Derbyshire Healthcare
NHS Foundation Trust

Derbyshire Healthcare NHS Foundation Trust
Council of Governors' meeting

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

7 January 2020 14:00 - 7 January 2020 16:00

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COUNCIL OF GOVERNORS' MEETING – TUESDAY 7 JANUARY 2020 FROM 2.00 PM, CONFERENCE ROOM A & B, FIRST FLOOR, CENTRE FOR RESEARCH & DEVELOPMENT KINGSWAY HOSPITAL SITE, DERBY, DE22 3LZ

AGENDA		LED BY	TIME
1.	Welcome, introductions and Chair's opening remarks Apologies and Declaration of Interests	Caroline Maley	2.00
2.	Submitted questions from members of the public	Caroline Maley	2.05
3.	Minutes of the previous meeting held on 5 November 2019	Caroline Maley	2.15
4.	Matters arising and actions matrix	Caroline Maley	2.20
5.	Verbal update on Joined up Care Derbyshire (JUCD) (impact of NHS Long Term Plan)	Ifti Majid	2.25
STATUTORY ROLE			
6.	Report from Governors Nominations & Remuneration Committee held on 12 November 2019 and 5 December 2019 and recommendations on Chair's objectives and Non-Executive Director appointment	Caroline Maley	2.35
HOLDING TO ACCOUNT			
7.	Non-Executive Directors Deep Dive – Chair's update	Caroline Maley	2.45
8.	Escalation items to the Council of Governors from the Governance Committee – verbal response	Caroline Maley	2.55
COMFORT BREAK			3.00
9.	Verbal summary of Integrated Performance Report (full report provided for information)	Non-Executive Directors	3.20
OTHER MATTERS			
10.	Governance Committee Report – 10 December 2019 (including governor meeting dates/training and development programme for 2020/21)	Kelly Sims	3.35
11.	Update on the current Staff and Public Governor elections (verbal)	Denise Baxendale	3.45
12.	Any Other Business	Caroline Maley	3.50
13.	Review of meeting effectiveness and following the principles of the Code of Conduct	Caroline Maley	3.55
14.	Close of meeting	Caroline Maley	4.00
FOR INFORMATION			
15.	Ratified minutes of the Public Board meetings held on 1 October and 5 November 2019		
16.	Chair's Report as presented to Public Trust Board on 3 December 2019		
17.	Chief Executive's Report as presented to Public Trust Board 3 December 2019		
18.	Governor meeting timetable 2019/2020		
19.	Glossary of NHS terms		
Next Meeting: Tuesday 3 March 2020, from 2.00pm in Conference Rooms A&B, Centre for Research & Development, Kingsway Hospital Site, Kingsway, Derby DE22 3LZ.			

Our vision

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

Making a positive difference

Our values

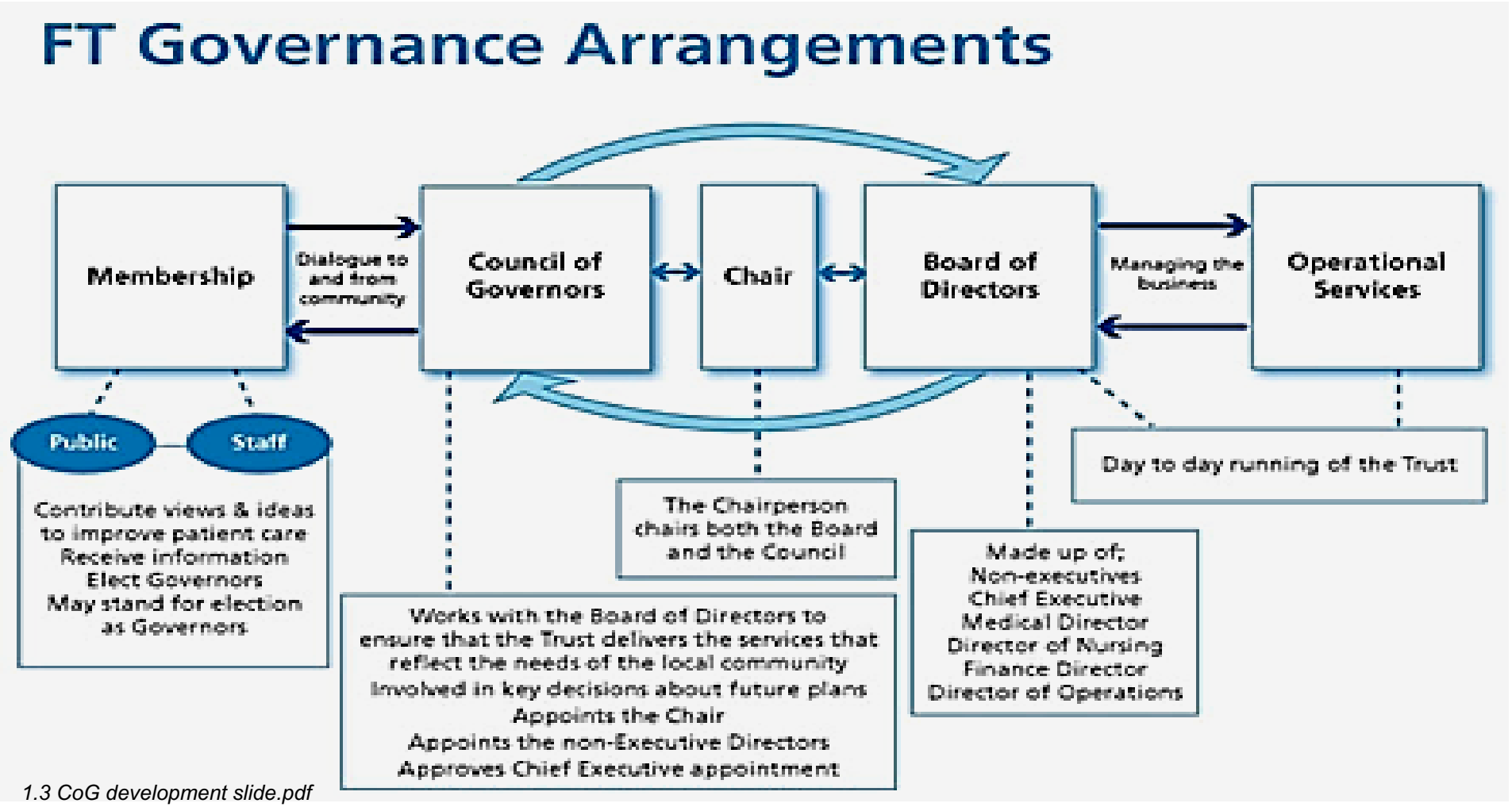
As a Trust, we can only provide good quality services through our dedicated staff, working together with a common purpose. Our values reflect the reasons why our staff choose to work for the NHS and Derbyshire Healthcare and the principles that bind us together in a common approach, no matter what our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

Our Trust values are:

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



Getting the balance right



1.3 CoG development slide.pdf

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The implications for governors and 'holding to account'



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

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

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

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how do we ask effective questions?

Good questions

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

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how do we ask effective questions?

Good questions

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

Derbyshire Healthcare NHS Foundation Trust

MINUTES OF THE COUNCIL OF GOVERNORS MEETING
HELD ON TUESDAY 5 NOVEMBER, FROM 2.00 – 4.30
CONFERENCE ROOMS A & B, RESEARCH & DEVELOPMENT CENTRE,
KINGSWAY HOSPITAL SITE, DERBY, DE22 3LZ

PRESENT	Caroline Maley	Trust Chair and Chair of Council of Governors
	John Morrissey	Public Governor, Amber Valley
	Rob Poole	Public Governor, Bolsover & North East Derbyshire
	Lynda Langley	Public Governor, Chesterfield
	Adrian Rimington	Public Governor, Chesterfield
	Julie Lowe	Public Governor, Derby City East
	Carole Riley	Public Governor, Derby City East
	Moira Kerr	Public Governor, Derby City West
	Andrew Beaumont	Public Governor, Erewash
	Christopher Williams	Public Governor, Erewash
	Kevin Richards	Public Governor, South Derbyshire
	Rosemary Farkas	Public Governor, Surrounding Areas
	Kelly Sims	Staff Governor, Admin and Allied Support Staff
	Jo Foster	Staff Governor, Nursing
	Roy Webb	Appointed Governor, Derby City Council
	Roger Kerry	Appointed Governor, Derbyshire Voluntary Action
	Wendy Wesson	Appointed Governor, University of Derby
	David Charnock	Representing Gemma Stacey, Appointed Governor University of Nottingham
IN ATTENDANCE	Ifti Majid	Chief Executive
	Margaret Gildea	Non-Executive Director & Senior Independent Director
	Anne Wright	Non-Executive Director
	Richard Wright	Non-Executive Director
	Suzanne Overton - Edwards	Non-Executive Director
	Perminder Heer	NeXT Director Placement
	Amanda Rawlings	Director of People & Organisational Effectiveness
	Justine Fitzjohn	Trust Secretary
	Leida Roome	Personal Assistant – note taker
	Denise Baxendale	Membership and Involvement Manager
(for item 092)	Jamie Broadley	Staff Wellbeing Lead
(for item 090)	Peter Henson	Head of Performance, Delivery and Clustering
	Elaine Jackson	Trust Member
	John Travers	Trust Member and Non-Clinical Staff Governor for Birmingham and Solihull Mental Health NHS Foundation Trust
	Sarah Bennett	Care Quality Commission Inspector
	Marie Parsons	Assistant to Moira Kerr
APOLOGIES	Angela Kerry	Appointed Governor, Derbyshire Mental Health Forum
	Stuart Mourton	Public Governor, Derby City West
	Al Munnien	Staff Governor, Nursing
	Jim Perkins	Appointed Governor, Derbyshire County Council
	April Saunders	Staff Governor, Allied Professions
	Carol Sheriff	Public Governor, High Peak and Derbyshire Dales
	Gemma Stacey	Appointed Governor, University of Nottingham
	Farina Tahira	Staff Governor, Medical

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ITEM	ITEM
DHCFT/GOV /2019/083	**WELCOME, INTRODUCTIONS, CHAIR'S OPENING REMARKS, APOLOGIES FOR ABSENCE & DECLARATION OF INTERESTS** Caroline Maley welcomed all to the meeting and was pleased to see so many governors present for both the Board meeting earlier today and the Council of Governors meeting. Apologies were noted as above. No declarations of interest were received.
DHCFT/GOV /2019/084	**SUBMITTED QUESTIONS FROM MEMBERS OF THE PUBLIC** Two questions from the public have been received. The relevant questions and the answers provided are included in Appendix 1 to these minutes.
DHCFT/GOV /2019/085	**MINUTES OF THE PREVIOUS MEETINGS** The minutes of the previous meeting held on 3 September 2019 were accepted as a correct record.
DHCFT/GOV /2019/086	**MATTERS ARISING & ACTION MATRIX** All completed 'green' actions were scrutinised to ensure that they were fully complete. The Council of Governors agreed to close completed actions. Comments were made as follows: ***Item DHCFT/GOV/2019/065 – County Mental Health Forum*** - in the absence of Angela Kerry, Roy Webb advised that no further progress has been made. An update will be given at the next meeting. ***DHCFT/GOV/2019/065 – City Development Group*** – it was noted that Angela Kerry, and not Ifti Majid, is the lead for this action. Due to Angela's absence an update will be given at the next meeting. ***Matters arising:*** ***DHCFT/GOV/2019/061: South Liaison Team –*** In respect of the queried response time of one hour, Caroline Maley confirmed that she had written to Moira Kerr concerning this. **RESOLVED: The Council of Governors** **1) Noted the comments and the actions agreed on the Actions Matrix** **2) Noted the matters arising and the updates.**
DHCFT/GOV /2019/087	**VERBAL UPDATE ON JOINED UP CARE DERBYSHIRE – INCLUDING THE IMPACT OF THE LONG TERM NHS PLAN** Ifti Majid, Chief Executive, gave a verbal update on the Joined Up Care Derbyshire Strategy, which was presented at the Board meeting this morning by John McDonald (JUCD Chair) and Vikki Taylor (JUCD Director). Ifti referred to the full strategy which was published in the Board Papers, available on the Trust website. During the pre-election period, starting 6 November, other JUCD partners would not be discussing the strategy but this would resume after the election. With reference to the strategy a number of points were highlighted: • The strategy provides clarification on the service development and focuses on four key elements: 1) Best start 2) Staying well 3) Ageing Well 4) Dying well The document aims to engage all Health and Social Services in Derbyshire –

	the Strategy is for the whole of the county and far more inclusive than previous plans. The language used is about people and communities and not patients. • An Integrated Care System, which overarches integrated care partnerships, is being developed. The integrated care partnerships include cohorts of providers, who deliver streams of work in an integrated way. Primary Care Networks (PCNs) are also involved and should help to integrate primary care with secondary and community services and bridge a gap between general practice and emerging Integrated Care Systems. A Strategic Commissioner will also be established. Ifti advised that at a future Council of Governors meeting an update will be given on what the role of governors and non-executive directors will look like in system working. In response to a query from Andrew Beaumont, whether the "man in the street" will have a better or worse service, Ifti replied that it should be a better service as this is why the new strategy is coming into place. Evidence exists that an integrated service provides better care. Roy Webb queried whether this system is already being modelled and Ifti confirmed that some Trusts have adopted this system. However, detailed data is not available but the Trust can learn from Nottinghamshire, an "accelerator" site. Ifti Majid asked for any further questions to be forwarded to him by email. **RESOLVED: The Council of Governors noted the update provided on the JUCD and the Long Term NHS Plan.**
DHCFT/GOV /2019/088	**<u>COUNCIL OF GOVERNORS ANNUAL EFFECTIVENESS SURVEY</u>** Justine Fitzjohn, Trust Secretary, presented the results of the fourth Annual Effectiveness Survey of the Council of Governors. This survey is carried out yearly in line with best practice. Initially the results were presented to the Governance Committee on 10 October 2019. A total of 24 governors responded – this equated to 96 % (the current complement of governors at the time of the survey was 25). Justine was pleased to note that the response rate has significantly increased compared to last year. A number of proposed actions in order to continue to enhance the effectiveness of the Council of Governors are listed in the paper and Justine confirmed that these will be followed through. Kelly Sims queried whether the survey responses should remain anonymous as a discussion took place on this at the Governance Committee. Governors agreed that future surveys will not be anonymised. This will make it easier to discuss any issues that may arise with governors who have made particular comments. Justine reminded governors that she has an open door policy and would be happy to discuss issues relating to the survey. **RESOLVED: The Council of Governors:** **1) Noted the outcome of the Council of Governors annual effectiveness survey 2019** **2) Agreed that the survey should be repeated in September 2020** **3) Noted the proposed additional actions developed in response to the survey feedback to further enhance the effectiveness of the Council of Governors** **4) Agreed that future surveys will not be anonymised.**

DHCFT/GOV /2019/089	**NON-EXECUTIVE DIRECTOR – DEEP DIVE – QUALITY COMMITTEE** Margaret Gildea, Chair for the Quality Committee, presented the Deep Dive for this committee. Margaret first of all thanked all those present for the positive comments which she received for her recent appraisal. She explained that she has been involved in the clinically led Strategy Development Group. During the first stage of this process the Group discussed integrating the nine different pathways – of which stakeholders were consulted. A Programme Transformation Board will be convened shortly for which Margaret will be the Chair. Ifti Majid commented that it was really important for all stakeholders including staff to be involved in this to agree a pathway template. A stakeholders' events programme is also being planned. Margaret referred to the Quality Committee priorities, it was noted that Acute Care has been a specific focus and will continue to be monitored. She was pleased to note that the statistics for Acute Care are now more positive and wished to express her thanks for the work carried out. The Board Assurance Framework risk 1A which includes Acute Care has now been reduced by the Board, from extreme to high. Another focus has been Mortality Reports; a review is undertaken every six months on issues raised. Board visits have been arranged for the Hartington Unit and the Radbourne Unit. Margaret explained that she had recently participated in a Quality Visit to Morton Ward (Hartington Unit) and she was really impressed with the way the staff provided person centred care and lived the Trust values. As part of her role as Senior Independent Director, Margaret gave an overview of the appraisal for Caroline Maley adding that the results, which are very positive will be discussed at the Governors' Nominations and Remuneration Committee meeting on 12 November and reported by to the Council of Governors in January. Roy Webb queried whether the Acute Care workforce performance is an outlier to the rest of the Trust. Margaret explained that the vacancy rate is 8% currently; the sickness rate at the Hartington Unit is 11.8% and 11.3% at the Radbourne Unit. Work is continually taking place to improve the figures and to ensure that staff are supported. Concerning the flu jab, Adrian Rimington asked whether it is compulsory for staff to receive it. Margaret advised that the flu jab is a CQUIN target but is not compulsory but staff are encouraged to have it. It was noted that a presentation on flu jabs took place this morning at the Board meeting. Caroline Maley thanked Margaret for her work on the Clinical Strategies and her committee involvement and the comprehensive summary provided. **RESOLVED: The Council of Governors noted the information provided by the Non-Executive Director in the Deep Dive.**
DHCFT/GOV /2019/090	**ESCALATION OF ITEMS TO THE COUNCIL OF GOVERNORS** Two items of escalation were received from the Governance Committee, which was held on 10 October 2019**:** • Question 1: Governors seek assurance from the Non-Executive Directors on whether the Trust is participating in Derbyshire wide substance misuse delivery. • Question 2: How is the Trust participating more widely in Joined Up Care Derbyshire, can Anne Wright explain the perspective of how the mental health work stream is engaging with other providers trusts?

	The answers, attached as Appendix 2 to these minutes, were read out at the meeting and governors were satisfied with the responses. **RESOLVED: The Council of Governors noted the two questions and the responses provided for information.**
DHCFT/GOV /2019/091	**PRESENTATION ON HOW TO INTERPRET A RUN CHART** Peter Henson, Head of Performance, Delivery and Clustering explained how to interpret a run chart, an example of which was included in the documentation. Peter explained that a run chart plots data over time and enables the Trust to understand variation and in so doing guides the Trust to take the most appropriate action. He also explained that the two dotted lines on the run chart are the control limits and any performance between these two lines is normal for the current system and is known as normal variation. Rob Poole asked how the process limits are calculated – Peter explained that these are calculated by multiplying the "mean" by plus or minus (2.66 x the average of the moving range). Andrew Beaumont suggested that it would be useful to have an explanation of what is being measured in the charts in the Integrated Performance Report; the possibility of including titles to the axes will be investigated. Kelly Sims commented that the run charts are very useful, regularly updated and provide an insight into the Trust's performance. It was noted that NHS Improvement has produced guidance on run charts which governors may find useful. The link will be shared with governors after the meeting. **Action: The link to NHS Improvement's guide to run charts will be circulated to governors after the meeting.** *Moira Kerr left the meeting at 3.15.*
DHCFT/GOV /2019/092	**INTEGRATED PERFORMANCE REPORT** The Integrated Performance Report 2019/20 was presented to the Council of Governors. The focus of the report was on workforce, finance, operational delivery and quality performance. Overall the Trust is preforming well against its targets; meeting the finance control total will be a challenge but this is being monitored closely. Richard Wright, as Chair of Finance and Performance Committee, explained that the Trust's liquidity is looking healthy; however monies will need to be allocated to capital issues, such as the provision of single rooms in the Trust's acute units. It was noted that Non-Executive Directors are visiting various departments and reporting that many staff are were positive about the changes. Richard noted the following: - The increase in referrals to the Trust's Child and Adolescent Mental Health Services (CAMHS) have doubled and have impacted on the wait times. It was noted that the Trust has not been commissioned to provide for the additional referrals – the Trust has raised this as a concern with Commissioners and additional funding has been allocated - The workload in the Autistic Spectrum Disorder service has increased – assessments are taking place and the Trust is discussing additional funding with Commissioners. Roy Webb asked whether the CAMHS/Autistic Spectrum Educational Healthcare

	Plan, which was referred to last year and completed, has been taken into account. Ifti Majid is aware of this plan but the Trust has no involvement in this. Adrian Rimington asked when the work on providing single rooms in the acute units will be completed, Richard explained that the plans have been drawn up and work will begin on the Morton Ward, in the Hartington Unit in Chesterfield in December. It was stressed that whilst the work is being carried out, the beds will be provided in other wards. It was noted that work in the Radbourne Unit in Derby will commence in January 2020. Kelly Sims referred to the waiting list for psychology – it was confirmed that there has been a change in the clinical model; this is now nurse led and should lead to improvements. **RESOLVED: The Council of Governors noted the information provided in the Integrated Performance Report.**
DHCFT/GOV /2019/093	**WELLBEING AND IMPROVING ATTENDANCE – DEVELOPING THE STAFF WELLBEING STRATEGY** Jamie Broadley, Wellbeing Lead, gave an update on the progress made on the Trust's support to staff and the next steps for implementing the Trust's Wellbeing Strategy. Jamie explained that after a review in July 2018, a significant recurrent investment was approved for additional staff wellbeing support. Since then, project work streams have been implemented. Reference was made to some of the initiatives taken including: - Re-tendering of the Occupational Health contract, which now includes physiotherapy treatment and return to work assessments - Staff now have access to Resolve, an onsite counselling service - The Trust's Employee Assistance Programme (EAP) is now provided by Vivup as part of the new staff benefits service - A flexible budget has been created for the Staff Wellbeing Team, which allows them to effectively target absence hotspots and implement new initiatives for reducing absence and increasing engagement. Jamie referred to the diagram included in the paper, which shows a tiered approach: 1. Prevention 2. Resilience 3. Support He outlined the details of the services provided under these key items. Rosemary Farkas asked whether the improved offer has been reflected in staff sickness rates. Jamie explained that it is too soon to analyse the impact but it is anticipated that the new services will show a positive impact next year. Jamie also referred to the free Thrive App, available to staff, which is already showing active users. Conversations with Occupational Health are ongoing in order to provide an improved pathway. Kelly Sims queried at which stage physiotherapy for musculoskeletal (MSK) will be offered – Jamie confirmed that physiotherapy is provided by Occupational Health with the same therapist seeing a member of staff throughout the treatment. Andrew Beaumont asked whether the Trust offers meditation courses; Jamie confirmed that these are provided through the Trust's counselling service. In response to a question from Rosemary Farkas whether staff will have to pay for these services, Jamie confirmed that this is a free service and that a significant

	investment has been made by the Trust to provide the services. It was noted that approximately 60% of referrals are not work-related but can affect staff performance and that Trust is keen to support staff. It was also noted that staff can self-refer into the services. Adrian Rimington asked whether austerity has played a part in staff issues. Jamie advised that there has been a small rise in issues relating to finance, however, Neyber which offers support and advice to help to improve financial wellbeing is now available to staff. It was noted that Unison has reported an increase in applications from members for emergency loans and are lobbying nationally on this. Joined up working with other Trusts on the Occupational Health contract is also being explored, which was well received by the Council. Amanda Rawlings, the executive lead for wellbeing, advised that Sheffield Hallam University has been commissioned to look at best practice in staff wellbeing across Derbyshire Trusts – the findings of which will be shared. Amanda confirmed that interest has been shown in the Trust's staff wellbeing model by Clinical Commissioning Groups and private businesses. The next step is to provide an overarching staff Wellbeing Strategy; this will not only aim to support staff but will also place a key focus on preventing staff wellbeing challenges in the first place. Stakeholders, the Staff Forum, Clinical Operational Assurance Team (COAT) meetings have been consulted. The Council of Governors was asked to provide feedback on this approach and were asked to forward suggestions and comments to Jamie Broadley or Amanda Rawlings. Caroline Maley thanked Jamie Broadley for the update on staff wellbeing. **RESOLVED: The Council of Governors** **1) Noted the development and implementation of a new offer for staff support services at the Trust following investment approved by the Executive Leadership Team** **2) Supported the initial outline of the Wellbeing Strategy and the consultation process in shaping a final version for implementation.**
DHCFT/GOV 2019/094	**<u>REPORT FROM THE GOVERNANCE COMMITTEE</u>** The Council of Governors received the report from the Governance Committee meeting which took place on 10 October 2019. Of note were the following items: - Implementation of the Membership Strategy 2018 – 2021 – this was reviewed and approved. - Governor Membership Engagement Action Plan – this was reviewed. - Feedback from Governor Engagement Activities – governors are reminded to complete the governor engagement template. - Annual Members' Meeting will take place on 10 September 2020. - The role of Deputy Chair for the Governance Committee was promoted in Governor Connect and Kelly encouraged governors to consider taking on the role. **RESOLVED: The Council of Governors noted the information provided in the Governance Committee Report.**
DHCFT/GOV 2019/095	**<u>FEEDBACK ANNUAL MEMBERS' MEETING</u>** Denise Baxendale fed back on the Trust's Annual Members' Meeting (AMM), which took place on 11 September 2019. Overall the feedback was very positive with attendees commenting that this was the best ever AMM with a mix of staff presentations, formal meeting and announcement of the winning entries from the Trust's writing competition. There had been an excellent focus on Equality, Diversity and Inclusion. The venue was good and

	easily accessible with plenty of free parking. As mentioned in the Governance Committee report, the date for next year's meeting has been arranged for 10 September 2020 on Suicide Prevention Day. It was proposed that the theme for the AMM should reflect this. Rooms in the Centre for Research and Development on the Kingsway Site have been provisionally booked. As for the last AMM, governors agreed to set up a Governor Task and Finish Group. Rob Poole, Julie Lowe, Rosemary Farkas, Jo Foster and David Charnock expressed an interest in being involved. **RESOLVED: The Council of Governors** **1) Noted the feedback on the Annual Members' Meeting** **2) Noted the date for next year's Annual Members' Meeting** **3) Agreed to form a Task and Finish Group.**
DHCFT/GOV /2019/096	**GOVERNOR ELECTIONS UPDATE** Denise Baxendale gave an update on the recent governor elections and the preparations for the forthcoming public governor elections. Denise gave assurance that due process was being followed. **Recent governor elections and vacancies:** Andrew Beaumont and Dr Stuart Mourton were welcomed as the newly elected public governors for Erewash and Derby City West. Following Bob MacDonald's resignation, Carole Riley, the next highest polling candidate for Derby City East has accepted the vacancy; a warm welcome was extended to her. The following vacancies now exist: • Amber Valley – two vacancies • Bolsover and North East Derbyshire – one vacancy • Derby City West – one vacancy • High Peak and Derbyshire Dales – one vacancy • South Derbyshire – one vacancy • Admin and Allied Support Staff – one vacancy Denise confirmed that the election process for the above vacancies is now underway; nominations will open on 13 November and close on 11 December. Ballot papers will be despatched on 7 January and the elections will close on 30 January. The results will be declared on 31 January 2020. Justine Fitzjohn asked the Council of Governors to support a proposal to reduce the number of elections run in one year. Annual elections represent the best value for money in terms of reducing election costs and staff time in promoting elections and the induction and training of new governors. In line with the Trust Constitution which allows for terms of up to three years; annual elections would be achievable by phasing terms of office for future elections or with the agreement of some current governors to finish their terms slightly earlier. Kelly Sims supported this proposal as she noted that there would be a financial savings benefits and the induction/training would be more streamlined. Roger Kerry gave advance notice that he will be retiring from his job at Derbyshire Voluntary Action in June 2020. **RESOLVED: The Council of Governors** **1) Received the report** **2) Noted the timescale of the forthcoming elections and agreed to promote these**

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	3) Agreed to support the proposal to achieve annual elections.
DHCFT/GOV /2019/097	**ANY OTHER BUSINESS** The following was raised: • ***Governor information packs*** – Lynda Langley, Lead Governor referred to the information packs compiled by Denise Baxendale for governors to use on their engagement activities. Governors were requested to collect and sign for a pack from Denise after the meeting. Packs will be posted to those governors who were unable to attend the meeting. • ***"It's not OK to feel blue (and other lies)" by Scarlett Curtis*** – Adrian Rimington referred to this book, which features contributions from inspirational people about what mental health means to them, along with a foreword by Stephen Fry. • ***Governors Nominations and Remuneration Committee*** – Justine Fitzjohn proposed that Carole Riley, Public Governor, and David Charnock, Appointed Governor be included in the membership cohort for the Committee. **RESOLVED: The Council of Governors agreed to include Carole Riley and David Charnock as members for the Nominations and Remuneration meetings.**
DHCFT/GOV /2019/098	**REVIEW OF THE MEETING EFFECTIVENESS AND FOLLOWING THE PRINCIPLES OF THE CODE OF CONDUCT** The following comments were made: - Agenda items were adhered to - The meeting finished half an hour early - There was really good discussion time - The Code of Conduct was adhered to during the meeting.
DHCFT/GOV /2019/099	**CLOSE OF MEETING** Caroline Maley thanked all those present for their input and attendance and closed the meeting at 16.30 hours.

