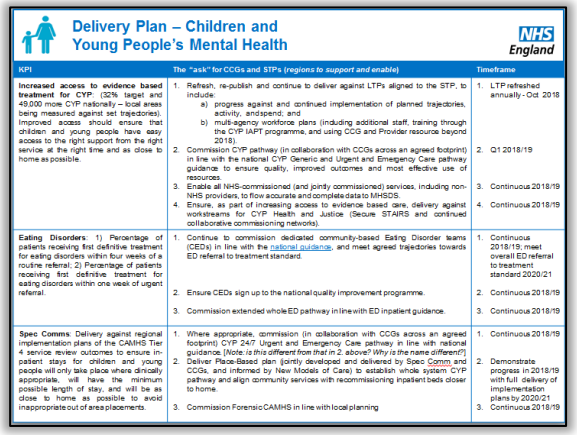
February 2018

Purpose of this document

This Delivery Plan supports the delivery in 2018/19 of the Five Year Forward View for Mental Health:

It provides:

- the set of Key Performance Indicators (KPIs) for 2018/19 delivery;
- concise descriptions of what is required at STP, CCG and Integrated Care System (ICS) level to deliver the relevant KPI as effectively as possible; and
- a timeline for implementation.



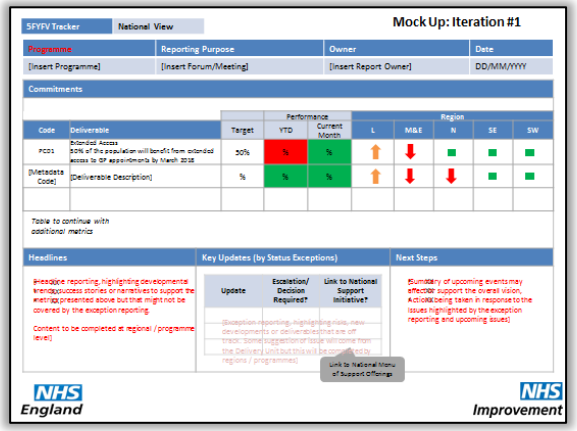
Delivery Plan – Children and Young People's Mental Health

NHS England

KPI	The "ask" for CCGs and STPs (*regions to support and enable*)	Timeframe
Increased access to evidence based treatment for CYP: (32% target and 49,000 more CYP nationally – local areas being measured against set trajectories). Improved access should ensure that children and young people have easy access to the right support from the right service at the right time and as close to home as possible.	1. Refresh, re-publish and continue to deliver against LTPs aligned to the STP, to include: a) progress against and continued implementation of planned trajectories, activity, and spend; and b) multi-agency workforce plans (including additional staff, training through the CYP IAPT programme, and using CCG and Provider resource beyond 2018). 2. Commission CYP pathway (in collaboration with CCGs across an agreed footprint) in line with the national CYP Generic and Urgent and Emergency Care pathway guidance to ensure quality, improved outcomes and most effective use of resources. 3. Enable all NHS-commissioned (and jointly commissioned) services, including non-NHS providers, to flow accurate and complete data to MHSDS. 4. Ensure, as part of increasing access to evidence based care, delivery against workstreams for CYP Health and Justice (Secure STAIRS and continued collaborative commissioning networks).	1. LTP refreshed annually - Oct 2018 2. Q1 2018/19 3. Continuous 2018/19 4. Continuous 2018/19
Eating Disorders: 1) Percentage of patients receiving first definitive treatment for eating disorders within four weeks of a routine referral; 2) Percentage of patients receiving first definitive treatment for eating disorders within one week of urgent referral.	1. Continue to commission dedicated community-based Eating Disorder teams (CEDs) in line with the national guidance, and meet agreed trajectories towards ED referral to treatment standard. 2. Ensure CEDs sign up to the national quality improvement programme. 3. Commission extended whole ED pathway in line with ED inpatient guidance.	1. Continuous 2018/19; meet overall ED referral to treatment standard 2020/21 2. Continuous 2018/19 3. Continuous 2018/19
Spec Comms: Delivery against regional implementation plans of the CAMHS Tier 4 service review outcomes to ensure in-patient stays for children and young people will only take place where clinically appropriate, will have the minimum possible length of stay, and will be as close to home as possible to avoid inappropriate out of area placements.	1. Where appropriate, commission (in collaboration with CCGs across an agreed footprint) CYP 24/7 Urgent and Emergency Care pathway in line with national guidance. [*Note: is this different from that in 2. above? Why is the name different?*] 2. Deliver Place-Based plan (jointly developed and delivered by Spec Comm and CCGs, and informed by New Models of Care) to establish whole system CYP pathway and align community services with recommissioning inpatient beds closer to home. 3. Commission Forensic CAMHS in line with local planning	1. Continuous 2018/19 2. Demonstrate progress in 2018/19 with full delivery of implementation plans by 2020/21 3. Continuous 2018/19

These KPIs will then be monitored via the forthcoming central operations NHSE/NHSI STP Tracker. The STP Tracker has a primary focus for delivery at STP-level.

Please refer to the planning guidance 2018/19 and supporting technical guidance and documents for full details.



SFYFV Tracker | National View

Mock Up: Iteration #1

Programme	Reporting Purpose	Owner	Date
[Insert Programme]	[Insert Forum/Meeting]	[Insert Report Owner]	DD/MM/YYYY

Commitments

Code	Deliverable	Target	Performance: YTD	Performance: Current Month	Region: L	Region: M&E	Region: N	Region: SE	Region: SW
PCD1	Extended Access 50% of the population will benefit from extended access to GP appointments by March 2018	50%	%	%	↑	↓	■	■	■
[Metadata Code]	[Deliverable Description]	%	%	%	↑	↓	↓	■	■

Table to continue with additional metrics

Headlines	Key Updates (by Status Exceptions)	Next Steps
Headline reporting, highlighting developmental trends, success stories or narratives to support the metrics presented above but that might not be covered by the exception reporting. Content to be completed at regional / programme level]	Update / Escalation/ Decision Required? / Link to National Support Initiative? [Exception reporting, highlighting risks, new developments or deliverables that are off track. Some suggestion of issue will come from the Delivery unit but this will be completed by regions / programmes] Link to National Menu of Support Offerings	Summary of upcoming events may affect or support the overall vision, Actions being taken in response to the issues highlighted by the exception reporting and upcoming issues]

NHS England | NHS Improvement

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#	Item
1	**Key Performance Indicators (KPIs) 2018/19**
2	**Delivery Plans**
2.1	Children and Young People's Mental Health
2.2	Perinatal Mental Health
2.3	Adult Common Mental Health
2.4	Adult Mental Health (Crisis, Community and Acute)
2.5	Dementia
2.6	Suicide Prevention
2.7	Cross-cutting Infrastructure
Appendix	**Adult Mental Health – IAPT- Long Term Conditions (LTC)**

1. Key Performance Indicators (KPIs) 2018/19

N.B. This does not include direct commissioning for Liaison & Diversion – please refer to the planning guidance 2018/19.

Enclosure F

#	Prog.	Area	KPI – 2018/19
1	CYP	Increased Access	• **Additional 49,000 children and young people** receive treatment from NHS-commissioned community services (**32% above the 2014/15 baseline**) nationally. • Ensure evidence of local progress to transform children and young people's mental health services is published in refreshed joint agency Local Transformation Plans (LTPs) aligned to STPs.
2	CYP	Eating Disorders	• **Make further progress towards delivering the 2020/21 waiting time standards** for children and young people's eating disorder services of **95%** of patient receiving first definitive treatment within **four** weeks for routine cases and within **one** week for urgent cases.
3	CYP	Spec Comms	• **Deliver against regional implementation plans to ensure that by 2020/21**, inpatient stays for children and young people will only take place where clinically appropriate, will have the minimum possible length of stay, and will be as close to home as possible to avoid inappropriate out of area placements, within a context of 150-180 additional beds.
4	Perinatal	All	• Continue to increase access to specialist perinatal mental health services, ensuring that an **additional 9,000 women** access specialist perinatal mental health services and boost bed numbers in the 19 units that will be open by the end of 2018/19 so that overall capacity is increased by 49%.
5 6	IAPT	IAPT Expansion	• **Continue to improve access to psychological therapies (IAPT) services with,** maintaining the increase of 60,000 people accessing treatment achieved in 2017/18 and increase by a further 140,000 delivering a national access rate of **19%** for people with common mental health conditions. Approximately two-thirds of the increase should be in new integrated services focused on people with co-morbid long term physical health conditions and/or medically unexplained symptoms, delivered in primary care (IAPT-LTC). • **All** areas commissioning an integrated IAPT-LTC service.
7 8 9	IAPT	Maintaining Core Standards	• **Meet 50%** IAPT recovery rate; • **Meet 75%** of people accessing treatment **within 6 weeks** IAPT waiting time; and • **Meet 95%** of people accessing treatment **within 18 weeks** IAPT waiting time.
10	AMH	EIP	• Ensure that **53%** of patients requiring early intervention for psychosis receive NICE concordant care within two weeks.
11	AMH/ CYP	Liaison Mental Health	• **Continue to work towards the 2020/21 ambition of all acute hospitals having mental health liaison services that can meet the specific needs of people of all ages including children and young people and older adults**; and deliver **Core 24 mental health liaison standards** for adults in **nearly 50% of acute hospitals** subject to hospitals being able to successfully recruit.
12	AMH	OAPs	• **Support delivery of STP-level plans to reduce all inappropriate adult acute out of area placements** by 2020/21. Review all patients who are placed out of area to ensure that they have appropriate package of care.
13	AMH	Crisis Resolution and Home Treatment	• **Increase investment for CRHT teams (CRHTTs)** to meet the ambition of all areas providing CRHTTs resourced to operate in line with recognised best practice by 2020/21.
14	AMH	Physical Health & SMI	• Deliver annual **physical health checks and interventions**, in line with guidance, to at least **280,000 people** with a severe mental health illness (or 60% of those on the SMI register).
15	AMH	IPS	• Provide a **25% increase nationally** on 2017/18 baseline in access to Individual Placement and Support services.
16	Dementia	Diagnosis	• **Maintain** the dementia diagnosis rate of **two thirds (66.7%)** of prevalence and **improve** post diagnostic care.
17	All	Suicide Reduction	• Deliver against multi-agency suicide prevention plans, working towards a national **10% reduction in suicide rate** by 2020/21.
18	All	Finance	• **Each CCG must meet the Mental Health Investment Standard (MHIS)** by which their 2018/19 investment in mental health rises at a faster rate than their overall programme funding. CCGs' auditors will be required to validate their 2018/19 year-end position on meeting the MHIS.
19	All	Data	• Ensure all commissioned activity is **recorded and reported** through the Mental Health Services Dataset.
20	All	Workforce	• **Deliver their contribution of the mental health workforce expansion as set out in the HEE workforce plan** , supported by STP-level plans. • This notably involves supporting HEE's commissioning of 1,000 replacement practitioners and a further 1,000 trainees to expand services. This will release 1,500 mental health therapists to work in primary care.

2.1 Delivery Plan – Children and Young People's (CYP) Mental Health

NHS England

KPI	The "ask" for CCGs and STPs/ICSs (*regions to support and enable*)	Timeframe
Increased access to evidence based treatment for CYP: Ensure that an additional 49,000 children and young people receive treatment from NHS-commissioned community services (**32% above the 2014/15 baseline**) nationally, towards the 2020/21 objective of an additional 70,000 additional children and young people. Ensure evidence of local progress to transform children and young people's mental health services is published in refreshed joint agency Local Transformation Plans (LTPs) aligned to STPs.	1. Refresh, re-publish and continue to deliver against LTPs aligned with the STP, to include: a) Progress against and continued implementation of planned trajectories, activity, and spend; and b) Multi-agency workforce plans (including additional staff, training through the CYP IAPT programme, and using CCG and Provider resource beyond 2018). 2. Commission a CYPMH pathway (in collaboration with CCGs across an agreed footprint), which covers generic and Urgent and Emergency Care based on best available evidence to ensure quality, improved outcomes and most effective use of resources (*see suicide prevention slide for Crisis Care Concordat).* 3. Enable all NHS-commissioned (and jointly commissioned) services, including non-NHS providers, to flow accurate and complete data to MHSDS. 4. Ensure, as part of increasing access to evidence-based care, delivery against workstreams for CYP Health and Justice (Secure STAIRS and collaborative commissioning networks).	1. LTP refreshed annually - Oct 2018 2. Q1 2018/19 3. Continuous 2018/19 4. Continuous 2018/19
Eating Disorders: Make further progress towards delivering the 2020/21 waiting time standards for children and young people's eating disorder services of **95%** of patient receiving first definitive treatment within **four** weeks for routine cases and within **one** week for urgent cases.	1. Continue to commission dedicated community-based Eating Disorder (ED) teams (CEDs) in line with the national guidance, and meet agreed trajectories towards ED referral to treatment standard. 2. Ensure CEDs sign up to the national quality improvement programme. 3. Commission whole ED pathway in line with best available evidence, extended to cover episodes of care in day or inpatient settings.	1. Continuous 2018/19; meet overall ED referral to treatment standard by 2020/21 2. Continuous 2018/19 3. Continuous 2018/19
Specialised Commissioning: Deliver against regional implementation plans to ensure that by 2020/21, inpatient stays for children and young people will only take place where clinically appropriate, will have the minimum possible length of stay, and will be as close to home as possible to avoid inappropriate out of area placements, within a context of 150-180 additional beds.	1. Where appropriate, commission (in collaboration with CCGs across an agreed footprint) an evidence based CYP 24/7 Urgent and Emergency Care pathway (as per deliverables above). 2. Deliver Place-Based plan (jointly developed and delivered by Spec Comms and CCGs, and informed by New Models of Care) to establish whole system CYP pathway and align community services with recommissioning inpatient beds closer to home. 3. Commission Forensic CAMHS in line with local planning.	1. Continuous 2018/19 2. Demonstrate progress in 2018/19 with full delivery of implementation plans by 2020/21 3. Continuous 2018/19

2.2 Delivery Plan – Perinatal Mental Health

Enclosure F

NHS England

KPI	The "ask" for CCGs and STPs/ICSs (*regions to support and enable*)	Timeframe
Continue to increase access to specialist perinatal mental health services, ensuring that an **additional 9,000 women** access specialist perinatal mental health services and boost bed numbers in the 19 units that will be open by the end of 2018/19 so that overall capacity is increased by 49%.	1. Wave 1 and 2 Community Services Development Fund sites - deliver against agreed plans to establish or enhance specialist community perinatal mental health care.	1. Continuous 2018/19
	2. Establish clear strategic plans in all areas including workforce, equality impact assessments, mobilisation and implementation plans, defined cohort trajectories until the end of 2020/21, and clear local pathways - engagement should continue with the regional perinatal mental health networks.	2. Continuous 2018/19
	3. Where appropriate, mobilise new Mother and Baby Units (MBUs) and additional capacity in existing MBUs.	3. By end of 2018/19
	4. Create plans for the use of the CCG baseline funding that is due to all CCGs in 2019/20 in order to ensure that specialist community teams, aligned with national guidance and delivering NICE concordant care, operate in every locality. This should take account of learning from services operating under Wave 1 and Wave 2.	4. By end of 2018/19