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Appendix 1

Submitted questions from a Trust member

Question 1: Why do more men than women commit suicide?

Response provided by Samantha Kelly, Consultant Nurse, Accredited Suicide Awareness & Response Trainer CwP, Chair of Suicide Prevention Strategy Group

The relationship between gender and suicide is multifaceted. I have attached a really useful document 'Suicide and Men' produced by the Samaritans in partnership with Network Rail, each of which is prolific in their work surrounding understanding suicide and suicide prevention. It's seven years old but is still highly relevant today and explains a lot of these factors.

The National Confidential Inquiry into Suicides and Homicides by People with Mental Illness is a document that is produced annually and provides us with the data for suicides. Amongst many other things we use this to inform our suicide prevention strategy. Because the risk of suicide is influenced by so many different factors, we ensure, through our training that staff recognise the various social and demographic factors (which of course change over time) that indicate that a certain population or group may be a higher risk of dying by suicide collectively, but we also ensure that they are equipped with the tools, skills and knowledge to elicit, understand, interpret and respond the risks relative to the person in front of them. This is the most effective and safest way to approach suicide risk assessment and mitigation.

Some of the factors that are important to the higher risk in men relate to how 'being a man' is socially constructed. Men live within a society that attributes them with specific gender and role expectations, being powerful, strong, the provider and so on. Older generations particularly, sometimes find it difficult to talk about how they are feeling because it conflicts with these social expectations, so they feel shame, or they stay quiet, or they more often use risky behaviours such as alcohol or drugs to manage their emotions. Conversely, women tend to talk about their feelings within their friendship groups and are more inclined to ask for help, and with less social stigma attached to it. Living with a woman is a mitigating factor for men and suicide, because women tend to notice that a man is struggling, and encourage him to go to the doctor, or talk about how he feels etc.

Knowing the gender specific risk factors also helps us respond, so we can use the data and evidence to inform how we construct our training and deliver services. Derbyshire is very proactive as a county in a collective approach to suicide prevention and are regarded as 'trailblazers' nationally in this regard. We work very closely with agencies in various initiatives that enter 'men's spaces' to engage them. One example is the great work, led by public health, but with huge support and involvement from DHCFT on World Suicide Prevention Day. An initiative that has grown considerably since it first started about five years ago, this year, we attended, with other agencies, five football matches across the county, handing out over 20,000 suicide prevention 'z-cards' to men and their families. Staff are available to talk to if needed (and they have been), the football teams make promotional videos which are shown at half-time on the TV Screen and donate football items for lottery. These events are a tremendous success and reach out to men across the county.

Question 2: As a technique to uncover repressed memories, examine them coolly and reflectively, and move on with your life in a positive, constructive manner – does regression analysis work? Or are its side effects (false memories, just unnecessarily upsetting patients, possible suicidal ideation) – worse than its benefits?"

Response provided by Petrina Brown, Consultant Clinical Psychologist

Within the Trust in adult services as far as I am aware there are no psychological practitioners who are deliberately working to induce a state of regression in patients. Whilst it is not uncommon for patients to spontaneously experience a dissociative state whilst talking about particularly traumatic incidents, the therapists will be working to support the person towards integration of these states, and to become grounded in the ‘here and now’. Also, as far as I am aware the practice of deliberately working to provoke a state of regression in mental health practice is not supported within NICE guidelines.

Appendix 2

Escalation items to the Council of Governors from the Governance Committee

Question 1: Governors seek assurance from the Non-Executive Directors on whether the Trust is participating in Derbyshire wide substance misuse delivery.

Response: Derbyshire Healthcare NHS Foundation Trust is commissioned by Public Health Derby and Derbyshire within the two local authorities (overseen nationally by Public Health England) to provide drug and alcohol treatment services in both Derby City in Derbyshire for residents of 18 years and over.

Derby Drug and Alcohol Recovery Service, commissioned by Derby City Council, is a partnership consisting of the Trust, Phoenix Futures and Aquarius, providing drug and alcohol treatment services to those who live in Derby City. The service offers a drop in referral system at our bases at St Andrews House and Victoria House at St Peters Churchyard, Derby City. Services users are seen for appointments at either base or at a range of community venues including probation and hostels.

Derbyshire Recovery Partnership (DRP) is commissioned by Derbyshire County Council and is a partnership consisting of DHCFT, Phoenix Futures, Derbyshire Alcohol Advice Service (DAAS) and intuitive Thinking Skills (ITS). The DRP provides drug and alcohol services to residents of Derbyshire (including Glossop). Referrals, including self and professional referrals, are made to via a single access telephone hub. The DRP operates via four main bases – Chesterfield, Swadlincote, Ripley and Ilkeston as well as providing a range of satellite clinics in the community including Buxton, Glossop and Clay Cross.

Both Derby City and Derbyshire offer a range of treatment interventions including substitute prescribing, psychosocial interventions, harm minimisation interventions (including a specialist needle exchange) and recovery based activities including referral into residential rehabilitation.

It was confirmed that the under 18's drug and alcohol treatment is provided by Breakout in Derby (run as part of the Trust's Children's Services) and by a non-NHS separate third sector organisation, Derbyshire T3.

Performance of substance misuse services is monitored at Public Health Derby and Derbyshire via commissioner led quarterly performance meetings. Performance data is provided by treatment services to National Drug Treatment Monitoring Service (NDTMS) which provides national comparative data and additionally the services are required to provide specific local data on a quarterly basis.

Quality assurance is managed through the Trust's governance systems including clinical reference groups, DATIX incident reporting system, serious incident group (SIG) and mandatory training requirements.

Numbers in treatment 2018-2019

Derbyshire Recovery Partnership

Substance Group	No. In Treatment
Alcohol Only	1291
Non-Opiate and Alcohol	243
Non-Opiate Only	289
Opiate	1865
Total Clients	**3688**

Derby Drug and Alcohol Recovery Service

Substance Group	No. In Treatment
Alcohol Only	619
No Substances	4
Non-Opiate and Alcohol	77
Non-Opiate Only	176
Opiate	1066
Total Clients	**1942**

Question 2: How is the Trust participating more widely in Joined Up Care Derbyshire, can Anne Wright explain the perspective of how the mental health work stream is engaging with other providers trusts?

Response: There are several Derbyshire organisations involved in the Mental Health Strategy Delivery Board (MHSDB). It is chaired by the Trust's Chief Executive, Ifti Majid and a Deputy Chair, Claire Wright the Trust's Deputy Chief Executive. There are both commissioners and providers involved. Public Health from both councils are involved both as commissioners of services but also active contributors in discussions about Assessment of the Needs of the population as well as working with others to ensure that we increase services that promote prevention (primary and secondary), early identification and intervention. Derbyshire Community Health Services NHS Foundation Trust and Primary Care together with Social Care and Housing are also very involved in both the discussions and in the projects that are being worked on. The Acute Trusts attend when topics to be discussed are of more relevance to them as they are involved in other Work stream meetings.

As well as working on some existing projects that form part of the overall plan, the Board looks outside of Derbyshire to identify good practice elsewhere such as Tameside and Glossop (part of Tameside and Glossop Integrated Care NHS Foundation Trust) and Lambeth (part of South London and Maudsley NHS Foundation Trust). The information is being used to help plan two pilot projects for Primary Care Wellbeing Systems.

An example of the new ways of working collaboratively is when the MHSDB was discussing how to make the best use of the new funds allocated to Mental Health Services at the beginning of the year. There was a very good discussion with effective challenge about the proposed use of the funds. Also, the projects are monitored for progress and reaching milestones and examining the expected outcomes are in process of being achieved.

Other projects include Suicide Prevention, Dementia and Delirium Services, Perinatal services, Improving Access to Psychological Therapies and Crisis Services. The Trust has agreed a joint Implementation Plan for Dementia Services and this includes not only the statutory organisations but also the charity sector, carers and the hospice service.

The Trust is also starting to work differently with the MHSDB acting as the interface with strategic commissioner for performance, investment and regulatory conversations rather than having bilateral meetings with each organisation and commissioner. This is a real step forward and was agreed due to the strength and partnership working of the group – it is envisaged that different ways of working may emerge.

COUNCIL OF GOVERNORS ACTION MATRIX - AS AT 31.12.19								
Date of Minutes	**Minute Reference**	**Item**	**Lead**	**Action**	**Completion by**	**Current Position**		
02/07/2019	DHCFT/GOV/2019/065	Any other business	Angela Kerry, Roger Kerry and Roy Webb	Ideas around a County Mental Health Forum to be discussed further outside the meeting	03/09/2019	Angela will update at the meeting on 5 November 2019. Angela was unable to attend the meeting on 5.11.19. An update will be given on 7.1.19	Amber	
03/09/2019	DHCFT/GOV/2019/065	Action Matrix	Angela Kerry	update on the City Development Group hosted by the Trust on 12 September	05/11/2019	Update to be given at the meeting on 5 November 2019. Roy Webb explained that there is nothing to report at this stage. An update will be given on 7.1.19	Amber	
03/09/2019	DHCFT/GOV/2019/075	Integrated Performance Report Summary	Peter Henson	Arrange a training session for governors on how to interpret a run chart	05/11/2019	On the agenda for the next meeting on 5.11.19. COMPLETE	Green	
03/09/2019	DHCFT/GOV/2019/075	Review on waiting lists	Kath Lane	Update on waiting lists to be presented to Council of Governors on 7 January 2020	03/03/2020	Report not ready deferred to the meeting on 3 March 2020	Yellow	
05/11/2019	DHCFT/GOV/2019/091	Presentation on how to interpret a run chart	Peter Henson	Circulate NHS Improvement's guidance on run charts to governors		Circulated via Governor Connect on 20.11.19. COMPLETE	Green	
			Key	**Agenda item for future meeting**		**YELLOW**	1	20%
				Action Ongoing/Update Required		**AMBER**	2	40%
				Resolved		**GREEN**	2	40%
				Action Overdue		**RED**	0	0%
							5	100%

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 7 January 2020

Governors Nominations & Remuneration Committee Summary Report and recommendations to agree the Trust Chair's new objectives and appoint a Non-Executive Director

Purpose of Report

This paper provides an update from the meetings of the Nominations and Remuneration Committee held on 12 November and 5 December 2019 and the Committee's recommendations to the Council of Governors in relation to the Chair's objectives and the appointment of a Non-Executive Director (NED).

Executive Summary

Since the last report to the Council of Governors on 5 November 2019, the Committee has met twice; 12 November and 5 December 2019.

This report provides an outline of the business discussed at both meetings and the Committee's recommendations:

12 November 2019

This meeting covered the appraisals for the Trust Chair and two NEDs as well as an outline of NHS Improvement documents affecting future Chair/NED appraisals and remuneration. Also received was compliance information against the Trust's Fit and Proper Person Test Policy. Within the report is:

- A summary of the appraisal process for the Trust Chair and recommendation of the proposed objectives for coming year.
- A summary of the appraisal process carried out by the Chair for two NEDs.
- Assurance that satisfactory appraisals have taken place.
- An overview of the Committee's initial discussions on NHSI guidance on the Chair/NED appraisals and remuneration across NHS Trusts and Foundation Trusts. The Committee will be discussing the documents in more detail at its meeting in February 2020, including assessing any impact for the Trust.
- Confirmation that the Trust has followed its Fit and Proper Persons Policy. This included a report, presented to the Board in June 2019, which confirmed that all the Trust's Directors meet the Fit and Proper Person Test and do not meet any unfit criteria.

5 December 2019

This meeting was held at the end of the interview day for the 6th NED post. Within the report is:

- A summary of the recruitment process followed by the Governors Nominations and Remuneration Committee for the new 6th NED post, confirming compliance with all applicable law and advice.
- A description of how the candidate met the criteria for the role and their strengths and confirmation that the proposed appointee has the right qualities to meet the job description, taking into account the views of the Board on qualifications, skills and experience required for the position.

- A recommendation to appoint Ashiedu Joel as the NED on an annual fee of £12,638 for a three year term commencing immediately on the approval of the Council of Governors, subject to satisfactory completion of the Fit & Proper Person Test requirements.

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

Assurances
The appraisal process has been followed in line with agreed practise. The recruitment process followed has been supported by the Trust's People Services Team in compliance with the Trust's recruitment processes, including values based interviews.

Consultation
Governors and Board members were invited to give feedback for both the Chair and NED appraisals. The Senior Independent Director led the Chair's appraisal in consultation with the Lead Governor.

Governors, through the Nomination and Remuneration Committee, have been involved in oversight of the recruitment process and directly involved in longlisting, shortlisting and interview. Other governors and Trust staff have also been involved in stakeholder sessions with candidates. Each stakeholder group fed back to the interview panel.

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

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

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

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

9.4.2 to assess and select for interview such candidates as are considered

appropriate and in doing so the Nominations Committee for Non-Executive Directors shall be at liberty to seek advice and assistance from persons other than members of the Nominations Committee for Non-Executive Directors or of the Council of Governors;

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

Annex 5 also states:

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

Appraisals for the Chair and NEDs are carried out in line with the agreed practise and reported back to the Council of Governors through the Nominations and Remuneration Committee.

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

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

Equality Impact Risk Analysis

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

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

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

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

Recommendations:

The Council of Governors is requested to:

1. Note the summary report.
2. Note that satisfactory appraisals have taken place for the Trust Chair and two Non-Executive Directors.
3. Agree the Chair's objectives as presented.
4. Approve the appointment of Ashiedu Joel as a Non-Executive Director of the Trust at an annual fee of £12,638 for a three year term commencing immediately subject to satisfactory completion of the Fit & Proper Person Test requirements as set out in Appendix 1.

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

12 November 2019

CHAIR'S APPRAISAL

It is the responsibility of the Senior Independent Director (SID), in conjunction with the Lead Governor and Nominations and Remuneration Committee to lead the process for the Chair's appraisal. The Senior Independent Director, Margaret Gildea, presented the results to the Committee.

This appraisal was set out in three parts.

- **PART ONE –** 360 Feedback, including feedback from a Governor focus group.
- **PART TWO –** Review of performance against objectives for the year and any reflection on the year just completed.
- **PART THREE –** Set of objectives for the next year and any personal development requirements and brief summary statements by appraisee and appraiser.

The Committee was very pleased to confirm that Caroline has achieved a strong performance, noting continued improvement in the effectiveness of the Council of Governors and also how she is leading performance and culture in Board and Council of Governors meetings. Of note is the time Caroline spends visiting Teams; she is very visible and this had made a change in the culture and visibility of the Board. She is also very involved in the JUCD meetings and brings discussions back, which enable Non-Executive Directors and Governors to be involved in the system working.

Below are the Chair's objectives for the coming year which are recommended for approval:

1. Provide strong leadership to the board and the Council of Governors, shaping the agenda and managing relationships internally and externally.

2. Create the right tone at the top, encouraging change and shaping the organisation's culture.

3. Build system partnerships and balance the organisational governance priorities with the system collaboration.

NED'S APPRAISAL

The Chair leads the appraisal process for the Non-Executive Directors and she presented the results for Julia Tabreham and Margaret Gildea. The appraisals followed the same three part format as outlined above. The Chair was very pleased to confirm that both Julia and Margaret had received excellent feedback and that their performance continues to be effective and demonstrates commitment to the role. The Committee confirmed they had received significant assurance on these NED appraisals.

NHSI GUIDANCE ON THE CHAIR/NED APPRAISALS AND REMUNERATION ACROSS NHS TRUSTS AND FOUNDATION TRUSTS.

The Committee received an initial overview of NHSI guidance documents.

Remuneration

The proposed NHSI remuneration structure places Trusts into groups based on turnover. Each group has capped remuneration rates for Chair and NEDs as well as the number and amount of supplementary payments to NEDs.

The revised structure does acknowledge that within Foundation Trusts it is for the Council of Governors to determine the remuneration of the Chair and NEDs and they retain the prerogative to operate outside of the framework on a 'comply or explain' basis. However, the implementation process of the structure also states that in the interests of promoting and maintaining consistency and fairness across the provider sector, it is reasonable to expect Foundation Trusts will work within the ranges.

It is not the intention of the revised structure for any remuneration to be changed during the current term of office of Chair or NEDs, but consideration of the revised structure should be carried out for any appointments or re-appointments.

A discussion report will be prepared for the February 2020 meeting of the Nominations and Remuneration Committee for it to consider the NHSI structure against the annual review of remuneration and the schedule of appointments/re-appointments. The Committee will then report back to the Council of Governors with its recommendations.

Development and Appraisal Framework for Trust Chairs

NHSI expect the new development framework to be widely applied in support of future recruitment, assessment, development and support of provider Chairs. They do however recognise that Trusts will require different balances within the Chair's role: certain competencies and responsibilities will need more emphasis than others, depending on a trust's size, scope and situation. Complementing the development framework is a suggested provider Chair appraisal framework that aims to establish a standard approach.

The guidance was issued after the current appraisal round had commenced, however the Trust's current processes, which have been developed over the years and in line with the FT Code of Governance, already cover the broad principles proposed, so no immediate adjustments were required. However, a gap analysis is planned into the Committee's work programme before the 2020 Chair appraisal process commences to see if any adjustments are required.

NHSI intend to replicate in the development of similar resources for Chief Executives and NEDs. This work is currently at the consultation stage.

FIT AND PROPER PERSONS TEST POLICY.

The Committee received assurance that the Trust is complying with the above Policy. A report had been received by the Board in June 2019 which confirmed that all the Trust's Directors meet the Fit and Proper Person Test and do not meet any unfit criteria. At the end of each appraisal there is sign off that the Fit and Proper Person Test requirements have been met as a Director within the NHS.

5 December 2019

NED APPOINTMENT PROPOSAL

Background

A competitive recruitment process has been undertaken for the recruitment of a 6th Non-Executive Director to the Trust Board.

The vacancy was promoted locally and nationally. As the Trust Board is currently under-represented in terms of individuals from BME backgrounds information on the vacancy was sent to a number of individuals and networks to encourage applicants from these

communities. At the closing date over 50 applications were received. Following a long list and short list process (29 applications), six candidates were selected for interview. All six candidates were interviewed on 5 December 2019 with an interview panel comprising:

Caroline Maley	Trust Chair
Lynda Langley	Public Governor and Lead Governor
Kevin Richards	Public Governor
April Saunders	Staff Governor
Ifti Majid	Chief Executive (advisor)
Deneice Miller	BME Network representative (advisor)

Each candidate also attended two focus groups, one consisting of Governors, Service Users and a Carer representative and the other of Board members. Each group discussed informal topics with the candidates and the groups gave qualitative feedback to the interview panel to help inform the overall recruitment decision.

Each candidate gave a short presentation to the Panel and then a series of values-based questions were asked and evaluated.

Following interviews the Governors Nominations & Remuneration Committee formally convened, joined by Carole Riley, Public Governor and Committee member. Discussions included consideration of skills, experience, values, motivation and organisational fit. Remuneration and terms of appointment were also discussed and agreed.

The Committee is recommending the appointment of Ashiedu Joel to the position.

Ashiedu was the stand out candidate and demonstrated her key strengths in her ethos and beliefs, demonstrating personal commitment and engagement and would bring high levels of emotional intelligence to the role. She had carried out extensive research into the Trust and asked very challenging questions around holding to account. She demonstrated the strong interpersonal skills that would complement the Trust's diverse and inclusive approach.

Subject to the approval of the Council of Governors, Ashiedu will commence in role with immediate effect, subject to confirmation of the satisfactory completion of the Fit & Proper Person Test requirements, as outlined in Appendix 1.

The constitutional context of this appointment is outlined in the Governance/Legal issues section of the front sheet to this report.

In terms of skills and experience for this vacancy, the Council of Governors will recall that Board had identified that it would benefit from having a NED with specific experience around diversity and inclusion. This NED role will also build resilience into the NED body based on increased workloads, particularly in system working and key projects. The appropriate skills needed to provide support would be more general management skills and support rather than specific finance, commercial and clinical skills. Ashiedu has these skills and experience.

An overview of Ashiedu's biography will be given at the meeting. Unfortunately Ashiedu will be unable to attend the Council of Governors meeting on 7 January due to a prior commitment.

The Council of Governors is recommended to:

1. Note the summary report.

2. Note that satisfactory appraisals have taken place for the Trust Chair and two Non-Executive Directors.

3. Agree the Chair's objectives as presented.

4. Approve the appointment of Ashiedu Joel as Non-Executive Director of the Trust Board at an annual fee of £12,638 for a three year term commencing immediately subject to satisfactory completion of the Fit & Proper Person Test requirements as set out in Appendix 1.

APPENDIX 1

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

Trust Procedure:

- Pre-Employment

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

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

In addition the following registers will be checked:

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

- Declaration

Appointees will be asked to complete a declaration to include:

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

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 7 January 2020

Trust Chair's report to the Council of Governors

Purpose of Report
This report is intended to provide the Council of Governors with insight into the work that I undertake on behalf of the Trust Board and Council of Governors. It reflects on the year from January 2019 to December 2019. The structure of this report reflects the role that I have as Trust Chair.

Introduction

I structure my monthly report to the Board around the key roles that I perform as your Chair:

- "Our Trust and Staff" section focuses on the visits that I have made to teams, both frontline and support services, as I believe that my leadership must be grounded on the reality of what our staff face every day. It also ensures that I have a good understanding of the services provided by the Trust.
- "Council of Governors" section reports on the Council of Governor meetings, the Governance Committee meetings, meetings with individual governors and governor elections.
- "Board of Directors" section focuses on the activities of the Board as a whole, and includes the Board development activities that we have in place, management of the team of Non-Executive Directors (NEDs) and NED appraisals.
- "System Collaboration" includes reporting on the activities of the Joined Up Care Derbyshire Board which I attend regularly.
- "Regulators and other sector enablers" includes attendance at meetings held by NHS Improvement, NHS Providers, NHS Confederation and Healthcare Financial Management Association (HFMA) as examples. These are important opportunities to engage at a national level with developments in the NHS.
- "Beyond our Boundaries" includes activities which could be outside of the Derbyshire footprint or outside of the NHS which are relevant to my role.

My monthly reports can be found in the Board Papers on the Internet, or in the packs made available to those attending the Board meeting. They are also now shared for information with Council of Governor papers. This report is a reflection on the past year as Chair.

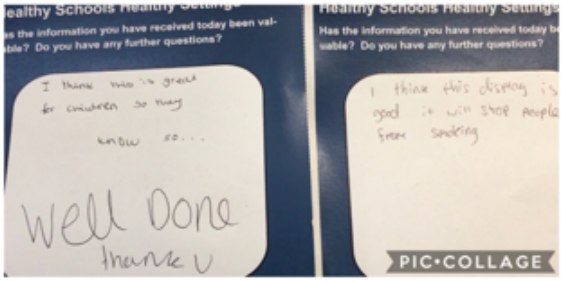
Our Trust and Staff

1. A list of the teams visited during 2019 can be found in Appendix 1 to this report. The visits have enabled me to get a good understanding of the work that the teams do, and also some of the highlights and frustrations they may experience. I report back any issues to the Executive Team and they are logged and looked into as part of the rolling Executive Leadership Team action review. This is

important for me to do as part of the holding the Chief Executive and Executive Directors to account.

2. The visits that have made the most impact on me have been those where I join clinical teams for patient ward rounds/clinical meetings where I see for myself the passion and care that our staff have when delivering front line care. I continue to make a point of visiting as many front line services as possible, so that my leadership is grounded on the reality of what our staff face every day, and also to ensure that I have a good understanding of the services provided by the Trust.













3. It has also been a particular pleasure to take part in the Delivering Excellence Awards, recognising the work that is done by staff, volunteers and partner organisations in the work of the Trust. The Christmas Decorations Competition was an ideal opportunity to see the Team Derbyshire spirit in the organisation, along with great creativity and fun that was generated for staff and patients by this simple idea.

Council of Governors

4. I have been pleased with the continuous development and improvement in the working of the Council of Governors, and the relationship between the Council and the Trust Board in particular. We have continued with our programme of deep dives by the NEDs at each of the six Council of Governors meetings during the year, with a focus on holding the NEDs to account for the performance of the Board. As part of holding NEDs to account for the performance of the Board, the Integrated Performance Report is presented by the NEDs using their own committees and involvement to highlight the areas of focus for the Board. Council training has also sought to improve the understanding of the roles of the Council and the Board, and also has seen the development by members of the Council of the Governor Engagement Action Plan, led by Angela Kerry.

5. I have been particularly pleased with the attendance at Council meetings, as well as with the number of governors who have attended the Public Board meetings which are held on the morning of the Council meeting, enabling governors to get a good overview of the Board and the non-executive challenge and participation. The Governance Committee has also been well attended and ably chaired by Kelly Sims, and in the earlier part of the year by Carole Riley, then Deputy Lead Governor, as Interim Chair. The Nominations and Remuneration Committee has met seven times this year, as there has been the recruitment of two new NEDs for the Board.

6. Appointed Governor, Gemma Stacey, from Nottingham University left us in November, and we are pleased to welcome David Charnock who has taken over from her. I am pleased to report that we have not had any further changes in our Appointed Governors during the year, and we are grateful to our Appointed Governors for the commitment they bring to the work of the Trust. I look forward to continuing to enjoy their contribution and support to our meetings.

7. We have had some changes in our Staff Governors during the year, with Dr Farina Tahira joining the Council in March this year. Tony Longbone has stood down as a Staff Governor as he commenced his nurse training at Derby University, and consequently we have a vacancy which is currently out for election. Our Staff Governors make a valuable contribution to the work of the Council and the Trust and I thank them for their time.

8. As I write this report, there are currently governor elections under way for a number of elected governor places as well as a Staff Governor position to replace Tony Longbone. We continue to provide a thorough induction for governors, as well as support for governors during their tenure where it is needed and helpful.

9. I continued to meet regularly with John Morrissey and now Lynda Langley as Lead Governor. I have also met with Kelly Sims as Chair of the Governance Committee. These meetings are essential to ensure that we have open and transparent dialogue between me as your Chair and your governor leaders.

10. In February we hosted a regional meeting of governors together with NHS Providers. I was pleased with the level of attendance from trusts all around the midlands region, and was particularly pleased with the engagement by our governors who attended. John Morrissey and I gave a brief presentation on how the relationship between the Board and the Council of Governors had been changed and what we saw as the elements of success.

11. The Annual Members meeting was held on 11 September at the Centre for Research and Development at Kingsway. The meeting was very well attended by governors, the public and staff members, and the feedback was very positive from all who attended. A central part of the meeting was the Writing Competition organised by the Council. No one will ever forget the very moving contribution from our overall winner of the competition. The meeting reflected the work of the Trust and the Council of Governors over the past year.

12. In September 2019 the annual effectiveness survey for the Council of Governors was carried out. A total of 24 Governors responded to the survey, which equates to a 96% response rate. I was pleased with the level of participation by governors in the survey, and pleased to note continued improvement in the scores recorded. In particular there was positive feedback on the opportunity for and quality of communication with the Board; that the Council business is carried out in an open and transparent manner and with quality as its focus; and that the role of the Council is clearly defined. The areas highlighted for development include opportunities to have more contact with bodies outside of our own Trust and continuing to develop the governor training programme to support engagement with constituents. The results of the survey were presented at the November 2019 meeting of the Council of Governors.

Board of Directors

13. When I was appointed as your Chair, one of my objectives was to stabilise the Board membership, having been through a number of years of instability. I am pleased to report that we have had a very stable year of Board members, with no changes in 2019. We have recruited two new NEDs who will take up their posts in 2020, Sheila Newport replacing Anne Wright at the end of her term, and a sixth NED who is awaiting confirmation by the Council of Governors at this meeting.

14. The Board has continued to reduce the number of Confidential Board meetings, as we know that our business is best conducted in Public. We continue to challenge our effectiveness at the end of each meeting as well as in our Board Development days.

15. We have had in place a more structured Board Development programme, focusing on four "lenses": Strategic; Operational; Wider Needs; Interpersonal/team building.

16. The Remuneration and Appointment Committee has met quarterly and there has been a need for one extraordinary meeting this year due to the need to approve at short notice a Pension Contribution Award Policy.

17. All NEDs have received their annual appraisal, which included a review against objectives set and personal development objectives. I meet with NEDs individually quarterly as a part of their review on behalf of the Board. During these meetings we review performance against objectives set at the beginning of the appointment/review cycle, as well as discuss generally mutual views on the progress of the NED and the Trust.

18. I also meet regularly with Ifti Majid, Chief Executive as his line manager, and have carried out his appraisal in line with his role requirements.

    I am pleased with the contribution that Ifti is making at a national level on the NHS Confederation Mental Health Board and with his leadership on the national BME group. Ifti has also been able to contribute as a facilitator at the NHS Confederation Conference in Manchester in June. This public profile has been

positive in his development, but also in raising the good work that we do as a Trust.

19. We have engaged with the NExT Director scheme which is hosted by NHS Improvement. We had Suzanne Overton-Edwards, a NExT Director with Nottinghamshire Healthcare; join us on a placement to give us support whilst Julia Tabreham was on a period of absence due to ill-health. Suzanne was also appointed as an Interim NED pending the appointment of a sixth NED for the Trust. Perminder Heer is currently undertaking a placement with us. Perminder has a background in Human Resources, working both at an international and national level in her executive career. I am a keen advocate of the NExT Director Scheme, and will continue to support the development of a pipeline of NEDs for the future.

System Collaboration

20. The Joined Up Care Derbyshire (JUCD) Board meets approximately every month. I have been able to attend most, but not all of the meetings. When I have not been able to attend, deputies from the NEDs have attended on my behalf along with Ifti Majid or his deputy at the meeting.

21. I have encouraged the JUCD Board to use the elected governors from all of the Foundation Trusts in Derbyshire as an engagement group. I believe that this is now slowly starting to take place.

22. The system continues to be challenged financially and this has at times resulted in less focus on the overall vision for Derbyshire and more on solving the immediate financial challenges. However, the discussions are more mature than in the past, and there has been a better system wide view of financial management and savings strategies than in the past. Richard Wright has been asked to chair the System Finance Committee. Discussions still reflect the challenge around social care and the lack of a national direction through a Green Paper for social care.

23. As a provider in the system, I am pleased to see our leadership team engaged in the system development – not only the mental health work stream, but also the urgent care and children's streams for example, and also in the leadership of the thinking around the structures to deliver the quadruple aim of the system plan: have the best start in life, stay well, age well and die well. I am encouraged that we are doing what we can within the constraints of the system now, and will continue to seek to ensure that the system considers the best way forward for the people of Derbyshire.

Regulators; NHS Providers and NHS Confederation and others

24. Our main engagement with Regulators in 2019 was the Care Quality Commission (CQC) inspection of a number of our core services, and our well-led review is planned for January 2020. The Trust has worked hard at improving its services, particularly around the acute inpatient care, but also in Learning Disabilities and

childrens' services. We expect to receive the reports from the formal inspections in March 2020, when we will be able to know our new overall rating.

25. In June we hosted a visit from Peter Wyman, Chair of the CQC, who spent a day with us visiting a few of our services and spending time with executives discussing a range of areas of mutual interest. We also had a visit from Simon Stevens from NHS Improvement, and Saffron Cordery, deputy Chief Executive Officer from NHS Providers. During the election campaign, we had a visit from Matt Hancock, Secretary of State for Health and Social Care. I am pleased that we have been able to host this range of people in both our regulators and our professional bodies. It is good for our national profile.



26. I believe that as your Chair I have been engaging with regulators and other national providers for the benefit of this Trust.

Beyond our Boundaries

27. We have joined various meetings and conferences during the year: NHS Provider meetings for Chief Executives and Chairs; NHS Improvement Chairs meetings – which are preceded by a meeting of the Midlands and East Mental Health Trust Chairs to share knowledge and seek input from others. I have attended the NHS Confederation Conference, the NHS Confederation Mental Health Network Conference; NHS Providers Conference and other important gatherings of senior NHS leaders. These have been noted in my monthly reports.

28. I have continued to work with Paul Devlin, Chair of Lincolnshire Partnership NHS Foundation Trust as a source of support and development for me as a Chair in preparation for our CQC inspections.

29. Together with Ifti Majid, I have presented to one Multi-Academy Trust Chief Executive Officer (CEO) meetings to share the learnings of working in the NHS with those working in education.

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

Assurances

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

Consultation

This report has not been to other groups or committees.

Governance or Legal Issues

None.

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

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

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

Demonstrating inclusive leadership at Board level

Through the Trust's involvement in the NExT Director scheme we are supporting the development of those who may find it more difficult to be appointed as a NED in the NHS. Suzanne Overton-Edwards had a placement with us during 2019, helping us over a period when one of the NEDs was ill and relieved of duties for a period. Perminder Heer currently has a placement with us thereby continuing to support the system development of future potential NEDs from diverse backgrounds.

New recruitment for NEDs and board members will proactively seek to appoint people from protected characteristics, thereby trying to ensure that we have a Board

that is representative of the communities we serve.

Recommendations

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

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

Appendix 1:

Our Trust and Staff: Teams visited and activities undertaken in 2019

January 2019:
CAMHS Eating Disorders

February 2019:
Ward 1 London Road
Patient Experience team

March 2019:
Eating Disorders team at Unity Mill, Belper

April 2019:
Crisis Team North
University placement masterclass at the Radbourne Unit (two visits)
People Services in the Centre for Research and Development

May 2019:
Kedlestone
St Andrews House – Alcohol MDM

June 2019:
Peter Wyman CQC visit to Kedlestone; The Hub and Beeches Perinatal

July 2019:
St Oswalds – Adults and Older Adults Community teams
Crisis Team North – on the road visiting patients
St Andrews House – Drug MDM
Clinical Audit & Research team

August 2019:
Hartington Unity with NEDs as Board visit

September 2019:
Royal Derby Liaison team (two visits)
Schwartz Round at Radbourne

October 2019:
Outpatient Clinic in Matlock
Healthy Schools team visit to schools
Rivermead – LD and CAMHS Family Support Therapy
CAMHS Rise – Puffin Ward
Hartington Unit – bleep holder shadow
Radbourne Unit – Consultant ward round

November 2019:
Kedleston Unit
London Road Ward 1
The Beeches Perinatal Unit
Delivering Excellence Awards
Comms team

December 2019:
London Road Ward 1 Christmas buffet and Christmas decorations judging

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 7 January 2020

Performance Report 2019/20

Purpose of Report

The purpose of this report is to provide the Council of Governors with an overview of Trust performance at the end of October 2019.

The focus of the report is on workforce, finance, operational delivery and quality performance.

The purpose of the report is to provide information to governors – a verbal summary of the Boards performance presented by the Non-Executive Directors. This provides governors with details of how the Non-Executive Directors seek assurance from the Board on strategy issues including holding Executive Directors to account through Board Committees.

Executive Summary

The report provides the Board of Directors with information that shows how the Trust is performing against a set of key targets and measures.

Performance is summarised in an assurance summary dashboard with targets identified where a specific target has been agreed. Where a specific target has not been agreed or specifically commissioned, colleagues will be able to track performance over time and discuss/challenge any specific variation that may be of concern or unusual. Further detailed charts for the measures are included in appendix 1.

The main body of the report provides detail on a number of the key measures. Board members are also able to triangulate information from this report with the assurance summaries from each Committee, where more in depth reports have been provided for assurance.

The main areas to draw the Board's attention to are:

<u>Finance</u>

As at the end of October the surplus to date of £1.3m is slightly ahead of plan. The forecast assumes the achievement of the stretch plan surplus of £1.8m. However there remain significant cost pressures and risks to be mitigated. In order to achieve £1.8m surplus we need to mitigate expected costs of £1.3m during the remainder of the financial year, which is a worsening position of £0.6m since month 6. The adverse movement in the underlying forecast is mainly due to two previous highlighted risks that have now moved into the actual forecast: Under delivery of cost improvement programme (CIP) by £0.3m and the potential loss of CQUIN income of £0.3m. The level of the relevant Board Assurance Framework (BAF) risk to delivery of stretch plan surplus of £1.8m therefore remains extreme.

Agency is forecast to remain below the ceiling of £3.03m. Year to date agency expenditure equates to 2.8% of total pay expenditure.

CIP is behind plan year to date and is now forecast not to deliver in full and have a shortfall of £0.3m. Capital is behind plan year to date but forecast to spend to plan by the end of the financial year.

Quality and Operations

Out of Area – Psychiatric Intensive Care Units (PICU)

Since June 2019 we have continued to see a steady decline in the number of patients who have been placed in a PICU facility - from 23 in June to an average of 6 patients per day in October.

Out of Area – Acute Placements

While the average number of patients in out of area (OOA) acute beds each day was maintained at 8 for July, August and September, October saw an increase in demand for acute beds which increased the number of OOA acute placements during October to an average of 11 patients per day.

October saw occupancy levels of just under 99% across the adult acute wards, which meant there was a decrease in the number of available beds, reducing the capacity to repatriate patients from out of area acute beds.

As previously stated, the Acute Services Management Team have clear systems and processes to ensure the flow of patients is planned to reduce the amount of time patients are out of area and to optimise beds in the acute units:

- Monday morning clinical meetings with ward based consultants, senior nurses, LA social care workers and Assessment Services
- Daily ward rounds
- Daily senior nurse meetings to discuss patient flow
- Daily Assurance Calls with senior management team to discuss bed availability
- Weekly discussion with case managers, flow coordinators and senior managers

Waiting list for child and adolescent mental health services (CAMHS)

The waiting list and capacity to meet demand continue to be a challenge for CAMHS. Vacancy and some sickness continues to impact on capacity to undertake assessments. We have now filled the vacancies in the assessment team and new staff joined us in November. Once these staff have completed their induction period we will start to see improvement. We continue to await Clinical Commissioning Group (CCG) release of agreed additional investment into CAMHS for this financial year which will afford us some additional capacity, in advance of the CCG planning for next year.

Waiting list for community paediatrics

Progress continues to be made. The longest waits remain below 52 weeks, and we continue to focus on those children waiting in excess of 26 weeks. Managing the capacity centrally is a key action, and we have recruited a waiting list coordinator to better manage resource and capacity. An update paper was presented to the Trust Management Team on 24 October which set out a series of actions being taken to

manage this challenge. Further assurance was provided to November's Finance and Performance Committee meeting. We are also now in the process of reviewing the service specification with the CCG, which formed part of the action plan.

Waiting list for psychology

Work is ongoing to manage and reduce waiting list and numbers waiting across all community teams. Improvements continue to be made. Ongoing recruitment into vacancies is taking place.

Patients open to Trust in employment and in settled accommodation

Both of these measures are seeing a reducing trend. The Trust has recently committed to an initiative to support improvement in employment rates, and will be seeking to understand and address issues around our settled accommodation figures.

Delayed transfers of care

This continues to be an overall downward (and therefore improving) trend.

Workforce

Annual appraisals

The Systems and Information team are working with services across the Trust to align appraisal completion dates correctly ie when there is a new starter or an employee is taking maternity leave or a career break, the date should be extended to when the appraisal will be completed instead of showing as non-compliant from the start of that period.

Staff sickness

Sickness absence rates continue to cause concern across areas of the Trust with an increase of 1.31% this October to 7.31% from September's figures. The top reason for absence remains to be anxiety/stress/depression and other psychiatric illnesses, this accounts for 31.7% of sickness absence. The Resolve service is now seeing greater numbers of staff attending with Acute Services making up over 25% of the referrals. All line managers are mandated to attend the Absence Management training module, part of the Leadership masterclasses, which are being delivered by the Employee Relations team. Classes for 2020 are now being planned as a number of managers have not attended and they will be part of a targeted approach going forward.

Vacancies

Focus on inpatient areas to recruit and initiatives to recruit and retain are now in place. Recruitment rates are now beginning to show some progress although delays in parts of the recruitment process are still causing concern. Further operational support is to be provided which is hoped will move this stage of the process and fill vacancies at a faster rate.

This month's IPR also includes further information on safe staffing for all inpatient wards.

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

Assurances

This report relates directly to the delivery of the Trust's strategy by summarising performance across the four key performance measurement areas. This report should be considered in relation to the relevant risks in the Board Assurance Framework.

As an integrated performance report the content provides assurance across several BAF risks related to workforce, operational performance, quality performance, financial performance and regulatory compliance. The use of run charts will provide the Board with a more detailed view of performance over time as it enables the differentiation between normal and special cause variation.

Consultation

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

Governance or Legal Issues

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

Public Sector Equality Duty and Equality Impact Risk Analysis

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

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

This report reflects performance related to all of the Trust's service portfolio and therefore any decisions that are taken as a result of the information provided in this report is likely to affect members of those populations with protected characteristics in the REGARDS groups.

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

Recommendations

The Council of Governors is requested to:

1) Consider the content of the paper as presented from the perspective of the Non-Executive Directors on how they have held the Executive Directors to account through their role.

Report presented by:	**Margaret Gildea, Non-Executive Director** **Geoff Lewins, Non-Executive Director** **Caroline Maley, Non-Executive Director** **Julia Tabreham, Non-Executive Director** **Anne Wright, Non-Executive Director** **Richard Wright, Non-Executive Director**
Report prepared by:	**Mark Powell, Chief Operating Officer** **Claire Wright, Director of Finance/Deputy CEO** **Amanda Rawlings, Director of People and Organisational Effectiveness** **Carolyn Green, Director of Nursing and Patient Experience**

1. Assurance Summary

Indicator	Rating[1]	Data Quality	Indicator	Rating[1]	Data Quality
Financial					
Cumulative surplus / (deficit)	n/a		Liquidity		
Agency expenditure against ceiling			Cumulative cost improvement programme	n/a	
Agency costs as a proportion of total pay expenditure			Cumulative capital expenditure	n/a	
Out of area and step down expenditure					
Operational					
CPA 7 day follow-up			Waiting list for care coordination – number waiting	See chart	
Data Quality Maturity Index (DQMI) - MHSDS data score			Waiting list for care coordination – average wait	See chart	
Early Intervention (EIP) RTT within 14 days - complete			Waiting list for ASD assessment – number waiting	See chart	
EIP RTT within 14 Days - incomplete			Waiting list for ASD assessment – average wait	See chart	
IAPT referral to treatment (RTT) within 18 weeks			Waiting list for psychology – number waiting	See chart	
IAPT referral to treatment within 6 weeks			Waiting list for psychology – average wait	See chart	
IAPT people completing treatment who move to recovery			Waiting list for CAMHS – number waiting	See chart	
Patients placed out of area - PICU	See chart		Waiting list for CAMHS – average wait	See chart	
Patients placed out of area - adult acute	See chart		Waiting list for community paediatrics – number waiting	See chart	
			Waiting list for community paediatrics – average wait	See chart	

[1]The rating symbols were designed by NHS Improvement

Key:

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

Indicator	Rating[1]	Data Quality	Indicator	Rating[1]	Data Quality
Workforce					
Annual appraisals			Clinical supervision		
Annual turnover			Management supervision		
Compulsory training			Vacancies		
Sickness absence			Bank staff use		
Quality					
A. Safe					
Incidents of moderate to catastrophic actual harm			Medication errors		
Episodes of patients held in seclusion			Incidents involving physical restraint		
Incidents involving prone restraint			Incidents requiring duty of candour		
Falls on inpatient wards					
B. Caring					
Formal complaints received			Compliments received		
Staff friends and family test - recommended care			Friends and family test – positive responses		
C. Effective					
Patients in settled accommodation			Patients in employment		
D. Responsive					
Patients on CPA whose care plan has been reviewed			Delayed transfers of care		

[1]The rating symbols were designed by NHS Improvement

Key:

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

2. Detailed Narrative

Finance

As at the end of October the surplus of £1.3m is slight ahead of plan. The forecast assumes the planned surplus of £1.8m is achieved. However there are significant cost pressures and risks to be mitigated. Therefore in order to achieve the planned surplus the forecast assumes the requirement to reduce expected costs by £1.3m during the remainder of the financial year, which is a worsening positon of £0.6m. The adverse movement in the underlying forecast this month is due to two previous highlighted risks that have now moved into the actual forecast: under delivery of CIP by £0.3m and the potential loss of CQUIN income of £0.3m. The underlying financial risk is generated by unfunded cost pressures partially offset by contingency reserves leaving a net cost pressure of £1.2m.

Agency is forecast to remain below the ceiling of £3.03m. Year to date agency expenditure equates to 2.8% of total pay expenditure.

The cost improvement programme (CIP) is behind plan year to date and is now forecast not to deliver in full and have a shortfall of £0.3m. Capital is behind plan year to date but forecast to spend to plan by the end of the financial year.

Operations

A. Patients placed out of area – PICU and adult acute

The team understand the distress that can be caused for patients and families when placed miles from home and aim at all times to place patients as close to home as possible. However, there are times when due to no beds being available on the acute wards out of area placements will be sought. The team review placements daily of all patients who are placed out of area to repatriate them as quickly as possible back to their local community.

DHCFT discuss the use of leave beds and aim to utilise clinically safe leave beds to admit into. A safe bed is one where a patient may have had two or more successful leaves home and may be on extended leave prior to discharge.

There are occasions that patients may require detention under the Mental Health Act in a Psychiatric Intensive Care Unit (PICU). A PICU is designed to offer a higher level of environmental and relational security to keep the patient and others safe. DHCFT are not currently commissioned to provide this service so any one requiring a PICU will be placed out of area.

All patients who are placed out of area receive visits from a member of the DHCFT out of area care managers. It is their role to ensure that patients receive high quality safe care while not directly in our care.

Out of Area – Psychiatric Intensive Care Units (PICU)

Since June 2019 there has been a steady decline in the number of patients who have been placed in a PICU facility - from 23 in June to an average of 6 patients in October. Part of the repatriation process is for patients to be admitted to the Enhanced Care Ward or to return to an acute ward where this is clinically appropriate. Due to vacant beds during the summer months DHCFT were able to repatriate patients through these routes.

Out of Area – Acute Placements

While the average number of patients in out of area (OOA) acute beds was maintained at eight for July August and September, October saw an increase in requests for acute beds. There was high demand over the weekends of 4 to 6 October resulting in four patients being placed out of area with a further five patients requiring admission over the weekend 11 and 13 October. This increased the number of OOA acute placements during October to an average of 11 patients at any time.

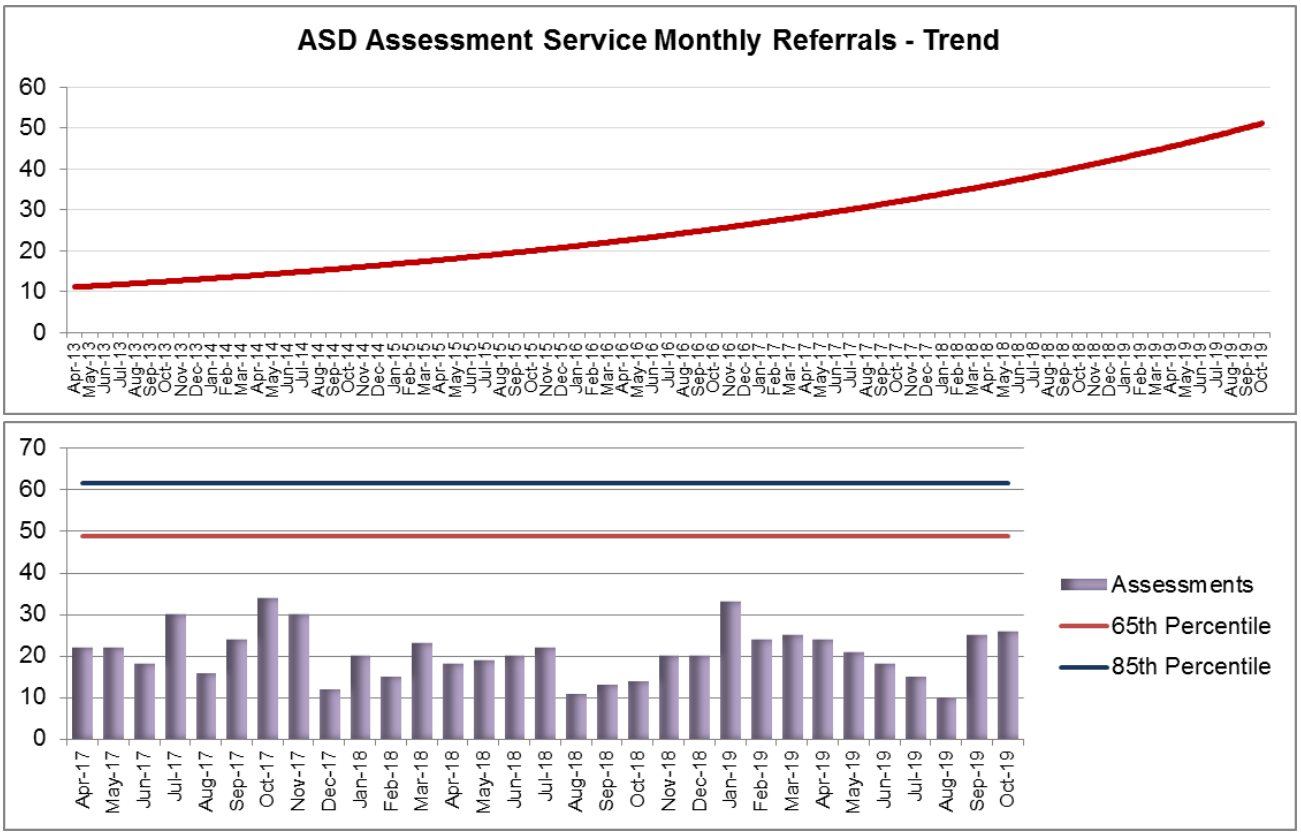
Throughout October there was a decrease in the number of available safe beds, reducing the capacity to return patients from the OOA acute beds.

The Acute Services Management Team have clear systems and processes to ensure the flow of patients is planned to reduce the amount of time patients are out of area and to optimise beds in the acute units:

- Monday morning clinical meetings with ward based consultants, senior nurses, LA social care workers and Assessment Services
- Daily ward rounds
- Daily senior nurse meetings to discuss patient flow
- Daily Assurance Calls with senior management team to discuss bed availability
- Weekly discussion with case managers, flow coordinators and senior managers
- Review of patients awaiting accommodation
- Identification of patients awaiting allocation of a social worker
- Escalation of cases to social care

B. Waiting list for autistic spectrum disorder (ASD) assessment

The team will be back to full capacity from November 2019. The team has also achieved their monthly commissioned activity target in September and October. However, it is important to note that full commissioned capacity is not enough to meet the ongoing and increasing levels of demand for this service. To meet demand, the service would need capacity to assess between 49 and 62 patients per month, whereas the service has averaged around 20 assessments per month, with 34 being the highest level ever achieved.



C. Waiting list for psychology

Work is ongoing to manage and reduce waiting list and numbers waiting across all community teams. A 0.5 wte new member of staff has joined the Chesterfield Adult Community Team and an existing member of staff (0.8wte) has returned from maternity leave in Older Adults Derby City Team. This will impact positively on numbers waiting and waiting times in both teams.

We have several posts out to advert and have appointed a 1.0 wte to Amber Valley Team: start date due March/April 2020.

Eight Band 6 CPN's have been appointed to the developing Personality Disorder Pathway and are due to start early in the New Year and from recent recruitment in psychology there will be an additional 0.8 wte psychologists in post to support the developments.

Ongoing recruitment into vacancies is taking place.

D. Waiting list for child & adolescent mental health services (CAMHS)

The waiting list and capacity to meet demand continue to be a challenge for CAMHS. Vacancy and some sickness continues to impact on capacity to undertake assessments. Demand has consistently outstripped capacity in the preceding months in part due to CCG disinvestment in existing services prior to investing in new services. This had a significant impact.. We have now filled the substantive vacancies in the assessment team and new staff joined us in November 19. New starters are currently completing their induction, shadowing assessment clinics to enable them to confidently run assessment clinics independently from January 20. Until this point it is unlikely we will see any improvement.

Urgent assessment will continue to be offered, however routine assessment clinics are not offered over the 2 week Christmas period owing to lack of demand. At full capacity the team can offer 38 initial assessments per week, however this is reduced to 33 per week currently due to the temporary promotion of a team member into the clinical lead post whilst this post is substantively recruited to. 90 cases are being allocated to the new starters to provide short term intervention and group work. A weekly boys group, developed jointly with Derby County, will be supported by one of the new starters.

It is anticipated that recruitment into vacancies will have a positive impact on existing staff and reduce absence. We continue to await the CCG release of agreed additional investment into CAMHS for this financial year which will afford us some additional capacity and positively impact on the waiting list, in advance of the CCG planning for next financial year. Investment into the Recovery pathway will support throughput within the service, free up capacity within Asist, reduce internal waits and enable the teams to provide the right service at the right time.

E. Waiting list for community paediatrics

Progress continues to be made. The longest waits remain below 52 weeks, and we continue to focus on those children waiting in excess of 26 weeks. Managing the capacity centrally is a key action, and we have recruited a waiting list coordinator to better manage resource and capacity. An update paper was presented to the Trust Management Team on 24th October which set out a series of actions being taken to manage this challenge. Further assurance was provided to November's F&P Committee. We are also now in the process of reviewing the service specification with the CCG, which formed part of the action plan.

Quality

Particular measures of note are as follows:

A. Patients open to Trust in employment

This has been reducing for the past year. One response to this is the Trust's participation in the Wave 2 transformation funding for the expansion of Individual Placement and Support services which is expected to help improve employment opportunities for service users.

B. Patients open to Trust in settled accommodation

This is a clear reducing trend, so is being reviewed by managers in the community in a bid to understand what might be driving this change, either in our reporting or in our patient population.

C. Number of falls on in-patient wards

Overall, a reducing trend is apparent over recent months, with one particularly elevated measure in May 2019. Falls reduction is a local Commissioning for Quality and Innovation (CQUIN).

D. Percentage of patients who have had their care plan reviewed and have been on CPA for greater than 12 months

Whilst this might be observed to be a reducing trend, it is important to note that it is still above target

E. Delayed transfers of care

This continues to be an overall downward (and therefore improving) trend

Workforce

A. Annual appraisals

All line managers are mandated to attend the appraisal training programme, part of the Leadership Development Programme. Appraisal completion is now steadily rising to 80.12% this month (target is 90%) from 77.17% in September. Divisional people Leads (DPLs) continue to monitor and support where there are low rates of completion.

B. Turnover

Our turnover profile for last month has now changed. Turnover in the acute adult inpatient areas is now under the target level, whereas turnover has now increased in month in these areas: children's, and adult community. We are now looking into these areas as a deep dive to see if this is a one off month spike or if further work is required in these areas. Comparing turnover for the last three months (August, September and October) to the same three months period last year, there is an increase of 22 more employees leaving the Trust compared to the number last year for the same period.

The main reason is retirements followed by relocation and then work life balance. The retire and return policy is currently under revision and it's hoped this will encourage more employees to return where possible alternative roles may exist. Exit interviews are now actively promoted and the information from these, collated in employee relations will start to show some trends and support further retention initiatives.

C. Compulsory training

There has been excellent progress over the last few months to increase compliance particularly in the acute inpatient areas. Mandatory training compliance Trust-wide is now at 86.79% (above the 85% target) and role specific 75.15% (above the 75% target).

D. Staff sickness

The Employee Relations team continues to provide targeted support for those long term cases where a range of options is considered. Particular focus is on the Acute Care Adults division where sickness absence is now running at 9.81%, Forensic and Rehab at 9.38% and Adult Care Community at 8.10%.

The DPLs in these areas are working closely with the Service Managers highlighting sickness trends and hot spots and providing support and advice. Return to work meetings, reviews etc. are being followed up with attention to the speed of referrals in Occupational Health, this is now being monitored as there have been concerns around the response from this service. Managers have provided positive feedback to the mandatory People Masterclass "Managing attendance", however there are still a number of managers who have not yet been able to attend and they will be an area of focus to attend in 2020.

Positive feedback regarding the Resolve service and the increases in clinic attendance is now preventing more employees going off sick. Current data from Resolve indicates that at least 25% of referrals are coming from the Acute inpatient areas. We are doing a deep dive into long term sickness to understand whether a change in approach is required.

E. Supervision

Supervision levels are monitored at performance reviews and monthly operational meetings.

F. Vacancies

Focus on inpatient areas to recruit and initiatives to recruit and retain are now in place. Recruitment activity continues to remain at high levels with the KPI of 60 days now slipping to 70.2 working days this month. Delays in the shortlisting process are a factor which the People resourcing team are working hard to resolve. This means giving more dedicated support to inpatient areas in particular where the delays are more common. As a temporary measure, from this month, two colleagues in the inpatient Divisions have been tasked to work specifically with the People Resourcing team to reduce the number of days and to move the shortlisting and appointment process.