2.3 Delivery Plan – Adult Common Mental Health

NHS England

KPI	The "ask" for CCGs and STPs/ICSs (*regions to support and enable*)	Timeframe
IAPT: • **Continue to improve access to psychological therapies (IAPT) services** with, maintaining the increase of 60,000 people accessing treatment achieved in 2017/18 and increase by a further 140,000 delivering a national access rate of **19%** for people with common mental health conditions. This includes an increase of 1,500 mental health therapists to work in primary care. • **All** areas commissioning an integrated IAPT-LTC service (*see definition in the appendix*).	1. Use the CCG baseline investment appropriate to your local footprint to ensure IAPT services are sufficiently resourced to meet the 19% access standard. 2. As part of expansion in access to IAPT, ensure the continued delivery or development of integrated IAPT-LTC services *(see appendix for national definition)* across the footprint. 3. Support delivery of: a) Specific trainee needs in line with HEE's commissioning of c.2000 trainees nationally per annum (this will include both replacement and expansion practitioners) as set out in relevant STP workforce plan; and b) Release of mental health therapists (1,500 nationally) to work in primary care by end of March 2019. This includes making accommodation available for mental health therapists to be fully co-located in primary care (from IAPT settings). 4. Participate in available incentives (e.g. Quality Premium) and new incentives to increase access for underrepresented groups such as BME and older people.	1. From April 2018 2. Continuous 2018/19 3. Continuous 2018/19 4. Continuous 2018/19
Continue to ensure that access, waiting time and recovery standards are met: • **Meet 50%** IAPT recovery rate; • **Meet 75%** of people accessing treatment **within 6 weeks** IAPT waiting time; and • **Meet 95%** of people accessing treatment **within 18 weeks** IAPT waiting time.	1. Continue to meet and maintain core standards. 2. Collect and flow accurate and complete data, ensuring quality is monitored at a local (and regional) level to demonstrate effective evidence-based care.	1. Continuous 2018/19 2. Continuous 2018/19

2.4 Delivery Plan – Adult Mental Health (Crisis, Community and Acute) (1/2)

KPI	The "ask" for CCGs and STPs/ICSs (*regions to support and enable*)	Timeframe
Liaison mental health: Continue to work towards the 2020/21 ambition of **all acute hospitals having mental health liaison services** that can meet the specific needs of people of all ages including children and young people and older adults; and **deliver Core 24 mental health liaison standards** for adults in **nearly 50% of acute hospitals** subject to hospitals being able to successfully recruit.	1. Ensure all acute hospitals within the footprint continue to work towards the 2020/21 ambition of all acute hospitals having mental health liaison services that can meet the specific needs of people of all ages including children and young people and older adults. 2. All CCGs to move towards commissioning Core 24 liaison mental health services for adults and older adults in type 1 A&E departments. Services that have been awarded transformation funding to honour commitment to recurrent funding of Core 24. 3. All services to move towards meeting benchmarks set out in the national implementation guidance. 4. Implement the national A&E mental health CQUIN, including investment in community mental health services.	1. Continuous 2018/19 2. Continuous 2018/19 3. Continuous 2018/19 4. Continuous 2018/19
Out of Area Placements: **Support delivery of STP-level plans to reduce all inappropriate adult acute out of area placements** by 2020/21. Review all patients who are placed out of area to ensure that they have appropriate packages of care. **N.B.** – *financial efficiencies gained through reducing out of area placements must be reinvested in the crisis, community and acute services to maintain system capacity.*	1. Confirm and work towards locally set trajectory for the reduction of OAPs. 2. Adequately invest in core community, crisis, acute and local authority mental health services, including housing, to maintain system capacity. 3. Review all patients who are placed out of area will to ensure that they have appropriate packages of care: This means efforts are made to retain support with local networks including clinical teams, families, carers and support networks. 4. Focus on reducing length of stay and reduction in mental health DTOCs. Investment in DTOC/ Better Care Fund initiatives must include mental health. 5. Ensure system leadership and priority at all levels. Governance of OAPs reduction programmes to include senior executive and clinical leadership across CCGs, LAs, and providers (*see suicide prevention slide for Crisis Care Concordat).*	1. Continuous 2018/19 2. Continuous 2018/19 3. Continuous 2018/19 4. Continuous 2018/19 5. Continuous 2018/19
Crisis Resolution and Home Treatment (CRHT): **Increase investment for CRHT teams (CRHTTs)** to meet the ambition of all areas providing CRHTTs resourced to operate in line with recognised best practice by 2020/21.	1. Use CCG baseline investment to increase investment in CRHT for adults and older adults. 2. Ensure teams are able to offer 24/7 visits at home, as many times per day as needed with visit durations and skill mix that allow high quality therapeutic care. 3. Ensure that teams are able to offer 24/7 community crisis response, including rapid response for people with urgent and emergency needs. *(See suicide prevention slide for Crisis Care Concordat).*	1. Continuous 2018/19 2. Continuous 2018/19 3. Continuous 2018/19

2.4 Delivery Plan – Adult Mental Health (Crisis, Community and Acute) (2/2)

KPI	The "ask" for CCGs and STPs/ICSs (*regions to support and enable*)	Timeframe
EIP: Ensure that **53%** of patients requiring early intervention for psychosis receive NICE concordant care within two weeks.	1. Use the CCG baseline investment appropriate to your local footprint to ensure EIP services are sufficiently resourced to deliver both parts of the EIP standard (*see link for guidance*). 2. Ensure that providers continue to engage with the CCQI scheme, and all services are to achieve a level 2 and at least 25% of services achieve a level 3 score on the CCQI self assessment process in 2018/19.	1. Continuous 2018/19 2. Continuous 2018/19
Physical Health and Severe Mental Illness (SMI): Deliver annual **physical health checks and interventions**, in line with guidance, to at least **280,000 people** with a severe mental health illness *(or 60% of those on the SMI register).*	1. Develop plan and trajectory for ensuring achievement of the required number of physical health checks to be provided across primary and secondary care. 2. Implement CQUINs to support delivery including: the Physical Health SMI CQUIN to improve physical health care for people with SMI in secondary care, and PHE's Preventing ill health CQUIN. 3. Commission improved physical health care for people with SMI in primary care settings, including annual physical health checks and follow-up care in line with published guidance. **N.B.** – national modelling suggests that in order to meet the overarching aim of 60% of people on the SMI register receiving their PH check, typically around 50% of people on the SMI register will receive that in primary care, with around 10% provided by the secondary care provider. 4. Ensure that there is a transparent and robust mechanism for collecting data and monitoring progress on physical health checks and interventions within primary care, setting up new data flows as required. CCGs will need to report on a quarterly basis to a centralised collection, from Q2 2018/19 onwards to ensure progress is monitored.	1. Continuous 2018/19 2. Continuous 2018/19 3. Continuous 2018/19 4. Continuous 2018/19 (quarterly reporting from Q2 2018/19)
IPS: Provide a **25% increase nationally** on 2017/18 baseline in access to Individual Placement and Support services.	1. If receiving Wave 1 transformation funds in 2018/19, deliver against agreed plan to expand access to IPS. 2. If not ~~r~~eceiving Wave 1 transformation funds in 2018/19, undertake STP-wide conversations in preparation for planned Wave 2 of funding intended for set up of new IPS services from 2019/20 onwards. 3. Participate in on-going data collection on levels of access to IPS.	1. Continuous 2018/19 2. Continuous 2018/19 3. Continuous 2018/19

2.5 Delivery Plan – Dementia

KPI	The "ask" for CCGs and STPs/ICSs (*regions to support and enable*)	Timeframe
Diagnosis: **Maintain** the dementia diagnosis rate of **two thirds (66.7%)** of prevalence.	1. Meet and monitor Dementia Diagnosis Rate. 2. Ensure that all GP practices are submitting complete and accurate data by the end of 2018/19. 3. Review and monitor: a) How diagnosis in care homes takes place; and b) Referrals to memory clinics.	1. Continuous 2018/19 2. Continuous 2018/19 3. Continuous 2018/19
Post diagnostic care: **Improve** post diagnostic care.	1. Where appropriate locally, establish a post diagnostic Dementia Pathway in line with: (i) national guidance; (ii) Well Pathway; and (iii) Good Care Planning Guidance, to ensure high quality care plans, annual review plans and advanced care plans are in place as required.	1. Q4 2018/19

2.6 Delivery Plan – Suicide Prevention

NHS England

KPI	The "ask" for CCGs and STPs/ICSs (*regions to support and enable*)	Timeframe
Suicide Reduction: Deliver against multi-agency suicide prevention plans, working towards a national **10% reduction in suicide rate** by **2020/21.**	1. Refresh or fully establish an STP-wide multi-agency suicide prevention plan bringing together local authority based action plans (in line with national guidance) and wider MH transformation ensuring robust links across, at a minimum, the core defined partners in public health, primary care and secondary care (and wider agencies). This should include plans for reducing inpatient suicides to zero in line with Secretary of State for Health and Social Care's zero suicide ambition.	1. Q2 2018/19
	2. Work to progress against these plans including where possible locally set trajectories for reduction of STP suicide rate and reduction of mental health inpatient suicides to zero.	2. Continuous 2018/19
	3. If receiving additional funds in 2018/19, use in line with allocation plans. If not receiving additional funds, strengthen action plans as part of an STP-wide conversation (as per points 1 and 2 above) in preparation for funding allocations in 2019/20.	3. Continuous 2018/19
	4. Local Crisis Care Concordat groups continue to ensure joint working and governance between local agencies for crisis care pathways for all ages, including CYP and older adults. Local agencies include CCGs, LAs, NHS providers, police forces, ambulance services, and voluntary sector services. This will support and oversee the delivery of: a) Overall MHFYFV including specific support to suicide prevention; b) Improved crisis care for all ages; and c) Mental Health Act (MHA) processes, incl. new legislative framework around s.135/136 of the MHA.	4. Continuous 2018/19

2.7 Delivery Plan – Cross-cutting Infrastructure

KPI	The "ask" for CCGs and STPs/ICSs (*regions to support and enable*)	Timeframe
Finance: Each CCG must meet the Mental Health Investment Standard (MHIS) by which their 2018/19 investment in mental health rises at a faster rate than their overall programme funding. CCGs' auditors will be required to validate their 2018/19 year-end position on meeting the MHIS.	1. Each CCG must meet the Mental Health Investment Standard (MHIS) by which their 2018/19 investment in mental health rises at a faster rate than their overall programme funding. 2. Ensure that allocations are spent on the purposes for which they were originally intended and are not used to cross- subsidise other services or supplant existing spend. 3. Ensure that associated financial savings are maximised and reinvested to support the sustainability of transformed services in future.	1. Continuous 2018/19 2. Continuous 2018/19 3. Continuous 2018/19
Data: Ensure all in scope commissioned activity is **recorded and reported** through the Mental Health Services Dataset.	1. Compile and regularly update full database of providers that have been commissioned to deliver mental health services in your footprint. 2. Within your footprint, continually monitor and investigate which providers are submitting data as required, and formulate clear plans to support those who are not currently submitting complete and accurate data to NHS Digital. 3. Evaluate the quality of the data submitted to NHS Digital.	1. Continuous 2018/19 2. Continuous 2018/19 3. Continuous 2018/19
Workforce: **Deliver their contribution of the mental health workforce expansion as set out in the HEE workforce plan**, supported by STP-level plans.	1. Increase numbers, capacity and capability in line with agreed trajectories and activity plans. This includes embedding competency frameworks and CPD, the development of mental health apprenticeships and the creation of new clinical roles where appropriate. *(See IAPT for specifics on training and primary care co-location).* 2. Improve sustainability of current workforce, by improving their wellbeing, morale, retention and career development, and mitigate for risks to workforce across population footprint.	1. Continuous 2018/19 2. Continuous 2018/19

Appendix: Adult Common Mental Health - IAPT Long term Conditions (LTC)

NHS England

What is the definition of IAPT-LTC?

IAPT-LTC services provide **evidence-based** (NICE-recommended) psychological therapies for **people who have a long term condition (LTCs)** and/or **medically unexplained symptom (MUS)** alongside anxiety and depression. Treatment will be provided in pathways that are genuinely **integrated in to physical healthcare** by IAPT practitioners who have trained in IAPT-LTC/MUS top up training, are co-located with physical health colleagues and who are working as part of a multidisciplinary team. While some services will be hospital-based, it is expected that most will be embedded in primary care and community settings.

In addition to core IAPT principles, IAPT-LTC will provide:

- Case recognition methods in physical health pathways;
- Integrated care pathways: all therapists co-located with general health care teams and primary care;
- Revised IAPT assessment protocols for the integrated pathways: protocols should reflect increased complexity;
- Revised IAPT workforce: including expansion and upskilling;
- Sharing best practice with existing IAPT services: IAPT-LTC and existing IAPT services would normally have shared personnel and shared management, training and supervision arrangements;
- In the long-term areas should be working towards a single IAPT provision for everyone; and
- Close links with the wider system: effective links should be built with Core 24 liaison mental health services/integrated psychological medicine, and clinical and health psychology services.

Commissioners should ensure that IAPT-LTC services:

- Are **co-produced** and implemented in collaboration with people using the services and their families and carers;
- Are **co-located** in physical health care pathways with IAPT clinicians **working effectively with the wider system,** including existing IAPT services, other mental health services and physical health care teams;
- **Place a strong emphasis on the recognition of mental health problems**, with case recognition and assessment systems in place across physical and mental health services;
- **Have clear access criteria for IAPT-LTC services that are agreed with all relevant services**;
- **Ensure equity of access for all adults** – local commissioners should make explicit in service and commissioning documents how they have taken into account their duties placed on them under the Equality Act 2010 and with regard to reducing health inequalities as set out in the Health and Social Care Act 2012 and the 2014 Guidance for NHS Commissioners on Equality and Health Inequalities Legal Duty; and
- **Ensure routine, session-by-session monitoring of mental health and related outcomes,** with services obtaining pre- and post-treatment scores on at least 90% of service users (IAPT manual).

Recommended workforce for IAPT and IAPT-LTC services

	IAPT	IAPT-LTC
PWPs	40%	30%
High-intensity therapists	60%	60%
Senior therapists (incl. clinical and health psychologists)		10%

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 21 March 2018

Annual Effectiveness Survey
Council of Governors

Purpose of Report

To present the results of the second Annual Effectiveness Survey of the Council of Governors.

Executive Summary

The Annual Effectiveness Survey of the Council of Governors (CoG) was developed in 2016 in response to the Trust's Governance Improvement Action Plan Action to develop and implement a process for the assessment of the effectiveness of the CoG.

The second survey was undertaken in September 2017, following a review of the process by the Governance Committee in August 2017. This included adding the provision for free text for all responses. The results were presented to the Governance Committee in October 2017 and this report reflects discussions held at that meeting. A total of 14 governors completed the survey (72.22%) and this was felt to be a sign of positive engagement of governors. This is a 22.22% increase in responses received to the September 2016 survey.

One of the key findings was the correlation between the Council of Governors and the Trust Board regarding mutual engagement. In reflecting on the results of the CoG survey, governors also considered the feedback from the Trust Board Annual Effectiveness Survey regarding engagement between the Board and the Council of Governors. Both surveys support the view that there are effective working relationships with the CoG and Board and sufficient levels of engagement:

- 100% of the Trust Board agree that there are sufficient levels of engagement between the Board and the CoG.
- A high percentage of governors indicated that they have sufficient opportunity for contact, and good communication with the Board of Directors: with the Executive Directors and Non-Executive Directors (questions 14.1 and 14.2).