3. Business Plan Performance Summary

Service Area	Monthly Performance		
	Red	Amber	Green
Acute	1	14	7
Specialist Services	0	7	2
Children's Services	1	5	4
Adult Community	0	12	4
Forensic and Rehabilitation	0	12	2
Pharmacy	0	5	15
Information Management, Technology and Patient Records	0	6	5
Estates and Facilities	1	11	1
Communications	1	5	6
Corporate Governance and Legal Affairs	0	3	11
Contracting and Business Development	0	2	10
Procurement	0	1	5
Transformation	0	6	6
Nursing and Quality	0	10	15
People Services	1	11	8
Finance	0	7	0

Specialist Services Narrative

The internal changes within Learning Disabilities and implementation of a new service specification have concluded. Our IAPT partnership Talking Mental Health Derbyshire (alongside Derwent Rural Counselling Service, Relate and IESO) has submitted the formal tender to be part of the new Derbyshire IAPT service and is awaiting the outcome.

Forensic and Rehabilitation Narrative

Good progress is being made against the milestones. The plan on a page needs to be reviewed following establishment of the division.

4. Safer Staffing

This month safer staffing data has been included in the report. It is an NHS England requirement that all Trusts publish their inpatient nursing staffing levels each day by ward area, showing the Trust's actual and planned staff fill rates. This is in response to the Francis Report (2013), where a commitment was made that all NHS Trusts with inpatient areas would publish full staffing data (by month, by ward area) from May 2014, and then on an ongoing monthly basis. The intention is to show how Trusts across the NHS ensure the safety of their staffing levels and skill mix. The data is routinely published on the Trust's website.

Table 1 compares the planned staffing levels on each ward with the actual staffing levels for the latest reported month.

Table 2 gives the care hours per patient day (CHPPD) for the latest reported month. CHPPD was developed by NHS Improvement to provide a single, consistent and nationally comparable way of recording and reporting deployment of staff on inpatient wards. (for more information, see: https://improvement.nhs.uk/documents/5604/Care_hours_per_patient_day_CHPPD_guidance_for_all_inpatient_trusts.pdf).

Table 2 also gives the average fill rates on each ward. The fill rate is the extent to which rota hours were filled by registered nurses and unregistered care staff.

Table 1. Ward Staffing Levels – Actual versus Planned (September 2019)

Ward name	Main 2 Specialties on each ward		Day				Night				Allied Health Professionals			
			Registered Nurses/Midwives		Non-registered Nurses/Midwives (Care Staff)		Registered Nurses/Midwives		Non-registered Nurses/Midwives (Care Staff)		Registered allied health professionals		Non-registered allied health professionals	
	Specialty 1	Specialty 2	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours
AUDREY HOUSE	314 - REHABILITATION		892.5	673.82	450	613	609	397.75	0	231	0	0	0	0
CHILD BEARING INPATIENT	710 - ADULT MENTAL ILLNESS		892.5	577.25	900	745.24	315	315	315	325.5	0	0	0	0
CTC RESIDENTIAL	314 - REHABILITATION		900	929.36	1965	1374.17	630	343.5	315	630	0	72.5	0	0
ENHANCED CARE WARD	710 - ADULT MENTAL ILLNESS		1350	924.75	1350	1581.5	630	379.5	630	1147	0	79	0	0
HARTINGTON UNIT - MORTON WARD ADULT	710 - ADULT MENTAL ILLNESS		1372.5	1032	1372.5	1418.75	555	314.49	555	681.65	457.5	0	0	0
HARTINGTON UNIT - PLEASLEY WARD ADULT	710 - ADULT MENTAL ILLNESS	715 - OLD AGE PSYCHIATRY	1530	1046.5	1372.5	1139.67	555	314	555	555.74	457.5	253.75	0	0
HARTINGTON UNIT - TANSLEY WARD ADULT	710 - ADULT MENTAL ILLNESS		1530	1274.49	1372.5	881.47	555	466.38	555	592.78	915	183.84	0	0
KEDLESTON LOW SECURE UNIT	712 - FORENSIC PSYCHIATRY		1860	1512.42	2250	1686.75	615	616.25	1230	1231	0	0	0	0
KINGSWAY CUBLEY COURT - FEMALE	715 - OLD AGE PSYCHIATRY		1440	1132.17	2190	1978.69	624.9	395.53	1250.1	1350.35	0	15	0	0
KINGSWAY CUBLEY COURT - MALE	715 - OLD AGE PSYCHIATRY		1567.5	998.6	2362.5	2506.09	624.9	505.48	937.5	1290.09	0	0	0	7.5
LONDON ROAD COMMUNITY HOSPITAL - WARD 1 OP	715 - OLD AGE PSYCHIATRY		1605	1217.6	1440	1311.77	624.9	556.62	624.9	906.25	0	0	0	0
RADBOURNE UNIT - WARD 33 ADULT ACUTE INPATIENT	710 - ADULT MENTAL ILLNESS		1350	1225.1	900	1001.45	630	326.25	315	798.5	450	134.5	0	0
RADBOURNE UNIT - WARD 34 ADULT ACUTE INPATIENT	710 - ADULT MENTAL ILLNESS		1350	1134.9	900	1037.75	630	399	315	922	450	106.5	0	0
RADBOURNE UNIT - WARD 35 ADULT ACUTE INPATIENT	710 - ADULT MENTAL ILLNESS		1305	1007.92	870	895.42	630	284	315	623.5	435	130.75	0	0
RADBOURNE UNIT - WARD 36 ADULT ACUTE INPATIENT	710 - ADULT MENTAL ILLNESS		1350	1083.91	1350	1006.66	630	346.5	315	780.5	450	116	0	0

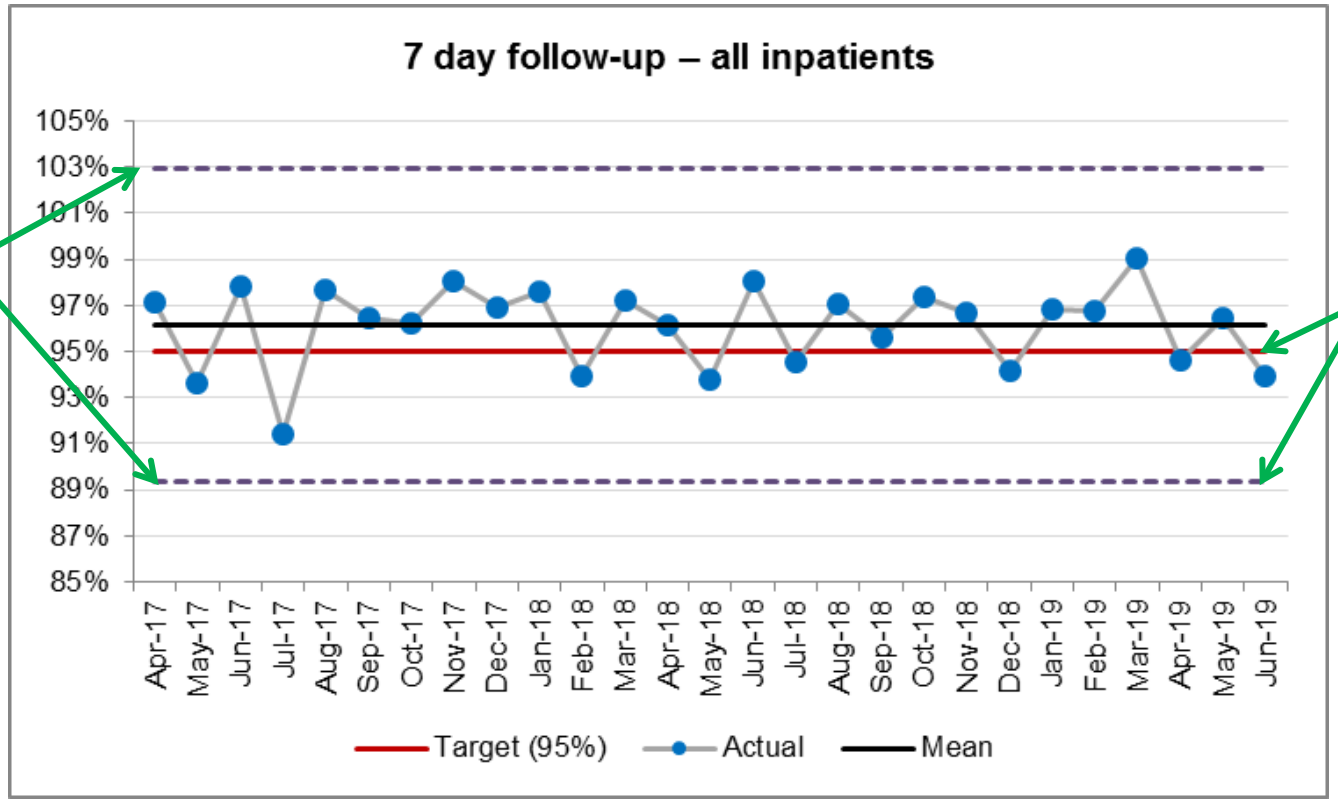
Table 2. Ward Care Hours Per Patient Day & Average Fill Rates (September 2019)

	Care Hours Per Patient Day (CHPPD)								Day		Night		Allied Health Professionals	
Ward name	Cumulative count over the month of patients at 23:59 each day	Registered Nurses/Midwives	Non-registered Nurses/Midwives	Registered Nursing Associates	Non-registered Nursing Associates	Registered allied health professionals	Non-registered allied health professionals	Overall	Average fill rate - Registered Nurses/Midwives (%)	Average fill rate - Non-registered Nurses/Midwives (care staff) (%)	Average fill rate - Registered Nurses/Midwives (%)	Average fill rate - Non-registered Nurses/Midwives (care staff) (%)	Average fill rate - registered allied health professionals (AHP) (%)	Average fill rate - non-registered allied health professionals (AHP) (%)
AUDREY HOUSE	245	4.4	3.4	0.0	0.0	0.0	0.0	7.8	75.5%	136.2%	65.3%	-	-	-
CHILD BEARING INPATIENT	95	9.4	11.3	0.0	0.0	0.0	0.0	20.7	64.7%	82.8%	100.0%	103.3%	-	-
CTC RESIDENTIAL	732	1.7	2.7	0.0	0.0	0.1	0.0	4.6	103.3%	69.9%	54.5%	200.0%	-	-
ENHANCED CARE WARD	260	5.0	10.5	0.0	0.0	0.3	0.0	15.8	68.5%	117.1%	60.2%	182.1%	-	-
HARTINGTON UNIT - MORTON WARD ADULT	535	2.5	3.9	0.0	0.0	0.0	0.0	6.4	75.2%	103.4%	56.7%	122.8%	0.0%	-
HARTINGTON UNIT - PLEASLEY WARD ADULT	537	2.5	3.2	0.0	0.0	0.5	0.0	6.2	68.4%	83.0%	56.6%	100.1%	55.5%	-
HARTINGTON UNIT - TANSLEY WARD ADULT	563	3.1	2.6	0.0	0.0	0.3	0.0	6.0	83.3%	64.2%	84.0%	106.8%	20.1%	-
KEDLESTON LOW SECURE UNIT	454	4.7	6.4	0.0	0.0	0.0	0.0	11.1	81.3%	75.0%	100.2%	100.1%	-	-
KINGSWAY CUBLEY COURT - FEMALE	509	3.0	6.5	0.0	0.0	0.0	0.0	9.6	78.6%	90.4%	63.3%	108.0%	-	-
KINGSWAY CUBLEY COURT - MALE	435	3.5	8.7	0.0	0.0	0.0	0.0	12.2	63.7%	106.1%	80.9%	137.6%	-	-
LONDON ROAD COMMUNITY HOSPITAL - WARD 1 OP	513	3.5	4.3	0.0	0.0	0.0	0.0	7.8	75.9%	91.1%	89.1%	145.0%	-	-
RADBOURNE UNIT - WARD 33 ADULT ACUTE INPATIENT	536	2.9	3.4	0.0	0.0	0.3	0.0	6.5	90.7%	111.3%	51.8%	253.5%	29.9%	-
RADBOURNE UNIT - WARD 34 ADULT ACUTE INPATIENT	516	3.0	3.8	0.0	0.0	0.2	0.0	7.0	84.1%	115.3%	63.3%	292.7%	23.7%	-
RADBOURNE UNIT - WARD 35 ADULT ACUTE INPATIENT	539	2.4	2.8	0.0	0.0	0.2	0.0	5.5	77.2%	102.9%	45.1%	197.9%	30.1%	-
RADBOURNE UNIT - WARD 36 ADULT ACUTE INPATIENT	564	2.5	3.2	0.0	0.0	0.2	0.0	5.9	80.3%	74.6%	55.0%	247.8%	25.8%	-

Appendix 1

How to Interpret a Statistical Process Control Chart (SPC)

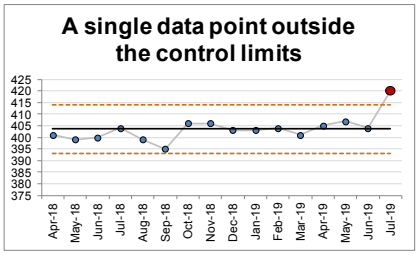
The dotted lines are the "control limits". Any performance between these 2 lines is normal for the current system. This is known as "normal variation"

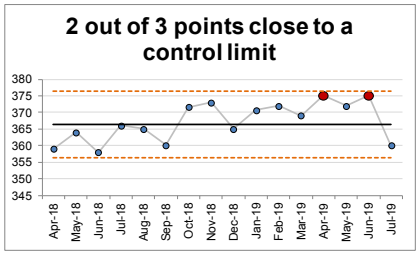


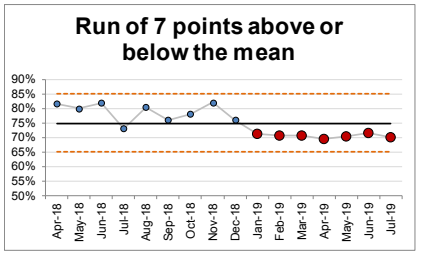
If the system is effective, the **lower** control limit will be above the target line (for targets where higher is better) or the **upper** control limit will be below the target line (for targets where lower is better). In that scenario we have nothing to worry about and can be assured our system is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

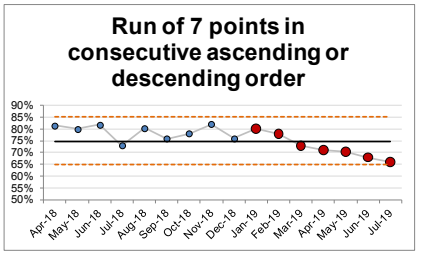
In this case the target line is above the lower control limit which indicates that the system is ineffective.

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

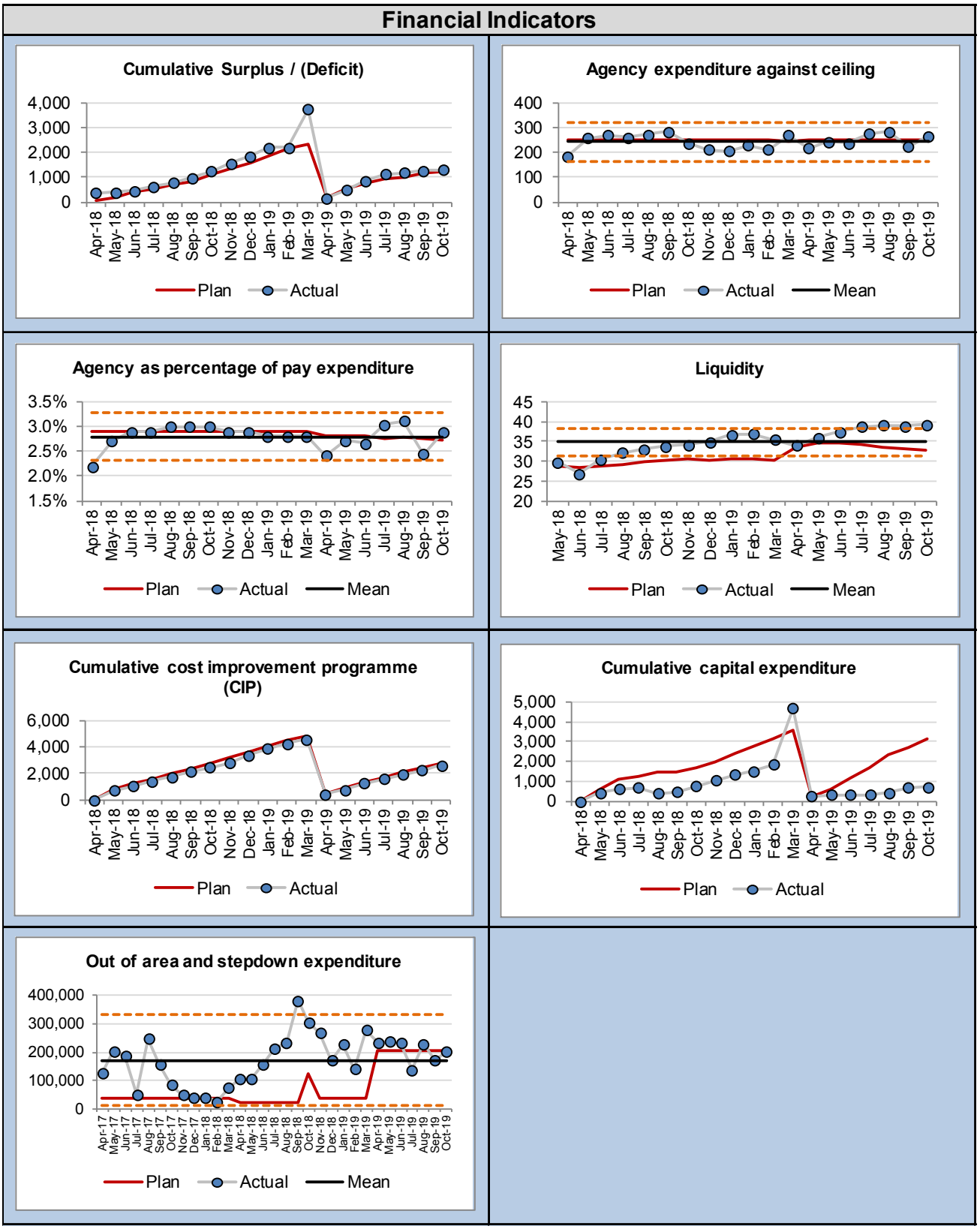




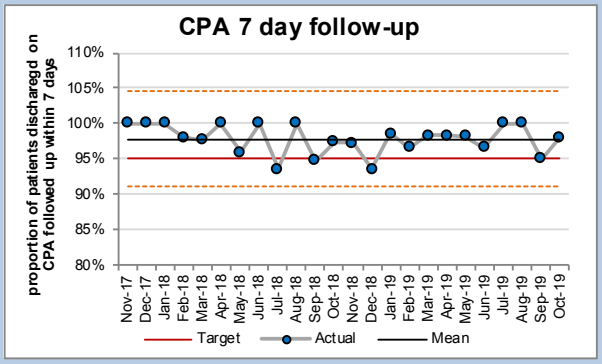


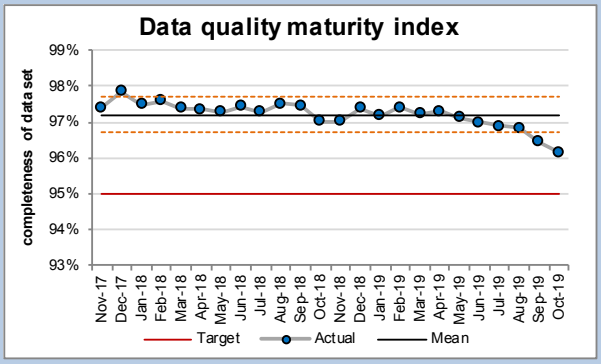


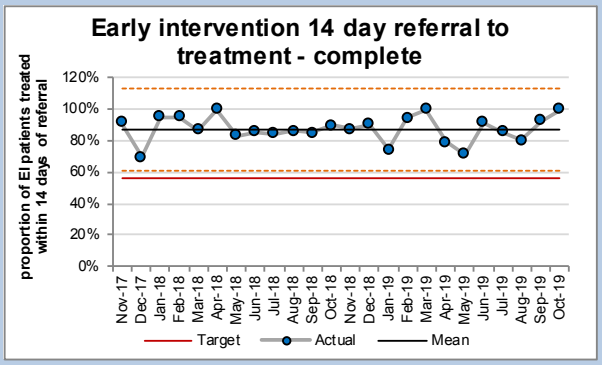
Appendix 2 – Charts

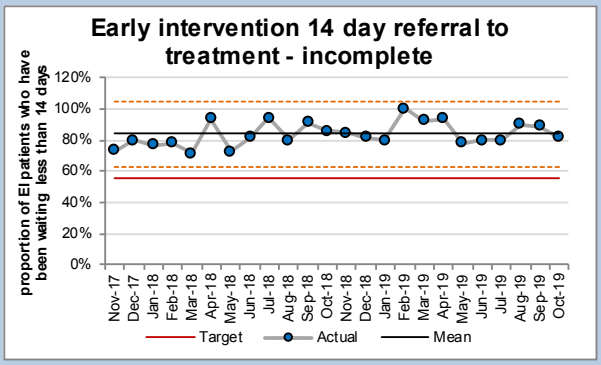


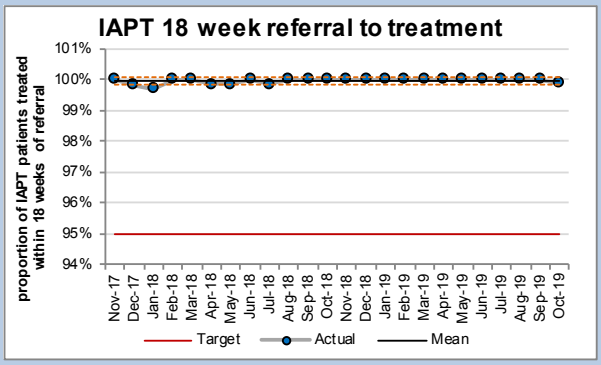
Operational indicators

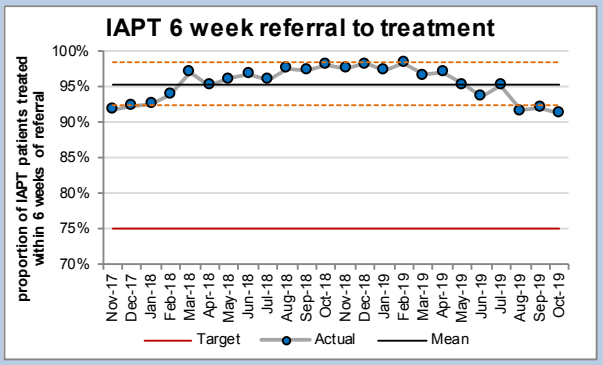


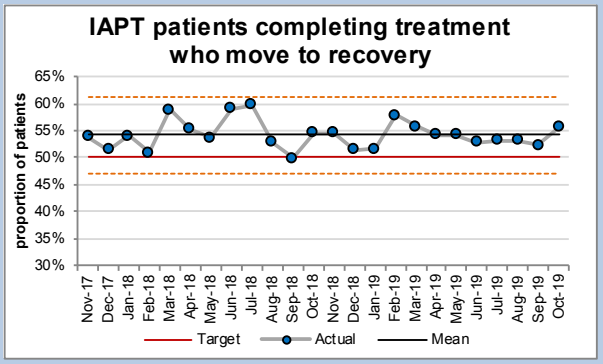


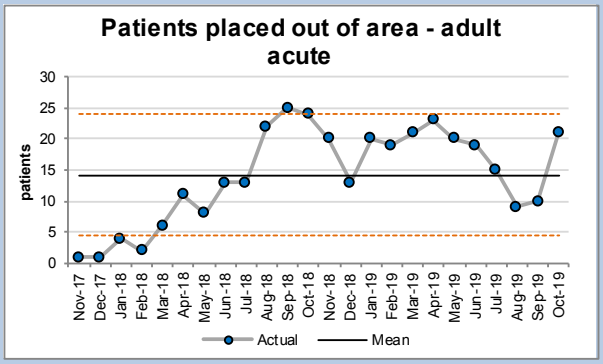


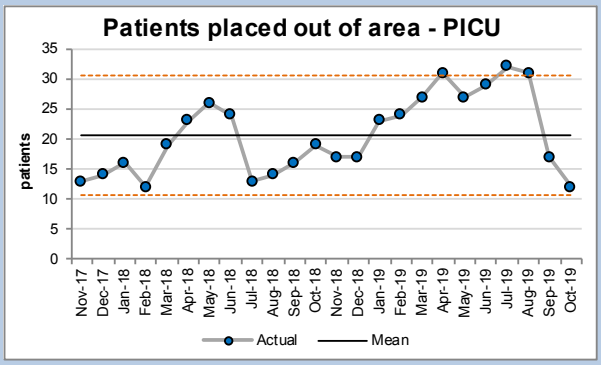




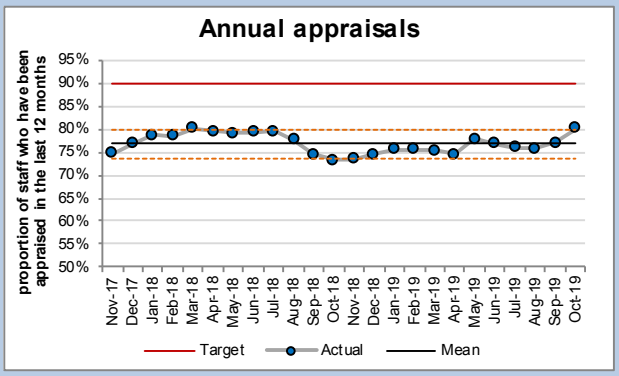


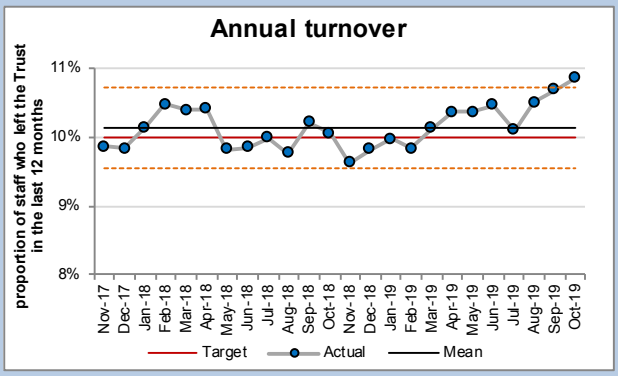


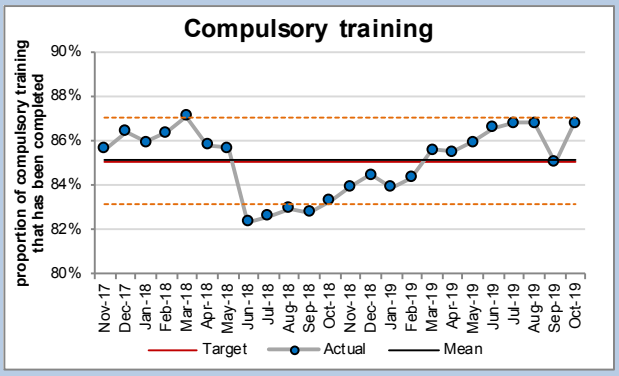


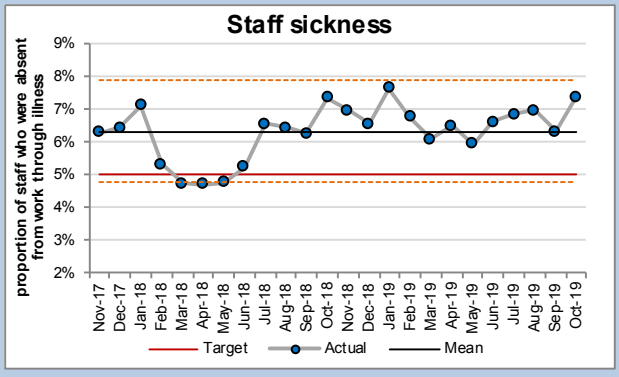


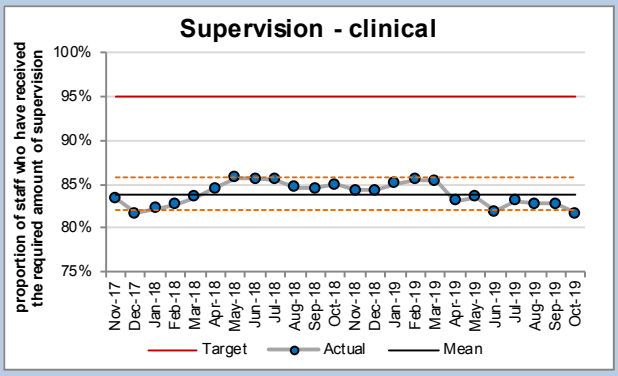
Workforce indicators

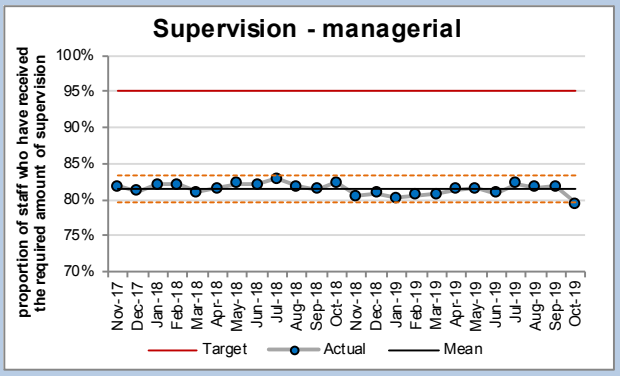


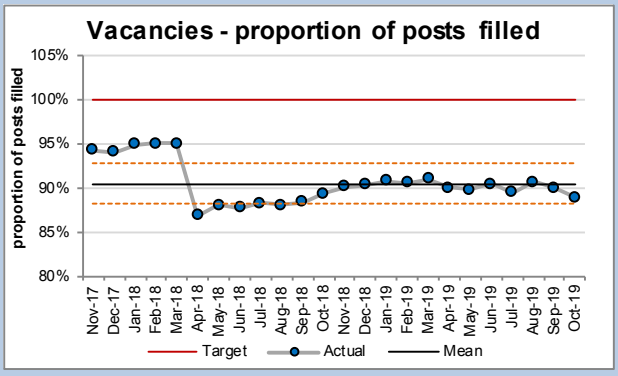


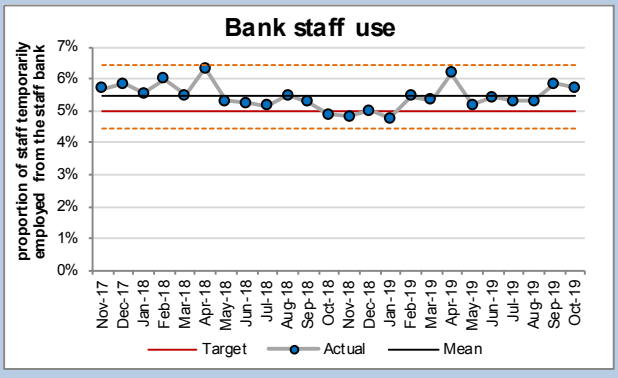






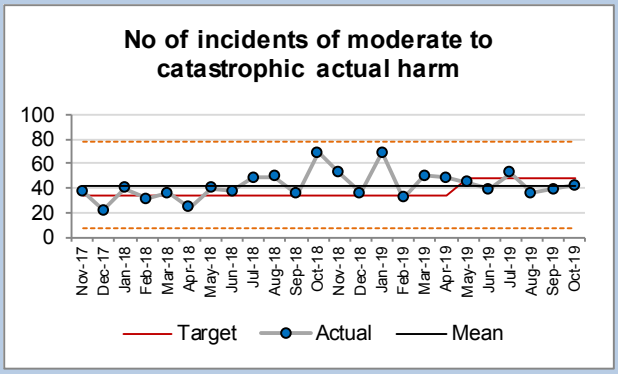


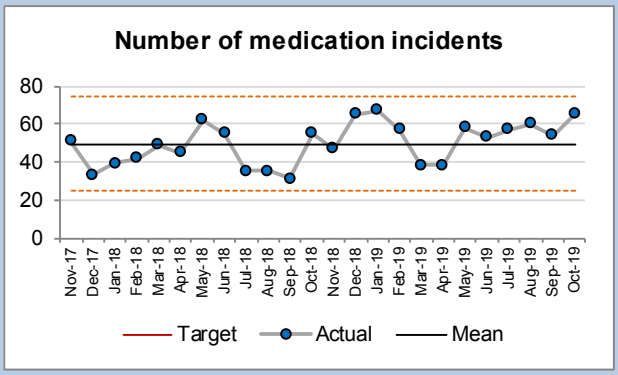


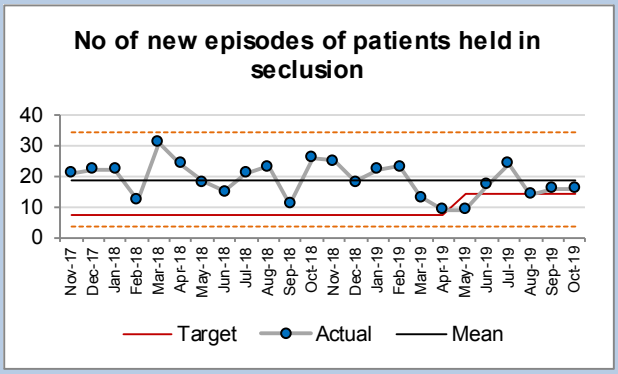


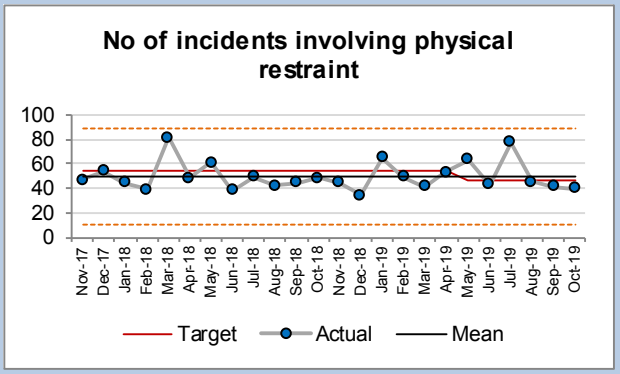
Quality Indicators

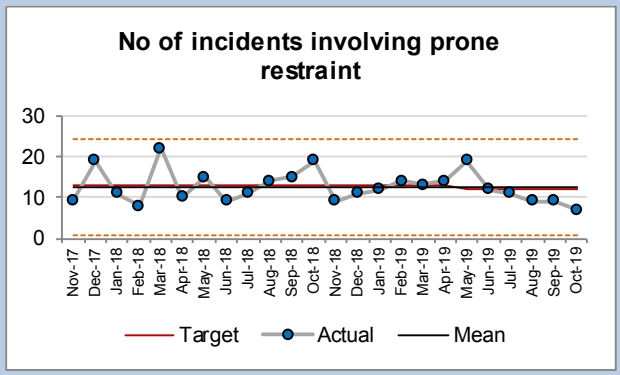
Safe

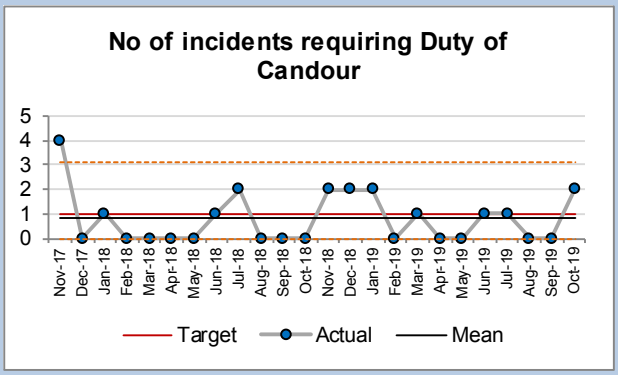


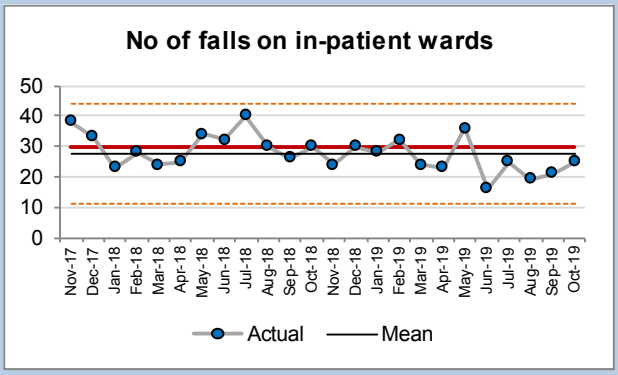






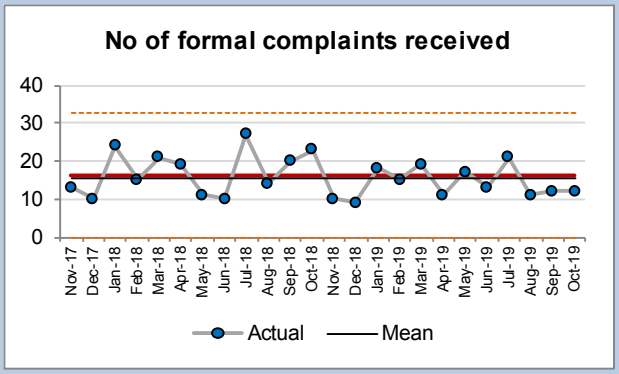


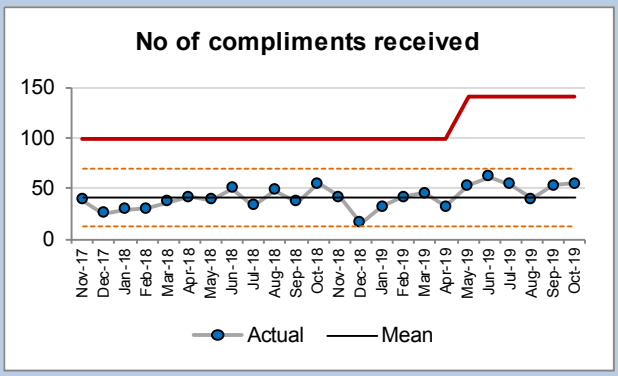


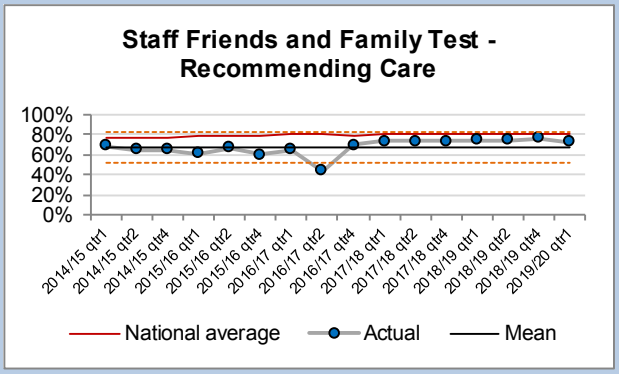


Quality Indicators

Caring







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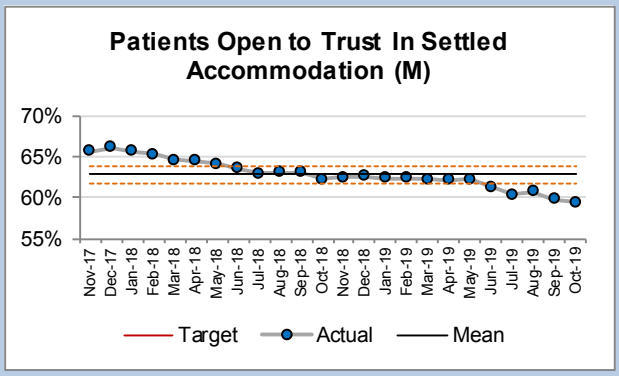

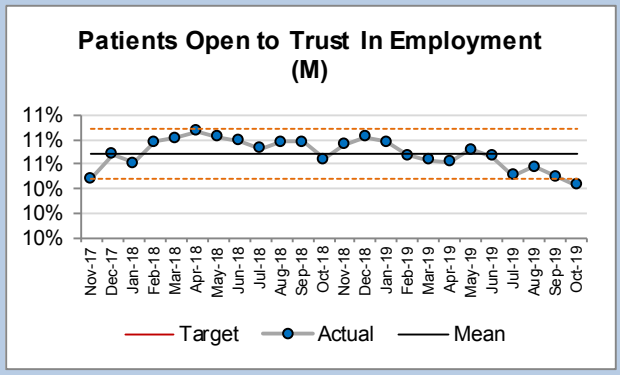

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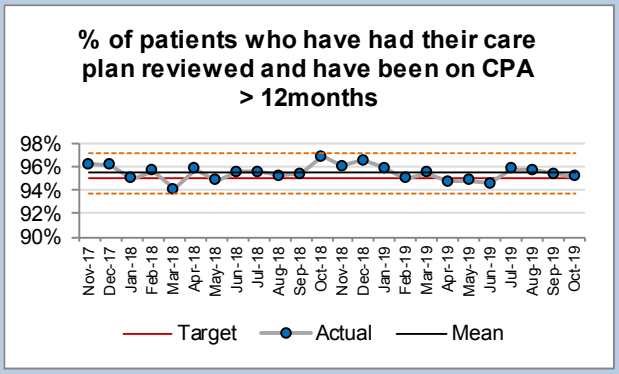
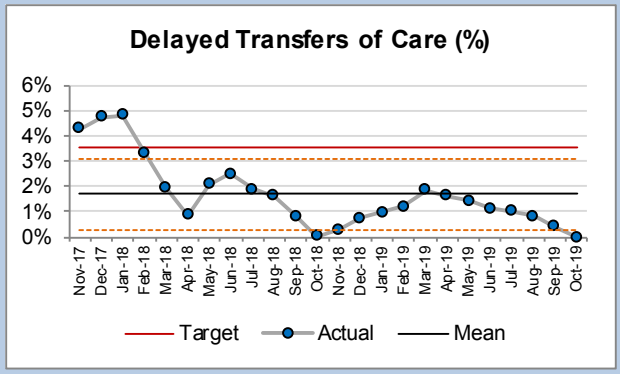
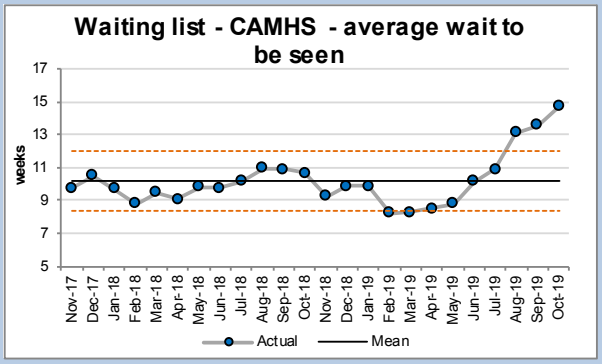
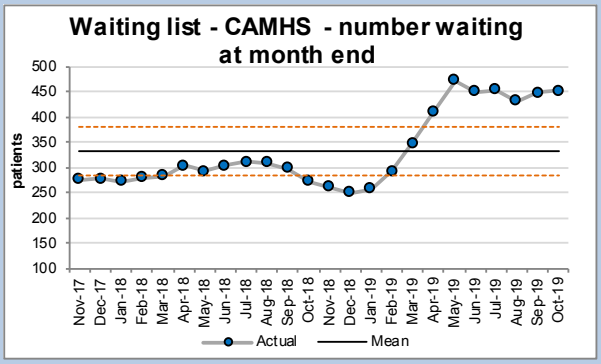
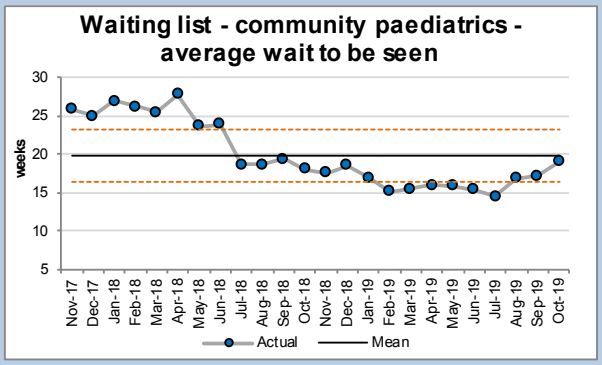


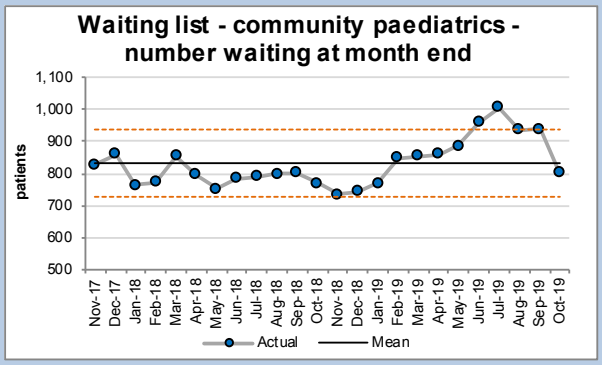


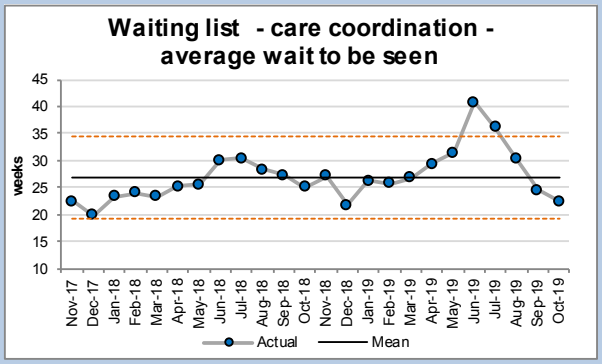
Operational indicators

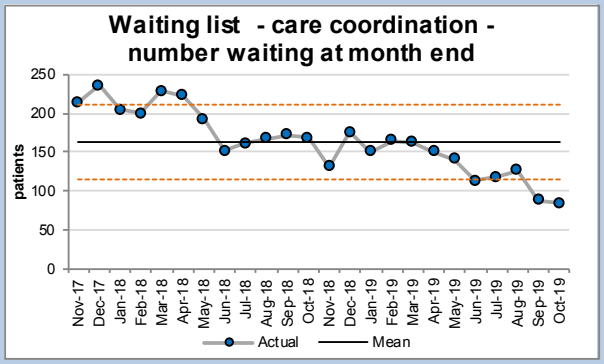


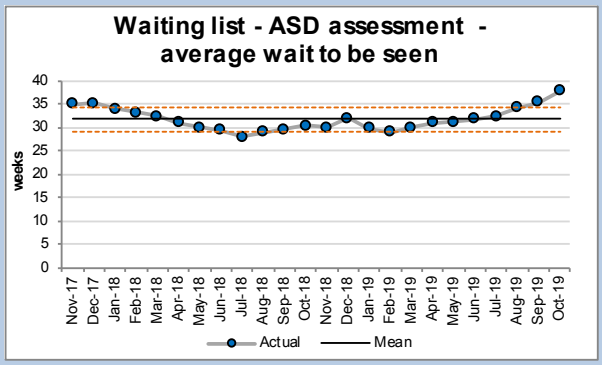


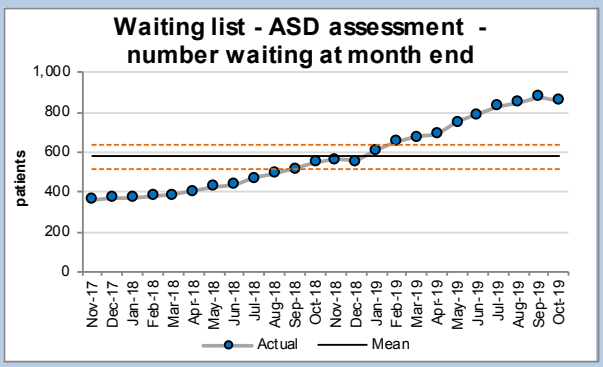


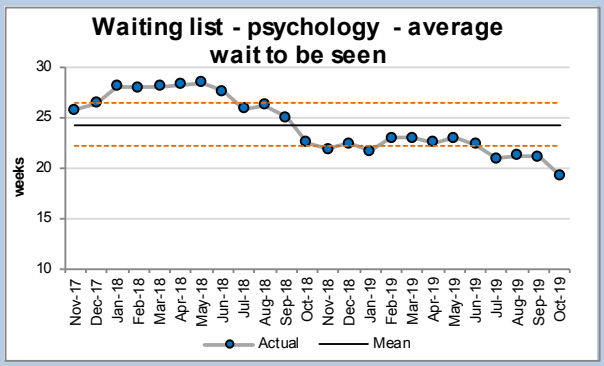


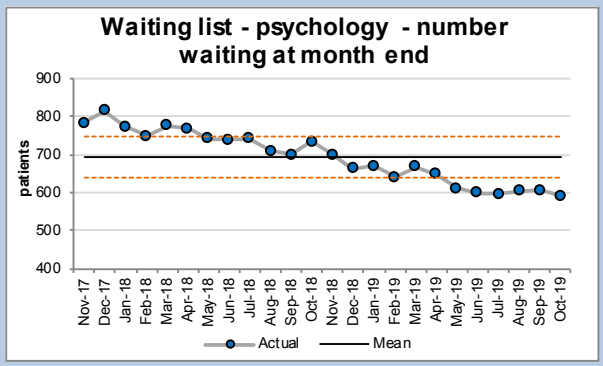












Appendix 3 – Data Quality Kite Mark

Background

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

Approach



Assessment of each domain will be based on the following criteria:

Data Quality Indicator	Definition	Not yet assessed	Sufficient	Insufficient
Timeliness	Is the data the most up to date and validated available from the system?	Not yet assessed	The data is the most up to date available.	Data is not available for the current month due to the time taken to extract / prepare from the system.
Audit	Has the system or processes used to collect the data been subject to audit (Internal Audit/ External Audit / self-audit) in the last 12 months?	Not yet assessed	The system and processes involved in the collection, extraction and analysis of the data have been audited and presented to the oversight committee.	No formal audit has taken place in the last 12 months. Exceptions have been identified and corrective action has not yet been implemented.
Source	Is the source of the data fully documented and understood?	Not yet assessed	All users understand how to extract the data in line with the indicator definition. The data source is well documented in the event that there is a change in personnel producing the indicator.	The data source is poorly documented and could be inconsistently extracted.

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

KPI Data Quality Reviews

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

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 7 January 2020

Report from Governance Committee

Purpose of Report
This paper provides an update on the meeting of the Governance Committee held on 10 December 2019.

Executive Summary
Since the last summary was provided in November the Governance Committee has met once on 10 December 2019.

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

Assurances
- The 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.

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

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

Recommendations

The Council of Governors is requested to:

1) Note the report made at the Governance Committee meeting on 10 December 2019.

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

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

Report from Governance Committee – 10 December 2019

The Governance Committee of the Council of Governors (CoG) has met once on 10 December 2019 since its last report to the Council of Governors in November. Eleven governors attended. This report provides a summary of the meeting including actions and recommendations made.

Matters Arising

- Deputy Chair, Governance Committee – Julie Lowe, Public Governor, Derby City East has expressed an interest in the role. The Governance Committee recommends that the Council of Governors approves Julie Lowe as Deputy Chair of the Governance Committee.
- The Lead Governor, Lynda Langley is progressing the opportunity to network with governors from other Derbyshire Trusts.

Governor attendance at the Council of Governors

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

Feedback from Governor Engagement Activities

- Governors were encouraged to complete the governor engagement template which has been produced and developed to enable governors to log issues and feedback from members and the public
- The governor membership engagement log was reviewed – there were no occurring themes.
- Analysis of the Annual Members' Meeting governor survey – Lynda Langley, Julie Lowe and Jo Foster will lead on this and present an update at the next meeting.

Engagement opportunities for governors

- Governors agreed to inform Denise Baxendale of any events that are taking place in their constituencies.

Governor elections update

- An update on the current situation regarding the Trust's elections was presented.
- The Lead Governor agreed to write to admin and allied support staff to encourage nominations.

Governor Training and Development programme for 2020/2021

- Internal training and development sessions should focus on key skills and knowledge areas that are important to ensure governors are equipped to carry out their role e.g. governor involvement in annual planning, quality strategy, strategic vision and current business priorities and planning cycle, finance and performance, people (the roles of the Trust's workforce, Trust services, raising concerns etc), risk management performance, refresher – governor statutory

duties, mandatory training. To help to develop the training and development programme, Kelly Sims, Chair, Governance Committee will devise a questionnaire for governors to complete – this will include which topics governors would like included and how the training should be delivered. The Governor Training and Development programme will be presented to the Council of Governors.

Consideration of holding to account questions to the Council of Governors

- There were two items to escalate to the Council of Governors:
  - How are the Non-Executive Directors assured that the Trust is taking the appropriate action to address and reduce the level of bullying and harassment as identified by the Freedom to Speak Up Guardian and in the staff survey?
  - How can the Non-Executive Directors be assured on the level of engagement with and support of mental health services in Primary Care in the current environment and when looking forward to the Primary Care Networks currently beings established through Joined Up Care Derbyshire?

Governor meeting dates for 2020/21

- The committee proposed that the December 2020 Governance Committee is moved to mid-January 2021 and the Council of Governors provisionally scheduled for 5 January 2021 be moved to 2 February 2021 in line with the Trust Board which is scheduled in the morning
- A list of governor meeting dates for 2020/21 is attached as Appendix 1 to this report.

Deputy Lead Governor vacancy

- Two expressions of interest have been received for the Deputy Lead Governor role and will be announced at the Council of Governors on 7 January 2020.

Governor focus group – feedback for Non-Executive Director appraisals

- A focus group has been arranged at 1.30pm prior to the Council of Governors meeting on 7 January at which governors are invited to give their feedback on Geoff Lewins as part of his annual appraisal.