To further develop and sustain this relationship it has been agreed that:

- In relation to exposure to Executive Directors,. Executive Directors will attend CoG meetings on a rotational basis going forwards – a plan has been developed for implementation in 2018/19 for this.
- Non-Executive Directors are encouraged to attend all CoG meetings wherever possible.
- CoG members are strongly encouraged to attend Public Board meetings to see members of the Board carrying out their role.

Overall the results were felt to be very positive with a high percentage of respondents agreeing that the relationship between the Governors and the Trust Chair works well (question 8). Some of the other key findings as discussed by the Governance Committee are highlighted below. These summarise the qualitative

feedback questions for which there is no graphical illustration.

5. Strategy & Planning (four governors did not complete this question)
Analysis of the qualitative response to this question suggests that it may be helpful to clarify the role of the governors in strategy and planning and this is to be included in the training and development programme (21 March 2018 session is arranged for operational planning) and also covered at CoG itself (March 2018 strategic planning item).

10. Governor comments on capability and culture (six governors did not complete this question)
It appears from the comments made that governors wish to focus on engagement opportunities with their constituents. This has been addressed through a bespoke externally facilitated training event held on 17 January and agreed focus for the Governance Committee on this area of the governor role.

19. Governor comments on processes and structure (seven governors did not complete this question)
While acknowledging that the CoG can be process driven, great improvement has been seen in this area following the Governance Improvement Action Plan and it was felt that the CoG had become more effective in carrying out its role..

25. Governor comments on measurement (seven governors did not complete this question)
Governors welcomed the quality of data and advice available to them. Further support on how and when to challenge would be welcomed. It is worth noting that following consideration of measurement and challenge, changes have been made to some CoG papers and training provided to governors to support this aspect of the role.

29. Please indicate the box below any training or development needs that you would like the Trust to support you with (eight governors skipped this question)
In relation to governor development, there were few suggestions in this area, which is a compliment to the governor-led training programme that has been taken forward over the past 12 months. A number of governor responded positively to the breadth of opportunities that have been available. However, comments will continue to be fed into the training programme to provide opportunities to improve/develop governor skills and knowledge.

Proposed Actions to Continue to enhance the effectiveness of the Council of Governors are:

- Training on 'holding to account' and challenge – held in November 2017.
- Continue to develop and evolve the governor-led training programme.
- Involve the governors in the annual planning process – scheduled for 21 March 2018.
- Continue to listen to governors to refine reporting on measurement to CoG.
- Support governors with engagement with constituents – training session held in January 2018 and refocus of Governance Committee to this theme.
- A comment box will be added to the survey in 2018 for suggestions for improvement or to raise specific issues.

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

Assurances

The results give good feedback from governors on their effectiveness and provide support in identifying further focus for debate and training/development.

Consultation

Governance Committee reviewed the results of the survey in October 2017.

Governance or Legal Issues

It is good governance practice to reflect on effectiveness of the Council of Governors to inform future action by the Trust in supporting governors in their role.

Equality Impact Risk Analysis

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

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

Actions to Mitigate/Minimise Identified Risks

Recommendations

The Council of Governors is requested to:

1. Note the outcome of the Council of Governors annual effectiveness survey 2017.
2. Agree the survey should be repeated in September 2018.
3. Note the proposed additional actions developed in response to survey feedback to further enhance the effectiveness of the Council of Governors.

Report presented by: **Samantha Harrison, Director of Corporate Affairs & Trust Secretary**

Report prepared by: **Donna Cameron, Assistant Trust Secretary**

Council of Governors – Evaluation Process

Survey Summary – September 2017

14 surveys undertaken

1. The Trust's values, mission and priorities have been adequately explained to the Council

			Sep 2017		Sep 2016	
			Response Percent	Response Total	Response Percent	Response Total
1.	Strongly agree		38.46%	5	0.00%	0
2	Agree		38.46%	5	100.00%	9
3	Don't know		7.69%	1	0.00%	0
4	Disagree		15.38%	2	0.00%	0
5	Strongly disagree		0.00%	0	0.00%	0

2. The Council is appropriately consulted and engaged in the Trust's strategy and development

			Sep 2017		Sep 2016	
			Response Percent	Response Total	Response Percent	Response Total
1	Strongly agree		30.77%	4	11.11%	1
2	Agree		38.46%	5	66.67%	6
3	Don't know		7.69%	1	11.11%	1
4	Disagree		23.08%	3	11.11%	1
5	Strongly disagree		0.00%	0	0.00%	0

3. The Trust's strategy is informed by the input of governors

			Sep 2017		Sep 2016	
			Response Percent	Response Total	Response Percent	Response Total
1	Strongly agree		15.38%	2	0.00%	0
2	Agree		38.46%	5	55.56%	5
3	Don't know		30.77%	4	33.33%	3
4	Disagree		15.38%	2	11.11%	1
5	Strongly disagree		0.00%	0	0.00%	0

4. Governors are aware of risks to the quality, sustainability and delivery of current and future services			Sep 2017		Sep 2016	
			Response Percent	Response Total	Response Percent	Response Total
1	Strongly agree		23.08%	3	0.00%	0
2	Agree		69.23%	9	88.89%	8
3	Don't know		7.69%	1	0.00%	0
4	Disagree		0.00%	0	11.11%	1
5	Strongly disagree		0.00%	0	0.00%	0

6.1. The Council of Governors uses the individual skills, experience, knowledge and diversity of its members to its best advantage: **In Council meetings**			Sep 2017		Sep 2016	
			Response Percent	Response Total	Response Percent	Response Total
1	Strongly agree		7.7%	1	22.2%	2
2	Agree		61.5%	8	44.4%	4
3	Don't know		30.8%	4	33.3%	3
4	Disagree		0.0%	0	0.00%	0
5	Strongly disagree		0.0%	0	0.00%	0

6.2. The Council of Governors uses the individual skills, experience, knowledge and diversity of its members to its best advantage: **In sub-committees**			Sep 2017		Sep 2016	
			Response Percent	Response Total	Response Percent	Response Total
1	Strongly agree		15.4%	2	22.2%	2
2	Agree		46.2%	6	33.53	3
3	Don't know		38.5%	5	44.4%	4
4	Disagree		0.0%	0	0.00%	0
5	Strongly disagree		0.0%	0	0.00%	0

7.1. The Council of Governors carries out its work: In an open, transparent manner

			Sep 2017		Sep 2016	
			Response Percent	Response Total	Response Percent	Response Total
1	Strongly agree		46.2%	6	55.6%	5
2	Agree		46.2%	6	44.4%	4
3	Don't know		7.7%	1	0.00%	0
4	Disagree		0.0%	0	0.00%	0
5	Strongly disagree		0.0%	0	0.00%	0

7.2. The Council of Governors carries out its work: With quality as its focus

			Sep 2017		Sep 2016	
			Response Percent	Response Total	Response Percent	Response Total
1	Strongly agree		30.8%	4	44.4%	4
2	Agree		61.5%	8	44.4%	4
3	Don't know		7.7%	1	11.1%	1
4	Disagree		0.0%	0	0.00%	0
5	Strongly disagree		0.0%	0	0.00%	0

8. The relationship between the Governors and Trust chairman works well

			Sep 2017		Sep 2016	
			Response Percent	Response Total	Response Percent	Response Total
1	Strongly agree		53.85%	7	33.3%	3
2	Agree		38.46%	5	66.67%	6
3	Don't know		7.69%	1	0.00%	0
4	Disagree		0.00%	0	0.00%	0
5	Strongly disagree		0.00%	0	0.00%	0

9. The Council communicates with, listens and responds to members and other stakeholders effectively

			Sep 2017		Sep 2016	
			Response Percent	Response Total	Response Percent	Response Total
1	Strongly agree		7.69%	1	11.11%	1
2	Agree		61.54%	8	66.67%	6
3	Don't know		15.38%	2	11.11%	1
4	Disagree		15.38%	2	11.11%	1
5	Strongly disagree		0.00%	0	0.00%	0

11. The role of the Council of Governors is clearly defined

			Sep 2017		Sep 2016	
			Response Percent	Response Total	Response Percent	Response Total
1	Strongly agree		46.15%	6	33.33%	3
2	Agree		46.15%	6	66.67%	6
3	Don't know		0.00%	0	0.00%	0
4	Disagree		7.69%	1	0.00%	0
5	Strongly disagree		0.00%	0	0.00%	0

12. The Council of Governors meets at appropriate and regular intervals and receives adequate time and support to function well

			Sep 2017		Sep 2016	
			Response Percent	Response Total	Response Percent	Response Total
1	Strongly agree		61.54%	8	11.11%	1
2	Agree		30.77%	4	88.89%	8
3	Don't know		7.69%	1	0.00%	0
4	Disagree		0.00%	0	0.00%	0
5	Strongly disagree		0.00%	0	0.00%	0

13. Governors' views are taken into account as members of the Council of Governors			Sep 2017		Sep 2016	
			Response Percent	Response Total	Response Percent	Response Total
1	Strongly agree		46.15%	6	11.11%	1
2	Agree		46.15%	6	77.78%	7
3	Don't know		7.69%	1	0.00%	0
4	Disagree		0.00%	0	11.11%	1
5	Strongly disagree		0.00%	0	0.00%	0

14.1. The Council of Governors have sufficient opportunity for contact, and good communication, with the Board of Directors: With the Executive Directors			Sep 2017		Sep 2016	
			Response Percent	Response Total	Response Percent	Response Total
1	Strongly agree		8.3%	1	0.00%	0
2	Agree		50.0%	6	66.7%	6
3	Don't know		33.3%	4	0.00%	0
4	Disagree		8.3%	1	33.3%	3
5	Strongly disagree		0.0%	0	0.00%	0

14.2. The Council of Governors have sufficient opportunity for contact, and good communication, with the Board of Directors: With the Non-Executive Directors			Sep 2017		Sep 2016	
			Response Percent	Response Total	Response Percent	Response Total
1	Strongly agree		38.5%	5	0.00%	0
2	Agree		46.2%	6	88.9%	8
3	Don't know		7.7%	1	11.1%	1
4	Disagree		7.7%	1	0.00%	0
5	Strongly disagree		0.0%	0	0.00%	0

15. The Council of Governors has sufficient communication with the members of the Trust, either via the Trust or independently

			Sep 2017		Sep 2016	
			Response Percent	Response Total	Response Percent	Response Total
1	Strongly agree		16.67%	2	0.00%	0
2	Agree		50.00%	6	33.33%	3
3	Don't know		16.67%	2	44.44%	4
4	Disagree		16.67%	2	22.22%	2
5	Strongly disagree		0.00%	0	0.0%	0
			skipped	1		

16. The Council of Governors has a strong voice

			Sep 2017		Sep 2016	
			Response Percent	Response Total	Response Percent	Response Total
1	Strongly agree		23.08%	3	0.00%	0
2	Agree		38.46%	5	55.56%	5
3	Don't know		15.38%	2	22,22%	2
4	Disagree		23.08%	3	22.22%	2
5	Strongly disagree		0.00%	0	0.00%	0

17. The Council of Governors is able to influence change

			Sep 2017		Sep 2016	
			Response Percent	Response Total	Response Percent	Response Total
1	Strongly agree		23.08%	3	0.00%	0
2	Agree		30.77%	4	55.56%	5
3	Don't know		30.77%	4	22,22%	2
4	Disagree		15.38%	2	22.22%	2
5	Strongly disagree		0.00%	0	0.00%	0

18. Council of Governor sub-committees (Nominations Committee and Governance Committee) are effective and provide quality update reports to the council

			Sep 2017		Sep 2016	
			Response Percent	Response Total	Response Percent	Response Total
1	Strongly agree		30.77%	4	0.00%	0
2	Agree		53.85%	7	66.67%	6
3	Don't know		15.38%	2	33.33%	3
4	Disagree		0.00%	0	0.00%	0
5	Strongly disagree		0.00%	0	0.00%	0

20. The Council of Governors receives sufficient information to hold the Board of Directors to account

			Sep 2017		Sep 2016	
			Response Percent	Response Total	Response Percent	Response Total
1	Strongly agree		38.46%	5	11.1%	1
2	Agree		38.46%	5	44.44%	4
3	Don't know		15.38%	2	44.44%	4
4	Disagree		7.69%	1	0.00%	0
5	Strongly disagree		0.00%	0	0.00%	0

21. Governors can identify the key performance issues facing the Trust

			Sep 2017		Sep 2016	
			Response Percent	Response Total	Response Percent	Response Total
1	Strongly agree		15.38%	2	22.22%	2
2	Agree		61.54%	8	55.56%	5
3	Don't know		15.38%	2	22.22%	2
4	Disagree		7.69%	1	0.00%	0
5	Strongly disagree		0.00%	0	0.00%	0

22. Governors can ask questions regarding performance reports

			Sep 2017		Sep 2016	
			Response Percent	Response Total	Response Percent	Response Total
1	Strongly agree		30.77%	4	55.56%	5
2	Agree		61.54%	8	44.44%	4
3	Don't know		7.69%	1	0.00%	0
4	Disagree		0.00%	0	0.00%	0
5	Strongly disagree		0.00%	0	0.00%	0

23. The Council has agreed a process of dialogue with the non-executive directors and the Trust to enable it to carry out its general duty to hold the non-executive directors individually and collectively to account for the performance of the Board of Directors

			Sep 2017		Sep 2016	
			Response Percent	Response Total	Response Percent	Response Total
1	Strongly agree		23.08%	3	11.11%	1
2	Agree		61.54%	8	77.78%	7
3	Don't know		15.38%	2	11.11%	1
4	Disagree		0.00%	0	0.00%	0
5	Strongly disagree		0.00%	0	0.00%	0

24. Governors ask relevant questions of the non-executive directors about challenge at Board meetings

			Sep 2017		Sep 2016	
			Response Percent	Response Total	Response Percent	Response Total
1	Strongly agree		15.38%	2	0.00%	0
2	Agree		61.54%	8	55.56%	5
3	Don't know		15.38%	2	22.22%	2
4	Disagree		7.69%	1	22.22%	2
5	Strongly disagree		0.00%	0	0.00%	0

26. I feel that I am able to contribute positively to the work of the Council of Governors

			Sep 2017		Sep 2016	
			Response Percent	Response Total	Response Percent	Response Total
1	Strongly agree		53.85%	7	22.22%	2
2	Agree		38.46%	5	66.67%	6
3	Don't know		7.69%	1	11.11%	1
4	Disagree		0.00%	0	0.00%	0
5	Strongly disagree		0.00%	0	0.00%	0

27. I have received adequate training and development opportunities to support me in my role as governor

			Sep 2017		Sep 2016	
			Response Percent	Response Total	Response Percent	Response Total
1	Strongly agree		53.85%	7	33.33%	3
2	Agree		30.77%	4	55.56%	5
3	Don't know		7.69%	1	11.11%	1
4	Disagree		7.69%	1	0.00%	0
5	Strongly disagree		0.00%	0	0.00%	0

28. I feel supported by the Trust to carry out my responsibilities as a governor including the fulfilment of my statutory duties The statutory duties of governors are: To appoint and, if appropriate, remove the chair (Nominations and Remuneration Committee) To appoint and, if appropriate, remove the other non-executive directors (Nominations and Remuneration Committee) To decide the remuneration and allowances and other terms and conditions of office of the chairman and the other non-executive directors (Nominations and Remuneration Committee) To approve (or not) any new appointment of a chief executive (Nominations and Remuneration Committee) To appoint and, if appropriate, remove the NHS Foundation Trust's auditor To receive the NHS Foundation Trust's annual accounts, any report of the auditor on them, and the annual report at a general meeting of the Council of Governors To hold the non-executive directors, individually and collectively to account for the performance of the Board of Directors To represent the interests of the member of the Trust as a whole and the interests of the public To approve "significant transactions" To approve an application by the Trust to enter into a merger, acquisition, separation or dissolution. To decide whether the Trust's non-NHS work would significantly interfere with its principal purpose, which is to provide goods and services for the health service in England, or performing its other functions To approve amendments to the Trust's Constitution (joint responsibility with the Board).