Appendix 1

Governor Meeting Timetable 2020/2021 (excluding governor training and development sessions)

DATE	TIME	EVENT	LOCATION
7/4/20	9.30am onwards	Trust Board Meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
2/4/20	10.00am-12.30pm	Governance Committee	Training Room 1 & 2, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
5/5/20	9.30am onwards	Trust Board Meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
5/5/20	2.00pm onwards	Council of Governors meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
2/6/20	9.30am onwards	Trust Board Meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
9/6/20	10.00am-12.30pm	Governance Committee	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
7/7/20	9.30am onwards	Trust Board Meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
7/7/20	2.00pm onwards	Council of Governors meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
11/8/20	10.00am-12.30pm	Governance Committee	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
1/9/20	9.30am onwards	Trust Board Meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
1/9/20	2.00pm onwards	Council of Governors meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
10/9/20	2.30pm market place 4-6 formal meeting	Annual Members' Meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
6/10/20	9.30am onwards	Trust Board Meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ

8/10/20	10.00am-12.30pm	Governance Committee	Meeting Room 1, Albany House, Kingsway Site, Derby DE22 3LZ
14/10/20	Afternoon time TBC	Council of Governors and Trust Board joint session	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
3/11/20	9.30am onwards	Trust Board Meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
3/11/20	2.00pm onwards	Council of Governors meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
1/12/20	9.30am onwards	Trust Board Meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
*10/12/20	10.00am-12.30pm	Governance Committee	Meeting Room 1, Albany House, Kingsway Site, Derby DE22 3LZ
*5/1/21	2.00pm onwards	Council of Governors meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
2/2/21	9.30am onwards	Trust Board Meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
9/2/21	10.00am-12.30pm	Governance Committee	Meeting Room 1, Albany House, Kingsway Site, Derby DE22 3LZ
2/3/21	9.30am onwards	Trust Board Meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
2/3/21	2.00pm onwards	Council of Governors meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ

Derbyshire Healthcare NHS Foundation Trust

MINUTES OF A MEETING OF THE BOARD OF DIRECTORS

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

Tuesday 1 October 2019

MEETING HELD IN PUBLIC

Commenced: 9.30am Closed: 12 noon

PRESENT	Caroline Maley	Trust Chair
	Richard Wright	Deputy Trust Chair and Non-Executive Director
	Margaret Gildea	Senior Independent Director and Non-Executive Director
	Geoff Lewins	Non-Executive Director
	Dr Julia Tabreham	Non-Executive Director
	Dr Anne Wright	Non-Executive Director
	Suzanne Overton-Edwards	Non-Executive Director
	Ifti Majid	Chief Executive
	Claire Wright	Deputy Chief Executive & Director of Finance
	Carolyn Green	Director of Nursing & Patient Experience
	Mark Powell	Chief Operating Officer
	Dr John Sykes	Medical Director
	Amanda Rawlings	Director of People Services & Organisational Effectiveness
	Gareth Harry	Director of Business Improvement & Transformation
	Justine Fitzjohn	Trust Secretary
IN ATTENDANCE	Perminder Heer	NExT Director
	Dr Sheila Newport	Non-Executive Director Designate (shadowing Anne Wright)
	Anna Shaw	Deputy Director of Communications & Involvement
	Steve Jones	Chief Pharmacist (shadowing Mark Powell)
	Sharon Rumin	Team admin support (shadowing Caroline Maley)
	Jake Chilvers	Graduate Management Trainee (shadowing Ifti Majid)
	Shirley Parker	Named Nurse Safeguarding (shadowing Carolyn Green)
VISITORS	John Morrissey	Public Governor, Amber Valley
	Julie Lowe	Public Governor, Derby City East
	Christopher Williams	Public Governor, Erewash
	Sandra Austin	Derby City & South Derbyshire Mental Health Carers Forum and Trust Volunteer
	Grace Constantinou	Graduate Management Trainee
	Kevin Parkinson	CEO, First Steps
	Nicola Fletcher	Assistant Director of Clinical Professional Practice for item DHCFT2019/131
	Peter	For item DHCFT2019/131
	Narinder Kaur	Service Manager for item DHCFT2019/131

DHCFT 2019/130	**CHAIR'S WELCOME, OPENING REMARKS, APOLOGIES FOR ABSENCE AND DECLARATION OF INTERESTS** The Trust Chair, Caroline Maley, welcomed everyone to the meeting and introductions were made. There were no apologies for absence and no declarations of interest were made on the agenda items.
DHCFT 2019/131	**PATIENT STORY** Caroline welcomed Peter to the meeting who shared his experiences of the Living Well Programme, run at Dovedale Hospital. Being from a management training and personal development background he was able to assess the effectiveness of the programme from both a personal and professional perspective. Peter felt his medical diagnosis fitted the Living Well Programme well and despite his initial concerns about how his behaviour would be viewed he was very complimentary on how the programme was delivered and felt better for taking part. He gave praise to the trainer, Jess Whittaker, for running the well prepared participative programme adding it had clear objectives and structure. His one observation was that the quality of the presentations by external speakers was more varied. Peter suggested that a solution to this might be for the trainer to act as the lead co-ordinator for all elements of the programme. Mark Powell, Chief Operating Officer, agreed to follow up on this point. **Action: MP to feedback comment on quality of external presentations and suggestion for an overall lead co-ordinator for the programme.** Ifti Majid, Chief Executive, asked if the Trust had offered a place on the programme fast enough and Peter responded that the timing had been right for him, coming some while after diagnosis. He added he might not have benefitted as much if he had done it earlier. Peter explained that he had been offered the next stage of the programme and may take this up at some time in the future. Carolyn Green, Director of Nursing & Patient Experience, asked a question about participation rates and waiting times. Narinder Kaur responded that it was usually around 20 people for each intake (10 participants and their carers/partner) but there can be a large fall out rate. The waiting times were around 2 months but she added that this time can allow a positive opportunity to absorb a diagnosis and think about the programme and if it is right for them. Peter was thanked for attending and sharing his story with the Board.
DHCFT 2019/132	**MINUTES OF THE BOARD OF DIRECTORS MEETING HELD ON 3 SEPTEMBER 2019** The minutes of the previous meeting, held on 3 September 2019, were accepted as a correct record of the meeting.
DHCFT 2019/133	**ACTIONS MATRIX** The Board agreed to close all completed actions. Updates were provided by members of the Board and noted on the actions matrix. All completed 'green' actions were scrutinised to ensure that they were fully complete and actions that were not complete

	were challenged with Executive Director leads. There was a correction to the date for the WRES (Workforce Race Equality Standards) Action Plan to come to the Board on 5 November, not October. **MATTERS ARISING** No items outside of the actions matrix.
DHCFT 2019/134	**QUESTIONS FROM GOVERNORS OR MEMBERS OF THE PUBLIC** None received.
DHCFT 2019/135	**CHAIR'S UPDATE** Caroline's report provided the Board with the Trust Chair's summary of activity and visits to the Trust's services undertaken since the previous Board meeting held on 3 September. The following issues were highlighted: • An overview of two visits to the Mental Health Liaison Team based at the Royal Derby Hospital – Caroline added how impressed she had been with dedication and commitment of the team. She referred to the target of seeing/assessing the patients within one hour and some of the challenges of having to work with 4 – 5 different IT systems. Key achievements were a significant reduction in the number of A&E attendances by patients who attend frequently, in some cases by up to 70% and the teaching and training of the hospital staff on mental health issues. Caroline stated that it felt like one team and was a good example of system working. • An update on the matters discussed at the last Council of Governors meeting, including the Non-Executive appointments of Dr Sheila Newport and Suzanne Overton-Edwards and an update on waiting lists. Caroline had recently met with Staff Governors and she also gave an update on recent governor elections. • Annual Members Meeting (AMM) – held on 11 September. Attendees had commented that it had been the best ever AMM meeting. The writing competition had been a huge success as had the showcase to celebrate equality, diversity and inclusion. Caroline gave her thanks to the governors and the Communications and Involvement team who had been involved in the planning and delivery of the meeting. • Board Development on 18 September had focussed on living our values – People First and Respect. The focus was on developing a person centred leadership culture and using a feedback model to be open and honest in terms of providing feedback – both appreciative and constructive feedback were explored. • Non-Executive Director development – quarterly meetings continue and the appraisal process had recently commenced for the Chair and NED appraisals for Julia Tabreham, Margaret Gildea . A 360 new tool is being used. • Recent Joined Up Care Derbyshire (JUCD) events – including a stakeholder event and a JUCD Board meeting, highlights of which had been included as an appendix. • Discussion items at a Chief Executive and Chairs meeting hosted by NHS Providers had included a strategy and policy update from Chris Hopson, CEO of NHS Providers with a panel session exploring Primary Care Networks and a Briefing on Brexit planning and the No Deal implications.

	Mark reminded the Board that the Liaison Team was funded by national transformation monies as part of the Mental Health element of the Long Term Plan. The funding was circa £0.5m to bring service standards up and shows really positive working with partners. John Sykes, Medical Director, added that it was an example of two cultures coming together to get a better result. **RESOLVED: The Board of Directors noted the activities of the Trust Chair since the last meeting held on 3 September 2019.**
DHCFT 2019/136	**CHIEF EXECUTIVE'S UPDATE** Ifti's report gave a summary of the changes within the national health and social care sector, as well as an update on developments within the local Derbyshire health and social care community. The report also includes feedback from external stakeholders, such as commissioners, and feedback from staff. The following issues were highlighted: • National context – the shift in focus in regulators and regulatory activity, shown in the NHS Providers annual survey into regulation and the revised oversight framework. The Board noted the different approach for Performance Review Meetings (PRMs) which would now be done as a system rather than with individual Trusts Ifti added that regulators, in some areas, were coming straight to providers on services instead of the CCG. • Local context – progress on developing Integrated Care Partnerships (ICPs) in Derbyshire. ICPs are a formal alliance of a number of providers, often including statutory NHS, Local Authorities and the voluntary and independent sector that come together to deliver an agreed specification for a range of services for an agreed population National Guidance on how to create ICPs has been issued and options need to be agreed in Derbyshire within the next few months. • Preparing for CQC inspection – the information requests had been completed and signed off. Work was in hand to ensure colleagues are confident to outline where they are 'Making a Positive Difference". A series of newsletters have been launched to remind colleagues of some of the great initiatives from the last year that have had an impact on culture, leadership, innovation and quality as well as supporting the delivery of the Trust strategy. • Annual Members Meeting – Ifti agreed with the view that it had been the best one yet, he thought it matched the Trust's culture of being person centred. • The formation of an East Midlands Mental Health and Learning Disability Alliance. A Memorandum of Understanding will be submitted to the next Board meeting. • An update was given on communication activities including Ifti's TV interview on inclusion and his speech at the First Steps Eating Disorder Conference. The Trust had been operating in partnership with First Steps for a long time. • 'Ifti on the road' – Ifti had been to the Hartington Unit and the Kingsway site, he was pleased that this was now part of the fabric; reaching colleagues and service users. Feedback from 'Ifti on the road' was noted. Julia Tabreham, Non-Executive Director, added that it was good to see momentum and clarity as well as focus on communities both locally and nationally. It was important to align the work to supporting infrastructures such as estates, IT, workforce and organisational development. A discussion took place on ICPs and the need to deliver infrastructure and harmonise

	policies and procedures. Suzanne Overton-Edwards, Non-Executive Director, added that it was interesting to learn what other local ICPs are doing and how we are learning from them. Following hearing about the Patient Story on the Street Health Project at JUCD, the Board agreed that it was important to have the voluntary sector on the programme delivery board, for example Angela Kerry and Roger Kerry. Claire Wright, Deputy Chief Executive and Director of Finance, commented on the success of the recent annual BME Network Conference which had also given the Executives the opportunity to share their show cased experiences with their mentors in the Reverse Mentoring programme and she also noted the positive work on the updates on the WRES (Workforce Race Equality Standards) Action Plan. She added that there had been a good turnout of Executive Directors. Ifti reflected that he would have liked to have seen a wider attendance from Non-Executive Directors and thanked Caroline and Suzanne-Overton Edwards for attending. Richard Wright, Deputy Chair and Non-Executive Director, referred to the changes to the oversight framework and the implications on the Trust. Ifti outlined the system challenges and the shift in the role of the strategic commissioner, for example transferring the management of the mental health investment standards direct to the Mental Health Alliance, away from the CCG. Richard highlighted the potential conflict between the system and individual Trusts and the challenge to the role of directors in Sovereign Boards. Ifti added that the contract round will be a test of the current provider/commissioner relationship versus the strategic system. Mark added that the regulators were shifting to system performance management and gave the example of urgent care and the need to own and resolve the issues as a system. **RESOLVED: The Board of Directors scrutinised the Chief Executive's update, noting the risks and actions being taken.**
DHCFT 2019/137	**<u>STP REFRESH SUMMARY AND UPDATE</u>** The Board received the JUCD report on the STP Refresh. This was in essence an advance report, the final version of which would be submitted for sign off at the next meeting. System partners were required to feedback to next JUCD Board ahead of the formal submission. Ifti summarised the content adding that the original quadruple aims were still as relevant. The biggest shift had been in focus to people from patients and the refresh included a greater emphasis on prevention and public health. The system had learnt from the way the strategy had been first communicated; the focus on bed reduction figures in the system had taken the focus away from other elements. It was noted that the JUCD five year plan reflected the NHS long term plan. Carolyn Green added that she would provide her comments formally on elements of the paper including the Clinical professional reference group and the need for the diagrams to reflect services, for example in in early intervention. She added that although there had been good progress in connecting services, not all system partners were repositioning and this was impacting on services, for example school nurses. Richard commented that the paper needed to reflect more of the fundamental society issues; not just health. Geoff Lewins, Non-Executive Director, added that this was a very ambitious programme

	with lots of actions and needs to be fully co-ordinated. Ifti responded that the paper does describe the challenges but JUDC was trying to create an infrastructure based on population outcomes. He explained the role of ICS, Strategic Commissioning and Primary Care Networks (PCNs) adding that none of these are statutory organisations with specialist knowledge, as that sits with the providers. The Board had discussed the system versus sovereign issues previously and it was hoped that this will shift when better results are seen. The Board noted the key role of the Mental Health System Delivery Board to focus on mental health outcomes for the Derbyshire system. Gareth Harry, Director of Business Improvement & Transformation, felt that we were moving into a different place, a good example being PICU (Psychiatric Intensive Care Unit) and Out of Area (OOA) placements, the system had worked together and had seen some short term improvements in terms of clinical outcomes and transformational opportunities. He added that he was leading a piece of work to look at how the system can work differently to the current transactional/contractual relationship and at the same time act within a Mental Health Alliance. The Board would receive a report proposing this shift in the near future. Julia welcomed the population outcomes focus around prevention and best care for end of life. The Board felt that the messages needed to be simplified around the STP Strategy particularly in the public communications and Ifti agreed to talk to John MacDonald, JUCD Independent Chair. **Action: Ifti to raise the matter of simplifying the messages contained in the JUCD five year plan with John MacDonald.** Mark added that the strategy needed further narrative about people, particularly the vital role of leadership and how we develop people to work in collaboration. It was agreed that all comments should be sent to Claire Wright and Richard Wright for them to report into JUCD. **RESOLVED: The Board of Directors:** **1) Noted the summary of the STP refresh requirements** **2) Noted that owing to the delay in guidance being received and scheduling the draft plan is still in development; The Board therefore acknowledged the submission will come to the meeting for approval in early November** **3) Supported the direction of travel set out in the journey to become an ICS by April 2021.**
DHCFT 2019/138	**<u>INTEGRATED PERFORMANCE AND ACTIVITY REPORT</u>** The Integrated Performance Report (IPR) provided the Board of Directors with an overview of Trust performance at the end of August 2019. The main areas drawn to the Board's attention were: • Finance - Claire reported that the surplus of £1.2m was ahead of plan by £0.2m but there are significant cost pressures and risks to be mitigated in the months ahead. She referred to the deep dives and additional analysis for forecasting that had been undertaken. In addition she noted the level of confidence to meet the year-end target would need to improve in order to achieve the planned outturn. She emphasised that the risk rating of 'Extreme' on the Board

	Assurance Framework remained at that level and that a key review point would be around mid-November following two additional months of financial performance to be reflected in the forecasting deliberations. This would allow the Board to discuss at its December meeting. • Operations - Patients placed out of area – PICU (Psychiatric Intensive Care Unit) and adult acute – Mark reported that the work of the two focused task and finish groups had already seen significant reductions in these areas. Waiting list for autistic spectrum disorder (ASD) assessment – there had been a detailed discussion at the Finance and Performance Committee (FPC) and the Executive Leadership Team were currently looking at options for reporting back to FPC. Waiting list for psychology – there had been discussions at both the Quality Committee and FPC on improving access to therapies. Mark explained that referrals from November to February had increase by 20 % but this had not continued so the actions being taken would show improvements in waiting times, An update was also given on current waiting lists for Child and Adolescent Mental Health Services (CAMHS) and community paediatrics. • Workforce - The Board received the latest performance figures for annual appraisals, Staff sickness and vacancies, noting the development areas for improvement. • Quality - Following the changes to the single oversight framework, an extensive mapping exercise has been undertaken to analyse the reporting systems and required indicators. Results will be reported back to the Quality Committee in October and the IPR will be updated to include a detailed quality section. **RESOLVED: The Board of Directors received assurance on current performance across the areas presented.**
DHCFT 2019/139	**<u>CLINICAL STRATEGIES 2019-22</u>** Gareth presented for agreement the first two Clinical Service Strategies created through the Clinically-Led Strategy Development (CLSD) process, those for the Older Age Adult Service and the Working Age Adult Service. The Board noted the involvement of patients and carers in the development and the arrangements that maximised engagement of clinical teams, with over 500 colleagues being involved in the development process. The Strategies set out the vision of where the Trust wants to be for these services in next 3 – 5 years with alignment to the Trust Strategy building blocks and other key requirements including NICE guidance and the Long Term Plan. Gareth explained that the next steps were to move to implementation and he outlined the key roles of the Transformation Board and the working groups to take forward at clinical level. It was noted that these were the first 2 of 8 enabling strategies to come through for approval. Caroline asked about the links with the JUCD system work and Gareth responded that there was there was nothing in the strategies that contradicts the system or the Long Term Plan. Margaret Gildea, Non-Executive Director, added that the methodology

	included partners and it was essential to carry on the links into system within the working groups. It was noted that a wider discussion on the Trust Strategy and enabling strategies and the impact of the Integrated Care Partnership(s) would take place at the Board Development Session in November. **Action: Gareth to produce an update on the clinical and enabling strategies for Board Development Session in November** Caroline challenged whether there was capacity in Trust to deliver everything and Gareth responded that prioritisation was required as not everything could be done at once. Richard was conscious that the strategies were high level but referred to the challenges of recruiting staff and the investment needed in psychological therapies and stated that there needed to be more detail provided to the Board on the investment needed and the return on investment. Gareth added that there was already investment in psychological disorders. Geoff made a challenge on management bandwidth, resourcing and prioritisation adding that the Board is key to this. Ifti stated the importance of the 8 enabling strategies as being the foundation for everything the Trust is trying to achieve. Carolyn remarked on the progress made in the last 18 months and commended staff. She stated that the principle of listening to the staff voice and the patient voice is critical to delivery. Margaret requested that additional comments be notified to Gareth to build into Programme Board. **Action: Comments from Trust Board Members on Clinical Service Strategies for Older Adults and Working Age Adults to be built into Programme Board** **RESOLVED: The Board of Directors:** **1) Agreed the Clinical Service Strategies for Older Adults and Working Age Adults** **2) Noted the process undertaken to develop the strategies and the extent to which they have been developed by colleagues in frontline service delivery roles** **3) Agreed to the establishment of the Clinical Services Strategies Transformation Board** **4) Noted the need for working groups established at clinical service level, reporting to the Clinical Services Strategies Transformation Board, to lead implementation of the service development plans and the importance of leadership in this process of Clinical Directors, Clinical leads and other clinical leaders in delivering.**
DHCFT 2019/140	**<u>LOOKED AFTER CHILDREN ANNUAL REPORT 2018/19</u>** The Board received an overview of the progress, challenges, opportunities and future plans to support and improve the health and wellbeing of Looked After Children in Derby City via the 2018/19 Annual Report. The report had been scrutinised by the Safeguarding Committee which was assured by the sustained and improved performance and governance safeguards in place, set in the context of a 12% increase in Children Looked After. Carolyn was assured that the

	Trust provided a strong service and there were some marginal areas for improvement as set out in the report. The CCG had also confirmed and have been assured that the service is overall at a good standard. Anne Wright, Non-Executive Director, referred to the continual increase in demand and challenged whether the Trust has the workforce to deal with this. Carolyn responded that staffing was marginally under establishment but highlighted that the Health Visitor and School Nurses service was under pressure and that the risks would need to be managed. Relating to the equality-related impacts in the report, Ifti asked about the services to support for the children of people seeking asylum and it was noted that there was a social care offer for unaccompanied children following investment by the Local Authority. This meant that more children are able to have help earlier but this needs to be monitored and the Quality and Safeguarding Committee would keep a watching brief on the issue. **RESOLVED: The Board of Directors:** **1) Received assurance of the work completed in the Safeguarding Committee, the external review by commissioners and the work within the Trust around looked after children and young people and the continued partnership working to ensure the best outcome is achieved for this vulnerable group of children and young people** **2) Accepted the annual report in the public domain as required by the Trust's statutory duties.**
DHCFT 2019/141	**A FRAMEWORK OF QUALITY ASSURANCE FOR PATIENT STORIES TO THE BOARD** The Board received an overview and assurance regarding patient stories and the impact they have. It was agreed that the stories were extremely helpful in setting the scene at Board meetings, helping the Board to understand why certain issues matter and to make sure that the improvements to the services are based on their respective feedback. Carolyn explained that the CQC would be looking to hear that these stories make a difference and the report set out the evidence that patient stories do influence the Board in their strategic intent and direction of travel. There is also evidence of clinical strategy improvement plans and impacts on services and on individuals. It was noted that some equality gaps remain and are known areas of risk in the Board Assurance Framework with requirements outlined in the Trust strategy to continually improve and reduce this inequality. Richard was pleased to see such a positive paper and Caroline added that she could still visualise people who have shared their stories, such was their impact. It was agreed that patient stories would be helpful in JUCD so there can be learning from system failures in order to make improvements. Carolyn asked Board members to let her know if there were any specific services they would like to see covered by patient stories and she would continue to cover all areas and strategic aims. It was agreed that it was useful to have a mix of positive and not so positive stories and to schedule an update in twelve months or then receive a report every two years.

	Action: Update report on Patient Stories to Board to be scheduled in the forward plan in October 2020. **RESOLVED: The Board of Directors accepted the report and received assurance that patient stories continue to have an impact and do influence the Board in their strategic intent and direction of travel.**
DHCFT 2019/142	**BOARD COMMITTEE ASSURANCE SUMMARIES AND ESCALATIONS** Assurance summary reports were received as follows: Mental Health Act (MHA) Committee Anne Wright, Committee Chair, highlighted the following matters: • S117 – rising aftercare costs and the impact on people being placed in "rehabilitation" nursing homes but not being reviewed with an aim of returning to community living. The CCG was undergoing a review which the Trust would be involved in. • Work between the Trust and the University Hospitals of Derby and Burton Trust on the increasing MHA assessment activity in A&E and the implications for planning of integrated care services as part of JUCD. • Training compliance - targets and trajectories were being reviewed. More mandatory fields would be introduced into the EPR (Electronic Patient Record) to help maintain high compliance standards. Caroline Maley referred to the recruitment of seven new Associate Hospital Managers (AHM) and a recent training session. Quality Committee Margaret Gildea, Committee Chair, highlighted the following matters: • Focus on BAF risk 1A – this would also be done as a deep dive to the January Audit and Risk Committee. • Acute Care Pathway – significant discussions took place on improvements and how they will be achieved. • Reverse Commissioning Mentoring report on the health needs and inequalities in the BME population within Derbyshire. Reverse Commissioning Group Terms of reference agreed. • Clinical Audit – The interconnection of continuous and quality improvement plan was endorsed as the correct direction of travel, subject to a business case. • Annual Reports received for Complaints and Compliments, Health & Safety Report, Chief Pharmacist's and Clinical Audit. Finance and Performance Committee Richard Wright, Committee Chair, highlighted the following matters: • BAF risks - Finance plan risk – being 'Extreme' the Committee had asked for additional gap to be articulated with measures to achieve target rating (taking account of the top rated risk in the finance risk table on cost pressures). Claire Wright confirmed this had been actioned. • 2019/20 Financial Performance – discussions on year to date performance and the forecast assumptions. Remains a requirement to deliver significant cost

	reduction in order to achieve plan (due to cost pressures required for quality and strategic priorities) as discussed earlier in the meeting. • Equality, Diversity and Inclusion (EDI) reporting discussed: both in individual reports to Committee and the collation of a mid-year report in line with Committee EDI objective. Geoff Lewins would be raising this at the Committee Chairs meeting to ensure mid-year discussions for all Committees so it is not left till year end. • Review of updated Terms of Reference - added CEO's right to attend any meeting. Caroline Maley remarked on the significant amount of work done by the Board through its Committee structures. **RESOLVED: The Board of Directors received and noted the Board Committee Assurance Summaries.**
DHCFT 2019/143	**IDENTIFICATION OF ANY ISSUES ARISING FROM THE MEETING FOR INCLUSION OR UPDATING IN THE BOARD ASSURANCE FRAMEWORK (BAF)** There were no additional items for inclusion and updating within the BAF on the basis that there had been an enhancement focus on the BAF at last meeting.
DHCFT 2019/144	**2019/20 BOARD FORWARD PLAN** The 2019/20 forward plan was noted and will continue to be reviewed further by all Board members.
DHCFT 2019/145	**MEETING EFFECTIVENESS** Board members felt that appropriate amounts if time was given to items. There was a comment that the JUCD refreshed strategy, running at over 100 pages was not in the right format for discussions at a Public Board. Caroline invited feedback from the people shadowing at the meeting. Steve Jones had been impressed with the scope and width of the issues discussed but stressed the need to get pharmacy in everyone's line of sight. Jake Chilvers thanked the Board for the invite adding it was good to see where matters are escalated how information gets to the Board from ground up. Sharon Rumin agreed to take matters back to her workplace and the BME networks but reminded the Board of the importance of using plain English to help with communications of some of the more complex issues. Shirley Parker added that it was useful to hear the discussions on Children's Services, family thinking and seeing how Trust services joined up. Attendees and visitors were thanked for their attendance at today's meeting.
The next meeting of the Board to be held in public session will take place at 9.30am on Tuesday 5 November 2019 2019 in Conference Rooms A and B, Centre for Research and Development, Kingsway Hospital, Derby DE22 3LZ	

Derbyshire Healthcare NHS Foundation Trust

MINUTES OF A MEETING OF THE BOARD OF DIRECTORS

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

Tuesday 5 November 2019

MEETING HELD IN PUBLIC

Commenced: 9.30am Closed: 12.55pm

PRESENT	Caroline Maley	Trust Chair
	Richard Wright	Deputy Trust Chair and Non-Executive Director
	Margaret Gildea	Senior Independent Director and Non-Executive Director
	Suzanne Overton-Edwards	Non-Executive Director
	Ifti Majid	Chief Executive
	Claire Wright	Deputy Chief Executive & Director of Finance
	Carolyn Green	Director of Nursing & Patient Experience
	Mark Powell	Chief Operating Officer
	Dr John Sykes	Medical Director
	Amanda Rawlings	Director of People Services & Organisational Effectiveness
	Gareth Harry	Director of Business Improvement & Transformation
	Justine Fitzjohn	Trust Secretary
IN ATTENDANCE	Perminder Heer	NExT Director
	Anna Shaw	Deputy Director of Communications & Involvement
	Sue Turner	Board Secretary
	Kyri Gregoriou	Head of Nursing
	Lesley-Anne Mhunduru	Practice Development Compliance
For DHCFT2019/147	Nicola Fletcher	Assistant Director of Clinical Professional Practice
For DHCFT2019/147	April Saunders	Physical Health and Wellbeing Lead and Staff Governor
For DHCFT2019/147	Amy Johnson	Family Liaison and Investigation Facilitator
Up to DHCFT2019/148	Vikki Taylor	Joined Up Care Derbyshire (JUCD) STP Director
Up to DHCFT2019/148	John MacDonald	Independent Chair, JUCD
VISITORS	Andrew Beaumont	Public Governor, Erewash
	Jo Foster	Staff Governor, Nursing
	Lynda Langley	Lead Governor and Public Governor, Chesterfield
	Julie Lowe	Public Governor, Derby City East
	John Morrissey	Public Governor, Amber Valley
	Christopher Williams	Public Governor, Erewash
	Kevin Parkinson	CEO, First Steps
	Sandra Austin	Derby City & South Derbyshire Mental Health Carers Forum and Trust Volunteer
	Sarah Bennett	Inspector, Care Quality Commission Central West Mental Health Hospitals Inspection Directorate
	Surrinder Kaur	Inspection Manager Mental Health, Care Quality Commission
APOLOGIES	Geoff Lewins	Non-Executive Director
	Dr Julia Tabreham	Non-Executive Director
	Dr Anne Wright	Non-Executive Director

DHCFT 2019/146	**CHAIR'S WELCOME, OPENING REMARKS, APOLOGIES FOR ABSENCE AND DECLARATION OF INTERESTS** The Trust Chair, Caroline Maley, welcomed everyone to the meeting. Introductions were made to Head of Nursing, Kyri Gregoriou shadowing Chief Executive, Ifti Majid and Practice Development Compliance Lead, Lesley-Anne Mhunduru shadowing Director of Nursing and Patient Experience, Carolyn Green. Caroline also welcomed Vikki Taylor, Joined Up Care Derbyshire (JUCD) STP Director and John MacDonald, Independent Chair, JUCD who would be presenting the STP final document to the Board during the meeting. Apologies for absence were noted from Non-Executive Directors, Geoff Lewins, Dr Julia Tabreham and Dr Anne Wright. No declarations of interest were made on the agenda items.
DHCFT 2019/147	**PATIENT STORY** Trust colleague, April Saunders was welcomed to the meeting to share her experience of caring for her brother Mark while he underwent treatment within the Trust's substance misuse service and the support she received from the family liaison team. April spoke as Mark's sister and not in her professional capacity and described the conflict she felt between being a carer for her brother, and a member of staff. April described how having had a happy childhood things went wrong for her brother when he turned to alcohol. This caused him to withdraw from his family and friends and April was a key person supporting him. During this time Mark was being treated by the Trust's drugs and alcohol team. April accompanied Mark on his appointments but felt that clinicians were not connecting with his situation correctly. Later during this period April discovered that her brother had been self-harming. Although Mark had a mental health assessment his alcohol issues were prioritised and he was informed that he needed to deal with his alcohol addiction first. April felt these should not have been treated as separate issues. April went on to describe how Mark had an accident at home while he was alone and had tragically died before she found him. April felt traumatised from finding her brother and continued to work during this period but found that even with her professional background as a clinician she struggled. April described her experience of Family Liaison and Investigation Facilitator, Amy Johnson who supported her throughout this difficult time and helped put things into perspective by guiding her through her grief. April was asked by Amy if she wanted to make a complaint against the Trust. Although she wasn't looking to blame the Trust for her brother's death April followed through a complaint process because she wanted to make changes and improvements to the way she felt her brother was treated. She also completed a six week period of counselling which helped her cope with her feelings of grief and it also helped her to think about how she felt about the Trust. April told the Board that there were a lot of staff who were aware of her brother's death and she took this opportunity to thank them for the respect they had showed her and for treating her with dignity. She also thanked Amy Johnson for her support and praised her for constantly being there throughout this process.

	On behalf of the Board Caroline Maley thanked April for having the courage to share her difficult story. Discussion took place on the learning to be had from April's experience, particularly the importance of ensuring that investigations are made easier and completed quicker and continue to involve families. The Board also recognised the importance in ensuring that mental health and substance misuse needs are entwined so they both include compassionate person-centred care based upon the needs of the individual. The Board also discussed the value of supporting families and carers well and the need for managers to be trained in how to provide emotional and compassionate support to staff. The Board committed to learn from April's experience to improve investigations and progress the future strategy of the Trust and the Sustainability and Transformation Partnership (STP) to ensure continuous improvement within the substance misuse and alcohol service and in finding new ways of reaching people and connecting to their families.
DHCFT 2019/148	**SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP (STP) FINAL DOCUMENT** Vikki Taylor, Joined Up Care Derbyshire (JUCD) STP Director, presented the Board with an update report on progress in refreshing the Derbyshire five year Strategy Delivery Plan which included a summary of outstanding areas requiring resolution along with further actions being taken by the system, ahead of the final submission on 15 November 2019. Most of the content of the report was familiar to Board members who appreciated Vikki highlighting the key changes made to the plan. It was noted that the original timeline for publication of the final document is likely to change as a result of the elections taking place in December. The Board acknowledged that the report outlined the journey for Joined Up Care Derbyshire (JUCD) becoming an Integrated Care System (ICS). This will be a step forward from the STP and is a more mature partnership with the aim of being complete by April 2021. This plan focuses on people not just those in ill health but people's whole wellbeing ensuring good housing, good air quality, good education and good employment which lends itself to building the partnership working that will be rolled out across the whole system. It was noted that the plan does not include at this point some of the key finance and activity information as this work is in the process of being developed by JUCD. Vikki outlined how the plan will improve the outcomes for the people of Derbyshire by applying an effective Population Health Management (PHM) approach to improve population outcomes and drew attention to the transformation programme of work that will deliver the outcomes of the work streams. John MacDonald, JUCD Independent Chair, emphasised that there is wide spread support for this plan which has extremely good benefits and the importance of delivering the plan working within the system. The Board discussed outcomes for people within the Trust's services using earlier intervention and increased community based support that was outlined in the plan. Medical Director John Sykes asked for clarification on whether a frailty pathway within end of life care was included in the plan and how this would help avoid acute hospital admissions. Vikki responded that the strategy for caring for people's last years of life and frailty is included in a number of the work streams as well as the end of life transformation work stream. In addition to this the patient-led assessments of the care environment (PLACE) work connects partners delivering care across the local population and will deliver improvement pathways for frailty.

	Ifti Majid acknowledged that the purpose of this paper was to achieve submission of the plan and support of the plan which is primarily concerned with out of hospital service, earlier intervention and treating people at home. He was concerned that the plan should also include an approach to dealing with the challenges of working with people throughout the winter. More clarity was also needed on the financial implications and the different aspects in demand and how this will be reflected in the plan. John MacDonald responded that he felt that the system is not yet mature enough to address the financial incentives tied up within the different contracts that will deliver the plan. He will be encouraging Boards and governing bodies to consider how value will be added to their statutory responsibilities by working as a system and consider where to focus their efforts. Ifti agreed and urged Board members to consider the links between the Trust's internal strategy and the STP strategy as these must both be delivered in parallel. Director of Finance and Deputy Chief Executive, Claire Wright agreed with the key priorities outlined in the document and informed the Board that delivery of the financial assumptions in the system plan will be overseen through the JUCD Finance Committee which she and Richard Wright are both members of. She proposed that the JUCD Finance report is included as a report to the Board in future. Deputy Trust Chair, Richard Wright reflected on how discussions on staying healthy and prevention have recently become much stronger within the JUCD Board. He felt that a significant challenge will be assessing what the impact of the strategies will be and the specifications of where investment is made for improvement in the future. Director of Business Improvement and Transformation, Gareth Harry welcomed the plan as it provides the opportunity to deliver the footprint for integrated care in a more collaborative and partnership way and thought that the next few months would be an exciting time. Chief Operating Officer, Mark Powell referred to the timetable for the plan's approvals/delivering mechanisms but was concerned that the report did not set out the governance architecture of the plan that would support delivery. John MacDonald and Amanda Rawlings, Director of People Services and Organisational Effectiveness discussed how organisational development (OD) needs to be developed so that the Board and JUCD Board can focus on the risks associated with the Trust's workforce. Senior Independent Director, Margaret Gildea connected these points and stressed the importance of having a system wide HR strategy that will enable a common approach to resourcing people. Carolyn Green was satisfied with the plan but was concerned about immediate capacity. In addition, she felt there was further work to complete in early 2020 to improve and refocus the plan to ensure clinical outcomes are produced. She emphasised the need to redesign the clinical strategy and then recruit to a revised workforce model to provide a vision for the next five to ten years and not just for today. Caroline Maley thanked Vikki Taylor for her involvement in producing the five year strategy delivery plan. She confirmed that the Board was extremely supportive for approval of the plan through the delegated authority by the System Executive: CEO Group as agreed by the JUCD Board as the key next step. **ACTION: JUCD Finance Report to be included as a regular report to the Board** **RESOLVED: The Board of Directors:** **1) Noted the considerations of the plan narrative to date; and noted this is to be considered and reflected where appropriate in the final version**

	2) Approved the content of the draft narrative plan; noting that detailed modelling of finance and activity in particular are still in the process of development, as set out in the report **3) Noted the approvals process and delegated authority by the System Executive: CEO Group as agreed by the JUCD Board.**
DHCFT 2019/149	**MINUTES OF THE BOARD OF DIRECTORS MEETING HELD ON 1 OCTOBER 2019** The minutes of the previous meeting, held on 1 October 2019, were accepted as a correct record of the meeting.
DHCFT 2019/150	**ACTIONS MATRIX** The Board agreed to close all completed actions. Updates were provided by members of the Board and noted on the actions matrix. All completed 'green' actions were scrutinised to ensure that they were fully complete. **MATTERS ARISING** No items were discussed outside of the actions matrix.
DHCFT 2019/151	**QUESTIONS FROM GOVERNORS OR MEMBERS OF THE PUBLIC** None received.
DHCFT 2019/152	**CHAIR'S UPDATE** Caroline's report provided the Board with a summary of her activity and visits to the Trust's services undertaken since the previous Board meeting. This included attending the Trust's BME Conference when she spent time speaking to BME staff and heard their stories about experiencing racism within the organisation. Caroline emphasised her determination that there is zero tolerance of racism within the Trust including racism from service users to staff and that lessons are learned from incidents where this has happened so that the way that we work recognises and welcomes the diversity of our staff. Caroline also attended a Schwartz Round at the Radbourne Unit that focused on staff wellbeing as the work that they are required to do is in a tough environment with lots of demands that are both physical and mental. Caroline also took part in a number of team visits throughout the county and spoke about how she finds it extremely satisfying learning what is important to staff and took the opportunity to thank them for always making her feel so welcome. It was a busy month for the Council of Governors. Governors joined the Board for a joint meeting on 16 October to consider the progress being made on the clinical strategies, the estates strategy, and the work that has started to assess Electronic Patient Record (EPR) implementation. Two new Governors were welcomed as a result of the recent public elections and attended a comprehensive induction event on 17 October. Board Development on 16 October was spent considering the Trust performance against the Key Lines of Enquiry in preparation for the Well Lead Review by the CQC. This time was valuable in reminding us how much we have done since our last review and the progress that we continue to make against our values and our strategy Caroline gave an update around her appraisal and those of the Non-Executive Directors

	which will be reported in full to the Council of Governors. The Board also noted a summary of the NHS Providers Conference which had been attended by four Board members. A highlight was a session focussed on how prevention can play a key role in managing mental health, both for individuals managing their own mental health issues, and more broadly in society. The Board update on JUCD that was appended to the Trust Chair's report was noted by the Board. **RESOLVED: The Board of Directors noted the activities of the Trust Chair since the last meeting held on 1 October 2019.**
DHCFT 2019/153	**CHIEF EXECUTIVE'S UPDATE** Ifti's report gave a summary of the changes within the national health and social care sector, as well as an update on developments within the local Derbyshire health and social care community. The report also includes feedback from external stakeholders, such as commissioners, and feedback from staff. The following issues were highlighted: **National context:** NHS England and NHS Improvement (NHSE/I) have published the community mental health framework for adults and older adults. Board members were made aware of the NHS long term plan's vision for a place-based community mental health model in more detail, and how the NHS can modernise community mental health services to shift to whole person, whole population health approaches. Ifti felt this was a very positive and far reaching view into the Trust's services that focused on prevention and providing intensive and targeted interventions which will be implemented locally via the Mental Health System Delivery Group. Quarter 1 financial figures released from NHSE/I were outlined in Ifti's report. Key headlines showed that the provider deficit is largely concentrated in the acute sector. Of the total reported financial deficit position, 95% is accounted for by acute providers. The remaining deficit position is attributed to the mental health sector, although its £18.7m deficit position is almost £9m better than plan. The mental health sector is forecasting a year-end surplus position. This national data is of relevance to the Trust as the Board must consider the organisation's performance in the context of the system the Trust operates within as well as understanding performance in other sectors. Claire Wright had attended a NHS Leaders roundtable event on Ifti's behalf to discuss the NHS People Plan, in particular the 'core offer' and 'leadership compact' parts of 'Best Place to Work' where I know that she talked about some of the best practice we have developed for example our values driven leadership development sessions, reverse mentoring and recruitment and retention incentives. **Local Context:** A summary of the October JUCD Board was outlined. **Within the Trust:** Ifti was delighted to see that actions arising from the BME conference were already having an impact and have been used to develop the Workforce Race Equality Standard (WRES) Action Plan 2018-19 which was discussed later on during today's meeting. Ifti was pleased to report on success in progressing with the next cohort of Reverse Mentors and Mentees. This initiative is now moving into the implementation phase. The progress of the programme will be overseen by the Reverse Mentor Steering Group

	which reports directly to the Executive Leadership Team (ELT). Rubina Reza was thanked for agreeing to represent the Trust within the NHS Workforce Race Equality Standard (WRES) Expert Programme. The aim of the WRES expert programme will be to support the Trust and the wider health economy to improve workforce race equality and fairness. Rubina's written communication that will be shared with the whole Trust was included in Ifti's report as appendix 1. Regular updates on Rubina's progress will be shared with the Board and she will also be invited to present her update directly to the Board in the near future. **Ifti on the Road:** Ifti had observed a noticeable shift towards staff wanting to show-casing their work. He saw this as a positive step forward that shows that staff culture is improving within the Trust which has also been noted in the increased uptake in responses to the staff survey. **RESOLVED: The Board of Directors scrutinised the Chief Executive's update, noting the risks and actions being taken.**
DHCFT 2019/154	**INTEGRATED PERFORMANCE AND ACTIVITY REPORT** The Integrated Performance Report (IPR) provided the Board of Directors with an overview of Trust performance at the end of September 2019. **Quality and Operations:** The main areas of performance were drawn attention to by Chief Operating Officer, Mark Powell. He provided a positive reflection on recent recruitment and retention activities that is improving staffing in the Trust's acute and community teams. He was pleased to report that the Trust is continuing to improve on national standards. Since June there has been a steady decline in the number of patients placed out of area in a Psychiatric Intensive Care Unit (PICU). Seven day follow up activity is continuing to perform well. Work is also taking place on providing a long term plan for patients with personality disorder in compliance with NICE Guidelines. Mark firmly believes this will be a positive and impactful service that will be offered to patients. John Sykes added that providing appropriate care and approach to help people with personality disorder will ease pressure on beds, out of area (OAA) placements and PICU. In the Crisis Team work with commissioners has resulted in the Trust receiving £800k to recruit to the roles to raise the scope of this service which will rise to £1.8m next year. The number of referrals to autistic spectrum disorder (ASD) assessment services continues to increase. A paper will be taken to the Executive Leadership Team (ELT) setting out options for taking this service forward and engagement with commissioner colleagues. The Trust is also looking to the STP plan in the hope of improving its offer of Autism Spectrum Disorder (ASD) treatment services. Community waiting times are beginning to improve. The Trust Management Team (TMT) discussed a series of actions to manage capacity and a report will be received by the Finance and Performance Committee on 19 November. Carolyn Green outlined how psychology waiting times have halved through the introduction of nurses providing a level of dialectal behavioural therapy (DBT) that focusses on teaching people how to live in the moment and cope healthily with stress. It is hoped that this will help clear psychology waiting times within a year and will be looked at by the Quality Committee. She reported that staff satisfaction and patient experience of this new approach has been extremely positive.

	An update was also given on current waiting lists for Child and Adolescent Mental Health Services (CAMHS) and community paediatrics. Capacity to meet demand continues to be challenging. All vacancies have been recruited to and it is expected that this will soon result in an improvement in waiting times. **Finance:** Claire Wright gave an overview of the Trust's financial position and reported that the surplus of £1.3m was ahead of plan by £0.1m but warned of significant cost pressures and risks that will need to be mitigated. There are several emerging risks that need to be managed in order to achieve that forecast position particularly the unfunded cost pressures, potential for CQUIN income loss, cost improvement (CIP) delivery and the reduction of OOA expenditure. Month 6 and month 7 are key milestones in achieving a level of confidence that there will be an improvement in the underlying forecast position. There were positive signs as at month 6 in the underlying forecast position, but month 7 was not yet known and an extreme risk to delivery still exists including between £0.3m and £0.4m of CIP risk. The Board was pleased to note that agency costs are forecast to remain below the ceiling of £3.03m and that year to date agency expenditure equates to 2.7% of total pay expenditure. Caroline Maley thanked everyone involved in achieving this improvement. Carolyn Green advised that the EQUAL Forum had asked to be provided with feedback on medical staffing, clinical stability and the use of agency risks. John Sykes responded that he would be very happy to talk to the EQUAL Forum to discuss this further. He outlined how new doctors registering in 2018/19 from British medical schools account for around 4.5k doctors. Recruitment from overseas is the backbone of the country's medical workforce and there are 5k doctors registered with the GMC from South Asia, Africa (especially Nigeria) and the Middle East in 2018/19. The Trust is helping develop specialist doctors' portfolios so they can progress to become consultants. The Trust's workforce is becoming more diverse. The Trust is performing well compared to other organisations on solutions for every consultant post. **Workforce:** Ifti asked about nursing vacancies and how the Trust compares to the national vacancy rate. Amanda responded that nursing is the biggest focus of the Trust's interim people plan with out of hospital care being a significant priority of nursing. The Trust is starting to see many nursing coming through from universities and is faring well in comparison with other organisations and is accelerating its rate of recruitment. The People and Culture Committee is addressing some of the incentive work to attract staff into priority areas and the working taking place with local communities and investing in people. Carolyn Green added that a large number of services have no vacancies. The Trust is performing well in recruiting to acute service roles and that the vacancy rate in this service is less than it was twelve months ago. However this is still further work that is required. This area of focus must continue which is why she continues to assess the risk associated with this service as high. Ifti asked if the infrastructure is in place to accommodate new student placements. Carolyn assured him that a large number of student placements have been secured. Performance shows that students who carry out a placement with the Trust want to return within a substantive role. Extra money is being applied to these roles although further investment will need to be made within the workforce plan for learning disabilities (LD) and community mental health areas to secure staff for the future. Initiatives are also being worked on to improve retention rates in the acute service.

	Richard Wright was concerned about the amount of staff due to retire in the next few years. Amanda replied that the retire and return scheme is a national focus and a great initiative. The Trust is working with people who want to retire and give them the opportunity to work different hours to suit their needs to ensure that their experience and knowledge does not disappear from the NHS. Mark Powell suggested that the Board should consider using the 'new money' earmarked for specific services for improving the workforce plan over the next five to six years. Caroline Maley welcomed thoughts from the Board on how the risks associated with not using this money to deliver patient requirements could be managed. The Board supported the opportunity to develop the workforce and proposed that this should be discussed with the Mental Health System Delivery Board and the JUCD Board with the outcome reported back to the Board. Richard Wright asked Claire Wright if the system risk share agreement would affect the Trust's year-end position. Claire responded that discussions are taking place with partners in the system. If the Trust has to contribute to the system risk share the Trust control total will not be achieved. This will also be the case for every other trust in Derbyshire. The system will continue to work towards not transacting the risk share agreement. **ACTION: Risks associated with using long term plan investment earmarked for increasing workforce capacity to provide clinical services being used to support historical deficits in commissioned services to be raised through the Mental Health System Delivery Board and the JUCD Board with the outcome reported back to the Board.** **RESOLVED: The Board of Directors received assurance on current performance across the areas presented.**
DHCFT 2019/155	**<u>ACUTE INPATIENT TRANSFORMATION ACTION PLAN – NOVEMBER 2019</u>** Mark Powell presented a progress assurance update on positive developments and progress made against the Acute Inpatient Services Transformation Plan. This report is regularly received by the Quality Committee and contained a summary of the overall action plan that was developed and agreed in response to making improvements in the Acute Inpatient Service. The report showed that nearly all of these actions have been completed in a short period of time which the Board recognised was a testament to the team. The notable increase in training, appraisal and supervision rates was also commended. The Board recognised that across the Radbourne and Hartington Units every area of performance is above 80% and this is in line with trajectory. In addition to this a concerted effort has been made to make the environment more appealing for patients. The transformation team have also looked at innovative practice to enhance patient care, support for carers and improved colleague experience. In addition to this two matrons have been recruited into post to add greater clinical leadership and oversight for the two units. Although challenges remain around staffing, vacancy and turnover rates have improved. Mark reported that he felt confident that the delivery of these actions has significantly enhanced safety and well led aspects across all the domains. Margaret Gildea added that the teams have not been complacent. She confirmed that the Quality Committee has spent a considerable amount of time scrutinising the Acute

	Care Transformation Plan and has seen a cultural shift emerging within the units along with a significantly improved quality of leadership. She expressed her appreciation of the leadership that has ensured great practice that has been carried across both units which has resulted in staff being determined to continue to underpin the improvement work to deliver compliance against CQC regulations. Suzanne Overton-Edwards said that it is clear that a significant amount of learning has been obtained from effectively improving the Acute Inpatient Team which turned around the culture and attitudes and felt this work should be shared with other colleagues as part of the system work. Ifti clarified that this programme of work is addressed through the Mental Health System Delivery Board. This work can progress as part of urgent care across the system. The Board acknowledged the controls and mitigation plans that have been put in place across the acute care service. Board members agreed that they now had an increased level of assurance with the Board Assurance Framework (BAF) risk associated with this service line. Carolyn Green had assessed the acute services at the Radbourne and Hartington Units through direct visits, triangulation of wider information, CCG visits, clinical information and EQUAL members' visits. She reported that patients had seen an improvement in therapeutic activities and care plans and felt that the acute service had improved and was safe. She therefore endorsed the recommendation to reduce the level of this risk from extreme to high. John Sykes supported this view as he had observed that staff on both units now have a sense of mission in sustaining this level of improvement work, staff are very aware of the differences that have been made and have appreciated the opportunity to make these improvements. The Executive Leadership Team will continue to consult and engage widely with colleagues and feedback on the delivery of action. The Quality Committee will continue to review the transformation plan on a monthly basis. Having reviewed the good performance and improvement across the acute service the Board was assured by the controls that have been put in place and agreed to reduce the rating of BAF risk 1a from extreme to high. **RESOLVED: The Board of Directors reviewed the assurance provided in this report and agreed that the previously escalated Board Assurance Framework Risk 1a associated with this service line can be reduced from extreme to high based on the significant improvements that have been made since July 2019.**
DHCFT 2019/156	**<u>CLINICAL STRATEGIES 2019-22</u>** Gareth Harry presented for agreement the Clinical Service Strategies created through the Clinically-Led Strategy Development (CLSD) process for the Eating Disorders (all age) Service and Perinatal Service. The strategies include a vision of the future service, an outline of the development process, a summary of workforce, estate and Information Management and Technology (IM&T) implications and a more detailed Service Improvement Plan to deliver the strategy. The Board noted that each development within the Service Improvement Plan has come directly from ideas developed through the CLSD sessions, the NHS Long-term Plan for Mental Health or the stakeholder sessions and each link in to a Building Block within the Trust Strategy. Over 500 colleagues front frontline roles alongside patient and carer representatives have been involved in the development.

	Gareth explained that the Learning Disabilities (LD) stakeholder event is now taking place in January and will be presented to the Board for approval in February. He will check whether the strategies scheduled to come to Board in December will have to be deferred due to the fact that no new decisions or announcements are to be made regarding policy or strategy during Purdah. John Sykes observed that specific detail relating to physical healthcare monitoring did not feature in the Eating Disorder Service Strategy and recommended that the involvement of the gastroenterology service is included. Gareth gave assurance that the work being carried out with Commissioners to cover the shared care by gastroenterologists and primary care will be included in the strategy. Margaret Gildea thought it was heartening that a system wide approach to the strategies is being considered during partner stakeholder discussions. Caroline Maley acknowledged the extent of enthusiasm in developing the strategies and asked how the actions can be prioritised. Gareth assured her that working group will plan an implementation period for the year ahead and will incorporate the actions to be delivered during the first eight month. Having considered the development of the strategies the Board approved the Clinical Service Strategies for Eating Disorders and Perinatal Services. **RESOLVED: The Board of Directors:** **1) Agreed the Clinical Service Strategies for Eating Disorders and Perinatal Services** **2) Noted the process undertaken to develop the strategies and the extent to which they have been developed by colleagues in frontline service delivery roles.** **3) Noted the need for working groups established at clinical service level, reporting to the Clinical Services Strategies Transformation Board, to lead implementation of the service development plans and the importance of leadership in this process of Clinical Directors, Clinical leads and other clinical leaders in delivering.**
DHCFT 2019/157	**<u>LEARNING FROM DEATHS MORTALITY REPORT</u>** The 'National Guidance on Learning from Deaths' requires each Trust to collect and publish specified information on a quarterly basis. This report covers the period 1 April 2019 to 30 June 2019. This report was due to be considered by the Quality Committee in September 2019, but was deferred to the October meeting. John Sykes summarised how learning is obtained from holding mortality reviews into deaths of all patients who have been in contact with the Trust's services. The Board was pleased to note how this practice brought about a compassionate approach within the Trust which ensures the process is exceptionally person centred in line with national guidance. In addition to this actions recorded from completed Serious Incidents have helped improve the pathway into forensic services. The report also provided assurance that the Trust is following recommendations outlined in the National Guidance but that there is a bigger picture to consider related to developing a Safety Culture. It was noted that the Quality Committee received significant assurance from the report particularly due to the exposure that the learning from deaths procedure receives from a number of levels including the Trust Management Team (TMT). The Board therefore took full assurance from the approach being taken to reviewing learning from deaths and agreed for the report to be published on the Trust's website in line with national

	guidance. **RESOLVED: The Board of Directors accepted this Mortality Report as assurance of the Trust's approach to learning from deaths and agreed for the report to be published on the Trust's website in line with national guidance.**
DHCFT 2019/158	**2019/20 FLU CAMPAIGN** This report updated the Board on the current position in regards to the 2019 Flu Campaign. Amanda Rawlings outlined the plans put in place to ensure achievement of the Commissioning for Quality Innovation (CQUIN) payment as we reach one month into the campaign. The Trust's Unicef 'jabs for jabs' partnership has been positively received by staff and has so far resulted in the sponsorship of 1,230 vaccines (for measles, tetanus and polio) across the developing world; for every staff member vaccinated, 3 jabs are sponsored via Unicef. Weekly live reporting is proving valuable in assessing who has been vaccinated and helps to tailor the approach to increase vaccination uptake. Caroline Maley thanked the flu team for the success of the scheme so far that was demonstrated in the report but added that efforts need to be continued in order to improve the take up and meet the target. **RESOLVED: The Board of Directors:** **1) Received assurance on the robustness of the flu campaign plan as demonstrated by the NHSI self-assessment framework** **2) Noted the successes of the campaign so far** **3) Noted the challenges identified so far and the plans in place to address these.**
DHCFT 2019/159	**REVISED WORKFORCE RACE EQUALITY STANDARDS (WRES) ACTION PLAN** The Board received an updated Workforce Race Equality Standard (WRES) action plan, co-produced by attendees at the BME Staff Network Conference and senior leaders at the annual conference which took place on 25 September. The actions developed by the Network at the conference have been used to develop the WRES Improvement Action Plan 2019-20. Key actions include recruiting and developing a workforce that reflects the diverse communities the Trust serves on the basis that increasing people diversity will improve performance and patient care. It was noted that a Diversity Recruitment Action Steering Group for improving workforce equality and diversity using 'disruptive and non-traditional approaches' has been established and is chaired by Suki Khatkar and supported by Claire Wright, Deputy Chief Executive and Board Equalities Lead. This group reports directly to Executive Leadership Team and works with BME network members, Trust managers and People Services to, drive progress with the BME (and wider) workforce diversity targets. The Board recognised the foundations that have been put in place and approved the revised WRES Action Plan. It is expected that more comments from BME colleagues and other protected groups will emerge over time will improve workforce equality and sustainability. **RESOLVED: The Board of Directors:** **1) Approved the revised WRES Improvement Action Plan 2019-20** **2) Noted Diversity Recruitment Steering Group reporting directly to ELT to drive improvement across the WRES metrics and targets**

	3) Noted the BME Network Annual Conference Report 2019.
DHCFT 2019/160	**REVISED ENGAGEMENT BETWEEN THE TRUST BOARD AND THE COUNCIL OF GOVERNORS POLICY** The Board of Directors, in consultation with the Council of Governors, had approved the first version of the Policy for Engagement between the Trust Board and the Council of Governors in 2016. The policy is now due for renewal and requires some minor amendments. These minor amendments were supported by the Governance Committee in October and were put forward for Board approval. Assurance was given that the Policy continues to reflect the Foundation Trust Code of Governance and compliments the Trust Constitution, Standing Orders and locally agreed protocols developed by the Council of Governors, for example the process for the appointment of the Lead and Deputy Lead Governor. The Board re-endorsed its commitment to Governors in developing engagement and two-way communication to carry out their respective roles effectively and approved the amendments to the revised policy. **RESOLVED: The Board of Directors approved the revised Policy for Engagement between the Trust Board and the Council of Governors.**
DHCFT 2019/161	**BOARD ASSURANCE FRAMEWORK – FOURTH ISSUE FOR 2019/20** Justine Fitzjohn detailed the fourth issue of the BAF for 2019/20 which provides assurance on the process of identifying and mitigating risks to achieving the Trust's strategic objectives. Although the risk ratings for all risks remain the same overall as the previous version reviewed by the Board on 3 September an additional gap in control has been added to the BAF for risk 3a following discussion and challenge at Finance and Performance Committee on 17 September. Claire Wright described how this resulted from the need to manage and mitigate emergent cost pressures arising as a result of clinical, quality, operational and strategic requirements. The Board agreed that the BAF continues to drive discussions at the Board and the Board Committees. Ifti Majid commented that he expects the next iteration of the BAF to be able to show an improvement in the finance BAF risk 3b if more positive information is received on the Trust's financial position. Mark Powell added that he also expects to see an improvement in risks relating to compliance with estate work after the draft Estate Strategy has been received by ELT and the Finance and Performance Committee. Board members approved the fourth issue of the BAF for 2019/20 and confirmed that they have seen the BAF worked through the Board Committees and are familiar with individual risks. Following earlier discussion that took place on reducing BAF Risk 1a the Board took assurance from the work undertaken through the Acute Care Transformation programme to mitigate this risk and reiterated its agreement to reduce the rating of this risk from extreme to high. Due to the reduction in the rating, the deep dive of this risk will now take place within the Quality Committee and not the Audit and Risk Committee. The Board noted the cycle of BAF review and update which includes consultation with individual Executive Directors and review of the BAF risks at Board Committees. The Board also agreed to continue to receive quarterly updates of the BAF as scheduled in

	the forward plan. **RESOLVED: The Board of Directors:** **1) Approved this fourth issue of the BAF for 2019/20 and the significant assurance the paper provides of the process of the review, scrutiny and update of the BAF in seeking to identify and mitigate risks to achieving the Trust's strategic objectives.** **2) Agreed to reduce BAF Risk 1a from extreme to high** **3) Agreed to continue receive a quarterly update of the 2019/20 BAF risks as outlined in the forward plan.**
DHCFT 2019/162	**<u>BOARD COMMITTEE ASSURANCE SUMMARIES AND ESCALATIONS</u>** The Board received assurance summary updates from recent meetings of the following Board Committees: **People and Culture Committee** held on 24 September - the notable increase in training, appraisal and supervision rates in the acute inpatient service was noted at the meeting. Significant assurance had been received around staff engagement activity and 2019/20 staff survey roll out. Significant assurance had also been received on the process and tracking of employee relations but the Committee had limited assurance on the time to resolve cases. . **Audit and Risk Committee** held on 3 October – the report on risk management strategy showed good progress and set out the objectives for the next three years. The Committee approved the fourth issue of the BAF for 2019/20 and gained significant assurance on 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. The Freedom to Speak Up (FTSU) update report showed the significant developments made to improve speaking up. The FTSU Policy would be revised in light of comments from an Internal Audit review. All other Board Committees will be asked to undertake a mid-year assessment of compliance against the equality, diversity and inclusion objectives and this will be monitored by the Committee as part of the year-end review of committee effectiveness **Quality Committee** held on 10 October - the progress improvements in the Acute Care pathway continue to be a significant focus of the Committee. The Patient Experience Strategy had been ratified and there was positive feedback on the simplicity. The Committee would continue to monitor the situation around Health Visitor Caseloads but noted the review of the caseload skill mix and mitigating actions to reduce the risk the pressure in Children's services. The Committee received significant assurance on the Serious Incidents Bi-monthly report. An escalation was made to the Executive Leadership Team on improvement areas for Flu inoculations. **Safeguarding Committee** held on 15 October – Special Educational Needs (SEND) report showed good areas of practice. It is expected that further improvements will be made and key improvement areas will be seen through system working. The Safeguarding Strategy was agreed and the Chaperone Policy will be revised by Executive Lead. The Committee escalated the Risk register and SEND actions to the Executive Leadership Team. **RESOLVED: The Board of Directors received and noted the Board Committee Assurance Summaries.**
DHCFT	**<u>USE OF EMERGENCY POWERS BY THE CHIEF EXECUTIVE AND THE CHAIR</u>**

2019/163	Caroline Maley drew attention to the report received for information outlining the use of emergency powers by the Chief Executive and the Chair on 24 October to approve the submission of the Improving Access to Psychological Therapies (IAPT) Tender to meet the deadline of 25 October. In line with Standing Orders it was confirmed that two Non-Executive Directors had been consulted on the proposal.
DHCFT 2019/164	**IDENTIFICATION OF ANY ISSUES ARISING FROM THE MEETING FOR INCLUSION OR UPDATING IN THE BOARD ASSURANCE FRAMEWORK (BAF)** There were no additional items for inclusion and updating within the BAF apart from the reduction of BAF Risk 1a from extreme to high as outlined above.
DHCFT 2019/165	**2019/20 BOARD FORWARD PLAN** The 2019/20 forward plan was noted and will continue to be reviewed further by all Board members.
DHCFT 2019/166	**MEETING EFFECTIVENESS** Carolyn Green thanked Board members for the support they showed to April during today's patient story particularly as she was sensitively aware of recent losses experienced by other Board colleagues. Caroline Maley invited feedback from the people shadowing at the meeting. Kyri Gregoriou thanked Ifti for inviting him to shadow him. From a clinical aspect hearing the discussions today answered many questions that have arisen during staff supervision. Kyri agreed to use this insight to help people learn and improve their career pathway and will be encouraging members of his team to observe Board meetings. Lesley-Anne was grateful for the opportunity of shadowing Carolyn Green. She had expected the meeting to have been more formal and was pleased to see how compassionate Board members were and was impressed with the way that Caroline had chaired the meeting while observing the emotions being felt around the table. She was pleased to see that the Board had discussed matters that are important to her and her team. She will take the message back to her team that the Board considers staff to be at the heart of its planning and determination to provide quality of care rather than just making improvements to meet CQC compliance. Attendees and visitors were thanked for their attendance at today's meeting. Caroline was pleased to see a good level of attendance by Governors. Richard Wright added that there was a good representation of Trust Governors at the JUCD Board meeting held the previous day.
The next meeting of the Board to be held in public session will take place at 9.30am on Tuesday 3 December 2019 2019 in Conference Rooms A and B, Centre for Research and Development, Kingsway Hospital, Derby DE22 3LZ	

Trust Chair's report to the Board of Directors

Purpose of Report

This report is intended to provide the Board with the Trust Chair's reflections on my activity with and for the Trust since the previous Board meeting on 5 November 2019. The structure of this report reflects the role that I have as Trust Chair.