			Sep 2017		Sep 2016	
			Response Percent	Response Total	Response Percent	Response Total
1	Strongly agree		46.15%	6	11.11%	1
2	Agree		38.46%	5	77.78%	7
3	Don't know		7.69%	1	11.11%	1
4	Disagree		7.69%	1	0.00%	0
5	Strongly disagree		0.00%	0	0.00%	0

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – Wednesday 21 March 2018

NHS Provider elections to the Governor Advisory Committee

Purpose of Report

This paper provides a summary of NHS Providers forthcoming elections of eight governors to the Governor Advisory Committee (GAC).

Executive Summary

As an NHS Providers member trust, the Trust's Council of Governors is entitled to vote in the forthcoming election of eight governors to the Governor Advisory Committee (GAC).

The GAC is part of the NHS Providers organisation and consists of eight elected governors, two foundation trust chairs appointed by the NHS Providers board and the NHS Providers Director of development and operations.

The primary role of the GAC is to guide the work programme of those employees of NHS Providers working on the delivery of the governor support work programme. The role of these NHS Providers employees is to provide guidance and advice to oversee the work of NHS Providers in support of councils of governors.

Subject to the election process the membership of the GAC will reflect the different foundation trust sectors (acute, mental health, ambulance, community) with each sector having at least one member.

59 nominations have been received (including a nomination from the Trust's Deputy Lead Governor, John Morrissey) and the election is now taking place. In order to vote a collective view from the Trust's Council of Governors is required. The Council of Governors is requested to rank the list of candidates in order of preference. In order to take this forward the Trust's governors (via Governance Committee on 27 February and *Governor Connect*) have been asked rank the list of candidates in order of preference to Carole Riley, Deputy Lead Governor. The Deputy Lead Governor will collate the responses and feedback to the Council of Governors.

Voting will be conducted electronically by single transferable vote – governors are asked to rank the candidates in order of preference. The deadline for a collective vote from the Council of Governors is noon Friday 30 March 2018. The Trust's Membership and Involvement Manager will submit the vote on behalf of 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

Electoral Reform Services (ERS) is administering the nomination process for the elections of Governor Advisory Committee on behalf of NHS Providers.

Consultation

Governors have received the candidate statements and information on single transferable voting.

Governance or Legal Issues

It is not a legal requirement to vote in the NHS Providers elections for the Governance Advisory Committee. The Governance Advisory Elections are being conducted by ERS in accordance with NHS Providers' election rules.

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 their preferences for the election.

Report presented by: Carole Riley, Deputy Lead Governor and Public Governor for Derby City East

Report prepared by: Denise Baxendale, Membership and Involvement Manager

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – Wednesday 21 March 2018

Report from Governance Committee

Purpose of Report
This paper provides an update on the meeting of the Governance Committee held on 27 February 2018.

Executive Summary
Since the last summary was provided in January the Governance Committee has met once on 27 February 2017.

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

Assurances

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

Consultation

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

Governance or Legal Issues

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

Equality Impact Risk Analysis The author has a responsibility to consider the equality impact and evidence on the nine protected characteristics – Race, Economic disadvantage, Gender, Age, Religion or belief, Disability and Sexual orientation (REGARDS).	
There are no adverse effects on people with protected characteristics (REGARDS).	x
There are potential adverse effect(s) on people with protected characteristics (REGARDS). Details of potential gaps/inequalities are outlined below, with the appropriate action to mitigate or minimise those risks.	
Actions to Mitigate/Minimise Identified Risks	

Recommendations

The Council of Governors is requested to:

1. Note the actions and recommendations made at the Governance Committee meeting on 27 February 2018.

Report presented by: **Carole Riley, Deputy Lead Governor**

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 since its last report to the Council of Governors in January (27 February 2017). Fourteen governors attended. This report provides a summary of the actions and recommendations made.

Draft agenda for Council of Governors

- Governors discussed the draft agenda for Council of Governors on 21 March and made amendments
- Future NED appraisals will be transparent to enable support staff to contact only those governors who have not completed the peer appraisal form
- Future appraisals will include a paragraph about the specific NED's role
- Future Governance Committee reports will focus upon actions and recommendations made by the Committee.

Membership & Engagement

- Feedback was received from engagement opportunities which included attending events arranged by the Engagement Officer, GP PPG (Patient Participation Group), Staff Forum, Crisis Care Concordat and Joined Up Care Derbyshire (JUCD)
- Governors received an updated list of opportunities in 2018 to attend membership events in communities across the City and County and were asked for details of any events in their constituencies that they are aware of
- Governors were encouraged to feedback themes from engagement events to present membership/public viewpoints and issues to NEDs as part of the governor statutory engagement role.

Governor attendance at Council of Governor meetings

- Future reports are to identify governors by name
- Lead governor to contact governors identified as unable to attend recent meetings and feedback to next meeting.

Governor Role

- Governors will look at the information on the website and feedback their comments to the next meeting.

Quality Presentation

- Quality Visit Programme – governors noted the review of Season 8, which consisted of 69 visits, and recommendations for Season 9
- Darryl Thompson promoted to governors the Quality Visit Programme and the value of their involvement in quality visits to the Trust
- Reference was made to the protocol in which it states that a governor is requested not to visit a service with which they have had clinical contact over the past five years.

Quality Account

- It was agreed that the quality account will be presented to the Governance Committee in April
- Governors will need to prepare a statement as a part of the formal consultation of the Quality Report and this will be undertaken as part of the April meeting.

Quality Indicators

- The quality indicators are set by NHS Improvement and the Council of Governors are required to select a quality indicator for 2017/18 for inclusion in the Quality Report
- Governors agreed to meet informally half an hour before the next Council of Governors to discuss which indicator to select.

Training & Development

- The governors' training and development programme for next year was presented and agreed
- The programme included the externally facilitated Mental Health Awareness Training in April which had been arranged at the request of governors to help develop their understanding of mental health issues
- Training sessions will not go ahead if there is fewer than 33% of governor in attendance.

Escalation items to the Council of Governors

- There was one item to escalate to COG relating to JUDC and community engagement.

Governor Actions discussed under 'Any other business'

Revised Governor Code of Conduct

- All governors are required to complete the revised code.

Visit to Nottingham University

- All governors are required to confirm if they can travel to Nottingham for this event to be hosted by Gemma Stacey, Appointed Governor.

Emergency contact forms

- All governors are required to complete the form.

Involvement of Governors in Annual Planning

- Governors have the opportunity of discussing the plan
- Denise Baxendale will send a further request to governors via *Governor Connect.*

Appointment of External Auditors

- Gillian Hough, John Morrissey and Kelly Sims will represent governors in the process for the appointment of external auditors.

Governor Connect

- The Committee proposed that all governors should be expected to read this weekly e-news bulletin
- Denise Baxendale will include a ‘Governor Action’ section
- Governors are encouraged to respond to the ‘Governor Action’ section.

Derbyshire Healthcare NHS Foundation Trust

MINUTES OF A MEETING OF THE BOARD OF DIRECTORS

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

Wednesday 29 November 2017

MEETING HELD IN PUBLIC

Commenced: 1pm Closed: 4.25pm

PRESENT:	Caroline Maley	Trust Chair
	Dr Julia Tabreham	Deputy Trust Chair and Non-Executive Director
	Margaret Gildea	Senior Independent 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
	Amanda Rawlings	Director of People & Organisational Effectiveness
	Samantha Harrison	Director of Corporate Affairs & Trust Secretary
	Lynn Wilmott-Shepherd	Interim Director of Strategic Development
IN ATTENDANCE:	Geoff Lewins	Incoming Non-Executive Director
	Anna Shaw	Deputy Director of Communications & Involvement
	Hollie Cowan	Senior Communications Officer
	Sue Turner	Board Secretary (minutes)
For DHCFT 2017/171	Nicola Fletcher	Acting Assistant Director of Clinical Professional Practice
	Daniel Pidkorczemny	Engagement Officer, Healthwatch Derbyshire
APOLOGIES:	Barry Mellor	Non-Executive Director
VISITORS:	John Morrissey	Lead Governor and Public Governor, Amber Valley South
	Carole Riley	Deputy Lead Governor and Public Governor, Derby City East
	Shelley Commery	Public Governor, Erewash North (part)

DHCFT 2017/170	**CHAIR'S WELCOME, OPENING REMARKS, APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST** Trust Chair, Caroline Maley, opened the meeting, welcomed everyone and introduced incoming Non-Executive Director (NED), Geoff Lewins, who was attending today's meeting as an observer and would be replacing Barry Mellor as Chair of the Audit and Risk Committee. Barry Mellor had offered his apologies for today's meeting and thanks were extended to him in his absence for the contribution he has made to the Trust as a NED and Chair of the Audit and Risk Committee as his appointment would finish at the end of December 2017. Caroline Maley congratulated Mark Powell on his appointment as Chief Operating Officer which took effect on 20 November. The Register of Declarations of Interest would be updated in respect of the entries under

	Deputy Trust Chair, Julia Tabreham, Medical Director, John Sykes and Mark Powell and would be brought to the next meeting of the Board.
DHCFT 2017/171	**SERVICE USER STORY** Assistant Director of Clinical Professional Practice, Nicola Fletcher, introduced Daniel Pidkorczemny, from Healthwatch Derbyshire who presented a summary of a service user story that was previously presented to the Derbyshire Health and Wellbeing Board on 5 October 2017. Trust Chair, Caroline Maley had asked for this story to be heard at today's Board meeting to allow the Board to obtain learning from this service user's experience of accessing health and social care services. Daniel explained how Healthwatch provides an independent voice for users of health services. He gave an overview of the series of events caused by a lack of support and communication from mental health services and social care services that resulted in a service user's downward spiral of their mental health. This led to their mental health deteriorating and a restriction being put on their access to mental health services and an eventual prison sentence. The report set out the history about this individual who was diagnosed with Borderline Personality Disorder (BPD) and made it clear that if the right interventions had been in place earlier and access to the right treatment had been available a prison sentence could have been avoided. The report also described how this service user suffered delays in access to the correct treatment and the problems they experienced having to repeat their medical history to different professionals within the psychological therapy service and multi-disciplinary team. There was lack of communication and transparency with regard to referrals and mistakes were made. However, Daniel was pleased to report that as a result of receiving counselling and treatment this person has since recovered from their negative experiences and is actively trying to set up a support group for people with a personality disorder. The Board was sincerely sorry that this person had not received a good experience from health and social care services. Deputy Trust Chair, Julia Tabreham, wondered when this had all happened as the National Institute for Health and Care Excellence (NICE) have carried out a lot of work to improve the care and treatment of offenders and she asked how closely the Trust was adhering to the new NICE guidelines and whether they are helpful. Executive Director of Nursing and Patient Experience, Carolyn Green, clarified that we are applying the principles and are dealing with concepts of treatment but there is no defined pathway for people diagnosed with personality disorder. The outcomes of this particular case were not due to the clinical effects of this condition. When dealing with this person's trauma and experiences we would need to assess whether we were compliant with NICE guidelines, in this particular case it would appear that we may have been fully compliant with our expected standards of practice. We should and will explore whether we could work differently with people who are released from prison. We will review the personality disorder NICE guideline and review compliance this year. It was clear that this individual felt that their expectations had been raised and that they had received broken promises. Medical Director, John Sykes, explained that personality disorder pathway is not fully defined and commissioned along a full pathway approach in Derbyshire. He suggested implementing support plans for individuals leaving prison who are known to have mental health conditions to help them with practical issues so they understand how to access the services they need. This would enable individuals to understand what can be covered by their treatment and would ensure people's expectations are filled. He outlined how the development of EPR (Electronic Patient Record) has helped to improve our services. Having this system means service users only have to tell their story once and this information is recorded which allows more time for practitioners to take care of the family and carers. The Board understood that this case involved a complex set of circumstances and

	touched upon the lived experience of our services and brought attention to the risks of our current commissioning landscape and the impact it has on the people we support. The Board pledged to improve the transparency between medical staff and service users. Other actions will include further work to develop EPR to reduce the likelihood of actions not being completed, and e-prescribing. We will continue to develop the access point that directs people through to help which will address some of the earlier confusion around accessing support and will work with Healthwatch in its form as watchdog and holding the contract for involvement to ensure they are involved in the development of our care pathways. Caroline Maley thanked Daniel for presenting the Healthwatch report. This case enabled the Board to obtain learning as well as the opportunity to improve the services of the people we support. **ACTION: Review the NICE personality disorder guidelines and review the Trust's compliance** **ACTION: Explore whether we could work differently with people who are released from prison** **ACTION: Further work to be undertaken to develop EPR to reduce the likelihood of actions not being completed, and e-prescribing** **ACTION: Further develop the access point that directs people through to help** **ACTION: Continue to work with Healthwatch to ensure their involvement in the development of our care pathways** **RESOLVED: The Board of Directors Board obtained learning from the series of events described in this case and pledged the actions outlined above in response to the recommendations made by Healthwatch Derbyshire**
DHCFT 2017/172	**MINUTES OF THE MEETING DATED 1 NOVEMBER 2017** The minutes of the previous meeting, held on 1 November were agreed and accepted as an accurate record.
DHCFT 2017/173	**ACTIONS MATRIX AND MATTERS ARISING** The Board agreed to close all completed actions. Updates were provided by members of the Board and were noted on the actions matrix. All completed 'green' actions were scrutinised to ensure that they were fully complete and actions that were not complete were challenged with Executive Director leads.
DHCFT 2017/0174	**CHAIR'S VERBAL REPORT** Caroline Maley updated the Board on the outcome of the meeting of the Remuneration and Appointments Committee meeting held earlier in the day. The Committee discussed the continuing secondment of Amanda Rawlings as Director of People and Organisational Effectiveness and agreed that a report would be brought to the next meeting in February that will allow the Committee to confirm practical considerations of the ongoing secondment arrangements. The Committee reviewed Executive Director remuneration and agreed that no increases would be made to their salaries. Executive Director remuneration would be further reviewed once appraisals have taken place with the Executive Directors next year. The BAF (Board Assurance Framework) risk relating to potential loss of Board members was considered and due to the recent substantive appointments that have been carried out this risk is to be reduced from moderate to low.

	During November Caroline Maley was involved in the recruitment and appointment of the Trust's substantive Chief Operating Officer. She was also involved in the Well-led self-assessment process. Appraisals were carried out for two NEDs and their performance over the past year was reviewed. . A combined training event with NEDs and the Council of Governors took place on 8 November which enabled an understanding of their mutual roles and responsibilities and how best they can be exercised in ensuring the Trust moves forward. Executive Directors also undertook leadership training that day that focussed on empowering, engaging and inspiring our colleagues and enabled them to consider their priorities for the next 6 – 18 months to deliver the Trust's mission. There have been a number of new appointments within the Council of Governors. These included an appointed governor from Derbyshire County Council and we have moved ahead in appointing voluntary sector governors, all of whom are undergoing the induction process for newly appointed governors. An effective meeting of the Council of Governors took place last week. Caroline continues to meet with Lead Governor, John Morrissey, Deputy Lead Governor, Carole Riley, and Chair of the Governance Committee, Gillian Hough on a regular basis. Caroline has continued her visits to services that have been arranged through the quality visit programme. She enjoyed talking to the teams and saw how essential it is to have good working relationships between the people who work in administrative roles and those on the front line and how important it is to promote our Trust values in working together and having respect for one another. The Trust's Delivering Excellence Awards were held on 15 November. This was an excellent opportunity to see the extent of the day to day work of the Trust's staff and to celebrate their outstanding achievements. Caroline also attended a dinner with Mental Health Chairs and was interested to hear their ideas for improving funding and pooling resources in terms of research and development. She also attended the STP (Sustainable Transformation Partnership) Board meeting where discussions focussed on financial challenges. **RESOLVED: The Board of Directors noted the activities of the Trust Chair throughout the month of November**
DHCFT 2017/175	**<u>CHIEF EXECUTIVE'S REPORT</u>** 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. The report was used to support strategic discussion on the delivery of the Trust strategy. Ifti Majid outlined how the changes NHS Improvement (NHSI) has made to the Single Oversight Framework (SOF) would affect the Trust's reporting metrics. Now that these changes have been clarified the metrics used through the Integrated Performance Report (IPR) could be aligned with them and improvement plans developed as needed. From a local context, Ifti Majid was pleased to report that the Nottinghamshire and Derbyshire Quality Surveillance Group (QSG) rating system had agreed that the Trust should remain on Routine Surveillance. This gave good assurance to the Board and demonstrated continued quality compliance with expected standards. Ifti also talked about the engagement event that was held across all ten organisations and primary care in Derbyshire relating to the mental Health STP Workstream and how the Trust meets the requirements of the Mental Health 5 Year Forward View. These

	requirements are captured in a specific national mental health workforce strategy and will provide us with an opportunity to highlight risks around achieving the Mental Health Five Year Forward View and will help towards achieving workforce needs. The Board joined Ifti Majid in congratulating Consultant Psychiatrist, Dr Subodh Dave, on being awarded the psychiatric trainer of the year by the Royal College of Psychiatrists which is a great accolade and testament to the commitment Subodh has shown to his education roles. Attention was drawn to the 'Ifti on the road' drop in engagement sessions. Two have been held so far and he is delighted with the response and attendance by staff. He has observed some themes arising from these sessions around how we use our data and information particularly around HONOS (Health of the Nation Outcome Scales) and clustering. He also heard ideas about practicalities involving access to rooms to see patients in and having the right environment to work in. These discussions have inspired Ifti especially when he heard people quoting the Trust's vision and values during conversations. The Board was asked to note that the Executive Team is focussed on actions resulting from feedback received from staff and he has already fed back to individuals the action that has been taken to improve the environment that staff work in. Margaret Gildea asked if, when issues are raised regarding equipment, is there anything that enables managers to have resolved these issues themselves. Ifti replied that he is always interested to know why these issues are being raised with him because it usually means people have not been able to resolve them locally and this allows him to engage with middle managers to check that processes we have in place have been utilised. Ifti talked about how he continues to meet with MPs to discuss the business of the Trust and raise the challenges faced by people who use our services. He had recently met with Toby Perkins (MP for Chesterfield) to discuss opportunities for funding. He was pleased to report that following their meeting Toby wrote to the Secretary of State to raise the profile of lack funding into the mental health sector and the Trust and the letter he had received from Toby and the letter he sent to the Secretary of State were appended to his report. He explained that the letter arose from discussions Toby Perkins had with the Clinical Commissioning Groups (CCGs). He thought it important that the Board should acknowledge the lack of investment from commissioners and welcomed the opportunity to include the letter in the public domain. Ifti and Caroline regularly meet with MPs and Caroline will be meeting with Pauline Latham MP for Mid-Derbyshire on 9 February 2018. The Delivering Excellence Awards event was also highlighted and Ifti thanked everyone from the communications, catering, estates and learning and development teams who made the afternoon such a great success. Attention was drawn lastly to the specific work being carried out on mentor training in relation to reverse mentoring for equality and inclusion which was launched on 3 November. The organisation also celebrated Black History Month when representatives from the Trust's BME network shared their thoughts and reflections which was a good lead in to this year's Equality and Diversity grading review that focussed on our Children's service which will be reported to the Board in January. Ifti thanked everyone who attended and contributed to the honest appraisal of the Trust's services. **RESOLVED: The Board of Directors noted and scrutinised the Chief Executive's update**
DHCFT 2017/176	**<u>TRUST VISION AND VALUES</u>** The Trust has identified staff engagement as its priority for the coming year. This paper updated the Board on how this will be achieved and the new mechanisms that will be put in place across the Trust to engage with staff.

	Ifti Majid outlined how this new focus on staff engagement will be led by a multi-disciplinary team working across the Communications Team and People and Organisational Effectiveness (POE) directorate. The Board recognised that it is vital that improvements are made to the culture of the organisation and was pleased to see from the report that the new 'TEAM Derbyshire Healthcare' programme has been designed to promote two-way communication and opportunities to receive feedback from staff. This will allow staff to engage and receive information through a clear two-way mechanism for communication between leaders and staff. It was emphasised that this has already started through an increased visibility of the Board and from Ifti's on the road drop in engagement sessions, Staff Forum sessions which have commenced and further initiatives that are planned. The specific engagement activities and how they will be delivered through a co-ordinated programme of work was set out in the report. The Board discussed the importance of emphasising the use of key words to strengthen the Trust's revised values and approved the changes to the Trust's Vision, Values and Strategic priorities and agreed the new internal communications and engagement approach known as Team Derbyshire Healthcare. The focus and plan for staff engagement will be reflected in the new forthcoming Communications Strategy and will be supported through actions identified in the People Plan. Amanda Rawlings informed the Board that during December she would start consulting with staff so they understand that the People Plan would be the forerunner of the People Strategy which will be fed through the Executive Leadership Team (ELT) and the People and Culture Committee. Wider corporate work is currently underway to support this approach. This will include a refreshed Trust Strategy and associated strategic priorities which build upon our current objectives. These will be reflected through the divisional business plans for 2018/19. Ifti Majid felt that the Trust had reached a pivotal point in understanding how the levels of connectivity flow through the organisation to understand what drives people and this was captured in the Team Derbyshire Healthcare infographics. The revised values are something that staff can identify with and the proposed changes to the vision make it much simpler for all Trust colleagues to recognise and support which will make a difference to people's lives and improve their health and wellbeing. **RESOLVED: The Board of Directors** **1) Approved the updated vision, values and mission statement** **2) Noted the new staff engagement approach for TEAM Derbyshire Healthcare** **3) Authorised an update of the Trust Strategy to include the revised vision, values and updated strategic priorities**
DHCFT 2017/177	**<u>INTEGRATED PERFORMANCE AND ACTIVITY REPORT (IPR)</u>** The IPR provided the Trust Board with an integrated overview of performance as at the end of October 2017 that focussed on workforce, finance, operational delivery and quality performance. The report showed that the Trust continues to perform well against many of its key indicators, with maintenance or improvements continuing across many of the Trust's services. Chief Operating Officer, Mark Powell, highlighted the key issues. As explained previously in the Chief Executive's Report, the new Single Oversight Framework (SOF) which was published in mid-November has replaced the "data completeness priorities metrics" and "data completeness identifiers metrics" indicators with a single "data quality maturity index – mental health services data set score" indicator. The Trust has been compliant against all Single Oversight Framework operational standards, except for Priority Metrics. The proposed target for the new indicator is 95%. In the latest published national data the Trust scored 98.9% and therefore would expect to be compliant with this target in the future.

Within the NHSI financial metrics the agency metric continues to be challenging, both in terms of the ceiling and the medical staff cost reduction target. Mark Powell was pleased to report that work undertaken has enabled the Trust to keep agency spend within the 50% agency threshold due in part to the aggregated impact of data cleanse on accruals.

Following the Inpatient Model report presented at the previous meeting DNAs (Did Not Attend) levels have reduced as a result of the action that was implemented. If patients do not attend appointments, they are telephoned by medical staff to establish the reason for non-attendance and a telephone appointment is then conducted with the agreement of the patient. Mark Powell was confident that this action should lead to a reduction in future DNA rates and he also expects clinical cancellations will also be reduced.

The Board heard how some challenges were raised at the Finance and Performance Committee on 27 November around the way clustering is delivered within the organisation. Mark Powell and John Sykes have commissioned an action plan to achieve the identified performance standards of clustering to deliver savings. Chair of the Finance and Performance Committee, Richard Wright, emphasised the need to focus on establishing the efficiency benefits of clustering that could be driven through the Trust as part of continuous improvement and informed the Board that a report on clustering will be received at the Committee's January meeting.

Mark Powell was pleased to report that progress has been made to staffing levels at the Hartington Unit. This has resulted in greater stability in the overall workforce across the Unit. Amanda Rawlings added that overall the vacancy rate has reduced and turnover of staff has also reduced. Although substantial improvements have been seen in staffing levels at the Hartington Unit she was not expecting improvements to be seen in the Radbourne Unit staffing trajectories until the new year. This is due to the Radbourne Unit's work being challenging and the majority of staff choose to work in other areas.

Julia Tabreham observed that quality is being maintained despite huge pressures on hotspots in our services. She asked how the Trust supported staff when they become ill due to the pressure of work. Carolyn Green responded that we continue to support our colleagues and have recruited heads of nursing and invested in clinical skills tutors to help staff to improve practice and do well and have invested heavily in training facilitators to support newly qualified staff and raise support and supervision levels to reduce turnover. We have also invested in practice investigation facilitators to reduce pressure arising from investigations and complaints management. In addition we have restarted Schwartz rounds to reduce stress and isolation of staff and to increase safety. We continue to target hotspot areas and provide these areas with suitable leadership.

Mark Powell emphasised the need to seek assurance on the delivery of the Workforce Plan which would re-evaluate our hotspot areas. The People Plan is being scrutinised by the Executive Leadership Team and the People and Culture Committee and will be submitted to the February Board meeting.

Caroline Maley acknowledged that the IPR showed encouraging signs that good progress is being made, particularly in outpatient areas, out of area placements and staffing. Some challenges still remain such as following up actions around SIs (Serious Incidents). The report showed that SIs have reduced considerably and that the CCGs (Clinical Commissioning Groups) are satisfied with the headway we have made.

As agreed, the financial section of the report was streamlined this month. The position largely stayed the same. The Trust is ahead of plan year to date by £1.1m and the forecast remains to achieve the control total at the end of the financial year. Director of Finance and Deputy Chief Executive, Claire Wright, alerted the Board to an emerging escalation of risk around our anticipated 0.5% CQUIN reserve income (Commissioning for Quality and innovation). She assumed that the Trust would achieve this income but if it is withheld this would have a significant impact on our financial performance.

In this context, Caroline Maley concluded that in terms of levels of assurance on current

	performance the Board could obtain limited assurance on the contents of the report. Further assurance will be received once the People Plan has been scrutinised by ELT and the People and Culture Committee. **RESOLVED: The Board of Directors considered the Integrated Performance Report and obtained limited assurance on current performance across the areas presented.**
DHCFT 2017/178	**QUALITY POSITION STATEMENT** Carolyn Green provided the Board of Directors with an update on the organisation's continuing work to improve the quality of services that are provided in line with the Trust Strategy, Quality Strategy and Framework and strategic objectives. This month the theme of the report was 'how do we know?' and NHS benchmarking. This data indicated that the Trust's investment programme in ligature reduction has been successful and effective. The Board was pleased to see that training in suicide prevention has had some impact on in-patient suicide prevention which is a result of our Suicide Prevention Strategy having a positive impact. The report showed that we are in the highest quartile of community caseloads per population and our teams are under significant pressure, but that staff continued to provide a good quality service to our community. The report showed that the Crisis team is underfunded for the population it is serving and although activity has reduced to a level more akin to the size of the team the challenge of meeting the demands of the community remains unchanged. The learning from the Care Quality Commission (CQC) comprehensive visit continues and is closely monitored by the Quality Committee. The Board was pleased to see that progress is being made to ensure that all recommendations and final actions are fully delivered. The Board noted the information in this position statement and agreed that a significant level of assurance was obtained from the mental health benchmarking data contained in the report. **RESOLVED: The Board of Directors receive the Quality Position Statement and gained significant assurance from the benchmarking data and was advised on safety**
DHCFT 2017/179	**REPORT ON PEER REVIEW OF HOMICIDES AND REVIEW OF SECTION 41 PATIENTS IN THE COMMUNITY** A small cluster of homicides took place earlier this year and this report presented by John Sykes was produced to provide the Board with assurance that lessons have been learnt and crucially that there is evidence that changes have been embedded. In order to provide the scrutiny and assurance necessary a peer review of a cluster of homicides has been commissioned and a review of Section 41 cases already completed. A full action plan will be formulated by the Mental Health Act Operational Group and a re-audit will be completed by January 2018. John Sykes outlined how a thematic learning review of homicides and a review of seven recent suicides concluded that most homicides cannot be predicted and are non-preventable and that safety relies on having systems and thorough processes that are well-applied across the Trust's services to help with the prevention of homicides. The Board reviewed the Terms of Reference for the Peer Review of Homicides 2017 and agreed they would be amended so that they focus on the importance of having the right systems in place to ensure safety and risk towards others and that workers are enabled

	and supported to address all safety issues without losing sight of the areas that are under pressure. In addition, they are to be updated to encompass the need to consider the human factors in regard to whether staff are enabled and supported to address all safety issues. **ACTION: Peer Review of Homicides 2017 Terms of Reference to be amended** **RESOLVED: The Board of Directors:** **1) Noted the terms of reference and proposed they would be amended as outlined above** **2) Acknowledged the resource implications facing our services to ensure that we have organisational memory of the issues going forwards**
DHCFT 2017/180	**<u>BOARD ASSURANCE SUMMARIES & ESCALATIONS</u>** Assurance summaries were received from the meetings of the Mental Health Act Committee held on 26 October, Safeguarding Committee held on 3 November, Quality Committee held on 9 November and the People and Culture Committee held on 16 November. Committee Chairs summarised the escalations that had been raised and these were noted by the Board as follows: **Mental Health Act Committee:** Committee Chair, Anne Wright, reported that the structure of the Committee is changing and is now supported by the Mental Health Act Operational Group. This group has met twice which allowed discussions at the Committee to focus on assurance rather than operational issues. The Committee's Terms of Reference are being refreshed to take into account the set-up of the operational group. The Committee's BAF risks are the main point of reference at each meeting and discussions took place on the highest risk which is the failure to achieve training targets in applying the Mental Capacity Act and Mental Health Act. Due to the fact that the Committee meets on a quarterly basis and the next meeting will not be until February, the People and Culture Committee has oversight of training momentum and is endeavouring to resolve the difficulty in releasing staff to attend training due to workload pressures. CQC actions resulting from the 2016 inspection visit are mostly completed and are on target to be completed in 2017. **Safeguarding Committee:** Committee Chair, Anne Wright, informed the Board that as with the Mental Health Act Committee, the Safeguarding Committee is aiming to set up an operational sub-group that will address operational issues. This Committee will continue to meet quarterly with the operational group meeting the month before so that action plans and reporting can provide the Committee with assurance of their adequacy. Training passports have been revised to reflect the more focussed approach to safeguarding training needs. Safeguarding Level 3 training is to be inter-agency and is run by the Safeguarding Adults Board. The Trust Management Team (TMT) has been requested to prioritise attendance at Prevent training and raise the percentage of attendance at Safeguarding Adults level 3. The level of work carried out by the Safeguarding Children team is increasing due to the different types of communities within Derbyshire. Specific wards in Derby City have a seen a significant level of activity in children meeting safeguarding thresholds. This was one of the escalating issues arising from the Safeguarding Committee and it is also reflected in the BAF. **Quality Committee:** Committee Chair, Julia Tabreham reported that the Quality Committee is driving to remove unnecessary material from papers to maintain a high level of analysis to ensure more effective meetings with a streamlined attendance. The structure of the agenda items are clustered to enable people to only attend for their items to be discussed so they can get back to their duties. The Quality Dashboard continues to develop and is an increasingly valuable tool. Areas of operation remain under pressure and assurance levels are limited due to significant challenges. The Chair's biggest concern is the pressure on community mental health teams. In October the Committee