Our Trust and Staff

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

2. On 30 October, I shadowed Farina Tahira, one of our staff governors and a Consultant on the Radbourne Unit, Ward 35 at a ward round. In the ward round we saw a number of patients with different needs and requirements. I was particularly pleased to see two advocates from Mind working on behalf of two of our patients, as well as the good relationships that the team has with other agencies supporting our patients.



   However, it was also apparent that repatriation from out of area was a challenge, especially in the case that I saw where there was little information about the patient transferred from a private unit in Bristol who was expecting a discharge and the consultant needs to determine what is in the best interests of the patient. I understand that there is a basic level of information that comes on transfer, but at times a conversation between clinicians looking after the patient would be best to ensure that the decisions taken are safe for all.

3. On 14 November I visited the Kedleston Unit and was able to spend time talking to patients and staff. I was particularly pleased to hear that one of the patients will be taking on a placement in our own kitchens – and he is really excited about the opportunity that this provides. The Unit continues to seek new ways of engaging service users in positive activities and to focus on recovery, and this is apparent from their positive response to meeting me. I was also pleased to hear about the positive steps that the lead nurse is taking to give all staff a voice in the work of the unit.

4. Also on 14 November I visited London Road Ward where once again I was impressed by the activities that are carried out with service users and their families. Preparations were being made for the Christmas decorations for the ward, and a wonderful exhibition was on the walls about Remembrance Day. There was also great care shown for a patient who was returning home on leave, with staff making sure she had some milk to take home with her to be able to make a cup of tea when she got home. The little touches make such a big difference to the care provided. On this ward it is also clear that there is a good working relationship with the Consultant and staff.



5. On 19 November I visited The Beeches perinatal unit. I spent some time with the senior perinatal nurse, learning about the successes and challenges that the unit has faced over the last year. I was particularly pleased to hear about the team development days that they hold once a month where learning and working as a team is key. I understand that staff even want to come in from days off to attend these days, which is really encouraging about the impact that they have had. I was also able to learn about the challenge of providing a service which serves many out of area patients and their families, and the difficulties that can arise due to delayed transfers of care across regional boundaries. It is also encouraging to hear about fund raising that is done for the unit by a now retired member of staff, who handed over a cheque for £1,135 for the unit from riding a bicycle across the country.



6. The Delivering Excellence Awards took place on 20 November, and is a wonderful opportunity to recognise those members of staff who have truly delivered great care. It is a wonderful reflection on the quality of staff that we have in the Trust and a suitable celebration of all that we do. My thanks to the teams who put the afternoon together and all the nominees and finalists and winners.

   My thanks go out to all of the staff I met thought the many and varied activities and visits that I undertook for making me so welcome, and also for being so open and honest with me about what they thought of the Trust and how we are doing in delivering services and putting our people first.

Council of Governors

7. The Council of Governors met on 5 November. The meeting was well attended and a number of governors had attended the Board meeting held in public in the morning which is again good to see. At this meeting, the Council received the

results of the Governors Annual Effectiveness survey, which was pleasing to see. There had been a good response rate and feedback was on the whole very positive about how the Council has developed, is supported and meets its statutory duties. The Council also received a report on the Staff Wellbeing Strategy.

8. The Nominations and Remuneration Committee of the Council met on 12 November to receive my appraisal and the appraisal of Margaret Gildea and Julia Tabreham. There was also a briefing on NHS Improvement (NHSI) Guidance on Chairs Competency Framework and appraisal, and guidance on Non-Executive Director (NED) remuneration. These matters will be considered again at the February meeting of the Committee.

9. The Governors have been involved in the last month in recruiting our sixth NED. Shortlisting took place on 21 November and interviews will be held on 5 December 2019.

10. We continue to provide a comprehensive training programme for our Governors, and on 31 October training on the Mental Health Act was led by Dr John Sykes. We have also reviewed the training to be offered over the course of the next year, and building on the recommendation from the Council of Governors effectiveness survey.

    The next meeting of the Council of Governors will be on 7 January 2020. The next Governance Committee takes place on 10 December. The Nominations and Remuneration Committee will be meeting as required over the course of December to appoint a new NED and to receive my appraisal and the appraisal of two of the NEDs.

Board of Directors

11. Board Development on 13 November included time to prepare for the CQC well led inspection. A session for Board members was led by Paul Devlin, chair of Lincolnshire Partnership FT which was useful as a guide to some of the changes that we are anticipating in the process but also quality time to reflect on what has worked well over the past year and where we might want to do more.

12. During the next month we will be recruiting a sixth NED, with the aim of ensuring that we improve the diversity of our Board. Suzanne Overton-Edwards is filling this gap with an interim appointment, and we have Perminder Heer with us as our NExT Director through to August 2020.

System Collaboration and Working

13. On 21 November, JUCD Board met. Attached as Appendix 1 are the key messages noted from this meeting.

Regulators; NHS Providers and NHS Confederation and others

14. On 8 November, Ifti Majid and I presented at Forum Strategy's event for senior leaders in School Multi Academy Trusts, focussing on the transition from front line worker to CEO and other related matters.

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

Assurances

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

Consultation

This report has not been to other groups or committees.

Governance or Legal Issues

None

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

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

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

Demonstrating inclusive leadership at Board level

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

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

Recommendations

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

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

Joined Up Care Derbyshire Board 21.11.19 – Three Key Messages

Winter Plan
The Winter Plan for the Derbyshire Health System has been produced following extensive collaboration between partners across Joined up Care Derbyshire (JUCD).

The plan seeks to address the core six asks of NHS England:

1. This winter the goal should, wherever possible locally, be more General and Acute (G&A) hospital beds open, to reflect increased levels of patient need and admissions.
2. Work with Local Authorities to ensure the same or more care packages and nursing /residential home beds are available over the winter period than last year, with the same level of visibility and dual sign-off of on these plans.
3. GP out of hours services should be expected to deliver services from 8pm to 8am 7 days per week, and critically, over bank holidays.
4. Ensure mental health services can respond quickly and comprehensively, particularly in relation to ED presentations.
5. Community health services able to operate to the same "clock-speed" of responsiveness as acute emergency services, e.g. 2 hour home response where that would avoid hospital admissions or speed discharge.
6. Improving the uptake of the flu vaccine.

Whilst each provider organisation in JUCD has its own operational plan for winter, this document draws together and links the planning activities of each to provide assurance that the system can provide an effective response to winter pressures.

With winter not yet in full flow, the system is already under significant pressure and the Board expressed its thanks all staff in health and social care who are working to ensure high quality care continues to be provided to people in Derbyshire.

Gearing Up for 2020/21: The Next Five Months
The main focus of the last few months has been on refreshing the STP Five Year Plan, which was submitted to NHS England/Improvement on 15 November. The focus of the next five months needs to be on three things:

- Delivering this year, particularly winter and system's finances.
- Refine the 5 Year Plan and development a clear implementation programme
- Publishing the 5 Year Plan following the general election
- Build the system capacity and capability so we enter 2020/21 in a stronger position to deliver and to give us a year to further strengthen our capacity and capability before we become an ICS in April 2021

System Development and Board Effectiveness Review
JUCD Board is discussing the ways in which the system needs to develop as a partnership so that our staff and communities are supported to adapt to the new models of care delivery. Working together across organisations is a priority and must address the past barriers to change, including the lack of cross-system working, misaligned incentives and the predominant organisational focus over system-wide and people-centred perspectives. We must make system-level working the default option - 'business as usual.

A system development plan Board effectiveness review is underway to support our aim to become an ICS by April 2021.

Finances
The Derbyshire health and care system is currently reporting an underperformance against savings plans of £13.2m at month 7. We are forecasting breakeven at the end of the financial year, but there remains risk to the delivery of that forecast.

Contract conversations are now commencing, starting with a discussion about how contracts will be reconciled as we come to the end of 2019/20 and at the same time looking at our priorities for addressing the ongoing financial challenge in 2020/21.

Patient Story
JUCD Board hears a patient story at the start of each meeting; this month the Board heard what is perhaps a fairly standard story of patient journey from admission to discharge, where the care provided was excellent and the outcomes were good. The issues lay in the non-clinical elements, which might have been more efficient. These included the ready availability of equipment and the use of taxis to transport medication. The Board reflected on how these elements can be addressed and respective organisations who share the patient stories will take forward any actions with partners, but where we think there may be further opportunities to reflect and address the issues highlighted, the appropriate programme boards will be asked to take forward.

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

Chief Executive's Report to the Public Board of Directors

Purpose of Report

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

National Context – due to the NHS purdah restrictions, this is a curtailed section of my report

1. NHS England and NHS Improvement (NHSE/I) have published the 2020 national tariff engagement document. The Board is aware that as a Trust the majority of our services are set on a block contract and so most of these proposals do not have direct impact on our Trust. However, the need for 'open book' accounting practice within systems, and the impact that the proposals could have on our system colleagues, as well as the overall challenge in the system for 2020/21, are of relevance to the Board. The main proposals for the 2020/21 national tariff payment system (NTPS) include:

    - Extending the blended payment approach into outpatients, maternity, and adult critical care. Like existing approaches for mental health and emergency care, NHSE/I want to introduce a combination of 'intelligent fixed payments', alongside elements that account for variable activity, risk-sharing and outcomes-based payments.
    - Establishing a single-year tariff for 2020/21.
    - Rolling over price relativities from 2019/20 into 2020/21. This is intended to enable more focus on other payment systems, such as blended payment models.
    - A requirement in the standard contract for providers and commissioners to have a "meaningful system collaboration and financial management agreement", including open book accounting.
    - Updating best practice tariffs (BPTs) for day cases, acute stroke care, fragility hip fractures, and major trauma. NHSE/I have also proposed the introduction of a new BPT for adult asthma care.
    - Making changes to top-up payments for specialised orthopaedic services and incorporating the cost of chemotherapy supportive drugs into chemotherapy delivery tariffs.
    - No adjustments are proposed for the top-slice to the tariff that funds the overhead costs of Supply Chain Coordination Limited (SCCL).
    - NHSE/I are also considering reviewing the market forces factor (MFF).

This follows the significant update to the MFF that was made in the 2019/20 NTPS.

2. The legislation to enable increased independence for the Health Service Safety Investigation Branch (HSSIB) has progressed through Parliament prior to parliament being dissolved. As the Trust Board is aware, following an incident, a number of parallel processes are undertaken, and trusts have multiple responsibilities to discharge. Some of these will be led by the Trust, some will be instigated by those involved in an incident, and some will be carried out by external bodies. Local trust investigations are currently undertaken within the requirements of the Serious Incident Framework (the SIF). This sets out the requirements for trusts and commissioners to investigate and learn from serious incidents; involve and support patients, families and carers; and ensure the safety of healthcare delivery, including by working with a number of statutory organisations and procedures to ensure appropriate accountabilities. The SIF notes serious incident management as "a critical component of corporate and clinical governance", with Trust leaders "ultimately responsible for the quality of care that is provided by that organisation". The HSSIB's national investigations have been added to these responsibilities and processes. They are differentiated by their independence, their safe space provisions, and their systemic perspective. As such, they will fill a gap in how the English healthcare system learns from its mistakes and improves patient safety.

   The principle of creating the HSSIB and enabling it to conduct safe space investigations, so that the NHS can improve patient care and learn from when things go wrong, is something we must all be in support of and links to the developing 'just/people first culture' as a Board we aspire to. This is an approach that has been successfully adopted in a number of other industries (for example, within the airline industry's Air Accidents Investigation Branch [AAIB]). The HSSIB's original remit was to carry out a small number (around 30 a year) of systemic safety investigations within safe space provisions, which would be carried out in addition to local Trust investigations.

   It was latterly required by the then Secretary of State to carry out all maternity investigations (in cases of specified outcomes – expected to number around 1000 a year) in the place of local Trust investigations, in order to facilitate rapid learning and an improvement in the way these investigations were handled. As they will be replacing a Trust's investigation, safe space provisions do not apply. It is understood that the maternity investigations will be returned to the NHS in 2021.

   The HSSIB is currently established under ministerial directions as part of the Trust Development Authority and hosted by NHS Improvement. This bill makes provision to establish the HSSIB as an independent entity. It has undergone pre-legislative scrutiny by a Joint Committee, and the government has responded to its report. Once the bill is finalised and passes into legislation, I will update the Board, but as we consider our response to the new National Safety Strategy, this formal part of the processes is something we must consider.

Local Context

3. During November I attended the second System Performance Review meeting with NHSI and NHSE. This meeting replaces individual Organisation

performance meetings and the purpose is to understand system performance overall, focussing on areas of specific pressure or under performance. Key areas for us to note from this meeting include:

- Positive feedback on progress being made towards becoming an Integrated Care System (ICS) in 2021, in particular our development of the emerging Integrated Care Partnership (ICP) geography, development of Primary Care Networks and some of the innovations that have been enabled through more integrated working. For example, some of the care homes projects and development of our own dementia rapid response teams.
- Concerns about some aspects of performance relating to our services, including the number of 12 Hour ED (Emergency Department) breaches for mental health patients, being slightly behind on our Learning Disability transforming care trajectory and mental health out of area placements, though it was noted significant improvement had been made around PICU (Psychiatric Intensive Care Unit) out of area and adult mental health out of area.
- Cancer 62 week waits and the waits for some diagnostic tests was a concern for regulators.
- Whilst some guidance was provided, regulators were complimentary about our draft long term plan submission, with some amendments and clarifications around areas such as capital investment needed.

4. Gareth Harry, Director of Business Improvement and Transformation attended the November Joined Up Care Derbyshire (JUCD) Board on my behalf and the highlights included:

- A patient story outlining some positive and negative reflections on a discharge from one of our acute trusts. Martin Whittle, Engagement Committee Chair at NHS Derby and Derbyshire CCG, will be proposing how the JUCD Engagement Group takes patient stories forward so they can influence action.
- John MacDonald, Chair of JUCD, outlined a February refresh of governance and establishment in shadow of the ICPs, looking at scale and level of devolution of finance. Time outs are planned in February to review progress.
- Vikki Taylor, STP Director for JUCD, reflected on an overall positive System Review Meeting and the heavy focus on operational delivery, rather than finance.
- Details were given of a £47m risk within savings delivery with some mitigations in place, meaning overall remaining risk around £30-35m being the “likely case”, rather than worst case. It was noted there was a need for provider and commissioner transparency on the underlying deficit position and the impact of the £30-35m on this.
- The Board agreed the System Winter plan. There was agreement that it was recognised by all the parties in the system and that it felt and read like a system plan this year, rather than a collection of organisational plans, e.g. single escalation processes. We agreed there should be a system winter debrief in March/April.
- The STP Refreshed Plan was agreed as submitted. We agreed that we needed to develop Delivery Plans for 2020/21.
- The Board received the Organisational Development (OD) strategy and

agreed the principles and framework. We now need to consider how each organisation responds on OD to coordinate and take forward OD together, building local offers, such as a local Mary Seacole programme.

- John MacDonald presented a proposal to review the Board effectiveness and Board Governance. A Core Team is to be identified to review these areas and a wider Reference Group to oversee. There may be opportunities for Governance and Risk Management leads in organisations to get involved in this work.

5. 11 November was a landmark day for the Derbyshire system as it was the first time all the executives from all organisations got together to think about system working and ways of enhancing integration. This was an organisational development session, facilitated by Dame Angela Pedder, and hence focussed on risks and opportunities for working in different ways. We agreed that this was something we would look to do on a regular basis, as the benefit of a space to develop a shared understanding of system priorities, was clear to all involved.

Within our Trust

6. On 31 October I was privileged to spend some time speaking to our trainee doctors based in both the North and South of Derbyshire. It was a great opportunity to share the likely changes to our NHS over the coming few years and discuss how they will impact on their future careers. There was much interest from those GP trainees in the changes around primary care networks and the likely alterations of historical practice make up towards primary care at scale. It was also gratifying to hear that trainees continue to value their education and development within the Trust.

7. It was a real privilege to attend the first of a series of workshops for school students in Derby, led by our Healthy Schools Team on 4 November, associated with anti-bullying month. I went along to the Noel Baker Academy in Derby where I met children from all ages who were encouraged to talk about what kept them away from getting involved in knife crime, and how they personally stayed strong and resilient. I was so impressed with how interested the young people were in getting involved. We wrote our tips on wooden lolly sticks that were then stuck on an ‘mdf’ man to create an alternative ‘knife angel’ that visited Derby in October. An innovative approach to engage our young people in such an important topic.

8. The Trust’s Communications Team has continued to support and promote key events and initiatives over recent months. This included World Mental Health Day on 10 October - with a particular focus on an open day event held by our CAMHS team, opened by former Derby County players, Roy McFarland and Roger Davies. The event received coverage in both print and online media, sharing key messages to support younger people with their mental health and wider themes of suicide prevention, which was the theme for the day. Leanne Walker, the Trust’s Expert by Experience, also shared her spoken narrative piece that was initially shared at the Trust’s Annual Members’ Meeting in September, which also generated several conversations and received high praise.

   The Trust has received positive coverage through local media outlets in recognition of colleagues whose work has been recognised at both a local and national level. This has included Kelly Hitchcock, Community Psychiatric Nurse

(CPN), who was announced as a finalist in the 'rising star' category of the recent Nursing Times awards for her community based work in Swadlincote. Dr Kirsty Williams, Clinical Psychologist, was also successful in winning an award for compassion at the University Hospitals of Derby and Burton NHS Foundation Trust's 'Making a Difference' awards. Kirsty, who is employed by the Trust but based in the cancer service at the hospital, was nominated for tirelessly going "above and beyond to support all who cross her path".

On a national basis I have continued to promote mental health and the need to ensure true parity of esteem through a feature with NHS Providers, regarding the recent NHS funding announcements, which neglected to mention mental health services.

Our social media channels continue to celebrate the Trust's DEED nominees and winners. There was also a peak of engagement via social media during the BME Staff Conference, held by our BME Staff Network in September, and following the announcement of our finalists and winners at the Delivering Excellence Awards on 20 November.

9. Mark Powell, Chief Operating Officer, and I held the second of our evening sessions with Trust operational managers to provide them with a safe space to discuss challenges and risks to our ongoing performance. More importantly it creates a safe space for the sharing of frustration and barriers to progressing new ways of working. We have lots of focus on ensuring our front-line colleagues are able to share concerns and this regular meeting adds to the opportunity for our operational managers, not only to share concerns, but together to co-create solutions and alternative approaches.

10. Claire Wright and I attended a Future Focussed Finance Event in London to showcase some of our inclusion work, in particular the development of our networks. There were around 100 attendees and it was a little surprising to me that the engagement we take as natural in our networks is a long way from universal over the NHS with many people sharing with us difficulties they were facing in getting networks up and running. I was also struck by one particular story that perhaps epitomised some of the challenges BME colleagues face in the NHS. An Indian female was telling me how she had worked in India as the HR Director for one of the biggest companies in India. She was CIPD qualified, yet when she followed her husband to the UK two years ago, was not able to secure a senior role in HR, and so was working as a temporary project manager in implementing ESR – what a waste of talent and a salient lesson in ensuring that we construct our recruitment processes to recognise and encourage all experiences wherever they happen.

11. Trust Chair, Caroline Maley and I attended the West Midlands Multi-Academy Trust CEO Network, to talk about our experience of leading in the NHS, and drawing parallels between career development in education and that in the NHS. Each time we do these sessions, it surprises me just how similar the challenges are of leading organisations in different sectors, including workforce, finance and regulatory involvement. A conversation that particularly resonated was around how we must create organisations that give us feedback and that silent organisations were very problematic in creating a 'change culture'.

12. On Tuesday, 19 November, we hosted the Secretary of State for Health, the Right Honourable Matt Hancock MP, who spent time visiting the Radbourne Unit and attended Ward 36 and our Perinatal Inpatient Unit. It was a moment of real pride to see our colleagues talking so passionately about what they do, innovations they have in place, and of course raising issues like the built environment as challenges they deal with daily.

13. On Wednesday, 20 November we held our Delivering Excellence Awards Event where we come together to celebrate some of the fantastic work carried out by colleagues in our Trust. All the awards finalists who attended the awards ceremony were chosen by a judging panel, made up of myself; Caroline Maley; Al Munnien, staff governor; Philomena Temple, stakeholder representative and Noel O'Sullivan, peer support worker. The winners were:

Compassion in Practice Award
Joanna Miatt, Service Manager and Consultant Clinical Psychologist, Eating Disorders Service
For being a truly caring, supportive and dedicated member of staff, she demonstrates unwavering patience and relentless support in the face of challenges and setback.

DEED of the Year Award
Alex Patrick
For consistently providing the highest level of care and following best practice to support patients with dedication and compassion.

Enhancing our Workforce Award
Nicola Lewis, Occupational Therapist, Ward 1, London Road Community Hospital
For her outstanding contribution to the education of Occupational Therapy students. Nicola is involved in student forums and has made valuable contributions to the education of other educators.

Going the Extra Mile Award
Peter Matkin, Chargehand Porter, Estates and Facilities Portering Team
For leading by example in the way he interacts within the team, wider colleagues and service users, and giving 100% to every task.

Inclusion and Partnership Award
Karen Wheeler, Occupational Therapy Lead, Neighbourhood and Central Services
For the huge impact she has made on the inclusion and partnership agenda, leading to the development of a range of projects within the community.

Innovation Award
Martyn Revis, Receptionist and Admin Support, Hartington Unit
For independently researching the effects of virtual reality (or VR) on improving physical health conditions and overall wellbeing of patients, and for piloting VR at the Hartington Unit.

Inspirational Leader Award
Ruth Crawford, Service Manager, Killamarsh and North Chesterfield Adult CMHT
For her approach to staff wellbeing and happiness and for always making sure

that everyone feels recognised and valued.

Rising Star Award
Grace Clements, Mental Health Practitioner, Enhanced Home Support Service
For her work in setting up a new service looking at supporting young people and families at risk of tier 4 hospital admissions.

Volunteer of the Year Award
Simon Dean, Volunteer Support Worker, Hope and Resilience Hub, Radbourne Unit
For his positive attitude and his openness in sharing his daily coping strategies. Simon is always professional in his approach and his peers find him sensitive and compassionate.

14. Since our last Board meeting, I have attended on the Road sessions at:

- Rivermead – Belper
- St Pauls House, Derby (Universal Children's services)
- London Road Resource Centre

Some of the key issues arising from these sessions included:

- Length of time to complete investigations
- The need to connect Learning Disabilities (LD) SKiP training with the general developments around positive and safe, led centrally by our people training team
- Some real pride in developments around family centred planning
- Great feedback on our induction programme and the Trust values acting as a draw to applicants (heard from several new starters in our Children's services)
- The ongoing issue around core qualification, which I am pleased we now have a clear programme set up to review, under Darryl Thompson's leadership.

I have also attended various clinical and team meetings to help my understanding of the opportunities, best practice and challenges our teams face on a daily basis including:

- North Derbyshire Dementia Rapid Response Team
- Dales Older Adults, Community Mental Health Team (CMHT)
- Medical Secretaries Team meeting
- Hartington Unit walk around

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

Assurances

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

Consultation

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

Governance or Legal Issues

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

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

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

As such, implementation of national policy in our Trust would include a repeat Equality Impact Assessment, even though this will have been completed nationally. The new tariff proposals continue to, in effect, recompense the most acute end of our provider pathways, which could act as a barrier to enhancing local services in communities, where we know more work is needed to enhance health and wellbeing. The move to give the HSSIB more independence must be good news for families of people affected by the most serious incidents within the NHS, and with this independence goes an opportunity to ensure connections are made with protected groups.

This paper demonstrates some strong features of good practice relating to inclusion and diversity. Our Trust Networks are becoming recognised nationally as beacons of good practice, as evidenced by myself and Claire Wright, attending the FFF event in London. In addition, my work with NHS Providers supporting challenging lack of parity of esteem, also demonstrates proactive inclusive behaviour from our Trust.

Recommendations

The Board of Directors is requested to:

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

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

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

Governor Meeting Timetable 2019/2020

DATE	TIME	EVENT	LOCATION
7/1/20	2.00pm onwards	Council of Governors meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
4/2/20	9.30am onwards	Trust Board Meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
11/2/20	10.00am-12.30pm	Governance Committee	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
3/3/20	9.30am onwards	Trust Board Meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ
3/3/20	2.00pm onwards	Council of Governors meeting	Conference Room A&B, Centre for Research & Development, Kingsway Site, Derby DE22 3LZ

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

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

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

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

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