	took consideration of an action plan to identify high risk individuals waiting for services. The implementation of the Quality Strategy and framework is challenging especially around physical healthcare. Although there is a level of confidence in terms of service, pressure and acuity, the Committee has significant confidence in Executive Director focus. **People and Culture Committee:** Committee Chair, Margaret Gildea, expressed concern that there is inadequate representation on the Committee from the medical and nursing teams and commented that meetings have developed as a type of HR forum. Two staff governors and a union representative attend the meetings and now that the Staff Forum has been set up this would be the right environment to ensure HR issues can be heard. This would allow the Committee to have a streamlined membership that will concentrate on providing assurance. The real item of focus is the BAF risk relating to attracting and retaining staff. The Committee received full assurance on the amount of activity that is taking place to reduce this risk but has limited assurance on the timeline as to whether this is working and achieving results and when the results will be seen. Retention of our medical workforce is a challenge despite efforts to support medical staff and it is apparent that the size of caseloads has caused a number of staff to leave. **RESOLVED: The Board of Directors received and noted the Board Committee Assurance Summaries and Escalations**
DHCFT 2017/181	**<u>BUSINESS PLAN 2017/18 MONITORING</u>** The Trust's Business Planning Process was developed for 2017/18 to include a 'plan on a page' summary for each clinical division, corporate areas and clinical support services. Each plan on a page was turned into an action matrix, which could be monitored through the Trust Management Team (TMT) as part of the divisional performance reviews and is summarised to the Board on a quarterly basis to provide an update of delivery against plans, and ultimately delivery of the Trust's strategy. This summary report produced and presented by Interim Director of Strategic Development, Lynn Wilmott-Shepherd, is reflective of the process that was outlined and agreed at the July Board meeting and this is being addressed through TMT (Trust Management Team) meetings by Mark Powell, Director of Corporate Affairs and Trust Secretary, Sam Harrison and Lynn Wilmott-Shepherd to ensure that work is progressed by the divisional teams. It was noted that future reports should state whether actions are completed/on-track/off-track and provide an assessment of any major areas of risk. Lynn Wilmott-Shepherd explained that the plan on a page reporting process is currently being reviewed to ensure that it is embedded within the Trust's performance reporting framework. The next plan on a page report to be received by the Board will be seen as a key output from the business planning process for next year and will provide assurance that it is fully embedded operationally. Performance for next year will link in with the Trust's new vision and values and will be more specific to achieving the Trust's strategic objectives. **RESOLVED: The Board of Directors:** **1) Noted the content of the paper** **2) Gained assurance from the performance management mechanisms that have been put in place** **3) Noted that future reports should state whether actions are completed/on-track/off-track and provide an assessment of any major areas of risk**
DHCFT 2017/182	**<u>EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE (EPRR) ANNUAL REPORT</u>** This report presented by Mark Powell provided the Board with the Annual EPRR Report setting out progress against the EPRR Core Standards, delivery of the 2017 work

	programme and assurance from the CCG (Clinical Commissioning Group) of full compliance. Mark Powell was pleased to report that significant progress has been made in delivering the EPRR Core Standards. Following last year's self-assessment the Trust moved from 'non-compliance' to 'partial compliance' in the year. The Board noted that following this year's self-assessment and subsequent CCG 'confirm and challenge' process it has been confirmed that the Trust is now rated as having 'full compliance'. This was a significant achievement and was commended by the Board. Work is taking place to continue to sustain this position and achieve continued compliance with regular review and oversight by the Trust EPRR Steering Group and will also be monitored by the Quality Committee for the foreseeable future. Caroline Maley congratulated Mark Powell and his team for their outstanding work that resulted in the Trust meeting the full compliance standard and was pleased to see that learning from this programme would be shared as good practice across the Trust. **RESOLVED: The Board of Directors acknowledged the progress made and took assurance from the CCG confirm and challenge process that the Trust meets the required 'full compliance' standard**
DHCFT 2017/183	**LGBT+ COMMITMENTS** Claire Wright presented this report and asked the Board to sign up to evidencing its commitment to strengthen the focus on improving the Trust's LGBT+ inclusion. She outlined the Board's ambition to not only meet the statutory requirements, but to provide the best experience possible for Lesbian, Gay, Bisexual and Transgender colleagues and service receivers. The Board recognised that this commitment explicitly supports the Trust's refreshed vision and values for Team Derbyshire Healthcare and will give confidence to LGBT+ colleagues and service receivers that genuine positive change will happen and saw that it will also give confidence in LGBT+ colleagues to speak up if they have concerns. Sam Harrison pointed out that the Foundation Trust membership is another element of this initiative and informed the Board that a further piece of work is being carried out to ensure the Trust's membership reflects the whole community which reinforces the work we are doing in engaging the community. The Board welcomed the opportunity to commit to improving LGBT+ inclusion and signed up to improving our LGBT+ inclusion through actively delivering three commitments that include demonstrating a zero tolerance for homophobia, biphobia and transphobia. In so doing, the Board also made a commitment to keep up to date with LGBT+ issues and learning from colleagues and people who use our services to provide a more inclusive working experience or service experience. **RESOLVED: The Board of Directors:** **1) Discussed the LGBT+ Board commitments and the difference they will make** **2) Signed up to the LGBT+ Board commitments** **3) Agreed to receive regular updates on LGBT+ issues**
DHCFT 2017/184	**JOINT VENTURE AGREEMENT COVERING JOINT WORKING BETWEEN DCHS AND THE TRUST** This paper was received by the Board for information and contained drafts of the Joint Venture Agreement documents that will be received by Derbyshire Community Health Services NHS Foundation Trust (DCHS). Following agreement at the 1 November Board meeting held in confidential session, the

	membership of the Joint Venture Leadership Team (JVLT) has been agreed between the two organisations and is relevant to the People and Organisational Effectiveness Services. The JVLT will consist of the Deputy Chief Executive and Director of Finance, the Chief Operating Officer and the Interim Director of Strategic Development. The Director of People and Organisational Effectiveness will be an attendee at all JVLT meetings. The Board noted that ELT have been given authority to sign the final documents and that the financial aspects and the final Customer Contract will be included in the final version. **RESOLVED: The Board of Directors accepted this paper for information and acknowledged that the Executive Leadership Team have approved all documents which have been developed after taking legal advice and have undergone rigorous scrutiny.**
DHCFT 2017/185	**IDENTIFICATION OF ANY ISSUES ARISING FROM THE MEETING FOR INCLUSION OR UPDATING IN THE BOARD ASSURANCE FRAMEWORK** It was noted that Safeguarding training compliance has been added to the BAF. The following issues will be included in the next iteration due to be presented to the Board in January: • EPRR reduced risk rating will be included in the BAF • The risk rating for BAF risk 3e 'potential turnover of Board members' would be reduced.
DHCFT 2017/186	**2017/18 BOARD FORWARD PLAN** The forward plan was noted by the Board and would be updated in line with today's discussions.
DHCFT 2017/187	**MEETING EFFECTIVENESS** The Board considered that appropriate items for discussion were included in today's agenda. The refreshed vision and values and the important decisions made at today's meeting would impact our strategic priorities and will set the culture of the organisation.

The next meeting of the Board to be held in Public Session will take place at 1pm on Wednesday, 31 January 2017.

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

Derbyshire Healthcare
NHS Foundation Trust

MINUTES OF A MEETING OF THE BOARD OF DIRECTORS

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

Wednesday 31 January 2018

MEETING HELD IN PUBLIC

Commenced: 1pm Closed: 4pm

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
	Amanda Rawlings	Director of People & Organisational Effectiveness
	Lynn Wilmott-Shepherd	Interim Director of Strategic Development
IN ATTENDANCE:	Anna Shaw	Deputy Director of Communications & Involvement
	Sue Turner	Board Secretary (minutes)
For item DHCFT 2018/002	Liz Harman	Integration Workforce Manager Ripplez CIC & Derby Integrated Family Health Service
For item DHCFT 2018/002	Danielle Nicholson	Derby City Health Visitor and Champion for the Family First Model
For item DHCFT 2018/002	Sue Earnshaw	Service Line Manager
For item DHCFT 2018/011	Dr Chinwe Obinwa	Consultant Forensic Psychiatrist
For item DHCFT 2018/011	Lisa Stone	Kingsway Campus Area Service Manager
For item DHCFT 2018/011	Rebecca Mace	Senior Nurse, Kedleston Low Secure Unit
For item DHCFT 2018/011	Linda Murrell	Lead Nurse, Kedleston Low Secure Unit
For item DHCFT 2018/012	Rachel Kempster	Risk and Assurance Manager
APOLOGIES:	Samantha Harrison	Director of Corporate Affairs & Trust Secretary
VISITORS:	John Morrissey	Lead Governor and Public Governor, Amber Valley South
	Rosemary Farkas	
	Cllr Jim Perkins	Appointed Governor, Derbyshire County Council
	Martyn Bell	Trust Member, Amber Valley, South

DHCFT 2018/001	**CHAIR'S WELCOME, OPENING REMARKS, APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST** Trust Chair, Caroline Maley, opened the meeting and welcomed everyone. Apologies were noted from Director of Corporate Affairs & Trust Secretary, Sam Harrison. The Register of Declarations of Interest was acknowledged and would be updated in respect of an additional interest declared by Deputy Trust Chair, Dr Julia Tabreham who informed the Board that she was now an elected member for CHETWYND, the Toton and

	Chilwell Neighbourhood Forum representing the community's interest in the HS2 high speed rail project. **ACTION: Declarations of Interest to be updated to reflect the Deputy Trust Chair's additional interest**
DHCFT 2018/002	**SERVICE USER STORY** Trust Service Line Manager for Children's Services, Sue Earnshaw, Liz Harman of Ripplez and Family Health Visitor, Danielle Nicholson presented the Family First Model to the Board which promotes the voice of parents. They also gave a family perspective of the Trust's Children's service and the Family Nurse and Health Visitor partnership model which works with young parents so that they can identify the specific support that they need relating to their own individual circumstances which works in partnership with Ripplez, a staff-led Community Interest Company (CIC). The Board heard how this initiative was especially set up to enable more vulnerable families to have access to a specialist parenting programme via the Family First Model who would not have been eligible for the original family nurse partnership service due to the limited age restrictions criteria. This new service is delivered using a caring approach and assists vulnerable people to prepare for parenthood depending on their needs aiding healthy pregnancies giving babies the best start in life and enables parents to become knowledgeable, sensitive parents. It also helps new and young fathers, and wider family support networks to gain a better understanding of how to care for babies and young children through the use of interactive tools. Danielle told the Board that feedback from families had helped develop the Family First Model as experts by experience and this had in turn enhanced her skills as a practitioner and has enabled a more therapeutic and interactive relationship to be developed with clients through her health visitor role. Chief Operating Officer, Mark Powell, was interested to know how men were approached to participate in the programme. Liz described how practitioners work to engage with fathers and they are now becoming more involved in the programme in the antenatal period. Practitioners also help fathers and grandfathers with literacy problems read to their young children and give them confidence to enjoy reading aloud to them. The success of this scheme has been seen through the ownership of the people it seeks to support. The integrated approach has brought about ownership from everyone involved. Caroline Maley commended Sue, Liz and Danielle for their passion as champions of the Family First Model and thanked them for giving the Board an insight into the innovative practices that have been developed through the partnership formed with Ripplez, family nurses and health visitors which she saw as a great example of continuous improvement that had been integrated into the Trust's children's service. **RESOLVED: The Board of Directors Board received and noted the innovative practices developed through the Family First Model**
DHCFT 2018/003	**MINUTES OF THE MEETING DATED 29 NOVEMBER 2017** The minutes of the previous meeting, held on 29 November were agreed and accepted as an accurate record subject to a correction to the Chief Executive's Report on page 5, under item DHCFT 20187/175 in the eighth paragraph to reflect that the letter written to the Secretary of State arose from a discussion that Toby Perkins MP for Chesterfield had with CCGs in general rather than the Derbyshire Clinical Commissioning Group (NDCCG).
DHCFT 2018/004	**ACTIONS MATRIX AND MATTERS ARISING** The Board agreed to close all completed actions. Updates were provided by members of

	the Board and were noted on the actions matrix. All completed 'green' actions were scrutinised to ensure that they were fully complete and actions that were not complete were challenged with Executive Director leads.
DHCFT 2018/005	**CHAIR'S VERBAL REPORT** Caroline Maley informed the Board that she would in future be providing a written report that will reflect on her activity within the Trust since the previous meeting. Recent meetings and visits to staff and services during December and January were briefly outlined. These included singing Christmas Carols with executive colleagues around the Kingsway site. Caroline extended her thanks to the League of Friends for providing Christmas gifts for inpatient service users and for their work in providing a little happiness at Christmas, which is a difficult time for people with Mental Health issues. Caroline made a point of visiting as many front line services as possible, so that her leadership is grounded on the reality of what staff face every day, and also to ensure she has a good understanding of the services provided by the Trust. Since November she has visited the Kedleston Unit, Morton Ward at the Hartington Unit and attended a COAT (Clinical and Operational Assurance Team) meeting for the Neighbourhoods. A meeting took place with Dr Paula Holt, an appointed Governor, who is also the Dean of the College of Health and Social Care at the University of Derby. They discussed a range of areas of interest around the training of students and the implication of our Trust strategy on the focus that they have in recruiting and teaching. Caroline was pleased to point out that there is a very good relationship with the University when it comes to placements, and it was good to hear that on the whole students are gaining good experience from their placements with the Trust. Likewise, Dr Gemma Stacey, an appointed Governor from the University of Nottingham, gave good feedback on the experience that their students are getting with us. Caroline visited the Kedleston Unit which is also the subject of the deep dive item at today's meeting, where she saw at first-hand how the investment in the building was making a difference to the team. At Morton Ward Caroline was able to sit in a service user review and was as always impressed by the compassion and care that our staff provide. She was hosted by a nurse, whose passion for the Trust and her job just shone through. This is the "DNA" that Caroline would love to see in all our staff. She was also pleased to be able to welcome a new starter who had had a placement with us, who then had to wait a year before a job was advertised by the Trust so that she could return to work within our organisation. It reinforced for Caroline the importance of the relationship with the universities and students who come to us for placements - they are the our workforce of the future and we should ensure that they have a great experience with us, that we invest in them whilst they are with us and that they return to the Trust at the end of their studies. Attending a COAT (Clinical Operations Assurance Team) meeting was important for Caroline to take part in given the prominence of these teams in the governance structure. She thought that there is more that needs to be done to enable these meetings to be smart, focussed and move with pace through what looked like a big agenda and a number of important areas. She hoped that in future these meetings would be more structured to focus on actions arising from clinical audits and responses to the staff survey to ensure that that the COAT team can mobilise what we are trying to achieve. Since the last Board meeting, Caroline has chaired a Council of Governors meeting on 24 January. She has also met with Lead Governor, John Morrissey, and attended half a day of a governors training day which followed up on the role of governors holding Non-Executive Directors to account, but most importantly starting to look at what engagement with the community could and should look like. This is an aspect of the role of a governor that needs more focus and drive and is one of Caroline's priorities for the governors in

	2018. There continues to be a turnover in elected governors and there are also a number of vacancies. Caroline was pleased to report that we have gained approval to change the constituency boundaries so that we have some bigger areas that could be covered by two governors rather than smaller areas where we cannot recruit. Caroline was pleased to welcome as new appointed governors, Roger Kerry for North Derbyshire Voluntary Action and Angela Kerry from Derbyshire mental Health Forum. Caroline also reflected on meetings which involved the Board. Two Board Developments sessions took place which proved helpful in ensuring the Board has a common view on some of the challenges and opportunities that are coming up via a presentation made by Jamie Foster of Hempsons on Accountable Care Systems. This provided the Board with a view across the country on the issues and learnings for the NHS and this also features in Ifti Majid's Chief Executive Report received at today's meeting. The second Board Development session included a review of the well-led review report from Deloitte and the actions that will follow as well as an opportunity for the Board to complete Information Governance mandatory training. Caroline also carried out an interim performance review with Chief Executive (CEO), Ifti Majid, to ensure that the objectives set in April last year are on track to be delivered and also to consider whether they are still appropriate. Non-Executive Director (NED), Barry Mellor, left the Trust at the end of December and Caroline carried out his appraisal which will be reported to the Council of Governors Nomination and Remuneration Committee at the beginning of March. Caroline continues to meet with NEDs on a quarterly one to one basis. She has recently met with Margaret Gildea and Geoff Lewins who joined the Board at the beginning of December. Together with Chief Executive, Ifti Majid, Caroline attended the Board meeting for Joined Up Care Derbyshire which is also covered in the CEO report, and the Derby City Health and Wellbeing Board. The Health and Wellbeing Board discussed the proposed Asylum Centre at Laverstoke Court and the implications for the health system with little if any funding. There are some implications for our Trust which are also referred to in the CEO report. The Board also received an annual report from the Director for Public Health which provided a telling and engaging report on the state of the health of the local population through the use of a story telling approach. Caroline was pleased to inform the Board that she has agreed with the CEO that the Director of Public Health will be invited to a Board Development session to discuss this report. Caroline and Ifti Majid also met with Fran Steel, Delivery and Improvement Director North Midlands from NHS Improvement (NHSI). She was pleased to report that there are no areas within the Trust which are cause for concern with NHSI. **ACTION: Director of Public Health to be invited to Board Development to discuss the public health annual report** **RESOLVED: The Board of Directors noted the activities of the Trust Chair throughout the months of December and January**
DHCFT 2018/006	**<u>CHIEF EXECUTIVE'S REPORT</u>** 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. The report was used to support strategic discussion on the delivery of the Trust strategy. Ifti Majid referred to the release of the annual NHS Workforce Race Equality Standard (WRES) data and was pleased to report that the low baseline we started at in 2015 has improved. The Trust has worked hard and improved its inclusion agenda and with the support from Assistant Director for Engagement & Inclusion, Harinder Dhaliwal, and other colleagues we have refocused and reinvigorated our BME focus on the areas that the WRES drives. Ifti was pleased to report that the reverse mentoring initiative is well underway to increase the Board's learning and understanding and this has also improved our recruitment and selection process. We also have a reinvigorated reverse commissioning project underway which will help us to understand the different commissioning aspects involved with our members. Ifti reflected on the day to day activity within the Joined Up Care Derbyshire (JUCD). He reported that the Derbyshire GPFV (General Practice Forward View) STP (Sustainability Transformation Plan (Joined Up Care Derbyshire)) Workforce plan has been accepted by NHS England and the Derbyshire System was given an initial rating of "partial assurance" Since the last Board meeting on 29 November Ifti has visited a number of teams as part of the 'Ifti on the Road' initiative. He is delighted at how many colleagues have come along to these sessions to share thoughts, ideas and concerns. He assured the Board that all feedback from colleagues is being captured from these sessions and action is taking place to understand more about the issues raised. Issues have been raised about safety planning which is being responded to ensure we deliver this fully from a clinical front. He thought that Family First model described in today's Service Receiver Story was a very good example of responding to safety. Director of Nursing & Patient Experience, Carolyn Green, assured the Board that improvements to safety planning are being made in line with NICE guidelines and will be introduced very soon which will help us to adapt to the different components within our Trust. The Board heard how the trajectory of this piece of work will be monitored by the Quality Committee and will be fed back to the COAT team for appropriate delegation and will enable COAT to support local area teams. Julia Tabreham observed that as the Trust is driving towards system integration commissioning provision and felt that key enablers need to be in place with respect to the governance of information sharing. Ifti Majid agreed that this is one of the pillars underpinning the JUCD and there is a drive to share more information across the system. Discussion developed into understanding what protection there is within the drive for distribution of information for patients who do not want their information shared. The Board was assured that the security applied by the Trust's Caldicott Guardian protects the confidentiality of patient and service-user information and that Information Governance guidelines covering data protection requirements provide us with reassurance that we have a system in place that operates within this framework. NED, Richard Wright, observed that although new elements of the EU General Data Protection Regulation (GDPR) are uncertain at the moment and although these principles will be similar to the current Data Protection Act, the Board is aware of the Trust's requirements within GDPR and will operate within its contractual requirements. **RESOLVED: The Board of Directors noted and scrutinised the Chief Executive's update**
DHCFT 2018/007	**<u>INTEGRATED PERFORMANCE AND ACTIVITY REPORT (IPR)</u>** The IPR provided the Trust Board with an integrated overview of performance as at the end of December 2017 that focussed on workforce, finance, operational delivery and quality performance. The Trust continues to perform well against many of its key indicators, with maintenance

or improvements continuing across many of the Trust's services. The issues identified in previous reports continue to be worked on through the plans to relieve ongoing pressures and have been discussed in detail at various Board Committees.

The Board noted that the report now included data quality 'Kitemarks' added to a number of indicators. This is in line with best practice for performance reporting which provided the Board with assurance on the quality of the data being used to report Trust wide performance.

Mark Powell drew attention to the changes to the operational standards in the Single Oversight Framework (SOF) and was pleased to report that the Trust is compliant against all SOF operational standards as shown in the dashboards contained in the report.

Carolyn Green questioned the data concerning out of area placements and asked if this applied to this acute service or PICU (Psychiatric Intensive Care Unit) and whether this was measuring a day to day basis or the number of people. Mark Powell explained that this was a new addition to the dashboard and refers to out of area placements and the delivery of acute and PICU and covers bed days and showed the number of PICU placements in December. Although the Trust is not commissioned to provide a PICU service recording this data highlights the issue to the Clinical Commissioning Groups (CCGs) who do not report this data. The Board was informed that the dashboard would be changed next month to show the number of placements and bed days that fall within the Trust's responsibility as well as PICU so that the challenges that the data exposes can be highlighted. The Board noted that during December no patients were placed out of area and this is a vastly improved situation than five months' ago. Ifti Majid emphasised the importance of demonstrating to the CCG and NHSI that improvements we are making in our reporting are demonstrating in an improvement in adult placements out of area placements.

Mark Powell updated the Board on the continued positive impact that the Red2Green programme is having on the efficient use of resource to reduce lengths of stay and out of area placements as well as our recruitment and retention plans. Progress has been made in recruitment to the Radbourne Unit and improvements have also been made to staffing at the Hartington Unit. Although staffing at this unit still remains an issue the People & Culture Committee is monitoring the recruitment plan on a regular basis to ensure the correct action is taken. The Neighbourhood review is on track for timelines and the Trust Management Team (TMT) has provided assurance to the Quality Committee that progress is being made in line with agreed timeframes.

Director of Finance and Deputy CEO, Claire Wright, reflected on the Trust's changed forecast outturn which has been through significant scrutiny in order to assure the Board that the Trust will achieve its updated forecast. Our forecast has improved due to the significant reduction in the out of area cost pressure. We have been able to increase our forecast surplus to over achieve the control total by £636k which in turn will increase our STF (Sustainability Transformation Fund) bonus income by £636k. This will result in our surplus position being increased to £4.036m which is an overachievement of the control total of £1.3m and the additional cash will help us with our key priorities to put people first via our future years capital programme. Claire reported that although it will be challenging to deliver our control total for 2018/19 there is a lot of work taking place to make sure we progress the required cost improvement to achieve our planned control total.

Carolyn Green welcomed the data quality kitemark system and was pleased to report that quality remains stable overall compared to the position we were at before the summer and that December showed a good monthly performance. Her main concern is that we main percentage levels on staffing in inpatient services. We must continue our focus on the restorative work taking place with supervision and appraisals which will work towards maintaining staffing levels.

Director of People & Organisational Development, Amanda Rawlings drew the Board's attention to the high number of vacancies that are having an impact on the sickness

	levels. She was pleased to report that 49.15% flu vaccination rate is a substantial improvement in reaching the target of 50% in our sickness prevention rates. Attention was drawn to staffing levels on inpatient units. Ifti Majid observed that the report showed that staff turnover was low but staff vacancies remain high. Amanda Rawlings explained that this was due to internal movement within the organisation. So as to understand the core level of detail contained in this data the People & Culture Committee regularly reviews this performance data and focuses on hot spots. Chair of People & Culture Committee, Margaret Gildea, informed the Board that in order to understand this information better the Committee requested that hard data be provided on actuals rather than variables and percentages. This will enable the IPR dashboard to show a higher level of granularity to establish whether our recruitment work is effectively working and allow us to understand our level of retention. The People & Culture Committee will then be able to work on core areas from ward staffing reports and provide the Board with further assurance on staffing levels. **RESOLVED: The Board of Directors considered the Integrated Performance Report and obtained limited assurance on current performance across the areas presented.**
DHCFT 2018/008	**QUALITY POSITION STATEMENT AND MORTALITY REPORT DECEMBER 2017** Carolyn Green provided the Board of Directors with an update on the organisation's continuing work to improve the quality of services that are provided in line with the Trust Strategy, Quality Strategy and Framework and strategic objectives. This month's report included information on the care and treatment of children who are looked after children in Derby city and some individuals who are the responsibility of Derby city currently in foster or supported care outside of our county boundary. The report included detailed information on performance and an increasing trend in children on a child protection plan and increases in 'Looked After Children' (LAC). The report identifies Derby as a substantial outlier compared with other regions and this will impact upon our operational performance in 2018/2019. We will have to consider strategic decision making which will result in additional contracting discussions taking place with our lead in public health to establish mitigating solutions. The Mortality Report for December 2017 was appended to the Quality Position Statement. Medical Director, John Sykes's report updated the Board on the new national framework for NHS Trusts which requires the Trust to collect and publish specified information on deaths quarterly to include the total number of inpatient deaths and those deaths that the Trust has subjected to case record review. This report outlines the information required to be reported by the end of Quarter 3. The Board understood that completing this report required an extreme focus at a level never experienced by the Trust before which resulted from our well-led process. NED for Mortality and Learning from Deaths, Anne Wright, was pleased to note that we are managing to include the family in these detailed reviews but was concerned about the level of capacity involved in completing learning from deaths work. The Board acknowledged that the report identified death by ethnicity and revealed that white British is the highest recorded ethnic group, although nine patients refused to give their ethnic origin and the ethnicity of 103 were unknown. Julia Tabreham was concerned that other ethnic groups such as the Roma and traveller population were not included in the data. Carolyn Green confirmed that this was Derby City local authority performance data and she would feedback Julia's concern. Richard Wright, questioned how the actions captured in the action plan would be updated. John Sykes confirmed that a number of these actions had already been completed and would be reflected in a revised action plan that will be contained in the next quarterly report.

	The Board noted the ongoing work to improve the quality and safety of the Trust's services and the work undertaken to analyse and learn from deaths that the Trust has subjected to case record review. **RESOLVED: The Board of Directors received the Quality Position Statement and gained significant assurance on safety with the Trust**
DHCFT 2018/009	**BOARD ASSURANCE SUMMARIES & ESCALATIONS** Assurance summaries were received from meetings of the Audit & Risk Committee, Quality Committee and People & Culture Committee held in December and January. Committee Chairs summarised the escalations that had been raised and these were noted by the Board as follows: **Audit & Risk Committee:** Geoff Lewins, took up his position of Committee Chair at the January meeting and reported that he was impressed with the quality of information contained in reports received at the meeting. Some of the work carried out by the Committee was the oversight of risks held by other committees. The review of the Board Assurance Framework (BAF) provided significant assurance on the quality of this process and was also borne out by comments from internal auditors and the Deloitte Well Led framework report. Specific areas on conflicts of interest and general data protection were also covered at the meeting. In all areas there are good policies and frameworks in place and significant assurance was obtained on work taking place preparing for GDPR (General Data Protection) compliance. Accounting Policy updates for the year end accounts were approved. The Committee also gave its approval to procure audit services. **Quality Committee:** Committee Chair, Julia Tabreham fed back to the Board that the Committee was delighted that Ifti Majid attended the January meeting and that progress is being made across most areas. She had concerns about the amount of time it is taking to complete Serious Incident reports and the continued pressure felt by neighbourhood teams although the Committee was assured that the Executive Leadership Team is focussing on this. The highlight of the January meeting was receiving the Physical Healthcare Strategy. The Committee was impressed with the concept of using the personal story in the strategy of 'being bothered about Billy' that brought to life the impact that poor physical health has on people who use our services. The Committee was also pleased to see that the strategy was aligned to the Trust's new vision and values. When discussing the BAF risks assigned to Quality Committee the lack of headway taking place on the development of a community forensic team and the need to mitigate risks arising from the release of a high number of IPP (Imprisonment for Public Protection) prisoners into the county at a great pace was escalated to the Board and the lack of community forensic service will be reported to the Board in due course. **People and Culture Committee:** Committee Chair, Margaret Gildea, reported although the Staff Survey is not yet ready to share more widely early indications are starting to look positive that staff engagement is moving in the right direction and an in-depth review will be held at the next meeting of the Committee and will be reported to the Board in March. The People Plan for 2017 was signed off and progress has been made to continue actions into 2018 that will focus on workforce supply and staff engagement as well as education development and leadership retention. Workforce performance was not covered by Margaret Gildea as this had been discussed during the IPR item. **RESOLVED: The Board of Directors received and noted the Board Committee Assurance Summaries and Escalations**
DHCFT 2018/010	**DELOITTE WELL-LED FRAMEWORK REPORT**

	This report presented the Executive Summary and recommendations of the final report of the Deloitte Review of the Trust's Governance Arrangements – Phase 3 which concludes the Trust's most recent well-led review. Ifti Majid was pleased to report that the report outlined clear progress has been made across the key areas followed up from Deloitte's Phase 2 review (resulting in an over-arching amber/green ratings throughout), and confirmed confidence from Deloitte that the Trust is on track to continue with current performance and make even further progress within a short timeframe. Amber/green is defined by Deloitte that the Trust is partially meeting their expectations in each domain but also that they are confident in our ability to deliver the top green performance (that meets or exceeds expectations) in the near future. Areas for improvement included the management of quality assessments and cost improvement programme. A framework will be set in place to enable continuous learning from these processes through the oversight of the Board Committees. The Board considered that the report was evidence of the significant progress that had been made over the last two years embedding good governance within the Trust. **RESOLVED: The Board of Directors:** **1) Received significant assurance from the Executive Summary of the Phase 3 Deloitte review of governance arrangements** **2) Accept the recommendations and note the oversight Board Committees assigned, with assurance on progress to be reported to the Board through their established assurance summary process**
DHCFT 2018/010	**<u>REGISTER OF TRUST SEALINGS 2017/18</u>** This report provides the Trust Board with an account of the authorised use of the Foundation Trust Seal during 2017-18. The Board noted the ten entries made to the Register of Trust Sealings for 2017/18 as shown in the report which provided a high level of oversight of where the Trust's seal is used. **RESOLVED: The Board of Directors noted the authorised use of the Foundation Trust Seal during 2017-18**
DHCFT 2018/011	**<u>DEEP DIVE – KEDLESTON UNIT</u>** Consultant Forensic Psychiatrist, Dr Chinwe Obinwa, Kingsway Campus Area Service Manager, Lisa Stone, Senior Nurse, Rebecca Mace and Lead Nurse, Linda Murrell, joined the meeting and presented a deep dive into the Kedleston Low Secure Unit. The service is based on the Kingsway site and cares for males over the age of eighteen and provides assessment, treatment and rehabilitation of patients with severe mental illness who have committed an offence or present a risk of aggression or violence to others. The Board noted that it was a year since the team presented their last deep dive which focussed on the improvements they were going to make. The team's biggest highlight was receiving the Quality Award for Innovation and Improvement and having their quality improvement rating increased by the CQC to "requires improvement" from "inadequate" and acknowledgement of the team's hard work in establishing a new recovery college for its service users. The Kedleston Unit has also become a teaching hub for all disciplines with students in psychiatry, occupational therapy and pharmacy students spending time within the service. The team was proud to announce that their teaching work is being showcased at the Forensic Conference 2018 where they hope to showcase their work. A significant improvement has been seen in staff satisfaction and it was thought that the Kedleston Unit Away Day invigorated staff and improved team morale. Although some staff have left the unit three members of staff have returned since leaving and recruitment is taking place to improve regular staffing. .

	Building refurbishment work is ongoing and the first phase is now complete. There was positive support from the patients while this work was being undertaken and patients were involved in deciding colour schemes. The Royal College of Nursing have acknowledged the improvements that have been made. The team was pleased to report that there had been no seclusion incidences for some time and the improved environment is thought to have helped with this. The start to this year is looking progressively encouraging. The team are continuing to increase stability within the unit and are concentrating on recruitment and retention of staff by ensuring they are valued and have adequate training and support. In terms of future planning the unit is recruiting to fill a clinical lead post. Linda Murrell talked about her experience transferring to the Kedleston Unit and the reservations she first had about working on a low secure forensic unit. She found this an interesting and rewarding experience which developed her learning and she has now applied for a permanent post with the team. Lisa Stone described how the team worked extremely hard on improving the culture within the team that that it has been a pleasure to see how the unit has developed. Staff all work well together which is an indication of good leadership style and has resulted in some staff members who left the unit returning to work within the team. Amanda Rawlings was inspired by the team's achievements and proposed using their stories describing the way staff have left and returned and developed their careers since joining the team to promote recruitment to the organisation. Ifti Majid reminded the team that the CQC had reported during their inspection that staff at the Kedleston Unit did not feel very connected to the Trust. Dr Chinwe Obinwa reported that due to the definite shift in the way the team works they now feel fully integrated within the Trust especially as expertise within the organisation has been brought into the service. This has made a significant improvement and has enabled the leadership team in the unit to work at expanding the forensic service. Caroline Maley congratulated the team on their achievements and suggested that an opening ceremony should take place to showcase the newly refurbished Kedleston Unit. The Board proposed that the team showcases the learning obtained over the last year and the good progress achieved that has been accomplished through a high standard of leadership. **RESOLVED: The Board of Directors received and considered and the presentation made by the Kedleston Unit Service Team**
DHCFT 2018/012	**<u>BOARD ASSURANCE FRAMEWORK UPDATE – FOURTH ISSUE</u>** This report presented by Claire Wright in the absence of Director of Corporate Affairs and Trust Secretary, Sam Harrison, detailed the fourth issue of the BAF for 2017/18 which met the Board's requirement to receive the BAF four times a year. There remain eleven risks identified on the BAF for 2017/18. The risk rating for three of the risks have been reduced since the BAF was last considered by the Board and no risks have increased: • 1d. *Risk of inadequate systems to ensure business continuity is maintained in the event of a major incident.* Reduced from a likelihood of 4 (likely) to 3 (possible) due to full compliance achieved with the EPRR Standards. The risk rating overall remains moderate • 3e. *Potential turnover of board members*. Reduced from a likelihood of 3 (possible) to 2 (unlikely) and a consequence of 4 (major) to 2 (minor) due to a number of substantive Board appointments. This reduces the risk rating overall

	from moderate to low. • 4a. *Failure to deliver financial plans.* Reduced from a likelihood of 4 (likely) to 2 (unlikely) due to confirmation received from commissioners that they will pay the 0.5% CQUIN risk reserve in full. This reduces the risk rating overall from extreme to moderate. Risks 1d, 3e and 4a are now identified as 'tolerated risks' on the BAF, together with risk 3d There is a risk that the Trust does not operate inclusively and may be unable to deliver equity of outcomes for staff and service receivers which was identified as tolerated in the previous issue. These changes resulted in three risks remaining identified as extreme, four as high, three as moderate and one as low risk. Risk and Assurance Manager, Rachel Kempster, confirmed that risks associated with the operational implementation of the electronic patient record will be developed by the Chief Operating Officer and will be included in the final issue of the BAF for 2017/18 to be received by the Board in March. She also updated the Board on discussions held at the Audit and Risk Committee in January that highlighted a risk for inclusion in the 2018/19 BAF in relation to the non-commissioning of services. This will be further discussed with the Board at the Board Development Session taking place on 14 February. The risk arising in relation to information governance compliance (in particular compliance with the new GDPR (General Data Protection) coming into force in May 2018 was also discussed and will be further considered as part of the cycle of review for the final issue of the BAF for 2017/18. Rachel Kempster also informed the Board of improvements being made to good practice risk systems. A more automated system has been developed for policy notifications and this will enable more efficient timelines for policy revisions. In addition to this training on interrogation within the reporting of Serious Incidents is being set up along with e-learning sessions. Attention was drawn to the KPMG audit of the BAF and Risk Register. Rachel Kempster was pleased to report that all actions arising from last year's audit have been completed and that the Board will be able to work on the headlines arising from this audit at Board Development in February. This session will also look at benchmarking the BAF against other organisations. Claire Wright referred to the KMPG audit of the BAF and emphasised the importance of ensuring that the Board receives a high level of assurance when considering any recommendations that KPMG might make in respect of the BAF. Geoff Lewins pointed out that although the rating of BAF risk 4a regarding the failure to deliver financial plans had been reduced to moderate for this year, this risk could be rated much higher next year and he questioned whether there was a better way to represent that aspect within this risk within the BAF. Claire Wright confirmed that a distinction is made between the ratings of this risk this year and clarified that the inherent risk represents next year's level of risk (being 5 by 5). Caroline Maley thanked Rachel Kempster for her hard work managing risk management. This had enabled the Board to receive a high level of assurance that the work undertaken by the Board Committees assessing and mitigating BAF risks in order to achieve the Trust's strategic objectives is extremely robust. John Sykes left the meeting at this point. **RESOLVED: The Board of Directors agreed and approved this fourth issue of the BAF for 2017/18 obtained significant assurance in the process of the review, scrutiny and update of the BAF in seeking to identify and mitigate risks to achieving the Trust's strategic objectives.**
DHCFT	**IDENTIFICATION OF ANY ISSUES ARISING FROM THE MEETING FOR INCLUSION**

2018/013	**<u>OR UPDATING IN THE BOARD ASSURANCE FRAMEWORK</u>** It was agreed that no further changes are required to be updated or included in the BAF as a result of today's discussions.
DHCFT 2018/014	**<u>MEETING EFFECTIVENESS</u>** The Board considered that appropriate items for discussion were included in today's agenda. It was noted that there was limited opportunity to heavily challenge reports as operational and performance scrutiny had taken place within the Board Committees. In addition to this some reports were covered at the meeting of the Council of Governors held on 24 January which might have had an impact on today's discussions. It was agreed that more thought should be given to offering strategic challenge and debate in future Board discussions.
DHCFT 2018/015	**<u>REPORT FROM CONCIL OF GOVERNORS MEETING 28 NOVEMBER 2017</u>** This report was received for information and was noted by the Board.
DHCFT 2018/016	**<u>2017/18 BOARD FORWARD PLAN</u>** The forward plan was noted by the Board and would be updated in line with today's discussions.

The next meeting of the Board to be held in Public Session will take place at 1pm on Wednesday, 28 February 2018.

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

Governor Meeting Timetable 2018 – 2019

DATE	TIME	EVENT	LOCATION
21/03/18	10.30am – 12.00pm	Governor meeting - involvement of governors in annual planning (NB 5/6 governors required for this)	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
21/3/18	12.30-1.00pm	Pre-governors meeting to discuss Quality Indicators for COG at 1.00pm	Coffee lounge, first floor, Centre for Research and Development, Kingsway Site, Derby DE22 3LZ
21/03/18	1.00pm onwards	Council of Governors meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
28/03/18	1.00pm onwards	Trust Board Meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
17/4/18	10.00am-12.30pm	Governance Committee	Training Room 1, Centre for Research and Development, Kingsway Site, Derby DE22 3LZ
17/4/18	1.30-5.00pm	Mental Health Awareness Training	Training Room 1, Centre for Research and Development, Kingsway Site, Derby DE22 3LZ
1/5/18	9.30am onwards	Trust Board Meeting	TBC
1/5/18	2.00pm onwards	Council of Governors meeting	TBC
5/6/18	9.30am onwards	Trust Board Meeting	TBC
12/6/18	10.00am-12.30pm	Governance Committee	Training Room 1&2, Centre for Research and Development, Kingsway Site, Derby DE22 3LZ
3/7/18	9.30am onwards	Trust Board Meeting	TBC
3/7/18	2.00pm onwards	Council of Governors meeting	TBC
19/7/18	TBC	Training and Development Mental Health Act / CCGs	Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
21/8/18	10.00am-12.30pm	Governance Committee	Meeting Room 1, Albany House Kingsway Site, Derby DE22 3LZ
4/9/18	9.30am onwards	Trust Board Meeting	TBC
4/9/18	2.00pm onwards	Council of Governors meeting	TBC
2/10/18	9.30am onwards	Trust Board Meeting	TBC
16 /10/18	10.00am-12.30pm	Governance Committee	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ

16/10/18	1.30-5.00pm	Induction part ii.	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
6/11/18	9.30am onwards	Trust Board Meeting	TBC
6/11/18	2.00pm onwards	Council of Governors meeting	TBC
4/12/18	9.30am onwards	Trust Board Meeting	TBC
11/12/18	10.00am-12.30pm	Governance Committee	Room 1&2, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
9/1/19	2.00pm onwards	Council of Governors meeting	TBC
5/2/19	9.30am onwards	Trust Board Meeting	TBC
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	TBC
5/3/19	2.00pm onwards	Council of Governors meeting	TBC

GLOSSARY OF NHS TERMS	
NHS Terms of Abbreviations	**Terms in Full**
A	
A&E	Accident & Emergency
ACCT	Assessment, Care in Custody & Teamwork
ACP	Accountable Care Partnership
ACS	Accountable Care System
AfC	Agenda for Change
AHP	Allied Health Professional
ALB	Arms-length body
AMHP	Approved Mental Health Professional
ASM	Area Service Manager
B	
BAF	Board Assurance Framework
BMA	British Medical Association
BAME	Black, Asian & Minority Ethic
C	
CAMHS	Child and Adolescent Mental Health Services
CASSH	Care & Support Specialised Housing
CBT	Cognitive Behavioural Therapy
CCG	Clinical Commissioning Group
CCT	Community Care Team
CDMI	Clinical Digital Maturity Index
CEO	Chief Executive Officer
CIP	Cost Improvement Programme
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
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

GLOSSARY OF NHS TERMS	
NHS Terms of Abbreviations	**Terms in Full**
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
EDS	Equality Delivery System
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
GMC	General Medical Council
GP	General Practitioner
H	
HEE	Health Education England
HES	Hospital Episode Statistics
HoNOS	Health of the Nation Outcome Scores
HSCIC	Health & Social Care Information Centre
HSE	Health and Safety Executive
HWB	Health and Wellbeing Board
I	
IAPT	Improving Access to Psychological Therapies
ICT	Information and Communication Technology
ICU	Intensive Care Unit
IDVAs	Independent Domestic Violence Advisors
IG	Information Governance
IM&T	Information Management and Technology

GLOSSARY OF NHS TERMS	
NHS Terms of Abbreviations	**Terms in Full**
IPR	Individual Performance Review
IPT	Interpersonal Psychotherapy
J	
JNCC	Joint Negotiating Consultative Committee
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
LHP	Local Health Plan
LHWB	Local Health and Wellbeing Board
M	
MARS	Mutually Agreed Resignation Scheme
MAU	Medical Assessment Unit
MAPPA	Multi-agency Public Protection Arrangements
MARAC	Multi-agency Risk Assessment Conference (meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, probation, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs) and other specialists from the statutory and voluntary sectors.
MCA	Mental Capacity Act
MDA	Medical Device Alert
MDT	Multi-Disciplinary Team
MFF	Market Forces Factor
MHA	Mental Health Act
MHIN	Mental Health Intelligence Network
MHRT	Mental Health Review Tribunal
N	
NCRS	National Cancer Registration Service
NED	Non-Executive Director
NICE	National Institute for Health and Care Excellence
NHS	National Health Service
NHSI	National Health 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
PARIS	This is an electronic patient record
PbR	Payment by Results

GLOSSARY OF NHS TERMS	
NHS Terms of Abbreviations	**Terms in Full**
PCC	Police & Crime Commissioner
PHE	Public Health England
PICU	Psychiatric Intensive Care Unit
PID	Project Initiation Document
PLIC	Patient Level Information Costs
PPT	Partnership and Pathway Team
PREM	Patient Reported Experience Measure
PROMS	Patient Reported Outcome Measure
Q	
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
REGARDS	Race, Economic disadvantage, Gender, Age, Religion or belief, Disability and Sexual orientation
RTT	Referral to Treatment
S	
SAAF	Safeguarding Adults Assurance Framework
SBARD	Situation, Background, Assessment, Recommendation and Decision (SBARD) tool
SBS	Shared Business Services
SEND	Special Educational Needs and Disabilities
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 Transformation Funding
STP	Sustainability 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